with the coming of 2016 summer Olympics in Rio this August, travel medicine providers may get more queries about Zika. The Aedes mosquito-harbored virus is a Public Health Emergency of International Concern per WHO. Although usually self-limited mild disease, infection during pregnancy as we all know has been linked to microcephaly in infants and is likely sexually transmitted. Of the numerous lay and medical publications I’ve read the last few months, there is a dearth of information on prevention. Although prevention doesn’t necessarily make headlines, basic insect precautions go a long way at both protecting, and reassuring travelers. I was in Haiti during the peak of the chikungunya outbreak. We provided care and prevented mosquito bites by bolstering our day and night insect precautions. Long sleeve shirts, long pants, socks, and a bandana, shemagh or sun hat were doused with permethrin. DEET or an alternative was used on exposed skin. Let’s keep in mind for all insect-borne pathogens—zika, chikungunya, dengue, malaria—to remind patients of the basics.

**EDITOR’S NOTE**

commenation

With the coming of 2016 summer Olympics in Rio this August, travel medicine providers may get more queries about Zika. The Aedes mosquito-harbored virus is a Public Health Emergency of International Concern per WHO. Although usually self-limited mild disease, infection during pregnancy as we all know has been linked to microcephaly in infants and is likely sexually transmitted. Of the numerous lay and medical publications I’ve read the last few months, there is a dearth of information on prevention. Although prevention doesn’t necessarily make headlines, basic insect precautions go a long way at both protecting, and reassuring travelers. I was in Haiti during the peak of the chikungunya outbreak. We provided care and prevented mosquito bites by bolstering our day and night insect precautions. Long sleeve shirts, long pants, socks, and a bandana, shemagh or sun hat were doused with permethrin. DEET or an alternative was used on exposed skin. Let’s keep in mind for all insect-borne pathogens—zika, chikungunya, dengue, malaria—to remind patients of the basics.

**PRESIDENT’S MESSAGE**

Dear Members,

It’s hard to believe that we are already halfway through 2016; it’s been such a busy time. Since I’ve written we’ve had several meetings in Barcelona working on the CISTM15. I am so excited that our 25th anniversary celebration will be held in such a vibrant, dynamic city. We are planning a special off-site Gala dinner at the Poble Espanyol [Spanish Village] that you will not want to miss. The CISTM15 Local Organizing Committee has been working on onsite special events and entertainment for the conference, which will be held in the Palau de Catalunya. While we were in Barcelona we also met with the Scientific Program Committee, led by Christina Greenaway as Chair and Karin Leder as Vice-Chair, who are working hard to complete the scientific program, which you can learn more about later in this issue. The CISTM15 will also be our first opportunity to showcase our new Fellows Program and announce its first class. If you are eligible to apply, please do so soon, for the application deadline is fast approaching. Another special event that will take place in Barcelona will be the first of our Alan Magill Honorary Lectures.

The GeoSentinel Annual Meeting also recently took place. Under the able direction of David Hamer, GeoSentinel Principal Investigator, representatives from the majority of the
A n interesting discussion was generated with the post of a question on the TravelMedListserv about the use of dexamethasone for AMS (acute mountain sickness) prophylaxis instead of acetazolamide in an asplenic patient with a sulfa allergy (anaflaxylaxis) traveling to Tanzania to climb Mt. Kilimanjaro. Knowing that dex is used to treat AMS symptoms and not for prevention, is this appropriate, what is the dose/schedule, and what are the potential risks?

Some warned about using any drugs at all for prophylaxis and that proper acclimatization rules should be followed for this 6000m (>19,000 ft) peak, ie, it should take at least 6 days; however, this was countered by the argument that this may not always be feasible due to time constraints as well as the fact that taking a drug to prevent sickness may result in a better summit success rate. But since the death rate on Kilimanjaro is not inconsequential due to AMS, some suggestions for dosing included use of dexamethasone (no dose suggested) starting at 3000m (~10,000 ft) until return to this elevation (3 days of drug); another suggested regimen is 2mg or 4mg q12h starting 24 hours prior to the trek, then continuing for 72-96 hours. Dosing for longer than 10 days could result in adrenal suppression, although some can experience suppression in a shorter time period. Potential adverse effects from this potent steroid include insomnia, hypomamia, jitteriness; a test dose should be given at home before travel. As well, asplenic patients need appropriate travel advice before travel to Tanzania.

