

CTH[®] EXAM

Honoring Excellence
in Travel Medicine

ISTM CERTIFICATE OF KNOWLEDGE[™] IN TRAVEL MEDICINE
Examination Candidate Information

UPCOMING EXAMINATION DATES

4-8 May 2026
2-6 November 2026



istm.org



The Certificate of Knowledge™ in Travel Medicine recognizes professionals who have demonstrated expertise in the unique body of knowledge associated with travel medicine care and consultation. Professionals passing the examination will be granted a Certificate in Travel Health™ or CTH[®]. ISTM members who receive the certificate will be listed on the ISTM website and in the “ISTM Global Travel Clinic Directory.”

International Society of Travel Medicine (ISTM)

The ISTM is the largest organization of professionals dedicated to the advancement of the specialty of travel medicine. Focused on the prevention and management of health problems related to international travel and migration, members include physicians, nurses, pharmacists and other health professionals from academia, government and the private sector. Travel medicine includes preventive and curative medicine within many specialties, such as tropical medicine, infectious diseases, high altitude physiology, travel-related obstetrics, psychiatry, occupational health, military and migration medicine and environmental health.

Please consider joining the global travel medicine community to contribute to and benefit from advancements in this field. [Join here.](#)

BENEFITS OF THE ISTM CERTIFICATE OF KNOWLEDGE™

Travel medicine practitioners who obtain the ISTM Certificate of Knowledge™ (CTH[®]) can benefit from:

- International recognition of your expertise and commitment to the field of travel health;
- Continued professional development;
- Enhanced professional credibility;
- Increased patient referrals, and
- Tools for promoting your travel clinic.

WHO CAN TAKE THE EXAMINATION

ISTM welcomes applications from all qualified professionals who provide travel health-related services. If you currently provide such services on a full or part-time basis, and are a licensed healthcare professional (physician, nurse, pharmacist, physician assistant or other), we invite you to apply for the ISTM Certificate of Knowledge™ examination.

ISTM highly recommends (but does not specifically require) that professionals applying for the Certificate have at least three (3) years of experience in travel medicine and/or formal training or education in the field.

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PURPOSES OF THE CERTIFICATE OF KNOWLEDGE™ PROGRAM

The purposes of the ISTM Certificate of Knowledge™ Program are multifold:

- Establish internationally recognized standards of knowledge for travel medicine practitioners;
- Assess the level of knowledge demonstrated by travel medicine practitioners in a valid and reliable manner;
- Encourage professional development in the field of travel medicine;
- Formally recognize individuals who meet the requirements set by ISTM;
- Serve the public by encouraging quality travel medicine practice services, and
- Demonstrate the global validity of epidemiological data and preventive strategies.

The Examination Committee, with the assistance and advice of an international panel of travel health experts representing a variety of professional disciplines, including pharmacy and nursing, has attempted to develop a Certificate of Knowledge™ Program that will recognize accepted levels of expertise in the profession, with the goal of improving professional standards in travel medicine.

However, no Certificate of Knowledge™ program can guarantee professional competence. In addition, given the frequent changes in the field of travel medicine, ISTM cannot guarantee that the examination materials will reflect, at all times, the most current state-of-the-art travel medicine guidelines.

ISTM and the Examination Committee welcome constructive comments and suggestions from the public and the profession.

CREATION OF AND MAINTAINING CLINICAL RELEVANCE OF THE CERTIFICATE OF KNOWLEDGE™ PROGRAM

The eligibility requirements and examination materials for the ISTM Certificate of Knowledge™ Program were developed based on studies of the current state of knowledge in travel medicine practice. In 1999, an international survey of expert travel medicine practitioners was conducted to define the body of knowledge for travel medicine and determine the content areas appropriate for the examination. The survey was designed to identify the knowledge used by travel medicine professionals in day-to-day practice. A representative panel of travel medicine practitioners reviewed the results of the survey and identified the body of knowledge for travel medicine based on these data. This process is conducted every few years and was most recently occurred in 2017 based on expert review and an extensive survey of almost 850 ISTM Members and CTH® Holders. A revised body of knowledge resulted, and the content of the examination is based on this revised body of knowledge.

