The COVID-19 pandemic provided a monumental momentum for ISTM infrastructure improvements. Spurred by the stay-home/social distancing orders, the Secretariat has adopted remote working and has streamlined office processes. Prior to the pandemic, we had already embarked on a website redesign process and a search for a better Learning Management Systems (LMS). The travel restrictions necessitated a speedy assessment of online platforms for our many activities.

ISTM programs required reconfiguration due to COVID-19. The Executive Board appointed Rebecca Acosta, Gerard Flaherty, and Jenny Visser to co-lead the Task Force to meet members’ needs resulting from the crisis. In turn, they invited many other volunteers to conduct a Members Survey, to identify a new LMS, to evaluate online examination systems and virtual conference platforms, and to help align the course, exam, and CISTM17 to the challenges imposed by COVID-19. Please read the COVID-19 Task Force Report on page 5 for the recommendations generated after many virtual meetings and detailed discussions. We want to thank everyone that participated either as ad hoc Task Force members or responded to the Members Survey.

Clearly the CISTM17 format needed revision. The COVID-19 Task Force has been working with the Executive Board and Officers, the Local Organizing Committee, Regional Organizing Committee, and Scientific Program Committee Chairs to optimize the format and content. We are focusing on a virtual conference while assessing the feasibility of a small in-person meeting.

At this time of writing, Sarah Kohl (Professional Education Committee Chair) and the Task Force have chosen a new LMS that will provide and facilitate tracking of credits towards the Continuing Professional Development (CPD) and lifelong learning goals. Pierre Landry (Exam Committee Chair) and the Task Force have chosen an online exam platform. The coordination between these learning and testing formats provides a structure that stimulates interest and facilitates tracking of credits towards the Continuing Professional Development (CPD) and lifelong learning goals.

The Website Subcommittee has worked painstakingly to choose a firm to redesign the ISTM website – a multi-year project that originated with a rigorous evaluation by Sarah McGuinness and Sarah Kohl. I’m very pleased to announce that Dipti Patel, Director of the National Travel Health Network and Centre (NaTHNaC) accepted the appointment offer to chair the Website Subcommittee of the Digital Communications Committee. Evaluation of the final candidates for the committee are in progress. Dipti has also been appointed as the ISTM Website Editor, a position previously held by Hans Notthdurft.

Another initiative towards improving our infrastructure is the conversion of ISTM’s IRS status to 501c3 status from the current 501c6 status. The ISTM Foundation (ISTMF) was formed in 2015 as a 501c3 entity with the hope to raise funding towards research and education. This created two entities run by ISTM. The current ISTM Board members continue to pursue funding and include Robert Steffen (ISTMF President), Lisa Danzig (ISTMF Vice President), Mike Jones (ISTMF Secretary-Treasurer), Martin Grobusch, Kevin Kain, Joe Torresi, and Mary Wilson. The eventual conversion of ISTM to a 501c3 entity would allow ISTM and ISTM to merge, and consolidate the operations of two entities for more efficient operations. To that end, attorneys Stuart Rosow and Christine Younger from Proskauer LLC continue to guide ISTM in the conversion to 501c3 status.

In the decades since ISTM was established, the society’s programs and activities have evolved to support many educational activities including courses, webinars, and summits on clinical guidance. The GeoSentinel® Surveillance Network, initiated by ISTM in 1995 and funded largely by the US CDC and ISTM, has detected high-impact emerging infections and matured with provision of a robust body of science. In addition, the ISTM Research Awards program has funded a wide range of studies on vaccines, vector-borne diseases, migration medicine, cross-border infections, emerging infections, and novel basic science and mHealth. ISTM members’ interest in migrant health has led to the organization of the International Conference on Migration Health and the continued engagement with external leaders in this field. These activities support ISTM’s designation as a 501c3 organization.

During this process, the Executive Board has updated the Mission Statement and Vision Statement in consultation with Stuart Rosow and Christine Younger, the Migrant Health Task Force, and with ISTM co-founders/longstanding leaders Robert Steffen and Phyllis Kozarsky. We must thank all the past presidents, counsellors and officers, and ISTM members for paving the way.

I also want to report on another remarkable initiative. ISTM Past President Brad Connor has founded a 501c3 charitable organization with the mission to raise funding for the GeoSentinel® Network. Brad has worked tirelessly towards this goal, with tremendous success. Congratulations Brad!

Lin Chen,
ISTM President
Welcome to the latest Travel Medicine News.

As lockdown restrictions ease in some countries, I am mindful of colleagues continuing to grapple with the COVID-19 pandemic and its impact on healthcare services, individuals, and families. In the early days we found ourselves avidly awaiting daily progress reports. These are now less frequent, but we are still reminded that this coronavirus has not gone away and will be with us for some time. Vigilance in following current advice remains important for all of us.

Protecting travellers’ health is a vital public health service. Travel impacted significantly on this pandemic. Although the pandemic has highlighted gaps in our healthcare system, and under-resourcing, particularly of staff and PPE was exposed, it was humbling to see how everyone pulled together for the good of those affected by the virus. We humans are social animals, who, when faced with adversity gather around the most vulnerable to protect them. As we look back at this unprecedented period, we can be thankful for the professionalism and dedication shown by those in the healthcare and associated professions, and other keyworkers who were essential to keep other important services running.

With uncertainty around foreign travel and scheduled events, everything came to a standstill. Educational events were postponed, few people were seeking travel health advice, and others were reluctant to visit clinics, even for routine immunizations. This has become a global issue, setting up health problems for the future. In England the annual influenza program is being expanded which will add to the challenges in the post-COVID-19 era. Travel health practitioners are highly qualified, skilled, and adaptable and ideally suited to fill gaps in healthcare services. Staycations are the order of the day for many. Previous disruptions have severely affected travel and travellers, but people will travel again when it is safe to do so. Arguably it has never been more important for travel health services to be available to those affected by the virus.

