



CISTM8

Only 4 months away!

The International Society of Travel Medicine will hold its 8th regular conference from May 7th to 11th, meeting in the United States for the first time in twelve years, and for the very first time in New York City. Complete registration information is available on the website, www.istm.org. Participants may register on-line, by fax or by mail. Hotel reservations for the conference at the headquarters hotel, the Marriott Marquis, in the heart of Times Square, may also be made now.

The program includes not only discussions on classic travelers' ailments such as diarrhea, dengue, and yellow fever, but will also look at more exotic issues. A plenary session will be devoted to extreme and adventure travel and will be presented by the medical director of the Titanic Salvage Expedition. This session will include new prophylaxis and treatment options in altitude-related illnesses. An expert from the King Fahad National

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Erratum. In the previous issue of NewsShare, the article *Psychological Aspects of Adventure Travel* was initially posted without the author's name. The author is David Shlim. We apologize for the omission.

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President's Letter January 2003



Dear Members,

The year 2002 ended with a lot of uncertainties. The economic recession has hit many people, created great doubts about investments and reduced consumption. It has also decreased air traffic, and many airlines are facing serious identity and economic crises, forcing some of them to restructure. International terrorism is certainly not dead, and we are facing a possible war in the Middle East.

Is economic globalization to blame? Is the economy ruling the world allowing no room for a sound social and political counterbalance to create more long lasting and constructive development trends? Is our planet divided between good and bad nations? Can't we find ways to increase access to medicine for those who need it the most?

We in travel medicine know that globalization also brings good things. Easier access to travel allows people to meet, to discuss, and to discover each other's opinions and common interests. The amazing internet revolution permits individuals from all over the world to communicate and have access to information from the most remote places. Can't this facilitate mutual understanding instead of radicalization and oversimplification of the world's diversity?

Last October, in Shanghai, we met with Chinese colleagues and saw how dynamic they were in developing their country. By traveling and teaching overseas we discover new situations, other ways of experiencing questions and problems, and attempts to find innovative solutions to them. In the medical field we are in a unique position to make a difference and increase awareness of situations which have to change. Let us see in our own modest field what we can do. One possibility is to make the travellers we see more accountable and more responsible when they visit new countries, to make them respectful of the local people they meet. In New York we will launch a responsible traveller's initiative to promote this. I would like to see the ISTM generate projects to improve the knowledge and competence of local medical professionals, not only for visiting travelers but also to improve the health of the local population. This can be a constructive contribution within the modest means we have available. The ISTM board is working towards this, aware of its responsibility in this rapidly changing world.

In the mean time, I wish you all a very fruitful and happy new year. May 2003 bring you the joy and achievements you wish for. I am also looking forward to seeing all of you in May in New York.

With my very best regards,

Dr. Louis Loutan

President, ISTM

ISTM Certificate of Knowledge Exam Update



We're now four months away from administering the first ISTM Certificate of Knowledge exam! The examination will be given on May 7, 2003, the morning of the opening ceremony of CISTM8. All members should have received a Candidate Bulletin of Information (CBI) and exam application form with membership renewal packets, which were mailed out in late November. If you did not receive a packet or would like a CBI and application form, please email you name and postal address to exam@istm.org.

Fees for taking the exam and deadlines in which to register are listed below. Please note an exam discount will be given to all those sitting for the examination who are also registered for the conference! Physicians sitting for the exam will receive \$100 U.S. back. Nurses, pharmacists, physician assistants and others will receive \$50 U.S. back. These payments will be made in cash immediately following the exam with proof of paid conference registration. Please remember to bring your conference registration receipt with you to the exam-testing site!

The examination, consisting of 200 single-answer, multiple-choice questions, will be given on May 7 from 8 a.m. – 12:45 p.m. at the Marriott Marquis Hotel. Check-in begins at 7 a.m. Everyone should be seated by 7:30 a.m. for pre-exam instructions.

Please email any questions you have about the exam to exam@istm.org. We look forward to seeing you in New York in May!

Sincerely,

Phyllis Kozarsky on Behalf of the Exam Committee

News from Around the World

Australia – Meningococcal vaccine
Meningococcal C conjugate vaccine has been added to the Australian National Immunization Program as of January 1st 2003. The age groups approved for free vaccination initially are the 1 - 5 and 15 - 19 year old groups, with varying catch-up schedules in different States. The decision reflects the increasing incidence of morbidity and mortality from the disease in these age groups over the last few years. Whilst the risk of meningitis for short term travelers to Australia is very low, longer term travelers should consider vaccination, especially under the age of 25 years as the incidence is markedly higher in this age group. Three brands of vaccine effective against type C meningitis are available (Baxter, Wyeth and Chiron). Travelers vaccinated with meningitis C vaccine, who require vaccination against other serotypes should allow 6 months between vaccinations.

