



1896 Olympics, Athens: (The winner of the first marathon of the Modern Olympics)

Health Care Services at the Athens Olympics 2004

George Petropoulos, MD, PhD

Greece was the birthplace and site of the ancient Olympic Games. The first modern Olympic Games were held in Athens in 1896. In 2004, from August 12 to August 29, the Olympic Games will return to Athens as the XXVIII Olympiad.

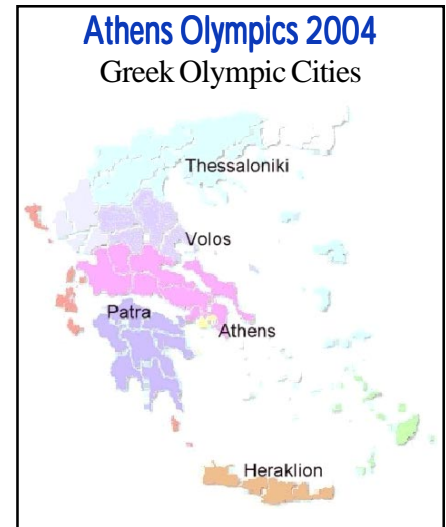
The Games have grown tremendously. This year there will be about 38 competition venues, 100 training venues, a media center, and sponsor hospitality areas. There will be 301 events in 28 sports involving 10,500 athletes from 201 countries, 5,500 team officials, 60,000 volunteers, 21,500 media personnel, up to several hundred thousand spectators on site at any one time, and a worldwide audience of more than 4 billion viewers and listeners.

Some 40,000 security personnel will work at the Games, including police, military personnel, fire-fighters, private security forces, and 5,000 trained volunteers. The Olympic Village will house 16,000 athletes

and team officials and another 6,000 during the Paralympic Games. (These Games will be held in Athens following the Olympic Games, from September 17 to September 28, with more than 4,000 athletes from about 130 countries competing. The Paralympic Games, also known as the Special Olympics, are the games for disabled athletes.)

ATHENS 2004, with the guidance of the International Olympic Committee, is the official Greek organization in charge of the Games. Athens 2004, together with the Greek Olympic Committee and the Greek Health Care Ministry has developed a comprehensive and sophisticated infrastructure to help insure the health of the more than one million athletes, support staff, and spectators expected.

Officials urge travel health professionals to inform travelers about recommendations for staying healthy while in Greece and to make travelers aware of the health



care facilities available for visitors, especially for visitors with ongoing health problems. The Games will take place in five Greek cities: Athens and surroundings, Thessaloniki, Heraklion, Patra and Volos (see map). Most of the important Olympic-related events will take place in Athens.

Greece is a Mediterranean country with about 11 million people. It is surrounded by sea, and includes thousands of islands. The usual August temperatures in Greece are between 35° and 40° C (95° and 104° F).

Greece has extensive experience dealing with tourism, hosting about 13 million arrivals annually. This experience, along with improved preparedness of the health care services, will greatly help the country cope with the increased number of visitors expected for the Games.

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Health Services Department

Specially selected teams of doctors of various specialties, nurses, first aid officers, physiotherapists and other health care professionals will serve athletes. A separate support staff will tend to spectators, members of the media, staff and volunteers. In all, approximately 3,000 such volunteers, all registered in their specialties, will be present to implement the program.

Health Guidelines for Attendees' Personal Care

- Bring comfortable shoes. Some venues are very large and visitors may have to walk considerable distances, queue and climb steps to seating areas.
- Greece is hot in August. Wear light-coloured clothing (made of natural fabrics) and hats that are cool, light and comfortable and offer some protection from the sun.
- Keep well hydrated (and avoid alcohol) throughout the day, and wear sunglasses and sunscreen.
- Bring along necessary medications and food supplements.

- Use insect repellents to avoid being bitten by insects.
- Make prudent food and water selections to help avoid gastrointestinal disorders.
- Watch your step when walking. Automobile-related accidents are common.
- Individuals with chronic diseases should consult a travel health professional for advice before leaving home.
- If in need of medical assistance, visitors should ask an ATHENS 2004 volunteer to direct them to the nearest spectators' medical office. These volunteers will be wearing easily recognizable insignia.

Immunization and Vaccinations

Required Immunizations

The only immunization required for entry into Greece is a yellow fever (YF) vaccination for individuals older than six months of age IF coming from or in transit through a YF-infected country. (The vector for the disease, *Aedes aegypti*, is present in Greece.) According to Greek recommendations, children under one year of age should not be vaccinated; cases of encephalitis have been reported

in this age group following the administration of this vaccine. All visitors from a country where yellow fever is present and or who have transited through such a country must carry a valid yellow fever vaccination certificate or a letter of exemption from a physician.