Throughout this period, the ISTM has continued to produce educational support in many forms, including dedicated Journal articles. The TravelMed forum has been quieter than usual but is beginning to see some activity once again. This platform is a valuable communication tool so please use it while being mindful of the rules and etiquette of use and the differences in advice between countries. A survey is in progress to gauge member needs for the future. Please take a few minutes to complete it.

Thank you to Nancy and Whitney for their support and also to those who have contributed to this edition in these challenging times.

Take care and stay safe everyone.

Sandra Grieve, ISTM Travel Medicine News Editor

“Although the pandemic has highlighted gaps in our healthcare system, and under-resourcing, particularly of staff and PPE was exposed, it was humbling to see how everyone pulled together for the good of those affected by the virus.”
I began writing this section for the newsletter a couple of months after emerging from lockdown in Scotland.

Five months ago my wife Elizabeth and I returned from New Zealand, leaving only a few days before lockdown was imposed, and we were rerouted through Hong Kong rather than Doha after a cancelled flight. Although New Zealand would have been a wonderful place to have been confined, it would not have been home. New Zealand Public Health officials and politicians deserve medals for saving many lives by taking drastic action. Currently the country has recorded only 1772 cases and 24 deaths, but sadly after months of eradicating community transmission pandemic cases are increasing. Scotland also achieved very low levels of local transmission, and new cases fell to only a handful each day. Like New Zealand, however we now have recurrent local transmission in several areas. Just yesterday, Saturday 5th September, 208 cases were added to Scotland’s 21,000 case total. Globally over 5 months the picture is dismal; 300,000 cases have grown to nearly 30 million and recorded global deaths approach 1 million, with the real death toll much higher. Amnesty International estimates that more than 7000 health care workers have died, including 1300 in Mexico and over 1000 in the USA — a devastating loss.

The Executive Board met by Zoom over three days in May and again in June. Arranging a suitable time for those scattered in different time zones was very difficult and Peter Leggat in Queensland and Jenny Visser in Wellington deserve special mention for managing to talk sense as these meetings drifted into the wee small hours of the morning in Australasia.

A meeting of the Leadership Team with our GeoSentinel® Principal Investigators in April was characterised by a great sense of harmony as we discussed the future and I pay tribute to Principal Investigators David Hamer and Michael Libman for their wise leadership. The GeoSentinel® name and logo was trademarked by ISTM last year and Jodi was successful in acquiring another domain title for GeoSentinel® at very low cost.

Constructing a new budget for 2020-21 has occupied many hours for the Leadership Team and Executive Board over past months and we have made great progress, despite major loss of income. We have a budget that is balanced and have been able to find the funds that we need for website development, Learning Management System software and remote proctoring of examinations. I thank the Board of the ISTM Foundation for taking on the challenge of raising USD 150,000 to cover Research Awards and remove this item from the ISTM budget.

I particularly pay tribute to Jodi Metzgar as Acting Executive Director and the Secretariat team. They have navigated this intensely difficult time with creative flexibility and hard work. The Secretariat relinquished their physical office space in Dunwoody, Georgia at the end of July. The COVID-19 epidemic had in any case forced remote working on the team and the office had been mostly used by Elena and Jodi only. Office furniture is now in storage, our IT system is safely hosted elsewhere, and the Society address has changed. ISTM will rent meeting rooms close to the Dunwoody MARTA rail station for in-person staff meetings. Continued remote working will save about $40,000 annually making vital Society development possible.

Eight COVID-19 vaccines are now in Phase 3 trials and we wait with bated breath for the results. Only when a vaccine appears will we be able to start to move back towards the normality that we crave, and in the meantime COVID-19 wreaks havoc in both developed and developing economies. Our hearts go out to those healthcare workers still struggling to cope with overwhelming case numbers in places.

Mike Jones, Secretary-Treasurer

SECRETARY TREASURER’S REPORT

Tribute to FRANK VON SONNENBURG

Very sadly, we have lost a loyal and longstanding ISTM leader and friend, Frank von Sonnenburg, MD, MPH, PhD. Frank was Professor of Infectious Diseases and Tropical Medicine at the Ludwig-Maximilians-University of Munich. He had worked extensively in developing countries on infectious diseases projects, in public health at the WHO and elsewhere, and on vaccine clinical trials. Among many activities at ISTM, Frank served as Chair of CISTM7 in Innsbruck, Austria in 2001, Secretary-Treasurer from 1997-2005, President 2007-2009, and GeoSentinel® Munich Site Director since 1996. Our deepest sympathies to Frank’s wife Angelika and their sons. We will miss his wisdom, his robust style, the twinkle in his eyes and his hearty laugh.

See entire tribute on page 14.

In memory of Frank, you may wish to consider a donation to the ISTM Foundation.
Keep Your Membership Current to Continue Receiving These Member Benefits!

The ISTM, with more than 2,600 members in 100 countries, is the largest worldwide organization of travel medicine healthcare professionals. Members include physicians, nurses, and pharmacists from the private sector, academia, and government entities. Join ISTM today to take advantage of these exclusive benefits:

- Online Member-only community offering access to and discussions with the only worldwide network of people working in travel medicine.
- Clinic listing in the Online Global Travel Clinic Directory linked to the WHO, CDC, and other government agencies.
- Weekly medical and safety travel alerts.
- Member Benefit Webinars and Online Programs as well as informational and educational white papers and case studies free to ISTM Members.
- Special discounts on products travel medicine professionals use every day, only available to ISTM Members.
- Access to the Journal of Travel Medicine, a peer-reviewed scientific publication.
- Eligibility to apply for Research Grants and Bursaries.
- Member discounts for online and in-person educational programs and conferences.
Covid-19 Task Force

Helping Navigate the ISTM Through Uncharted Waters

Only a few months ago, the ISTM was sailing in smooth waters, planning for many ongoing activities and an exciting CISTM17 in Kuala Lumpur, Malaysia. The pandemic hit everyone and everything like a storm. The ISTM has not been spared. With news of colleagues being shifted to the front lines of patient care, ongoing travel restrictions, and border closures, the ISTM Executive Board (EB) recognized the critical need to assess the effects of the pandemic on the Organization, activities, and membership. Most importantly, how would the ISTM respond and re-focus what we do in the face of so much change?

