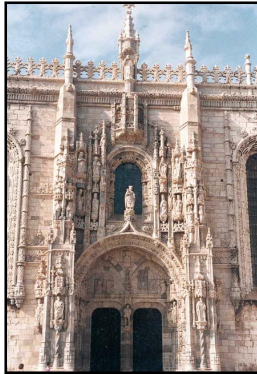




## Are you Registered for CISTM9? (Lisbon, May 1-5, 2005)



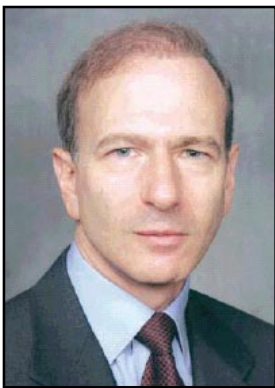
We are especially pleased to have confirmed as the opening plenary a session on the most important and timely travel health issue of 2005, the revision of the International Health Regulations (IHR). This is the first revision of the IHR since 1973 and we are honored to have confirmed a keynote address by Dr. Max Hardimann from the World Health Organization, who is leading the effort for this revision. He will address CISTM9 just two weeks before he presents the final 2005 IHR to the World Health Assembly for a final approval vote.

The other two important speakers at the opening plenary session are:

- Martin Cetron, Director, Division of Global Migration and Quarantine, CDC, Atlanta, USA, who will speak on the many new perspectives and approaches to international quarantine procedures that have emanated from recent events such as SARS, and
- Robert Steffen, Past-President of ISTM, from the University of Zurich, who will address what the new IHR actually mean for the practicing clinician.

## The President's Column

*Brad Connor*



Dear Colleagues,

In a little over a decade, the ISTM has grown from a small group of medical professionals with a common interest in travel-related health issues to a

prodigious, professional organization with members in all parts of the globe. We have witnessed numerous successes: phenomenal growth; recognition of our Journal of Travel Medicine for scientific excellence in an unusually short span of time; an active website with more than 100,000 unique visitors per year and 50,000 visitors to our travel clinic directory; the first Certificate of Knowledge in Travel Medicine (the result of incredible hard work by a group of our members) and Geo Sentinel, the emerging infectious disease network, with a patient database now of 40,000, to mention just a few.

Now the time is right to take stock of our successes and look at ways the ISTM can continue to grow and develop. Therefore I am organizing a major strategic planning

initiative for December 2004 to lead ISTM into an exciting new era. Invited to attend this meeting will be current and prior ISTM leadership and other representatives of the membership, as well as some non-ISTM members. Very important in this initiative is to receive maximum input from you prior to this meeting. Comments and ideas for future ISTM projects and direction should be forwarded to me at [istm@istm.org](mailto:istm@istm.org).

Along with the growth and the interest in the practice of travel medicine has been a commensurate growth in the stature of the ISTM and the esteem with which the medical community and the traveling public now views our Society. This is the time to capitalize on our position and make an impact in new areas where we have expertise. In the area of public policy, for example, the ISTM has been largely silent. It is time for ISTM leaders and members to serve on advisory boards of other professional organizations and to advocate in areas of concern to our specialty and to travelers' health. Granted, public policy is often specific to a particular country or region, but I would like to explore the development of resources to allow ISTM constituencies access to political advocacy on issues of concern to the traveling public in their locales. Along with this would be an exploration of increasing travel medicine research funding from various competitive governmental granting agencies.

One of our strengths has been our great diversity, not only in the types of medical training and background our members have, but also in their wide geographic distribution. Because of this distribution the ISTM has been somewhat reluctant to serve as a true expert body. Whereas other professional organizations provide position papers or practice guidelines, the ISTM, owing to perceived national differences on some of the issues has been reluctant to move in this direction. Now is the time for ISTM to take more of a leadership role in advancing the science of travel medicine and ensuring best practices for our field. The Certificate of Knowledge Examination was our first step in overcoming this perceived problem of national differences. With this as a model the ISTM can venture forward with greater assurance.

