



A Call for Contributions from Nurses for CISTM8, New York

Nancy Piper Jenks



Nurses play an important role in the practice of travel medicine. Worldwide, nurses have taken part in research projects and made important contributions. As a nurse, and a member of the scientific committee of ISTM8, I would like to encourage those nurses who are currently engaged in research or interesting projects to consider an abstract submission for the upcoming meeting, May 7-11, 2003.

If you have not yet considered organizing and submitting an abstract for presentation, here is a sampling of presentations by nurses at previous ISTM conferences. Please contact us if you need any assistance in preparing your presentation. A presentation can be the first step to publication.

A sampling of previous ISTM nurse presentations:

General Presentations

A nurse practitioner run travel clinic in Pittsfield, Massachusetts. Poster presentation. CISTM 3. Paris.

Starting a travel clinic: the process simplified. A description of the tools, forms, educational tools used in travel medicine practice in Wisconsin. Poster presentation. CISTM 4. Mexico.

Travel health in the USA: A new specialty for the nurse practitioner. Poster presentation. CISTM 3. Paris.

Magister travel health distance learning course. A description of a structured distance learning course. Oral presentation. CISTM 6. Montreal.

Descriptive Studies. For example: surveys (larger samples, generally quantitative) or qualitative research (often used as a starting point in areas where little is known). This type of research describes situations to gain an insight. Higher-level studies often follow descriptive studies. Here a few examples of what nurses have presented at past meetings:

Data Management Systems: Are travel medicine clinics tracking and using their data? A survey of 600 travel clinics worldwide. Oral presentation. CISTM 5. Geneva.

Nursing professionals in travel health: A profile of the nurse and his/her educational needs. Based on results of a quantitative/qualitative needs assessment questionnaire, this study both describes profiles of travel health nurses and enumerates educational needs. Poster presentation. CISTM 4. Mexico.

The European Travel Medicine Inventory. A questionnaire survey of 17 European countries regarding travel medicine services. Oral presentation. CISTM 7. Innsbruck.

Travelers' perspective on travel health advice in North Queensland/Australia. A questionnaire survey looking at travel/health education. Poster presentation. CISTM 7. Innsbruck.

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Society News

Message from our ISTM President

Dear Fellow Members:

For many of us, vacation time is over and we are back to caring for those who have brought back from abroad some souvenirs that they did not bargain for - travel-related illnesses. Those "souvenirs" illustrate again the diversity of conditions we need to know about, from psychiatric breakdowns to exotic worms such as gnatostoma, cyclospora or myiasis; from insect bites and coral wounds to ciguatera intoxication, side effects from medications, and falciparum malaria. We also see many travelers who have been treated less than adequately abroad, or did not take their medications as prescribed. These problems are becoming more frequent since the commercialization of artemisinin derivatives in sub-Saharan Africa. It illustrates that much effort is needed to raise medical knowledge of local doctors in some parts of the world. The ISTM should be more active in this effort.

This also teaches us that travel medicine is always on the move and that we need to constantly update our own knowledge,

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Case Study This type of study describes individual cases within your clinical setting. A case study can offer value in highlighting particular observations. The case report may lead to further research questions at a later time.

"Typhoid hepatitis" or typhoid fever and acute viral hepatitis. Two cases of patients co-infected with hepatitis A and typhoid fever. Poster presentation. CISTM 3. Paris.

Hepatitis E – What is the risk to travelers? A look at reported cases in the literature. Poster presentation. CISTM 5. Geneva.

Case-control and Cohort Studies In cohort studies, a group of people exposed to something (e.g., travel health advice) and a group not exposed to that something are followed over time and the outcome of this exposure compared. In case-control studies, for example, people with a disease and people without this disease are compared as to if they were exposed to a certain factor responsible for this disease.

Intervention Studies In this type of study, intervention and control groups are compared after the intervention (or experimental) group has received some treatment (drug, education and so on) that the control group has not received.

Travel Medicine Practice Symposium: Communication Counselling Tools and Techniques. This study looked at techniques of communication and outcomes on travelers' knowledge. Oral Presentation. CISTM 7. Innsbruck.

Knowledge and Behaviour of Tourists to Manu National Park/Peru in Relation to Leishmaniasis. Oral Presentation. CISTM 7. Innsbruck.

By listing some of the past presentations, we hope to encourage you to submit research based on your experience as a travel health nurse. Listed below are the names and email addresses of some of the nurses who have presented in the past and are willing to help critique your work before submission. This year, the abstract submissions will be done electronically. The template and directions for

submission will be presented in upcoming mailings and on the ISTM website.

