NewsShare
Newsletter of the International Society of Travel Medicine 2002 November/December

President's Message

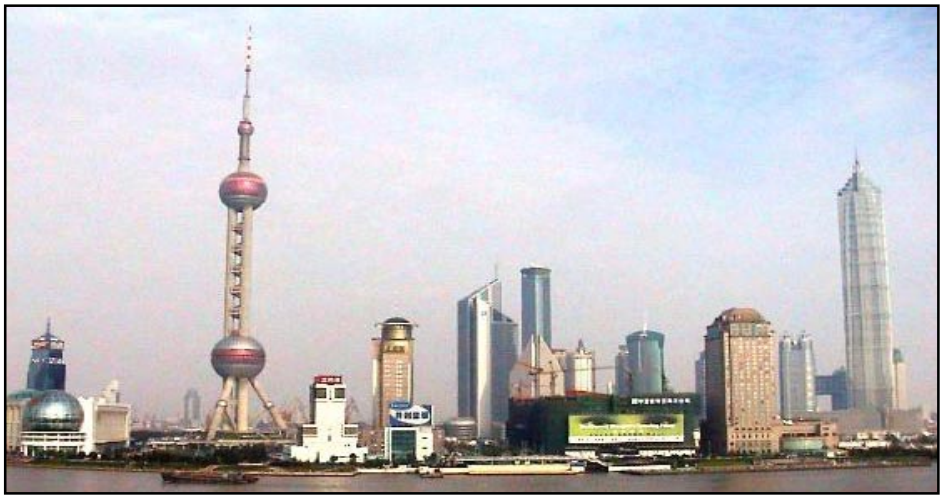
November 2002

Dear ISTM Members,

Time is flying! In less than six months the next big ISTM event will be underway: the New York conference, May 7-11, 2003! New York… port of entry for millions of immigrants and refugees, the city of hopes and expectations, a city living and beating with international energy; New York, the place of departure and arrival of millions of travellers. We will be in a highly mobile city, open to the ocean and the world, a wonderful place for a conference on travel medicine. Brad Connor, the conference organizer, and Hans-Dieter Nothdurft, the chair of the Scientific Committee, have been working hard putting together a very attractive program to take place in the heart of New York at the Marriott Hotel in Times Square. Although the September 11 tragedy is still vivid in our hearts, New York has recovered and is turned towards future challenges again. The travel industry has gone through a difficult period and uncertain times are still foreseen in the near future. May reason and peace prevail in the coming months.

Since last November the ISTM executive board has met twice: in the spring in Florence at the time of the Third European Conference on Travel Medicine, and then recently in Shanghai after the fourth Asia-Pacific Travel Health (APTH) conference. These two meetings have given us the opportunity to discuss the society's affairs.

Shanghai was a success. Two years after the Bali conference, the number of participants has increased substantially and travel medicine is strengthening in the region. The ISTM, Santanu Chatterjee and Eli Schwartz in particular, worked actively with our colleagues of the APTH Society to organize and design a very attractive program. The Shanghai organizing committee lead by Lin Jianwei put together a very successful event, contributing significantly to the development of travel medicine in China. This part of the world is increasingly mobile and the travel industry is rapidly developing within and in between countries. The World Tourism Organization forecasts that by 2020 close to 400 million arrivals will take place in the Asia-Pacific region, a 4.9 fold increase since 1995.



The success of the Shanghai conference certainly encourages ISTM to promote conferences and training outside Europe and North America, in areas frequented by travelers. It encourages us to find new ways to increase local expertise and raise the quality of care and local medical services. ISTM should contribute to the training of local doctors. In December 2004 the 5th APTH conference will take place in Kuala Lumpur with ISTM support. But before that, another "regional conference" will be organized in South Africa in early 2004. The ISTM executive board is committed to promoting such conferences, with more emphasis on regional specificities, to diversify and expand our expertise and influence outside Europe and North America. These conferences will not compete with the biennial main conference.

