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European Travel and Tropical Medicine Network of the
International Society of Travel Medicine

European Centre for Disease Prevention and Control Collaborative
Network for Travel and Tropical Medicine



**MINUTES OF THE 2009 EUROTRAVNET ANNUAL MEETING
STOCKHOLM APRIL 23-24**

Thursday 23rd, April: Annual meeting first part

14h:15

Opening Session by Denis Coulobmier, Preparedness and Response Head of Unit, ECDC

ECDC is an independent agency focused on communicable diseases. It was founded in 2005 in response to the SARS epidemic. The centres of interests of the ECDC are: epidemic intelligence and early warning and response, EU level disease surveillance, training, provision of scientific opinions and studies, as well as communication with the public and media. ECDC works within risk assessment and not risk management. At the moment it is public health orientated rather than disease oriented. There is collaboration with many other EU counterparts and with the other CDCs in the world (China, USA, South Africa...). In 3 years the ECDC has evolved from 1 person to 300 employees.

Denis Coulobmier is in charge of the Preparedness and Response Unit which is made up of three parts (epidemic intelligence and emergency operations centre, outbreak preparedness and response and epidemiological training).

Within the ECDC there are horizontal programs based on diseases: respiratory tract infections (influenza, tuberculosis), sexually transmitted infections including HIV and blood-borne viruses, vaccine-preventable diseases, antimicrobial resistance and healthcare-associated infections, food- and water-borne diseases and emerging and vector-borne diseases.

A multi-disciplinarian approach is necessary in the case of an outbreak: epidemiology (ECDC), and clinicians in the front line (EuroTravNet), veterinarians, public health specialists, microbiologists (ENIVD).... The ECDC is currently developing an entomologists project.

Epidemiological networks and guidelines already exist and the ECDC does not want to duplicate what already exists (WP2). The ECDC believes that returning travellers are a good source for epidemic intelligence (WP3). The ECDC would like to focus on imported diseases that can further spread in the EU (ex. Chikungunya). A priority for the ECDC is the translation of health information into EU languages as well as focusing on travel medicine within the EU.

14h30: ECDC presentation

General overview of ECDC/PRU activities. F. Santos-O'Connor

The framework for health threat detection is divided into two parts; indicator-based surveillance, and event-based surveillance. For indicator-based surveillance there is a lot of time that passes between collecting data, and its analyses and interpretation .

Event-based surveillance implies gathering and filtering information.

The ECDC collects information from a variety of sources, usually in real-time, which is then verified and analysed quickly. There are daily roundtable discussions to assess possible threats with the attendance of in-house and external experts (via video or tele-conferences). The ECDC gets its information from confidential sources such as the European Early Warning and Response System (EWRS), the Rapid Alert System for Food and Feed (RASFF), WHO infosan, and the WHO IHR event information website. The ECDC also uses non-confidential sources like Promed (USA) or other open access Websites. The main tools that they use are TTT and EPIS (discussion forums).

The ECDC creates a daily report, weekly report and yearly report where they assess the threats or potential threats for Europe. ECDC not currently providing advice on health issues for travellers. ECDC is monitoring very closely threats that may result in secondary cases occurring in the European Union. ECDC is monitoring threats that may need expert advice from Tropical and Travel Medicine experts. Efforts need to be done to better identify and gather information about travellers coming to the EU with imported diseases with a potential for further spread inside our territory. Centres of Interests: Dengue, chikungunya, haemorrhagic fevers, threats related to ships, intra EU travel...

Emerging and vector-borne diseases Specific Project.

K. Leitmeyer and H Zeller-ECDC

Within the ECDC there are seven disease-specific programmes (DSPs). One of them the DSP “Emerging and vector borne diseases” (EVD) covers a variety of different, mainly vector-borne diseases.

Objectives- EVD’s goal is to facilitate a timely and effective health care response in the event of an outbreak, define priorities for prevention and control (based on EU-wide risk assessments), assess the needs for vector surveillance and identify priorities for action, assess specific needs regarding overseas territories, ensure full support to outbreak assistance teams, identify the diagnostic laboratory capacity for response to emerging and vector-borne diseases in Europe and to provide epidemiologic updates and fact sheets on the current situation in Europe

Milestones: Among many other activities (e.g. the production of a Chikungunya communication toolkit for the public and health professionals, assessment of the magnitude of vector borne diseases, vector risk maps), specific work with two networks; first the “European Network of imported Viral Diseases – Collaborative Laboratory Response Network (ENIVD-CLRN) and second the travel medicine clinics (EuroTravNet) was initiated. A call for tender for a third network – an entomological network – is currently posted. As capacity building is a priority, the management and interlinking of these networks will be a key tasks for the coming years.

15h20:

EuroTravNet, how does it work and how does it grow? Ph. Parola, France.

EuroTravNet is a network of clinicians.