As always, we look forward to our nurses' networking get together. At CISTM8 in New York, the gathering will take place on the first afternoon, before the opening ceremonies. During this session, we will have the opportunity to exchange ideas and discuss possible collaborative research topics. CISTM8 will also offer a workshop on organizing and planning research.

The contribution from nurses in the field of travel medicine is invaluable. We hope that you will share your unique experience, either through presentation or participation in nurses' networking. We look forward to welcoming you to NY!

Past nurse presenters who are willing to critique your work:

Nancy Piper Jenks:
njenks@hrhcare.org

Irmgard Bauer:
Irmgard.Bauer@jcu.edu.au

Fiona Genasi:
Fiona.Genasi@scieh.csa.scot.nh

Opportunities for Travel Health Nurses and Specialist Advisors in the United Kingdom

A National Travel Health Network and Centre is being established in the United Kingdom in order to provide a source of specialist information on travel health for the country. The aim is to form a multi-disciplinary team consisting of doctors, nurses, scientists and administration and clerical personnel, with additional input from information technology specialists and technical staff. There will also be close links with Public Health Laboratory Services - Communicable Disease Surveillance Centre (PHLS-CDSC), Colindale, the Malaria Reference Laboratory, and the Liverpool School of Tropical Medicine.

We are seeking a number of Travel Health Nurse and Specialist Advisors for a period of three years. Three posts will initially be based at the Hospital for Tropical Diseases, London and one post will be based at the Liverpool School of Tropical Medicine. Travel between the two centers will be necessary and overnight stays may be required. The main responsibilities of the nursing/specialist advisors team will be to provide advice and training to health professionals on issues relating to travel health.

Essential requirements for all posts are:

- Between 2 and 4 years practical experience in working on travel health issues
- Experience of training/teaching/running courses
- Computer literacy
- An interest and enthusiasm for travel health

Closing date for applications: Friday 6th September 2002.

Interviews for all posts will be held on Thursday 3rd October 2002, at the Hospital for Tropical Diseases, London. Informal visits to find out more about the posts are available. For an application form and job description, please call: 0870 442 4529.

Dr Gil Lea, Consultant Medical Adviser in Travel Health, Public Health Laboratory Service, PHLS-CDSC 61 Colindale Avenue, London NW9 5EQ
UK Tel: +44 208 200 6868 x 3412. Fax: +44 208 200 7868. Email: glea@phls.org.uk

Certificate of Knowledge in Travel Medicine Exam Update

The ISTM Exam Committee has been working feverishly on the upcoming Certificate of Knowledge in Travel Medicine exam. It will be administered on May 7, 2003, prior to the opening of the 8th CISTM in New York City. Some 500 questions written by the committee now fill the question bank. Those questions are going through a series of review processes and will be narrowed to 200 for the actual exam.

The scope of the ISTM exam is international, and will not test knowledge of specific national guidelines. Its focus will be on the concepts involved in giving pre-travel health advice. No post-travel treatment questions will be included, since this is not an exam in tropical medicine. Those passing the exam will be granted a Certificate in Travel Health or "CTH." The exam is open to all licensed travel medicine practitioners, including physicians, nurses, pharmacists, and others.

Candidate Bulletins of Information (CBI) and applications for the exam will be available by the end of September. All ISTM members will receive a CBI and application in their membership renewal packets in October. The CBI will also appear on the ISTM website soon.

We are happy to report four more nurses have joined exam committee. They are Laurie Bank, U.S.; Irmgard Bauer, Australia; Jane Chiodini, U.K.; and Margaret Bodie-Collins, Canada.

Please visit the "Travel Med. Exam" page on the ISTM website to find important references, conferences and courses which may help one prepare for the Certificate of Knowledge exam. Please note the ISTM will NOT sponsor its own review course for the exam.

Below are 20 sample questions you'll want to review to help familiarize yourself with the types of questions that will appear on the exam. An answer key follows the questions. These same questions are also posted on the website.

We hope you will strongly consider taking the ISTM Certificate of Knowledge in Travel Medicine exam! Please email any questions you may have regarding the exam to exam@istm.org.

Sincerely,

Phyllis Kozarsky on Behalf of the Exam Committee

1. According to International Health Regulations, national governments must report which of the following diseases to the World Health Organization (WHO) for maintenance of an infected area list?

- A. Meningococcal meningitis
- B. Ebola hemorrhagic fever
- C. Yellow fever
- D. Human immunodeficiency virus

2. A 25-year-old male is admitted to the hospital for unexplained high fever and diarrhea over the last week. He returned 4 months ago from a 1-month trip to India. He states that he took mefloquine weekly as prescribed (without missing any doses) prior to his trip, during his trip, and for 4 weeks after he returned. The most appropriate first diagnostic step is

- A. a stool examination for ova and parasites
- B. a blood culture to rule out typhoid fever
- C. a blood smear for malaria parasites
- D. an amoebic serology

3. Which of the following vaccinations is contraindicated for a traveller who has the Acquired Immunodeficiency Syndrome (AIDS) and a CD4 count of <200/mL (normal range 400/mL - 1500/mL)?

