President’s Message

It is a pleasure to share with you what has been going on in our Society ever since we last met in Québec earlier this year. Preparations for our next international conference are now well on the way for May 2017. With Barcelona as the next site for our international conference, I am confident we will attract you all back to yet another exciting meeting. For those who cannot wait until 2017, the year 2016 offers three other events. Our Society’s regional meeting will take place in September 2016 in the beautiful city of Port Elizabeth in South Africa, close to famous national parks and the Garden Route of the Cape. Given that Africa is a major destination continent, the theme “Africa – the boiling point” is poised to provide relevant exposure and information for us working or interested in the travel medicine field. In addition to the Regional ISTM conference in South Africa, the Asia Pacific Society is organizing their conference in Kathmandu, Nepal, in March 2016. The destination Nepal lends itself to learning more about high altitude medicine – not only learn, but also experience a post-conference trek in high altitude! In June 2016, the North European Conference of Travel Medicine will take place in London. Nobody needs convincing that London is a city worth visiting! We are also planning to present the ISTM Certificate in Travel Health™ examination in both Nepal and England.

In the background, many committees and interest groups are pursuing their specific interests and duties. You can appreciate that we are an active society continuously working on improving membership benefits. I just returned from a visit to the ISTM office in Atlanta and was impressed by the dedication and hard work of the ISTM office staff, without whom all these activities would not be possible!

I would like to zoom into the activities of the “Close the Gap” Taskforce. During our last Executive Board meeting, this taskforce was endorsed to address the remaining gaps in travel medicine: the gap between the way travel medicine is practiced and the way it is perceived in emerging markets and low-to-middle income countries. Researchers from developing countries and emerging markets are strongly encouraged to use this opportunity to apply for research grants!

Additionally, the Executive Board has approved special discounted examination fees to encourage those from resource-poor countries to sit for the exam and participate in the ISTM Professional Development program.

Annelies Wilder-Smith
ISTM President

“...We need to become more inclusive...”

Editor’s Note

I have a motley heap of yet-to-read books on my desk, with a penchant toward adventure narrative, particularly on places I’m about to travel to. On my upcoming trip, I will be working as a ship medical officer in the Caribbean. So I am delving through Eric Larson’s Dead Wake: The Last Crossing of the Lusitania, the ill-fated 1915 Atlantic crossing of the Cunard luxury ocean liner, which was torpedoed by a German U-boat. I’m also delving into what seems to be a constant traveling companion, latest Joe Nesbo thriller, translated into 40 languages.

Books it seems, real ones with actual paper, still have a place in my travels, especially in the outer reaches – Haiti, Patagonia’s Futaleufu, Everest Base Camp – where power is not readily accessible for an electronic reader and the solar chargers offer just enough juice to keep my phone powered. Years ago, my Kindle got smashed in my pack half way up the Shira Route up Kilimanjaro.

Among my favorite books of the year, albeit to outworldly lands, are Andy Weir’s self-published engineering marvel The Martian, which I read in Mexico, and Ernest Cline’s page-turning techno-thriller Ready Player One, which I randomly grabbed in an airport headed to CISTM14 in Quebec City.

Christopher Van Tilburg, Editor-in-Chief
Debra Stone, Associate Editor
Nancy Pietroski, Associate Editor
Annelies Wilder-Smith, President
Joseph Teresii, Publications Committee Chair
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Travel Medicine News is published online quarterly by the International Society of Travel Medicine, with a year-end print issue.
SECRETARY-TREASURER’S REPORT

The audited financial statements for the 2015 fiscal year, which for the ISTM runs from 1 July 2014 to 30 June 2015, have been prepared by our independent Auditors, Fulton & Kozak, Inc. of Atlanta, Georgia, USA, and were recently received by the ISTM office.

I am pleased to provide a preliminary report on our financial status for the 2015 fiscal year in the near future, but I wish to report more on our 2015 fiscal year by year. I will be done to Christopher Van Tilburg and the team.