After New York, we plan to meet in May 2005 in Lisbon, Portugal another very attractive city open to the sea, with a very rich history of travel and discovery. Lisbon will help us to promote travel medicine in this part of Europe.

Last September, we were greatly surprised and shocked to hear that Phyllis Kozarsky resigned as president-elect. Phyllis has been extremely active in the society since its creation. Sparing no time and energy to promote travel medicine, she has played a key role in the ISTM, from organizing the Atlanta conference in 1991, to the development of the GeoSentinel network and the organization of Certificate of Knowledge Examination, which will be held for the first time May 7, 2003 in New York. Phyllis decided to withdraw for both personal and professional reasons. Under personal and professional pressure, she has decided to step back. The society owes her a lot and hopes to see her back when conditions ease up for her. We all sincerely wish that her situation will improve rapidly.

When Phyllis Kozarskiy stepped down, we simultaneously lost the president-elect and the chair of the nominating committee, which was in the process of selecting candidates to replace the two outgoing counselors and the new president-elect. I had to react quickly. Charles Ericsson, past president, accepted to become the chair of the nominating committee keeping Phyllis as a member of the new committee. We are all very grateful to him for

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having accepted this task. The committee had the double responsibility of nominating candidates for the new executive board after New York, and proposing a new president-elect sufficiently experienced and knowledgeable about the society to become president by May 2003. Brad Connor, the organizer of the New York conference, has accepted the challenge. He will be the sole candidate for the presidential position to replace Phyllis Kozarsky. We appreciate his willingness to serve. So this election is rather unusual. You are being asked to vote for Brad Connor or write-in an alternative of your choice. And at the same time you will choose between Prativa Pandey from Nepal and Santanu Chatterjee from India for the next President-elect position. Both are very competent candidates, who come from outside Europe and North America, as a clear commitment from the Executive Board to be more representative of our membership diversity. Five nominees for the two counselors positions are proposed. All are excellent candidates and very active in travel medicine and in the ISTM. The candidates are:

Haditsch, Austria
Kain, Canada
Leggat, Australia
de Frey, South Africa
Schwarz. Israel

The first ever Certificate of Knowledge Examination will be given in New York. It will take place on the morning of May 7, the day of the opening ceremony. Candidates need to register as soon as possible. Please look at our website for instructions and see included documents. For candidates participating also in the conference, there will be a rebate of $100 for physicians and $50 for all others. Many members of the ISTM have participated in this endeavour, but Phyllis Kozarsky is the prime architect of this new initiative. They should all be thanked for the work they have done.

As you can see, the last few months have been quite intense. All the members of the board have participated actively in finding solutions and helping me to make appropriate decisions. I thank them wholeheartedly for their support. We are now moving ahead full speed, aiming at a very successful conference in New York. Now is the time to register and to send your abstracts for presenting your research! We need your participation to make this conference a memorable event! I am looking forward to seeing you all in New York!

Best regards
Louis Loutan, ISTM President

Asia Pacific Travel Health Conference in Shanghai

Karl Neumann, MD, Editor, NewsShare

The 4th Asia Pacific Travel Health Conference in Shanghai, China in late October attracted more than 500 delegates from about 40 countries. The focus of the conference: exchanges of opinions on some of the important health issues in travel medicine both regionally and globally, as well as the introduction of new technology and products that will help travelers stay healthy, safe and comfortable.

For five days, from early morning until evening banquet time, the delegates immersed themselves in a smorgasbord of well over 100 pre-plenary and plenary sessions, symposia, workshops, country reports, oral presentations, lunch satellite programs, and free communication sessions. In addition, there were about two dozen pharmaceutical company exhibits, with displays from the large and well-known western pharmaceutical firms alongside booths featuring interesting traditional Chinese preventatives and cures for travel-related conditions. There well over three hundred posters vying for the attendee's attention. The overwhelming consensus of those attending - mostly veteran conference goers and very well traveled - this conference was as professionally organized and managed as any they have ever attended. Outstanding was the way that the host committee attended to every need and request of the individual delegates.

