Zika attracted the attention of the scientific community and media in 2016. Fifty years after we successfully eliminated congenital rubella syndrome through vaccination programs, we now have another virus at hand that causes severe birth defects — a virus that was rapidly spread via travelers. With increasing population immunity in Latin America, the outbreak seems to be abating, and we are now left with two burning questions: (1) Will Zika also cause havoc in Asia or Africa, and (2) which other pathogen will cause the next outbreak? These questions keep us on our feet, also within the travel medicine community —

Human migration is now at an all-time high, accounting for 240 million persons, and is shaping world events and fuelling public debates. Recent political developments have made us in the ISTM Executive Board reflect more on migrant issues. Given the ‘travel ban’ controversies in the United States in the moment, the Executive Board reacted with the following statement: “At this important point in time, when the number of displaced persons in the world is higher than any time since the end of World War II, the ISTM would like to reaffirm to our members that we have a direct interest in migrant health, and support all international efforts to aid immigrants and refugees. Traveling across borders is the essence of travel medicine, and we want to remain mindful of the obstacles that people fleeing war zones and violence still face in the world. Almost all of our member countries are affected by this concern. More than ever, we need to remember our responsibility to help those who are not in a position to help themselves”.

Within our Society, many of our members are directly working with migrants and VFRs, some

CONTINUED ON PAGE 2
also with refugees. Some see migrants within their travel medicine settings, others in clinics only dedicated to the care of migrant or refugee health. Led by Masatoshi Adachi, the ISTM has a vibrant migrant health interest group, and anyone is welcome to join this rapidly growing group. Migrant health has traditionally not been the focus of the ISTM; in the years to come, it will be our task as a Society to work out how we can effectively contribute to the health issues of migrants. Clearly, we are neither in a position nor do we want to duplicate the efforts of other organizations or societies in migrant health. We need to delineate our specific role and niche. I am looking forward to reading opinion papers, editorials and reviews in future issues of the Journal of Travel Medicine elaborating on the interface of travel medicine and migrant health. To advance migrant health issues within the ISTM, our Barcelona conference will offer a pre-conference course on migrant health on 14 May 2017. http://cistm.org/charitydonations. The Executive Board is also considering a migrant health themed conference in 2018, if all things come together.

For the time being, all those who have a heart for the plea of migrants, especially the current migrant crisis in Europe, ISTM has a charity program and we deliberately selected worthwhile initiatives and projects around migrant health. See more at: www.ISTM.org/charitydonations. The International Society of Travel Medicine has been focused on the care of traveling and mobile populations for more than 25 years. From a fledglingly small Society 25 years ago, we have grown into a sizable Society with more than 3500 members, are financially sound, and offer a wealth of diverse programmes. Such phenomenal growth was only possible because of the grand vision, passion and persistence of our Founders. Twenty-five years further, we aim to honour them during our upcoming ISTM conference in Barcelona. They deserve our applause and thanks!

In Barcelona we will also feature the “ISTM fellowship awards”, and the special journal Travel Medicine issue on “Closing the Gap”. And most importantly, we will have two sessions dedicated to disseminating the results of the ISTM Traveler’s Diarrhea Summit that took place in 2016.

Many of us are still reeling from the untimely passing of Alan Magill, a recent Past President of the Society. In remembrance and acknowledgement of his achievements, we have invited an eminent speaker to give the first Alan Magill Memorial Lecture. It will be no other than Alan Feachem, the first Director of the Global Health Fund for Malaria, TB and HIV. Feachem understands the malaria field more than anyone else and will also highlight the pivotal role that Alan Magill played in this field.

Having just returned from the Conference Scientific Program Committee meeting, I can attest that under the able leadership of Christina Greenaway together with her co- and associate chairs (Karin Leder, Lin Chen, Francesco Castelli and Eskild Peterson) and the strong professional support from the ISTM office, we will have an excellent scientific program in May in Barcelona.

Past-President David Shlim always says “there is only one conference for each President”. Indeed, the upcoming CISTM15 will be the one and only conference where I have the privilege of having the oversight of all preparations. I am excited that this year’s CISTM will also commemorate the 25-year anniversary of the ISTM, reflecting and celebrating the achievements to date. We are planning many festive events around this theme, in particular the ISTM 25th Anniversary gala dinner in Poble Espanyol on Tuesday 16 May 2017. Located in one of the most emblematic areas of Barcelona, in the Poble Espanyol reveals the diversity of Spain in kind of an open-air museum. Come and enjoy the architecture, the traditions, the art and the culinary tastes of Spain. To this end, make sure that you purchase your gala dinner tickets soon, as we only have a limited number of tickets available.

We have all reason to celebrate ISTM’s successes over the past 25 years. But we cannot stand still. For the next 25 years, our aim is to move even more from success to significance. How can we expand our influence in the global health arena? How do we become an even more inclusive Society? How do we address the travel medicine issues that arise from changing travel and migration patterns? When I hand-over my Presidency at the end of my term, I can attest that under the able leadership of Christina Greenaway together with her co- and associate chairs (Karín Leder, Lin Chen, Francesco Castelli and Eskild Peterson) and the strong professional support from the ISTM office, we will have an excellent scientific program in May in Barcelona.

