The first and only time I went to North Korea, I spent 10 seconds in the country. At age 13, my parents and I had a home stay in South Korea with Friendship Force International. We took a trip to the Panmunjom demilitarized zone, and entered a building that sat smack on the border. A 3-inch painted strip on the ceiling, wall, floor and table demarcated the two countries. We were allowed to walk around the table, thus entering North Korea for a just brief moment.

Sometimes, I believe, the first visions and brief glimpses are the most important. My first passport came at 14 days old, a stamp endorsement on my mom's. My first and only moniker is from the patron saint of travelers. My first WHO yellow card was for a small pox vaccination at age one. My first medical relief trip was to help the

Colorado Indians of Ecuador, where I first saw cutaneous leishmaniasis, a disease that only existed in textbooks back home.

My first and only trip to East Berlin, I walked through the Brandenburg Gate 12 years before the fall of the Berlin Wall. I once spied the Southern Cross when transiting the Suez Canal. I once straddled the Equator, one foot in each hemisphere. In Peru, I first (and last) tasted guinea pig. Kilimanjaro was my first of the Seven Summits. At first light from 17,000 meters above Gorak Shep, Nepal, I made a crystal clear cell phone connection to my dear daughters back home. My first vision of Haiti was the blue-tarp city, population 300,000, which transitioned over 4 trips to less than 30,000. In Chile, my family had first tracks in the sunshine and powder snow of the spectacular Andes.

Now we come to another first, the inaugural print issue of Travel Medicine News, formerly NewsShare.

Now we come to another first, the inaugural print issue of Travel Medicine News, formerly NewsShare. What you have is a collection of images and words important to you, the ISTM membership. In these pages you will find info about conferences, educational opportunities, networking and a bit of travel medicine info as well. If you want to get involved, the professional groups, special interest groups and committees are vital to our society.

Hearkening back to a simpler time, while still embracing modern technology, this publication blends old school analog print and new school digital telecom in hopes to foster the profession of travel medicine, promote the ISTM, provide an avenue for collegiality and networking, and, of course, encourage membership renewals.

When you have finished perusing this magazine: please renew your membership online and pass on this magazine to a potential member or leave it in your clinic for your patients or clients.

Above all, thanks to you members who make the ISTM first in the global arena of travel medicine, the professionals who set the standards and who all others first turn to for travel medicine advice.

Onward,
Christopher Van Tilburg, Editor-in-Chief
President’s Note

“One of the under appreciated successes of the society is its international nature: we have nearly 3000 members from 84 countries.”

The ISTM is now more than twenty-three years old, and I’ve been president for just sixteen months, not long enough to claim much credit for the success of the society, but in a good position to see how it is going. I think one of the under appreciated successes of the society is its international nature: we have nearly 3000 members from 84 countries. There are few societies that can claim such a worldwide connection. This is something that we should really celebrate.

As most of you know, Robert Steffen hosted a travel medicine meeting in Zurich in 1968 that drew over four hundred people from around the world. At a follow-up meeting in Atlanta in 1991 attended by over seven hundred people, the ISTM was formed. Consciously international from the very start, the by-laws were drawn to make sure that the leadership of the organization, and the biennial conferences, alternated between continents, which in those days meant Europe and North America. Now, as the society expands into Asia, Australia/New Zealand, Africa, and South America, the leadership and conference location possibilities will also expand.

It is extremely fitting—in fact crucial—to maintain and expand our international character. Travelers come to us to prepare for travel anywhere in the world, and the more local knowledge we have, the more colleagues we can call on for assistance, the more research that comes to the Journal of Travel Medicine from different parts of the world, the more useful we will be to them. In addition to just being names on a membership roster, our members make a big effort to travel to our international meetings, not only the main CISTM meetings, but the numerous regional meetings with which we collaborate. It is at these international meetings, as I’ve said before, where one’s connections and knowledge grow, and our ability to help travelers really takes off.

This summer, the ISTM partnered with the Wilderness Medical Society to put on a combined wilderness and travel medicine meeting in my hometown of Jackson Hole, Wyoming. The meeting was an outstanding success—more than 550 people enjoyed great talks, great camaraderie, and a beautiful setting, and the two societies were able to directly appreciate the knowledge and experience that the other society holds. Both societies look forward to further collaboration in the future.

Next spring is our fourteenth CISTM meeting in Quebec, Canada, a spectacular setting for a conference in an award-winning convention center, and an intimate and beautiful old town overlooking the St. Lawrence River. I’ve been involved in the Scientific Program Committee meetings, under the able leadership of Leo Visser, from the Netherlands, and the program will be extremely valuable to anyone who practices (or wishes to practice) travel medicine. The program, combined with the setting, and the potential for great times with friends, makes this a meeting that you will not want to miss.

Looking further ahead, 2016 will be a banner year for alternate-year meetings. The Asia Pacific Travel Health Society is hosting their meeting in March in Kathmandu, Nepal, my home for fifteen years before I moved to Jackson Hole. The Northern European Conference on Travel Medicine will be in London for the first time, in June, and the South African Society of Travel Medicine will host a meeting in September of that year, which will also be the regional meeting of the ISTM (the venue is still being decided).

I feel that it has been one of the most enriching aspects of my life to have made so many friends from all over the world, mainly from attending these meetings. In a time of worldwide strife, we should take a moment to reflect on what it means to have a truly international society. We are dedicated to decreasing the impact of infectious diseases and other health risks in travelers, migrants, and local people around the world. As disease risks become more prominent, and more rapidly reported, the ISTM has become more relevant as an interpreter of risk for travelers, and its members a sound source of advice for those who would want to know about the risks of travel in light of the current Ebola epidemic, the spread of polio, and Chikungunya virus, among many other concerns.

By standing together as one international body, we will be able to have the maximum impact on the things we care most about. Please keep up your membership each year in ISTM, and encourage your colleagues who may share your interests to join us as well. There is still much to be done.

