as McCarthy said, that its supporters have a hard road ahead of them if they are to combat Canadian resistance. But Dr. Fischer, whose Toronto institute is the only establishment currently offering art therapy training in Canada, wants to see art therapy used in far more settings than just long-term psychiatric hospitals and in wider application than just its therapeutic and rehabilitative uses. "Primary prevention, achieved through early recognition of signals of stress in children's artwork, could make an important contribution to the mental and emotional health of

continued on page 532

Many travel personnel lax about warning against risk of malaria

ELAINE ROLFE

A Canadian travelling to a foreign country in which a new health risk has developed has little better than a 50-50 chance of getting accurate information on what preventive measures to take, according to a survey taken last month by *CMAJ*.

Starting point for the survey was the dramatic increase in malaria risk reported this year by the World Health Organization (see Table I). "During the past 10 years the malaria situation has progressively deteriorated in several countries," states the *WHO Chronicle* (32: 226, 1978). "The resurgence of the disease has particularly affected countries in southern Asia, some countries in Latin America and Turkey, sometimes reaching epidemic proportions." In a press release, WHO announced that "providing advice to international travellers is a joint responsibility of the countries of origin and destination of the traveller." It also said that it is asking tourist agencies, airlines and businesses engaged in international travel to assume a large share of responsibility for warning clients of the risk.

In an alarming number of cases, this message is not coming through. *CMAJ* telephoned 21 Ottawa travel agencies asking for information concerning a proposed trip to Turkey in October. (According to WHO, Turkey recently reported an epidemic of malaria; the season of risk is July-October. This reverses the earlier trend shown in Table I for the eastern Mediterranean.) Each of the agencies was asked for advice on medical precautions such a trip would require, and the questions were structured in such a way as they would be put by a member of the public. There was no prompting. Only 12 of the agencies warned against the malaria risk; nine named other risks (including mountain bandits and smuggling more than one deck of playing cards into the country). Most of the agencies aware of the malaria risk were able to name districts and times of the year where the risk was greatest. Eight suggested smallpox vaccinations.

Two agencies suggested contacting the department of health; four suggested telephoning the Turkish Embassy or tourist board.

The Turkish Embassy informed the potential tourist that someone travelling with a Canadian passport needed neither inoculations nor vaccinations. When asked if there were any epidemics afoot, the embassy said no.

CMAJ then called the federal government's general information number asking for advice on health preparations for the same trip. Referred to the quarantine services, Department of National Health and Welfare, *CMAJ* was told that nothing was required by law. The office recommended inoculations for typhoid, polio and tetanus and suggested calling the local health unit for more information. A second person called the quarantine services office again and learned of the malaria risk *after* the caller specifically asked about malaria.

Several federal departments or agencies that send personnel abroad maintain effective surveillance of overseas health risks. Their information is available to the public if a casual caller can identify the right section, but there appears to be no service of such information on offer to the public. Even if there were, it would not likely be a practical proposition for an out-of-town caller because of the hopeless inefficiency of the government's inhouse telephone system.

The municipal health unit advised having antityphoid shots if camping and advised the caller to keep up-to-date with polio vaccinations.

The Canadian health and welfare department is aware of the malaria risk, however, and has published a warning in its June 10, 1978 edition of *Canada Diseases Weekly Report,* a publication with a distribution of about 4000 — mostly to public health oriented people and some hospital pathologists. Reprints from the re-

Table I—Number of autochthonous malaria cases (in thousands) reported 1972-1976 by region (excluding Africa)

Region	1972	1973	1974	1975	1976
The Americas	284	280	269	356	379
Southeast Asia	1920	2694	4210	5992	6539
Europe	21	13	8	12	39
Eastern Mediterranean	855	883	524	447	350
Western Pacific	171	203	170	197	210
Total	3251	4073	5181	7004	7517
Ratio of change (1972 = 100)	100	125	159	215	231

Notes: 1. Reported figures from most African countries south of the Sahara are considered unrealistically low and have not been included
2. Asian total excludes China, Democratic Kampuchea (formerly Cambodia) and Viet Nam
3. All figures are based on cases confirmed by a laboratory and reported by the malaria service and therefore represent a considerable underreporting

Source: WHO unpublished document A31/19, presented by director general to 31st World Health Assembly 24 May 1978