Some recent review articles on AMS and asplenia in travelers:


Nancy Pietroski, Travel Medicine News Associate Editor

Photo taken from wikipedia.org

CONTINUED FROM PAGE 1

GeoSentinel sites gathered in Athens, Greece, for presentations on the state of the network and its projects, the current refugee status in Greece, and reports from collaborative partners. It is wonderful to see how the network has moved forward the past several years under its new leadership. It was the biggest GeoSentinel meeting ever.

The Journal of Travel Medicine’s new impact factor was released this month. I am very pleased to report that it has reached a historic high at 1.868. Herewith I would like to thank JTM’s editor Eric Caumes for his continued dedication to our journal.

We are in the final planning stages for the upcoming 2016 ISTM Regional Meeting, which will be held in conjunction with the South African Annual Meeting, 28 September through 1 October on Nelson Mandela Bay, Port Elizabeth, South Africa. I’m pleased to report that the ISTM is providing for 10 bursaries and has arranged for an additional 10 bursaries through an educational grant from GSK for this meeting. I am particularly looking forward to this regional meeting, as I know it will help advance our Bridge the Gap initiative. Please consider attending this regional meeting, the scientific program looks topical and offers something for everyone. And if you haven’t yet visited, here is your opportunity. I hope to see all of you there.

Annelies Wilder-Smith, ISTM President

CONTINUED FROM PAGE 1

Editor’s Note

CONTINUED FROM PAGE 1

Speaking of hygiene, the TravelMed, our listserv turned forum, is a daily ritual read for many of us. We are fortunate to have such a collegial, professional and informative communication board. We have users from a variety of backgrounds, professions, nations and cultures. Once in a while, humor, regional colloquialisms, or translations don’t exactly come through perfectly. I want to remind everyone of a few key features of Travel Med. Try to keep posts brief and business. You can use the private message function to dialog with a particular member. You can search past listings by keywords to quickly see previous posts. I’ve included (page 16) a selection of guidelines for efficient posts so we can all continue to enjoy the benefits of this great ISTM service.

Onward!

Christopher Van Tilburg, Travel Medicine News Editor
W
ith the recent outbreak of yellow fever in Angola, Africa is at the Boiling Point for certain infectious diseases. However, travel medicine is more than just vaccinations and vaccination-preventable infectious diseases. It also encompasses One Health, emerging infectious diseases, the psychological impact of working in a foreign country, and preventing travel-related health risks for travelers—including business travelers, adventure travelers, and those from displaced communities.

At Travel Health Africa these topics will be explored by national and international experts. There will be an update on Zika virus and the link to microcephaly, polio in Africa, the risk of meningitis, diarrheal disease, Dengue (the next emerging infectious disease in Africa?), respiratory tract infections and the role of the traveler in importing disease and microbial resistant organisms (and much more) – a veritable cauldron of interesting and thought provoking topics linking all the disciplines involved in travel medicine.

Registration for ISTM members is at the special membership rate, so avail yourself of this opportunity to attend the 7th Regional Congress of the International Society of Travel Medicine and the biennial Congress of SASTM.

Take time to explore Port Elizabeth and learn of the history behind this city and its surrounds. A parallel track on Thursday 29 September offers some insight into the history of Port Elizabeth. Pay a visit to Quebetsa / Walmer Township which was one of the only areas to avoid forced removal during the Apartheid era. The Sakhume Museum and Xhosa Culture Centre, at the Human Dignity Centre provides an interesting view of Xhosa culture.

JTM is just one of the many benefits of ISTM membership and there are wonderful initiatives being launched at regular intervals, including our ISTM Fellows Program [http://www.istm.org/fellowsprogram]. If you feel that you meet the criteria, you should consider applying. Induction of new Fellows will make a wonderful addition to the 25th Anniversary Celebrations of the ISTM during our Anniversary year.

There are many opportunities for members to engage and network with their colleagues in travel medicine and perhaps this is one of the most important aspects of belonging to a professional society such as the ISTM. One important way that we engage and network as professionals is through conferences and meetings. This year, we have been spoilt for choice for travel medicine conferences in various parts of the globe. The ISTM conducted the CTH exam in association with two of these meetings that have already taken place in Nepal (Asia Pacific Travel Health Conference) and London (Northern European Conference on Travel Medicine). But it is not too late to attend a travel medicine conference in 2016. In particular, 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, Port Elizabeth. The theme of the meeting is “Travel Health Africa – The Boiling Point?”.