- A. Japanese B encephalitis
- B. Hepatitis A
- C. Pneumococcal
- D. Varicella

4. A traveller to Mexico develops sudden onset of severe, watery diarrhea, with four bowel movements in the first hour and a fever of 38.5 C° (101.3° F). The best treatment at this time is

- A. metronidazole
- B. ciprofloxacin
- C. oral rehydration solution
- D. bismuth subsalicylate tablets

5. Malaria chemoprophylaxis should always be recommended to travellers who are going for a 2-week visit to oceans or beaches in which of the following countries?

- A. Kenya
- B. Morocco
- C. Thailand
- D. Fiji

6. The risk of death from hepatitis A for a traveller 50-years-old or greater is approximately

- A. < 1%
- B. 1-3%
- C. 5-8%
- D. 10-13%

7. The risk of developing dengue hemorrhagic fever or dengue shock syndrome is increased among travellers who have a history of

- A. being bitten frequently by mosquitoes of different species
- B. allergy to bee stings
- C. past dengue infection
- D. no prior travel to dengue risk areas

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“Certificate of Knowledge in Travel Medicine Examination Update,” continued from page 3

8. A traveller with chronic obstructive pulmonary disease and who is oxygen-dependent wishes to take a long-distance flight. Which of the following statements regarding oxygen use aboard commercial aircraft is correct?
- Airlines are required to provide oxygen without prior notification.
 - Airlines are prohibited from providing oxygen for medical use aboard aircraft except in an emergency.
 - Individuals who are oxygen-dependent at sea level should not fly on commercial airlines.
 - Arrangements for oxygen use must be made with the airline several days in advance of a flight.
9. An unvaccinated traveller is at risk of contracting yellow fever in which of the following countries?
- Nicaragua
 - South Africa
 - Brazil
 - Indonesia
10. Two tablets of bismuth subsalicylate taken 4 times daily during a 1-week trip to a developing country decreases the incidence of traveller's diarrhea by approximately what percentage?
- 15
 - 40
 - 60
 - 90
11. The most common cause of death among travellers to developing countries is
- malaria
 - motor vehicle accidents
 - drowning
 - hepatitis A
12. The term “morbidity” is used to describe
- recovery rates after an illness
 - death rates
 - illness rates
 - time of illness to recovery
13. *Plasmodium falciparum* resistance to mefloquine is found primarily in
- sub-Saharan Africa
 - Central America
 - South America
 - Southeast Asia
14. Wild polio virus is still in circulation in which of the following countries?
- India
 - Brazil
 - Turkey
 - Vietnam
15. Traveller's diarrhea due to quinolone-resistant *Campylobacter* species is most common in which of the following countries?
- Peru
 - Mexico
 - Nepal
 - Thailand
16. How many people worldwide die from malaria each year?
- 50,000-100,000
 - 500,000-750,000
 - 1,000,000-3,000,000
 - 10,000,000-12,000,000
17. The concurrent administration of which of the following pairs of vaccines and medications may result in a reduced efficacy of the vaccine?
- Oral typhoid vaccine and ciprofloxacin
 - Meningococcal meningitis vaccine and rifampin
 - Yellow fever vaccine and mefloquine
 - Japanese B encephalitis vaccine and acyclovir
18. Which of the following regimens is inappropriate for malaria chemoprophylaxis for a healthy adult travelling to India?
- Mefloquine
 - Chloroquine
 - Atovaquone/Proguanil
 - Doxycycline
19. A family of four is leaving in January for a 2-year stay in Chad. The family consists of a 46-year-old father, a 34-year-old mother who is 5 months pregnant, a 4-year-old boy, and a 2-year-old girl. They have learned of a meningitis epidemic that has just begun in Chad. Assuming that the epidemic strain is covered by an available vaccine, which members of the family should be vaccinated?
- Father and mother only
 - Father, mother, and 4-year-old boy
 - Father and the two children
 - The entire family
20. A traveller who has had no prior rabies immunization is bitten by a dog in Nepal. The traveller does not seek rabies postexposure treatment in Nepal, but presents 2 weeks after the bite. The recommended treatment at this point is to administer
- a series of five injections of rabies vaccine on days 0, 3, 7, 14, and 28, but do not give human rabies immune globulin (HRIG) as more than 7 days have elapsed between the bite and the start of vaccine
 - nothing as more than 7 days have elapsed since the bite
 - HRIG alone since more than 7 days have elapsed since the bite
 - HRIG and begin a series of five injections of rabies vaccine on days 0, 3, 7, 14, and 28

