THE EDITOR’S NOTE

Just a few weeks ago Cyclone Winston ripped through Fiji in the South Pacific. In addition to several dozen fatalities, buildings were destroyed, boats washed ashore, and thousands of people were displaced from their homes.

I happened to be teaching wilderness and travel medicine at hands of this 50-year storm. The night my group spent on the fairly remote Beqa Island, it was beaten by winds over 100 kph, falling palm trees, flying coconuts, torrential rain and surging surf. My 18 year-old daughter and I hunkered in for a very long night. Fortunately, New Zealand provided aid immediately and Australia was soon to follow.

Cyclone Winston was a great reminder of the power of nature when we travel, and the aid we can render to those in need. It also helps remind me why we are in travel medicine, closing the gap, to promote health, to educate, and to treat patients.

We have lots of new info in this issue of Travel Medicine News. You will find info about the upcoming regional meeting in South Africa, next year’s conference in Barcelona, the “Closing the Gap” task force and the new Fellows program.

Onward!

Christopher Van Tilburg, Travel Medicine News Editor

“"We have lots of new info in this issue of Travel Medicine News.”"
Several companies and academic institutions are working around the clock to develop the first Zika vaccine. How does Zika interact with dengue? Or with the first licensed dengue vaccine, for that matter? The Zika outbreak has brought the scientific community together to fight against this new threat. Who would ever have thought that a vector borne disease would be the next public health emergency of international concern?

For us in travel medicine, we can anticipate some of the spread of the disease following the intensity of travel patterns. In a Lancet letter, Kamran Khan from BlueDot Canada estimated that 65% of all travelers from Brazil have the US as final destination, compared with 27% for Europe and 5% for Asia. How much will non-vector transmission of Zika virus contribute to further spread of Zika? This outbreak opens a conundrum of new questions, and both WHO and CDC have posted travel advice messages.

The Executive Board of the International Society of Travel Medicine has endorsed additional funding for a Zika related research proposal, and the award will soon be announced by the ISTM Research Committee under Martin Grobusch’s leadership.

NEW DEVELOPMENTS!

The Executive Board also endorsed some other very exciting new developments! First of all, in recent months we established a new committee, with the name of “special recognition and awards committee” under the able leadership of Charles Ericsson, Past President of the ISTM. We established the “ISTM fellowship program” to recognize individuals who advocate for and support the ISTM, and to those who demonstrate professional excellence either in the way of clinical practice, research, education, and/or policy development.

I just returned from the Asia Pacific Society of Travel Medicine’s biannual meeting in Kathmandu, Nepal. Almost 400 delegates from over 40 countries attended this well-organized conference. Prativa Pandey, Past President of the ISTM, was the local organizing committee chair, and she made us all feel very welcome in her beautiful home country. As expected, the late breaker symposium on Zika, sponsored by the Australian and Israeli Embassies, attracted a lot of attention. Jenny Visser from New Zealand was the Chair of the Scientific Committee and together with Priscilla Rupali from India, they put together an exciting scientific programme. The conference was a success thanks to the hard work of Eli Schwartz, Karin Leder, Jenny Visser, Priscilla Rupali and Prativa Pandey and Tony Gherardin. Congrats to Jenny Visser to being elected as President-Elect of the Asia Pacific Society of Travel Medicine. Past President Karin Leder handed over the baton to Prof Pornthep from Thailand, who also happens to be the President of the Thai Society of Travel Medicine.

In addition to the Asia Pacific Society of Travel Medicine meeting, the year 2016 will offer the NECTM meeting in London 1-4 June, and the Regional Meeting of the International Society of Travel Medicine in Port Elizabeth in South Africa, 28 September to 1 October. I hope to see many of you at those upcoming conferences!
The changing face of travellers’ diarrhea keeps us on the run and where is the appropriate place for antibiotics in what is more often than not a self-limiting illness? What is the impact on the human microbiome? Should we be concerned, and if so, what is the preferred treatment?

What rabies vaccination schedule should be followed, and what is the evidence behind these schedules? And is there a distinct possibility that rabies will no longer be a threat to those travelling in Africa?

Will malaria still remain a major problem? Or will dengue be the threat of the next decade?

All will be discussed at the Conference plus more: travellers with underlying chronic disease, ethical aspects of responsible tourism to name but a few will be presented at the Congress. For more details, visit www.sastm.org.za.

Port Elizabeth is where you need to be – the early bird registration closes on 31 March, so register now!

For more information, click here.

SECRETARY-TREASURER’S REPORT

This year, the ISTM commences celebrations for the 25th Anniversary of its foundation in 1991.

