



## A Message from the President of ISTM

Frank von Sonnenburg, MD, MPH



Dear Colleagues,

It was a pleasure to see and talk with so many of you at the highly successful and stimulating CISTM10 in Vancouver. It is an honor to serve as your President for the next

two years and I would like to highlight some recent ISTM achievements and some of our plans for the next year. Over the summer and early fall, implementation of the Executive Board (EB) resolutions from Vancouver are already proceeding quickly.

The Certificate of Knowledge Examination (CTH) initiative has been a huge success with 486 candidates sitting for the 2007 exam in Vancouver. Currently, 26.4% or 613 of our 2327 members are certified. The successful candidates come from 38 countries. One of our priorities is to make the CTH exam more accessible to members in different parts of the world. We have decided to administer the exam on an annual basis. Thus it will not only be administered at our biennial CISTM (CISTM11 will be in Budapest in 2009), but also at our regional RISTM conferences. These regional conferences are co-organized with local travel medicine organisations in various areas of the world and are held in the intermediate year between CISTMs. The next exam

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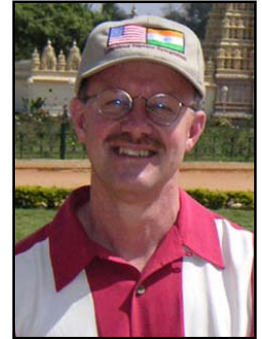
## Meet Alan Magill, our ISTM President-elect

Karl Neumann, MD FAAP

**A**lan Magill is a long-term ISTM member with stellar credentials in the research, practice and administration of both travel and tropical medicine, and an expert in malaria. But he cannot really be introduced to our Society members with the usual "he needs no introduction," a fact that he considers to be a positive attribute, and one that he hopes will help define his term in office.

Alan is not one of the founders of the ISTM, has held no previous elective office in the Society, has chaired no permanent committee and, until now, has never attended an executive board meeting. "All true, and, hopefully, some of the reasons why I will be an effective president," says Alan. "I am an bit of an 'outsider,' and therefore especially honored to be heading an incredibly effective organization that

has built a solid reputation in a relatively short period of time. Our Society is very fortunate in having a core of intelligent, hard-working, foresighted people and a loyal and dedicated membership, and together they have achieved solid accomplishments and have earned well-deserved visibility."



But, in fact, to the ISTM members who *do* know him, the very adjectives he uses to describe the leadership of the ISTM - intelli-

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## ISTM Membership Assembly: Wednesday, May 23, 2007

Vancouver, B.C., Canada

**T**he 2007 ISTM Membership Assembly was called to order by Dr. Prativa Pandey, President. She announced that the meeting would follow "Robert's Rules of Order." Mrs. Brenda Bagwell was appointed Parliamentarian for the meeting. Prativa presented a brief report, highlighting ISTM accomplishments during the previous two years, which included:

- Membership crossing the 2,000 threshold and still growing,
- A successful regional conference held in Edinburgh, Scotland,
- A consensus conference of the Migrant and Refugee Health Committee,
- Pre-exam courses held in both North America and Europe,
- Increased visibility of the *Journal of Travel Medicine* since the change of publishers to Blackwell Publishing, and
- Relationships with other organizations such as the European Centre for Control and Disease Prevention (which invited ISTM to be part of a Scientific Consulting group) and the WHO (for which several ISTM members wrote

chapters for their new travel health book), as well as our continued relationship with the U.S. CDC in the GeoSentinel project.

Prativa noted that the ISTM research grants each year are for up to \$10,000 US. Also, for the first time travel grants with a total value of \$13,000 were given to six people from developing countries to assist them in their travel to attend and present at this CISTM.

Additionally, Prativa stated that there is now more recognition for the Society and for the field of travel medicine, that members receive more value for the membership, that the ISTM has fostered a spirit of volunteerism, and that we are fiscally sound.

Dr. David Freedman presented the Secretary/Treasurer's report. He reminded members that the ISTM has been on a July to July fiscal year since 2005. This type of accounting allows for robust budgeting and allocation of funds in coordination with the annual Executive Board meetings each May. He reviewed the current checks and balances that are in place regarding ISTM expenses. ISTM's current financial situation is doing

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— “Meet Alan Magill, our ISTM President-elect,” cont. from p. 1 —

gent, hard-working, foresighted, loyal and dedicated - also describe Alan.

