As part of my presidential charge, ISTM will be focusing on the issue of migrants and refugees over the next two years. International migration is a global phenomenon that is growing in scope, complexity and impact. Human migration is now at an all-time high, accounting for 244 million persons in 2015, and is shaping world events and fuelling political and public debates. The rate of migration has increased dramatically since the 1970s, tripling over this time period. Forced migration, driven primarily by conflicts, social injustice and global inequalities, has also increased during the same time period, resulting in a quarter of all international migrants being refugees, asylum seekers or internally displaced persons, many with health disparities.

ISTM has been focusing on the care of travelling and mobile populations for more than 25 years. The recent refugee crisis provides an opportunity to have an open dialogue on the health issues experienced by migrants and their impact on receiving populations. So ISTM has announced the first International Conference on Migration Health to be held 1-3 October 2018 in Rome, Italy. We are inviting clinicians, humanitarians, and public health officials to come together to discuss all aspects of migrant health, from first point of entry into the receiving country to final destination clinic visits.

The call for proposals has been answered with an overwhelming response and gave the Scientific Committee a great place to start when putting the program together. If you are interested in submitting an abstract, keep checking the ISTM website as a call for abstracts will be sent out in January of 2018.

We are very excited about this meeting and all of the possibilities it offers to educate everyone about the challenging health issues surrounding migrants and refugees.

Leo Visser, ISTM President
Dear Colleagues,

Welcome to the next installment of Travel Medicine News. We have a lot happening in the Society, but I want to draw your attention to a few items.

With great concern, the cholera count is now at 500,000 in Yemen and with an estimated nearly 2000 fatalities. Many need humanitarian aid and health services, and some worry exists that the cholera epidemic could impact the two to four million visitors to The Hajj. To address this and other migrant issues, ISTM is beginning to form the program for The International Conference on Migration Health in Rome, Italy 1-3 October 2018. If you work with migrants or refugees, you should plan to attend. If you wish to contribute, look for the Call for Abstracts to be sent out in January of 2018.

Likewise, save the date for CISTM16 in Washington DC, United States of America, 5-9 June 2019. The North American Review course will occur in Atlanta, Georgia on 13-14 April 2018.

The Travel Medicine Forum continues to be a professional, informal exchange. I'd encourage you to use the search function if possible and keep replies short, relevant, polite and professional. This is a good point to remind all users of the general rules and guidelines. The complete rules and guidelines are listed here: www.ISTM.org/travelmedlistserv. Some important points to remember:

» Keep postings limited to cases, research, publications, or announcements relative to travel medicine.

» Try the search function before posting requests for country-specific information about clinics, availability of vaccines and medication, particularly the Global Travel Clinic Directory.

» Try to avoid “Reply All” unless you think the entire group is interested in information.

» Similarly, please avoid replies that thank or acknowledge other members responses — send a private response instead.

» With the vast range of cultures, languages, and politics, keep posts neutral — sometimes humor does not translate well across the planet.

» Remember that ISTM has the right to reproduce postings and to delete them, but Travel Med is largely unmoderated.

In other news, you’ll find a new feature, Tech Corner, written by Sarah Kohl MD and Sarah McGuinness, MBBS, which will explore new technology in travel medicine. It can also be found at myISTM.ISTM.org/browse/blogs/new-item.

In addition, Associate Editor Nancy Pietroski recaps the Travel Medicine Forum. Nance Piper Jenks and Mary Louise Scully put in another installment of Educational Patient Cases now published under Challenging Cases — Voice Your Opinion. You’ll find an update form some Committees, Special Interest Groups and Professional Groups: I encourage all ISTM members to get involved. Perhaps with the newest groups for Military Travel, Student Travel Abroad and Travel for Work.

Travel Medicine News is looking for Associate Editors from outside of North America. Someone who can contribute news and information on Travel Medicine in various regions around the world.

Christopher Van Tilburg, Travel Medicine News Editor

“Travel Medicine News is looking for Associate Editors from outside of North America. Someone who can contribute news and information on Travel Medicine in various regions around the world.”

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Established 1991
International Society of Travel Medicine
Promoting healthy travel worldwide

Secretary-Treasurer’s Report

One of the many achievements of the ISTM over its first 25 years (1991-2016) has been the establishment of its flagship peer-reviewed publication, the Journal of Travel Medicine (JTM). The JTM is published by premier academic publisher, Oxford University Press (OUP) and led by the Editor-in-Chief, Eric Caumes from France, and the Deputy Editor-in-Chief, Charlie Ericsson from the United States of America. In 2018, the journal will enter its 25th volume, which will be a major milestone for JTM. The international Editorial Board is working hard on building the content, particularly through the development of special issues, and is working with Oxford University Press on continuing to build the journal’s impact factor. Online publication is providing quicker access to articles as they are published. JTM is one of your core membership benefits. Take time to read your journal, cite relevant JTM papers in your publications, and consider publishing your research, reviews and other contributions in JTM. For more information, please visit https://academic.oup.com/jtm.

