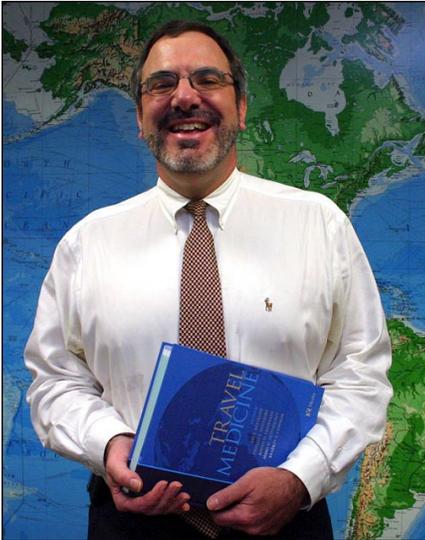




David Freedman New ISTM Sec- retary/Treasurer

Karl Neumann, MD, FAAP



By a unanimous vote of the Executive Board, David Freedman has been appointed secretary/treasurer of the ISTM, a role that he is eminently qualified to fulfill. He replaces Frank von Sonnenburg who becomes President-elect.

David easily belongs to the small group of dedicated and foresighted individuals who, in the future, will be looked back upon as one of the founding fathers of travel medicine. Moreover, he possesses the professional, intellectual, organizational and technical skills so necessary to successfully serve a young, dynamic and rapidly growing organization. People

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Edinburgh, 2006



Edinburgh is the place to be in June, 2006 for a truly memorable travel medicine event. Ten travel medicine societies (yes, ten) are partnering to present a first class scientific program in the state-of-the art, award-winning conference centre located in the heart of beautiful and historic Edinburgh, Scotland, June 7-10. So check your calendar and block out the time in your appointment book (and include time for a few extra days to see Scotland!), inform your associates that you will be away (before they make their plans), and get in touch with your favorite travel agent or airline today.



Edinburgh's **Northern European Conference in Travel Medicine** is being organized by the International Society of Travel Medicine and the British Travel Health Association, Danish Society of Travel Medicine, Finnish Society for International Health, Health Protection Scotland, Irish Society of Travel Medicine, National Travel Health Network and Centre (UK), Norwegian Forum for Travel Medicine, the Royal College of Nursing Travel Health Forum (UK), and the Swedish Society for Tropical Medicine, Travel Medicine and International Health.

Conference Program

The three main innovative themes of the conference are:

- Travelers' health and the environment (global warming, natural disasters and emerging infections)
- Recent advances in clinical practice, but including classical topics such as malaria, vaccinations, counseling the traveler, the need for insurance, allergies and anaphylaxis
- Issues relating broadly to Northern Europe and the Baltic Region such as: infection and other health issues in temperate/cold climates; mobility of populations between "East" and "West"; accidents and risks relating to skiing, deep-sea diving, sailing, and mountaineering; and travel to the Arctic.

There will be three plenary sessions, nine concurrently run symposia (27 different choices of sessions in total), eight workshops and four free scientific paper sessions, with speak-

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ers and workshops to suit all levels of travel health practice.

On a lighter note, at the beginning and end of each day there will be short special interest sessions to appeal to both delegates and accompanying persons, including children: stories about the infamous Edinburgh body snatchers Burke and Hare, the ghosts that roam along the Royal Mile in Edinburgh, a musical extravaganza on the illnesses that affected the great European composers, and tales of the sea voyages of the Nordic peoples and how their populations have intermingled throughout history.

Whether you are a physician, nurse, pharmacist, or allied professional, in the media or industry, working at the forefront of the specialty or struggling in a situation with limited time and resources - there will be something for everyone.

The City & Venue

Everything you could hope for from a city is on offer in Edinburgh. Within easy walking distance of the Conference Centre is an unprecedented range of shopping, restaurants and night life. For those looking for cultural choices there are castles, houses, museums and gardens, all waiting to be explored. Scotland's unique craft industries are open to all – choose from cashmeres and tartans, glass and silverware, or discover one of the many distilleries delighted to open their doors to curious and thirsty visitors!

Social Program

A truly Scottish welcome is planned. The opening get-together takes place in the Royal Museum of Scotland, one of Scotland's finest examples of Victorian architecture. It houses international collections of decorative arts, science and industry, archaeology and the natural world. Other trips and excursions, including programs for accompanying persons, will be available.

Restaurants

There are restaurants for every taste. Whether they are stylish wine bars or informal bistros, waterfront seafood restaurants or traditional pubs, the emphasis is on top quality, local produce, and profes-

sional service. Scotland has a wealth of fresh, natural produce from land and sea, including prime Aberdeen Angus beef, rich venison and game, freshly caught seafood, specialty Scottish cheeses, and delicious berries and vegetables – and, of course, haggis, a Scottish favorite.

