President's Message

I hope you too had a wonderful time at Barcelona and enjoyed the conference as much as I did. Every time we think that it will be hard for the next conference to beat the last one. But the scientific program committee under the leadership of Chris Greenaway just did that. And yet, already during the CISTM15 meeting the scientific committee got together to look where and how we could make further improvements for the next CISTM16 meeting in Washington DC.

With the Journal of Travel Medicine, there are exciting times ahead. The impact factor is steadily going up, the recent supplement on treatment and prevention of traveller's diarrhea and the closing the gap issue are highly successful, and more is yet to come. I encourage our membership to publish their high quality papers in JTM. It is the only way to make JTM the leading journal in travel medicine.

Finally, I would like to touch upon my presidential charge to build bridges to 1) continue closing the gap; 2) to promote the use of digital information and communication technology in travel medicine practice and 3) to integrate migration health into ISTM. For the time being, I would like to focus on the latter. A task force will be set up to formulate an action plan to outline the niche, the role of ISTM, and potential goals by 2018.

In the mean while, activities are gaining momentum for the conference on migrant health in Rome (1-3 October 2018). The primary objective of the conference is to provide an international forum to discuss scientific evidence on migration health, bringing together experts with a clinical (infectious diseases), public health and humanitarian response background. The major health needs, and infectious disease and public health issues during the different migration periods will be discussed. This conference will be timely and unique — bringing together all players in the field has never been done before. Several organizations such as the European Society of Clinical Microbiology and Infectious Diseases (ESCMID), the European Center for Disease Control (ECDC), the International Organization for Migration (IOM), the American Society of Tropical Medicine and Hygiene (ASTMH) and the United States Center for Disease Control (CDC) have already offered their support.

I will keep you informed.

Leo Visser,
ISTM President
EDITOR’S NOTE

Colleagues,

For those of you who attended Barcelona, welcome home after a fabulous scientific agenda and spectacular social functions. Despite the advances in telecommunications, in-person meetings still have great value in medicine. Although networking is a rich and rewarding process, we also see old friends, make new friends, and glean cutting-edge information via dialog. We ask and answer, discuss and debate.

ISTM has a few notable upcoming conferences: The International Conference on Migration is in Rome 1-3 October 2018 and CISTM16 in Washington DC, USA, 5-9 June 2019. The North American Review course will take place in 2018 with the location and exact dates still to be decided.

With all the changes in information delivery, ISTM is keeping up with the changing times. The Travel Medicine Forum continues to be a professional yet informal exchange of ideas and information. I’d encourage you to use the search function if possible and/or use the spinoffs such as the Global Availability of Rabies Vaccine, Rabies Immune Globulin and Japanese Encephalitis Vaccine.

In this issue, Associate Editor Nancy Pietroski recaps the Yellow Fever shortage in North America. Nance Piper Jenks and Mary Louise Scully put in another installment of Educational Patient Cases now published under Challenging Cases — Voice Your Opinion.

You may have noticed an expanding list of Special Interest Groups, most notably the newest groups for Student Travel Abroad and Travel for Work. Please get involved with a committee, interest group or professional group. In fact, Travel Medicine News is looking for Associate Editors from outside of North America. Someone who can contribute news and information on Travel Medicine in various regions around the world.

Onward!
Christopher Van Tilburg,
Travel Medicine News Editor

In addition, ISTM is active on Twitter, Facebook and LinkedIn, for anyone who peruses social media for more informal information from the society.

The popular slide set, Travel Medicine Teaching Slides, Introduction to Travel Medicine has been updated and is available for purchase. The 189-slide PowerPoint slide set is now presented in four chapters: Introduction to Travel Medicine, Travel Topics and Special Conditions, Travel Vaccines and Vector-borne Diseases. As always, these are at a deep discount for ISTM members and can be found on the ISTM website.

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“In Travel Medicine News is looking for Associate Editors from outside of North America. Someone who can contribute news and information on Travel Medicine in various regions around the world.”
I am pleased to report on our financial status for the 2016 fiscal year. The audited financial statements for the 2016 fiscal year, which runs from 1 July 2015 to 30 June 2016, have been prepared by our independent Auditors, Fulton Kozak, Inc. of Atlanta, Georgia, USA.