Another important goal of mine is to augment our existing Executive Board and

*Continued on page 2*

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<b>Calendar is posted on the WEB</b>	

—“The President’s Column,” continued from page 1—

Committee structure with the creation of task forces as needed to address specific issues in a flexible and nimble fashion. This will also provide an opportunity for members who are not part of the Executive Board or Committee structure to play a more active role in issues of concern to them.

I have been particularly gratified to see within the last year ISTM membership has reached a new peak. Current and past membership figures are as follows:

1991 .....	287	1998 .....	1529
1992 .....	487	1999 .....	1734
1993 .....	616	2000 .....	1597
1994 .....	853	2001 .....	1716
1995 .....	1215	2002 .....	1736
1996 .....	1206	2003 .....	1815
1997 .....	1207	2004 .....	1859

My goal is to break through the 2000 member barrier by the end of my term and build our membership base beyond this. Much of the increase in membership has come through the tireless efforts of Brenda

Bagwell, our Administrative Assistant who acts as the ISTM emissary at the many conferences at which we exhibit. Brenda continues to be the heart and soul of the ISTM, the voice at the other end of the phone or e-mail, the true first responder, whatever the request. Brenda has been invaluable to me in my tenure as President and I hope that no matter how large or successful the ISTM becomes Brenda will continue to be a part of it.

One more word about our diversity. This is one of our strengths, but also represents our greatest challenge. It is sometimes difficult for the ISTM to address the needs of all members at all times. As President, I recognize the necessity to find things we all have in common. One thing we all have in common is our interest in advancing the science of travel medicine and providing the best possible care and information for our patients. With this as our guiding mission we can only succeed.

With all best wishes,  
Brad Connor

## Committee Reports

### Electronic Communications Committee

The Electronic Communications Committee (ECC) provides oversight for two major ISTM activities, the ISTM website and the TravelMed listserv.

Website ([www.istm.org](http://www.istm.org)). There are more than 100,000 unique visitors per year to the website and 50,000 visitors to the Travel Clinic Directory. Over the past year, the administration of the Society has become completely web-based and many new services are available to members through the Member Services restricted access section.

Members have been renewing online. They can also change information in their membership listing and any ISTM Travel Clinic Directory listing that they have elected to post, and make changes as often as they wish. The actual ISTM Travel Clinic Directory is open to the public. Members must update this listing separately from their membership listing; for some members their public clinic location is different from where they receive mail and other communications. The searchable Membership Directory (available to members only) shows ISTM officer status, committee memberships, and Certificate of Travel Health certification. The online *Journal of Travel Medicine* is also available here.

The website has been used over the past year to solicit the complete program for CISTM9 in Lisbon, to accept nominations for Society officers, and beginning September 15, to allow online registration for the Lisbon meeting.

All ISTM members have a user-ID and password assigned. Anyone who has activated their password and forgotten it can retrieve it through an automated function in the Member Services section. Those who did not have the password mailed to them in November 2003 or upon joining ISTM since should send an e-mail to [istm@istm.org](mailto:istm@istm.org).

TravelMed. The TravelMed listserv is a closed list electronic discussion forum which provides private discussion space for

## More News from Upcoming CISTM9

*Together with the nursing members of the Program Committee (Susan Bailey and Jane Chiodini) and the standing Practice and Nursing Issues Committee (Chair: Rebecca Acosta), we have been able to organize a symposium on “Improving Adherence in Travel Medicine”. We have been able to entice nurse researcher Dr. Nola Pender, developer of the well known Pender Model of Health Promotion and author of the textbook, Health Promotion in Nursing Practice, to address us. Professor Jimmy Volmink, University of Cape Town, South Africa and the director of the African Cochrane Review Center, will talk on “Efficacy of interventions to improve adherence to medications”. And Dr. Patricia Schlagenhauf will examine adherence issues in specific situations encountered in daily travel medicine practice.*

ISTM members. It allows members to discuss interesting or troublesome clinical cases and new research and clinical developments, and to identify travel medicine resources on a global basis. The 600 current subscribers are in more than 40 countries and the discussions are lively and informative. One or more subscriber always seems to have the requisite expertise needed or lives in or is experienced with a locale under question.