The examination questions are written by travel medicine practitioners and reviewed and validated by a panel of experts prior to being selected for the examination. Great care has been taken to develop examination questions that are appropriate for professionals from different geographic regions and professional disciplines.

The examination question pool is updated on a regular basis to reflect current practice in travel medicine. Individual questions that are shown by statistical analysis to be unclear or unfair have been modified or deleted from the pool.

The ISTM Certificate of Knowledge™ examination is designed to meet testing industry standards for validity and reliability.

Validity is the degree to which the content of the examination reflects the knowledge required to competently perform the responsibilities of a travel medicine practitioner.

Reliability is the accuracy of the examination scores (i.e., the degree to which the examination scores are free from measurement error).

EXAMINATION SCHEDULE

WHEN:

Two Upcoming Dates

- 4-8 MAY 2026
- 2-6 NOVEMBER 2026

WHERE:

You have two choices through ISTM's secure partner, Meazure Learning, when taking the examination:

- Online ProctorU - computer with a webcam, microphone, and reliable internet connection required
- Testing Center *- More than 1,400 test sites in 110 countries, view the list of testing centers [here](#)

**those selecting to utilize a testing center will be charged an additional fee of \$75.00*

FEES:

ISTM MEMBERS: take advantage of your special rate!

- 4-8 May 2026 (Registration now open)
Early Bird Registration open until 9 March 2026
- November 2026 (Registration Opens in July)
Early Bird Registration open until September 2026

PAYMENT INFORMATION

Fees are payable only in U.S. Dollars and payment must be made by VISA, MasterCard, Discover, or American Express.

All credit card payments will be charged in U.S. Dollars and currency conversions will be handled through the credit card company's billing arrangement with the cardholder.

ONLINE PROCTORU

	Early Bird Fee	Regular Fee
ISTM Member Doctoral Level	USD \$475.00	USD \$575.00
ISTM Member Non-Doctoral Level	USD \$350.00	USD \$450.00
Non-Member	USD \$690.00	USD \$790.00

TESTING CENTER

	Early Bird Fee	Regular Fee
ISTM Member Doctoral Level	USD \$550.00	USD \$650.00
ISTM Member Non-Doctoral Level	USD \$425.00	USD \$525.00
Non-Member	USD \$765.00	USD \$865.00

Associate Members of ISTM (those residing in low and low-middle income countries as identified by the World Bank)

Receive special discounted rates. If applicable to your application, the appropriate fee will appear in your online registration form.

ONLINE PROCTORU: USD \$200.00 for Doctoral Associate Members | USD \$100.00 for Non-Doctoral Associate Members

TESTING CENTER: USD \$275.00 for Doctoral Associate Members | USD \$175.00 for Non-Doctoral Associate Members

IMPORTANT DATES & DEADLINES

CANCELLATIONS AND DEFERRALS

- On or before 45 days prior to the start of the examination date, candidates may cancel or defer their examination by emailing learning@istm.org.
- Cancellations received on or before 45 days prior to the start of the examination will be refunded minus a USD \$75.00 application fee.
- Candidates have the option of one deferral at no extra cost and only for the next available examination date. If the one-time deferral to the next scheduled examination date cannot be met by the candidate, they must submit a new application and application fee.

NO CANCELLATIONS OR DEFERRALS WILL BE HONORED AFTER 45 DAYS

- If a candidate has a health or family emergency after 45 days preventing them from taking the examination, a one-time deferment to the next available examination date will be granted. Corroborating documentation of a true emergency will be required and should be sent to learning@istm.org. All requests will be reviewed by the Executive Director.

APPLICATIONS TO SIT FOR THE EXAMINATION

Due: No later than 30 days prior to the first exam date

Where: You must complete the application on the [ISTM website](#).