The International Society of Travel Medicine (ISTM) has initiated EuroTravNet - the European Travel Medicine Network - to create a network of clinical experts in tropical and travel medicine to support detection, verification, assessment and communication of communicable diseases that can be associated with travelling and specifically with tropical diseases. The goal of EuroTravNet is to build, maintain and strengthen a multi-disciplinary network of highly qualified experts with demonstrated competence in diseases of interest, ideally in the field of travel advice, tropical medicine, clinical diagnosis of the returned traveller, and detection, identification and management of imported infections.

EuroTravNet is the collaborative network of the European Centre for Disease Prevention and Control (ECDC) and has been funded through the public tender "Travel Medicine in Europe: existing structures, functions and added-value of ECDC. Building a network to support Travel and Tropical Medicine related activities at ECDC."

The EuroTravNet founding core sites and members belong to the GeoSentinel Global Surveillance Network, a worldwide communication and data collection network for the surveillance of travel related morbidity. EuroTravNet founding Core Sites are EuroTravNet members who participate in the GeoSentinel Network as full surveillance sites in Europe, participating in surveillance and monitoring of all travel-related illnesses seen in their clinic. They submit epidemiologic data linking diagnoses with exposure information. This data is entered into a database and periodically analysed. Information on how to become a GeoSentinel surveillance site is available at the GeoSentinel web site.

EuroTravNet Members are ISTM member clinicians located in a European country and working in a clinical site with significant numbers of post-travel patients. They are willing to provide leads and contacts when they encounter patients having unusual imported diseases. They are willing to respond to email queries regarding potential outbreaks or trends in travel-related infections, and participate in discussion within the network. All members are welcome to participate in the annual meeting organised in collaboration with ECDC. Benefit of membership includes recognition as a member of an ECDC collaborative network. It will allow accelerated acquisition of alerts and advisories on breaking events.

EuroTravNet Partners include European institutions, centres, and networks that have supported the initiative of building this network of clinician experts in travel and tropical medicine. It is anticipated that the extensive expertise from these partners in the field of infectious diseases, tropical medicine, and travel medicine will be of high benefit for anticipated collaborative projects.

All cores sites, members and partners, are presented in the eurotravnet website (www.eurotravnet.eu; made with the help of Adam Plier), with link to emails.

When the project was developed it was based on the GeoSentinel program. Now EuroTravNet has grown and expanded beyond the previous borders of GeoSentinel. Within EuroTravNet there are "members" and "core sites" which have a different status and level of participation. For the moment there are 12 core sites and 26 members in 19 countries. Eastern Europe is an important priority for the ECDC as well as for EuroTravNet. There is a possibility for the member countries to become more involved (evolve into core sites).

Work package 1 (WP1): Secretariat: The main goals are to organize meetings and the network. WP1 also works on lessons learned and a science watch. WP1 is to highlight certain papers and issues that could be of European interest. There is an established format for scientific advances, public health development and future events in travel medicine. Every month EuroTravNet should send four or five articles (following the prescribed format) to

the ECDC.

Work Package 2 (WP2): Travel medicine resource review: this subject was covered in Pat's talk.

Work Package 3 (WP3): 24/7 support for epidemiological intelligence and response activities.

EuroTravNet will review and aid in the preparation of the "ECDC Annual Threat Report".

EuroTravNet is asked to provide information for unusual events or suspicious rumours to the ECDC who will in turn assess the risk. This is considered confidential information. These alerts are important to determine risks.

It is possible to research diseases with help of the network database.

16h00 : Presentation of EuroTravNet core sites

Dr.Philippe Parola-Infectious Diseases and Tropical Medicine Department-Marseille

Dr. Philippe Parola, Director of the site in Marseille is affiliated with the North University Hospital (800 beds), Infectious Diseases and Tropical Medicine ward (Head of the Department, Pr. Philippe Brouqui), a 20 bed unit, which includes one of the 5 European BSL3 wards available at this time to care for patients with highly infectious and transmissible diseases (<http://www.mit.ap-hm.fr>). This Unit is linked with several WHO Collaborating and National Reference centres as well as additional European networks and has access to world reference laboratories in the field of bacteriology and rickettsiology (Pr D. Raoult), virology (Pr X. de Lamballerie), and parasitology (Pr C. Rogier, French Army Institute of Tropical Medicine). It includes an International Vaccination Centre, providing pre-travel advice (5000/year) and a Post Exposure Prophylaxis rabies Centre, led by Dr. Philippe Gautret, under the supervision of Dr. Philippe Parola. Finally, Pr. Fabrice Simon, is the Head of the 2nd unit at the site, the Infectious and Tropical Medicine ward of the Military Hospital Laveran, a reference hospital for imported diseases serving military personnel but where many civilians are also admitted, as illustrated during the recent Chikungunya outbreak. Marseille has a large Comorian population (chikungunya is therefore an increased risk) and there are many pilgrims (the to Mecca) who visit the travel medicine centre.

Dr.Vanessa Field-Interhealth-London

- Vanessa Field at the InterHealth, London, England, UK. InterHealth employs over 30 people and serves the aid, humanitarian, and missionary communities. Post-travel screening and care for ill returned travellers covers a number of the largest international organizations (over 250 aid organizations) sending volunteers and professionals to extremely remote areas.
- They provide many different aspects of care including; psychological health, medical screening, occupational health...
- Over a thousand returned travels per year, many of whom are healthy but there are many cases of post-traumatic stress and diseases.

