In the aftermath of the 2017 CISTM Barcelona meeting, the ISTM Leadership Council met to discuss the outline of the future strategies to meet the goals set with the Presidential Charge “Build Bridges”. Personally, I was pleasantly surprised by everybody’s catching enthusiasm. I would like to take this opportunity to thank the Leadership Council for their commitment, and for the constructive and inspirational discussions we had.

Today, I would like to focus on what has been achieved up till now.

The organization of the ISTM Conference on Migration Health is in full swing. We are very fortunate to have Chris Greenaway to lead the Scientific Program Committee (SPC). The other SPC chairs are: Davide Mosca (International Organization for Migration), Marty Cetron (US Center for Disease Control), Teymur Noori (European Center for Disease Control) and Ymkje Stienstra (ESCMID/ESGITM). We received over one hundred abstracts for program proposals in just three months! It is wonderful to see that a growing group of national and international organizations are happy to contribute by sending excellent speakers. The SPC recently met in Palermo to develop the conference program. It was an inspiring meeting with many new and sometimes bold ideas. I think they have come up with a really exciting program. So block your agenda now for next year, 1 - 3 October 2018, and watch for updates on the ISTM Website!

Internet and mobile phone technology are profoundly changing our society and the way we communicate. It will definitely have an impact on our future daily travel medicine practice. In order to promote the use of digital information and communication technology in research and in communication with our members, travelers, and other health professionals, the ISTM Executive Board has created a new Standing Committee on Digital Communications. We are very happy that Sarah Kohl and Christopher Van Tilburg have accepted to chair and co-chair this Committee. I would like to encourage ISTM members with experience in digital communication and information technology beyond normal consumer use to join this Committee and to help shape our future digital communication tools. Those interested in participating should contact the ISTM Secretariat at ISTM@ISTM.org.

Each year, the Society supports research grants for cutting-edge research in the field. This year, the ISTM Executive Board has increased the funding available for these awards to USD 90,000. In addition, they added some special categories to support the Society Mission and the
President's Goals. Along with general travel medicine projects, we would like to promote research proposals from investigators in resource-poor countries, to encourage proposals highlighting immigrant/refugee health or digital communications, and to support research by ISTM Interest and Professional Groups. Applications for the 2017-2018 ISTM Research Awards are now being accepted through 31 January 2018.

Finally, I would like to draw your attention to the call for proposals for the 2019 CISTM in Washington DC. Through 15 March 2018 ISTM members are invited to submit proposals for plenaries, symposia, and workshops. Topics should reflect the latest advances in clinical science and should emphasize areas that have had significant developments since the CISTM15. I can just think of two recent developments: pneumonic plague in Madagascar and the new SAGE recommendations to the WHO on abbreviated rabies pre-exposure schedules. We are living in new and exciting times indeed!
Dear Colleagues,

I still like ink on paper. Perhaps this is because I grew up researching term papers with Encyclopedia Britannica, reading used paperbacks, and keeping a travel journal with thin pocket spiralbound notebooks. I like holding books and magazines, thumbing through the pages, which are sometime crisp, starched, and bright and other times dogeared, well-worn, and marked up by a previous reader. I like sitting on the beach while waiting for the surf to come up and reading a book — unplugged with a device relatively immune to the sand, wind, and sea spray. And so, here is the 2017 ISTM Yearbook: a bit of our past year as a society, 25 years strong, and a look at what’s to come. In print.

That said, our world in travel medicine is very much plugged in and connected. And often, this makes life better: it improves the health and wellness of our patients by saving us time and giving us access to many vast resources. As practitioners and researchers, we communicate faster, in more detail, and with farther reach. We have instant access to medical information and can network among our colleagues to seek advice on difficult cases. Many of us have received emails with images from our patient’s maladies when they are across the globe, and sent images and emails to consultants for expert advice. It is an integral part of travel medicine today.

So, with the coming of 2018, ISTM continues to embrace technology in the form upgrading websites, cell phone apps, social media, and other forms of digital telecommunication. The meeting app at CISTM15 in Barcelona, for example, was fabulous for keeping track of lectures and events. At some point as technology evolves ink and paper may go away. But for now, ISTM is striking a happy balance between embracing new technology but also keeping these forms of communication intact, especially those that we use regularly and reliably, like Travel Med Forum, the print and online Travel Medicine News, and the online Journal of Travel Medicine.

If anyone is interested in serving on the new Digital Communication Committee, please contact Sarah Kohl at sarahkohlmd@gmail.com.

If anyone is interested in serving as Travel Medicine News Associate Editor from outside North America, please contact the Editor at: Christopher.vantilburg@providence.org.

“The meeting app at CISTM15 in Barcelona was fabulous for keeping track of lectures and events.”

Christopher Van Tilburg, Editor, Travel Medicine News
International migration is a global phenomenon that is growing in scope, complexity and impact. Human migration is now at an all-time high, accounting for 245 million persons and is shaping world events and fuelling political and public debates. People have been migrating since the beginning of human history to escape natural catastrophes, wars and dictatorships or to seek out a better life for themselves and their families. These flows have led to the progressive and balanced mixing of people that has generally been productive, leading to cultural and economic exchanges that have benefited both the native and migrating populations and have built nations. The rate of migration however, has increased dramatically since the 1970s, tripling over this time. Forced migration, driven primarily by conflicts, social injustice and global inequities, has also increased during this same time period, resulting in a quarter of all international migrants who are refugees, asylum seekers or internally displaced persons many with health disparities. Migrant populations are heterogeneous and have a broad range of health needs -- their presence raises several medical, ethical, economic, social and cultural issues for both migrants and receiving health systems.

The International Society of Travel Medicine has been focussed on the care of traveling and mobile populations for more than 25 years. Increasing migration with large forced movements of vulnerable populations provides both the need and an opportunity to have a dialogue on the health issues experienced by all categories of migrants and the responsiveness of receiving health care systems. Acknowledging that ISTM does not have the breadth of expertise needed to address the complex multidisciplinary health issues of this population we have partnered with clinical, public health, and humanitarian organizations in organizing this conference.

The objective of this meeting is to provide an international forum to discuss scientific evidence on migration health that covers a broad range of issues including clinical needs (infectious diseases, non-communicable diseases, women health issues, mental health) and the required public health and humanitarian response.

This meeting will provide a mix of important topics relevant to the migration health community such as health problems and health needs of migrants, health screening, and emerging diseases in transit settings. Communication to the public is another topic to be discussed along with specific regional issues. Covered topics will be of interest to a wide range of health personnel including infectious disease specialists, microbiologists, family physicians, psychiatrists, pediatricians, obstetricians, emergency medicine doctors and travel medicine providers, public health professionals, high-level policy makers from various countries and members of humanitarian or non-governmental organizations caring for migrants.

To register or for more information, go to: www.ISTM.org
The ISTM Foundation (www.ISTM.org/ISTMFoundation) has been established for only a few years, but already has a number of significant achievements, including the development of international consensus guidelines on travelers’ diarrhea, which have been published in the *Journal of Travel Medicine* (JTM). These guidelines are available at the JTM publisher’s website (academic.oup.com/jtm/article/24/suppl_1/S63/3782742/Guidelines-for-the-prevention-and-treatment-of). It also supports research and travel grants for the ISTM, including for those in resource poor settings. It is also seeking to expand opportunities to fund core ISTM initiatives, such as GeoSentinel and the ISTM’s Inaugural International Conference on Migration Health (ICMH) (www.ISTM.org/imm2018) to be held in Rome in 2018.

