



ISTM News Higher Impact Factor for *Journal of Travel Medicine*

The 2005 Impact Factors have been released, and we are pleased to announce that *Journal of Travel Medicine* (JTM) has risen to 1.329, up from 0.766 in 2004. This score places JTM at number 39 of 105 journals indexed in the category of "Medicine, General and Internal," in the *Journal Citation Report*, which is produced annually by the Institute for Scientific Information (ISI).

JTM's Impact Factor is now higher than the *Annals of Tropical Medicine and Parasitology* (1.21) and is gaining ground on the *Transactions of the Royal Society of Tropical Medicine and Hygiene*, which dropped to 1.66.

The Impact Factor is a numerical measure of the average number of times each article in a particular journal is cited within a defined period of time. The score is calculated as follows:

Number of citations received in one year to articles published in the two consecutive years previously

Number of articles published in the two consecutive years previously

Hence, JTM's current score is based on citations made in 2005 to articles published in 2004 and 2003:

$$\frac{\text{Cites in 2005} = 194}{\text{Articles published in 2004} = 14} = 1.329$$

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Northern European Conference of Travel Medicine in Edinburgh "a Smashing Success"

Karl Neumann, MD, FAAP

Can a medical society – or, for that matter, any society - continue indefinitely to maintain a record in which each successive conference is judged superior to the one immediately preceding it, especially when each preceding one was rated "outstanding?" Apparently, yes. The International Society of Travel Medicine is on a remarkable winning streak; all wins - and by ever bigger margins.

The recently concluded Northern European Conference of Travel Medicine (NECTM) in Scotland continued this amazing streak. The meeting attracted about 1,000 attendees from more than 40 countries, a record for an ISTM regional meeting. NECTM was the collaborative effort of the Travel Medicine societies of nine northern European countries and the ISTM. Having so many societies of any type working in harmony is by itself a monumental feat. Much credit goes to a slew of dedicated people headed by Fiona Genasi of the NECTM Organizing Committee and Eric Walker and Randi Hammer Boggi of the Scientific Committee.

The opening ceremony, a rousing Scottish welcome, held in the fabled Royal Museum of Scotland, in the old part of the city, set the tone (with bagpipes, of course) for the entire meeting. A band of

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A Pharmacist-operated Travel Clinic in the U.S. - A Profile

Karl Neumann, MD, FAAP

Dennis Stanley's travel medicine office in suburban Richmond, Virginia, about 100 miles south of Washington DC, is about as unremarkable as most such offices, though, perhaps, a bit more sophisticated in appearance. In his consultation room there is ample space for his desk, four chairs for clients, a computer monitor open to a popular travel health information service, a refrigerator, a table with travel-related products and handouts, and a bookshelf holding familiar travel health manuals. On the walls, he has posters urging travelers to get vaccinated, a large world map, and a bulletin board with pictures and postcards, mostly of sub-Saharan Africa.

What is perhaps remarkable about Dennis and his office is that Dennis is a pharmacist and that his office is located in a super market. The consultation room, entirely private, is located next to the pharmacy counter, behind one of the walls of the store. Dennis also has a conference room, just as private and adjacent to his office. There he can comfortably seat fourteen people around a large table for travel medicine counseling. That is where he advises church groups going to volunteer in Africa, for example,

The supermarket itself is huge, about the size of a football field and very upscale and attractive, with high ceilings, unusually wide aisles, and good lighting. The lighting makes you feel that you are outdoors on a sunny, spring day. And there is an enormous variety of delectable produce, a comfortable, sit-down restaurant (delicious freshly-made sandwiches and salads, for sure), a branch office of a bank, a flower market and a surprisingly large health food section.

The best route to Dennis's office is to turn left after entering the store, pass the flowers, and then to make a right into the aisle between the ice cream freezers and the cereal shelves. There are possibly several hundred varieties and sizes of ice creams in those freezers – it is hard to imagine a bigger selection existing elsewhere. Ditto for the cereals. Dennis's office is opposite a display of inconti-

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bagpipers, about ten of them, in full Scottish regalia, assisted by other musicians provided an evening of music to accompany the excellent local food and drink. A few of the local travel medicine practitioners wore their kilts for the occasion, something they will long be remembered for by their foreign colleagues.

