



The President's Page

Summary of Motions and Action Items from February 2004 Executive Board Meeting

*Bradley A. Connor
President, ISTM*

My policy is to share with you deliberations and action items generated by the ISTM Executive Board. The most recent Executive Board meeting was held in Cape Town, South Africa in February, at the time of the African European Travel Medicine Conference, an event jointly sponsored by the South African Travel Medicine Society and ISTM. A description of this very successful conference appears in the previous edition of *NewsShare*, and is available on our website.

Here are the highlights from the 2-day EB meeting. Please read through these notes and see what your elected representatives and committee chairs are working on. Hopefully this will inspire you to become more involved in ISTM business matters.

Management Firm

A motion was made to agree to hire Talley Management Group to provide consultative management services dependent upon a suitable contract being negotiated for 15 months (until May 2005) with a one-year renewal option. The contract will be presented to the full voting board for approval. The motion was seconded and approved.

A motion was made that the ultimate authority for the management company and secretariat rests with the President, with him or her delegating day to day management responsibilities to the Secretary/Treasurer. The motion was seconded and approved.

Secretariat

A motion was made and seconded to support Mrs. Bagwell's continuation in her current capacity with the society without

any change in her job description. The motion passed.

NewsShare

A motion was made that we move to a printed version of *NewsShare* (at a cost of no greater than \$10,000). The printed version would be mailed to all members for one year. This procedure of printing and mailing will then be reevaluated at the next board meeting. The motion was seconded and approved.

Host Country

A motion was made to have Drs. Pandey and Steffen prepare the 10 tips (for responsible travel) by March 1. The motion was seconded and passed. (Note: This has already been accomplished and submitted to the secretariat for inclusion on the reverse side of the yellow bookmarks.)

Migrant Health

A motion was made that Dr. Gushulak remain committee chair with the issue to be reconsidered at the Lisbon board meeting. The motion was seconded and approved.

Membership

A motion was made to eliminate the membership committee and run membership issues out of the executive. This matter will be revisited at the Lisbon meeting. The motion was seconded and passed.

Publications

A motion was made that the current contract with Decker (the publisher of the *Journal of Travel Medicine*) be forwarded to Mr. Talley for his review and recommendations as to where we might go with

SECOND NOTIFICATION: ISTM Elections 2005 and the Nomination Process

*Prativa Pandey, M.D.
ISTM President-Elect
Chair, Nominating Committee*

It is time to move forward on organizing the ISTM election for 2005. Two Counselor positions and the position of President-elect are open.

Each Counselor position is for four years.

The President position is for a two-year term. However, the President serves as President-elect for two years preceding his/her term of President and then for two years after the term as Past-President (for a total of six years).

A nominating committee, in accordance of criteria set out in our bylaws, has been formed by the Executive Board. Members may propose themselves or propose other members for nomination. You can cast your nomination in one of two ways:

- Fill out the ballot inserted in this Newsletter. Mail or fax it to ISTM headquarters. The address is on the ballot.
- Go to the ISTM webpage and cast your ballot electronically. On the home page you will see, "New: Nominations Forms"

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“Read what your elected representatives and committee chairs are working on.”

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regards to new publishers. The motion was seconded and passed.

Site Selection Guidelines

A motion was made, seconded and passed to accept this document as presented.

Future Conferences

A motion was made that the board agrees to consider Vancouver as the site for our 2007 conference and to form a subcommittee to further investigate the site. The motion was seconded. The motion passed by a vote of 6 to 1.

A motion was made, seconded and approved that a small subcommittee to consist of Dr. von Sonnenburg, Dr. Connor, Dr. Kain and Mr. Talley be formed to investigate Vancouver as a possible site for the 2007 conference.

A motion was made to rescind the motion passed at a previous Executive Board meeting that the biennial conference days must be Sunday to Thursday. The motion was seconded and approved.

A motion was made to call the even year meetings “The_____ (fill in number: e.g., 2nd) Regional Meeting of the ISTM.” The motion was seconded and approved.

A motion was made to have Dr. Leggat explore the possibility of having a 2008 regional meeting in Australia and submit his findings to the Executive Board. The motion was seconded and passed.