The ISTM Foundation focuses not only on travelers, but also on the movement of other groups, such as migrants and refugees. The increasing focus on migration health within the ISTM indicates that the society is responding to member and global concerns concerning migrants and refugees. Well done to the ISTM Leadership for recognizing this need and responding in a timely manner.

The ICMH represents a key response, but needs ISTM member support and the support of expert agencies involved with migration health and their staff. A number of these agencies will be involved in the ICMH in Rome, Italy, next year from 1-3 October 2018, and at this conference there is a wonderful opportunity for the ISTM to bring together delegates, including our ISTM members, and agencies interested in migration health for a common purpose. The first announcement of the ICMH is available on the ISTM website (www.ISTM.org/imm2018).

While on a recent visit to Italy, I was privileged to attend the opening session of a Postgraduate course in Migration Health being held in Palermo, Italy from 1-4 October 2017. The course faculty was led by Professor Francesco Castelli and the ISTM was able to provide support for several speakers for this program. One of the aspects of migration health that was impressed upon participants was the vast range of communicable and non-communicable diseases presentations that may occur in migrants, including a number of tropical diseases, which clinicians would need have some familiarity with. Consequently, such conditions were well represented on the program for this Postgraduate course in Migration Health. Thank you to the organizers, sponsors, supporters and participants to be involved.

The ISTM Foundation is subservient to the ISTM and the activities and projects of the Foundation are directed by the Society. Current ISTM Foundation Board members include a number of well-known identities in the ISTM. Foundation Board members include:

**President:** Brad Connor, United States of America  
**Secretary-Treasurer:** Peter Leggat, Australia  
**Board Members:** Phyllis Kozarsky, United States of America  
Robert Steffen, Switzerland  
Annelies Wilder-Smith, Switzerland and Singapore  
**Executive Director:** Diane Nickolson, United States of America

It is easy to donate to the ISTM Foundation. There is a donation portal on the ISTM Foundation website (www.ISTM.org/ISTMFoundation). All contributions to the ISTM Foundation, as a 501(c)(3) organization are fully tax deductible under the United States law. Please check with your tax professional for details in your home country. If you have recommendations for potential avenues of funding from external groups and other foundations, including for our migration health initiatives, please contact the Executive Director, Diane Nickolson (DNickolson@ISTM.org).
This year’s Travel Medicine Year in Review theme is floods. 2017 was a terrible year for the huge tolls that floods and other natural disasters took on the world: historic, record-breaking and unprecedented events on almost every continent. But also during 2017, *Journal of Travel Medicine* was awash with interesting and informative articles that resonated with this theme.

**Flood of Diseases** What proportion of international travelers acquire a travel-related illness? A review of the literature *(JTM, Vol 25, issue 5)*. A literature review of studies on the number of travelers acquiring a travel-related illness (1976-2016) provided the most current and comprehensive assessment of this population. Four studies were the most robust, reporting that 43-79% of travelers who frequently visited developing countries became ill.

**Swell of Medical Tourism** Global trends in center accreditation by the Joint Commission International: growing patient implications for international medical and surgical care *(JTM, Vol 25, issue 5)*. As more patients seek care abroad for financial reasons, it is essential that they find hospitals that render safe and ethical care. The researchers reported information on the number of medical centers that are accredited with the Joint Commission International (JCI), countries in which they are located, and international hospital partnerships for several academic hospitals in the US. Also reviewed were the risks of receiving care abroad and why accreditation is so useful for optimal care.

**Torrent of Travel** Global travel patterns: an overview *(JTM, Vol 24, issue 4)*. The World Tourism Organization (UNWTO) provided a detailed look at global tourism patterns. Interestingly, tourism is recognized in three of the seventeen UN Sustainable Development Goals, including fostering economic growth, creating jobs, and promoting local culture.

**Stream of Travelers’ Diarrhea** Information Guidelines for the prevention and treatment of travelers’ diarrhea: a graded expert panel report *(JTM, Vol 24, Suppl 1)*. An entire supplement of JTM was devoted to the etiology, epidemiology, diagnosis, treatment, and research on resistance of TD. The supplement also included the TD guidelines, from an expert graded international report.

**Surge of People at Mass Gatherings** Strengthening health security at The Hajj mass gatherings: characteristics of the infectious diseases surveillance systems operational during the 2015 Hajj *(JTM, Vol 24, issue 3)*. Infectious disease transmission and outbreaks at large mass gatherings like the Hajj present a risk to those attending the event, the local population, and countries to which the pilgrims return. Model infectious diseases surveillance systems have been developed by the Saudi authorities; these could be complemented by syndromic surveillance systems and international cooperation.

The total solar eclipse on 21 August resulted in mass gatherings throughout the world, but no major outbreak was reported...

**Wave of Migrants** Health problems of newly arrived migrants and refugees in Europe *(JTM, Vol 24, issue 4)*. This article reviewed the literature on the specific health issues of migrants and refugees to Europe; the most common countries of origin were Syria, Afghanistan, Iraq, Eritrea, and Somalia. Also included was a discussion on access to healthcare for new arrivals, and recommendations for their management.

**Flow of Climate Change** And there can’t be a discussion about floods without mentioning climate change: *Climate change, emerging infections and blood donations; International travel and blood donation: risks and restrictions* *(JTM, Vol 24, issue 3)*. Global climate change has led to changes in vector distribution and population shifts, resulting in emerging infections in areas where they were previously not found. Infections spread by transfusions can be minimized with new blood screening tests and more testing for emerging diseases.

So, is there a drought in travel medicine? Perhaps — *Closing the Gap in Travel Medicine* *(JTM, Vol 24, issue 4)*, an editorial by ISTM Immediate Past President Annelies Wilder-Smith introduced an issue of JTM containing the theme of her presidency — addressing the gap between travel medicine practice today, with its still strong Western perspective, and those travel medicine needs that are emerging as global travel patterns rapidly change.

And last, but not least, what will be the impact of the flooding on upcoming travel? Stay tuned for 2018.
FODMAP — A FOOD CHEMIST IN YOUR POCKET

Or patients with irritable bowel syndrome (IBS), maintaining a low FODMAP diet can help to control gastrointestinal symptoms. However, selecting low FODMAP foods can be challenging and doing this while traveling is daunting. Long after your travelers have left the dietician’s office they have to choose something to eat.

Making low FODMAP food choices is difficult; simply choosing ‘lactose-free’ or ‘gluten-free’ does not eliminate all problematic foods. This is compounded by having to choose from unfamiliar foods when traveling. It’s impossible to guess which foods are OK. For example, who would think that cantaloupe and honeydew melons are safe bets but watermelon can cause misery for affected individuals.

This is where the low FODMAP diet app developed by Monash University, Australia comes in handy. Your travelers can simply pull out their phone and scroll through a list to discover if any of the four offending carbohydrate groups are present in the food they are considering.

