



Letter from the ISTM President



Dear Society members,

I hope you had an enjoyable summer holiday and have returned renewed and invigorated.

It has been a busy summer for our Society. Following the New York Conference and our Executive Board meeting in May we have been hard at work to implement some of the resolutions made by the Board. One of the resolutions, and one of my chief goals in the next year, is to focus on several issues concerning membership. First, I intend to concentrate on increasing our membership.

Although the field of travel medicine is becoming more popular and more widely recognized, our membership numbers have stayed fairly constant in recent years.

Why a focus on increased membership? We are the only international society representing specialists in the field of travel medicine and increasing our numbers will strengthen our influence as an expert body and strengthen our position with respect to other international organizations involved in health and travel.

We must put forth every effort to be as inclusive as possible and overcome obstacles that may hinder access to the Society's extensive resources for everyone practicing travel medicine. To those who are not yet members I would like to say welcome to the ISTM and provide whatever support I can in facilitating membership in our Society.

I have several strategies for achieving this goal. One is an outreach program to countries where the discipline of travel medicine has only recently been recognized. Another is recognizing that our specialty cuts across lines of traditional medical disciplines such as pediatrics, emergency medicine, and occupational medicine. Therefore, I want to begin by formalizing relationships with organizations representing other specialties. This can be achieved by sponsoring seminars and educational opportunities at their meetings and conferences, creating other jointly sponsored educational programs as well as encouraging their participation at our meetings and conferences.

Many of you may not be aware that in several countries there exist strong national travel medicine societies. Many dedicated practitioners of travel medicine in these countries are not ISTM members because of the problem of having to pay double dues, to the national society, and to the ISTM. This has been a serious obstacle in enrolling members of these national societies into the ISTM. At our last Executive Board Meeting, a solution was suggested which involves a category of Associate Membership. Associate members would receive most member benefits but would not receive a printed edition of the Journal of Travel Medicine, our most expensive item. Instead, they would have access to the Journal on line.

Associate Membership will be offered on a trial basis in South Africa in conjunction with the African-European Conference on Travel Medicine (AECTM) in February. Members of the South African Society of Travel Medicine will be offered ISTM membership at a reduced fee. Most but not all ISTM benefits will be included. If this experiment is successful, it can be expanded to other national societies, thereby increasing our membership.

In addition to working with national societies, I have also instructed the Executive Board to con-

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Africa-European Conference on Travel Medicine (AECTM)

Cape Town, South Africa
February 8-11, 2004

Committee Reports

Electronic Communications Committee: Important Update

The Electronic Communications Committee (ECC) provides oversight for two major ISTM activities, the TravelMed listserv and the ISTM website. Both have undergone significant enhancement effective immediately, and it is important that you read what is below as well as follow the explicit technical instructions enclosed separately in this mailing.

Website. There are more than 20,000 total visitors and 15,000 unique visitors a month to our website www.istm.org, 8,000 of them visiting the Clinic Directory. Many of you have already seen the updated "look and feel" of the website.

Beginning immediately there is a "Members Only" section of the website. Access is by password only (see enclosed instructions). The new state-of-the-art web-enabled SQL-server database will take over all of the administrative functions of ISTM. Members will be able to do the following online:

- Renew their membership.
- Change information in their membership listing.
- Change information in their Travel Clinic Directory listing, if applicable.

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sider reduced membership dues (again with online JTM access only) to members from WHO-designated developing countries where our dues structure may be prohibitive.

Increasing membership numbers is also a grassroots effort. I encourage each of you to suggest ISTM membership to your colleagues. Membership brochures are available through the Secretariat office. When attending medical meetings and hospital conferences, for example, please distribute our brochures.

We have also developed a very attractive ISTM exhibit booth which was utilized at two recent conferences, the Wilderness Medical Society Conference in Whistler, British Columbia, Canada, in August and at the Infectious Disease Society of America Conference in San Diego in October. These efforts yielded 50 new members.

At its most recent meeting the Executive Board realized that the Society has grown to the point where more executive and administrative support will be needed in the coming years. We will be submitting a "request for proposal" to management companies to provide administrative support to our Secretariat. Once implemented, this will free officers and the Board members to concentrate on policy issues rather than on day-to-day management. Until an Executive Director or management company is in place, I want to reassure you that every effort is being made to ensure accountability and transparency in Society executive decisions. I have empanelled a Finance Committee consisting of the President, President Elect, Secretary/Treasurer, one Board member, and one non-Board member. They will oversee finances and contracts. In addition, I am soliciting more member involvement in ISTM business and activities, and I would like to see more committee involvement and more members seeking elective office. I encourage Society members to contact me either directly or through the ISTM Secretariat.

I am also very excited about our new educational opportunities. In February 2004, we will hold an off-year regional ISTM sponsored conference, the African-European Conference of Travel Medicine (AECTM) in Cape Town South Africa, February 8 - 11, 2004. The next off-year conference will be in 2006, the Northern European Conference of Travel Medicine, in Edinburgh, Scotland. This conference will be jointly sponsored by ISTM and the travel medicine societies and associations of Scandinavia, UK, and Ireland.

And it is not too soon to start planning to attend our next major conference, CISTM9, in Lisbon, Portugal, May 1 - 5, 2005. The Scientific Planning Committee is already at work and, building on the success of the New York conference, the Committee is planning a spectacular event. The next Certificate of Knowledge Examination in Travel Medicine will be held in conjunction with the Lisbon meeting. We have also planned a series of weekend Travel Medicine CME courses in North America for the year 2004.

Another area I have been focusing on has been the role of ISTM as an expert body, within both the international health community and the travel industry. The recent SARS outbreak galvanized many in public health and in the travel industry to be proactive with respect to travel health issues. I recently traveled to Geneva and met with Dr. Isabelle Nuttall, the Director of International Travel and Health of WHO. We formalized collaboration between ISTM and WHO, recognizing the unique role of the ISTM in representing clinicians who advise and care for travelers on a daily basis. While in Geneva, I also met with officials from the International Air Transport Association (IATA) to discuss potential collaborations with the travel and airline industry.

I foresee additional opportunities for the ISTM to serve as an expert body and will be exploring these opportunities over the next few months. In the meantime, I am enthusiastically anticipating much progress within our Society in the next year. But this can only be done with your strong support. If you have any ideas for furthering these projects, please let me know; I welcome your input.

Brad Connor, New York

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Members will be able to make changes as often as they wish.

