

Section I

Travel medicine

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Chapter 1 Trends in travel

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Introduction

'The great affair is to move.' The history of mankind is one of migration as humans travelled in search of food, escaping inhospitable climactic conditions, and in response to hardships caused by war, famine, social injustice and poverty. In the nineteenth and early twentieth century alone, 60 million people left Europe to seek better lives and to avoid the hardships of war. The health effects of these mass migrations are well known and include epidemics of infectious diseases, physical and psychological trauma, malnutrition and the introduction of diseases into new populations. Regrettably, such forced migrations are still a reality, as recent events in Africa, the Middle East and western Asia demonstrate. The types and severity of health problems seen in migrant populations are far different to those associated with tourism, the focus of this chapter.

In contrast to migration, which usually takes place out of necessity, tourism has become much more common and is associated with much different health risks to those seen in migrant populations. Humans have always yearned to expand their horizons by travelling. During the past 60 years, the explosion in tourism has created new economies in both developed and underdeveloped countries, created tremendous life experiences for millions of travellers and spawned a new branch of medicine.

Growth of tourism

Figure 1.1 depicts the dramatic increase in international travel since 1950. In that year, approximately 25 million people travelled abroad as tourists. By the year 2010, the number of international tourist arrivals will approach one billion; estimates are that nearly 8% of the world's population will travel to another country [1]. This impressive

growth in international tourism has been approximately 8% per year since 1950. The growth has many causes:

- improvements in transportation
- changing world economies
- increased political stability
- the development of tourism as an industry
- increases in travel for health and education.

The growth of the commercial airline industry in the 1950s, and later the use of jet travel, have been cornerstones of the expansion of international tourism. As the relative cost of air travel has decreased and the ease of arranging flights has improved, this trend continues to drive increases in tourism. Just over half of all international tourists arrive by air. Highway and rail systems have also improved, particularly in Europe and Asia, and although only 3% of tourists arrive by train, roughly 40% reach their destination by car or bus. Only 6% of international travel is currently by boat [1].

Globalisation and improvements in the world economy have obviously been important in tourism. Increases in wealth in both industrialised and developing countries, in part driven by the tourism industry itself, are instrumental in the increase in international travel. Also important is an ageing population with increases in both wealth and leisure time. An important sector of tourism has been the population of migrants in industrialised countries who have had increased prosperity and who return to developing countries to visit families. This type of tourism is especially important for practitioners of travel medicine [2].

Improvements in political stability have also enhanced the opportunities for international travel. The disintegration of the former Soviet Union and the creation of the European Union are two obvious examples of changes resulting in increased opportunities for both business and leisure travel [3].

The rapid expansion of the tourism industry itself, especially in developing countries, has fuelled export income, which currently stands at more than US\$1 trillion per year, or

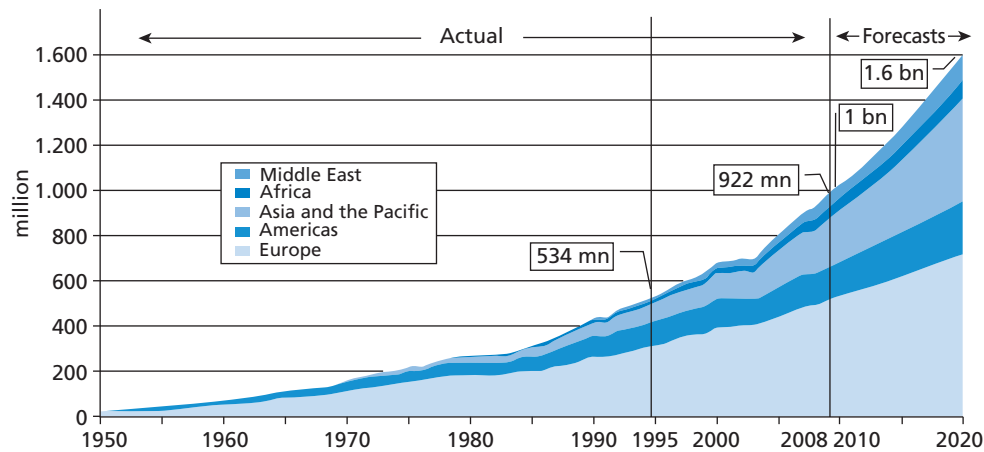


Figure 1.1 International tourist arrivals, 1950–2005 [1].

nearly US\$3 billion per day [1]. The development of the tourism industry, with its great use of the internet and advertising strategies, has been important in the expansion of tourism.