Peter A Leggat, ISTM Secretary-Treasurer

ISTM Members and Net Assets (Assets in USD)

ISTM Members and Net Assets

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HIstory

Hans Otto Lobel died suddenly but peacefully at home in the loving arms of his wife, Claire Powell Lobel, on September 11, 2015 in South Carolina, USA. Hans grew up in Amersfoort, Holland after fleeing from Nazi Germany in 1933. Hans graduated from medical school at the University of Utrecht, Netherlands, in 1958, followed by a residency in cardiology at the Brinnovo Hospital in The Hague. He held an Epidemiology Residency in Albany, NY before completing his MPH at Yale in 1964. At this time Hans, his late wife and young son emigrated to the U.S. and became naturalized citizens. In 1966 Hans was appointed the first full-time CDC officer for malaria surveillance which led to a career as a world renowned malaria specialist. During a period of advisement to the Peace Corps, Hans was moved to protect the health of all travelers from infectious disease and subsequently worked with Robert Steffen, Herb DuPoint and Phyllis Kozarsky to establish the International Society of Travel Medicine, to which he served as the first Secretary-Treasurer.

Alan Jon Magill, born in 1953, passed away Saturday September 19, 2015 near his home in Woodway, Washington. Alan received his B.S. from Lamar University in 1976, his M.S. from the University of Rhode Island in 1978, and his M.D. from Baylor College of Medicine in 1984. Alan held the Head of Parasitology position at the United States Navy’s Medical Research Center in Peru from 1996-1999. Alan served for 26 years in the U.S. Army Medical Corp building the foundation for his career as an infectious disease doctor and medical researcher and retired as a Colonel, after leading the military’s program to develop drugs and diagnostics to fight malaria and other tropical diseases. In 2012, Alan joined the Bill and Melinda Gates Foundation as its Director of Malaria Programs with the objective to eradicate malaria. Alan served as President of the ISTM from 2011-2013. Alan will be long remembered as an inspiring leader, amazing intellectual and teacher, as well as a caring human being.

IN MEMORIAM

Hans Otto Lobel

Alan Jon Magill

Have a read, get involved in an interest group, professional group or committee, and pass this magazine along to a potential member.

If you don’t see me in South Africa at the RISTM, I will catch you in Barcelona in 2017.

Onward!

Christopher Van Tilburg, Travel Medicine News Editor

EDITOR’S NOTE CONTINUED FROM PAGE 3

But by far the loveliest tome I read in decades was William Finnegan’s eloquent, heartfelt, adrenaline-infused Barbarian Days: A Surfing Life, which describes his six-continent search for waves spanning the 50 years.

It seems that in between travels, I am still learning about travels, explorations and great accomplishments. Herein, then lies annual Travel Medicine yearbook, in print. It’s filled with the goings on, whereabouts, and future of the ISTM.
Dear Members,

It’s hard for me to believe that 2015 is almost over. Over this past year the Society offices relocated; we worked with countless numbers of members to produce the CISTM14; the Society introduced the Member Advantage program, Member Benefit Webinars, and new special travel alerts compiled for ISTM members; we established the ISTM Foundation; and can be especially proud of significant recent growth in membership and of many projects including GeoSentinel, the distance learning program, My ISTM and our social media outreach.

But the most exciting times are just beginning. With the establishment of our new Foundation we look forward to enhancing the society’s contributions to the field of travel medicine in research, education and knowledge. We plan to continue to increase the resources we can give in our Research Awards Program and Travel Awards, GeoSentinel, and we are planning a consensus conference on Travellers’ Diarrhea, gathering the brightest minds to identify the most compelling issues, and hopefully some answers, to this major traveller ailment.

We are working with the CISTM Oversight Committee, Scientific Committee and Local Organizing Committee on the upcoming CISTM15 in amazing Barcelona. We have the pleasure of working with our colleagues in South Africa on the 2016 Regional Meeting in Port Elizabeth, and are presenting the CTH exam in conjunction with the APTHC in Nepal and are presenting the CTH exam in Regional Meeting in Port Elizabeth, colleagues in South Africa on the 2016 events!

We are working with the Close the Gap Taskforce on the Presidential charge for the Society to become more inclusive to the entire travel medicine community — recognizing that outbound travel from developing countries are dramatically increasing and will overtake those from Western countries.

While our leaders and members are our driving force, the society could not function without our exceptional Secretariat Team. I want to personally acknowledge our staff, each of whom I am especially proud:

Jodi Metzgar, Managing Director of Projects
Elena Axelrod, Data and Finance Manager
Amanda Martin, Marketing and Communications Coordinator
Sarah Mosley, Project Coordinator
Kevin Dean, Membership and Customer Service Coordinator

Thank you for your continued support of the society and our activities. I look forward to seeing many of you at our 2016 events!

