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# ***Health professionals' attitudes, practices and needs regarding travel- related health advice and risks***

## **Executive Summary**

### **Prepared for the Public Health Agency of Canada**

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**Canada**

## **Health professionals' attitudes, practices and needs regarding travel-related health advice and risks – Executive Summary**

Prepared for the Public Health Agency of Canada by Environics Research

September 2022

This public opinion research report presents the results of quantitative research conducted by Environics Research on behalf of the Public Health Agency of Canada, comprising an online survey with 1,016 health care professionals (HCP) in Canada conducted from June 26-August 15, 2022.

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## Executive summary

### A. Background and objectives

Health risks associated with travel are a public health concern, as travellers are at risk of contracting serious infectious diseases during their trips, which may increase the burden of health care upon their return and, if contagious, may also place other Canadians at risk. The Public Health Agency of Canada (PHAC) has been working with key stakeholders to increase awareness of the health risks associated with travel and to improve and integrate its travel health programs to better prevent, respond to, and minimize the impact of travel-related public health risks. A challenge is to better understand the attitudes, practices, and needs of health professionals in Canada as they relate to travel-based health advice and risks, given they are a key resource in reaching the travelling public with messages that influence them to take actions to protect their health.

This public opinion research targeted health professionals to better understand their level of comfort in providing travel health related information on risks and recommendations. It also identified current practices related to the use of evidence-based advice and guidance developed by PHAC and its advisory bodies regarding travel-related health risks. The research findings identified barriers for health professionals regarding providing and using travel health advice and guidance, as well as to identify what tools and supports would be of benefit to health professionals.

The primary objective of this research was to gather information on the perspectives and experiences of health professionals with respect to travel-related products and advice.

Specific research objectives include, but are not limited to, the following:

- Understanding health professionals' willingness to provide information related to travel health-related risk and recommendations;
- Understanding current practices related to providing travel health-related advice;
- Identifying any barriers to providing travel health advice and guidance;
- Identifying the travel health subjects most important to health professionals;
- Identifying the information sources, tools or other resources currently being used to access travel health information;
- Confirming health professionals' level of awareness of PHAC products (e.g., Committee to Advise on Tropical Medicine and Travel (CATMAT) statements, Advisories, etc.);
- Identifying what tools and supports would be of benefit to health professionals; and
- Determining if attitudes, values, preferences and/or awareness differ among various demographic groups.

## B. Methodology

EnviroNics conducted a national online survey with 1,016 health care professionals (HCPs) from June 26-August 15, 2022. As this online survey utilized an opt-in list of health care professionals, it is a non-probability survey. Thus it cannot be assumed to be fully representative of the target population and no margin of sampling error is calculated. The following completions were achieved:

Completed interviews	Total	BC	Prairies	Ontario	Quebec	Atlantic	Physicians	Nurses/ Nurse Practitioners	Pharmacists
Number of interviews	1,016	142	212	366	215	81	356	355	305
% of interviews	100%	14%	21%	36%	21%	8%	35%	35%	30%

## C. Contract value

The contract value was \$139,813.54 (including HST).

### Report

This report begins with an executive summary outlining key findings and conclusions, followed by a detailed analysis of the survey data. Provided under a separate cover is a detailed set of “banner tables” presenting the results for all questions by population segments as defined by region and demographics. These tables are referenced by the survey question in the detailed analysis.

In this report, quantitative results are expressed as percentages unless otherwise noted. Results may not add to 100% due to rounding or multiple responses. Net results cited in the text may not exactly match individual results shown in the tables due to rounding.

**Use of findings of the research.** The research findings will be used to assist PHAC to better understand gaps regarding its travel-related outreach to health professionals, and inform which tools and means of communication could result in broader distribution and uptake.

