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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

EUROTRAVNET SCIENCE WATCH : MAY - JUNE 2009 1/2

Scientific Advances – The risk of malaria in travelers to India. Schmid S, et al. J Travel Med. 2009 May-Jun;16(3):194-9

Scientific Advances – Clinical profile of *Trypanosoma cruzi* infection in a non-endemic setting: Immigration and Chagas disease in Barcelona (Spain). López-Chejade P, et al. Acta Tropica 111 (2009) 51–55

Scientific Advances – A 2-year entomological study of potential malaria vectors in central Italy" E-pub ahead of print in Vector-borne and Zoonotic diseases". Di Luca M, et al. Vector Borne Zoonotic Dis. 2009 Jun 1. [Epub ahead of print]

Scientific Advances – Crimean-Congo hemorrhagic fever, south-western Bulgaria. Christova I, et al. Emerg Infect Dis 2009; 15: 983-5.

Events – 6th European Congress on Tropical Medicine and International Health and 1st Mediterranean Conference on Migration and Travel Health – 2009/09/06-10 – Verona, Italy

Scientific Advances –

TITLE – The risk of malaria in travelers to India

Schmid S, Chiodini P, Legros F, D'Amato S, Schöneberg I, Liu C, Janzon R, Schlagenhauf P.
J Travel Med. 2009 May-Jun;16(3):194-9

Description

This study reports on the declining incidence of malaria in travellers to India from 93 cases per 100,000 travellers in 1992 to 19 cases per 100,000 travellers in 2005. The predominant species was *Plasmodium vivax* and the proportion of *P. falciparum* lies between 10 and 13%. High risk Indian states were identified: Chhattisgarh, Orissa, Jharkhand, West Bengal, Goa (mainly *P. vivax*), and the states east of Bangladesh. The risk for travellers was highest when the purpose of travel was "visiting friends and relatives".

Link to the article
http://www3.interscience.wiley.com/journal/122382267/abstract?CRETRY=1&SRETRY=0

ECDC comment: 2009-06-05
The study is important in that it addresses the changing epidemiology of malaria imported by persons travelling to India. The authors critically review the current malaria recommendations in various industrialised countries for travel to India and ask some pertinent questions: Are the current recommendations in many countries appropriate when the usual chemoprophylaxis medications do not prevent late onset attacks of *P. vivax* malaria, the predominant species? Should the malaria guidelines for India be revised in the light of these data? Based on the evidence presented, the shift in European guidelines towards malaria awareness, mosquito bite prevention and carriage of stand-by treatment would appear to be appropriate for travel to low risk areas in India.

Keywords : malaria, travel, India

Scientific Advances –

TITLE – Clinical profile of *Trypanosoma cruzi* infection in a non-endemic setting: Immigration and Chagas disease in Barcelona (Spain)

López-Chejade P, Ribera O, Molina L, Sanz S, Pinazo MJ, Riera C, Posada EJ, Sanz G, Portús M, Gascon J.
Acta Tropica 111 (2009) 51–55

Description
This descriptive study of Latin American immigrants in Barcelona attending two centres for imported diseases during a period of 3 years, describes the clinical and epidemiological characteristics of 202 *Trypanosoma cruzi*-infected individuals

Link to the article
http://www.sciencedirect.com/science?_ob=ArticleURL&_udi=B6T1R-4VS4095-1&_user=4876078&_rdoc=1&_fmt=&_orig=search&_sort=d&_docanchor=&view=c&_acct=C000009002&_version=1&_urlVersion=0&_userid=4876078&md5=612b6deffe95d88b7abafae31baaccff

ECDC comment: 2009-06-15
Chagas disease is no longer limited to Latin America and is becoming frequent in industrialised countries in Europe. Some countries are particularly concerned particularly Spain, where Latin American immigrants from endemic areas are living. It is important to improve clinical and epidemiological knowledge of *T. cruzi* infection in non-endemic countries and to develop appropriate screening and treatment protocols in these settings.

Keywords : ***Trypanosoma cruzi* - Immigration - Chagas - Spain**

Scientific Advances –

TITLE – A 2-year entomological study of potential malaria vectors in central Italy" E-pub ahead of print in Vector-borne and Zoonotic diseases".

Di Luca M, Boccolini D, Severini F, Toma L, Barbieri FM, Massa A, Romi R.
Vector Borne Zoonotic Dis. 2009 Jun 1. [Epub ahead of print]

Description

Europe was officially declared free from malaria in 1975; nevertheless, this disease remains a potential problem related to the presence of former vectors. This entomological survey carried out in 2005–2006 in Italy demonstrates the high receptivity of the Maremma area, a Tyrrhenian costal plain in Central Italy, where the former malaria vector, *An. labranchiae*, occurs at different densities related to the kind of environment, climatic parameters, and anthropic activities.

