



ISTM News

Executive Board Teleconference Meeting

The ISTM is a dynamic and rapidly growing organization, resulting in ever more work for Executive Board members and committee heads. And, not surprisingly, ISTM officers reside in multiple countries scattered around the world. Face-to-face meetings generally occur no more than once a year, too infrequently to accomplish the large amount of work necessary to keep the Society “up and running.” So Society officers - in addition to their usual ISTM workload - now communicate every few months via teleconference, most recently in September and December.

But scheduling teleconferences is no easy undertaking. Board members reside in Australia, Israel, India, and Nepal, as well as in many time zones across Europe and North America. The most feasible times for such 2-hour “get-togethers” are times that are least likely to interfere with members’ other life activities – family chores, sleep, and work, to mention just a few. For the present Board, that time is early morning on the East Coast of North America and evening in India and Nepal. For teleconferences, some Board members rise early while others stay up late. Amazingly, at the “meetings,” virtually everyone is accounted for: Prativa Pandey, Bradley Connor, Frank von Sonnenburg, Kevin Kain, Eli Schwartz, Nancy Jenks, Ron Behrens, David Freedman, Robert Steffen, Karl Neumann, Rebecca Acosta, Brian Gushulak, Charles Ericsson, Phyllis Kozarsky, Michele Barry, Santanu Chatterjee, Anne McCarthy, and Brenda Bagwell.

Reports of Committees

Publications Committee

Charles D. Ericsson, Chair

Task Force for Evidence Bases - The publications committee has activated the Evidence Bases Task Force, composed of select members of our journal’s editorial board and the professional education, exam, nursing issues and publications committees. This task force

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Northern European Conference on Travel Medicine (NECTM)



Don’t miss NECTM in Edinburgh, June 7-10, 2006. Offering an exciting and varied programme, one focus will be on global warming, natural disasters, and other environmental issues which may affect the health of travelers. There will also be sessions devoted to:

- Looking at travel health issues in a historical perspective (and possibly concluding that many of today’s problems are not as dire as they may seem).
- Counterbalancing the perception among some people that travel medicine is mostly concerned with air travel by the rich from temperate to hot countries.
- Issues specific to sea travel and issues in cold/temperate countries.
- Clinical travel medicine, including malaria, vaccine preventable diseases, and risk assessments.
- Responsibilities of various members of the travel health team.
- Comparing travel medicine practices in different countries.

Time slots have been left for important topics that will arise at the last minute.

We hope many delegates will bring friends and family to enjoy some of the sites in Scotland. With this in mind, there will be two ‘Welcome to Scotland’ sessions and a family evening of light-hearted talks. Refreshments will be provided.

James Willis, a general practitioner from the UK who has a deep interest in and much knowledge concerning the long term future of our planet, has summarized the messages from his opening talk at NECTM. “Scientific evidence tells us that global warming is already having a dramatic effect on our world. And the warming is accelerating. Yet far from slowing down the known causes of this acceleration, mankind is making it more serious year by year. If some key policymakers pride themselves on their ignorance of scientific concepts such as positive feedback, their children are going to be the ones who are affected.

“Every single one of us carries a responsibility to tackle the issue and to show politicians where their duty lies. We either start putting on the brakes now or we go over the precipice. Never has “short termism” and self interest been more obviously foolish. And while the tourist industry clearly has a lot to

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Calendar of Travel Medicine Meetings on the Webpage

Our Calendar of listings of meetings and course in travel medicine keeps growing. To make room for all the listings and to better keep it up to date, the Calendar is now be accessed directly from the ISTM webpage. Please click on “conferences” on the left side of the page.

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is charged to come up with a priority list of topics for the development of evidence bases that underpin our practices. The task force will then assist in establishing writing panels. We hope to have one to two topics published in the Journal of Travel Medicine (JTM) each year.

Any member wishing to advise the task force on topics that they would like to see developed should communicate directly with me at charles.d.ericsson@uth.tmc.edu. Likewise, if any member wishes to volunteer as chair or member of a writing panel, please indicate your willingness and your topics of expertise to me so that I can begin to develop a list of interested experts.

CISTM Abstracts Publication – Charlie also noted that Blackwell, the new JTM publisher, would like to publish, as a supplement, the abstracts for each biennial Conference of the ISTM (CISTM). Discussion ensued on this topic with concerns over timelines and ISTM's financial risks for this endeavor and whether printing the abstracts would increase the impact factor for JTM. Following the discussion, a motion was made that the Executive Board would investigate the concept of publishing our CISTM abstracts as a supplement to JTM. This motion was approved.

