



From the ISTM President

Prativa Pandey, M.D.



As I come to the end of my term as ISTM president, I would like to take you through to where we are today and where we are headed.

ISTM has more to offer its members than ever before. We have a wonderful Society that is only going to grow and mature for numerous reasons as travel continues to grow globally.

Every two years our Society holds the Conference of the International Society of Travel Medicine (CISTM). After resounding success in Lisbon, the Conference has arrived in Vancouver. This is a special occasion as this is the 10th Conference of our Society.

Our Vancouver Conference bring together travel medicine practitioners, researchers and individuals from related specialties under one roof during five days of rigorous scientific presentations, symposia, debates and workshops. It provides a great opportunity to learn and to network with like-minded individuals in a wonderful setting.

Further, ISTM is committed to partnering with travel medicine societies in different regions of the world to offer regional travel medicine.

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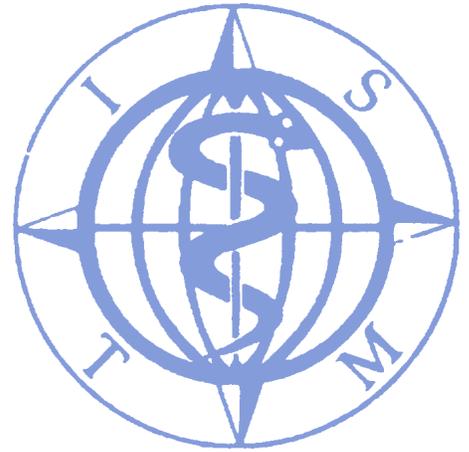
ISTM News

ISTM Secretary/Treasurer's Financial Report

I am pleased to report on our current financial status.

An audited financial report for the fiscal year 2006 (July 1, 2005-June 30, 2006) will be available to members at the Membership Assembly in Vancouver. The report was prepared by our outside accountant, Heritage Accounting. ISTM officially began this new fiscal year structure in July 1, 2005. This new structure allows robust budgeting and allocation in coordination with the annual Executive Board meeting, which occurs each year in May or June. A budget for the 2007-8 fiscal year will be passed by the Executive Board in Vancouver. For the current 2006-7 year, ISTM is on budget.

As of the end of February 2007, our total assets, including reserves, stand at \$1.25 million dollars, down about \$125K from a year earlier. This is representative of our typical 4-year cycle: an increase in receipt of revenues



from our previous biennial meeting (Lisbon, 2005); our current upfront investment in Vancouver; but prior to realizing any revenue generated by the 2007 Vancouver meeting. North American meetings tend to earn less revenue for ISTM than European meetings. Therefore, we have increased reserves over the past two years to minimize fluctuations in supporting programs that are ongoing.

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Asia-Pacific International Conference on Travel Medicine 2008, Melbourne, Australia - "Our Region in Focus"

It is with great pleasure that the Organising Committee invites you to participate in the Asia Pacific International Conference of Travel Medicine (APICTM 2008) to be held in Melbourne, Australia, February 24-27, 2008. This is



a unique event. Never before has an international meeting on travel medicine been held in Australia. The meeting is being co-sponsored and endorsed by the International Society of Travel Medicine and will bring together leading experts from around the region and the globe.

February offers long, warm, sunny days in Australia, giving visitors to Melbourne plenty of opportunity to explore our cosmopolitan city. You will find that Melbourne is an exciting city. Modern architecture and design is juxtaposed with heritage buildings reflecting

Australia's cultural history. But beneath the city's impressive façade lies the true heart and soul of the city: laneways which snake the city grid to reveal cafes and bars, fashion houses, boutiques, innovative cuisine,

galleries, theatres, music and museums. Many prestigious international events are held here. This is the sporting capital of Australia, the home of Australian football.

