



What the ISTM Offers You

Next time you have a few minutes of free time (if that ever happens!), please take a look at our ISTM website, go to the left side, scroll down and visit, one by one, the numerous features that our Society has to offer.

Chances are that you are familiar with our main offerings: a first-class Journal; a very readable newsletter; a popular listserv; and our state-of-the-art, well attended conferences. (Our next conferences, in Budapest in May 2008, will likely attract close to 2,000 attendees!) But even if you are a long time and involved member, you may not totally be aware of the vast amount of additional travel medicine-related information available, all designed to help you become a better informed travel medicine practitioner.

Here are some of the fantastic features that ISTM has placed at your fingertips:

The **Responsible Traveler Document** states that travel medical professionals should be accountable not only for keeping travelers healthy but for encouraging them to respect local people as well as the environment during their journeys. Promoting respectful behavior of travelers will help reduce the growing resentment toward tourists in host countries, preserve host countries' cultures and environments, and ensure a safer and more rewarding experience for all travelers.

continued on p.2

In this issue..

What the ISTM Offers You	1
2nd Northern European Conference on Travel Medicine	1
ISTM News	1
Budapest, Hungary... Here I come ..	4
Drug donations: what lies beneath	6
Greetings from Stone Mountain ...	7
Calendar	See ISTM Web Page

2nd Northern European Conference on Travel Medicine

Karl Neumann, MD FAAP

Eight hundred forty six travel medicine aficionados from 37 countries made the wise decision to travel to Helsinki, Finland last May to partake in the 2nd Northern European Conference on Travel Medicine. Their wisdom was well rewarded with a flawless Conference.

The program included not only the usual "hot" topics in travel health and "all time favorites," but also topics related to the geography of the host country such as Arctic medicine, travelers' health issues in the Baltic countries and in neighboring Russia, and a presentation on saunas. While the connection between travel medicine and sauna may be a bit of a stretch in most countries, in Finland saunas are somewhat of an obsession and seem to be part of the local DNA. In fact, an evening at a sauna was included in the social program, probably the first such social activity at a major international travel medicine conference.

The only mumblings heard from the foreign attendees centered on wondering why virtually all Finns speak English better than most people born in English-speaking countries but have last names that are practically unpronounceable in English.

Here are short summaries of some of the more interesting presentations. (Please note that the opinions are those of the speakers and not necessarily those of the ISTM.)

It is erroneous to think of emerging and reemerging infections as new concepts, said **Dermot Kennedy** of the **University of Glasgow**. While these terms were defined only about 20 years ago, they are merely new names for old realities, ones that have existed since time immemorial. Since earliest days, man and microbes have engaged in complex and changing patterns of co-evolutionary competition, which dramatically accelerated with the rise of civilization. A whole swathe of new or geographically dispersed diseases has recently emerged, with some 40 new pathogens identified in the last 30 years and with HIV infection of particular importance.

Some pessimists warn of a coming era epitomized by "an epidemic of epidemics" and of untreatable drug-resistant infections. Whilst this may be unduly despondent, we certainly cannot afford any complacency. In its landmark 1992 report, the US Institute of Medicine identified travel as one of

continued on p.4



ISTM News

Preparatory courses for the ISTM Certificate of Knowledge Examination. The ISTM is pleased to co-sponsor two preparatory courses for the Certificate of Knowledge Examination (CTH® Program), one in Europe and the other in North America. The European course will be held January 23-25, 2009, in Basel, Switzerland. Basel is located near the borders with Germany and France. The North American course will be held March 6-8, 2008, in the historic city of Philadelphia, Pennsylvania.

The European course is co-sponsored by the Swiss Tropical Institute. The North American course is co-sponsored by the Mount Auburn Hospital, a teaching hospital of Harvard Medical School. This is the third year for the American course, the second year for the European one. The two-day course format includes lectures as well as question and answer sessions and mock tests. It offers a terrific chance to meet other practitioners in our exciting specialty and to share problems and success stories.