Kind regards,

Diane Nicholson

ISTM Executive Director

We are transitioning our Journal to becoming an online-only publication offering members quick and immediate access to articles as they become available, and have been working on the publisher switch to Oxford University Press, a relationship that is so very promising for the future of our Journal.

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Kind regards,

Diane Nicholson

ISTM Executive Director

The ISTM Foundation was just established this past year, and the ISTM Executive Board appointed the following ISTM Foundation Board to begin its work:

President: Bradley Connor, United States of America
Secretary-Treasurer: Peter Leggat, Australia
Board Members:
Phyllis Kozarsky, United States of America
Annelies Wilder-Smith, Singapore
Robert Steffen, Switzerland
Phyllis Kozarsky, United States of America

Taking off at a fast pace, the new Foundation has already raised funds with an initial goal of supporting an international Consensus Conference on Travellers’ Diarrhea to be held in early 2016. The Foundation will gather the most knowledgeable experts in TD from around the world to identify and address the most challenging issues of this major travel health problem in light of new information on the role of travel and antibiotic use in the acquisition of multi drug resistant enteric bacteria. We plan to publish outcomes from the Travellers’ Diarrhea Consensus Conference to assist the entire travel medicine community in providing the best patient care — pre, during and post travel.

Future plans for the Foundation include the development of new patient education tools, increased funding for research grants and the GeoSentinel Surveillance Project, as well as increased donations to charities focused on delivering assistance to those in resource-poor countries.

We encourage all ISTM Members as they consider their year-end tax planning, to contribute to the ISTM Foundation.

All contributions to the ISTM Foundation are fully tax deductible according to U.S. law, and may be as well in other countries. The ISTM membership renewal forms will include an option to donate. Additionally, should any members have suggestions on corporate foundations that might be approached to support the projects of the ISTM Foundation and Society, please alert Diane Nickolson of the ISTM Secretariat. Your help, as always, is appreciated!

Bradley Connor, ISTM Foundation President
The Biennial Conference of the ISTM is the premiere opportunity for travel medicine specialists and practitioners to gather and learn about the latest developments in the field. Delegates attend the conference to keep up to date on advances in the science and the art of travel medicine — they also attend to learn about new and innovative treatments, technologies, products and services. The CISTM15 promises to be the most comprehensive travel medicine conference representing expert summaries of new information or comprehensive reviews of the history of a current problem. The CISTM15 will be the largest international meeting bringing together physicians, nurses, pharmacists, and public health professionals from academia, government and the private sector who are committed to the promotion of healthy and safe travel. Travel medicine is fast becoming a distinct multidisciplinary medical specialty involving all travel related aspects of existing medical specialties such as infectious diseases, tropical medicine, gastroenterology, obstetrics and gynaecology, occupational medicine, orthopaedics, and pediatrics. CISTMs share the advances in the science and art of travel medicine while allowing those new to the field an introduction to this exciting medical discipline.

Barcelona, the cosmopolitan capital of Spain’s Catalonia region, is defined by fabled architecture, quirky art, world-class restaurants with imaginative food, and a vibrant street life. It is an enchanting seaside city with medieval roots you won’t want to miss exploring.

In Barcelona you will find the sculptural masterpieces of Modernisme, a mix of ingenious and whimsical creations by Gaudí, and the works of Salvador Dalí, Pablo Picasso and Joan Miró in the city’s myriad museums. Barcelona’s great artistic traditions don’t end at the canvas and buildings. Amazing gastronomy is a part of the long and celebrated tradition of Catalan cooking. Simple, flavourful ingredients — seafood, jamón (cured ham), market-fresh produce — are transformed into delicacies and then served up in captivating settings. You can visit Basque-style tapas bars, Galician seafood taverns and sinful chocolate shops in the Barcelona culinary landscape.

The Travel Health Africa Scientific Programme will focus on aspects relating to travel in Africa — from emerging infectious diseases to psychological problems associated with the expatriate working in Africa, including:

- Climate change cannot be ignored and the impact of this on health and disease will be discussed.
- What are the health risks for travellers to Africa? What evidence is there to assist us in advising travellers so as to minimise risk of injury and illness? If these travellers do have to be evacuated, what is the experience of the companies who engage in evacuation?
- Malaria, malaria and malaria again. Malaria still remains a major threat for travellers and a plenary session will address the situation in Africa — can malaria become a disease of the past? Or will Dengue be the infectious disease of the next decade?
- Rabies is endemic in Africa and there are challenges for the travel health practitioner in providing post-exposure prophylaxis and, in particular, the sourcing of human rabies immuno-globulin (HRIG). Where can one source HRIG when one is in the remote parts of Africa?
- There will be workshops and symposia to add to the diversity of topics that will be covered. The traveller with chronic disease, the risk of venous thromboembolism but not to forget the scuba diver and the intrepid climbers who wish to rise to new heights, but how well prepared are they?

