President's Message

News on GeoSentinel 2.0

In May of 2013 David Freedman, the Principal Investigator of GeoSentinel, announced that he was stepping down from that position after nineteen years. He started GeoSentinel, oversaw the expansion of the network worldwide, and helped coordinate the research that has led to over sixty peer-reviewed papers. The ISTM thanks him for his tireless devotion to GeoSentinel over these many years, and the successful surveillance system that he helped put in place.

GeoSentinel research has been a primary factor in increasing the visibility and relevance of travel medicine as a specialty.

The change in leadership was also an opportunity for GeoSentinel to take a deep breath and see whether new directions and initiatives might further GeoSentinel goals of tracking disease risks around the world. This new direction was informally called "GeoSentinel 2.0," and a planning meeting was held in November 2013 in association with the ASTMH meeting in Washington, DC. Goals included to develop and collect more accurate diagnostic data, and to expand GeoSentinel data to include more migrant populations. To accomplish these goals, GeoSentinel looked to have a new Principal Investigator and two co-Investigators.

After the Washington, DC meeting, Marty Cetron, the head of the Division of Migration and Quarantine at the CDC, and myself drew up a list of more than fifteen candidates for leadership positions in GeoSentinel. This list had wide geographic diversity. Marty Cetron interviewed all of the candidates at length.

In the end, we found three highly qualified and experienced people to take over the initial leadership of our new phase of GeoSentinel. Davidson Hamer, from Boston University, is the new Principal Investigator. An infectious disease specialist, he has overseen many large research projects, and is just returning from a three-year stint in Zambia. Marc Mendelson, an infectious disease specialist from Cape Town, South Africa, will oversee the development of our diagnostic capabilities. Elizabeth Barnett, also from Boston, a pediatric infectious disease specialist who has co-edited a major textbook, Immigrant Medicine, will oversee the possibility of establishing of special populations within the GeoSentinel data base. Karin Leder, from Melbourne, Australia, will Chair a Task Force to review the data collection system. The new GeoSentinel leadership
team took over 1 June 2014. Now that the new leadership is in place, we are looking to recruit additional leaders in Europe and elsewhere to help run this truly global partnership.

David Freedman, due to professional obligations, had to leave GeoSentinel with only two months notice. This left a gap in leadership for a year, during which data gathering continued, but meetings and communication were decreased. Now we are ready to go, and David Hamer is already on the road, meeting with GeoSentinel sites around the world and planning for the future.

David R. Shlim
ISTM President

From The Editor

It doesn’t seem that long ago that I was telecom naive. I remember first using a Commodore 64 computer back in the late 1970s, saving my resume to a 5.25 inch floppy in 1980, and using email for the first time at the university computer lab in 1995. My first travel medicine experience was a medical and dental relief trip to the jungles of rural Ecuador. Back then, as a pre-med student, my only travel electronic device was probably a flashlight. Au contraire, on a recent trip to Everest Basecamp in Nepal, I was shocked to find satellite internet service available in all tea houses and crystal clear cell phone reception atop Kala Pattar at 7,161 m. Because I was teaching in Nepal, I took a notebook computer, compact projector, cell phone, a second cell phone for local SIM card, a headlamp, a solar charger, and a SteriPen. Occasionally, I pine for the days gone by of a lightweight pack.

So, what does this have to do with ISTM? The new My ISTM is a good example how electronics have enhanced our professional lives. I hope everyone has found the new My ISTM Travel Med forum easier to read, search and keep track of communiqués. Some other features I’d like to point out that you may not have found yet:

• Check out Travel Medicine Alerts, which have been graciously provided by EpiAlert, HealthMap, iJET, Sitata and GeoSentinal.
• Post something in the blogs section, it doesn’t have to be medical: this is a good spot for travel images or short paragraphs about adventures.
• Click the Resources and Tools Tab that include Global Availability of Vaccines by country and Patient Education Cases.
• And watch for CISTM14 Registration, which will open soon.