It is a celebration that will extend until the 15th Conference of the ISTM (CISTM15) in Barcelona in 2017. It is interesting to reflect on what we were doing all those years ago. Perhaps we were just starting out in travel medicine. Perhaps we were still studying. We owe a lot to the Founder Members of the society, who recognized the importance of supporting the establishment of the ISTM. The rest is history, as they say, but it is important to acknowledge those members who played a key role in shaping the society both in the early days and in leading the ISTM to what it is today — a vibrant professional society of more than 3000 members. The ISTM has established some great programs, including the CTH® examination and the recently established Fellows program. There have also been some great conferences in some fantastic locations. The important aspect for the ISTM going forward is that we remain responsive to members and also to what is happening in the wider field of travel medicine.

There are many opportunities for members to engage with their colleagues in travel medicine and perhaps this is one of the most important aspects of belonging to a society such as the ISTM. One important way that we engage is through conferences and meetings. This year, we are spoilt for choice for travel medicine conferences in various parts of the globe. Our members attended the recent 11th Asia-Pacific Travel Health Conference in Nepal, which was held from 2-5 March 2016, where we also held the ISTM-CTH® examination. We will also be holding a CTH® examination in association with the Northern European Conference on Travel Medicine (NECTM) in London being held from 1-4 June 2016.

Most importantly, the 7th Regional Conference of the ISTM (RCISTM7) will be held in association with the South African Society of Travel Medicine from 28 September to 1 October 2016 at Nelson Mandela Bay. The theme of the meeting is “Travel Health Africa – The Boiling Point?”.

Don’t forget to login to MyISTM from time-to-time and keep your information up to date. There is a wealth of information and links there for ISTM Members.

Peter A. Leggat
ISTM Secretary-Treasurer

RESEARCH AWARDS

After extending the deadline for the Research Awards, the Committee received 28 applications. We are pleased to announce Six of those applications are from the following developing countries: Costa Rica, Georgia, Indonesia (2), Mexico and Zimbabwe, and are being considered for special funding.

Topics are varied and include: Zika, VFRs, Yellow Fever, HIV, Health Service Access, Migrants and Refugees, Dengue, Vaccines, MRSA, and Travelers Diarrhea.

Applications will now be reviewed by the Research and Awards Committee and those awards will be announced at a later date.

Martin Grobusch, Research Awards Committee Chair

“A travel medicine finds itself in a crisis. But, a crisis is good. It forces change.”

Martin Grobusch, Research Awards Committee Chair

Leo Visser, ISTM President-Elect

“I present solutions that can make travel medicine more future-proof. The mobile phone, the talisman of this century, may play an important role…”

Leo Visser, ISTM President-Elect
More than 100 excellent proposals have been submitted to the CISTM15 Scientific Committee for their review. Using these ideas and proposals the Committee will identify material that is new, innovative, important and of the highest scientific caliber, and will identify speakers who have the expertise and experience to communicate this knowledge effectively. The committee will work to achieve a balance of topics to serve the varied interests and needs of the membership.

The program will have a mix of plenaries, symposia, workshops, and debates - to allow attendees to select those sessions that fit their interests and level of expertise. The preliminary program will be developed by July 2016.

The Scientific Committee is being led by Chair Christina Greenaway, Canada, and Co-Chair Karin Leder, Australia.

The 15th Conference of the International Society of Travel Medicine (CISTM15) will be held on 14-18 May 2017 in vibrant and historic Barcelona, Spain at the Palau de Congressos de Catalunya.

ISTM 2015–2016 FELLOWS CLASS

At the 25 year anniversary of the Society, the ISTM Executive Board established the FISTM credential in 2016 to recognize individuals who advocate for and support the ISTM, and to those who demonstrate professional excellence either in the way of clinical practice, research, education, and/or policy development. An initial group of 18 Travel Medicine Professionals have been bestowed the FISTM in 2016, becoming the first class of Fellows. This group includes ISTM Presidents, ISTM Secretary-Treasurers, and ISTM Journal Editors.