The COVID Task Force (TF) was formed in May 2020 to assist the ISTM EB with these important objectives. The TF is being led by three Co-Chairs: Rebecca Acosta (USA), Gerard Flaherty (Ireland), Jenny Visser (New Zealand) who will work closely with the EB, Professional Groups, Committees and the ISTM Secretariat to bring together initiatives focused on 3 areas:

» Meeting the needs of the members during this time;
» Serving the ISTM Leadership to help with updated strategies, and;
» Promoting ISTM expertise, scholarship and public outreach related to COVID-19.

One of the first TF projects has been a membership survey to assess the status of you, our members, and your ongoing needs. The survey includes questions about how your daily practice may have changed and your interest in new ways to deliver content and activities, particularly with more virtual offerings. Please take a few minutes to complete the survey if you have not already done so.


We want to thank these members who helped to develop the survey:

» Brian Aw, Canada, Co-Chair, Exam Committee
» Heather Connor, Canada, Chair, Nursing Professional Group
» Christina Coyle, United States of America, Chair, CISTM17 Scientific Program Committee
» Derek Evans, United Kingdom, Chair, Pharmacist Professional Group
» Sandra Grieve, United Kingdom, Editor-in-Chief, Travel Medicine News
» Karl Hess, United States of America, Chair-Elect, Pharmacist Professional Group
» Sarah Kohl, United States of America, Chair, Professional Education Committee
» Deborah Mills, Australia, Digital Communications Committee

In a parallel path, the TF has been working with the Scientific Program Committee (SPC) for CISTM17, the Professional Education Committee (PEC) and Examination Committee (EC) to explore how the Society can deliver these flagship activities during the pandemic and beyond. Teams have reviewed and assessed various virtual platforms, including learning management systems (LMS) to ensure the delivery of high-quality virtual courses, exams, and even a virtual conference if travel remains challenging into 2021 and beyond. The technology is very exciting and we are enthusiastic about the ways this will allow us to continue to offer activities in innovative ways. Some of the conference platforms offer technology from the world of on-line gaming, including avatars for a more immersive and interactive experience. While face-to-face activities with their associated networking and travel will remain the preference, even before the COVID-19 pandemic many societies were offering educational activities in a virtual platform. This has the added advantage of improving access to activities for members who might not otherwise be able to attend in person. The TF would like to acknowledge the considerable effort put into the search for a suitable LMS by Sarah Kohl and the PEC.

The TF would also like to thank the Secretariat for their additional efforts to help support these activities quickly and efficiently, recognizing the additional challenges they face maintaining Society functions and developing new initiatives from their home offices during the pandemic.

As these initial activities of the TF are completed, we will continue to work with the leadership and membership and assist the society to become a stronger, more resilient organization as we face the future together.

Rebecca Acosta, Gerard Flaherty, Jenny Visser

Rebecca Acosta, United States of America
Gerard Flaherty, Ireland
Jenny Visser, New Zealand
Dear Colleagues,

2020 has been a year like no other. The ISTM Secretariat has had to respond swiftly to adjust to working and serving members during COVID-19. We appreciate your patience and flexibility as we explore and implement new ways of serving members. I encourage you to take a few minutes to complete the COVID-19 Task Force member survey and provide important feedback on how we can continue to provide value and support in these unprecedented times.

Last March the difficult decision was made to postpone the North American Review and Travel Medicine Course and offer the course on a virtual platform. The opportunity for increased audience and reach allowed by providing the course virtually is exciting and we look forward to announcing more details in the coming weeks.

The Executive Board has approved plans to host the 17th Conference of the ISTM (CISTM17) virtually. While we may not be in Kuala Lumpur in person the experience will have Malaysian flair and programming details that are sure to delight. The SPC has been working diligently and will be revealing more details about CISTM17 later this year.

In July the lease on the Secretariat office expired and the decision was made not to renew the office space and allow our staff to work remotely from home. Out of safety for the health of Secretariat staff we began remote working in March, and this was a logical next step. This move saves ISTM considerable overhead costs while modern technology allows paralleled membership support.

The Secretariat office has a new physical address however our phone and fax numbers have remained the same. All of our contact information is updated on our website. I encourage you to explore this page and acquaint yourself with secretariat staff if you have not already. We implemented a new phone system that now allows callers to reach staff members directly through an automated message center and staff member extensions can be found on this page as well.

It is an exciting time at ISTM, and I am grateful to be on this journey with you.

ISTM Acting Executive Director,
Jodi Metzgar

“The ISTM Secretariat has had to respond swiftly to adjust to working and serving members during COVID-19. We appreciate your patience and flexibility as we explore and implement new ways of serving members.”
GeoSentinel® Leadership Team:

- David Hamer, Co-Principal Investigator
- Michael Libman, Co-Principal Investigator
- Kristina Angelo, CDC Medical Epidemiologist
- Vanessa Field, Chair, Tracking and Communications Working Group
- Phillippe Gautret, Chair, Special Populations Working Group
- Kevin Kain, Chair, Enhanced Clinical Surveillance Working Group (ECLIPSE)
- Karin Leder, Chair, Data Working Group
- Andrea Boggild, Chair, Publications Committee
- Aisha Rizwan, Program Manager
- Phyllis Kozarsky, Special Advisor on behalf of the CDC

GeoSentinel® Support Team:

- Aisha Rizwan, Program Manager
- Hannah Emetulu, Data Manager

GeoSentinel® Committee Chairs:

- Andrea Boggild, Chair, Publications Committee
- Pat Schlagenhauf, Chair, External Collaborations Committee (ECCo)

Support Team:

- Hannah Emetulu, Data Manager
- Kristina Angelo, CDC Medical Epidemiologist
- Vanessa Field, Chair, Tracking and Communications Working Group
- Phillippe Gautret, Chair, Special Populations Working Group
- Kevin Kain, Chair, Enhanced Clinical Surveillance Working Group (ECLIPSE)
- Phyllis Kozarsky, Special Advisor on behalf of the CDC

Recent publications from the GeoSentinel® Surveillance Network:


We welcome Hannah Emetulu who was recruited to the position of Data Manager.