No other vaccination is required for entry. However, travellers are urged to review their immunization status with their physician or travel medicine clinic to insure that they are protected. Recommendations below serve a general guide only. Immunization needs depend on each visitor's health status, previous immunizations received, and their travel itinerary.

Selective Vaccination for Greece: Hepatitis B Vaccine

Because of the high rate of hepatitis B carriers in Greece, vaccination is recommended for persons on working assignments in the health care field (e.g., dentists, physicians, nurses, laboratory technicians) or working in close contact with the local population (e.g., teachers, missionaries, Peace Corps volunteers), or persons foreseeing sexual relations with local inhabitants.

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TABLE I. Yellow Fever Areas Countries and Areas are Regarded as Infected with Yellow Fever

Africa: Angola, Benin, Burkina Faso, Burundi, Cameroon, Central African Republic, Chad, Congo, Côte d'Ivoire, Equatorial Guinea, Ethiopia, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Liberia, Mali, Niger, Nigeria, Rwanda, São Tomé and Príncipe, Senegal, Sierra Leone, Somalia, Sudan (south of 15° N. latitude), Tanzania, Togo, Uganda, Zaire, Zambia (area west of 25° longitude East).

Americas: Bolivia, Brazil, Colombia, Ecuador, French Guiana, Guyana, Panama, Peru, Suriname and Venezuela.

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Routine Immunizations

Travel is a good occasion to remind people that their routine immunizations may require updating. Surveys indicate that up to 80% of adults in the western world have not maintained their immunization status since their school years. If you belong to this group, the following vaccinations are recommended before leaving home. (Note that recommended vaccination schedules vary greatly from country to country. Editor.)

Sections of Action in Health Care Services

With the general coordination of the Ministry of Health Care and Welfare, the health care functions at the Olympics have been divided in to five sections:

- (1) Administration
- (2) Public Health
- (3) Primary Health Care
- (4) Emergency Medicine
- (5) Hospitalization

Administration

Much time and effort has been spent to create an infrastructure to help insure the health, safety and comfort of visitors, including extensive contingency plans involving numerous public and private agencies in case of unexpected events - environmental (earthquake) or terrorist activity, for example.

Public Health

The Health Services Department, along with the Ministry of Health and Welfare, will coordinate public health surveillance programs to oversee sanitation and environmental health within the Olympic areas, both in the competition and non-competition venues. They will:

- Define specific protocols to be followed by all authorities, services, companies and other participants to keep public health at a high level.
- Establish a wide network of surveillance to avoid disease outbreaks, epidemics, and quickly control outbreaks should they occur.
- Enforce rules for public health and hygiene in airports, seaports, railway stations, hotels, cruise ships, and other critical sites where visitors will pass through, visit and reside.
- Use appropriate tests to monitor air and water quality and air conditioning systems.
- Ensure the hygiene of food and water.

Primary Health Care

The 3,000 registered health professionals will be present to implement primary health care in all five Olympic cities. At the Olympic Village in Athens, there will be a newly constructed and fully equipped 2,700 square meter Olympic Polyclinic. The Clinic will provide 24-hour Emergency Services and 18-hour Primary Health Care Services.

Emergency Medicine and Health Care

Several medical-related organizations will work closely with the National Centre of

TABLE II: Routine Immunizations

TETANUS-DIPHTHERIA (tetanus-diphtheria toxoid, adult type) booster. One dose for all adult travelers if their immune status is not known. A primary series is required for those not previously vaccinated.

POLIOMYELITIS. A booster (one time) is recommended for all adult travelers regardless of age and destination if their immune status is not known. This is particularly important when the risk of exposure to the poliovirus is increased, such as when traveling to developing countries or developed countries in which small localized outbreaks occasionally occur. A primary series is necessary for those not previously or partially vaccinated.

MEASLES vaccine. Unvaccinated adolescents and young adults with no documented history of measles infection should be vaccinated. Individuals immunized before 1980 should receive a booster before traveling to developing countries. Individuals born before 1957, the year the measles vaccine was introduced in many countries, are presumably immune and do not need to be vaccinated.

MUMPS vaccine. The vaccine is indicated for adolescents and children approaching puberty. Adults can be considered immune as a result of previous illness or sub-clinical infections acquired when the virus was widely circulating among the population before the availability of the vaccine. The vaccine became available in the late 1950s but many countries did not implement mumps immunization until the 1960s, and, in many countries, later.

RUBELLA vaccine. The vaccine is recommended for women of child-bearing age who are not immune (determined by testing for rubella antibodies) and who are not pregnant. Women who are vaccinated under these conditions should be advised not to become pregnant for three months following vaccination.