How does it work?
The interface is straightforward. There is a section explaining what a FODMAP is, and why certain people should avoid them. To check out a food, simply use the food guide, which is arranged by type (fruits, vegetables, grains, breads, meats, etc).

The app uses a red-yellow-green light system to identify foods with oligofructans, fructose, polyols, and lactose. Each person’s sensitivity to FODMAP is variable so the app allows you to fine tune the recommendations using simple sliders for each of the four categories. You may also choose between English or German and select from 13 different countries for regional foods.

For example, let’s say you’re in Arusha, Tanzania and you’re wondering if you can eat a bowl of millet porridge. Simply open the app, search for millet and quickly discover green in all four categories. Yum, you can tuck into a delicious local treat. If, however, you think you might prefer rye toast, you can search for that instead (but when you find it highlighted in red you may decide to forego the croissant and the symptoms it might bring).

Why will travelers like this app?
This app is easy to use and informative. It’s easy to select food from the available options when traveling. It’s like having a food chemist in your pocket. Simply swipe, choose your food and enjoy your meal, without worrying about repercussions.

‘Low FODMAP diet’
Created by Monash University, Australia, the app ‘Low FODMAP diet’ helps travelers with the irritable bowel disease decide whether a particular food or beverage is low in FODMAPs
Cost: 12.99 AUD
Category: food and drink
Devices: iOS, Android
Pros: Simple interface, informative, content only available online
Cons: Need wifi or cell service to use food guide
Rating: ★★★★★
Learn more: www.med.monash.edu.au/cecs/gastro/fodmap/iphone-app.html

A note of caution: even with optimal preparation and education dietary ‘indiscretions’ still occur while traveling. For travelers with food intolerances or allergies, the wise practitioner will make sure that their travelers are well versed in how to manage an accidental exposure, including how to access local medical care.
FOOD ALLERGEN RESTAURANT CARDS — AVOIDING FOOD ALLERGENS WHILE TRAVELING

Communication is the key to avoiding food allergens. Many allergic travelers are concerned that the message about severe food allergy doesn’t make it to the people who actually prepare the food, and often severely limit their food choices to ensure they don’t have an accidental exposure.

Translated food allergy cards provide a simple solution by describing allergies in the local language. The cards are easy to carry and can be handed to the kitchen staff by wait staff to ensure everyone is aware of the problem.

How do they work?
Several online vendors offer allergy translation cards. Some allow you to print them yourself or store them electronically on your phone or tablet, while others mail them out. The cards are designed to be shown to restaurant staff so that they can prepare your food in a safe manner.

Note that not all companies address the issue of cross-contamination by cooking utensils, which is a problem if you are extremely sensitive. It’s no fun to endure an ambulance ride to the local ER while your face swells up and you wheeze, especially when you don’t speak the local language.

Why will the travelers like these cards?
Food allergy cards help travelers communicate allergies to restaurants so that they can decide whether or not a particular food or beverage is safe to eat or drink. These cards are easy to use. They’re available in a wide assortment of languages to help travelers everywhere.

The vendors listed at right have personal experience with food allergies but none have medical training.

Food Allergy Research & Education Website
Created by a merger of two leading patient advocacy organizations. This website has educational materials and a popular downloadable emergency care plan. Detailed tips for travel are available for 11 countries.

Cost: free
Category: food and drink
Devices: website
Pros: comprehensive educational materials
Cons: travel advice limited to 11 countries, English only
Rating: ★★★★★☆

Allergy in Translation Allergy Cards
Created by Allergy in Translation, the ‘Food Allergy Cards’ cards are available for 200 types of food allergies in up to 43 languages. Multiple allergens can be included on single card. User prints out cards for wallet.

Cost: $6 USD per card
Category: food and drink
Devices: paper print-at-home card or screen shot for phone
Pros: Simple, fast
Cons: does not address cross-contamination of food
Rating: ★★★★★☆

Select Wisely Allergy Cards
Created by Select Wisely, the ‘Food Allergy Cards’ cards are available for 10 types of food allergies in up to 55 languages. Can be emailed or shipped.

Cost: $15 USD per card
Category: food and drink
Devices: plastic card
Pros: Simple includes picture of food, related allergy cards available
Cons: Need to order well in advance travel, expensive
Rating: ★★★★☆☆

Dietary Card Allergy Cards
Created by Dietary Card the ‘Food Allergy Cards’ cards are available for 100 types of food allergies in 17 languages. Shipped to your home.

Cost: £10-25 + shipping per card
Category: food and drink
Devices: plastic card
Pros: Simple, up to 4 allergens per card
Cons: Need to order well in advance travel, expensive
Rating: ★★★★☆☆

Learn more:
www.foodallergy.org/about/faaalliance/travel-plan?
www.allergytranslation.com/
www.selectwisely.com/catalog/Food_Allergies-1
www.dietarycard.com/
Want to get more out of your ISTM membership? Take advantage of all ISTM has to offer online including Member Benefit Webinars, free to members, online learning programs, and the teaching slide set. These are all either free or at a reduced fee for all ISTM Members.

**Member Benefit Webinars** are now free to members. In the 2016-2017 fiscal year, ISTM members were treated to four webinars with completely different topics, Travelers’ Diarrhea, Zika, Chikungunya and the Febrile Returned Traveler. All of these along with others can be found on the ISTM website ISTM Member Benefit Programs page.

The ISTM **Online Learning Program** now has more than 100 travel medicine sessions available! 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, visit the ISTM website.

The **Teaching Slide Set**, *Introduction to Travel Medicine*, has been updated in 2017 and you can now purchase only the sections you’re interested in. The set has been split into four chapters, Chapter 1: Introduction to Travel Medicine, Chapter 2: Travel Topics and Special Conditions, Chapter 3: Travel Vaccines, and Chapter 4: Vector-borne Diseases. You can purchase one or all four at a discount. Visit the ISTM Website for more information. We would like to thank the ISTM Professional Education Committee for spearheading this effort.

There are many more advantages to being an ISTM member. Have questions?

Contact the ISTM Secretariat at ISTM@ISTM.org or visit the ISTM Website at www.ISTM.org.
The Biennial Conferences of the ISTM (CISTMs) have been the premiere 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 the art of travel medicine — they also attend the exposition to see new and innovative technologies, products and services. 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 gynecology, occupational medicine, orthopedics, 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.

The Scientific Planning Committee has confirmed the topics for the next CISTM in Washington DC, United States of America, 5-9 June 2019. The Call for Proposals is now open and proposals will be accepted through 15 March 2018. Abstract submissions will open October 2018.

- Air Travel
- Communication and Technology
- Destination
- Disaster/Conflicts/Military
- During Travel
- Education/Training
- Emerging Infections
- Environment
- Impact on Host Country
- Infectious Diseases
- Malaria
- Mass Gatherings
- Mental Health
- Migrants
- Non-infectious Disease Travel Risks
- One Health and Zoonoses
- Post Travel
- Pre-Travel Prep/Advice
- Special Traveler
- Specialty Travel
- Vaccines
- Vectorborne Diseases

To stay up-to-date, please visit www.ISTM.org/CISTM16.
One of the ISTM’s flagship programs is the GeoSentinel Surveillance Network. This is a global network created in order to gather and share surveillance data concerning travel- and immigration-related infectious diseases. With the support of ISTM, the United States Centers for Disease Control, and the Public Health Agency of Canada, GeoSentinel collates and analyses data on illnesses in travelers, migrants and refugees and communicates information on travel-related illness to the travel medicine and public health communities. GeoSentinel Sites participate in the surveillance and monitoring of travelers to detect alarming diagnoses or atypical events and monitor trends. These activities allow for the creation of a unique database on travel-related morbidity and, through information sharing globally, informs public health on changes in infectious disease epidemiology.