There really is something for everybody in Melbourne. Within an hour's drive of the city, visitors can enjoy some of Australia's most spectacular coastlines, wildlife reserves, wineries, temperate rainforests, surf beaches and historic townships. Come and share this fantastic experience together in Melbourne in

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Our publishing contract with our new publisher (Blackwell) began January 1, 2006. This contract gives ISTM much more favorable terms than past contracts and has ended the large subsidies that ISTM had to provide to our Journal (Journal of Travel Medicine). The money saved will provide funding for future ISTM initiatives. Nevertheless, the Journal remains a small net expense for ISTM. We are hoping this expense will soon be a small net surplus as a result of continuing increases in revenues from advertising, reprints, and journal supplements.

Our investments are with RBC Dain Rauscher, the 10th largest investment firm in the US and a subsidiary of the Royal Bank of Canada, one of the world's largest financial firms. The ISTM Finance Committee has recently made the decision to hold up to 25% of our long-term reserves in conservative fixed-income Euro investments in order to represent the global nature of our membership and to safeguard against further deterioration in the US dollar. This may also help us in the future in terms of necessary advances for CISTMs in Europe, as these must be paid in Euros.

On the administrative side I am pleased to report the following:

- Membership has surpassed 2,000.
- The ISTM administration will be moving to its own leased office space in July 2007. The offices will house our two administrative staff, who will now become salaried employees. Until now they have been working as outside contractors. This will increase efficiency.
- ISTM held its first Internet-based Executive Board election this year and a record 30% of the membership cast ballots.

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- Registration for the CISTM and for ISTM courses has been moved in-house, onto our web-based administrative system.
- The ISTM secretariat has overseen the growth of the TravelMed listserv to over 1,000 member-subscribers and has spent increasing time monitoring and enforcing orderliness and etiquette amongst subscribers, a sometimes delicate task. (We owe Brooke Gouge much appreciation for doing this.) A state-of-the-art web-based search utility is now available to sift through the wisdom accumulated over 11 years and 15,000 postings on TravelMed.

It is a privilege to serve as your Secretary-Treasurer and I look forward to hearing from any member at istm@istm.org with any concerns or questions.

David O. Freedman, MD
Secretary/Treasurer
ISTM

Certificate in Travel Health Examination Committee

The CTH examination is being administered in Vancouver just prior to the opening of the Conference. There are over 470 examinees from many countries taking the examination. A survey done previously suggested that people are very satisfied with the credential in that it has established a recognized standard of knowledge for travel medicine. Prior examinees have also felt that it encouraged their professional development and enhanced their status in the travel medicine community.

Efforts are ongoing to try to make the exam more accessible to those who have communicated difficulty in attending the biennial conference sites.

Please feel free to access the list of Exam Committee members on the ISTM web site and contact them with suggestions or queries about the exam and CTH.

Thank you for your support,

Phyllis Kozarsky, Chairperson, on behalf of the CTH Examination Committee

Travel Industry and Public Education Committee (TIPEC)

The TIPEC committee has decided this year to focus on providing tools to ISTM members to use for direct liaison with their local media and travel industry members. This de-

cision has been as a result of disappointing past attempts to work with the travel industry at a higher level (i.e., society to society). In some countries travel medicine groups have managed to forge a strong and positive relationship with the travel industry, however, this is proving difficult in many other countries. Thus we have decided to work at a grass roots level and over time will build a toolbox of ideas and practical items that ISTM members can access via our Society website. The first of these is a series of ten short articles written by a professional travel/medical writer on common travel health topics. The concept is that ISTM members can access these articles and submit them to their local media - thus providing public education on issues relating to travel health as well as publicity for the particular clinic providing the information. We have a number of other ideas but are particularly interested in getting feedback from ISTM members as to what they think would be useful to them, and ways we can help them approach the travel industry. To this end we plan to hold a meeting in Vancouver and we urge as many interested members as possible to attend. If for some reason this cannot be organized, we will conduct a survey via the listserv later in the year. From all accounts this has been a frustrating committee to work on for many years but we are all optimists and hope we can help at least some ISTM members increase their profiles with both their local travelling public and travel industry members.