Requirements for Application (no exceptions):

- (1) CTH® Examination Confidentiality and Candidate Conduct Policy
- (2) Applicant questionnaire
- (3) Terms of service and confidentiality policy acknowledgement
- (4) Government issued photo ID, such as a passport, or state or country issued ID or driver's license

After you submit your application, you will receive an email from ISTM confirming that your application has been accepted. The next email will be sent from Meazure Learning approximately 3-4 weeks before the exam. This email will provide instructions on how to set up a user account, schedule your exam (online or testing center), along with what you can expect the day of the exam.

SPECIAL TESTING ACCOMMODATIONS

A candidate may request a special accommodation due to disability, handicap, or other condition that may impair the ability of the candidate to take the examination. To request special accommodations, a candidate must:

- Complete the Special Accommodations Request form [here](#)
- 30 days prior to the scheduled exam, submit the completed Special Accommodations Request form and written documentation from an appropriate health care professional, including a diagnosis of the health condition and a specific accommodation requested.
- ISTM will make every reasonable effort to accommodate eligible candidates. The accommodations may include auxiliary aids and services that do not present an undue burden to ISTM and do not fundamentally alter the measurement of the knowledge the examination is intended to test. If such a request is granted, ISTM will provide reasonable testing accommodations without charge to the candidate.

WHAT IS THE FORMAT FOR THE EXAMINATION?

To continually align with best practices, the examination will be composed of 220 questions instead of the traditional 200 questions. The additional 20 items will be unscored and will not impact your examination score. These unscored items are embedded throughout the examination to assess their statistical characteristics and viability as future scored items.

The examination will be given live in a single four-hour and forty-five minute (4:45) session. Each question is multiple choice and contains four (4) options or choices, only one of which is scored as the best answer. You will be asked to select the correct or best answer from these options. The examination is presented in British English. Sample questions can be found in the last section of this brochure. [Go to Sample Questions.](#)

HOW IS THE EXAMINATION SCORED?

Following the examination, the questions are analyzed statistically to identify any hidden flaws. Questions that appear to be flawed are discussed by the Examination Committee to determine if they should be deleted from scoring entirely or if credit should be given for more than one answer. Once these issues are resolved, the examination is scored.

Performance on the examination will be measured against a predetermined standard of knowledge. This standard is the level of knowledge that can reasonably be expected of individuals with basic competence in travel medicine practice. Candidates will NOT be measured against the performance of the other individuals taking the examination. This means that if everyone who takes the examination meets the knowledge standard, everyone will pass. It also means that there is no pre-determined passing score; the required number of questions answered correctly to pass the examination changes each time the examination is presented. Unfortunately, there will always be some people who miss passing by one or two correct answers. Please realize that to maintain the integrity of the examination, no exceptions can be made regarding the score required to pass the examination.

The passing score for the examination is set by an international panel of experts, representative of the field of travel medicine, supervised by the ISTM Examination Committee. These experts review each examination question, evaluate the difficulty of the question and judge how a professional with basic competence would perform on the question. These judgments are analyzed statistically to determine the passing score.

WHAT INFORMATION WILL I RECEIVE ABOUT MY SCORE?

PASSING SCORES: The examination is designed only to distinguish those who have the basic level of professional knowledge from those who do not. A candidate who receives a high score on the examination will not necessarily be a better practitioner than another who passes with a lower score. Therefore, if you pass the examination, you will be informed only that you have successfully completed the Certificate of Knowledge™ process. You will NOT be notified of your actual score.

FAILING SCORES: If you fail the examination, you will be notified of your score and the minimum score required to pass that version of the examination. You will also receive a diagnostic report showing your performance in each content area. This information is provided to assist you in deciding whether to retake the examination and how to plan your study efforts for future examination.

WHEN WILL I RECEIVE MY EXAMINATION RESULTS?

Within eight to ten weeks after the examination date you will receive an email from istm@istm.org or learning@istm.org with your results.