The actual ISTM Travel Clinic Directory will remain open to the public as it is now. Members must update this listing separately from their membership listing; for some members their public clinic location is different from where they receive mail and other communications.

Membership listings will show committee memberships and CTH certification, and will allow options to join TravelMed listserv and to receive a printed version of NewsShare. The Members Only section will also contain the online Journal of Travel Medicine, the TravelMed listserv archives, and a searchable ISTM membership directory.

TravelMed. The TravelMed listserv is a closed list electronic discussion forum which provides private discussion space for ISTM members. It allows members to discuss interesting or troublesome clinical cases and new research and clinical developments, and to identify travel medicine resources on a global basis. The 450 current subscribers are based in more than 40 countries and the discussions are lively and informative. One or more subscriber always seems to have the requisite expertise needed or lives in or is experienced with a locale under question.

Existing TravelMed listserv subscribers have already had their TravelMed e-mail addresses matched to their e-mail addresses in the membership database (a slightly painful process for some) and need do nothing at this time. Because the whole system is database driven, each ISTM member will be able to use only one e-mail address for ISTM member functions such as e-mail notices, TravelMed, and listing in the membership directory. Those that have listings in the public Travel Clinic Directory will still be able to list an independent e-mail address in that Directory. ISTM members who want to join TravelMed for the first time need only use the online checkbox when they go to their membership listing.

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ECC member Phil Scappatura has collated into archive files all listserv discussions since 2001, and has sorted them by topic. These files are now available in the "Members Only" section of the ISTM website. This will lend permanence to some very high level discussions on hot topics in travel medicine and will act as an ongoing resource.

ISTM E-mail Directory

Secretariat in Atlanta: istm@istm.org

ISTM European Office: europe@istm.org

Editor, Journal of Travel Medicine:
jtm.editor@istm.org

NewsShare Editor: newsletter@istm.org

GeoSentinel, ISTM global surveillance:
geosentinel@istm.org

Certification Examination: exam@istm.org

ECC Committee Members are: Sam Lanfranco, Steven Denny, Doug Quarry, Phil Scappatura, Karl Neumann, Andrew Jamieson and Graham Fry.

David O. Freedman, MD
Chair, ISTM Electronic
Communications Committee

Publications Committee

The publications committee is actively monitoring our excellent journal, the *Journal of Travel Medicine*. We coordinate closely with the Electronic Communications Committee. The journal has been freely available on-line, although shortly *JTM* will be available only via a "Members Only" section of the web site with password protection. We are assisting the new editor, Robert Steffen, in the transition of editorial activities to Europe. The transition has been smooth. Dr. Steffen's team of Gaby Bossard in the editor's office and Vivienne Oakes in the publisher's office are doing a wonderful job.

The *Journal of Travel Medicine* impact factor has dropped below one; details can be accessed at the Institute for Scientific Information website via an academic library or subscription to ISI. While our impact factor is still competitive, the pub-

lications committee wants to remind all authors of the importance of supporting *JTM* when they can and when it makes sense. Impact factor is determined by how often *JTM* articles are referenced in articles published in other journals. The publications committee urges all authors to consider referencing published *JTM* articles when the articles are germane to the subject material about which they are writing. Of course, we stress that the quotations should be relevant since we would never want to dilute the academic value of *JTM*. Likewise, in order to avoid any semblance of conflict of interest, the *JTM* editor will never question an author's preference of germane references. The fact remains that the more we all think of *JTM* and quote from our own literature, the higher the impact factor will become and the more appealing our journal will be to young talented authors. The more such authors want to publish in *JTM* and quote their own articles, the more the impact factor will continue to rise.

Finally, the Publications Committee is actively discussing a mechanism to make *JTM* access on-line free to persons residing in poor countries. If you have thoughts or opinions about such a process, please direct them to one of the committee members.

Publications Committee members include: Charles Ericsson (Chair, USA), Christoph Hatz (Vice Chair, Switzerland), Steve Ostroff (Vice Chair, USA), Vernon Ansdell (USA), Joe Torresi (Australia), Jane Chiodini (United Kingdom), and Karl Neumann (USA).

Charles D. Ericsson, MD
Chair, Publications Committee

Research Committee

The ISTM Research Committee supports travel medicine research, in keeping with the mission and goals of the society, through a peer-reviewed comprehensive process. The committee provides moderate grants (usually \$5000 - \$10,000 maximum) awarded at the biennial CISTM meeting. These grants are designed to stimulate travel medicine research by supporting comprehensive research projects or, for larger projects, providing support for pilot studies to enable researchers to collect data and/or test hypotheses so that they can then apply to other agencies for more substantive research grants. Grant applications are available on-line at www.istm.org.

The 2003 ISTM Research Grant Awards were announced at the CISTM8 in New York City. **Best Project:** "High Altitude Illness: Field Data from Nepal", Thomas Cumbo, USA. **Runners-Up:** "Drug Abuse among Travelers to South-East Asia", Israel Potasman, Israel; "Sexual Behavior among Travelers Visiting Iquitos [Peru]", Miguel Cabada, Peru; and "Travelers' Thrombosis", Jürgen Ringwald, Germany. These grant awards were made possible by a generous educational donation from GlaxoSmithKline, USA.

Anyone interested in becoming a member of the research committee, please contact the committee chair:

Anne E. McCarthy, MD, FRCPC, DTM&H
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Module G-12, Ottawa Hospital General Campus
501 Smyth Road, Ottawa, Ontario, Canada
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Anne E McCarthy, MD, FRCPC,
DTM&H Chair Research Committee

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Report of the Travel Industry and Public Education Committee (TIPEC)

The TIPEC Committee met in New York during CISTM8. Bradley A. Connor stepped down as chairman to assume the presidency of ISTM. Karl Neumann was named the interim chairman. Present at the meeting were: Laurie Bank (US), Santanu Chatterjee (India), Pieter De Beer, (Neth-

erlands), Assunta Marcolongo (Canada), Karl Neumann (US), Valerie Padd (US) Alan Spira (US), Kathleen Tremblay (US), and Betsy Wade (US).

At the meeting Santanu Chatterjee reported on the document created by his committee (Host Country Committee) which had been originated out of the Singapore meeting. This small, yellow, bookmark-sized handout was created for practitioners to distribute in their clinics to encourage the public to have respect for host country people and their environment.

The Responsible Traveler is a regular feature on our ISTM webpage. It can be accessed under “Publications”. Reprints are also available from our Secretariat office.