There are currently 70 GeoSentinel sites, located on five continents, with 25 in North America, 24 in Europe, 9 in Asia, 3 in South America, 3 in Africa, 2 in Australia/New Zealand, and 1 each in Israel, Nepal and the Middle East. As of September 2017 there are over 280,000 records in the GeoSentinel database.

As part of the GeoSentinel structure, there are four working groups that share the work and leadership of the program. The Data Management Working Group is responsible for the quality of the data entry tools to make sure the sites are capturing all relevant travel related illnesses. The Enhanced Clinical Surveillance Working Group focuses predominantly on pathogen-centred and clinically descriptive projects. The Special Populations Working Group develops and carries out projects within GeoSentinel to address issues related to special populations such as migrants and medical tourists. The Tracking-Communications Working Group is responsible for reviewing routine and alarming diagnoses to identify potential sentinel outbreaks, maintaining communication within the network and with external partners and public health authorities and creating alerts for distribution to the Sites and Affiliate members.

GeoSentinel uses its travel-related illness data collected to publish in peer-reviewed journals. Publications in press or in progress include *Clostridium difficile*, pertussis, Zika, malaria, leptospirosis, rabies and business travelers. GeoSentinel leaders have given presentations around the globe presenting data from the network. GeoSentinel has also sent out multiple alerts with information important to the clinics that make up the network.

The GeoSentinel Sites meet twice a year to discuss network matters and to share ideas, interesting cases and brief research reports. It also gives each of the four working groups a chance to meet in person and report to the larger group on the projects they have been working on. If you are interested in becoming a GeoSentinel Site or Affiliate Member, visit the ISTM Website and click on the GeoSentinel page.

Contact GeoSentinel@ISTM.org for more information.
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 MyISTM online portal, including the TravelMed ListServ with more than 3,500 members from 100 countries. The MyISTM 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.

- Member benefit webinars on the latest issues facing travel medicine practitioners today … and if you can’t attend the live webinar, they are archived for ISTM Members to access shortly after they are initially presented.

- Listing in the Online Global Travel Clinic Directory (with more than 800,000 visits each year) – with the new features allowing clinics to include availability of the Rabies Vaccine, Rabies Immune Globulin and JE vaccines.

- Specialized publications including:
  - *Journal of Travel Medicine* the ISTM peer-reviewed scientific journal published bimonthly
  - *Travel Medicine News*
  - *The Responsible Traveler*
  - Bibliographies on focused areas in the practice of travel medicine
  - Educational Materials and Handouts, including 7 tips for The Responsible Traveler, 10 tips for Healthy Travel, and ISTM Educational Patient Cases

- 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
Applications for the 2017-2018 ISTM Research Awards are now being accepted until 31 January 2018.

The 2017-2018 Research Awards that will be granted include funding for:

- proposals from investigators in resource-poor countries,
- proposals highlighting digital communications,
- ISTM Interest and Professional Group research; and,
- general travel medicine projects.

The Research and Awards Committee is pleased to announce the 2016-2017 Research Award Winners

1. **Measuring neutralizing antibodies against yellow fever virus ten years after intradermal yellow fever vaccination with 1/5th-fractional dose**, Anna H.E. Roukens, The Netherlands, Principal Investigator.

2. **Elucidating metagenomic markers of prolonged diarrhoea in returned travelers**, Katherine Gibney, Australia, Principal Investigator.

3. **The Association Between the Proportion of Pharmacists Authorized to Administer Injections and the Proportion of Patients Adherent to Multiple-Dose Travel Vaccine Regimens: A Retrospective Cohort Analysis of Administrative Data in Alberta, Canada**, Sherilyn Houle, Canada, Principal Investigator.


5. **Real-time remote monitoring of malaria chemoprophylaxis adverse events though Smartphone application (Trip App)**, Natalia Rodriguez Valero, Spain, Principal Investigator.

This year once again the ISTM devoted special funding for research in resource-limited countries and emerging markets for the first time. This funding was in addition to the annual research grant program already in place. We are happy to announce this year’s recipient of this funding.

1. **Pathogens Identification and Antimicrobial Susceptibility Testing on Traveler’s Diarrhea Cases in Bali, Indonesia**, Arak Agung Sri Agung Aryastuti, Indonesia, Principal Investigator.

**The ISTM Slide Set has been updated in 2017 and you can now purchase only the sections you’re interested in. The set has been split into four chapters:**

Chapter 1: Introduction to Travel Medicine
Chapter 2: Travel Topics and Special Conditions
Chapter 3: Travel Vaccines
Chapter 4: Vector-borne Diseases

Members can purchase one or all four at a discount. Visit the ISTM Website at www.ISTM.org for more information.

We would like to thank the ISTM Professional Education Committee for spearheading this effort.
This past year has been a busy year for the Journal of Travel Medicine (JTM). We have seen a publisher change to Oxford University Press, as well as the successful transition to an all online journal from a printed version. We have begun producing special themed issues this year, including Travelers' Diarrhea, Closing the Gap, and Multidrug Resistant Bacteria. More themed issues are already being worked on for next year.

January 2018 will see the next wave of changes for the journal as the JTM will move from bi-monthly issues to a true continuous online journal. This will further reduce the amount of time it takes for an article to go from conception to publication, so you can receive the latest information quickly.

We would like to thank the tireless work of the JTM Editorial Board for their continued support and commitment to the JTM.

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- Eli Schwartz, Israel
- Marie-Louise Scully, United States of America
- Marc Shaw, New Zealand
- Tadishi Shinozuka, Japan
- Haibo Wang, China
- Adrienne Willcox, United Kingdom
- Lorenzo Zammarchi, Italy
- Rudolph A.Z. Zimmer, Canada
The 2018 ISTM North American Travel Medicine Review and Update Course will be held in Atlanta GA, United States of America, 13-14 April.

The Review Course offered by the International Society of Travel Medicine is designed to review the Body of Knowledge for the Practice of Travel Medicine and to highlight recent developments in Travel Medicine.

The curriculum will cover topics relevant to physicians, nurses, pharmacists and other health care professionals who provide medical care and advice to travelers, expatriates, and migrants. The sessions offered will include travel clinic management issues, principles of immune response, risk assessment, and a travel vaccine overview. The expert faculty will present topics including epidemiology, enteric infections, traveler’s diarrhea, malaria and other vector-borne disease, adventure and wilderness travel, environmental exposures, and evaluation of illness in returning travelers. The care of special groups such as pregnant women, pediatric travelers, immigrants, VFR travelers, diabetics, and immunocompromised hosts will be discussed. Recent developments and advances in travelers’ diarrhea, immunizations, malaria medications, and emerging infectious diseases will be highlighted. Participants will have ample opportunity to interact with the faculty through interactive sessions and informal discussions.