By any measure, the ISTM maintains its standing as the peak professional organization in travel medicine globally. This is reflected in the international conferences held every two years with the most recent being in Barcelona earlier this year and the next being in Washington DC in 2019. Regional Conferences have been held in the “off” years, but 2018 will see a “first” by the ISTM, which will be its Inaugural International Conference on Migration Health (ICMH). The ICMH will be held in Rome, Italy, from 1-3 October 2018. While there is much in common between the principles of travel medicine and migration health, the conference recognizes the need for an increasing focus on migration. At present, Italy is an epicentre for migration around the Mediterranean, so what better place for a meeting on this topic than Rome. The conference’s international scientific program committee is drawing on national as well as international expertise of government and non-governmental organizations. It should be an excellent program. For further details of the conference, visit www.ISTM.org. The ICMH is also a special activity of the ISTM Foundation. Check out www.ISTM.org/istmfoundation and consider donating to support migrant health activities.

Internationally, it is wonderful to see professional development initiatives championed by different countries around the world in the field of travel medicine. For those that may not be aware, the first Australian Southern Cross Travel Medicine Conference (SCTMC) was recently held in Melbourne, Australia, at the Peter Doherty Institute (PDI) for Infection and Immunity from 8-10 September 2017, which attracted more than 150 participants. Keynote speakers included well-known ISTM identities Professor Robert Steffen from Zurich, Switzerland and Professor Marc Mendelson from Cape Town, South Africa, as well as a host of prominent Australian and New Zealand invited speakers. Of particular note, Professor Graham Brown, AM, presented the Second Robert Steffen Lecture. Congratulations to the conference convenor, Professor Joe Torresi, and the organizing Committee drawn from the host organization, the Peter Doherty Institute in Melbourne, and the endorsing organization, the Faculty of Travel Medicine of The Australasian College of Tropical Medicine. The SCTMC is expected to be held annually between locations in Australia and New Zealand with the next meeting planned for Brisbane, Australia, in 2018.

Check out the ISTM website for upcoming events in travel medicine and migration health near you and remember to login to MyISTM from time-to-time to check that your information is up to date as well as to view those member only resources.

Peter A. Leggat,
ISTM Secretary-Treasurer
PLANNING FOR CISTM16

The very successful Barcelona conference is just behind us and we are now starting to plan for the next CISTM in Washington DC, United States of America, 5-9 June 2019. From now through 1 March 2018 we are inviting ISTM members to submit proposals for plenaries, panel discussions, debates, symposia and workshops. It is anticipated that the majority of such sessions at the congress will emanate from these proposals. These proposals should reflect the latest clinical science and should emphasize areas that have had significant developments since the CISTM15 in Barcelona.

There are a few new submission categories to be highlighted such as Communication and Technology, Emerging Infections and Mental Health. Others that continue to be popular such as Infectious Diseases, Malaria, and Specialty Travel are also included.

Please note that the CISTM16 Scientific Program Committee (SPC) frequently finds it necessary to combine similar proposals for symposia/plenaries by picking and choosing individual talks from different submissions. The SPC may also identify different speakers for a particular talk as the full scope of submissions is reviewed. This allows more comprehensive coverage of topics, less duplication between sessions, and more balanced demographic representation.

Each session is 90 minutes. Session proposals should include:

- A session title, classification, and 5 sentence description of the unifying theme or problem.
- For plenary and symposia, a separate topic/title for each of the three talks.
- Name, affiliation, home country, and e-mail for each suggested speaker. Please be sure to include full names and initials.

Submissions are being accepted now through 1 March 2018. The CISTM16 Proposal Form is now available from the ISTM website at [www.ISTM.org](http://www.ISTM.org).

Thank you for your time and contributions to the CISTM16 and the worldwide travel medicine community.

Blaise Genton, Switzerland, Chair, CISTM16 Scientific Program Committee
Christina Coyle, United States of America, Co-Chair, CISTM16 Scientific Program Committee
David Hamer, United States of America, Associate Chair, CISTM16 Scientific Program Committee
Camilla Rothe, Germany, Associate Chair, CISTM16 Scientific Program Committee
Jenny Visser, New Zealand, Associate Chair, CISTM16 Scientific Program Committee

Early Registration: 31 December 2018
Abstract Submission: 15 January 2019

Washington DC
United States of America
The GeoSentinel Annual Meeting took place 12-14 May 2017 in Barcelona, Spain in conjunction with the CISTM15. This was GeoSentinel's largest meeting yet with a wide range of cutting edge topics, working group reports, brief research reports, and a session with enigmatic cases reported by Sites. There were 87 participants including representatives from 52 of the 65 GeoSentinel Sites. Special guests included Sylvia Lemos Hinrichsen, a GeoSentinel Affiliate member who presented an unusual outbreak of Haff disease in Brazil, Michael Callahan, the Chief Medical Officer of the Zika Foundation reported on PROPHESY, and Marjorie Pollack, Deputy Editor for ProMED, discussed possible collaboration with GeoSentinel.

