



## ISTM News

**Education Committee.** Our Committee continues to be active. The slide set for travel medicine was updated for 2008 and is now available free of charge for all ISTM members. You can access it on the Web under Member Services.

We have posted the first expert opinion for 2008. This case concerns a woman bitten by a street dog in China three months prior to seeing the travel physician. Dr Philippe Gautret of the Rabies Treatment Centre in Marseilles discusses the issues involved in approaching delayed treatment. Members can review this case and previous cases posted under the Education icon on the ISTM website.

We continue to work on additional slides sets and are developing a bibliography of state of the art review articles in travel medicine. And a subgroup is coalescing handouts for travelers.

The committee is actively putting together a review course for traveler's health CME credits. We also spent much time and energy in helping organize the review for the ISTM certificate examination in Dallas, Texas in March.

We are always looking for volunteers. Please join us.

Respectfully, Michele Barry, Professor of Medicine and Global Health, Yale University

**Examination Committee.** We are happy to announce that Kenneth Dardick is the new chair of the Examination Committee. Ken has

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## Space Tourism: Will the ISTM be aboard?

*Karl Neumann MD, FAAP*

With commercial space travel imminent - probably within the next five years - should the International Society of Travel Medicine shoot for the stars, as the saying goes, and become involved in preparing travelers for space flight, or should we remain earthbound?

This was the gist of our latest query of our members. We received 45 replies, fewer than usual. While most responders looked favorably upon an involvement by travel medicine practitioners in space travel medicine, most of this group did not elaborate on how they thought this should be brought about. But interestingly, a handful of responders were ISTM members who are already involved in various facets of space medicine and could be the intermediaries.



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## David R. Shlim MD, Newly Elected Board Member

David R. Shlim, MD is well known to the ISTM community from his lectures at the biennial CISTM conferences and his valuable contributions to the ISTM listserv. He was elected to the Executive Board of the ISTM at the May 2007 meeting in Vancouver. Like his friend, Eric Caumes, who was also just elected to the Executive Board, David has attended every ISTM meeting since Zurich in 1988.



David grew up in Portland, Oregon, where he learned to climb mountains. At age 13 he climbed the highest mountain in Oregon. David's interest in mountaineering and high altitude illness led him to Nepal in 1979, where he served as a volunteer doctor at the Himalayan Rescue Association aid post in Pheriche, near Mt. Everest. Living and working in a remote valley at 14,000 feet (4270 meters) gave him a unique perspective on the medical problems of adventurous travelers, particularly high altitude illness. After three seasons at Pheriche (totaling nine months in the mountains), David moved to Kathmandu to work at the newly created CIWEC Clinic in 1983. He became the Medical Director the following year and ran the clinic until 1998. He hired Prativa Pandey, MD in 1993 and turned the clinic over to her in 1998. Prativa is the recent past-president of the ISTM. David remains closely involved with the clinic.

The CIWEC Clinic was the first destination travel medicine clinic in the world, and is still the busiest. The clinic provided an opportunity to study the diseases of travelers in a destination country, and the research that the clinic generated helped define the diagnosis and treatment of many diseases as they present in travelers. David has authored over 35 original papers on travel-related illnesses including traveler's diarrhea, typhoid fever, hepatitis, altitude illness, rabies prophylaxis, and the causes of death among trekkers. The clinic helped discover *Cyclospora*, and provided the first clinical description of this disease, the first epidemiologic studies, and the definitive treatment study.

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“David R. Shlim MD, Newly Elected ISTM Board Member,” cont. from p. 1



The CIWEC clinic has had a major impact on the ISTM. It is the busiest GeoSentinel site, contributing the most patients to the database every year. The current executive board has four people who have worked at the CIWEC Clinic: David Shlim, Prativa Pandey, Nancy Jenks, and Eli Schwartz.

In addition to caring for travelers and expatriates in Nepal, David also provided free medical care for the Tibetan monastic community and newly arrived Tibetan refugees. His close relationship with the head of one of the Tibetan monasteries, Chokyi Nyima Rinpoche, led to collaboration on a book called *Medicine and Compassion: A Tibetan Lama's Guidance for Caregivers* (Wisdom Publications, 2004). The book explores the nature of compassion, and how a medical practitioner can learn to make one's compassion more stable and more encompassing in order to be able to deal with difficult patients and situations more easily. He is the author of a chapter on compassion in the highly recommended new book, *Immigrant Medicine*.