Information on the course venue and registration is located on the ISTM website at: www.ISTM.org.
ISTM CERTIFICATE OF KNOWLEDGE IN TRAVEL HEALTH

EXAMINATIONS

21 MARCH 2018, BANGKOK, THAILAND
EARLY SEPTEMBER 2018, ATLANTA, GEORGIA, UNITED STATES OF AMERICA

The examination will be offered twice in 2018. The first exam will be offered on 21 March 2018 immediately preceeding the Asia Pacific Travel Health Conference in Bangkok, Thailand. For more information about the 21 March 2018 ISTM CTH® Examination, or to submit your application to take the exam go to the ISTM website at www.ISTM.org.

Please note that space for both examinations will be limited, and candidates should plan to submit their applications early.

The second 2018 exam will be offered in Atlanta, Georgia, United States of America in early September. The date and venue for this exam will be posted when confirmed, and registration will open for the September 2018 exam in March of 2018.
NURSING

What is the mission of the Nursing Professional Group (NPG)?

The NPG was organized to address the needs of nurses working in the field of travel medicine. We do this by recognizing the accomplishments of nurses through the awards programs, working to foster collaboration with other travel medicine professionals and, most importantly: ensuring the educational content at the ISTM meetings meets the unique needs of nurses. As ISTM is a global organization, we strive to have a global reach through encouraging Steering Committee participation from all continents.

Who is on the NPG Steering Committee?

Sue Ann McDevitt, Chair (United States of America)

Sue Ann has worked in travel medicine since the 1980’s when the specialty was in its infancy. Member of International Society of Travel Medicine (ISTM.org) since 1994, and is a Founding Member of the American Travel Health Nurses Association (ATHNA). She is currently the co-chair of the Premise Health Travel Medicine Advisory Board. Works for a large on-site employee health care provider as the Travel Medicine Subject Specialist and has taught the travel medicine education program for her employer since 2007 and provides 1:1 mentorship to all who need assistance.

Certified Travel Medicine Advisor, 1997: Scottish Centre for Infectious & Environmental Health, University of Glasgow; 2012: Affiliate of the Faculty of Travel Medicine, Royal College of Physicians and Surgeons, Glasgow; 2016: Chair of the Leadership Council of the International Society of Travel Medicine’s Nurse Practice Group; Awarded ISTM Certificate of Knowledge 2017. With only thirty countries visited so far, she ranks travel as hobby #1.

Heather Connor, Chair-Elect (Canada)

Heather has been practicing travel medicine for 20 years. She has a Bachelor of Nursing from Dalhousie University in Halifax, N.S. and received her CTH® in 2007. Heather and her husband (Dr. Steven Connor) worked in a public health project in the Democratic Republic of Congo for 1 year. After returning home to Canada, Heather was involved with the start-up and operation of a travel clinic in 2 locations in Ontario. Heather is currently involved with consulting work in travel medicine at various locations in Ontario.

Hilary Simons (United Kingdom)

My background is in nursing in primary care (general practice) in the United Kingdom, where I worked for many years and where my passion for the specialty of Travel Medicine developed. Since January 2003 I have worked as a Specialist Nurse in Travel Health for the National Travel Health Network and Centre (NaTHNaC). Part of this diverse role involves advising health care professionals about travelers with complex medical histories, itinerary or both, compiling regular and timely clinical updates for the NaTHNaC website, writing for publication and facilitating the yellow fever training program for UK Yellow Fever Centres in England, Wales and Northern Ireland.

I am a member of the British Global Travel Health Association and International Society of Travel Medicine (NPG Council Member, CPD Committee Member) and a Fellow of the Faculty of Travel Medicine, Royal Society of Physicians and Surgeons, Glasgow (where I have served a term as Board Member). I have participated in travel medicine conferences in the United Kingdom and overseas and am a frequent contributor to the literature.

I am an advocate of international understanding and collaboration and know that working together in this
way can be extremely productive and rewarding; I continue to seize opportunities to share my knowledge and learn from the experiences of others within the international nursing community and other disciplines.

In my spare time I am a fair weather hill walker and enjoy global travel off the beaten track!

Caroline Nash (Australia)
Caroline is the Operations Manager for Aspen Corporate Health, a division of Aspen Medical, an Australian-owned global provider of healthcare solutions. She has postgraduate qualifications in Public Health, Tropical Medicine, Infection Prevention and Control, Travel Medicine and Immunisation Practice. Caroline has extensive experience providing education to travelers and health professionals with regard to all aspects of Travel Medicine. She has co-authored a rabies awareness brochure for travelers that has been used by international organisations in addition to being a Subject Matter Expert for a rabies media campaign.

In 2016, Caroline was elected on to the steering committee of the International Society of Travel Medicine (ISTM) Nurses Professional Group (NPG). Her aim as a member of the leadership council is to work collaboratively with other members of the steering committee to strengthen the network of nurses within the NPG and ISTM cohort.

Lisa Lynch-Jones (United States of America)
I have served on the NPG committee for the past 2 years and have been a member of ISTM since 2007 when I sat for the CTH® exam. I am a nurse practitioner in a busy infectious disease and international travel clinic. The travel part of my day is by far my favorite. Travel health is a fascinating subspecialty. Global infectious disease is a moving target so continued education is ongoing. The International Society of Travel Medicine is one of the best places to obtain continued education opportunities in travel related topics. I am particularly fond of the opportunities for nurses to further their knowledge and skills. Vaccines and education have always been the central domain of a nursing profession. They are also an essential part of the pre-travel consultation. I look forward to continued participation and support of the outstanding nurses in our field.

Ruth Anderson (Australia)
After a lifetime of traveling – working in the United Kingdom, Italy, New Caledonia, Egypt and Mexico, then as an international flight attendant – in 2004, I decided it was time to settle down, get a dog and have the newspaper delivered every day. Now, training nurses in travel consultations, writing articles and health alerts for our website and speaking to travel agents about travel health matters, I continue to enjoy work that is never routine, and that’s what keeps me interested and motivated. Most days there will be a destination or new activity for travelers to enjoy that you haven’t heard of, or maybe a novel treatment or vaccine — there’s nothing mundane about travel medicine. The reason I became interested in participating in the NPG was to contribute ideas that would hopefully support nurses in their day-to-day practice, encourage them and help to nurture their motivation at work. And of course offering a Down-Under perspective.

Jutarmas (Neung) Olanwijitwong (Thailand)
Neung is the newest member of the NPG Steering Committee, joining in June 2017. She works at Mahidol Hospital in Bangkok as a research nurse in the Hospital for Tropical Diseases, focusing on risk of tropical diseases among foreign travelers to Southeast Asia, particularly malaria and dengue fever and fever in travelers. Neung will be at the APTHC meeting in Bangkok, as will Caroline Nash, so please introduce yourself.

How can you contribute to the NPG?
• We will have three seats on the Steering Committee in 2018 opening as members step down and will be looking to fill those seats plus 3 more. (Service is 2 years). Please consider adding your voice to the ongoing support for nurses in ISTM by nominating yourself or a colleague.
• We would love to have a member from the continents of Africa or South America!
• In preparation for CISTM16 in Washington DC, consider nominating a friend or yourself for an NPG award! Details can be found here: http://istmsite.membershipsoftware.org/nursinggroup
• Is there a specific topic you as a nurse feels should be presented at CISTM16/Washington in 2019, please submit your proposal for a plenary, symposium or workshop to the Scientific Committee by March 1, 2018 (watch the ISTM website and your mailbox for details).