TO PROTECT THE CONFIDENTIALITY OF YOUR EXAMINATION SCORE, NO RESULTS WILL BE GIVEN OTHER THAN THROUGH THE EMAIL ADDRESS YOU PROVIDED ON THE EXAMINATION APPLICATION.

Again, please be sure to add learning@istm.org and istm@istm.org to your email address book to ensure that spam filters on your email account will accept email from these addresses.

Cancellation of Scores

If for any reason a candidate decides that they do not want their score reported, they must:

- Email the Professional Team at learning@istm.org requesting cancellation of your scores. Your written request must be signed and must be received within five (5) days after the date of the examination.

No refunds will be given for score cancellations. To retake the examination after a score cancellation, a new application and fee must be submitted.

Retaking the Examination

There is no limit on the number of times that you may apply for and take the examination. A new application form and all applicable fees must be submitted each time re-examination is requested.

Appeals

All complaints and appeals related to the Certificate of Knowledge™ Program are governed by the ISTM Certificate of Knowledge™ Program Appeals Procedures. This appeals process is the only way to resolve any application, eligibility, examination, qualification or other related challenge, complaint, and claim of irregularity. ISTM Examination Committee decisions concerning such requests are not subject to appeal.

Nondiscrimination Policy

ISTM does not discriminate against any person on the basis of age, gender, sexual orientation, race, religion, national origin, medical condition, physical disability, marital status or any other characteristic protected by the law.

WHAT ARE THE GUIDELINES FOR USE OF THE CERTIFICATE?

Candidates who pass the examination receive a PDF of the Certificate in Travel Health™ that is suitable for framing and will represent that they have received such a certificate and are authorized to use the CTH® designation for five years. To continue to hold the CTH®, a renewal fee will be assessed as the expiration time nears.

Successful candidates will receive more detailed information concerning the CTH® mark use policy with the certificate. An individual who represents that he/she has received a Certificate in Travel Health™ or CTH® without having fulfilled the Certificate of Knowledge™ Program requirements may be denied future examination eligibility and/or be subject to legal action.

HOW DO I PREPARE FOR THE EXAMINATION?

ISTM offers the following suggestions for preparing for the examination:

1. Review the ISTM Travel Medicine Body of Knowledge on page 9 of this brochure, and ask yourself the following questions:
 - Do I have a good understanding of the content area?
 - Do I use this knowledge area regularly in my practice?

Plan your studying based on your answers to these questions. For example, for content areas in which you have a good understanding and use every day, you may only need to do a quick review to prepare for the examination. Whereas for areas in which you are less familiar, you may decide that you need more in-depth study or training before taking the examination.

When planning your studying, you should also think about the general percentage of the examination questions that may be devoted to each major content area. If you are not very familiar with a content area that may be included in a significant proportion of the examination questions, you probably should spend some additional time studying this area.

2. Decide which resources will best help you to prepare for the examination.

You may choose to study on your own or you may decide to take a course or workshop to gain a better understanding of one or more content areas.

 - ISTM provides a Travel Medicine Review and Update Course each year visit <https://www.istm.org/education-resources/cth-program/review-and-update-course/>
 - If you know other travel medicine practitioners in your area who are taking the examination, you may want to form a study group.
3. Answer the sample questions at the end of this document to help familiarize yourself with the types of questions on the examination.

WHAT DO CANDIDATES NEED TO KNOW FOR THE EXAMINATION?

The examination is based on the following ISTM Travel Medicine Body of Knowledge, a detailed outline of the seven major content areas of the examination with an indication (in parentheses) of the approximate percentage of the examination devoted to each area. The final content of each examination is determined by the Examination Committee alone and is subject to modification.

Please note that the questions from each content area will be mixed throughout the examination. The questions will NOT be presented in content area order on the examination.