His scientific and administrative qualifications to lead the ISTM *do* speak for themselves. Board-certified in internal medicine and infectious diseases. Seventeen years spent in developing new generations of vaccines, diagnostics, and anti-malarial drugs, some of that time living and doing research in South America, Africa, and Southeast Asia, much of it involving malaria and leishmaniasis. Two years serving as Head of Clinical Research of the Malaria Vaccine Development Unit of the U.S. National Institutes of Health. Currently he is the Director of the Division of Experimental Therapeutics at the U.S. Walter Reed Army Institute of Research and has dual academic appointments as Associate Professor of Medicine and Associate Professor of Preventive Medicine and Biometrics at the Uniformed Services University of the Health Sciences (USUHS).

Alan has been and continues to be a sought-after speaker on travel medicine-related topics and participant in numerous national and international advisory committees and workshops. He is an active member of the American Society of Tropical Medicine and Hygiene, has served as their CME Courses Director and is the President-Elect of their Clinical Group. He is the co-editor of the 9<sup>th</sup> edition of *Hunter's Tropical Medicine* and has authored more than 50 peer-reviewed publications, 80 abstracts, and 10 book chapters. He has been a member of the ISTM since 1992, serving as the Associate Chair of the Scientific Program Committee at CISTM9 (2005) in Lisbon and at CISTM10, (2007) in Vancouver. He remains clinically active in both pre- and post-travel settings.

And although Alan will not assume his office as President for another two years - at CISTM11 in Budapest in 2009 - he has already formulated his vision for ISTM, a vision he will fine-tune from his perch as President-elect working with Frank von Sonnenburg, the current ISTM President: The ISTM will continue to evolve into an ever more important society. Biennial meetings, the *Journal of Travel Medicine*, the Certification Examination (CTH), the website and the listserv are bringing a higher standard of both pre-travel and post-travel care to a wider audience. His specific goals for the Society include:

- Being a leader in understanding and bridging the differences across national and international borders with respect to conflicting regulatory requirements, practice guidelines, and society recommendations for travel-related vaccines and anti-malarial prophylaxis recommendations. A useful role for the ISTM would be to provide a professional and neutral environment where thought leaders can meet and discuss differences and work for evidence based standards where possible, and explain these differences using a web-based format.
- Continuing to improve the biennial meeting with ever higher quality sessions. Support cutting edge patient-focused research efforts with reporting of those results at the ISTM conference in addition to the well-received state-of-the art practice sessions currently in the program. The biennial meeting should be “the place to be” for travel medicine professionals from around the world.
- Continuing to emphasize inclusiveness of all groups who practice and have an interest in travel medicine including nurse practitioners, nurses, physician assistants, and physicians. Activities and settings that foster a “big tent” philosophy should be a priority.
- Being a vocal advocate to clearly define and communicate the needs of travel medicine practitioners to the major pharmaceutical companies that provide the major travel medicine related products we all use. We must remain independent and avoid real and perceived conflicts of interest. The next generation of anti-malarial chemoprophylaxis and travel vaccines will require our vigorous advocacy.
- Working with other groups that share similar interests; lead from the front, and even consider a more activist role in identifying and prompting needed changes. As we all agree, the world of travel medicine includes more than the traditional view of the short-term Western traveller on holiday. Other groups such as displaced persons, expatriates and other long-stay groups continue to have needs that exceed our current capability to address fully. The impact of tourism on the environment and the destination populations, the darker side of sex-related travel and its exploitive impacts, and the unregulated business of

medical service-oriented travel are new challenges for the coming decade.

- Providing strong support for a vigorous service, educational and research committee structure with consideration of beginning an ISTM publications arm to generate the resources needed to optimize the practice of travel medicine.
- Promoting the needs of and be attuned to the business realities of our membership. Identify ways to improve travel health advocacy to increase the numbers of travelers referred to travel medicine practitioners.
- Growing the Certificate of Travelers Health as a recognized international standard for the practice of travel medicine.