Martin Wolfe, MD will represent ISTM at the meeting of the Educational Travel Conference Washington, DC in February 2004. This international conference brings together the part of the travel industry which organizes trips for museum and alumni groups, Elderhostel, etc. Many of their trips go to exotic places. About 500 people attend this meeting.

TIPEC is studying new and innovative approaches for ISTM to take to interest the travel industry in taking a more proactive role in disseminating travel health information to their clients. For the most part, traditional approaches have met with little success. Such approaches have included speakers for their meetings, articles for their trade publications, access to ISTM experts in various fields, and invitations to ISTM meetings, for example. If you have any thoughts about how we can improve our approach, please send your comments to our chairman, Karl Neumann, at travhealth@AOL.com.

(NewsShare invites announcements of opportunities for health professionals in travel medicine and closely allied professions. There is no charge for this service.)

Candidates Sought for Director Position

DIRECTOR, SCIENTIFIC AND MEDICAL AFFAIRS

Global Pharmaceutical Company – Northeast United States

Our client, a world leader in vaccines and immunology with the broadest range of such products in the market is seeking a Director, Scientific and Medical Affairs (“DSMA”), who will be charged with representing the Company to the external professional community (including key opinion leaders (“KOLs”), advisory bodies, public health professionals and practicing physicians) and providing internal medical guidance and expertise. The position will report to the Vice President, Scientific and Medical Affairs.

Bench International has been retained exclusively to identify uniquely qualified candidates with the capabilities required to organize and oversee post-marketing trials and to support the field sales staff through providing lectures to physician groups, grand rounds, assisting with medical inquiries and developing or reviewing sales and marketing materials. The incumbent will be charged with advising our client regarding medical issues and providing medical review as needed, including crisis management. The DSMA will have the proven ability to interact effectively with professional organizations and the FDA and to develop and maintain relations and effective liaisons with advisory bodies, key public health entities and KOLs throughout the world.

The DSMA will have an M.D. degree and be board certified or eligible in a relevant specialty, with clinical and research background in this area. The successful candidate’s experience in vaccine research, development, safety, or policy issues will be documented by peer-reviewed publications. A strong knowledge of vaccine trial design and marketing issues is preferred, along with knowledge of FDA standards. The incumbent will be an innovative thinker and excellent communicator with strong leadership characteristics and management skills and the ability to work well with multi-disciplinary teams and the external professional community on a global basis. In-depth knowledge in the areas of required. Familiarity with GCPs (‘Good Clinical Practices’), FDA guidelines, the academic medicine working environment, and the various vaccine advisory bodies is strongly beneficial, and knowledge of regulatory affairs, marketing, human resources, legal affairs and risk management also is helpful. Some travel will be required (10-20% is typical).

For full, confidential details, please contact Trevor Pritchard at (310) 854-9900 or via email: tpritchard@benchinternational.com.

Practice and Nursing Issues Committee

The aims of our committee are:

- To monitor and address *practice and professional issues* and issues of specific relevance to nurses within ISTM, and
- To promote *communication and collaboration* among nurses involved in travel health worldwide.

Activities during 2003-2003:

- **ISTM Nurses Survey.** In December 2002, a 20-item questionnaire was sent out with the ISTM membership renewal packets. The questionnaire was designed to gather data from the ISTM nurse membership on education and training, practice location and scope, and current guidelines governing nurse practice in travel medicine. A reminder was sent out via ISTM Box in February

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2003. All questionnaires returned by March 2003 were entered into a database and analyzed using SPSS. Results were presented during CISTM8.

A total of 109 questionnaires were returned with an overall response rate (RR) of 27%. Geographical breakdown comprised: USA, 59% (RR27%); UK, 15% (RR31%); Canada, 14% (RR32%); and one or two returns each from a selection of "other" countries: 12% (RR27%).

- **Publication/abstract submission.** Mentoring initiatives to encourage nurses to publish work and submit abstracts for NY2003 were actively pursued (in NewsShare, on the ISTM website, and in mailings). Practical help was given to a number of nurses who submitted abstracts for CISTM8.
- **CEUs.** There was active participation on the local organizing committee for CISTM8 in New York, including working to secure CEU credits. Approval was granted for 20 contact hours.
- **Networking initiatives.** A "Nurses' Welcome Meeting" was organized for CISTM8, which included securing financial support for hospitality. This initiative had been hugely successful in Innsbruck during CISTM7.

The main focus for 2003-2004 will be to bring together a list of national/regional travel health groups which will facilitate networking among the many hundreds of nurses involved in the specialty worldwide. The committee will continue to update the membership on its activities with at least two NewsShare items a year.

If you have any questions for this committee or would like to become involved in committee activities, please contact either Fiona Genasi (Fiona.Genasi@scieh.csa.scot.nhs.uk) or Rebecca Acosta (rwacosta@travelersmedical.com).

Members as of July 1, 2003

Rebecca Acosta (co-chair), USA
 Fiona Genasi (co-chair), UK
 Susan Bailey, USA
 Lorna Boyle, UK
 Jane Chiodini, UK
 Sheila Hall, UK

Nancy Jenks, USA
 Susan Koeman, Netherlands
 Ed Lister, USA
 Linda Maeland, Norway
 Eeva Pekkanen, Finland
 Shoko Umemura, Japan
 Megan Williams, New Zealand

Professional Education & Training Committee Report

Aims of the Committee: To enhance the education and training of travel medicine practitioners.

Accomplishments in 2003: The committee was established in early 2003 and first met in May, 2003 at the CISTM8 in New York. The committee members proposed potential sites for education and training within the existing framework of travel medicine. They identified educational sites in schools and universities that offer programs in travel and tropical medicine with diploma degrees. Sites where short courses (less than a week) in travel medicine are given were recorded separately. Due to the interest by ISTM members in distant learning options, a list of such centers is currently being prepared.

Also identified were sites offering hands-on training. These sites are in hospitals/private practices or in centers where travel clinics operate and where ISTM members are willing to accept colleagues for clinical practice. The sites are divided according to their specialties into pre-travel, post-travel and migrant health care services and serve as training centers for ISTM members who have a particular interest in gaining first hand experience in the specialty area offered at a particular site. These lists serve to create a link between ISTM members and the sites. Arrangements are to be worked out between individual applicants and the centers.