Remind to login to MyISTM from time-to-time and keep your information up to date and check out member only resources like the special travel alerts. Also check to see what’s on offer in the Member Advantage Program [http://myistm.istm.org/resourcesandtools/memberadvantageprogram].

Peter A. Leggat
ISTM Secretary-Treasurer
The Scientific Committee is hard at work developing the scientific program for
the CISTM15 to be held in Barcelona on 14-18 May 2017. More than a hundred
proposals were received, reviewed and used to identify the most compelling
topics and find the best speakers to invite. The Plenary topics will be:

**Migration:** Including International Migration, Health and Human Rights; Screening
Migrants at Europe’s Forefront: Evidence, Feasibility and Acceptability: What do
Migrants Bring to the Host Country?

**GlobalHealth:** including Public Health Emergencies of International Concern;
Disease Surveillance and Mapping: From Big Data to Informal Networks; Global
Health security: Preparedness and Response: Can we do better and stay safe?

**Antimicrobial Resistance:** including Global Overview of Antimicrobial
Resistance; Role of Travelers in the Spread of Resistant Organisms; Management
of Imported Resistant Bacterium Amongst Travelers

**Zika:** including Virology, Epidemiology, Entomology; Pathogenesis and Clinical
Manifestations; Public Health and Travel Medicine Implications; Vaccinations

We anticipate the speaker invitations will be sent shortly and the program will be
available in the ISTM website soon. Registration will be available by September of
2016, and you will want to register early to take advantage of the most discounted
registration fees. This is one conference you won’t want to miss!

For more information and the program as it becomes available, view our website
www.ISTM.org/CISTM15.

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**TRAVELERS’ DIARRHEA SUMMIT**

Preventing and treating travelers’ diarrhea during and after a
journey continues to be an important clinical challenge for
travel medicine practitioners. Emerging research has further highlighted
the acute and chronic health consequences of travelers’ diarrhea.
Potential adverse consequences such as antibiotic resistance associated with
self-treatment abroad, and therapy back home needs to be considered,
and advances in technology of diagnostics, the microbiome, and
noel therapeutics have brought new questions and opportunities to the field.

ISM hosted a Travelers’, Diarrhea Summit in Atlanta, Georgia on 14-
17 April 2016 and gathered experts
from 10 countries and across multiple
clinical and research domains to
identify research gaps and develop
expert consensus guidelines around
the management of travelers’ diarrhea
in light of recent emerging literature.
A supplement to the ISTM Journal of
Travel Medicine is being written to
share the scientific presentations, latest
research and results.

Recently a special survey has been
developed and a link sent to all ISTM
members regarding their current
practices when advising their traveling
patients about travelers’ diarrhea.

Please take a few moments to share
your best practices with us.

The Closed Panel Participants included:

**Chair:** Mark Riddle, United States of
America

**Co-Chairs:**
Bradley Connor, United States of
America
Charles Ericsson, United States of
America
Robert Steffen, Switzerland

Closed Panel Participants:
Nicholas Beeching, United Kingdom
Herbert DuPont, United States of
America
Douglas Esposito, United States of
America
Davidson Hamer, United States of
America
Phyllis Kozarsky, United States of
America
Michael Libman, Canada
Cliff McDonald, United States of
America

**Speakers:**
Jordi Vila, Spain
Philipp Zanger, Germany

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**North American Review and Update COURSE**

The ISTM presented its
annual North American
Travel Medicine Review and
Update Course in Atlanta,
GA, USA on 8-9 April 2016 at the
Georgia Tech Global Learning
Center. There were over 135
registered attendees from 12
countries. Forty-five percent of the
attendees were physicians, with
the rest fairly evenly split between
nurses and pharmacists. Based on
comments received at the course
and the evaluations returned, the
course was a resounding success.