What does Alan do in his spare time (What spare time?) “I am (or at least was) an avid outdoorsman, especially enjoying skiing and mountaineering. “I have climbed on all continents except Antarctica. I have summited Mt. McKinley, Mt. Blanc and other European Alps, Huascaran and Huantsan in the Cordillera Blanca of Peru, Kilimanjaro and Mt. Kenya in East Africa, and peaks in Tibet, New Zealand, the Canadian Rockies, the American West and elsewhere.”

Alan was born in Craig, Colorado, USA, and grew up in southwest Wyoming in sparsely populated oil camps. He completed secondary and undergraduate school while living in Texas, went to graduate school in Rhode Island with a masters degree in evolutionary biology and then on to medical school at the Baylor College of Medicine in Houston, Texas. He joined the Army with his wife on graduation and completed an internship and residency in Internal Medicine in Honolulu, Hawaii (tough duty!). He spent 3 years in Germany as a practicing internist before returning to the Walter Reed Army Medical Center in Washington DC to begin an infectious disease fellowship.

Alan has been married for 23 years to Janine Babcock, also a U.S. Army medical corps officer. Her specialty is pediatric hematology/oncology. She is currently the Division Director for regulated activities at Walter Reed. They have two daughters: Lara, age 16, and Sarah, age 13. “Both are great students, gymnasts, and love riding horses.” Non-professional interests at this point are “surviving two beautiful teenage daughters and getting them through college!!!”

“ISTM Membership Assembly,” cont. from p. 1

well - *JTM* is about at the breakeven level, membership revenues are at record levels, and the CTH review courses were a breakeven activity. David also announced that the *ISTM* would be moving to dedicated office space in June 2007 and noted that there would be upfront costs for this as well as ongoing office rent. Investments continue to be conservative, but with guaranteed steady income.

David also reported the following:

- *ISTM*'s membership has surpassed the 2,000 member mark for the first time.
- An Internet-based Executive Board election was held with a record 30% of the membership casting ballots.
- Registrations for *CISTM* and *ISTM*-sponsored courses were moved in-house.
- The *ISTM* secretariat has overseen the growth of the *TravelMed* listserv to over 1,000 member-subscribers. There is now a state-of-the-art web-based search utility available to sift through the wisdom accumulated over 11 years and 15,000 postings on *TravelMed*.

Concerning *TravelMed*, David asked for a hand vote on whether or not to continue to allow *TravelMed* listserv postings regarding “clinics needed.” The membership overwhelmingly agreed to the continuation of this practice.

Committee reports were presented by:

Dr. Charles Ericsson, Publications  
 Dr. Michele Barry, Professional Education  
 Dr. Phyllis Kozarsky, Certificate of Knowledge Exam  
 Ms. Rebecca Acosta, Practice and Nursing Issues  
 Dr. Anne McCarthy, Research  
 Dr. Brian Gushulak, Migrant Health  
 Dr. David Freedman, *GeoSentinel*  
 Dr. Robert Steffen, *Journal of Travel Medicine*

## Special Presentation

At this time, Prativa presented Brenda with a plaque honoring her 14 years of service as *ISTM* Administrative Director.

## Announcement of *ISTM* Elections

President elect - Dr. Alan Magill, USA. His term will be 2009-2011.

Counselors - Dr. Eric Caumes, France, Dr. David Shlim, USA. Their term will run until 2011.



*CISTM11. Budapest, Hungary. May 2009. Start Planning!*

## President's Transition

Prativa turned the meeting over to Dr. Robert Steffen who presented a very nice introduction of incoming President, Dr. Frank von Sonnenberg. Following the introduction, Prativa presented Frank with several gifts, including his own personal “plane”. In return, Frank presented Prativa with a “retirement” hat and flowers.

## Discussion:

There was a question concerning *ISTM* finances and the plans for the money held in investments as well as whether or not members can review the *ISTM* audits. David answered that the Executive Board makes the final decision regarding all *ISTM* finances and that upon request, any member can review *ISTM* audits. He did note that *ISTM* must keep a substantial reserve of funds at all times in case of the failure of a *CISTM* meeting in order to allow *ISTM* to function up until the subsequent *CISTM*.

A question was raised about translating the examination into other languages. Dr. Phyllis Kozarsky, chairperson of the Examination committee, explained that the exam is not a country-specific exam; it is an international

exam. The *ISTM* bylaws dictate that all *ISTM*-related meeting would be held in English, therefore it was decided that this applied to the exam as well. She did note that it is costly for a society of our size to carry the cost of the exam and that the *ISTM* is not in the position to have the exam translated into different languages which would require initiating a complete infrastructure for registration, administration, scoring, and validating the exam in each separate language.