I look forward to seeing many of you at CISTM14 in Quebec City.

David Shlim, President
The Secretariat

At the recent ISTM regional meeting, more than one member approached me and commented on how much the Society has changed and grown over the past five years. I was, of course, thankful to hear that members are noticing the changes, and have to give the credit to the many ISTM leaders and to the full Secretariat staff for their support of the society.

I am incredibly fortunate to have the opportunity to work with every member of our Secretariat Team … I have to take a few moments to tell you about them.

Elena Axelrod, Data and Finance Manager.
Elena is our most senior staff member – not by age, rather by length of time in our employ. Approaching her twelfth year with the Society, Elena continues to be the key data support contact for the GeoSentinel Project, and has recently taken on the financial support functions for society. This includes accounts payables and receivables, maintaining the financial records in the society’s bookkeeping program, and working with the external bookkeeper and auditors on financial reports and reconciliation. Elena brings an analytical perspective, and always looks for the best in every person and situation. I can’t imagine an unkinder word coming from Elena.

Kathy Smith, Project and Meeting Administrator.
Kathy has now been with the ISTM for three years. During this time she has continually taken on new responsibilities, provided constant support for the entire team and is the person primarily responsible for the migration of our new website (a major achievement!). Kathy’s role in the society is to staff and support assigned ISTM Committees and Groups, and serves as the Project Manager for the GeoSentinel project. Kathy brings to the Secretariat a light-hearted and upbeat demeanour that is very much appreciated by everyone who comes into contact with her.

Daveen Capers, Member Services Coordinator.
Daveen began working for the Society as a temporary staffer in 2010. I remember whenever her assignments would end she would say “ISTM isn’t done with me yet!” Even as a temporary employee, Daveen was always looking for ways to improve our processes, save money, and increase the level of our customer support. There was no way we were going to let Daveen move on, and in August of 2011, we finally brought her in as a full-time permanent employee. Daveen serves as the first line of communications for the society, answering questions, responding to requests, processing memberships, registrations, and product orders. Daveen also has taken on a new role recently, supporting me in the exhibitor and sponsorship outreach and fulfilment. Daveen provides personal and positive support for the Society and over the past four years, she has helped so many of our members. To the team she brings a supportive, thoughtful approach to situations, always trying to find the best solutions.

Sarah Thomas, Project Coordinator.
Sarah began working with the Secretariat as a student intern as she was pursuing her masters degree just over two years ago. Upon conclusion of her program we were able to bring her on board full time, luckily coinciding with the GeoSentinel project transition. Sarah’s primary focus is the communications, publications and administrative support of the GeoSentinel project. Sarah also drives our social media activities and supports our marketing and promotional activities. Sarah’s positive attitude and creative approach to everything that she does has helped us jump ahead quickly with some of our new programs. We are lucky to have been able to keep her with us.

As we continue to move into the future to implement new member benefits, establish the Society Foundation, and continue to grow existing programs like the CISTMs, GeoSentinel, the Listserv, the My ISTM Connected Community, the Exam, the Continuing Professional Development Program, courses and the distance learning program, we are looking to expand the secretariat team this year. The Board has approved an additional staff position, and we will likely also bring in a student intern on a temporary basis very soon.

In closing I wanted to let everyone know the Secretariat is moving our offices later this year. The five of us are still cramped in an office that was designed to house three people. As I write this article, we are in the process of negotiating a new lease. We are staying in the area, and moving into the city proper of Atlanta. We don’t anticipate a major interruption in service and responsiveness, and look forward to moving into more spacious quarters that will allow us to continue to grow.

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14TH CONFERENCE OF
The International Society of Travel Medicine
Québec City, Canada
CENTRE DES CONGRÈS DE QUÉBEC
24 - 28 May 2015

T he Biennial Conferences of the ISTM (CISTMs) have been the premier opportunity for travel medicine specialists and practitioners to gather and learn about the latest developments in the field. Delegates attend the conference to keep up to date on advances in the science and art of travel medicine — they also attend the exposition to see new and innovative technologies, products and services. The 14th Conference of the ISTM (CISTM14) will be the largest international meeting bringing together physicians, nurses, pharmacists, and public health professionals from academia, government and the private sector who are committed to the promotion of healthy and safe travel. The last CISTM in North America had over 1300 travel medicine professionals in attendance from more than 60 countries. The CISTM13 in Maastricht welcomed 1350 attendees from 48 countries. We are planning for an attendance of 1400 or more delegates for the CISTM14 in Québec City.

In the past decade travel medicine has emerged as a distinct multidisciplinary medical specialty involving all travel related aspects of existing medical specialties such as infectious diseases, tropical medicine, gastroenterology, obstetrics and gynaecology, occupational medicine, orthopaedics, and pediatrics. CISTMs share the advances in the science and art of travel medicine while allowing those new to the field an introduction to this exciting medical discipline.


CTHM Examination: Sunday, 24 May Morning
Pre-CISTM Courses: Sunday, 24 May Afternoon
Opening Ceremony: Sunday, 24 May Evening
Scientific Program: Monday, 25 May through mid-day Thursday, 28 May
ISTM General Assembly: Wednesday, 27 May Afternoon
Closing Ceremony: Thursday, 28 May Mid-day

Scientific Program Topics
Preliminary scientific program sessions include:

- Globalized Health
- Travellers’ Diarrhea
- Vaccine Innovations
- Malaria in the 21st Century
- Tourism Out of the Box
- Rabies
- Children and Teens
- Cruise Ship Medicine
- Migrants, Strategies and Practices
- Spread of Arboviruses
- Communicating Health Risks
- Long Distance Care through Technology
- Spread of Respiratory Infections
- International Occupational Health
- Useful Diagnosis in Returning Ill Travelers
- Yellow Fever
- Altitude Medicine
- Medicines for Self-Management
- In Flight Emergencies
- Immunosuppressed Hosts; HIV
- Skin Problems
- Extreme Weather Conditions
- Sleep Deprivation and Jet Lag
- Children and Pregnancy
- Running a Travel Clinic in the Digital Age
- Schistosomiasis
- Tuberculosis Risk and Travel
- Traveling with Chronic Conditions
- Tropical Infections in Travelers
- Malaria Standy in Treatment

About Québec City
Old Québec, a UNESCO world heritage treasure, is alive with history and only steps away from the convention center and CISTM14 hotels.

