

Travel brochures need to carry better health advice

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Summary: *Most people travelling abroad on holiday from the United Kingdom consult a travel brochure and book with a travel agent. Travel brochures are therefore potentially an important source of travel health advice. We assessed the quantity and quality of health advice of 143 travel brochures for 1994/5 winter and 1995 summer seasons available from a high street travel agent. Only 11% carried health information in a prominent location, 64% put health information at the end (often in small print), and 25% contained no health information at all. Much advice was superficial, and only a minority mentioned safe drinking water (24%), safe food (22%), or safe sex (3%). Better health advice more prominently displayed is needed in travel brochures. Public health practitioners should collaborate with travel companies and travel agents to improve the quality and quantity of health information provided to travellers.*

Key words:
travel
health education
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Introduction

Over 30 million residents of the United Kingdom (UK) now travel abroad each year, many as part of a package holiday¹. Up to a third of all travellers become ill: the highest attack rates occur among young people, package holidaymakers, and travellers to the tropics^{2,3}. Much travel related illness is potentially avoidable by following simple advice on sun protection, accident prevention, safe drinking water, safe food, sensible alcohol use, and safe sex⁴. Two thirds of travellers express a preference for receiving health advice before travelling from a family doctor⁵ but, in practice, travellers are twice as likely to consult only the travel agent³. Most holidaymakers will use a travel brochure, so these are an important vehicle for information. We investigated the quantity and quality of health advice provided in travel brochures.

Methods

All brochures for 1994/5 winter and 1995 summer seasons available from a high street travel agency were assessed independently by two of the authors for the prominence, type, and quality of health advice they contained. Advice was considered prominent if it appeared in large print or in an obvious location in the main body of the brochure. Advice was classified according to health topic and said to be 'superficial' if it comprised only a single phrase or short sentence, or 'detailed' if more information was given. Destinations were classified as lower risk (Northern Europe, North America and Australia) or higher risk (rest of the world). Brochures that advertised several

destinations were classified according to the main area covered.

Results

One hundred and forty-three brochures were examined. Travel insurance was recommended by 119 (83%) brochures. The text advertising the importance of insurance was usually prominent and detailed. By contrast, only 16 (11%) brochures carried health information in a prominent location, 91 (64%) put health information at the end (often in small print), and 36 (25%) contained no health information at all. Advice about immunisation was the commonest form of health information given (99; 69%) followed by advice on sun protection (65; 45%), safe drinking water (34; 24%) and safe food (32; 22%). Few brochures gave any advice on medical treatment abroad (9; 6%) or safe

TABLE 1 Frequency of health advice provided by travel brochures for higher and lower risk destinations (n=143)

Type of health advice	Higher risk (n=68) (%)	Lower risk (n=75) (%)	Relative risk (95% confidence interval)
Travel insurance	59 (87)	60 (80)	1.08 (0.94 to 1.26)
Immunisation	62 (91)	37 (49)	1.85 (1.45 to 2.35)*
Sun protection	40 (59)	25 (33)	1.76 (1.21 to 2.57)†
Safe drinking water	21 (31)	13 (17)	1.78 (0.97 to 3.28)
Safe food	17 (25)	15 (20)	1.25 (0.68 to 2.30)
Hand hygiene	17 (25)	18 (24)	1.04 (0.59 to 1.85)

* P<0.01

† P<0.001

BOX Basic health advice for travellers**Safe eating**

Wash your hands before handling or eating food and always after using the toilet.

Eat only food that is well cooked, freshly prepared, and piping hot.

Contaminated food may look, smell, and taste perfectly normal. Avoid:

- salads or unpeeled fruit
- cooked dishes kept warm not hot, food from street traders (unless freshly prepared), and food exposed to flies
- home-made ice cream and unpasteurised dairy products
- dishes containing raw or lightly cooked egg
- shellfish, especially if raw.

Safe drinking

Unless you are sure the local water is safe, always use bottled water (check the seal first), boiled water, or water sterilised with tablets.

Keep to hot drinks or major brand soft and alcoholic drinks.

Avoid taking ice in drinks or using tap water to clean your teeth.

Sun safety

Remember that sunburn, especially in children, increases the risk of skin cancer in later life.

Avoid noonday sun (between 1100 and 1500) and make use of natural shade.

Wear a hat and shirt, and use a sun screen with a sun protection factor of 15 or higher.

Safe sex

Be aware that the risk of sexually transmitted infections may be higher abroad.

Avoid unprotected sexual intercourse with anyone other than a regular partner.

Obtain good quality condoms before going on holiday.

Protection from insect bites

Wear long-sleeved shirts and trousers in the evenings and protect exposed skin with an insect repellent containing diethyltoluamide (DEET). Reapply every 2 to 4 hours.

Sleep in screened accommodation and use a knockdown insecticide before going to bed or burn a pyrethroid vaporiser overnight.