Please join us in congratulating the Initial Class of ISTM Fellows, 2015-2016:
- Erić Caumes, France
- Bradley Connor, United States of America
- Herbert DuPont, United States of America
- Charles Ericsson, United States of America
- David Freedman, United States of America
- Fiona Genasi, United Kingdom
- Jay Keystone, Canada
- Phyllis Kozarsky, United States of America
- Peter Leggatt, Australia
- Hans Lobel, United States of America [Posthumously]
- Louis Loutan, Switzerland
- Alan Magill, United States of America [Posthumously]
- Prativa Pandey, Nepal
- Michel Rey, France
- David Shlim, United States of America
- Robert Steffen, Switzerland
- Frank von Sonnenburg, Germany
- Annelies Wilder-Smith, Singapore

Meetings

- Travel Medicine Review and Update Course, Atlanta, Georgia, United States, 8-9 April 2016. For more information: www.ISTM.org.
- The SASTM Biennial Congress and 7th Regional Congress of the ISTM, Port Elizabeth, South Africa, 28 September - 1 October 2016. For more information: www.sastm.org.za.
- The 15th Conference of the ISTM (CISTM15), Barcelona, Spain, 14-18 May 2017. For more information: www.ISTM.org.
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TRAVEL MEDICINE REVIEW AND UPDATE COURSE
8–9 APRIL 2016
ATLANTA, GEORGIA

The Review and Update Course will be held in Atlanta, Georgia, United States at the Georgia Tech Global Learning Center. The Course is scheduled to begin on Friday, 8 April 2016, and conclude on Saturday, 9 April 2016.

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. Participants will also have ample opportunities to interact with the faculty through question and answer sessions and informal discussions.

Program Topics include:
- Global Travel and Risk Assessment
- Vectors and Vector Avoidance
- Malaria and Malaria Prevention
- Routine Vaccines and Travel
- Pre and Post-travel Cases
- Vector- borne Diseases
- Extreme Travel
- Pregnant and Breastfeeding Travelers
- Marine Medicine, Bites, and Envenomations
- Travelers’ Diarrhea

Confirmed Faculty includes:
- Elizabeth Barnett, MD, Lin Chen, MD, Bradley A. Connor, MD, Kevin Kain, MD, Phyllis E. Kozarsky, MD, Anne McCarthy, MD, Nancy Piper Jenks, MS, CFNP

Full Agenda available online here.

TRAVEL TALK
TravelTalk March 2016: Seeking Answers on Zika

Q: What areas in Mexico [or other countries] are a problem?
A: Check out the most current Zika maps on the websites mentioned above. Zika transmission has been reported in Cape Verde, Caribbean, Central America, Mexico, Pacific Islands, and South America. Sometimes these reports don’t pinpoint a particular area in a country where transmission is occurring, for example, Mexico, so recheck them often. Solid, specific data is needed and currently being generated from sources like GeoSentinel.

Q: What does the Zika rash look like?
A: Photos can be found on several websites (use google search). It is a simple nondistinctive maculopapular rash. It’s important to note that 80% of patients with Zika have no symptoms. There are many reasons for rash in travelers (including the more serious dengue and chikungunya), so don’t jump to conclusions that it’s Zika-related.

Q: Who should be tested for Zika virus infection?
A: Zika testing is very complex because of cross-reactivity among related flaviviruses (dengue, yellow fever, West Nile, japanese encephalitis). There are no commercially available tests for Zika virus. In the US for example, Zika virus testing is performed at a CDC central laboratory and a few state health departments. Healthcare providers should contact their state and local health department to facilitate testing.

hc-providers/diagnostic.html.

Q: How does a pregnant woman (or planning to become pregnant) who wants to cancel her trip to an area with Zika transmission get a refund on a tour or airline ticket?
A: Putting a standard response such as “medical condition that would put patient at risk for Zika if traveling to area of transmission” in a letter may not be sufficient. One tour company requires “pregnancy” or “trying to get pregnant” as a condition for getting a refund. Involve the traveler in the discussion of the wording when you write the letter; this type of statement may need a signed release.

Nancy Pietroski, Travel Medicine News Associate Editor

Photo at right taken from wikimedia.org
THE SECRETARIAT

MEMBERS ENGAGING ON ISTM COMMITTEES

The ISTM is fortunate to be supported by the expertise of its many volunteer members. We would not be able to accomplish what we do without the collaborative efforts of our committees. We acknowledge and greatly appreciate the contributions of the following volunteer members who support the ISTM Committees and our many programs.

Continuing Professional Development Committee
Chair: Phyllis Kozarsky, United States of America
Massatoki Adachi, Japan
Richard Dawood, United Kingdom
Jeff Goad, United States of America
Effrosyni Gkrania-Klotsas, United Kingdom
Androula Pavli, Greece
Gilles Poumerol, Switzerland (WHO)
Gail Rosselot, United States of America
Philip Scappatura, Canada
Eli Schwartz, Israel
Hilary Simons, United Kingdom
Robert Steffen, Switzerland
Kenneth Dardick, Examination Committee Liaison, United States of America

Liaison Committee
Chair: Robert Steffen, Switzerland
Co-Chair and NECTM Liaison: Fiona Genasi, United Kingdom
WHO Liaison: Louis Loutan, Switzerland
APTHS Liaison: Anthony Gherardin, Australia
CDC Liaison: Phyllis Kozarsky, United States of America