Finally, individuals are increasingly travelling for business, health and education. It was hard to imagine even a decade ago that patients from North America would travel to developing countries for surgery and medical treatment that is less expensive than in their own country. The impressive numbers of students who study abroad is of particular interest to the field of emporiatrics.

Where are international tourists going?

Most international tourism is for pleasure and is local; intra-regional tourism accounts for nearly 80% of all international arrivals [1]. Moreover, the top destinations of international tourists, listed in Table 1.1, are mostly developed countries in Europe. In fact, Europe has nearly one-half of all international arrivals, although Asia, the Middle East and Africa have seen significant growth in the past 15 years (Figures 1.2 and 1.3). Since 1995, international arrivals to Asia, the Pacific and Africa have tripled, while during the same period arrivals to Europe and the Americas showed only modest growth. In addition, most international tourists visiting the Americas arrive in the United States or Canada. However, the fastest growing area in the region is Central America, which is certainly of more interest to practitioners of travel medicine [1]. Examining destinations of international travel in different regions, several patterns emerge.

- In the Americas, most travel is ‘north–south’ to Canada, Mexico and the Caribbean. Visitors from the US are much more likely to go to the Caribbean than South America or Central America.

Table 1.1 International tourist arrivals

Rank	Million		Change (%)		
	2007	2008	07/06	08/07	
1	France	81.9	79.3	3.9	–3.2
2	United States	56.0	58.0	9.8	3.6
3	Spain	58.7	57.3	1.1	–2.3
4	China	54.7	53.0	9.6	–3.1
5	Italy	43.7	42.7	6.3	–2.1
6	United Kingdom	30.9	30.2	0.7	–2.2
7	Ukraine	23.1	25.4	22.1	9.8
8	Turkey	22.2	25.0	17.6	12.3
9	Germany	24.4	24.9	3.6	1.9
10	Mexico	21.4	22.6	0.1	5.9

From [1]

- A French tourist is 20 times more likely to go to Africa than an American traveller.
- Twice as many English tourists visit India and Pakistan as American visitors.
- Australian tourists commonly have exotic destinations in Africa and Southern Asia.

Outbound tourism

Most international travel originates in developed countries, more than half of them in Europe (Figure 1.4). Asia and the Pacific have overtaken the Americas as the second most common origin for travel. In fact, emerging countries with rising levels of prosperity have showed higher growth rates

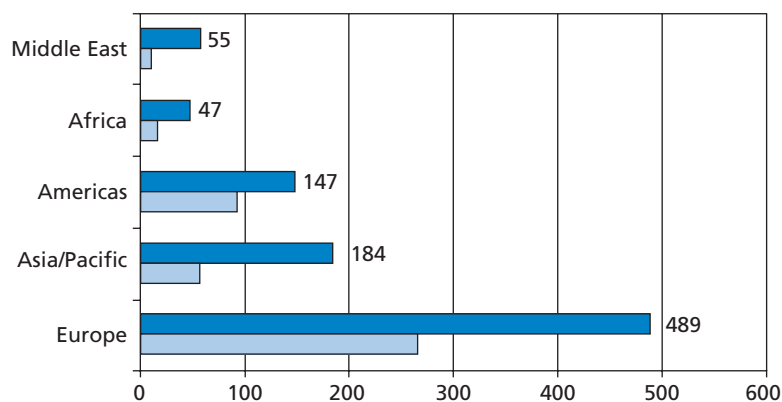


Figure 1.2 International arrivals (millions) by selected area (adapted from [1]).

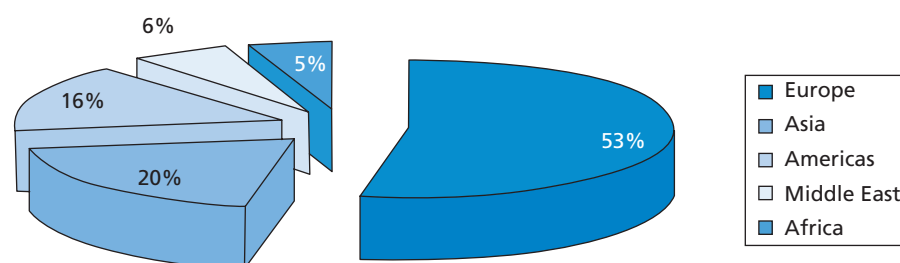


Figure 1.3 International arrivals (2008) by selected region (adapted from [1]).