ISTM BODY OF KNOWLEDGE FOR THE PRACTICE OF TRAVEL MEDICINE

- I. EPIDEMIOLOGY (10%)
 - A. Basic concepts (e.g., morbidity, mortality, incidence, prevalence)
 - B. Geographic specificity/global distribution of diseases and potential health hazards
- II. IMMUNOLOGY/VACCINOLOGY (20%)
 - A. Basic concepts and principles (e.g., live vs. inactivated vaccine, measurement of immune response)
 - B. Handling, storage, and disposal of vaccines and related supplies
Types of Vaccines/Immunizations/Immunobiologics
Indications/contraindications, routes of administration, dosing regimens duration of protection, immunogenicity, efficacy, potential adverse reactions and medical management of adverse reactions associated with the following vaccinations/combination vaccinations:
 - C. Bacille Calmette-Guerin
 - D. Cholera
 - E. Diphtheria
 - F. Encephalitis, Japanese
 - G. Encephalitis, tick-borne
 - H. Haemophilus influenzae type B
 - I. Hepatitis A
 - J. Hepatitis B
 - K. Hepatitis A and B combined
 - L. Human Papilloma Virus
 - M. Immune globulin
 - N. Influenza
 - O. Measles
 - P. Meningococcal
 - Q. Mumps
 - R. Pertussis
 - S. Pneumococcal
 - T. Poliomyelitis
 - U. Rabies

ISTM BODY OF KNOWLEDGE FOR THE PRACTICE OF TRAVEL MEDICINE (continued)

- V. Rotavirus
- W. Rubella
- X. Tetanus
- Y. Typhoid
- Z. Varicella
- AA. Yellow Fever
- BB. Zoster
- CC. Other combined vaccines
- DD. Other

III. PRETRAVEL ASSESSMENT/CONSULTATION (35%)

Patient Evaluation

- A. Assessment of fitness/contraindications to travel (e.g. pre-existing illness, fitness to fly)
- B. Evaluation of travel itineraries/risk assessment (e.g. pre-existing activities, travel to rural vs. urban areas)
- C. Relevant medical history (e.g. previous vaccinations, allergies, chronic illness, mental health history and concurrent medications)
- D. Screening for good mental health and personal resilience to stress in hostile environments

Special Populations

Unique management issues pertaining to the following populations:

- E. Athletes
- F. Business travellers
- G. Elderly travellers
- H. Expatriates/long term travellers
- I. Immigrants
- J. Infants and children
- K. Travel for the purpose of international adoption
- L. Missionaries/volunteers/health clinicians/humanitarian health workers
- M. Pregnant travellers and nursing mothers
- N. Teachers, trainers and students
- O. Travellers with chronic diseases (diabetes, chronic obstructive pulmonary disease, cardiovascular disease, mental health illnesses)
- P. Travellers with disabilities
- Q. Travellers to hostile environments to include journalists, armed service personnel, scientists, academics
- R. Travellers who are immunocompromised, including AIDS and HIV
- S. VFR's (those visiting friends and relatives in their countries of origin)
- T. Other

Special Itineraries

Unique management issues associated with the following activities/itineraries:

- U. Armed conflict zones
- V. Cruise ship travel/Sailing
- W. Diving
- X. Extended stay travel

ISTM BODY OF KNOWLEDGE FOR THE PRACTICE OF TRAVEL MEDICINE (continued)