Annelies Wilder-Smith
ISTM President

Global Health Sciences, will address the attendees in the inaugural Alan Magill Memorial Lecture, honouring the late past-president of ISTM. Second, the ISTM turns 25! We’ll celebrate this special occasion with the Gala Dinner at Poble Espanyol. Third, the first class of ISTM Fellows will be inducted, those individuals with specific long-term contributions to travel medicine and the ISTM. For those with specific interest, the pre-conference workshops will cover Migrant and Refugee health, university students traveling abroad, and pharmacist providing travel medicine services. The first gathering of the new interest group regarding travelers who work abroad will be held.

In this issue of Travel Medicine News, you’ll find other great stories like Nancy Pietroski’s summary of current changes at Traveldoc, our active and spirited forum. You’ll also find the second instalment of Challenging Cases: Voice Your Opinion which is a merger of “Ask the Experts” and “Challenging Cases”. Nancy Piper Jenks and Mary-Louise Scully. This will be Dr. Scully’s last issue, as she is moving on to other projects. By Nancy Piper Jenks and Mary-Louise Scully.

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The ISTM has added new options to the Clinic Directory! You can now include in the directory and let viewers know if you offer the Japanese Encephalitis Vaccine, Rabies Immune Globulin, and Rabies Pre and Post Exposure vaccination. This will be a great resource and will help decrease the requests for this information on the ISTM list serve. You can update your Clinic Listing(s) by following the instructions below.

- From your Profile select My Clinic Directory Listing from the menu on the left-hand side.
- You may then update your Directory Information.
- If you have more than one clinic listing, you may edit each one with the specific vaccines available in each clinic.

Changes will be saved and immediately available in the Clinic Directory. We also invite you to update your clinic listing even if you do not offer these new options. Keep your listing up-to-date to get the most out of your FREE listing. If you have any questions, please feel free to call or email the ISTM Secretariat.

Mary-Louise Scully
Professional Education Committee Chair

SPECIAL RECOGNITIONS COMMITTEE

The Special Recognitions Committee (SRC) has now reviewed a number of applicants for fellow status in our society. These names have been presented to the Executive Board who approved the recommendations. We will announce the new fellows at the CISTM15 in Barcelona. We encourage all who likely qualify to submit the paperwork to be considered for advancement to fellow status. The committee is aware of a number of members who clearly qualify but did not apply. We hope to be able to honor all the qualified members in the next round of applications. Stay tuned for word from our Executive Director about the open period for applications and the requirements.

The SRC is also delighted that the proposed Alan Magill Memorial Lectureship has been organized and will be featured in Barcelona. The scientific committee in collaboration with the SRC has chosen Richard Feachem as the first Alan Magill lecturer. Professor Feachem is a giant in the field and I feel confident that everyone will learn a great deal from him regardless of your experience in travel medicine.

We are also planning a special award during our ISTM business meeting. I will not divulge the details but urge everyone to attend the ISTM membership assembly!

Respectfully submitted,
Charles D. Ericsson
Special Recognitions Committee Chair

ISTM has opened electronic voting for the 2017 Presidential and Executive Board Elections. I encourage all ISTM members to review the candidate information and vote for the various positions available. The balloting system is open for 60 days, and you may cast your vote at any time prior to 17 March 2017.

Before voting, you have the opportunity to:
- Review the statements provided by each of the candidates on the ballot,
- Submit any questions you have of a candidate directly to that candidate’s email address provided, and
- Review the election guidelines and current Executive Board Members you can also find on the ballot.

Like several other global organizations, the ISTM Presidency changes continents and there are limitations in the overall number of Board members that can come from these areas as well. This helps to ensure that issues of concern for members in each region can receive representation.

Emails are being sent to all ISTM Members in good standing directly from the independent balloting company. If you have not yet voted, please watch your email for reminders to vote are being sent to those who have not recorded their vote. You do not need to vote immediately when you access the actual ballot. You may revisit the ballot as often as you wish. Your actual vote is not recorded until you submit it, but please be sure to submit your vote prior to the 17 March 2017 deadline. If you have not received your email, please contact the ISTM Secretariat at ISTM@ISTM.org.

There are three positions up for election this year and candidates for each of these positions are as follows:

- Candidates for President-Elect: Lin Chen, United States of America, Andrea Rossanese, Italy
- Candidates for Counselor: 1: Androula Pavli, Greece and Kenneth Dardick, Canada 2: Elizabeth Barnett, United States of America and Kevin Kain, Canada 3: Claire Wong, New Zealand, Immediate Past President
- Candidates for Counselor: 1: Annelies Wilder-Smith, Singapore, Immediate Past President

Please note that the Board that will be in place in May of 2017 to serve with the successful candidates will be:

Leo Visser, The Netherlands, President

Annelies Wilder-Smith, Singapore, Immediate Past President

Gerard Flaherty, Ireland, Counselor

Claire Wong, New Zealand, Counselor

The SRC is also delighted that the proposed Alan Magill Memorial Lectureship has been organized and will be featured in Barcelona. The scientific committee in collaboration with the SRC has chosen Richard Feachem as the first Alan Magill lecturer. Professor Feachem is a giant in the field and I feel confident that everyone will learn a great deal from him regardless of your experience in travel medicine.

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Respectfully submitted,
Charles D. Ericsson
Special Recognitions Committee Chair

ISTM President-Elect and Counselor Elections: Your Vote Counts!

