

community.

## TRAVEL HEALTH ADVISORY GROUP: ACTIVITIES OF A JOINT TRAVEL INDUSTRY AND TRAVEL MEDICINE GROUP PROMOTING HEALTHY TRAVEL

*N. Zwar<sup>1</sup>, B. Hudson<sup>2</sup>, P.A. Leggat<sup>3</sup>, on behalf of the Travel Health Advisory Group*

<sup>1</sup> University of New South Wales, Australia

<sup>2</sup> Department of Microbiology and Infectious Diseases, Royal North Shore Hospital, Sydney, Australia

<sup>3</sup> James Cook University, Australia

### Objective

The Australian Travel Health Advisory Group (THAG), established in 1997, is a joint initiative between the travel industry and travel medicine professionals that aims to promote healthy travel amongst travellers. THAG seeks to promote cooperation in improving the health of travellers between the travel industry and travel medicine professionals and to raise awareness of the importance of travel health to the Australian public.

### Method

The poster describes the major activities of THAG which include: networking and exchange among groups interested in travel health; commissioning travel health research; promotion of travel health awareness working through travel service providers; public relations activities to increase awareness of travel health risks and the importance of seeking pre-travel health advice and vaccination; and the development of an increasingly popular website to provide travel health information to Australian travellers.

### Result

A travel health bookmark developed by THAG has been distributed extensively through travel agents, Qantas Holidays and Youth Hostels Association. Travel health surveys conducted under the auspices by THAG have been presented at the International Society of Travel Medicine (ISTM) conferences and articles focused on hepatitis A and hepatitis B published in the *Journal of Travel Medicine*. The *welltogo.com.au* website was developed in 2004; expansion of the content took place in 2005, and in 2007 the interactive World Map was launched (providing health warnings for all regions). The use of the *welltogo* website has increased rapidly with more than 42,000 visits per year. The Australian Government travel advisory site has a link to *welltogo*. THAG participated in the 2007 GlaxoSmithKline (GSK) Australian Olympic Committee immunisation campaign, where the Shadow Olympic Team was vaccinated in preparation for Beijing. THAG profiled the *welltogo* website and provided a spokesperson and research statistics for the campaign. THAG's professional organisation profile was published in the *Travel Medicine and Infectious Disease* publication in 2007.

### Conclusion

A partnership approach between the travel industry and travel medicine professionals can effectively support a range of activities to promote the health of travelers. The *welltogo* website is now making an important contribution in providing information to the Australian public on travel health. Interests to declare: The activities of the Travel Health Advisory Group are funded by GlaxoSmithKline Australia.

## HEALTH AND LIFESTYLE OF NEPALESE MIGRANTS IN THE UNITED KINGDOM

*P. Adhikari<sup>1</sup>, P. Simkhada<sup>1</sup>, E. van Teijlingen<sup>1</sup>, A. Raja<sup>1</sup>*

<sup>1</sup> Department of Public Health, University of Aberdeen, Scotland UK

### Objectives

The health status and lifestyle of migrants is often poorer than that of the general population of their host countries. The Nepalese represent a relative small, but growing, immigrant community in the UK, about whom very little is known in term of public health. Therefore, our study examined the health and lifestyle of Nepalese migrants in the UK.

### Methods

A cross-sectional survey of Nepalese migrants in UK was conducted in early 2007 using a postal, self-administered questionnaire in England and Scotland (n=312), and telephone interviews in Wales (n=15). Data were analyzed to find out an association between socio-economic and lifestyle factors. A multivariate logistic regression was applied to find out independent effect of personal factors on health status.

## Results

The majority of respondents were male (75%), aged between 30 and 45 (66%), married or had a civil partner (83%), had university education (47%) and an annual family income (69%) ranging from £5,035 to £33,300. More than one third (39%) of the respondents have lived in the UK for 1 to 5 years and approximately half (46%) were longerterm residents. Most (95%) were registered with a family doctor, but only 38% with a dentist. A low proportion (14%) of respondents smoked but more than half (61%) consumed alcohol. More than half (57%) did not do regular exercises and nearly one fourth (23%) of respondents rated their health as poor. Self reported 'good' health status of the respondents was independently associated with immigration status and doing regular exercise

## Conclusion

The self reported health status and lifestyle, health seeking behaviour of Nepalese people who are residing in UK appears to be good. However, the overall regular exercise and dentist registration was rather poor. Health promotion, especially aimed at Nepalese migrants could help encourage them to exercise regularly and assist them to register with dentist.

## CHEMOPROPHYLAXIS OF MALARIA AMONG TAIWANESE INTERNATIONAL TRAVELLERS

*H. Yang<sup>1</sup>, J. Cheng<sup>1</sup>*

<sup>1</sup> Centers for Disease Control, Taipei, Taiwan

### Background

Malaria, a protozoan infectious disease transmitted by Anopheles mosquito, is still endemic in most tropical/subtropical areas and causes 300-500 millions infections and 1 million deaths annually worldwide. The eradication of malaria has been maintained for more than 40 years in Taiwan and patients mostly acquired it when having trips in endemic areas. Using personal protection measures and chemoprophylaxis are two main methods for malaria prevention.

### Methods

To understand the basic information, compliance and side effects of people asking for malaria chemoprophylaxis, we evaluated patients who visited our travel clinic in a year (2006-2007) by questionnaire. Their knowledge, attitude and practice will also be analyze to know where to strengthen on malaria prevention.

### Results

Among 211 finished questionnaires, most people are middle-aged adults (age: 20-49: 70%) and the Male/female ratio is 64:36. Top three common travel areas are west Africa, east Africa and south of America (40%, 38%, 9%) and the frequent purpose for travel are working and group trip (55%, 23%) and the average length of trip is 15 days. The most common source of information of malaria prevention is from physicians, CDC website and travel agency (35%, 29% and 27%). About chemoprophylaxis, people concern the convenience of drug usage mostly (85%). About 30% people admitted that they had missed dose more than one a week. The most common reason is due to failure to remember but not due to side effect. 37% users complained having mild to moderate side effects (most are mild). Mefloquine-users have the highest frequency (45%). The most common three side effects are dizziness, diarrhea, and nausea. People mostly understand the risk of malaria and perceive the need for prevention, however, fewer of them implement really.

### Conclusions

This study is the first study in Taiwan to outline the malaria chemoprophylaxis of international travellers. People concern the convenience of taking chemoprophylaxis and the main reason of missing dose is forgetting it. Nearly 40% people complained that they had discomfort after taking chemoprophylaxis although mostly were mild. We should increase the communication with travel agency and physicians to strengthen the knowledge of malaria prevention, broaden the service of travel clinic service and consider the need of another more convenient and less side effect drug to diminish the barrier of chemoprophylaxis.

## TO BCG OR NOT TO BCG? PREVENTING TRAVEL-ASSOCIATED TUBERCULOSIS IN CHILDREN

*N. Ritz<sup>1,2</sup>, T. Connell<sup>1,2</sup>, N. Curtis<sup>1,2</sup>*

<sup>1</sup> Department of Paediatrics, University of Melbourne; Infectious Diseases Unit, Department of General Medicine