



Travel Medicine News

The Newsletter of the International Society of Travel Medicine

June 2014



President's Message

A year ago in Maastricht I presented my mission statement for the ISTM for the next two years. I said that the ideal form of travel medicine would be the kind that makes travel medicine unnecessary. It was a forward looking concept that reminded us of the fact that many “travel-related” diseases were once endemic in developed countries, and have since been eliminated through hygiene measures, treatment, and vector control. Malaria was once endemic throughout most of Europe and the southeastern United States. It was eliminated from these regions by the mid-twentieth century.



David R. Shlim

When the Bill and Melinda Gates Foundation was formed, Bill Gates pointed out an inconvenient truth—having eliminated the risk of malaria where we live in developed countries, why do we think it is okay to continue to allow people to live with the constant risk of malaria in other countries?

Similarly, in the last ten years we have come to realize that the risk of travelers’ diarrhea is correlated with eating in restaurants in developing countries, along with the general sanitation in the country. Nepal has recently made great progress in achieving “open defecation-free zones,” which takes human stool out of the open environment where flies can gain access to pathogens before visiting kitchens. The risk of TD does not seem to be simply because different organisms are circulating in these countries, but because stool organisms find their way into our lunches and dinners through poor hygiene practices in the kitchens where travelers obtain their food. Any decrease in the rate of travelers’ diarrhea for travelers is going to be related to improvements in kitchens serving tourist, and not solely through increased education among travelers as to how to protect themselves.

Although the main goal of travel medicine is to protect travelers as they travel, we need to keep some things in perspective. While 22,000 travelers will suffer from TD every day, 10,000 children in the developing world *will die* from a diarrheal disease every day.

It is important to me to maintain the view that “travel-related” diseases be considered for what they are—local issues that affect local people, and for which travelers are mostly just passing through. Although the ISTM is not in a position to start our own disease eradication programs, we should keep that loftier goal in mind as we continue to try to give good advice on how to protect the current travelers that face these ongoing disease risks. Many ISTM members already work in international public health, and address these issues throughout the year.

We should also bear in mind that local diseases have a way of becoming international diseases with startling speed and frequency these days. The traveler may stay at home, and the disease may travel! We read about SARS and MERS-coV in China and Saudi Arabia, respectively, and then diagnosis it in our neighborhood hospitals a few weeks or months later. An unvaccinated child takes a trip abroad and comes back and starts a small measles epidemic. Polio, a disease with mostly historic meaning in developed countries, was on the brink of elimination in the world, but is now moving out of the few remaining endemic countries, forcing travel medicine practitioners to rethink polio vaccine strategy for travelers.

The upcoming meeting in Jackson Hole, the first joint conference between the Wilderness Medical Society and the ISTM, will feature some talks on these topics. Alan Magill, the head of malaria for the Gates Foundation, will discuss the thinking behind a future worldwide malaria eradication program. Nancy Lindborg, the head of disaster relief for the U.S. government, will talk about the U.S. strategies for both short and long-term disasters in the world. Marty Cetron, the Director of the Division of Global Migration and Quarantine at the CDC will talk about a new way of mapping disease occurrence in migrants. These topics come on top of a rich menu of travel and wilderness medicine topics.

Summer has finally arrived in Jackson Hole after a snowy winter and spring. Flowers are blossoming, and the skiers are finally switching to mountain bikes and road bikes, and hiking up into the mountains. I've included a photo that I took a few days ago while on a bike ride near my house. For any of you who are still on the fence about attending this year's meeting (2-6 August 2014), you may want to think about the virtues of an exceptional meeting in an invigorating and relaxing setting.



David R. Shlim, MD
ISTM President

Secretary-Treasurer's Report

Reflecting on my first year

Since formally assuming the role of ISTM Secretary-Treasurer at the Membership Assembly last year, it has been a hectic first 12 months, but a wonderful insight into the activities of the Society. Following CISTM13 in Maastricht, membership reached more than 3100 for the first time and it is an exciting time to be in my role, especially with a new website and the MyISTM member portal to be launched soon.