Dr Jonathan Cohen, Medical Director, Travel Clinics Australia, Melbourne.

United Kingdom – More travel advice and fewer vaccinations are needed.

The health risks associated with international travel range from minor symptoms to severe morbidity and death. In 2000, residents of the United Kingdom made 56.8 million visits abroad, 3.3 times the number made in 1980. Of all visits abroad, 72% were to countries in the European Union and 9% were to North America.

Hand in hand with an increase in travel we can expect a similar increase in travel related morbidity, and therefore a need for effective, accessible, and appropriate pre-travel health advice. We were encouraged by the recognition of travel medicine as an important role of the United Kingdom's public health service. We were, however, disappointed at the review's emphasis on

Continued on page 3

The fees for taking the ISTM Certificate of Knowledge examination are as follows:

ISTM Members on or before January 31, 2003

Physicians	\$250.00
Nurses, Pharmacists, Physician Assistants, Others	\$125.00

ISTM Members on or after February 1, 2003

Physicians	\$300.00
Nurses, Pharmacists, Physician Assistants, Others	\$175.00

Non-Members on or before January 31, 2003

Physicians	\$300.00
Nurses, Pharmacists, Physician Assistants, Others	\$175.00

Non-Members on or after February 1, 2003

Physicians	\$350.00
Nurses, Pharmacists, Physician Assistants, Others	\$225.00

*“News from Around the World,”
continued from page 2*

vaccine preventable disease, including hepatitis A (81 cases in 2000), which from surveillance data provided by the Public Health Laboratory Service shows a fall in cases over the 20 year period. Likewise, the number of cases of imported malaria has remained static over this time, despite the threefold increase in travel.

The Foreign and Commonwealth Office consular report highlights 1843 deaths in United Kingdom residents abroad during 2001; road traffic accidents, drowning, and suicide were the commonest causes of death after medical causes. Diarrhea, although not usually a cause of serious morbidity, affects up to 70% of tourists on package holidays in tropical counties.

Risk assessment is important to rationalize pre-travel preparation, but the advice needs to reflect the health risk and not the interventions available. The emphasis on vaccination for low risk travel may give a false sense of security and encourage unsafe eating and drinking. Failing to advise on the management of diarrhea, a much more common event, may lead to dehydration and admission to hospital.

Morbidity associated with behavior—for example, sexually transmitted disease and solar and skin associated problems, alcohol related traumas, and injuries from recreational activities—up the main proportion of illness associated with travel. Prevention of these and the other diseases mentioned above requires effective advice and good communication between travelers and their advisers.

The emphasis on vaccinating travelers rather than advising them is a widely held misconception and needs to be corrected. Health promotion and health education need to be the focus of pre-travel consultations. Risk assessment should be based on a broader view than administering drugs and vaccines.

BMJ 2003;326:52 (4 January)

N Hoveyda and Ron Behrens, London School of Hygiene and Tropical Medicine, Department of Infectious and Tropical Diseases, Clinical Research Unit, London

Survival in Tropical Rain Forests

by Mel Otten, MD

Tropical rain forests cover large but ever shrinking areas in the Americas, Africa and Asia between latitude 25° North and 25° South. These forests have greater than 250 centimeters or 100 inches of rain per year, with the rain fairly evenly distributed throughout the year. (By comparison, deserts have less than 25 centimeters or 10 inches of rain per year.) The dominant organisms are trees of heights up to 90 meters (300 feet) with several layers of vegetation underneath. Each layer may contain its own variety of plant and animal life, and is the reason for the large number of organisms present. The terrain under the blanket of vegetation may be a flat river valley or high mountains, and often it is a combination of the two. The vegetation remains constant throughout the year, and vines and creepers make travel very difficult. Mangrove and palm swamps, bamboo groves, and savanna may also be present, making travel and navigation even more hazardous. But survival in rain forests is probably easier than it is in deserts, mountains, the arctic, or at sea.

