



NewShare

The Newsletter of the International Society of Travel Medicine

December 2013



President's Message

I had dinner with a friend in Washington DC two weeks ago during the ASTMH meeting. She is the head of disaster relief for the U.S. government, and the night we had dinner, a giant typhoon had just devastated the Philippines. She arrived at the restaurant having just finished two national TV interviews about the disaster, and had a conference call with the U.S. military later that evening. A few days later, she was off to the Philippines herself, to help coordinate the massive relief efforts.



David R Shlim

Because we deal with global travel, in all of its aspects, ISTM members tend to be more sympathetic than most people to health impacts around the world. Many ISTM members will travel themselves to help out in an emergency, or their daily life involves the care of displaced and migrant people. In our current world, 220 million people live outside their country of origin; if this population were a country, it would be the 5th most populous in the world.

Travel medicine deals with trying to mitigate the risks associated with travel to areas with a higher risk of infectious disease, altitude, climate extremes, and other hazards. Our clientele may be tourists seeking adventure or sightseeing, people returning to their country of origin to visit family and friends, aid workers, military people, diplomats, researchers, students, and business people. They all share a common feeling—they would like to stay as well as possible, and obtain care rapidly if they become ill.

We are not in a position to impact the medical care in destination countries to a significant extent, but it should be an extension of our profession to know about and understand the risks and suffering that local people have to endure, and to promote awareness of these issues to our travelers and colleagues.

To help further this goal, my friend from Washington DC, Nancy Lindborg, will be a featured speaker at the Jackson Hole Conference: The Crossroads of Wilderness and Travel Medicine in August 2014. She will speak on how the United States plans for and helps relieve suffering due to the numerous health disasters—both acute and chronic—that constantly succeed each other around the world.

Since I've been president, I find myself constantly promoting our international conferences in travel medicine. Why do I encourage you to make the effort to attend travel medicine conferences in person? With the Internet, journals, listserv, books, and subscription services, is getting together in person becoming obsolete? I think the answer is a resounding NO! An international field like travel medicine relies on cultivating connections around the world, experiencing firsthand exchanges of information, getting to know the experts in the field, and even more importantly, getting to be known as an expert in the field. When you mingle socially at our international meetings, people get to put a face with a name, and get a chance to listen for innovative ideas and new research. The in-person conference is the life-blood of the ISTM.

So please look ahead to 2014, to the ISTM and ISTM-connected meetings that are taking place around the world, and plan to travel to the ones that interest you the most—either because of the regional focus, or because you've never been to that country before, or you really like the program. Here's a reminder of your options:

- 10th Asia Pacific Travel Health Conference, Ho Chi Minh City, Vietnam, 7-10 May 2014
- Northern European Conference on Travel Medicine, Bergen, Norway, 5-8 June 2014
- The Jackson Hole Conference: Crossroads of Wilderness and Travel Medicine, Jackson Hole, Wyoming, USA, 2-6 August 2014
- The South African Society of Travel Medicine Meeting, Durban, South Africa, 18-21 September 2014

Looking beyond next year please put it on your schedule to attend the 14th Conference of the International Society of Travel Medicine in Québec City, Canada, 24-28 May 2015.

So much can happen when we get together in person. I hope to see you at an upcoming meeting.

Warmly,

David R. Shlim, MD
ISTM President

From the Editor

Relax: I have to remind myself as I'm about to embark on a four-leg airplane journey from PDX to NRT to BKK to PMB. I'm packed light for a two week hiking tour of country called "the last Shangri La," Bhutan. But packing light, as I'm want to do, means less chance for buffer if we run into foul weather, delayed flights, or other sorts of travel adventures. It's a long journey, fraught with many changes in time zones, cuisines, and cultures.



But one thing strikes me a bit odd—my omnipresent telecommunications. We rely on electronics rather heavily these days. In search and rescue, for example, I'm rarely without a headlamp, global positioning system unit, radio, cell phone and sometimes an avalanche beacon. When I travel, I tote my mini-notebook, a small projector, and iPhone across the globe. I remember the days of the Apple IIe green screen lighting up my high school's first computer class: we've come a long way to become a society dependent on electronics. And, even in a country like Bhutan, cell phones were essential for our group to connect with a local surgeon who was traveling across the country from hospital to hospital.