Port Elizabeth, Nelson Mandela Bay, South Africa is the venue for these deliberations. It is one of the largest seaports in South Africa and is located in the Eastern Cape, 478 miles east of Cape Town. The Conference venue, The Boardwalk, is but a ten minute drive from the Port Elizabeth airport. Most will fly either to Cape Town or Johannesburg and it is only an hour’s flight from either of these two cities. The idyllic beach is within walking distance and provides the opportunity of enjoying the tranquility of Port Elizabeth.

Accommodation to suit every pocket is in abundance – and all are within a ten minute walking distance from the Conference Centre (that is if you do not choose to stay at the magnificent Boardwalk, itself).

Registration is now open — visit www.sastm.org.za to register and plan your stay!
MIGRANT AND REFUGEE HEALTH

Welcome to the Migrants and Refugees Interest Group. The Interest Group invites all ISTM members who are interested in the travel health of migrant and other mobile populations to join our group.

The focus of the group in the past term was based around working on “Intersection between Travel Medicine and Migrant and Refugee Health issues”. One of the achievements of the group during this term is the collection of resources related to Migrant and Refugee Health 2015 which is now available on MY ISTM Interest Group Library. Also a Panel Symposium titled “Optimizing Migrant Health – The Role of Travel Medicine” was organized at CISTM14 in which members of the steering council amongst other specialists addressed the very issues that the interest group has been working on. The symposium attracted a lot of interest and increased attention and interest towards the migrant and refugee health issues amongst travel medicine field which was a great encouragement to the interest group members.

Unfortunately, there are continued reports of incidents leading to a massive migration of displaced population and refugees around the globe in recent times. Health issues related to migrant and refugee includes immediate health issues as well as long term care. Therefore involvement of professionals from different fields such as primary care practitioners, public health personals, aid workers and policy makers are essential. One of the advantages of ISTM is its multidisciplinarity. It is very much a case that the continued work of the Interest Group can further contribute to bringing the knowledge from different fields come together in supporting the Migrant and Refugee community which can be vulnerable and in need of particular attention.

The interest group steering council wishes to continue to gather and share the knowledge related to Migrant and Refugee Health issues.

We are waiting for your support and involvement.

Masatoki Adachi, Migrant and Refugee Health Interest Group Steering Council Member

PEDIATRICS

The Pediatrics Interest Group has been quite active this year. We can a successful half day course in the lead up to CISTM in Quebec City. We focussed on important pediatric travel medicine issues including VFR parents and children, difficult discussions about immunizations, travellers diarrhoea, safari/schildz disease, children with special needs, as well as a panel discussion around cases.

We’ve been working on establishing links with other national/international societies. We’re planning on running pediatric courses at Travel Medicine meetings in 2016 in Kathmandu, Port Elizabeth and possibly London. We’re also keen to ensure that there’s plenty of pediatric content included in the programs of these meetings. If anyone feels that there are important pediatric topics that should be included, please let me know. Likewise, feel free to contact us if you’re arranging a meeting and need some advice or input.

Mike Starr, Pediatrics Interest Group Chair

PSYCHOLOGICAL HEALTH OF TRAVELLERS

Of our main activity this year was a preconference symposium at the CISTM 14 in Quebec City. We chose the title “Expatriates and Lethal Health Threats, Planning, Preparation and Support, Learning from Ebola” and the Symposium included stunning good presentations. The first Symposium our group organised, before it was formalised 6 years ago in Canada was at Montreal in 1999 when well over 100 delegates attended, but this time attendance was approximately 120. This has forced a rethink about pre-conference symposia. Over the last 15 years the number of ISTM Interest Groups has increased and competition for attendees at preconference Symposia is now intense. We are therefore now concentrating on involvement in symposia within main conferences.

We are now in discussion with the organizing committees for the SASTM/ ISTM Regional meeting planned for Port Elizabeth in South Africa next year.