The Conference was a perfect blend of host city, conference hall, program and audience. Edinburgh is one of the more picturesque cities of Europe, if not the world. It is just the right size for walking, if you don't mind steep hills or outdoor stairs. There are lots of interesting attractions to explore, including castles, historic buildings and parks with the greenest lawns and brightly colored flowers; the lawns and flowers thanks to the legendary weather, rain. However, only a few drops of rain dared to fall during the Conference – as had been cautiously predicted by the organizers — who were also responsible for providing good weather. Fog did descend one evening, covering the hills in and around the city. The fog half engulfed the huge Edinburgh Castle, high on a hill in the middle of the City, a memorable eerie vision.



The Edinburgh Conference Center is state-of-the-art with unusually large and comfortable upholstered seats. It was a tribute to the quality of speakers that they were able to keep the audience alert and involved, when dozing off was an inevitable option. And it was also a tribute to the speakers that the audience, the bulk of them Europeans, did not stray from the sessions despite all the hoopla surrounding the beginning of the World Cup Football

(soccer) tournament. (One of the first questions during an interactive travel medicine quiz was to name the opponent of the United States in the first round of play. Most of the Americans refused to answer the question, claiming that the question had nothing to do with travel medicine or on constitutional grounds against self incrimination, not wanting to show their ignorance regarding football in the midst of football frenzy. The answer: Czechoslovakia. The U.S. lost the match. No wonder).

The scientific sessions – obviously, the main attraction at conferences, especially at ISTM-sponsored ones — gave an overview of travel medicine, geographically, scientifically and chronologically, starting in the past, exploring the present and predicting the future if, indeed, there will be a future.

The speakers at the opening session were quite somber about the future. “If civilization finds a way of surviving it seems certain that the greed, profligacy and shortsightedness of our generation will come to be viewed with disgust and incredulity,” said James Willis (UK) in his talk, *Climate Changes and Its Implication for Travel*. “The short-term interests of any particular group, the travel industry is a good example, are trivial in comparison with mankind’s shared interests. In a frighteningly real sense we are all in the same boat, the same cruise liner, the same jumbo jet. And we are being warned in the strongest possible terms that our current course is heading to disaster.”

“The implications of climate change for tourism and travelers are complex,” said the second speaker, Sari Kovats, also from the UK (*Climate change and Human Health: Early and Late Effects*.) Many resorts will be directly affected by changes in climate factors,

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The Way it Was

(NewsShare is starting a new Feature: *The Way it Was*. This column will contain short items about advice to travelers in the past, humorous or ironic by our standards. If you have such items, please send them to Karl Neumann, Editor, NewsShare, at travhealth@AOL.com)

Foot care for travel in mid-nineteenth century England

To prevent the feet from blistering, it is a good plan to soak the inside of the stockings before setting out, making a thick lather all over them. Also, a raw egg broken into the boot, before putting it on, generally softens the leather. And, of course, the boots should be well greased when hard walking is anticipated.

After some hours on the road, after the feet are beginning to be chafed, take off the shoes, and change the stockings; putting what was the right stocking on the left foot and the left stocking on the right foot. Or, if one foot only hurts, take off the boot and turn the stocking inside out.

... The Art of Travel by Francis Galton, London, 1872

Stage coach transportation etiquette, circa 1850

Should a person, in Travelling for any considerable distance, and sitting backwards, meet with Companions who close the windows, and pertinaciously persist in prohibiting the importation of Oxygen; - if all arguments on the necessity of ventilation are unavailing, and your Lungs fell oppressed from the lack of fresh air – you may let your stick or Umbrella fall (accidentally) against one of the Windows; i.e. if you are of opinion it is more advisable to give a Glazier 3 shillings to replace a pane of Glass, than it is to pay double that sum for Physic to remove a Pain in your Head, which you will otherwise get by breathing Foul Air.

... From Take a Spare Truss, Tips for Travellers. Compile by Simon Brett. London, 1860.