Alice Perrignon -Pitié Salpêtrière University Hospital-Paris

- **Alice Perrignon** works in the team of Pr. Eric Caumes, the director of the site in Paris, at the Service des Maladies Infectieuses et Tropicales, Hôpital Pitié-Salpêtrière, Paris, where approximately 1500 returning ill travellers are seen annually. In addition they give pre-travel advice and vaccinations to approximately 1000 patients and provide specialized laboratory tests for exotic travel associated diseases. There is a capacity of 40 beds for hospitalisations.
- The majority of the patients are tourists but a large proportion are business travellers.
- The most frequent problems seen are intestinal problems, skin problems and malaria.
- This facility has participated in the GeoSentinel network since March 2008 and participates in French society of travel medicine and ISTM.

Rogelio Lopez-Velez Hospital Universitario Ramon y Cajal-Madrid

- Rogelio Lopez-Velez, Jose Antonio Perez-Molina, at the Unidad de Medicina Tropical. Servicio de Enfermedades Infecciosas, Hospital Ramón y Cajal, Madrid. The Tropical Medicine and Clinical Parasitology of the Department of Infectious Diseases, of the teaching Hospital Ramón y Cajal in Madrid is a referral centre for clinical (with more than 1500 returning ill travelers and migrants annually), teaching and research on Travel and Migration Medicine in Spain. They also provide special laboratory tests for exotic imported diseases. They are a research centre of the Spanish RICET (Spanish Tropical Medicine Research Network)
- This hospital is a referral hospital (28 general and 9 isolated beds with negative air flow) which provides 24 hour care. The team provides few pre-travel consultations (only for complicated cases). 55% of the patients seen are travellers and 45 % are immigrants.
- Their public health programmes include HIV/AIDS, VFR's, STD, Chagas, TB, and child and mother health. There are some granted research programs taking place in the hospital (HIV and Hepatitis in immigrants, migration medicine, promoting health in migrant populations).
- The team provides technical assistance to the Spanish Ministry of Health and medical societies. They produce a bulletin on emerging infectious diseases, training, and an annual medical conferences.
- Travel medicine needs to focus more on migrants because they have a lower vaccination rate than the non-migrant population. They participate in vertical and blood contamination (10% blood donors are migrants).

Mirjam Schunk- Department of infectious diseases and tropical medicine, University of Munich

- Mirjam Schunk works in the team of Pr Frank von Sonnenburg at the Dept. of Infectious Diseases & Tropical Medicine- LMU University of Munich, Munich. This Department of Infectious Diseases and Tropical Medicine of the University of Munich (LMU) was a founding member of the GeoSentinel network in 1997. They see approx. 4500 patients annually. More than 60% of these patients have complaints related to travel or migration. In addition the department gives pre-travel advice and vaccinations to more than 12 000 clients. Sophisticated laboratory diagnostic tests for specific, mostly travel related pathogens are provided on a reference basis (~ 20 000 specimen/year)
- The department organises vaccine studies in Tanzania (Mbeya Medical Research programme), Ghana, Ethiopia and South East Asia.

Francesco Castelli MD. Institute for Infectious and Tropical Diseases University of Brescia (Lombardy)

- Francesco Castelli at the Clinica di Malattie Infettive e Tropicali, University of Brescia, Brescia. This site is the regional reference centre for imported diseases in Lombardy (9 millions of inhabitants), Italy. This unit includes 60 beds for infectious diseases and several outpatient departments (travel medicine, HIV, hepatitis, STD and tuberculosis, ...). They consult approx. 20000 outpatients annually, and take care of approx. 1000 in patients annually.
- There is a large immigrant population in Brescia. 69% of the patients seen in this institute are migrants.
- The university is the second largest teaching hospital in Italy and there are teaching activities for infectious diseases and tropical medicine. This site collaborates with sites in Burkina Faso and Ethiopia (TB/HIV research). The Institute in Brescia conducts research on malaria clinical trials, Haart, as well as imported tropical diseases.
- This centre has contributed to the GeoSentinel network since about the year 2000.
- Expectations for the EurTravNet network: to increase the knowledge of ECDC, collaboration for research and exchange technical/ training expertise, and to increase awareness of imported diseases in

Italy (general policy and policy makers)

Pat Schlagenhauf -Universität Zurich- –Zurich

Patricia Schlagenhauf is site director, based at the University of Zurich Centre for Travel Medicine, and Rainer Weber, based at the Zurich University Hospital is co-director of the Zurich site. The Zürich GeoSentinel site is a composite site and comprises of the Zurich University Centre for Travel Medicine (WHO Collaborating Centre for Travelers' Health) the University Hospital, Zurich, The University Childrens' Hospital and the Herman Greulich Strasse Dermatology Clinic. They have been GeoSentinel members for many years, and have been involved in surveillance and in the analysis of morbidity and risks for travellers with access to GeoSentinel data on over 500 diagnoses and more than 85,000 patient records. These analyses have allowed them to define risk factors, geographical patterns of disease and also to identify priorities in pre-travel recommendations. Pre- and post-travel clients are seen at separate institutions within the University group of clinics and affiliated hospitals as outlined above. The Zurich Centre for Travel Medicine is involved in formulation of Swiss travel medicine guidelines and is very involved in travel medicine research with malaria, vaccine and epidemiology studies. More than 17,000 pre-travel consultations are provided each year.