Our Statement of Financial Position at the end of our 2016 fiscal year on 30 June 2016 showed Net Assets of USD 2.33 M. At our last Membership Assembly, net assets at the end of the 2014 fiscal year on 30 June 2014 were USD 2.48 M. Net assets were impacted by reduced investment accounts in the 2016 fiscal year, which was caused by a number of factors, including “Brexit”, but as shown in the projected figures for 2017 fiscal year, Net assets have bounced back largely due to a recovery in the investment accounts. The figure below shows the steady growth in ISTM Membership and overall an improved position in Net Assets, especially over the past 5 years.

With a cash flow that varies from year to year, we must maintain reserves in order to maintain our operations in the event of a significant and unexpected downturn in income, such as severe difficulties or cancellation of one of our conferences. An important step in the past year has been the approval of an Investment Policy Statement to provide guidance for our Board and our investment advisers around areas such as the level of reserves (funding operations for 3 years), annual rate of return (5%), maximum tolerable drop in investments (8%) and an ethical/sustainable investment strategy. Economic constraints in various parts of the world and increasing costs can present considerable challenges, especially for the financial success of our conferences and concurrently administered activities such as our CTH examination.

For the first time, the ISTM had audited accounts for our ISTM Foundation in the 2016-2017 fiscal year. It is early days for the ISTM Foundation, but there have been a number of initiatives, including funding for a travelers’ diarrhea summit. I wish to acknowledge our accountants and Secretariat staff for assisting with the audit as well as our Independent Auditors. Finally, I wish to thank Members for renewing their Membership and for their continued strong support for all our ISTM activities.

Peter A. Leggat,
ISTM Secretary-Treasurer
One of the ISTM’s flagship programs, the GeoSentinel Surveillance Network, a global surveillance network, was created to gather and share data on travel- and migration-related infectious diseases. With the support of ISTM, the United States Centers for Disease Control (CDC), the Public Health Agency of Canada, GeoSentinel identifies travel-related illness, collates data on infection in travelers, immigrants, and refugees, and alerts medical and public health professionals. GeoSentinel Sites participate in surveillance of mobile populations to detect alarming diagnoses or atypical events and monitor trends. These activities allow for the creation of a unique database on travel-related morbidity. By sharing this information globally, GeoSentinel can inform and guide public health strategy.

There are currently 67 GeoSentinel sites, located on five continents, with 24 in North America, 23 in Europe, 10 in Asia, 3 in South America, 2 in Africa, 2 in Australia/New Zealand, and 2 in the Middle East. As of June 2017, there are over 284,000 records in the GeoSentinel database.

The GeoSentinel annual meeting took place from  May 12-14, 2017 in Barcelona, Spain in a spectacular setting high on a hill overlooking the Mediterranean. There were 87 attendees with representation from 52 sites.

The GeoSentinel annual meeting took place from 12-14 May 2017 in Barcelona, Spain in a spectacular setting high on a hill overlooking the Mediterranean. There were 87 attendees with representation from 52 sites. This was a landmark meeting with a wide range of cutting edge topics, working group reports and, for the first time, GeoSentinel invited an Affiliate Member who had submitted an interesting case during the preceding year. Sylvia Hinrichsen from the Universidade Federal de Pernambuco in Brazil presented her report to GeoSentinel on an outbreak of Haff’s disease.

The GeoSentinel mid-year meeting will be held in Baltimore, MD, USA on 5 November 2017.

Several GeoSentinel papers have been published over the past year and others are submitted or in revision. Recent GeoSentinel papers have covered a broad range of topics including Zika, infections in Syrian refugees, measles, schistosomiasis, pertussis and Clostridium difficile.
MIGRANT AND REFUGEE HEALTH

Are you interested in serving as an officer on the Steering Council of the ISTM Migrant and Refugee Health Interest Group? If so, please complete a nomination form by 15 August 2017 to be considered for inclusion on the ballot. Download the nomination form.

Get involved! We need you.