ISTM members who want to join TravelMed for the first time need to use the online checkbox when they go to their membership listing. Everything else is automatic. In the past six months, the Manage TravelMed webpage has gone live. Existing TravelMed listserv subscribers can manage their subscription settings, change e-mail addresses (but maintain a match to the e-mail address in the ISTM master database), activate vacation settings, or unsubscribe by hitting the hyperlink that appears at the bottom of every TravelMed posting that they receive by e-mail.

#### ISTM E-mail Directory

- [istm@istm.org](mailto:istm@istm.org)  
Secretariat in Atlanta
- [europe@istm.org](mailto:europe@istm.org)  
ISTM European Office
- [jtm.editor@istm.org](mailto:jtm.editor@istm.org)  
Editor Journal of Travel Medicine
- [newsletter@istm.org](mailto:newsletter@istm.org)  
NewsShare Editor
- [geosentinel@istm.org](mailto:geosentinel@istm.org)  
GeoSentinel, ISTM global surveillance
- [exam@istm.org](mailto:exam@istm.org)  
Certification Examination

*David O. Freedman, MD,*  
Chair, ISTM Electronic  
Communications Committee

## Exam Committee

The ISTM will administer the next Certificate of Knowledge in Travel Medicine examination on May 1, 2005 at the Lisbon Congress Centre, prior to the opening of CISTM9. The Exam will consist of 200 multiple-choice questions designed to reflect the reality of the day-to-day practice of travel medicine. The Exam's focus will be pre-travel care and consultation. Knowledge of specific tropical diseases and treatments will be limited to that which should be known to advise travelers, including post-travel triage and post-travel screening. Knowledge of post-travel treatment and tropical medicine is not required. The exam's Body of Knowledge is posted on the ISTM website ([www.istm.org](http://www.istm.org)) under "Travel Medicine Examination". This website will give a better idea of topics included on the Exam.

*The Candidate Bulletin of Information and Exam application* will be available beginning October 1 and will be included in the fall membership renewal packet.

The ISTM welcomes applications from all travel medicine professionals (physicians, nurses, pharmacists and others) who provide travel medicine-related services on a full- or part-time basis. Both ISTM members and non-members are eligible to participate.

Some of the previous members have retired from the Exam Committee, and nine new members have joined the Committee.. All of these new members took and passed the first Certificate of Knowledge Exam, and should provide some new insights to the Committee and Exam process. We welcome them aboard! Below is a list of the new Committee:

#### 2004-2005 Examination Committee

Chair: Phyllis Kozarsky – U.S.

#### Committee Members:

Rebecca Acosta – U.S.  
\*Buddha Basnyat – Nepal  
\*Dominic Colbert – Ireland  
Bradley Connor – U.S.  
\*Ken Dardick – U.S.  
\*Odette Dorval – Canada  
Charles Ericsson – U.S.  
\*Fabio Foti – Italy  
David Freedman – U.S.  
Fiona Genasi – U.K.

Martin Haditsch – Austria  
David Hill – U.K.  
\*Mikio Kimura – Japan  
\*Pierre Landry – Switzerland  
Peter Leggat – Australia  
\*Marc Robin – U.S.  
Eli Schwartz – Israel  
David Shlim – U.S.  
Alan Spira – U.S.  
Robert Steffen – Switzerland (advisor)  
\*Steve Toovey – South Africa  
Alfons van Gompel – Belgium  
Frank von Sonnenburg – Germany (advisor)

(\*Denotes new member of the Exam Committee)

If you have questions about the exam, please email them to [exam@istm.org](mailto:exam@istm.org). We look forward to seeing you in Lisbon in May 2005!

Sincerely,

*Phyllis Kozarsky MD, on behalf of the Examination Committee*

## GeoSentinel

GeoSentinel is ISTM's worldwide communication and data collection network for the surveillance of travel related morbidity. In addition to research and publications on trends in illness in returned travelers, it provides timely communication to network sites and members of breaking events of possible or potential public health concern. Selected alerts and advisories, once corroborated, are then shared with the general ISTM membership via TravelMed and mass membership e-mails.