The list of the sites including contact names appear on the ISTM website under "Education Opportunities", along with a brief description of each practice. Members have been invited to contact any one of these site directors if inter-

ested in pursuing on-site training. The committee members will continue their effort in expanding this list.

Our committee members have also assisted in the compilation of upcoming travel medicine conferences as well as ongoing travel medicine courses. These courses and conferences are listed on the ISTM website.

Goals for the future:

- Expanding the network of education and training centers.
- Adding a list of Grants and Funding Resources.
- "Building" a curriculum for short (week-end) ISTM travel medicine courses (CME courses). This initiative is to begin in the US and expand to other regions in the future.
- In addition, we will try writing Expert opinions/Guidelines in the area of Travel Medicine. We all know that there are different approaches and different opinions as well as different policies around the globe. Therefore, it should be done in such a way to reflect some overall consensus.

Committee members: Eli Schwartz, MD, DTMH, Israel (Chairman); Susan Anderson, MD, USA; Laurie Bank, RNP, USA; Francesco Castelli, MD, Italy; Lin H. Chen, MD, USA; George Kassianos, MD, FRCGP, UK; Peter Leggat, MD, PhD, Australia; Susan McLellan, MD, MPH, USA; Prativa Pandey, MD, Nepal; Nancy Piper-Jenks, MS, CFNP, USA

ISTM Migration Health Committee

(Editor' note: This report appeared in the previous issue of NewsShare. It is repeated here so that all 2003 reports are presented in one issue.)

The Migration Health Committee met in New York during the CISTM. Present were: Brian Gushulak (Canada), Christoph Hatz (Germany), Louis Loutan (Switzerland), Anne McCarthy (Canada), Rogelio

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View from Stone Mountain

Greetings from Stone Mountain where the leaves are falling faster than I can rake them, and the first chill of winter is already in the air.

The office has been very busy preparing the annual membership renewal mailing. This year's mailing arrives with very exciting news. Our membership administration is now available on our website. You will be able to update your contact information and pay your annual renewal fees over the internet. We are all very excited about this development. PLEASE be sure to read the step by step instructions that are included with your renewal as it contains the user name and password you will need to view your file, make updates, and pay fees. As always, I am available should you have any questions or experience any difficulty accessing your data.

Please be sure to get your renewal fees in early. Anyone who has not paid their dues by February 28, 2004 will have all member benefits suspended until the fees are paid.

I recently attended the Infectious Diseases Society of America meeting in San Diego California where we added new ISTM members. And we heard from many infectious disease people who practice travel medicine and did not realize we even existed! I am reminded of an old saying "how will they know if we don't tell them." If the ISTM is to grow, as we all would like it to do, we must spread the word of what we have to offer. It would be really great to break the 2000 member mark within the next few months. Membership brochures, conference announcements, and ISTM banners are always available from me for meetings or talks that you give. I am more than happy to send these materials anywhere in the world - all you need to do is ask!

Remember that all people smile in the same language – so be sure to share a smile with everyone you meet!

Brenda, ISTM Secretariat

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Lopez-Velez (Spain), Elizabeth Barnett (USA), Francesco Castelli (Italy), Doug MacPherson (Canada).

Review of Activities: The meeting took place during CISTM8, a dynamic undertaking marked by several sessions, workshops, presentations and activities that reflected the increasing interest and importance of the health migrants and other mobile populations. The sessions and workshops on issues of migrant health were well attended and the quality of the presentations was impressive.

During the past year the Committee has had difficulty in completing many of the tasks it set for itself. The generation of publications and reference documents has been difficult for Committee members given their respective workloads. Reviewing the pressures of time and external commitments, some members suggested that these goals were perhaps too ambitious and the Committee should consider less complex undertakings.

It was almost universally accepted that health issues in migrant populations continue to be an area of growth and increasing interest both with ISTM and in the broader medical community. Those interests extend from issues of screening for disease in practitioner's offices to the public health principles of population mobility. Surveys of academic literature demonstrate that the amount of published material dealing with migration health is expanding, reflecting a growing number of providers, researchers and policy makers who are now involved in the subject.

Considerable discussion focused on appropriate methods of trying to meet the diverse challenges within the capacity of the Committee.

Challenges: Discussion reinforced the need for simple clear guidelines and instructions for practitioners who deal with migrants. It was noted that the relevance of health issues in migrants continues to increase, particularly for those who deal with refugees and asylum seekers.

Challenges inherent in the field are created by the significant differences and

variation in migrant populations between providers and national locations. The political and social factors that affect and stimulate migration are diverse and the resulting population movements are correspondingly diverse. This makes the generation of standard reference material a complex task. For example, the screening instructions designed for a group of asylum seekers or illegal migrants from rural tropical Africa, would not be totally appropriate for similar migrants from Eastern Europe.

It was noted that Committee membership might need to be expanded or altered to expand capacity and perspective.

Issues for Action:

- **Role and mandate of the Committee:** This issue continued to generate comment and it was suggested that the Terms of Reference initially drafted in Innsbruck be re-circulated for consideration and comment. Following that process the Terms will be proposed for formal adoption by the subcommittee and referred to the Executive Board.
- **Committee Products:** After some consideration the subcommittee agreed to work towards a modular approach to migration health issues for ISTM. The modular approach was felt to have several advantages:
 - (a) It allows committee members to work within their direct sphere of knowledge.
 - (b) The products are of a size that may be easier for committee members to produce.
 - (c) The concept allows for continuous integrated growth of what could become a complete syllabus or reference manual on the subject.
 - (d) The concept allows for natural use of electronic media and easy distance learning opportunities and extension into the less developed world.

Action Plan:

It was agreed that members would, within three months develop draft presentations. The presentations will be in PowerPoint

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format. They will be from 10 to 20 slides and will include no more than the relevant references. The individual modules will be authored by one individual but will require the approval and adoption of a majority of the subcommittee before being considered for external use.

Following completion, the draft will be circulated to the full subcommittee for comment and adoption as a committee module. Adopted modules will be presented to the Publications and Electronic Communications Committee for consideration as a web-based component of the ISTM web site. The authors and the subjects of the initial modules:

Christoph Hatz: The Migrant Medical History

Louis Loutan: The Use of Interpreters in Clinical Situations

Elizabeth Barnett: Immunization in Migrants

Anne McCarthy: Screening for Infectious Disease

Brian Gushulak: The Phases of Migration

The process will be reviewed in one year to assess its success.