Trish Batchelor, TIPEC Chairperson

Refugee and Migrant Health Committee

The Committee remains actively engaged in the travel medicine issues related to migrants and mobile populations. A consensus paper on travel to visit friends and relatives (VFR) remains under development. In a recent issue of *Clinical Infectious Diseases*, Committee members provided commentary on a previously published study of VFR travel.

Committee members have also prepared material on the same topic for the WHO publication, *International Travel and Health*. Also underway at this time are preliminary efforts to develop an international research proposal involving Committee members in Europe and North America. On the Agenda for CISTM 10 in Vancouver is the selection of a new Committee Chairperson.

Brian Gushulak, Chairperson

"From the ISTM President," cont. from p. 1

cine conferences alternating with CISTM. The next regional conference will take place in Melbourne, Australia in February of 2008. (See accompanying article.) We hope that our bonds of friendship with regional and national societies will get stronger as we collaborate to focus on regional issues in travel medicine that do not get enough attention during the CISTM. We will be looking for partners for the next regional conference in 2010.

Our Society started modestly in 1991 with 287 members and is growing at a steady pace. Membership has surpassed 2,000 and continues to grow. While we would like to encourage more persons to join the Society in North America, we would strongly urge travel medicine practitioners in Europe, Asia, Africa, Australia/NZ, and South America to join.

What is it that makes the Society relevant to travel medicine practitioners in different regions of the world and motivates them to want to join the Society? To explore this question, the Society held a very important meeting during the Northern European regional conference in Edinburgh with leaders of national societies in Europe to identify and discuss potential areas of collaboration that could make ISTM more relevant to persons in Europe. More needs to be done with this initiative for membership growth in Europe and other regions of the world.

ISTM has begun several new initiatives at the request of members:

- We held courses in North America and Europe in February 2007 to help candidates prepare for the Certificate of Knowledge in Travel Medicine (Certificate in Travel Health) examination. This is the only exam in travel medicine that is truly international with an international group of exam committee members developing test questions. The CTH exam is increasingly being viewed as a reliable and practical tool to test knowledge in this field. There have been requests from members to make the CTH examination more accessible in many parts of the world. This is preferably done with a computerized version that will also reduce travel expenses and make the exam less costly for members. This possibility is currently being explored by the exam committee.
- Travel medicine providers are connected globally on an instantaneous basis through the ISTM Listserv. This service is becoming very popular and now has over 1000 subscribers. The Listserv is a huge benefit to members, keeping them professionally

connected to friends and colleagues from around the world.

- Another educational initiative has been "The Expert Opinion" where an expert discusses a typical case scenario and members can interact with the expert through the Listserv.
- Peer reviewed "evidence based practice guidelines" are currently being developed that will be published in the JTM.
- Continuing medical education credits are important to our members and we are exploring additional opportunities to receive CME credits.
- Travel grant awards have been introduced in 2007. These awards have been offered to individuals from lower income countries to facilitate presentation of research papers at the CISTM. In addition, research grants have been offered every year starting in 2006 to help stimulate research in travel medicine.
- GeoSentinel, the global surveillance project of the ISTM (in partnership with the Centers for Disease Control and Prevention in the United States), consists of 33 travel clinics as surveillance sites and more than 100 network members around the world. Disease trends in travelers based on region of travel, purpose of travel and patient characteristics are being defined using the database, which has grown to comprise over 60,000 patient records. Rapid response by GeoSentinel sites and/or network members in relation to rare and alarming diagnoses have helped public health authorities of nations to take rapid preventive and containment measures. New surveillance sites have come on board and GeoSentinel is being looked upon as a resource not only by public health agencies of nations but also by organizations like the World Health Organization (WHO).
- We are in the process of developing stronger ties with international agencies such as the WHO and the European Centre for Disease Prevention and Control (ECDC). Collaborative efforts are underway and further meetings planned during the year. This is an ongoing process that should continue to gain momentum.
- The Journal of Travel Medicine (JTM) is reaching more libraries around the world through our publisher, Blackwell Publishing. Besides the more than 2,000 membership subscriptions, JTM is available in more than 5000 institutions around the world. Approximately half of these subscriptions are either free or discounted through initia-

tives like the HINARI that are designed to foster research in the developing world. JTM has seen an increase in impact factor in 2005 and we are hopeful that this positive trend will continue. We continue to strongly urge you to publish your research in the JTM.