INFLUENZA vaccine. Recommended for travelers 50 years of age and older, and for those of any age suffering from chronic heart disease, emphysema, asthma, renal disorders, organ transplant recipients and immunosuppressed patients. Influenza seasonal patterns in the Southern hemisphere are opposite to those in the Northern hemisphere. If the vaccine is not available for a traveler, influenza anti-viral drugs may be an option for high risk travelers.

PNEUMOCOCCAL vaccine is recommended, one time only, for the groups described for influenza.

INFANTS AND CHILDREN should follow the recommended immunization schedule for diphtheria, tetanus, pertussis, poliomyelitis, measles, mumps, rubella and hemophilus B meningitis, varicella, and hepatitis B.

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TABLE III: Olympic Hospitals

City-Area	Olympic Hospitals	Notices
Athens- Attica		
	General Hospitals	
	Evangelismos General Hospital	Especially for the Olympic Family
	Erithros Stayros (Red Cross) Hospital	
	George Genimatas Hospital	Especially for the Attendees
	KAT Hospital, Kifisia	Especially for the Athletes
	Nikaia Hospital, Nikaia	Especially for the Attendees
	Sismanogleio Hospital	
	Asklipio Hospital, Voula	
	Tzanio Hospital, Piraeus	
	Triasio Hospital, Eleysina	
	Laiko Hospital	
	Agia Olga Hospital	
	Special Hospitals	
	Alexandra Hospital	Gynaecology- Obstetrics
	Agia Sofia Hospital of Children	Children
	A. Sygros Hospital	Dermatology
	A. Savvas Hospital	Oncology
	Sotiria Hospital	Pulmonary Diseases
	Athens Ophthalmology Clinic	Ophthalmology
	Onaseio Hospital	Heart and Cardio Surgery
Thessaloniki		
	Ippokrateio Hospital	
	Papageorgiou Hospital	
	Agios Paylos Hospital	
Heraklion		
	University Hospital of Heraklion	
Patra		
	University Hospital of Patra	
Volos		
	Volos General Hospital	

Emergency Help (EKAB) to provide emergency care. EKAB has mobile units and has the primary responsibility for pre-hospital care. The units will be placed in all important locations. EKAB will also provide onsite emergency care and transfer patients to the Olympic Polyclinic or the Emergency Rooms of the Olympic Hospitals for further care or hospitalisation. EKAB's health care units are fully capable of performing emergency transfers by land, air or sea. In addition, plans are in place to include other authorities (police and the army, for example) in case of unexpected events, such as epidemics, unexpected weather conditions, terrorist activities, and toxic, chemical or biological disasters.

As of July 30, the fully operational Polyclinic will provide services to all residents of the Olympic Village. This service will include a 24-hour emergency medical facility supported by EKAB ambulance service. Specialists will be available from 8:00 to 23:00 in the following fields: sports medicine, medical imaging, podiatry, dentistry, physiotherapy, ophthalmology, (opticians and ophthalmologists), orthopaedics, gynaecology and, likely, in other fields. There will also be extensive laboratory services. These services will be linked to the Greek National Health Service System, which will provide free access to emergency services offered by dedicated Olympic Hospitals. In addition, a first aid service will operate in the International Zone (the Olympic Village).

A medical response service will also operate at each training venue during their operating hours. The level of this service will vary depending upon the risk of the sport and the requirements of the International Federation.

The Health Service Program will track and report to the International Olympic Committee Medical Commission all medical incidents within venues, as well as all individuals requiring transportation for medical reasons and hospital admission.

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Olympic Hospitals

ATHENS 2004 is working closely with the Ministry of Health and Welfare to ensure that onsite services are linked via EKAB ambulances to a network of dedicated Olympic Hospitals, allowing for seamless transfer and hospital admission of individual requiring additional care.

Twenty-four General and Special Hospitals in the five Olympic Cities have been selected and prepared to serve the public during the Games (see TABLE III). In the Olympic Hospitals, all *emergency* health care services will be free for the following groups:

- Olympic Games Personnel
- Olympic Volunteers
- Media and Press Personnel

Other Health-related Services

Olympic Surveillance Network

A sophisticated system for the early detection of unusual infectious disease activity will be operational during the Games. The system was developed last year by the Hellenic Centre for Infectious Diseases Control (KEEL) and has been successfully tested. Should there be unusual disease activity – gastrointestinal, respiratory, bleeding, exanthemas, for example – the system will immediately alert Greek and international health authorities, and then coordinate communications among involved agencies. The system is an updated version of programs used at previous large global gatherings and is designed for earlier detection and more rapid communication, giving public health officials more time to react to epidemics, bioterrorism, and other health challenges.