David moved to Jackson Hole, Wyoming in 1998 with his wife, Jane, and two children, Matthew (now 17 years old), and Anna Tara (now 12 years old). Since that time, David has practiced travel medicine, worked for companies that provide travel medicine information, lectured around the world, and pursued his interest in medicine and compassion. He travels regularly to lecture on medicine and compassion, including talks at the Harvard

School of Public Health, Yale University, University of California at San Diego, and University of Florida. He also teaches two Tibetan Buddhism classes in Jackson. He is currently writing a memoir of his experiences in Nepal.

Jackson Hole has a world famous ski resort, and David's whole family enjoys skiing throughout the winter, both at the ski resort and in the backcountry. David is an avid road cyclist in the summer. A unique hazard on the roads near his home is the herds of bison (American buffalo). Individual bison, which can weigh as much as 2200 pounds (1000 kilos), can charge a cyclist, making it nerve-racking to ride past a herd grazing near the road.

David's path to medicine was not as smooth as some. After dreaming of being a doctor since age five, he dropped out of his first year of medical school at Rush Medical College in Chicago. He returned a year later and managed to finish, but only did one year of internship before heading off to family practice and later emergency medicine prior to moving to Nepal. He had no background in medical research, and credits his early collaborators, David N. Taylor, MD and Charles H. Hoge, MD for teaching him how to produce good papers. David developed a reputation along the way for being an original thinker in travel medicine, often questioning conventional wisdom and producing fresh insights on difficult problems. His lecture at the CISTM meeting in New York in 2003 questioning whether

personal hygiene precautions can prevent traveler's diarrhea has led to an overhaul of our thinking on that topic. Over the years, David has received awards for his research from both the ISTM and the Wilderness Medical Society. Last fall, David became the first American to be made a fellow of the Faculty of Travel Medicine of the Royal College of Physicians and Surgeons in Glasgow.

One of his proudest achievements was creating a high quality travel medicine conference called Medicine for Adventure Travel in Jackson Hole, Wyoming. The course grew out of a collaboration with Bradley Connor and David Taylor. The conference has been held seven times since 1993. The motto of the course is "the science behind travel medicine," and the topics always address the cutting edge concerns of travel medicine. The course was last held in 2006, and the timing of the next course has not been set.

As a member of the ISTM Executive Board, David's interests are to try to put travel medicine in perspective, to try to document the actual risks of travel, and to understand the value of specific travel medicine recommendations. When there is no scientific way to decide what to recommend, travel medicine has to rely on common sense, or at least an understanding of why there is no easy answer. An example of this problem is what to recommend to travelers in areas with a minimal risk of malaria.

His biggest dream in travel medicine is to sing his song, "Eve of Infection," at the opening of the Budapest CISTM.

Here is an excerpt from David's chapter on compassion in *Immigrant Medicine*:

"All of us have compassion in relative degrees at different times. However, our ability to maintain the desire to ease suffering is often limited. It is easiest for us to care about our own families and close friends and relatives. We may also find it easier to care about people with whom we share some common heritage or beliefs. Beyond that, it becomes more difficult to demonstrate strong compassion towards those we don't know. And most of us find it almost impossible to be kind and compassionate towards those who are making it difficult for us, or have harmed us in the past. How many of us were able to feel compassion towards the September 11, 2001 hijackers along with their victims?"

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— “David R. Shlim,” cont. from p. 2 —

In addition, we may feel that we just don't have enough energy to care about what happens to people in all corners of the world. The range of suffering experienced in other parts of the world often goes so far beyond our imagination that it appears to be happening on another planet. There are very few Americans who have ever spent even a passing moment trying to imagine what it would be like to be forced from their homes by a marauding militia, fleeing on foot for days or weeks, and winding up across the Mexican border with a handful of possessions, no money, not speaking the local language, and wondering what was going to happen to them that night, much less the rest of their lives.

Those in the medical profession who take care of immigrants often do so by choice, probably because they have some sense of the suffering that many have been through, and want to try to help. An immigrant population may be more needy than other patient populations. They may have language obstacles, and a lack of cultural understanding. They may have logistical, emotional, or psychological problems that make it difficult to care for them. After some time, our ability to maintain compassion may start to erode.

That situation speaks to the heart of the problem. How does one increase or stabilize compassion when you already feel that you are trying as hard as you can? Is compassion fixed like a character trait, or can it be modified through training? If our compassion can decrease - something we all unfortunately seem to experience at times - can it be increased?"

