Healthcare Globalization and Medical Tourism

To the Editor—We read with great interest the article by Chen et al in Clinical Infectious Diseases on 15 December 2013 [1] and would like to bring some additional points to the readers’ attention.

Chen et al report an increase in numbers of medical tourists from developed countries traveling overseas to obtain more affordable medical procedures and highlight the risk of unusual resistant hospital-associated infections and procedure-related infections, in addition to endemic local infections. We would like to highlight the growing number of medical tourists originating from developing countries who are traveling to more developed countries to procure higher-quality or otherwise unavailable medical services.

Although the area of medical tourism remains largely underresearched, there are reports of hundreds of thousands of people traveling from East Africa to India, Europe, and the United States [2, 3] seeking medical treatment every year. As economic growth of these countries increases, so too will the number of individuals traveling to acquire medical care.
Medical tourists from developing countries represent a unique cohort as (1) they may not have received all recommended childhood vaccines; (2) they may have pretravel exposure to endemic infections including malaria, tuberculosis, schistosomiasis, strongyloides, human immunodeficiency virus (HIV), and hepatitis B and C; and (3) they will have ongoing exposure risks on return to their home country, not only to the above-mentioned tropical infection but also to the high local rates of respiratory tract infections and gastrointestinal infections.

Infectious diseases are of great importance, particularly in the context of organ transplant given the requirement for immunosuppression and the potential for reactivation of previously indolent or dormant infections. Chen et al outline a number of geographically endemic infections such as malaria, dengue, or strongyloides transmitted through organ transplant or blood transfusion [4].

Screening of the donor and recipient(s) for these infections should be performed as part of a comprehensive preoperative assessment in exposure-prone populations. In addition, these patients should be screened for vaccine-preventable infections such as varicella, measles, and rubella and otherwise optimized from a vaccination point of view pertaining both to catch-up vaccination, travel-related vaccination, and transplant-related vaccinations.

The higher risk to immunocompromised patients living in developing countries is already factored into the current World Health Organization guidelines, which recommend cotrimoxazole prophylaxis for all persons living with HIV disease to minimize the risks of respiratory and gastrointestinal infections [5].

A global collaboration is required to lay down guidelines for medical tourists and physicians alike, in both importing and exporting countries, particularly around preassessment, vaccination, and infection control to ensure that patients’ health and safety is prioritized. This is aligned with the US Centers for Disease Control and Prevention’s priority for 2014 of global health security, securing our global health borders from infectious disease outbreaks [6], which has been identified as one of the top 5 projected health concerns for 2014.

Note

Potential conflicts of interest. All authors: No reported conflicts.

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