I'd like to take this opportunity to thank the Executive Board, the Secretary/Treasurer, the ISTM committees, and the Journal and NewsShare editors who have volunteered their time and expertise to advance the field of travel medicine and our Society. The ISTM administrative staff deserves special thanks for getting us where we are today. Thanks are also due to our publisher, Blackwell Publishing. Finally, I would like to thank you for staying involved. If you are reading this and are not a member of the Society, please consider joining for the many reasons outlined above.

With warm regards,

Prativa Pandey, M.D.
President, ISTM

An Invitation to Nurses Attending CISTM10 in Vancouver

The Practice and Nursing Issues Committee (PNI) invites all nurses attending the conference to the Nursing Welcome Reception on Sunday May 20th. Meet and greet colleagues from around the world. Hear about some conference highlights. Learn what nurses are doing to formalize practice. And enjoy refreshments



DATE:

*Sunday May 20th (prior to CISTM10
Opening Ceremony)*



TIME:

15:00-16:30 (3:00 pm-4:30 pm)



PLACE:

*Fairmont Hotel Waterfront Ballroom
(next to the meeting conference center;
directions will be provided in registration
bags on-site and posted at the
registration area)*

Travel Medicine News from Around the World

Travel Medicine in Hungary

Peter Felkai M.D., S.Sc



The health care system during the socialist period

With the downfall of the Socialist regime in 1989, Hungary transformed itself from an “unknown far away land” into a popular tourist destination. Simultaneously, a new medical specialty, travel medicine, emerged to help improve the management of medical care of tourists visiting Hungary and to care for Hungarians travelling abroad.

But even under the socialist system, Hungary was a rather well organised country, often dubbed the “happiest barrack in the socialist camp”. The medical system functioned well. The health care system was state-run. Teaching at the medical schools followed the German tradition, a strict hierarchy in both training and research. Everyday health care was organized according to the Soviet model: no private care (except for a few dentists). The system was divided into two parts. Primary care was provided by general practitioners; they were called district doctors because they cared for people within a geographical area. People within the district had to see that doctor. No choice. Specialty care was given in specialists’ offices and in hospitals. Then as now there was only one social security insurance company, run by the state.

Under socialism, the fields of infectious diseases and tropical medicine were well developed, in part because under the socialist brotherhood many Hungarian doctors worked in less developed countries in Africa and in the Middle East. Vaccination programs in Hungary were mandatory, and were (and remain) more inclusive than in some other European countries.

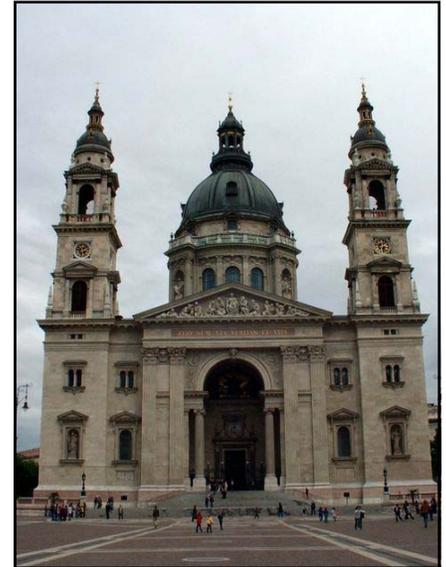
With the fall of the “Iron Curtain” in 1989 and the restoration of democracy, the information gap in medicine between East and West disappeared. But new “curtains” have arisen, making the management of health care of travellers difficult. The Hungarian health care system has developed much more slowly than the rest of the economy. And the health care system is different from that in other countries, with dissimilar therapeutic protocols and insufficient diagnostic facilities. Language barriers remain. Repatriating ill travellers is difficult, in large part due to complicated regulations regarding payments. Standards of medical facilities are uneven, with ill-defined separation of private and public healthcare facilities. Treating foreign patients is a lucrative business. Many healthcare providers are eager to engage in it, with or without a licence. Foreign insurance companies experience difficulties finding reliable medical providers in Hungary.

