The speciality of travel medicine has evolved rapidly as a result of the huge increase in international travel facilitated by the introduction of economic and fast air transport across the world, the construction of transcontinental road and rail connections, giant ship cruisers, travel to areas that were previously remote or inaccessible and the explosive increase in tourism. The World Tourism Organisation, for example, has predicted that international travel, currently in excess of 500 million people, will increase by as much as 80% by the year 2010.

Travel medicine extends well beyond infections of warm climates, and it includes exposure to new environments and new cultures, hazards ranging from high altitude to deep sea environments; medical problems of cosmic radiation; emerging and re-emerging infections; safe food and water; natural and accidental disasters; and issues such as jet lag, fear of flying, air rage and sexual health among others. The traveller with special needs must be evaluated with care and advised accordingly, e.g. the diabetic traveller; the immunocompromised; the traveller with cardiovascular, renal, neurological, gastrointestinal, malignant and other disorders; those with psychological and psychiatric illnesses; pregnant women, children and the elderly. Extensive knowledge of current and new vaccines and of prophylactic and therapeutic drugs is essential.

Therefore, this pocket book is to be welcomed, providing essential facts and advice on the prevention of illness in the traveller in a readily accessible format.

A bird’s eye view of the geographical distribution of health hazards and clear maps on the distribution of various infections are very useful. The chapters on motion sickness and jet lag, malaria and other infections transmitted by mosquitoes, travellers with special needs, and illness in the returned traveller are good.

Minor irritations include the three poor quality colour plates on parasites causing diarrhoea, the occasional misprint such as Food and Drink Administration in the USA instead of Food and Drug Administration (FDA). Vaccination of travellers infected with HIV requires special consideration and, in general, live attenuated vaccines are absolutely contraindicated. Killed vaccines may prove inadequate in the severely immunocompromised, but the designation in Table 3.4 that inactivated (killed vaccines) and immunoglobulins are ‘probably safe’ is not merited and may discourage important immunizations.

This is a good pocket guide to travel medicine and, as such, it will be useful for general advice to secure the health of the traveller. The management of more complex issues will require reference to specialized texts and specific topics, many of which are available on authoritative web sites including WHO, the Centers for Disease Control (Atlanta) and a number of well established travel medicine centres.

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