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Original Research Article

Knowledge, attitude and practices regarding travel medicine among health care workers in a tertiary care centre

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ABSTRACT

Background: International travel whether for business, work or other reasons is increasing very rapidly. Along with this the risk for travel related illness has also increased exponentially as a very few travellers seek pre and post travel advice and our health care workers can play an important role in this field. To access the current knowledge, attitude, practice of travel medicine among health care workers.

Methods: The participants were briefed about the purpose of the study prior to its commencement. The questionnaire was framed in 2 sections. Section I covered the demographic profile while section II pertained to knowledge, attitude and practice. The questions were developed focusing on the domains that were already used in similar published literature. A Google form link was sent to the participants and they were given a time span of 2 days to completely fill the Google Form.

Results: Nearly all the participants had a fair knowledge regarding travel medicine (52.1%), associated diseases with it (68.6%) and the most common medicines to be prescribed during travel (65.3%). But (71.9%) were still unaware about the recommended guidelines related to travel medicine. A great number of participants (90%) were of the impression to create awareness among HCWs about presentation of illness in travellers. Most of the HCWs (72.7%) were aware of the issues that needed to be addressed in pre-travel consultation which could help to reduce the risk of illness and injury during travel. Most of HCWs (81%) were of the belief to encompass training related to travel medicine to be incorporated in medical curriculum.

Conclusion: HCWs has fair knowledge and positive attitude and practices with more trainings in the form of workshops and CMEs on Travel Medicine.

Keywords: Travel medicine, Knowledge, Attitude, Practice, HCWs, Travel related diseases

INTRODUCTION

There has been a substantial increase in the number of international travel whether for business, work or other reasons. Along with this the risk for travel related illness has also increased exponentially as a very few travellers seek pre and post travel advice.¹ The risk of contracting any infectious disease not only depends upon the destination or travel duration. But moreover, on patient's

health profile so that a lot of variables related to it can be overcome by the traveller.² Nowadays, with the availability of various resources like vaccination, medication, consultations related to travel and surveys, most of travel associated diseases can be prevented.³ India being one such country has achieved remarkable developments in health care system within a short span of time with implementation of good infrastructure in health services. In spite of this fact, due importance to travel medicine has not yet been given by the physicians. Travel

Medicine is a challenging area of clinical practice and clinicians need to have a vigorous knowledge and experience surrounding it. Patient's health and safety needs to be incorporated/ merged with not only doctor's level of expertise but also with other health care workers.⁴

So, a judicious knowledge about all travel related diseases, their sources and prevention as well as the routine immunization schedules recommended should be known to health care workers.⁵ Thus, this current study was undertaken to get a brief idea and identify the factors related to knowledge, attitude and practice on travel medicine among health care workers working in tertiary care teaching hospital in Jammu. The current study was proposed to access the current knowledge, attitude and practice of travel medicine among health care workers.

METHODS

Study design

This study was done in Government Medical College Jammu after getting permission from Institutional Ethics Committee (IEC/Pharma/Thesis/Research/I28C/2018/593 dated 26.10.2018). Purpose of study was explained to the participants. A computerised self-structured questionnaire was prepared and shared through Google form to approximately 150 health care workers randomly, keeping in view the Covid-19 pandemic protocol.

The questionnaire was framed in two sections. Section I pertained to the demographic profile while section II covered questions related to knowledge, attitude and practice. A Google form link was sent to the participants and they were given a time span of two days to completely fill the form. The participation of HCW's was entirely voluntary.

Statistical analysis

The responses obtained were tabulated and data recorded was presented in number (n) and percent (%).

RESULTS

Out of 150 questionnaires distributed through Google form, we received 121 duly filled forms in all respects. Hence, the response rate was 80.66%. Out of total respondents 74.38% belonged to urban area, 14 (18.93%) were from rural area whereas 7 (5.7%) kept this column vacant (Figure 1A).

Male female ratio was 42.5%/57.5% (Figure 1B). Maximum participants were ranging in between age of 18-28 years (n=46) (38.01%) followed by 39-48 years (n=31) (25.61%) and 29-38 years (n=18) (14.87%) (Figure 1C). Most of the respondents were doctors 84 (59.66%) followed by nurses 13 (10.92%); pharmacists 10 (8.40%) and 14 (11.76%) others (Figure 1D). In our study majority of the participants had a fair knowledge regarding travel

medicine (52.1%), associated diseases with it (68.6%) and the most commonly prescribed medicines to during travel (65.3%). Major group of participants 76.9% were having no knowledge about magnitude of travel related morbidity/mortality and 71.9% were still unaware about the recommended guidelines related to travel medicine (Table 1).