One member said that the welcoming remarks made in French by an *ISTM* member at the Opening Ceremony were inappropriate.

## New Business:

Frank announced that *CISTM11* would be held in Budapest, Hungary, May 2009. The conference will be held on the grounds of the University in Budapest.

Frank's goals for 2007-2009 are to move the society forward and perhaps move into the post-travel area as a field in which to grow the society.

Respectfully submitted,

Brooke Gouge  
 Administrative Assistant

**ISTM Travel Medicine Review and Update Course.** March 14-16, 2008, Dallas/Ft. Worth, Texas. Registration is now open at [www.istm.org](http://www.istm.org). Information is available at the site. Please contact the *ISTM* secretariat at [istm@istm.org](mailto:istm@istm.org) with further questions.

# Result of Survey of ISTM Members on the Role of Post-travel Medicine in ISTM's Strategic Planning

The ISTM should increase opportunities for members who wish to become more knowledgeable in post-travel medical issues while keeping in mind that numerous members are not trained in handling such problems or do not see the volume of such patients necessary to make it a practical or professionally honest endeavor.

This summarizes the thinking of the eighty members, mostly from North America, who responded to our latest email query. The query asked three questions:

- “Should the ISTM place more emphasis on post-travel health issues and, if so, what should the Society do?”
- “Do you manage patients with post-travel health problems in your office/clinic? Would additional training help you to more efficiently manage such problems?”
- “Are the ISTM meetings, Journal, ListServ, and examination too focused on the pre-travel segment of travel medicine?”

Please note that this issue of NewsShare contains an article by our President and one about our President-elect. Both state that their main goal is for ISTM to continue to be an all inclusive Society where there is a home for every individual who is interested in travel medicine. The ISTM has grown in numbers and strength to the point where new areas of interests are under consideration. (The topic of discussion in the next issue of NewsShare: medical tourism, people traveling to other countries to receive medical and health-related treatments that are too expensive or not readily available at home. Is this travel medicine?)

> More emphasis on post-travel issues would be an excellent idea with direct relevance to me as a GP. Over the years I have seen a large number of patients with extremely varied post-travel problems, from malaria to dengue, coral cuts to depression, pneumonia to cutaneous larva migrans (?), etc.

Post-travel medicine is, in my opinion, ‘real’ travel medicine. Pre-travel preparation is essential, of course, but it is mostly counseling. Post-travel problems are challenges: triage, diagnosis and prompt management, and sometimes treatment of life-threatening conditions.

We don’t need the level of knowledge required by infectious diseases (ID) physicians; we must know when to refer, how to recognize

patterns of symptoms and signs, and how to take epidemiological factors into account. Many post-travel problems have nothing to do with infectious diseases, making travel medicine a unique specialty.

The Listserve features interesting cases. The *Journal* has case reports, but the emphasis on post-travel issues could be greatly increased. The exam was quite well balanced, with a fair number of good post-travel questions. The CISTM10 Conference had some very good workshops on post-travel problems, but post-travel issues did not feature prominently in the plenary sessions.

> An up-to-date Rolodex of local specialists is the most important post-travel medicine instrument for many - perhaps a majority - of our members. I am an internist and have practiced part-time travel medicine for about ten years. I have seen over 3,500 travelers. The next case of malaria I see will be my first. Should I be treating that patient? A majority of the pre-travel patients I see are referred to me; they are not my regular patients. When they come home ill, they see their own physicians, not me. This greatly reduces my reservoir of such patients. ... I am typical of half a dozen or so travel medicine docs I know.

> Holders of an ISTM Certificate in Travel Health have proven their competency in pre-travel medicine only. We must be careful if we change the ground rules of our Society and emphasize post-travel issues. Would ISTM have to re-test members who hold our Certificate?

> Pre-travel counseling and prevention are the key components of travel medicine and should remain as such. Shifting emphasis into the “post-travel” arena would preclude some, if not a majority of practitioners in the field. This may even decrease the “preventive measures” that we all concentrate on, which clearly is the single most important factor in our industry.

> Good idea but we must be careful not to create an elitist group within our Society.