So, as we are about to launch MyISTM.ISTM.org, the new member-only, online community replacing *TravMed Listserv*, I'm sure I'll have to tell myself to relax to make the adjustment to a slightly more complex technology. But

MyISTM.ISTM.org will a more efficient communiqué using the tools of today: it will categorize discussions, allow for easier searches of past discussions, give us all a “weekly digest” and allow you to browse forums easily if you miss them via email. Nonetheless, it will take some adapting—change can be good, but the transitions may be a bit rough.

So, in today's world of essential telecommunication, know that this transition is essential to move forward to improve both our practices in travel medicine, and travel medicine worldwide. Know that we have staff on hand during the transitions but after a few short weeks, the information flowing on MyISTM.org should be flowing just fine.

Christopher Van Tilburg, MD
ISTM NewsShare Editor

Secretary-Treasurer's Report

Annual ISTM Financial Report

I am pleased to report on our current financial status and on our budget plans for next year. An audited financial report for the 2013 fiscal year, 1 July 2012 - 30 June 2013, prepared by our independent auditing firm, Fulton Kozak, Inc. of Atlanta, Georgia, USA, has been sent out to all ISTM members. I would like to express my appreciation to Diane Nickolson and all our Secretariat staff for their assistance with this audit.



Peter A. Leggat

The ISTM achieved a surplus for the 2013 fiscal year, which improved our Net Asset position. Our Balance Sheet at the end of our fiscal year on 30 June 2013 showed Net Assets of USD 2.48 million. Net assets at the end of the 2012 fiscal year on 30 June 2012 were USD 2.14 million. It was a successful CISTM13 in Maastricht that largely produced this result, but there were also contributions from the ISTM-CTH® exams and the North American review course program. These revenues during the 2013 fiscal year will need to maintain ISTM operations and programs for another year until CISTM14 in 2015 and the opportunity to administer the ISTM-CTH exam to a larger group at this conference. Therefore a modest deficit budget for 2013/14 based on anticipated revenue and expenses was passed by the ISTM Executive Board at its May 2013 meeting. Additionally, it should be noted that:

- Membership dues alone only cover a portion of ISTM's many programs and initiatives and the bulk of our membership revenue comes in from November through March but we must maintain operations all year round;
- During any fiscal year we have up to USD 200,000 advanced or “loaned” as the start-up costs to future CISTMs, as well as other courses/meetings; this money is on our balance sheet and belongs to us, but is not available for operating expenses;
- We must maintain long-term reserves in case of a major catastrophic event, such as a several hundred thousand dollar failure of one of our conferences and also have about 12-18 months operating cash for emergency situations. While investments are carefully considered, market returns are at best modest at present and fluctuations are inevitable
- The continued financial success of our conferences is dependent on the prevailing economic environment, which has been constrained in recent years and this can impact on our conference delegate pool and

sponsorship of these meetings. The costs of conferences are also increasing as are travel costs for speakers and participants.

We also understand the increasing difficulties members face in the current financial times in finding employer or institutional support for dues, attending meetings and courses. We have been able to keep membership subscriptions at the level of last year and we would like to take the opportunity to thank you for continuing support of the ISTM.

Peter A. Leggat, MD
ISTM Secretary-Treasurer

News from the Secretariat

Membership Renewal Time



Diane L. Nickolson

The 2014 Membership packets are in the mail! The packet this year includes a letter from President David Shlim, and the annual Financial Report presented by Secretary-Treasurer Peter Leggat. The Membership packet also contains valuable information on upcoming meetings and events, such as the 6th Regional Conference of the ISTM to be held in Jackson Hole, Wyoming, USA, in August 2014, two upcoming opportunities to take the Certificate of Knowledge[®] Examination, and the CISTM14 to be held in May 2015 in Québec City, Canada. The packet also contains information on Professional and Interest Groups, the Global Travel Clinic and Global Rabies Vaccine availability, Expert Opinion articles, Research Grants, and a myriad other ISTM Member resources.