Here is what our working groups have been doing:

- **Data Management Working Group (DCWG):** is in the final stages of implementing changes to all standard case definitions to be rolled out to the GeoSentinel sites by the end of 2017.
- **Enhanced Clinical Surveillance Workgroup (ECSW):** continues recruitment for the multi-site study on medium to long-term impact of chikungunya, dengue, falciparum malaria and Zika (CHIDEZIMA).
- **Special Populations Working Group (SPWG):** continues to perfect the new form for data collection for migrants in the hopes of collecting more broad information. They have also completed the collection of records for the rabies post-exposure prophylaxis study and the final paper is being worked on. They also are initiating a new surveillance component to assess medical treatments received during travel including unplanned medical care and planned (medical tourism).
- **Tracking-Communications Working Group (TCWG):** This group writes and communicates "alerts" and ProMed postings. Data scanning is performed every two months to identify unusual cases and trends. The group interacts with public health authorities and has strengthened communications with the European CDC. An invigorated GeoSentinel website and WiKi entry are in preparation.

The next GeoSentinel meeting will be the Mid-Year meeting in conjunction with the American Society of Tropical Medicine and Hygiene (ASTMH) Annual Meeting in Baltimore, MD, United States of America 5 November 2017. The next GeoSentinel Annual meeting will be held in Porto, Portugal 14-17 May 2018 with a combined one-day session in collaboration with The European Network for Tropical Medicine and Travel Health (TropNet).
Migrant and Refugee Health

Welcome to the Migrants and Refugees Health Interest Group. The Interest Group Council invites all ISTM members who are interested in the health of migrants, refugees and other mobile populations to join our group. It is free to join with your ISTM membership.

During the CISTM15 meeting in Barcelona, we organized a Pre-Congress Course themed “Health of Migrant and Refugee for Travel Medicine Providers”. The course covered an overview of migration patterns and health issues that ensue. The course closed with an open floor discussion. There were nearly 100 attendees from around the world and the session helped us see there is a strong need for understanding much broader perspectives not only focusing on the local issues but also migration around the globe in different health settings.

The Interest Group is also working in conjunction with the ISTM Executive Board and Scientific Program Committee on an upcoming “International Conference on Migration Health” in Rome, Italy 1-3 October 2018. The conference is aimed to review three different categories of mobile populations and their health determinants, health, policy and humanitarian.

The Migrants and Refugees Health Interest Group is open to all ISTM members who are interested in Health of Migrant, Refugee and other mobile populations. We are waiting for your support and involvement!

Masatoki Adachi,
Migrant and Refugee Health Interest Group
Immediate Past Chair

Pediatrics

Pediatric Travel Medicine was well covered at this year’s CISTM meeting in Barcelona. In “Kids on the Move” Philip Fischer, from Rochester, Minnesota, United States of America, and Mike Starr, from Melbourne, Australia, two past chairs of the Pediatric Interest Group and extremely experienced and travel medicine-savvy pediatricians provided a fabulous in-depth discussion of all things considered in pediatric travel medicine during this 90-minute workshop. In this whirlwind tour participants learned everything from A like Altitude prevention of young children to Z like Zika and other arboviral disease risks and prevention. Another important focus of the discussion was the preparation of children with special needs that can present real challenges for travel medicine providers.

As in previous years the Pediatric Interest Group will also be ready in 2018 to provide Pediatric-relevant content at upcoming regional meetings at the Asia Pacific Meeting in Bangkok, Northern European Conference on Travel Medicine in Stockholm, and the Pan African Travel Medicine Congress in Cape Town.

If you see children in your practice or simply want to stay abreast of pediatric travel medicine topics, please join the Pediatric Interest Group. Become part of the conversation on our email group, and stay well informed about pediatric relevant academic publications with The Pediatric Interest Group Bibliography that has been spearheaded and maintained for many years now by John Christenson, Indianapolis, Indiana, United States of America.

Stefan Hagmann,
Pediatrics Group Chair
As the name of our group has changed to the Responsible Travel Interest Group from the Destination Communities Support Group, we have likewise seen an interest in and change of thought regarding the responsible tourism issues that our group addresses. Issues such as Cruise Ship travel and how it affects the environment from garbage, to plastic bottles, to coral reefs affected by sunscreen and insect repellent, as well as the economic impact, or lack thereof, on the port cities visited. News media reports an emerging wave of anti-tourism spreading throughout Europe.

Eco-travel, or One Health, is gaining more attention as to the treatment of wild animals in captivity for tourists to ride, feed, pet, and ethical issues on safaris. More books and articles are emerging about the down-side of voluntourism, medical voluntourism, and orphan tourism. Medical Tourism (seeking medical care outside one’s own country) is growing and there is much to be learned about the implications of this kind of travel for travel medicine clinics and all practitioners. Sex tourism and human trafficking is growing also continues to be of concern.