The principle hazards to humans in the rain forests are insects and rain. Motion pictures portray rain forests as having lots of large animals such as tigers and jaguar, crocodiles and various venomous snakes. While these may, indeed, be present, they represent a very small danger when compared with the flies, mosquitoes, ticks, leeches, fleas, ants, and centipedes. Also present are many irritating plants which may cause allergic dermatitis or painful puncture wounds. Nettles, rattan, thorns and bayonet grass may penetrate clothing and injure skin and eyes. Scratches, abrasions, lacerations and macerated skin can become infected by bacteria, fungi, and other parasites.

Heat-related illnesses are common although not usually as severe as in the desert. The temperature on the forest floor seldom exceeds 41° C (105° F), while desert temperatures often reach 50° (120° F). But the high humidity in rain forests can make sweating ineffective and precautions should be taken to avoid heat stroke and heat exhaustion. Prickly heat, chafing from wet clothing and warm water and immersion foot are quite common, but usually not life threatening. These may lead to cutaneous fungal infections that are quite difficult to eradicate.

Preparing yourself for trips into rain forests

The best preparation for hiking, bird watching, canoeing and other activities in a rain forest is to get your body and mind in good condition. Walking on trails can be quite strenuous depending on the gradient and density of the vegetation. Aerobic conditioning is a must. Upper body strength is especially valuable in the rare situations in which you become lost and must hack your way through undergrowth or climb over tree roots.

Becoming acclimatized to the heat and humidity will take several days at a minimum and, optimally, two to three weeks. Before setting off on a long trip, take short hikes to accustom yourself to the noises, the insects, plants and difficult footing. Swimming is an invaluable survival skill and can save your life. Read as much about the area and memorize key terrain features from maps or charts. Know the common hazardous plants and animals and learn to identify them from field guides or have local residents point them out to you.

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The best preparation for hiking, bird watching, canoeing and other activities in a rain forest is to get your body and mind in good condition.

“Survival in Tropical Rain Forests,” continued from page 3

Learning about indigenous peoples, including a few words of their language and their customs is very important. This gives you a better appreciation for the area and helps establish good relations with the people who may have your survival in their hands. File an itinerary with a trustworthy person so rescuers will know where to begin looking for you if you do not return on time.

Clothing

Necessities include long sleeves and long pants made from ripstop cotton, wide brim hat, mosquito head net and gloves. The tropical weight military issue trousers and jacket are ideal and are available in various colors and sizes. The trousers have drawstrings on the legs to limit insect access and have large cargo pockets which are invaluable to any wilderness traveler. The hat keeps off rain, sun and some insects while the gloves protect the hands from rattan, thorns and blisters. The mosquito headnet can be kept folded and stored in a pocket when not needed. Ankle high boots of synthetic nylon or goretex and polypropylene or wool/polypropylene blend socks (at least two pairs) are good foot protection. All clothing should be impregnated with insect repellent

High boots will help support the ankles and prevent the boots from being pulled off in mud. Military jungle boots are high enough to tuck the pants legs in and have drain holes to allow water to drain. But such boots are heavy and not comfortable to walk in. Shoestrings should be made from parachute cord to prevent rot in the dampness. Change socks whenever you stop. This also gives you a chance to check for leeches and ticks. Air dry your feet and apply antifungal powder. Tie the pair of socks that you remove from your feet to the outside of your pack. At the next stop switch socks so that relatively dry socks are constantly worn. (Obviously this system does not work in the rain.)

A goretex rain parka and trousers will keep off the rain but can be quite hot and may

cause enough sweating to make you as wet as the rain would. A poncho is more versatile and may allow more air to circulate, but generally is quite warm also. Carry a plastic bag or two to store extra clothing. Most seasoned rain forest travelers do not wear underwear as it does not dry as quickly as the outerwear and may cause chaffing and “jungle rot” or tinea cruris.

Survival kit

Carry quality, multipurpose first aid items, emergency shelter, tools, signal equipment, water, food, and navigational items. The kit should be large enough to be complete yet small enough so that it can be on your person at all times. Obviously, carry the kit in a waterproof container or pack. Before each trip replace items used or damaged. Some of these items can be carried in the pockets of the trousers or jacket. Here is a basic list:

- pocketknife, Swiss Army type with lots of blades
- canteen, 5 liters (5 quarts) collapsible
- iodine crystals, for water purification and cuts
- parachute cord, 15 meters (50 feet)
- mosquito netting
- compass
- whistle
- insect repellent
- bandaids
- waterproof matchbox
- signal mirror
- sunscreen
- penlight
- plastic bags
- map
- safety pins
- fish hooks & line
- candy/peanut butter
- needles and thread
- duct tape
- aluminum foil (.3 square meters (3 sq ft))