All that said, I still have a penchant to old-school print. I still take, from a long habit, a small paper notebook and pencil on adventures to log daily musings and trip details. And I am never without a paperback book. As a result of my profound attachment to print, you should keep checking your mailbox: the real mailbox, not the electronic one. Why? Because the next issue of Travel Medicine News is coming in print!

Christopher Van Tilburg
Travel Medicine News Editor
Secretary-Treasurer's Report

ISTM Bylaws-Recommended Changes

From time-to-time, the Society needs to revisit the Bylaws to ensure they reflect contemporary practices and operations, as well as to position ourselves for the foreseeable future. The last change in Bylaws took place in 2009 and the ISTM Executive Board has reviewed the current Society Bylaws, and recommends that revisions be made at this time. One of the main changes, to the keen desire of many members, is to have the dues schedule adjusted to reflect an anniversary renewal (1 year from the date membership is paid) rather than a calendar year renewal (1 Jan-1 Jan regardless of when the membership is paid). Most of the other changes are clarifications of the existing bylaws.

Voting for these Bylaw changes is electronically online. For those that have not voted, you have until 20 October 2014. Instructions were originally sent in an email on 6 September 2014. If you have misplaced this email, reminders will be sent from time-to-time or you can follow this link. You will be required to login to My ISTM. If you have suggestions or need any clarifications, do not hesitate to contact me (PLeggat@ISTM.org).

My ISTM

The electronic voting at My ISTM will be a good opportunity for Members who have not done so to take a look at the features of the new website. In particular, My ISTM is a quantum leap forward in electronic interaction for our Society. Perhaps you could take the time to update your profile, connect with other members, check out the alerts features, and confirm your My ISTM settings and information.

Quebec City CISTM14

Finally, please make sure you have saved the dates for CISTM14 in Québec City, Canada, 24-28 May 2015, so you take advantage of the great program being developed, as well as visit (or perhaps revisit) a wonderful location to catch up with friends and colleagues. See www.ISTM.org for more information.

Peter A. Leggat
ISTM Secretary-Treasurer

News From the Secretariat

In mid-July, ISTM introduced our new website feature, My ISTM. Over 1200 members have already explored the new site! With weekly travel medicine alerts, the TravelMed List Serv, and a myriad of member resources at your fingertips, My ISTM is providing members with a vibrant new communication format. We are delighted to have the support of several alert services who have willingly agreed to share their proprietary information for the benefit of the travelling public:

- EpiAlert
- HealthMap
- iJET
- Sitata

Links for not-for-profit governmental and public health organizations are also available on the site: World Health Organization, US Centers for Disease Control and Prevention, European Centre for Disease Prevention and Control, and the UK National Travel Health Network and Centre.

We are always interested in suggestions from members for other sites that might be helpful for other ISTM members. Please send any recommendations to the ISTM Secretariat at ISTM@ISTM.org.
There's a new look to My ISTM! Two exciting new upgrades have been added and are now in use across the site. We hope these upgrades will make it easier for you to participate in the ListServ and Community discussions, as well as take advantage of the many great features already in place in your My ISTM site. The two new upgrades include:

- Emails received from the TravelMed ListServ as well as from Community Discussion areas will now be easier to view on a variety of phones, tablets and browsers. The extra side bar and tabs are gone and the information is now quickly accessible.
- You will now be able to post and reply to the ListServ and discussions from your email program directly, without having to log in to My ISTM. Please note the two new blue buttons.
  - You will now be able to post and reply to the ListServ and discussions from your email program directly, without having to log in to My ISTM. Please note the two new blue buttons.
  - Reply via Email—will keep you in your own email program and will generate an email reply to the discussion. Simply type your reply and click send; your message will be posted to the group.