Accommodation

Throughout Edinburgh and the surrounding countryside you will find a huge range of properties, offering good value in terms of price and style to fit all budgets. Accommodations range from ancient castles, elegant Georgian townhouses, and modern luxury hotels to comfortable guest houses, bed and breakfasts, and university accommodations.

The Truth about the Weather!

The annual rainfall is the same as in Frankfurt, Rome and New York. Edinburgh enjoys a moderate year-round climate, being situated on the drier, eastern coast of Scotland. A perfect June day dawns warm and pleasant with a clear blue sky, and compares favorably with those in other European cities.

Getting there

Edinburgh has long been a major tourist destination, and transport links are excellent, whether by air, rail or road. The airport is only 12km west of the city centre and has more than 25 return flights each day to London, plus regular services to other UK cities. For Scandinavia and Northeast Europe, Copenhagen is a major transit destination with flights directly to Edinburgh. From Norway, Aberdeen is an option, then rail to Edinburgh. And there are numerous direct transatlantic flights linking the US and Canada to Edinburgh, and also to Glasgow, only 45 minutes away.

Further Information

Additional information about the programme and registration is available at www.nectm.com. Register before February 2006 to receive discounted rates and secure a place at what promises to be the foremost Travel Medicine event of 2006. We look forward to welcoming you to Edinburgh!

— “David Freedman New Secretary/
Treasurer,” cont. from p. 1 —

who have worked with him are invariably impressed by his mastery of computers and other electronic sciences.

David was born in Montreal, Canada. He received his undergraduate degree from Montreal's McGill University where early on he showed his strengths and future direction by winning first honors in physiology. He received his medical degree and did his residency training at the University of Toronto. The following four years were spent in an immunoparasitology fellowship at the U.S. National Institute of Health. Along the way, and in his “spare time,” he became certified in infectious diseases by the American Board of Internal Medicine and by the Royal College of Physicians of Canada.

In 1989, David made the move south, joining the University of Alabama/Birmingham's Division of Geographic Medicine as clinical director, a post he still holds. For the past few years he has also been professor of medicine. In addition, he has served as a member of the U.S. Veterans Administration's Merit Review Infectious Diseases Study Section (1997-2000) and as chair of the Advisory Panel on Parasitic Diseases of the United States Pharmacopeia (1995-2000), and has worked on research projects in India, Guatemala, Ghana, Brazil, and Peru.

David is the author of numerous publications in travel and tropical medicine, co-editor of a popular travel medicine reference text, and director of the Gorgas Course in Tropical Medicine in Peru. This course, which accepts 50 participants a year, mostly from industrialized countries, provides on-site clinical teaching to graduate physicians, using novel techniques while maintaining traditional accreditation standards. The waiting list to take the course is often more than a year.

He is a founding director of GeoSentinel, the world-wide, CDC-funded, ISTM-member-operated clinics which serve as early disease surveillance units. These units help build the GeoSentinel database which already stores information on more than 45,000 ill returned travelers. David is largely responsible for characterization of

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— “David Freedman New Secretary/
Treasurer,” cont. from p. 2 —

infectious disease morbidity in travelers and migrants using innovative electronic communications modalities. The database will be available for travel medicine research and publications for years to come.

Some of his other travel medicine-related achievements include the development of strategies to track global trends in disease and occupational health risk among employees of multinational corporations, and his serving as chief medical advisor to a consortium project serving over 20 large multinationals and governmental entities.

Within the ISTM, David has worked his way through the ranks: scientific program chair for two CISTM Conferences (2001, 2005), founding chair of the ISTM Electronic Communications Committee and the TravelMed listserv, and Counselor (1999-2003), taking a lead role in negotiating the financial aspects of the ISTM's new 5-year publishing contract (see next column). This contract gives ISTM much more favorable terms than in the past, providing money for other ISTM initiatives in the future. David is also responsible for ISTM's transition into a fully web-based administrative system.

“Having worked closely with David for many years, I can assure you there is no better person to assume the role of secretary/treasurer,” says Brad Connor, immediate past president of ISTM. “He is known for his integrity, energy, and attention to detail. He has been my most trusted advisor during my tenure as president and has always been available with his keen insight and excellent judgment to help me through some of the more challenging moments of the past two years. His detailed knowledge of virtually all aspects of the ISTM's operation has allowed him to ‘hit the ground running’ in his new role.”

What is David's favorite pastime? No surprise here. Travel and seeing new places, of course.