For further information on the courses please see the ISTM web site, www.istm.org.

continued on p.7

“What the ISTM Offers You,” cont. from p. 1



THE INTERNATIONAL SOCIETY OF TRAVEL MEDICINE

GeoSentinel Study Published July 2008 - China Olympics Risk

To Search for a Travel Clinic
Click on the "Travel Clinic Directory" button at left; read the Terms of Use and Disclaimer then click on "I Agree" at the bottom of that page (Directory of Travel Medicine Providers); select the country desired and click the "Search" button. (ISTM members may add or update clinic listings via the "Member Services" button at left.)

CISTM11
Budapest, Hungary
May 24-28, 2009
[Register Now!](#)

It is our great pleasure to invite you to attend the 11th Conference of the International Society of Travel Medicine (CISTM11) to be held in Budapest, Hungary at the ELTE University Conference Centre.

This conference is intended for all who are interested in state of the art clinical practice, research, and education, in the field of travel and migration medicine. The target audience includes physicians, nurses, pharmacists, and students involved in primary care, occupational, migrant and public health, infectious disease, emergency and wilderness medicine. Also, it is designed to

The Responsible Traveler Document contains seven tips: Be informed; Be open-minded and patient; Be respectful; Avoid exploitation; Protect the environment; Leave a good impression; Respect and mutual discovery will make your trip a wonderful experience and will promote your security and your health too.

The Document is available in a four-page layout and also in a single page abridged form. It is printed in German, Japanese, French, Spanish, Portuguese, Chinese, Italian and Hungarian. Direct your requests for copies to the ISTM Secretariat. This document can be used with permission for distribution among travelers and health and tourism authorities.

Our **Introduction to Travel Medicine** consists of an 84 PowerPoint slide set available free to members and for \$150 (USD) to non-members. The set, which has been updated in 2008, is ideal for lecturing to both professional and lay groups. Slides are grouped by subject area (e.g., Risk Assessment, Vaccines, Malaria, Travelers' Diarrhea, Other Infectious Diseases) for easy customization of lectures. Material and teaching points are international in scope, allowing you to elaborate on specific local dosing and availability issues.

Moreover, all you have to do to obtain these slides is to log in to Member Services and click the "Download Introduction to Travel Medicine Slide Set" link to access the member download page - and the slides are yours.

Expert Opinions in Travel Medicine presents important and timely topics concerning pre- or post-travel quandaries written by an invited ISTM member with recognized expertise in that particular area. The cases are retained on the website so that you can review previous scenarios. The four most recently posted topics are: A rabies post-exposure case from China; Enteric fever in a Danish expatriate to Nepal; Influenza in travelers; and Yellow fever vaccination for Senegal.

Research Grants of between \$5,000 and \$10,000 are provided each year for travel medicine-related projects.

Directory of Travel Medicine Providers lists travel medicine practitioners and clinics operated by members of the ISTM. The Directory is available to the public and enables individuals to find providers to help them. The Directory also allows you to communicate with colleagues in more than 70 countries.

(The **Body of Knowledge for the Practice of Travel Medicine** (referred to as "the BOK" by some members) was created to guide the professional development of individuals practicing travel medicine and to shape the field's curricula and training programs. The field encompasses a wide variety of disciplines including epidemiology, infectious disease, public health, tropical medicine, immigrant and refugee health, and occupational medicine. Major content areas include the ever-changing global epidemiology of health risks to the traveler, vaccinology, malaria prevention, and pre-travel counseling designed to maintain the health of the traveling public. There are several hundred individual topics listed. The Body of Knowledge also serves as a vehicle for establishing the content validity of the credentialing process, our Certificate of Knowledge (see below).

The ISTM examination was developed by an international panel of travel medicine experts representing a variety of professional disciplines and is based on the Body of Knowledge. Successfully passing the examination is necessary to receive the Certificate of Knowledge. ISTM members who receive the Certificate will also be recognized in the ISTM Directory of Travel Medicine Providers and within the Travel Clinic section of the ISTM website.

The ISTM plans to give the next exam May 24, 2009, prior to the opening of CISTM11 in Budapest, Hungary.