A motion was made to form a small ad hoc committee (consisting of Drs. Pandey, Connor, von Sonnenburg and Ostroff) to investigate the following as potential sites for the conference: Rome, Basel, Amsterdam and Jerusalem. The motion was seconded and passed.

Elections – 2005

Following a discussion about the procedure to use for the upcoming election, a motion was made to conduct the 2005 elections via the Internet. The motion was seconded; however, it did not pass.

ACTION ITEMS

Research Committee

The website will need to be updated with the following: what is the objective of these grants, who can apply for them and the deadline for applications. Changes will be submitted to and printed in *NewsShare*.

Host Country Committee

Three virtual courses had been prepared to be posted on the ISTM website. These will be posted very shortly.

Practice And Nursing Issues Committee

The committee had made the decision that CEU’s would not be offered in Lisbon. Reasons for making this decision will be communicated to the nursing contingent through *NewsShare*.

Publications Committee

The President thanked the committee for their report and noted that the template presented is a good first step in helping persons of lower income countries to become members of the ISTM. The President will review this template and report his findings and thoughts to the board.

Journal of Travel Medicine

It was thought than an article including some GeoSentinel statistical information would help increase the impact factor of the *Journal*.

Exam Committee

There was sentiment for placing an article in *NewsShare* explaining what is really involved in taking this exam.

Professional Education and Training Committee

A course for physicians on travel medicine given in Canada could serve as a model for similar courses elsewhere. Possibly this material could be offered for use on the ISTM website.

The issue of setting standards for ethics in travel was presented and discussed. It was noted that such material has already been assembled for Canadian travel clinics. The material will be reviewed and possibly placed on the ISTM website.

The committee chair was requested to explore with the new ISTM management consulting group the feasibility of offering distant learning courses and North American CME courses.

The committee chair was also requested to review the different proposals discussed (distant learning courses, responsible travel clinic, etc.) and send the President a report of these findings by April 1 of those that the Professional Education committee should pursue.

CISTM-8

Mr. Talley presented a summary of the New York conference.

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February 2004 Executive Board Meeting:

IN ATTENDANCE

- | | |
|--|--|
| Dr. Bradley Connor, President * | Dr. Santanu Chatterjee, Chair: Host Countries Committee |
| Dr. Prativa Pandey, President-Elect * | Dr. Robert Steffen, Editor: <i>Journal of Travel Medicine</i> |
| Dr. Louis Loutan, Immediate Past President * | Dr. Albie de Frey, Chair: Membership Committee |
| Mrs. Fiona Genasi, Counselor, Associate Chair: Practice and Nursing Issues Committee * | Dr. Charles Ericsson, Chair: Publications Committee |
| Dr. Kevin Kain, Counselor * | Dr. Karl Neumann, Web Editor, Editor: <i>NewsShare</i> , Chair: Travel Industry and Public Education Committee |
| Dr. Peter Leggat, Counselor * | Dr. Anne McCarthy, Chair: Research Committee |
| Dr. Eli Schwartz, Counselor, Chair Professional Education Committee * | Dr. Brian Gushulak, Chair: Migrant Health Committee |
| Dr. Frank von Sonnenburg, Secretary/Treasurer | Dr. Steve Ostroff, Special Advisor |
| Dr. David Freedman, Chair: Electronic Communications Committee | Mr. Gregg Talley, Talley Management Group (TMG) |
| | Mrs. Brenda Bagwell, ISTM Secretariat |

* voting member

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AECTM

After discussion, including a review from the President on the reasons the ISTM decided to branch out into regional meetings, it was decided that the Chair of the recent African-European meeting would prepare and submit to the President a template for the regional meetings.

APTHA

An ad hoc committee to consist of Drs. Schwartz, Pandey and Chatterjee will advise the board on the activities of the Asian-Pacific Travel Health Association.

Elections

NewsShare will carry an article about bylaws-directed Executive Board composition.

————— “ISTM Elections 2005 and the Nomination Process,” continued from page 1 —————

now available for 2005 elections.” Click on it and proceed. You will have to enter your user name and password.