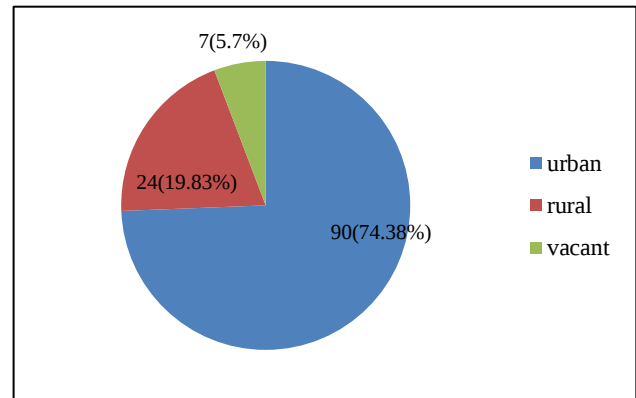


Figure 1A: Demographic profile.

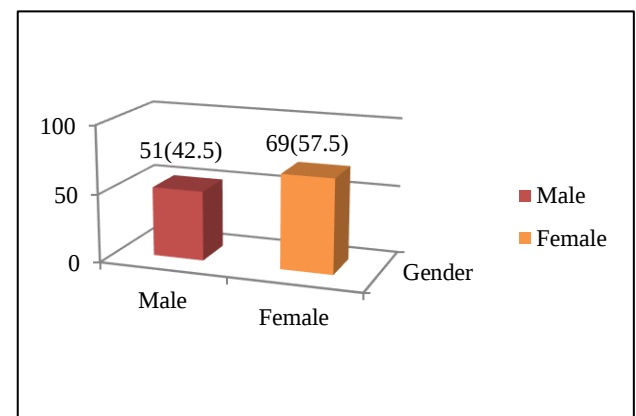


Figure 1B: Gender.

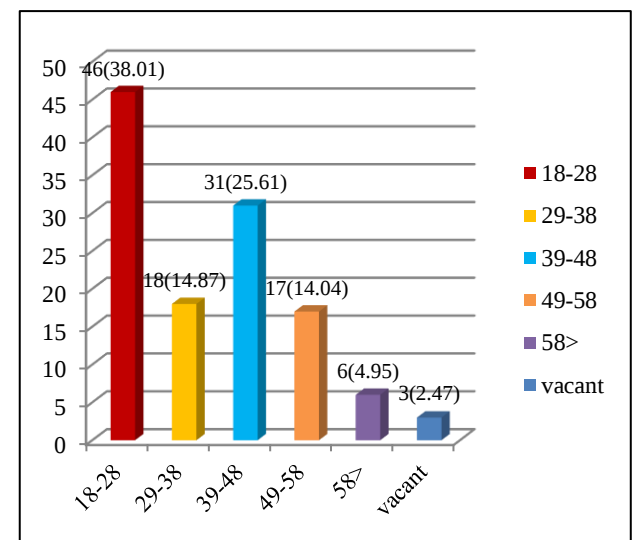


Figure 1C: Different age groups in years.

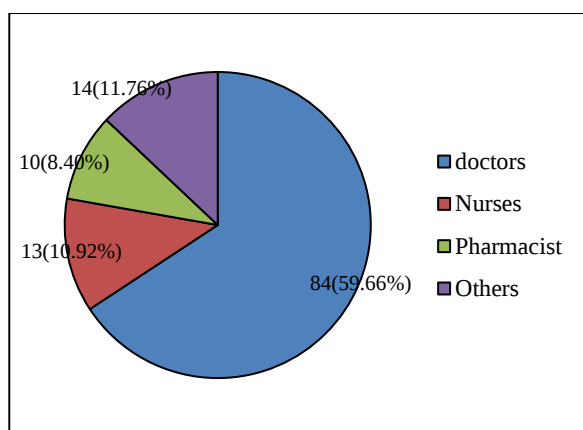


Figure 1D: Qualification.

Questionnaire pertaining to attitude and practices towards travel medicine consisted of five questions each and 81% wanted that it should be included in UG/PG curriculum along with a positive attitude for pre and post travel consultation 69.4 and 58.7% respectively. A great number of participants 90% were of the impression to create awareness among HCWs about travel related diseases. Most of the HCWs 88 (72.7%) were aware of the issues that needed to be addressed in pre-travel consultation which could help to reduce the risk of illness and injury during travel. Attitude towards infections caused by food items was of mixed opinion (yes-35.5%; no-45.5%). Under practices section 75.8% were practising preventive counselling and education about travel medicine. A very few numbers of participants have attended a CME/workshop on travel medicine (6.6%) and a learning programme (7.4%) (Table 2 and 3).