The **Certificate of Knowledge** recognizes individual excellence in knowledge in the field. The Certificate indicates that the individual possesses the level of knowledge that is necessary to practice travel medicine.

Pre-travel Handouts for non-English speaking travelers help improve the quality of travel medicine available to such travelers. These handouts cover many common travel medicine subjects, are available in about 20 languages (including Amharic, Burmese, Hmong, and Ibo, for example), are translated by bicultural, medically trained, professional interpreters and have been peer-reviewed by travel medicine specialists. The website also has links to numerous related sites.

ISTM Member Store enables qualified active members to order membership certificates, lapel pins and Responsible Traveler bookmarks.

continued on p.3

“What the ISTM Offers You,” cont. from p. 2

Committee membership is especially important in a Society that has such a varied membership of health professionals in different specialties from all over the world. Being active in a committee gives you a voice in helping formulate policy for the Society. New ISTM members are strongly urged to become involved in committee work. The name of the Chairperson of each committee can be found under the Committee name on the webpage. The ISTM committees are:

The Practice and Nursing Issues Committee (PNI) provides a formal place for nurses in the Society to address concerns as related to their practice of travel medicine and their unique role in the field. Nurses are represented on the ISTM Executive Board. PNI promotes communication and collaboration among the nurse membership, proposes conference topics of interest to nurses for consideration by the Scientific Program Committee, presents and actively participates at the ISTM conferences, assists with development of ISTM Evidence Base for Clinical Practice, and liaises with the Professional Education Committee. These activities ensure that initiatives such as exam preparatory courses, for example, will be meaningful and useful to nurses.

There will be a Nurse Welcome Reception at CISTM11 in Budapest, on Sunday 24th May 2009. More details will follow.

The Health of Migrants and Refugees Committee works to better define and understand the travel health influences and implications related to mobile populations. Committee activities recognize and reflect the role played by migrants in the area of travel health. Specifically:

- In many locations migrants represent the cohort of international travelers with the greatest incidence and prevalence of travel related disease (e.g., malaria, parasitic disease, and tropical infectious diseases);
- In several locations migrants represent the major or significant caseloads of practitioners who deal with tropical medicine or imported infections in the developed world;
- Migrants who visit friends and relatives represent an increasingly important travel medicine risk group; and
- Increasing migration is expanding the number of physicians and health care providers involved with the care of these populations.

Through improved research and understanding of these relationships, the Committee strives to increase the awareness and provision of relevant information to those practitioners involved with managing health issues in migrant travelers.

At the present time the Committee is involved in two major activities:

- Development and delivery of a series of reference documents.
- Increasing the awareness of the importance of migrant-related travel to Visit Friends and Relatives (VFR Travel) and developing strategies to ensure that VFR travelers both seek and are provided with relevant travel health information and risk-reducing interventions.

The Committee’s website contains a long list of groups worldwide interested in the health aspects of migrants and refugees.

The Professional Education and Training Committee identifies professional education and training opportunities for ISTM members. The committee has developed the much-acclaimed slide set, courses, and evidence-based guidelines, and is developing a monograph on how to develop a travel medicine clinic.

The Research Committee is (responsible for coordinating and facilitating the promotion of scientific research in the field of travel medicine. The Committee is in charge of the research grant program, including arranging for peer review of all proposals and offering suggestions to investigators.

The Host Country Committee studies the impact of travel on countries that are visited by large numbers of tourists. Many such countries are developing ones, and have cultures that are quite different from those of the visitors. The Committee conducts research and develops strategies to protect local destination communities from the negative impact of tourism and explores the interaction between tourism growth and travel health. The Committee produced the very successful Responsible Traveler Document. Present projects include producing a leaflet for awareness of sexual tourism and identifying training opportunities for health professionals in host countries.

The Travel Industry and Public Education Committee (TIPEC) is responsible for creating proactive programs for making the travel industry, the travel press and individual travelers more aware of travel health, travel medicine professionals and the ISTM.

The screenshot shows the website for The International Society of Travel Medicine (ISTM). The header includes the ISTM logo and the text: "THE INTERNATIONAL SOCIETY OF TRAVEL MEDICINE", "ISTM Committees: Travel Industry and Public Education", and "Charter | Members | Future Plans". The main content area is titled "ISTM Travel Industry and Public Education Committee (TIPEC)".