All of these items fit in a relatively small container that can be carried on the belt along with the rain gear. Expedition travel through remote areas necessitates carry-

ing a much larger kit that would contain as a minimum a jungle hammock, gill net, machete with sharpening stone and file, extensive first aid kit, extra clothing and boots, signal radio or ELT (emergency locator transmitter), flares, food and cooking utensils. A 35mm aluminum film can hold antimalarial tablets, antibiotics, and a few analgesic tablets. Use cotton to seal the top to absorb moisture.

Survival Situations

Administering first aid and getting to safety are the first priorities in survival situations. Falling down a hillside or out of a canoe may be your introduction to rain forest survival. If you are in a plane or vehicle that may explode or catch fire, move away until you are sure it is safe. Basic first aid or medical care to the level of expertise and equipment available should be administered. If there are no immediate life threats, stop and take time to survey the situation. Make note of your assets, orient your map, inventory your equipment, do whatever you can to avoid panic. Panic can turn a relatively stable situation into a fatal one.

Shelter from insects and rain is your top priority. Protect all exposed skin with insect repellent and put on your mosquito head net. A lean-to type shelter can be made with a poncho and a length of parachute cord. If a vehicle such as a plane or automobile is available, use it for shelter. It also may be a good source of tools and equipment if you use your imagination and improvise. A lean-to made by leaning palm fronds against a fallen tree may be enough to protect you temporarily. If possible construct a sleeping area off of the ground to protect yourself from crawling insects. This along with overhead protection from the rain and your mosquito netting will usually suffice as shelter.

Water is readily available if you know where to look. Obviously rivers, streams, and lakes have water, but it must be purified either with iodine or by boiling. Many jungle plants contain potable water. For example jungle lianas or vines contain

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“Survival in Tropical Rain Forests,” continued from page 4

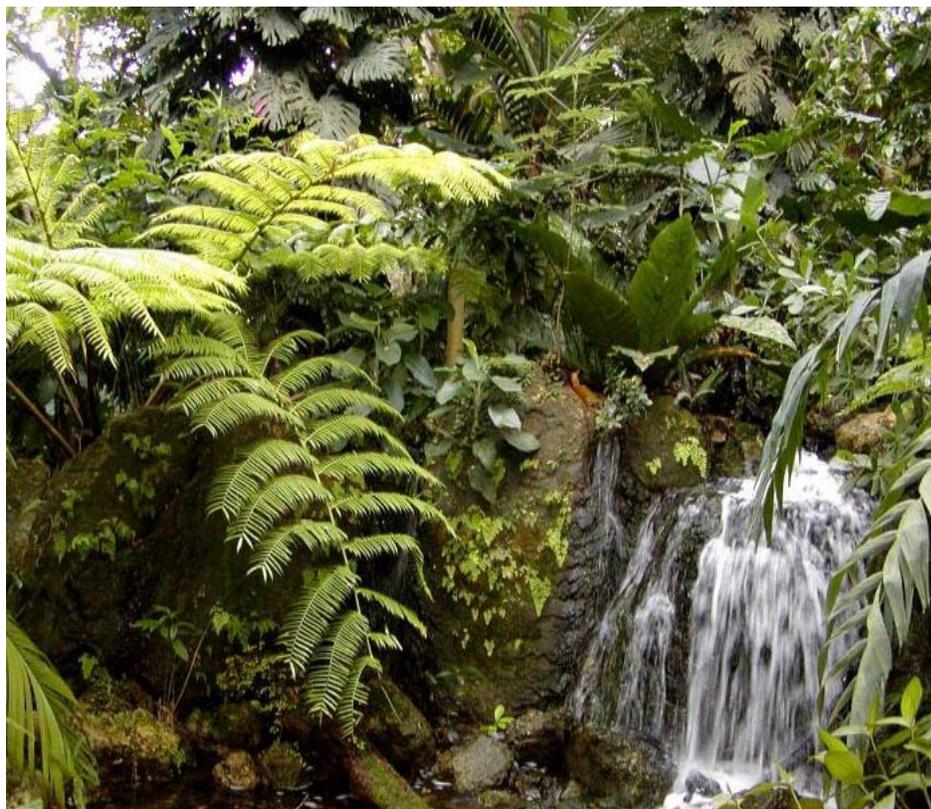
large amounts of water that can be obtained by first making a cut through the vine as high up as you can reach, then a cut as low as possible. The water will then flow from the top cut out the bottom cut and can be collected in a container or can be drunk directly from the vine. Many plants collect rain water, and bromeliads and bamboo will still have water trapped in them during dry periods. Do not drink milky or bitter plant fluid. Many formerly cultivated areas contain coconut palms that are excellent sources of fluid and nutrition, and the main exception to the “milky fluid” rule.