GeoSentinel was initiated in 1995 by the ISTM and the U.S. Centers for Disease Control (CDC) as a network of ISTM member travel/tropical medicine clinics. GeoSentinel is based on the concept that these clinics are ideally situated to effectively detect geographic and temporal trends in morbidity among travelers, immigrants and refugees.

#### GeoSentinel has two major programs:

- GeoSentinel sites participate in surveillance and monitoring of all travel-related illnesses seen in their clinics. Aggregation of this data across the network of 27 globally dispersed medicine clinics (15 in the United States and 12 in other countries on all 6 continents), allows linking

of final diagnoses in migrating populations with similar geographic exposures. In addition to formal surveillance, GeoSentinel sites also participate in enhanced surveillance and networking with public health partners.

- GeoSentinel Network Members are ISTM provider clinics that informally provide leads and contacts when they encounter any patient having a pre-defined alarming diagnosis or unusual event. Network Members also participate in brief e-mail queries for enhanced surveillance and response in potential outbreak situations. This program allows large numbers of individual members in many countries to be rapidly linked together to share clinical observations and facilitates direct interaction with health authorities.

Further information on GeoSentinel and on how to actively participate can be found at [www.istm.org](http://www.istm.org) (click on the GeoSentinel tab). (Updated GeoSentinel statistics on risk of malaria and respiratory infection in travelers has recently been posted..)

*Phyllis Kozarsky, Martin Cetron,  
David Freedman,*  
Project Directors for the GeoSentinel  
Surveillance Group

## Health of Migrants and Refugees Committee

Reflecting the continued nature of globalization, the health of migrants and other mobile populations continues to be a growing area of interest and study in an expanding number of locations. The Migration Health Committee has continued to focus its efforts in two basic areas. One is the development of tools that would assist or be useful to practitioners who deal with migrants or who may wish to expand their practice in that direction. To this end Committee members have been developing a standardized series of PowerPoint presentations focused on specific topics of relevance. When there are enough presentations to warrant it, the material will be distributed on either a public or controlled access web site.

At the same time Committee members have been very active in their own individual professional and academic spheres. Members continue to undertake research on mi-

grants; the volume of academic literature published by Committee members during the past 12 months has been extensive. Four members of the Committee were involved in a workshop dealing with migration health held in June 2003 in Geneva. This workshop was jointly sponsored by the International Organization for Migration, the World Health Organization, and the Centers for Disease Control, Atlanta. Much of the information is available at: [http://www.iom.int/en/know/idm/smh\\_200406.shtml](http://www.iom.int/en/know/idm/smh_200406.shtml).

As 2005 approaches Committee members are actively engaged in the migration components of the upcoming Lisbon Conference.

*Brian D. Gushulak, Chairperson*

## NewsShare

We have made several changes in the format of NewsShare, our ISTM newsletter, changes that we think will serve you better.

Producing and mailing an 8-page, six issues a year newsletter for about 1800 members in dozens of countries is, obviously, an expensive proposition, and one that is getting more expensive all the time. So we decided to have NewsShare available on our website, and to mail it only to those members who requested a printed edition. To our surprise, more than 400 members said that they wanted the written edition. Therefore, we decided to send a written edition to everyone but to go from six issues a year to four. Because we will have fewer pages, we are now limiting contents to Society business and to articles concerning the practice of travel medicine. Articles related to the science of travel medicine will appear in the Journal.

We thank the many members who have helped us make our NewsShare popular, and we appreciate suggestions and contributions to make our Newsletter even better. Please let us know if you want to serve on our editorial board.

*Karl Neumann, Editor*

## Practice and Nursing Issues Committee

The aims of the Practice and Nursing Issues (PNI) Committee are to monitor and address practice and professional issues as well as other issues of specific relevance to nurses within ISTM, and to promote communication and collaboration among nurses involved in travel health worldwide.