Health Services and Sports

All National Olympic Committees (NOCs) have already received copies of the Medical Care and Pharmacy Guides. These outline the level and extent of health services that will be provided. Eight months before the NOCs will arrive in Greece, they were asked to declare all medications and health substances they plan to bring into Greece to ensure that no inadvertent

breach of Greek laws or customs regulations occurs. NOCs were also requested to provide the names and documentation of the health care professionals accompanying their national Olympic delegations. This information is necessary to provide temporary permission to these practitioners to legally practice medicine during the Games. Practitioners may only treat members of their team.

Athletes and Prescription Drugs/Illegal Drugs

A doctor's letter and/or a copy of the original prescription should accompany all medications brought into Greece. All items should be kept in their original containers and declared at customs when

entering Greece. Athletes should be advised that it is illegal to carry illicit drugs into Greece. Athletes are likely to undergo random testing for performance enhancing and other drugs during the Games.

If athletes, for any reasons, seek medical advice while in Greece, they should inform the clinic staff, especially at non-Olympic health facilities, that they are Olympic athletes and that non-essential medications, including some pain killers, may be banned substances. Athletes who are placed on any prescribed medication may be required to notify drug testing authorities.

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Call for proposals for CISTM in Lisbon, Portugal, 2005

Dear ISTM Member:

The submission period for ideas and proposals for CISTM9 has begun and will run through the end of March 2004. Only proposals entered onto the ISTM website <www.istm.org> during the solicitation period will be considered by the Program Committee.

Click on MEMBER SERVICES and Login according the instructions you received with your membership mailing in November (contact istm@istm.org for assistance). This will allow easy collation and dissemination of suggestions to the entire Scientific Program Committee for scoring.

We realize that May 2005 is a long way off but for an international meeting such as this desirable speakers must be invited 1 year in advance. Suggestions should reflect the latest clinical science and should emphasize areas that have had significant developments since the New York meeting.

Please take a few minutes to help us plan CISTM9 in a way that best serves the interests and needs of our members.

David O. Freedman (USA), Chair
Hans D. Nothdurft (Germany), Co-Chair
Alan Magill (USA), Associate Chair
Annelies Wilder-Smith (Singapore), Associate Chair
CISTM9 Scientific Program Committee

—“Health Care Services at the Athens Olympics 2004,” continued from page 5—

Accessibility

The Olympic Games are a unique opportunity to render the Olympic Cities more user-friendly for people with disabilities. For this purpose ATHENS 2004 formed the Accessibility Committee. The Committee consists of specialized officials from involved Government ministries and agen-

cies and their task is to examine all proposed designs regarding new installations and renovations of existing ones. The goal: unobstructed circulation for wheelchair users (who represents the most demanding group in terms of dimensions and space requirements) and safe environments for individuals with vision

or hearing impairments. Committee recommendations are then disseminated to the agencies responsible for construction. Accessibility is especially important in view of the Paralympic Games.

Accessible Olympic and Paralympic Games allowing independent, unobstructed and safe circulation of people with disabilities will be the Games legacy and will improve the quality of everyday life for Greeks and for visitors, and will do so for many years to come. (In Greece, for example, according to Greek and European statistics, 10% of the Greek population has a disability and perhaps 50% of the population has some mobility problem; this includes the aged.)

Pet Health and Control

Greek Public Health Authorities have placed under close control pets and other animals, especially those residing in the Olympic Cities, to minimize animal-transmitted health problems. Visitors wanting to bring their pets to Greece should contact Greek government offices overseas for instructions.

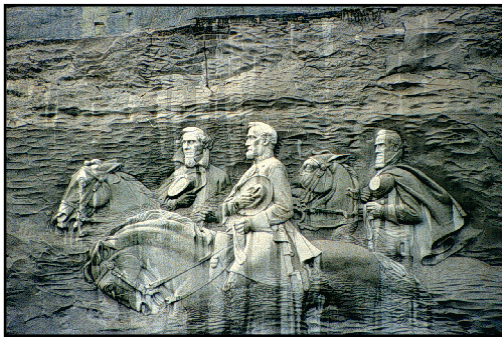
References

Athens Olympics Official Web Site
Health and Welfare Ministry of Greece Official Web Site
IAMAT's World Chart for Immunization
ISTM NewsShare. November 2003

George is a graduate of the Medical Faculty of the University of Athens, trained in internal medicine, a member of the American Diabetic Association, and is on the staff of the Naxos Hospital. He is a recognized authority in telemedicine, and serves in leadership positions in Greek and international telemedicine conferences and organizations. He is a founding member and first chairman of the Board of Institute of Digital Medicine and the international medical information portal, Asklipios. www.asklipios.org.

Disclaimer: The author does not necessarily represent the views of the Athens Olympic Games Organizing Committee or any other agency connected with the Athens Olympic or Paralympic Games.)