During the past several years the Responsible Travel Group has hosted a booth at two CISTM’s (Quebec City & Barcelona) where a video was available for viewing and informational leaflets were distributed. We also had a presence and get-togethers at regional conferences including The Asia Pacific Travel Health Conference (APTHC) in Kathmandu, Nepal and The South African Society of Travel Medicine (SASTM) in Port Elisabeth, South Africa. An exhibition on the condition of porters in Nepal was presented in Kathmandu. Our current council member Jim Bond presented on Ethical Dilemmas on Safaris and Expeditions at SASTM, former council president Sheila Hall presented on Orphan Tourism at CISTM Quebec City, and member Irmgard Bauer has spoken frequently on the topics of Sex Tourism and Medical Voluntourism and recently has published a scholarly article titled “More Harm than Good: The Questionable Ethics of Medical Volunteering and International Student Placement”. A Pre-Conference Workshop was also offered at CISTM Maastricht.

The website library is in the growing stages and will continue to grow as we add new content. We welcome all to submit articles, book titles, or other materials that you find that can add to our body of knowledge. We welcome involvement and discussion on these pertinent issues.

Council Members include:
Rhonda Martin, Chair, United States of America
Susanna Maybin, Past Chair, United Kingdom
Trish Smith, Member, Australia
Jim Bond, Member, United Kingdom
Rodney Itaki, Member, Papua New Guinea

Offering the first international certificate devoted solely to travel health, the ISTM Certificate of Knowledge Program was developed by an international panel of travel health experts representing a variety of professional disciplines. The 200-multiple choice question exam is designed to reflect the reality of day-to-day pre-travel practice.

The Certificate is a symbol of your achievement in the field – proof of your commitment to excellence. Professionals passing the exam will be granted the designation Certificate in Travel Health™ or CTH®. ISTM members who receive this Certificate will also be recognized in the ISTM Global Travel Clinic Directory of Travel Medicine Providers and the ISTM Membership Directory.

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

More information will be available on the ISTM website at www.ISTM.org.
INTEREST GROUPS CONTINUED

STUDENT TRAVEL ABROAD

The Student Travel Abroad (STA) interest group was very busy at the recent CISTM in Barcelona and, thanks to ISTM conference organisers granting us a timeslot to hold a pre-conference workshop, we kicked off our activities faster than a winning goal from the city’s famous soccer team.

The pre-conference workshop, entitled: “What do Clinicians Need to Know About University Students When They Travel Abroad?” was well attended with about 60 delegates present. Five members of the Guiding Council covered topics including why student travelers are different from other travelers (Sarah Kohl); providing quality healthcare before during or after a trip (Catherine Ebelke and Julie Richards); pre-travel preparation with limited time and/or budget (Gail Rosselot), and caring for inbound/international students on campus (Mark Newell). A lively discussion followed and the talks were well received.

We were also fortunate to have been allocated a booth alongside other ISTM interest groups in the Palau de Congressos de Catalunya which we were able to staff during breaks between sessions. Many interested conference delegates spoke with us and as a result the membership list continued to expand. The CDC Travelers Health booth was located close by, which facilitated a rapidly growing collaboration with an inaugural lunchtime meeting during CISTM15.

One of the ways our STA interest group has recruited members is to hold information meetings at CISTMs and other major conferences eg. The American College of Health Association (ACHA) and Barcelona was no exception. Despite the 7am early start we had a good attendance. We plan to continue this at major international conferences of relevance.

Finally, our STA Interest Group as a whole and some individual members of Council presented papers and posters. Our first research project as a group “The Student Travel Abroad Healthcare Survey” was accepted as a poster and individual STA members also presented. With increasing collaboration (most recently with the CDC) this activity will certainly increase.

Mark Newell,
Student Travel Abroad Chair

TRAVEL FOR WORK

The Travel for Work Interest Group is well underway with a number of candidates stepping up to the plate as potential Council Members.

It is now up to the election committee to do the final selection — watch this space.

With the candidate Council Members selected, from countries representing Africa, Australia, continental Europe, the United Kingdom, and the United States of America the real work can get underway.

We are excited that this Interest Group will afford its participants the opportunity to discuss matters of mutual importance to all of us who take care of employees travelling for work, including mining, construction, service industries, transport providers, sports organizations, the entertainment industry, NGOs, military contractors, religious organisations, independent contractors and volunteers.

We would like to produce a set of international best practice guidelines, among others, relating to fitness to work abroad, medical insurance cover, effective travel health education and communication in the work environment, immunization recommendations, medico-legal pitfalls, government regulations pertaining to travelers in this group and many more.

The Interest Group would also be an excellent forum for networking and a go-to place when members need practical assistance or advice on a particular subject or issue.