Answer Key:

1.(C) 2.(C) 3.(D) 4.(B) 5.(A) 6.(B) 7.(C) 8.(D) 9.(C) 10.(C) 11.(B) 12.(C) 13.(D) 14.(A) 15.(D) 16.(C) 17.(A) 18.(B) 19.(D) 20.(D)

Cruise Ship Medicine

Gary Podolsky, MD

Cruise ships are a popular type of leisure travel with people having images of the “Love Boat”. The reality can be quite different. I have worked as Chief Medical Officer on several large cruise ships. The following is a brief description of what it is like, for both passenger and doctor.

Staff

The captain is the master of the ship and runs the ship according to International Law and the rules of the cruise line. He is also in charge of medical evacuations. Most lines employ people from all over the world. We had crew from China, Philippines, Indonesia, Caribbean countries, South America, Europe, and Australia. Even though we sailed from a U.S. port, most crew (including many officers) spoke little English. The captain and other officers were Italian; apparently the cruise line had an agreement with the Italian government. Language was a major problem but everyone adjusted.

The Medical Department

Depending on the size of the ship, there is one or more doctor(s) and at least 2 nurses. Medical staff may be from anywhere in the world but generally speak English. The infirmary is open during regular office hours for both passengers and crew, and 24 hours for emergencies. Each ship’s infirmary has different capabilities, but generally there are IV fluids, splints, ACLS (advanced cardiac life support) medications and a defibrillator. The medical staff can perform minor procedures, treat accidents, dispense medications and begin treatment for cardiac problems. Most ships have capabilities to communicate with backup experts on shore. This is useful for both medical and legal considerations. Infirmary beds are available for observation. Passengers are generally responsible for infirmary costs, and these can be significant. Medical insurance with evacuation coverage is strongly recommended. Prices for medications are usually higher when compared with home.

There is a good proportion of occupational medicine among the crew, especially overuse problems. If a crew member is very sick, the medical staff may recommend evacuation. For less urgent problems,

consultation with portside consultants in the USA and in other countries can be made while a ship is in port.

Common medical problems aboard ship

Traveler’s diarrhea. This condition can generally be averted by careful attention to what you eat, especially on shore. The cruise doctor is responsible for doing a weekly “diarrhea log” of all affected passengers and crew. If the ship has an incidence of 0.5%, it is considered significant and, if the ship calls at a U.S. port, the outbreak must be reported to the U.S. Centers for Disease Control. They generally investigate large outbreaks.

Sea Sickness. It usually takes a few days to get your “sea legs”. Avoiding excessive alcohol and sunburn, helps prevent dehydration. Medications such as dimenhydrinate, meclizine, and phenothiazine, all help in controlling symptoms during the first few days. Injections of phenergan are available and are usually effective. Pregnant women may have prescriptions from their own doctors, diclectin (also known as Bendectin) or may try ginger. To avoid seasickness, stay in the middle of the ship, near the center of gravity and where there is less sway. Avoid reading. If above deck, focus on far away objects.

Sexual Transmitted Diseases (STDs). Many of the crew, especially officers, were openly promiscuous with passengers. The crew appeared to have little knowledge of STD prevention, which is very worrisome considering the prevalence of HIV in many parts of the world. The crew is not regularly tested for STDs. Both male and female crewmembers will be fired if they are found in a women’s cabin unless they are working there. Occasionally there are charges of rape or other forms of assaults against crew or other passengers. Such incidences can generally be avoided by using one’s common sense.

If there is an occurrence, seek out a security officer and they will deal with the dispute. Remember, depending on where at sea actions occur, there may be no “law” and the ship is under the captain’s jurisdiction.

Accidents. Incidences, whether on or off the ship, should be reported and documented by the ship’s security staff as well as by medical personnel. Many passengers try to get a free cruise by pressing claims when they report to the infirmary with an injury.

Pregnancy. Some cruise lines have policies that if their female employees get pregnant, they are sent home. Further, the employee’s superior must report the pregnancy to the company, or lose their job as well. Requests for abortions were referred off shore and not recorded by the medical department. Birth control pills were not recommended by the infirmary because the pills were not officially endorsed by our cruise line. Clearly there may be a conflict in doing what is best for the patient while following the company’s guidelines. Although cruise lines have guidelines for accepting passengers with advanced pregnancy or serious severe medical problems, we encountered several people who “pushed the envelope” of what was acceptable safe travel.