Travel Medicine News | March 2017
**Meetings**


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**Upcoming GEOSENTINEL**

One of the flagship programs of the ISTM is GeoSentinel, a global surveillance network created in order to collate and share data concerning travel- and immigration-related infectious diseases. GeoSentinel identifies illnesses among travelers, immigrants, and refugees and alerts medical and public health professionals. GeoSentinel Sites, participate in surveillance and monitoring of travelers to detect alarming diagnoses or atypical events and monitor trends. These activities allow for the creation of a unique database on travel-related morbidity and, through information sharing globally, informs public health on changes in infectious disease epidemiology.

There are currently 64 GeoSentinel sites, located on five continents, with 24 in North America, 22 in Europe, 9 in South and Southeast Asia, 2 in South America, 3 in Africa, 2 in Australia/New Zealand, and 2 in the Middle East. As of February 2016 there are over 275,000 records in the GeoSentinel database.

As part of the GeoSentinel structure, there are four working groups that share the work and leadership of the program. The Data Management Working Group has been auditing the updated GeoSentinel form and has started a process of randomly choosing records for checking to improve data quality. The group also continues to work through the full list of codes to refine and improve definitions. The Enhanced Clinical Surveillance Working Group has seen increased recruitment for a multi-site study on the medium to long-term impact of chikungunya, dengue, falciaparum malaria and Zika (CHIDEZIMA) infections. Discussions are at an advanced stage on a biobank project to define the etiology of undiagnosed febrile illnesses in travelers. Special Populations Working Group has launched a new form for data collection for migrants. The group is about to launch a new project on health care during travel. The Tracking-Communications Working Group follows up on alarming diagnoses, creates alerts and eBulletins for distribution to GeoSentinel Sites, and Affiliate members and creates and sends ProMed postings and interacts with public health authorities. Recent alerts reported schistosomiasis infection in a cluster of Belgian travelers returning from South Africa, increased yellow fever transmission in South America, and an outbreak of Sindbis infection in the Johannesburg area in Gauteng Province, South Africa. The Tracking Communications group is currently evaluating illness in Eritrean migrants.

This TC working group specifically encourages input from GeoSentinel Affiliate members (now numbering more than 220 ) who are not Sites but who report infections of interest to GeoSentinel. If you want to become a GeoSentinel Affiliate member click here…or contact patricia.schlagenhauf@uzh.ch.

Several GeoSentinel papers have been published in recent months and others are submitted or in revision. A major analysis on “Zika acquired in the Americas” was published recently in the Annals of Internal Medicine. The GeoSentinel daughter networks CanTravNet and EuroTravNet focus on Canadian and European travelers respectively and publish specific papers of interest for the subnetworks.

The next GeoSentinel Annual Meeting will take place in Barcelona, Spain immediately preceding the CISTM15 and this promises to be the largest ever GeoSentinel meeting with an exciting agenda.

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**THE SECRETARIAT**

Travel Medicine News | March 2017
Interest Groups

We are excited to invite you to be part of a new ISTM Interest Group

TRAVEL FOR WORK

Do you counsel patients who travel for work? The ISTM Executive Board has approved the perfect Interest Group for you. This group is free to join with your ISTM membership and will give you the opportunity to collaborate with other ISTM members who counsel all types of patients that travel for work including sports organizations, the entertainment industry, NGOs, military contractors, religious organizations, independent contractors and volunteers.

Network your colleagues and work to help establish best practice guidelines and recommendations to assist employers and organizations in keeping employees and members safe, healthy, and productive while traveling abroad and upon their return.

The founding organizers for this group are Albie de Frey, South Africa, Carolyn Driver, United Kingdom and Michael Holzer, United States of America. If you are interested in joining this group, you can join on MyISTM by logging into your account and selecting All Communities from the menu bar across the top. Then navigate to the Travel for Work group. You should see a green JOIN button. You may contact the ISTM Secretariat at ISTM@ISTM.org if you have any difficulties.

We hope you will agree to join us in this work and welcome your comments.

MIGRANT AND REFUGEE HEALTH

The Migrants and Refugees Health Interest Group invites all ISTM members who are interested in Health of Migrant, Refugee and other mobile population to join the group. The focus of the group is to promote knowledge about Health of Migrant and Refugees within Travel Health Community. This year the group is taking a huge leap in the progress.

CISTM15 Barcelona: Pre-Congress Course, May 14th 2017

The Council members are organizing Pre-Congress course for the CISTM15 in Barcelona. The theme of the workshop is “Overview on Health of Migrant and Refugee for Travel Medicine Provider”. Pre and post travel visits can be used to optimize migrant and refugee health. However, health of Migrant and Refugee has not been discussed widely within the field of travel medicine. The aim of the session is to provide Travel Medicine Providers with overview knowledge about Migrant and Refugee health. We hope that the resources would serve as introduction to the basic concept and knowledge relating the health of Migrant and Refugee. We hope many members would join the session!

ISTM Special Task Force on Migrant

The ISTM Executive Board has created a Special Task Force on Migrants. It is going to be working in conjunction with the Interest Group Council and is considering further development of programs or projects with the Migrants themed events with support of ISTM Executive Board. This is a huge progress in bringing discussions about Migrant and Refugee Health within Travel Medicine and will enable for more official programs and projects such as possibility of a Themed Issue for the Journal, a Member-Benefit Webinar, an Educational Case Study, or any other materials of a Themed Issue for the Journal, a Member-Benefit Webinar, or any other materials. As Interest Group Council, we hope to provide and bring opportunities for all the interest group members to be involved in the process. Please address any issues or topics, ideas or suggestions to us to make the programs or projects even better as further details unfold!