Also, while the present government has improved the quality of medical care, the “hotel” function of public hospitals in Hungary remains poor. Entrepreneurs have recognised the huge demand for better conditions and faster access to treatment. They have set up various types of private services, focusing on improving hospital accommodation and the quality of nursing, the more profitable aspects of medical care, without providing appropriate professional services.

In 2004, Hungary joined the EU, bringing many benefits to Hungary. But as the Eastern boundary of the EU, Hungary saw the arrival of an ever-larger number of migrants and refugees. This has created many problems for the Hungarian health care infrastructure. While Hungary’s traditional medical care system can hardly provide adequate medical care to local inhabitants, the system has had to care for the migrants and refugees. And certainly it was not prepared for caring for the many travellers who started visiting the country.

The “birth” of a new speciality

Prior to 1989, Hungarians were permitted to travel to the West once every three years. In 1978 travel insurance was launched by the state. This insurance required travellers to pay bills abroad in foreign currency and then be reimbursed in Hungarian currency back home. In the late 1980s, this kind of insurance was replaced by new private insurance companies.



These companies provided new forms of travel insurance, including more traveller friendly “assistance” policies. With the change in the political regime in 1989, travel restrictions disappeared.

In 2004, inexpensive airfares and last minute travel bargains began to appear. Suddenly Hungarian tourists – including entire families and elderly people – had a wide range of travel choices. Extreme sports became popular and adventure travel came into vogue. Seemingly the EU healthcare card (called the E-111 formula at the time) covered medical expenses abroad. But these cards had shortcomings for travellers, not covering the fees of certain private physicians and did not cover the costs of repatriations. The Hungarian Association of Assurance (Insurance) Physicians found the cards to be inadequate and determined that the ideal solution would be travel insurance offered by private companies. But the Assurance Physicians realised (1) that the private insurance companies had no experience with travellers and (2) that most Hungarian travellers were poorly informed about the medical aspects of travel. The physicians therefore decided to establish a forum that could solve the problems – the beginnings of travel medicine. The entity of Hungarian Travel Medicine was introduced in Lisbon, at the 10th Congress of the International Travel Medicine Society.

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“Travel Medicine News from Around the Worldt,” cont. from p. 4

The Hungarian way of travel medicine

Travel medicine as an entity was unknown in Hungary before 1990. And as a new medical science with a unique infrastructure, it had to fit into the existing structure of the local health care system. Therefore travel medicine in Hungary is organized differently than elsewhere; it had to be organized from the ground up. Although physicians were well informed about some travel-related issues - traveller's diarrhoea and deep vein thrombosis, for example - there was no forum for exchanging information. On the other hand, contagious disease prevention was already well established by the state run healthcare network.

From the onset travel medicine was considered an independent interdisciplinary specialty among the medical sciences, a part of assurance medicine.

Travel medicine is a multidisciplinary specialty with four main topics:



Fig.1 The segments of travel medicine and its medical backgrounds

- A. **Prevention.** Reducing the incidence of infectious diseases (by vaccinations, routine examinations, and monitoring refugees and immigrants), and providing travel advice. These issues become important when Hungary joined the EU and became the EU's eastern border.
- B. **Assistance medicine.** In Hungary travel medicine plays an important role in assistance medicine: treating and organizing the repatriation of foreign travellers in Hungary and Hungarian travellers abroad. Insurance companies often ask doctors for fitness-to-fly certificates. But due to the doctor's inexperience in this area, many doctors are not competent to make good judgements from the repatriation point of view.

