

Travel Diarrhea in Childhood, “Part Two; what is the Problem?”

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In the first part, we briefly reviewed literature about the characteristics, etiology, pathology, and management of pediatric travel diarrhea (TD) [1]. Ultimately, we concluded that more studies are needed on its pathogenesis, pathogen frequency, prevention, and management, especially in specific conditions such as children with immunodeficiency. In this section, the future aspects of pediatric TD will be discussed.

The pathogens and etiology of TD in children are assessed in different areas and countries, but information about the less important pathogens and even some main ones in some countries is lacking. Therefore, providing a management plan for prevention and treatment for travelers to these locations is impossible. At first, it is necessary to prepare a comprehensive diagram of the main and accessory pathogens of pediatric TD. Next, an agenda for determining all remaining and ambiguous etiologies throughout the world should be proposed.

Although the majority of etiology of TD remains bacterial, parasites, viruses, etc. are emerging as new pathogens [2]. Therefore, it is important to follow the frequency, incidence, and outbreak of each atypical pathogen to make an annual guideline so as to provide travelers with a safer trip.

Moreover, travel agencies could play a more important and effective role in controlling TD. In a study in Australia, 56% of travel agencies and consultants thought that there was “not enough” readily accessible travel health information; 52% said they would like to be more involved in providing health information to their clients. Thus, a guideline and periodic

training course for updating their health information can help travelers travel more safely. Furthermore, more academic and classified education is needed for general healthcare practitioners. Balaban et al. reported that almost half of public health professionals who travel internationally reported exposure to unanticipated health risks; one-quarter of travelers to malarious areas reported inconsistent or no use of malaria chemoprophylaxis [3].

Although many studies are conducted in these fields yearly and many innovations emerge, a large number of unsolved problems remain, especially in the field of treatment and prophylaxis methods. If developing countries focus their research on eliminating and managing their native and endemic infectious diseases that cause travel diseases instead of on costly and, at the same time, undervalued and perfunctory studies on diseases of the developed world [4], their economy will profit more.

References

1. Eghbal F, Saburi A. Travel Diarrhea in Childhood “First Part; what do we know?”. Int J Travel Med and Glob Health. 2015;3(2):43.
2. Zaidi D, Wine E. An update on travelers' diarrhea. Curr Opin Gastroenterol. 2015;31(1):7-13.
3. Balaban V, Warnock E, Ramana Dhara V, Jean-Louis LA, Sotir MJ, Kozarsky P. Health risks, travel preparation, and illness among public health professionals during international travel. Travel Med Infect Dis. 2014;12(4):349-54.
4. Mohammadi-Fard M, Saburi A. Focused Journals in Travel Medicine: A Valuable Chance for Developing Countries! Int J Travel Med and Glob Health. 2014;2(3):93-4.