Karl is editor of NewsShare

Highlights from the Executive Board Meeting at CISTM, Lisbon 2005

Blackwell Publishing

Ms. Sherri Frank and Mr. Nigel Fletcher-Jones, representatives of Blackwell, addressed the Executive Board to discuss issues of mutual interest. (See accompanying article, page 6). They outlined Blackwell's strategic development plan for JTM:

- Establish links between the goals of the ISTM and JTM
- Define the role of Blackwell in helping deliver these results
- Survey the membership/readership to devise plans to attract the best papers, recruit and retain the best authors, and to review these plans on an ongoing basis
- Review opportunities for growth of the JTM including marketing activities such as advertising, direct mail, electronic promotions, conferences, public relations, research surveys to evaluate readership and membership
- Long term benefits of expanded marketing for ISTM and JTM – ISTM membership, readership, impact factor, international exposure and visibility
- Review of JTM opportunities for growth online:
- Blackwell Synergy – online delivery to readers
- JTM/ISTM branded website on Blackwell's corporate site
- Back files mounted on Synergy to enrich site and increase usage
- Targeted email campaigns to attract readers and top authors
- Electronic Table of Contents (eTOC) and alerts

A question was raised concerning the impact of offering the full journal free online and what this does to the current full rate subscriptions. It was noted that the journal would be freely available in the consortia sites and that Blackwell wants to protect and increase the current print subscriptions. Also noted was that

in selected developing countries, HINARI with free online access to the journal will be available but only to institutions and not to individuals.

Both Ms. Frank and Mr. Fletcher-Jones noted that non-subscription sales (advertising, reprint sales, sponsored subscription arrangements, supplement business, sponsored subscription program CME activities, translation opportunities, etc.) are very important. Concerning industry sponsored materials, the ISTM would have the ultimate accept/reject on any industry sponsored supplement, for example.

Journal of Travel Medicine (JTM) Dr. Robert Steffen, Editor

Robert reported that new instructions for authors have been published as well as a conflict of interest statement for authors to complete prior to publication. He also noted that the JTM is striving to improve the impact factor.

Robert brought up the need to change the cover of the journal and whether or not the title should be changed to include ‘migrant health’. There was discussion on the issue with a reminder that a complete change of the journal's title would require a review by ISI. (ISI is the Institute of Scientific Information, the major international database of scientific journals.) It was felt best to avoid this possibility. Some expressed the idea of creating a migrant health “department” in each issue. The Blackwell representatives thought this to be a positive approach. They added that since the journal will be, in effect, “re-launched” in January, 2006, it would be a good time to re-educate the membership on this issue, but not change the title of the journal, as we currently have an established brand.

A motion was made, seconded, and passed to keep the title of ISTM's journal as “The Journal of Travel Medicine.”

Robert offered that one possibility would be to include pictographs related to vari-

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“Highlights from the Executive Board Meeting,” continued from page 3

ous activities on the front cover, illustrating the various pillars that the society is built upon. This will be discussed and design suggestions presented in the near future.

Robert reported that articles will be available online earlier than the print edition. These will be posted as soon as they are ready and the page proofs have been reviewed by the editor. The board thought this was a good idea.

Proposal to hold the 3rd Regional Conference of ISTM in Australia in 2008.

Dr. Peter Leggat reviewed the background for the proposal. He noted that the Executive Board had agreed to explore Australia as a possible site for the 2008 regional conference. Peter contacted convention bureaus and directors of relevant travel medicine organizations for support and feedback on possible sites. Many key stakeholders in both Australia and New Zealand were very enthusiastic about the conference.

Peter conferred with Frank (von Sonnenburg) on some of the logistics of holding a meeting in Australia, noting that the conference should aim for an attendance of 550 paying registrants and be held in a venue that could accommodate 800-1000 participants.

Peter also noted that the meeting would be held between February and May of 2008 and will be in a similar format to previous ISTM regional conferences. CME would be sought for the meeting.

Peter presented the next steps for this meeting: a teleconference with the full local committee, examination of venues and consideration of potential meeting organizers. He will report his progress to the Board as soon as possible.

Report of the Exam Committee

Of the 254 individuals who applied to take the Travel Medicine Certificate of Knowledge Examination in Lisbon, 239 completed it. About two-thirds of the candidates were physicians, one-third nurses, with several “others,” pharmacists and physicians assistants, for example. The male/female ratio was about 50%. The average number of years in practice was

7. Of the 239, 175 passed, scoring 70% or more. The percent of physicians passing was somewhat higher than that of nurses. Candidates came from 34 countries. According to Knapp and Associates International, an independent company that advises the Committee, the statistics of the exam were excellent, with the bulk of questions being extremely reliable in terms of predictability of knowledge about our subject matter. Congratulations are due the Committee who worked so hard to write and review questions and to Bert Dupont, the chair of our ad hoc grievance subcommittee.