Disabilities. Cabins specifically designated for people with disabilities are not always available. One of our passengers, a 21-year woman with metastatic spinal cancer, had requested such a cabin and became severely injured when a malfunctioning door crashed into her, further limiting her mobility. Although the cabin was designated as “handicap accessible,” it had not been properly maintained as such and stewards responsible for maintaining this cabin did not have the proper training to do so.

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Evacuations

Evacuation is indicated for patients that are very ill, badly injured or in need of immediate testing. But evacuation is not always practical, and is always very expensive. The Captain and Chief Medical Officer will make arrangements to evacuate patients to the nearest appropriate hospital. The ship's doctor can only recommend evacuations, not order them, but no reasonable captain would go against their doctor's medical opinion. Some of the medical emergencies we encountered included myocardial infarcts, strokes, deep vein thrombosis, and open fractures.

The U.S. Coast Guard will evacuate passengers from ships that are within 100 miles of the U.S. coast. Many cruises obviously travel much further than that. And there are watershed areas where there is about one to one and a half days between ports. When passing through these watersheds, evacuation becomes logistically difficult. Also, many sick or injured passengers are reluctant to leave the ship. And changing course angers lots of other passengers. Sometimes the ship is reversed to the last port or sped up past its cruising speed. Although in the Caribbean the arrival time between islands is usually given as a day, it can usually be accomplished in a few hours. This is not widely done, in part because the company benefits more from keeping the passengers in international waters longer so they can gamble more in the casinos.

Vaccinations for Cruise Ships

Passengers planning to go on a cruise should review their immunizations with a health care professional familiar with travel medicine. On one cruise, we had 2 crewmembers with chickenpox (varicella), for example. Those crew members had to be carefully quarantined which is not simple aboard ship. Passengers and crew should be immune. Adults who come from equatorial countries are apt to be susceptible to chicken pox. Pregnant women should be immune to rubella since outbreaks have occurred aboard ship. De-

pending on the ports of call, cruise passengers may need immunizations against one or more of the following: tetanus, diphtheria, polio, hepatitis A, typhoid, influenza and, possibly, hepatitis B - for those who expose themselves to high risk situations.

Other Medical Problems

Observe food and water precautions, especially at ports of call in developing countries. Also, the ship's food handlers come from developing countries and sanitation is not always optimal. (I was a little upset when I found a gnawed toothpick in my salad one night).

Passengers embark on day trips to shore and are usually back before nightfall. They usually will not require antimalarial medications. They may be exposed to insect-borne diseases like yellow fever and dengue fever, for example. This is something we did not directly address with passengers, as they should receive this type of advice during their pre-trip check up.

I did see one bad case of jellyfish envenomation although we did not identify the species. Hazards like marine animal encounters and SCUBA-related problems are possible since many vacationers also embark on a variety of activities at port.

Man Overboard

“One of the passengers had been standing on the upper rails, urinating while intoxicated, and fell into the sea. Many cruise ships and other rescue crafts were diverted to that area. Roughly 12 hours later, he washed up on shore alive and well! Back on his ship everyone who had been mourning him, now wanted to kill him for ruining their cruise!”

People do go overboard and it is important to know the proper way to respond to emergencies. Passengers are shown the proper safety measures and responses when boarding and while participating in lifeboat drills. For “man overboard” situations, witnesses should point at the spot where the person was last seen while

someone runs to stop the boat. By maintaining a bearing it becomes easier to find the lost person.

Working with Shore Doctors in Foreign Countries

Ships try to maintain list of doctors at ports of call who seem to provide reasonable treatment. But sometimes patients chose their own doctors, with variable results. For example, we visited a doctor to whom we had been referring crew and found him and his facility acceptable, but some patients returned with prescriptions for multivitamins or very lame advice. When interacting with shore doctors, it's best to work with people you know. Often the local Embassy of your country can provide a list of practitioners in the area and, while they may not specifically endorse any, they can tell you about recent complaints. This also is true for recent problems at local businesses like hotels and restaurants.

Security

Security forces aboard ship exist more to police employees rather than protect passengers. If there is an altercation aboard ship, do not become involved unless absolutely necessary. Notify security. Before strict guidelines were issued, there were frequent brawls among crew members, usually over unattended women. (After our cruise line revised its chaperone policy “allowing persons under 21 years of age as passengers only if accompanied by an escort over 25 years,” there has been a significant reduction in fights.) During one incidence, there were multiple victims and blood smeared over the entire Lido deck. The injured parties were escorted off the ship and told to pursue civil lawsuits against each other in the U.S., as the incident had occurred in international waters. Generally, the ships' security unit adopts a passive approach to surveillance since there is “no place to run.” If caught, they will be processed,

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and if necessary, confined to an empty pantry, which also doubles as the morgue.