Work on a stand-alone GeoSentinel® website is progressing well. The new website will showcase the network to potential future funders, and at the same time, enable improved internal communications.

The External Collaborations Committee (ECCo) has now been formed with international representation. The group has put together a standardised form which is to be completed by all applications for data sharing; this form is available on the GeoSentinel® website.

We would like to take this opportunity to thank everyone for their continued efforts at this unprecedented time, and sincerely hope you and your families remain well.

David Hamer, GeoSentinel® Co-Principal Investigator
Michael Libman, GeoSentinel® Co-Principal Investigator
Some of the questions I hear repeatedly these days are, ‘How do we move forward in the context of the new COVID-19 world, especially in the area of health care delivery?’

‘What does the future hold for travel medicine providers? When will foreign travel resume and to what extent? What adaptations will need to be in place to ensure travellers are well informed and protected for safe travel?’

For sure Travel Medicine has been hit hard during this pandemic. Many of our members have been affected by clinic closures, decreased work hours, redeployment to other areas of health care and this has produced much stress and anxiety. This is not even mentioning those who are working directly with COVID-19 patients or have dealt personally with the virus.

ISTM as an organization is asking many of the same questions and searching for ways to support, continue to educate, and encourage its members. To this end, as mentioned above, a COVID-19 Task Force has been formed to explore the needs of our members and assess how ISTM can best meet these needs. A survey has been constructed and the NPG Steering Committee would strongly encourage our members to participate as this will influence future programs, activities and policies.

NPG members have worked collaboratively with other Healthcare Professionals in formulating the survey as well as other activities of the Task Force.

The NPG Steering Committee has one position open on the committee for those nurses interested in becoming more involved. Please watch for the nomination announcement in September 2020.

If you are interested please email me through the Secretariat at ISTM@ISTM.org.

Warm regards,
Heather Connor,
Nursing Professional Group Chair

The impact of COVID-19 has without doubt caused the largest reduction in traveller numbers in the fastest period of time ever seen. Therefore flexibility and adaption have come to the front of the queue and below is how some PPG members have adjusted.

In academia, student travel clinics and direct teaching ceased to exist. Like many other medical disciplines, several members have moved to creating a virtual environment for teaching and are working on solutions to teach, practice, and train the traditional hands-on training for skills such as Immunization Administration, etcetera.

One comment that has been noted by several is that the general public is showing local travel moderation and that pharmacists have extended their role into the new world of testing travellers for antigens and antibodies to COVID-19 as this is becoming the new norm for entry into most countries, a time-sensitive statement of absence from a detectable COVID-19 infection.

Lastly, members of the PPG have been contributing to a special edition of the journal ‘Pharmacy’ on Travel Medicine. We invite you read these contributions which are now complete in these two parts: Series I and Series II.

Derek Evans,
Pharmacy Professional Group Chair
This was just as the world’s attention was being taken over by COVID-19, and help develop educational standards for practitioners of Travel Medicine. Further information about the SIG’s aims can be found in the charter on the ISTM website.

The following experienced expeditioners were elected to the leadership council and we held our first virtual meeting on the 27th February 2020:

- Travis Heggie, (USA): Chair
- Andreas Rossanese, (Italy): Chair Elect
- Christopher Tonozzi, (USA)
- Jenny Visser, (New Zealand)
- Max Winkler, (South Africa)
- Jim Bond, (Scotland & Zambia)

This was just as the world’s attention was being taken over by COVID-19, indeed, one of the council members, based in Northern Italy, was already well into the thick of it when we met. Our activities have therefore been somewhat constrained, but as a group we have some great ideas, and hope to develop the SIG into a dynamic and interesting section within ISTM.

The group has already been working on a peer reviewed recommendations for standby emergency malaria treatment, bilharzia and other water-borne diseases, altitude sickness, etc.

Jim Bond, 
Expedition and Wilderness Medicine Interest Group Leadership Council

Other, similar resource papers are also planned for standby emergency malaria treatment, bilharzia and other water-borne diseases, altitude sickness, etc.

Migrants encompass a highly heterogenous group of individuals which leads to a certain degree of difficulty in defining such a group. In fact, there is no international consensus on the definition of migrants. In order to better understand the different socioeconomic health determinants of these communities, this pandemic has reinforced the necessity of defining the term migrant and the various migrant groups. The ISTM Migrant Health Interest Group is committed to educating travel medicine providers about migration medicine and it is therefore essential for us to provide clarity on the definitions we will be using to better understand and address migrant health. Herein, we provide definitions of selected migration terms.

Asylum seeker:
An individual who is seeking international protection from persecution or serious harm in the country of origin. The asylum seeker awaits a decision on the application for refugee status under relevant international and national instruments. Not every asylum seeker will ultimately be recognized as a refugee, but every recognized refugee is initially an asylum seeker.

Documented migrant:
A migrant authorized to enter and to stay pursuant to the law of that State or to international agreements to which that State is a party and who is in possession of documents necessary to prove his or her regular status in the country.

Immigrant:
From the perspective of the country or State of arrival, term used for a person after arriving in a destination other than his or her place of nationality or usual residence so the country/State of destination effectively becomes his or her new place of residence.