INTEREST GROUPS CONTINUED ON PAGE 14
Travel Medicine News

STM produces a Travel Medicine Review and Update Course each year. The 2016 Course will be held in Atlanta, Georgia, United States 8-9 April 2016.

The Travel Medicine Review and Update course offered by the International Society of Travel Medicine is designed to review the Body of Knowledge for the Practice of Travel Medicine and to highlight recent developments in Travel Medicine.

The curriculum will cover topics relevant to physicians, nurses, and other health care professionals who provide medical care and advice to travelers, expatriates, and migrants. The sessions offered will include travel clinic management issues, principles of immune response, risk assessment, and a travel vaccine overview.

The expert faculty will present topics including epidemiology, enteric infections, traveler’s diarrhea, malaria and other vector-borne disease, adventure and wilderness travel, environmental exposures, and evaluation of illness in returning travelers. The care of special groups such as pregnant women, pediatric travelers, immigrants, VFR travelers, diabetics, and immunocompromised hosts will be discussed. Recent developments and advances in travelers’ diarrhea, immunizations, malaria medications, and emerging infectious diseases will be highlighted.

Participants will have ample opportunity to interact with the faculty through interactive sessions and informal discussions. The Course provides a thorough update and review of the Body of Knowledge for the practice of travel medicine and assists in preparation for the CTH® exam. A Mock Test is typically presented during the course. Participants also have ample opportunities to interact with the faculty through question and answer sessions and informal discussions.

STM will offer its 13th Certificate of Knowledge in Travel Medicine examination on 2 March 2016 prior to the opening of the 11th Asia Pacific Travel Health Conference. The 14th examination will be offered on 1 June 2016 in London England at a different venue but immediately before the 6th Northern European Conference on Travel Health. Offering the first international certificate devoted solely to travel health, the ISTM Certificate of Knowledge Program was developed by an international panel of travel health experts representing a variety of professional disciplines. The 200-multiple choice question exam is designed to reflect the reality of day-to-day pre-travel practice. The Certificate is a symbol of your achievement in the field - proof of your commitment to excellence. Professionals passing the exam will be granted the designation Certificate in Travel Health® or CTH®. ISTM members who receive this Certificate will also be recognized in the ISTM Global Travel Clinic Directory of Travel Medicine Providers and the ISTM Membership Directory.

The eligibility requirements and examination materials for the ISTM Certificate of Knowledge Program were developed based on studies of the current state of knowledge in travel medicine practice. In 1999, an international survey of expert travel medicine practitioners was conducted to define the body of knowledge for travel medicine and determine the content areas appropriate for the examination. The survey was designed to identify the knowledge used by travel medicine professionals in day-to-day practice. A representative panel of travel medicine practitioners reviewed the results of the survey and identified the body of knowledge for travel medicine based on these data. This process was most recently conducted again in 2012 based on expert review and an extensive survey of almost 700 ISTM Members and CTH® Holders. A revised body of knowledge resulted, and the content of the examination is based on this revised body of knowledge.

The examination questions are written by travel medicine practitioners and reviewed and validated by a panel of experts prior to being selected for the examination. Great care has been taken to develop exam questions that are appropriate for professionals from different geographic regions and professional disciplines.

The ISTM welcomes applications from all qualified professionals who provide travel medicine-related services on a full- or part-time basis.

For more information and to register, go to www.ISTM.org.

Information on course, venue and registration at: www.ISTM.org
September and the NECTM meeting planned for London next June. We would love to have an event at the Asia Pacific meeting in Kathmandu in March 2016 but travel costs are making this impossible.

ISTM rightly stipulates that our Steering Council should be nationally and globally diverse. That is both a strength and a challenge, and even Skype, normally reliable sometimes lets us down. Our last teleconference a few weeks ago coincided with a one day global failure of Skype preventing our Southeast Asia and Nairobi Council members from joining us.

Our Council members include our past chair Tom Vall, a US ex-US Army psychiatrist, Ted Lankester of InterHealth in London, who brought the interest group into being after the Budapest CSTM in 2009, Toby Abaya, with a strong interest in maritime welfare and based in the Philippines, Sung Mo Chung in Vietnam and Linleke Westerfeld Sasson, a Dutch InterHealth Psychologist working in Nairobi Kenya.

Last week on 8th October I finished an intensely busy period of service as Dean of the Faculty of Travel Medicine at the Royal College of Physicians and Surgeons of Glasgow and now look forward to being able to invest more time in our group. I had the privilege of delivering the named Livingstone Lecture at my final Faculty Symposium and chose as my topic “Exploring the Dark Continent — the Psychological Health of Expatriates.” This should coinincided with a one day global failure of Skype preventing our Southeast Asia and Nairobi Council members from joining us.