I missed reporting a woman who had been beaten by her husband. I was in another room treating her husband with a broken hand. No one had pointed out her bruises to me. As with mainland laws, unless someone brings forth a complaint, there is nothing that can be done. Spousal abuse, especially among newlyweds, is not unknown on cruise ships.

Interacting with the Crew

The crew consists of individuals of many nationalities and different backgrounds. Theft is rare but if suspected should be reported to security. Most crewmembers, despite coming from poor backgrounds, are hardworking and honest. The deck hands may work more than 12 hours a day (at what is in developed countries less than minimum wage) and are often treated poorly by other staff and passengers. They often depend on tips from customers, and with the tips, do very well relative to their native countries. Speaking with the crew is a good way to learn about their countries.

The popular impression of the cruise industry is very idyllic and inaccurate in many respects. But cruising is still a great way to enjoy oneself and see many ports in a short period of time. Travelers should be prepared and not expect the full level of medical resources we have to manage problems at home.

Gary practices travel and sports medicine in Winnipeg, Canada. Besides having been chief medical officer for a major cruise line, he has worked as an emergency physician and a general practitioner. He also has an interest in altitude and dive medicine. He is an active member of ISTM. His Email address is gary_podolsky@yahoo.com

Calendar: Travel Medicine Conferences, Courses, Educational Travel

Conferences

Sep
8-12

Third European Congress on Tropical Medicine and International Health. September 8-12, 2002. Lisbon, Portugal.

“Tropical Medicine: A Global Challenge.” Under the auspices of the Federation of the European Societies for Tropical Medicine and International Health. Hosted by the Instituto de Higiene e Medicina Tropical. This Conference will concentrate on tropical medicine, travel medicine, migration, medicine, and international health, involving different experts to explore future innovative collaboration. Official language: English. Local Committee Chairman: Professor Dr. F. Antunes, Instituto de Higiene e Medicina Tropical, Rua da Junqueira, 96 PT-1600 Lisbon Tel: ++351-21-365-2638 Fax: ++351-21-797-6242 Email: ip231874@ip.pt Web address: www.kit.de/tropical2002

Oct-
July

Diploma Course in Travel Health and Medicine. Course taught each Monday, 10:00-16:00, from October 2002-July

2003. London, UK. Provides postgraduate education and a qualification within the field of travel medicine to those actively involved or with a keen interest in the provision of travel advice. Open to both registered medical practitioners qualified with MBBS and nurses qualified with RGN, and other health care professionals holding relevant qualifications. A Diploma in Travel Health and Medicine (Royal Free & University College London Medical School, University of London) will be issued to those that successfully complete the course. Contact: Ruth Hargreaves, Course Administrator (Dr. Jane N. Zuckerman, Course Director) Academic Centre For Travel Medicine and Vaccines, Royal Free and University College, London Medical School, Rowland Hill Street, London NW3 2PF United Kingdom. Tel: (44) 020 7472 6114 Fax: (44) 020 7830 2268. Email: r.hargreaves@rfc.ucl.ac.uk

Oct
22-23

Intensive Review Course in Clinical Tropical Medicine and Travelers' Health. October 22-23, 2002. Chicago.

USA. Sponsor: American Society of Tropical Medicine and Hygiene and American Committee on Clinical Tropical Medicine and Travelers' Health. Information: www.astmh.org ASTMH, 60 Revere Drive, Suite 500, Northbrook, IL 60062 USA. Fax: 847/480-9282 Email astmh@astmh.org

Oct
22-25

IV Biennial Asia Pacific Travel Health Conference. October 22-25, 2002. Shanghai, China.

Travel Health in the Asia Pacific Region: New Frontiers and Challenges. Sponsor: Asia Pacific Travel Health Society Official language: English – with simultaneous translation of the plenary meetings into Chinese. Contact: Ms. Zhou Yifan, Secretariat of 4APTHC, Room 1705, No. 2669 Xie Tu Road, Shanghai 200030 China. Tel: 86-21 64398193. Fax: 86-21 64398194. Email: apthc2002@sh163.net Web address: www.2002APTHC.NET

Nov
7

2nd Adult Immunization Symposium: 2002 Clinical Update, November 7, 2002. Mount Sinai Medical Center, New York City.