We have had an excellent response to the survey made available at the Lisbon meeting and in NewsShare regarding the exam process. Hopefully, our analysis of the survey will help determine a baseline of knowledge and attitudes about the Certificate process and obtain information and ideas about future administration of the exam. Suggestions include giving the exam annually (using regional meetings as venues), giving it at additional sites (e.g. testing sites), giving it more frequently than once a year, and providing it through a secure internet site. You will receive the results of the survey in early fall. We are most grateful for the generous grant from Sanofi-Pasteur for supporting our efforts related to the Lisbon examination and our exam administration research efforts.

We are already working toward the next examination. It will be held in Vancouver in 2006. The Committee, along with Brenda Bagell, the ISTM administrative director and Janet Christenbury, the exam administrator, and me, will brainstorm over the next several months as to how to encourage our professional friends and colleagues to sit for the exam.

We are again reconfiguring the Committee. Unlike other ISTM standing committees, membership on the Exam Committee is contingent upon having passed the exam. We need new members to participate as members are rotated off the Committee and new ones asked to join. We will continue to be sensitive to the geographic make up of the Committee and practice patterns of the ISTM.

Thank you for your ongoing support and continue to send us suggestions.

Phyllis Kozarsky,
Chairperson

Conflict of Interest Statement

The International Society of Travel Medicine (ISTM) requires balance, independence, objectivity and scientific rigor in all of its activities. All board members, and those working for or contributing to the work of ISTM, are required to declare any real or supposed conflict(s) of interest that may have a potential influence on their contributions to ISTM.

Conflicts of interest arise in circumstances in which an independent observer might reasonably question whether the individual's professional objectivity in that situation is affected by considerations of financial gain, personal or professional interests or familial relationship. This pertains to relationships with pharmaceutical companies or other organizations whose products or services are related to the goals and objectives of the ISTM. The intent of this policy is not to prevent an individual with a potential conflict from participation with ISTM, but to ensure that any potential conflict be transparent to ISTM members.

Members of the Executive Board, any ISTM administrative staff person, or any member of the ISTM who may serve in a decision-making position or in a representative capacity for CME must complete this statement every two years and update it during the year as necessary. Any member who has been invited to present at an ISTM-sponsored CME activity must also complete this form.

1. A conflict of interest exists with either a for-profit commercial organization (FPO) or a non-for-profit organization (NFPO) under the following circumstances:
 - A. The individual or family member has a financial interest in the organization. Financial interest is defined as a significant (more than \$500 USD) position in stock, bond, stock options or self-directed pension plan holder. (Investments entirely managed by a third party such as mutual funds and certain pension plans are excluded.)

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“Highlights from the Executive Board Meeting,” continued from page 4

B. The individual has received gifts, travel reimbursements or accommodations in the past calendar year of more than \$500 USD in value.

C. The individual has had or will have an official relationship with an organization in the past or upcoming calendar year. Official position is defined as: paid consultant, scientific advisory committee member, or member of its Speakers' Bureau; is an officer, board member, trustee, owner, and employee; is a recipient of grant monies or contracts from the organization, or is likely to have such a position in the near future.

2. Financial Disclosure Statement

Circle EITHER a) or b):

a) I do not have a financial interest in or official relationship with any organizations.

b) I have a financial interest or official position with one or more organizations that could be a conflict of interest in my work or participation with ISTM. I have disclosed any conflict(s) of interest that may have a potential influence on my contributions to ISTM.

The relationship(s) is/are as follows:

Company Name: _____

Relationship: _____

3. Verification

I verify that the information given above is accurate. I acknowledge that my work or participation with ISTM must be balanced and not influenced by my interests as indicated above.

I agree neither to participate in the discussion of nor to vote in any ISTM business or activity in which I have a conflict of interest. If I am uncertain about a conflict of interest or any activity that may be of ethical concern, I will explore the issue with the Ethics Committee.

Printed Name: _____

Role with ISTM (circle):

- Committee Chair, Co-Chair
Executive board voting member
Non-voting board member

Signature: _____ Date: _____

Award Winners at Lisbon

CISTM9 in Lisbon was a huge success from every standpoint: the caliber of the presentations, large attendance, enthusiasm of the attendees, quality of the social programs, the meeting halls, and the City of Lisbon itself, to mention just a few.