- C. **Wilderness medicine.** Hungary is a small country, with no coastline or high mountains. Adventure travellers and extreme sports fans must travel abroad, even for skiing. Yet the country has 40,000 licensed SCUBA divers, and more than 200,000 skiers. This presents a challenge for Hungarian doctors who must educate such travellers of the hazards of such activities.
- D. **Insurance policy medicine.** Just as clinical medicine is necessary to help define and evaluate life insurance issues, travel medicine is essential for assistance insurance. New, EU-conforming travel insurance policies are more flexible and more customer-friendly. Moreover, these new forms encourage travel. This helps the travel industry. For example, appropriate statistical risk assessment shows that new and safer management of extreme sports makes them less dangerous and risky than believed; bungee-jumping is in fact less risky than skiing. Thus, some extreme sports previously specifically excluded in many policies can be covered by specially formulated insurance policies.

Development of travel medicine in Hungary

The travel medicine and travel insurance section of the Hungarian Society of Life Assurance Medicine was founded in 2005. (The first president is the author of this article.) But already a year earlier, in 2004, the first lecture in travel medicine was given, at a postgraduate course at the Medical University of Szeged. And the lectures were repeated in 2005 and 2006. The first textbook of travel medicine was issued in 2006.

In Hungary, the main aims of travel medicine are:

1. *Establishing an appropriate infrastructure to both serve the public and to maintain a scientific centre for the continuing education of travel medicine practitioners.* Presently, vaccination of travellers occurs in vaccination centres, which are mostly state run, and belong to the National Health Authority. These centres are not travel medicine offices, because they only vaccinate. They give no advice, an important segment of travel medicine. And although general practitioner offices play an important role in the giving of travel advice, their offices are overcrowded with social insurance patients. Moreover, the

present financial structure makes it difficult for GPs to give regular pre-travel advice to patients. What is needed is a well functioning, nationwide network of travel medicine offices.

2. *To instruct doctors in the basic principles of travel medicine and related topics.* Obviously, our first target audience is physicians involved in tourism, assurance doctors, and private doctors who maintain offices exclusively for foreigners. Also, GPs and occupational medicine physicians should know basic principles of travel medicine.
3. *To better prepare Hungarian travellers.* Many are poorly informed regarding basic travel medicine concepts – the interaction of long flights with certain chronic diseases and pregnancy, for example. As travel is the most popular holiday activity for families and retirees, the mortality of these travellers has risen. We must emphasise the necessity of pre-travel advice, the importance of vaccination, and the avoidance of dangers. Unfortunately, even in well-developed countries many travellers neglect vaccinations, but in Hungary the situation is generally worse than elsewhere.
4. *To help Hungarian insurance companies establish and clarify professional and financial protocols for travel medicine occurrences.* Presently, there are no clear protocols for cost-effective treatment and repatriation of patients. Such protocols would avoid conflicts over costs of treatments between the company and the patient. After joining the EU, Hungary became a gateway to Eastern European and surrounding non-EU countries. Hungary with its advantageous geographical position appears to be an excellent stopover for any medical evacuation from Eastern Europe and countries beyond.

Obviously, travel medicine, as a newly founded medical speciality in Hungary, needs help in building a scientific base and an infrastructure. Help from abroad is essential to achieve these aims. With such help Hungarian Travel Medicine will fulfil its mission within the EU.

Dr. Felkai is medical director and chairman of the travel medicine section of MEBOT, the Hungarian Society of Life Assurance Medicine.

The Year 2007 is the Dawn of Japanese Travel Medicine

Toshihiro Koga, MD



The year 2007 promises to be a special year in Japan for travel medicine and for the travel industry.

The Japanese Society of Travel and Health (JSTH), which was established in 1997, will be giving its first travel medicine examination at the end of 2007. The examination will test health care providers about their basic knowledge of travel medicine.