Abstract from “Looking for Evidence that Personal Hygiene Precautions Prevent Traveler's Diarrhea.” [CID 2005;41 (Suppl 8): S531-535]

“In the 50 years of study of traveler's diarrhea (TD), it has always been assumed that personal hygiene precautions can prevent or reduce the likelihood of TD. However, 7 of 8 studies that specifically addressed this issue showed no correlation between the types of food selected, and the risk of TD. The 8<sup>th</sup> study showed a correlation between a few dietary mistakes and a decreased risk of TD. A further increase in the number of mistakes, however, did not continue to increase the risk of TD. Personal hygiene precautions, when under the direct supervision of an expatriate operating his or her own kitchen can prevent TD, but restaurant hygiene in most developing countries continues to create an insurmountable risk of TD in travelers.”

— “Space Tourism: Will the ISTM be aboard?” cont. from p. 1 —

Here are some of the more interesting replies:

> Aerospace Medicine Specialists (Flight Surgeons) could be considered subject matter experts in the areas of flight and space travel. This may be a good opportunity for the Aerospace Medical Association (ASTMA) and its constituent organization the Space Medicine Association (SMA) to get together with ISTM in order to establish some cross-pollination. I know that ASTMA has been considering the civilian/tourist space flight standards concept for some time now. If I recall correctly one of the first civilian space tourists (Russian Flight), spoke at a previous ASTMA convention as the keynote speaker. Dr Russell Rayman, CEO of ASTMA, would be an ideal person for senior leadership in ISTM to communicate with.

> Wow! That's fantastic! I definitely think we should climb on board for “space travel medicine.” It seems like a world of opportunity just waiting to be tapped and vast knowledge to be acquired. Imagine multidimensional travel medicine. Sounds like an opportunity to learn more about our environment(s), which in turn helps us to evaluate our risks to travelers and how to decrease those risks in all environments.

> I think we should be ready and willing to keep up with space age travel needs. I am sure with our patient complex, they will be able to pay the fare.

> Regarding passengers on sub-orbital flights, the Federal Aviation Administration (FAA) Office of Aviation Medicine has this in hand as the various projects are all in the USA at present. There is a group of Aviation Medical Examiners (I am one) who will be asked to examine and advise the intrepid travelers and certify their fitness. This will probably be to FAA Class Three standards (equivalent to a private pilot's certificate).

> The subject has been studied for several years within the aviation medicine community. I await the NewsShare information with interest.

> Thanks for asking but personally, I prefer just looking up at the moon and stars!

> I have enough trouble trying to stay grounded in the art and science of travel medicine, that I might find myself lost in space with this new initiative. But thank you for your expansive vision for the rest of us.

> Science fiction? Reality? But let us go for it before someone else will. I am a Star Trek fan.

I consider myself an expert on the medical aspects of space travel. Even though I have had absolutely no formal training I know all there is to know from watching Star Trek. I have watched every episode many times. What else is there possibly to know?

While I agree that space medicine is certainly a subset of travel medicine, I would suggest that this population of very unique travelers would be better served by wilderness medicine experts with a background in aerospace issues. I am not advocating that we not become educated in this new field but these are the extreme of the “extreme adventure travelers” and should seek out the best advice on this earth before they leave it.

> I brought up the subject of space travel at a conference here in the UK late last year. I expected a barrage of criticism but in fact people were generally very much in favour of travel health advisors keeping abreast of information in this area. NASA (www.space-travel.com) has already been doing research on health and one of the issues to come out of that was the likelihood of anxiety and/or depression in an individual potentially leading to mental health problems among other team members. This is something which is also becoming more apparent in organised “Team Expeditions” where even the best prepared exercises run into difficulties when an individual finds they “can't cope” in the new environment.

> When your questions were presented to my staff who are usually hesitant to expand our clinical areas, they were unanimously in favor and excited about adding “space travelers” to our mix!

> If they are traveling and have health needs/requirements that we can provide, I say absolutely! Will definitely need some further education regarding the specific risks, health effects, physiologic changes and about numerous other considerations. Sounds like a topic for ISTM 2009.

> Excellent point for further discussion. ISTM should definitely explore this further even if the subject is more theoretical than practical at this point in time. Forward-looking ideas are what keep some organizations in the forefront while others wither on the vine.