This year is going to be another exciting year for the interest group with many opportunities for projects. We would like to encourage each interest group members to be involved in the process and discussions. Health issues relating to migrant and refugee involve immediate health issues to long-term care. Also, health needs of migrants and refugees are not only a global issue but are local issues as well. We are waiting for your support and involvement!

We're all looking forward to CISTM15 in Barcelona. There will be a reasonable amount of pediatric content to keep our members interested! Plans for the Asia Pacific Travel Health Conference are going well, and several pediatric topics/speakers are planned. This meeting will be held in Bangkok in March next year.

John Christenson continues to do a great job maintaining the Pediatric Interest Group Bibliography, a list of references relevant to pediatric travel medicine. If there are recent articles you feel are missing, please let us know via email or on the listserv.

As always, please let me know if you have any requests or ideas for activities that you think our group should pursue. Look forward to seeing you in Barcelona.

CONTINUED ON PAGE 10
PSYCHOLOGICAL HEALTH OF TRAVELERS

W
e are encouraged that the CISTM15 Scientific Committee have devoted a symposium at Barcelona to our area of concern and look forward to enjoying the presentations they have planned.

We are currently a few months late in nominating new Steering Committee members. We thank Dr Toby Abaya, from Manila in the Philippines for his 4 years on the committee. He brought expertise in the needs and issues of sea farers. Dr Tom Valk, formerly in the US Army, joined the Steering Group when we formed in 2009, became a highly efficient Chair in 2012, and after two years now finishes his ex-officio term. Dr Ted Lankester’s infectious enthusiasm and drive were instrumental in setting up the Interest Group which was formed after the 2009 Budapest Conference. He served an extra two years’ ex-officio but now leaves us after 6 years and has ceased Travel Medicine Practice. I continue ex-officio on the Steering Council for another two years alongside Lineke Westerveld-Sasson who is based in Nairobi and we expect Sung Mo Chung to continue to represent SE Asia.

Bookings for Barcelona are encouraging and I look forward to seeing many of our Interest Group Members there.

RESPONSIBLE TRAVEL GROUP

T
he group has been continuing to explore important travel health issues that are not routinely addressed by ISTM – for example responsible travel, eco travel and voluntourism. More recently we have become interested in the ethical issues raised by cruise tourism and medical voluntourism. More recently we have become interested in the ethical issues raised by cruise tourism and medical voluntourism.

The Student Travel Abroad Health Interest Group (STA) has been staying busy with a few projects about which we’re very excited. We created and distributed a survey to learn more about the practices and issues of those providing care to students that are traveling internationally (with many thanks to Jodi Metzgar for all of her help in accomplishing this!). We had a good return of 345 (12.5%) members of ISTM who participated with very interesting results. Thank you to all who took the survey!

We had subsequent fruitful discussion and analysis of the survey results and we proceeded to develop and submit an abstract for consideration for CISTM 15 based on the survey findings. We look forward to continuing to work with this data and generating further investigations as we move forward.

We are currently preparing our pre-conference workshop for CISTM 15 in Barcelona. “What do Clinicians Need to Know About University students traveling abroad?” with topics to include:

• Why are STAs different from other travelers?
• Providing quality student travel healthcare before, during and after a trip and the unique challenges of working in a college or university setting
• You’re leaving when??? Pre-travel preparation of the student with limited time and/or budget
• Caring for international students on your campus.

The workshop will be on Sunday, 14 May and is free of charge but preregistration is requested; we would love to see you there!

The Student Travel Abroad Health Interest Group is an open group and we would heartily welcome any and all new members. Please do not hesitate to contact us with any questions or for more information.

NURSES

C
oming to Barcelona? Please do! I look forward to meeting all of you. This year ISTM celebrates its 25th Anniversary! By all reports: Barcelona is a lovely place in Spring.

Our traditional Nurses Reception will take place on Sunday, 14th May, just before the opening ceremony. This facilitates a great opportunity to network with fellow nurses from around the world. I encourage all NPG members to plan to attend and meet your global peers.

The NPG also is providing the CTH exam prep blog to help you successfully sit for the exam. Log on to MyISTM, go to the Community page, click on “Explore All Communities” and find the Nursing CTH Study Group. Click on “Join” and follow prompts.

NPG also offers two awards, one for the emergent nurse new in their career and one for the experienced, leadership-level nurse. These are awarded annually in the form of complimentary CSTM conference attendance. The submission deadline is 15 February, so if you haven’t already done so, please check out the guidelines on the NPG page: http://istmsite.membershipsoftware.org/nursinggroup.

In May, there will be a few openings on the NPG Leadership Council. Give it some thought over the next few months and please decide favourably to join the team for a two-year term. Truly, the service is not burdensome!

I want to take the pulse of our nurse membership. What would you like your group to do support you in your practice? I welcome all your suggestions for building NPG and maintaining a strong role for nurses within ISTM. Contact me at sueann.mcdevitt@premisehealth.com.

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Professional Working Groups

PHARMACISTS

Pharmacist Professional Group Resource now available

In the last issue, we reported on our progress regarding three resources being developed by the PPG group. We are delighted that the database of information regarding carrying medicines across international borders has recently been made available to ISTM members on the website in the ‘members only resources’ section.