Unfortunately, it is impossible to mention all contributors to meetings and, too often, the “minor” presentations at meetings do not receive the recognition that is due them. These presenters spend considerable time, energy, and enthusiasm. Therefore, whenever possible, we will print the abstract of such presentations.

Below are the abstracts of the two winners of the Free Communications awards in Lisbon.

A Questionnaire Study of the Dishwashing Methods Used by Expeditions and Adventure Travel Companies, and a Laboratory Evaluation of the Three-Bowl System

J Hargreaves, Southmead Hospital, Bristol, UK

Introduction: There is some evidence that dishwashing plays a role in the reduction of wilderness-associated gastrointestinal infections. The three-bowl system is a way of washing-up on expeditions and tours, when running water is not freely available. It consists of three washing-up bowls. The plates and utensils are washed until visibly clean in the first bowl, rinsed in the second bowl, and disinfected in the third.

Objectives: This study had two objectives: 1. To determine what washing-up methods are used by expedition/adventure travel companies when staying in camps with very basic facilities, and 2. To determine, using laboratory experiments, whether the three-bowl system is better at reducing bacterial load on mess tins than alternatives.

Material and Methods: A questionnaire survey of expedition/adventure travel companies was undertaken to determine aspects of camp hygiene; more detailed questions were asked about dishwashing. In the laboratory the different washing-up systems were tested with a simulated

dish wash of five contaminated mess tins (1 to 5) followed by five uncontaminated mess tins (6-10). Porridge was used to simulate food residue. The porridge was mixed with E. coli to produce contamination.

Results: Questionnaire results show that 27% of companies use the three-bowl system and 24% a two-bowl variation. 70% use some sort of disinfectant. Dettol (chloroxylenol) or bleach were most popular for washing-up. In the laboratory, disinfectant use, especially bleach in an alternative three-bowl system, produced a marked reduction in bacterial load on contaminated and uncontaminated tins. The use of bleach in a two-bowl system also reduced the final bacterial load; this was statistically significant for tins 5 and 10, compared to systems where no disinfectant was used. In addition, detergent is needed somewhere in the system to remove grease, and a final rinse removes the smell of disinfectant.

Conclusion: A variety of washing-up systems are in use, the majority including disinfection. Overall the most effective washing-up system at reducing bacterial load in the laboratory was to remove most food residue in bowl 1, with detergent; finish washing until visibly clean in bowl 2, with bleach; then if a source of drinkable water is available rinse in bowl 3. This system has the advantage of getting mess tins clean relatively easily, killing potentially harmful bacteria, and removing the taste of disinfectant at the end.

Frequency of Travelers' Diarrhea (TD) during travel identifies a subset of travelers that are likely to develop Persistent Abdominal Symptoms (PAS).

Lee S.A.¹, Carlin L.¹, Forbes C.E.¹, Jiang Z.-D.², DuPont H.L.³, Belkind-Gerson J.⁴, Okhuysen P.C.²

¹University of Texas-Houston Medical School, Houston. ²University of Texas-Houston Medical School and School of Public Health, Houston, ³University of Texas-Houston Medical School, Houston, St. Luke's Episcopal Hospital, and Baylor College of Medicine, Houston,

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4Instituto Nacional de Salud Publica, Cuernavaca, Morelos.

Background: Persistent abdominal symptoms (PAS) include the irritable bowel syndrome (IBS) and functional abdominal disorders (FAD). It has been proposed that IBS and FAD may develop after an exposure to an infectious trigger. Since most cases of TD are due to an infectious agent, we hypothesized that the clinical features of TD might offer clues as to which travelers would be likely to develop PAS following their travels.

Objective: To determine the frequency of post-infectious PAS after TD, and what clinical criteria could be used to predict which individuals would go on to develop PAS.

Material and Methods: 385 healthy U.S. students were followed prospectively for up to six weeks for the occurrence, duration and etiology of diarrhea while studying in Mexico. Subjects were asked to complete a follow-up questionnaire at 6 months to determine the presence of FAD or IBS. Pre-existing FAD and IBS had been excluded prior to enrollment.

Definitions: TD was defined as three or more watery stools within a 24-hour period accompanied by two gastrointestinal symptoms. FAD was defined as two or more weeks of abdominal symptoms during the six months after travel. IRS was determined using the Rome II criteria. We defined PAS as individuals who met the criteria for either FAD or IBS. A subsequent episode of diarrhea was defined if a new episode developed after an asymptomatic period of at least 48 hours.

