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Journal Watch

Editor: Dr Mike Townend

Travellers and influenza: risks and prevention.
Goeijenbier M, van Genderen P, Ward BJ et al. J Travel Med (2016). 24 (1): taw078
The authors conducted an extensive literature search and also reviewed guidelines and recommendations from selected countries in order to recommend best practice advice for the prevention and management of influenza in the travel medicine setting. They concluded that seasonal influenza is among the prevalent infectious diseases in travellers. They identified host-associated risk factors including extremes of age and immuno-compromise and environmental factors, of which the most important were mass gatherings and cruise ships. They concluded that pre-travel advice should address influenza and its prevention for travellers, where appropriate, and that preventive measures should be strongly advised for travellers at high risk of complications of influenza. They also advised vaccination of those wishing to avoid incapacitation by influenza, particularly crew and passengers of cruise ships and those attending mass gatherings.

Comment
This paper is a timely reminder for all travel health advisers not to forget influenza when conducting a pre-travel risk assessment. Not only are influenza and other respiratory infections very common among travellers, much commoner than most of the other communicable and vaccine-preventable disease risks encountered during travel, they are of particular concern for cruise ship passengers, many of whom are elderly, some of whom are frail, and all of whom are at high risk of acquiring person to person transmitted infections. Nor should influenza be neglected when advising travellers attending mass gatherings such as the Hajj.

Aging, tolerance to high altitude, and cardiorespiratory response to hypoxia.
Richalet J-P, Lhuissier FJ. High Alt Med & Biol (June 2016) 16(2): 117-124
This paper is based on assessment of changes in physiological responses to hypoxia in a 20 year cross-sectional study of 4675 subjects (2789 male and 1886 female) aged from 14 to 85 years and a longitudinal study of 30 subjects at mean intervals of 10.4 years. The authors concluded that in normal healthy and active subjects, aging has no deleterious effect on cardiac and ventilator responses to hypoxia, at least up to the 8th decade. The corollary of this is that age is not a contraindication to travel to high altitude as long as no pathological processes interfere and physical fitness is appropriate for the physical demands of such travel

Comment
There have been few previous studies of the effects of aging on exposure to high altitude, although anecdotal evidence has suggested that increased age is, if anything, protective, at least up to moderately high altitudes, and there are reports of older people climbing 8000 metre peaks, including Everest. This paper is music to the ears of those of us whose age is all too rapidly advancing but who still love to travel to mountains and high altitude destinations. For the wider audience of travel health advisers, it provides evidence to help them to reassure travellers that, provided they remain physically fit within the constraints of their age, and provided they have no serious cardiorespiratory impairment, there is no specific contraindication to travelling to high altitudes on the basis of their age alone.