Also outstanding – and memorable – was the conference center itself and the host city, Shanghai. The conference center is a massive, modern, all-glass building located on the banks of the Huangpu Jiang. This river flows through the center of the city and roughly divides Shanghai into two areas, Puxi, the old part of the city to the west, and Pudong the new part, to the east. The convention center, attached to a five-star hotel, is on the Pudong side. From the upper floors, through the glass walls you look across the narrow river to the historic Bund, symbolic in Chinese history and an area greatly influenced by Europeans in the nineteenth and twentieth centuries. At night, the buildings lining the river are very attractively lit, creating a memorable sight. On the Pudong side of the river, is the new Shanghai, arguably the most modern metropolises in the world. Many conference participants, especially the overseas ones, the well-traveled group, described the new city as "mind-boggling." In what until 10 years ago was almost exclusively nondescript farmland, mostly rice paddies, there is now, as far as the eye can see, Paris-like boulevards lined by dozens, perhaps a hundred skyscrapers, many of them more than sixty stories high, with a few towers over eighty stories in height. Most are office buildings, but there area also hotels and residential buildings. Virtually every building is multi-colored and geometrically shaped. Says the local tourist office, "Like a pearl set in the west coast of the Pacific Ocean, Shanghai is the showcase of China's fast growth and a bonanza of tourist attractions, business opportunities and cultural activities…" It is definitely a place to visit.

Psychological Aspects of Adventure Travel

David Shlim, MD

Adventure travel can be emotionally loaded for many people. Traveling for the purpose of having adventure means placing yourself into new situations with some uncertainty as to how you may react. Few people have anxiety about a trip to Hawaii to lay on the beach, but most people feel some anxiety about a remote trip to Tibet. Part of the reason for choosing such an adventure is the hope that the trip itself may change you in some way - to make you more aware of your limits, or to gain confidence by having accomplished something difficult. The uncertainty of the enterprise and the absence of standard emotional supports can lead to the risk of psychological trauma. This may simply be disappointment in one's own performance, or it may lead to a total psychological decompensation. If the emotional or psychological collapse is severe, the entire trip will be disrupted, and even getting the person home will be a severe challenge.

Psychosis is the term we use to describe people who experience a disconnection between reality and their perceptions. The same environment that may help to induce psychosis is fraught with obstacles that prevent the stabilization of a psychotic person. In a remote environment there may not be any medications available for controlling psychosis, and there may be no stable environment in which someone who is out of touch with reality can be safely stabilized. Travelers who are not emotionally or psychologically stable are not allowed on commercial aircraft, and many evacuation insurance companies specifically exclude psychological medical emergencies from their coverage.

Even when psychosis is not a concern, psychological adjustments are often necessary due to stress on the traveler, prior expectations of one's performance in a new environment, and a feeling of lack of control over one's surroundings. The adventurous traveler will be dealing with stress. If the stress is too severe, there may be some form of decompensation, or temporary inability to function normally. Other people may have an exacerbation of underlying feelings of depression, or may have traveled to try to alleviate a sense of depression or unhappiness. These conditions will be discussed in more detail below. Based on my experience of working as a physician in Kathmandu, Nepal for 15 years, most of my examples are from Asia.

Travel is Stress (and Loss of Control)

Even at the best of times, travel involves a level of stress that is higher than we usually deal with at home. Depending on the destination, one has to deal with jet lag, loss of contact with familiar support systems, bombardment of sights and sounds, beggars, touts, and people who won't get out of your face. Even trying to absorb a particularly beautiful or moving event can be a form of stress. Trying to accomplish simple tasks, such as finding a decent room, buying a bus ticket, or obtaining a visa can lead to hours of frustration and uncertainty. If you are headed to remote areas, you can have a sense of being too far removed from familiar surroundings. You may suddenly realize that you are two week's walk from a strange and terrifying capital city, which is still 36 hours of flying time away from your home environment.