Other Business:

- New Members: The Committee welcomed Dr. Rogelio Lopez-Velez from Spain and Dr. Anne McCarthy from Canada to the group.
- Next Meeting: Subcommittee members will look for a potential venue at another event attended by several members as a site for a meeting in 2004, to try and avoid the 2-year hiatus between ISTM Conferences.

The Host Country Committee

The Host Country Committee was founded in 1999. One of the original challenges for the Committee was to define "host country," especially in the context of travel medicine and health. While all countries host travelers, the Committee

decided to focus on countries outside North America, Western Europe and Australia, on countries considered "less developed" and therefore more likely to suffer from negative impacts of tourism. Such countries' economies are more fragile, with many people living in poverty and dependent on tourism, and with both people and the environment likely to be exploited. On the other hand, these are the very countries to potentially benefit enormously from tourism-related activities, if both visitors and hosts understand and respect each other. It has been the endeavor of this Committee to focus on such issues.

What are the Objectives?

- Raising awareness among both travel medicine practitioners and travelers on the impact of tourism in host countries. This includes health, social, economic and environmental aspects, with the focus on health issues as they relate to host country populations. Practitioners are in a unique position to educate travelers on particular issues. For example, travelers to Nepal and Peru can be sensitized to the issue of porter safety. Also, impact studies help Committee members identify and support projects of relevance.
- Developing links with organizations actively involved in related issues. The World Tourism Organization has extensive documents and policies on ethical travel. Smaller groups like Tourism Concern, ECPAT (End Child Prostitution in Asia) are already established as effective lobby groups and will be targeted for cooperative projects.
- Providing a platform for increased interaction and networking among travel medicine practitioners who live and work in host countries or have an interest in such issues. (Some of them are already ISTM members.) Many need support in terms of training, access to relevant information, and sponsorship. The Committee hopes to identify and fulfill these needs.
- Initiating links with other members and Committees of the ISTM (the Migra-

tion Medicine Committee, for example) on topics of mutual concern.

- Supporting the development of documents of interest that can be used to educate practitioners and travelers. One such document, "How to be a Responsible Traveler," is already available in English. It has now been translated into German, French, Spanish and Japanese by members of our Committee. For further information, contact the Chair of the Committee or the ISTM president

In summary, our primary purpose is twofold. One is to raise awareness on the impact of travel on host nations. The other is to encourage health professionals in host countries to involve themselves in the activities of our Organization and facilitate communication between the diverse membership.

We would like to hear from you.

Committee Members:

Santanu Chatterje: Chair, Host Country Committee.

Consultant Physician, Travel and Tropical Medicine, Kolkata, India. Special interest: health risks, health care and tourist behavior in host countries. sanchat@vsnl.com

Buddha Basnya: Medical Director of the Himalayan Rescue Association, Kathmandu. Special interest: mountain porter safety. rishibas@wlink.com.np

Trish Batchelor: CIWEC Travel Medicine Centre in Kathmandu, Nepal. Special interests: mountain porter safety, prevention of sex tourism. trishb@mos.com.np

Irmgard Bauer: James Cook University, Townsville, Australia. Special interest: impact of tourism on health in South America, assessment methods. Irmgard.Bauer@jcu.edu.au

Eduardo Gotuzzo: Professor Of Tropical Medicine and Infectious Diseases, Lima, Peru. egh@upch.edu.pe

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Results of the Certificate of Knowledge Examination

The first ISTM Certificate of Knowledge Examination was extremely successful and the exam performed extraordinarily well from a psychometric standpoint, according to our professional testing firm, Knapp & Associates International, Inc. (K&AI). Certificates in Travel Health™, along with the guidelines for the CTH™ usages, have been sent to those who passed the exam.

Examinees hailed from 30 countries, with 422 sitting for the exam. This included 242 physicians, 148 nurses, 11 nurse practitioners, 8 physician's assistants, 4 pharmacists and 9 others. When broken down by ISTM members and non-members, 316 members sat for the exam, as did 106 non-members.

We congratulate the examinees below who passed the first ISTM Certificate of Knowledge Examination. Members will also be recognized in the *ISTM Directory of Travel Medicine Providers*.

We sincerely thank the Examination Committee for all their work and commitment to this effort. Please continue to check the ISTM website for news about the next certificate examination, which will be administered in Lisbon. Questions about the upcoming exam can be addressed to our administrator, Janet Christenbury at exam@istm.org.

Examination Committee Chairperson: Phyllis Kozarsky U.S.

Committee Members: Rebecca Acosta, U.S., Laurie Bank, U.S., Irmgard Bauer, Australia, Margaret Bodie-Collins, Canada, Francesco Castelli, Italy, Jane Chiodini, U.K., Bradley Connor, U.S., Albie DeFrey, South Africa, Charles Ericsson, U.S., David Freedman, U.S., Fiona Genasi, U. K., Martin Haditsch, Austria, David Hill, U.S., Peter Leggat, Australia, Hans Nothdurft, Germany, Prativa Pandey, Nepal, Michel Rey, France, Herbert Schilthuis, Netherlands, Eli Schwartz, Israel, David Shlim, U.S., Alan Spira, U.S., Robert Steffen, Switzerland, Alfons von Gompel, Belgium, Frank von Sonnenburg, Germany U.S., Eric Walker, U. K.

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Mario Lazzaro
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Francine Leger
Charles J. Lerner
Jean-Philippe Leroy
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Fong Sing Lim
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Rudolf A. Zimmer
Zurine Zuber

Letter to the Editor

Preparing ISTM for the Athens Olympics, 2004

Dear Editor:

The Opening Ceremonies for the 2004 Olympic Games in Greece are less than one year away. This major event of global proportions presents an important opportunity for ISTM to play a leadership role.

Thousands of athletes and journalists along with millions of other visitors will come to Athens. These visitors deserve a better health care infrastructure than has been available during previous Olympiads; coverage should extend from their departure from home until the time of their return. The need for such coverage has already mobilized the Greek government and Greek health care ministries as well as numerous international organizations such as health and accident insurance companies.

Chances are that every ISTM member will face at least one client asking for pre-travel advice for Greece: whether or not vaccinations are required or recommended; dealing with pre-existing chronic diseases during their stay, and weather-related illnesses, for example. (There are no special recommendations or indications for vaccinations for Greece other than being up-to-date on vaccination generally recommended for international travel.)