Charter

- Responsible for creating proactive programs for making the travel industry and individual travelers more aware of travel health
- Develop and propose initiatives to increase awareness of travel health issues, travel medicine and the ISTM among the travel industry and the public
- Identify and develop contacts within the press, such that the ISTM is viewed as an expert source of information and is reached to for comment on traveler's related health issues as they emerge
- Develop and maintain relationships with health professionals within the travel industry as a source of potential increased membership and influence of the ISTM

Chairperson - Dr. Trish Batchelor, Medical Director the Travel Doctor New Zealand, Project Manager International Porter Protection Group Machermo Rescue Post, Nepal.

Co-chair - Dr. Gary Podolsky, Skylark Medical Clinic, Winnipeg, MB, Canada.

Members

- Carolyn Driver - Independent Travel Health Specialist Nurse - Manchester, UK
- Laura Radke MD - Corporate Medical Director, Passport Health and Medical Director of Occupational Health, Synergy Health - Milwaukee, WI, USA
- Gary Fujimoto MD, Medical Director, Travel Medicine Clinic, Palo Alto Medical Foundation and Adjunct Ass Clinical Professor of Emergency Medicine, Stanford University School of Medicine
- John Knowles, MD - Alamo, California, US
- Elaine Rosenblatt NP, Internal Medicine Clinic, Madison WI, US
- Dominique Tessier, Medical Director Medisys Canada.
- Valerie Padd RN, Intentional Steps Inc, Hoover AL, US

The left sidebar contains navigation links: TRAVEL CLINIC DIRECTORY, MEMBER SERVICES, ABOUT ISTM, ISTM COMMITTEES (with sub-links for Certificate of Knowledge Exam, Health of Migrants and Refugees Practice and Nursing Issues Publications, Prof. Education & Training Committee Research, Travel Industry and Public Education Host Countries), JOIN ISTM, CONFERENCES, TRAVEL MEDICINE EXAMINATION, EDUCATION & TRAINING, PUBLICATIONS, NEWS FROM WHO & CDC, and TRAVELMED LISTSERV.

“2nd Northern European Conference on Travel Medicine,” cont. from p. 1

six key factors underlying disease emergence. The movement of disease may involve more than the infected traveler, with the transport of vectors, virulence/resistance genes, and infected foodstuffs, animals and plants. SARS provided recently a lesson in the cost, in lives and money, of the rapid and distant spread of disease in the modern travel context. The globalization of trade and cultures means increasingly the globalization of pathogens.

People who migrate and work in the sex industry may not be all that different from other economic migrants, says **Helen Ward** of the **Imperial College, London**. Over the past decade there has been an increase in the size and visibility of the sex industry and the nature of the work force has changed. In the media, migrant sex workers are presented as victims of trafficking, a modern “slave trade.” Research with sex workers challenges this representation, finding instead that many people migrate in search of a better living and discover that the sex industry can offer financially more rewarding opportunities than other forms of unregulated labor in domestic work, building or agriculture.

While there are undoubtedly people who have been coerced into the sex industry, there appear to be many more for whom it was a “choice.” However, like other migrants, the true extent of that “choice” depends on the available alternatives, which are often limited by restrictive immigration and employment laws. Women, young people and migrants are disproportionately poor, and these inequalities mean that some people are in much greater, often desperate, need of money while others have growing disposable incomes. There has been an increase in demand for commercial sex, reflecting demographic and ideological changes. As marriage declines and divorce rates rise, a greater proportion of adult men live alone, and they are more likely to pay for sex. The “internationalization” of culture includes a growth in the visibility of sex as a commodity, the use of sexual images in advertising and a rapid growth of the adult entertainment industry. This market in sex continues despite the actions of many governments, faiths, and social movements to try and regulate or abolish it. It appears that stressing the sanctity of sexual relations within marriage is no match for the advertising power of business.