## D. Key findings

This research shows a good level of interest in the topic of travel health, with half of health care practitioners in the surveyed professions indicating their practice has at least some focus on this. They will provide travel health services directly, but will also refer patients to specialists as needed. At least half are very or somewhat confident in providing travel health advice or treatment. The two main barriers to providing travel health advice are not having time to look up specific risks for each patient and how fast recommendations on regional travel health issues can change. Strong majorities are interested in both additional professional education and in

receiving breaking information related to international travel health. Nurses are less engaged in travel health practice than are physicians and pharmacists. Specific findings follow:

### ***Current travel health practices***

- Half of health care professionals (HCPs) (51%) have at least some travel health focus in their practice. One percent have an exclusive travel health focus, and four percent indicate this is their primary focus.
- When approached by patients for travel health information prior to travel, over half of HCPs would take the appointment and provide advice or recommendations (57%) or refer them to a private or specialized travel clinic (54%).
- Almost six in ten HCPs (58%) provide travel health advice to patients; 15 percent provide it often and 43 percent provide it sometimes. One-third rarely (30%) or never (6%) do this.
- Four in ten (40%) HCPs introduce the topic of travel health advice to patients during unrelated or routine visit (7 percent provide it often and 33 percent provide it sometimes); over half (53%) say they rarely or never do this.
- The most common travel health-related advice or service HCPs provide to patients is general travel advice/education (71%), vaccination recommendations and prescriptions (64%) and advice or treatment for travellers' diarrhea (61%). Over half (56%) provide individualized risk assessments based on a patient's overall health, health history, and travel itinerary. Fewer than half provide other travel health services.
- Three-quarters of HCPs are at least somewhat confident in providing advice or treatment for travellers' diarrhea (76%) or general travel advice and education (76%), and two-thirds are confident about providing individualized risk assessment based on patient overall health, health history, and travel itinerary (67%). HCPs are least confident about prescribing medications to prevent travel-related illness (53%) or post-travel illness follow-up (52%).
- The most common prescriptions for travellers' diarrhea are antimotility agents such as loperamide (Imodium) or diphenoxylate with atropine (Lomotil) (67%) and Azithromycin (63%). Just over half prescribe Fluoroquinolones (53%). Four in ten (40%) prescribe Bismuth subsalicylate.
- Eight in ten (81%) HCPs who prescribe antibiotics for travellers' diarrhea will prescribe these for healthy adults, two-thirds (64%) do this for immunocompromised or chronically ill patients, and just under six in ten (57%) will prescribe this for seniors. Far fewer (27%) prescribe antibiotics for young children.
- Regarding what travel health advice topics are most requested by patients, seven in ten (71%) HCPs indicate they request itinerary-specific vaccination recommendations/requirements, and six in ten (59%) are asked about information or medication to prevent travellers' diarrhea, hepatitis A and B. Just over half are asked about prescriptions for medical prophylaxis (53%) and what diseases or illnesses patients could contract from food, water, animals or insects (53%).
- The topic selected most by HCPs as being of primary importance to discuss with patients is travel vaccinations (71%). The next most important topic is information on what diseases or illnesses they could contract from food, water, animals or insects while travelling and how to protect themselves (68%). Over half (55%) say it is important to discuss communicable disease outbreaks and pandemics specific to the patient's travel itinerary.

- Half of HCPs verify the patient's vaccination history matches the recommendations for international travellers set out in the Canadian Immunization Guide or similar advisory (50%) or offer routine immunization booster doses (49%). Just under half will check for country-specific outbreak information, including for COVID-19 (47%), and one-third (35%) will accelerate the routine or travel-related vaccine schedules based on the patient's destination. Two in ten (21%) say they do not provide advice on immunization.
- Around half of HCPs have provided advice for patients traveling to the Caribbean (52%), Central America/Mexico (50%) and Asia (49%) in the past five years. Around four in ten have advised regarding Africa (44%) and the United States (39%). Fewer (7% to 31%) have provided services or guidance regarding other locations. Around one in ten (12%) have not provided health related services for travellers outside of Canada in the past five years.

### ***Risk perception***

- In terms of travel health risks, Africa is ranked by HCPs as the most problematic destination for Canadian voyagers (87% saying it poses a moderate to high risk), closely followed by Asia (85%). Around eight in ten say Central America and Mexico (79%) or South America (78%) pose at least moderate risk to travellers, and seven in ten say this about the Caribbean (71%) or the Middle East (70%). Just under six in ten also rate other Pacific Islands as having at least moderate risk (58%). Fewer than half (25% to 46%) think other destinations pose a moderate to high risk.
- A two-thirds majority of HCPs (65%) feel risks to Canadians due to international health issues have increased in the past 10 years.