Interest and Professional Groups and Committees are utilizing the new Community 'Discussions' feature and are enjoying the ability to easily share ideas, documents and information among colleagues. My ISTM also includes a 'Blog' feature called 'Member Musings' where you can share study helps and travel experiences. The 'Resources & Tools' area contains clinical resources, bibliographies, publications, archived copies of alerts, and links to CISTM14 and CTH© Exam information.

My ISTM also includes personal profile pages where members can link to other social media sites such as LinkedIn®, can set their email preferences for TravelMed and other Communities, and can share files with others. Be sure to upload a picture of yourself!
We invite you to explore the new site and the many innovative tools and resources available to you on My ISTM!

Diane L. Nickolson
ISTM Executive Director

14th Conference of the International Society of Travel Medicine (CISTM14)

Planning is well underway for the upcoming CISTM14 to be held 24-28 May 2015 in beautiful Québec City, Canada! We have set up a special section of the ISTM website for your convenience which can be accessed at anytime here or from the home page of www.ISTM.org. These pages are already filled with a wealth of information that will be helpful as you plan your trip to Québec including the CISTM14 schedule at a glance, scientific program topics, hotel information and registration links, a list of dates to remember, travel options, and a look at the beautiful area within and surrounding Québec City.

An outstanding scientific program is being developed under the leadership of Committee Chair Leo Visser (The Netherlands), Co-Chair Christina Greenaway (Canada), and Associate Chairs Lin Chen (United States), Blaise Genton (Switzerland), and Karin Leder (Australia). The program will feature four plenary sessions, as well as symposia, workshops, debate and panel discussions, and late breaker sessions. As soon as all speakers have been confirmed, this information will added to the CISTM14 pages as well.

Early registration for the CISTM14, as well as the CTH Exam to be held just prior to the conference, will begin in October. The CISTM14 pages are being updated frequently, so be sure to check back in often!
Examination Committee

**CTH© Exam**
Registration will be opening soon for the next Certificate in Travel Health™ (CTH©) Examination to be held Sunday, 24 May 2015 in Québec City, Canada, just prior to the opening of the CISTM14. The 2015 CTH© Examination Candidate Information Bulletin is already available here on the ISTM website. The Candidate Bulletin includes valuable information on the format of the Exam, registration, and extensive Exam preparation help. As soon as the CTH© Exam registration is available, we will post links on the home pages of ISTM and My ISTM under Announcements.

Kenneth Dardick
Chair, Examination Committee

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Liaison Committee

**Report from the Fifth ESWI Influenza Conference, Riga — September 2014**
A few months ago the ISTM accepted an invitation to become a partner of the European Scientific Working group on Influenza, ESWI, while we have among many others become a member of 'An Influenza Coalition'. Under the leadership of Ab Osterhaus from Erasmus MC in Rotterdam, the objective of ESWI is 'To translate expertise and enhance awareness among all European stakeholders that influenza is a public health priority'. Travel medicine has an important role to play — after all, various prospective studies have shown a 1% per month incidence rate of influenza infection in our target population.

From the well organized meeting in the Latvian capital which was attended by experts from all continents let me highlight two aspects. Many among us remember the critical 2010 Cochrane review by Jefferson et al. about a lack of convincing evidence for influenza vaccine effectiveness in the elderly. Far more positive conclusions have been published recently by Beyer WE et al. in the December 2013 issue of Vaccine — and this was discussed in detail. In a satellite symposium chaired by Dr Nancy Cox from the U.S. CDC, sponsored by the Multiparty Group for Advice on Science (MUGAS) review and statistical analysis of oseltamivir data, preliminary results of a meta-analysis soon to be published were presented. Statistically significant reductions in the time to alleviation of symptoms and in lower respiratory tract complications were observed. There was no difference between age groups.