Internally displaced persons: Persons or groups of persons who have been forced or obliged to flee or to leave their homes or places of habitual residence, in particular as a result of, or in order to, avoid the effects of armed conflict, situations of generalized violence, violations of human rights or natural or human-made disasters, and who have not crossed an internationally recognized State border.
Migrant:
An umbrella term, not defined under international law, reflecting the common lay understanding of a person who moves away from his or her place of usual residence, whether within a country or across an international border, temporarily or permanently, and for a variety of reasons. According to the United Nations recommendations, migrants consist of four categories: long-term immigrants (or emigrants), short-term immigrants (or emigrants), residents returning after (or leaving for) a period of working abroad; and nomads.

Long-term migrant:
A person who moves to a country or State other than that of his or her usual residence for a period of at least one year, so that the country/State of destination effectively becomes his or her new place of usual residence.

Short-term migrant:
A person who changes his or her place of usual residence for more than three months but less than a year (12 months). Except in cases where the movement to that country or State is for purposes of recreation, holiday, visits to friends or relatives, business, or medical treatment.

Migrant worker:
A person who is to be engaged, is engaged or has been engaged in a remunerated activity in a State of which he or she is not a national.

Migration:
Movement of people away from their place of usual residence either within a State or across an international border.

Migration health:
A public health topic which refers to the theory and practice of assessing and addressing migration associated factors that can potentially affect the physical, social and mental well-being of migrants and the public health of host communities.

Migration medicine:
Field of medicine that focuses on assessing the health/medical risks of populations going from one place to another with respect to differences in disease epidemiology, and preventing and managing diseases that may be associated with such change in geography.

Permanent resident:
A non-national with the right to live on a permanent (unlimited or indefinite) basis in a State or destination.

Refugee:
A person who, “owing to a well-founded fear of persecution for reasons of race, religion, nationality, membership of a particular social group or political opinions, is outside the country of his or her nationality and is unable or, owing to such fear, is unwilling to avail himself or herself of the protection of that country.” (1951 convention).

Undocumented migrant:
A non-national who enters or stays in a country without the required documentation.

Adapted from:
Sapha Barkati, Migrant and Refugee Health Interest Group Chair

I hope you are all doing well during this crisis.
I know everyone’s personal and professional lives have been affected by the COVID-19 pandemic. As healthcare personnel caring for the military we have been forced to swiftly adapt practices in order to maintain operational medical support.

As you know 2021 is a bit uncertain regarding details of our next congress. We are awaiting further announcements from the Executive Board before proceeding with further precourse and scientific session planning.

Olivier Aoun,
Military Travel Interest Group Chair

MILITARY TRAVEL
The pandemic has highlighted the growing mental health crisis and, as we've seen, frontline healthcare workers have been particularly affected. It's been well documented that psychological distress among clinicians is due to the lack of support, not having access to meaningful coping mechanisms, and inadequate disaster training.

If you've come across a good resource to address the mental health of healthcare workers in the context of the pandemic, please share them on the ISTM TravelMed listserv to benefit a wider audience.

Over the past few months, our Steering Committee has been busy developing a tool for travellers and their practitioner to determine mental health stressors that may be encountered during travel. The checklist is designed for all travellers, from leisure/vacationers to international healthcare workers in the context of the pandemic, please share them on the ISTM TravelMed listserv to benefit a wider audience.

The Responsible Travel Group members have been busy and submissions were made for the 13th APTHC to be held in Auckland New Zealand, which was unfortunately cancelled. The upside is we are prepared in advance for when it does take place, possibly after a few reviews and edits. A joint Nursing Professional Group and Responsible Travel Group pre-conference workshop was proposed and accepted and hopefully can take place in the future.

Jo-Anne Grey of the Responsible Travel Group also had her abstract accepted at APTHC. She has suggested some of the following ideas for stimulating discussion.

The pandemic gives us a prime opportunity to strengthen our advocacy of immunization for all.

Try to build a bulwark (a defensive wall), against the COVID-19/anti-vaxxer sentiment on social media and promote responsible (local) travel in our respective communities.

Jim Bond and Tullia Marcolongo are both involved in hosting a planned pre-congress workshop at Skukuza, Kruger National Park. The theme is water and involves various case scenarios. They each have many ideas and are full of energy.

Jim has also been contributing author of a draft paper for the newly formed ISTM Expedition and Wilderness Medicine Special Interest Group, of which he is a council member. Responsible travel principles helped to inform some of the group's recommendations. This is especially pertinent with regard to equal health and safety care of local participants. We look forward to reading an expanded version of their document in due course.

The year 2020, will be etched in our minds, as a time when the COVID-19 pandemic paid the world a visit. It was a scenario that was unfolding globally and guidance was changing rapidly. There was no policy and procedure manual, or text book to refer to. Information was not always clear, or was changing too quickly and making it difficult to stay informed.

Here in Australia, COVID-19 followed on from the devastating impact of bushfires, followed quickly by substantial flooding, each of which had already taken its toll. Houses, businesses and incomes were lost. This created economic hardship, unemployment and for some, losing everything and becoming homeless. It also had an effect on our native plants and animals. Global warming, climate change and irresponsible people were comments I overheard attributing those as the cause of this human and environmental impact.

A cascade of uncertainty and insecurity was created for some. The psychological distress was evident. This is where I witnessed extraordinary efforts to assist people living in the community who needed it. Students, tourists, backpackers, families, the ill and the elderly, the homeless -- no one was left out.

How life, work, schooling and travel have changed in so many ways. For some the changes have worked well. For some, being able to work from home may be beneficial, more productive and less stressful. For others it may create a more stressful and non-productive environment.

As I was writing this, it was sounding familiar and I was linking it to CISTM16 and our current situation with COVID-19:

“Travel Medicine in a Changing Climate” was chosen as the theme of this conference, recognizing the impact of travel on the environment, and how we must accommodate for these changes in our everyday work as travel medicine professionals. The changes in our earth’s climate not only increases forced migratory travel, but also has an impact on vector-borne diseases and air-pollution related diseases. It is the responsibility of travel medicine professionals to promote sustainable travel and ecotourism, and...
render our travellers sensitive to environmental issues.” (second paragraph of the CISTM16 Scientific Program Committee Chair Welcome Letter). It was almost like a prediction coming true.