You will want to take the time to visit the Fortifications of Québec and the Citadel, the city’s two main defensive works. Moving from military history to religious history, also plan to take in the stunning Notre-Dame-de-Québec Basilica-Cathedral, the Cathedral of the Holy Trinity, the Jesuits Chapel, and St. Andrew’s Presbyterian Church. After stopping off at one of the city’s many museums and interpretation centers, consider a walking tour or a horse-drawn carriage ride to get a true feel for this unique historic district.

Fine dining and shopping are an art form in Old Québec, particularly along rue Saint-Jean and rue Saint-Louis, and not to be missed!

Consult the CISTM14 website (www.ISTM.org) where you will find descriptions of the city neighborhoods, city attractions, and things you should know before you go.

Travel to Québec City
Québec is serviced by Jean-Lesage International Airport, only 16 km (10 miles) away from downtown and the convention center. There is daily VIA Rail Canada service between Toronto, Ottawa, Montreal and Québec City.

Québec City is a wonderful walking city so be sure to bring comfortable walking shoes! More information about travelling to and within Québec City is available on the CISTM14 website.

CISTM14 Registration Deadlines

Early: 1 October - 31 December 2014
Regular: 1 January - 15 April 2015
Late: 15 April - 29 April 2015

After 29 April 2015 registrations must be made on-site

Abstract Submissions Accepted

1 October 2014 - 15 January 2015

CISTM14 Travel Award Submissions Accepted

1 October 2014 - 15 January 2015

CISTM14 Scientific Program Committee
Chair: Leo G. Visser, The Netherlands
Co-Chair: Christiina Greenaway, Canada
Associate Chairs: Lin Chen, Boston, United States of America
Blaise Genton, Switzerland
Karim Leder, Australia
Members: Ron Behrens, United Kingdom
Andrea Boggild, Canada
Miguel Cabada, Peru
Jane Chiodini, United Kingdom
John Christenson, United States of America
Christina Coyle, United States of America
Jakob Craemer, Germany
Vanessa Field, United Kingdom
Philippe Gautret, France
Fiona Gavass, United Kingdom
Martin Haditsch, Austria
Stefan Hagmann, United States of America
Davidson Hamer, United States of America
Ted Lankester, United Kingdom
Michael Libman, Canada
Poh Lian Lim, Singapore
Alberto Mattei, Italy
Susan McDonald, Canada
Marc Meaden, South Africa
Maria Mileno, United States of America
Silvia Oddolini, Italy
Eli Schwartz, Israel
Mike Starr, Australia
Christopher Van Tilburg, United States of America
Jenny Visser, New Zealand
Julia Walker, Canada
Pat Walker, United States of America
Claire Wong, New Zealand
Carolyn Zink, United States of America
Nicholas Zwar, Australia

CISTM14 Local Organizing Committee
Chair: Yen Bui, Montreal, Canada
Members: Anji Achaya, Calgary, Canada
Darren Cherewichan, British Columbia, Canada
Suzanne Gagnon, Québec City, Canada
Jay Keystone, Toronto, Canada
Isabel MacPherson, Halifax, Canada
Anne McCarthy, Ottawa, Canada
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NURSING PROFESSIONAL GROUP (NPG)

Nursing professionals play an important role in the delivery of travel medicine services around the world. In many countries, nurses are the lead health professionals providing pre-travel advice and many have opened their own travel clinics. Nurses also play a significant role in travel medicine education and research. The Nursing Professional Group (NPG) represents their voice within the ISTM. Nurses make up one quarter of ISTM membership and so it is important that their needs and ideas are heard and acted upon. Nurses who deliver travel medicine services often work in situations where there is little backup from colleagues and so NPG can be a useful source of peer support.

At ISTM conferences the NPG holds nurse welcome meetings enabling nurses to network, form friendships and support groups. NPG also aims to offer support to nurses wishing to study for the CTHI exam. The new My ISTM is a great step forward with a dedicated discussion group and support groups. NPG also aim to make their voice within the ISTM. Nurses who deliver travel medicine services often work in situations where there is little backup from colleagues and so NPG can be a useful source of peer support.

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The PPG plays an active role at the biennial ISTM conference in Maastricht in 2013, there was a lively debate titled "Who is Giving Travel Advice? An International, Multi-Professional Perspective." Speakers represented nurses, doctors, and pharmacists. The conclusion was that there is a role for all of us in providing travel medicine in order to ensure good care for the traveler.

Another well-attended workshop entitled Safe Transport: Carrying Meds and Needles and Accessing Medications Abroad engaged the audience in a discussion about the challenges of travelers transporting their personal supply of medications through customs and acquiring replacement medications abroad. Best practices were shared among the participants of this workshop.

Some PPG members participated in the International Pharmaceutical Federation conference in India where they presented on travel medicine. It is hoped that the two groups will develop a strong collaboration, working towards informing pharmacists throughout the world of the opportunities in travel medicine, and developing an international training program for pharmacists.

At the 2015 conference in Quebec City, it is hoped that the PPG will hold a pre-conference entitled “Perspectives on Pharmacists-led TM Services” with examples from various countries and focus on the new regulations in Canada which offer pharmacists more opportunities in travel medicine.