The total membership of ISTM is at an all time high at 3192 members in 88 countries. Our new Developing Country Associate Memberships have broadened the participation of travel health professionals who reside in a country classified by the World Bank as Low Income or Low-Middle Income.

The Society is stronger than ever – if you have not already done so, please renew your membership today! Members have access to the TravelMed ListServ, the Travel Clinic Directory, and many specialized publications. You will not want to miss any important emails or announcements on various special events or programs. Memberships can be renewed online at our website www.ISTM.org.

New Website Coming Soon

The new and improved ISTM.org website, and the addition of *MyISTM.ISTM.org* a new linked website that will host a forum to replace TravelMed ListServ are close to implementation. We have been busy testing, creating new web pages, and making sure that the transition will be as smooth as possible for all. We will send out detailed information on how to login to the new sites for the first time once they have been activated. Both the ISTM.org and the *MyISTM.ISTM.org* will be linked by a single login which will make it easy for members to access their accounts, register for meetings or events, and check the forum *ListServ* all at one time. This will certainly be an improvement for you to access resources to support your travel medicine practices.

Kind Regards,

Diane L. Nickolson
ISTM Executive Director

Upcoming Conferences, 2014

Emerging Infections and Travel, The 10th Asia Pacific Travel Health Conference, including CTH[®] Exam, will be held at the Caravelle Hotel in Ho Chi Minh City, 7 to 10 May 2014. For conference details, visit www.apthc2014.org or call +65 62924710. For more information about the CTH[®] Exam, visit www.istm.org.

The **Northern European Conference on Travel Medicine (NECTM)** will be held in Bergen, Norway, on 5-8 June 2014. More info on www.nectm.com. -- Pål Voltersvik, Chair

The Jackson Hole Conference: Crossroads of Wilderness and Travel Medicine, including CTH[®] Exam, will be held in conjunction with Wilderness Medical Society, at Snow King Resort, Jackson Hole, Wyoming, USA, August 3-7, 2014. For registration, check www.wms.org. To register for the CTH[®] Exam, visit www.istm.org.

Quo Vadis? **South African Society of Travel Medicine** will be hosting a conference in Durban, South Africa, from 18-21 September in 2014 at the Elangeni Hotel. For more info, sastm.org.za.

Save the Date – 2014 Travel Medicine Update and Review Course

The 2014 Travel Medicine Update and Review Course will be held on 4 – 6 April 2014, in Baltimore, Maryland, USA. The speakers for this outstanding Review Course are almost confirmed, and the agenda is being developed. Be sure to mark this date on your calendar and watch the ISTM.org website for details on location, speakers and topics!



Elizabeth Barnett

There will also be two opportunities in 2014 to take the ISTM Certificate of Knowledge (CTH[®]) Examination. On 7 May 2014, the Exam will be offered in Ho Chi Minh City, Vietnam, immediately prior to the beginning of the 10th Asia Pacific Travel Health Conference. The second opportunity will be on 2 August 2014, in Jackson Hole, Wyoming, USA, in conjunction with the 6th Regional Conference of the ISTM. Registration for either Exam will be opening soon on the [ISTM](http://ISTM.org) website.

Elizabeth Barnett, MD
Travel Medicine Update and Review Course Director

Call for Program Proposals CISTM14 Québec City, Canada, 24-28 May 2015

Though the very successful Maastricht conference is just behind us, we are starting to plan for Québec City in 2015. The internet gives us the ability to make the planning process for CISTM14 participatory and maximally transparent. From now through 1 March 2014 we are inviting ISTM members to submit proposals for plenaries, panel discussions, debates, symposia and workshops. It is anticipated that the majority of such sessions at the congress will emanate from these proposals. These sessions should reflect the latest clinical science and should emphasize areas that have had significant developments since the CISTM13 in Maastricht.



Leo G. Visser

Each plenary/symposium typically consists of 3 speakers and each proposal should consist of:

1. A session title, classification, and 5 sentence description of the unifying theme or problem that ties the 3 speakers together into a coherent session.
2. A separate topic/title for each of the 3 talks.
3. Name, affiliation, home country, and e-mail for each potential speaker. Please be sure to include full names and initials.