ISTM should start immediately to take inventory of its considerable talents and resources regarding the movement of large numbers of people, the possible medical consequences of the mingling of these people from different parts of the world, the potential influence of the weather, and the risk, if any, of visitors returning home with infectious diseases, to mention just a few. In addition, ISTM should plan to use the Olympics as a field laboratory to add to the body of knowledge about health-related issues at large international events. However, while the



Olympic Games Medical Committee (OGMC) is already collaborating with WHO and the International Olympic Committee, there is not yet an association between the OGMC and ISTM.

Fortunately, in recent years, ISTM has assumed a state-of-the-art position in communicating travel/health data; the ISTM mailing list, for example, did not exist during the Sydney Games. Still, ISTM members will face the need for more specific and better informed pre- and post travel advice, and perhaps some ability to connect with their clients visiting the games.

The basic structure prepared in Athens to accept and host athletes and visitors consists of the following:

- A polyclinic at the Olympic Village for athletes, committees and journalists.
- A network of Olympic hospitals for visitors.
- A network of volunteers for primary health care needs.
- A surveillance system for special or unexpected events (already piloted and tested in 2003).

At present, there is no effective electronic information transfer or medical data transfer system from the Organizing Committee of the Games. However, ISTM could establish such a system and put it into operation. In addition, the planned Games present an opportunity for ISTM's existing structure (e.g., website, listserv, GeoSentinel, Travel Clinics Directory) to be expanded and upgraded. One such improvement would be for the ISTM website to host a special section pertaining to the Olympic Games and provide

information, advice, and recommendations for interested travelers and doctors worldwide.

How could (or should) ISTM work before, during, and after the Games?

ISTM now consists of a wide global network of travel clinics and health care professionals in many countries. It is a continuously evolving scientific society, reflecting ongoing globalization, improvements in transportation, freer flow of masses of people worldwide, and progress in communications. ISTM is not and should not be involved in organizing or managing these population movements, but continue to maintain a purely scientific perspective.

What are the potential benefits for ISTM members in playing an active role?

ISTM as a Society and ISTM members as individuals can reap many benefits from their active involvement in providing health care during important global events such as the Olympics. While the organizing and hosting country have complete responsibility for providing health care to the athletes and visitors, ISTM members can play two important roles: provide pre- and post travel advice and health care services; and, more important, starting with the 2004 Olympics, they can get involved in providing health care to their clients in remote areas through the use of high-end IT/communication systems. The ongoing development of these systems enables travel medicine practitioners to expand their traditional services and maintain close contact with clients and patients wherever they are.

The first general test of this new capability could be conducted during the upcoming Athens Olympics. Many ideas have already been discussed, but perhaps the most efficient approach to preparing ISTM would be through the formation of an ISTM Olympic Committee. This Committee's function would be to discuss and propose to the ISTM Board specific

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— "Letter to the Editor," cont. from p. 9 —

ways to use the 2004 Olympics to formulate future programs.

Topics for the Committee to address include:

- Providing detailed information for interested travel clinics and ISTM members about the overall health care environment in Athens during the Games.
- Developing more effective IT and other communication services for ISTM members and their clients while in Greece
- Upgrading the existing IT capabilities of ISTM.
- Establishing lines of communication with the Olympic Committee in Athens.
- Cooperating with the volunteer network of physicians in Athens and the Olympics-associated hospitals regarding travelers with pre-existing chronic health care problems, using two-way medical data transfer, if needed.

Working with international travel insurance companies during the Games.

Evaluating the health care infrastructure at the 2004 Olympics and making recommendations, if necessary, for improving healthcare at future global events.

The Committee could form the base for a permanent committee in ISTM concerning Olympic Games and similar global events.

Sincerely,

*George Petropoulos MD
Naxos Hospital
Athens, Greece*

A Petition from ISTM Members

The following is a petition signed by 215 ISTM members. The petition contains ten recommendations for "clarifications and changes necessary for the continued health of our Society." Following the petition is a response from the ISTM President.

We, members of the International Society of Travel Medicine, recognize that our society has a bright future and enthusiastically look forward to our continued growth and maturation under the leadership of Dr. Bradley Connor as ISTM President. We also want to express appreciation for the efforts of all the past Presidents and Councilors who have worked over the years to bring us forward to this point.

The Society has grown in size and maturity and has reached a new and important level in its existence. To continue to develop, we recognize the need for clarifications and changes necessary for the continued health of our Society. These issues are as follows:

1. An open and democratic society where the membership not only plays an active role in the Society's activities, but transparent operations, so that the activities of the Executive Committee are clear and open to all.

2. The need for a professional management company and/or executive director to run the daily administrative and financial operations of the Society, coordinate conferences, conduct elections, develop marketing and development projects, supervise the website and arrange financial audits of Society accounts on a regular basis. Operational transparency for the membership is essential.

Brenda Bagwell must continue her well-respected role as Executive Assistant to the Society's Executive Council. She should serve as liaison between the company and the Society.

3. Formal minutes should be kept of all Executive Committee meetings and telephone conferences and be available to the membership upon request or through a secure portion of the Society's website.

4. Maintain and publicize the policies and procedures to assure open, timely and democratic voting for Council members and President. All positions should be

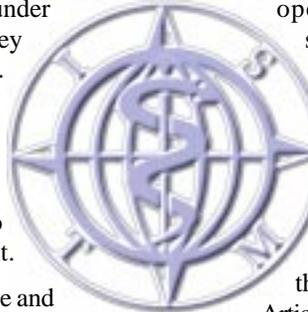
open to any member in good standing and presented to the membership for voting, the counting of votes being done by the new professional management company. We recognize that an open and democratic process gives legitimacy, trust and hope in the future for our society. As in

Article 6.1 of our By-laws all members have the right to vote yet article 8.2 states that nominees are chosen by the nominating committee: this should be a consistently open and democratic forum where all interested and qualified may run for this office. As part of this democratic process, there should be an alternative means of nominating officers.

5. Require term limits on Executive Committee positions. If no members are willing to fill vacant roles then the current members and the committee directors may continue until someone volunteers or another alternative solution is reached. As part of this revision/addition to the Society's By-Laws, specify the procedures to remove Committee member(s) who the ISTM Membership feels is/are not performing adequately or in the Society's best interests.

6. An ad-hoc committee should be established to review and recommend changes to the By-Laws.

7. Publish the By-Laws and the financial statement in the Journal of Travel Medicine as part of a regular issue or as a supplement the way other professional societies do. There must be transparency and easy access to our membership to this information. It may also be placed on the ISTM.org website. In the By-Laws article 6.1 there is no time frame; one needs



Continued on page 11

—“A Petition from ISTM Members,” continued from p. 10—

to be established and it should be a realistic and appropriate one.

