The sixth conference of the International Society of Travel Medicine (CISTM-6) was highly successful. I want to give special thanks to the chairperson of the Conference Organizing Committee, Dominique Tessier for all her hard work. Likewise, the Organizing Committee could not have been as successful as it was without the devotion and consummate professionalism of Ms. Susan Stokes. Many attendees commented on the quality and breadth of the plenary sessions. In this regard I want to single out for special praise the excellent work of the Co-Chairs of the Scientific Committee, Frank Bia, Christoph Hatz and Stephen Ostroff.

Judging by the general quality of the oral presentations and the posters we are clearly still a young society. The quality of the research presentations will improve as the reputation of ISTM matures. We should be able to attract reports on many excellent studies under the broad definition of travel medicine. We need to convince investigators to prefer our meeting to infectious diseases, tropical medicine and similar society meetings.

During the conference the Executive Board of the International Society of Travel Medicine and the various committee chairs and members were very active. Following the conference in Montreal the Executive Board and others from around the world conducted a strategic planning meeting that was followed by an Executive Board meeting. These meetings served to stimulate much discussion and action that we will share with you in future communications and in reports from the various committees that will be published in NewsShare.

You should know the Executive Board and Chairpersons of ISTM committees. All of these people will now be expected to attend the Executive Board meeting held at the biennial CISTM. Please contact any of them if you are interested in serving ISTM or have suggestions. Brenda Bagwell, our very able secretary to the Secretariat can help you reach any ISTM member. She can also send you details about how to join ISTM in the event you are not a member. She can be reached at <bcbistm@aol.com>, and her address is PO Box 871089, Stone Mountain, GA 30087.
The Executive Board members are:

Voting members:

President: Charles Ericsson (USA), Past-president: Michel Rey (France), President-elect: Louis Loutan (Switzerland), Counselor: Brad Connor (USA), Counselor: David Freedman (USA), Counselor: Santanu Chatterjee (India), Counselor: Karen Howell (UK)

Non-voting members:

Secretary/Treasurer: Frank Von Sonnenberg (Germany), Special Advisor to the Board: Phyllis Kozarsky (USA), Special Advisor to the Board: Robert Steffen (Switzerland), Administrative Director of the Secretariat: Susan Stokes (USA), Secretary to the Secretariat: Brenda Bagwell (USA)

Committee chairpersons are:

Electronic Communications: David Freedman (USA), Fundraising: Robert Steffen (Switzerland), Host Countries: Santanu Chatterjee (India), Membership: Graham Fry (Ireland), Migrant Health: Louis Loutan (Switzerland), Professional Education and Training: Phyllis Kozarsky (USA), Publications: Christoph Hatz (Switzerland), Research Committee: Pat Schlagenhauf (Switzerland), Travel Industry and Public Education: Brad Connor (USA), Long Range Planning Committee: Michel Rey (France)

CISTM-7 Appointees

Chair of the CISTM-7 Organizing Committee: Frank Von Sonnenberg (Germany), Chair of the Scientific Committee: David Freedman (USA), Co-Chair of the Scientific Committee: Robert Steffen (Switzerland).

At the Board meeting each chair presented his or her committee’s progress to date and indicated what resources might be necessary to reach goals. While details are forthcoming the Executive Board identified certain goals.

The membership committee is a high priority as we try to identify how better to benefit our members and how to appeal to members of national societies of travel medicine to join ISTM. We are intent upon putting your membership dollars to work to generate identifiable membership benefits. One short-term goal is to publish updated membership and clinic directories, both of which should be available soon and will be on the web site free to ISTM members.

We are also exploring how we can improve our electronic communications such as managing hot links on our web site and making NewsShare available electronically. Members will be permitted to have a free link to their clinic’s home page as long as the page is not overtly commercial. For commercial hot links we are exploring a fee for a listing in a shopping mall linked to the ISTM site. You will see your Society became rapidly heavily oriented toward electronic communications. I urge all of you to get on-line so that you can fully benefit from the Board’s commitment to regular communication with the membership.

Fund raising is a high priority in order to support the many projects that have been identified. Heretofore, our corporate sponsors have heavily subsidized the membership and projects of the International Society of Travel Medicine. ISTM is grateful for this support. The time has come to better demonstrate to sponsors how our efforts benefit them and to diversify our funding sources.

ISTM continues to be supportive of research projects and hopes to organize a clinical trials group. Information about how to apply for a grant will be available soon. The research committee is currently considering whether to target junior and less experienced researchers. This committee is also exploring the feasibility of a network of willing mentors who can help others who have ideas for research but who do not quite know how to proceed with data collection and analysis.