Link to the article
http://www.liebertonline.com/doi/abs/10.1089/vbz.2008.0129

ECDC comment: 2009-06-15
Autochthonous introduced malaria cases, recently reported in European countries, together with the predicted climatic and environmental changes, increase the concern of health authorities over the possible resurgence of this disease in the Mediterranean Basin. Although the reintroduction of endemic malaria is an unlikely but not an impossible event, clinicians need to be aware of possible sporadic cases when climatic conditions and vector densities are favorable, together with the possible presence of gametocyte carriers (imported cases). Patients presenting with persisting fever of unknown origin during the summer period, should be tested for malaria

Keywords : Malaria - Italy

Scientific Advances –

TITLE – Crimean-Congo hemorrhagic fever, south-western Bulgaria

Christova I, Di Caro A, Papa A, Castilletti C, Andonova L, Kalvatchev N, Papadimitriou E, Carletti F, Mohareb E, Capobianchi MR, Ippolito G, Rezza G
Emerg Infect Dis 2009; 15: 983-5.

Description
The authors report cluster of Crimean-Congo hemorrhagic fever virus (CCHFV) cases observed in early spring 2008 in southwestern Bulgaria, an area considered at low risk for CCHF outbreaks. Two cases were attributable to tick exposure, whereas the other 2 were most likely secondary cases attributable to contact with the index case-patient who died, and included his wife and a nurse who cared for him after his hospital admission.

Link to the article
http://www.cdc.gov/eid/content/15/6/pdfs/983.pdf

ECDC comment: 2009-06-15
CCHFV causes a severe multisystem disease characterized by profuse bleeding with a case-fatality rate as high as 30%. The infection is endemic to the Balkans. In this report, the area is is only a few kilometres from Greece, where a human fatal case was observed in 2008. Person-to-person transmission transmission emphasizes the need for rapid diagnosis of CCHF, especially in cases with atypical clinical manifestations.

Keywords : **Crimean-Congo hemorrhagic fever – Bulgaria**

Events – 6th European Congress on Tropical Medicine and International Health and 1st Mediterranean Conference on Migration and Travel Health

Date – 2009/09/06-10 – Verona, Italy
Description
The next European Congress on Tropical Medicine and International Health will be hosted in Verona, Italy, from 6 to 10 September 2009, under the auspices of the Federation of European Societies for Tropical Medicine and International Health (FESTMIH). The First Mediterranean Conference on Migration and Travel Health is associated to the main Congress. Besides dealing with the classical aspects of Tropical Medicine including basic science, diagnostic/therapeutics and disease control, the congress will maintain a constant and central focus on its main theme: Equity, Human Rights and Access to Care. All interested professionals to seize this opportunity are strongly encouraged to present their research and discuss strategies to reduce inequality, to broaden the access to basic health services and to reach the underserved. The Congress will also put a great emphasis on Transferability of Research results into actual practice. The North-South gap in health research will be also discussed, in all main aspects: space devoted to global health in medical journals; role of researchers from the South in relevant publications; share of research which is actually devoted to priority areas; important gaps that remain to be filled in research in tropical medicine and international health; difficulties in financing health system research.

Link to the website: http://www.festmih.org/verona2009/
Contact: ectmih2009@kit-group.org

Keywords : Travel Medicine - Tropical Medicine – Conference - Migration – Italy -

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EUROTRAVNET SCIENCE WATCH : MAY – JUNE 2009 2/2

Events – Seen at the 11th Conference of the International Society of Travel Medicine (CISTM11): Globalized heath care: medical tourism (plenary session). 2009/05/24-28 – Budapest, Hungary

Events – Seen at the 11th Conference of the International Society of Travel Medicine (CISTM11): Severe malaria non immunes (plenary session). 2009/05/24-28 – Budapest, Hungary

Events – Seen at the 11th Conference of the International Society of Travel Medicine (CISTM11): Emerging infectious diseases in Latin America (Symposium). 2009/05/24-28 – Budapest, Hungary

Events – Seen at the 11th Conference of the International Society of Travel Medicine (CISTM11): Malaria 2009 – Changing epidemiology (Plenary). 2009/05/24-28 – Budapest, Hungary

Events – Seen at the 11th Conference of the International Society of Travel Medicine (CISTM11): WHO, CDC & yellow fever issues (Plenary) – Budapest, Hungary