Activities during 2004 included the following:

### Planning for CISTM9 in Lisbon in May, 2005

- PNI submitted a proposal for conference topics (workshops and symposia) from a variety of nurse members on issues relating to the practice of travel medicine. Topics included travel clinic management, risk assessment, best practice in travel medicine, post-travel triage, and ethical issues, to name a few. Although it is the difficult work of the Scientific Program Committee to pull together an interesting and exciting conference, the PNI was pleased to be able to share ideas. We look forward to seeing some of these topics included at CISTM9.
- The PNI plans to host a Nursing Welcome Reception in Lisbon early on at CISTM9. We hope nurses will be able to attend the meeting and greet one another, hear from a few colleagues and learn about some conference highlights. The date and time will be announced in early 2005.
- Continuing education credits (CE) (CEU) will not be offered to U.S. nurses for CISTM9. This action was based on a recommendation from the PNI to the Executive Board of ISTM. A full report on this subject appeared in the ISTM Newsletter, NewsShare (July/August, 2004). However attendance at CISTM9 is something that all nurses can, of course, include in their personal professional development portfolio since it will be an event with much educational merit.

### PNI Executive Committee membership

- There are approximately 15 members of the Executive Committee at any one time. Terms of Committee members are for four years. A rotation of several members will take place at the end of 2004. Fiona Genasi (UK) has stepped down at end of term as co-chairperson and has

been replaced by Jane Chiodini (UK). Jane and Rebecca Acosta (US) will overlap until 2006 and so forth. This overlapping chair model has facilitated action on projects and international collaboration. Membership recruitment announcements will appear periodically on the ISTM listserve.

#### International communication

- PNI would like to foster communication and collaboration among travel health nurses. It is planned to develop a database of national and regional travel health groups. We hope that this will help facilitate networking among the many hundreds of nurses involved in the specialty worldwide while also promoting the benefits of ISTM membership, the CTH exam and other membership benefits.

*Rebecca Acosta and Jane Chiodini,*  
Chairpersons, on behalf of the Practice  
and Nursing Issues Committee

#### Nominating Committee

A new system of soliciting proposals for nomination was introduced this year to allow ISTM members to propose themselves or propose others for nomination for election to the open positions on the ISTM Executive Board. Interested members could download a proposal form from the members-only section of the website, fill out the form, and send it by fax or email to the ISTM secretariat. The proposal forms included biographical information, past or present ISTM activities, the candidate's publications, service in other organizations, and the candidate's personal goals for the ISTM.

The Nominating Committee members received all the proposal forms by July 31<sup>st</sup> and started to work on the nominations. Deliberations took place followed by voting among the Nominating Committee members to finalize two candidates for each open position. The "continent rule" of not more than three officers from one continent had to be followed as per the bylaws.

Please let us know whether you are satisfied with this process. Would you like to see anything done differently for the next round of elections? Please send your suggestions/comments to: [istm@istm.org](mailto:istm@istm.org).

The Nominating Committee members deserve a big round of applause for spending a lot of time evaluating proposal forms and helping to finalize the nominees.

Finally, please remember to send in your ballot – your vote counts!

*Prativa Pandey, M.D.,*  
President-elect ISTM  
Chair, Nominating Committee

#### Professional Education and Training Committee (PEC)

It is the Committee's hope that you have visited the "Education and Training" section of the ISTM website to learn about the various educational opportunities offered around the globe. Diploma courses that run from 3-6 months in the area of travel/tropical medicine are listed, as well as distance learning courses and shorter courses of several days to one week. In addition, you will find a table listing training sites.

The PEC committee is pleased to report that a number of ISTM members have taken advantage of training in pre/post-travel and migrant sites. This member-to-member training initiative was organized by the committee in 2003. The design is that interested members volunteer to organize hands-on training in their work environment. ISTM members who are interested in gaining first-hand experience in a specialty area offered at a particular site can contact the director and make the appropriate arrangements. The listing on the website includes a brief description of each practice and pertinent contact information. The procedures for accepting trainees and the parameters of participation are determined by the site.