Many thanks to the Course
Chairs and Speakers:
Elizabeth Barnett, USA, Program
Chair
Nancy Piper-Jenks, United States
of America, Program Vice Chair

**Speakers:**
Lin Chen, United States of America
Bradley Connor, United States of
America
Kevin Kain, Canada
Anne McCarthy, Canada

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**Travelers’ Diarrhea Summit Attendees**

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I  makes sense for medications to be stored at room temperature or “conditions of civilization” -- but of course not all medications may be stable at 20º-25ºC (68º-77ºF). When traveling, especially in wilderness and remote environments, conditions may be much more extreme. The recommended storage range for over-the-counter drugs is printed on the container or blister pack. However, for prescription drugs, unless they are dispensed in the original manufacturer’s container, the amber or white plastic bottle the pharmacy dispenses may not necessarily contain the proper storage range unless the drug needs to be stored at a particular temperature, for example, refrigerated, protected from light, etc. The best way to find the correct storage temperature for prescription drugs is in the manufacturer’s prescribing information. Fortunately, not many products need to be frozen, which presents another level of complexity.

At right are environmental conditions to which a drug can be exposed during transport by the traveler:

The following table illustrates different types of environmental conditions and what can happen to medications if they are not stored in proper conditions, including examples:

<table>
<thead>
<tr>
<th>Environmental Condition</th>
<th>Dosage Form</th>
<th>Effect</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>High Temperatures</td>
<td>Oral solutions</td>
<td>Lose flavor/taste</td>
<td>Albuterol syrup (asthma)</td>
</tr>
<tr>
<td></td>
<td>Oral suspensions</td>
<td>Form caked solid phase</td>
<td>Pepeto-Bismut</td>
</tr>
<tr>
<td></td>
<td>Semi-solids -creams, ointments</td>
<td>Change in consistency</td>
<td>Hydrocortisone cream/ointment</td>
</tr>
<tr>
<td></td>
<td>Suppositories</td>
<td>Harden or shrink</td>
<td>Promethazine suppositories</td>
</tr>
<tr>
<td></td>
<td>Tablets</td>
<td>Changes in disintegration/ dissolution time</td>
<td>Antibiotics (ciprofloxacin)</td>
</tr>
<tr>
<td></td>
<td>Uncoated tablets</td>
<td>Excessive powder visible</td>
<td>Aspirin</td>
</tr>
<tr>
<td></td>
<td>Coated tablets</td>
<td>Swell with moisture</td>
<td>Sildenafil</td>
</tr>
<tr>
<td></td>
<td>Effervescent tablets</td>
<td>Swell with moisture</td>
<td>Antacids</td>
</tr>
</tbody>
</table>

The following are the other medications that may be used in wilderness or travel medicine and possible effects of the environment on stability:

<table>
<thead>
<tr>
<th>Medication</th>
<th>Condition</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vaccines</td>
<td>Light sensitive</td>
<td>MRV</td>
</tr>
<tr>
<td>Bioscienecs</td>
<td>High temperatures-degradation of protein</td>
<td>Crotalidae antivenom</td>
</tr>
<tr>
<td>Insulin</td>
<td>Needs refrigeration</td>
<td>Different types of insulin have differing storage requirements</td>
</tr>
<tr>
<td>Epinephrine</td>
<td>Protect from light</td>
<td>EpiPen</td>
</tr>
<tr>
<td>Medical devices</td>
<td>Electronic devices may give false readings if stored improperly</td>
<td>Glucometer</td>
</tr>
</tbody>
</table>

The following are tips on ways to protect your medications from the elements:

- **Protect from heat:** Use ice packs and insulated containers as temporizing measures, submerge in cold water or snow in a water tight bag, refrigerate if available, consider solar power, maximize protection from sunlight and humidity as listed below.
- **Protect from cold:** Keep product indoors or inside tent, inside sleeping bag, use chemical heat packs and insulating containers as temporizing measure.
- **Protect from humidity:** Ensure ventilation (open windows), ensure circulation (create breeze, use fan to circulate fresh air if available), use air tight case, store in zip-lock or water proof bags to protect from accidental exposure to moisture.
- **Protect from sunlight:** Use opaque dark bottles, store in shade.
- **Air travel:** Check with manufacturer of oxygen concentrator and other products of concern to make sure they can be used “in-flight,” most inhalers are safe to be used during flight.

Please see the original and more complete version of this article at [http://WMS.org/magazine/1183/](http://WMS.org/magazine/1183/)

**SELECTED REFERENCES/ADDITIONAL READING:**

The Secretariat

This month marks our first six months with the new publisher of the ISTM Journal of Travel Medicine, Oxford University Press (OUP), as well as the transition of the JTM to an online-only publication. We are excited that the new process allows JTM articles to be immediately published and available to ISTM Members as soon as they have been accepted and edited for inclusion in the journal. Under the direction of Editor-in-Chief, Eric Caumes, France, we are happy to report a recent decrease in the publication timeline and a new process to fast-track articles to have them published as quickly as possible. We encourage everyone to consider submitting their manuscripts to our very own Journal of Travel Medicine.