We are building up to the ISTM regional conference being held in association with the Wilderness Medical Society in Jackson, Wyoming, USA, in August 2014 and of course the "big one" - CISTM14 in Québec City, Québec, Canada in May 2015! It is great to see the ISTM Committees and Groups also being so active over the past year. Last month, I also returned from the Asia-Pacific Travel Health Conference, which was held in Ho Chi Minh City, Vietnam: the CTH[®] examination, remains very popular. It is wonderful working with the Executive Board, other Society Leaders, and the Executive Director, Diane Nickolson, and her team based at the Atlanta Office.



Peter A. Leggat

ISTM Governance and Elections

The ISTM is governed by 7 elected and voting members. They are the President, President-Elect, Past-President and 4 counsellors, which together constitute the Executive Board (EB). The EB meets four times per year and at other times as necessary, usually by teleconference or other electronic media, such as Skype. The EB, together with various Committee and Group chairs and editors, represents the leadership of the society and meet from time to time as the Leadership Council. The ISTM Secretary-Treasurer and the Executive Director support these activities, but do not have voting rights.

The ISTM depends on the high quality and dedication of its leaders, in particular its elected leaders, for its continued strength. Elections are held every two years prior to the CISTM and the Membership Assembly that occurs there. ISTM members elect a President-Elect and two of its councilors. The President-Elect holds this position for two years then assumes the Presidency for 2 years and then serves as immediate Past-President for 2 years (for a total of six years). Each Counselor position serves for four years.

A nominating committee, chaired by the President-Elect, is formed to consider nominations for these positions, which will be called for in coming months. Any qualified member in good standing is eligible to seek office. In selecting members for the eventual ballot, the Nominations Committee must take into account the Society's bylaws, which set certain constraints in the interests of regional and professional balance. It is also desirable for candidates for election to have the following qualifications and experience:

- Prior service on ISTM committees, professional/interest groups or ISTM-sponsored initiatives
- Publication of travel medicine-related clinical or research articles in the *Journal of Travel Medicine*, other journals or books
- Contributions to ISTM conferences, such as the CISTM
- Leadership experience working with national or international professional societies or groups
- Professional experience in the field of Travel Medicine

The ISTM uses a secure and anonymous electronic ballot system hosted by a professional elections company. Election results would then be announced at the membership assembly at the next CISTM. More on the election soon, but if any one has any questions regarding the ISTM Election process, please contact me.

Peter A. Leggat, MD
ISTM Secretary-Treasurer

News from the Secretariat

A key part of any international society is keeping its membership up to date on news, special events, and important happenings. Travel medicine healthcare professionals need to keep informed, which is vital to the health and well-being of the millions who travel around the world each year. In an effort to help ISTM members from around the globe stay connected both in their home countries and when travelling, the ISTM Secretariat has incorporated social media as a way of communicating with members. Through our ISTM Facebook and LinkedIn pages, members can connect with colleagues or review the latest alerts from international



Diane L. Nickolson

agencies. In addition, these pages are great places to stay informed on ISTM news and events, registrations, and pertinent articles. With the upcoming CISTM14 to be held next May in Québec City, Canada, important information such as abstract submission deadlines, hotel availability, and schedule updates will be included.

In addition to helping ISTM members keep in touch, these pages are also providing information about the Society to non-members, other health care providers in the community, as well as travellers. We are hoping to have active pages with a lot of information that both travel medicine professionals and travellers alike will find helpful/useful. These links will help promote the profession and increase the visibility of member clinics.

You are invited to post your own updates and share articles on our Facebook and LinkedIn pages. This is a great way to connect with others in the larger travel health community!

Like us on [Facebook](#) or connect with us on [LinkedIn](#)!

Diane L. Nickolson
ISTM Executive Director

Meetings

Recent

The Asia Pacific Travel Health Conference in Ho Chi Minh City, Vietnam, hosted 485 participants from 38 countries, nearly half of which were from outside Asia Pacific. The conference had 59 faculty focusing on Emerging Infections and Travel in one of the busiest regions of the world for both outgoing and incoming travelers. The conference also hosted the 8th 'Travel Clinics of Australia' National Conference, the ISTM Certificate of Travel Health© exam, a Shoreland-sponsored Pre-Conference Consultation on Travelers Health in Asia, and a WHO/ITH Consultation on Strategies for Travel and Health in Asia Pacific.