This contains details concerning the known regulation when a traveler is carrying medicines for personal use when crossing the international borders for a particular country. It can be a confusing subject when researching what an individual country may allow on entry. The quantities of medicines allowed can vary considerably as can the requirement for a doctor’s letter, prescription or other form of authority. Those medicines open to abuse, mainly narcotics and psychotropics are usually specifically controlled, though some countries have regulations concerning other classes.

The International Narcotics Control Board does have a database of the regulations for some countries but is not always up to date, sometimes is difficult to decipher and might not include all of the relevant information. Our database clarifies the information on the INCB database and expands on that information obtained from other relevant official websites. At the moment, the database only lists those countries that have submitted to the INCB. We are working on the remaining countries, around 70 in number, and should have that completed by May this year.

We would be very grateful for any feedback from those members who have looked at or used the database. Is the information clear or can the layout be improved? Also, we would be interested in anyone who feels that they can contribute to updating this database for their own countries as an ongoing commitment. Please correspond with Prof Larry Goodyer lgoodyer@dmu.ac.uk.

McDevitt, Pharmacist

Professional Working Group Chair

Larry Goodyer

Pharmacist Professional Group Steering Council
STM hosts a Travel Medicine Review and Update Course in North America each year. This year the Course will be held in Washington DC, United States of America 10-11 March. Registration is over 200 but there are limited spots left. Online registration closes 3 March, but onsite registration will be available.

Program Topics include:
• Global Travel and Risk Assessment
• Vectors and Vector Avoidance
• Malaria and Malaria Prevention
• Routine Vaccines and Travel
• Pre-travel Cases
• Travel Vaccines (YF, JE, Typhoid, Rabies)
• Vector-Borne Diseases
• Extreme Travel
• Pregnant and Breastfeeding Travelers
• Marine Medicine, Bites, and Envenomations
• Travelers’ Diarrhea
• High-Risk Travelers
• More Cases
• Approaches to the Ill Returned Traveler
• Travel with Children
• VFR, Long-term, and Business Travelers
• Post-travel Cases

Confirmed Faculty includes:
Elizabeth Barnett, MD
Nancy Piper Jenks, MS, CFNP
Lin Chen, MD
David Hamer, MD
Jay Keystone, MD
Anne McCarthy, MD
Mark Riddle, MD
Mary-Louise Scully, MD

Full Agenda available online:
www.ISTM.org/certificateofknowledgec

ISTM CERTIFICATE OF KNOWLEDGE IN TRAVEL HEALTH
EXAMINATION
14 MAY 2017
BARCELONA, SPAIN

CTH Exam
The ISTM Certificate of Travel Health recognizes individual excellence in knowledge in the field of travel medicine and is awarded to those who pass the ISTM CTH Examination. The exam focuses specifically on the level of knowledge that is necessary to practice travel medicine. The field of travel medicine has grown dramatically as greater numbers of people travel to exotic and remote destinations. Almost a billion travelers cross international borders each year.

The 15th Certificate of Knowledge Examination will be held prior to the opening of CISTM15 on 14 May 2017 in Barcelona, Spain. Applications will be accepted until 3 April 2017 or until we have reached the maximum number of candidates. A complete application includes filling out the online registration application, payment and submission of approved photograph.

For more information, please consult the ISTM website at www.ISTM.org.

ISTM Body of Knowledge Review Asks for your Help!

Travel medicine has become increasingly complex due to dynamic changes in global infectious disease epidemiology, changing patterns of drug resistance, and a rise in the number of travelers with chronic health conditions.

The ISTM created a Body of Knowledge to guide the professional development of individuals practicing travel medicine, to shape curricula and training programs in travel medicine and to serve as a vehicle for establishing the content validity of a credentialing process. The ISTM Body of Knowledge requires regular review and updating and the Committee is in the initial stages of this review process.

A survey has been sent out to all ISTM Members and all CTH holders, asking for input into the Body of Knowledge and the practice of travel medicine. The survey will remain active through March of 2017, and email reminders will be sent out again. If you have not yet completed it I encourage you to do so soon. Once the survey closes, the responses will be analyzed and the entire Body of Knowledge will be reviewed and updated.

Thank you to those of you who have already completed the survey, your contributions will help us ensure that the ISTM Body of Knowledge best captures our changing and dynamic field.

Pierre Landry, ISTM Exam Committee Chair
It's that time of year again! ISTM will be offering the 15th Certificate of Knowledge in Travel Medicine examination on 14 May 2017 prior to the opening of the 15th Conference of the ISTM in Barcelona, Spain. The certificate recognizes professionals who have demonstrated expertise in the unique body of knowledge associated with travel medicine care and consultation. Professionals passing the exam will be granted a Certificate in Travel Health™ or CTH®. ISTM members who receive the certificate will be given special recognition on the ISTM website and in the “ISTM Global Travel Clinic Directory”.

Every year, the TravelMed listserv contains posts about how to study for (and pass) the exam. Here’s a list of suggestions from ISTM and the listserv to get everyone started, even if you’re not planning to take the test this year.