Francois Chappuis-Geneva University Hospitals- Division of international and humanitarian medicine- Co-director of Travel and tropical medicine unit-Geneva

- Louis Loutan and Francois Chappuis are directors and co-director of the site at the Unité de Médecine des Voyages et des Migrations, Hôpitaux Universitaires de Genève, Geneva, Switzerland. They have been part of the GeoSentinel Network for over 10 years with over 3300 patients included in the overall GeoSentinel database. Each year, the Travel and Tropical Disease Unit of the Geneva University Hospitals sees around 1400 returning travellers, expatriates or immigrants and provide pre-travel advice and vaccinations to over 10000 travellers and expatriates. This includes a special consultation for expatriates working for ICRC and *Médecins sans Frontières* (700 visits/year).
- This unit has parasitology and virology labs and conducts pre-travel consultation (12000/year), parasite and virology analysis (labs).
- The main collaborations are with *Médecins sans Frontières* (medical supervision, visceral Leishmaniasis, African Trypanosomiasis)
- Research themes include : Chagas (due to large numbers of south American seen and the fact that there is no screening for chagas disease for blood donors), Visceral Leishmaniasis, African Trypanosomiasis, snake bites (Nepal), Travel medicine (hepatitis A).
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Effrossyni Gkrania-Klotsas- Cambridge university

- **United Kingdom, Addenbrooke's Hospital** University of Cambridge, **Cambridge, UK**. Dr Effrossyni Gkrania-Klotsas is the Unit Director of the only Infectious Diseases Unit in East Anglia. They offer infectious diseases expertise as well as post-travel consultation for a catchment population of approximately five million people. They are linked with the local Health Protection Agency Microbiology Department and have access to all advanced diagnostic as well as therapeutic services. They operate returning traveller as well as general infectious diseases, retroviral disease, immunodeficiency as well as hepatitis and tuberculosis clinics.
- Around 1,100 patients are seen per year in this service. Many immigrants (particularly from Zimbabwe) are seen for infectious diseases. The facility includes a 42 beds isolation unit.
- No pre-travel medicine is offered for the moment.
- Post-travel care: This is the only facility which treats infectious diseases in Anglia. The majority of patients are returning locals (students and immigrants). This center is a hub of the HIV network for East Anglia. There is a new hospital for returning travellers clinic.

- This unit would like to strengthen ties with other core sites and for bidirectional movement of information without the red tape constraints.

Gerd Burchard MD-Bernhard-Nocht- Institute for tropical medicine (BNI)-Hamburg and University Centre Hamburg

- Gerd-Dieter Burchard at the Bernhard Nocht Clinic, Bernhard-Nocht-Institute for Tropical Medicine, Hamburg. Institutes for Tropical Medicine in Germany have always been reference centres for travel medicine. The Bernhard-Nocht-Institute (BNI) in Hamburg is the largest institution for tropical and travel medicine in Germany. Since 2006 the former Clinical Department of this Bernhard-Nocht-Institute is part of the University Medical Center Hamburg-Eppendorf. Inpatients with tropical diseases are now treated in the University Hospital. The outpatient clinic and travel medicine are located in the BNI. There, they run an isolation unit for patients with highly contagious diseases like viral hemorrhagic fevers. The strong collaboration between a University hospital with all its diverse technical facilities and the Bernhard-Nocht-Institute with its diagnostic capabilities for infectious and parasitic diseases enables this site to be the nationwide reference centre for tropical and/or travel-related diseases.
- BNI is a national reference centre with an inpatient department (24 beds) for HIV, TBc, and tropical diseases.
- The facility includes a treatment centre with negative pressures (VHF treatment centre).
- 2500 patients are seen per year and 8000 vaccinations are performed per year.
- Clinical research is conducted primarily on malaria in Ghana (cardiac manifestations, neurocognition in children...)
- Nect NECTM in 2010 (may) will be held in Hamburg.

Kartini Gadroen-Tropical Diseases Unit, Academic Medical Centre, University of Amsterdam- Netherlands

- Peter de Vries, Piet Kager, Kartini Gadroen. Tropical Diseases Unit, Academic Medical Centre, University of Amsterdam, Amsterdam. This Unit, is the largest centre for tropical diseases and international health in the Netherlands. Patients include a large population of international immigrants and travellers arriving or in transit at Schiphol Airport. The staff contributes significantly to the development of Dutch guidelines related to infectious diseases and travel medicine
- 10,000 pre travel patients and 1000 and post travel patients are seen per year.
- The unit recently joined GeoSentinel.
- The unit is highly focused on research.
- The facility sees an interesting patient population (immigrants, Dutch soldiers, large population of immune deficient patients).