NEW ISTM INTEREST GROUP “MILITARY TRAVEL”

We are excited to announce a new ISTM Interest Group, “Military Travel Medicine”. Through history, military medicine has and continues to contribute to major scientific advances in the fields of epidemiology, vaccinology, psychiatry, infectious diseases and tropical medicine, and as a consequence of travel medicine. Deployed military personnel represent a unique travel cohort typically characterized as a young, disciplined, trained, predominantly male, strictly selected, controlled, and regularly monitored population, traveling in groups for occupational reasons. These reasons justify the creation of a military group of interest for uniting all health care providers interested in medical readiness or caring for service members. It is planned that the scope of the group will cover medical readiness and deployment-related health issues.

If you have an interest in caring for service members or in medical readiness, consider joining this new group. Just log into your ISTM account and add it to your membership absolutely free.

PSYCHOLOGICAL HEALTH OF TRAVELLERS

June 2017

Do you see travellers and expats with a mental health condition? How do you prepare them for their journey? What are the challenges that you encounter? Are there resources you would like to see that can help in your practice?

The Psychological Health of Travellers Steering Council wants to hear from you as we set the agenda guiding our work over the next two years. We also welcome case studies to share with members on the group's listserv.

If you want to join our Steering Council, now is your chance. We are currently looking for members committed to promoting research and discussion on travel and mental health.

Deadline to submit your nomination is 15 August 2017.

Tullia Marcolongo,
Psychological Health of Travellers Interim Chair
INTEREST GROUPS continued

RESPONSIBLE TRAVEL

Nominations are now open for Council members for the Responsible Travel Interest Group. If you are interested in becoming involved, you have until 15 August 2017 to complete a proposal form to be considered for inclusion on the ballot. You may download the form here.

STUDENT TRAVEL ABROAD

There's a flurry of activity going on in STA this year. It's hard to believe that two years has passed since our inception. This means that it's time for elections. You are encouraged to serve on the guiding council. Simply fill out a nomination form available from Jodi Metzgar (jmetzgar@ISTM.org), applications for the Council. The application deadline date is 15 August 2017. Once all the nominations are received we will have elections for the 7 positions by email. Our charter requires that our guiding council have at least 3 continents represented and no more than 3 people from the same profession (nurse, pharm, physician, etc) Mark Newell is the incoming chair of STA.

On the academic side, we hosted a wonderful pre-Conference workshop in Barcelona on the nuts and bolts of caring for students who travel abroad. As a result, you will find resource materials in the library section of the STA group on the MyISTM website. We are always looking to expand our library, if you have a great resource please pass it along.

It is our clinical impression that STAs have unique travel health needs but there is a dearth of research on this topic. We presented a poster at CISTM15 showing that providers within the ISTM also identify at least one high risk travel activity in over 50% of students traveling abroad. We have now partnered with the CDC to design and execute the first large study of this population in an attempt to identify their travel health needs in a systematic way.

As always, this diverse, energetic and creative group of travelers keeps us on our toes.

Sarah Kohl, Student Travel Abroad Chair

TRAVEL FOR WORK

ISTM Executive Board has approved the Travel for Work Interest Group. This group is free to join with your ISTM membership and will give you the opportunity to collaborate with other ISTM members who council all types of patients that travel for work including sports organisations, the entertainment industry, NGOs, military contractors, religious organisations, independent contractors and volunteers. As a new group, a Council needs to be formed and nominations are now open. If you’re interested in becoming involved, download the nomination form, complete and return it by 15 August 2017.
Happy summer to all of us in the global north, and to those in the global south: I hope your winter is mild. The CISTM in Barcelona was fantastic: good food, great friends and an excellent scientific program. Congratulations and thanks to the Local Organizing Committee and to the Scientific Committee for selecting great topics. I hope everyone was able to join our meet and greet at the Nurse’s Reception, but I felt I likely missed meeting each one of you and apologize if that was the case. So many people, nowhere near enough time. Gail Rosselot (United States of America) was the recipient of the Distinguished Nurse Leadership Award. Sadly, no one applied for the Emerging Nurse Leader Award. I ask you all to have a look at the criteria for selection, take steps to meet the criteria and plan on applying for either award before CISTM16 in Washington DC.

The nurse members got a great shout out from Marc Mendelson during his plenary on antimicrobial resistance, stating that nurses are important in ensuring good antibiotic stewardship through the education we provide. It is always nice to be acknowledged for our expertise, and thank you, Marc. Marc’s words were reiterated by Gerard Flaherty during the wrap-up overview of the week: another chance to feel great about the work we do to keep our travelers healthy.