Please join us if you know you can contribute!

Steering Council Members
Albie de Frey, South Africa
Carolyn Driver, United Kingdom
Michael Holzer, United States of America
Dipti Patel, United Kingdom
Douglas Randell, Australia
Herbert Schilthuis, The Netherlands
Making safe food and drink choices while travelling can mean the difference between having a great time, or spending the majority of your trip in the bathroom. As travel medicine practitioners we can (and do) educate travelers on safe food and drink choices before they depart, but often what we tell them goes in one ear and out the other. And of course, we cannot be by our travelers’ sides when they are making food and drink decisions on the run.

But this is where ‘Can I Eat This?’ comes in handy. Created by the United States of America Centers for Disease Control, the app helps travelers decide whether or not a particular food or beverage is safe to eat or drink.

How does it work?
The interface is pretty straightforward. Once you’ve selected the country you’re visiting and whether you’re eating or drinking, the app will ask you a few short questions about what it is, where you bought it, and how it is packaged or served. It will then tell you if the food or beverage is probably OK or probably not OK to eat or drink.

For example, let’s say you’re in Bangkok, Thailand and you’re wondering if you should buy a meal from a street vendor. “You probably shouldn’t eat it” says the app. “Street vendors in developing countries are not well regulated and the food may be contaminated. That skewer of mystery meat may look tempting, but we’d hate for you to spend the rest of your vacation in the bathroom.

Why will travelers like this app?
This app is easy to use and informative. The cheeky commentary makes it fun for both kids and adults. Content can be accessed off-line, so travelers can check their food and drink choices on the go without needing an internet connection.
As I write this, I cannot help but again be saddened by the recent terrorist activity on Las Ramblas in Barcelona. Just 3 months earlier, many of us took a stroll under its leafy shade to get yet another bit of Catalan life. Barcelona is such a beautiful and gracious city where I believe all attendees were enchanted by its embrace, by the wonderful food, fabulous climate and amazing art and (sometimes quirky) architecture. It is the good memories I will hold dear.

The learning opportunities at CISTM15 were wide-ranging although, having attended 2/3 of all conferences I think all would agree it is the opportunity to network, meet new people and renew acquaintances that is one of the biggest positives for attendance. I use my contacts shamelessly when I need a local answer on current disease outbreak status or to find a healthcare provider for a traveler at the destination. No one has ever refused a request for help and I consider this, beyond maintaining my level of knowledge, to be the biggest bonus to membership.

Did you stop by the NPG booth to say “Hi” or stop in at the NPG reception? Will you be in Washington, DC in 2019? As always, your NPG is looking forward to helping you, now and at the CISTM16:

» to network with travel health nurses from all over the world
» to discuss face to face the challenges of delivering a travel health service
» to share experiences with professionals working in the discipline and others
» to showcase the Nurse Professional Group and encourage nurses to get involved
» to provide support for preparation for the CTH® exam

In early 2018, a call will go out for nominations to the NPG Steering Committee. Please consider nominating yourself or a colleague. Please: don’t be a stranger, reach out to us through the My ISTM NPG Community.

Sue Ann McDevitt,
Nursing Professional Group Chair

The Pharmacist Professional Group (PPG) continues to grow and currently has around 230 members. Activities continue to be progressed with an updated table of the restrictions to medicines carried across international borders that is currently on the ISTM website for all the membership to access.

The PPG has continued to develop a pharmacy research project to, establish a chain of Geosentinel style of pharmacies across the world that will be able to report back on local situations such as availability of bite protection products, availability of OTC medicines and local controls when carrying medicines. Recently the PPG have looked at integrating this with the design of a project to deliver the installation. This will be supported by educational grants that will require a pharmacist to provide some initial training to these countries on dealing with travelers expectations.

The PPG has a proposal for a project to evaluate currently available apps for travel health users. A formal grant request will be submitted to the ISTM using the new research awards process starting from October.

We are awaiting feedback to an initial call with Travelers' Health Branch / Division of Global Migration and Quarantine Centers for Disease Control and Prevention, to discuss how community pharmacies could work to provide information on medical facilities overseas.

One of the main principles of ISTM is to encourage links with other healthcare professional groups and inform them about travel health. This year we will be represented at International Pharmaceutical Association (FIP) in Seoul, South Korea to start building links for travel health pharmacists to become recognised in FIP and increase membership to the PPG and ISTM.

Derek Evans,
Pharmacist Professional Group Chair-Elect
On a Mission: What to Pack in the Medical Kit

Question: Any advice or resources regarding recommended medications for medical professionals to carry who are accompanying groups on remote/mission trips? Does anyone have experience with customs restrictions for such kits (though this is obviously destination-dependent)?