Have you looked at the journal recently? Here are the contents of our latest issue to show what you’ve been missing:

Volume 23, Issue 4, April 2016

Brief Communication

Fulminant hepatic failure from hepatitis E in a non-pregnant female traveler, Robert B. Chris, Jay S. Keystone

Identification and review of mobile applications for travel medicine practitioners and patients, Sheila M. Seed, Steven L. Khov, Faisal S. Binguald, George M. Abraham, Timothy Dy Aungst

Review

*EDITOR’S CHOICE*

Epidemiology of tick-borne encephalitis (TBE) in international travelers to Western/Central Europe and conclusions on vaccination recommendations, Robert Steffen

Literature review of the causes, treatment, and prevention of dermatitis herpetiformis, Brooke A. Beaulieu, Seth R. Irish

Original Article

First case of yellow fever vaccine-associated viscerotrophic disease (YEL-AVD) in Hong Kong, Wai Shing Leung, Man Chun Chan, Shiu Hong Chik, Tak Yin Tsang

Should travelers to rabies-endemic countries be pre-exposure vaccinated? An assessment of post-exposure prophylaxis and pre-exposure prophylaxis given to Danes traveling to rabies-endemic countries 2000–12, Annette H. Christiansen, Jens Nielsen, Susan A. Cowan

Epidemiology of 62 patients admitted to the intensive care unit after returning from Madagascar, Jérôme Allyon, Marion Angue, Laure Corradi, Nicolas Traversier, Olivier Belmonte, Myriem Belghiti, Nicolas Allou

Prevalence of acute mountain sickness on Mount Fuji: A pilot study, Masahiro Horiuchi, Junko Endo, Shin Akatsuka, Tadashi Uno, Thomas E. Jones

Letter to the Editor

Cayor worm removal... made simple!, Béatrice Rosolen, Martin Martínot, Xavier Argemi, Ahmed Abou-Bacar, Daniel Christmann, Yves Hansmann, Nicolas Lefebvre

Acute mountain sickness in children at Jade Mountain, Gaurav Sikri, Srinivasa A. B.

Response to Letter by Gaurav Sikri and Srinivasa AB, Cheng-Wei Chan, Shih-Hao Wang

Isoniazid prophylaxis for the prevention of travel associated tuberculosis, Dr Ron H Behrens

Death in a flash: selfie and the lack of self-awareness, Sandeep Bhogesha, Jerry R. John, Satyaswarup Tripathy

Perspective


Clinical Picture

Human rabies in monkey (Macaca mulatta) bite patients a reality in India now!, Omesh Kumar Bharti

Correspondence

Reply to a comment on Tuberculosis prevention of travel associated tuberculosis, Dr Ron H Behrens

The Secretariat is fine-tuning the process to set up an alert for members to see recently published articles, though all ISTM members can always access the full JTM whenever they wish by logging into your ISTM Member account at www.ISTM.org, and selecting Journal of Travel Medicine.

GeoSentinel Annual Meeting

The GeoSentinel Annual Meeting took place from 13-15 May 2016 in beautiful and picturesque Athens. In addition to the 56 out of 63 sites that were able to attend, the ISTM President, Annelies Wilder-Smith, Singapore; ISTM President Elect, Leo Visser, Netherlands; and Androula Pavli, from the Hellenic Center for Disease Control and Prevention were present. We were very lucky to have two guest collaborative partners in attendance, Kamran Kahn from Blue Dot and Christoph Hatz from TroNet, both giving an update on their organizations.

The agenda was packed with interesting cases, updates on GeoSentinel Working Groups and publications in process along with migrant issues from Greece (Androula Pavli), Germany (Frank Mockenhaupt), Canada (Anne McCarthy) and the US (William Stauffer). An update on CanTravNet was given by Michael Libman and an update on EuroTravNet was given by Philippe Gautret. The CDC’s Charlie Miller and the ISTM’s Elena Axelrod gave a brief update on the state of the GeoSentinel Network, while Annelies Wilder-Smith gave an interesting talk on dengue. A new feature of the GeoSentinel meeting was given by Michael Libman and an update on EuroTravNet was given by Philippe Gautret. The CDC’s Charlie Miller and the ISTM’s Elena Axelrod gave a brief update on the state of the GeoSentinel Network, while Annelies Wilder-Smith gave an interesting talk on dengue. A new feature of the GeoSentinel meeting was given by Michael Libman and an update on EuroTravNet was given by Philippe Gautret. The CDC’s Charlie Miller and the ISTM’s Elena Axelrod gave a brief update on the state of the GeoSentinel Network, while Annelies Wilder-Smith gave an interesting talk on dengue. A new feature of the GeoSentinel meeting was given by Michael Libman and an update on EuroTravNet was given by Philippe Gautret.