*Karl is the editor of NewsShare. He writes frequently about travel medicine.*

# Space Tourism to Rocket in This Century

Tracey Bryant



Seeking an out-of-this-world travel destination? Outer space will rocket into reality as “the” getaway of this century, according to researchers at the University of Delaware in the United States and the University of Rome La Sapienza in Italy. In fact, the “final frontier” could begin showing up in travel guides by 2010, they predict.

“In the twenty-first century, space tourism could represent the most significant development experienced by the tourism industry,” says Prof. Fred DeMicco, Chair in University of Delaware’s Hotel, Restaurant and Institutional Management program.

“With the Earth under attack from a myriad of environmental impacts, including climate change concerns and pollution, outer space is the next viable frontier to explore,” he notes. “While there are global policies to be determined relating to private ventures in space, the technology to make space travel safer and cheaper is moving forward.”

DeMicco and Silvia Ciccarelli, a geoeconomist, co-wrote “Outer Space as a New Frontier for Hospitality and Tourism.” Ciccarelli is a consultant to the Italian Association of Aerospace Industries.

What kind of person will be lured to space travel? Is it those of us who’ve loved “The Jetsons,” “Star Trek,” or peering at the heavens through a telescope?

“This is a destination for the ‘extreme tourists’ - tourists who want the ultimate new travel adventure and the thrill of outer space,” DeMicco says. “They want something new and interesting - the room with the best view of Earth from space.”

According to surveys of the demand for space tourism undertaken in 2001 and 2006 by Futron, a U.S. consulting company, the average age of people wanting to be space tourists is 55 years old, 72% are males and 28% are females, 46% have above average or better fitness, 48% spend a month or more on vacation annually, and 41% work full-time and 23% are retired. The projected demand is 13,000 passengers in 2021, with the ability of the celestial industry to generate revenues of \$700 million annually.

While only a few multimillionaires have been able to afford the current \$20 million price tag to go up in a Russian rocket for a two-week stay at the International Space Station, shorter, more affordable “suborbital” space flights, costing on the order of \$80,000 per trip, likely will drive space tourism in the near term. “During these flights, a spacecraft reaches space, but it does not enter Earth’s orbit,” she explains.

Suborbital trips are likely to become available to tourists by 2010-2015, Ciccarelli says, while tourism in space hotels is on a longer trajectory, predicted to become a reality in 2025.

So what will tourists in space do? “Passengers will enter a world that only astronauts and cosmonauts have experienced - the acceleration of a rocket launch, weightlessness, and a spectacular view of the Earth,” Ciccarelli says.

The low-gravity environment 600 to 2,000 kilometers above Earth would suddenly make Leonardo da Vinci’s dreams and drawings of human-powered flight, using fabric wings attached to the arms, and tails attached to the ankles, possible, according to Ciccarelli. “Many recreational and sports activities also could exploit this possibility given a fairly large chamber. A slowly rotating, cylindrical swimming chamber would enable people to become more like ‘flying fish - to swim in low gravity, but then propel themselves out of the water and ‘fly’ in a central air space,” Ciccarelli says.

A safer, cheaper launch system is critical if space travel is to become more commonplace

in the future. An elevator rising tens of thousands of miles into space is one possibility that scientists and entrepreneurs are considering. “First envisioned some forty years ago, the space elevator will climb an enormous cable, like Jack up the beanstalk, to a terminal where passengers and cargo can board spacecraft for the trip farther out,” Ciccarelli says.

“Until recently this was a fantasy because there were no materials strong enough to build such a cable,” DeMicco notes. “Today, however, so-called carbon nanotubes up to twenty times stronger than steel are approaching mass production, and engineers say a space elevator could be completed within fifteen years.” The non-profit Spaceward Foundation was formed in 2004 and NASA established a competition in 2005 to accelerate research on the space elevator concept.

While short excursions into outer space may be on the itinerary in the near term, a “space port” currently is being built in Las Cruces, New Mexico, with support from Virgin Galactic and other companies, and hoteliers are scoping out new locations some 238,000 miles above - on the moon.

“Lunar hotels are now being planned,” DeMicco says. “Galactic Suites is known as the first space hotel, and they promote delivering 15 sunrises and sunsets in a single day - for the adventure travelers who are willing to spend approximately \$4 million for a three-day ‘stay’ in space,” DeMicco says.