Clinical conference on new developments in adult immunizations: Vaccines for Travel; Health Care Worker Immunization Guidelines; Future Vaccines for HIV and HPV; Influenza and Pneumococcal Vaccines in Underimmunized Populations; Immunization Issues for Special Populations: Smallpox and Anthrax Vaccine Update CME and 8.4 Nursing CEU's have been applied for. For information: Nicole.lewis@msnyuhealth.org

Calendar (continued)

NOV
10-14

American Society of Tropical Medicine and Hygiene. Nov 10-14, 2002. Denver, Colorado, USA. Pre-meeting course

Nov 9-10: Updates in Wilderness and Extreme Medicine. ASTMH, 60 Revere Drive, Suite 500, Northbrook, IL 60062 USA. Fax: 847/480-9282. Email astmh@astmh.org.

NOV
10-17

SAILS 2002: Shipboard Assessment, Intervention and Life Support for Cruise Ship Medicine. November 10-17, 2002.

Aboard the ship GTS Millennium. Sails from Ft. Lauderdale, Florida. Sponsor: Voyager Medical Seminar and New Hampshire Chapter of the American College of Emergency Physicians. For physicians and nurses interested in promoting and enhancing the delivery of quality medical services on board cruise ships. Computer technology including syllabi on PALM OS handheld computer and CD-ROM. Contact: Robert E. Wheeler, MD, FACEP, Voyager Medical Seminars, 9 Corduroy Rd. Amherst, NH 03031-2724. Voice/Fax (603) 672-5775. e-mail: vms@compuserve.com.

NOV
12-16

Vascular Symposium in Hawaii – The Fourth Pacific Vascular Symposium on Venous Disease: The Aggressive Approach. November 12-16, 2002, Mauna Lani Bay Hotel & Bungalows, Kohala Coast, Big Island of Hawaii, USA. Forty international guest faculty. The program will be a “Venous Symphony,” with five controversial themes: (1) Acute Venous Thromboembolism, (2) Air-Travel Related Venous Thromboembolism, (3) Chronic Venous Disease, (4) Diagnosis of CVD, and (5) Varicose Veins. Targeted to surgeons, radiologists, and others interested in venous disease. Contact: Straub Foundation, 1100 Ward Avenue, Suite 1045, Honolulu, Hawaii 96814-1617; Tel: 808-524-6755, Fax: 808-531-0123, Email: straubf@straub-foundation.org Website: www.straub-foundation.org

NOV
14-15

13th Conference on the Health of International Travellers. November 14-15, 2002. Montreal, Quebec, Canada. Hotel Omni.

Conference administrator: Dr. Dominique Tessier. For more information: contact Nicole Cote'. Tel: (514) 499-2777 ext. 248 Fax: (514) 845-4842 Email: nicco@xchg.medisys.ca.

NOV
16-17

3rd Travel Health Care Training Course. November 16-17, 2002. Hawthorne, NY (adjacent to New York City). Presented by Travel Well of Westchester, NY.

For Registered Nurses, Nurse Practitioners and Physician Assistants. Small group (maximum 20). 2-day course. Introduction, update and review of pre-travel health care in a unique and friendly educational format. Includes review of ISTM core knowledge. 15.6 Nursing CEUs. \$335. Information: Email nurses@travelhealthnursing.com or call 1-914-923-7073 or 1-914-793-9283

NOV
18-23

Havana Travel and Tropical Medicine Course. Havana Cuba. November 18-23, 2002. Sponsored by the Instituto de Medicina

Tropical “Pedro Kouri” and Maastricht Travel & Tropical Medicine Foundation of the Netherlands. Intended for physicians, nurses, and health scientists. Official language: English. Twenty hours of instruction over 5 mornings, including bedside teaching. Course Secretariat: Peter de Beer, MD; P.O. Box 1660;6201 BR Maastricht Netherlands. Email: mstropics@mail.com Web addresses: www.tropenkliniek.nl and www.ipk.sld.cu

April
4-6

10th Update Travel and International Medicine. Seattle, USA. April 4-6, 2003. Lectures, expert panels, and workshops.

For physicians and nurses. Sponsor: University of Washington Continuing Medical Education. Information: Sandy Pomerinke, 1325 Fourth Avenue, Suite 2000, Seattle, WA 98101. Tel: 206-543-1050. Fax: 206-221-4525. Email: cme@u.washington.edu

May
7-11

CISTM8 8th Conference of the International Society of Travel Medicine. New York. May 7-11, 2003. Contact: CISTM8

Conference Secretariat: Talley Management Group, Inc., 19 Mantua Rd. Mt. Royal, NJ 08061 USA. Tel: (856) 423-7222 Ext 218. Fax: (856) 423-3420. Web address: www.istm.org

Courses/Educational Travel.