An ISTM task force met in the spring to consider the advisability and feasibility of establishing a certificate of knowledge in travel medicine that could be earned by either nurse or physician practitioners of travel medicine. The task force is committed to develop a body of knowledge that is advisable to know in order to practice travel medicine. This body of knowledge will be published in Journal of Travel Medicine. The development of a test necessary to grant a certificate is a much larger undertaking and further action awaits the results of the needs assessment survey that was disseminated at CISTM-6. Please note that this certificate is not certification to practice.

ISTM is actively exploring the establishment of guidelines for practice, which will be published in
Journal of Travel Medicine. Initial considerations are guidelines for the Hajj and for cruise ships. Another educational success is the indexing of JTM on Medline. Our journal will now be published every other month beginning with a January 2000 issue. We have also applied for indexing with the Institute of Scientific Information, which will allow us to track our “impact factor”.

ISTM is committed to the education of the traveling public. To this end the Board is actively exploring the formation of a foundation that could be the means to better attract funds to support public education.

A major project is GeoSentinal, a system of collection and analysis of data from clinics around the world that monitors ill travelers or migrants. This system should begin supplying important information to our members in the near future. GeoSentinal has entered into a partnership with the Centers for Disease Control and Prevention and as such has received funding to maintain their current efforts for five years. The Executive Board supported use of additional ISTM funds especially to target and develop more European reporting sites.

New initiatives relate to the Board’s desire to enlarge the definition of travel medicine. Many of ISTM members are practitioners who are concerned with promoting the health of travelers such as tourists and business travelers. ISTM is embarking on major efforts to embrace a broader definition of travel to include migration and the impact of travel on both developing and developed host countries.

I hope you share with me a sense of enthusiasm for the goals and directions that ISTM is taking. Please share this enthusiasm with your colleagues. You are the best ambassador that ISTM can have.

Warm regards,
Charles D. Ericsson
President, International Society of Travel Medicine

A Message from Dominique Tessier following the Montréal Conference

It is hard to believe that after so many weeks and months of intense preparation, the 6th Conference of the International Society of Travel Medicine is finally over. The week of the Conference seemed to fly by, and I feel as though I haven’t quite come back down to earth yet!

The Conference was a wonderful success in every sense of the word. There were over 2000 participants, from 64 countries, more than any previous ISTM Conference. A true international Conference! The comments of delegates that I spoke with and that other Committee members reported to me were invariably positive. The exhibitors were also enthusiastic about the meeting, and the general consensus was that it had been very worthwhile. Even the weather collaborated, although it was a bit too hot for me, particularly during the beautiful Concert in the Notre-Dame Basilica! I believe that this year’s Conference has set a new standard for the ISTM that future Organizing Committees will endeavour to replicate.

It goes without saying that the support of the Organizing Committee, the Scientific Committee, the speakers and poster presenters and Events International Team was a key element in the successful outcome of the Conference. I personally want to thank them all very sincerely. As I mentioned at the Closing Ceremonies, the outstanding logistical team on site gave me a tremendous feeling of confidence and security.

My deepest appreciation goes to the participants, all of whom played a part in ensuring the very positive outcome of CISTM6. Without their enthusiasm and active involvement in all the interactive sessions, the CISTM6 outcome would have left a very different feeling. I have one regret: I talked to a minuscule number! Each of my encounters with a participant from Ghana, Cambodia, Indonesia, Sri Lanka, China, Brazil, India, Poland and so many other countries made such a durable impression. And so many friends I barely waved to! Bonjour à vous tous. I console myself with the certitude that many of you will be participants in other CISTM.

I look forward to seeing you again!
Au revoir, donc, et merci!
Dominique Tessier, Chair, CISTM6
Body of Knowledge and Certificate of Knowledge Update

We would like to thank all 473 of you who took the time to fill out and return the “needs assessment” survey with regard to the proposed certificate of knowledge in travel medicine. There were certainly varying opinions with regard to an examination, though most were moderately to highly enthusiastic about moving ahead with our exploration. We have not yet thoroughly analyzed the results of the survey, but will publish these when available in the next edition of NewsShare, and keep you up-to-date on the activities of the committee.

In the meanwhile, there were many excellent comments included on the survey responses, as well as several issues brought up by a number of members. We would like to address a few of the questions:

A “Certificate of Knowledge” would be awarded to those individuals who choose to sit and pass an exam. It is not a “certification” process nor is it credentialing. The ISTM is not a “Board” and our membership is international.

The exam would be purely voluntary, and would probably (at least initially) be given at the location of the ISTM Conference, either directly prior to, or after the meeting.

The exam would encompass pre-travel health issues. It would not test post-travel care. Thus, the same exam would be given to both nurses and physicians.

The committee exploring this issue is international in its composition, is multi disciplinary, consists of nurses and physicians, and is also aware of regional differences in travel health recommendations, cultural differences, etc.