Claudine Leuthold, Chair PPG

PHARMACIST PROFESSIONAL GROUP (PPG)

Pharmacists are the third largest and fastest growing group of healthcare professionals and have long been offering informal advice to travelers. In many countries, pharmacists are highly trained to provide medication therapy management, preventative health services and expert consultation. In some countries, pharmacists participate fully in travel medicine providing vaccinations, medications and travel advice.

The main goals of the PPG are to characterize and promote the role of pharmacists in travel medicine among other pharmacy organizations, to serve as a communication link to the ISTM Executive Board and society at large, and to provide opportunities for networking and information exchange among pharmacists. PPG also promotes collaboration among pharmacists in the area of research and education and plans educational sessions for pharmacists at the CISTM meetings.

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Claudine Leuthold, Chair PPG

Annual events

Hajj - this annual pilgrimage to Mecca, Saudi Arabia, draws about 3 million Muslims from around the world, making it one of the largest mass gatherings. These numbers of people in one place generate challenging health risks, but to complicate the crowds even more this year was the Middle East Respiratory Syndrome outbreak.

Quadrennial events

This year saw the convergence of the Winter Olympics and the FIFA World Cup. Despite initial terrorist threats before the Olympic Games, in Sochi, Russia, thankfully there were no major medical issues with either events. Months before the World Cup, held in 12 Brazilian cities in June, there was a crowded copula of travel advice on the internet, given the seething cauldron of hot temperatures, hot-tempered crowds and mosquitoes.

Viruses That Came

Chikungunya - As of September, the disease had been reported on all continents except Antarctica. www.cdc.gov/chikungunya/geo/index.html

Dengue - As of September, there were 80 cases of local transmission—when mosquitoes are infected and spread it to people—reported in Japan in Tokyo, the first time since World War II. www.cdc.gov/dengue/destinations/japan.html

Ebola - The outbreak that originated in Guinea, Liberia, Sierra Leone continued to grow to over 5000 cases in September, with a >50% mortality rate. The race is on to develop effective drugs (ZMapp is the first) and vaccines. www.cdc.gov/vhf/ebola/outbreaks/guinea/index.html

MERS-CoV - At the end of August, >800 cases of this deadly syndrome with a nearly 40% mortality rate had been reported mainly in Saudi Arabia. Although the coronavirus can be transmitted by infected camels or by drinking camel’s milk, the disease is spread primarily from person-to-person. Travellers should observe good hygiene when traveling in areas of risk. www.bbc.com/news/world/middle-east-2947727

Viruses That Went

The WHO Southeast Asia Region was declared polio-free on March 27, 2014. The countries in this region include: Bangladesh, Bhutan, Democratic People’s Republic of Korea, India, Indonesia, Maldives, Myanmar, Nepal, Sri Lanka, Thailand and Timor-Leste. www.polioeradication.org/tabid/488/ iid/362/Default.aspx (however, it still remains endemic in Afghanistan, Nigeria, and Pakistan) www.polioeradication.org/infectedcountries.aspx

Viruses That Came Back

Outbreaks of norovirus and cholera continued throughout the world, although in quite disparate settings.

Malia - What’s Better

Will 2015 be the year of the malaria vaccine? Research is brisk and exciting. See www.malariavaccine.org

Malaria - What’s Worse

Even though more lives are being saved, malaria eradication efforts are still not working in ~100 countries that have ongoing transmission.

Not So Natural Disasters

Malaysian Airlines Flight 370, with 239 passengers from 15 nations disappeared and is thought to be somewhere in the Southern Indian Ocean. Flight MH17 killed all 298 passengers and crew aboard when it crashed in eastern Ukraine.

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Shortages

As the President, Dr David Shlim, highlights in his President’s Note, one of the significant and distinguishing achievements of the ISTM is its international membership base, nearly 3000 members from 84 countries. This is something that the Society has worked hard to achieve and is an excellent base to continue to build a comprehensive Society for our professional Membership.

The ISTM, like any other international professional society, relies on the leaders amongst the membership to step up. During the 23 years since the foundation of the Society in 1991, there have been many leaders. On the website (ISTM.org), the current leaders are listed under ‘About ISTM’ as are the past Presidents, Counsellors and Secretary Treasurers. Taking the time to count these, there have been 12 Past Presidents (Dr David Shlim being our 12th President) and 25 Counsellors, but only five Secretary-Treasurers. Being only the 5th Secretary-Treasurer indicates the important role my four predecessors have played in providing continuity and maintaining corporate knowledge over the formative period of the Society from 1991-2013; a role which the Executive Director, Diane Nickelson now also shares with the Secretary-Treasurer. Our first four Secretary-Treasurers of the Society were Hans Lobel (USA), Phyllis Kozarsky (USA), Frank von Sonnenburg (Germany) and David Freedman (USA). Being Secretary-Treasurer, the first from outside the USA or Europe, it has been a great privilege to follow in the footsteps of these giants of travel medicine and have the opportunity to assist in the Society’s operation and evolution.

As most members will be aware, we have elections for a President-Elect and two of the four councilors every four years. I certainly urge the leaders amongst our membership to step up when nominations are called for and to become engaged with various Committees, Interest Groups and activities on offer for ISTM members. Being a member of the Board, Committee, or Group or indeed an officer of the Society provides a unique insight into our Society and presents an opportunity to help guide the Society into the future.

Peter A. Leggat,
Secretary-Treasurer

The International Society of Travel Medicine
MEMBERSHIP BENEFITS

The ISTM is the largest organization of professionals dedicated to the advancement of the specialty of travel medicine. Members include physicians, nurses and other health professionals from academia, government and the private sector. ISTM invites all who are interested in travel medicine to join and participate in the advancement of this field.