We all like to think that we can cope with our surroundings. The heroes that we admire in movies and television all have in common that they are not flustered by unexpected obstacles. They just deal with their changing environment as it unfolds, whether it be a volcano, primitive headhunters, or sleazy bandits. Most of us try hard to avoid the unexpected, to exert control over our surroundings, to expect things to go a certain way. When things don't go as we think they should, we assume that someone will be able to account for it, to take responsibility. We extend this concept of control to most aspects of our existence: we exercise to prolong our lives and prevent illness, we work hard in the expectation that we will be rewarded, we avoid areas of cities where we are likely to encounter trouble, we wear our seat belts. We have learned the rules, and as long as we follow them, and we think we can stay out of trouble.

Traveling for the purpose of having adventure means placing yourself into new situations with some uncertainty as to how you may react.

When one shifts to an environment and culture half way around the world, these rules can change as well. Michael Palin, while trying to travel around the world in 80 days without flying (for a BBC special), summed it up nicely: «What in Europe had been problems to solve, in Asia became limitations to accept.» One of the most difficult things for travelers to adjust to is the loss of their sense of control. They may fall quite ill despite all their efforts to avoid it. They may find that they bought the wrong ticket; or they bought the right ticket, but the bus didn't come at all; or they are on the correct train, but someone else has their seats. Their trip of a lifetime might be scrubbed by three days in a row of bad weather, preventing the flight in. Since we are used to being in control, not having to deal with situations beyond our control, our stress levels can reach astronomic proportions.

Further pressure arises from the concept in the West that we must assert ourselves when things are not going our way. We are taught that we should not passively accept events as being beyond our control. However, in adventure travel, events

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may truly be beyond anyone's control. The successful travelers are the ones who can learn to accept the limitations, work within the new systems as they are encountered. What they ultimately learn is that what we had at home was the illusion of control. We assumed that we were in control because things were going our way for a period of time. But we can't truly prevent illness, accidents, or loss of friends and relatives. If we think about it, travel just becomes an accelerated learning course for accepting things beyond our control. The result of these lessons can be to become much stronger in dealing with our daily lives at home.

Personal Physical Goals

Adventure travelers often add an artificial stress to their journeys: the question of whether they will «make it» or not. Adventure travel is often very goal oriented. Setting out to do something that you are not sure you can do is part of the adventure. But linking the attainment of this goal with a psychological sense of worth can be dangerous. I have seen so many neurotically anxious people heading out for routine adventures, heedless of the needs of their traveling companions, oblivious of the local culture, compulsively monitoring their own health, all with the goal of standing on some patch of ground that they have read about.

People who are planning adventurous journeys should think about the psychological aspects, of finding a balance. They should train physically to gain confidence in themselves, and so that they can have more fun. They should realize that it is truly the journey, not the goal, that will be their adventure.

Spiritual Concerns

Travel to Asia, particularly the Himalayas, seems to have spiritual connotations for many people. It may be their first genuine exposure to religion outside their familiar Christian-Judeo background. They may harbor secret desires to obtain some spiritual teachings or experience. I believe that the popularity of Peter Mathiesen's book The Snow Leopard, is based largely on the fact that he was one of the first writers about Nepal to confess that he had a secret spiritual agenda. There is nothing at all wrong with this attitude, if it is kept in proportion.

The danger arises when people are traveling in order to undergo major changes. People who are unhappy at home, or feeling unsuccessful in their lives, may set out to travel in order to «get it together.» The stresses of a new culture, the sudden exposure to severe poverty, the pantheon of new deities, and the freedom from normal constraints, may lead to risky behavior, drug-taking, and psychological dislocation. The potential for psychological turmoil, even acute psychosis, is substantial. That is why adventurous travel in exotic locations may not be indicated for people with a substantial psychological history of problems. If people who have had significant psychiatric problems want to start traveling, it makes sense to first go to destinations that are culturally more similar to their own, and have some resources to deal with emotional problems should they occur.