In 1967, in an address to the American Astronautical Society, Barron Hilton, then president of Hilton Hotels, described a “Lunar Hilton” with its entrance on the surface of the moon and most of its rooms located 20 to 30 feet below the surface. The hotel would have an aptly named “Galaxy Lounge.”

More recently, companies such as Japan’s Shimizu Corporation have focused on the design of an orbital hotel in space, with rotating rings to provide artificial gravity.

*Tracey Bryant is Assistant Director for Research Communications at the University of Delaware, USA.*

# International Touring with a Large Orchestra

Peter De Beer



## Pre-travel medical counseling and contents of tour travel medical kit

The world famous André Rieu and his Johan Strauss orchestra, based in Maastricht, Netherlands, have been touring Europe for more than two decades and, in 2000, added concerts in the Americas and the Asia-Pacific region. Each year the number of concerts and the size of the orchestra has increased.

Andre Rieu's shows are far more than an orchestra playing music. The shows include dancing, singing, acting, elaborate stage sets and sophisticated lighting. And Andre's enthusiasm shows no sign of wavering; there were 120 performances in 2007. In December, the performances grew to spectacular proportions. In Toronto, there were nightly audiences of 30,000. And as the show grows in size and in the frequency of performances, the number of performers and supporting staff also grows. For large shows, there may be 500 individuals involved - 250 performers and 250 assisting crew - not to mention 90 containers packed with meticulously designed sets and other paraphernalia.

Over the years the medical assistance part of the tour has also grown in importance, and is now an integral element of the tour. In the early days, the orchestra toured Europe without medical assistance, until a widespread outbreak of gastro-enteritis amongst the musicians and crew brought the tour to a halt. Because of this and because of the then decision to tour the Americas and Asia, Andre decided to provide medical counseling for the orchestra in Europe, and on-the-spot medical assistance for the orchestra overseas.

Now medical planning is under the supervi-

sion of a physician and such planning is an integral part of all tours. This has helped tours to go more smoothly and has helped reduce the risk of illnesses among tour members, illnesses that might interfere with performances or even require cancellations.

Tour members consult routinely with the tour doctor about their current illnesses even when not on tour. This makes members more comfortable with travel and enables the doctor to try to resolve problems before the tour commences. It also allows the doctor to recommend which medications tour members should add to their personal, compact first-aid kits, in addition to medications needed for specific destinations.

The presence of a doctor traveling with the orchestra helps minimize the tour members' health and well being worries and provides peace of mind for the families left at home. The doctor's presence has also helped reduce health insurance costs since fewer members seek medical care while traveling. Large hospital and outpatient bills for treatments in countries such as the USA and Canada have been greatly reduced and have helped to lower the annual insurance fees for the production management.

## Assembling a medical kit

Experience has also shown that due to baggage restrictions, logistics of transporting a medical kit and expiration dates of medications, traveling with an extensive pharmacy is unfeasible. Therefore, much planning is required in assembling a concert tour medical kit.

Planning begins with studying the tour route, concert venue sites, and leisure time destinations and checking if there are any health issues that need addressing because of the itin-

erary. A tour which goes directly from sunny Los Angeles to wintry Winnipeg results in large temperature changes, bringing with it an increase in common colds and more serious conditions, such as upper and lower respiratory tract problems. Such factors must be considered when deciding on the contents of the tour medical kit.

It is very helpful when crossing borders with a large supply of all kinds of medications to have a comprehensive list of all items in the kit. Also helpful is for the doctor to have at hand copies of his diplomas and medical status in his home country, international medical certificates and licenses, and translations of these documents in the language of the country being visited.

Another important aspect of planning a tour is having access to competent physicians at every destination. This can be arranged through friends and colleagues from the International Society of Travel Medicine network or via other professional networks, airlines, and international companies for example. Such contacts are vital when problems arise that cannot be handled with the medical kit or when a tour member requires admission to a hospital. The response from these contacts has been very gratifying.

The tour doctor's primary function is to give first aid assistance, to treat minor medical issues, and to help tour members with their psychosocial problems. Such problems can negatively influence their performance. This "holding of hands" support is invaluable to orchestra and crew. They wake up in a different city almost every day. It is a comfort to them to be able to seek advice in their native language with the tour doctor who they consider an integral part of the group.