- Y. Extreme/wilderness/remote regions travel
 - Z. High altitude travel
 - AA. Last minute travel
 - BB. Mass gatherings (e.g. the Hajj)
 - CC. Travel for the purpose of medical care
 - DD. Natural disaster areas
 - EE. Sex Tourism
 - FF. Travel to areas experiencing disease outbreaks
 - GG. Other
 - Prevention and Self-Treatment
 - HH. Chemoprophylaxis
 - 1. Altitude illness
 - 2. Leptospirosis
 - 3. Malaria
 - 4. Travellers' diarrhea
 - 5. Other
 - II. Personal protective measures (e.g. restriction of outdoor activity at dawn and dusk) and barrier protection (e.g., bed nets, insect repellents)
 - JJ. Self-treatment
 - 1. Diarrhea
 - 2. Malaria
 - 3. Other
 - KK. Travel health kits
 - LL. Other travel medicine medications and pharmacological issues
 - Risk communications regarding:
 - MM. Animal contact (including birds)
 - NN. Close interpersonal contact (e.g. sexually transmitted diseases)
 - OO. Contact with fresh and salt water
 - PP. Food consumption
 - QQ. Safety and security
 - RR. Walking barefoot
 - SS. Water consumption and purification
 - TT. Antimicrobial resistance
 - UU. Other (e.g., skin trauma, infection...)
- IV. DISEASES CONTRACTED DURING TRAVEL (12%)
- Geographic risk, prevention, transmission, possible symptoms, and appropriate referral/triage of:
- Diseases Associated with Vectors
- A. African Tick Bite Fever
 - B. Chikungunya
 - C. Dengue
 - D. Encephalitis, Japanese
 - E. Encephalitis, tick-borne
 - F. Filariasis (e.g. Loa loa, bancroftian, onchocerciasis)

ISTM BODY OF KNOWLEDGE FOR THE PRACTICE OF TRAVEL MEDICINE (continued)

- G. Hemorrhagic fevers
- H. Leishmaniasis
- I. Lyme, anaplasma, babesia
- J. Malaria
- K. Plague
- L. Rickettsia (typhus)
- M. Rift Valley Fever
- N. Trypanosomiasis, African
- O. Trypanosomiasis, American, (Chagas disease)
- P. West Nile
- Q. Yellow fever
- R. Zika
- S. Other (Emerging Infections)
- Diseases Associated with Person-to-Person Contact
- T. Diphtheria
- U. Hepatitis B
- V. Hepatitis C
- W. Influenza
- X. Measles
- Y. Meningococcal disease
- Z. Mumps
- AA. Pertussis
- BB. Pneumococcal disease
- CC. Rubella
- DD. Sexually transmitted diseases
- EE. Tuberculosis
- FF. Varicella
- GG. Other
- Diseases Associated with Ingestion of Food and Water
- HH. Amebiasis
- II. Brucellosis
- JJ. Cholera
- KK. Cryptosporidiosis
- LL. Cyclosporiasis
- MM. Giardiasis
- NN. Hepatitis A
- OO. Hepatitis E
- PP. Norovirus
- QQ. Poliomyelitis
- RR. Seafood poisoning/toxins
- SS. Travellers' diarrhea
- TT. Typhoid and Paratyphoid fever
- UU. Other
- Diseases Associated with Bites and Stings

ISTM BODY OF KNOWLEDGE FOR THE PRACTICE OF TRAVEL MEDICINE (continued)

- VV. Envenomation (e.g. jelly fish, sea urchin, scorpion, snake, spiders)
 - WW. Herpes B virus
 - XX. Rabies
 - YY. Other
 - Diseases Associated with Water/Environmental Contact
 - ZZ. Cutaneous larva migrans
 - AAA. Legionella
 - BBB. Leptospirosis
 - CCC. Schistosomiasis
 - DDD. Tetanus
 - EEE. Other
- V. OTHER CLINICAL CONDITIONS ASSOCIATED WITH TRAVEL (10%)
- Conditions Occurring During or Immediately Following Travel
 - Symptoms, prevention, and treatment of:
 - A. Barotrauma
 - B. Jet Lag
 - C. Motion sickness
 - D. Thrombosis/embolism
 - E. Other
 - Conditions Associated with Environmental Factors
 - Symptoms, prevention, and treatment of:
 - F. Altitude sickness
 - G. Frostbite and hypothermia
 - H. Respiratory distress/failure (associated with humidity, pollution, etc.)
 - I. Sunburn, heat exhaustion and sun stroke
 - J. Other
 - Threats to Personal Security
 - Precautions regarding:
 - K. Accidents (e.g. motor vehicle, drowning)
 - L. Violence-related injuries
 - M. Other
 - Psychological and Psycho-social Issues
 - Unique management issues associated with:
 - N. Acute stress reactions, post-traumatic stress disorder
 - O. Culture shock/adaptation (e.g., travellers, refugees)
 - P. Psychiatric and psychological sequelae of travel or living abroad
 - Q. Other (e.g., flight phobia)
- VI. POST-TRAVEL ASSESSMENT (8%)
- A. Screening/assessment of returned asymptomatic travelers
 - B. Screening/assessment of immigrants
 - C. Triage of the ill traveller
 - Diagnostic and management implications of the following symptoms:

ISTM BODY OF KNOWLEDGE FOR THE PRACTICE OF TRAVEL MEDICINE (continued)

- D. Diarrhea and other gastro-intestinal complaints
- E. Eosinophilia
- F. Fever
- G. Respiratory illness
- H. Skin problems
- I. Other

VII. ADMINISTRATIVE AND GENERAL TRAVEL MEDICINE ISSUES (5%)

Medical Care Abroad

- A. Aeromedical evacuation (including repatriation of deceased)
- B. Blood transfusion guidelines for international travellers
- C. Procedures and considerations regarding medical and mental health care and recommendations regarding access of medications in resource-poor areas
- D. Other

Travel Clinic Management

- E. Documentation and record-keeping (e.g. vaccination certificate requirements, reporting of adverse events)
- F. Equipment
- G. Infection control procedures
- H. Management of medical emergencies
- I. Resources for laboratory testing
- J. Supplies and disposables including medications
- K. Other

Travel Medicine Information/Resources

- L. Accessing health information for travellers including commercial and proprietary sources
- M. International Health Regulations
- N. National/regional recommendations, including national/regional differences
- O. Principles of responsible travel
- P. Other

SAMPLE QUESTIONS

Below are sample test questions that examinees want to review before taking the ISTM Certificate of Knowledge™ in Travel Medicine Examination. An international panel of travel medicine experts, representing a variety of professional disciplines, developed the questions. Each question has only one correct answer.

An answer key appears on the final page of this document. Please note that the difficulty of these sample questions may not be representative of the overall difficulty of the examination, nor of the full content.

1. According to International Health Regulations, national governments must report which of the following diseases to the World Health Organization (WHO) for maintenance of an infected area list?
 - A. Meningococcal meningitis
 - B. Ebola hemorrhagic fever
 - C. Yellow fever
 - D. Human immunodeficiency virus

2. Which of the following vaccinations is contraindicated for a traveller who has the Acquired Immunodeficiency Syndrome (AIDS) and a CD4 count of <200/ μ L (normal range 400/ μ L - 1500/ μ L)?
 - A. Japanese B encephalitis
 - B. Hepatitis A
 - C. Pneumococcal
 - D. Varicella

3. A traveller to Mexico develops sudden onset of severe, watery diarrhea, with four bowel movements in the first hour and a fever of 38.5 C° (101.3° F). The best treatment at this time is
 - A. metronidazole
 - B. ciprofloxacin
 - C. oral rehydration solution
 - D. bismuth subsalicylate tablets

4. Malaria chemoprophylaxis should always be recommended to travellers who are going for a 2-week visit to oceans or beaches in which of the following countries?
 - A. Kenya
 - B. Morocco
 - C. Thailand
 - D. Fiji

5. The most common cause of death among travellers to developing countries is
 - A. malaria
 - B. motor vehicle accidents
 - C. drowning
 - D. hepatitis A

6. Plasmodium falciparum resistance to mefloquine is found primarily in
 - A. sub-Saharan Africa
 - B. Central America
 - C. South America
 - D. Southeast Asia

7. A family of four is leaving in January for a 2-year stay in Chad. The family consists of a 46-year-old father, a 34-year-old mother who is 5 months pregnant, a 4-year-old boy, and a 2-year-old girl. They have learned of a meningitis epidemic that has just begun in Chad. Assuming that the epidemic strain is covered by an available vaccine, which members of the family should be vaccinated?
 - A. Father and mother only
 - B. Father, mother, and 4-year-old boy
 - C. Father and the two children
 - D. The entire family

