

# Operational Delivery of Travel Health Services in the United Kingdom in the light of the COVID-19 Pandemic:

## Guidance from the Faculty of Travel Medicine of the Royal College of Physicians and Surgeons of Glasgow

Travel medicine service provision centres on risk assessment and management of those travelling abroad to countries where there may be not only a personal risk of contracting infectious diseases whilst away, but also a public health impact on their return<sup>1</sup>. Fast modes of transport, combined with the need to travel for groups including business travellers, aid workers<sup>2</sup>, researchers, military personnel, those visiting friends and relations (VFRs), along with those travelling for recreation, pose significant health threats, as COVID-19 has demonstrated. Of particular concern, is the disproportionate effect of COVID-19 on Black, Asian and minority ethnic (BAME) communities<sup>3</sup>, the group which predominates amongst VFR travellers. As it is likely that they will be among the first to travel as restrictions ease, they merit special attention.

International Health Regulations try to restrict the spread of disease<sup>4</sup>, but the current pandemic has demonstrated the challenges this presents and will continue to in the future, as further pandemics will no doubt appear. The work, support and advice of well-trained and qualified travel medicine practitioners has never been more important<sup>5,6,7</sup>.

Despite restrictions imposed during the COVID-19 pandemic, individuals in the groups mentioned above are still travelling overseas. It is vital that these travellers are able to seek and obtain appropriate health advice before travelling.

### Current service considerations

- A substantial decline in the number of travellers seeking pre travel consultations has resulted from COVID-19.
- Travel services of an NHS nature are currently provided in general practice in the United Kingdom<sup>8</sup>
- General practice is under immense pressure. For a number of years, GP surgeries have been providing a limited service or completely cancelling their travel health provision. This situation has been exacerbated during the COVID-19 pandemic.
- Independent travel clinics have seen a significant reduction in demand for appointments, with many clinics furloughing their staff and closing their doors.
- Pharmacy outlets are under increasing pressure, prioritising other areas of healthcare.
- Pharmacy outlets providing travel medicine services may operate in small clinical spaces, where social distancing would not be possible.
- The COVID-19 pandemic has resulted in a partial interruption of many related services, for example immunisation programmes both in the UK and abroad<sup>9</sup>.



## Potential complications resulting from service interruption

- The reduction in travel medicine service provision has the potential to cause health risks, not only for the individual, but also of public health concern. These may include resurgence in vaccine preventable diseases, for example measles, and other risks such as malaria where, in endemic countries, the preventive measures such as mosquito net campaigns have been halted<sup>10</sup>. Increases such as these will significantly impact host country populations and future travellers.
- Many travel medicine practitioners have experienced significant damage to their businesses. In the case of Faculty of Travel Medicine members, officially trained in travel medicine, who run independent travel clinics, their livelihoods are at risk, as the full demand for service provision is likely to take a considerable time to recover and their financial situation may make it impossible for them to continue, resulting in the loss of an important core group of expertise within travel services of the future.

## Current Faculty of Travel Medicine guidance

Where there is a need to maintain travel medicine service provision for travellers who are required to travel overseas at this time, the impact of COVID-19 on the following areas needs to be considered:

**1**

### Legal, regulatory and professional responsibilities regarding clinical practice

**2**

### Clinical environment risk assessment

**3**

### Effective infection prevention and control methods including personal protective equipment (PPE)<sup>11</sup>

**4**

### Patient risk assessment

## **1** Legal, regulatory and professional responsibilities

It is essential that employers consider the legal responsibilities they have for their staff. These include:

- Appropriate reference to clinician professional body COVID-19 practice guidance<sup>12,13,14</sup>
- Insurance, public and professional liability
- Provision of appropriate PPE

## **2** Clinical environment risk assessment

Before any face-to-face assessments are undertaken, an up-to-date clinical areas risk assessment must be undertaken, documented and provided for all staff. It must include:

- Correct infection control measures as per Department of Health clinical guidelines for the administration of vaccines
- The capacity to provide appropriate social distancing measures, including waiting and consultation rooms
- Reduction in clinical appointments to facilitate social distancing
- Removal of non-essential objects for example, magazines, flyers and artefacts, from both clinical and waiting areas

## **3** Effective infection prevention and control methods

- Screening of clients for COVID-19 symptoms pre-attendance
- Provision of appropriate PPE
- Access to adequate hand washing facilities and hand sanitiser
- Protocols for cleaning pre and post patients
- Documenting accurate clinical records, including contact details for tracing requirements

## 4 Patient risk assessment and treatment

- Pre-travel telephone-based consultation to establish the need for attendance and perform the comprehensive risk assessment and provision of travel health advice
- If attendance is required, minimising appointment duration through remote delivery of all aspects of a normal consultation, except for the physical administration of agreed vaccinations, thereby reducing face-to-face contact to less than 15-minutes
- Screening for symptoms of possible COVID-19 on attendance
- Ensuring adequate ventilation in clinical areas
- Minimise use of equipment
- Measures should be undertaken to ensure malaria chemoprophylaxis and travel health equipment, if required, can be supplied in an appropriate way to maintain minimal risk of infection spread

### Consideration of travel health services currently not operating

- Health Boards and Clinical Commissioning Groups need to be considering the provision of travel services in the longer term for when demand increases and forward planning for this is essential. Such organisations should consider commissioning the services of specialist travel clinics to help with those essential NHS services which currently need to continue, for example child immunisation services and seasonal influenza clinics, with a view to then supporting regrowth of NHS travel services as demand returns.

### Future planning of Travel Medicine

- The COVID-19 pandemic has illustrated the importance of educating the general public on individual infection control as well as public health measures in prevention of spread of disease. Quality of training of travel medicine practitioners has never been more important and it is essential that all practitioners providing travel health advice are well trained prior to providing it. At the current time there is no governance of such practice.
- The Faculty of Travel Medicine are publishing a document Good Practice Guidance for Providing a Travel Health Service later in 2020.

### The Faculty of Travel Medicine Executive Board

Royal College of Physicians and Surgeons of Glasgow

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