The Secretariat is fine-tuning our process to set up an alert for members to see recently published articles, though all ISTM members can always access the full JTM whenever they wish by logging into your ISTM Member account at www.ISTM.org, and selecting Journal of Travel Medicine.
Interest Groups

The Pediatrics Interest Group has been quite active in the last year. After a successful half day course in the lead up to CISTM in Québec City last year, we were asked to run similar courses at the regional Travel Medicine meetings this year in Kathmandu and Port Elizabeth (South Africa) — we also contributed to the pediatric content in the June 2016 NECTM meeting in London. The course in Kathmandu was well received. We focussed on important pediatric travel medicine issues including travel vaccinations, travelers’ diarrhea, safety and malaria, and we ended with a panel discussion around cases.

We’ve been working on establishing links with other national/international societies. We’re also keen to ensure that there’s plenty of pediatric content included in the programs of travel medicine and pediatric meetings in general. 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.

We have an email group, which is not utilised as much as it could be. I encourage members to post interesting cases for discussion. This is a great way to get assistance with difficult cases, but to also provide education for each other. The Pediatric Interest Group Bibliography, maintained by John Christenson, United States of America, is another great resource for members.

Keep an eye on our website and please join our Interest Group if you’re interested in pediatric travel medicine.

Mike Starr, Pediatrics Group Chair

Psychological Health of Travelers

The Psychological Health of Travelers Interest Group has been doing a lot. At NECTM6 we were granted 45 minutes by the NECTM organizers to produce a workshop. We used this as a quick fire pre-set three question workshop under the title ‘Scratching where it itches’. Drs Simon Clift of InterHealth and Tania John, both of United Kingdom, joined me, representing health care provision for expatriates and voluntary agencies.

We have been asked to organize a workshop for the ISTM Regional Meeting SASTM/ISTM meeting in Port Elizabeth in South Africa at the end of September. The high costs of travel are a major problem in organizing this and the outcome is not yet clear.

We have put in a bid for a workshop at CISTM15 in Barcelona, but the outcome of that awaits the verdict of the Scientific Committee. Elections for the Steering Council will take place later this year.

Mike Jones, Psychological Health of Travelers Group Chair

Student Travel Abroad

The guiding council for the Student Travel Abroad Interest Group is sealed. Sarah Kohl, United States of America will lead the group for the first two years followed by Catherine Ebelke, United States of America. Our first project is to survey practitioners about current practices of preparing students for travel abroad. We will query the interest group first followed by the entire ISTM membership. Results will be compiled and shared with the ISTM.

Our second project is compiling a bibliography of helpful papers for those who care for students traveling abroad. Feel free to submit suggested journal articles to Mark Newell, Australia - mnewell@rocketmail.com.

We have put a bid for a workshop at CISTM15 in Barcelona, but the outcome of that awaits the verdict of the Scientific Committee. Elections for the Steering Council will take place later this year.

Sarah Kohl, Student Travel Abroad Group Chair

Pharmacist Professional Working Group

Expanded Scope of Practice for Pharmacists – three examples from different countries.

1. News from Ireland

In September 2015 the Minister for Health for Ireland announced changes in the provision and supply of vaccines to pharmacists in public health. Following the success of pharmacists with the influenza vaccine over the previous 5 years then the Minister signed to allow the provision of the following vaccines to be supplied as a routine service. These were the administration of:
- adrenaline for all types of anaphylaxis (not just vaccine induced);
- pneumococcal;
- meningococcal;
- shingles

These were entered into national legislation and training will start from the summer of 2016. From this platform it is hoped for the future to make the case for expansion into travel vaccines and a change in the legislation.