There are a variety of plant foods available; banana, bamboo, cashew, taro, coconut, nipa, ferns, rattan, pili nut, mangoes, papaya, breadfruit and guavas. Learning to identify and preparing these plants beforehand will be time well spent. These plants can be a great supplement to a routine expedition diet.

All rain forest animals are edible, but catching a monkey or wild pig, or knowing what to do with a crocodile when you catch one can be a problem. Chances are that you will not have a shot gun or rifle, so go after the slower, less dangerous animals such as grubs, lizards, snakes and fish. Cook all animal food thoroughly to destroy parasites. After skinning and gutting fish or lizards, wrap the meat in aluminum foil or leaves along with a few vegetables and bake in hot coals. Insect grubs and termite larvae can be found in rotten logs and can be eaten raw, although they are better cooked.

Traveling through the rain forest can be extremely difficult and physically exhausting. Before setting out, rest, drink plenty of water, and eat what is available. A compass is mandatory for navigation. Often the sun and stars cannot be seen to give directions. If you do not have a map, hopefully you have memorized key terrain features such as roads, rivers, and villages when you were planning your trip.

Trails and rivers make traveling easier than trying to move through dense underbrush



where a distance of 100 yard can take hours. Avoid, if possible, areas along rivers where vegetation is the thickest and avoid high ridges, swamps and rattan; travel in these areas will tire you out very quickly. Go slow. Push aside vegetation with a stick or cut it with a machete. Make frequent stops to check for attached insects and replenish lost fluids. Following game trails to rivers and then traveling down rivers by bamboo raft may be the best solution. Rivers often have villages along them and rivers have an abundance of fish for food. Rivers also contain crocodiles, piranha, other dangerous fish and rapids and waterfalls, so care must be taken.

Because of the thick canopy, signaling to rescuers is often a problem. Downed aircraft, for example, are not easily seen from the air. Smoke from flares or smudge fires may not penetrate the vegetation. A whistle or gunshot, although somewhat muffled by the vegetation, can be heard a greater distance than a shout, but often appear non-directional.

Moving to a clearing will enhance your chances of being seen from the air, but natural clearings are difficult to locate from the ground. Clearing give a view of the sky and may serve as a landing zone for helicopters and starting points for rescue teams. For these reasons travel may be the only option in a survival situation as opposed to remaining where you are in the desert or arctic. Shining a signal mirror in the direction of aircraft sounds or toward the horizon may attract search and rescue teams. Smoke from signal fires or flares may be used when aircraft are moving toward your position and a flashlight can be used at night if a search craft is sighted.

Mel is the Director of the Division of Toxicology and Professor of Emergency Medicine and Pediatrics at the University of Cincinnati, College of Medicine in Cincinnati Ohio, USA. He is a past president of the Wilderness Medical Society.

Hiking the Inca Trail and the Porter who Make it Possible

Irmgard L. Bauer, PhD

Hiking the Inca Trail is one of the most popular activities of travelers to Peru. The trek usually takes three to four days, and you will be able to enjoy the spectacular scenery of the Andean mountains. You will walk through different ecological and climatic zones, over high passes - up to 4200 meters - and through lush tropical forests, visiting beautiful ruins along the way. At the end, your efforts will be rewarded with the breathtaking views of the ruins of Machu Picchu. For a trek such as this, tents, gear and provisions have to be carried along and porters will be employed to carry the loads.

You may already be aware of the porters' working conditions in various other popular trekking areas such as the Himalayas. The porters on the Inca Trail are mainly recruited from the poor peasant communities in the area, often leaving their farms to supplement their meager incomes. They work extremely hard to make your trail experience memorable. On January 1, 2001, new regulations concerning the use of the Inca Trail, including porter issues, were launched. However, the implementation of these rules is not yet satisfactory.