## The tour medical kit

In previous years, trying to predict the possibility of which illness would occur and trying to be prepared for all eventualities resulted in a cumbersome medical kit being carried all over the world. The kit was similar to those used at sporting events or on a ship and not designed for portability. The average weight of the kit was 15 kg. Over the years the contents and use of items in the kit have been reevaluated, culminating in the present tour medical kit (TMK). Furthermore, TMK has been divided into three parts: an emergency kit, TMK-A; a basic kit, TMK-B; and a stock pharmacy kit, TMK-C.

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## Latin American Society of Travel Medicine

**S**LAMVI in Spanish stands for "Latin American Society of Travel Medicine." The Society was incorporated in Buenos Aires in December 2004. The mission of this young scientific Society is to promote the field of travel medicine among physicians, health care workers, and the public, and to introduce the concept of travel medicine to the travel and health care industry.

The Society's aim is that travel medicine be recognized as an independent medical specialty in Latin America. The Society will concentrate on promoting scientific research in our region, fostering dynamic exchanges of knowledge, and keeping information up-to-date. In these our formative years, SLAMVI's members have participated in almost all scientific meetings of related fields where travel and health are key topics, such as infectious diseases, tropical medicine and tourism. Two successful courses have been held in Buenos Aires, in 2006 and 2007. The society's website has already been launched, now only in Spanish, but soon to be translated into Portuguese and English as well.

One of the main challenges for SLAMVI in the near future is the **I Latin American Congress on Travel Medicine**, to be held in Buenos Aires on April 10-11, 2008.

The program of the Congress will include topics that are relevant to specialists, focusing on prevention, diagnosis, epidemiology and international recommendations and guidelines. There is also a track for the general practitioners who wish to expand their knowledge on these topics. Key opinion leaders from the region have already confirmed their participation. Program details can be found at the society website: [www.slamvi.org](http://www.slamvi.org).

For more information, please contact [secretaria@slamvi.org](mailto:secretaria@slamvi.org)

— "International Touring with a Large Orchestra," cont. from p. 5 —

TMK-A weighs 2 kg (including stethoscope, earscope and sphygmomanometer). TMK-B weighs 6 kg. The TMK-C weighs more than 10 kg and is used to stock the other two kits. The compact nature of TMK-A and TMK-B mean they can be easily carried by the physician and kept close to hand. The TMK-C is transported by the equipment truck.

TMK A and B are carried by the physician and used in three contingencies, each with its own requirements. The first is during travel by bus, train or airplane. Traveling to a concert venue takes anywhere from one to twelve hours, and it is wise to have medications available, just in case. Having medications on hand enables prompt treatment if necessary without the need for aid from local doctors or pharmacists. This saves time and thus speeds the healing process. In addition to being available in transit, this on-the-spot service is also available to tour members at the hotel at which the orchestra is staying.

The second contingency is at the concert venue during the time between arrival and the start of the concert performance. The routine of a concert day involves rehearsals, dinner, wardrobe and make-up before the performance itself. The presence of the medical kits ensures that, in case of illness, crew or orchestra members can consult with and, if necessary, be treated by the doctor without the necessity of

leaving the venue.

The third contingency is at the concert venue during the concert performance. If medical help is required during the performance it is always urgent. Time is critical, both for the success of the show and the well being of the patient. The doctor's quick reaction and presence are urgently needed in these situations. The physician carries the TMK-A during concert performances. TMK-B and TMK-C are kept back stage and, when necessary can be quickly summoned by a crewmember.

Conclusion: these finely tailored TMK kits are easily transported and efficient to use. They prevent not only worsening of illnesses in travelers far from home but they contribute to the physician's performance by providing reliable equipment at hand without the physician feeling like a 'walking ambulance'. The compact size of the kits also minimizes physical stress on the physician of carrying an oversized medical kit.

*Peter A.M. de Beer is the Chief Medical officer of the Orchestra Andre Rieu, Specialist adviser in Travel and Tropical Medicine, Director, Medical Services for the Tropics-Maastricht*  
Email [mstropics@planet.nl](mailto:mstropics@planet.nl); correspondence P.O.Box 1660; ZIP 6201 BR Maastricht; The Netherlands

## Geneva Health Forum 2008

**The International Geneva Forum: Towards Global Access to Health** is jointly organized by the University Hospitals of Geneva and the Faculty of Medicine of the University of Geneva, in partnership with the major international organizations active in health in Geneva and around the world. The upcoming Forum focuses specifically on 'Strengthening Health Systems and the Global Health Workforce.' It will take place at the International Conference Centre of Geneva, Switzerland, from 25 to 28 May 2008.