The deadline for submitting the form is July 31, 2004. Any ISTM member with paid up dues is eligible for nomination, but it is desirable for the candidate to have the following qualifications:

- Prior service on ISTM committees or ISTM sponsored initiatives
- Publication of travel medicine-related clinical or research articles in the *Journal of Travel Medicine*, other journals or books
- Contributions to the biannual CISTM
- Leadership experience working with national or international professional societies or groups
- Professional experience in the field of Travel Medicine

various continents and constituencies of the Society (e.g., nursing, academia, private practice). Members of the nominating committee will be appointed by the Executive Board one year before the next Membership Assembly and for a term of one year. Two members of the nominating committee will be outgoing counselors and the chairperson of the committee will be the President-Elect.

Article 8.2 Six months before the next Membership Assembly, the nominating committee shall submit to the Secretary-Treasurer the names of two nominees for each office to be elected. At least three months prior to the annual meeting, the Secretary-Treasurer shall send a ballot to each member eligible to vote. The ballots shall be returned to the Secretary-Treasurer. To be valid a ballot must be received by the Secretary-Treasurer at least six weeks prior to the Membership Assembly.

Article 8.9 No more than three elected members of the Executive Board shall reside on the same continent when elected. The sequence of the elections will be President, President-Elect, then counselors. If three members residing on the same continent are elected, those proposed later in the sequence of elections will drop out as supernumerary candidates; within the counselors, the ones having received less votes will drop out.

By unanimous votes each of the previous Executive Boards has reiterated that all elections are guided but not bound by the following considerations:

1. The President-elect should be elected from a different continent than the current President-elect.
2. One of the counselors should be a nurse counselor who should be elected from a continent different from the continent of the outgoing nurse counselor.

Please note that your nominations should be guided by the interpretation of Article 8.9 and the geographic composition of the Executive Board in 2005 at the time of election.

For each open position, the nominating committee will carefully review all the names submitted and will select the names of the 2 most suitable nominees. These 2 nominees will appear on the ballot in accordance with the bylaws of the ISTM. Ballots will go out to all members with the names of 2 nominees for each open position with the October 2004 membership mailing. Election results will be announced at the membership assembly in May 2005, in Lisbon.

To maintain true diversity in an international society like ours, our by-laws mandate that geographic considerations are taken into account. The Society bylaws state that no more than three of the seven elected members of the Society shall reside on the same continent. The following paragraphs pertaining to the election process are quoted from the bylaws to increase an understanding of this process:

Article 8.1 A nominating committee will be composed of 7 members in good standing in the Society representing, insofar as possible the

Geographic Composition of the Executive Board in 2005 at the Time of Election

Past President	Bradley Connor	North America
President	Prativa Pandey	Asia
President-elect	To be elected	Should be non-Asia
Counselor	Kevin Kain	North America
Counselor	Eli Schwartz	Asia
Nurse Counselor	To be elected	Should be non-Europe
Counselor	To be elected	Open (but would be non-North Amer. if either President-elect or Nurse Counsellor is North Amer.)

The nominating committee:

1. Prativa Pandey, MD (NEPAL), President elect-chair
2. Fiona Genasi, RN (UK), outgoing Counselor
3. Peter Leggat, MBBS (AUSTRALIA), outgoing Counselor
4. Alan Spira, MD (USA)
5. Susan Kuhn, MD (CANADA)
6. Blaise Genton, MD (SWITZERLAND)
7. Susan Bailey, RN (USA)
8. Victor Kovner, MD (USA)
9. Rogelio-Lopez-Velez, MD (SPAIN)

ISTM and the Travel Industry: A Saga

Karl Neumann, MD

Ever since its inception more than 20 years ago, the International Society of Travel Medicine has set itself a mission to establish meaningful relationships with the travel industry. The purpose of the mission: to make the industry more health conscious and to make them aware of travel medicine in general and the ISTM in particular. Obviously, for travel medicine professionals, the travel industry is a natural ally, a well-defined, easily accessible, and—in theory, at least—a ready-to-tap-into conduit, leading straight to the traveler. But while in most areas ISTM endeavors have been resounding successes, this is not the case in its overtures to the travel industry. With few exceptions, the overtures have been met with disinterest, especially in North America.