Feb
2-14

Tropical Medicine Expeditions to East Africa: 7th Expedition to Uganda, February 2-February 14, 2003 and 10th Expedition

to Kenya, February 23-March 7, 2003. In collaboration with the University of Nairobi and Dr. Kay Schaefer (MD, PhD, MSc, DTM&H) Cologne, Germany. Official language, English. The expedition is designed for a limited number of physicians, public health experts and scientists. During the 2 week-expedition the participants will visit different hospitals and health projects in urban and rural areas. Includes individual bedside teaching, laboratory work, and lectures in epidemiology, clinical findings, diagnosis, treatment and control of important tropical infectious diseases. Also, updates on Travel Medicine and visit to the “Flying Doctors” headquarters in Nairobi. 50 contact hours. Accredited certificate given. Contact: Dr. Kay Schaefer, Tel/Fax: +49-221-3404905, E-Mail: contact@tropmedex.com Homepage: www.tropmedex.com

Calendar (continued)

Feb
18-28

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

Feb 2-
April 2
2004

The Gorgas Course in Clinical Tropical Medicine Lima, and the Andes and Amazon regions, Peru. 2003 full. Next course: February 2-April 2, 2004 Sponsored by the University of Alabama. Includes lectures, case conferences, diagnostic laboratory procedures, and bedside teaching in a 36-bed tropical medicine unit. Official language: English. International Faculty. 380 contact hours. Contact: David O. Freedman, M.D. Gorgas Memorial Institute, University of Alabama at Birmingham, 530 Third Avenue South, BBRB 203, Birmingham, AL 35294. Fax: 205-934-5600 Or call: The Division of Continuing Medical Education at 800-UAB-MIST (U.S.) or 205-934-1630 (from overseas). Email: info@gorgas.org Web address: www.gorgas.org

Multidisciplinary Courses in Travel Medicine by Distance Learning (Glasgow)

The Scottish Centre for Infection and Environmental Health (SCIEH) with its long established background in travel medicine education, offers two courses for health care professionals.

1) Diploma in Travel Medicine

Available since 1995, the aim of this course is "to provide suitably qualified and motivated health professionals with theoretical and practical knowledge sufficient to accurately and safely advise intending travelers."

- The course takes one full calendar year to complete and includes:
- An introductory residential week
- Completion of 10 distance learning units of core material with written assignments
- A mid session residential week including workshops
- A small original research project carried out over 3 months
- A final written and practical exam
- A personal advisor allocated to all students.

The diploma is awarded through the Royal College of Physicians and Surgeons (Glasgow). Students may be invited to continue onto Msc in Travel Medicine through the University of Glasgow. Next intake: March 10th 2003.

2) Foundation in Travel Medicine

Available since 1997, the aim of this course is "to provide a foundation of knowledge in travel medicine for health professionals working in the field". The course takes 6 months to complete and includes completion of 4 distance learning units of core material with written assignments. These assignments include:

- Infections
- Immunizations theory and available vaccines
- Malaria
- Sources of information for travel health advisors; providing a travel medicine service and setting up a travel clinic
- A 2-day residential component including lectures and workshops (held at the end of the course)

All students are allocated a personal advisor. Continuing Education points are being applied for. Next intake: November 2nd 2002.

For further information: 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. E.mail: Tmdiploma@scieh.csa.scot.nhs.uk

— "Society News," continued from page 1 —

by keeping informed about epidemics and developments about vaccines. This is also what makes travel medicine exciting and attractive! The ISTM provides ample opportunities to cultivate this ever-growing interest. In less than eight months, May 7-11 2003, we'll all meet in New York for our bi-annual conference, the 8th Conference of the International Society of Travel Medicine. The conference will be at the Marriott Hotel in the heart of Times Square. The program is excellent. Hans-Dieter Nothdurft and David Freedman have been working diligently on it. Don't forget to send abstracts (before January 10) to share your own research results with other members.

The ISTM is pleased to announce it will offer the first international Certificate of Knowledge in Travel Medicine at the May 2003 meeting. It is the first international certificate devoted solely to travel health. The exam will take place on May 7th, at the conference hotel, on the day prior to the conference. (See the sample questions in this newsletter.) A Certificate of Knowledge will be issued by the ISTM to the candidates who successfully pass the exam. Phyllis Kozarsky, our president-elect is coordinating this great effort.

For those who would like to know more about Asia, the 4th Asia Pacific Travel Health Conference will take place in Shanghai on October 21-23, 2002.

Participants will have a unique opportunity to see and hear in-depth presentations about the region's common travel-related diseases and access to medical services. It will also be a wonderful occasion to meet with your colleagues from China and from elsewhere in Asia and make contacts for longer term collaborations. Many members of the ISTM Executive Board will actively participate in the conference, and meet to plan future society activities.

In the meantime, I hope that the end of the summer goes well for you.

Louis Loutan
President of the ISTM
Geneva

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