ne of the most critical functions for the Society is to elect its President and Executive Board Members every other year. Preparing for our biennial elections that will take place in early 2017, the ISTM has distributed a Call for Nominations to all ISTM Members. The ISTM Executive Board has appointed the following Nominating Committee, led by Leo Visser, ISTM President-Elect, to review all nominations and construct the election ballots.

Leo Visser, The Netherlands, President-Elect, Committee Chair
Fiona Genasi, United Kingdom
Blaise Genton, Switzerland
Davidson Hamer, United States of America
Anu Kantele, Finland
Michael Libman, Canada
Marc Mendelson, South Africa
Michael Starr, Australia
Mary Wilson, United States of America
Bonnie Wong, Hong Kong

CONTINUED ON PAGE 3
You may now submit your abstracts for CISTM15 in Barcelona. We will be accepting abstracts through 15 January 2017. To find more information, including the submission portal and guidelines, click here.

Planning to attend CISTM15? On our website you will find information about Hotels, Traveling to and from Barcelona, and Things to Do around the city. For more information, click here.

You may view the latest Scientific Program. For more information, click here.

You may view the latest Scientific Program. For more information, click here.

The ISTM Journal of Travel Medicine (JTM) is the flagship publication of the Society. Recently, ISTM leaders gathered with the JTM Editors for a strategic planning meeting in Port Elizabeth, South Africa. A number of new practices and decisions were discussed and will be put into motion very soon. One result was to identify a new Team of Associate Editors of the JTM, as listed below. These Associate Editors will join and support Eric Caumes, Journal Editor-In-Chief and Charlie Ericsson, Journal Deputy Editor-in-Chief in the editorial functions as related to their specific content areas. They include:

- Andrea Boggild, Associate Editor, Parasitology, Canada
- Gerard Flaherty, Associate Editor, Non Communicable Diseases, Ireland
- Christina Greenaway, Associate Editor, Migration, Canada
- Martin Haditsch, Associate Editor, Laboratory, Austria
- David R. Shlim, Associate Editor, Extreme Travel, United States of America
- Leo G. Visser, Associate Editor, Vaccines, The Netherlands
- Annelies Wilder-Smith, Associate Editor, Emerging Infectious Diseases, Singapore

There has also been a call for Nominations for JTM Editorial Board Members, which closes in early December. For more information about the requirements and responsibilities of the Editorial Board, please review the materials here.

Peter A. Leggat
ISTM Secretary-Treasurer

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Debra Stoner, Associate Editor
Nancy Pietroski, Associate Editor
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Debra Stoner

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Stay Alert: There’s a new mutation at ISTM

ike the influenza virus this one will knock your socks off but only with a travel medicine brain teaser. Nancy Piper Jenks and Mary-Louise Scully of Challenging Cases fame and Debra Stoner, associate editor for Travel Medicine News — Ask the Expert, have morphed their columns into a new case based challenge for members called Challenging Cases: Voice Your Opinion.

Four times a year a new case will be published. Members have until the next issue of Travel Medicine News to choose their management and send in their answers. All replies will be confidential. Only the correct responses will be chosen for publication, giving you an opportunity to compare your treatment with that of your ISTM colleagues.

Here is the first challenging case. Send your response to Debra Stoner: deb.stoner@gmail.com.

**Question:** How would you manage this patient? Please address if there is a need for, and if so, the timing of RIG, and/or PEP Rabies vaccine administration specifics.

A 40 yr old white female, volunteering with an animal rescue agency, sustained unprovoked bites on the left hand and forearm by a street dog in Indonesia one day before presentation to the local travel medicine clinic. The dog, previously friendly, had been bitten several days ago by another stray dog. The patient was diagnosed with HIV one year ago and reports CD4 counts >400 and undetectable HIV viral load on antiretroviral medication. She reports two doses of rabies vaccine for pre-exposure prophylaxis in India 2-3 years ago but is unsure if she received a third dose. She was seen at another clinic the day of injury and received a single rabies vaccine in the buttocks, and wound care.

**Debra Stoner,**
Associate Editor Travel Medicine News

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**TRAVEL TALK**

911 at 35K and Champagne: Assistance in-flight and compensation

This extremely interesting topic on the TravelMed discussion board focused on rendering medical assistance for emergencies while on a flight, and whether any form of compensation was received or should be accepted. The unanimous conclusion amongst the responders was “yes” of course they would volunteer to help a fellow passenger in need. However, experiences varied widely depending on the airline carrier. While in the minority, some were told (after volunteering when they saw someone in need) that the airline attendants could handle the issue themselves, and some were actually asked to produce their medical license (and “formal graduation medical certificates”) before being able to render care.

Common conditions attended to were gastroenteritis, vomiting, syncope, vertigo, collapse, CHF, PE, MI, seizures. With regard to what type of compensation was received from the airline, it ranged from a fruit basket, bottle(s) of wine or champagne, $100 to 15K miles, free airline tickets, leather passport holder case, thank you note, gratitude, to nothing. And at the extremes, some mentioned that they have heard of healthcare professionals that do not raise their hand when the call comes because of the fear of liability (primarily US), and one physician who actually sent the complaining airline a bill!