Due to the amendment of the Japanese Travel Agency Law in 2005, travel agencies are now obliged to inform customers prior to departure about the safety and health risks of their trips. Therefore, for both the tourist and for travel agency personnel, there is an increasing need to have access to travel clinics that can provide appropriate pre-travel consultations including recommendations of the necessity of vaccinations.

The year 2007 could be a special year for the Japanese travel industry for another reason. A significant number of postwar baby boomers are retiring and many plan to travel overseas. According to surveys taken by the JTB Corporation, one of the largest travel agencies in Japan, 50.2% of such individuals are planning to travel abroad to celebrate their retirement. More than 17 million Japanese departed for overseas in 2006, and the Japan Association of Travel Agents expects that the figure may reach 20 million in 2007.

In 2006, the Japanese Society of Travel Health provided a training course on basic knowledge of travel health for the first time, targeting tour conductors, and renewed the website so that tourists can easily identify travel clinics within Japan.

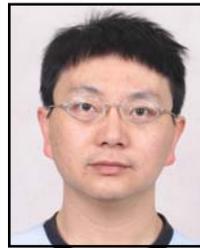
Dr. Koga is with the Health Care Division, Japan Overseas Health Administration Center. He is also a regional editor of NewsShare.

China International Travel Healthcare Association

Liu Zhiyong, MD and Yin Jian



Liu Zhiyong, MD



Yin Jian

The China International Travel Healthcare Association (CITHA) was officially approved in 1994 by the Ministry of Civil Affairs of the People's Republic of China. The purpose of the Association is to bring together specialists, scholars, professionals and others interested in travel healthcare in order to improve the health care of Chinese persons traveling overseas and of foreigners visiting China.

CITHA has assisted in setting up local international travel healthcare associations in over 30 provinces, municipalities, autonomous regions and ports throughout the country. CITHA-designated travel clinics have opened in more than 100 cities and ports. These offer full travel medicine services in a planned and organized way, including physical examination, consultation, health education, disease prevention, vaccinations, and health insurance, for example. CITHA is also involved in strengthening the professional management of frontier (border) health, and supervising and inspection of imported food.

CITHA has organized nationwide and regional academic activities in travelers' health. For example, since 1995, there have been 8 CITHA-sponsored conferences held in Shanghai (1995), Urumqi (1996), Guangzhou (1997), Xiamen (1998), Hohhot (2000), Shanghai (2002) and Chengdu (2004 and 2006). Also, many CITHA members have attended conferences sponsored by the International Society of Travel Medicine, Asia-Pacific Travel Health Conference, and European Travel Medicine Conference. CITHA has been involved in travel medicine workshops and conferences in Taiwan, Russia, and Mongolia.

CITHA has organized nationwide travel medicine-related training in psychology consultation, research methods, writing papers, medical assistance and diagnosis. And seminars have been organized in altitude medicine, the environment of travel destinations, infectious diseases, vaccinations, and port health control, for example. And every year CITHA selects Chinese international travel healthcare workers to study at the travel medicine clinic of the University of Washington in Seattle America.

Under the leadership of the Department of Health Supervision (AQSIQ), CITHA has worked with more than 100 members of local Chinese international travel healthcare centers to set up a web site, <http://www.itha.org.cn>. This site provides complete and rapid information services to travelers about entry-exit regulations, physical examinations, immunizations, and travel health consultations.

The main website is run by CITHA, the local websites by local centers. The data on the websites are targeted to travelers' needs. The network enables users to share public and personalized information at each local center. A visitor can get information about epidemic situations, physical examination and immunization, for example, from any of the websites and can easily get the service information offered by any clinic.

There are more and more foreign travelers coming to China. Tourism is booming here. In

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Headquarters of the China International Healthcare Association

— “China Int’l Travel,” cont. from p. 6 —

2008, travelers from all over the world are expected to attend the Olympic Games. As the only international travel healthcare society in China, CITHA is obligated to disseminate information to provide travelers the knowledge of infectious diseases and other travel health risks. Disease prevention brochures and posters will be printed and there will be notices on our websites to educate travelers. Presently the website is mostly in Chinese; the English version will be posted soon.