### ***Barriers***

- The issues most likely to pose a moderate to major barrier to providing travel health recommendations are not having time to look up specific risks for each patient (61%) and how fast recommendations on regional travel health issues can change (59%). Six in ten (60%) HCPs with no travel health focus in their practice also say this topic being outside of their area of expertise is a barrier to providing travel health recommendations.
- Out of six statements about travel health, HCPs are most likely to agree (strongly or somewhat) that travelling internationally poses health risks that are not present in Canada (79%) or that the government should invest more in informing HCPs about emerging travel health issues (74%). Seven in ten also agree the Canadian government should invest more in informing the public about travel health risks (70%) or that all international travellers should see a health care professional before they travel (68%).

### ***Information needs***

- Three-quarters (76%) of HCPs indicate they would be very or somewhat interested in additional professional education on international travel health; two in ten are not very (13%) or at all (6%) interested. By far, the preferred method for receiving this professional education is via online courses (81%), followed by advisory publications (39%) or conferences (35%).
- Over eight in ten (83%) HCPs would be very or somewhat interested in receiving breaking information related to international travel health; one in ten would not be. The most preferred way to receive this is

e-mail bulletins (83%), distantly followed by medical journal articles (32%). Only 15 percent would prefer to get emerging international travel health information via social media.

- The most trusted sources for travel health information are medical organizations like the Canadian Medical Association (93%), Government of Canada websites (93%) and international agencies like the World Health Organisation (WHO) or public health agencies of other countries (e.g., CDC) (92%). Professional colleagues are the least trusted source (75%).
- Of five travel health topics, HCPs would most like to learn more about recommended or required vaccinations/medications (76%), communicable disease outbreaks (72%) and vector-borne illnesses (65%).

### ***Use and rating of travel health resources***

- To update their travel health knowledge almost seven in ten (68%) would turn to the Canada.ca website, by far the most used resource. Four in ten (41%) look to medical journals, and just under this (37%) would turn to CATMAT statements; one-third (34%) use peer-reviewed medical websites.
- Nine in ten (91%) are aware of, and eight in ten (79%) use, travel advice and advisories on travel.gc.ca. Just under nine in ten (88%) are aware of, and just under three-quarters (73%) use, the Canadian Immunization Guide (CIG). Travel health notices are also high in awareness and use (83% aware, 69% use). The resources with lower awareness and use are Committee to Advise on Tropical Medicine and Travel (CATMAT) statements (55% aware, 37% use), the Canada Communicable Disease Report (CCDR) journal (53% aware, 31% use) and the Travel Smart app (32% aware, 16% use).
- Three in ten or more users of each resource use it at least monthly with the most frequently used being the Canadian Immunization Guide (48%) or the Travel Smart app (49%); these two apps are the most likely to be used at least weekly. Very few use travel health resources daily (from none up to four percent).
- User satisfaction is highest for the CIG (62%) and CATMAT statements (62%), and just under six in ten are satisfied with travel.gc.ca information (58%) and the Travel Smart app (57%). Half (49%) are satisfied with the CCDR, and under half (44%) are satisfied with travel health notices.
- In general, the main aspects liked across the range of travel health resources are being comprehensive, being easy to understand, and being up to date. The main improvements desired are increasing user friendliness and providing more frequent updates.
- Half or more CATMAT users most often use information on malaria (61%), COVID-19 (56%) and traveller's diarrhea (53%). Four in ten (39%) use information on Hepatitis during travel, and one-third (33%) use information on cruise ship travel.
- Close to six in ten (58%) use World Health Organization publications or its website; just under four in ten (37%) use the CDC Yellow Book, and about one in ten (8%) use the Travax online tool. Two in ten (22%) do not use other travel health resources.

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## E. Political neutrality statement and contact information

I hereby certify as senior officer of Environics that the deliverables fully comply with the Government of Canada political neutrality requirements outlined in the Communications Policy of the Government of Canada, and Procedures for Planning and Contracting Public Opinion Research. Specifically, the deliverables do not include information on electoral voting intentions, political party preferences, standings with the electorate, or ratings of the performance of a political party or its leaders.

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