The use of hallucinogenic drugs in the pursuit of religious practice in South Asia fueled the beliefs of many Western travelers that spiritual understanding might follow from an intoxicated state. Although most stable people can handle these experiences, drug use can be the final lever into the abyss of psychosis for some travelers. In addition, some of the drugs may actually be toxic, or adulterated with substances that can truly cause difficulties. These concerns are in addition to the fact that most drug use by foreigners is highly illegal in most destinations.

Decompensation

Sometimes travelers are simply overwhelmed by the sights and sounds and lack of coherence of their environment. The exposure to what appears to be abject poverty is taken personally, as if they have to do something themselves to fix it. The food is perceived as different, unappealing, and unsafe. The rooms are dirty and noisy. Usually, people gradually adapt, but they occasionally go home within a few days, feeling personally defeated.

A gentle approach can be helpful. You can point out that they don't have to feel responsible for the unpleasant things that they are seeing. You can try to get them to question whether the people they are seeing, who are quite poor, are actually suffering or unhappy. You can point out that they chose to travel to see and experience new things, including food and accommodation. If they can't recover their composure within a few days, they should either go home, or - less defeating - travel to a less intense part of Asia (for example, Thailand).

Panic Attacks

One non-psychotic manifestation of stress may be the panic attack. A panic attack is the name given to a recognizable cluster of symptoms that often occur without warning. In various combinations, the person experiences acute chest pain, shortness of breath, weakness, dizziness, and a sense of not being able to get enough air. An overwhelming sense of dread is the hallmark of panic attacks, and the patients often feel certain that they are going to die. Many patients go to an emergency room and have a number of tests to rule out heart attack, pulmonary embolism, pneumonia, asthma, and so on. All the tests are normal, and the puzzled physician may simply suggest further tests, leaving the patient feeling totally anxious. The diagnosis of panic attack is made based on the clinical presentation of the severe symptoms out of proportion to any real findings of disease.

Treatment is based on finding a sympathetic and convincing physician who can help explain what is going on. In the setting of travel, this reassurance is often enough to end the cycle of symptoms leading to a sense of panic. There are specific drugs that help relieve the anxiety that accompanies panic attacks.

Most of the patients experiencing panic attacks cannot pinpoint a cause. My experience with panic attack patients in

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Nepal was that almost all of them had been having a good trip up to the point of the panic attack. People who had been nervous and unhappy about traveling almost never had a panic attack. The tendency to have panic attacks has been shown to run in families, and the symptoms may not be purely psychological. The body begins to experience unexplained symptoms, and the mind appears to react to the body. In any case, knowing about panic attacks can save days of anxiety in a remote setting, and avoid the risks of an emergency evacuation.

Psychosis

When I was working in Nepal I used to go to bed at night hoping that I would not get a phone call telling me that someone was acting crazy. There is a wide range of behavior that is encompassed by the term «going crazy.» It may refer to someone in a near catatonic state, or to a delusional, aggressive, paranoid person who strikes out at all those around them. In developing countries, the psychotic patient is often first encountered in jail, due to their disruptive behavior in public. The police are only too happy to get rid of someone who is not in their right mind, unless they killed someone.

When such a patient is released from jail, or brought to a clinic by a friend, the goals are to find a stable, safe environment, with plenty of people to take turns watching the patient, and to use appropriate amounts of anti-psychotic medication. Embassies cannot take forceful control of their own citizens in other countries, so asking the U.S. Embassy Marine guards to gather up a psychotic 21 year old American man and ship him home on a cargo plane is not an option. The goal is to stabilize the patients as quickly as possible, and to repatriate them, accompanied by reliable people. The value of anti-psychotic medication cannot be overemphasized in this situation. An injectable antipsychotic medication should be in every adventure travel doctor's first aid kit. Hopefully you will never need to use it. Droperidol (Inapsine) is a particularly useful drug to have available for the acutely agitated or combative psychotic patient. It almost always sedates them within 20 minutes or so, allowing everyone to catch their breath and decide on the next course of action, without 4 people having to hold the patient down. One can then start them on either injectable or oral antipsychotic medications when the patient becomes arousable again.