Note:

Mogens Jensenius at the Department of Infectious Diseases, Ullevål University Hospital , Oslo, Norway, apologizes for not being able to come this year. The Department of Infectious Diseases at Ullevål University Hospital is the largest of its kind in Norway. They see approximately 500 ill immigrants and returning travellers annually, and give pre-travel advice and vaccinations to approximately 1200 travellers.

16h45: Presentation of EuroTravNet members and Partners

Some of the 26 members of Eurotravnet were able to come at the meeting.

Helena Hervius Askling MD- Department of Infectious Diseases Karolinska University Hospital, Stockholm, Sweden

- This unit has a catchment area of 2 million citizens for infectious diseases. The outpatient clinic sees 700 patients per year.
- There is a malaria research unit and they provide a University diploma course in tropical medicine.
- The unit works in travel medicine: they provide pre-travel advice and the facility includes a vaccination clinic with about 50,000 visits /year.
- About 500 sick travellers are picked up in the emergency room each year.

Dr.Androula Pavli-Eugenideio Travel medecine clinic- Greece National and Kapodistrian University of Athens.

- Founded in December 2008, this clinic provides pre-travel risk assessment and management of travellers as well as post-travel consultations. The center is open by appointment only and the doctors in the clinic provide vaccines and chemoprophylaxis.
- This is an urban practice in the centre of Athens. There are not many travel clinics in Athens and this clinic is close to many travel agencies and hospitals.
- There is a training centre for post-graduate students and continual medical education (for nursing staff for example).
- The centre would like to develop into a designated yellow fever centre in the future.

Dr. Corneliu Popescu- Buharest- Romania- Clinical Hospital of Infectious and tropical diseases

- Founded in 1976 this clinic conducts teaching activities (150 students per year) as well as pre- and post-travel care.
- In last 10 years the centre has seen: 82 malaria patients, 13 cases of leishmaniasis (many Romanians work in Spain and Italy and there are vectors in Romania)...
- Local pathologies include tick-borne diseases (lyme and boutoneusse), Hepatitis A,B,C, Influenza, and west-Nile.

Filipe Basto, Hospital São João, International Health Unit, and Mediviagem Traveler's Clinic, Porto Portugal

- This facility provides pre and post travel advice in an outpatient setting. 20 people are seen per week.
- The unit provides training for PhD students in the medical school.
- The unit has close connection with Brazil and Africa (network). The unit is building global health program with focus on migrants.

17h30: EuroTravNet Partners

Mathias Niedrig- Robert Koch Institute Berlin Germany. European Network for Diagnostics of Imported Viral Diseases (ENIVD—CLRN)

There are few Biosafety laboratories in Europe so it is important to share knowledge and technology. ENIVD has EC funding and takes part in EC disease specific networks.

The current programme has 5 work packages.

- WP1: Network secretariat and information management
- WP2: Epidemiological intelligence activities (collecting and screening data, providing advice, 24/7 network...)
- WP3: Support activities (shared operating procedures for outbreak assistance laboratory support and provide materials for outbreak assistance teams, build laboratories, provide outbreak assistance)
- WP4: Preparedness activities
- WP5: Training activities (provision of training sites for field laboratories and microbiology fellows. Preparation and facilitation of short training courses). EPHM training program (European Public Health Microbiology training programme)

Additional activities:

- Distribution of a regular newsletter.
- Provide weekly threat report.
- Events and outbreaks monitored since September last year.
- Provide information for all of the outbreaks that they have detected.

Sandra Cohuet National Institute for Public Health Surveillance — International Tropical Health department, France

Institut National de Veille Sanitaire, France (<http://www.invs.sante.fr/>). This public institution, under the responsibility of the French Ministry of health is in charge of surveys, vigilance and alerts in all fields of Public Health.

- Their Mission is to implement ongoing surveillance of the health status of the population (in France and the French population abroad), to detect all threats to public health, and to alert, investigate and to provide recommendations for control and prevention
- This institute provides epidemic intelligence for France and French territories and surveillance of tropical diseases in France. They participate in a bilateral cooperation with Magreb, Eastern Europe and the Americas. The institute also participates in alert networks (WHO Goan Missions for ex).
- Priority areas: French overseas department, Indian Ocean, French Polynesia, Magreb.