Events – Seen at the 11th Conference of the International Society of Travel Medicine (CISTM11): Clinical development of a Vero cell derived inactivated Japanese encephalitis (JE) vaccine IC51 (Free Communication) – 2009/05/24-28 – Budapest, Hungary

Events – Seen at the 11th Conference of the International Society of Travel Medicine (CISTM11): How to re-establish seroprotection in travellers with a history of incomplete incomplete and/or irregular TBE vaccination? (Free Communication) – 2009/05/24-28 – Budapest, Hungary

Events – Seen at the 11th Conference of the International Society of Travel Medicine (CISTM11): Low quality of routine microscopy for malaria in Dar es Salaam, Tanzania: Implications for the sick traveller (Free Communication) – 2009/05/24-28 – Budapest, Hungary

Events – Seen at the 11th Conference of the International Society of Travel Medicine (CISTM11): Globalized heath care: medical tourism (plenary session)

Date – 2009/05/24-28 – Budapest, Hungary
Description
Two communications of interest have been presented during this plenary session: Medical tourism: definition, scope, impact and players, JD Woodman; Pre-travel preparation of the medical tourist, ME Jones.

ECDC Comment
During recent years, the number of health consumers crossing boarders for medical procedures has dramatically increased. This includes individuals from developing countries who frequently lack access to high quality medical care and travel to developed countries for care. This also includes individuals from developed countries where universal healthcare is deteriorating or where healthcare costs are rising, who cross boarders to countries offering competitive medical services. Travel medicine advisers will need to bear in mind both risks associated with the area of the receiving medical unit and places that the traveller may visit during convalescence. Besides classical areas of travel medicine, potential areas of impact are:
travel insurance
infection risks of blood products
immunisations for blood borne agents

Link to the website: www.istm.org

Keywords : Travel Medicine - Conference - Medical Tourism

Events – Seen at the 11th Conference of the International Society of Travel Medicine (CISTM11): Severe malaria non immunes (plenary session)

Date – 2009/05/24-28 – Budapest, Hungary
Description
A lecture about Severe malaria caused by *P. knowlesi* and *P. vivax* infections, B. Genton.

ECDC Comment
A recent study in Indonesia showed that *P. vivax* infection can give rise to severe manifestations and even death. In children under 5 years, 30% of *P. vivax* infections were severe, with respiratory distress in 60% of cases and neurological symptoms in 25%. *P. knowlesi* is widely distributed in Malaysia and can also lead to fatal outcome in humans with hepatorenal dysfunction due to high parasitaemia. It should be remember that malaria rapid tests miss the diagnosis of *P. knowlesi* infections, that are still badly known in the European countries. Because the risk is real for the travellers returning from its endemic areas, the research of malaria infections must comprise a microscopic method with concentration in returned travellers with including those with severe conditions.

Link to the website: www.istm.org

Keywords : Travel Medicine - Conference - Malaria

Events – Seen at the 11th Conference of the International Society of Travel Medicine (CISTM11): Emerging infectious diseases in Latin America (Symposium)

Date – 2009/05/24-28 – Budapest, Hungary
Description
A lecture entitled "Yellow fever sans frontières », JR Alves.

ECDC Comment
There is a clear trend of increasing numbers of cases of yellow fever observed in areas considered previously as transmission free areas. Yellow fever is reaching outside the Amazon region with cases in the eastern and southern parts of Brazil, northern Argentina and Paraguay.

Link to the website: www.istm.org

Keywords : Travel Medicine – Conference – Yellow fever

Events – Seen at the 11th Conference of the International Society of Travel Medicine (CISTM11): Malaria 2009 – Changing epidemiology (Plenary)

Date – 2009/05/24-28 – Budapest, Hungary
Description
Two lectures entitled Malaria decline in Africa – fact or fiction? By V. D'Acremont, and Implications for the prevention of traveller's malaria by A McCarthy.

ECDC Comment
There is a growing evidence of a substantial decline of malaria transmission, morbidity and mortality, in more than 15 African countries where malaria control interventions have been implemented on a large scale. This implies that many of the areas previously defined as "high stable transmission" have changed or will soon change into "moderate to low transmission areas". In the coming years, pre-travel advice will thus need more refinement in terms of destination and risk groups.