Please feel free to contact us, via the Responsible Travel community forum discussion group, or my email address, with any ideas or comments you would like to share with the committee or wider group.

Susanna Maybin, Responsible Travel Interest Group Chair

STUDENT TRAVEL ABROAD

The Student Travel Abroad Interest Group is quite new to ISTM as the Charter was approved in Quebec, City, Canada in May of 2015. The group sent out invitations to interested members to hold a meeting in Quebec to discuss the formation of the group and first steps. It was a successful meeting that attracted 42 people across all disciplines within ISTM. This group is concerned with students who travel for education, community service, pleasure or employment. This is a rapidly expanding population for travel medicine providers. Historically this population has been comprised of younger adults, but now we see ever increasing numbers of students of every age traveling internationally. Medical students in their 30s going to Asia, second career nursing students in their late 40s volunteering in Central America, Fulbright scholars in their late 20s heading to Africa, pre-teens attending camps in South America, as well as retirees signing on to lifelong learning programs on every continent. Increasingly, institutions of higher learning are requiring students to spend at least some of their time studying abroad. At the same time, younger students are spending summers engaged in international, rather than domestic enrichment programs. Student travelers are more broadly defined than ever before and are cared for in a variety of settings. We will welcome all health professionals into this multi-disciplinary special interest group as well as those with qualifications or special experience in student health. At the time of this printing, the first Group Elections were in process, the Council will be announced at a later date.

ISTM MEMBERS RECEIVE

• Access to the only worldwide network of people working in the field of travel medicine through participating in the private, members-only My ISTM online portal, including the TravelMed ListServ with 3,500 members from more than 90 countries. The My ISTM portal also includes exclusive late-breaking travel and medical alerts important to the travel medicine community.
• Access to the Online ISTM Membership Directory and the Global Availability of Rabies Vaccine, Rabies Immune Globulin and Japanese Encephalitis (JE) Vaccines
• Exclusive member discounts from companies accepted in the Member Advantage Program, including offers from:
  • Air Ambulance Card
  • Gideon
  • IncaClinic
  • OUP, [30% discount on the CDC Yellow Book]
  • Sitata
  • SteriPen
  • Shoreland Travax
  • Travel Care International
  • Tramed
  • Wiley
• Listing in the Online Global Travel Clinic Directory (over 750,000 visits each year)

Specialized publications including:
• Journal of Travel Medicine the ISTM peer-reviewed scientific journal
• Travel Medicine News
• The Responsible Traveler
• Bibliographies on focused areas in the practice of travel medicine
• Members’ Exclusive Educational Webinars at no fee
• Educational Materials and Handouts, including 7 tips for The Responsible Traveler, 10 tips for Healthy Travel, and ISTM Educational Patient Cases
• Eligibility to apply for Research Grants
• The ability to apply for Travel Awards for CISTM Presenters

The International Society of Travel Medicine MEMBERSHIP BENEFITS

The ISTM is the largest organization of professionals dedicated to the advancement of the specialty of travel medicine. Members include physicians, nurses and other health professionals from academia, government and the private sector. ISTM invites all who are interested in travel medicine to join and participate in the advancement of this field.
There are currently 63 GeoSentinel sites and 230 affiliate members with a presence on every continent except Antarctica.

Recent new sites include New Orleans, USA; Winnipeg, Canada; Muscat, Oman; Bucharest, Romania; Barcelona, Spain and Chiang Mai, Thailand.

During the last year, GeoSentinel has continued to be highly productive with nearly 22,000 new records added to the database (a 15% increase in records submitted compared to the previous year), which now contains >246,000 records (as of September 30th 2015). The breakdown includes 54% of patients seen post-travel, 31% seen during travel, and 15% migrants.

Given the recent influx of immigrants and refugees into Western Europe and plans for the US and Canada to accept Syrian refugees, we anticipate a growing focus on migrant health issues during the coming years. There were fourteen new publications in 2014, six thus far in 2015, and another 14 in process. In addition, several outbreak reports have been submitted to and reviewed and updated many of the diagnostic codes, in particular those for gastrointestinal disorders.