- Review what you need to know for the exam on ISTM.org. www.ISTM.org/candidatebulletin#prepare
- Familiarize yourself with the Body of Knowledge, available on ISTM.org.
- In the “How do I Prepare for the Examination?” section mentioned above, there is a detailed outline of the seven major content areas of the examination based on the BOK, with an indication (in parentheses) of the approximate percentage of the examination devoted to each area. Try to spend more time studying for those areas in which you have less familiarity but will have a higher percentage of questions on the test. istmsite.membershipsoftware.org/content.asp?contentid=223
- The Body of Knowledge for the Practice of Travel Medicine View/Download in RTF Format
- Review offerings in the ISTM Online Learning Program on ISTM.org. istmsite.membershipsoftware.org/onlinelearningprogram
- Review sample exam questions on ISTM.org. istmsite.membershipsoftware.org/cth_samplequestions
- Listserv suggestion: Review the CDC Yellow Book and CDC Pink Book (these are available online), and the WHO “Green Book” (a little dated, but information for travelers is available on the WHO website also). Also check different country health agency websites wwwnc.cdc.gov/travelpage/yellowbook-home-2014 www.cdc.gov/vaccines/pubs/pinkbook/index.html www.who.int/ith/en/
- Listserv suggestion: Review the following texts (these must be purchased). “Travel Medicine Third Edition” by Keystone et al. “MCOs in Travel Medicine” by Dom Colbert “The Travel and Tropical Medicine Manual” by Sanford et al.
- Listserv suggestion: Form study support groups and work together to study.
- Final suggestion: Take a breath and relax. You got this!

Nancy Pietroski
Travel Medicine News Associate Editor

ISTM MEMBER BENEFIT
WEBINAR PROGRAM

We are life-long learners. Outbreaks, new methodologies, and a myriad of travel experiences come at us from all sides. Staying current can be difficult. ISTM is leveraging the power of online education to bring you regular updates through our webinar program, a free benefit for ISTM members. Every few months a subject area expert, from around the globe shares their expertise to clinicians. Topics have ranged from altitude sickness, traveler’s diarrhea, Zika, and Chikungunya.

Webinars provide an opportunity to do a deep dive into a topic. Our experts present salient background information and then field questions from participants. Our moderators keep the discussion lively and clinically focused. For those who can’t attend live the recordings are available on our website.

You can sign up for future webinars through the website or links sent to your email. Please send ideas you have for future webinars to Jodi Metzgar at ISTM.org. We are always looking for topics of interest to clinicians.

ISTM Members can view previous webinars for FREE once logged into your MyISTM account, by clicking Member Benefit Webinars from the Resources & Tools menu. All future webinars will be available on the website within a week of recording date.

TRAVEL HEALTH
AFRICA 2018

After a very successful meeting in Port Elizabeth last September, we are already planning a next event. To be able to raise the proportion of those attending from countries besides South Africa, we may kindly ask all members to inform us about colleagues residing on the African continent who either are already practicing travel medicine (e.g. taking care of visitors) or who may be students who returned after having expressed interest in practicing in our field. We need just the name and the email address.

Thank you in advance
Salim Parker, salimparker@yahoo.com, Task Force Travel Health Africa 2018
Robert Steffen, robert.steffen@uzh.ch, ISTM Liaison Committee

Sarah Kohl, Program Director for ISTM Member Benefit Webinars
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CISTM15 SCIENTIFIC PROGRAM HIGHLIGHTS

Plenaries

Monday, 15 May
Migration
Migration, Human Mobility and Health: A Global Agenda
David Mosca, Switzerland
Screening Migrants at Europe's Forefront: Evidence, Feasibility and Acceptability
Teymur Noon, Sweden
What do Migrants Bring to the Host Country?
Cecilia Kyenge, Italy

Tuesday, 16 May
Global Health
Public Health Emergencies of International Concern
Helen Rees, South Africa
Disease Surveillance and Mapping: From Big Data to Informal Networks
TBD
Global Health Security: Preparedness and Response: Can We Do Better and Stay Safe?
Martin Celton, United States of America

Wednesday, 17 May
Antimicrobial Resistance
Global Overview of Antimicrobial Resistance
Jordi Vilà, Spain
Role of Travelers in the Spread of Resistant Organisms
Mary Wilson, United States of America
International Responses to Antimicrobial Resistance and Implications for Travelers
Marc Mendelson, South Africa

Thursday, 18 May
Zika
Virology, Epidemiology, Entomology
Amadou Sall, Senegal
Clinical Manifestations: Congenital Zika Syndrome
Laura Rodrigues, Brazil
Public Health and Travel Medicine Implications, Vaccinations
Susan Hills, United States of America

Honorary Lecture
Wednesday 17.15 - 18.15
Alan Magill Memorial Lecture
Sir Richard Feachem, United Kingdom

Panel Discussions
Travelers Diarrhea
Moderator: Mark Riddle, United States of America
Bradley Connor, United States of America
Anu Kantele, Finland
Prativa Pandey, Nepal
Refugee Crisis in Europe: What is the Situation?
Moderator: Rogelio Lopez-Velez, Spain
Rogelo Lopez-Velez, Spain
Androula Pavli, Greece
Susanne Pruskil, Germany
Dengue Vaccines
Anna Durbin, United States of America
Accessing and Choosing Vaccines Not Available in High Income Countries: JE Vaccine
Brian Ward, Canada
Malaria Chemoprophylaxis
Global Epidemiology and Imported Malaria
Christoph Haiz, Switzerland
Developing Evidence-Based Malaria Guidelines
Anne McCarthy, Canada
From Guidelines to Real Life: Making it Work for Practitioners and Patients
Ivan Solà, Spain