SAMPLE QUESTIONS (continued)

8. A traveller who has had no prior rabies immunization is bitten by a dog in Nepal. The traveller does not seek rabies postexposure treatment in Nepal, but presents 2 weeks after the bite. The recommended treatment at this point is to administer
 - A. A series of rabies vaccine, but do not give human rabies immune globulin (HRIG) as more than 7 days has elapsed between the bite and the start of the vaccine
 - B. Nothing as more than 7 days have elapsed since the bite
 - C. HRIG alone since more than 7 days have elapsed since the bite
 - D. HRIG and begin a series of injections of rabies vaccine
9. The statement "A missionary organization reports that 10 new cases of typhoid fever occur annually among their 1,000 overseas volunteers" is an example of the
 - A. Incidence rate of typhoid
 - B. Prevalence rate of typhoid
 - C. Magnitude of typhoid
 - D. Relative risk of typhoid
10. Which of the following countries is free of Yellow Fever?
 - A. Ghana
 - B. Congo
 - C. Botswana
 - D. Burundi
11. Which of the following types of vaccines is associated with failure to obtain a booster response to subsequent doses?
 - A. Live-virus
 - B. Live-bacterial
 - C. Polysaccharide
 - D. Inactivated, whole-bacterial
12. Yellow fever vaccination is contraindicated for infants less than 4 months old because of
 - A. A lack of antibody response
 - B. Induction of hepatic failure
 - C. The risk of encephalitis
 - D. Interference from maternal antibodies
13. A potential disadvantage of using only a simple filter as a method of field water disinfection is failure to protect against infection with
 - A. Helminth ova
 - B. Protozoa
 - C. Bacteria
 - D. Viruses

SAMPLE QUESTIONS (continued)

14. Epilepsy is a possible problem in travel medicine because it is a contraindication for
 - A. The use of mefloquine for prevention of malaria
 - B. The administration of yellow fever vaccine
 - C. Travelling to altitudes higher than 3,048 metres (10,000 feet)
 - D. Drinking water that has been disinfected using iodine-based techniques
15. A healthy, 24-year-old female in her 20th week of pregnancy is planning to travel to Peru. If she chooses to use antibiotics for self-treatment of travellers' diarrhoea, the best choice is
 - A. Ampicillin
 - B. Azithromycin
 - C. Ciprofloxacin
 - D. Nalidixic acid
16. A scuba diver should not fly for a certain length of time following a dive because of the risk of
 - A. Arterial embolism
 - B. Decompression sickness
 - C. Nitrogen narcosis
 - D. Hypoxaemia and bronchospasm
17. Which of the following is a risk factor for American trypanosomiasis (Chagas' disease)?
 - A. Swimming in freshwater lakes and rivers
 - B. Ingestion of undercooked pork
 - C. Sleeping in thatched roof huts in rural areas
 - D. Contact with Aedes mosquitoes in rain forests
18. A 25-year-old traveller returning from 3 weeks in South Africa presents with high temperature (39.0° C), a papular rash and 2 small dark lesions on his left leg. The most likely diagnosis is which of the following?
 - A. Malaria
 - B. Typhoid fever
 - C. Rickettsial infection
 - D. Measles
19. Which of the following diseases is the most likely diagnosis for a traveller with a fever of 40°C (104°F) who recently returned from a 2-week stay in the capital city of Costa Rica?
 - A. Malaria
 - B. Tick-borne encephalitis
 - C. Dengue fever
 - D. Yellow fever

Sample Questions Answer Key

1(C) 2(D) 3(B) 4(A) 5(B) 6(D) 7(D) 8(D) 9(A) 10(C)
11(C) 12(C) 13(D) 14(A) 15(B) 16(B) 17(C) 18(C) 19(C)

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