Link to the website: www.istm.org

Keywords : Travel Medicine – Conference – Malaria

Events – Seen at the 11th Conference of the International Society of Travel Medicine (CISTM11): WHO, CDC & yellow fever issues (Plenary)

Date – 2009/05/24-28 – Budapest, Hungary
Description
A lecture about Defining Yellow Fever Risk in Endemic Areas, *D.R. Hill*

ECDC Comment
A YF Risk Mapping Working Group has recently been convened. The recognition of severe adverse events associated with yellow fever (YF) vaccine and the changing epidemiology of YF, emphasise the importance of clearly defining areas at risk for YF transmission. The use of sophisticated computerized mapping programs and the inclusion of ecologic data should lead to an improved YF risk map. All countries in Africa, South America, Central America and the Caribbean that were considered potentially at risk for YF transmission were individually reviewed. In South America, areas above 2,300 meters are considered no risk. Much of the Amazon basin remains endemic, and a transitional risk has now been assigned to eastern Paraguay and northeastern Argentina following the recent introduction of YF. In Africa, areas north of the Sahara are considered no risk. Sub-Saharan countries in West Africa remain endemic. Tanzania and eastern Kenya have now been assigned low risk designation. Improved determination of YF risk will help travel medicine practitioners more accurately target YF vaccination, help to avoid adverse events from vaccination, and inform country policies on YF vaccination requirements for entering and departing individuals.

Link to the website: www.istm.org

Keywords : Travel Medicine – Conference – Yellow fever

Events – Seen at the 11th Conference of the International Society of Travel Medicine (CISTM11): Clinical development of a Vero cell derived inactivated Japanese encephalitis (JE) vaccine IC51 (Free Communication)

E. Schuller, S. Dewasthaly, K. Dubischar-Kastner, B. Jilma, A. Kaltenboeck, H. Kollaritsch, F. von Sonnenburg, E. Tauber, C. Klade.

Date – 2009/05/24-28 – Budapest, Hungary

Description

An original study about the Clinical development of a Japanese encephalitis vaccine.

ECDC Comment

For travellers, only mouse brain derived JE vaccines have previously been available, which has restricted vaccination recommendation and use. There has now been clinical development and licensure of cell culture derived JE vaccines, including IC51 by Intercell AG with comparable results. Market authorization has been granted in Europe and Australia for persons aged 18 years and older; a paediatric indication will follow. The licensure in the U.S. is expected in 2009.

Link to the website: www.istm.org

Keywords : Travel Medicine – Conference – Vaccine - Japanese encephalitis

Events – Seen at the 11th Conference of the International Society of Travel Medicine (CISTM11): How to re-establish seroprotection in travellers with a history of incomplete incomplete and/or irregular TBE vaccination? (Free Communication)

R. Schosser, R. Kaiser, U. Mansmann, U. Heininger

Date – 2009/05/24-28 – Budapest, Hungary

Description

Tick-borne encephalitis, or TBE, is a human viral infectious disease that most often manifest as meningitis, encephalitis, or meningoencephalitis but also, sometimed as mild febrile illnesses. TBE is caused by tick-borne encephalitis virus (TBEV). A vaccine is available and may be advised to travellers to endemic areas in Northern Europe and Northern Asia. The authors have presented and original study entitled “How to re-establish seroprotection in travellers with a history of incomplete incomplete and/or irregular TBE vaccination?”

ECDC Comment

Travellers with an incomplete or irregular TBE vaccination history presenting for rapid reestablishment of seroprotection before going to endemic areas are frequently encountered in travel medicine. Reliable data on how to proceed in such a situation were not available up to now. More than 99% of the young adults (16 to < 50 years) and > 96% of the elderly (≥ 50 years) mount a strong and long-lasting immunological memory after two ore more TBE vaccinations. A single booster dose is sufficient to re-establish seroprotection in these subjects.

Link to the website: www.istm.org

Keywords : Travel Medicine – Conference – Vaccine - Tick-borne encephalitis

Events – Seen at the 11th Conference of the International Society of Travel Medicine (CISTM11): Low quality of routine microscopy for malaria in Dar es Salaam, Tanzania: Implications for the sick traveler (Free Communication)

V. D'Acremont, J. Kahama-Maro, D. Mtasiwa, C. Langeler, B. Genton

Date – 2009/05/24-28 – Budapest, Hungary

Description

The authors showed that the quality of routine microscopy for malaria was poor at all levels. Both specificity and sensitivity were low.

ECDC Comment

Overdiagnosis, and hence overtreatment, is not considered to be deleterious as far as malaria is concerned; however false positive cases might be at greater risk of dying of another undiagnosed cause of fever left untreated. The low sensitivity observed is equally worrying since it leaves close to 30% of the malaria cases untreated if the test result is acted upon. The replacement of microscopy by RDTs as first-line diagnostic tool for malaria in all settings should save lives through better management of fevers, and this for both local populations and travelers. Travelers should be warned of the poor diagnostic performance in endemic areas and advised to be cautious, both when diagnosed with and without malaria.

Link to the website: www.istm.org

Keywords : Travel Medicine – Conference – Malaria