“Northern European Conference of Travel Medicine in Edinburgh,” cont. from p. 2

such as snowfall, storms and coastal dynamics. In the longer term, climate change will affect the suitability of certain places as tourist destinations. The UK is likely to benefit, as domestic tourism increases the result of warmer weather.

Human health will be affected by a range of mechanisms. The most important of these for travelers are: heat waves and heat stress, infectious intestinal diseases, vector-borne diseases, and floods/storm events. The heat wave of 2002 in Western Europe, an extreme event, was associated with over 14,000 excess deaths in France, albeit, information on deaths in tourists due to the heat wave are not available. Age and illness are strong predictors of heat related mortality as age highly correlates with increasing illness, disability, drug use and reduced fitness. This is especially significant as more elderly people are traveling routinely.

Climate changes will cause summer conditions in large towns and cities, particularly in southern Europe, to become less pleasant and more stressful as the number of hot days will increase, exacerbated by the urban heat island affect. Climate changes may cause an increase in the geographic distribution and transmission intensity of vector-borne diseases. There is some evidence of the northward expansion of important vector species in Europe due to observed climate change. Environmental temperature is an important factor in the transmission of bacterial agents causing enteritis, particularly for pathogens such as salmonella. Reported infections with salmonella increase by 5-10 % for each degree in ambient temperature. The effects of climate change on health have important implications for surveillance and on the advice given to travelers.

One of the highlights of the meeting was an address by Her Royal Highness, Princess Anne, who “came up from London” for the occasion. The Princess has had a long association with groups that advocate for the health and wealth of poor children in the developing world. She has been President of the Save the Children Fund since 1970, an organization that “fights for children who suffer from poverty, disease, injustice and violence.” The Fund “works with the children to find lifelong answers to the problems they face.” She spoke about what has been done, what is being done and what needs to be done in the future to help the children. The Princess was charming, making a very positive impression on the audience.

Certificate of Knowledge Exam Update

The next Certificate of Knowledge Examination in travel medicine will be on May 20, 2007 just prior to the opening of the CISTM conference in Vancouver. The exam committee was reconstituted following the Lisbon conference, and now includes many ISTM members who have successfully taken the exam and are sharing their insights into the ongoing development of this initiative.

A survey regarding the exam was performed during the Lisbon conference and was also published in NewShare thereafter. In sum, there were 286 respondents of which 30% were nurses and 60% physicians, 10% being other. The “other” category includes mostly pharmacists, public health personnel, and physician’s assistants.

Virtually all respondents who hold the CTH would recommend it to others and most of those who do not have the CTH credential have some interest in obtaining it in the future. Those who hold the credential find it valuable and many of its benefits are intangible, such as the sense of the expansion of one’s knowledge, skills, and personal satisfaction achieved. The most challenging aspect that was expressed was the fact that the exam is currently being administered only during the time of the ISTM conferences, thus location and timing are barriers. In addition, respondents expressed the fact that they would feel more inclined to take the exam if there were preparatory courses and materials to study.

The ISTM Executive Board has taken these comments seriously. There are currently 2 courses that will be offered in different countries to assist in exam preparation (see The Preparatory Course for the ISTM Certificate in Travel Health, page 4.) There is also ongoing consideration of the administration of the exam during the regional conferences. Future activities include exploration into online testing.

In addition, we have recently heard from Canada that the ISTM Certificate in Travel Health is becoming one of the criteria to become a designated yellow fever vaccine administration clinic. This is certainly an excellent example of how developing a body of knowledge for the practice of Travel Medicine can impact the level of the standard of care in the long run.

Exam Committee

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- Phyllis Kozarsky - U.S.

Committee Members

- Phyllis Kozarsky - USA - Chair
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- Jesse Alves - Brazil
- Sonny Lau - Australia
- Brian Aw - Canada
- Lisa Libassi - USA
- Buddha Basynat - Nepal
- Susan MacDonald - China
- Neville Byrne - United Kingdom
- Mikio Kimura - Japan
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- Philip Coyne - USA
- Eli Schwartz - Israel
- Ken Dardick - USA
- David Shlim - USA
- Fabio Foti - Italy
- Alan Spira - USA
- Fiona Genasi - United Kingdom
- Steve Toovey - South Africa
- Martin Haditsch - Austria
- Alfons van Gompel - Belgium
- David Hamer - USA

— "ISTM News - Higher Impact Factor for Journal of Travel Medicine," cont. from p. 1 —

Impact Factors remain the standard measure of journal quality. They contribute to key decisions in all areas of academia, from tenure and promotion committees assessing candidates, though librarians deselecting journals and funding bodies evaluating bids, to researchers who are choosing where to submit an article.