As a responsible traveler, you may want to know what you can do to support the porters' struggle for a 'fair go'. The porters depend on this work, but some companies treat them better than others. Below, you'll find a few recommendations that can help make their life a bit easier:

There is a load limit of 25 kg per porter imposed on the tour operators organizing Inca Trail tours. However, this limit is not enforced, making it virtually meaningless.

- *Please do not ask porters to carry your backpack on top of their regular loads, not even for additional payment. This would grossly exceed the permitted load limit.*

The costs of Inca Trail tours vary greatly from relatively expensive (often, reputable companies) to very cheap (local budget



offers). Tours that you may book from home will still be delivered by a locally contracted company. Generally, if you pay more, you find that a better porter to client ratio is in place. However, it also means that additional items may be carried such as toilet tents, folding chairs, more food, and so on. Interestingly, the salaries paid to the porters are very low regardless of how much you pay for the trip. There are very responsible overseas companies trying to minimize negative impacts of tourism on the hosts and to enforce rules related to fair treatment of local tourism workers. More expensive operators may generally provide more for the porters, but this is not automatically the case. Clients should still keep an eye out for signs of maltreatment of porters.

- *Please try to book through reputable companies rather than local 'cheapies' which often use a very poor porter to client ratio and leave the porters to fend for themselves.*

Many companies give porters minimal or no food, minimal or no fuel, and no shelter for the night. Porters are usually only allowed to carry up to 5 kg for their own needs. This means, they often go hungry, drink only cold water and sleep under boulders or tarpaulins.

- *If you have surplus food, perhaps you want to share this on the trail. However, this should not lead to compa-*

nies relinquishing their responsibility to feed their staff.

The porters' pay is poor, and often they have to pay for their own food and transport from this money. Furthermore, many companies expect that damaged or lost equipment is to be paid for by porters at grossly inflated prices. This leaves very little to take home to their families, sometimes nothing at all.

- *If you wish to give the porters a tip at the end of the trip, please be aware that tips given to the guide or cook for distribution to all is often not passed on. Similarly, any presents you may want to leave, such as warm clothing, may be "collected" by supervisors under the guise that the porters stole it. Try to make clear that your gifts are meant for specific people.*

Sick or injured porters may be left to their own devices and sent off the trail without assistance. Porters have no insurance or assistance with medical costs.

- *Please insist that sick or injured porters are looked after.*

Porters have little chance to complain about unfair or exploitative treatment as they would not be hired again.

- *Please be kind to the porters. They are lovely people trying hard to make a living. If you notice anything on your trip that you feel does not meet the standards of decent treatment of employees, please report this to the local tour operator. Also report it to the overseas company, if you made your bookings in your home country.*

For more information on porters, visit the web sites of organizations such as the International Porter Protection Group (IPPG), www.ippg.net or Tourism Concern, www.tourismconcern.org.uk/caml2ainsg/campaigns_porters.htm

Irmgard is with the School of Nursing Sciences, James Cook University, Townsville, Queensland, and writes frequently about travel medicine.

Calendar: Travel Medicine Conferences, Courses, Educational Travel

Note: This calendar is a service for members of ISTM. Listings are not necessarily endorsed by ISTM.

Because of space limitations, meetings scheduled for 2004 and beyond will appear in the next issue of NewsShare.

Conferences

Feb
24-28

9th Swiss International Short Course on Travelers' Health. Basel, Switzerland. February 24-28, 2003. Comprehensive training in pre-travel advice, health problems abroad, and the returning traveler. Under the patronage of the ISTM. For physicians, nurses, other health professionals and members of the travel industry with strong interest in travel medicine. Official language: English. Swiss Tropical Institute, Course Secretariat, Socinstrasse 57, P.O. Box CH-4002, Basel, Switzerland. Tel: +41 61 284 82 80 Fax: +41 61 284 81 06 Email: courses-sti@unibas.ch Web address: www.healthtraining.org/schools/basel/html#Crs1

Feb 28
March
2

Two-weekend Attendance Course in Travel Medicine with an Interblock Self-study Component. Johannesburg, South Africa. February 28-March 2, 2003 and May 9-11, 2003. Sponsored by the University of the Witwatersrand, South Africa in conjunction with James Cook University, Australia. The two weekend courses will be held at the WITS University in Johannesburg. Information: Michelle Shelby at sastm@worldonline.co.za, Fax: +27(12) 347-4215. Web address: www.sastm.org.za

March
10, '03-
Feb '04

Postgraduate Diploma in Travel Medicine by Distance Learning. Glasgow, UK. March 10, 2003-February 2004. Year long, distance-learning course for qualified medical practitioners, nurses and other health care professionals with special interest in travel health. Diploma qualification awarded through