The exact diagnoses in these cases has not been systematically studied by psychiatrists. The majority of episodes occur in people with no prior history of mental illness. Acute situational psychosis is probably the most common diagnosis: environmental stresses and some personal history combine to trigger a temporary disconnection with reality. Acute situational psychosis generally responds very rapidly to anti-psychotic medication.

Schizophrenia is a more severe mental disorder that often manifests for the first time in the late teens or early twenties, a time when many young people are also traveling abroad for the first time. A deceptive form of psychosis may be the first episode of mania, which is part of the diagnosis of bipolar disease. These people will feel that everything has come together in their lives, and every event is loaded with huge meaning. This sense of energy and importance can grow to psychotic proportions.

Depression

Severe depression leading to suicide attempts is a very serious problem among travelers, but fortunately quite rare. These people may have traveled as one last hope to deal with their feelings, and when it fails to improve their mood, they become suicidal. They may have broken up a relationship while traveling, or failed while

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Announcements

Impact Factor of the Journal of Travel Medicine (JTM)

The Journal of Travel Medicine now has an impact factor which can be found at the Institute for Scientific Information web site at www.isinet.com. This site can usually be accessed for free from libraries.

To calculate the impact factor for JTM for 2001 there were 389 citations in 63 articles. The impact factor was 1.164 with an immedicacy factor of 0.127and a citation half life of 3.6. The American Journal of Tropical Medicine and Hygiene has an impact factor of about 2 and Clinical Infectious Diseases was about 3.

I think we are doing very well for a new journal, especially a clinical journal. I encourage you all to try to quote relevant articles from the Journal of Travel Medicine when you write your articles.

Charles D. Ericsson, MD
Editor, Journal of Travel Medicine

Physician Scholars in International Health Program

The Yale/Johnson & Johnson Physician Scholars in International Health Program invites physicians in training as well as career physicians to apply for full funding for international health electives during 2003-2004. Please visit our website for complete information, eligibility, and application materials (www.info.med.yale.edu/ischolar). Deadline is Jan 15th.

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trying to work in a volunteer post. I am aware of a situation in which a disturbed person mailed a post-card from Seattle as he boarded a plane, telling his family that he was going to Kathmandu to kill himself. Luckily, he was found alive in Kathmandu when the American Embassy searched for him.

The treatment of severe depression in travelers should be the same as back home: emotional support, appropriate medication (particularly if anxiety is playing a large role), and repatriation with reliable assistance.

Screening

From the above discussion, one can wonder whether there are ways to predict who may have psychological problems on a given trip. There are no systematic studies of people who have had psychiatric problems while traveling, so we know little about the past histories of people who had problems, and whether they could have been recognized in a screening process as someone likely to have trouble. I would be concerned about people who have just undergone major life changes: loss of a lover or spouse, loss of a parent or sibling, the ending of a relationship, or the loss of a job. However, for many people in these situations, travel has truly had the beneficial and life-reinforcing elements that one would hope for. So, there appears to be no easy formula for deciding who should be brought along on an adventurous trip or not.

However, I would be concerned about anyone who has a history of having to be hospitalized for psychiatric illness. If this were a recent occurrence, and the person was still on medication, I would not want an adventurous, difficult trip to a remote area to be their first travel experience. Even if they are off medication, one would want to know more about the psychiatric diagnosis, as many psychiatric conditions, such as schizophrenia and bipolar disease (formerly manic-depressive disease), tend to recur over time. In an ideal situation, a person who has done the trip would be able to interview prospective clients as to their past travel history, motivation for going, and get a sense of their general stability and adaptability. But this type of in-depth interview rarely takes place, and not all clients are as honest about their past histories as the adventure travel company would like. Their own doctors may be completely unfamiliar with the stresses of travel to certain destinations, and overestimate their patient's capabilities. For all of these reasons, trip leaders and adventure travel companies should have contingency plans for dealing with psychiatric problems during a trip. At the very least, make sure that the clients have evacuation insurance that does not exclude psychiatric emergencies.