Congratulations to the entire editorial staff of JTM, especially to editor Robert Steffen (Switzerland), deputy editor Herbert L. DuPont (USA), and editorial assistant Gabby Bossard (Switzerland).

The Preparatory Courses for the ISTM Certificate in Travel Health

The ISTM is pleased to sponsor and run two preparatory courses, one in North America and one in Europe, for the ISTM Certificate of Knowledge Examination (CTH® Program). The courses will be held on February 9-10, 2007, in Liverpool, United Kingdom, and on February 9-11, 2007, in Dallas-Fort Worth, Texas, USA.

The courses will review the Body of Knowledge for the Practice of Travel Medicine as well as updates on recent advances in Travel Medicine. Registration for the Certificate of Knowledge Exam is not a pre-requisite for taking the course.

For further information on the course or on the CTH® Program please see the ISTM web site, www.istm.org.

The UK course is co-sponsored by the National Travel Health Network and Center (NaTHNaC, www.nathnac.org), United Kingdom. The US course is co-sponsored by the Mount Auburn Hospital, a community teaching hospital of Harvard Medical School.

The ISTM Certificate of Knowledge Program was created to:

- Establish an international standard for travel medicine practitioners
- Encourage individual and global professional development in the area of travel medicine
- Formally recognize individuals who pass the Certificate of Knowledge Examination
- Serve the public by promoting quality travel medicine services
- Demonstrate the global validity of epidemiological data and of preventive strategies

The ISTM welcomes applications from all qualified professionals who provide travel



Site of the next ISTM Conference: Vancouver, Canada

medicine-related services on a full- or part-time basis. The exam is open to all licensed travel medicine professionals, including physicians, nurses, pharmacists and others. Both ISTM members and non-members are eligible to participate.

The ISTM plans to give the next exam at CISTM10 in 2007 in Vancouver, British Columbia, Canada.

Program Chair: Lin H. Chen, MD, FACP

Coordination and Logistics: Brenda Bagwell
Committee Members: Michele Barry, MD, Rebecca W. Acosta, RN, MPH

Administration: Brooke Gauge

Scientific Review: David R. Hill, MD, DTMH, FRCP

CME Liaisons: Charles Hatem, MD, Lee Carmel

ISTM Representative: David F. Freedman, MD

ISTM Elections 2007 and the Nomination Process

Do you want to nominate someone (including yourself) for the Presidency of the ISTM or to serve on the Executive Committee? If so, you have until July 31, 2006 to submit your nomination. The nomination form can be obtained in the following manner:

- ISTM members can access the nomination form by logging into the Member Services section of the site and clicking the "2007 Election Nominations" link in the Member

Resources section of the Member Services menu

The nomination process is somewhat complicated. This is so to insure that the officers of ISTM represent all parts of the world and that no country or region is excluded from leadership, even though some regions have many more members than others. Presently, ISTM has almost 2,000 members in about 70 countries.

The positions of President and of two Counselors need to be filled this year. The President position is for a two-year term. However, the president serves as President-elect for two years preceding his/her term and then for two years after the term as Past-President (for a total of six years). Each Counselor position is for four years.

A nominating committee, in accordance with criteria set out in our bylaws, has been formed by the Executive Board. Members may propose themselves or propose other members for nomination by filling out a simple form which may be downloaded via the links above. The deadline for submitting the form is August 15, 2006. Any ISTM member with paid up dues is eligible for nomination but it is desirable for the candidate to have the following qualifications:

- Prior service on ISTM committees or ISTM sponsored initiatives
- Publication of travel medicine-related clinical

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Site of the next ISTM Conference:
Vancouver, Canada

- cal or research articles in the Journal of Travel Medicine, other journals or books
- Contributions to the biennial CISTM
 - Leadership experience working with national or international professional societies or groups
 - Professional experience in the field of Travel Medicine

For each open position, the nominating committee will carefully review all the names submitted and will select the names of 2 nominees most suitable to appear on the ballot in accordance with the bylaws of the ISTM. Ballots, with the names of 2 nominees for each open position, will go out to all members with the October 2006 membership mailing. Election results will be announced at the membership assembly in May 2007, in Vancouver.

