Each year the World Tourism Organization (WTO) publishes its statistics revealing staggering numbers of people crisscrossing the globe; indeed, over the last decade there have been double-digit increases in travel. International tourist arrivals reported by the WTO in 2016 grew to 1.32 billion, 46 million greater than in 2015. Preliminary data show the Asia-Pacific region leading the way with 7% growth, the Americas (primarily South and Central America) with 4% growth, and Europe with 2% growth, primarily in the north. Existing data from Africa show a healthy increase in travel to the sub-Saharan region—8% as well. The Middle East has seen a decrease in about 4%. Despite this continued growth and despite 2017 having been designated by the United Nations as the “International Year of Sustainable Tourism for Development,” challenges continue. Not only were there protests at a recent meeting of the WTO regarding the problem of over-tourism and the need for more responsible travel (http://media.unwto.org/press-release/2017-11-08), but also the challenges of safety and security have been reawakened recently with episodes of terror and violence.

Although considerations about health maintenance during travel have probably always been present, as explorers founded new regions, armies overtook others, and nomads wandered with their flocks, travel medicine's scientific birth can probably be measured in just decades since the first international conference on travel medicine in Zurich in 1988, and the beginning of the International Society of Travel Medicine (ISTM) in 1991.

Much has changed in the last several decades. Conferences and literature still feature the forever lasting topic of malaria chemoprophylaxis punctuated by debates about self-treatment. However, if we quickly scan the most recent news that encompasses our field and engages our constituency, articles in the last several months have included those highlighting tuberculosis in asylum seekers, ceftaroxone-resistant gonorrhea imported into Canada, Zika once again in Miami, and details about the use of CRISPR (gene editing tool) as a diagnostic tool for infectious diseases and the potential use of such new genomics for point-of-care-diagnosis. As well, Brazil is now facing a serious yellow fever outbreak that is challenging public health in that country as well as elsewhere as importations into other countries has occurred. At the same time, the UK Daily Mail featured interactive maps from International SOS highlighting the world’s most dangerous and safest countries by type of risk, labeling Finland, Norway, and Iceland as safest.

Global mobility is now taken for granted, not something unique to any one group, any one company, or any one humanitarian effort, conflict, or migration pattern. Travel health has become the sum of all related issues. For example, since the third edition, new vaccines and regimens have been developed to prevent both routine and travel-related infections such as the high dose and adjuvanted influenza and herpes zoster vaccines as well as a new oral vaccine from bovine colostrum for the prevention of Enterotoxigenic Escherichia coli, the most frequent cause of travelers’ diarrhea. For the last-minute traveler, both rabies and Japanese encephalitis vaccines now include 1-week accelerated regimens. Newly proposed single-dose antibiotic regimens for self-treatment of travelers’ diarrhea may help to reduce the development of drug-resistant enteric flora that make up our microbiome. In fact, the challenge of increasing antimicrobial resistance has crept into the field, impacting not only the provider but potentially the traveler, and perhaps even the traveler’s contacts on return. This important issue must be addressed not only within the context of travelers’ diarrhea, where new guidelines have been published by the ISTM, but also with the use of any antimicrobial agent.

The World Health Organization (www.who.int) and the ISTM (www.istm.org) remain major resources for the provider, as well as various country-specific guidelines for healthy travel. As well, there are many groups and agencies that provide national recommendations and guidance. A goal for those who choose to practice travel medicine should be to join the ISTM and to sit for the ISTM examination that awards the Certificate in Travel Health (CTH), an international standard of care for the practice of travel medicine. As guidance for healthy travel changes, disease outbreaks occur, and science advances, remaining up
to date is critical as it is for any specialty. Although awareness of travel health and the possibility of the global spread of infectious diseases appeared to peak with the Ebola outbreak in West Africa from 2013 to 2016, we are aware of no recent data to support an increasing use of travel health clinics or providers; and with concerns such as vaccine shortages (e.g., yellow fever, hepatitis A), the incidence of even preventable travel-related illnesses will likely not decrease.

Primary providers remain the best to ask the questions whether a person plans travel or has returned from travel. After “thinking travel,” the provider must then determine whether he or she is capable of caring for the person or whether it is best to refer to someone with more expertise. We hope the material in this text will provide basic information for those who are new to the field, and updates for the veterans. We trust that those providers who choose to care for travelers can count this newest edition as a reliable and “go-to” reference.

**REFERENCE**