Our original intention was to work on the RTG goals and trying to take the lead on it or at least presenting concrete ideas to the SDG taskforce which is still very relevant. There will be a reset in the travel industry/travellers’ behavior which will trickle down to the clinician.

Hopefully travellers will be more mindful of being responsible not only from an environmental/social perspective, but from a travel health one, i.e. getting vaccinated, protecting their health, and understanding the impact their state of health has on the communities they visit.

We now have a great opportunity to raise awareness to clinicians about responsible travel, especially since their business model is likely to change. It will also be a challenge as so many travel clinics may not survive and responsible travel unfortunately is not top-of-mind for many.

Focusing on the RTG goals for now is a good approach. As we delve more into them, there may be specific issues/resources for clinicians and travellers that we can develop. Even if the EB decides not to adopt our recommendations/ideas, we can repurpose them to raise awareness among the membership.

Trish Smith, Responsible Travel Interest Group Chair

EXAMINATION COMMITTEE

News from the Exam Committee

The COVID-19 situation has meant that the 3 exams planned for 2020 were cancelled (Auckland, New Zealand, Buenos Aires, Argentina and Atlanta, Georgia, United States of America). But we believe that sooner or later travel will resume, probably in a different spirit from before the pandemic. The need for assessing professionals doing travel medicine will remain and might even become more complex with the new situation.

Until now every CTH exam took place before a conference but the need for new exam sessions might be more urgent than the possibility to have large conferences again. Therefore, discussions and plans are made to develop an online exam which would be somehow more resistant to perturbations such as the COVID-19 situation and not necessarily linked to a conference or congress. The exam will remain as a multiple choice question format, but the challenges for an online exam on the international level with time-zone and security issues are real.

In the meantime, the committee is writing new questions for the test bank, as planned, and will make sure that the quality of the exam remains at its best whichever solution is chosen. These questions will have to be reviewed, probably early in 2021.

We really hope and plan for at least one exam in 2021.

Dr Pierre Landry, Examination Committee Chair

LIASION COMMITTEE

Mixed news from the Liaison Committee

As for everybody, this has been a special year for the Liaison Committee. Sadly, many meetings were cancelled or postponed, such as the Asia Pacific Travel Health Conference (organized by APTHC) in Auckland, the Northern European Conference on Travel Medicine (NECTM) in Rotterdam, the Pan African Travel Medicine Congress in the Kruger National Park (organized by SASTM) and the Regional CISTM8 (organized by SADI, SLAMVI together with ISTM) in Buenos Aires. Zoom conferences were held instead of face-to-face meetings — with many concluding that after this experience it is essential that we also must get opportunities to meet, argue and discuss, and share smiles personally— hopefully in a not too distant future.

But there is also great news from Africa: A Pan Africa Travel Medicine Federation has been founded. So far physicians (74%), nurse practitioners and registered nurses (11%) and pharmacists (7%) from Botswana, Burundi, Kenya, Nigeria, Rwanda, South Africa, Tanzania, Zambia, Zimbabwe participate and we are aware that also colleagues from Uganda contributed to a conference setting the pace in Nairobi last year.

The China Entry-Exit Inspection and Quarantine bureau (CIQ) last year has been transferred from the People’s Republic of China State Administration of Quality Supervision, Inspection and Quarantine (AQSIQ) to the General Administration of Customs (GACC). Despite the fact that an initial get-together Symposium with new travel health partners in Sanya had to be cancelled, we remain in frequent contact with this organization and we are optimistic that the CISTM17 in Kuala Lumpur will offer the opportunity to exchange experiences on COVID-19 and other subjects of common interest.

Lastly, the LiCom member Elizabeth Barnett presented a summary of the most recent ACIP meeting, which meanwhile can be viewed here.

Robert Steffen, Liaison Committee Chair
Professional Education Committee

COVID-19 has slowed travel and economies but the educational needs of ISTM members has not changed. To meet the needs of our learners, our committee has been working to reshape the delivery of travel medicine education while we wait for a vaccine to mitigate SARS-CoV-2. In the next few months you will be able to select from a smorgasbord of educational offerings housed in our new Learning Management System (LMS). This software will allow you to participate in online courses, webinars, podcasts and self-study programs all from the comfort of your home or office. The LMS facilitates registration and delivery of your selection(s). As an added bonus, it will keep track of your travel medicine educational modules as you work to keep your Certificate in Travel Health current. We trust you will enjoy a fresh new way to keep current with your education while we all await being together again. Feel free to email your comments about the LMS to ISTM@ISTM.org; we are always interested in your thoughts and experiences.