8. Publish the Business Meeting/Member Assembly minutes within 30 days of the biannual conference, rather than wait two years. This could be done via the web site. Minutes of Executive Committee meetings should be published within 30 days of those meetings concluding. They should also be available by print upon member request.

9. Create a Lifetime Membership option whereby a member in good standing can obtain lifetime membership by paying for the equivalent 10 years membership at a single time, as is common with other societies. This provides for additional revenue now, rather than later.

10. Make a concerted and dedicated effort to increase the membership of the Society and to keep members engaged and active in the activities of the Society. The Society exists for its members, and cannot thrive in by being passive. An active and open leadership will keep the Society moving forward towards our bright future.

Sincerely,

Alan Spira
MD, DTM&H, FRSTM

[The petition was written and circulated by Alan Spira. The names of the 215 members who signed the petition is too long to reproduce here, but is available from the Secretariat.]

The ISTM President's response to the petition:

October 15, 2003

Dear Alan,

First of all, I would like to commend you on the dedication and perseverance it must have required to circulate this document to the membership. I think anytime concerned Society members state their views, it is a good thing. As ISTM President it is gratifying for me to know that so many ISTM members care deeply about

the future of the Society. As I read your document, I am struck by the message that members seem to be interested in the workings of the Society, want more opportunity for involvement, and are committed to the growth and prosperity of ISTM. I am in complete alignment with these views and during my tenure as President will do everything I can to further them. Many of the suggestions have already been implemented since our Executive Board Meeting in Montauk, New York immediately following CISTM8.

One of the problems with a Society which is self-governed and self-managed is that many of the day-to-day administrative functions are assumed by society members and officers. There are many members of our society who have been selflessly devoted to the ISTM, several since the inception of the Society in 1991. These members should be commended and thanked for their efforts. The society has reached a point of growth and maturity where professional administrative support is required. At the Executive Board Meeting, a decision was made to solicit requests for proposal (RFP) for an Executive Director. This will ensure checks and balances, transparency of operations, and allow ISTM officers, committee chairs, and members the ability to focus on policy issues rather than day-to-day functioning of the society. As an interim measure, I have empanelled a Finance Committee comprised of the President, President-Elect, Secretary, Treasurer, one Board member, and one non-Board member to oversee all financial matters of the ISTM including investments and contracts.

I agree with your suggestion that any ISTM member should have access to minutes of Executive Board meetings, business meetings, and bylaws, for example, and I welcome any constructive suggestions or comments based on the deliberations and outcome of these meetings. Members also need to have more clarity on the process for choosing committee chairs and nominations for office.

One of the major goals of my tenure as President involves membership issues. Specifically, I would like to increase our

standing as an expert body and provide as much in the way of value as we possibly can for membership dues. The ISTM already provides incredible value for membership dues. For your dues you receive a subscription to the Journal of Travel Medicine, access to the new “Members Only” section of the ISTM website, participation in a very active ListServe, potential for involvement in the GeoSentinel emerging infectious disease network, a listing in the widely accessed and publicized ISTM Clinic Directory, discounted registration fees for ISTM conferences, availability of application for research grants, and involvement in the world's only international organization devoted exclusively to travel medicine. Compared to the dues structure of other societies, members receive incredible value for their dues.

I would like all members to know that I welcome input and suggestions and my door (or at least E-mail box) is always open (bconnor@pol.net). Please feel free to contact me directly or through the ISTM Secretariat (istm@istm.org). Members should also be aware that NewsShare, which is published 6 times a year, is our main mode of communication within the Society. Suggestions and comments may also be sent to NewsShare in the form of a letter to the editor so all Society members have a chance to weigh in on issues of concern to members.

Thank you Alan for taking the lead in organizing these thoughts and thank you also to the members who have spoken here and elsewhere on behalf of a dynamic and vibrant ISTM. It will be of great help to me in my term as President knowing that I have the support of the membership in implementing these proposals.

With best regards,

Brad Connor, New York

Calendar: Travel Medicine Conferences, Courses & Educational 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.)

The Heart and Global Health. Forlì, Italy. 6-8 November 2003. Opening day: "Traveling with Cardiovascular Disease." Topics include: hypertension; pacemaker; defibrillation; diving; altitude; the effects of various travel-related and tropical diseases on the heart and cardiovascular system. International scientific committee. Official languages: Italian and English. Organized in collaboration with WHO and CDC, Atlanta (USA). For information concerning abstracts, posters and attendance: Dr. Walter Pasini, Viale Dardanelli, 64 - 47900 Rimini, Italy, Tel. (+39) 0541-24301. E-mail: wpasini@rimini.com.

Journée de la Société de Médecine des Voyages. Lyon, France. Novembre 7, 2003. Organisateur: Société de Médecine des Voyages. Programme: Grippe chez le voyageur; Pneumopathie à coronavirus, SARS; Fièvres hémorragiques virales; Fonctionnement d'un centre de vaccination. Lyon - Bron, à l'École du service de santé des armées. Contact : Prof. F. Peyron, Service de parasitologie, Université de Lyon; www.parasitologie.univ-lyon1.fr/Congrs/Congr%E8s_1/SMV%20index.htm.

The Westchester Course. Travel Health Care Training. Hawthorne, NY (near New York City). November 7-8, 2003. Unique learning opportunity for RNs, NPs, and PAs. Teaches quality pre-travel health care and prepares participants for the ISTM Certificate of Knowledge exam. Limited to 25 participants to allow maximum interaction and hands-on experience with resources and case study practice. Approved for 15.6 nursing continuing education credits by NYSNA. Course Director: Gail Rosselot, NP, MPH, COHN-S. 140 Todd Lane, Briarcliff Manor, NY 10510. E-mail: garosselot@aol.com. Telephone: 914-923-7073.

Foundation in Travel Medicine by Distance Learning. Glasgow, UK. November, 2003-April, 2004. Multidisciplinary six-month course. Comprises four distance learning units of core material with written assignments. Overseas students welcome. 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.