Royal College of Physicians and Surgeons. Students may be invited to continue onto MSc in Travel Medicine through the University of Glasgow. Overseas students particularly welcome to apply. Contact: Miss Amanda Burridge, Course Administrator, Travel Health Department, Scottish Centre for Infection and Environmental Health, Clifton House, Clifton Place, GLASGOW, G3 7LN. Tel: 0141 300 1132. Fax: 0141 300 1170. Email: Tmdiploma@scieh.csa.scot.nhs.uk Web address: www.travelcourses.scieh.scot.nhs.uk

March
22-26

Travel Medicine in the 21st Century. Playa Conchal, Costa Rica, March 22-26, 2003. Distinguished faculty will discuss the cutting-edge issues in travel medicine. CME credits. Orvis Travel. Historic Route 7A. Manchester, VT. USA 05254. (800) 547-4322. Email: Orvistravel@orvis.com Web address: www.orvis.com

April
4-6

10th Update: Travel and International Medicine. Seattle, USA. April 4-6, 2003. Lectures, expert panels, and workshops. For physicians and nurses. Sponsor: University of Washington Continuing Medical Education. Contact: Sandy Pomerinke, 1325 Fourth Avenue, Suite 2000, Seattle, WA 98101. Tel: 206-543-1050. Fax: 206-221-4525. Email: cme@u.washington.edu

April
7-II

Travel Medicine Short Course. London. April 7-11, 2003. London School of Hygiene and Travel Medicine. Organizer: Ron Behrens, M.D. For physicians and nurses who provide pre-travel health services. Will provide general practitioners and practice nurses the opportunity to develop and update their knowledge and skills in travel medicine. Course will run Monday to Friday. Single day attendance available. Course fee: £570. Day sessions: £155 per day session. Course PGEA approved and CME accreditation requested. Contact: The Registry, London School of Hygiene & Tropical Medicine, 50 Bedford Square, London WC1B 3DP. Tel: +44 (0)20 7299 4648. E-mail: shortcourses@lshtm.ac.uk. Internet: <http://www.lshtm.ac.uk>

May
7-II

CISTM8: 8th Conference of the International Society of Travel Medicine. New York. May 7-11, 2003. Leading experts from all parts of the world will present the very latest in travel medicine. Many interactive sessions. Attendance qualifies for up to 21 hours of credit for Continuing Medical Education. Contact: CISTM8 Conference Secretariat: Talley Management Group, Inc., 19 Mantua Rd. Mt. Royal, NJ 08061 USA. Tel: (856) 423-7222 Ext 218. Fax: (856) 423-3420. Web address: www.istm.org

IMPORTANT DATES

Conference
Regular Registration
Abstract Submission
Hotel Reservation

May 7-11, 2003
March 2003
January 2003
March 2003



Calendar (continued)

May
2003-
Oct.
2003

Foundation in Travel Medicine by Distance Learning. Glasgow, UK. May 2003-October 2003. Multidisciplinary six-month course. Comprises four distance learning units of core material with written assignments. Overseas students welcome. Contact: Miss Amanda Burridge, Course Administrator, Travel Health Department, Scottish Centre for Infection and Environmental Health, Clifton House, Clifton Place, GLASGOW, G3 7LN. Tel: 0141 300 1132. Fax: 0141 300 1170. Email: Tmdiploma@scieh.csa.scot.nhs.uk Web address: www.travelcourses.scieh.scot.nhs.uk

Aug
9-13

4th World Congress of Wilderness Medicine. Whistler, British Columbia. August 9-13, 2003. Held every four years by the Wilderness Medical Society (WMS). For those working in wilderness medicine and providing care in challenging areas around the world. Fairmont Chateau Whistler. Contact: WMS, 3595 East Fountain Blvd., Suite A-1, Colorado Springs, CO 80910. USA. Tel: +1-719-572-9255. Fax: +1-719-572-1514. Web address: www.wms.org

Nov
17-22

Havana Travel & Tropical Medicine Course 2003. Havana, Cuba. November 17-22, 2003. Organizer: Instituto de Medicina Tropical "Pedro Kouri" (IPK), Havana, in collaboration with Medical Services for the Tropics (MST), Maastricht, Netherlands. For physicians - especially those working in general practice, occupational, aviation, tropical and public health medi-

cine - pharmacists, microbiologists, nurses, and other health scientists. Lectures by leading specialists (Cuban and others) and visits to hospitals, research laboratories, and community health centers. Lab training available on request in bacteriology & parasitology, and extra module, public health. Official language: English. Medical education credits applied for from Dutch accrediting authorities. Course Coordinator: Peter de Beer, MD; PO Box 1660; 6201 BR Maastricht, Netherlands. Email: mstropics@mail.com and pedebeer@hvision.nl Webaddress of MST: www.tropenkliniek.nl IPK information: Director, Training programs, Dr. Nereyda Cantelar see Webaddress IPK : www.ipk.sld.cu

Courses/Educational Travel.