The year 2008 is the 30th anniversary of the Alma Ata Declaration. This **Declaration** was adopted at the International Conference on Primary Health Care in Almaty, presently in Kazakhstan, 6-12 September 1978. It expressed the need for urgent action by all governments, all health and development workers, and the world community to protect and promote the health of all the people of the world. It was the first international declaration underlining the importance of primary health care.

The 2008 Forum offers a special occasion to revisit the primary health care model within the current health services context, marked by the increasing burden of chronic diseases and HIV/AIDS, the potential of new drugs and technologies, and the growing role of the private sector and global health initiatives. Health systems cannot be addressed without a critical look at the current crisis of the global health workforce. The Forum will focus on key initiatives and best practices that address issues such as motivation, working environment, migration, and gaps in competencies. The role that universities, hospitals, and training institutions can play in this domain will be reviewed in light of innovative partnerships and programmes.

FORUM SECRETARIAT  
Geneva Health Forum  
Department of Community Medicine and Primary Care, HUG

Tel.: +41 22 3729672 or +41 22 3729658  
Fax: +41 22 3729626  
E-mail: [info.genevahealthforum@hcuge.ch](mailto:info.genevahealthforum@hcuge.ch)

# My Personal Travel and Concert Tour KIT and Pharmacy

## Basic requirements

(Please note that this medical kit was assembled by the author for his particular group. The purpose of this list of items is to help readers conceptualize and assemble their own kits. Neither the items in the kit or their dosages have been reviewed by the International Society of Travel Medicine.)

### Emergency Set (A)

Generic name		Administer
Atropine Sulphate	0.5mg = 1ml	IV
Clonazepam	1mg = 1ml	IV
Diclofenac	75mg = 3ml	IM
Isosorbide Dinitrate	5mg	SL
Fentanyl	0,05mg/ml	IV
Diazepam	10mg = 2ml	
Furosemide	40mg = 4ml	IM / IV
Morphin HCL	20mg = 1ml	IM / SC / IV
Nitroglycerine spray	0.4mg/dose	
Haloperidol	5mg = 1ml	IM
Dexamethazone	5mg = 1ml	IM
Clemastine	2mg = 2ml	IV
Dextrose	400mg /ml, 10ml	IV
Epinephrine	1:1,000	
Single dose ampule and Epinephrine	1mg / ml	SC
Glucagon	1mg = 1ml	IM / IV / SC
Biperideen	5mg = 1ml	IM / IV
Diazepam rectiole	10mg = 2.5ml	

Intravenous catheters: 20 G 1, 18 g 1-1/4 Syringes, needles, tweezers; microflex 0,5mm G25; Safety catheter 22 G 1"; 2x Gravity Set; transparent dressing	2x 0,9% Sodium Chloride Injection (500 ml) Tincture of iodine Alcohol disinfectant/towelettes
<i>P. de Beer; Principal Used Sources: Source Dutch College of Practitioners (NHG) 2005 and PharmacoTherapeuticMeetings FTO, Maastricht 2005</i>	



Peter is a long time member of the ISTM. He was born in the Netherlands in 1951. He had post-graduate training in general practice and then received a diploma in tropical medicine and hygiene from the Tropical Institute Leopold II in Antwerp. After graduation, he did humanitarian work for Doctors without Borders in Somalia and Sudan. In 1988, in Sudan, he discovered an epidemic of visceral leishmaniasis. Several years later he started his own travel and tropical medicine clinic in

Maastricht, Netherlands. He is also an organizer and co-director of the annual travel and tropical medicine course at the IPK Tropical Institute in Havana, Cuba, and is the supervising physician of a chain (KeurCompany) of travel clinics that has 30 locations throughout the Netherlands.