Result: 266 of 385 (69%) students returned the questionnaire six months after travel. A similar response rate was noted for students that developed TD (152 of the 221 or 69%). Six months after travel, 24 students (16%) reported symptoms that met the criteria for FAD and 8 students (5%) met the criteria for IBS. There was no significance difference between those that develop PAS and those that did not in the day of onset of their diarrhea, nor in their duration of stay in Mexico. Those that developed IBS had more unformed stools (mean 24) than those that did not (mean 17). However this did not reach sta-

tistical significance. The mean number of diarrhea episodes was higher for those developed PAS (2.00 episodes) versus those that did not (1.21 episodes) $p=0.0011$

Conclusions: Chronic gastrointestinal complaints occur frequently after TD and

IBS may occur as a consequence. The number of episodes of diarrhea experienced during travel is associated with the development of PAS. Ongoing studies focus on host genetic predisposition and the infectious agent that may predispose to PAS.

Blackwell Publishing Selected as the New Publisher of *Journal of Travel Medicine*

Charles Ericsson, MD

The Publications Committee is pleased to announce that Blackwell Publishing will be the publisher for the *Journal of Travel Medicine* beginning in January 2006 (see Highlights from Executive Committee, p.3). Our current publisher, BC Decker Inc, has served the needs of ISTM very well over the past decade. Since BC Decker's contract was up for renewal, ISTM was presented with an opportunity to explore other potential publishers. After an arduous and detailed review of proposals from a number of excellent medical publishers, including a competitive proposal from BC Decker, a select task force of ISTM members and an outside advisor recommended Blackwell. A contract with Blackwell has been signed by ISTM.

Many thanks are owed to ISTM members David Freedman, Robert Steffen, Steve Ostroff, Herbert DuPont, Brad Connor, and Frank von Sonnenberg, and advisor Gregg Talley, all of whom worked hard to analyze the proposals. Kudos go especially to the excellent skills of our new secretary/treasurer, David Freedman (see article on page 1), who was instrumental in negotiating a favorable financial package. Our new contract promises to yield an excellent product of which we can continue to be proud, and at a price that we hope will free up precious ISTM funds to pursue other ISTM priorities.

Blackwell Publishing is the world's leading society publisher, family-owned and independent. They partner with more than 600 societies to publish more than 750 journals, texts and reference books annually, across a wide range of academic, medical, and professional subjects.

Blackwell has a staff of 950 in nine offices scattered around the globe and possesses high quality production capabilities, utilizing leading-edge technology. Their streamlined editorial and production processes rapidly deliver citable online content to readers before articles appear in print. ISTM is especially interested in such publication capabilities to raise our journal's impact factor. A journal's impact factor is important to a number of academic authors as they face increasingly rigorous requirements of institutional promotions committees. Blackwell's mission as an expert publisher is to create long-term partnerships with their clients to enhance learning, disseminate research, and improve the quality of professional practice.

Blackwell has successful global sales and marketing teams. They are represented in more than 2,200 library sites worldwide and have more than 750,000 registered users, and the number of users is rising. In 2004, Blackwell enjoyed 36 million full-text article downloads. ISTM is proud to have partnered with such a leader in the publishing field. We look forward to years of a productive and fruitful relationship.

Charlie is the chairperson of the Publication Committee.

Calendar: Travel Medicine Conferences, Courses, Educational Travel

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

Conferences

2005

XVth International Congress for Tropical Medicine and Malaria. September 11-15. Marseilles, France. Overview of recent advances in understanding and management of tropical diseases and of challenges ahead. Information: J.M. Milleliri. Tel: 04 91 15 01 44. Fax: 04 61 15 01 46. E-mail: imtssa.asmt@wanadoo.fr.

First World Congress on High Altitude Medicine and Physiology: Effects of Chronic Hypoxia on Diseases at High Altitude. October 1 - 8. La Paz, Bolivia. Organizers: High Altitude Pathology Institute, Clinica IPPA and Zubieta University. Focus: Chronic Mountain Sickness, Carotid Body Function at High Altitude, Disease at High Altitude, Diving and Other Sports at High Altitude, Genes and Hypoxia. Visits to medical centers in the "World Capital of Hypoxia" and to pre-Incan ruins, and other sites. Information: Email: zubieta@altitudeclinic.com.

Intensive Update Course in Clinical Tropical Medicine and Travelers' Health. October 4-5. San Francisco, California. Two-day meeting for physicians and other health care providers. Information: American Society of Tropical Medicine and Hygiene. www.astmh.org. Email: astmh@astmh.org. ASTMH, 60 Revere Drive, Suite 500, Northbrook, IL 60062 USA. Phone: 847.480.9592. Fax: 847.480.9282.