The committee is making its best effort to communicate with national societies, as well with the American Society of Tropical Medicine and Hygiene in an effort to best co-ordinate activities.

And finally, there is understanding concern from many with respect to moving ahead without a well defined “scope of practice” in travel medicine. It has therefore been the major thrust of the efforts of this committee and its professional consultants to first (and foremost) develop a “Body of Knowledge” outline for travel medicine. We feel that with a comprehensive body of knowledge document, professional educational efforts can move ahead more smoothly and more rapidly. In addition, this will enable better recognition of the many overlapping responsibilities of nurses and physicians practising travel medicine. The aim is to work together instead of becoming more fractionated.

The body of knowledge document is now in draft form and is undergoing evaluation and revision. Hopefully, it will be available for the next NewsShare as well. The items for inclusion are certainly not “set in stone” and serve only as guidelines for us in developing educational opportunities and standards of care.

Again, thank you for your assistance and we will be in touch with many of you during this process.

On behalf of the committee

Phyllis Kozarsky

ISTM - Nursing Task Force formally adjourned at CISTM6

In 1995, at the ISTM Acapulco Meeting, the Executive Board sanctioned the establishment of a Nursing Task Force. It was the objective of that time-limited, ad hoc group to identify issues important to the Nursing members of the Society and to suggest methods by which those goals might be accomplished.

These original objectives of the Task Force were met during the period 1995-1999. At the ISTM General Business Meeting and at the Executive Board meeting a recommendation was made and a petition was put forth to the Board to establish a committee on “Practice Issues”.

This new standing committee would incorporate the Task Force and expand its goals and membership into an interdisciplinary committee focused on issues of professional practice.

At the Executive Board meeting there was a great deal of discussion on this issue. Members interested in this proposed committee were advised to become more involved in the professional education and training committee, perhaps as a subcommittee.

The proposed “Practice Issue” Committee was not empowered and the Nursing Task Force was adjourned.

Lisa Sawyer, RN
Nursing Continuing Education Units (CEU’s)

The Executive Board has passed a motion that the Board will always have a nurse holding a counselor position, and that counselor would be responsible for appointing the person to be in-charge of applying for CEU’s for Nurses for CISTM’s.

An intense effort will be put forth to apply for Nursing CEU’s for CISTM-7 in Innsbruck.
Lisa Sawyer, RN

P.S. I would like to thank all the nurses who formed the Nursing Task Force and for the contributions made towards meeting the objectives over the past four years.

ISTM ELECTRONIC COMMUNICATION COMMITTEE (ECC) REPORT - JUNE 1999

Current Status of the Three Major Activities

Web Page: www.istm.org is currently located on a server maintained for the Society by Shoreland Inc. They format and mount content (computer files) provided to them by various arms of the society. Present format includes provision of Mission and Membership information; Travel Clinic Directory; ISTM News Service, Publications (JTM, NewsShare); Links to Important Other Sites; Links to Travel Clinic Web Pages; ICTM information.

Members and ISTM sponsors have requested hyperlinks to commercially oriented sites not directly related to the provision of medical care to individual patients. The ECC has been tasked by the Executive Board to report back on this issue but the initial feeling is that the revenue stream from this would be small and that this sort of endeavour is unusual for academic and professional societies.

TravelMed: The listserv discussion group. Presently 348 members subscribe. Discussion is lively and often of high quality and usefulness to participants. The move to an unmoderated format in 1998 has been highly successful. A Liability Disclaimer to automatically appear on all postings will be added.

Membership wide e-mail distribution: Selected surveys, ISTM notices, GeoSentinel requests, and GeoSentinel Advisories/alerts will continue to be disseminated in this way.

New Recommendations

1. ISTM should consider an expanded web presence. This might include creation of a WebPage Editor position that held significant stature within the organisation as well as an editorial board for this electronic publication. Resources for editorial assistance would be required. Education of the public, new media, legislative entities, and K-12 classrooms about travel medicine should be an important focus of the Web publication. The Societies’ mission would be well served if the answer to the many enquiries we all receive from reporters, legislative aides, or schoolchildren needing to write a report on malaria or any travel related disease could be “go to www.istm.org”. Provision of content would ultimately depend on the good will of our membership.

2. All electronic publication of the Newsletter. This would eliminate significant printing and postage costs. Access by members would not be affected and the electronic version would be available, for most members, at least two to three weeks prior to receipt of any mailed hardcopy. Near universal internet access is now the norm even in the developing world. Internet should now be viewed as a way to reach more people rather than as an elitist tool that would restrict information flow to academia and the economically advantaged.