We invite members who would like to add their practices to the list of training sites and share their expertise with other ISTM members to contact the Committee chair. We are also interested in hearing about additional educational courses to add to our growing list.

Future initiatives include ISTM-sponsored distant learning courses that offer CMEs to our membership. Other ideas concerning further education and training are welcome and we look forward to your input.

*Eli Schwartz, Chairman (Israel)*

#### Publications Committee

The Publications Committee has been busy accomplishing several goals.

1. We helped *JTM* editor Robert Steffen write guidelines for authors' disclosure of conflicts of interest. All authors are now required to disclose potential conflicts. This is done in the spirit of sharing pertinent attributes of authors so that such factors can be considered in the total assessment of the impact of articles on clinical and academic practices.

2. Our contract with *JTM* publisher BC Decker expires next year. The Publications Committee in close collaboration with the Electronic Communications Committee has created a request-for-proposal document that has gone out to a number of medical publishers, including our current publisher. The following questions have been posed to prospective publishers in an effort to find the best publisher for *JTM*.

- Cost of publishing 6 issues per year (currently 64 pages per issue; 54 editorial pages). Please itemize estimates for print, mailing, marketing, etc.
- Additional costs, if any, of having a variable number of pages per issue to better accommodate the actual flow of submissions and minimize time from submission to print. Must the additional number of pages conform to prescribed blocks of pages (e.g., 8 or 16)?
- Plan and costs for accommodating growth of the journal to 7 or 8 issues per year and eventually to monthly issues.
- Costs for color photos. Currently photos are reproduced in black and white and color is limited to advertising.
- Details of electronic submissions. Does the publisher have a system in place for electronic submission? Review? Tracking of submission statistics? Are there additional costs for such services? Need to fix next bullet spacing.
- Details of the publisher's electronic publishing capabilities. When will complete issues or individual articles be posted electronically in relation to the mailing of printed version? Do the publisher's postings include search capabilities? Will the publisher be able to accommodate ISTM needs regarding the password

protected portal and availability of PDF versions? Will there be additional costs for posting existing back issues? Can the publisher furnish archival PDF of the Journal online?

- In general, what web presence does the publisher propose for *JTM*?
- How many free subscriptions will the publisher offer for electronic-only access to *JTM*, so that ISTM may offer cheap membership to citizens of selected low income countries, where full membership participation in ISTM or subscription to *JTM* at full cost is otherwise highly unlikely? Which countries would the publisher be willing to target?
- Does the publisher participate in HINARI? (HINARI is the Health InterNetwork Access to Research Initiative. This initiative allows people in poor developing countries free access to full texts in cooperating journals.)
- What are the policies related to soliciting advertisements, especially from industry that also supports ISTM activities in general? What marketing strategy is proposed for *JTM*?
- What is the pricing model for supplements?
- What are the policies for sharing advertising revenues, revenue from sponsored supplements, revenue from pay-per-article sales, and overall profit with ISTM?
- In its contracts does the publisher currently include a "publisher accountability clause" which deals with compensation for production related errors, delays or diminished online services?
- Since the Journal is an ISTM membership benefit, how will the publisher handle solicitation of independent subscriptions? ISTM would prefer to work with the publisher to increase ISTM membership through subscriptions to the Journal.
- Will the publisher include *JTM* in pre-configured bundles of electronic or print institutional subscriptions and what would ISTM's share of such revenue be? The publisher should supply a list of related journals that it currently publishes and indicate how *JTM* would fit into their stable of journals.

- Is the publisher involved in open access initiatives and if so will that have any impact of procedures or the way *JTM* is published for the duration of a contract?
- Does the publisher perceive any conflicts of interest with journals that it currently publishes, and if so how will those conflicts be handled?
- Does the publisher currently produce any large circulation general interest journals in which it would provide gratis full page introductory advertisements for *JTM*?
- Finally, what ideas would the publisher propose for improvement of *JTM* and increase in circulation?