Canadian Arctic Medical Meeting. October 6-10. Churchill, Manitoba. Discussions of topics relevant to people living in the Canadian circumpolar environment and other Arctic climates: animal attacks (including rabies); hypothermia; depression (seasonal affective disorders, SAD); and effects of pollution in the far north; etc: Guest speaker: James Wilkinson, MD, author of the, "Medicine for Mountaineers." Meeting date coincides with polar bear sightings around Churchill. Information: www.skylarkmedicineclinic.com. Tel: 1.204.4539107.

University of California-Davis Conference on Rural, Remote and Wilderness Medicine. October 20-22. San Francisco. Issues in remote and wilderness travel: Advising Cardiac Patients; Stabilization and Evacuation of Major Trauma; First Aid Kit for Remote Travel; Uncommon Infections from Dirt and Dust; Outdoor Dermatology; and more. Information: Tel: 916-734-5390. Brochure on line: www.ucdmc.ucdavis.edu/cme.

1st International Conference of the Journal of Travel Medicine and Infectious Disease. November 10-11. London. Organized by Elsevier Publishing and Travel Medicine and Infectious Disease Journal. Brings together leading experts for comprehensive and topical programme focusing on latest research and policy in travel medicine and infectious disease. Website: www.travelmedicine.elsevier.com. Secretariat: S. Peters, Secretariat, Elsevier, The Boulevard, Langford Lane, Kidlington, Oxford OX5 1GB, UK. Tel: +44 (0) 1865 843643. Fax: +44 (0) 1865 843958. Email: s.peters@elsevier.com.

Anti-Malaria Chemoprophylaxis. December 10-11. Washington, DC. Overview of usage of drugs in special populations, resistance patterns, CDC recommendations, and adverse event profiles of approved drugs. Course immediately precedes meeting of American Society of Tropical Medicine and Hygiene. Information: web site: www.astmh.org. Email: astmh@astmh.org. ASTMH, 60 Revere Drive, Suite 500, Northbrook, IL 60062 USA. Phone: 847.480.9592. Fax: 847.480.9282.

International Travel Health and Complementary Medicine Conference. December 10-11. Taipei, Taiwan. Focus on traditional Chinese medicine approaches to travel-related conditions including herbal medicines, acupuncture, energy therapies, mind-body interventions, and spa and relaxation techniques. Information: clarejchw@yahoo.com.tw.

54th Annual Meeting of the American Society of Tropical Medicine and Hygiene. December 11-15. Washington, DC. Update in the essential components of tropical medicine and travelers' health. Speakers are internationally recognized authorities in the field. Contact: ASTMH, 60 Revere Drive, Suite 500 Northbrook, Illinois 60062. Tel: (847) 480-9592. Fax: (847) 480-9282. E-mail: astmh@astmh.org. Web site: www.astmh.org.

2006

12th Swiss International Short Course on Travelers' Health. February 13-17. Basel. (Patronage of the International Society of Travel Medicine.) Three-part course: Pre-travel advice; health problems abroad; returning traveler. Master of International Health certificate awarded to participants passing exam at conclusion of course. Secretariat, Swiss Tropical Institute, Socinstrasse, CH 4002 Basel. Tel: +41 61 284 82 80. Fax: +41 61 284 81 06. Email: courses-sti@unibas.ch Internet: <http://www.sti.ch>

5th European Conference on Travel Medicine. March 23-25. Venice. "Globalization and Health." Mass movements of people and goods increase risk of importation of infectious agents and importance of international public health: non-communicable diseases, environment, and diseases related to lifestyles, injuries and accidents. Focus: on how these relate to everyday practice of travel medicine. Secretariat: Tel (+39) 0541-53398. Fax (+39) 0541-25748. E-mail: info@ectm5.org. Website: www.ectm5.org.

Travel & Tropical Medicine Course (HCTTM). Havana, Cuba. March 27-31. Organizer: Instituto de Medicina Tropical "Pedro Kouri" (IPK) and Medical Services for the Tropics, Maastricht, Netherlands. "Refresher course" for physicians, nurses, pharmacists and other health scientists. Special curriculum (at reduced fee) for students interested in tropical medicine. Lectures by leading

— "Calendar," continued from page 7 —

Cuban and international specialists and visits to hospitals, research laboratories, and community health centers. Lab training (on request) in bacteriology and parasitology. Official language: English. CME credits (20 hours) from Dutch accreditation authorities. Coordinator: Peter de Beer, MD, PO Box 1660, 6201 BR Maastricht, Netherlands. Email: mstropics@planet.nl; website: www.TravelClinicMaastricht.nl.