The Executive Board passed on a resolution mandating gradual transition to all electronic publication subject to member feedback. Beginning in calendar 2000, upon electronic availability of each issue on the ISTM Web Page, each member would receive an e-mail announcing the issue. Embedded in the e-mail would be the URL for the PDF version of the file. Current e-mail software and PC operating systems link URLs and Web Browsers so that simply clicking on the URL in the e-mail
message will bring up the issue, completely formatted, on the screen. Those with colour printers would even be able to print in colour. Year 2000 and 2001 membership renewal forms will both ask members whether they want to discontinue receipt of their print versions. For 2000 the default for those not replying will be to continue to receive the print version, for 2001 the default for those not replying will be discontinuation of receipt of the print version. The Executive Board will consider total cessation of the print version at its 2001 meeting. Due to the relative permanence of print media, scientific publications such as the Journal should remain available in print, with the extent to which content is disseminated electronically to be determined by the Board, the Journal Editor, and the Publications Committee.

ISTM Electronics Communications Committee: David O Freedman (USA), Chair., Steven Denny (USA), Graham Fry (Ireland), Jeff Chapman (USA), Andrew Jamieson (South Africa), Yvan Fortin (Canada), Deborah Mills (Australia), San Lanfranco (Canada)

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**ISTM Electronic Communications Nuts and Bolts Primer**

We have many new members in the society so would like to review the electronic services available. As with regular mail, different ISTM functions are carried out at different locations so be sure to send your e-mail to the correct place.

**ISTM Home Page** <www.istm.org>

The entire text of the ISTM Travel Clinic Directory is available on-line, and a direct link from each listing that contains an e-mail address will allow someone viewing the listing to click and send a message directly to that clinic. Inclusion in the directory is not an automatic feature of membership. If you are not in the directory currently, send a request to the membership office at <bcbistm@aol.com>. Updates are done quarterly so your name will appear right away.

Direct links to the HomePages of about twenty ISTM member clinics that have their own HomePages. ISTM member clinics that want their HomePages to be linked from the ISTM page should submit their URLs to <istm@geomed.dom.uab.edu>.

The ISTM News Service. Excerpts from all WHO and CDC outbreak bulletins and press releases are posted daily and links to the entire articles on the WHO or CDC server are embedded in the text.

Informational text now includes: The brochure for ISTM-C7 meeting in Innsbruck in 2001, the membership brochure, and instructions for joining TRAVELMED, the ISTM listserv.

Society Publications: Complete text of NewsShare, the ISTM Newsletter, (submissions to <eric.walker@virgin.net>) and abstracts from the Journal of Travel Medicine.

**ISTM E-Mail Directory**

If you didn’t get the recent e-mailed ISTM Advisory on the Influenza outbreak in Alaska, we don’t currently have a valid e-mail address for you. All ISTM members occasionally get these advisories as well as infrequent ISTM notices. Maintaining an up-to-date e-mail directory is difficult and has been time consuming. Individual e-mail addresses change with much greater frequency than postal addresses, hand-written e-mail addresses on annual membership renewals are often difficult to decipher, and occasional members are reluctant to submit e-mail addresses to societies for fear of receiving ever increasing amounts of junk e-mail. If you didn’t get the recent message send us an e-mail from your preferred location so that the correct address can be extracted from the actual message. Submit to <istm@geomed.dom.uab.edu>

**TRAVELMED the ISTM Listserv**

This is an unmoderated discussion group (350 participants at present) that members need to actively join. Being in the ISTM e-mail directory does not automatically enrol you in TRAVELMED; not everyone wants to receive the increased volume of e-mail that participation in TravelMed entails. Restriction of access to ISTM members ensures a higher quality discussion.

To join: in the body (not the subject line) of an e-mail message sent to listserv@yorku.ca type the
words subscribe travelmed.

Once accepted for membership, you will automatically receive further instructions from the server. The vast majority of requests for participation come from non-members of ISTM. Each request to join has to be manually screened by a volunteer from the Electronic Communications Committee so there are delays in processing requests at times and some mistakes are made. Please remember that TravelMed is like the Journal or NewsShare, you only get one subscription per membership. You cannot have subscriptions from both your home and office e-mail address. If five people work in your clinic but there is only one ISTM membership you get one (not five separate) subscriptions to TravelMed.

Current TravelMed subscribers often have questions on what to do when e-mail addresses change or they have trouble with some aspect of TravelMed. Instructions on how to handle the most common situations can be found at http://www.istm.org/listserv.html

David O Freedman, MD
Chair, ISTM Electronic Communications Committee

A Report from GeoSentinal

GeoSentinal is the global surveillance network of ISTM. The GeoSentinal Program includes issuance of periodic advisories to all our member clinics via electronic means.

An important outbreak of Influenza A once again occurred this summer in travellers and tourist industry workers in Alaska and the Yukon Territory. Detailed information and background is available at http://www.cdc.gov/travl/june99.htm and <http://www.hc-sc.gc.ca/hpb/lcdc/osh/yukak_e.html>.