Sexually transmitted infections (STIs) are an occupational hazard for people who work in the sex industry and, as with other jobs, good governance can minimize those risks. Interventions that have promoted harm minimiza-

tion have been very successful in reducing risks of HIV and other sexually transmitted diseases (STDs), but unfortunately in most countries laws surrounding sex work seek to abolish or punish workers and/or customers rather than promote health and safety.

The disintegration of the USSR led to a huge increase in tourist traffic between Finland and Russia but did not result in large increases in the number of cases of infectious diseases introduced into Finland as had been feared and predicted, said **Pekka Suomalainen**, of the **South Carelia Health District, Finland**.

The relatively few cases is especially surprising because of the disparity in the standard of living between the countries is the greatest among all European national borders. The main problems have been STDs (syphilis and HIV infections, for example) related to commercial sex. Cases of tuberculosis have been rare, although multidrug-resistant strains have been detected. Two Finnish nationals have died of diphtheria: in 1996, a middle-aged man from contact with a Russian commercial sex worker in Finland; the other, in 2001, a 3-month old

continued on p.5



Budapest, Hungary... Here I come

Dear colleagues and friends,

The preparations for our next ISTM conference (CISTM11) in Budapest, Hungary are well underway - and as all of our conferences have been, Budapest promises to be another huge success. This will be a very exciting and stimulating scientific programme held amidst the charm and beauty of one of the most impressive cities in Europe.

Please spread the news about our conference to your friends and colleagues in travel medicine and in related fields. And being that you are active in travel medicine in your country, I would like you to assist our organizing team in sending out promotional material by membership mailings, home page postings or any other way you may find suitable. If you let us use your membership database we can send the material ourselves. Otherwise we can provide you with flyers (2nd announcement) that will be available mid-September in print or (already now) as attached PDF files.

Detailed information on registration, abstract submission, hotel bookings and sightseeing is already available on www.abstractserver.com/cistm11 and will be updated regularly.

Please help us promote CISTM11 in order to attract as many delegates as possible from your home country.

I hope to hear from you soon.

Hans D. Nothdurft
Organizing chair of CISTM11
CISTM11@istm.org

— “2nd Northern European Conference on Travel Medicine,” cont. from p. 4 —

infant infected in Finland after a visit from his Russian relatives. Both victims were inadequately vaccinated. Rare cases of hepatitis A and B, giardiasis and salmonellosis have been seen.

Finns travelling to Russia can protect themselves from serious infectious diseases by their own behavior, and with routine vaccines, including hepatitis A vaccine, said **Pekka Suomalainen**. The biggest risk is accidents related to traffic and alcohol abuse. Detention in a Russian prison can be dangerous. The Finnish nationals who become seriously ill are expeditiously evacuated, often by Finnish ambulances. The biggest problems with Russian nationals hospitalized in Finland are related to tenuous and challenging insurance policies and arranging the continuation of care in Russia. Russian nationals travelling to Finland have posed no major infectious disease threat to Finns.

Until the early 1990s, probably most doctors thought that they were basing their practice on evidence, but they hardly used the term evidence-based medicine (EBM), said **Ivar Sonbo Kristiansen** of the **University of Oslo**. Over the last 15 years, “everything” has become evidence-based: medicine, nursing, physiotherapy, surgery, management, education - and travel medicine. Before doctor subscribe to EBM, however, they should carefully think about the following 10 questions:

1. What really is EBM? According to David L. Sackett, MD, an expert on the subject, EBM is the use of the best medical evidence, patient values and medical expertise. In practice, however, EBM offers few methods for the latter two issues, and the former represents circular argumentation because evidence is defined by evidence. It is therefore not easy to know what people mean when they claim that some activity is evidence-based.

2. Is there any proof that the randomized controlled trials (RCTs) involve less bias than other study designs? It is plausible that RCTs involve less bias because of randomization and blinding, but there is no scientific proof, either mathematical or logical for this claim, nor is there any external gold standard against which we can compare the results of RCTs with those of other designs. Even though the plausibility argument may hold, there are also plausibility arguments that on some occasions would indicate greater bias with RCTs.