Geneva Forum: Global Access to Health. August 30 - September 1. Geneva. "The key to prosperity is health but access remains poor in many parts of the world." Conference focus: building partnerships of private/public sectors: international NGOs, universities, and others, to strengthen health systems where needed, develop and make available new drugs and vaccines, provide clean water, enforce quality and safety standards. Plenary sessions, symposia, workshops, free communications, posters and exhibitions. E-mail: achumanitaire@hcuge.ch MCI Suisse P.O. Box 502 CH-1211 Genève 13 Tel. +41 22 33 99 581 Fax +41 22 33 99 601 E-mail: Genevahealthforum2006@mci-group.com

North European Conference on Travel Medicine. June 7-10. Edinburgh. A collaborative conference organised by the International Society of Travel Medicine and the travel medicine societies and organisations of Northern Europe. Website: www.nectm.com. Information: In Conference Ltd., 10B Broughton Lane, Edinburgh EH1 3LY, Scotland, UK. Tel: +44 131 556 9245. Fax: +44 131 556 9638. E-mail: NECTM@in-conference.org.uk.

Courses/Educational Travel 2005

World Wide Learning: Two-week Courses in Clinical Tropical Medicine: Moshi, Tanzania, October. Manaus, Brazil, November. Kolkata, India, November. Also, Tropical Dermato-Venerology and Leprosy, Moshi, Tanzania, November. Organizer: Institute of Tropical Medicine, Berlin. Hospital- and community-based courses in medicine, pediatrics, ophthalmology, dermato-venerology and gynecology. Also, laboratory practice, lectures, and community projects. Knowledge of spoken English required. Written exam with certificate in Clinical Tropical Medicine for successful candidates. German CME credits and recognition awards available. Information: Dr. Ute Schwarz, Institute of Tropical Medicine, Spandauer Damm 130, 14050 Berlin. Phone: +49 30 30116 794. Fax: +49 30 85074 630. Email: ute.schwarz@charite.de.

Global Summit on Peace through Tourism: October 2-5, 2005. Pattaya, Thailand. Summit of senior executives from private and public sectors of tourism and related fields: culture, sport, environment, and economic development. Purpose: a coordinated and sustained travel industry response to redevelopment and revitalization of tsunami affected countries, poverty reduction, healing wounds of conflict, preventing conflict by promoting cultural and international understanding, tolerance, and cooperation, ecological enhancement and preservation of biodiversity. Information: www.iipt.org

2nd Desert/Wilderness Medicine Expedition to Lake Turkana, Northern Kenya. November 11-19. Collaboration of Kay Schaefer, MD, PhD, MSc, DTM&H, of Cologne, Germany and Flying Doctors in Nairobi. Seven health care professionals accepted. Heat-related illnesses, snake bites, wilderness trauma and ethnobotany. 30 contact hours. Language: English. Visit Koobi Fora, a famous palaeo

anthropological site. German CME credits and recognition awards available. Contact: Dr. Kay Schaefer: contact@tropmedex.com www.tropmedex.com.

2006

Tropical Medicine Expeditions to East Africa: 12th Uganda Expedition, February 12-24 and 14th Kenya Expedition, March 12-24. Collaboration of Kay Schaefer, MD, PhD, MSc, DTM&H, of Cologne, University of Nairobi and Joint Clinical Research Center in Kampala, Uganda. Two-week expeditions for 7 health care professionals. Visits to hospitals and health projects in rural and urban areas. Individual bedside teaching, laboratory practicals, and lectures. Covers important tropical infectious diseases and updates in travel medicine. Visit the "Flying Doctors." Ethnobotanical and biological excursions to national parks on weekend. Language: English. 50 contact hours. German CME credits and recognition awards available. Contact: Kay Schaefer, www.tropmedex.com.

The Gorgas Expert Course. Lima, Peru. August 14-25, 2006. Sponsor: Gorgas Memorial Institute. Site: Tropical Medicine Institute (a major tropical disease referral center). Language: English. For experienced clinicians. Hands-on exposure to large numbers of in- and out-patients in a short period of time. Five participants and one senior sub-specialty trained faculty per clinical group. Case conferences/CPC every day. Parasitology laboratory review sessions. One formal lecture/day. Weekend excursion to areas of medical and travel interest: inter-Andean valleys endemic for bartonella and leishmania and ascent to 4,800m. Peru has an unusually wide spectrum of tropical diseases. 80 CME hours. Directors: Eduardo Gotuzzo (IMT) egh@upch.edu.pe; David O. Freedman. www.gorgas.org. Click on GORGAS EXPERT COURSE. Tel: +1 205 934 1630. Fax: 205 934 5600. E-mail: egh@upch.edu.pe.

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the Quarterly Newsletter of the International Society of Travel Medicine

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