David Hill National Travel Health Network and Centre (NaThNac)

- **National Travel Health Network and Centre (NaThNac)** under the directorship of Pr. David Hill. NaThNac was created in 2002 with the broad goal of '*Protecting the Health of British Travellers*'. As a United Kingdom government funded entity, they have forged extensive links with stakeholders in travel medicine within the government (the Department of Health and Foreign and Commonwealth Office), the travel industry, and practicing physicians, nurses and pharmacists in the UK. They have developed a widely used on-line resource in travel medicine (www.nathnac.org) that provides specific advice for travellers to all countries of the world. They have also developed a unique Outbreak Surveillance Database, updated daily, that posts on their website important global infectious disease events that they have identified and put through a verification process. This website is for health professionals and travellers and provides clinical updates health information sheets, country specific information, outbreak surveillance database, national advice line, a list of yellow fever vaccination centres, and FAQs.
- 7 main objectives: 1. provide national guidance for health professionals 2.give guidance on specific

situations 3. surveillance of infectious and non-infectious diseases 4. administer yellow fever vaccination Centres 5. engage major stakeholders in travel medicine 6. education and training and 7. set research priorities.

- NaThNac has experience developing policy
- NaThNac employes about 10 employees.

Fiona Genasi- Health protection Scotland (HPS) – Nurse consultant in travel medicine.

Martin Donaghy and Fiona Genasi for **Health Protection Scotland** (formerly Scottish Centre for Infection and Environmental Health), Scotland, UK. Health Protection Scotland was responsible for compiling the previous Travel Medicine Inventory for the European Commission in 1999 and updating this information in 2004

- HPS was established by the Scottish government.
- This centre's area of expertise is hospital acquired infections. Now they have a network of travel medicine centres.
- Their goals are to participate in networking and information exchange.
- Fiona Genasi would like for the clinics she is in contact with to join the EuroTravNet network. EuroTravNet will supplement the information networks which she already belongs to.

International Travel and Health- Dr. Pomerol- Geneva WHO

- The four main objectives of this unit are reinforcing global public health security, advising health authorities, guiding travel health professionals, and protecting travellers.
- International Health Regulations has been in force since June 2007 ensuring maximum public health security while minimising interference with international transport and trade. This is a legally binding document.
- “The green book” (International travel and health) was revised this year with updates about: psychological health, yellow fever vaccination requirements, malaria prevention, and risk maps for different diseases and reported cases maps (yellow fever, malaria, rabies...). They create the list for risk of yellow fever for the world. They have a very informative and user-friendly website. This work is done in close collaboration with many partners.
- In the future they would like to collaborate for information about travel medicine. In the future they will have interactive risk maps.
- Their fields of interest are advocacy, policy, strategic analysis, norms and standards, consensus and partnerships.

18:30-ECDC visit

Friday 24th: Annual meeting second part

8h30: Situation of Travel Medicine in Hungary and Eastern Europe. P. Felkai

- After World War II travel has developed intensely in Hungary. Since under former COMECON states travel was restricted, travel medicine was not developed.
- In Hungary all medical facilities are state-run and are non profit orientated. There is also only one centralised Social Security Insurance company. The vaccination system is very well developed.
- In Hungary all travel restrictions disappeared in 1989. There are now many budget airlines in Hungary. There are consequently three risk groups (backpackers, families and the elderly). There are many Hungarians who travel within Europe and they chose not to go for pre- travel medical consultation. There is also a large number of immigrants who come through Hungary.
- The new Hungarian travel medicine plan takes into account prevention, wilderness medicine, assistance medicine and travel insurance medicine.
- The Hungarian travel medicine experts need to:
 - assess the travel-related illnesses which could jeopardize Hungarian travellers
 - build up an appropriate network of travel advice sources (this is a new field in Hungary)
 - train and educate travel medicine professionals
 - make travel advice accessible to the population.
- It is essential to involve GPs as well as pharmacists in this process.
- Results: in 2004 there was the first textbook of travel medicine in the Hungarian language and since 2005 they have increased training for GPs and Pharmacists.
- Travel medicine needs a new interdisciplinary approach (especially in Eastern Europe) to prevent and control disease. We should also keep in mind the secondary and tertiary forms of prevention and travel medicine. Statistics show that travel will increase substantially.

9:00-Travel medicine in Greece Androula Pavli

- In Greece, there are travel medicine clinics in public, university and private hospitals, primary care health centres and military health services which provide pre- and post- travel counselling.
- There are 57 country wide prefectures which are not travel clinics by definition. They are designated yellow fever centres which also provide malaria chemoprophylaxis. There is no pre- or post- travel advice however.
- Hellenic Centre for Disease Control and Prevention Travel Medicine office offers pre- and post- travel services and provides a telephone advice service. They also offer trainings and publications, and work on public awareness.
- There is also a Hellenic travel, geography, and tropical medicine society. Their goal is to increase public awareness of travel medicine and to liaise with international public travel medicine institutions.

Philippe Gautret-Epidemiology of travel related morbidity in Europe. A EuroTravNet/GeoSentinel multi-centre study.

- The objective of this study was to determine the epidemiology of travel related diseases for ill returned European travellers and compare this with non-European travellers.
- The results of this study will be presented at the newt ISTM meeting in Budapest.