> Offering additional training would be intellectually stimulating and at times helpful in more efficiently managing or identifying post-travel health issues. However, referral to “specialists” should not be delayed as we might “fumble around” looking for

something that is common place to the practice of such “specialists”.

> I chose the ISTM as it more clearly represents my practice, and what appears to be the primary goal of many practitioners in the ISTM. If I wanted to concentrate on post-travel issues or tropical medicine, I would have become a member of a tropical medicine society.

Travelers who come home ill do not necessarily have a travel-related illness. Therefore, the field of post-travel medicine includes everything under the sun, figuratively and literally.

> The best way to help travelers returning home sick (and promote the field of travel medicine) is not by teaching more post-travel medicine to travel medicine practitioners. Rather, we need a program to make primary care health practitioners aware of the fact that their patients travel and may come home ill. Practitioners must ask every patient a four-word question, “Did you travel recently?” Just look at the data on the delay in the diagnosis of malaria.

> Since “Travel Medicine” can be defined as the field of research and medical service that improve the health and manage the diseases among international travellers, pre-, peri-, and post-travel medicine should all be part of this field. I know of numerous cases of misdiagnoses by domestically-focused emergency doctors and infectious disease specialists of imported illnesses (SARS, Hepatitis A, Typhoid Fever, for example). Though I am not an infectious disease specialist, colleagues see me as a specialist in primary post-travel screening and management, knowledge I have acquired doing travel medicine. The “post” part of travel medicine is a blind spot where we can competently fill the gap. We can provide specialists with a clear international overview and help them make more prompt diagnosis.

> Monitoring post-travel issues in our own patients allows us to assess the quality of our own pre-travel care, a built-in quality improvement loop.

> I am retired physician and still enjoy reading NewsShare as well as the listserv. In an informal way I am sure that the listserv helps with care of returning travelers but when I was practicing I was very glad to

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“Result of Survey of ISTM Members,” cont. from p. 4

have a tropical medicine specialist to call and refer patients to.

- > Post-travel health issues other than cursory mention should not be part of the ISTM listserve. The mission statement of ISTM does not include post-travel health issues other than preventive and curative interventions that are part of the pre-travel phase of travel medicine.

(Editor’s note: This responder is not entirely correct. The ISTM mission statement seems to include all phases of travel medicine: It says:

- Promote travel health
- Develop guidelines for travel medicine practice
- Educate health care professionals, public health professionals, and the travel industry
- Provide a scientific focus for travel medicine
- Stimulate the professional advancement of travel medicine practice
- Promote distribution of rapid information exchange related to travel medicine issues
- Facilitate international contacts between practitioners of travel medicine
- Promote development and evaluation of safe, effective, preventive and curative interventions
- Foster research in travel medicine, including the promotion of international collaborative studies
- > Our patients with post-travel health problems are referred to infectious disease or other sub-specialists. We do make ourselves available for consultations with the referring physicians to discuss pre-travel issues.
- > The issue of post-travel care is far more complicated than giving pre-travel advice and immunizations. Since many of the ISTM certified practitioners are nurses and some are pharmacists it would be improper for them to be involved in the diagnosis and treatment of travellers returning with medical problems. These practitioners are certainly capable of recommending post-travel tuberculosis skin tests as part of their pre-travel counseling. I do not recommend we focus on post-travel care as I fear it may encourage people to get in way over their heads.
- > I do not see patients post-travel, but do need more education in this area. I think it makes us better pre-travel advisors know-

ing all possibilities post-travel. I plan on taking a tropical med course bit by bit next year.