Last month, the editors of *NewsShare* sent an e-mail query to ISTM members on the ISTM listserv asking for their opinions on this issue. The query read:

Attempts in the past by ISTM to interest travel agents and the travel industry in becoming more receptive to travel health issues and to the ISTM have been largely unsuccessful. Do you think that ISTM should renew its effort in this area? Is this a proper mission for a Society such as ours? If so, how can we improve our public relations/communications skills? Do you or your colleagues in your country have successful programs in this area?

Twenty-eight individuals responded. Here are some of the more interesting comments:

“On the subject of travel agents... definitely a sore point in our clinic as well as with many others I talk to at our ISTM meetings. Our efforts with travel agents have been vigorous, prolonged and totally to no avail. I have personally visited and talked with over 200 travel agents in our market area. I have twice given talks at annual meetings of travel agent groups using, in part, materials provided by ISTM. For over two years I kept up with a weekly e-mail newsletter highlighting every week a different issue in travel

medicine and sent out to over 50 local travel agents. All of this effort garnered me not a single referral. In fact, one patient going to a yellow fever endemic area of the Amazon and having been told both by us and the local Public Health department that he needed the yellow fever vaccine was then told by his travel agent that he did NOT need it. He did not get the shot and nor did he take any malaria prophylaxis—also on the advice of his travel agent.”

“I have become convinced that the ONLY thing that will make travel agents see the value of travel medicine is when the plaintiff’s lawyers start holding them as accountable for the advice they give as they currently hold physicians accountable.”

“After seeing the presentation by the Madison Avenue advertising firm at the ISTM meeting in New York, I think we might do better to bypass the travel agents and go straight to the traveling public. After all, many if not most international travelers now bypass the travel agent and buy their tickets on-line. But on the other hand, a carefully planned, POSITIVE approach to travel agents might have some benefit.”

“Our Travel Medicine Center has for the past 20 years maintained a mailing list of travel agents in our catchment area. The list also includes hospitals, pharmacies and libraries, since patients often consult these places for information about travel health matters. We send out a quarterly bulletin with information on current Travel Health topics and once a year send out a mailing with a poster and a bunch of business cards. Since fax machines became available we started sending out the bulletin by fax. The theme of the mailings to travel agents is ‘Travelers who are aware and prepared for travel related medical issues are more likely to travel, and travel ...and travel!’ We also send out a mailing to physicians and have a standard form that we use to inform patient’s personal physicians of their visit and what was given in the way of immunizations and prescriptions. All of this seems to be

good for our business. Maybe ISTM could develop a program that could be given to members to use locally, including flyers and consult report forms.”

“My experience is that many travel agents are reluctant to make referrals because they are afraid their clients will be overly concerned both about the possibility of disease and the cost of the immunizations which may make the client reluctant to book the trip.”

“I found that the only influence I ever had after a lot of tries was when I offered to teach travel health in a travel agent school. If there was some way to develop a good, short and effective curriculum in travel health specifically for travel agent students (or graduates) that was free and fast (they do not want to spend much time on it), that might eventually lead to some sensitivity to the health issues...”

“*Journal of Travel Medicine* (vol. 11, no. 1, Jan/Feb, 2004, pp. 64-66) had an article by Oliver Hart on ‘severe high-altitude cerebral edema on the Inca trail’ that once again illustrates the need that the travel industry and trip organizers have in learning the basics of travel health and what to recognize in various situations. Despite having a doctor on the trip, the group was too spread out for the doctor to examine the person that became ill until very late in the course of her illness. And the trip organizers were not prepared ahead of time to recognize serious signs of HACE. Evacuation efforts cannot be organized for immediate needs and generally take longer than most trip organizers or tourist travelers appreciate.”

“I think we should continue to try to talk to travel agents. Firstly, they are the hands that rock the cradle when it comes to first contact. With recent competition from the Internet, they are a harried and stressed out group. I try to approach the different agencies to give a quick 50 minute talk on basic travel health (including any specialty travel topics they may have). On a local level it makes them more comfortable with us and more familiar. If we can show them there are ways their clients can

be safe, most will be more open to travel medicine education. I also advertise at the Travel Agents convention (in Canada this is the Addison's Trade Show), geared specifically for travel agencies. In order to reach this audience I think it is more effective to use meetings and advertisements that they are already familiar with."