To maintain true diversity in an international society like ours, our by-laws mandate that geographic considerations are taken into account. The Society bylaws state that no more than three of the seven elected members of the Society shall reside on the same continent. The following paragraphs pertaining to the election process are quoted from the bylaws to increase an understanding of this process:

Article 8.1 *A nominating committee will be composed of 7 members in good standing in the Society representing, insofar as possible the various continents and constituencies of the Society (e.g. nursing, academia, private practice). Members of the nominating committee will be appointed by the Executive Board one year before the next Membership assembly and for a term of one year. Two members of the nominating committee will be outgoing counselors and the chairperson of the committee will be the President-Elect.*

Article 8.2 *Six months before the next Membership assembly, the nominating committee*

shall submit to the Secretary-Treasurer the names of two nominees for each office to be elected. At least three months prior to the annual meeting, the Secretary-Treasurer shall send a ballot to each member eligible to vote. The ballots shall be returned to the Secretary-Treasurer. To be valid a ballot must be received by the Secretary-Treasurer at least six weeks prior to the membership assembly.

Article 8.9 *No more than three elected members of the Executive Board shall reside on the same continent when elected. The sequence of the elections will be President, President-Elect, then counselors. If three members residing on the same continent are elected, those proposed later in the sequence of elections will drop out as supernumerary candidates; within the counselors, the ones having received less votes will drop out.*

By unanimous votes each of the previous Executive Boards has reiterated that all elections are guided but not bound by the following considerations:

1. The President-elect should be elected from a different continent than the current President-elect.
2. One of the counselors should be a nurse counselor who should be elected from a continent different from the continent of the outgoing nurse counselor.

Please note that your nominations should be guided by the interpretation of Article 8.9 and the geographic composition of the Executive Board in 2007 at the time of election (see below).

Frank von Sonnenburg, M.D.
ISTM President-Elect Chair,
Nominating Committee

Geographic Composition of the Executive Board in 2007 At the Time of Election		
Past-President	Prativa Pandey	Asia
President	Frank von Sonnenburg	Europe
President-elect	To be elected	Should be non-European
Counselor	Ron Behrens	Europe
Nurse Counselor	Nancy Jenks	North America
Counselor	To be elected	Open
Counselor	To be elected	Open

Nominating Committee Members:
1. Frank von Sonnenburg, M.D. (GERMANY), President-elect, Committee Chair
2. Kevin Kain, M.D.(CANADA), outgoing counselor
3. Eli Schwartz, M.D. (ISRAEL) outgoing counselor
4. Santanu Chatterjee, M.D. (INDIA)
5. Mary Wilson, M.D. (USA)
6. Fiona Genasi, RGN (UNITED KINGDOM)
7. Eric Caumes, M.D. (FRANCE)
8. Pal Voltersvik, M.D. (NORWAY)
9. Eric L. Weiss, M.D. (USA)

“A Pharmacist-operated Travel Clinic in the U.S. - A Profile,” *cont. from p. 1*



“Pharmacists can operate wellness centers and, if they wish, travel clinics as competently as other health care professionals,” says Dennis.

nence product, and flanked by a dispenser of bottled water and a counter of sugarless wafers. This store itself is a marvelous place for browsing.

Dennis has been a pharmacist for about thirty years and has worked at independent, regional and large national pharmacy chain stores. His workplace for about the last 10 years has been a Ukrop’s store, part of a chain of fashionable supermarkets, all located in the Richmond, Virginia area. His present store is in a rapidly growing area, an area changing from rural to suburban, with many of the new homes in the expensive category. Ukrop’s has 29 stores and bear the name of the founder and the family that operates them.