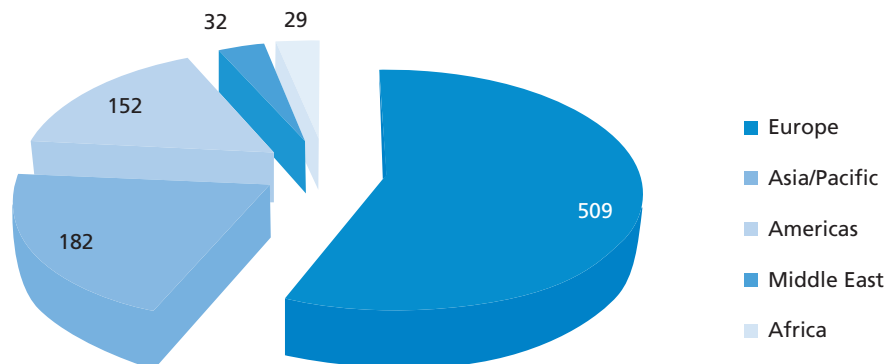


Figure 1.4 Outbound tourism, 2008, millions [1].

than developed countries as markets for the travel industry. This is especially true for northeast and southern Asia, Eastern Europe, and the Middle East. Although intraregional travel still dominates, interregional trips have grown twice as fast in recent years [1].

The economics of tourism

The importance of tourism as a driver of world economy cannot be overstated. Although lists containing the world's

top tourism spenders and countries with the largest tourism receipts are nearly all developed nations, the relative importance of tourism to developing countries is much greater (Figure 1.5, Table 1.2). Currently, international tourism generates more than US\$1 trillion per year and accounts for nearly one-third of the world's exports of commercial services. Perhaps more importantly, tourism is the leading export category for most developing countries. In these countries, tourism creates not only jobs, but much needed infrastructure. Currently, more than 80 countries earned US\$1 billion or more. Examining the list of top

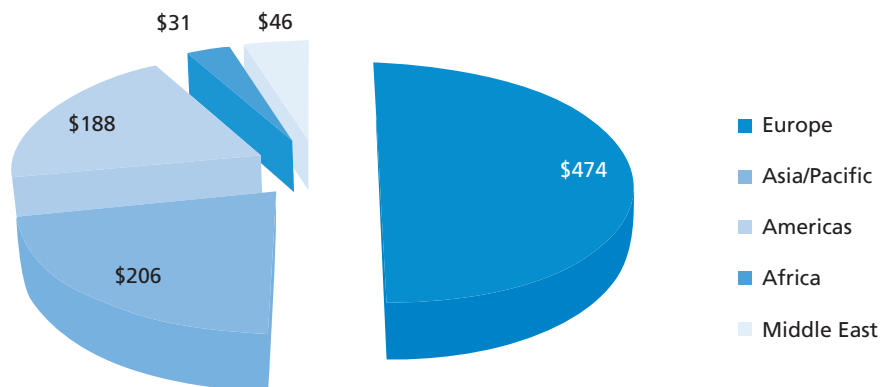


Figure 1.5 International tourist receipts (US\$ billion) [1].

Table 1.2 International tourist receipts

Rank	US\$ billion		Change (%)	
	2007	2008	07/06	08/07
1 United States	96.7	110.1	12.8	13.8
2 Spain	57.6	61.6	12.8	6.9
3 France	54.3	55.6	17.1	2.4
4 Italy	42.7	45.7	11.9	7.2
5 China	37.2	40.8	9.7	9.7
6 Germany	36.0	40.0	9.9	11.0
7 United Kingdom	38.6	36.0	11.6	-6.7
8 Australia	22.3	24.7	25.0	10.6
9 Turkey	18.5	22.0	9.7	18.7
10 Austria	18.9	21.8	13.5	15.4

From [1]

Table 1.3 Top international tourism spenders

Rank	International tourism expenditure (US\$ billion)		Population
	2007	2008	2008 (million)
1 Germany	83.1	91.0	82
2 United States	76.4	79.7	304
3 United Kingdom	71.4	68.5	61
4 France	36.7	43.1	62
5 China	29.8	36.2	1,328
6 Italy	27.3	30.8	59
7 Japan	26.5	27.9	128
8 Canada	24.7	26.9	33
9 Russian Federation	22.3	24.9	142
10 Netherlands	19.1	21.7	17

From [1]

spenders (Table 1.3) in international tourism one learns that tourists from the United Kingdom spend nearly as much on foreign travel as travellers from the US; Germans spend more.

Trends in travel types

Although all travel has health risks, the healthy English family on a short holiday to France is of little interest to practitioners of travel medicine. The vast majority of international arrivals involve business or pleasure trips in developed countries. In addition, pleasure travel to less developed countries is often tour- or resort-based. However, there are

trends in travel that are of more interest and importance for travel medicine:

- an ageing population
- increases in ecotourism
- students abroad
- visiting friends and relatives in developing countries.