### General Set (B)

Generic name		Generic name	
Oral Rehydration Salts (ORS)		Loperamide	2mg capsule
Domperidon	10mg	Sub Loperamide lingual	2mg tabs
Bisacodyl	5mg	Amoxicilline/Claviculane acid	500/125mg
Fenicillin	500mg	Doxycycline	100mg
Quinolones such as Ciprofloxacin	250mg	Cephalexin	500mg
Azithromycine	500mg	Clarithromycine	500mg
Contraceptives		Acetyl Cysteine	
Steroid Cream Hydrocortisone 1%		Triamcinolone acetonide cream 0.5%	
Cream with miconazole-Clotrimazole or Salcanazolnitrate cream		Diclofenac 1% emulgel	
Natriumfesidate	2mg / g	Fusithalamic Eye ointment	
Lormetazepam	1mg	Oseltamiflu	
Paracetamol	500mg	Tramadol 50mg	
Noscapine Hydrochloride	15mg	Lidocaine Hydrochloride suck tablets	
Diclofenac	50mg	Ibuprofen	200mg
Promethazine	25mg	Desloratadine	5mg
Xylomethazoline HCL nose spray		Oxymethazoline HCL nose spray	
Ranitidine		Esomeprazol	
Diphenhydramine HCL	25mg	Terbutaline	0.5mg = 1ml SV
Fluticason	250 mcg/dos aerosol	Salbutamol	200 mcg/dos aerosol
Prednisolone	5mg tabs	Betahistine 2 HCL Dumex	15mg
Cinnarizine	12.5mg	Chlorcyclizinehydrochlor	25mg

For Trauma and Wound care	Scissors, Pocket knife, Pincers, Suture needle & Wire, Scalpel, Suture needle holder, Sterile gauzes, Gauze rolls, Sterile gloves, Plasters, Blisterplaster, Iodine plaster, Adhesive or paper tape, Sport Tape, Triangular bandage, Elastic bandages, Sterile gauze pads, Cold packs
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<b>Sphygmanometer , Oto-Eyescope , Stethoscope , Digital Thermometer</b> Snake/Insect bite poison vacuum extraction pump , Quick dip stick test Urine
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*P. de Beer; Principal Used Sources: Source Dutch College of Practitioners (NHG) 2005 and PharmacoTherapeuticMeetings FTO, Maastricht 2005*

— “*ISTM News*,” cont. from p. 1 —

been diligently working with this committee for several years and has been named by Frank von Sonnenburg, ISTM President, to take over the position held by Phyllis Kozarsky. Phyllis has held the position since the examination's inception.

The Certificate in Travel Health examination has proven very successful. There is a great demand for the examination to be offered on different continents. Most recently, the exam was given in February in Melbourne, Australia. About one hundred individuals took the exam.

We wish Ken all the best with the challenge of continuing the success of the initiative and expanding access to the exam.

The latest expert opinion posted on the ISTM website, the first for 2008, concerns rabies. Our expert author is Philippe Gautret. He practices at the Rabies Treatment Center at Marseille University Hospital in France. You are welcome to comment or pose questions through the listserv concerning this scenario. Dr. Gautret will be available to respond.

Nancy Piper Jenks, CFNP

**Publications Committee.** I am pleased to report that our first Evidence Base for the Clinical Practice of Travel Medicine is ready for peer review and should be ready for publication later this year. Kudos goes to Herbert L. DuPont, who led the writing team that reviewed “Prevention of Travelers’ Diarrhea.” We can next expect an evidence base on “Treatment of Travelers’ Diarrhea” followed by “Personal Protective Measures against Insect Bites.” Following the upcoming ISTM Executive Board meeting in Helsinki, a *Journal of Travel Medicine* (JTM) strategic planning meeting has been planned with our publisher, Wiley Blackwell. After this meeting I will share our thoughts for the future.

Meanwhile I urge our researchers to continue to use *JTM* as your publishing default and I hope our membership continues to find *JTM*, NewsShare and our website useful. Suggestions for improvement or changes can be directed to me at: charles.d.ericsson@uth.tmc.edu.

Charles D. Ericsson, M.D.  
Chair, ISTM Publications Committee

## NewsShare

the Newsletter of the International Society of Travel Medicine

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ADMINISTRATIVE DIRECTOR: Brenda Bagwell, USA  
 ADMINISTRATIVE ASSISTANT: Brooke Gouge, USA  
 2386 Clower Street, Suite A-102  
 Snellville, GA 30078 USA  
 PHONE: 770-736-7060, FAX: 770-736-0313  
 EMAIL: [ISTM@ISTM.ORG](mailto:ISTM@ISTM.ORG)  
 WEB: [WWW.ISTM.ORG](http://WWW.ISTM.ORG)

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**ISTM NewsShare**  
 108-48 70th Road  
 Forest Hills, NY, USA 11375  
**Tel:** 718-263-2072  
**Fax:** 718-575-0290  
**E-mail:** [newsletter@istm.org](mailto:newsletter@istm.org)

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