3. Are meta-analyses (MAs) the core of the truth? There is evidence (sic!) that MAs on the same theme may disagree, or that the re-



sults of MAs based on smaller RCTs are not confirmed by subsequent larger RCTs.

4. How long does an evidence-based medical “truth” last? A recent review indicates that 23% of MAs are outdated after 2 years and 70% after 10 years.

5. Does EBM improve people’s health? There have been no RCTs undertaken to address this issue.

6. Why are so few epidemiologists and biostatisticians avid EBM advocates?

While EBM in practice is based on biostatistics and epidemiology, few specialists in these areas have joined the EBM movement.

7. Why are medical journals skeptical towards EBM-skeptical papers? Even though medical journals publish a great number of papers about EBM or application of EBM methods, few publish papers that scrutinize the theory behind it or the validity of its methods.

8. Is EBM a “gift from God” or simply a medical fashion word?

9. Do any doctors dare to say that they are *not* evidence-based?

10. Should travel medicine be evidence-based?

Travel between Finland and the neighboring Baltic country of Estonia is increasing rapidly with Finns making about a million trips there annually, says **Markku Kuusi** of the **National Public Health Institute, Finland**. The incidences of many diseases are quite different between the two countries. The incidences of syphilis and gonorrhoea are much higher in Estonia than in Finland, for example. However, Finns have acquired only few cases of

these STDs from Estonia (1 to 6 cases of syphilis and 1 to 7 cases of gonorrhoea/year).

From 2000 to 2006, more than 5000 HIV infections were reported in Estonia, the majority among intravenous drug users. The incidence was 20 to 30 times higher than in Finland. From 1995 to 2006, 13 Finns were infected with HIV in Estonia. All were men, and most were infected from heterosexual contact. Also molecular typing results suggest that Estonian HIV strains have been very rare in Finland. The incidence of tuberculosis in Estonia is 5 to 6 times higher and multidrug resistance far more common than in Finland. From 2000 to 2005, 1-3 Finns per year were infected with tuberculosis in Estonia. From 2000 to 2005, Finns acquired 44-170 salmonella infections per year from Estonia (2-6% of all salmonella cases). In Estonia, 135-337 salmonella cases per year were reported, suggesting a lower incidence than in Finland. In 2005, 49 Finnish campylobacter cases (1.2% of all cases) acquired their infection in Estonia. In Estonia, 98-124 campylobacter cases per year were reported, suggesting up to 8 times higher incidence in Finland than in Estonia. There is a substantial underreporting of salmonella and campylobacter in Estonia. I

In Estonia, 580 cases of animal rabies were reported in 2004-2005, and annually nearly 4000 Estonians get post-exposure rabies prophylaxis. Between 1994 and 2006, 8 Finns have received post-exposure prophylaxis after animal bites in Estonia. The incidence of tick-borne encephalitis in Estonia is 20 times higher than in Finland. If Finns travel for longer periods to Estonia in summertime, TBE vaccination should be considered.

Drug donations: what lies beneath

Cristina P Pinhei

Drug donations - generally from donors in developed countries to recipients in poorer countries or for relief in times of a disaster - are necessary and valued when they accurately meet the recipient's needs. However, the lack of international regulation on drug donation procedures allows some entities to take an unfair advantage of the situation.

WHO has repeatedly drawn attention to what is probably the main issue related to drug donations in the form of development aid and humanitarian assistance: "good procurement - getting quality medicines to people when and where needed".¹ According to WHO, "the number of different agencies involved in procuring drugs - including ministries of health, manufacturers and donor agencies - can render the process highly complex and vulnerable to inefficiency and waste." WHO's interagency guidelines for drug donation describe four core principles that should be respected and guaranteed: (i) maximum benefit to the recipient; (ii) respect for the wishes and authority of the recipient; (iii) no double standards in quality; and (iv) effective communication between donor and recipient.² Regrettably, these guidelines are not international regulations.