"As a travel medicine practitioner, a travel agency owner, and Certified Travel Counselor, I have been able to train the 12 agents in my agency rather well regarding advising travelers to high risk areas. *However*, as hard as I have tried I have made no inroads in educating the rest of the travel industry in my locale. I have offered evening seminars, even offering to go to the agencies offices. I have sent letters and brochures to local agency managers with essentially no response. I believe we will need to work through the travel organizations—American Society of Travel Agents, Cruise Line International Association, and Institute of Certified Travel Agents, for example—to develop an ongoing relationship with such organizations and get them to help distribute the information that travel agents badly need. They may be more likely to pay attention to their own organizations and house organs than to us."

"It is obvious that the travel industry should already follow guidelines defined and provided by ISTM, and I can't understand how the travel industry covers the millions of travelers without *any* rule at all. The approach of the Society should be more active in this field. Some ideas can be discussed but the main thing to be done is to transform society in order to be more powerful in a global environment. We can discuss only the method(s) to succeed a more active role..."

"The few times that I have found travel agents receptive to teaching were either because they had been burnt or it was through the junior college we have here that teaches courses on how to be a travel agent. A short course (maybe a few hours long) that is to the point and free will help to reach them."

"Yes I would strongly support information to encourage travel agents to be more proactive. I think there may be an obliga-

tion in fact; currently they can claim lack of knowledge. In the U.S., the Occupational Safety and Health Administration has, in fact, created a document recommending (not mandating) companies send their employees going overseas for travel medicine assistance. I would be happy to discuss more, even working together to craft a questionnaire/study vehicle."

"I do feel strongly that this is an area that ISTM should pursue. We have never done anything with this in our community, but I suspect that some (certainly not all) travel agents would be receptive to providing information to their clients. They really have no idea what is 'necessary' as they regularly tell my clients that there is nothing required (which may be the case from the foreign country's standpoint, but not from the traveler's). We have had some travel agents come themselves, so we know that at least some have an interest in protection. I wish I had a logical way to approach this, but I guess it would require a committee of interested persons to discuss this topic. I would be willing to participate."

"It is probably difficult to convince small to medium travel agencies that travel medicine advice is actually useful for all travelers, even for those in good health and/or traveling to countries with no significant health hazard. Major agencies might be easier to convince and it might be useful for them and their clients to include within their brochures, catalogues or websites a reference to the ISTM website (as well as other very good travel medicine websites available worldwide), with a strong recommendation to visit one of them before leaving. Professional travelers are an easier target since it is easy for their organization to ask the travel agent (usually one contracted travel agent arranging travels for all staff, sometimes within the same building) to display medical information brochures and various advices issued by the organization's medical center, or to attach health reminders to the plane ticket."

"I do think you should get involved with travel agents to help them understand the necessity of the vaccines travel clinics give. So many times our travel clients tell

us 'well the travel agent told me I didn't need anything'. This needs to change to protect the traveler while traveling and the community when they return."

"I have saved a number of brochures from travel companies—one series of three, for travel to Ecuador, is part of my lecture on *Preparing The Traveler*. I call this series, *The Good, The Bad, and The Ugly* (apologies to Sergio Leone and Clint Eastwood). The Good lists many health issues relating to travel to Ecuador including the need to visit with a travel health professional for advice. The Ugly simply states, 'No shots required'. That sums it all up and certainly indicates the magnitude of the work ahead of us."

"We have not been successful in this arena in our area either but as part of ISTM I think efforts should be renewed!"

Help Wanted

Full-time position for Nurse Practitioner in Fresno, California, USA

Busy internal medicine/travel medicine clinic needs full time nurse practitioner (NP). Position involves direct patient care, assisting with chart documentation and record keeping, coordinating the travel clinic, and working on the Central Valley GeoSentinel Project (CVGP). CVGP is a part of GeoSentinel, the global network of travel clinics that reports international travel-related illness to the Centers for Disease Control (CDC). The NP would assist in the continued development of the project in our community as well as being primarily responsible for reporting cases to the CDC. A NP with a background in ID and cardiology would be ideal, but not mandatory for this position. Essential qualities are a passion to learn, high standards, flexibility, interest in the local community and a willingness to promote the CVGP through group presentations.

