

## Travel medicine, a speciality on the move

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The speciality of travel medicine, with its dual focus on protecting the health of the individual and protecting the wider community in which that individual lives, works or travels, was born in 1988 when the First Conference on International Travel Medicine was held in Zurich. Three years later, in 1991, the International Society of Travel Medicine (ISTM; <http://www.istm.org>) was formed at a second conference in Atlanta. This year, CISTM11, the 11th conference of the ISTM, was held in Budapest, attracting over 2000 participants from 65 countries around the world. Initially derived from infectious diseases and tropical medicine, the speciality now encompasses primary care, migrant medicine, occupational medicine, wilderness medicine, and international health.

Over the past decade, the global public health community has been facing the challenges brought on by the emergence and rapid worldwide spread of novel influenza virus strains, severe acute respiratory syndrome virus, chikungunya virus, and drug-resistant *Mycobacterium tuberculosis*, among other pathogens. Modern transportation and the growth of tourism, immigration and business travel were factors that contributed to the dissemination of these high-impact pathogens. In recent years, growth in international travel has been estimated at approximately 6% per year, and similar trends are expected in the future. Some 80 million individuals from industrialized nations travel to the developing world each year, and it is estimated that more than 200 million people now reside outside their country of birth.

Travellers can spread new and re-emerging infectious diseases that initially appear in developing countries, and can act as ideal sentinels for the early detection of these diseases. Specialized travel/tropical medicine clinics are ideally situated to effectively detect emerging infections and to track ongoing trends in travel-related illness. Travellers seen at relatively few sentinel sites by such collaborative networks as GeoSentinel (<<http://www.geosentinel.org>>), TropNet Europe and the recently born EuroTravNet provide a sample of disease agents in over 230 different countries. Over the past decade, both global and regional provider-based surveillance networks have emerged that have provided, for the first

time, systematic and robust data that define the spectrum of illness and the places of exposure to the most significant health risks that face travellers.

European travellers represent the vast majority of international travellers, with Germany, the UK, France and Italy being the leading countries of origin. In this context, the ISTM has initiated EuroTravNet (<http://www.eurotravnet.eu>)—the European Travel Medicine Network of the European Centre for Disease Prevention and Control—to create a network of clinical experts in tropical and travel medicine to support detection, verification, assessment and communication of communicable diseases that can be associated with travel and specifically with tropical diseases. The goal of EuroTravNet is to build, maintain and strengthen a multi-disciplinary network of highly qualified experts with demonstrated competence in diseases of interest, ideally in the field of travel advice, tropical medicine, clinical diagnosis of the returned traveller, and detection, identification and management of imported infections. In this special issue of *Clinical Microbiology and Infection*, P. Schlagenhauf, F. Santos-O'Connor and P. Parola, on behalf of EuroTravNet and the European Centre for Disease Prevention and Control, outline the current diversity and challenges facing travel medicine practice in Europe and present ongoing, innovative approaches to capture the status quo of travel medicine in the European context.

Many purposes for travel exist, and each may uniquely impact on the risk and characteristics of travel-associated diseases. Tourism, immigration and business are the most frequent reasons for travelling; however, other purposes, such as missionary or volunteer work, study, healthcare-seeking, visiting friends or relatives, pilgrimage, or military missions, need to be considered. The very comprehensive review by F. Pages, M. Faulde, E. Orlandi-Pradines and P. Parola of vector-borne diseases in military forces overseas illustrates the specific issues applicable to travel-related disease risks in soldiers, and also demonstrates that military medicine and travel medicine have many commonalities.

New trends in eco-tourism, including trekking in remote areas of sub-Saharan Africa, expose tourist travellers to

unusual parasitic diseases such as human African trypanosomiasis or acute schistosomiasis. Such diseases in non-immune individuals are characterized by the difficulties of diagnosis and therapeutic strategy, as illustrated by S. Jaureguibery, L. Paris and E. Caumes in their review of Katayama fever in travellers.

These three reviews provide an indication of the vitality of travel medicine in Europe. The launch of EuroTravNet,

which aims to address travel-associated diseases globally, is a great step towards the federation of travel medicine specialists within Europe. Its strong link and sharing of a database platform with GeoSentinel, the worldwide surveillance network of the ISTM, ensures its connection with the rest of the world. Such initiatives are key to the credibility of the discipline of travel medicine as an evidence-based medical speciality.