Gastrointestinal illnesses in tourists: whose responsibility?

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Improvements in public health and the control of communicable diseases throughout Europe have been achieved due to the multidisciplinary approach and not only as a result of efforts of public health physicians. The conclusions of the Spanish team (1) that studied the outbreak of gastroenteritis in tourists visiting the Dominican Republic provides a good example of the need for both cross discipline and international cooperation. Tourism is one of the top three global economic forces, with an increasing number of tourists each year. It is estimated that there are over 70 million package holidays sold in Europe annually with destinations worldwide. The tourists are exposed to a wide range of conditions and pathogenic organisms.

There is, however, a paucity of information on the infections acquired by these tourists during their travels. Surveillance is rudimentary, and relies largely on reported illnesses in those who remain ill, or develop an illness, on their return home. Apart from infections such as typhoid fever, there is rarely any follow up, and the transfer of timely information between the health ministries of different countries is variable. The majority of travel acquired infections cause illness during the stay in a destination country, are hardly ever recorded in any official surveillance system, and are equally rarely investigated.

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Yet questionnaire studies (2-5) on returning travellers, or in resorts, indicate that there is a considerable incidence of gastric upsets in tourists travelling to a number of destinations. This form of surveillance does not provide information on the causative organisms, but does provide a pointer for further investigation into the illnesses, the level of the public health infrastructure, and the effectiveness of any food hygiene programs. The information has been used by the major British tour operators in discussion with the governments of holiday destination countries.

The failure of official surveillance systems to detect these illnesses is due in part to confusion about who is responsible for dealing with tourists' gastrointestinal upsets. Most of those who are ill in a resort leave for home in a matter of days, and in other cases the illness may only become apparent after the tourists have returned home.

The importance of these illnesses, some of which are mild and of short duration, should not be underestimated. They cause discomfort to those directly affected but will also have an impact on the holiday enjoyment of others in their party. There may in addition be severe economic consequences for the resort community, especially if tourism is adversely affected by bad media coverage in the tourists' home countries.

The tourist industry will usually become aware of a problem at an early stage as tourists complain to the local representatives. This information needs to be shared with health officials in both the home and the holiday countries. National surveillance systems need to be aware of travel connections and while maintaining patient confidentiality, need to alert other countries and the tourist industry of potential trouble areas. The speed of travel and the numbers of travellers make it very important for even unsubstantiated data to be shared at an early date. There may be no laboratory diagnosis but as we all know, John Snow was able to take action before the cholera vibrio was recognised.

The prompt transfer of data between health departments of different countries and the tourist industry, which can directly and immediately influence hoteliers, would be an important step in reducing the burden of gastrointestinal illness in tourists. The development of working arrangements between national health departments, tour operators and hoteliers should be encouraged before an incident occurs, with an emphasis on the implementation of effective preventative programs.

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