View from Stone Mountain



Brenda Bagwell

Dear Friends,

Happy 2004! I hope you had a wonderful celebration of the New Year. In the southern United States, no new year would be complete without our black-eyed peas, collard greens and cornbread – all meant to bring good luck and fortune for the coming year. I must confess I have eaten this same meal each and every New Year's day for more years than I care to mention and am still waiting on that fortune! Maybe this year!

ISTM Web Site: I am sure you all would agree that the new ISTM web site, and especially the Member Services section, is great. Processing renewals, making changes to your personal information, and travel clinic administration are now very easy. I would urge those of you who have not “taken the tour” to spend a few minutes “playing” on the site. Please be sure to review your membership information and make any needed changes. This helps us and you stay in touch.

Membership: Please be reminded that if you have not paid your 2004 membership dues by March 31 all member privileges will be suspended including receipt of the *Journal of Travel Medicine*, your clinic listing on the Travel Clinic Directory site, and the ability to participate in the ListServ. It is very easy to check your membership status under the “Member Services” section of the web site. When you get an opportunity please review your membership status for 2004.

Responsible Traveler Initiative: I received so many requests for the *Responsible Traveler* documents that I had to order several additional printings of the materials. If you have not received your requested documents just yet, please be patient; they are on the way.

I look forward to seeing many of you in Cape Town next month during the AECTM. Don't forget to stop by the ISTM booth for a chat.

May 2004 be, for you, a year filled with hope - the hope of peace for every nation, the hope of finding true joy in each day, and most of all the hope that what we do makes a difference in someone's life.

Health Care Professionals/Medical Meeting/Love of Travel

Havana, Cuba.

For most of us in travel medicine a meeting located far from home, especially in a country that we have never visited, is generally more satisfying than one within driving distance. Even better if that country is controversial (but stable), constantly in the news, on most travelers' wish list to visit, and has a unique health care system that we know little about but would like to get to know more. Still better if the meeting has no more than 20 participants and is hosted by warm, enthusiastic and knowledgeable faculty who present useful information (using Powerpoint!), and where we meet colleagues, local and international, with whom we form ongoing relationships for friendship and networking.

In fact, each issue of this newsletter has numerous listings of such meetings and courses, held in all parts of the world, with one tailor-made for you, fitting your professional and personal needs and desires, your level of adventure, and your time frame and budget. Please see the calendar and the educational course section. This issue, for example, contains information about meetings in Peru, Tanzania, Alaska, and, of course, our upcoming major ISTM-sponsored congresses in South Africa in February and in Portugal in May 2005. Our listings keep growing, with meetings and courses in ever more countries, as travel medicine continues to expand.

The recent 5-day International Travel and Tropical Medicine Course at the Tropical Medicine Institute Pedro Kouri (IPK) in Havana is a typical selection from our menu. IPK, founded in 1937, is located on a large campus on the outskirts of Havana. It has been through all the trials and tribulations of recent Cuban history, and faced some difficult times but has survived, recovered and is now thriving, if not yet prospering. Today IPK, with a professional staff of over 700, is a World Health Organization/Pan American Health Organization Collaborating Center for the study of numerous diseases including



tuberculosis, dengue, and leptospirosis. IPK offers dozens of programs to train students and researchers from all parts of the world, operates a large infectious disease hospital, and has played a significant role in the development of numerous vaccines, including ones against hepatitis B, meningococcal meningitis serotype B, and leptospirosis, with some of these vaccines already in use, and others in the advanced phases of testing. IPK is also the Cuban national reference laboratory for AIDS and helps train thousands of Cuban physicians to serve in medical needy areas of Central and South America and Africa. The Institute maintains close ties with medical institutions in Europe, Latin America and the United States.

The recent 5-day travel and tropical medicine course, the second annual one, attracted participants from half a dozen countries. The 20 hours of lecture were in English, given mostly by local faculty who had a good command of the language. Among topics discussed were dengue fever, malaria, hanta virus hemorrhagic diseases, ebola virus, and immunizations for travelers, to mention just a few. There were also discussions of the local health care system, a system that struggles under difficult economic conditions, and deals with constant shortages. In addition, there were optional hands-on learning opportunities in laboratory bacteriology and parasitology, and opportunities to visit other laboratories, local hospitals, and other health care facilities.

Lynn Black, MD and Karl Neumann, MD

Well-planned travel medicine courses, especially ones in remote locations, should provide a wide lens view into the local health care system. This in turn requires some understanding of the countries economic and social system and realities. In Cuba, the health care sector is clearly one of the few jewels in the country's otherwise difficult economy. (The education system may be the other bright spot.) In part due to the work at IPK, "tropical diseases" no longer exist in Cuba. The incidence of hepatitis A is closer to the rate in developed countries than in the third world, and typhoid fever is a rarity. The infant mortality rate is under 7, on par with North America and Western Europe. All children are vaccinated against the more common childhood diseases. The life expectancy is a healthy 76 years.