Upcoming

- **RISTM: the Jackson Hole Conference, 2-6 August 2014**
- **The Fifth ESWI Influenza Conference will be held in Riga, Latvia, on 14 -17 September 2014. For more info: www.eswiconference.org.**
- **SASTM Travel Medicine Congress to be held in Durban, South Africa, from 18 – 21 September 2014. For more info: sastm.org.za.**
- **CISTM14: Québec City, 24-28 May 2015**

GeoSentinel – New Leadership Team Announced

David Shlim, ISTM President, and Martin Cetron, Director of the Division of Global Migration and Quarantine, CDC, recently announced the selection of the new GeoSentinel Leadership Team as appointed by the ISTM Executive Board. This new team reflects decisions and new directions which came out of the GeoSentinel

Strategic Planning Meeting held in November 2013. The CDC and ISTM are very fortunate to have had such a high number of committed and qualified professionals from whom to select the final team.



Davidson Hamer

Davidson Hamer, United States of America, has been appointed to serve as the Principal Investigator of GeoSentinel. David will be responsible for the overall leadership, management and fiscal oversight of the project.

GeoSentinel will launch two new strategic initiatives: Marc Mendelson, South Africa, will lead a working group to examine diagnostics, including antimicrobial resistance, pathogen surveillance, better diagnostic precision, and the feasibility of specimen banking. Elizabeth Barnett, United States of America, will be focusing her time on leading a working group to explore new and expanded populations for the network, beginning with migrants and eventually including special populations such as those engaging in medical tourism.



Marc Mendelson



Elizabeth Barnett

A third, time-limited task force will focus on revisions to the core travel health surveillance instrument along the lines suggested during the strategic planning meeting. Karin Leder, Australia, will serve as Chair of this Task Force to focus on data collection structure, processes, and quality.



Karin Leder

Since 1 June 2014, the new GeoSentinel Leadership Team has been working closely with Phyllis Kozarsky, Mark Sotir and Doug Esposito of the CDC to implement a smooth transition. Phyllis Kozarsky will continue to serve as a Special Advisor to the GeoSentinel Leadership Team. It has been Phyllis, Mark and Doug, with assistance from Philippe Parola, who have provided the leadership to keep the project moving forward since the resignation of David Freedman, the prior PI. They have provided outstanding interim leadership not only in maintaining continuity of operations for GeoSentinel this past year, but for tireless dedication to GeoSentinel for many years – and in the case of Phyllis, for two decades.

As we move into identifying GeoSentinel, Version 2.0, the ISTM Secretariat will continue to provide logistical and secretarial support for the project as it has through the transition. By keeping the full support within the ISTM, we are able to devote more of the resources to grant activities that previously had been used for administrative costs with the same total number of staff support hours.

Davidson Hamer, MD
Principal Investigator, GeoSentinel

CISTM14 News – Québec City, Canada

The Chairs of the CISTM14 Scientific Committee (SPC) recently met to develop the scientific program for the upcoming CISTM14 in Québec City, Canada on 24-28 May, 2015. With many exceptional proposals submitted the SPC selected material that was seen to be of the utmost importance to practitioners in the field of Travel Medicine or presented new and innovative ideas. The Committee also worked to achieve a balance of topics to serve the varied interests and needs of the membership. Key speakers have been identified who have the expertise and experience to communicate this knowledge effectively. With so many excellent proposals, however, the Committee combined topics and speakers from multiple proposals and to achieve balance in content and demographic representation.



Leo G. Visser

Invitations for speakers will be sent out shortly, and the call for abstracts will begin in October 2014. Please watch the [ISTM website](#) and the [Conference web page](#) for more information concerning the latest scientific program, submitting your abstracts, Congress registration, and event details.

The CISTM14 Local Organizing and Oversight Committees also met recently. Against the backdrop of beautiful Québec City, an unusual and entertaining opening program is being planned, as well as pre-conference activities and auxiliary events. Snow-capped mountain peaks and the peaceful St. Lawrence River frame this historical area, offering many opportunities to explore the history, nature and charm of the region. News on these special events will be forthcoming on the CISTM14 web page.