Professional Education Committee
Chair: Mary-Louise Scully, United States of America
Co-Chair: Marc Shaw, New Zealand
Susan Anderson, United States of America
Emily Jenks, United States of America
Elizabeth Barnett, United States of America
Michele Barry, United States of America
Garth Brink, South Africa
Yen Bu, Canada
I. Dale Carroll, United States of America
Lin Chen, United States of America
Carolin Driver, United Kingdom
Philippe Gautret, France
Effrosyni Gkrania-Klotsas, United Kingdom
Nancy Piper Jenks, United States of America
Sarah Kool, United States of America
Susan L.F. McLellan, United States of America
Gail Rosselot, United States of America

Examination Committee
Chair: Kenneth Dardick, United States of America
Co-Chair: Pierre Landry, Switzerland
Paul Arguin, United States of America
Brian Aw, Canada
Buddha Basnyat, Nepal
Philip E. Coyne Jr., United Kingdom
Jeff Goad, United States of America
Martin Haditsch, Austria
Sonny Lau, Australia
Susan MacDonald, Canada
Andrea Rossanese, Italy
Elaine Rosenblatt, United States of America
El Schwartz, Israel
David Shlim, United States of America
Trish Smith, Australia

The start of 2016 has been dominated by Zika virus infections in travelers and this has been a very busy time for GeoSentinel necessitating intensive follow up of cases and new diagnostic codes. In response to the Zika outbreak, a rapid analysis of GeoSentinel cases is now in progress. In Europe, the Syrian refugee crisis has led to a large number of GeoSentinel reports. The Tracking and Communications Working Group initiated and completed a fast-tracked analysis and this has now been accepted for publication in Eurosurveillance. The Diagnostics Working Group has finalized a protocol for the longitudinal evaluation of returning travelers with dengue, chikungunya, falciparum malaria, and Zika virus infection to determine the medium to long term impact of these diseases. The process of ethical approval for participating sites is being initiated this month.

The GeoSentinel Site Directors’ Meeting will be held in Athens, Greece, 13-15 May 2016.
NURSING
I have to admit that I entered the nursing profession thinking it was a good means to an end – I didn’t really know what that ‘end’ was, but it had to involve travelling.

So after completing my hospital-based nursing training, I headed over to England and tried my hand at being a nanny in London. Looking after children suited me, so a few months later I went to Rome to work as an au pair.

Next Club Méditérranée came into the picture – after taking holidays in French Polynesia, I decided it would be fun to be a nurse/GO (Gentil Organisateur) and very soon I was on my way to New Caledonia. This was the beginning of two and a half years I spent in Hurghada, Egypt and Ixtapa and Cancun in Mexico. I was on call one day in two, caring for guests, GOs and local staff. There was an extremely wide variety of health issues to deal with – scuba medicals, TD, URTIs, skin conditions, STIs and sprains/ lacerations. When I wasn’t working in the infirmary, I had many other duties – greeting arriving guests the noisy way, performing in nightly shows and interacting with holidaymakers.

Travelling was again on the agenda when I joined Qantas Airways as a long haul flight attendant. I quickly learned that the stresses of travel preparations and pressurised aircraft cabins meant my nursing background would be useful for the occasional ill passenger or crew member. The 18 years I spent with Qantas certainly added to my knowledge of likely health issues associated with travel.

After leaving Qantas, I applied for the position of phone-based travel health advisor with Travelvax Australia: a perfect marriage of my previous experiences. At the same time, I was a travel health nurse in a Sydney general practice.

I felt extremely privileged when in 2007 I was selected by my company to attend CISTM10 in Vancouver and underbook the CTH® exam. The more I learned about travel medicine, the more I wanted to know, and speaking with other delegates energised me - each time I go to a CISTM meeting the feeling is renewed.

Nurses, like anyone, can become jaded in their day-to-day work, but this is so far from what I’ve experienced in travel medicine, when speaking with other nurses at conferences, and at NPG events. Active participation, passion and a real zest for knowledge have been the hallmarks of my experiences with the ISTM and I encourage all the nurses I encounter to join too. It was this that led me into seeking a position on the NPG steering council.

I still work for Travelvax, but I’m now in business development: a job that entails speaking on travel health issues with the travelling public and travel agents, training nurses and also working on our website and newsletter.

PHARMACY
The PPG leadership council welcomes new members
The PPG has just held their elections and the leadership council are delighted to congratulate Ian Heslop, Karl Hess and Mark Walberg on being elected and welcome them to our council. They will take up their office in May this year.

