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Travel health update

Travel health can be complicated, and advice for health professionals and travellers is ever-changing. In this regular feature, Jane Chiodini seeks out and presents the latest travel advice and information to help you keep your practice up to date. She also revisits areas of on-going concern, for spot checks and further clarification

HEALTH GUIDANCE FOR SCHOOL TRAVELLERS

Have you seen an increase in the number of travellers who attend (usually with their mothers in tow) seeking health advice for a forthcoming school trip? I certainly have, and itineraries have included expeditions in China, work in an orphanage in Kenya and, more recently, children as young as 12 years about to trek in the Atlas Mountains. Part of my challenge has been balancing the advice the school provides, the carefully kept notes some mothers attend with, and the disparity of advice given to children visiting other surgeries.



School trips: becoming more adventurous

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Jane is a travel health specialist nurse with 20 years' experience of seeing travellers in a primary care setting. She has been training practice nurses in travel health for many years and is passionate about designing tools and materials for nurses to use in practice, which can be found at www.janechiodini.co.uk Hopefully, 'Travel health guidance for schools', written by the Travel and International Health Team in TRAVAX from Health Protection Scotland, will help to smooth the path for these types of travellers. It should provide an invaluable tool to provide to school children, their parents or guardians and I would also encourage them to pass it on to staff at their schools as well. The aim is to provide additional practical advice on health considerations to be included in the planning stage of overseas excursions, leading to a more consistent and effective approach to healthcare for school travellers. Crucially, this guidance does not take the place of an individual travel health risk assessment, which must be carried out by a qualified health professional for each person travelling. GPs and practice nurses are well placed to offer an initial consultation, but in some instances, referral to a specialist travel clinic may also be advised. For further details see http://www.fitfortravel.nhs.uk/ resources/school-groups.aspx (Also found in the news and links sections of my website).

PATIENT SPECIFIC DIRECTIONS - FAQS

The Medicines and Healthcare Regulatory Agency (MHRA) published a set of frequently asked questions on PSDs at the end of April. One question deals with the content of a PSD – a point that was addressed by guidance from the BMA, but this FAQ from the MHRA has increased the amount of information required. It states that a PSD should include the following:

- Name of patient and/or other individual patient identifiers
- Name, form and strength of medicine (generic or brand name where

appropriate)

- Route of administration
- Dose
- Frequency
- Start and finish dates
- Signature of prescriber

Also of interest is that it clearly states that the prescriber should be the assessor. This presents a problem in the case of many GPs who have delegated the duty of travel health to their practice nurses and have become quite de-skilled in the subject of travel medicine. However, Good Medical Practice (from the General Medical Council - equivalent of the NMC 'Code' for nurses) states in paragraph 46 'When you do not provide your patients' care yourself, for example when you are off duty, or you delegate the care of a patient to a colleague, you must be satisfied that the person providing care has the appropriate qualifications, skills and experience to provide safe care for the patient.'

See http://www.janechiodini.co.uk/ news/faqs/ for more information on PSDs and a link to the documents above.

MALARIA FIGURES FOR 2012

On World Malaria Day (25 April) Public Health England announced an overall decrease of 18% in imported malaria infections reported in the UK in 2012 (1,378) compared with 2011 (1,677). Two deaths occurred in 2012 compared to eight in the previous year. The majority (73%) were caused by the potentially life-threatening Plasmodium falciparum, and were acquired in Africa. Among UK malaria cases, where reason for travel was known, over 70% were visiting friends and relatives and the majority of these travellers had not taken malaria prophylaxis. For further details see https://www.gov.uk/government/news/ malaria-cases-fall-across-the-uk