Though the meeting was held on the outskirts of Havana, participants lived in hotels or with families in private homes/apartments in the center of the city, with the residence selected entirely dependent on participants' preferences and wallet. Top hotels were quite good, virtually on a par with similar establishments elsewhere, and almost as expensive. Accommodations with local families, called "guest houses," were sparse but adequate, and provided visitors the opportunity to experience a Cuban home and local cooking. Such accommodations are licensed by the Cuban government. One such facility was across the street from the Hotel Nationale, the best hotel in Cuba, with a delightful family in a relatively small apartment. Guests had their own rooms and bathroom (\$30/night including breakfast), with other meals extra. A Spanish/English dictionary came in handy for guests who spoke *picito* espanol.

A van picked up participants from their residences and transported them to the meetings, about a 25-minute ride from downtown. The ride back and forth

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Calendar: Travel Medicine Conferences, Courses & Educational Travel

(Note: This calendar is a service for the travel medicine community. The listings come from reputable individuals within the community but are not checked or necessarily endorsed by ISTM.)

Conferences

Feb
8-11

African-European Conference on Travel Medicine (AECTM). Cape Town, South Africa. February 8-11, 2004. Organized jointly by International Society of Travel Medicine and South African Society of Travel Medicine. Meeting especially targeted at European and African professionals. Leading experts from all parts of the world will present the very latest in travel and migration medicine. Many interactive sessions. Special workshops on travelers in Africa, visitors of game parks, medical services for long-term expatriates etc. Contact: Ken Brown, African Conferences and Incentives (ACI). E-mail: aectm@acitravel.co.za. Phone: (+27) (11) 475 2902. Fax: (+27) (11) 475 0366. Web address: www.istm.org; www.sastm.org.za.

Feb
13-17

Winter Wilderness Medicine Conference. Jackson Hole, Wyoming, USA. February 13-17, 2004. The latest in winter-related wilderness and travel medicine. 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.

Feb
23-27

Travelers' Health. Basel, Switzerland, February 23-27, 2004. One-week update on tropical diseases and their treatments. Designed for health care professionals who advise travelers and assess travel-related problems in travelers returning from the tropics. Language: English. Course organized in collaboration with other Swiss and German institutes, under the patronage of the International Society of Travel Medicine, WHO, and the Swiss Society for Tropical Medicine. Contact: Christoph F. Hatz, MD. Swiss Tropical Institute, PO Box, CH - 4002 Basel, Switzerland. Fax 0041 61 284 81 06. Or call: Course Secretariate, Socinstrasse 57, Basel, Switzerland: 0041 61 284 81 06. Email: courses-sti@unibas.ch. Web address: www.sti.ch/kurses.htm.

March
4-7

11th International Congress of Infectious Diseases. Cancun, Mexico. March 4-7, 2004. Sponsor: International Society for Infectious Diseases (ISID). Official language: English. ISID, 181 Longwood Avenue, Boston, MA 02115, USA. Tel: (617) 277-0551. Fax: (617) 731-1541. Email: info@isid.org. Web address: www.isid.org.

March
6-11

Hypothermia and Cold Related Injuries. Alyeska, Alaska. March 6-11, 2004. Sponsored by the Wilderness Medical Society. 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.

March
13

Wilderness Medicine Meeting: Man and Nature: The Global Environment/Human Health Interface. Winnipeg, Manitoba. March 13, 2004. Topics: Mosquitoes an Overview; Tropical Skin Infections; Wilderness First Aid; Hepatitis A, Domestic Outbreaks; Animal Acquired Diseases; Dentistry in the Developing World; and Wilderness Travel and the Search for Ethical Purity. Website: www.skylarkmedicalclinic.com. For information: gary_podolsky@yahoo.com Tel: (204)453-9107.

March
8

Postgraduate Diploma in Travel Medicine by Distance Learning. Glasgow, UK. March 8, 2004-February 2005. 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 MPhil in Travel Medicine through the University of St. Andrews. Overseas students particularly welcome to apply. Contact: Miss Amanda Burrridge, 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: www.travelcourses.scieh.scot.nhs.uk.

March
13-21

Jungle Medicine:2004. Belize. March 13-21, 2004. Risk and Hazard of Jungle/Wilderness/Overseas Travel. A comprehensive course in emergency wilderness medicine. Contact: Kimber Chavez, Continuing Medical Education, University of California (Davis) Health System, 3560 Business Drive, #130, Sacramento, CA 95820. Telephone: (916) 734-5390; Fax (916) 736-0188; E-mail: kimber.chavez@ucdmc.ucdavis.edu; Website: cme.ucdavis.edu.