Derek Evans
PPG Steering Council

2. Vaccination in pharmacies, a new service available in some Swiss Pharmacies

In Switzerland like in the USA, the laws concerning the medical professions are established by State. The vaccination in pharmacies depends on several factors, authorization (law and prescription in each State) and proper education (Certification).

The Swiss Pharmacists Association, pharmaSuisse, created in 2012 a specific Certification program before vaccination in pharmacies was authorized. This program is distributed in three parts and takes five days. In 2015, the first State authorized pharmacists to administer the Influenza vaccination. Since then, the other States are coming one by one to authorize the vaccination, each with a specific list of vaccines.

There are in total 1750 pharmacies in Switzerland. Actually, more than 500 pharmacists are certified and the same amount are currently achieving the program. 1000 pharmacists should be certified this year.

A platform has been created to allow each pharmacy to register and describe the type of service it can offer, for example Advice and Vaccination Record check with the use of the electronic vaccination record database: www.myvaccines.ch which can display instantaneously the catchup plan with the appropriate schedule. This electronic vaccination record can be shared between the patient, the pharmacist and the physician.

Claudine Leuthold
PPG Immediate Past Chair

Information (French and German only) available on http://www.pharma-suisse.ch/PPG/education/Weiterbildung/facharztausbildung/Tableau.html

3. Exciting new changes in California, USA

New legislation has passed in California, United States of America that expands the scope of practice for pharmacists related to immunizations and travel health.

Pharmacists are permitted to immunize individuals three years of age and over with any vaccine routinely recommended by the Centers for Disease Control and Prevention’s (CDC) Advisory Committee on Immunization Practices. Pharmacists are also able to furnish medications for malaria prophylaxis and other self-treatable diseases (e.g., antibiotics for the treatment of travelers’ diarrhea) based upon the CDC’s Yellow Book.

These services can be offered without physician oversight or protocol, however pharmacists must complete an approved training program to be eligible to provide immunizations and a separate program to provide travel health medications. Additional continuing education requirements were also included in the legislation to maintain competency. Vaccines recommended for travel outside of the U.S.A. (e.g., typhoid) still require a physician protocol and other authorizations.

Mark Walberg and Karl Hess
PPG Steering Council Members

Figure: Page of the website www.vaccinationenpharmacie.ch
Vaccination in pharmacies
Travel Medicine News  |  June 2016

Jet lag happens when you cross multiple time zones, usually on a long-haul flight. Crossing time zones disrupts the body clock called circadian rhythms. Traveling east across 10 or 12 time zones, consider breaking up your trip with a stay in a city about halfway to your destination.

Tips: Once on the plane, set the clock to designated time and plan accordingly for drinking and eating according to that schedule. Restict alcohol or stimulants such as caffeine, and chocolate prior to travel and especially immediately prior to bedtime in country of arrival. If a sleep aid is needed melatonin, an over-the-counter medication, may be used. Upon arrival to destination, taking short naps may be needed to give the body time to adjust. It may take several days to fully adjust to the new time zone.

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Department of Health in Birmingham, Alabama, USA had this to say:

“Jet lag is a temporary disruption of the circadian system, which can cause insomnia, fatigue and restlessness. This disorder commonly occurs when traveling across different time zones over several hours.

Tips: Once on the plane, set the clock to designated time and plan accordingly for drinking and eating according to that schedule. Restrict alcohol or stimulants such as caffeine, and chocolate prior to travel and especially immediately prior to bedtime in country of arrival. If a sleep aid is needed melatonin, an over-the-counter medication, may be used. Upon arrival to destination, taking short naps may be needed to give the body time to adjust. It may take several days to fully adjust to the new time zone.”

Maria-Eugenia Guevara M. MD, DTM&H, MSc, CTropMed, Pediatrician from Venezuela commented:

Jet lag happens when you cross multiple time zones, usually on a long-haul flight. Crossing time zones disrupts the body clock called circadian rhythms. Traveling east causes more problems than traveling west because the body clock has to be advanced, which is harder than delaying it. It takes just about one day to recover for every time zone delay ing it. It takes just about one day to recover for every time zone delay ing it.

Brittany Sanders, DNP, ANP-C, GNPC, Lead Nurse Practitioner at the Specialty Clinic of the Jefferson County Department of Health in Birmingham, Alabama, USA had this to say:

“Jet lag is a temporary disruption of the circadian system, which can cause insomnia, fatigue and restlessness. This disorder commonly occurs when traveling across different time zones over several hours.

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