Please call or e-mail with any questions:
Michael W. Lynch, MD, FACP, DTM&H
Fresno Int'l. Travel Medical Center
Fresno, Calif., USA 559-243-1179

View from Stone Mountain

Brenda Bagwell

Dear Friends,

Greetings from Stone Mountain, Georgia where spring (and pollen) are in full bloom! It was wonderful to see some of you at the recent African-European Conf. on Travel Medicine in Cape Town. I thoroughly enjoyed the beauty and history of Cape Town and must make it a point to return there when I have time to explore!! The trip was especially fun for me as my mother joined me on her first ever international journey. She has now been bitten by the travel bug and is making plans to join us in Lisbon for CISTM9! By the way, she did see an ISTM member before traveling and followed their advice to the letter – a model traveler!

I want to welcome the 50 new ISTM members from the Cape Town meeting, the Intl. Conf. on Infectious Diseases, and the Wilderness Medicine meeting. As you read this I am attending the Scandinavian Travel Medicine meeting and look forward to welcoming more new members there. Remember that membership materials are always available for you to distribute at any conferences you may attend. Simply allow enough time for shipping the materials to your destination.

For those of you who have requested an ISTM Membership Certificate, these will be forthcoming very soon. I ran into a design dilemma for the certificate, but that has been solved and I should have these out to you within the next 2 weeks. Thank you very kindly for your patience.

I know many of you also are interested in purchasing a membership and/or Certificate of Travel Health lapel pin. The pins should be ready for distribution in the next few weeks (\$5.00 US each) and will be available through my office or at any meeting where ISTM has an exhibit booth. I will contact each of you who expressed an interest in the pins during my survey to see if you wish to purchase one.

Until next time, remember – when we long for a life without difficulties, oaks grow strong in contrary winds and diamonds are made under pressure!

Calendar: Conferences, Courses, Travel

(Note: This calendar is a service for the travel medicine community. The listings come from reputable individuals within the community but are not checked or necessarily endorsed by ISTM.)

Conferences

Mar. 04
through
Feb. 05

Postgraduate Diploma in Travel Medicine by Distance Learning.

Glasgow, UK. March 8, 2004-February 2005.

Year long, distance-learning course for qualified

medical practitioners, nurses and other health care professionals with special interest in travel health. Diploma qualification awarded through Royal College of Physicians and Surgeons. Students may be invited to continue onto MPhil in Travel Medicine through the University of St. Andrews. Overseas students particularly welcome to apply. Contact: Miss Amanda Burrige, Course Administrator, Travel Health Department, Scottish Centre for Infection and Environmental Health, Clifton House, Clifton Place, Glasgow, G3 7LN. Tel: 0141 300 1132. Fax: 0141 300 1170. Email: Tmdiploma@scieh.csa.scot.nhs.uk. Web address: www.travelcourses.scieh.scot.nhs.uk.

May
26-28

Tropical Medicine: A Clinical and Tropical Review.

Montreal, Canada. May 26-28, 2004. Expert faculty. Didactic, interactive, problem oriented.

Clinical vignettes. For physicians and nurses responsible for health of travelers, immigrants, expatriate workers, volunteers and missionaries. Simultaneous English/French translation (earphones). Hands-on diagnostic parasitology laboratory available. Information: Kelly Glover, CME McGill University, tel: (514) 8253; fax: (514) 934-1779; email: kelly.glover@muhc.mcgill.ca. Website: www.medicine.mcgill.ca/tropmed/txt/May%20schedule.htm

May
26-27
June
7-8

TREC: Travel-health Related Education & Care.

Edinburgh. May 26-27, Glasgow. June 7-8, Edinburgh, 2004. Two-day travel medicine courses for nurses new to the field or wishing to update their knowledge. Maximum: 20 places. Supported by the Scottish Centre for Infection & Environmental Health. Subjects include: immunization, risk assessment, food and water borne disease, malaria, animal and insect borne disease, travel health on the WWW. Organised by Sheila Hall MSc (Trav. Med) and other lecturers with expertise in the field. Information: 4/6 New City Row, Blanefield, Glasgow, G63 9JB. Tel: 01360 770829 Email: sckhall@TRECtravelhealth.co.uk Website: www.TRECtravelhealth.co.uk

May 31
- June 3

II International Congress on Dengue and Yellow Fever.

