Letter to the Editor

A golden age of travel: advancing the interests of older travellers

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To the Editor-in-Chief:

The renowned English author, Francis Bacon (1561–1626), at the age of 40 years, began his essay ‘Of Travel’ with the statement that ‘Travel, in the younger sort, is part of education, in the elder, part of experience’. For the first time in our history, the number of people aged 65 or older will exceed that of children under the age of 5 years. Population ageing is predicted to accelerate, reaching 1.5 billion elderly (≥65 years) people globally by 2050, with the sharpest increase in developing countries.1 Travel medicine is still a relatively youthful specialty, but it can be argued that, heretofore, it has not devoted enough attention to the needs of its most experienced older travellers or people who decide to start long-range travelling after retirement. The International Society of Travel Medicine (ISTM) Older Traveller Interest Group is the youngest ISTM special interest group, having recently been formed (see www.istm.org/oldertravellergroup).

As the group matures, it will provide an active forum for exchange of knowledge between ISTM members with a special interest in travel health issues of this population. One of its remits is to develop educational programs to address the learning needs of travel medicine practitioners who counsel and prepare older travellers or people who decide to start long-range travelling after retirement. The GeoSentinel Surveillance Network published data relating to 7034 patients aged 60 years and above and compared them with a younger adult reference population.2 They identified a higher proportionate morbidity in older travellers in relation to lower respiratory tract infections, high altitude pulmonary oedema, pulmonary embolism, insect bites, severe malaria, rickettsial infection, peptic ulcer disease, gastroesophageal reflux disease, trauma, urinary tract infections and cardiovascular disease. We lack reliable published data on accidental traumatic injuries and death in older travellers, however, and the Older Traveller Interest Group will encourage original research in this area.

To the Editor: The tendency for higher baseline levels of pre-existing medical conditions with older age was highlighted in an observational cohort study of trekkers in Nepal. Older trekkers, defined as older than 50 years, were more likely than younger trekkers to take medications, with antihypertensive agent use the most commonly reported.3 The possibility of death during travel...
cannot be overlooked in the older travelling group. A retrospective study of German cruise ship passengers, for example, reported a mean age of 71.2 years and 73.3 years among male and female cruise ship passengers who died aboard the ship.

The immunosenescence which accompanies advancing age and the cautions which guide the administration of yellow fever vaccine to this age group are well recognized in travel medicine. A recent study reported fewer serious adverse events among elderly yellow fever vaccinees, however, pointing to the need for further research in this area. Ageing and immunosenescence are also associated with reduced immunogenicity of vaccines. Our understanding of how best to administer vaccines to older travellers to ensure an optimal immunological response is also limited and warrants new research to help guide vaccination schedules for older travellers. Other areas of unmet research need in travel medicine for older adults relate to the experiences of older travellers with cognitive or sensory impairment, jet lag, travellers’ diarrhoea, sexual health and functional mobility. The fledgling ISTM Older Traveller Interest Group has much to contribute to our understanding of the vulnerable but experienced older traveller.

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References