3. The Publications Committee has also been working closely with the Membership Committee to come up with ways we can use *JTM* in a membership drive.

4. The Committee on Practice and Nursing Issues has been exploring the idea of creating a public-oriented informational pamphlet. The Travel Industry & Public Education Committee (TIPEC) and the Publications Committee have been collaborating with this nurses' initiative. Discussions are underway to define the scope and usefulness of such a product.

*Charles D. Ericsson, MD,*  
Chair, Publications Committee

## Research Committee

The deadline for submissions of applications for Travel Medicine Research Grants is Tuesday, October 19, 2004. Awards will be announced in mid-December. Grant applications are available on-line at [www.istm.org](http://www.istm.org). Applications that have been received since the previous awards were announced at CISTM8 in May 2003 will be included.

The ISTM Research Committee supports travel medicine research, through a peer-reviewed comprehensive process, in keeping with the mission and goals of the Society. The committee provides moderate grants (usually \$5000 - \$10,000 maximum). The awards are made at the biennial CISTM meeting. The next meeting will be in Lisbon, Portugal, in May, 2005. These grants are designed to stimulate travel medicine research by:

- supporting comprehensive research projects, and
- for larger projects, providing support for pilot studies to enable researchers to collect data and/or test hypotheses so that they can then apply to other agencies for more substantive research grants.

The 2003 ISTM Research Grant Awards were announced at the CISTM8 in New York City:

### Best Project:

- "*High Altitude Illness: Field Data from Nepal*", Thomas Cumbo, USA.

### Runners-Ups:

- "*Drug Abuse among Travelers to South-East Asia*", Israel Potasman, Israel;
- "*Sexual Behavior among Travelers Visiting Iquitos [Peru]*", Miguel Cabada, Peru; and
- "*Travelers' Thrombosis*", Jürgen Ringwald, Germany.

These grant awards were made possible by a generous educational donation from GlaxoSmithKline, USA.

Anyone interested in becoming a member of the research committee, please contact the committee chair.

*Anne E McCarthy, MD, FRCPC,*  
DTM&H,  
Chair, ISTM Research Committee

## Scientific Program for CISTM9 in Lisbon

We have been working almost since the end of the New York meeting to plan the CISTM9 content in a way that best serves the interests and needs of our members. Our goal is that every delegate should leave Lisbon feeling that, no matter what their personal level of experience with travel medicine, they have acquired significant new knowledge and are carrying back home the latest state of the art clinical science. The main goal is to strive to present only the best clinical science so that each successive CISTM serves to enhance the development and reputation of our discipline of travel medicine.

In this and subsequent NewsShares prior to the Lisbon meeting, we will feature several boxes describing key symposia and plenaries at the meeting.

With the widespread availability of web access, we had the ability to make the planning process for Lisbon participatory and maximally transparent. From January 1 - March 31, 2004, we invited proposals for entire symposia/plenaries. All the sessions at CISTM9 have emanated from this solicitation. Proposals were reviewed and formally scored by all 22 members of the Scientific Program Committee. In an unprecedented and exciting event for ISTM, a live worldwide web-meeting for the entire committee was held on April 20, early in the morning in California and late at night in Australia. Seriously evaluated during the web-conference were detailed figures on speaker scores and attendance for individual topics at the last three CISTMs. We also evaluated demand for key topics using data collected from the major web-based information providers. The overall program format was fine-tuned and additional suggestions for speakers were voted upon and symposia and topics agreed upon. This is necessary to assure good global representation of views from the different parts of the world where we have members.

Although state of the art scientific and clinical symposia as well as original research are the core of the CISTMs, the Continuing Medical Education functions of the meeting have proven very popular over the years. Selection of topics for workshops and debates was handled by the same pro-

cess. Overall, more than 100 proposals for symposia, plenaries, and workshops were received.

The Committee voted to have a much more streamlined program than for the past few CISTMs where we have had progressively more sessions crammed into each meeting. We had strong feedback in the evaluations of CISTM8 in New York that casting a wide net and running six or seven simultaneous sessions in some time blocks was too much and too confusing. For Lisbon, we are lim-

iting sessions to no more than four highly selected simultaneous sessions per time block.