Acquisition appears to be primarily on land portions of combination land-then-cruise group tours. Last year an estimated 850 000 travellers, many elderly, from at least 45 countries visited Alaska during the May-September summer travel season. An estimated 40-50 000 cases of influenza like illness occurred during the Summer 1998 outbreak in the same locales and several elderly travellers died with complicating pneumonia.

Influenza is a year-round disease in the tropics. In addition, these summer outbreaks are occurring with increasing frequency. Nevertheless, influenza vaccine is not available from manufacturers during the summer months in the Northern Hemisphere. Elderly and high risk travellers should thus be counselled on the use of rimantidine or amantidine for prophylaxis or for standby treatment.

We suggest that ISTM members make efforts publicise this outbreak as well as the risk to travellers within their own communities. This is a high priority public health travel topic with wide mass appeal. It is a good opportunity to promote travel medicine in general and your own clinic in particular. For example, a “Tip Sheet” put out locally in Birmingham last Friday in collaboration with the UAB media relations department when this news broke on the above web pages, has already resulted in one newspaper item and several requests for interviews since.

David O Freedman, Phyllis Kozarsky, GeoSentinel Directors
Pasteur Merieux
Dear Sir

Many of the issues discussed at the 6th Conference of the International Society of Travel Medicine raise the need for further research or action. Stephen Bezruchka, in his communication session “Adverse Effects of Tourism to Majority Countries on the Health of the Host Population”, explored not only the impact of tourism on the health and environment in host countries, but also the relationship between income inequality and life expectancy. He also discussed the loss of local control that occurs where holidays spent in resorts owned by transnational corporations, result in a new outflow of foreign exchange. He suggested that travel clinics could attempt to address the problem by promoting responsible choices of travel destinations to our clients.

As travel physicians, concerned about preventing disease in host countries as well as in travellers and in expatriates, I proposed that we also do what we can to support Jubilee 2000. Recent debt reduction proposals by Tony Blair do not go far enough. ‘Structural adjustment’ did not succeed in increasing prosperity in the majority world. As long as countries must spend more on debt payments to their northern creditors than they do on the health and education of their people, disease and social unrest will continue to increase.

Maurianne Reade, MD, Lakeland Medical Clinic, Cold Lake, Canada

Mailing Address: General Delivery, Westerose, Alberta, Canada, TOC 2VO.

An Analysis of Travel Health Advice

I am planning a content analysis of travel health advice material given to travellers. The emphasis will be on the investigation of issues which seem to not have been covered in previous such analyses.

I would like to ask ISTM members to assist me with this research by sending me material that they pass on to their clients.

I am mainly looking for written material (leaflets, brochures, booklets, photocopies of self compiled advice etc) on any travel health related issue. I will also examine audio tapes or video tapes should you use them and send me one (please attach a note if you wish them returned).

The material can be in one of the following languages: English, German, Dutch, Spanish, Italian, French, Portuguese, or Arabic (standard). I will be able to get assistance for other languages.

I would appreciate your passing this request on to other colleagues who might not be ISTM members, and I am happy to receive any contacts for institutions or publishers producing/distributing other material.

Please send any material you wish to share to the address below. The collection of items starts now, the actual analysis will start approximately March/April 2000. Any comments are welcome as well. Please note, to maintain confidentiality, names of individuals or clinics who have submitted information will not be identified in any report on the results.

Your help in this matter is very much appreciated.

Dr Irmgard Bauer, School of Nursing Sciences, James Cook University, Townsville Qld 4811, Australia

Telephone: + 61-7-47815312 or Fax: + 61-7-47814026.
E-mail: Irmgard.Bauer@jcu.edu.au

Notes from the Editor

Thank you to all contributors for this first NewsShare after the Montréal Conference. In addition to the excellent scientific content, the conference was an opportunity for people to meet and discuss issues relating to the society and its future.

It has been decided that members with access to the Internet and the ISTM Website should be able to ‘opt out’ of receiving NewsShare as a ‘hard copy’.

This for many of us is a sign of the times and knowing that current and back numbers of NewsShare are readily available on the ISTM Website, this means less paper arrives into our offices to be filed or piled away (!)

If you do not wish to receive a hard copy of NewsShare in the future please let Brenda Bagwell know at the secretariat address below. This will also mean less costs for printing and postage.

Please keep your contributions coming in.

We have also decided to limit the amount of non-society material in NewsShare so we are dependent upon you to let us have material to share with other members.
Increasing international mobility of persons and goods is one of the characteristics of today’s globalized world. The origin of this process of globalization is multi-factorial: demographics, communication, transportation, relocation of work opportunities and other factors all combining to dramatically change global patterns of movement. There are clear indications that this trend will continue over the coming years and that these issues will assume an important dimension with regards to health.