The Special Populations Working Group, led by Elizabeth Barnett (Boston), has developed supplemental data collection forms for mass gatherings, post-exposure prophylaxis of rabies, and medical care during travel. The collection of data on these special topics is starting concurrent with the new data collection form for routine GeoSentinel data. This group is working on finalizing a special data collection instrument for migrants, which will be introduced early in 2016.

The Diagnostics Working Group, led by Marc Mendelson (Cape Town), has also been busy with the development of several studies including a pilot study of novel biomarkers as prognostic indicators in critically ill returning travelers; a longitudinal study of the clinical and psychosocial natural history of chikungunya, dengue, and falciparum malaria; and development of a biobank of specimens that will eventually be used for new pathogen discovery using advanced molecular diagnostic strategies.

2015 IN REVIEW

In Virus News...

Yellow Fever: A Single Dose’il Do Ya’ In 2013, WHO concluded a single primary dose of YF vaccine confers lifelong protection against yellow fever disease. In May 2014, a recommendation was adopted to remove the 10-year booster dose requirement from the IHR by June 2016. The CDC’s ACIP language (February 2015), little murkier: a single primary dose of YF vaccine provides long-lasting protection and is adequate for most travelers. IHR regulations still currently specify that a dose of YF vaccine is valid for 10 years, so travelers to countries with vaccination entry requirement must have received a dose of the vaccine within the past 10 years.

JE: Accelerated Schedule: Efficient and Effective? A Phase III study (UTM, July) suggested an accelerated schedule for JE vaccine (Ixiaro) is 12-24 months after the day 28 dose, but no further information on when the next booster should occur. A study (Vaccine, May) reported the results of follow-up titers drawn 6 years after a booster dose of Ixaro (administered at 15 months) to volunteers; 96% had protective antibody titers (although titers were lower in person >50 years old). As mathematical models predicted that protection may last up to 14 years, it was suggested that a second booster of JE vaccine should be administered 10 years after the first booster.

Polio No More Nigeria has been declared polio-free. Afghanistan and Pakistan were the only countries in the world still reporting cases but in early October, Laos announced that an 8-year-old boy died from the disease. Ukraine and Mali also reported new cases – sobering, considering that these 3 countries had been declared-polio free.

Viruses in the News and New (or Reemerging) Viruses? While Ebola, Dengue, MERS, Chikungunya, to name a few, frequently make the news rounds, there are others that may start to get attention. In the US this summer, a second case of the tickborne Bourbon virus (a togavirivirus) which includes symptoms of fever, arthralgias and rash was reported.

Another one flying around in mosquitoes in South America is the reemerging alphavirus, Mayaro virus (MAYV), which presents with some symptomatology similar to Dengue and Chikungunya.

In Malaria News...

Dr. Alan Magill - Rest in Peace. The world lost its most tireless and beloved malaria foe in September. Please see the many moving tributes on ISTM.org and other websites.

In Drug News...
In Special Populations News...

Immunocompromised Travelers Aren’t Compromising Their Travel

A report from Global TravEpiNet (AJTMH, August) found that nearly 500 immunocompromised travelers who had a variety of conditions and were on a complex array of medications had the same itineraries as immunocompetent travelers—thus underscoring the need for careful and considered pre-travel advice for this often challenging population.

In Disaster News...

In a year of multiple disasters, both environmental and manmade, the most disastrous were the Nepal earthquake in May (death toll >8000) and Hajj stampede in September (death toll >2000). Our deepest sympathies go out to those affected in these and other cataclysmic events.

Last But Not Least, For the What's Not News News...

This got picked up extensively in the lay press. Travelers are not getting their measles or hepatitis A pre-travel vaccines. Pre-travel consultations from 24 sites associated with Global TravEpiNet (GTEN) showed that less than half of travelers who needed an MMR vaccine did not receive it. Of 29 cases of acute hepatitis A reported in a outbreak in Tulum, Mexico, none of the patients had received a pre-travel vaccination. (both presented at IDWeek2015).

Nancy Pietroski, Associate Editor
Travel Medicine News

There were an impressive >500 discussion threads in 2015 (through the end of October). Vaccines were at the top, ~50% of the posts.

Of the 19 vaccines about which queries were posed, yellow fever topped the list, followed closely by rabies and JE. Malaria discussions followed at 13% of the total, then finding a clinic or practitioner at the travel destination (10%).