On to business: there are a few open slots on the Leadership Council, and I ask all nurses to consider serving a term. We are the voice for nurses within the ISTM, and are seeking dynamic nurses to continue to represent us. If interested, please e-mail Jodi at Jmetzgar@ISTM.org for more details.

Other business: did you know that anyone can apply to be on the Scientific Committee, and many others? Several nurses have expressed feeling under-represented on the different committees, but the chairs of these groups conversely said they rarely get nurses volunteering. My advice: Be BOLD! If you are interested in service, you need to speak up. Be the voice.

Sue Ann McDevitt, Nursing Professional Group Chair

On to business: there are a few open slots on the Leadership Council, and I ask all nurses to consider serving a term.
Feverish About YF Vax

The TravelMed discussion forum has been burning with yellow fever vaccine questions lately. Below is a summary of some recent questions and responses. These highlight the value of sharing challenging issues with your colleagues, who can assist with providing links to official recommendations, medical literature, or often just as important when the former may be lacking, personal experience and/or opinion. Warning: posted opinions on topics may differ, so it is critical to read the entire thread of a discussion.

Should I vaccinate a 16yo going on a humanitarian mission in a rural area in Tanzania?

Recommendations:

- CDC does not recommend yellow fever vaccine for most travelers to Tanzania. However, you might consider this vaccine if you are staying a long time or will be heavily exposed to mosquitoes. Yellow fever (YF) vaccination is generally not recommended in areas where there is low potential for YF virus exposure. However, vaccination might be considered for a small subset of travelers to these areas who are at increased risk for exposure to YF virus because of prolonged travel, heavy exposure to mosquitoes, or inability to avoid mosquito bites. Consideration for vaccination of any traveler must take into account the traveler’s risk of being infected with YF virus, country entry requirements, as well as individual risk factors (e.g., age, immune status) for serious vaccine-associated adverse events.

- WHO states generally not recommended in areas where there is low potential for exposure to yellow fever virus. However, vaccination might be considered for a small subset of travelers to these areas, who are at increased risk of exposure to yellow fever virus (e.g., prolonged travel, extensive exposure to mosquitoes, inability to avoid mosquito bites). When considering vaccination, any traveler must take into account the risk of being infected with yellow fever virus, country entry requirements, as well as individual risk factors (e.g., age, immune status) for serious vaccine-associated adverse events.

Medical literature:

- There are border controls that are not in accordance with the official requirements of Tanzania [Schönenberger S, Hatz C, Bühler S. Unpredictable checks of yellow fever vaccination certificates upon arrival in Tanzania. J Travel Med 2016].

Experience/Opinion:

- Give the vaccine: Tanzania is in the YF zone; it borders on DRC and Uganda which have had recent outbreaks; person is young and will be travelling in the future; traveler may end up at a different destination where vaccine would be required; offer vaccination (or waiver) for travelers who want to be sure not to be bothered at border controls as travelers are being challenged by border authorities for YFC (certificate) before being allowed entry (despite recommendations).

- Don’t give the vaccine: consider the shortage; vaccine AEs too risky (give waiver instead); give waiver if don’t want to be bothered at border (see above); the recommendation to vaccinate long-term travelers (based on seroprevalence data from more than 40 years ago) causes confusion.

- We are telling people that it protects them for a year, we are not issuing YF certificates for this dose and not using fractionated doses for travelers going to countries where vaccine is required for entry.

- Can we withdraw multiple doses of yellow fever vaccine from the same vial if we are administering fractional dosing?

Experience:

- We are using the fractionated dose of yellow fever vaccine and have had no trouble drawing up 5 doses of 0.1 ml from the vial. The directions for reconstitution are to add 0.6 ml of diluent. By the time the powdered vaccine has dissolved there should be slightly more than 0.5 ml in the vial. YF-Vax prescribing information: www.fda.gov/downloads/biologicsbloodvaccines/vaccines/approvedproducts/ucm142831.pdf

- Lost Yellow Card with YF vax information-what to do?

Experience/Opinion:

- WHO advised to give the fractional dose during the outbreak in DRC (1/5th of normal dose) www.who.int/emergencies/yellow-fever/mediacentre/qa-fractional-dosing/en/ (note: this site contains links to a number of recommendations).