Havana, Cuba. May 31 – June 3, 2004. Sponsored by the Institute of Tropical Medicine “Pedro Kourí” (IPK) and many Cuban and international health associations including WHO and PAHA. Discussions include: vector biology and ecology; socio-economic factors, physiopathology; vaccinology; genetics; laboratory diagnosis and many other topics. Contact: congreso.dengue@infomed.sld.cu

June
21-25

Disaster Management Training Course.

New York City. June 21-25, 2004. The logistics, public health considerations, humanitarian issues and medical content pertinent to disaster medicine. CME credit

for physicians. Course director: John D. Cahill MD. Information: Brendan Cahill, International Institute of Humanitarian Affairs, 113 West 60th Street, LL224E, NY, NY 10023; telephone 212 636 6294, email: bcahill@cihc.org, or see www.cihc.org/index2.html, look under Education/DMTC.

July
8-12

Asia Pacific Forum on Tropical Health Innovation. Cairns, Australia. July 8-10, 2004. Organized jointly by Queensland Government, University of Queensland, The Australasian College of Tropical Medicine, James Cook University and others. Meeting targeted at professionals, scientists and managers working in tropical medicine and international health, especially related to Asia-Pacific. Experts from all parts of the world will present latest in tropical medicine and international health. Interactive sessions/workshops. Wonderful Great Barrier Reef coast setting. Contact: Pauline Fraley at the Queensland Institute of Medical Research: paulineF@qimr.edu.au. Visit: acithn.qimr.edu.au/asia-pacific

August
15-26

Tropical and Travel Medicine Course. Jujuy, Argentina, August 15-26, 2004. Update on Tropical/Travel Medicine by leading Argentinian physicians. Emphasis on diseases of South America. Location of course: the 155 kilometer Quebrada de Humahuaca valley with splendid scenery and old villages, declared a Cultural Legacy of the Humanity by the World Heritage Committee of the UNESCO in 2003. Official Language: English. Organizer and Contact: Dr. Mario Masana Wilson, MD MPH. Av. Belgrano 550, B1870ARQ, Avellaneda, Argentina. Online: www.buetravelosalud.com.ar. E-mail info@buetravelosalud.com.ar.

October
4-7

5th Asia Pacific Travel Health Conference. Kuala Lumpur. October 4-7, 2004. Theme: Emerging Disease: Impact on Health. Comprehensive scientific program from country-specific issues to global threats. Meeting aimed at professionals with interest in travel health. Information: Med Tech Media (M) Sdn Bhd, Plaza 138, Suite W6.08, Jalan Ampang, 50450 Kuala Lumpur, Malaysia, Tel: +603 2162 9098 Fax +603 2162 9078. Email: 5apthc@meditech.com.my. Web: www.5apthc.com

October
7-9

Arctic/Wilderness Medicine Conference with Polar Bear Expedition Tour. Winnipeg/Churchill Manitoba, Canada. October 7-9, 2004. Course in circumpolar medicine, with emphasis on dermatology, entomology, veterinarian, dentistry, sports, and travel. Medical Continuing Education Credits available. Opportunity to explore Churchill (on Hudson's Bay) and Manitoba and view wild Polar Bears. Conference information: Dr. Gary Podolsky, (204) 453 9107 or gary_podolsky@yahoo.com Trip information: Corinne Martin The Great Canadian Travel Company Ltd., 158 Fort Street, Winnipeg, Manitoba, Canada R3C 1C9 Phone: 204-949-0199/800-661-3830 Fax: 204-949-0188 E-Mail: Corinne@gctc-mst.com

Nov.
7-II

53rd Annual Meeting of the American Society of Tropical Medicine and Hygiene. Miami Beach, USA. November 7-11, 2004. Contact: ASTMH, 60 Revere Drive, Suite 500 Northbrook, Illinois 60062. Tel: (847) 480-9592; Fax: (847) 480-9282. E-mail: astmh@astmh.org. Website: www.astmh.org.