David is a member of ISTM. He is Medical Director of Jackson Hole Travel and Tropical Medicine in Jackson Hole, Wyoming. He served for 15 years as the Medical Director of the CIWEC Clinic Travel Medicine Center in Kathmandu, Nepal. He was also Medical Director of the Himalayan Rescue Association for 10 years. He is the course chairman of two courses that are presented in Jackson Hole, Wyoming. Medicine for Adventure Travel is a course that explores the science behind travel medicine. The other course is Medicine and Compassion, which presents the Tibetan Buddhist concept of compassion as it relates to Western medical care.

Calendar: Travel Medicine Conferences, Courses, Educational Travel

Conferences

Oct 2002-July 2003

Diploma Course in Travel Health and Medicine. London. UK. Each Monday, 1000-1600, from October 2002-July 2003. Postgraduate education and qualification in travel medicine for registered medical practitioners qualified with MBBS, nurses qualified with RGN, and other health care professionals with relevant qualifications. A Diploma in Travel Health and Medicine (Royal Free & University College London Medical School) issued to those that successfully complete the course. Contact: Ruth Hargreaves, Course Administrator (Dr Jane N Zuckerman, Course Director) Academic Centre For Travel Medicine and Vaccines Royal Free and University College, Rowland Hill Street London NW3 2PF United Kingdom. Tel: (44) 020 7472 6114 Fax: (44) 020 7830 2268 Email: r.hargreaves@rfc.ucl.ac.uk Web address: www.rfc.ucl.ac.uk

Nov 30

Travel Medicine Update 2002. Toronto. Saturday, November 30, 2002. Centre for Travel and Tropical Medicine, Toronto General Hospital, University of Toronto. Subjects include: changing recommendations for immunizations, malaria, and traveler's diarrhea, and much more. Speakers include Kevin Kain MD, lan Magill MD, Jay Keystone MD. CME: 7 hours of ACCME Category I credit. Email: anne.crozier@uhn.on.ca Tel: (416) 340-3671.

Feb 24-28

9th Swiss International Short Course on Travellers' Health. Basel, Switzerland. February 24-28, 2003. Comprehensive training in pre-travel advice, health problems abroad, and the returning traveler. Under the patronage of the ISTMedicine. For physicians, nurses, other health professionals and members of travel industry with strong interest in travel medicine. Official language: English. Swiss Tropical Institute, Course Secretariat, Socinstrasse 57, P.O. Box CH - 4002, Basel, Switzerland. Tel: +41 61 284 82 80 Fax: +41 61 284 81 06 Email: courses-sti@unibas.ch Web address: www.healthtraining.org/schools/basel/html#Crs1

Feb 28 March 2

Two-weekend attendance course in Travel Medicine with an interblock self-study component. Johannesburg, South Africa. February 28-March 2, 2003 and May 9-11, 2003. Sponsored by the University of the Witwatersrand, South Africa in conjunction with James Cook University, Australia. The two weekend courses will be held at the WITS University in Johannesburg. For more information: Michelle Shelby at sastm@worldonline.co.za, Fax: +27(12) 347-4215. Web address: www.sastm.org.za

March 22-26

Travel Medicine in the 21st Century. Playa Conchal, Costa Rica, March 22-26, 2003. Distinguished faculty will discuss the cutting-edge issues in travel medicine. CME credits. Orvis Travel. Historic Route 7A. Manchester, VT. USA 05254. (800) 547-4322. Email:Orvistravel @orvis.com Web address: www.orvis.com