- A fractional dose does not entitle people to a yellow fever certificate valid for international travel. People, who want to travel internationally, require a full dose of the vaccine. The full dose entitles them to an international yellow fever certificate.

- A fractional dose does not entitle people to a yellow fever certificate valid for international travel. People, who want to travel internationally, require a full dose of the vaccine. The full dose entitles them to an international yellow fever certificate.
Issue an exemption based on the adverse reaction they had to the first shot

**Status of Stamaril Clinics?**

» YF-VAX is projected to be unavailable from mid-2017 to mid-2018. In the interim, Sanofi Pasteur has worked with the FDA and CDC to make STAMARIL available in the US through an Expanded Access Investigational New Drug Program. Only a limited number of clinics have been selected to administer STAMARIL; although it’s distributed in over 70 countries, it’s unlicensed in the US www.sanofipasteur.us/vaccines/yellowfevervaccine

» According to the CDC (www.cdc.gov/mmwr/volumes/66/wr/mm6617e2.htm), only clinics that ordered at least 250 doses of Yellow fever vaccine in 2016 are eligible to receive and provide Stamaril

» List of clinics: wwwnc.cdc.gov/travel/page/search-for-stamaril-clinics#or

» ~250 clinics are to be designated. Check the list of clinics repeatedly as invited sites may not have completed their paperwork or Ethics Committee review so are not yet listed

**Does anyone have a recommendation on having the over 60 patient sign an acknowledgement of the increased risk of adverse events with YF vaccine?**

**Experience/Opinion:**

» We make sure that everyone who requests it reads the Yellow Fever VIS. Our vaccine consent form has one section for yellow fever vaccine and one section for all the other vaccines. They have to acknowledge that they read the VIS and state that all their questions and concerns have been answered, before they receive the vaccine. (And of course, we go over the general risks and the risks that apply to them, during their office visit, before they receive the vaccine.)

Nancy Pietroski,
Travel Medicine News Associate Editor

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**THE PROFESSIONAL EDUCATION COMMITTEE (PEC)**

The Professional Education Committee (PEC) continues to address educational opportunities in the realm of Travel Medicine. At CISTM in Barcelona existing PEC members met along with some new recruits to the team to brainstorm new ideas for PEC.

Below are just a few highlights of the various projects completed or in progress by PEC, as well as recognition and a special thanks to those members who helped make these activities a success.

1. **ISTM Webinars** — Many thanks to Sarah Kohl, Lin Chen, and Jodi Metzgar for their efforts in producing these very successful webinars, as well as a very special thanks to the speakers and moderators. These webinars are available for free via the ISTM Member Benefit Programs link on the ISTM website for anyone who missed these excellent programs.
   a) High Altitude — Speaker Peter Hackett and Moderator David Shlim
   b) Zika Virus — Speakers Dipti Patel and Mary E. Wilson with Moderator Annelies Wilder-Smith
   c) Travelers’ Diarrhea — Bradley A. Connor with Moderator Hans Nothdurft
   d) Chikungunya Virus — Fabrice Simon with Moderator David Hamer
   e) Fever in the Returning Traveler — Susan McLellan with Moderator Eli Schwartz

2. **Challenging Cases — Voice your Opinion** — Nancy Piper-Jenks, Debra Stoner, and Mary-Louise Scully transformed the former Educational Cases/Expert Opinion format to a new venue published in Travel Medicine News. It’s a great opportunity for all members to get involved. Be sure to look at the latest case on page 16 of this edition of Travel Medicine News.

3. **ISTM Slide Set Revision** — The original slide set done by Eric Caumes and Bradley Connor has been re-visited and updated by Yen Bui and Mary-Louise Scully. Thanks to the many PEC and ISTM members who helped with the multiple edits and revisions in an attempt to make the slide set reflect the international aspect of ISTM. The newly revised Slide Set has over 160 slides, is divided into sections, and is available for members for modest discounted fees. You can order these from the ISTM Website Store.

4. **North American Travel Medicine and Review Update Course** — Special thanks to Elizabeth Barnett and Nancy Piper-Jenks the Course Co-Chairs and all the faculty who helped make the 2017 Course so successful. The course was held in Washington, D.C. and had a record number of attendees, with 232 participants from 18 countries.