May
1-5, 05

9th Conference of the International Society of Travel Medicine (CISTM). Lisbon. May 1-5, 2005. Biennial meeting of the International Society of Travel Medicine. More detailed information

about the meeting will be available soon. Contact: Frank von Sonnenburg, Section on International Health, Georgenstrasse 5, D-80799 Munich, Germany. Tel. +49 89 2180 3830. Fax: + 49 89 33 60 38. Email: istm_europe@csl.com Website: www.istm.org

May
8-13, 05

8th International Symposium on Maritime Health. Rijeka, Croatia. May 8-13, 2005. (Biennial) Organized by International Maritime Health Association and local organizers, with support from WHO, IMO, ILO and ITF. For health professionals, educators, and legislators. Faculty of international experts. Conference held aboard cruise ship originating in Venice, sailing along Adriatic coast, and visiting the cities of Rijeka and Dubrovnik. Official language: English. Contact: 8th ISMH Secretariat, RI-AK, Verdieva 6, 51000 Rijeka, Croatia. Tel: +385 51 312-312; Fax: +385 51 312-333; e-mail: secr-ismh8@ri-aktours.hr; Web address: www.ismh8.com.

Courses/Educational Travel

June 12-
July 4

Medical Practice for Areas with Limited Resources. Dar es Salaam & Ifakara. June 12 - July 4, 2004. Three-week course in the St. Francis Designated District Hospital in Ifakara and Dar es Salaam, Tanzania. Course uses combination of new teaching theories, advances in knowledge, and realistic medical practice in areas with limited resources to create new educational methods for medical professionals working at the district level in developing countries. Challenging academic and educational atmosphere created by highly motivated expatriate and Tanzanian staff and course participants. Language: English. Contact: Christoph F. Hatz, MD. Swiss Tropical Institute, PO Box, CH - 4002 Basel, Switzerland. Fax 0041 61 284 81 06. Or call: Course Secretariate, Socinstrasse 57, Basel, Switzerland: 0041 61 284 81 06. Email: courses-sti@unibas.ch. Web address: www.sti.ch/kurses.htm.

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Jan. 17
-28, 05

The Gorgas Expert Course. Lima, Peru. January 17-28, 2005 (and every odd-numbered year).

Sponsor: Gorgas Memorial Institute. Site: Tropical Medicine Institute (IMT), Universidad Peruana Cayetano Heredia. Admission restricted to previous formal training or extensive overseas experience. Given in English. Two weeks of bedside clinical experience in a busy 36-bed tropical disease unit. Includes: 5 hours/day inpatient/outpatient rounds, daily CPC; case presentations by participants/colleagues from around the world. Weekend excursion to the Andes: Verruga Bridge, inter-Andean valleys endemic for bartonella and leishmania; ascent to 4,800m (15,500 feet). Peru has wide spectrum of tropical diseases (see website) and IMT is the major referral center. 80 CME hours. Course Directors: Dr. Eduardo Gotuzzo (IMT) Dr. David O. Freedman, (Gorgas/UAB). Web: www.gorgas.org. Click GORGAS EXPERT COURSE for details, applications. E-mail: info@gorgas.org.

Feb 13,
Mar 13
2005

Tropical Medicine Expeditions to East Africa: 12th Kenya Expedition scheduled for February 13-25, 2005, and **10th Uganda Expedition** scheduled for March

13-25, 2005. In collaboration with Kay Schaefer, MD, PhD, MSc, DTM&H, of Cologne, Germany and the Universities of Nairobi, Kenya, and Makerere, Uganda. Two-week expeditions designed for a limited number of health care professionals (doctors, public health experts, scientists, pharmacists, nurses). Participants visit hospitals and health projects in urban and rural areas. Includes individual bedside teaching, laboratory work, and lectures in epidemiology, diagnosis, treatment, and prevention and control of important tropical infectious diseases. Also update on travel medicine and visit to the "Flying doctors." 50 contact hours. Official language: English. Medical education credits applied from German accrediting authorities. Contact: Dr. Kay Schaefer, Tel/Fax: +49-221-340 49 05, E-Mail: contact@tropmedex.com. Web address: www.tropmedex.com

NewsShare

the Bimonthly Newsletter of the International Society of Travel Medicine

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