March
29-31

4th European Conference on Travel Medicine (ECTM4). Rome. March 29-31, 2004. Travel Medicine and Safety. Sponsored in part by WHO and CDC, Atlanta. An interdisciplinary approach to travel medicine, preceded and followed by meetings held in close collaboration with leading societies in dermatology, occupational health, sports medicine, pediatrics, psychology and psychiatry, environmental health, cardiology, and other subjects. These meetings will be held in Venice and in other Italian cities of cultural interest. Abstracts accepted from those wishing to take part. Send abstracts to: wpasini@rimini.com by November 30, 2003. Other information: Expomedia Srl, Via XXVIII Luglio 218, 47893 Borgo Maggiore, Republic of San Marino. Tel. (+378)907577, fax (+378)944795, e-mail: info@expomedia.sm.

March
29-
April 3

Havana Travel & Tropical Medicine Course. Cuba. March 29-April 3, 2004. Organizer: Instituto de Medicina Tropical "Pedro Kouri" (IPK), Havana, in collaboration with Medical Services for the Tropics (MST), Maastricht, Netherlands. Lectures by leading specialists (Cuban and others) and visits to hospitals, research laboratories, and community health centers. Lab training available on request in bacteriology and 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@planet.nl website: www.tropenlinie.nl) and Dr. Nereyda Cantelar of IPK.

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“Calendar,” continued from page 12

April
2-12

International Medical Conference. Punta Arenas, Patagonia, Chile. April 2-12, 2004. A fully accredited Continuing Medical Education interactive seminar on Travel Medicine with emphasis on travel to South America. Organized by Dr. Carrie Beallorand and Dr. Kevin Kain of The Centre for Travel and Tropical Medicine and the University of Toronto. Opportunity to enjoy beautiful Los Torres del Paine National Park in Patagonia and cruise to Tierra Del Fuego. Information: Americas Adventures and Study Tours, 1515 Bayview Avenue, Suite 200, Toronto, Ontario, Canada M4G 3B5. Telephone: 1-866-564-1226. Fax: 416-322-0541. Website: www.asiaadventures.ca/americas/chile.html.

April
14-17

Wilderness and Travel Medicine. Santa Fe, New Mexico. April 14-17, 2004. Sponsored by the Wilderness Medical Society. 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.

May 31-
June 3

II International Congress on Dengue and Yellow Fever. Havana, Cuba. May 31-June 3, 2004. Organizers: Ministry of Public Health and Instituto Pedro Kouri. Sponsors: PAHO, WHO and TDR. Cuban and international faculty. State-of-the art lectures, symposia and round tables. Poster session and commercial exhibits. Topics include: vector biology and control, epidemiology, vaccinology, genetics, molecular biology, clinical management of patients; etc. Scientific committee president: Professor Gustavo Kourí. Web site: <http://www.cidfa2004.sld.cu>. Information: Archivo: ATTO0004.html.

Nov
7-11

53rd Annual Meeting of the American Society of Tropical Medicine and Hygiene. Miami Beach, USA. November 7-11, 2004. Contact: ASTMH, 60 Revere Drive, Suite 500 Northbrook, Illinois 60062. Tel: (847) 480-9592; Fax: (847)-480-9282. E-mail: astmh@astmh.org. Web: www.astmh.org.

May
1-5

9th Conference of the International Society of Travel Medicine (CISTM). Lisbon. May 1-5, 2005. Biennial meeting of the International Society of Travel Medicine. Detailed information about the meeting will be available in the next issue.

May
8-13

8th International Symposium on Maritime Health. Rijeka, Croatia. May 8-13, 2005. (Biennial) Organized by International Maritime Health Association and local organizers, with support from WHO, IMO, ILO and ITF. For health professionals, educators, and legislators. Faculty of international experts. Conference held aboard cruise ship originating in Venice, sailing along Adriatic coast, and visiting the cities of Rijeka and Dubrovnik. Official language: English. Contact: 8th ISMH Secretariat, RI-AK, Verdieva 6, 51000 Rijeka, Croatia. Tel: +385 51 312-312; Fax: +385 51 312-333; e-mail: secr-ismh8@ri-ak-tours.hr; Web address: www.ismh8.com.