These articles appeared in Journal of Travel Medicine:


Here are some other useful references:


Nancy Pietroski, Travel Medicine News Associate Editor
A 51-year-old Nigerian born male living in the United States of America will be traveling to Accra, Ghana for one week for conference. He is on hemodialysis 3 days a week after having had bilateral nephrectomies for renal cell carcinoma 5 years ago. He is up to date on all needed vaccines but presents for discussion of malaria prophylaxis. His accommodations will be the air-conditioned conference hotel, and no excursions outside the city are planned. He has made arrangements for his hemodialysis to continue while in Accra.

What malaria chemoprophylaxis, if any, would you recommend for this patient on hemodialysis during his trip to Ghana?

Will Cave from London, United Kingdom

The WHO guidance is clear, this couple should wait for a period of six months after a return from an epidemic area totally justifies testing for Zika infection. If not, and the patient is positive for Zika, then his wife must be tested. The time of procreation she must be serologically negative 2 months after a return from an epidemic area (Mansuy JM. et al. 2016. My answer is based on this document: www.hcsp.fr/Explore.cgi/avisrapportsdomaine?clefr=565."

First of all, future parents should be informed on what we know:

» Zika virus infection may be asymptomatic while the virus is potentially sexually transmitted;

» High infectious viral load have been documented in semen up to 3 months after a return from an epidemic area (Mansuy JM. et al.);

» No biological test is 100% reliable.

Regarding the available data, a parenthood project in a short delay after a return from an epidemic area totally justifies testing for Zika infection. Concerning your patient, if anti-Zika specific IgM and IgG antibodies are undetectable 4 weeks after his return, the absence of infection is highly probable. To be definitively sure the serology can be performed 2 months after his return.

If his serology is positive, then Zika virus RT PCR must be performed in the semen: if negative and confirmed by a second test performed at least one week later, (both tests after 4 or 5 days of sexual abstinence), then the risk of transmission is considered improbable.

If the doubt is remaining, your patient should know that after a six month period after infection (or return if no date of infection) it is estimated that there is no risk of sexual viral transmission.

Very importantly, waiting for the results unprotected sex must be avoided. If not, and the patient is positive for Zika, then his wife must be tested. At the time of procreation she must be serologically negative 2 months after the last unprotected intercourse AND the partner's semen RT PCR negative. Unfortunately, if she were contaminated (positive serology), then she should have totally seroconverted with IgG without IgM to enable the pregnancy. However, the prolonged persistence of IgM positivity can make this challenging.

Again, some points in Zika virus transmission and consequences on pregnancy remain unclear. For example whether the mother's immunity against the virus protects the baby; the potential salivary or vaginal transmission; and the persistence of Zika virus in sexual organs; still need to be determined.

In France, the National Reference Centre for Arboviruses (CNR) has participated in the HSCP recommendations. Serologies and RT-PCR are performed in validated Labs working with the CNR. All samples must be sent to the CNR with a clinical form to justify the test (Isabelle Leparc Goffart, CNR Virology unit, Biological Research Institute of the Armies IRBA, Méditerranée Infection Foundation IHU, Marseille).

Will Cave from London, United Kingdom

The WHO guidance is clear, this couple should wait for a period of six months after this man's return before they have unprotected sex to try and conceive. The reason they are paying for a consultation and considering paying...
Zika serology testing is best performed at 20 days post the last day of infection, if it is done at all. The asymptomatic infection has to have resulted in viral shedding in the semen. The male partner has to have been infected during his travel in South America.

CHALLENGING CASES: VOICE YOUR OPINION, CONTINUED

for expensive tests is because they wish to consider straying from these guidelines. They would like to discuss how to manage the risk of doing so.

Congenital Zika Syndrome (CZS) is the outcome to be avoided in this scenario and needs to be explained; it affects about half of surviving babies born to mothers who experienced an acute zika infection while pregnant, the more severe end of the Spectrum of disabilities is the much publicised microcephaly affecting about 3-4% of affected babies. Fetal death is also a possible outcome. For the baby of this couple to be born with CZS several things have to occur:

- The male partner has to have been infected during his travel in South America.
- The asymptomatic infection has to have resulted in viral shedding in the man’s semen.
- The virus in the man’s semen has to be viable, transmissible virus.
- The female partner must acquire a zika infection from her male partner while she is pregnant which means she must be non-immune to zika infection at the time she is exposed to the virus. This can only occur if she is infected and conceives at about the same time. If she is exposed to the virus weeks before she becomes pregnant she may already be immune by the time she conceives. To achieve this she would need to be using a non-barrier method of contraception assuming she is normally fertile.

Zika serology testing is best performed at 20 days post the last day of possible infection three weeks or more after the male returns. The test has a 1 in 10 chance of being falsely negative. The risk of the male partner being infected is low and asymptomatic infection has a small chance of causing persistent viral shedding in the semen. There is an extremely small chance that the male can infect the female and a negative serology result reduces this small risk by 90%, but importantly the risk can never be said to be zero. PCR testing may identify the presence of virus in the semen up to one week post infection so is unlikely to be of use. PCR testing of semen may be possible and although will not identify transmissible live virus, if positive would indicate maximum caution prior to conception.