9h15:

EuroTravNet guest. D. Lalloo, United Kingdom. Liverpool School of Tropical Medicine

- The Liverpool school of tropical Medicine is the oldest tropical medicine school in the world. It has been involved in many breakthroughs such as work on the link between malaria and mosquitoes. Their funding is predominantly through research grants (Bill and Melinda Gates grants for example), topped up by some government funding. Their aims are to promote improved health in the tropics and in less developed countries.
- There are major programs of the school are in Vector control, malaria, and neglected tropical diseases. . They conduct research in over 40 resource poor countries. Their Wellcome Trust Programme in Malawi conducts clinical research on malaria and HIV.
- They have a large focus on education and training collaborations with African universities.
- Current clinical services include NHS outpatient clinics, call centre for advice and specialist medical services.
- There is a travel clinic with over 10,000 patients/year. They are involved in NaThNac. They are well placed within UK to detect potential threats. They have expertise in tropical medicine and vector biology.
- They could help EuroTravNet in development of bids for extra research funding.

10h: Francisco G.Santos O'Connor-Preparedness and Response Unit-ECDC-

- There are increasing rates in travel (and cheaper travel). There are a lot of synergies between the ECDC and travel medicine. Travel-related communicable diseases pose a threat to Europeans travelling abroad and to those exposed to returned travellers carrying contagious disease.
- The ECDC's main goal is to detect health risks in order to enable early and efficient responses. The ECDC doesn't currently give travel advice. A current picture of travel-associated communicable disease risk for Europeans should be developed by ECDC in accordance with its mission to identify gaps in which ECDC could have a role. The ECDC wants to evaluate the needs and be sure not to duplicate. They need to identify travel advice for travel within the EU. Once they have an inventory of travel medicine resources in EU/EFTA they can identify the gaps and provide an added value where it is needed.
- Some gaps where ECDC could have a role are: Identifying and supporting EU countries where travel medicine is underdeveloped, travel advice for travel within the EU, issuing up-to-date information on global health events relevant to those giving travel advice in Europe, translation issues, enhancing collaboration between networks (ENIVD, Eurotravnet...)

11h: GEOSENTINEL Update and news: David Freedman, Geosentinel Director

- There are 47 sites internationally (including Africa). There are 2 programmes, core surveillance sites for all travel related illness and a members site which is less formal. This allows networking on an international basis.
- There are 3 main functions of the network;
 - o 1. Surveillance and response,
 - o 2. Surveillance and ongoing trends- Over 100,000 records. About ½ patients visit a clinic in their home town after travel. Immigrant travel is also taken into account. Tourism is the main reason for travel. 29% records are from European travellers, 19 % are from the USA. There is an elaborate code system based on etiologies, diseases or syndromes.
 - o 3. analysis of morbidity and estimating risk
- Early Aberration reporting System (EARS) is a web-based surveillance analytic tool. EARS test shifts in monthly proportionate morbidity for each diagnosis or syndrome away from a historical mean. Three tests are run each month and the results are compared with the previous 7 months. There is an online patient report generator which gives a real-time idea of current diseases which are divided

- geographically.
- GeoSentinel has developed a GeoSentinel real-time health map. EuroTravNet members are asked to enter data into the GeoSentinel website. Every site can see what is going on all over the world but only key players have access to the detailed records.

EuroTravNet Work Package 2: Travel medicine resources review: update of the work. Pat Schlagenhauf, Switzerland, WP2 coordinator

It is difficult to speak of Europe (27 members) and other allied states because of the diverse geography, capabilities and complexities. The goal for WP2 is to have an updated country-by-country inventory. There needs to be an inventory of travel medicine authorities and guidelines. By the end of year one, Pat anticipates to have deliverables in the form of a country listing of resources and by the end of year 2, an analysis of certain guidelines will be available.

Progress to date: They have accomplished an inventory of European national epidemiology bulletins, a listing of international authorities involved in travel medicine and a preliminary analysis of resources in five countries. There has been staff recruitment (a medical assistant experienced in travel medicine and a student for web research). What has been seen is a non-uniformity in information between countries. Therefore a questionnaire has been developed with real-time capacity of updates. This questionnaire has also been translated into a few languages.

Obstacles: Language. Materials should be translated into other European languages

Positive aspects: Networking, huge pools for future study. This real time, web-based questionnaire allows for real time monitoring of travel health resources.

Priorities: There is a large interest in Eastern Europe and migration medicine. There are legal issues about treating illegal immigrants that will impact the practice of travel medicine. Human/animal diseases (bird migration for example) are very important in a European context and their travel and subsequent transmission of disease is another albeit secondary angle. Cattle can be controlled but more information is needed about the risks of bird migration and avian influenza risk.

Yellow fever centres are key to identifying institutions and clinics active and experienced in travel medicine and this will be an important base for the European inventory. The mapping possibilities are fantastic within the network.

Travel within Europe also presents risks which should be identified and documented, Old diseases may re-emerge and new vector-borne threats require constant surveillance. Entomology is re-gaining importance and vector populations in Europe should be monitored. The reemergence of malaria in Italy should not be neglected.