Robert Steffen
Chair Liaison Committee

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**Member Benefit Webinar**
The ISTM Professional Education Committee is pleased to announce a new ISTM Member Benefit Webinar Program recently approved by the ISTM Executive Board. These webinars will be provided at no cost to the first 150 ISTM Member registrations. The first webinar, High Altitude Travel, will be presented on 19 November 2014 by Dr. Peter Hackett, Executive Director of the Institute for Altitude Medicine in Telluride, Colorado, United States. Dr. Hackett is a world renowned high altitude expert and altitude research pioneer, as well as a leading authority on altitude illness, high altitude climbing, wilderness medicine, and the effects of altitude on people living and working in the mountains. We are excited to report that ISTM President, Dr. David Shlim will moderate this first ISTM Member Benefit Webinar.
Watch the ISTM website and your email accounts for notice that registration is available for this webinar in late September.

Also, early in 2015, Dr. Bradley Connor, United States, will present the next ISTM Member Benefit Webinar entitled "An Approach to the Patient with Persistent Diarrhea Post Travel," moderated by Christoph Hatz, Switzerland. Complimentary registration for this webinar will also be limited to the first 150 participants. More information about this webinar will be available by 1 November 2014 on the ISTM website.

Mary-Louise Scully
Chair, Professional Education Committee

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**Nursing Professional Group (NPG)**

NPG Announces Two New Nursing Awards for 2015

Nurses around the world are making significant contributions to travel health practice, education, research, and quality improvement. Starting in 2015, the Nurses Professional Group will recognize these contributions by establishing two awards that honor nurses in travel health who have made a real impact in our growing specialty. The **Distinguished Nurse Leadership Award** will "pay special tribute to a nurse who has advanced our profession through long and distinguished service in clinical practice, education, professional development, and / or research." In addition, NPG will recognize nurses with five years or less in our specialty with the **Emergent Nurse Leader Award**. This award will be given to a nurse "who is new to our specialty and is already making important and significant contributions to nursing research, education, practice, mentoring, or community service in travel health." The first recipients of these awards will receive registrations to CISTM14 and will be honored at the Nursing Reception in Quebec City in May 2015. Full details about the two award categories, eligibility criteria, and the nomination procedure will be announced in mid-October on the NPG webpage and in the NPG online discussion group.

Carolyn Driver
Chair, NPG Steering Council

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**Destination Communities Support Interest Group**

Things are changing. We have decided that the name of this group has never been the easiest to remember and in desperate need of a change. This will more accurately reflect our interests. We have contacted all group members for their opinions but there is still time to have your say! The final decision will be made imminently, with the contenders being "Responsible Travel Group" or "One Health Group" which we hope will be a more obvious title.

Sheila Hall
Chair, DCSIG Steering Council
The Psychological Health of Travellers Interest Group Council recently selected their new Chair who will lead the group for the next two years - Dr. Mike Jones. Dr. Jones, a longtime member of ISTM, is a Consultant in Infectious Diseases at the Regional Infectious Diseases Unit in Edinburgh, Scotland, a post from which he retires at the end of October after over 30 years with broad interests in tropical medicine and HIV working for the NHS. In addition to his work at NHS, Dr. Jones founded the healthcare charity now known as HealthLink360, helping thousands of expatriate missionaries and aid workers. He has also published numerous works and lectures on the psychological aspects of travel, with a particular interest in screening procedures for expatriate workers.

The Psychological Health Interest Group wishes to thank Dr. Thomas Valk, Past Chair, for his active support and leadership of the Group for the past several years. The Council invites ISTM members who have an interest in the psychological health of travellers to join this group and help identify future priorities and activities. We welcome physicians, nurses and allied health professionals as well as those with qualifications or special experience in psychological health.

Mike Jones  
Chair, Psychological Health Steering Council

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**Chat with the Expert**  
**Interviewee:** Philip Fischer, Past Chair of the Pediatrics Interest Group  
**Interviewer:** Debra Stoner

1. **What new activity is on the horizon for the Pediatrics IG?**  
These are exciting times! We just held our first-ever election to formally establish a leadership team. The interest group is growing towards an independent adolescence.