5. **Global Availability of Rabies and JE Vaccines** — ISTM members can now update their clinic information on their Rabies and JE vaccine availability as a routine part of ISTM membership renewal. This allows members to readily search the Global Directory to find this information, rather than posting broad queries on the list serve. This database will only be as good as we make it, so if you haven’t updated your clinic information yet, please do so. It will be a great resource for giving our travelers options if they need to complete JE or Rabies vaccine series during their travels.

Mary-Louise Scully,
Professional Education Committee Chair
A 30 year old male presents for discussion of post travel Zika testing. He traveled 3 weeks ago to Rio de Jainero, Brazil for his work on a documentary film. He did travel about 3 hours outside the city but used repellants regularly. He had been pre-immunized for Yellow fever, Hepatitis A and B, oral typhoid and was up to date on Tdap. He did not experience any illness during or after his trip. He is back home now, has no further plans to travel, and he and his wife are anxious to begin a family.

What advice would you give this student? In addition, would you pursue any further measures or communication with the professor or the university?

Mark Menich from Boulder, Colorado, United States of America

The real "challenge" in this case is not whether malaria prophylaxis should be recommended and prescribed; it's unequivocally indicated. Dealing with the professor is the tough part. If he continues to give his grossly uninformed, anecdote-based advice, eventually, someone will very likely die. I for one, feel that there is a moral and ethical obligation to intervene. Addressing the issue too aggressively, however, may cause him to attempt to dissuade his students from seeking travel medicine evaluation at all. It would be much better to convert him, and have him as an ally, rather than alienate him. Therefore, I would probably begin by attempt to contact him, (keeping of course the specific patient identity anonymous), and discuss the issue, tactfully trying to convince him to review the data supporting my recommendations.

That being said, some people can be pretty stubborn, professors AND doctors, and if he spurned my attempts to bring him on board, I would then contact the faculty member in charge of international programs at the school, and continue going up the chain until someone listens. It's a huge liability risk for the institution. (ref: the Hotchkiss case of TBE in 2007). Eventually an intelligent administrator will grasp this. Document all conversations in a time line. Yes, it's a tremendous hassle, but lives are truly on the line.

It can be surprisingly difficult to get someone who is ostensibly a scientist to accept that "I've never had a problem" isn't data.

Dr. Caroline Penn from Burnaby, British Columbia, Canada

This student should be taking malaria prophylaxis to cover her 3 week trip to Ghana which has predominantly (90%) falciparum malaria. The professor’s advice is incorrect and his misinformation could endanger student health. Either the professor is an outlier and does not restrict himself to his academic role or the university does not have sufficient support in place for their internationally bound students and this needs to be put in place.

While maintaining patient confidentiality, both the professor and the university department should be aware that it is their duty to ensure that their students have accurate pre travel advice that is not biased by their personal preferences or experiences. It is not clear whether this particular university has specific guidelines and a program for students travelling internationally for field schools. I would inquire whether this student is under such a program and if so if there is a person that I could contact. One constructive way to deal with this might be to provide the university department with some examples of existing on line guidelines for student International Field Schools. Clearly there is some liability here and the issue needs to be addressed with some sensitivity to all involved.

My own experience with a local University and well-established Field Schools to Ghana and elsewhere is that these programs are comprehensive, involve the Field School professors, and ensure that students are aware of many aspects of International travel and health concerns and directed for pre travel advice. The professors may even carry first aid packs and be aware of in country emergency centers.

Dr. Sarah Kohl, from Pittsburgh, PA, Untied States of America

This is a common problem faced by travel health providers who care for Students who Travel Abroad (STAs). There is the immediate problem of overcoming the objection of the traveler to malaria prevention through medication and insect bite avoidance in addition to the root problem of medical advice being given by non-medical personnel.

Fortunately, the patient is in your office and likely receptive to your discussion about malaria prevention, or else she wouldn’t be there. Choice of medication will depend upon co-morbid underlying conditions/treatments, cost and personal preference. All of which you are adept at helping her make an appropriate selection.
The root problem is more difficult to address. I suggest that in the short term you make a call to the professor (while maintaining of course patient confidentiality) to discuss the issue, hearing out the professor’s thinking and sharing what you know about malaria in non-immune persons. I would encourage a respectful conversation along with the suggestion that all the students on this trip be referred to a travel health provider, like you.