One of most popular recent themed issues on Travelers’ Diarrhea includes the “Guidelines for the prevention and treatment of travelers’ diarrhea: a graded expert panel report” that you will want to be sure to read. The Society gathered experts from around the world to create these guidelines and author this themed issue.

Some of our popular recent Editor’s Choice articles include:

- Mountain medical kits: epidemiology-based recommendations and analysis of medical supplies carried by mountain climbers in Colorado.
- Artesunate to treat severe malaria in travelers: review of efficacy and safety and practical implications.
- Travelers and influenza risks and prevention.

If you’re interested in submitting a manuscript, visit the JTM website for more information. We welcome your contributions as we continue to focus on improving the Journal.

Eric Caumes,
Editor in Chief, Journal of Travel Medicine

As one of the most important ISTM Member Benefits, the Journal of Travel Medicine, is a peer-reviewed journal providing Members with up-to-date information on prevention and self-treatment of disease, immunizations, clinic management and patient and staff education. Occasionally we compile special themed virtual issues from papers over several issues; most recently we compiled several excellent articles about Dermatology in Travel Medicine into a themed issue you can easily find on the website.

For the 2017-2018 Research Awards, submissions are open now through 31 January 2018. Visit the ISTM website for instructions on how to submit a proposal.

Martin Grobusch,
Research and Awards Committee Chair
Mary Wilson,
Research and Awards Committee Co-Chair

Mary Wilson,
Research and Awards Committee Co-Chair

- proposals from investigators in resource-poor countries,
- proposals highlighting digital communications,
- ISTM Interest and Professional Group research; and,
- general travel medicine projects.

Other exciting news in the Research and Awards Committee is that the committee’s task portfolio is growing and that the committee has consequently expanded to 17 members with Mary Wilson as the new Co-Chair. We would like to thank Elizabeth Barnett for her steadfast work on this committee as Co-Chair over the past several years and appreciate her staying on as a committee member to continue that work. Look for the list of committee members on the Research and Awards Committee page of the website.

For the 2017-2018 Research Awards, submissions are open now through 31 January 2018. Visit the ISTM website for instructions on how to submit a proposal.
Have you secured your CTH© yet?

including those that passed the exam this year, there are 2094 travel medicine professionals in more than 60 countries who hold the ISTM Certificate in Travel Health. You can see the current ISTM members who have attained this credential on our website: www.ISTM.org/cthdesignation.

The CTH© is awarded to professionals who pass an examination that has been developed by an international panel of travel medicine experts representing a variety of professional disciplines.

The examination is based on the ISTM Body of Knowledge that is reviewed and updated every several years. The ISTM Examination Committee recently sent a survey out to all CTH© holders and ISTM members to solicit comments regarding the Body of Knowledge. Thank you to everyone who completed the survey. The responses have been collated and are currently being reviewed to update the Body of Knowledge again. We anticipate the new Body of Knowledge will be implemented in 2018 and will be the basis for the 2019 examination.

The exam is currently offered in biennial conjunction with the CISTM in odd-numbered years, and offered either once or twice in even numbered years. Members receive discounts to take the exam, and the ISTM also offers a discounted rate for those residing in countries identified by the World Bank as Low and Low-Middle Income. You can find a list of these Countries on our website, www.ISTM.org/join.

The next opportunity to take the ISTM Certificate of Knowledge (CTH©) Examination will be on Wednesday, 21 March 2018, just before the opening of the Asia Pacific Travel Health Conference (APTHC), in Bangkok, Thailand. Registration is now open for this exam. Due to space limitations, we can only accommodate 124 examinees; if you would like to take this exam, register as soon as you can to ensure your seat. Once the seats are filled we will maintain a waiting list in order of requests received.

The second 2018 exam will be offered in Atlanta, Georgia, United States of America, in early September. The date and venue for this exam will be posted on our website when confirmed, and registration will open for the September 2018 exam in March of 2018.