2. **What one piece of advice would you share with new practitioners with regards to their work with this population?**  
Understand why kids are traveling and then work with families to reduce risks. Then they can guide behavioral interventions as well as immunizations, chemoprophylaxis, and stand-by treatments to decrease poor outcomes related to injury and illness during travel.

3. **What common mistakes do parents make when traveling abroad with this population?**  
Some worry too much and limit the child's ability to gain valuable experience. Others forget that children face greater risks than adults and don't adequately protect them. As travel medicine practitioners, we can help everyone.

4. **Is there new evidence-based research that is changing the travel recommendations and treatment of this group?**  
Yes. But, we recently surveyed members of our pediatric interest group and found that there are huge variations in the ways we practice. While we all want to do what is best for traveling children, we don't all interpret and apply scientific evidence uniformly. We need to better implement evidence-supported practices into our daily work. And, we need more outcomes-focused research about how best to protect traveling children. Hopefully our interest group can stimulate some collaborative studies.

5. **Why is the Pediatrics IG so important to the mission of the ISTM?**  
Travel medicine practitioners without pediatric backgrounds often report being uncomfortable caring
Travel Talk From The ListServ: Two (Drugs) For The Price Of One: Discussions On Malarone (Atovaquone/Proguanil)

Traffic was a little slower on the TravelMed listserv the past couple of months while it morphed into its new format, but hopefully, it is much easier to post questions and follow the thread! Two very interesting discussions emerged on Malarone in August/September:

1. Availability and purchase of generic atovaquone/proguanil in endemic countries. Several respondents strongly cautioned against buying medications abroad because of counterfeit issues (see [www.cdc.gov/features/counterfeitdrugs](http://www.cdc.gov/features/counterfeitdrugs);[www.who.int/medicines/services/counterfeit/overview/en](http://www.who.int/medicines/services/counterfeit/overview/en)), for example, sub-potent artemisinin derivatives for a serious disease like malaria. Heeding the CDC adage "When traveling overseas, bring all medications with you," was deemed not practical by another respondent, who said that reliable drugs may be available in certain countries. The idea of reporting clinical failures as a way of identifying possible counterfeits was challenged; the true rate of counterfeits (30-50% or possibly higher in some countries) is best determined by researchers who purchase drugs in a pharmacy and test them in a research lab. It was suggested by several that this listserv is a great forum for identifying reliable and often cheaper sources of medications for travelers needing to purchase them at their destination (or check clinics on ISTM.org). Prescriptions for SBET for malaria and broad-spectrum antibiotics were suggested by some to always be prescribed and filled at home.

2. Malarone post-travel shortened duration. The response was divided to the question of whether 5 days instead of the recommended 7 days of Malarone after return from a 2-week stay in rural Malawi is adequate. Several respondents advised 2 or 3 days as adequate, especially considering the drug is expensive. Several papers were discussed: Leshem E et al. Effectiveness of short prophylactic course of atovaquone/proguanil in travelers to sub-saharan Africa. J Travel Med. 2014 Mar-Apr;21(2):82-5, a surveillance study that found no prophylaxis failures with 1 day of Malarone after leaving the malaria-endemic country, but suggested more studies should be conducted to validate this, as did the accompanying editorial by Grobusch AP (same issue, pp. 79-81). Another interesting paper was mentioned, Deye GA et al. Prolonged protection provided by a single dose of atovaquone/proguanil for the chemoprophylaxis of Plasmodium falciparum malaria in a human challenge model. Clinical Infectious Diseases 2012; Jan 15;54(2):232-239, that suggested weekly dosing of Malarone might be supported, but field trials must be carried out to confirm. Until definitive studies are conducted, one person warned that shorter courses should not be recommended as standard of care. Other considerations, drug interactions and non-compliance may lead to reduced levels of Malarone and the potential for clinical failures.