I will close with saying thank you to my amazing team, and to my predecessor: Caroline Driver. You ladies bring such an wonderful scope of knowledge and experience to this committee. I look forward to seeing you and all of the NPG members in Washington!

Sue Ann McDevitt, Chair, ISTM Nursing Professional Group

CONTINUED ON PAGE 20
The PPG mission is to promote the role of the pharmacist in the practice of travel medicine and to serve as a resource for those pharmacists who are interested in or who are in the practice of travel medicine, and our group has been very active in this regard. The group was created in 2009 to represent pharmacists around the world who practice in travel medicine and to date we have 230 members.

We have a number of on-going projects that have received interest from the travel health fraternity:

- Creation of PharmaSentinel — a Pharmacy Sentinel Network. A network of pharmacists (and others) to alert travelers about medication supply issues and other health items purchased through pharmacies at their destination
- Building a better working relationship between PPG and the International Pharmaceutical Federation (FIP) to encourage more participation in both across the ISTM and FIP organizations
- Development of a Pharmacist CTH® Study Group in the MyISTM community to assist pharmacists wanting advice regarding the CTH® exam

- Ongoing bibliography of pharmacist published work in travel health, accessible here (sign in required)
- To promote the role of the pharmacist in the practice of travel health
- To serve as a resource for those pharmacists who are interested or practice in travel health

Pharmacists are being recognized as important players in the travel health arena, with Professor Larry Goodyer being elected to the chair of the British Global and Travel Health Association (BGTHA) and Lee Baker elected as President of the South African Society of Travel Medicine (SASTM), with both being the first pharmacists to hold these positions.

The PPG were very active at the vibrant and interesting CISTM15 held in Barcelona in May this year. 72 Pharmacists wrote the CTH® exam.

Two of our members have applied for funding for a project to perform a review of travel health smartphone applications with the aim of identifying a handful that could be considered “gold standard”.

Lee Baker, Chair, Pharmacist Professional Group
Carrying and obtaining medicines overseas – current project work by the PPG

This was followed by a welcome cocktail function which was very well attended by pharmacists attending the conference. This gave an informal opportunity to meet pharmacists from around the world and find out how pharmacists are using their skills to provide travel health and direct patient care services in the community. Canadian pharmacists seem to be leading the field in this and it would be wonderful to be able to use their experience to encourage other countries to do likewise.

Two of our members were asked to run an interactive workshop on traveling with medicines and this was well attended.

All except two of our steering committee attended the conference and so we were able to hold a face-to-face Council meeting where many of the projects were discussed and the way forward for the group.

All the interest groups were given their own booths at the conference where we put up a poster informing visitors to the booth about PPG.

One of the main principles of ISTM is to encourage links with other healthcare professional groups and inform them about travel health. This year we will be represented at FIP in Seoul, Korea to start building links for travel health pharmacists to become recognised in FIP and increase membership to the PPG and ISTM.

Why join???

- Network with pharmacists from around the world
- Help promote the profession of pharmacy within the travel medicine community
- Become better informed in order to wisely advise patients and travelers
- Access to educational and professional activities
- Promote collaboration among pharmacists in the areas of practice, research, and education

UPCOMING MEETINGS

- 16th CTH® Exam
  Bangkok, Thailand
  21 March 2018
  www.ISTM.org

- The Asia Pacific Travel Health Society (APTHC12)
  Bangkok, Thailand
  21-24 March 2018
  www.apths.org

- Travel Medicine Review and Update Course
  Atlanta, Georgia, United States of America
  13-14 April 2018
  www.ISTM.org

- Northern European Conference on Travel Medicine (NECTM7)
  Stockholm, Sweden
  2-4 May 2018
  www.mkon.nu/nectm_7

- South African Society of Travel Medicine (SASTM)
  Pan African Travel Medicine Conference
  Cape Town, South Africa
  12-14 September 2018
  www.sastm.org.za/TMC/Details/18

- International Conference on Migration Health
  Rome, Italy
  1-3 October 2018
  www.ISTM.org

- Conference of the ISTM (CISTM16)
  Washington DC, United States of America
  5-9 June 2019
  www.ISTM.org
Interest Groups

Migrant and Refugee Health

Welcome to Migrant and Refugee Health Interest Group!

Past Event: CISTM15 Barcelona

On May 14th 2017, the Group Council organized Pre-Congress course during CISTM15 themed “Health of Migrant and Refugee for Travel Medicine Providers”. The course covered overview of migration patterns and their health issues, infectious disease as well as non-communicable diseases such as mental health issues, barriers in access to Health Care, language and cultural barriers, legal issues. Also as travel health related issues, we had presentation on burden of travel and infectious disease, barriers in accessing travel medicine and other health care. There was also a presentation on migration in the Asia-Pacific region as well as health screening strategies and migration health programs in the United States.

The course closed with open floor discussion. There were nearly 100 who attended the course around the world. The session helped us see there is a strong need for understanding much broader perspectives not only focusing on the local issues but also migration around the globe and different health settings.

Up Coming Event: International Conference on Migration Health

A themed conference on Migration Health is scheduled for Rome, Italy, 1-3 October 2018. The conference is aimed to review the different categories of mobile populations and their health determinants. Interest Group is working in conjunction with the ISTM Executive Board and Scientific Program Committee to further develop the program for the conference.

The Interest Group is open to all ISTM members who are interested in the health of migrant, refugee and other mobile populations to join the group. We are waiting for your support and involvement!

Masatoki Adachi,
Chair, Migrant and Refugee Health Interest Group

MILITARY TRAVEL

In the name of the founding members, I would like to thank all those who helped us create this long-awaited group! Its objectives and initiatives are mentioned on the group’s ISTM official website (www.ISTM.org/militarytravel) and may evolve in the future. We will soon have Group elections for the first leadership Council once the undergoing official logo and Latin motto have been approved. We are also currently working with Mark Riddle (founding member and CISTM16 Local Organizing Committee Chair) on a special military session at the 2019 Washington DC, United States of America CISTM16. Many other exciting things are planned in the future and we will need all our current and future members’ support and collaboration! So, I invite all those who share our interest to join us in this exciting adventure!

Founding Members

Olivier Aoun, France
Gerhard Boecken, Germany
Holly Doyne, United States of America
Andrew Green, United Kingdom
Martin Haditsch, Austria
Peter Leggat, Australia
Anne McCarthy, Canada
Mark Riddle, United States of America

Olivier Aoun,
Founding Member,
Military Travel Interest Group

Olivier Aoun, Founding Member, Military Travel Interest Group
Children who travel internationally for leisure or other reasons are more numerous than ever before. Such children “on the move” have significant health risks that may be quite different from health risks for adults. The Pediatric Interest Group invites all who are interested in the health of mobile children to help promote the visibility and support of pediatric travel medicine within the ISTM. As of May 2017, 382 or 10% of all ISTM members have joined our group but we would like to do much better and hope to expand the reach of our group overall, as well as recruit interest especially among members located in Africa, Asia, Latin America and the Middle East.