April 4-6

10th Update Travel and International Medicine. Seattle, USA. April 4-6, 2003. Lectures, expert panels, and workshops. For physicians and nurses. Sponsor: University of Washington Continuing Medical Education. Sandy Pomerinke, 1325 Fourth Avenue, Suite 2000, Seattle, WA 98101. Tel: 206-543-1050. Fax: 206-221-4525. Email: cme@u.washington.edu

May 7-11

CISTM8 8th Conference of the International Society of Travel Medicine. New York. May 7-11, 2003. Contact: CISTM8 Conference Secretariat: Talley Management Group, Inc., 19 Mantua Rd. Mt. Royal, NJ 08061 USA. Tel: (856) 423-7222 Ext 218. Fax: (856) 423-3420. Web address: www.istm.org

Aug 9-13

4th World Congress of Wilderness Medicine. Whistler, British Columbia. August 9-13, 2003. Every four years, the Wilderness Medical Society holds a World Congress, attracting those working in wilderness medicine and providing care in challenging areas around the world. Fairmont Chateau Whistler. Wilderness Medical Society, 3595 East Fountain Blvd., Suite A-1, Colorado Springs, CO 80910. USA. Tel: +1-719-572-9255. Fax: +1-719-572-1514. Web address: www.wms.org

March 4-7

11th International Congress of Infectious Diseases. Cancun, Mexico. March 4-7, 2004 Sponsor: International Society for Infectious Diseases (ISID). Official language: English. ISID, 181 Longwood Avenue, Boston, MA 02115, USA. Tel: (617) 277-0551. Fax: (617) 731-1541. Email: info@isid.org Web address: www.isid.org.

Courses/Educational Travel.

Feb 2-14

Tropical Medicine Expeditions to East Africa: 7th Expedition to Uganda, February 2-February 14, 2003 and 10th Expedition to Kenya, February 23-March 7, 2003. In collaboration with the University of Nairobi and Dr. Kay Schaefer (MD, PhD, MSc, DTM&H) Cologne, Germany. Official language, English. Two-week expedition designed for a limited number of physicians, public health experts and scientists. Participants visit hospitals and

Calendar (continued)

health projects in urban and rural areas. Includes individual bedside teaching, laboratory work, and lectures in epidemiology, clinical findings, diagnosis, treatment and control of important tropical infectious diseases. Also, updates on Travel Medicine and visit to the «Flying Doctors" headquarters in Nairobi. 50 contact hours. Accredited certificate given. Contact: Dr. Kay Schaefer, Tel/Fax: +49-221-3404905, E-Mail: contact@tropmedex.com Homepage: www.tropmedex.com

Jan 27 March 28

The Gorgas Course in Clinical Tropical Medicine Lima, and the Andes and Amazon regions, Peru. Course scheduled for January 27- March 28, 2003, and for 2004. Sponsored by the University of Alabama. Includes lectures, case conferences, diagnostic laboratory procedures, and bedside teaching in a 36-bed tropical medicine unit. Official language: English. International Faculty. 380 contact hours. Contact: David O. Freedman, M.D. Gorgas Memorial Institute, University of Alabama at Birmingham, 530 Third Avenue South, BBRB 203, Birmingham, AL 35294. Fax: 205-934-5600 Or call: The Division of Continuing Medical Education at 800-UAB-MIST (U.S.) or 205-934-2687 (from overseas). Email: info@gorgas.org Web address: www.gorgas.org

Feb 18-28

Update on Travel and Tropical Medicine. Siem Reap (Angkor Wat), Cambodia. February 18-28, 2003. CME event sponsored by Centre for Travel and Tropical Medicine. Course organizer: Kevin C. Kain, MD, FRCPC. Director, Centre for Travel and Tropical Medicine, EN G-224, Toronto General Hospital, 200 Elizabeth St. Toronto, ON, Canada M5G 2C4. Kevin.kain@uhn.on.ca. Information: Yue Chi, Asia Adventures and Study Tours, 455 Avenue Road, Suite 300, Toronto, ON, Canada M4V 2J2 Tel. 416-322-6508 or 1-866-564-1226. E-mail: info@asia adventures.ca

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