Leo G. Visser, MD
Chair, CISTM14 Scientific Program Committee

2014 ISTM Review and Update Course

Once again receiving high praise from attendees, the Travel Medicine Course was recently held in Baltimore, Maryland. Over 150 candidates from Asia, the United States and Canada participated in this annual review highlighting the latest updates in pre-, during and post-travel care of patients. This year's program also featured Mock Exam sessions for those who might be taking the CTH© Exam. New to the program were updates on marine medicine and extreme travel.



Elizabeth Barnett

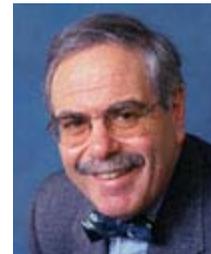
In addition to opportunities to connect with others in the travel health field, 2014 Course attendees also had access to several exhibitors:

- Air Ambulance Card (www.airambulancecard.com)
- Global Rescue (www.globalrescue.com)
- iJet International, Inc. (www.ijet.com)
- PaxVax (www.paxvax.com)

Elizabeth Barnett, MD
ISTM Review Course Program Committee Chair

Examination Committee

Ken Dardick is pleased to report the successful offering of the CTH exam in Ho Chi Minh City in conjunction with the meeting of the Asia Pacific Travel Health Conference. 125 examinees sat for the exam, most of whom came from Asia/Oceania. We have nearly filled our examination site in Jackson, Wyoming for the August 2nd 2014 CTH exam and are already looking forward to Quebec City in May 2015. Please consider offering your name to serve on the Examination Committee if you have passed the CTH exam and are interested in helping to maintain the exam by preparing and reviewing questions for future exams.



Kenneth Dardick

Kenneth Dardick, MD
Chair, Examination Committee

Research and Travel Awards Committee

2014 Research Award Winners Announced

Led by Martin Grobusch, Chair and Elizabeth Barnett, Vice-Chair, the Research and Awards Committee has completed its review and has selected the 2014 ISTM Research Awards. This year, we received a record number of applications – 33 – and due to the high-quality of the submissions, the selection process was again difficult.



Martin P. Grobusch

The Committee is pleased to be able to award a total of USD 37,089 to the following three submissions:

1. ***Single visit pre-exposure Rabies vaccination with a new intradermal jet injector: dose finding in healthy adults (R5).*** Dr. Emile F. F. Jonker, The Netherlands, Principal Investigator
2. ***Yellow fever vaccination under low dose methotrexate therapy - a pilot study.*** Dr. Sabine Schmid, Switzerland, Principal Investigator
3. ***Immunogenicity of co-administered yellow fever (YF) and measles, mumps, and rubella (MMR) vaccines in pediatric travelers aged 9-15 months from yellow fever non-endemic countries: A pilot study.*** Dr. Stefan Hagmann, United States of America, Principal Investigator

Congratulations to all three winners! We wish to extend our thanks to those who took the time to submit projects, and hope that they will consider submitting again for next year.

Martin P. Grobusch, MD
Chair, Research and Awards Committee

Nursing Professional Group (NPG)

Nursing Notes from the Baltimore Review Course - April 2014

At the recent Travel Medicine Review Course in Baltimore, two NPG Council members, Jackie Mier and SueAnn McDevitt, shared information about professional opportunities



Jacqueline Mier

Already a large professional group, NPG hopes to increase its membership so that all nurses within ISTM have a stronger voice within the profession and our society. Presently NPG has over 450 nurse members representing more than half the nurses who are members of ISTM, but we continually strive to give every nurse a larger voice within ISTM.

Speaking with nurses that day, I found most were pleased with NPG accomplishments. However, some were hesitant to enroll as NPG members because they thought they might incur an added expense, which is not the case. A few others were concerned that enrollment in NPG could require additional volunteer work, which is optional. NPG membership is free, the benefits are many, and no one adds to your professional workload unless you want to volunteer. Importantly, nurses are not automatically enrolled in the NPG. Nurses must actively check the Nurses Professional Group box when renewing their ISTM membership.