In 2010 the Pediatric Interest Group was conceived by and formed around Karl Neumann, Forest Hills, New York, United States of America whom we all like to call the “Father of Pediatric Travel Medicine”. Under the leadership of Philip Fischer, Rochester, Minnesota, United States of America, an ambitious Charter was developed that clearly defines our place in, and what we think that this group can contribute to our professional society, (please have a look at it on the ISTM Pediatric Interest Group webpage). With Mike Starr, Melbourne, Australia, our group has become instrumental in developing pediatric-oriented sessions at ISTM conferences all over the world, and indeed members of our council committee traveled the world in 2016 and 2017 to teach pediatric travel medicine in Kathmandu, Port Elizabeth, London, and Barcelona. And we are certainly planning to do the same for 2018 with upcoming meetings in Bangkok, Stockholm, and Cape Town.

Of course, without science, no progress, and we are grateful to John Christenson, Indianapolis, Indiana, United States of America who for many years has kept an eye on the scientific literature, and keeps the members of the Pediatric Interest Group informed about important pediatric travel medicine research with the routinely updated Pediatric Interest Group Bibliography. Check out one of the latest added articles by Angelo KM et al. Malaria J 2017;16:293 that provides detailed information about 325 pediatric travelers with malaria treated at GeoSentinel clinics from 2003-2016. Pediatric travel medicine research is still a rarity, and we are working hard on establishing links with other national/international pediatric societies to encourage pediatric researchers to publish travel medicine related work in the Journal of Travel Medicine.

I hope that this short overview stirred up your interest for the Pediatric Interest Group, you decide to join us, and we hear from you via email or on the listserv.

Stefan Hagmann, Chair Pediatrics Interest Group

CONTINUED ON PAGE 24
defenceless travelers” looks at the challenges facing travelers, including the exclusions and limitations of insurance coverage for those experiencing psychological distress for the first time abroad and those with a pre-existing mental health condition.

Leading up to CISTM16 in Washington, DC, our group plans to address the gaps in the field, including research needs, the challenges facing travelers experiencing psychological distress abroad, and providing resources to help ISTM members integrate mental health standards in your practice.

The goals of the interest group are to:

- 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 journey.
- Mainstream psychological aspects 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.

We want to hear from you. What resources do you need to care for travelers with a mental health condition or who experience psychological distress abroad? Our interest group welcomes your insights so we can meet your clinical needs. Together as a Society, we can ensure that the psychological health of travelers is properly addressed.

Tullia Marcolongo, *Psychological Health of Travelers Interest Group Interim Chair*

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**RESPONSIBLE TRAVEL**

Some personal thoughts on the ethics of rabies vaccination (and non-vaccination)

The recent shortage of a number of common travel vaccines in Europe has got me thinking about the wider ethical implications of what we do in travel medicine.

It’s not the first time that stocks of the two cheaper rabies vaccines have run out. We can, for now, still get hold of another brand. Our clinic policy during a shortage is to only offer rabies via the intra-dermal route: I certainly don’t want to be in the position of having to deny anyone access to a potentially life-saving vaccine, simply because we’ve carelessly used it all up on the last patient.

I now also find myself increasingly answering emails from clients desperately searching for hepatitis A or B vaccine. As responsible travel practitioners, we naturally try to restrict our limited stock to those who are at highest risk. I spend time explaining the real risks for travelers of these infections: how they are most often acquired, and what the clinical significance might be if they were infected. I ask them to let me know if they still consider that what they might be up to is high-risk. But I am also partly trying to reassure the vast majority who are not.

Having started, I feel I am duty-bound to inform them of the relative risks compared with other travel health diseases/concerns. While they are so worried about not being able to find any Hep A vaccine, they really should be aware that the risk of a potentially rabid bite, is actually much higher worldwide: at 30x the risk of Hep A, and between 40-95x the risk of Hep B.

A few days later, the patient is now with me. “But my GP/nurse told me I don’t need rabies for Bali,” they tell me. “– I’d still have to go to the hospital anyway…” I explain about Bali’s predominantly Hindu culture, which may account for the half a million stray dogs tolerated on an island with 4m people with a reported dog bite rate of 4,000 per month (not to mention Ubud monkey sanctuary). I inform them that due to the current rabies outbreak, Bali keeps running out of vital stocks of immunoglobulin and even active vaccine, as unvaccinated tourists (90%) keep using it up. This in turn puts local people at increased risk, as they don’t have the resources to fly off the island to seek PEP.

Currently, most travel health websites continue to list Hep A, tetanus and typhoid above rabies in their list of...
recommended vaccines for Bali. Are we, as a profession, actually doing more harm than good by failing to keep up to date with the changing epidemiology? Apart from risking the lives of local people by not prioritising rabies PrEP, is this not also contributing to the rise in premiums, as travel insurance companies have to carry the can for those travelers who aren’t covered?

My next patient, a teenager, is off on a research/voluntary work expedition in the dry forests of Madagascar, involving local porters, cooks and forest guides. The (UK) organizers have provided a list of recommended vaccinations with rabies listed as ‘optional’ towards the bottom. There is a volunteer doctor accompanying the group, but no rabies vaccine in the medical kit. This is despite a bat bite incident on a previous expedition. Again, I feel my hackles rise. Having led and acted as doctor on seven expeditions to Madagascar myself, I know just how long it can take in reality to get out of the forest and up to the capital to a hospital likely to stock HRIG and vaccine. It is also considered ‘best practice’ among UK Expedition & Wilderness Medicine practitioners that any leader or medic can legitimately require all participants on a group expedition to a high-risk country to have PrEP before they go. This is because, by sod’s law, it is invariably the one who hasn’t been vaccinated who gets bitten, thus placing the rest of the team at increased risk while they are evacuated, along with the medic to ensure proper medical attention.

However, on this occasion, my primary duty of care is to the patient in my room. She will of course be strongly recommended to get PrEP. I also try to empower her to ask the right questions of the organisers, to ensure that they take their responsibilities seriously. If they haver, I suggest she put them in touch directly with me for some specialist advice. But I have a feeling I won’t hear from them. She might be too shy to ask.

I then spare a thought for the local team members… To them, this is yet another group of vazaha (outsiders), coming in to do some work in the forest and provide short-term employment. But ethically, surely, all these people too should fall within the scope of the expedition? They wouldn’t be taking these risks (including helping to track and trap animals) if the expedition weren’t there. So, perhaps if the team doctor could travel ahead, and offer even two doses of intra-dermal vaccination a week apart, to the local team members, that would at least be a more equitable distribution of risk?

Should I be telling everybody what to do? Is it not a bit arrogant of me to think or suggest, however delicately, that what I consider ethical is any more right than any other opinion? Why do I keep banging on about rabies…?

I think of my last trip to Africa, and an inspirational talk by Kevin Le Roux at the SASTM Conference in Port Elizabeth: he called on all travel health practitioners there to play our part in the elimination of canine (and hence human) rabies, a) by informing travelers better of the dangers of touching cats and dogs, b) by vaccinating all travelers and c) by working to provide a network of vaccine distribution centres throughout Africa.

