

Travellers to Africa: an Analysis of ITIT Illness and Geolocation Data

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Background:

Travel and tourism to Africa have steadily increased. Travellers, regardless of travel purpose, are exposed to unique health risks. Using the data from the ongoing ITIT (Illness Tracking in Travellers) study, we examined these risks using data from travellers to Africa.

Materials and Methods:

We combined demographic, climate, location, and self-reported symptom information to examine the health outcomes in travellers to Africa. In addition, post travel questionnaires provided information on diagnoses and self-treatments. We compared these outcomes with data on ITIT travellers to other locations.

Results:

There were 397 participants who reported travel to Africa, from 2298 overall. These travellers were on average older (mean 43 years old) and more likely to be business travellers (23.5% vs. 14.6%) than other travellers. However, tourism remained the most reported travel type (64%). Rates of diagnoses (1.5%) and self-reported treatments (3.3%) were comparable between travellers to Africa and other locations; however, more serious diagnoses were reported, including two malaria diagnoses (from Cote D'Ivoire and Nigeria), schistosomiasis (from Uganda), and giardiasis (from Egypt). The most symptoms overall were reported in Tanzania, South Africa, Kenya, and Morocco. The risk of reporting any symptom (43%) was similar to other travellers (40%), however, travellers to Africa reported more gastrointestinal symptoms (34% vs. 21%), and less respiratory symptoms (14% vs. 22%) than other travellers.

Conclusion:

Travellers to Africa experience a distinct spectrum of diagnoses and symptoms reflecting region-specific health risks. This highlights the importance of pre- and post-travel consultations specifically for Africa.