In September 2006, CITHA and the China Frontier Health Quarantine Service co-hosted an academic conference in Chengdu, Sichuan. The theme: **New Situation, New Challenge, New Idea, New Measures**. Two hundred experts and scholars in territory health quarantine and travel medicine from all over China gathered to exchange the latest achievements in scientific research. The program included plenary sessions, symposiums, abstracts and poster exhibits. The topics covered show the wide area of interest of the Chinese medical community: Here is a sampling of topics that were covered.

- Building a Harmonious Socialist Society
- Reinforcing Crisis Management and Quarantines at Frontiers in Health Emergencies
- Biological Terrorism
- Reviewing the New International Health Regulations of the World Health Organization.
- Overview of Laboratory Biological Safety
- Food Safety at Frontier Ports
- Vector Control
- Disease Surveillance and Immunizations
- HIV/STD
- Lab Technique and Method
- Computerized Network Construction on Health Quarantine Supervision
- International Cooperation and Exchange of Health Quarantine Technology

Dr. Liu is the Director of the Department of International Liaison, China International Healthcare Association, Counselor on the executive board of the Asia Pacific Travel Health Association and Science Editor of Travel Medicine (China).

Yin (Jimmy) Jian is the project manager in the Department of International Liaison, China International Healthcare Association.



2008. For full details, registration, submission portal and program, see our website at www.apictm.com.

And our Conference will be a landmark in travel medicine. APICTM 2008 is based around a stimulating scientific program, focusing on a broad range of travel and tropical health issues facing the Asia Pacific region. The theme is “Our Region in Focus.” Regional experts will examine the current emerging health issues facing this growing and dynamic region and put the travel health issues of specific locations under the spotlight.

APICTM 2008 will provide a variety of concurrent sessions to give the newcomer to travel and tropical medicine an excellent overview of relevant topics, as well as provide experienced practitioners with a forum for exploring current issues. It will appeal to general practitioners and travel medicine specialists alike. Key presentations will be made by leading practitioners in travel and tropical medicine from the Asia-Pacific region, allowing participants a chance to learn the latest approaches to contemporary travel health issues.

APICTM 2008 represents a combined initiative of the International Society of Travel Medicine, the Asia-Pacific Travel Health Society, the Australasian College of Tropical Medicine, and the Victorian Infectious Disease Service. By bringing together these au-

— “Asia-Pacific International Conference,” cont. from p. 1 —

thoritative organisations, we will share the widest range of ideas, current research and thinking, and help define ‘best practice’.

Come and share this fantastic experience in Melbourne in 2008.

On behalf of the Organising Committee,

Dr Tony Gherardin
Dr Joseph Torresi
Co-Convenors

Representing:

The 3rd Regional Conference of the International Society of Travel Medicine
The 7th Asia Pacific Travel Health Conference

The 17th Annual Scientific Meeting of the Australasian College of Tropical Medicine

Organising Committee Chairs

Tony Gherardin (Aus)
Joseph Torresi (Aus)

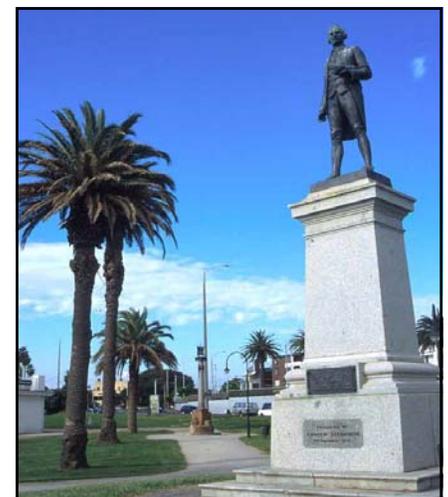
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NewsShare

the Newsletter of the International Society of Travel Medicine

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