

## Preface

Each year UK residents take 70 million overseas trips to destinations throughout the globe. This accounts for eight percent of all international travel from the more than 200 other countries in the world. This staggering figure translates to millions of enjoyable holidays, productive business trips, eye-opening gap year experiences, and reunions with family and friends. However, it also translates into illness and injury abroad, and cases of infectious disease imported to the UK. It can be expected that up to 60 percent of travellers to low-income regions of the world will develop an episode of travellers' diarrhoea that interrupts planned activities at least a quarter of the time. More seriously, there are about 1,500 cases of malaria in returned travellers and several deaths. Nearly all of these cases of malaria are preventable if both the traveller and health professional are aware of the risk, the correct medication is prescribed, and the traveller takes precautions against mosquito bites and takes all of their malaria tablets.

It is here that the key issues of travel medicine are brought sharply into focus. The travelling public needs to be well informed not only about their destination and all of its cultural richness, but also aware of the potential risks during their journey. Equally, there needs to be a cadre of GPs, practice nurses, and other health professionals who are knowledgeable about the risks on a country by country basis, and who are confident in advising their patients about each of the measures necessary to keep them healthy while travelling. Health professionals and travellers need to be aware of specific diseases as diverse as malaria, typhoid, and yellow fever, as well as the geographic risk of each. Health professionals need to know how to prevent these diseases, (e.g. by practising vector avoidance measures, taking malaria prevention tablets, or receiving a vaccine), and they should also be able to balance the benefits of the measures recommended against their potential drawbacks. This is the essence of making a risk assessment for the individual traveller and managing that risk.

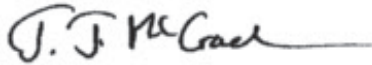
NaTHNaC and other national and international resources such as Health Protection Scotland, the World Health Organization and the US Centers for Disease Control and Prevention provide travellers and health professionals with the latest information and advice about travel health. NaTHNaC was formed at the end of 2002 as an initiative of the English Department of Health, and one of its first actions was to provide a national telephone advice line for health practitioners who have particularly complex queries. It receives its funding today from the Health Protection Agency and has gone from strength to strength since its inception. The advice line currently takes nearly 10,000 calls annually and in 2004 NaTHNaC instituted a programme of registration, training, standards and audit for the 3,500 Yellow Fever Vaccination Centres in England, Wales and Northern Ireland. This has brought oversight and consistency of practice to these centres and has become a global model for the management of yellow fever centres. At the end of 2007, NaTHNaC added country-specific advice about vaccine-preventable disease and other health risks to its website. This is linked to a listing of global health events that may be a threat to British travellers that is updated daily. The collation of these outbreak events by country, date or disease is globally unique and has helped attract nearly 75,000 visitors to the NaTHNaC website each month.

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The Yellow Book now completes a package of resources for travel health professionals that elevates NaTHNaC to being a world leader in travel medicine. The Yellow Book is the background and support to NaTHNaC's dynamic information on the website. It guides the clinician through the consultation process, provides them with the rationale and support to handle complex travel or travellers, and gives detailed information on the major diseases that a traveller may encounter. It also answers the common questions about how to handle the ill returned traveller.

We are confident that this will be an invaluable resource for the busy practitioner, supporting them in the challenges of their day to day practice.

We welcome your comments.

A handwritten signature in black ink, reading "J. J. McCracken". The signature is fluid and cursive, with a long horizontal line extending to the right.

Justin McCracken  
Chief Executive  
Health Protection Agency  
London, June 2010.