



CORRESPONDENCE

Pre-travel counselling in Brazil



Dear Editor,

Although the specialty of travel medicine (TM) has spread throughout the world, there have been few studies evaluating its practice in South America [1]. In Brazil, the TM emerged in the late 1990s, concurrent with the major political, economic and social transformations that improved living conditions in the country. The TM has been practiced for 15 years, but there are few public TM clinics in the country and most such clinics are located in the south-eastern region of the country, in major cities such as São Paulo, Rio de Janeiro and Belo Horizonte [2].

We aim to disseminate to practitioners of TM our experience in pre-travel counselling in a public service in Brazil and briefly discuss our futures prospects in this new field. Among the 2744 travellers who sought guidance at the “Institute of Infectious Diseases Emílio Ribas” Travel Medicine Clinic between January 2006 and December 2010, there were 2836 pre-travel consultations. The majority of the travellers were young, female and had at least a high-school education. Tourism (by 35.7%) and work (by 35.2%) were the most commonly purpose of travel. The most common destinations were Africa, Europe, Asia and locations within Brazil (northern or central-west region). The most common ways in which travellers learned of our clinic were from advice for friend or relative and from a health professional. Of the 2836 consultations, 31.8% were conducted 7–21 days before the trip. Within our study sample, there was a predominance of travellers who were college educated, which is in agreement with the findings of Lopez-Velez & Bayas [3], this is probably due to the fact that such individuals have greater access to information.

The recommended preventive measures varied according to the destination. The self-treatment for diarrhoea was more recommended for travellers to Asia, significantly more often than for individuals travelling to other destinations. Vaccination against yellow fever, polio, and anti-meningococcal (A and C) was more recommended for travellers to Africa. Like others studies, we found that the pre-travel counselling is an opportunity to update the immunization schedule [4,5]. The chemoprophylaxis of

malaria was indicated for 10.3% of all assistances. Our results suggest that such prophylaxis should be prescribed conservatively, especially for individuals travelling only within Brazil, because there has been a reduction in the number of cases of malaria in Brazil.

Our results, although not representative of the population of Brazilian travellers in general, characterize the portion of travellers who sought pre-travel guidance at a specialised public facility in the city of São Paulo, the largest city in Brazil.

Some of the aspects discussed here are very similar to those found in the literature related to travellers departing from developed countries, whereas others are specific to travellers departing from developing countries. On the basis of our findings and those of others, we conclude that TM should be practiced, and provide specialized services in TM, to sensitize physicians to this new area, we understand how one of our biggest challenges especially in a country of continental dimensions such as Brazil.

Conflict of interest

None.

References

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