The old inventory (Scottish) from 1999 needs to be updated. A new approach is to use the internet questionnaire outlined above to capture new information on all EU and allied countries. The questionnaire will start with a cover letter where it will be stated what will be done with this information and who owns the resulting inventory. The questionnaire collates detail about travel medicine professionals and centres, as well as a profile (and number) of patients. This questionnaire will be distributed in journals, infectious disease societies and in conferences (eg Budapest).

Goals: To create an inventory of travel medicine resources in Europe with country specific updates using a standardised questionnaire translated in the local language. Migration medicine is a priority and gaps should be identified.

Goals for 2010: Inventory of travel medicine guidelines within Europe. This should be a dynamic inventory which should be used to its maximum potential. The email addresses collected from this inventory could be a resource for ECDC to communicate with travel medicine interested centres across Europe.

11h: Future collaborative studies within EuroTravNet.

ENIVD-CLRN collaborative study proposal on imported Chikungunya. A. Tenorio, ENIVD

- Transmission cycle of chikungunya; arthropods. Humans are infected and can start human cycles. *Aedes albopictus*, and *aedes aegypti* are the vectors. There are *a.albopictus* in Europe.
- Chikungunya has re-emerged because it has changed. It adapted to the new vector when it moved Africa to the islands in the Indian ocean. There is a risk of re-emergence because of a globalisation of vectors. An example of this is Chikungunya in Spain (28 cases since 2006).
- Objectives: to identify chikungunya countries. South East Asia and Indian and Africa are homes of chikungunya.
- With new collaboration with ENVID and EuroTravNet they could get a better idea of the epidemic to study acute chikungunya in European travellers. The team wants to study the strains and review the imported cases. They want to review supporting country, year of the infection and parasitological markers.

Trends in European travellers. V. Field (UK)

Dr.Field was just awarded a grant for a new research project which has three main goals:

1. Analyse trends in specific diseases. She would like to use existing GeoSentinel Euro dataset and new EARS tool.
2. Study of intra-European travel-related infectious diseases
3. Initiate prospective data collection, network-wide collaboration of specific sites, to focus on key questions of interest and importance to the group.

She would like to interact with the GeoSentinel and EuroTravNet to get a better idea of the trends in European travel.

José A. Pérez Molina and Rogelio Lopez-Vélez- Tropical medicine Unit-Infectious Diseases Dept. Hospital Ramon y Cajal Madrid

Immigration is increasing in Europe. Many immigrants in Spain come from South America. This is why this team is focusing on Chagas diseases. In Madrid 17% of the population are immigrants (in Spain 11.3%). Chagas can be transmitted from blood/organ donation and vertical transmission. There is scant data about the prevalence of Chagas in the EU. This team proposes a surveillance study within Eurotravnet to study Chagas.

Group meetings

Group collaboration for Mediterranean countries and travel medicine

- This is a specific group because of the high population of visitors and immigrants. The proximity to Africa represents a particular risk (migratory birds and vector borne diseases). Because this is a highly visited area there should be health (infectious diseases) guidelines for people visiting Europe. Cruise ships present a special risk.
- Migrants
 - o There should be increase awareness for migrants going back to their point of origins (especially children) as this is a large risk group. Screening for immigrants is very important and guidelines are quite vague. Joint guidelines should be established for migrants depending on area of origin. Ethical issues should be considered.
 - o There should be an analysis of the current policies on migrants in different countries.

- o The capacities must be improved to detect the risk coming from North Africa (increased attention to surveillance in North Africa).
- Networking
 - o Increased collaboration is needed between different group within Europe and with neighbouring countries (in North Africa for example). It would be useful to have a network of Mediterranean countries. The Mediterranean conference in Verona could be a good platform for discussion. There are societies for migration medicine in the Mediterranean countries which could be linked or networked.

Domestic travel:

- It would be useful to develop a book, which could be distributed to physicians which could enumerate the main risks for people travelling within Europe.
- In the near future it would be useful to have a mapping structure for diseases and risks within Europe.
- Potential for awareness-raising (for travel agents and schools and pharmacists) should be assessed.
- Ways of enforcing travel agents to encourage clients to seek travel advice should be examined.

Improving the collaboration with the laboratory network.

- There should be an exchange of information within tropical institutes and laboratories. The EPIS platform is an important way to share information efficiently.
- Information must be collected on the disease in order to update maps on the diseases. This is important in order to assess risks and to inform the public.
- Studies between two networks would be helpful but complicated to put into place.
- There is a large distribution of labs within the Europe. It would be useful to link the labs with diagnostic labs that EuroTravNet might contact in case of an outbreak or for regular surveillance.

12h45:

Conclusions. P. Parola and F. Santos

- A meeting about EuroTravNet and Geosentinel will be organised during the next ISTM meeting in Budapest in May. This meeting is less important for this group as it is more targeted for members who could not come to the Stockholm meeting.
- For next year the EuroTravNet meeting place must be determined. The institution needs to be able to provide a facility for the meeting free of charge. Hamburg has been proposed. It might be organised just before the 3rd Northern European Conference on Travel Medicine (NECTM 2010) Congress Center Hamburg (CCH), Germany TO BE CONFIRMED.