Sep
11-15

Medicine and Health in the Tropics. Marseille. September 11-15, 2005. Emphasis: integrating genetics, molecular biology, recombinant chemistry and other new fields into everyday practice; realizing that many diseases occurring in the northern hemisphere are also serious public health problems in the southern hemisphere; discussing regulations and impact of migration; and considering the ethics of availability of basic medications and the ethics of performing therapeutic research in tropical areas. 67, rue Anatole-France - 92309 Levallois-Perret cedex - FRANCE Tel. +33 1 41 05 94 10 - Fax +33 1 41 05 94 19 alexandra@albine-conseil.com. Website: www.iftmpharo2005.org

Courses/Educational Travel

Feb
15-27

Tropical Medicine Expeditions to East Africa: 9th Uganda Expedition scheduled for February 15-27, 2004, and **11th Kenya Expedition** scheduled for March 7-19, 2004. In collaboration with Kay Schaefer, MD, PhD, MSc, DTM&H, of Cologne, Germany and the Universities of Nairobi and Makerere. Two-week expeditions designed for up to 8 health care professionals (doctors, public health experts, scientists, pharmacists, nurses). Participants visit hospitals and health projects in urban and rural areas. Includes individual bedside teach-

ing, laboratory work, and lectures in epidemiology, diagnosis, treatment, and prevention and control of important tropical infectious diseases. Also update on travel medicine and visit to the “Flying Doctors”. 50 contact hours. Official language: English. Medical education credits applied from German accrediting authorities. Contact: Dr. Kay Schaefer, Tel/Fax: +49-221-3404905, E-Mail: contact@tropmedex.com. Web address: www.tropmedex.com.

June 12-
July 4

Medical Practice for Areas with Limited Resources. Dar es Salaam & Ifakara, Tanzania. June 12 - July 4, 2004. Three-week course in the St. Francis Designated District Hospital in Ifakara and Dar es Salaam, Tanzania. Course uses combination of new teaching theories, advances in knowledge, and realistic medical practice in areas with limited resources to create new educational methods for medical professionals working at the district level in developing countries. Challenging academic and educational atmosphere created by highly motivated expatriate and Tanzanian staff and course participants. Language: English. Contact: Christoph F. Hatz, MD. Swiss Tropical Institute, PO Box, CH - 4002 Basel, Switzerland. Fax 0041 61 284 81 06. Or call: Course Secretariate, Socinstrasse 57, Basel, Switzerland: 0041 61 284 81 06. Email: courses-sti@unibas.ch. Web address: www.sti.ch/kurses.htm.

Jan
17-28

The Gorgas Expert Course. Lima, Peru. January 17-28, 2005 (and every odd-numbered year). Sponsor: Gorgas Memorial Institute. Site: Tropical Medicine Institute (IMT), Universidad Peruana Cayetano Heredia. Admission restricted to those with previous formal training or extensive overseas experience. Given in English. Two weeks of bedside clinical experience in a busy 36-bed tropical disease unit. Includes: 5 hours/day inpatient/outpatient rounds, daily CPC; case presentations by participants/colleagues from around the world. Weekend excursion to the Andes: Veruga Bridge, inter-Andean valleys endemic for bartonella and leishmania; ascent to 4,800m (15,500 feet). Peru has wide spectrum of tropical diseases (see website) and IMT is the major referral center. 80 CME hours. Course Directors: Dr. Eduardo Gotuzzo (IMT) <egh@upch.edu.pe>, Dr. David O. Freedman, (Gorgas/UAB). World Wide Web: <http://www.gorgas.org> Click GORGAS EXPERT COURSE for details and application forms. E-mail: info@gorgas.org.

— "Committee Reports," cont. from p. 7 —

turned out to be very interesting, a regular sightseeing tour, offering a view of the city and suburbs.

Living downtown allowed participants to explore Havana, absolutely and positively guaranteed to be a never-to-be forgotten experience. A must are walks through Vieja Habana, the huge old section of the city, and along the waterfront. Here are hundreds upon hundreds of architecturally majestic and beautiful houses, each one different from the next, but virtually all in terrible states of neglect and disrepair. In isolated cases only the walls remain, held up by leaning timbers. Others appear to be occupied but have broken windows and boarded up doors, with people living inside. Here and there you see a house being restored, allowing your imagination to picture the entire area as it used to be. But even amid these ruins, one cannot fail to sense the grandeur that once was Havana.

Especially memorable is walking the streets at night, when you see the facades of the houses lit by streetlights without seeing the disrepair that they are in. And as you walk along you almost always hear the exiting beat of Cuban music coming from small cafes or open windows. Also not to be forgotten are the cars on the streets, most of them Soviet built or thousands of over-sized America models, mostly from the 1950s, amazingly still running, and many of them in fairly good condition.

An informative travel and tropical conference plus the spirit of Havana is a mesmerizing blend. The warmth and friendliness of the Cuban people, the energy of the narrow, colorful streets of Old Havana, learning to salsa, seeing the Museum of the Revolution, drinking a mojito in Hemingway's hangout... Is there a better way to experience the world than to be involved in travel medicine?

Lynn is an internist with experience in emergency medicine and medical care in developing countries. She lives in Concord, Massachusetts.

Karl is a pediatrician and the editor of NewsShare. He lives in New York City.

NewsShare

the Bimonthly Newsletter of the International Society of Travel Medicine

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