Nearly all Ukrop’s supermarkets have pharmacy departments and most of them have “wellness centers” attached to the pharmacy. It is the wellness center in Dennis’s store that serves as his travel medicine office. The same facility is also used for regularly scheduled sessions, days and evenings, devoted to diabetes, cholesterol, blood pressure, osteoporosis, and other vagaries of health. Customers with such issues are encouraged to come in and listen to experts shed light on staying healthy. The experts may be pharmacists, nurses, dieticians, and other health professionals. When necessary screening tests for these conditions are recommended, and may be done on premise. Because of Dennis’s interest in travel health his wellness center is known in this field. He gets travelers referred from physicians, health departments and pharmacists at the other stores. Dennis and his partner, Sharon Gatewood, PharmD see about 1,000 travelers a year, and the number is growing.

Dennis came to be a travel health practitioner in increments. “Earlier in my career I began to realize that there should be more to health than dispensing medications for individuals already ill. I became interested in ‘wellness’, keeping people healthy so that they need fewer medications. As I became involved in wellness, I saw that many of my customers, especially adults, were not protected against vaccine-preventable diseases, influenza, for example. So I helped start a vaccination program which proved very popular. One day a group of people came in for vaccinations before traveling to Africa. I always had an interest in travel. So I decided to make myself knowledgeable in travel medicine.”

In the United States, the parameter of what pharmacists may practice is mandated by the states and varies tremendously. In most states,

pharmacists may give injections and may have limited permission to prescribe medications, sometimes under the aegis of a physician, through collaborative practice and sometimes on their own. Generally if a physician is involved, the physician’s supervision is remote, with the physician occasionally checking logs and going over new procedures, but having little or no direct contact with the client of the pharmacy. All Ukrop’s pharmacies notify the patient’s primary care physician of any and all vaccines administered, maintaining the patient-physician-pharmacist relationship.

Presently few pharmacists administer vaccines or prescribe medications, even in states where they are permitted to do so. They are too busy with their other duties. But this may be changing. The economics and realities of retail pharmacy - people buying their more expensive and long term needs by mail, for example - may result in more pharmacists involving themselves in wellness.

“Pharmacists can operate wellness centers and, if they wish, travel clinics as competently as other health care professionals,” says Dennis. Obviously, pharmacists have a strong background in pharmacology and increasingly, pharmacy school curriculum includes vaccinology. Dennis lectures about vaccines at the Virginia Commonwealth University, at the Medical College of Virginia School of Pharmacy and at pharmacy conferences around the country. He is a member of the ISTM, has a stamp to give yellow fever vaccine, is listed as a travel clinic on the CDC and ISTM websites, and has himself visited sub-Saharan Africa numerous times.

Dennis believes that supermarket pharmacies are ideal settings for wellness centers - and that travel clinics are merely specialized wellness centers. “The concept of wellness is still relatively new. The public needs to be reminded of the importance of this concept with educational outreach programs and convenient facilities where information and supplies are readily available. Supermarkets are ideal for this. They are accessible, non-threatening and consumer friendly, have convenient hours, carry the necessary supplies, and are staffed by experts who can answer most questions, truly one-stop shopping facilities for wellness.”

But there are some limitations to a pharmacist-operated travel clinic. For example, in Virginia, Dennis cannot write prescriptions. He

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Role of the Pharmacist in Travel Medicine in the United States

Jeffery A. Goad, PharmD, MPH, BCPS

The pharmacist is in a unique position to assume the role of a pre-travel health provider. Pharmacists receive extensive disease and infectious disease training in pharmacy school and are honed to be excellent drug and disease counselors. Although some of the diseases and drugs may not have been covered extensively in school, excellent continuing education programs, electronic databases, and textbooks exist to enhance the pharmacist's knowledge.

Although there is little reported in the literature on pharmacist-run travel medicine clinics, pharmacists provide a host of travel health information in the course of their day, whether in community or primary care practice. Depending upon state laws, pharmacists may provide travel health services to varying levels. Extent of collaborative practice and immunization laws will largely determine the scope of services provided. In 44 states, pharmacists are allowed to administer immunizations. Collaborative practice rules are complex and difficult to compare from state to state.