The student travel abroad office, faculty, risk management and student health services all need to work together to assure that STAs receive appropriate pre- and post-travel healthcare. This will require both determination and perseverance to develop an effective program for all the students at the college. The Student Travel Abroad Interest Group has resources on the ISTM website to help you with this vexing problem.

Challenging Case Editors:
Nancy Piper Jenks
Mary-Louise Scully

Journal of Travel Medicine

The JTM has had a busy year with several high-profile issues, articles and supplements that are well worth reviewing. Annelies Wilder-Smith helped to compile a themed issue on Closing the Gap published in early 2017 addressing the gap between the way travel medicine is practiced currently with its still strong Western perspective versus the emerging travel medicine needs as a result of rapidly changing global travel patterns. In addition to that high-profile issue, ISTM held a Summit in Atlanta, GA in 2016 that discussed travelers’ diarrhea and how it causes significant morbidity, lost travel time and opportunity cost to both travelers and countries receiving travelers. Effective prevention and treatment are needed to reduce these negative impacts. This Summit resulted in the Guidelines for the prevention and treatment of travelers’ diarrhea: a graded expert panel report. If you have an interest in Dermatology, check out the themed issue titled Dermatology in Travel Medicine. This extensive research collection is an invaluable resource on the management and prevention of dermatoses and infectious diseases related to a dermal portal of entry in travelers, and in migrants. A few other articles of note are A meta-analysis of the use of rifaximin to prevent travellers’ diarrhoea, Single visit rabies pre-exposure priming induces a robust anamnestic antibody response after simulated post-exposure vaccination: results of a dose-finding study, and Malaria prevention strategies and recommendations, from chemoprophylaxis to stand-by emergency treatment: a 10-year prospective study in a Swiss Travel Clinic. If you’re interested in submitted an article or an idea for a themed issue, visit the JTM website for information.

Eric Caumes
Editor in Chief, Journal of Travel Medicine

Journal of Travel Medicine Searches for Editor-in-Chief

The International Society of Travel Medicine is soliciting interest in the position of Editor-in-Chief of the Journal of Travel Medicine. The current Editor’s term concludes in May of 2019, and the selection process for the new Editor has begun. The new Editor, once selected, will work with the incumbent from April of 2018 through May of 2019 and assume the position during the CISTM16 in Washington DC.

The application form and more detailed information can be found on the ISTM website.

If you’re interested, submit your application to Diane Nickolson (DNickolson@ISTM.org) at the ISTM Secretariat by 20 September 2017.
It’s hard to believe that the CISTM15 is over. So many people devoted so much time into making the conference the success that it was – from the 40 members of the scientific committee led by Chris Greenaway, the 8 member Local Organizing Committee with Rogelio Lopez-Velez and Jordi Villa at the helm, and countless number members, speakers and ISTM leaders who participated. I would be remiss if I also didn’t acknowledge and thank our entire Secretariat Team and our local Technical Secretariat, Barcelo, each of whom worked tirelessly to help make the conference an exceptional experience for all. Not everything was perfect, but I can say that I am proud of what we all accomplished together.

For those of you who were unable to attend, the 2017-2019 ISTM Executive Board was presented during the Membership Assembly. Their first meeting was held immediately following the CISTM, and it is wonderful to have experienced firsthand the commitment and excitement they bring to the ISTM. Expect great things from this group, as well as from the ISTM Leadership Council who met with them.

We have posted the speaker slides from the CISTM on MyISTM, and you can review them here. Be sure you have logged into your account to be able to access them. Not all of them are posted, but we have posted each set for which we have approval from the speaker.

Several presentations are also posted on the ISTM Member Benefit website page here, including the audiotape of our first Alan Magill Honorary Lecture delivered from Sir Richard Feachem – if you missed it in Barcelona, I’m sure you will appreciate being able to listen to it at your leisure.

Some of my favorite moments from the conference included the opening ceremonies and reception, where the ISTM acknowledged our Founders and the Spanish Bastons (drummers) performed their special dance – accompanied by Annelies Wilder-Smith, Leo Visser and Lin Chen! My personal favorite performance that evening were the entertaining Cabezudos (Big Heads) who danced and escorted everyone to the gardens for the Reception, ensuring a lively event. The food, music and the towers performances in the gardens capped off an exceptional evening where it miraculously didn’t rain. (My biggest fear in the planning!)