Traditionally, individuals or populations on the move are referred to as either travellers or migrants. International travellers number nearly one billion persons per year. Their journey involves the crossing of international borders on a two-way ticket, and their travel is often between rich countries, or from rich to visit poor countries. The duration of these journeys is often for only a limited amount of time. Their contact with foreign population is often in the form of sporadic encounters that may occur in comfortable hotels, although there is an increase in “exotic” or wilderness experience travel. These travellers may be exposed to poor hygiene and foreign pathogens and have some risk of bringing the consequences of that exposure home with them. However, as a whole, the experience is often considered to be recreational, and consequently even illness acquired in the manner may not be perceived as a significant hardship.

Migrants number approximately two to four million persons per year. They primarily travel on a one way ticket, usually from poor to richer countries, carrying with them the specific disease burdens of their country of origin. Their conditions of travel often include journeys of much longer duration than those of routine travellers, and migrants are often exposed to greater health risks than tourists. Migrants tend to have prolonged contact with new populations, experience new cultural practices and suffer some restriction in access to traditional health care at their new destination. There are several “sub-categories” of migrants including tourists, business travellers, humanitarian workers, students, military personnel, immigrants, refugees, asylum seekers, illegal migrants and others. Each category can be defined according to some specific characteristics but they all share common factors related to travel and the risk of some health consequences resulting from that movement process.

Changes in environment, exposure to new risks, differences in heath systems and access to medical services affect migrants’ health. As the world continues to experience the effects of globalization, distinctions between traditional travelers and migrants is becoming less clear, as the groups share more and more commonality. Thus, in an attempt to better understand the implications of mobility, it will be necessary to examine both the differences and the common characteristics, risk factors and consequences of international movement for both traditional travellers and migrants.

One of the basic health concepts of international mobility is the traversing of geobiological boundaries during the journey. This can be explained as a process of leaving one specific biological environment (with its own climate, temperature, pathogens, and vectors) for which a certain degree of adaptation exists, and the movement to other locations where the traveller is exposed to different biological characteristics. In today’s world this process is resulting in an increasing number of persons being exposed to new environmental stresses that have potential health consequences. The crossing of these epidemiological boundaries is also associated with an increased circulation of pathogens and vectors worldwide, resulting in the increased exposure of both the newcomers and the receiving populations to new disease challenges.

The movements of individuals and populations also imply the crossing of socio-cultural boundaries. Leaving family and community to move to another socio-cultural environment has extensive implications, both for the person moving and for the receiving population. Knowledge, beliefs and attitudes towards disease and health, the expectations of and perceived needs for medical services and access to health services or information may be very different between the travellers’ origin and destination. These differences can importantly affect the process of adaptation to a new environment for the newcomer and can influence the effectiveness of health care providers who serve migrants and travellers’.

The health aspects of the movements of persons are often perceived in terms limited to the risks of importing or exposure to communicable diseases. However, moving also implies changes in lifestyle, food habits, exercise; it imposes psychological stress and a certain degree of isolation. Each of those factors can affect the health and well being of the migrant traveller and can have potential consequences on physical and mental health. These various factors have a definite impact on the use of medical services with direct consequences on the cost of the services provided and their adequacy.

Assessing and monitoring factors that affect health and health services for the internationally mobile is
crucial in order to anticipate and propose changes 
and adaptations to travellers health needs. Better and 
more detailed analysis of the relationships between 
 mobility and health is needed to better serve migrant 
 travellers and to ensure that resources are effectively 
 utilized. Significant trends in patterns of disease 
 distribution related to population mobility can be 
 observed. For example, in many European countries 
an increasing proportion of new cases of tuberculosis 
is detected in foreign-born residents and newly 
 arrived migrants. In some nations, the majority of 
 reported malaria is noted to occur in foreign-born 
 residents returning after visiting friends and relatives. 
 Similar overrepresentation between illness and 
 migration status exists in the areas of occupational 
 health and domestic accidents. A clear understanding 
of the causes and risk factors involved is needed in 
 order to be able to target adapted preventive 
 interventions.

Other areas of current interest in the field include 
 the access to and use of medical services by migrants, 
 the characteristics and costs involved of those 
 services, and the quality of care provided. In 
 Switzerland, for example, the majority of live births 
is currently observed in foreign born parents, a 
situation that will have direct implications for a variety 
of maternal-child and daycare services. Similar 
situations also result in terms of the provision of 
culturally appropriate prevention information and 
 messages to be given to mothers.