Christina Greenaway

Each workshop typically has 2 speakers and each proposal should consist of:

1. A session title, classification, and 5 sentence description of the session.
2. Name, affiliation, home country, and e-mail for each potential speaker. Please be sure to include full names and initials.

Only proposals submitted on the CISTM14 Proposal Form by ISTM Members during the solicitation period will be considered. The CISTM14 Proposal Form is now available from the ISTM website.

THE 1 MARCH 2014 DEADLINE IS ABSOLUTE.

Please note that the CISTM14 Scientific Program Committee (SPC) frequently finds it necessary to combine similar proposals for symposia/plenaries by picking and choosing individual talks from different submissions. The SPC may also identify different speakers for a particular talk as the full scope of submissions is reviewed. This allows more comprehensive coverage of topics, less duplication between sessions, and more balanced demographic representation.

Thank you for your time and contributions to the CISTM14 and the worldwide travel medicine community.

Kind regards,

The CISTM14 Scientific Program Committee

Chair Leo G. Visser, MD

Co-Chair Christina Greenaway, MD

Associate Chairs:

Lin H. Chen, MD

Blaise Genton, MD

Karin Leder, MD

Research Awards

Applications for the 2013-2014 ISTM Research Awards are now being accepted through **31 January 2014**. The application and instructions for proposal submission are available on the ISTM website at www.ISTM.org.



Martin Grobusch

The grants range from USD 5,000 to USD 10,000, although a single grant of USD 30,000 may be considered for exceptional proposals. Grant requirements include:

- Research must be travel medicine or immigrant/refugee health oriented.
- Application and protocol proposal must be scientifically sound and must be in accordance with international ethical guidelines.
- There must be no conflicts of interest for any of the investigators
- Grant applicants must be ISTM Members in good standing.
- Projects should be able to be realistically completed using ISTM grant funding alone.

Grants are awarded annually through a peer-review process implemented by the ISTM Research and Awards Committee. The awards are designed to stimulate travel medicine research by supporting comprehensive research projects or, for larger projects, providing support for pilot studies to enable researchers to collect data/test hypotheses so that they can then apply to other agencies for more substantive research grants.

Remember that all Research Award proposals must be received by the ISTM Secretariat office at ISTM@istm.org no later than **31 January 2014** to be considered.

Martin Grobusch, MD

ISTM Research and Awards Committee Chair

The Pharmacists Professional Group in China

In October we delivered the first ever Seminar on Travel Medicine to Pharmacists in China at the 9th Sino-UK-US Hospital Pharmaceutical Care Forum. This special one day Seminar was arranged by the Chinese Jaingsu Association of Pharmacists, chaired by Professor You Yizhong and the Association President Prof Zhigao Shao. Chinese travel is becoming increasingly important as both a tourist and business activity in recent years.



Jeff Goad

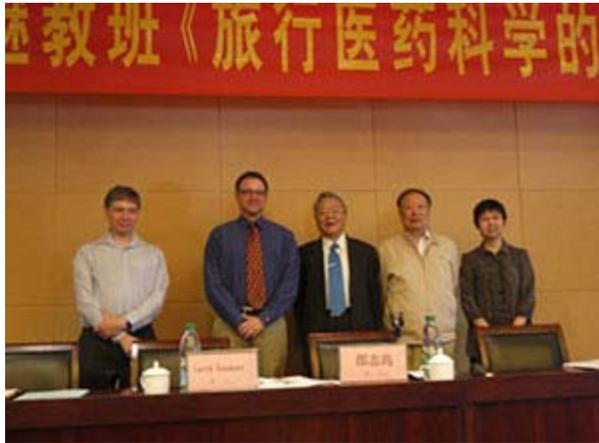


Larry Goodyer

The seminar was held 100 miles northwest of Shanghai in Changzhou. We delivered a wide range of topics including the scope of travel medicine, malaria, immunizations and travel medical kits. Two hundred pharmacists from across Eastern China attended.

We learned that pharmacy provision and training in China is quite different to that in the United States of America and the United Kingdom with a virtual absence of community pharmacy services. However, the clinical role of pharmacists in Chinese hospitals is beginning to develop and areas such as travel medicine are likely to become activities that will engage pharmacists in the near future.

The organisers were excellent hosts and arranged fascinating site-seeing in Changzhou and Shanghai.