Many nurses practicing travel health in North America are not represented in the ISTM community. Both Sue and I agreed that it is important for all ISTM nurses to get the word out about professional development through the ISTM and NPG. NPG membership can benefit the nurse member through

camaraderie and mentoring programs while allowing nurses to voice their professional needs and goals to ISTM through their professional group.

Jacqueline Mier, RN, CTH®
NPG Steering Council Member

Pharmacy Professional Group (PPG)

Recent Changes in Immunization Laws in California, United States of America

In the United States, each state has the right to determine many of its own laws and practices. California, one of the most populous US states, recently changed its laws regarding who can give vaccinations, and under what circumstances. These changes will not be in effect in other States unless similar laws are passed in their State Legislatures.



Jeff Goad

With the passage of California SB493 [January 2014], pharmacists in California are now able to provide enhanced patient assessment, referrals to specialists, routine immunizations without a protocol, and furnish prescription medications for international travelers for conditions not requiring a diagnosis that are recommended by the CDC. With the expansion of pharmacists' ability to provide travel health services and to raise consumer awareness of the risks involved with international travel, it is expected this new law will have a tremendously positive impact on access and the health of the traveling population. Pharmacists will be notifying the patient's primary care provider of any drugs or devices furnished to the patient, or enter the appropriate information in a patient record system shared with the primary care provider, as permitted by that provider. For more information on this new law, contact Jeff Goad, member of the PPG Council, at goad@chapman.edu.

Jeffery Goad, PhD
Past Chair, PPG Steering Council

Pediatrics Interest Group

New Steering Council Elected

The Pediatrics Interest Group is happy to announce the formation of their first Steering Council. The recently elected Steering Council members are:

- Chair: Mike Starr, Australia
- Chair-Elect: Stefan Hagmann, United States of America
- Past Chair: Phillip R. Fischer, United States of America
- John Christenson, United States of America
- Sarah Kohl, United States of America
- Eyal Leshem, Israel
- Sheila Mackell, United States of America
- Harunor Rashid, Australia



Philip R. Fischer

The Pediatrics Interest Group provides a forum within ISTM for members interested in pediatric travel medicine, alerts non-travel medicine health care providers who deal with infants and children to the importance of travel-related issues, and helps advance the science of pediatric travel medicine.

Philip R. Fischer, MD
Past Chair, ISTM Pediatrics Interest Group

Psychological Health of Travellers Interest Group

New Steering Council Formed

The Psychological Health Interest Group is pleased to announce the Steering Council members for the 2014-2016 term. The Steering Council members are:

- Past Chair: Thomas Valk, United States
- Antonio Roberto Abaya, Philippines
- Sung Mo Chung, Vietnam
- Lisa Croce, United States
- Michael Jones, United Kingdom
- Ted Lankester, United Kingdom



Thomas H. Valk

The Council invites ISTM members who have an interest in the psychological health of travellers to join this group and help identify future priorities and activities. We welcome physicians, nurses and allied health professionals as well as those with qualifications or special experience in psychological health.

Thomas H. Valk, MD
Past Chair, Psychological Health of Travellers Interest Group

Gear for Travel

Water purification is a vital survival tool for adventure travel, humanitarian relief, and urban junkets to the developing world. On a recent trips to Everest Base Camp in Nepal, Asia Pacific Travel Health Conference in Ho Chi Minh City, and Haiti, I had plenty of opportunity to test the latest techniques.

Here are three options for efficient disinfection.

Chlorine dioxide tablets such as Potable Aqua (Wisconsin Pharmacal, 30 tablets, \$12.95) are light, compact and inexpensive. One tablet purifies a liter of water in 4 hours including the hard-to-kill giardia and cryptosporidium cysts. Chlorine dioxide kills parasite cysts a bit better than iodine tablets, and chlorine doesn't taste as bad as iodine.

Ultraviolet C light is a great option. For use in clear water, SteriPEN (SteriPEN Ultra, \$99.95) purifies a liter in 60 seconds. Depending on the model, it uses AA batteries or a battery rechargeable with USB cable. Using USB cable, the batteries get 40 treatments per charge. Although a bit heavy and bulky compared to tablets, the SteriPEN is instant.