Drawing on the above examples of the health 
 consequences of increased migration and global 
 mobility it is possible to consider migrants as one 
 cohort of a collection of global travellers. In that 
 context the health characteristics of migrants, which 
 reflect their geographic and socio-cultural origin, can 
 represent a pattern of experience and knowledge that 
 can be applied to groups of travellers. Considering 
 traditional tourist travel for example, there may be 
 lessons acquired by those who provide health services 
 for arriving migrants that may be relevant for other 
 travellers who may journey in the reverse direction. 
 This wider approach to dealing with the health of 
 travellers can both expand the scope and increase 
 the coverage and practice of travel and migration 
 health within a single shared framework of health 
 risk determination and management.

Through this unitarian approach to the health issues 
 common to all travellers, be they tourists or migrants, 
better prevention, treatment and understanding of 
 travel associated illness and disease can be obtained. 
 It is anticipated that as travel and population mobility 
increase, the overlap between traditional travel 
 medicine and migration health will expand. Through 
 that increased collaboration curricula, scientific 
 background and the knowledge bases of the two fields 
 will become progressively more common. The net 
 result expected to be increased areas of common 
 interest, investigation and reporting reflecting the 
 globalization of travel, commerce and population 
 mobility.

The increase in international mobility will be 
 associated with new opportunities for ISTM. A broad 
 range of ISTM supported activities could be 
 developed to support the emerging field of migration 
 medicine. Those activities, many of which can be based 
on or patterned after existing ISTM practices include;

- the study of and improvement in aspects of 
  providing care for migrants, refugees, asylum 
  seekers and immigrants, arriving in a host 
  country,

- improving the science and practice of the initial 
  medical screening and evaluation of migrants,

- the provision of specific medical services for 
  migrant travellers,

- the acquisition of the necessary skills for 
  providers who wish to expand their practice to 
  broader groups of international travellers.

The delivery those activities implies participating in 
 the collection and analysis of basic epidemiological 
 data relating to illness and diseases of migrants, 
 examining their health needs and use of medical 
 services and the design of appropriate training 
 material. All those undertakings will benefit from 
 the facilitation of networking and diffusion of 
 knowledge between those who deliver traditional 
 travel medicine services and those who work in the 
 expanding field of migration health. Many of ISTM 
 members have expertise in the various fields of 
 tropical diseases, travel medicine and several are also 
 involved in providing services for migrants, refugees 
 and immigrants. ISTM plans to build on this existing 
 network of professionals to expand its scope of 
 activities and broaden the concepts and practice of 
 travel medicine.

For the ISTM Committee on Migrant Health

Louis Loutan, Brian Gushulak
Roche
CONFERENCES AND COURSES

CUBA
Dengue Fever, a menace at the year of the year 2000
Havana
23 August - 3 September 1999
Please contact: Professor Maria G Guzman,
Instituto “Pedro Kouro”, Autopista Novia del Mediodoa, Km 6, PO Box Mnao 13, Ciudad Habana, Cuba
Telephone: 53 7 220450 or Fax: 53 7 220633.
E-mail: lupe@ipk.sld.cu

USA
Malaria Policies and Human Development: Approaches for the Next Century
Harvard University, Cambridge, Massachusetts
7-17 September 1999
A complete description and on-line application form are available at:
http://www.hiid.harvard.edu/training.health.html
or by writing to malaria@hiid.harvard.edu

UNITED KINGDOM
Vaccines and Immunisation in the next millennium
Manchester
7-10 September 1999
For further information please contact: James Arthur.
Telephone: +44 (0) 1625 624060
or Fax: +44 (0) 1625 430544.
E-mail: james.arthur@cmc.co.uk or Web address: http://www.immunise.man.ac.uk

USA
Review Course in Clinical Tropical Medicine and Travellers’ Health
San Francisco, California; Moscone Convention Center South Building
23-24 September 1999
Organised by the American Society of Tropical Medicine and Hygiene (ASTMH) in co-operation with the American Committee on Clinical Tropical Medicine and Travellers’ Health (ACCTMTH).
For additional information, please contact ASTMH at (847)480-9592.
Fax (847) 480-9282 or e-mail astmh@astmh.org. Website: www.astmh.org.