Pharmacists were early adopters of computer technology and thus are comfortable using computer databases and the internet. Various comprehensive and constantly updated electronic databases are available to the pharmacist to use. With collaborative practice agreements and immunization protocols, they can provide vaccination and medications to travelers. Regardless of the extent to which pharmacists may prescribe medications or vaccinate in their state, they can always provide written recommendations for patients to take to their clinicians. These recommendations take a tremendous burden off the physician to research the health risks of the traveler's destination.

An aspect unique to community pharmacy is access and the ability to provide "one stop shopping" convenience. The pharmacy can dispense the medications just ordered and carry a full array of travel supplies. Common travel supplies include insect repellent, mosquito netting, water purifiers, iodine tablets, first aid kits, sunscreens, and international plugs. Common nonprescription medications that are routinely stocked include bismuth subsalicylate, loperamide, meclizine, and melatonin. In the community pharmacy, pharmacists are readily accessible and highly visible. With the literature indicating a low participation rate among travelers in travel clinics, pharmacies may be more successful at catering to this audience.

The reimbursement structure of a travel clinic depends upon the setting. In a primary care clinic, services can be billed incident to the care of a physician provided the physician is on the premises and available for consultation. In a community pharmacy, services are usually provided on a fee-for-service basis for the visit, immunizations, medications, OTC products, and travel supplies.

Providing pre-travel health services is a valuable preventative medicine intervention that can be both challenging and rewarding for the pharmacist. Although pharmacists have not been traditional providers of this service, their skill sets may include counseling, medical informatics, vaccination, disease management, and prescription and nonprescription product selection. All of these skills are essential to the provision of pre-travel health and safety preventative services. In addition, the integration of a travel clinic in a community pharmacy may increase access for patients who might not otherwise have sought pre-travel care.



“Pharmacists receive extensive disease and infectious disease training in pharmacy school and are honed to be excellent drug and disease counselors.”

Dr. Goad is an Associate Professor of Clinical Pharmacy at the University of Southern California School of Pharmacy, Los Angeles, California. He also has a Certificate of Knowledge in Travel Health from ISTM. This article is abridged from Advances in Pharmacy, Volume 2, Number 4, pp 318-324, 2004.

"A Pharmacist-operated Travel Clinic in the U.S. - A Profile," cont. from p. 6

can and does make recommendations for medications that he believes are indicated for particular trips, for malaria prophylaxis and treating gastroenteritis for example. Clients are given written recommendations and/or Dennis and his staff contact the patient's physician by telephone for any needed prescriptions. Since Dennis's expertise in travel medicine is known in the area, virtually every recommendation he makes is followed.

Dennis stocks all vaccines except Japanese encephalitis. "We have very little demand for J.E," he says. "If someone needs it we order it and have it shipped overnight if necessary.

"We charge a consultation fee for pre-travel visits and add an administration fee for the vaccines we give. Insurance generally does not cover the costs for travel-related items or medications. We usually submit claims to the insurers, but only rarely do we receive payment."

The Ukrop's travel clinic operates pretty much like most travel clinics. Most visits are made by appointment via the telephone but walk-ins come in fairly frequently. If Dennis is available he sees the walk-ins; if not they are asked to make an appointment to come back. Clients are asked to bring their vaccination records and fill out health questionnaires. If a client has health issues that could be adversely affected by necessary immunizations and medications or by the trip itself they are referred to medical facilities.

The clinic publicizes itself by word-of-mouth, publicity releases, a listing on the web and discrete signs in the store. The clinic also receives some referrals from primary physicians, usually when the physician does not stock a vaccine or necessary supplies. Dennis says that his relationships with area physicians are quite good and that there is little sense of competition.

Do travelers come back to the pharmacy when they come home sick? Yes, occasionally. "If it is a run-of-the mill problem, gastroenteritis or too much sun, we will advise them and prescribe medications, as we would for any client," says Dennis. "Obviously, if the condition is more serious, we will refer them to physicians."

Karl is the Editor of ISTM NewsShare. He writes frequently about travel medicine for both health professionals and the public. He visited this super market/pharmacy/wellness center/travel clinic to report this article.

NewsShare

the Newsletter of the International Society of Travel Medicine

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