ISTM Members Receive

- Access to the only worldwide network of people working in the field of travel medicine through participating in the private, members-only My ISTM online portal, including the TravelMed ListServ with more than 2,000 members from 70 countries. The My ISTM portal also includes exclusive late-breaking travel and medical alerts and the ability to quickly and easily receive and share information with colleagues around the world.
- Access to the Online ISTM Membership Directory and the Global Availability of Rabies Vaccine, Rabies Immune Globulin and Japanese Encephalitis (JE) Vaccines
- Listing in the Online Global Travel Clinic Directory (over 500,000 visits each year)
- Specialized publications including:
  - Journal of Travel Medicine the ISTM peer-reviewed scientific journal published bimonthly
  - The Responsible Traveler
  - Bibliographies on focused areas in the practice of travel medicine
- Eligibility to apply for Research Grants
- The ability to apply for Travel Awards for CISTM Presenters
- Exclusive alerts from and the ability to participate in GeoSentinel
- The ability to join ISTM Member Activity Groups, including Interest Groups and Professional Groups
- Eligibility to serve on ISTM Standing Committees
- The opportunity to contribute to the Mission and Goals of ISTM through the ability to vote and run for the Board of ISTM
- A special discount of more than 50% to purchase the ISTM Introduction to Travel Medicine Slide Lecture Kit.
- Reduced registration fees of USD 150 or more for CISTM biennial worldwide congresses, RCISTM biennial regional meetings and annual ISTM training courses.
- Discounts to purchase sessions in the Online Learning Program available to you 24 hours a day, seven days a week.
- Special discounts applicable to activities in relation to the Certificate of Knowledge Program

www.ISTM.org
TRAVEL MEDICINE REVIEW AND UPDATE COURSE
17–19 APRIL 2015
TORONTO, CANADA

The ISTM Travel Medicine Review and Update Courses provide the most current and relevant information needed by physicians, nurses, pharmacists, and other health care professionals who provide medical care and advice to travelers, expatriates, and migrants. Many attendees come every year to hear the latest information and remain current in their practices.

The Course provides a thorough update and review of the Body of Knowledge for the practice of travel medicine and assists in preparation for the CTH® examination and typically presents a Mock Test during the course. Participants have ample opportunities to interact with the faculty through question and answer sessions and informal discussions throughout the course.

Confirmed expert faculty:

Course: Elizabeth Barnett,
Chair: United States of America
Co-Chair: Lin H. Chen,
United States of America
Nancy Piper Jenks,
Canada
Anne McCarthy,
United States of America
Kevin Kain,
Canada
Jay Keystone,
Canada
Kenneth L. Gamble,
United States of America
Anne McCarthy,
Canada

Course Topics to Include:

• Travel Clinic Management and Resources
• Travelers’ Diarrhea Prevention and Management
• Vectors, Vector-Borne Diseases, and Vector Avoidance
• Children, Pregnant Women, and Breast feeding Travelers
• Principles of the Immune Response
• Routine and Travel Vaccine Overview
• Travel Consult and Risk Assessment
• Epidemiology/Biostatistics
• Malaria Prevention
• High-Risk and Special Needs Travelers
• VFR and Business Travelers
• Wilderness and Adventure Travelers
• Challenging Pre- and Post-Travel Cases
• Long-Term Travelers
• Stings and Envenomations

Information on course, venue and registration at www.ISTM.org.

12TH CERTIFICATE OF KNOWLEDGE IN TRAVEL HEALTH EXAMINATION
24 MAY 2015
QUÉBEC, CANADA

ISTM will offer its 12th Certificate of Knowledge in Travel Medicine examination on 24 May 2015 prior to the opening of the 14th Conference of the ISTM (CISTM14) in Québec City, Canada.

Offering the first International certificate devoted solely to travel health, the ISTM Certificate of Knowledge Program was developed by an international panel of travel health experts representing a variety of professional disciplines. The 200 multiple choice question exam is designed to reflect the reality of day-to-day pre-travel practice. The Certificate is a symbol of your achievement in the field – proof of your commitment to excellence. Professionals passing the exam will be granted the designation Certificate in Travel Health™ or CTH®. ISTM members who receive this Certificate will also be recognized in the ISTM Global Travel Clinic Directory of Travel Medicine Providers and the ISTM Membership Directory.

The eligibility requirements and examination materials for the ISTM Certificate of Knowledge Program were developed based on studies of the current state of knowledge in travel medicine practice. In 1999, an international survey of expert travel medicine practitioners was conducted to define the body of knowledge for travel medicine and determine the content areas appropriate for the examination. The survey was designed to identify the knowledge used by travel medicine professionals in day-to-day practice. A representative panel of travel medicine practitioners reviewed the results of the survey and identified the body of knowledge for travel medicine based on these data. This process was most recently conducted again in 2012 based on an expert review and an extensive survey of almost 700 ISTM Members and CTH® Holders. A revised body of knowledge resulted, and the content of the examination is based on this revised body of knowledge.

The examination questions are written by travel medicine practitioners and reviewed and validated by a panel of experts prior to being selected for the examination. Great care has been taken to develop exam questions that are appropriate for professionals from different geographic regions and professional disciplines.

The ISTM welcomes applications from all qualified professionals who provide travel medicine-related services on a full- or part-time basis.

Register at www.ISTM.org.
DESTINATION COMMUNITIES SUPPORT INTEREST GROUP

Things are changing! We have decided that the name of this group has never been the easiest to remember and is in desperate need of a change in order to reflect our interests more clearly. The final decision will be made imminently, with the contenders being “Responsible Travel Group” or “One Health Group” which we hope will be a more obvious title.

Our interests currently focus around responsible travel, eco travel and the volunteer traveler. Group members have been invited to present sessions relating to these topics at many recent conferences including APTHC Vietnam and SASTM in Durban 2014. We feel it is important to include these issues within the remit of Travel Health and welcome any new ideas or initiatives. We will soon be looking for new members to join our steering committee so please contact us if you would like more information.