Sarah Kohl,
Professional Education Committee Chair

Publications Oversight Committee

June 2020 witnessed a significant milestone in the proud 27-year history of the Journal of Travel Medicine (JTM), with the achievement of a 2-year impact factor of 7.089, placing our journal in the elite top 7% of journals in the categories of infectious diseases, general and internal medicine, and public environmental and occupational health (source: https://apps.clarivate.com/jif/home). Our dynamic Editor-in-Chief, Annelies Wilder-Smith, has continued the tradition of excellence cultivated by her predecessors in the role, Charlie Ericsson, Robert Steffen, and Eric Caumes. Joe Torresi, immediate past chair of this committee, was also instrumental in the journal’s impressive growth over the years. Annelies’ work ethic and passion are truly admirable. Her commitment to the success of the journal, combined with her ability to motivate her editorial team, sets her apart as an editor. On behalf of the Publications Oversight Committee, I should like to extend my sincere gratitude to Annelies, her outstanding team of editors and editorial board members, and to Oxford University Press, who have achieved rapid publication times while maintaining adherence to the highest publishing standards. It will be difficult to sustain such a lofty impact factor in the next few years. There are several other high quality travel medicine journals, each with strong editorial leadership, and more will follow as the discipline of travel medicine grows. The current pandemic has necessarily limited the number of citations to 2018/19 articles published in JTM in 2020, but this will affect all biomedical journals’ 2020 impact factor, to be announced in 2021. We should continue to support our Society’s journal by reading its articles, submitting correspondence to the journal on recently published articles, promoting its material on social media, citing relevant JTM papers in other journals listed on the Clarivate Analytics master journal list, accepting reviewer invitations, and completing them in a timely fashion. In Gaelic, we have a proverb “ní neart go cur le chéile”, literally “there is no strength without togetherness“, or “unity is strength”. Let us work together to contribute to the corpus of evidence in travel medicine and maintain the high standards associated with our journal. Finally, I should like to take this opportunity to thank our Publications Oversight Committee members – alphabetically by surname, Charlie Ericsson, Effrossyni Gkrania-Klotsas, Sandra Grieve (Newsletter Editor), Nancy Pietroski (Newsletter Associate Editor), Joe Torresi, Chris Van Tilburg, Annelies Wilder-Smith (JTM Editor-in-Chief), and Rudy Zimmer. These are all very busy people, yet they are always so responsive, courteous and helpful when presented with tasks and queries from their chair. It is indeed a privilege to work alongside them in service of the ISTM. To all ISTM members, please stay healthy and optimistic for the future, and remember: “ní neart go cur le chéile”.

Gerard Flaherty
Publications Oversight Committee Chair

ISTM Foundation Update – New faces in the ISTM Foundation

Two new members from the United States now complete the ISTM Foundation Board of Directors: Lisa Danzig, who will serve as Vice-President of the Foundation and Mary Wilson. Very best wishes to both for satisfaction and success in these new tasks.

Robert Steffen,
ISTM President
We are saddened by the death of Frank von Sonnenburg, MD, MPH, PhD, on August 21, 2020, after a relatively brief struggle with a brain cancer. Frank’s passing marks the loss of a loyal and longstanding ISTM leader and friend.

Frank was Professor in Infectious Diseases and Tropical Medicine at the Ludwig-Maximilians-University of Munich. He had worked extensively in developing countries on a variety of infectious diseases projects, in public health at the WHO and elsewhere, and on vaccine clinical trials. Among many activities at ISTM, Frank served as CISTM7 Chair in Innsbruck, Austria in 2001, Secretary-Treasurer from 1997-2005, President from 2007-2009, and GeoSentinel® Munich Site Director since 1995.

Frank led our Society in major achievements. He contributed greatly to organizing CISTMs in Europe that were not only scientific successes, but also convivial get-togethers and with his exceptional flair for numbers they provided a foundation for the financial success of the Society. He had a vision of a global Society in which peers from industrialized countries around the world would bring together colleagues from lower resource settings to develop travel medicine and travel health in their home countries.

Hans Nothdurft, medical school classmate and life-long good friend of Frank, remarked that Frank mellowed from his early-career radical viewpoints about health care, but continued to dedicate the focus of his work to vaccination as a crucial component of good health for all. Frank was a sincere and inspiring colleague.

Frank was also down-to-earth and keenly supported junior colleagues. As a fledgling travel medicine provider in the 1990s, Lin Chen had written to Frank to learn about Borrelia burgdorferi sensu lato in Europe. Although they had never met, Frank answered promptly and expertly with pertinent and valuable knowledge. In GeoSentinel®, he constantly pushed for the evidence of his commitment. A man who greatly influenced travel medicine, GeoSentinel® and global health. We will miss his expansive persona, his invaluable ideas, his drive and vision for ISTM and GeoSentinel®, and the ever-present twinkle in his eyes!

In memory of Frank, you may wish to consider a donation to the ISTM Foundation.

Sincerely,

Lin Chen, ISTM President, with contributions from:
Phyllis Kozarsky, ISTM Co-Founder
Hans Nothdurft, Past ISTM Website Editor and CISTM Organizer
Davidson Hamer and Michael Libman, GeoSentinel® Co-Principal Investigators
David Freedman, Past ISTM Secretary-Treasurer 2005-2013, and GeoSentinel® PI 1995-2014
Annelies Wilder-Smith, Past ISTM President, JTM Editor-in-Chief
Robert Steffen, ISTM Co-Founder and ISTM Foundation President

Frank was a founding site director of GeoSentinel®, making Munich one of the first sites outside North America, and from the start one of the largest and most diverse contributors to the network. Frank worked tirelessly from the beginning to update data collection, moving from using fax machines to web-based data entry. Frank later made a tremendous personal effort to more effectively integrate Munich’s huge and complex clinical operation with the Network. As a rare clinician with strong programming skills, he pioneered the use of electronic medical record templates to auto-populate the GeoSentinel® database from the invaluable trove of clinical information gathered at his site – a task the rest of us still only dream about accomplishing one day. As co-members of the Data Quality Working Group since its inception, Michael Libman remembers with fondness innumerable days, meetings, meals, and wine-infused evenings dissecting, arguing, and laughing (sometimes quite hysterically) over data conundrums which always spilled over into stories and contemplation of work and life in general. Frank’s extensive clinical knowledge was essential in designing and improving the quality of our entire database. Michael notes that his devotion to GeoSentinel® meant that his proposals and opinions were profuse, but always constructive and relevant, delivered with conviction and enthusiasm, and although we all debated a great deal, the result was always for the benefit of our projects.

All of us who spent time with Frank quickly realized that he had that rare balance between being opinionated, devoted, compassionate, and fun – a balance which pushed us all forward, while always enjoying the work and our time together. His joie-de-vivre was manifested by the extraordinary opening parties he organized at Innsbruck in 2001 and Budapest in 2009, which live on in ISTM lore. His compassion is recalled by David Freedman whose son was hospitalized in Munich a few years ago during a summer internship. Frank’s first words when David phoned him on a Sunday were, “don’t worry, I’m going to the hospital right now to check on things”. Frank exemplified what being part of the ISTM family means.

