

Perspective

South Europe perspective of COVID-19 impact on travel medicine

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Introduction

Over the past decade we have seen a growing volume of international tourism, with 2019 marking the 10th consecutive year of growth in international tourist arrivals, until the coronavirus disease 2019 (COVID-19) put an unexpected stop to global travel.¹ Between December 2019 and December 2020, the annual number of international visitor arrivals decreased by 84.9% for Spain.² In Portugal, it decreased by 74.9% between 2019 and 2020 (January–December).³ In Italy, this number decreased by 69.6% in the first 9 months of 2020 compared with 2019.⁴

In Spain, Italy and Portugal, as in the rest of the world, the implementation of lockdowns and travel restrictions have drastically reduced the number of international travellers requiring pre-travel consultations. This crisis has affected activities in travel departments adding a new challenge to the complexity faced by travel clinicians in Southern European countries. Indeed, education and training of healthcare professionals (HCPs) in Travel Medicine is lacking. In most European countries there are no full guidelines on travel. Travel clinics are not sufficiently integrated into the National Health System and their numbers

are insufficient for the population of travellers who need them, especially in peak season.

This paper aims to understand the current key facts on travel medicine in three Southern European countries: Spain, Italy and Portugal and how to address them by improving practices.

Impact on travel health/clinics

The COVID-19 pandemic will undoubtedly mark a ‘before and after’ in public- and travel- health. Unlike the UK, where many of the smaller independent travel clinics may not survive the loss in their business⁵; in Spain, Portugal and Italy, most travel clinics or departments are public. The national impact is likely to be less significant, although possible closure of private travel clinics may limit access to travel medicine services in some regions.

In addition, this crisis changed the organization of some public services with Travel Medicine practitioners being entirely or partially mobilized to reinforce frontline COVID-19 teams.

Since March 2020, numerous travel departments in Italian public healthcare centres have been entirely dedicated to the

management of COVID-19 patients and no longer provide travel consultations. In Spain and Portugal, hospital practitioners have been mobilized for COVID-19 wards, whilst practitioners working for the Ministry of Health, which is not actually linked to healthcare systems, have been put in charge of managing ports and airports by identifying country-specific rules and restrictions for travellers.

During this COVID-19 crisis, there was a concern that travellers could no longer access medical advisory on treatment, and preventive healthcare or counselling services prior to their trip due to the closure of travel clinics.

However, some pre-travel consultations are still provided. In Spain, pre-travel consultations have been maintained at 10–25%. This rate varies depending on the resources available, the control measures implemented by the administration, the closure of borders and most importantly, the number of travellers. In Portugal, cases of emergency need, such as migrants or expatriates returning home, had difficulties in finding public services providing travel medicine consultations.

For most, the first consultation is ‘face to face’; telephone and video consultations have also been implemented, accounting for almost 20% of consultations in some Spanish centres. Whether the consultation is virtual or not, written reports, advice regarding vaccination and prophylaxis are provided to the traveller.

The use of digital platforms by HCPs has increased significantly, especially to help travellers find health insurance and provide personalized information related to COVID-19.

In this new COVID-19 era, it is clear that the support for travellers has evolved and new factors had to be considered.

New components to be included in pre-travel consultations

As described by Professor Mary Wilson, ‘the broad components concerning COVID-19 risks include: (i) personal risk stratification, (ii) elements of travel and (iii) policies imposed by health insurance, employer and government regulations at both origin and destination countries’.⁶ Travel clinicians need to consider the traveller’s personal risk for COVID-19 disease including the risk for severe disease but also other travel factors: means of transport (individual or collective), accommodation (rural area, hotel, etc.), activities and of course immunity of the traveller. Vaccination and natural immunity may be the most important aspect for travellers and travel clinicians.

Importantly, many destinations not previously considered ‘at-risk’ may now be deemed as such due to the risks and constraints associated with COVID-19. In this context, pre-travel consultations are even more important than ever. Every traveller should receive appropriate individual advice and information and be aware of the cost of evacuation and the cost/availability of quarantine hotels before travelling.