Recent accounts of emergency relief operations throughout the world reveal that all major donations of pharmaceuticals fail to meet the recipients' real needs.³ The inappropriateness of drug donations comes primarily from their origin (industry surpluses, free medical samples, drugs collected by independent organizations or returned to pharmacies for disposal). Some drugs arrive unsorted and labeled in languages unknown to the professionals in the field. Expired drugs (at the time of their arrival) and drugs close to expiry still comprise a large proportion of donations from nongovernmental organizations, corporations, pharmaceutical industries and associations.⁴ This practice is defended by a sad assertion that making use of expired, partially degraded drugs is better than having none at all. It obviously raises an ethical issue about the exist-



ence of first-hand/first-class drugs and second-hand/lower-class drugs and a disturbing division between the rights and worth of different populations.

Drug donations often provide benefits for the donors. These benefits include tax deductions and are a very convenient way for industries to get rid of stagnant stocks without having to pay for their controlled and expensive destruction in their country of origin.⁵ Some entities seem to find it legitimate to send unusable drugs to nations that are not prepared to dispose of them safely and properly. The recipients receive the drugs as donations and instead are obliged to manage them as waste. Lamentably, there is no international convention to regulate the transfer of non-requested pharmaceutical products and surpluses across borders. Once received into a country, the donations cannot be returned to donors, as recommended by the guidelines, because they are considered hazardous cargo and their shipment must respect the Basel Convention on the Control of Transboundary Movements of Hazardous Wastes and their Disposal.⁶ This legal demand involves the existence of consented protocols between exporters and importers, and time-consuming procedures that severely compromise its feasibility.

Therefore, we can clearly say that drug donations are not for free and most of the time their costs to the recipient countries surpass the very fair value of the donations. If the

recipients have to pay more (for something they do not need and did not ask for) than they would by just purchasing the medicines and equipment needed, then what good are the donations?

The useless medicines remaining from the process and the consequences that result from their management are self-defeating and represent a major public health problem for the local authorities in the receiving countries. That is why the Emer-

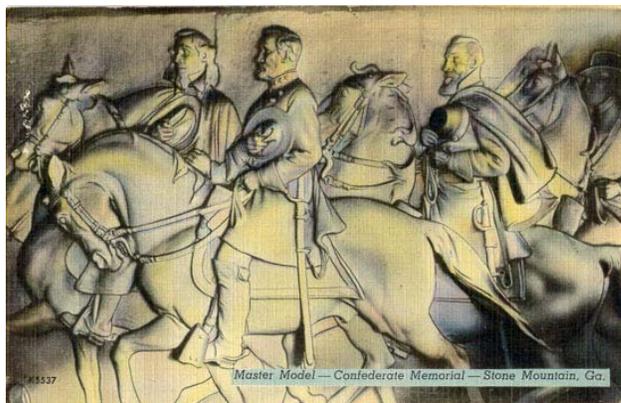
gency Health Kits were created by WHO in the early 1980s.⁷ Each kit comprises a standard set of drugs, disposable supplies and appropriate medical equipment for basic health care, and is specially conceived to quickly respond to the needs of approximately 10,000 people for 3 months. The kits are permanently stored by major relief organizations and not-for-profit suppliers and can be made available within 48 hours.⁸ The WHO Action Programme on Essential Drugs determined that the sustainability of the kits depends exclusively on funding by external donors.⁹ Therefore, cash donations are an excellent way to support relief aid and to allow the affected governments to acquire the supplies its population needs.

Another advantage of cash donations is that relief organizations can save, share and distribute funds to other recipients in later crises.¹⁰ Moreover, we should keep in mind that the arrival of international assistance to disaster areas can cause socioeconomic changes such as rising inflation, making poor people even poorer and recipients dependent on more donations.¹¹ This is why drug donations need to be better regulated, particularly in humanitarian crises.

This article was reprinted from: World Bulletin of the World Health Organization Volume 86, Number 8, August 2008, 577-656

Greetings from Stone Mountain

Brenda Bagwell and Brooke Gouge



Dear Friends,

Greetings from the ISTM secretariat - we trust this finds you all doing well and making plans to attend CISTM11 in Budapest.

Since our last update it has been our honor to have several ISTM members find their way to our office in Snellville, Georgia, USA. Remember if you are in the Atlanta area and have the time, we would like to invite you to stop by the office for a visit.