The special gala dinner celebrating ISTM’s 25th Anniversary featured and wine from several different regions of Spain, live music and dancers, and the wonderful ambience provided by the Poble Espanyol; and mother nature gave us another perfect evening with no rain.

We have posted pictures from the CISTM15 here on the website – take a few moments to flip through them, and if you have the inclination, please include yours on MyISTM as well.

All I can say now, is that we have our work cut out for us for the CISTM16 – I’m not sure how we can top or even meet the expectations set from CISTM15 in Barcelona. But I have full confidence in Blaise Genton, the Chair of the CISTM16 Scientific Program Committee, Mark Riddle, the CISTM16 Local Organizing Chair, and our President Leo Visser, that they will plan and deliver another exceptional CISTM in Washington, DC, USA 5-9 June 2019.

Diane Nickolson,
ISTM Executive Director
HIGHLIGHTS OF THE 15TH CONFERENCE OF THE ISTM

Barcelona served as a stunning backdrop for the CISTM15 conference, which attracted a record attendance of over 1500 delegates from all over the world. The ISTM celebrated its silver jubilee in style, with a spectacular opening ceremony during which the ISTM Founders were honoured and the second class of Fellows were recognised. The gala ball was a spectacular affair and provided an open air gastronomic tour of Spain and its culinary delights.

The late great Alan Magill, whose ground-breaking work on malaria eradication in Africa has left a lasting legacy in travel medicine and beyond, was remembered with the inaugural Alan Magill memorial lecture, which was eloquently delivered by Sir Richard Feacham. It focused on global efforts to eradicate malaria and pointed to several success stories including Sri Lanka, which was recently declared malaria free.

At the ISTM Members Assembly, the baton of presidency of the ISTM passed from the dynamic Annelies Wilder-Smith to Leo Visser, also from the Netherlands. Leo pledged to maintain the emphasis on closing the gap in travel medicine practice in non-western countries which Annelies had championed, and also to develop the use of digital technology in travel medicine and advance the cause of migrant healthcare.

CISTM15 offered a wealth of learning, with 12 plenary speakers, 39 symposium presentations, 38 workshop facilitators, 3 ‘Meet the History’ speakers, 3 ‘Cases of the Day’, 8 panel discussion participants, 48 free communications presentations and 187 scientific posters in 19 categories! The outstanding efforts of the scientific committees, the ISTM central administrative team and the local organising committee in producing a conference of this scale were applauded throughout the meeting.

Plenary sessions focused on migration, public health emergencies and global security, antimicrobial resistance and Zika virus infection. A lively panel discussion on the use of antibiotics for the treatment of travellers’ diarrhoea followed the launch of the new guidelines for the treatment and prevention of travellers’ diarrhoea, which are available as a free text article in the current issue of Journal of Travel Medicine. This conference placed a great emphasis on antimicrobial resistance with presentations dedicated to the role of travellers as vectors of resistant bacteria and to the international responses to this threat.

Symposia included presentations on special travellers such as students, sports participants, female travellers, long-term travellers, and sex tourists. Jay Keystone’s memorable reflections on the latter group drew an appreciative response from the curious audience! Immunocompromised travellers’ issues were also discussed and new tropical medicine guidelines in relation to leishmaniasis and Chagas disease were presented. A symposium entitled ‘Our Dangerous World’ reminded us of the triple threats of climate change, air pollution and extreme events such as earthquakes and tsunamis. An interesting symposium devoted to extreme travel addressed high altitude illness prevention and management, and introduced the travel medicine community to the emerging realities of commercial space travel.

Well attended workshops included ones devoted to specific destinations such as India and Southeast Europe, the variation in travel medicine practice across continents, rabies prevention and psychosocial aspects of travel. Eric Caumes, Editor-in-Chief of Journal of Travel Medicine, presented an excellent round up of the most influential recent publications in travel medicine.

At the closing ceremony it was announced that the 16th CISTM conference will be held in Washington DC in June 2019. I hope that the entire global travel medicine community will enjoy the freedom to travel to this great city, to rekindle friendships and to update their knowledge in the fast-moving and exciting field of travel medicine.

Gerard Flaherty