Malaria
Pathogenesis, Defining and Predicting Severe Malaria (Immune and Non Immune)
Kevin Kain, Canada
What’s New in Malaria Prevention and Management?
Jörg Möhrle, Switzerland
Malaria Treatment Guidelines
Martin Grobusch, Netherlands
Our Dangerous World: the impact on Climate Change, Air Pollution and Natural Disasters on Travel Health
Martin Cetron, United States of America
Climate Change and Infectious Disease Threats to Travelers
Jan Semenza, Sweden
Air Pollution, Heat and Humidity: Health Risks and Advice for Travelers
Alastair Woodward, New Zealand
Extreme Event: Global Picture (Earthquakes, Tsunamis, Flooding, Drought)
Kirsten Johnson, Canada
Extreme Travel
Attitude
Peter Bärtsch, Switzerland
Space Travel
Gerard Flaherty, Ireland
Extreme Temperatures (Cold and Heat)
Gordon Giesbrecht, Canada
Immunosuppressed Travelers
Pre Travel Vaccines/Malaria
Christoph Haiz, Switzerland
Prophylaxis - Splenectomy
Helena Askling, Sweden
Self-Rx and Accessing Care during Travel
David Freedman, United States of America
From Guidelines to Real Life: Making it Work for Practitioners and Patients
Ivan Solà, Spain

Traveling for Study and Field Work
Fiona Genasi, Scotland
Traveling for Sex
Jay Keystone, Canada
Travel for Seniors
Irmgard Bauer, Australia
High-Impact Outbreaks
Ebola: Managing Post Outbreak, and Chronic Complications
Daniel Bausch, Switzerland
MERS-CoV: What’s the Story with Camels?
Marjorie Pollack, United States of America
Avian Influenza: Current Status and Pandemic Potential
Albert Osterhaus, Netherlands
New Management Guidelines/ Evidence
Leishmania
Michael Libman, Canada
Neurocysticercosis
Christina Coyle, United States of America
Strongyloides
Zeno Bisoffi, Italy
Chagas
Jose Antonio Perez, Spain
Yellow Fever
Present Outbreaks
Oyewale Tomori, Nigeria
Vaccine Shortage and Schedules
Annelies Wilder-Smith, Singapore
WHO Recommendations: Lifelong Protection, ICP
Dipti Patel, United Kingdom
Special Traveling Groups
Female Travelers - Does Travel Medicine Need a Venus Spin?
Patricia Schlangenhaufl, Switzerland
Youth Traveling to Mass Gatherings
Susan Kuhn, Canada
Expat and Long-Term Traveler
David Hamer, United States of America

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MEMBER NEWS

Award to be Presented to Annelies Wilder-Smith
The ISTM would like your help congratulating our President, Annelies Wilder-Smith, on her latest accomplishment.

Annelies is to be presented the prestigious Nanyang Research Award on 16 March 2017 from Nanyang Technological University. This award recognizes individuals or teams who have made an outstanding contribution in extending the frontiers of knowledge.

We are so proud of our ISTM President. Congratulations Dr Wilder-Smith.

Do you have something exciting to share with your ISTM Colleagues? We want to hear about it! We encourage you to share with us your awards, promotions, new positions, published interviews, etc. We will feature in our newsletter, Travel Medicine News.
What advice would you give this student? In addition, would you pursue any further measures or communication with the professor or the university?

Send responses to maryscully.ms@gmail.com.

Answer to the November 2016 Challenging Case – Voice Your Opinion 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 unprotected 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 antiviral 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.

Ringing in the New Year with their opinions are:

1) Lisa C. Lynch Jones APRN, FNP from St. Louis Park, MN, USA:

I do not consider this patient fully immunized with pre-exposure prophylaxis if she did not receive 3 doses before trip departure. Two pre-exposure doses are not sufficient. Rabies is 100% fatal if left untreated so we don’t take any chances.

I would treat this patient as unimmunized and give her HRIG plus 4 doses of IM rabies vaccine as well as copious wound cleaning and a tetanus booster.

She received the first dose of rabies vaccine yesterday on day zero. I reviewed the package insert and the deltoid muscle is preferred. It says to avoid the gluteal muscle since administration in this area would result in lower neutralizing antibody titers. To be safe, the entire series should be started over.

HRIG which should be infiltrated in the wound site 20 units/kg after a thorough cleanse and irrigation with disinfectant, soap, iodine or alcohol.

Give her HDCV or PECV 1 ml immediately and have her return on days 3, 7, and 14 for rabies post exposure vaccination series.

Her HIV status does not change the recommendations. She is immune competent with a CD4 count over 400 and undetectable viral load.

She should also receive a tetanus booster if her current vaccine record is not available.

If the dog is available for observation or pathology it should be brought to a vet or nearby animal control.

I would ask if the wounds were thoroughly irrigated and cleaned with soap and water for 15 minutes. I would also assess the wounds for secondary infection, provide antibiotics if thought necessary, clean, wash and debride it if need be. Provide tetanus prophylaxis if vaccination not up to date. I would redress the wound and recheck it on every visit for subsequent rabies PEP vaccination.

For immunosuppressed patients, I would check rabies serology 14-21 days post dose 5 and give further vaccine if result is less than 0.5 IU/ml.

The dilemma is, do we treat her as immunosuppressed when technically she is not?

I would use the standard 5 dose ESSEN PEP in this particular case because of the HIV, even though technically this patient is not significantly immunocompromised (I would usually use the modified ESSEN 4 dose regimen for immunocompetent patients). I am sure that both the patient and myself would be more comfortable with the 5 dose PEP to ensure an optimal response to vaccination.