- > Pre-travel medicine is only complete if travellers are specifically apprised of post-travel symptoms specific to their trip and where to go if symptoms occur. Pre- and post-travel services should be in close communications with each other but need not be performed by the same individual(s) or be physically in the same location.
- > Although the Society has filled an important role in standardizing an evidence-based approach to pre-travel consultation (i.e., risk assessment, etc.), it is reasonable for the Society to begin to enhance its focus on post-travel issues.
- > Our clinic focuses strictly on pre-travel health. We are mostly nurse run. We rely on the infectious disease specialists to look after post-travel health issues. Although I can understand a need for a forum for those providing post-travel care, I feel that focusing more on these issues in the *Journals*, ISTM conference, etc. would take away from the capacity to cover the pre-travel issues.
- > ISTM members will have to decide whether we want to duplicate what tropical medicine societies do. Pre-travel consultation done appropriately is important to avoid diseases and accidents. Post-travel problems are better taken care by specialists. From reading the listserve it appears that a lot of pre-travel counseling is done by nurses. If we want the ISTM clinics to do post-travel counseling/treatment these clinics will have to change the way they practice and hire more physicians. The ISTM exam is a fair exam with adequate emphasis on the pre-travel counseling and the presence of diseases.
- > We see very little “post-travel” patients. I find the services ISTM currently provides very useful.
- > Personally, I would like more emphasis on post-travel illness. Pre-travel vaccine decision-making is an odd mix of intuition/personal experience, versus actual data reflecting side effects of the vaccine, versus also the true risk of the illness one is trying to prevent. Examples are typhoid, yellow fever, Japanese encephalitis vaccines and, with malaria, prophylaxis. Do you need YF vaccine if you change planes in Nairobi, or make a port of call to Rio while on a cruise ship? Post-travel illness is the real thing - a per-

son is actually sick, and we need to make a diagnosis, and treat to cure, or refer to someone else who can. So, I would have loved to have seen a set of post-travel workshops at ISTM, with a variety of cases presented, at least on the major topics of the returned traveller with fever, cough, diarrhea, skin rashes, and STDs.

- > In my clinical practice, I see equal numbers of returnees to pre-travel clients, some for asymptomatic screening, some with symptoms at first presentation or after a visit to a primary care clinic that did not have expertise. We manage those we can, as far as we safely can, as outpatients and refer on as appropriate and for in-patient care of course. There is little available specific to Travel Med docs dealing with returning travellers and so we have all done the DTM&H and look to keep up our skills through further training/updates/journals in tropical medicine.
- > Keen to be involved should there be any opportunities in post-travel medicine to develop this area within ISTM. Please be in touch if I can be of service.
- > Great discussion! ISTM should not push farther into post-travel care. The strength of ISTM is pre-travel care from people of a variety of backgrounds (not all prescribing clinicians managing sick patients). I would focus ISTM on its strengths while keeping some awareness of major post-travel points. I would leave further forays into post-travel care for ASTMH and ID sorts of groups.
- > I strongly feel the Society should confine itself mainly to pre-travel issues. We need to counsel people about avoiding tropical diseases and how to get treatment when necessary. But I have no interest or need to know how to treat people myself after they return.
- > I am a physician doing Travel Medicine since 1983, seeing over 5,000 patients a year (and often over 10,000), and have never done a post-travel consultation on a patient. I refer to two outstanding experts in tropical diseases practicing in my city - and both are ISTM members. I am a member of ASTMH but have no interest in their conferences except an occasional review conference because they are not at all related to what I do. I delete the listserve messages about diagnosing diseases after travel since I have no need for this information. There

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## ISTM Members in the News



**Annelies Wilder-Smith** is the editor of WHO's "International Travel and Health 2007." She is a frequent lecturer at ISTM conferences and has served on several ISTM committees. She lives in Singapore.

Between September 2006 until February 2007, she was based at WHO Headquarters in Geneva to coordinate the revision of "International Travel and Health 2007". She has returned to Singapore and is now coordinating revisions for the 2008 edition.

In Singapore, she is an associate professor at the National University, module coordinator on global health issues and communicable diseases for the masters in public health programme, and Director of the Travellers' Screening and Vaccination Clinic at the National University Hospital. She is also a Technical Advisor to WHO for travel-related issues at the International Health Regulations Secretariat and is Adjunct Associate Professor at the Centre for International Health, Curtin University, Perth, Australia.

She is editor or co-editor of many books on travel medicine-related subjects, including: *Travel Medicine - Tales Behind the Science*; *Manual of Travel Medicine and Health*, (3<sup>rd</sup>

edition); *Travel Health Guide for International Travellers*; and "How to Take a Medical History in Chinese." She has published 65 scientific papers in international peer reviewed journals.

Annelies is a Dutch physician. She is a graduate of the University of Heidelberg, Germany, did a Masters in International Health at Curtin University, Perth, Australia, and obtained a PhD in International Health from the University of Amsterdam. She has worked in China, Nepal, Papua New Guinea, New Zealand, Switzerland, Germany and elsewhere.