SOUTH AFRICA AND BOTSWANA
5th Course in International Travel Medicine
26 September - 5 October 1999
Further information please contact: Danish Society of Travel Medicine, Mads R. Buhl, MD, Chairman. Department of Infectious Diseases, Marselisborg Hospital, 8000 Aarhus, Denmark.
Phone +45 89 49 18 02 or Fax. +45 89 49 18 00.
E-mail: buhl@aaa.dk

UGANDA
5th Tropical Medicine Expedition
In collaboration with the University of Makerere, Uganda
7-19 November 1999
Secretariat: Kay Schaefer, Travel Medicine Center, Teutoburgerstr 14, 50678 Cologne, Germany.
Telephone/Fax: +49 221 3404905 or
E-mail:106021.2721@compuserve.com

GERMANY
Congress for Infection and Tropical Medicine
Munich
24-27 November 1999
For more information contact: Germany Society for International Health URL: http://www.tropenmedizin.net/

BELGIUM
Third National Seminar on Travel Medicine
Brussels
25 November 1999
For further information please contact : Dr F Jacobs by e-mail erasmcmi@resulb.ulb.ac.be

USA
Travel Related Vaccine, Preventable Illnesses
American Society of Tropical Medicine and Hygiene
Hilton Washington and Towers; Washington DC
27-28 November, 1999
Travel-Related Vaccine Preventable Illnesses
Hilton Washington and Towers; Washington, DC
27-28 November, 1999
Organised by the American Society of Tropical Medicine and Hygiene (ASTMH) in cooperation with the American Committee on Clinical Tropical Medicine and Travelers’ Health (ACCTMTH)
For additional information, please contact ASTMH at (847)480-9592. Fax (847) 480-9282 or e-mail astmh@astmh.org.

USA
Symposium: Hantavirus Reservoir Studies in the Americas
48th Annual American Society for Tropical Medicine and Hygiene Meeting
28 November - 2 December 1999
For more information contact: Charles H Calisher: <calisher@usa.healthnet.org>

KENYA
8th Tropical Medicine Expedition
In collaboration with the Travel Medicine Centre, Cologne, Germany and the University of Nairobi, Kenya
6-18 February 2000
Secretariat: Dr. Kay Schaefer, Travel Medicine Centre, Teutoburgerstr. 14, D-50678 Cologne, Germany.
Tel/Fax: +49-221-340 49 05 or E-Mail: contact@tropmedex.com or website http://www.tropmedex.com

UGANDA
5th Tropical Medicine Expedition
In collaboration with the Travel Medicine Centre, Cologne, Germany and the University of Makerere, Kampala, Uganda
27 February - 10 March 2000
Secretariat: Dr. Kay Schaefer, Travel Medicine Centre, Teutoburgerstr. 14, D-50678 Cologne, Germany.
Tel/Fax: +49-221-340 49 05 or E-Mail: contact@tropmedex.com or website http://www.tropmedex.com

USA
Travel and Environmental Medicine Course
Eldorado Hotel, Santa Fé, NM
22-26 March 2000
The course is jointly sponsored by the Wilderness Medical Society and the American Society of Tropical Medicine and Hygiene.
For additional information please contact WMS at (719) 572 9255, wms@wms.org, www.wms.org or ASTMH at (847) 480 9592, astmh@astmh.org or www.astmh.org.

NEPAL
Study Tour: Trekking and Travel Medicine
25 March-9 April 2000
Contact: Master Travel, Croxted Mews, 288 Croxted Road, London, SE24 9BY.
Telephone: 0181 671 7521 or Fax 0181 671 7327.
E-mail: tours@mastertravel.co.uk or Web Site www.mastertravel.co.uk

ITALY
2nd European Conference on Travel Medicine
Venice, Fondazione Cini, Isola di San Giorgio
29-31 March 2000
For more information contact: Dr. Walter Pasini, Viale Dardanelli 64: 47900 Rimini, Italy.
Telephone: 390-541-24301 or Fax: 390-541-25748
E-mail: wpasini@rimini.com

ARGENTINA
9th International Congress on Infectious Diseases
10-13 April 2000
For further information please contact: International Society for Infectious Diseases, 181 Longwood Avenue, Boston, MA 02115, USA.
Telephone: (617) 277 0551 or Fax: (617) 731 1541. E-mail: isidbos@aol.com

ITALY
Infettivologia 2000
Infectious Diseases Past and Present
Casale Monferrato
15-19 May 2000
Organising Secretariat: Planet srl, Via Borgone 57-10139 Torino, Italy
Telephone: +39 11 3825357 or Fax: +39 11 3825682. E-mail: planet@cse.it

TAIWAN
Travel Medicine in the 21st Century
Taipei
24-25 June 2000
The International Travel Medicine Conference 2000, organized by the Asia Pacific Society of Travel Medicine (ASTM) and the Chinese Association of Travel Medicine (CATM)
Registration and additional information, please contact the Conference Secretariat at P.O. Box 68-439, Taipei, Taiwan.
Telephone: +886-2-2537 6017. Fax: +886-2-2537 7479 or e-mail: tcm@ms5.hinet.net.
Correspondence to:

ISTM NewsShare
The Scottish Centre for Infection and Environmental Health, Clifton House, Clifton Place, Glasgow G3 7LN, United Kingdom.
Fax (44) 141 300 1170 or E-mail: ewilson@scieh.tcom.co.uk or eric.walker@virgin.net

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