I went on from Port Elizabeth to work with a local vet team in Northern Mozambique, helping to trap, vaccinate, sterilise and release feral and owned dogs. It was great fun, and hands-on, One Health action at its best. I was, however, dismayed to discover that the local team who were catching the feral dogs and bringing them back to our makeshift operating room were also unvaccinated! Apparently, we can all get our priorities mixed up.

When I go back next time, it will be with plenty of doses of lyophilised rabies vaccine and insulin syringes to give ID doses to all the human volunteers. Because eliminating continued on page 26
rabies from Africa is unquestionably one of the most morally right things we can do.

References:
3 Royal Geographical Society Medical Cell (2010): Consensus statement from an international working group on the prevention of rabies on expeditions. RGs, London, March 2010

STUDENT TRAVEL ABROAD (STA)

Students of all ages are increasing their participation in study abroad. How can we effectively meet their needs?

The STA interest group is devoted to sharing best practices on caring for students who travel, conducting research on the needs of student travelers, and promoting a coordinated approach to providing healthcare for students who travel.

Student travel has evolved from courses taken at a sister universities to complex travel plans, often to remote locations. Practitioners often help students manage chronic health conditions while traveling, in addition to typical travel health concerns. Additionally inbound foreign students may opt for an outbound trip, to locations dissimilar from their home or their current educational institution.

In short, students are traveling all over the world, to more remote locations, for longer periods of time. This presents unique challenges for those who care for them.

The STA interest group is sharing best practices through workshops at the meetings for the International Society of Travel Medicine (ISTM) and the American College Health Association (ACHA). We are developing relationships to provide even more professional development. Additionally we provide a clearinghouse of resources, templates, and educational materials which is hosted on the MyISTS website in the STA library.

Despite the global expansion of study abroad not much is known about this group of travelers. The STA is partnering with the United States Centers for Disease Control (CDC) to learn more about the health risks of student travelers. This exciting research will help to focus our efforts on the identified health risks of student travel.

Student travel is not an isolated event; it’s more like a team sport. The STA is working with the educational community to develop a team approach for study abroad programs. Only when all parties work together such as, the student, the family, the academic departments, administration, health services and risk management will students receive the care they need.

We are open to new members. If you enjoy working with students, have an idea or a project you want to deploy, or simply want to learn more about STAs we’d love for you to join our interest group. It’s easy through the MyISTS website.

Sarah Kohl,
Immediate Past Chair, Student Travel Abroad
A PRODUCTIVE 2017

The Professional Education Committee (PEC) had a productive 2017 thanks to the many contributions of the committee and many ISTM members.

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

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 ISTM Members who missed these excellent 2017 programs.

a. Chikungunya Virus - Fabrice Simon with Moderator David Hamer

b. Fever in the Returning Traveler – Susan McLellan with Moderator Eli Schwartz

Challenging Cases: Voice your Opinion — Nancy Piper-Jenks and Mary-Louise Scully transformed the former Educational Cases / Expert Opinion format to this new venue published in Travel Medicine News. It’s a great opportunity for all members to get involved in discussing management of a difficult travel related dilemma. After publication in Travel Medicine News, the cases are then posted on the ISTM website under Educational Cases. Be sure to look at the latest case in this edition of Travel Medicine News.

ISTM Slide Set Revision — The original slide set done by Eric Caumes and Bradley Connor was re-vised and updated in 2017 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 fee. You can order the Slide Set from the ISTM Website Store.

North American Travel Medicine Review and Update Course — Many thanks to Nancy Piper-Jenks and Elizabeth Barnett the Course Co-Chairs and all the faculty who helped make the 2017 Course in Washington, D.C. so successful with a record number of 232 attendees from 18 countries. As Elizabeth Barnett joins the ISTM Executive Board, we welcome Sheila Mackell to join Nancy Piper-Jenks as the new Co-Chairs of the course.

Global Availability of Rabies and JE Vaccines — Beginning in 2017, ISTM members were able to update their clinic information on their Rabies and JE vaccine availability as a routine part of ISTM membership renewal. 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, Chair, Professional Education Committee

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TRAVEL FOR WORK INTEREST GROUP

The newly formed Travel for Work Interest Group has gone through its first election and here are the new Council members:

• Albie de Frey, South Africa
• Caroline Driver, United Kingdom
• Michel Holzer, United States of America
• Dipti Patel, United Kingdom
• Douglas Randell, Australia
• Herbert Schilthuis, The Netherlands

The Travel for Work Interest Group aims to establish best practice guidelines and recommendations to assist employers and organizations to keep employees and members safe, healthy, and productive while traveling abroad and upon their return.

The goal of this group is not to establish work place occupational health specific guidelines, requirements or standards, as these already exist within a country or industry.
The goal of this group is to, through inter-collegial consultation within the ISTM forum, provide international best practice guidelines for sending employees abroad, focusing on destination specific disease risk mitigation, access to adequate medical care and safety issues.

The type of travelers targeted in this group include, but is not limited to corporate/executive, (frequent) travelers on multiple short trips (< 7 days), workers sent on labor-intensive projects (< 1month) and expatriates/long term assignments (months to years). This group will address, among other things, guidelines and criteria for a) pre-travel assessment, including screening/fit for travel examinations, b) vaccine and malaria recommendations, c) general travel health counselling d) management of injury and illness abroad, including access to medical care issues and insurance e) post-travel evaluation, f) fatigue management, g) corporate social responsibility issues as they relate to medical matters (e.g. malaria control measure for expats vs local employees — and their families).

We would like to build a tool kit that would be of practical use for all of us who work in this environment.

If you are interested in joining this group, sign into your MyISTM account and join there or you may contact the ISTM Secretariat (ISTM@ISTM.org).
Challenging Cases: Voice your Opinion, is a great way challenge your knowledge and learn from our international colleagues.

It’s been just one year since we launched in December 2016, a new interactive ISTM educational activity called “Challenging Cases: Voice your Opinion.”

The year brought us great information and insight from across the continents on management of rabies risk after a dog bite in Indonesia, a college professor giving inaccurate malaria advice, and the dilemma of advising family planning after potential Zika exposure in a male traveler.

It’s a wonderful lesson in what I tell patients about difficult aspects of medicine in general — “when it’s black or white, it’s pretty easy. It’s when it’s “grey” that the discussion gets really interesting.” Hence, the name “Challenging Cases” is appropriate for PEC’s newest educational venue.

In case you missed any of these great educational cases, they are posted on the ISTM website under “Educational Cases.”

So if you haven’t yet participated — here is your next challenging case!

A 51-year-old Nigerian born male living in the United States will be traveling to Accra, Ghana for a one week for conference. He is on hemodialysis 3 days a week after having had bilateral nephrectomies for renal cell carcinoma 5 years ago. He is up to date on all needed vaccines but presents for discussion of malaria prophylaxis. His accommodations will be the conference hotel, and no excursions outside the city are planned at this time. He has made arrangements for his hemodialysis to continue while in Accra.

What malaria chemoprophylaxis, if any, would you recommend for this patient who is on hemodialysis during his trip to Ghana?

Send your response to maryscully.ms@gmail.com. Responses should be under 500 words and address the specifics of the case.
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