On behalf of ISTM leaders, we send our deepest sympathies to Frank’s wife Angelika and their sons. We remember warmly a passionate man, and with his heart always in the right place despite a few rough edges which were.
Travel Talk in Troubling Times

COVID-19 has brought an enormous triple threat to health: physical, economic, and largely because of the first two, one that is growing alarmingly--mental health.

It’s no surprise that the usual lively chat on the TravelMed forum diminished as COVID-19 took hold of the world. Now in August, there are small glimmers of activity, and while nothing in the world is nowhere near normal, people are starting to think about future travel, even if another wave of the virus will inevitably hit soon again in the fall, if not here already.

Early posts on COVID-19 started to appear in late February, as the disease ramped up dramatically across the world. It quickly became clear that travel medicine was coming to a screeching halt as travel medicine providers’ doors were shuttered and some practitioners’ skills were being siphoned off to perform rigorous patient care. During the pandemic, some practices of the forum were asking others for travel advice as the numbers started to rise.

“COVID-19 has brought an enormous triple threat to health: physical, economic, and largely because of the first two, one that is growing alarmingly--mental health.”

Weigh in on Medhat Gindi’s TravMed forum proposal for a coordinated global shutdown to eliminate COVID-19

Nancy Pietroski,
Travel Medicine News Associate Editor

During this time, the forum provided information on clinical studies being conducted (post-exposure prophylaxis with hydroxychloroquine, COVID-19 expression in patients on chloroquine for malaria), as well as grant funding for COVID-19 studies. Be sure to check TravelMed often for this type of useful information.

The latest substantial post on COVID-19 in early August was a call for comments by Medhat Gindi (Ontario, Canada) on a proposal for a coordinated 2 weeks simultaneous global shutdown to quickly eliminate the virus. Martin Haditsch (Austria) made a number of thoughtful observations, concluding that even if a shutdown were to occur, eliminating the virus globally is likely an impossibility as it will continue to exist in pockets, allowing reactivation of pandemic spread. He posited that it must be treated like any other infectious disease in history.

Prativa Pandey (Kathmandu, Nepal) posed two questions to this discussion which remain unanswered on the forum. If you care to weigh in, please do so on the thread posted below. We look forward to more thoughtful input from the ISTM community.

Questions:

1. How do others feel about the need for the 2 weeks of quarantine that are being imposed by a number of countries upon travel to that country? This potentially could be shorter with a negative PCR and for example, 5 days of quarantine.

2. Will travel insurance companies cover COVID-19 care if it was contracted during travel?

During this time, the forum provided information on clinical studies being conducted (post-exposure prophylaxis with hydroxychloroquine, COVID-19 expression in patients on chloroquine for malaria), as well as grant funding for COVID-19 studies. Be sure to check TravelMed often for this type of useful information.
2020 has been an exciting year for JTM thanks to conscientious and continuous efforts by contributing authors, reviewers and editors. This year has also seen an unprecedented increase in manuscript submissions, mostly obviously driven by COVID-19 related manuscripts.

In June the Journal of Travel Medicine celebrated an Impact Factor increase to 7.089! JTM is now ranked number 5 out of 93 Infectious Diseases Journals, 12/165 in General and Internal Medicine and 10/93 in Public, Environmental and Occupational Health Journals.

Many thanks to those who have submitted remarkable manuscripts, performed rigorous reviews and worked tirelessly to support the Journal. The Journal received an outstanding number of compelling manuscripts in the past year which helped achieve this notoriety. Associate Editors Kristina Angelo, Eyal Leshem, Mark Riddle, Federico Gobbi and Anita Heywood contributed significantly as well as the Section Editors, Clinical Pearl Editors and the Editorial Board at-large. I would also like to thank the Publication Oversight Committee for their continued support.

This year, three of our annual 8 issues are entirely dedicated to the COVID-19 pandemic. These special issues are related to the spread of COVID-19 via travel, importation risk, migration and inequities, measures to take at airports, and perspectives on how we can revive travel medicine at this historic global near-standstill of travel.

May I draw your attention to our current Themed Collection not related to COVID-19? It is refreshing to also look at non-COVID issues. I invite you to read the Themed Collection released earlier this month on Pregnant Travellers. Pregnant Travellers face unique risks when travelling, notably an increased risk for infections including malaria, safety concerns about pre-travel vaccines, heightened risk of thromboembolism on long-haul flights, risk of preterm labor on airplanes, and the challenge of maternal infections that may put their offspring at risk for complications such as Zika. This collection is free to read, download and share until 15 November 2020.

Thank you all for your continued support and efforts to keep our Journal relevant and revered in the Travel Medicine community.

Annelies Wilder-Smith, 
Editor-in-Chief, Journal of Travel Medicine

PANDEMIC COURSE

PANDEMIC: Prevention and Emergency Management in COVID-19

This course is provided free of charge and will be available for 12 months.

CONFLICT OF INTEREST DISCLOSURE

SelfStudy provided the International Society of Travel Medicine use of the SelfStudy platform for the PANDEMIC course free of charge for unlimited users for a period of 12 months. This donation agreement was initiated by the personal relationship between Pradeepa Siva, SelfStudy Inc.’s Business Development Consultant, and the current ISTM Board President, Lin H Chen.

DATA COLLECTION

ISTM will not collect or store any user data for the PANDEMIC course. SelfStudy only collects login information created by users and generic course usage information (i.e. total number of users). No personal user data will be requested or stored and all data collected is voluntary.

Continuing Professional Development (CPD) credit is available upon completion of the course, but is self-reporting and copies of personalized certificates are not stored by either ISTM or SelfStudy.

To access the Course, please click here.