Sleep under a pyrethroid impregnated mosquito net (unless your room is well screened).

Take out travel medical insurance.

In the European Union, take an E111 form (available from post offices).

Further travel health advice

Consult your family doctor well in advance of your holiday for further health information and for advice on vaccines and anti malarial tablets.

Other sources of travel health information include:

Hospital for Tropical Diseases travel clinic healthline: tel 0839 337733

PHLS Malaria Reference Laboratory 24 hour recorded message: tel 0891 600350

Department of Health. *Health advice for travellers. (leaflet T5)* London: HMSO, 1994. (free from post offices or by telephone: 0800 555777).

UK Health Departments. *Health information for overseas travel.* London: HMSO, 1995.

Dawood R, editor. *Travellers' health: how to stay healthy abroad.* 3rd edition. Oxford: OUP, 1992.

Davis KC. *CDC's complete guide to healthy travel.* New York: Open Roads, 1997.

sex (5; 3%). Much advice consisted of no more than a brief statement.

Sixty-eight (48%) brochures were concerned mainly with higher risk destinations. Brochures covering higher risk destinations were significantly more likely to provide information on immunisation (relative risk (RR) 1.85; 95% confidence interval (CI) 1.45-2.35; $p < 0.0001$) and sun protection (RR 1.76; 95% CI 1.21-2.57; $p < 0.01$), but no more likely to advise on safe drinking water, safe food, or hand hygiene (table). Twelve brochures for higher risk destinations offered advice on protection against mosquito bites (18%) and nine on malaria prophylaxis (13%). Fourteen (21%) gave advice on first aid or HIV travel kits.

Discussion

Our survey shows that the quantity and quality of

health advice contained in travel brochures is inadequate to alert travellers to common health hazards and ways of avoiding them. More advice is generally given in brochures covering higher risk destinations, which suggests that travel companies are aware of travel health matters and do accept some responsibility for advising their customers. In most brochures, however, too little advice is provided, it is too superficial, and it is often hidden in small print.

The number of travellers to long haul destinations is increasing rapidly, and it is likely that more than a quarter of all foreign holidays will be taken outside Europe within the next ten years⁶. Unfortunately, health advice in travel brochures does not seem to be improving. A study carried out ten years ago found that a third of brochures carried no health advice, many of the remainder overemphasised

immunisation, and country specific information was often inconsistent⁷. Although a subsequent survey by the same authors found a modest improvement in the number of brochures carrying health advice⁸, this is not borne out by our findings. Health advice from travel agents seems equally poor. A retrospective survey of travel associated food poisoning cases found that only 36% recalled receiving any advice from the travel agent⁹.

What kind of health advice is needed before travelling? Much illness could be prevented by following simple health advice⁴ (box). However, many travel brochures convey the impression that vaccines are the only preventive measure needed. Ideally, travel health advice should detail simple precautions that need to be taken and should alert travellers to country-specific risks such as malaria or yellow fever⁴. For healthy travellers to lower risk destinations straightforward health advice may be all that is required. For travellers to higher risk destinations or those with pre-existing medical conditions, the travel brochure should emphasise the nature of potential hazards and the importance of seeking health advice from a general practitioner well before travelling. It is important to highlight the risk of more serious disease such as HIV¹⁰ or malaria¹¹ and the precautions that can be taken to avoid them. Travellers not given adequate information may assume that because they are not told of any risks, no precautions are needed.

Who should provide pre-travel health advice? General practitioners are able to provide high quality advice and to tailor it to the circumstances of individual travellers⁵. It is unlikely that they could provide such a service to all travellers, however, and most travellers do not consult their general practitioner. Many travellers, if armed with appropriate health advice, probably do not need to do so. Since the enactment in English law of the European directive on package holidays, the tour operator is responsible for anything that goes wrong with holiday services regardless of who provides them or where in the world the holiday takes place¹². The travel industry thus has a vested interest in ensuring its clients receive adequate health advice. Travel agents, since they are used by many travellers, and travel brochures, since they are used by most package holiday tourists, are both well placed to provide basic health advice. For some travellers, such as those who book late for package holidays, they may be the only practical source of advice. The Department of Health booklet 'Health advice for travellers' is a reliable, official source of information¹³ but basic health advice may be obscured by the detailed content. Finally, there are travellers who neither consult a doctor nor book through a travel agent. For such, the ticket to ride itself may provide the only vehicle for advice.

A combination of all of these means is probably desirable because people prepare for travel in such different ways and will not receive advice if it is conveyed by one route only, and because advice is often ignored and will benefit from repetition¹⁴. It is important to ensure that health advice from different

sources is consistent and complementary. Public health and travel health practitioners should collaborate with travel companies and travel agents to improve the quality and quantity of health information provided to travellers. If the incidence of travel related illness is to fall it can only be achieved by better health education for travellers. Accurate, comprehensive, prominent health advice in travel brochures would help to achieve this.

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