Other positions that she holds include Editorial Consultant to *The Lancet*, Associate Editor for the *Journal of Travel Medicine*, Advisor to *GeoSentinel*, co-chair for the scientific committee for the Asia Pacific Conference in Melbourne in February 2008, consultant to various NGOs in Asia, research consultant to *The Leprosy Mission*, and Medical Director for a Community Health Project amongst coastal fishermen in South India.



**Nebojša Nikolić**, Croatia, is the new President of the International Maritime Medical Health Association (IMHA). He was elected at the 6<sup>th</sup> general meeting of the Association held in Esbjerg, Denmark. In the ISTM, Nebojša serves on the ISTM Host Country committee.

The IMHA is an international association concerned with all aspects of maritime health in order to improve the health of seafarers. The Association promotes scientific research, assesses work- and health-related risks, and evaluates treatments. IMHA serves as a source of information for governments, shipping companies and other professional organizations, including the WHO and the International Maritime Organization. They work closely with these organization by exchanging data, helping with preparing reports and guidelines, and coordinating maritime health initiatives.

Nebojša is a lecturer of Maritime Medicine at the Faculty of Maritime Studies and the Faculty of Medical Studies of the University of Rijeka, Croatia. He is a Master of Science in maritime medicine and has published more than 70 scientific papers and two books on maritime medicine-related subjects. He is a member of the editorial boards of several international scientific journals, member of scientific committees, and invited speaker at international conferences on maritime and travel medi-

cine. In 2005, he chaired the 8<sup>th</sup> International Symposium on Maritime Health in Rijeka, Croatia.

Nebojša is an active sport sailor and the Chairman of the Medical Committee of The Croatian Sailing Federation and member of the Medical Commission of the International Sailing Federation.

Presently the IMHA is involved in a program to help protect the rights and dignity of seafarers who are infected with HIV/AIDS. The IMHA position is that this illness is a workplace issue that should be treated like any other serious illness or condition on board a vessel. The occupational exposure risks of HIV infection at sea are limited to the treatment of injuries and there are well established precautions to avoid these. There should be no discrimination against seafarers on the basis of real or perceived HIV status. HIV infection is not a cause for termination of employment at sea and persons with HIV-related illness should be able to work for as long as medically fit.

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will be offered in Melbourne, Australia on February 24, 2008.

The EB spent a half-day discussing possible initiatives to expand the scope of ISTM into the arena of post-travel medical care of ill-returned travellers. While the ISTM is the recognized worldwide leader in the clinical and scientific provision of pre-travel medical consultation, competence in post-travel care is a more fragmented discipline, with some overlap between tropical medicine societies, infectious diseases societies, and the ISTM. Most often, “post-travel” is only a peripheral priority within infectious diseases societies, and the tropical medicine societies are increasingly focusing on medical care delivery within tropical and developing countries. Nevertheless, with the continuing growth of international travel, the ill-returned traveller presents unique issues and deserves specific approaches based on the best clinical science.

Let me give you a recent example: Professor Eli Schwartz, director of the Israel GeoSentinel site, reported a 25-person outbreak of schistosomiasis among tourists who visited an exclusive and well-known safari camp in Africa. Within hours of the GeoSentinel alert, we found in the records of our Munich clinic another patient who became infected in that same camp. Geosentinel sites and Network Members worldwide are now alerted and engaged in enhanced surveillance to detect asymptomatic individuals who

may have been infected in this one camp. This also resulted in changes to our pre-travel advice for safari camps in that area, demonstrating that sound pre-travel advice depends on an integrated approach encompassing post-travel care. See “Result of Survey of ISTM Members on the Role of Post-travel Medicine in ISTM’s Strategic Planning,” on p. 4.

One of my chief goals in the next two years is to focus on strengthening ISTM’s post-travel mission. The Executive Board felt that the ISTM should offer clinicians who provide post-travel care a home for scientific exchange to complement our maturity in the pre-travel arena. We do not want to compete in this field with other professional societies, but we want to complement existing activities with a focused approach for the benefit of the returning traveller. Our first priority might be to ensure that the wider medical community knows to take a travel history from every ill patient who had the possibility of travel.