We are currently witnessing the retirement of the wealthiest, healthiest and largest group of elders in human history. In the US alone, nearly one-quarter of the population is above 55 years old, and by the year 2030, there will be more than

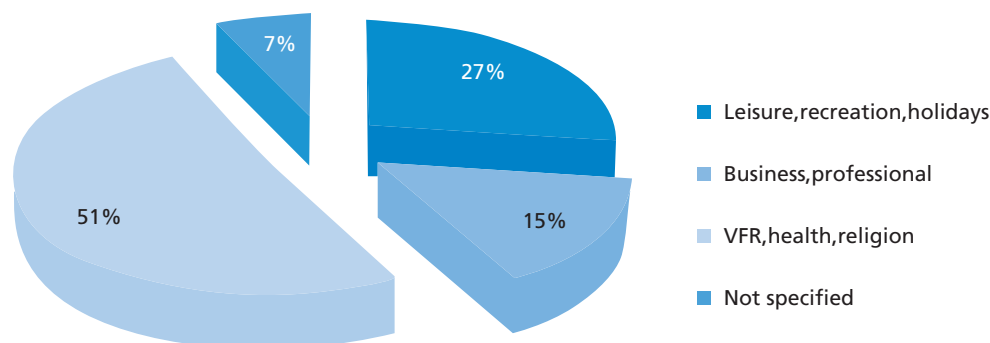


Figure 1.6 International tourist arrivals by purpose of visit (adapted from [1]).

70 million individuals above 65 years old. This population yearns for travel, and increasingly exotic travel. Preparing elders for trips presents challenges to healthcare practitioners and for those interested in expanding infrastructure for tourism. Health risks are clearly greater. A recent study found that of more than 2,400 deaths in Canadian travellers, the average age was 62 and most died of natural causes [4].

An increasingly popular type of travel is ecotourism. This type of adventure travel is often to poorly developed areas in the tropics, with potential exposures to excessive sunlight, vector-borne diseases, and contaminated food and water.

Another trend is the increase in students studying and working abroad. The number of US students abroad has doubled in the past decade to more than a quarter of a million per year. Most of these students have destinations in developed countries, but nearly 20,000 US students study in Mexico and Central America. Many students also spend time working as volunteers in rural and underdeveloped countries, usually working for non-profit organisations. As opposed to short-term tourism, students typically stay for longer periods, take greater risks than older travellers and often have ill-defined itineraries.

Visiting friends and relatives (VFR) is a rapidly increasing reason for international travel (Figure 1.6) and of special interest to emporiatrics [2]. In the US alone, one-fifth of the population (56 million people) are foreign-born or their US-born children. Overall, about a quarter of all international arrivals are VFR travellers, but 44% of trips abroad from the US, excluding travel to Canada and Mexico, are currently for this reason. Most of these travellers are returning to developing countries, half to Latin America and a quarter to Asia. The five top countries for legal immigrants in the US are currently Mexico, India, China, the Philippines and Vietnam.

As a group, VFR travellers are much more likely to acquire illness abroad than other types of tourist. They are usually

visiting less-developed countries, staying in crowded conditions, staying longer, and more likely to be exposed to contaminated food and water. Compared to travellers for business and leisure, VFR travellers are less likely to be insured or to seek pre-travel advice. The immunisation status of VFR travellers is often incomplete and uncertain. They often bring their US-born children who have no immunity to malaria, and often sleep without protection from mosquitoes. In the past 15 years, most of the cases of falciparum malaria and all of the cases of typhoid fever seen by our travel clinic were children of immigrants returning from visits abroad. As immigrant populations in the US expand and mature economically, VFR travellers are certain to increase.

Future trends

'It's tough to make predictions, especially about the future' (Yogi Berra). By the year 2020, international arrivals are expected to reach 1.6 billion (Figure 1.1). The economic forces that have made tourism so important for developing countries – improvement in infrastructures, the internet and an expanding population of persons yearning to travel – are some of the many reasons for this expected continued growth. However, after years of steady growth in tourism, there have been recent worldwide decreases in both tourist arrivals and receipts. The major factor in the recent downturn is obviously worldwide economic recession, but other factors include rising fuel prices, unstable and unfavourable currency exchanges, and even fear of epidemics (influenza). Social and political unrest may also have negative effects, although the region with the most robust growth in recent years, the Middle East, is one of the most volatile (Figure 1.2). Of theoretical concern is the impact of global warming and its relationship to air travel.

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