Contact: Sheila Hall - Chair schall@TRECtravelhealth.co.uk

Look out for us in Quebec! In an effort to raise awareness of our group, we have requested space in the exhibition area at the Quebec conference in May 2015. If all goes to plan, we will be showing short videos illustrating some of the broader travel health issues being explored by the group and have information and leaflets to share. It will be an ideal opportunity to hear your views and for everyone to network and share opinions. Please come and chat, discuss and debate!

Sheila Hall, Chair Destination Communities Support Interest Group

MIGRANT AND REFUGEES HEALTH INTEREST GROUP

The Migrant and Refugee Health Interest Group is a active collection of ISTM Members who are interested in a variety of aspects of providing health care to underserved patients with regards to travel medicine.

The Group focuses on three aspects:
- developing migrant and refugee health,
- proposing initiatives to increase the membership of migrant and refugee health practitioners within the ISTM,
- and to identify specific programs or initiatives to serve the interest of migrant and refugee health

Christina Greenaway, Chair Migrant and Refugee Health Interest Group

ISTM Interest Groups are self-organized groups of 25 or more members with a common professional interest usually pertaining to a single subgroup of travelers or a single issue affecting large groups of travelers.

PEDIATRICS INTEREST GROUP

I’m delighted to let everyone know about the “new” ISTM Pediatric Interest Group. This group has actually been in existence for some years, although it only become a formal entity in 2010. Karl Neumann, who has been a pioneer in the area of Pediatric Travel Medicine, has been a driving force behind the group. More recently Phil Fischer (Past Chair) and Diane Nickolson (ISTM Secretariat) have helped to organise us into a cohesive Council; elections were recently held for leadership positions, and I’m honoured to be Chair for the next 2 years with Stefan Hagmann as Chair-Elect.

Council members are:
- Mike Starr, Australia
- Stefan Hagmann, United States of America
- 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

Pediatrics is an integral part of travel medicine, and we know that many ISTM members have a particular interest in children (including their own!) We already have over 300 members, and welcome any of you to join and contribute. As a group, there are several areas that we are involved in or planning to develop.

These include but are not limited to:
- Promoting pediatric travel medicine within the ISTM and beyond.
- Providing a forum within ISTM for members interested in pediatric travel medicine to communicate with each other.
- Collating and promoting specific pediatric-oriented travel medicine information for practitioners and families.
- Increasing awareness of established guidelines and facilitating the development of new evidence-based guidelines for management of common scenarios for pediatric travelers.
- Establishing a database of pediatric travel medicine literature.
- Identifying gaps in pediatric travel medicine research.
- Facilitating future pediatric research projects.

We have a homepage, which we hope to refine and enhance. Please visit www.ISTM.org/pediatricsgroup. We welcome your support, feedback and ideas. Feel free to contact me mike.starr@ich.org.au.

Mike Starr, Chair Pediatrics Interest Group

PSYCHOLOGICAL HEALTH OF TRAVELERS INTEREST GROUP

The Psychological Health Travelers Interest Group has three objectives:
- Raise awareness among those who care for travelers of the psychological issues connected with travel and the importance of considering psychological health at all stages in the patient’s journey.
- Mainstream this key aspect of health into standard travel medicine practice.
- Develop evidence based good practice in the psychological health care of travelers, before, during, and after travel and help develop tools for identifying those most at risk.

Formed in 2009 under the leadership of Dr. Ted Lankester, the IG has worked extensively to the ISTM Body of Knowledge, since 2012, the Leadership group has contributed importantly to the ISTM Body of Knowledge.

Sheila Mackell, United States of America
Sarah Kohl, United States of America
Mike Starr, Australia
Stefan Hagmann, United States of America

In September 2014, long time member of ISTM this interest group’s leadership, Michael Jones, (United Kingdom), was selected as new Chair. Tom Valk (United States of America), became the Immediate Past Chair. Other members of the Leadership include Toby Abaya, (Philippines), Sung Mo Chung, (Vietnam), and Ted Lankester, (United Kingdom).

It is the stated objective of the group to have practice appropriate psychological screening incorporated as a matter of routine by ISTM practitioners. A second objective is to grow the interest groups in terms of numbers and participation. A third objective is to coordinate activities with the other interest groups within ISTM.

Michael Jones, Chair Psychological Health of Travelers Interest Group

TRAVELERS INTEREST GROUP

assembled an interest group bibliography, submitted a Certificate of Knowledge Examination Question, and coordinated on several matters with other ISTM interest groups.

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Michael Jones, Chair Psychological Health of Travelers Interest Group
The ISTM Online Learning Program now has more than 90 travel medicine sessions available! As you’ll see below, the sessions cover a broad range of topics relevant to travel medicine practitioners. Sessions range from 30 minutes to 4 hours, and offer both video and audio with or without synchronized slides. The sessions can be ordered individually or with volume discounts and are discounted for ISTM members. Once purchased, the sessions will be available for viewing over the internet for six months. For more information or to order, go to www.ISTM.org.