So what are the official guidelines on assisting in a medical emergency on a flight? It goes without saying that each airline and country have their own protocol. With ground-based medical support crews more prevalent than in years past, airline crews may be able to handle less serious medical issues (rare non-medical incidents would be due to something like severe turbulence) and may not need to call upon healthcare professional passengers. Should the request be made, medical providers should follow suggested guidelines which include practicing within the scope of their qualifications (so don’t volunteer if you don’t feel comfortable or qualified for the situation). In the US, medical providers are not legally obliged to render aid in an in-flight emergency (this does not apply to non-emergency medical advice). The AMAA considers the “medically qualified individual” (includes physician, nurse practitioner, physician assistant, nurse, paramedic, EMT) a Good Samaritan if the responder is medically qualified to provide the service, acts voluntarily, acts in good faith, doesn’t engage in gross negligence or willful misconduct (eg, is intoxicated), and receives no monetary compensation. Note that seat upgrades, travel vouchers, mile credits, etc. should not been seen as an obligation by the provider as compensation, but as a token of gratitude from the airline (some of the responders in the discussion thread said they refuse to accept any type of gift to avoid complication). A number of European countries and Australia legally obligate providers to render this type of care; if they don’t, they can be fined or imprisoned. If the provider makes a recommendation to divert the plane (in consultation with ground-based medical crews), the final decision rests with the plane’s captain.

Airlines are required to carry medical emergency kits stocked with basic supplies for assessment (BP cuff/plethoscope, gloves), airway management, AED, IV fluids, and some medications including analgesics, antihistamines, aspirin, dextrose, nitroglycerin, bronchodilator, and epinephrine. The contents of the kits may vary by country.

The bottom line from one responder: just practice the Golden Rule.

**SOURCES OF INFORMATION:**

Aviation Medical Assistance Act of 1998

Management of in-flight medical events on commercial airlines (need subscription to Up-to-Date to access)
www.uptodate.com/content/management-of-inflight-medical-events-on-commercial-airlines#H10

In-Flight medical emergencies during commercial travel

Nancy Pietroski
Travel Medicine News Associate Editor
The GeoSentinel annual meeting took place May 13-15th, 2016 in Athens, Greece in a spectacular setting at the foot of the Acropolis. This was a landmark meeting with a wide range of cutting edge topics, working group reports and a new, 5-minute, speed talk session. There were 75 participants including representatives from 52 of the 63 GeoSentinel sites. Special guests included representatives from BlueDot, TropNet and the Hellenic CDC. Here is what our working groups have been doing:

• The Enhanced Clinical Surveillance Working Group (ECSW) has seen the start of recruitment for the multi-site study on medium to long-term impact of chikungunya, dengue, falciparum malaria and Zika (CHIDEZIMA).

• Tracking-Communications Working Group (TCWG): 2016 continues to be dominated by Zika virus spread to new areas, follow up on alarming diagnoses, alerts and ProMed postings. The rapid analysis of illness in Syrian refugees was expedited for publication.

• Data Collection Working Group (DCWG): is in the process of overhauling the resistance data collection and will focus on 9 specific pathogens only. The removal of “suspect” diagnoses is planned as is the improvement of >500 code definitions.

• Special Populations Working Group (SPWG): have produced a new form for data collection for migrants that is currently being piloted by a number of sites.

Several GeoSentinel papers have been published in the last 5 months and others have been submitted. The next GeoSentinel meeting will be held in Atlanta on Sunday, 13 November, for those attending the American Society of Tropical Medicine and Hygiene annual conference.
TRAVELMED TALK: Yellow Fever Boosters Summary of Recommendations and Q&A

Yellow fever is the only disease specified in the International Health Regulations (2005) (IHR (2005)) for which countries may require proof of vaccination from travelers as a condition of entry under certain circumstances and may take certain measures if an arriving traveler is not in possession of such a certificate.

In May 2014, based on the recommendation from WHO’s Strategic Advisory Group of Experts on immunization that a single dose of yellow fever vaccine confers life-long protection, the Sixty-seventh World Health Assembly adopted a resolution to update and amend Annex 7 of the International Health Regulations. This enters into force and will be legally binding upon all IHR States Parties on 11 July 2016. Accordingly, as of 11 July 2016, for both existing or new certificates, revaccination or a booster dose of yellow fever vaccine cannot be required of international travelers as a condition of entry into a State Party, regardless of the date their international certificate of vaccination was initially issued. This lifetime validity of these certificates applies automatically to certificates issued after 11 July 2016, as well as certificates already issued.

Q&A SUMMARY

1. Do travelers need to obtain new IHR certificates of vaccination against yellow fever?
   No. Currently valid IHR international certificates of vaccination continue to be valid – now for the life of the traveler indicated.

2. Do existing certificates of vaccination need to be changed or modified to show they are valid for life?
   No. Nothing need or should be modified in the certificate; indeed under the IHR any changes, deletions, erasures or additions may cause a certificate to be rendered invalid.

3. On new certificates, what term should be entered in the space on the certificate indicating the period of validity?
   WHO suggests using the same terminology in the certificate as adopted in the revised text of Annex 7 which clearly states that the certificates are valid for life. In accordance with the IHR requirement that these certificates be completed in English or French (and may also be completed in another language in addition to English or French), the terminology used in the revised Annex 7 is as follows:

   **English:** “life of person vaccinated”
   **French:** “vie entière du sujet vacciné”

   Source: Amendment to International Health Regulations (2005), Annex 7 (yellow fever). Term of protection provided by vaccination against yellow fever infection, and validity of related IHR certificate of vaccination, extended to life of the person vaccinated.

   www.who.int/ith/annex7-ihr.pdf?ua=1

   Nancy Pietroski
   Associate Editor

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For detailed information on proposal criteria, as well as application forms, please view the ISTM Research Awards web page here.

Martin Grobusch
Research Awards Committee Chair