Travel clinicians must be able to provide specific and current information on government policies of the country of origin and destination (quarantine, antigen tests, PCR, vaccination centres . . .), health structures available locally and health insurance. For the Spanish and Portuguese centers where pre-travel counselling is still provided, screening measures and recommendations on COVID-19 are a new standard.

These parameters imply that practitioners need to develop new skills highlighting the importance of education on these new practices.

To support HCPs in the management of travellers potentially exposed to COVID-19 during trips, many recommendations have emerged. However, the scientific principles behind each institutional recommendation may differ from country to country or there may be national travel health policies which makes it difficult to decide which source to follow. In Italy and Portugal, there is a lack of institutional supervision of the practice of travel medicine with no aligned health recommendation. In the absence of national recommendations, clinicians have to rely on international reference websites such as travelhealthpro.org.uk for information. In Spain, the Ministry of Health published specific recommendations and an official link mainly based on the WHO position is available for MoH hospitals.^{7,8}

Information sources on COVID-19 are also available for travellers. In Portugal, specific recommendations for foreign travellers, Portuguese citizens living abroad and travellers in general have been published (available respectively on the following websites: www.visitportugal.com; portaldascomunidade.s.mne.gov.pt; www.sns24.gov.pt).

Perspectives for travel medicine

According to the International Air Transport Association, it is expected that international travel volume will not return to pre-COVID-19 levels before 2024.⁹

It seems clear that travel recommendations will evolve as vaccination coverage increases and as the duration of protection of vaccines is better understood. In Spain, Italy and Portugal, vaccination programmes initially focused on HCPs, people ‘at-risk’ or the elderly but have rapidly progressed to include younger age groups and even children.

It is hoped that the general population vaccination will lead to less restrictions for travellers. However, entry criteria are still changing for some countries with a high incidence of COVID-19 or fragile health infrastructure which may affect the ability of travellers to visit certain destinations.

As we have noted before, this pandemic accelerated the use of digital tools and tele-medicine creating a real opportunity to extend their use beyond pre-travel consultations to support travellers during- and after- their trips. These practices are already well developed in some Spanish and Portuguese departments and should be further developed in a sustainable and standardized way.

In addition, the European Union implemented the requirement for a digital COVID-19 certificate on the 1st July 2021 creating an ‘immunity passport’, which will play a key role in the resumption of travel in the immediate future in Europe.¹⁰ Travel clinicians need to collaborate constantly with public institutions such as National Health systems as well as airports to ensure alignment of screening criteria and travel requirements.

These adaptations to reduce risk through regulatory measures are part of a comprehensive health system policy but they must be associated with the implementation of good practices through education and training of professionals on travel diseases and the development of recommendations by reputable national institutions. Some initiatives are already in place like in Portugal

where travel doctors have been training health professionals in an annual Travel Medicine course, for more than 10 years.

Conclusion

With this pandemic, Travel Medicine must 'reinvent itself' through digitalization and personalized information, inevitably leading to much more individualized medicine. The implementation of new digital tools will allow travellers to be followed-up before, during and after their trip, solving some difficulties encountered in the management of sick travellers after their return.

The digital COVID-19 certificate will certainly help southern European travel to resume. However, there is now a danger of 'COVID-19 fatigue' and travellers may be less cautious during their holidays with a possibility of exposure to new variants leading to new outbreaks and ever-changing rules. Education on the prevention of COVID-19 during travel is of paramount importance.

This crisis supports the key role of pre-travel consultation and travel risk assessments by competent HCPs. Strong national recommendations in Southern European countries are needed to harmonise and ease practices. We offer two global recommendations to support this new paradigm in the good practice of travel medicine. HCPs must maintain a deep, constantly updated, knowledge on COVID-19 epidemiology, vaccines and international regulations. In parallel with counselling about COVID-19, HCPs must continue to emphasize the risk of other travel diseases, some of them carry a greater morbidity and mortality risk than COVID-19.

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Disclosure

Roxane Noharet is currently an intern at Sanofi Pasteur.

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