Jan 27-
March
28

The Gorgas Course in Clinical Tropical Medicine Lima, and the Andes and Amazon regions, Peru. Course scheduled for January 27- March 28, 2003, and for 2004. Sponsored by the University of Alabama and the IAMAT Foundation. Includes lectures, case conferences, diagnostic laboratory procedures, and bedside teaching in a 36-bed tropical medicine unit. Official language: English. International Faculty. 380 contact hours. Contact: David O. Freedman, M.D. Gorgas Memorial Institute, University of Alabama at Birmingham, 530 Third Avenue South, BBRB 203, Birmingham, AL 35294. Fax: 205-934-5600 Or call: The Division of Continuing Medical Education at 800-UAB-MIST (U.S.) or 205-934-2687 (from overseas). Email: info@gorgas.org Web address: www.gorgas.org

Feb
2-14

Tropical Medicine Expeditions to East Africa: 7th Expedition to Uganda, February 2-February 14, 2003 and 10th Expedition to Kenya, February 23-March 7, 2003. In collaboration with the University of Nairobi and Dr. Kay Schaefer (MD, PhD, MSc, DTM&H) Cologne, Germany. Official language: English. Two-week expedition designed for limited number of physicians, public health experts and scientists. Participants visit hospitals and health projects in urban and rural areas. Includes individual bedside teaching, laboratory work, and lectures in epidemiology, clinical findings, diagnosis, treatment and control of important tropical infectious diseases. Also, updates on Travel Medicine and visit to the "Flying Doctors" headquarters in Nairobi. 50 contact hours. Accredited certificate given. Contact: Dr. Kay Schaefer, Tel/Fax: +49-221-3404905, E-Mail: contact@tropmedex.com Homepage: www.tropmedex.com

Feb
18-28

Update on Travel and Tropical Medicine. Siem Reap (Angkor Wat), Cambodia. February 18-28, 2003. CME event sponsored by Centre for Travel and Tropical Medicine. Course organizer: Kevin C. Kain, MD, FRCPC. Director, Centre for Travel and Tropical Medicine, EN G-224, Toronto General Hospital, 200 Elizabeth St. Toronto, ON, Canada M5G 2C4. Kevin.kain@uhn.on.ca. Information: Yue Chi, Asia Adventures and Study Tours, 455 Avenue Road, Suite 300, Toronto, ON, Canada M4V 2J2 Tel. 416-322-6508 or 1-866-564-1226. E-mail: info@asiadventures.ca

— "CISTM8 only 4 Months Away," —

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Guard Hospital in Saudi Arabia will discuss health care problems created by large religious pilgrimages. Another plenary session will define the real risk of travel versus risk perception. Some of the popular features at past meetings - Meet the Professor, Case of the Day, and Destination-specific Workshops - will be repeated. And special for this meeting will be sessions on some of New York's notorious moments in health/travel history, including the last smallpox outbreak in New York City, vignettes about Typhoid Mary, and quarantine issues of immigrants.

The opening reception on Wednesday evening, May 7th, originally planned for Ellis Island has been shifted to the Marriott Marquis' glass-walled promenade overlooking the activity and lights of Broadway and Times Square. The shift from Ellis Island resulted from the local organizing committee reluctantly concluding that arriving participants would prefer not to have to transfer immediately to a bus and ferry for the reception. This exciting event, "Lights on Broadway/Tastes of New York" will highlight the various ethnic foods of New York City and will include music, dancing, and festivities well into the evening.

Two pre-meeting workshops on Wednesday, May 7th, will cover gastrointestinal and travel medicine questions in occupational health.

The Emory School of Medicine has designated the conference as qualifying for up to 21 hours of credit for Continuing Medical Education. Further details are available on the Web site.

Please note that the hotel reservation cutoff date is April 16.

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