On the administrative side the ISTM has never been stronger. In 2003 we had 1,814 paying members; today we have 2,327, a 28.2% increase. We have recently moved to larger quarters just outside Atlanta, Georgia, USA, and now have two full-time staff. We are offering more services and benefits to members than ever, including the *JTM*, *NewsShare*, the CTH exam annually, meetings annually in far-flung corners of the world, a teaching slide set, and a popular and lively electronic discussion

group, *TravelMed*, with over 1,200 subscribers.

Yet we face challenges in providing many services to so many members. Because travel medicine is a second or third professional society for the majority of our physician members and so many of our members are in the nursing profession, our dues must be kept below many comparable societies. With this constraint and also with decreasing pharmaceutical sponsorship at our meetings, we are not yet of a sufficient size where we can afford a trained and certified association management professional. I would like to commend Brenda and Brooke, together with our Secretary-Treasurer David Freedman, for the many times they go the extra mile to keep our Society running.

Finally, I would like to ask you for feedback. Please let me know your thoughts at [president@istm.org](mailto:president@istm.org).

Best wishes for 2008. I look forward to seeing you in Melbourne in February. And please take the time now to mark Budapest, May 2009 on your calendar.

*Frank is Professor and Head of the Section of International Medicine & Public Health, Department of Infectious Diseases and Tropical Medicine, University of Munich, Germany. A profile of Frank can be found in NewsShare, March/April 2006, on the ISTM website.*

## Asia-Pacific International Conference on Travel Medicine

24-27 February 2008, Melbourne, Australia

The program for this Conference is extremely exciting with the very latest information for everyone interested in travel medicine and related subjects. A learned body of international experts headline a knowledgeable faculty of presenters and lecturers. The Conference will have a special focus on emerging travel medicine issues with emphasis on the Asia-Pacific region, providing a stimulating and different perspective. Australian doctors will be able to gain their CME requirements by attending the conference



The Conference is being held in beautiful Melbourne, one of the great cities of the world, both sophisticated and fun, surrounded by great tourist favourites, and the gateway to Australia’s best attractions. February is hot, and daylight-savings means the sun sets late as the city’s night time activities come alive.

The ISTM will be conducting the examination for the Certificate of Knowledge in Travel Medicine on the day before the Conference begins, and we hope that many practitioners from around the world will take this opportunity to sit for the exam. See the ISTM website for details.

Come and join your colleagues in Melbourne in 2008, and share the benefits of this combined meeting of the International Society of Travel Medicine, Asia Pacific Travel Health Society, Australasian College of Tropical Medicine, and Victorian Infectious Diseases Service.

Program and Registration details, as well as submission of abstracts can be all done at [www.apictm.com](http://www.apictm.com).

*Tony Gherardin and Joe Torresi*

— "Result of Survey," cont. from p. 5 —

is already too much post-travel on the exams. I know many of the academic physicians who are in the Society do tropical medicine, but at least in Canada most of the travel clinics are staffed by nurses or family physicians who have little interest in tropical medicine. Putting more tropical medicine on the exam would mean they would never be able to get a certificate in travel health.

> I have no problem with a tropical medicine interest group in the Society for those who want more exposure. Maybe we can consider doing a pre-conference review course or mini course for those who want to learn more tropical medicine. BUT there are already courses and exams in tropical medicine for those who want to do it. If people want to compete with the ASTMH (and other groups) for international tropical disease members, let them do this outside the ISTM. If the society became too much more focused on Tropical Medicine, I would have to seriously consider resigning my membership, and I have been to every conference since Zurich.

> More emphasis on post-travel issues is fine with me, but it is unlikely to help me or my practice. I'm a GP and see about 400-500 pre-travelers a year, and a few who come home ill. I keep up with medicine as it is relevant to my practice. I can handle the simple illnesses that people come home with. I am very impressed by the knowledge that some of our members display on the listserv. But, short of going back to school for a few years, I fail to see how more articles in our journal or more courses at CISTMs is going to meaningfully raise my knowledge of post-travel medicine. Moreover, if I attend courses on post-travel medicine it probably would be at the expense of time spent at pre-travel courses. There is just so much time.

> Our ultimate goal would be never to have any post-travel problems! But as that day is far away, we should be trained to recognise and act on them.

## NewsShare

the Newsletter of the International Society of Travel Medicine

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