A filter is a third option, such as the portable Katadyn My Bottle (Katadyn, \$59.95). The My Bottle has three stages: a pleated filter for bacteria and protozoa cysts, a iodine impregnated cartridge to kill viruses and a charcoal canister to improve taste. I used this on a trip to Haiti and found that because the filter sits inside a one-liter water bottle, there's only 750 cc of drinking water. And, it is bit hard to suck water through the filter.

Christopher Van Tilburg, MD, CTH[®]
Travel Medicine News Editor



Christopher Van Tilburg



Chat with the Expert

Dr. David Shlim, President of ISTM, talks about the joint conference with the Wilderness Medical Society being held this August in Jackson Hole, Wyoming. Dr. Debra Stoner caught up with him for some insights.

- 1. What is the most exciting aspect of this collaboration?** It's the chance for members of both societies to see how much they have in common, and to see each other as a source of knowledge they can utilize. The personal connections will prove rewarding and valuable in the future as members of both societies can call upon those contacts to help their patients and themselves.
- 2. What do you think travel medicine practitioners can offer to the field of wilderness medicine?** The biggest benefit that wilderness medicine practitioners can gain from this conference is the confidence to begin practicing travel medicine. Learning about immunizations, prophylaxis and treatment will be personally beneficial, but the tidal change is one can get paid for sitting down with patients who are planning adventure travel and talking about how to make the trip safer.
- 3. Where do travel medicine practitioners and wilderness medicine practitioners cross paths with regard to patient care? Where do they diverge?** Travel medicine and wilderness medicine overlap to a large degree when travelers go abroad to places like Tanzania, Nepal, Tibet or Peru. In addition to the preparation for altitude and trekking, one needs to consider the immunizations and prophylaxis, and the empiric treatment of illness that might occur. In these situations it's difficult to see where travel medicine stops, and wilderness medicine begins, which is something that I've observed since before both societies were formed.
- 4. What is the biggest difference that separates travel medicine from wilderness medicine?** One of the principle differences between the two disciplines is the bulk of travel medicine takes place before the adventure begins, and travel medicine practitioners see and charge patients for their services. Once the adventure starts, most of wilderness medicine is in the field.



Debra Stoner



David R. Shlim

Debra Stoner, MD
ISTM Associate Editor, Travel Medicine News

Travel Talk from the ListServ: Ixiaro

The Topic: Ixiaro (Japanese Encephalitis Vaccine, Novartis) For travelers that don't allow enough time to administer the recommended 2-dose schedule (0, 28 days), is a double dose at Day 0 or another dose on an accelerated schedule of 1,2 or 3 weeks better?



Nancy Pietroski

The Talk: According to the Ixiaro prescribing information, protection at Day 10 after 1st dose is 21.1%; the best protection (97.3%) occurs at Day 35 (7 days after the 2nd dose at Day 28). The CDC and JCVI (UK) both specify that a second dose of most vaccines (this would include JE) can be given 4 days earlier than the recommended schedule, so this would be 24 days for JE vaccine. However, if this accelerated schedule is used, travelers must be cautioned that full protection may not occur for 7 days after the second dose.

The point was made that there are data on administering a double dose of Ixiaro if 2 doses cannot be given in time, although, while not encouraged, it would be better than just a single dose (in fact, the Public Health Agency of Canada includes this in their recommendations: simultaneous administration of two doses of JE vaccine [given with separate injections at separate injection sites] may be considered; however, the risks and benefits of this approach must be critically evaluated).

Another suggestion was that because Vero cell JE vaccines are interchangeable, the first dose of Ixiaro can be administered before departure, then a second dose of a Vero cell vaccine can be received at the appropriate time at the travel destination. A good way to do this is to check clinics who carry the vaccines in the destination country on the ISTM site.

A respondent from Australia said that Imojev (Sanofi Pasteur) is another JE vaccine available in their country that only needs one dose for full protection.

Challenges with this vaccine are that JE is a rare disease in Western travelers, but very serious if someone falls ill with it, and the vaccine is expensive (~\$300 in US).

One clinician gives it to the following travelers: heavy outdoor exposure, stay >1 month in endemic area, rural areas, exposure to wading birds, pigs, flooded rice paddies.

Nancy Pietroski, PharmD
Associate Editor