Jeff Goad, PharmD
Past PPG Chair

Larry Goodyer, PhD
PPG Council Member



Notable Books

International Travel and Health (World Health Organization, 2012) is a compact guide—WHO's version of the CDC's Yellow Book—detailing environmental and infectious health risks, prevention, vaccines, high risk populations, and, in a separate chapter, malaria. The guide is more compact than other books, which is great for travel to remote locations. The outline format is easy to access information and it includes maps and charts for disease distribution. The book packs in so much great information, that the font is small.



Christopher Van Tilburg

CDC Health Information for International Travel: The Yellow Book 2014 (Oxford University Press, 2014) is just as comprehensive as in past editions, with chapters on pre-travel consultation and infectious disease being most useful. As with the changing times, the book also addresses specific populations: medical tourists, expatriates, VFRs, children, and humanitarian aid workers. Although the go-to reference is available online, many find an actual book is the preferred resource, especially for practitioners in areas with limited resources (or if you get tired of staring at your computer all day).

Christopher Van Tilburg
ISTM NewsShare Editor

NewsShare Travel Talk: News from the *ListServ*

The Topic: How often do you prescribe hypnotics for jet lag and under what circumstances?

The Talk: Most who responded agreed that they prescribe drugs like zolpidem (Ambien), esozopicone/zopicone (Lunesta/Imovane, Zimovane), or benzodiazepines (alprazolam, triazolam, lorazepam), with certain caveats. Try to use the lowest zolpidem dosages - 5mg should be sufficient, especially in the elderly and new users; 10mg for previous users or an additional 5mg if the first dose doesn't work. For esozopicone, 2-3mg. Avoid with alcohol.



Nancy Pietroski

Hypnotics were useful in business travelers who make short frequent trips of longer distance and have to be alert immediately upon arrival. For other travelers, a sleeping pill could be used the night of arrival at the destination, or they skip the medication if there is time to adjust after arrival.

Problems with hypnotics include increase the risk of blood clots on long flights where someone doesn't get up to stretch, and concern of sedation in a public place. One person questioned the potential abuse of zolpidem; several said they don't give excessive quantities or write for refills.

Several advised caution when using hypnotics in elderly travelers which can increase the risk of trips and falls, and add to confusion and disorientation which may occur with jet lag and travel in the first place. They counsel their older patients on the pros and cons of these drugs as well as potential interactions with drugs and alcohol.

Alternatives to medications include: change diet, avoid caffeine and alcohol for several days if possible and melatonin, but there is a lack of a standard preparation; UV-free green light (www.re-timer.com).

Someone spoke with an aviation crew who recommends taking sleeping pills (if they are going to be taken) at least 20 minutes after boarding international flights in case there are problems with the plane and deboarding may be necessary.

Nancy Pietroski
ISTM NewsShare Deputy Editor

Chat with the Expert:

Sheila Hall, RGN SCM MSc, Chair of Destination Communities Support Interest Group (DCSIG)

1) Why should travel medicine practitioners join DCSIG?

This group is for practitioners with a similar vision to raise awareness of health issues and problems faced in countries that are developing their tourism industry. We welcome members who have experience working abroad or are interested in developing a wider and more global view within ISTM.



Sheila Hall

2) How can one raise awareness of destination countries, particularly for the uninformed traveler?

During pre-travel consultation, raise awareness of cultural issues and responsible travel. The ISTM Responsible Traveler document is a good resource.

3) What new activity is on the horizon for the DCSIG?

We are interested in raising awareness of damage caused by the volunteer traveller. There are many excellent volunteer organizations and charity initiatives, but over the past decade there has also been an explosion of unregulated companies offering gap year and volunteer holidays. It is worth taking the time to reflect upon who actually benefits from these trips. We would also like to see the ISTM collaborating and supporting organizations, such as Alliance for Rabies Control, to gain an understanding and support the work being done to reduce the incidence of disease in host communities. The group was delighted to be closely involved with the charity donation scheme, which was introduced at the Maastricht conference, and we hope this initiative will continue to grow and develop.



Debra Stoner

Debra Stoner, MD
ISTM NewsShare Deputy Editor