Diane Nickolson,
ISTM Executive Director

### MEETINGS/CONFERENCES

- **5th Tropical Medicine Excursion**
  Ghana, West Africa  
  29 November – 9 December 2017
- **The Asia Pacific Travel Health Conference (APTHC12)**
  Bangkok, Thailand  
  21-24 March 2018  
  www.aphs.org
- **16th ISTM CTH© Exam**
  Bangkok, Thailand  
  21 March 2018  
  www.ISTM.org
- **Travel Medicine Review and Update Course**
  Atlanta, Georgia, United States of America  
  13-14 April 2017  
  www.ISTM.org
- **Northern European Conference on Travel Medicine (NECTM7)**
  Stockholm, Sweden  
  2-4 May 2018  
  mkon.nu/nectm_7
- **South African Society of Travel Medicine (SASTM) Pan African Travel Medicine Conference**
  Cape Town, South Africa  
  12-14 September 2018  
  www.sastm.org.za/TMC/Details/18
- **International Conference on Migration Health**
  Rome, Italy  
  1-3 October 2018  
  www.ISTM.org
- **16th Conference of the ISTM (CISTM16)**
  Washington DC, United States of America  
  5-9 June 2019  
  istmsite.membershipsoftware.org/cistm16
The vaccines to prevent yellow fever (YF), a mosquito-borne flavivirus, are live vaccines initially developed in the 1930s. YF vaccination has proven to be an important strategy for control of the disease in endemic areas and its prevention in travelers. However, YF has resurfaced recently with outbreaks in Angola, Democratic Republic of the Congo (DRC), and several countries in South America, especially Brazil. In Brazil, the most recent outbreak has spread to the coast including many peri-urban areas.

In 2016, the YF outbreaks in Angola and DRC depleted the global stockpile of YF vaccine, and led the WHO to recommend fractional dosing of YF vaccine in the DRC — that is, to use 1/5 of the original dose — in order to vaccinate the population of Kinshasa, DRC. This partial dose would still contain more than the minimum viral titer considered to be effective based on early studies of YF vaccines, and at least 3 recent studies conducted on the Brazil-manufactured 17DD vaccine have shown that the partial dose elicited adequate response and was safe (despite repeated puncture of the vial and withdrawing from it). Due to paucity of data in populations other than immunocompetent adults, the WHO recommended that children aged <2 years, pregnant women, and HIV-infected persons receive the standard full dose. There are also very limited data regarding the duration of protection. WHO decided that a fractional dose does not meet International Health Regulation criteria for valid vaccination and recipients should not be issued an official International Certificate of Vaccination or Prophylaxis; hence travelers are advised to receive a full dose if possible, particularly when a valid certificate in normally required for entry into the destination country, when the risk of exposure is deemed to be very high, or in the presence of any medical condition which might impair a normal response to the vaccine. For now, the fractional dose is considered to protect for a year in the immunocompetent adult. There are no data on the effects of fractional doses used as booster doses at this time. Should a full dose become available after a fractional dose is given, it seems reasonable to administer the full dose as soon as it is available, and issue an official Certificate at that time, with the usual lifetime validity.

For travelers from the United States and Canada visiting YF-endemic countries, the licensed vaccine is YF-VAX®, manufactured by Sanofi-Pasteur in Pennsylvania, United States of America. Due to manufacturing issues, the supply of YF-VAX® has been disrupted, resulting in a “stock-out,” anticipated to last until mid-2018. The United States and Canada are managing the YF vaccine stock-out differently. In the United States, Sanofi-Pasteur has implemented the Stamaril® Expanded Access Program under an Investigational New Drug protocol, with approval from the Food and Drug Administration and the Centers for Disease Control and Prevention. There are about 250 sites in this program, which unfortunately has resulted in a greatly reduced number of YF vaccination centers across the country. In Canada, Stamaril® is not available at this time, and CATMAT has recommended the use of fractional dosing with YF-VAX. Fractional dosing is not permitted in the United States. Most other countries are less affected by these production problems, as there are alternate products licensed for use. For detailed information, United States and Canadian members of ISTM should consult their national guidelines:

**Canada:**


**United States:**


(These recommendations are expected to be updated in the near future.)

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**CURRENT STATUS OF THE YELLOW FEVER VACCINE SHORTAGE IN CANADA AND THE UNITED STATES OF AMERICA**

Michael Libman

Lin H. Chen

Daud H. Harner

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**TRAVEL MEDICINE REVIEW AND UPDATE COURSE**

**13–14 APRIL 2018**

**ATLANTA, GEORGIA**

**UNITED STATES OF AMERICA**

The 2018 Travel Medicine Review and Update Course offered by the International Society of Travel Medicine will be held in Atlanta, GA., United States of America 13-14 April 2018. The curriculum covers topics relevant to physicians, nurses, pharmacists and other health care professionals who provide medical care and advice to travelers, expatriates, and migrants. The course will encompass both pre- and post-travel healthcare, with a focus on the ISTM Body of Knowledge. The expert faculty will present topics including global travel and risk assessment, traveler’s diarrhea, malaria prophylaxis and treatment and other vector-borne diseases, travel to altitude, diving medicine, routine and travel vaccines, as well as the evaluation of illness in returning travelers. The care of special groups such as pregnant women, pediatric travelers, immigrants, VFR travelers and immunocompromised travelers will be addressed. Recent developments and advances in the body of knowledge will be highlighted, as well as emerging diseases.

Participants will have ample opportunity to interact with the faculty through interactive sessions and informal discussions. The course provides a thorough update and review of the Body of Knowledge for the practice of travel medicine and assists in preparation for the CTH® exam.

Information on course venue and registration is located on the ISTM website at: www.ISTM.org.