We have been quite busy this year spreading the ISTM message of healthy and safe travel at many different meetings. We have been to the ISTM Meeting in Melbourne, Australia; the International Conference on Emerging Infectious Diseases in Atlanta, Georgia; the 2nd Northern European Conference on Travel Medicine in Helsinki, Finland; the American College of Health meeting in Orlando, Florida; and will finish out the year by attending the ICAAC/IDSA (Interscience Conference on Antimicrobial Agents and Chemotherapy /Infectious Diseases Society of America) meeting in Washington, DC and the ASTMH (American Society of Tropical Medicine and Hygiene) meeting in New Orleans. Remember, if you are planning to take the ISTM Exam in Budapest, just prior to CISTM11, and find yourself in need of a refresher course, we have just what you need - a Pre-Exam Review Course. Please note that registration to sit for the ISTM Exam is NOT a pre-requisite to take either of these courses.

Concerning the Exam - the Body of Knowledge for the Practice of Travel Medicine can be found under the "Exam" tab on the ISTM website. If you are planning to sit for the ISTM Certificate of Knowledge Exam, you

will want to review "the BOK" to be sure you are familiar with all the content areas.

We are pleased to offer you a choice this year when registering for the exam. You can complete the exam application process either electronically or by regular mail. Registration materials and instructions can be found on the website. Please be sure to get your Exam registration materials in early and make certain you have correctly completed the application form. Registration for the Exam must be done prior to April 17, 2009 - **onsite registration is not allowed.**

Don't forget to renew your ISTM membership for 2009 in a timely fashion. This will ensure that you receive all ISTM member benefits, including discounted registration fees to the various activities already mentioned. Anyone not renewed by early March will have all of his or her ISTM benefits suspended. This includes the *JTM* and the Travel Clinic Directory listing as well as the discounted registration fees. Why not spend a few moments and take care of that now - then you can mark it off your "to do" list and you will not have to worry about it later. Remember the easiest and quickest way to take care of your renewal is online - just let us know if you need your username and password.

Please be sure to let either myself or Brooke know if you have questions regarding membership or any other ISTM activities - we are always happy to hear from you!

With warmest regards,

Brenda and Brooke (Brenda is the Administrative Director of ISTM, Brooke is the Administrative Assistant)

— "ISTM News," cont. from p. 1 —

News from the ISTM Practice and Nursing Issues (PNI) Committee

- We are pleased to announce that Jane Chiodini (UK), previously co-Chair, has been appointed Chair of PNI with Anita Backer (US) appointed as co-Chair. Jane and Anita are long standing members of the ISTM and have been active PNI members. Each has many years of experience in the practice and teaching of travel medicine and look forward to progressing new initiatives and taking the PNI forward. The committee would like to thank outgoing Chair Rebecca Acosta (US) for her time and efforts on behalf of members over her period of office. Rebecca will continue as a committee member.

Other committee members are: Sandra Grieve (UK), Lorna Boyne (UK), Linda Horne Maeland (Norway), Susan Koeman (The Netherlands), Nancy Jenks (USA), Rebecca Acosta (USA), Fiann Crane (CA), Linda George (CA), and Jacqui Pye (Singapore).

- Getting Ready for CISTM-11 Budapest May 2009. The PNI Committee looks forward to welcoming nurses to Budapest and CISTM11. Please plan to join us for the Nurses Welcome Reception on **Sunday, May 24th** in the mid-late afternoon before the CISTM 11 opening ceremony/reception. The exact time and location will be announced on www.istm.org as the conference programme is updated. Come meet and greet nurse colleagues and hear a few brief presentations from nurses from around the world.
- PNI information on ISTM website. Please remember to visit the PNI webpage on the ISTM website (www.istm.org) listed under the "ISTM Committees" tab. We are working on additional content for the PNI pages including information on practice guidelines...stay tuned and keep in touch with us. The committee's main charge is to address issues of interest and concern to ISTM nurse members and to enhance international collaboration.

We look forward to hearing from you.

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the Newsletter of the International Society of Travel Medicine

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