The scientific success of any meeting is determined by the quality of the original and breaking research presented. Web-based abstract submission is now open on [www.istm.org](http://www.istm.org) until January 10, 2005. Due to the logistics of an international meeting, there is no Late-Breaker Free Communication session. Those with high impact prospective studies that cannot meet the dead-



## View From Stone Mountain

*Brenda Bagwell*

**G**reetings from Stone Mountain where the trees are beautiful this time of the year; well, at least those that are left standing after the hurricanes. If only I could figure out how to keep the leaves from falling!

I always knew that ISTM members were special, but I confess I was honored and humbled by the number of cards, emails, phone calls and flowers I received when my mother passed away this spring. For those of you who were fortunate enough to meet Mother in Cape Town, you know she was quite a unique person. We are still, of course, adjusting to this new stage in life which I know will take a bit of time. My family and I wanted to thank you all so much for all your kind words and thoughts. You were truly amazing.

I have finally received the ISTM membership and CTH lapel pins (for those who passed the Certificate of Knowledge Exam). These pins can be purchased for \$5.00 USD each. There is a place on your renewal form to order these items as well as a 2005 ISTM membership certificate (which is free of charge).

As always, your 2005 renewal, information update, clinic postings, etc. can be completed very quickly and easily on the Member Services section of the website ([www.istm.org](http://www.istm.org)). Please be sure to contact my office ([istm@istm.org](mailto:istm@istm.org)) should you need your username and/or password to access the restricted portion of the website.

I do hope to see as many of you as possible in Lisbon for CISTM9. You can register for the conference on the website. Exam registration materials are included in this packet as well for those wishing to take the Certificate of Knowledge examination. Please be sure to carefully follow the instructions for submitting your application.

Please exercise your right to vote for the President-elect and two counselor positions and return your ballots in the envelope provided. No ballots can be accepted via fax or email. As a note – all of our previous elections have been determined by much less than one-half of the membership. It would be most awesome to have more than one-half of the members participate in the process of selecting the new Executive Board. Will you take the 5 or 10 minutes of time to cast your vote and return your ballot? Please....

As this is the final NewsShare of 2004 – I would like to wish you all a wonderful holiday season – though I confess to still having trouble comprehending Christmas in summer – and a most spectacular 2005!

line can contact the Program Chair (freedman@uab.edu) for permission to submit a preliminary but not definitive abstract for the January 10 deadline. The Free Communications oral sessions are always well-attended and are placed in high profile timeslots. If you have new data to share, we encourage you to submit an abstract and you will have a good audience.

We look forward to meeting you in Lisbon.

*David O. Freedman, Chair*  
*Hans D. Nothdurft, Co-Chair*  
*Alan Magill and Annelies Wilder-Smith,*  
 Associate Chairs  
 CISTM9 Scientific Program Committee

## Travel Industry and Public Education Committee

Initiatives by the Travel Industry and Public Education Committee (TIPEC) to create proactive programs to make the travel industry and individual travelers more health conscious have met with little success. TIPEC has volunteered ISTM members to address travel industry meetings (especially meetings of adventure travel groups), invited travel industry executives to travel medicine meetings, offered ISTM speakers to schools for travel agents, and contacted the Association of Travel Writers to offer them access to ISTM members for help with stories that they may be writing, to mention just a few. The problem is compounded by the fact that ISTM is an international association and the dissemination of travel health information varies from country to country.

Nevertheless, there appears to be a heightening awareness of health-related issues in the travel industry, probably the result of many of the different actions of ISTM and individual ISTM members. For example, most major airlines, cruise ship companies and adventure travel providers include health-related information in their literature and websites. Also, increasingly, the news media disseminates widely and accurately health-related information from WHO and national health agencies.

Members are encouraged to send their ideas to our committee.

*Karl Neumann, Chairperson*

# NewsShare

## the Bimonthly Newsletter of the International Society of Travel Medicine

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