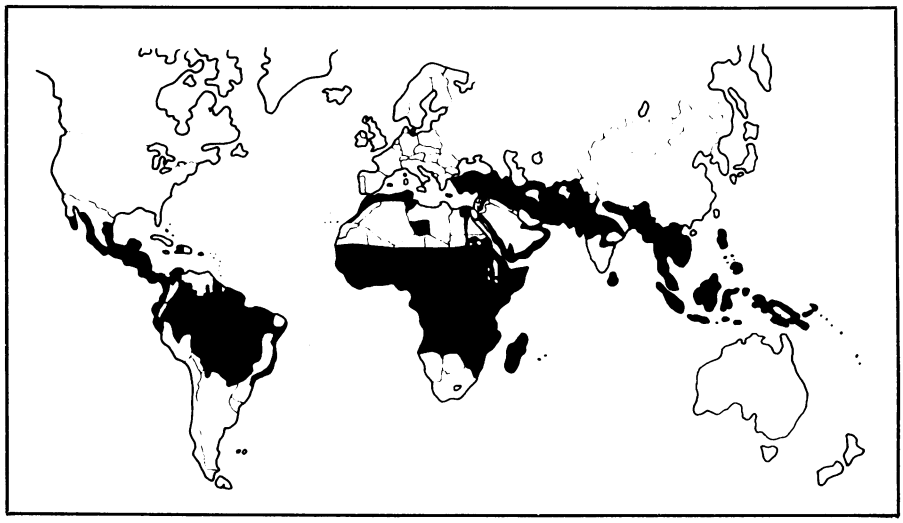

FIG. 1—Areas shown in black are locations of risk of malarial transmission.

port often appear in provincial medical journals, notably the *BCMJ*.

The *Report* noted several cases of Canadians who had visited malarious regions and fallen sick with the disease after their return to Canada, and alerted physicians to "the importance of considering the diagnosis of malaria in any patient who presents with a history of fever and who has travelled to an endemic area even if it has not been recently." In an editorial comment, the *Report* said seven cases of malaria were reported in Canada in 1972, 25 in 1973, 24 in 1974, 52 in 1975, 91 in 1976 and 100 in 1977. Fifty-two cases had been reported to date in 1978. The *Report* stressed the need for antimalarial drug administration, education of the endangered populations and the disinfection of aircraft, ships and freight.

This, however, is not information readily available to the public, or, for that matter, to general practitioners. According to WHO press release 29, July 14, 1978, "because malaria risk varies from place to place, as do the preventive measures needed, it is at times difficult even for the physician to know which is the appropriate drug to prescribe."

Besides travel agencies and the countries of origin and destination of the travellers, WHO said airlines should share responsibility for informing tourists of malaria risks. Of seven airlines contacted by *CMAJ*, four warned of the malaria risk in Turkey. The seven were chosen because they operate direct or connecting services to the eastern Mediterranean.

Is such confusion typical of other WHO-affiliated countries? According to the WHO magazine *World Health* (June 1978, p. 30), the UK's national airline, British Airways, tells passengers: "Malaria is prevalent in many parts of the world. We recommend that you take antimalaria tablets during your stay and for 30 days after you leave an infected area. Medical opinion should be sought if you are in doubt." British Airways also makes inflight announcements for disembarking passengers entering a malarious country, recommending them to take antimalaria tablets in the proper manner.

The Dutch Ministry of Health and Environment distributes two free brochures, one for the medical profession and one for the general public, giving health advice which includes information on the risk of contracting malaria when travelling.

The Council of Europe, at its meeting last June, repeated the WHO's concern and recommended that airline operators make inflight announcements before landing in infected areas.

What is available?

The question remains: Why is this information not being presented to the public on request in a systematic and reliable manner in Canada by the government, travel agents and foreign representatives?

Travel agents can subscribe to a monthly publication *Travel Information Manual*, which provides local information to travelers and agents, including general health information.

TIM publishes the WHO world map indicating malarious regions and, when *CMAJ* checked the section dealing with Turkey, it found up-to-date information on affected provinces and seasons of risk in plain view. Most of the travel agents who knew of the malaria risk gave identical information. *TIM* is issued by 15 airline members of the International Air Transport Association; 2 of the 7 lines surveyed were not among the sponsors and of these 2,1 gave inaccurate information and 1 gave correct information.

There is no obligation on the part of travel agencies to subscribe to *TIM* (or any other publication of that nature) but, as one travel agent said, it's not a book you can really do without. Some agency personnel answered *CMAJ* questions, rightly or wrongly, without consulting the book. Others apparently consulted it (and in several cases still gave out incorrect information).

There doesn't seem to be any professional discipline system for travel agencies that don't supply vital health information either, except the threat of lawsuits or loss of business, according to Gareth Davies from the Alliance of Canadian Travel Associations, an association that operates on the federal and provincial levels and comprises 1700 companies across Canada and 630 in Ontario. His agency receives WHO information, however, and tries to keep its members informed through an internal publication.

Interested physicians can also check *Morbidity and Mortality Weekly Report* (Supplement: March 10, 1978/Vol. 27/No. 10) for a special treatment of "Chemoprophylaxis of malaria".

Another source is WHO *Weekly Epidemiological Record,* 1978, No. 25, 26, which includes "Information on malaria risk for international travellers". This report gives information on locations of risk, presence of different strains of the disease, and accepted and alternative methods of treatment.

The International Development Research Centre last month issued a new booklet "Travelers to the tropics — guidelines for physicians". It covers preparations for tropical visits, immunizations, examinations, diagnosis and therapy for those who suffer from tropical diseases. ■