14th Conference on the Health of International Travelers. Montreal, Canada, November 13th and 14th, 2003. Lectures, expert panels, and workshops. Many interactive sessions. For physicians and nurses to develop and update their knowledge and skills in travel medicine. Sponsor: The Medisys Travel Health Clinics and TravelMedisys.com. Hotel Omni. Contact: Dr. Dominique Tessier or Mrs. Nicole Côté, Medisys Travel Health Clinic, 500 Sherbrooke West, Suite 1100, Montréal, Quebec, Canada H3A 3C6. Tel: 514-499-2773. Fax: 514-845-4842. Email: nicole.cote@medisys.ca. <mailto:nicolecote@medisys.ca>.

Havana Travel & Tropical Medicine Course 2003. Havana, Cuba. November 17-22, 2003. Organizer: Instituto de Medicina Tropical «Pedro Kouri» (IPK), Havana, in collaboration with Medical Services for the Tropics (MST), Maastricht, Netherlands. For physicians (especially those working in general practice, occupational, aviation, tropical and public health medicine), pharmacists, microbiologists, nurses, and other health scientists. Lectures by leading specialists (Cuban and others) and visits to hospitals, research laboratories, and community health centers. Lab training available on request in bacteriology and parasitology, and extra module, public health. Official language: English. Medical education credits applied for from Dutch accrediting authorities. Course Coordinator: Peter de Beer, MD; PO Box 1660; 6201 BR Maastricht, Netherlands. Email: mstropics@mail.com and pedebeer@hvision.nl. Web address of MST: www.tropenkliniek.nl. IPK information: Director, Training Programs, Dr. Nereyda Cantelar. See Web address IPK: www.ipk.sld.cu.

Current Issues in Clinical Tropical Medicine and Travelers' Health. Philadelphia, PA. December 2-3, 2003. Sponsored by the American Society of Tropical Medicine and Hygiene in cooperation with the

ACCTMTH. Contact: ASTMH, 60 Revere Drive, Suite 500 Northbrook, Illinois 60062. Tel: (847) 480-9592; Fax: (847)-480-9282. E-mail: astmh@astmh.org. Web site: www.astmh.org.

African-European Conference on Travel Medicine (AECTM). Cape Town, South Africa. February 8 - 11, 2004. Organized jointly by International Society of Travel Medicine and South African Society of Travel Medicine. Meeting especially targeted at European and African professionals. Leading experts from all parts of the world will present the very latest in travel and migration medicine. Many interactive sessions. Special workshops on travelers in Africa, visitors of game parks, medical services for long-term expatriates etc. Contact: Ken Brown, African Conferences and Incentives (ACI). E-mail: aectm@acitravel.co.za. Phone: (+27) (11) 475 2902. Fax: (+27) (11) 475 0366. Web address: www.istm.org; www.sastm.org.za.

Winter Wilderness Medicine Conference. Jackson Hole, Wyoming, USA. February 13-17, 2004. The latest in winter-related wilderness and travel medicine. Contact: WMS, 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.

Travelers' Health. Basel, Switzerland, February 23-27, 2004. One-week update on tropical diseases and their treatments. Designed for health care professionals who advise travelers and assess travel-related problems in travelers returning from the tropics. Language: English. Course organized in collaboration with other Swiss and German institutes, under the patronage of the International Society of Travel Medicine, WHO, and the Swiss Society for Tropical Medicine. 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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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.

Hypothermia and Cold Related Injuries. Alyeska, Alaska. March 6-11, 2004. Sponsored by the Wilderness Medical Society. Contact: WMS, 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.

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 Burridge, 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.

4th European Conference on Travel Medicine (ECTM4). Rome. March 29-31, 2004. Travel Medicine and Safety. Sponsored in part by WHO and CDC, Atlanta. An interdisciplinary approach to travel medicine, preceded and followed by meetings held in close collaboration with leading societies in dermatology, occupational health, sports medicine, pediatrics, psychology and psychiatry, environmental health, cardiology, and other subjects. These meetings will be held in Venice and in other Italian cities of cultural interest. Abstracts accepted from those wishing to take part. Send abstracts to: wpasini@rimini.com by November 30, 2003. Other information: Expomedia Srl, Via XXVIII Luglio 218, 47893 Borgo Maggiore, Republic of San Marino. Tel. (+378)907577, fax (+378)944795, e-mail: info@expomedia.sm.

International Medical Conference. April 2-12, 2004. Punta Arenas, Patagonia, Chile. A fully accredited Continuing Medical Education interactive seminar on Travel Medicine with emphasis on travel to South America. Organized by Dr. Carrie Beallorand and Dr. Kevin Kain of The Centre for Travel and Tropical Medicine and the University of Toronto. Opportunity to enjoy beautiful Los Torres del Paine National Park in Patagonia and cruise to Tierra Del Fuego. Information: Americas Adventures and Study Tours, 1515 Bayview Avenue, Suite 200, Toronto, Ontario, Canada M4G 3B5. Telephone: 1-866-564-1226. Fax: 416-322-0541. Website: <http://www.asiaadventures.ca/americas/chile.html>.

Wilderness and Travel Medicine. Santa Fe, New Mexico. April 25-28, 2004. Sponsored by the Wilderness Medical Society. Contact: WMS, 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.

9th Conference of the International Society of Travel Medicine (CISTM). Lisbon. May 1-5, 2005. Biennial meeting of the International Society of Travel Medicine. Detailed information about the meeting will be available in the next issue.

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, 51000Rijeka, Croatia. Tel: +38551312-312; Fax: +38551312-333; e-mail: secr-ismh8@ri-aktours.hr; Web address: www.ismh8.com.

Courses/Educational Travel

The Gorgas Course in Clinical Tropical Medicine. Lima, and the Andes and Amazon regions, Peru. Course scheduled for February 2-April 2, 2004 (waiting list only) and January 31-April 1, 2005. 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.

Tropical Medicine Expeditions to East Africa: 9th Uganda Expedition scheduled for February 15-27, 2004, and **11th Kenya Expedition** scheduled for March 7-19, 2004. In collaboration with Kay Schaefer, MD, PhD, MSc, DTM&H, of Cologne, Germany and the Universities of Nairobi and Makerere. Two-week expeditions designed for up to 8 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: +49-221-3404905, E-Mail: contact@tropmedex.com. Web address: www.tropmedex.com.

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

— “Committee Reports,” cont. from p. 7 —

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Assunta Marcolongo: President: IAMAT (International Organization for Medical Assistance to Travellers), Guelph, Canada. Special interests: locating travel health assistance resources abroad, curbing the spread of sex tourism.
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