2) Dr Eddy Bajrovic Medical Director for Travelvax, Australia:

The relevant issues that need addressing pertain to her history, initial doses of PEP if she received and hence the ongoing PEP schedule we should provide for this patient. Issues in history are: she is being treated for HIV, technically not immunocompromised given CD4 count and undetectable viral load; has previous incomplete PEP (presumably with no supporting documentation) and a Grade III exposure; and her initial PEP Rx was not according to WHO guidelines.

Doses given in the buttocks should not be counted, as the immune response to vaccinations at this site is unpredictable.

The dog’s behaviour is highly suspicious for rabies and I am assuming that we cannot count on getting information about the dog’s health in the ensuing 10 days so we should manage our patient as if the dog were rabid.

As her PEP course is incomplete and undocumented I would treat her as if she had not previously received PEP and so provide HRIG injected into all her wounds in the correct amount given her body weight. I would give her the ESSEN regimen of human cell culture rabies vaccine as follows: First dose, day 0, on this visit and then a dose on days 3, 7, 14 and 29. I would not be inclined to use the modified ESSEN of 4 doses of rabies vaccine.

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3) Dr. David Shlim from Jackson Hole, Wyoming, USA:

A 40 yr old woman, volunteering with an animal rescue agency, sustained bites on the left hand and forearm from a stray dog in Indonesia. The dog, previously friendly, had been bitten several days ago, by another stray dog. The patient doesn’t recall doing anything to provoke the animal to bite her.

The woman was working with an animal rescue agency, so it’s possible that she knew the animals in the area in which she was working. Or she may have stayed in the same house or lodge long enough to get to know the animals in the area. Otherwise, it would be unusual that she could describe the dog as “previously friendly.” She would also otherwise have been unlikely to know that the dog had been bitten several days earlier by another street dog. Because she was apparently aware of the dog having been bitten, she reported it to the doctors. However, this detail has no bearing on the case, as the average incubation period of rabies in dogs is 3 to 8 weeks. The dog that was bitten could not have rabies virus in its saliva for at least the recent bite. In addition, deciding whether a bite is “provoked” or “unprovoked” has not proven useful in determining whether a traveler has been possibly exposed to rabies. Street dogs in rabies endemic regions can have rabies virus in their saliva for up to 5 to 7 days before showing signs of encephalitis. So, whether a dog is behaving differently, or aggressively, or just chose to bite because it was irritated at that moment, will have no bearing on the decision to recommend PEP. Even if a tourist wrestled a street dog to the ground and tried to steal its food, and got bitten as a result, it wouldn’t change the need to give PEP.
The patient was diagnosed with HIV one year ago and reports CD4 counts >400 and undetectable HIV viral load on antiretroviral medication. She received two doses of rabies vaccine for pre-exposure prophylaxis in India 2-3 years ago. She doesn’t remember obtaining her third dose.

Her history of HIV positivity is obviously important to obtain, but since her counts are normal, this will not affect any current recommendations. Purified chick embryo cell vaccine, manufactured in India, and sold as Rabipur, is considered a good vaccine. However, from the above description, we don’t know whether that was the vaccine she actually received or how it has been stored.

She was seen at another clinic the day of the injury and received a single dose of rabies vaccine administered in her buttocks and wound care. The key features of the case are:

1. She received multiple bites on her hand from a street dog.
2. Her immune status can be considered normal.
3. She has a past history of two doses of rabies vaccine two to three years earlier.
4. She received one dose of rabies vaccine in the buttock the day before.

Bites on the hand are high risk for rabies transmission, as the area is densely innervated. Rabies virus can only gain access to the central nervous system by being taken up by a peripheral nerve synapse. The more nerves there are, and the closer they are together, the higher the risk of the virus gaining access to a nerve and traveling to the brain. A bite on the hand can also mean a shorter time for the virus gaining access to a nerve and traveling to the brain. A bite on the hand from a street dog is considered a high risk for rabies transmission, as the area is densely innervated. Rabies virus can only gain access to the central nervous system by being taken up by a peripheral nerve synapse. The more nerves there are, and the closer they are together, the higher the risk of the virus gaining access to a nerve and traveling to the brain. A bite on the hand can also mean a shorter time for the virus gaining access to a nerve and traveling to the brain.

What about the shot of rabies vaccine that she received in the buttocks the day before? If the needle reached the muscle, this shot would probably be okay. Rabies vaccine injected subcutaneously does not generate much of an immune response, and many shots given in the buttocks are inadvertently given subcutaneously. There was a well-publicized rabies PEP failure in which the only known mistake was administering the post-exposure series of rabies vaccine in the buttocks. Given the uncertainty, I would start fresh with this patient.

Wound care is important in rabies prevention, and we could ask the patient how much irrigation they gave the wounds, and whether antiseptic was used. Depending on the depth and nature of the wounds, one could consider further appropriate cleaning and irrigation, with local anesthesia, if necessary. A dog bite to the hand is also a risk for bacterial infection. A discussion of the management of possible bacterial infection is beyond the scope of this discussion.

Of interest to the readers of this case report is the fact that some centers are carrying out serologic studies on the possible use of partial pre-exposure rabies immunization, followed by post-exposure boosting, without HRIG. It is likely to be a few years before there will be enough data to know whether these studies will change our current recommendations.

In my opinion, the patient in this scenario should receive full PEP with HRIG.
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