Allow us to introduce Ian, Karl and Mark to you:

Ian Heslop is an Associate Professor of Pharmacy at James Cook University in Australia. He has a keen interest in the area of travel health and has recently completed a doctorate researching the perceived roles of pharmacists within the specialty of travel medicine, both internationally and within Australia, and has an interest in the research, development and promotion of extended clinical roles for pharmacists in a number of clinical areas, including travel health, and in the development of educational resources for pharmacists.

Karl Hess is currently a member of the leadership committee and we are delighted that we will be with us for another term. He is Associate Professor of Pharmacy Practice and Administration at Western University of Health Sciences, Pomona (USA). He would like to help identify and disseminate information as it relates to pharmacy involvement in travel health and very importantly, to help educate other health care professionals on the role of pharmacy in travel health!

Mark Walberg is Associate Professor of Pharmacy Practice & Regional Coordinator at the University of the Pacific, Thomas J. Long School of Pharmacy and Health Sciences, Stockton (USA).

His teaching includes Travel Health, Routine and Travel Immunizations, Malaria Prophylaxis, and elective courses in immunology and influenza, Vaccine-Preventable Diseases, and Travel Health for Pharmacists.

He is hoping to expand the visibility of the ISTM to a greater number of pharmacists in the US, and abroad, and to increase the standards for the provision of travel health services within this group of practitioners. He believes that anyone who practices travel medicine, both in Australia and in the field of travel health providers, should be encouraged to hold the CTH designation.

We would also like to thank those members who have completed their terms and will be stepping down – Jeff Goad and Rick Stiemens. We hope that they will still be willing to assist!

We look forward to working together for the next couple of years to really show the world what an impact pharmacists can make in the field of travel medicine!

Lee Baker, PPG Chair-Elect

Carolyn Driver, NPG Chair
Dr. Debra Stoner interviewed Dr. Robert Steffen, Chair of the Liaison Committee. Read what’s new and innovative with the LC:

1. What new goals does the Liaison Committee (LC) plan to tackle in 2016?
The top priority is to engage African colleagues to attend the Biennial Congress of The South African Society of Travel Medicine and the 7th Regional Conference of The International Society of Travel Medicine in Port Elizabeth in September 2016. It is their chance to get acquainted with scientific travel medicine without the need for costly travel. Expectantly, ISTM members from Europe, the Americas and Australasia will also attend; as there is a lot we can learn from the experience of the African experts.

2. What initiatives will be addressed in 2016?
The intermediate plan is to reach out and develop travel medicine in Latin America. Additionally, we need to maintain our excellent relationship with the World Health Organization; with the Asia Pacific Travel Health Society; and with national travel medicine organizations, such as the one in China.

3. What skills and experiences have been your allies during your chairmanship?
As a teenager I initially wanted to become a diplomat, but decided on medicine. Having attended every ISTM meeting in the past 25 years, I have excellent connections with the travel health leadership on a global scale. Prolonged collaboration with WHO in the past year, particularly as the acting chair of the Ebola Emergency Committee at their HQ, helped to establish links to those there who might be interested in travelers’ health. Lastly, by having collaborated with the industry in many domains, I have established a broad range of friends.

4. What is the most challenging problem the LC has faced?
To establish travel health or travel medicine as a new discipline in areas of the world where health practitioners have never heard about the topic. In those parts of the world the traveling public is also unaware of health risks, which may occur during trips, particularly to risky destinations.

Debra Stoner, Associate Editor Travel Medicine News

LISTSERV RULES
TravelMed, the ISTM Listserv, is open to ISTM Members who wish to communicate with other members on clinical travel medicine discussions. This is an unmoderated discussion group through email. Here are a few of the rules:

- Limit your postings to topics included in the TravelMed Charter. Questions regarding processes and operational matters relating to TravelMed or the ISTM should not be sent to the list, rather to the ISTM Secretariat.
- Do not recommend books, websites, publications, products, or services if you are involved in their production, sale, or have a financial conflict with that product or service.
- Use caution when discussing products. Information posted on the list is available for all to see, and comments are subject to libel, slander and antitrust laws.
- Remember that ISTM and other list participants have the right to reproduce postings to TravelMed.
- If you copy and paste, your post may be flagged as a duplicate and will not be posted immediately.
- If you need to identify a Travel Medicine provider at a specific location not listed in the online ISTM Global Travel Clinic Locator, you may post the question. Such postings should carry at the beginning of their subject line the words "Clinic Needed". Responses to such postings should be sent to the questioner's individual e-mail address only.

For a complete list of rules for TravelMed click here.