- Antibiotic Resistance: Mobile Bugs in a Connected World
- Avoiding and Managing Bites and Envenomations
- Chagas: Blood, Bugs and Oral Transmission
- Children, Pregnant Women, and Breastfeeding Travelers
- Dengue: Into the Future
- Disease Vectors and How to Avoid Them
- Easy to Prevent But Still Here: Measles, Pertussis, Polio
- Enteric Infection and Travelers’ Diarrhea
- Environmental Risks and How to Manage Them
- Evaluation of the Returned Traveler
- From Pruritus to Delusional Parasitosis
- Global Disease Epidemiology and Safety
- How to Prevent and Manage Acute and Chronic Diarrhoea in Travelers
- How to Start a Travel Clinic
- Immunosuppressed Travelers: Safe Preparation
- Leish Basics: Diagnosis and Treatment of Leishmaniasis
- Malaria: From Research to Recommendation
- Migrant Medicine: Practical and Clinical Aspects of Care
- Networks and Mapping
- One Health: Travelers and Zoonoses
- Prevention of Last Minute Travelers
- Pre-Travel Psychological Screening, and Post Travel Psychological Care
- Principles of Immune Response, including Modifications for Travel
- Psychological Health Issues in Long Term Travelers
- Refresh! What’s New in Travel and Tropical Medicine Literature
- Risk: Perceived Versus Real, and Communication Tools
- Risks and Costs in Travel Medicine
- Routes of Vaccination
- Self Management During Travel
- Sex Tourism: What Travel Medicine Practitioners Need to Know
- State of the Art Treatment of Imported Parasitic Diseases
- The Anticoagulated Traveler: Issues and Answers
- The Humanitarian Aid Worker: Ethics and Preparation
- The Immunocompromised Traveler
- The Traveler with Chronic Disease
- Through the Eyes of a Migrant
- Travel Advice: Are We Barking Up the Wrong Tree?
- Travel Clinic: Management and Travel Medicine Resources
- Travel Medicine and Neurology
- Travel Medicine Pharmacology
- Travel Related Aquatic Hazards, Bites & Envenomations
- Travel Vaccine Update: Challenges and Controversies
- Vectors, Vector-Borne Diseases, and Vector Avoidance
- VFR and Business Travelers
- What Is the Diagnosis? Tests in Travelers
- Who Should be Vaccinated? Difficult Vaccine Decisions: Yellow Fever, Rabies, and Influenza
- Wilderness and Adventure Travel
- Yellow Fever Risk

Re-Supplied
Rabies Vaccine shortage resolved
March 2014
Inovox (NDC 49281-0250-51), Sanofi Pasteur
RabAvert (NDC 63851-0501-01), Novartis

What We Knew Already:
Tourism is Healthy
Whether it’s “medical tourism,” traveling outside the home country for medical treatment, or just getting away from home. The International Medical Travel Journal gave their first medical travel awards to winners in Kuala Lumpur, Malaysia (hospital, dentistry, infertility, dentistry); specialty center (UK), and others. Jordan won destination of the year.


Things We Love
GeoSentinel
www.istm.org/geosentinel

Travel Medicine and Traveler Alert services: HealthMap, Ulet, ProMED, Shoreland Travax, and Sitata — check out My ISTM for links to most of these.

A New Travel Acronym!
The Visiting Internet Fiancé/ée (VIF): An Emerging Group of International Travelers. In Journal of Travel Medicine September/October 2014

Quiz:
What were the top 7 topics for questions on the TravelMed ListServ for 2014? (after an unscientific count)
Answer: Yellow fever, malaria, rabies, JE, AMS, find a clinic, polio (there was 1 question on bot fly removal!)
There are currently 56 GeoSentinel sites and 128 network members with a presence on every continent except Antarctica.

During the last year, GeoSentinel has continued to be highly productive with more than 19,000 new records added to the database (a 10% increase in records submitted compared to the previous year), which now contains >211,000 records (as of May 31st 2014). There were nine new publications in 2013, four thus far in 2014, and 15 more in process. In addition, there are several publications that have been submitted by our collaborating partners, CanTravNet and EuroTravNet.

Future strategic directions
A strategic planning meeting was held in November 2013 in Washington, DC. There were several strategic directions discussed at the meeting including continued pathogen tracking, a stronger focus on antimicrobial resistance, improved diagnostic testing, and potentially specimen banking. A major outcome was the decision to form three new working groups, which ultimately became the following: Data Collection Task Force, Diagnostics Working Group, and Special Populations Working Group.

Leadership changes
During the last year there have been major changes in GeoSentinel leadership, with David Shlim, the CDC team (Marty Cetron, Phyllis Kozarsky, Mark Sotir, Gary Brunette, Doug Esposito, and Pauline Han) playing a major role with day-to-day operations in collaboration with the ISTM Secretariat team (Diane Nickolson, Elena Axekrod, Kathy Smith, and Sarah Thomas). Their stellar work allowed the GeoSentinel network to continue to function at a high level in this period of transition to GeoSentinel v2.0.

A new leadership team, selected in April 2014, began their new roles in June 2014. These include David Hamer (Zambia/United States of America), the new Principal Investigator; Karin Leder (Australia), the Chair of the Data Collection Task Force; Elizabeth Barnett (United States of America), Chair of the Special Populations Working Group; Marc Mendelson (South Africa), Chair of the Diagnostics Working Group; and Phyllis Kozarsky as a senior advisor.

The working groups and task force have been defining their scope of work and have enlisted GeoSentinel site members to participate in their planning activities. The preliminary goals of the Data Collection Task Force are to review and make recommendations on how to streamline and optimize the current database, and making recommendations for specific topic(s) or subsets of data for enhanced data collection. The Special Populations Working Group will initially focus on migrant populations and travelers who seek medical care outside their country of residence (medical tourists). The Diagnostics Working Group is considering studies of the etiologies of syndromic diagnoses, antimicrobial resistance, serotyping of specific pathogens, and potentially microbiome studies of gastrointestinal and respiratory disease in travelers. Initial strategic planning activities will take place in the final quarter of 2014 and will continue at the next site directors meeting in Quebec City after CISTM14.

We look forward to continuing to strengthen the existing network and to the development of innovative new directions for GeoSentinel v2.0.
Travel Medicine

ASK THE EXPERTS continued on page 22.

RENÉ ECHEVARRIA-COFIÑO
Dr. René Echevarria-Cofiño is an independent practitioner in a vaccination and travel medicine clinic located at San Juan, Puerto Rico. He offers pre- and post-travel medical evaluation and management for tourists, business travelers and repatriate travelers.

What motivated you to start a career in travel medicine?