TravelMed offered useful information on how to study for the CTH®, on tropical medicine courses and exams, meetings, and the Gorgas Course cases. There were few post-travel questions (only 4%), demonstrating that the site is used more for pre-travel queries. The top medications question was what type of personal medication supply could/should be brought by a traveler into a particular country. A multitude of environments generated thoughtful questions: air pollution, altitude, aviation, caves, earthquake in Nepal, high seas travel (salt water allergy?). Concomitant medical conditions while traveling included a wide variety including MS, celiac disease, restless leg syndrome, Hashimoto’s, sickle cell, HIV, psychiatric issues; special populations included immunocompromised, pediatric, and pregnancy. And ones that are so rich and special to travel medicine: is the goat milk ok to drink, burning feet in Nepal, is formaldehyde added to food in Bangladesh?

But the most fervent chat was about the family with a large number of children (including some very small ones) who will embark on a utopian sailboat trip around the world — provoking a range of reactions from sage advice to stern admonishment from many respondents.

Nancy Pietroski, Associate Editor
Travel Medicine News

The ISTM has designated these companies as ISTM Member Service Providers to give ISTM Members considerable and exclusive discounts on the products and services you use every day. When we were developing the program, the ISTM chose to put the entire savings into the ISTM Member discount and is not generating any society revenue or benefit from this program - the savings these companies offer to ISTM Members is reward enough. You can easily identify participating companies by the special ISTM Member Service Provider logo they are authorized to use.

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International Society of Travel Medicine
Promoting healthy travel worldwide

Established 1991

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The Tracking and Communication Working Group, led by Patricia Schlagenhau (Zürich), actively monitors data, alarming diagnoses and trends and prepares alerts. ProMed reports and communication bulletins for the network and interfaces with public health authorities. The group also initiates and develops “tracking” studies. One completed, fast-tracked, analysis is the evaluation of a cluster of GeoSentinel schistosomiasis cases originating in Corissa. Current tracking projects combining GeoSentinel data with other data sources are “malaria in Eritrean migrants” and “infectious disease profile in Syrian refugees”.

GeoSentinel meetings and future development

We had a productive meeting in Québec City in May in conjunction with the CISTM14. This was attended by 38 of the 56 GeoSentinel sites that were active as of May 2015. There was a short meeting of investigators in October before the start of the American Society of Tropical Medicine and Hygiene during which preliminary findings were presented on two important studies (business travelers by Lin Chen [Cambridge] and multiplyes PCR for enteric pathogens by Brad Connor (New York). There was also an engaging presentation by Rogelio Lopez-Velez on the recent conference was like eating capsaicin extract as my first go at being a chili-head. It’s a power surge of knowledge. TravelMed Forum (formerly the ListServe) discussion group brings practitioners’ questions and opinions from around the world to my fingertips. Serving on the Publication Committee adds new skill sets working with the experts’ who create industry-leading publications.

Experienced members have welcomed me and this has created new opportunities. Next year I will work at the Pokhara, Nepal CWCIC Clinic and share my emergency and wilderness medicine experience while capturing more travel medicine knowledge.”

Debra Stoner, Associate Editor Travel Medicine News

Why join the ISTM?

Many of you are members, but for those of you picking up this magazine, we asked Associate Editor Deb Stoner to comment on her experiences over the last few years. Here’s what she had to say:

“Becoming involved in the ISTM is a way to grow your passion and profession. I joined ISTM in 2011, just a year before retiring after 34 years in emergency medicine. During those years I expanded my scope of practice to include wilderness and travel medicine. I became a Fellow in the Academy of Wilderness Medicine, taught, lectured, published, conducted research, and volunteered abroad. I became an expert. My travel medicine knowledge was grafted from the interface of the two disciplines: travel medicine and wilderness medicine.

So why did I join ISTM? I wanted to challenge myself both professionally and personally. A learning curve with steep inclines is the best continuing medical education. Each ISTM activity offers a unique learning opportunity no matter your location or practice.

As the editor for Ask the Experts I must research the topics. Attending the CISTM14 Québec City conference was like eating capsaicin extract as my first go at being a chili-head. It’s a power surge of knowledge. TravelMed Forum (formerly the ListServe) discussion group brings practitioners’ questions and opinions from around the world to my fingertips. Serving on the Publication Committee adds new skill sets working with the experts’ who create industry-leading publications.

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Anyone interested in Travel Medicine — whether a researcher, clinician, or international volunteer — should join for the knowledge and comradery. For me, it means retirement will wait a little longer.

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