Table 1: Knowledge pertaining to travel medicine.

Parameters	Yes, N (%)	No, N (%)	May be, N (%)
Knowledge			
About travel medicine	63 (52.1)	29 (24)	29 (24)
Travel related diseases	83 (68.6)	12 (9.9)	26 (21.5)
Common medicines to be prescribed while travelling	79 (65.3)	16 (13.2)	26 (21.5)
Sources available to access information about TM	42 (35)	55 (45.8)	23 (19.2)
Common vaccine preventable travel related diseases	58 (48.3)	39 (32.5)	23 (19.2)
Idea about magnitude of travel related morbidity/mortality	16 (13.2)	93 (76.9)	12 (9.9)
Vaccination schedule in international travellers	35 (28.9)	75 (62)	11 (9.1)

Table 2: Attitude pertaining to travel medicine.

Parameters	Yes, N (%)	No, N (%)	May be, N (%)
Attitude			
Inclusion of TM in UG/PG curriculum	98 (81)	15 (12.4)	8 (6.6)
Awareness in HCW's can prevent travel related diseases	108 (90)	5 (4.2)	7 (5.8)
Pre travel consultation	84 (69.4)	7 (5.8)	30 (24.8)
Post travel consultation	71 (58.7)	9 (7.4)	41 (33.9)
Foods can cause infection	43 (35.5)	55 (45.5)	23 (19)

Table 3: Practice pertaining to travel medicine.

Parameters	Yes, N (%)	No, N (%)	May be, N (%)
Practice			
Prescribing medicine to patients travelling abroad	67 (55.4)	29 (24)	25 (20.7)
Attended a CME/Workshop on TM	5 (4.1)	113 (93.4)	3 (2.5)
Undergone a learning programme in TM	6 (5)	112 (92.6)	3 (2.5)
Faced any issues during pre-travel consultations	18 (15.1)	85 (71.4)	16 (13.4)
Preventive counselling and education about TM	91 (75.8)	5 (4.2)	24 (20)

DISCUSSION

In our study HCWs were of the belief to encompass training related to travel medicine be incorporated in medical curriculum. Though HCWs were aware of travel medicine and travel related diseases but there was little idea about magnitude of travel related morbidity and mortality.

There was a gap in the knowledge and practices of travel medicine. It is a need of the hour to increase knowledge about travel medicine and its various aspects such as vaccination schedule in international travellers and common vaccine preventable travel related diseases because many them are easily preventable by proper pre travel consultation and training.⁶ In a study conducted by

Yazdian P et al they found that most of HCW's surveyed did not have any formal travel medicine training similar to our study. This laid stress upon the need of proper training regarding travel medicine either in the form of CME/workshop or short courses and certification.⁷ It is also important for the clinicians to be aware of various risks associated with travel to different parts of the world such as food and water borne diseases (traveller's diarrhoea, typhoid fever), mosquito borne diseases (malaria, Japanese encephalitis).⁸ Pre- travel health consultation can be very effective in preventing travel related illness. A study conducted by Farquharson L et al suggested that non-adherence to malaria chemo prophylaxis was due to low quality communication between travellers and clinicians.⁹

This laid the foundation of our study. As per a study conducted by Gerard T et al, Flaherty et al it showed that the pre-travel consultation can also decrease the intensity/chances of Jet lag seen in long distance flights due to difference in timings/circadian rhythms.¹⁰ Travel medicine training should also be included in UG/PG medical curriculum so that they (budding physicians of the society) have better beforehand knowledge of Travel Medicine.¹¹

The present study has helped us to elicit the preference of more workshops and CMEs on travel medicine so that general awareness can be developed and evolved among HCWs. Pre travel consultation regarding COVID-19 at the time of its emergence could also have played an important role in prevention of its outbreak. Our study was also not devoid of limitations. Number of participants included were less due to ongoing COVID-19 pandemic.

CONCLUSION

In conclusion this study has shown a fair knowledge about TM. It has helped us to elicit the preference of more workshops and CMEs on travel medicine so that general awareness can be developed and evolved among HCWs. Moreover, it should be incorporated in medical curriculum so that this field of medicine should not remain untouched.

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Conflict of interest: None declared

Ethical approval: The study was approved by the Institutional Ethics Committee

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