As a frequent traveler I found there was a lack of information for travelers visiting high-risk countries where exposure to conditions and situations could ruin their vacation or business trip. With that in mind I decided to start giving my help to international travelers in my clinic.

What is your area of interest or expertise in travel medicine?

A well planned and structured pre-travel medical evaluation, based on a 45-60 minutes visit, including verbal and written recommendations, preventive measures, vaccines, prophylaxis and stand by medications.

What do you find challenging about your practice?

I strive to keep my patients in an excellent state of health and free of illness during their travel.

What do you find rewarding about your practice?

When I receive feedback from the patients after returning from their trip. To know it was a healthy one, without medical inconvenience, free of altitude illness, gastrointestinal problems, jet lag or any travel related illness.

What is your area of interest or expertise in travel medicine?

The supplies that travelers need to take on their trips to ensure good health, ranging from medical kits to insect repellents.

Why is this area important to patients’ health?

A particular concern of mine is the poor quality of medicines in many parts of the world.

What motivated you to start a travel medicine practice?

I strongly believe the medicine and health related products a traveler takes with them has a big impact on whether or not they can self-treat and avoid many common and serious conditions.

Why should medical practitioners incorporate travel medicine into their practices?

From my perspective a pharmacist is the health professional most likely to come into contact with the travelling public—many people will visit a pharmacy for supplies before traveling.

What one piece of advice would you share with new travel medicine practitioners?

I would say have confidence in providing a service to most travelers, recognize the limits of your competence and refer more complex cases to a specialist clinic.

What is your area of interest or expertise in travel medicine?

An academic pharmacist he has been involved in research, education and publishing for 25 years.

What motivated you to start a career in travel medicine?

I became involved in setting up the Nomad travel clinic many years ago. It had a dedicated pharmacy for supplies before traveling.

What is your area of interest or expertise in travel medicine?

A particular concern of mine is the poor quality of medicines in many parts of the world.

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Why is this area important to patients’ health?  
When relocating on an international assignment, the accompanying family may inherently be overlooked in pre-departure preparation. Living and working in four countries and now embarking on our fifth country, I have witnessed first hand the challenges experienced by family members. While maintaining a specialty and travel medicine career in nursing and as an expatriate spouse with children in tow it has become my quest to improve the experience.

What piece of advice would you share with new travel medicine practitioners?  
Listen to what your client is saying including observing the non-verbal communication. Be prepared to explain the rationale behind advice, expect the unexpected and maintain a sense of humor. Consult and seek support from colleagues and professional resources when unsure, as practice changes and evolves regularly.

How should experienced practitioners mentor beginners?  
Lead by example as a role model and professional. Encourage and provide opportunities for the beginner to demonstrate their skills and expertise, engaging in clinical discussion and feedback. Above all be patient and recognize that practices differ and the end result can be achieved in many ways.

Robert Steffen:  
Dr. Steffen is a past-president of ISTM and present chair of the Liaison Committee. He is well known in the industry for his cutting edge research and long-standing career in travel medicine. He is retired from the University of Zurich but maintains a private practice and consults worldwide for various organizations.

What motivated you to start a career in travel medicine?  
As the student president of the International Federation of Medical Student Associations I had the fascinating duty to visit member states and recruit new members in all parts of the world; that was at the end of the 1960’s. At the time there were few travel health recommendations, and even those were contradictory. Thus I concluded that evidence was needed and I launched my first research projects a few years later.

Do you participate in research?  
Our first systematic assessment on travel associated health risks was published in 1978, followed by more than 200 publications relating to travel health. In earlier years I studied malaria prophylaxis; more recently I am concentrating on travelers’ diarrhea.

Why should medical practitioners incorporate travel medicine into their practices?  
Besides being a need, pre-travel health advice is fun. Those sitting on the opposite side of the table smile, full of expectancy relating to future adventures -- quite a welcome change and contrast to complaining patients. Debra Stoner, Associate Editor

Ask the Experts  
Trish Smith:  
Trish Smith is a nurse, who until May 2013 was the International Nurse Adviser for VSO, an NGO in London, who places volunteers and staff in developing countries.

Describe your travel medicine practice.  
In my previous job I provided pre-travel advice and preparation for volunteers and staff, monitored health needs, made referrals to local agencies, and handled emergencies including repatriation and evacuation.

Presently I volunteer with the pre-launch and opening of a new repatriation and evacuation. Volunteers, dedicated travel medicine practice

What is your area of interest or expertise in travel medicine?  
My passion and particular interest is expatriate groups. Volunteers, humanitarian aid workers and corporate employees need access to quality preparation for the rigours of an international assignment.

Robert Steffen:  
Dr. Steffen is a past-president of ISTM and present chair of the Liaison Committee. He is well known in the industry for his cutting edge research and long-standing career in travel medicine. He is retired from the University of Zurich but maintains a private practice and consults worldwide for various organizations.

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Why is this area of interest important to patients’ health?  
Our primary goal is to minimize the risk that causes our pre-travel customers to become patients. That does not mean, for instance, that we should recommend all types of vaccines because that is not affordable for most travelers. But the most frequent risks that are life-threatening or can potentially result in sequela must be prevented. In that context, most colleagues probably neglect trauma.

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The Journal of Travel Medicine (JTM) is published 6 times per year and all ISTM memberships include a subscription for print and online access. The JTM transports you to the challenging areas of the field with up-to-date research and original, peer-reviewed articles on

- Epidemiology of health risks among various groups of travelers, including migrants, refugees
- Aspects of adventure travel, e.g. diving, effects of high altitude
- Travel related aspects of occupational and military medicine
- Prevention of illness and accidents in travelers, e.g. by education, immunization, medication
- Diagnosis, clinical management and therapy of travel and migration associated disease
- Self-therapy abroad, including travel kit
- Impact of travel on host countries

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