Journal of Travel Medicine New Cover – Prativa Pandey, ISTM President, informed the Board that she had asked Blackwell to send to the Board four different versions of the proposed cover to provide more than one choice to vote upon. Robert Steffen, editor of the Journal, reported briefly on the background of the proposed Journal cover. Detailed discussion followed on all four choices. A motion was made and accepted to have as the new JTM cover the version with the pictograms.

Criteria for parties other than the ISTM - to reproduce and/or distribute an ISTM-generated or copyright-protected document.

A motion was made and seconded to accept this document as presented to the Board prior to the teleconference. The motion passed. The document says:

1. ISTM should be recognized in print as the generator of the document. The ISTM logo can be used.
2. The reproduction and distribution of the document should not be linked with a commercial effort or product in a way that might be construed as creating direct or implicit endorsement by ISTM of that effort or product.

Examples of linkage include advertising on mailing wrappers or document covers, bundling of the document with industry or product information, or inclusion in the overall material any written or photographic items that might reflect poorly on the mission or image of ISTM.

However, organizations or groups, including industry, who are willing to print and/or distribute an ISTM document, can be recognized for their contribution. Wording should be a mutual decision between the Publication Committee and the organization. Options include:

- a) "Printed and/or distributed in co-operation with Name and Logo"
 - b) "Printed and/or distributed with the support of Name and Logo"
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 5. The numbers of, and any measured impact arising from, the printing and/or distribution of such documents should be reported to the Publication Committee within one year of the printing.

Update on CISTM10, Vancouver, 2007

Kevin Kain, Scientific Chair

Kevin reported that the plans for the conference are going along very well. The Scientific Committee is complete, and the committee has very good global distribution. He noted that the Scientific chairs and local organizer will have a meeting in March to determine plenary and symposia topics. It was noted that a request to the membership for symposia and plenary sessions is being included in the annual membership mailing. Pre-meeting courses have yet to be determined.

As per a motion approved at the meeting of the Executive Board in Lisbon - all CISTM's are now overseen by the Conference Committee. For CISTM10 the committee consists of Prativa Pandey, Chair; David Freedman, Frank von Sonnenburg, Suni Boraston, Kevin Kain, and Brenda Bagwell. The committee members perform these tasks on a voluntary basis.

Professional Education Committee (PEC)

Michele Barry, Chair

ISTM president Prativa Pandey congratulated Michele on all the work the committee has done to date. Michele noted that her committee has met twice via teleconference and continues to correspond via e-mail. The following accomplishments and future ideas have been outlined for Executive Board discussion.

- *Travel Medicine Slide Set*. The original copy has been converted to PowerPoint slides and revised by Michele Barry and David Hill. The slides are generic in order to fit into a one hour lecture on travel medicine.

Issues to discuss:

- a. How to distribute and sell the slide sets?
 - b. Can we copyright or place a disclaimer regarding changes to slides?
 - c. What are the costs involved?
 - d. Should we provide updates and future slide sets on more specialized travel medicine topics?
- *"Expert Opinion" for Website Posting*. This is a new cyber educational initiative proposed for the website and listserve. Lin Chen and Nancy Jenks are developing the first case. This project will be completed very soon. Open discussion will be encouraged for two weeks with the opportunity to be interactive with an expert discussant. The first case will be altitude illness prevention. The expert will be Alan McGill.

Issues to discuss:

- a. If we have three teaching objectives, can we set this up for CME credit and generate money?
- *Monograph on How to Start a Traveler's Clinic*. Subcommittee: Alan Spira, Gail Rosselot, Lynne Bunnell, Steven Toovey, Marc Shaw, Annelis Wilder-Smith, Richard Dawood, Jane Chiodini. This monograph will be international in scope. An outline has been produced.

Issues to discuss:

- a. How, where and whom to market to?
- *PEC Proposal for off-site Exam Review Course for ISTM examination*. This course would take place three to four months before the exam and alternate between Europe and USA.

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Issues to discuss:

a. Should we have Blackwell involvement?

Secretary/Treasurer Report

David Freedman, the ISTM secretary/treasurer, reviewed the financial report that was submitted to the Board prior to the teleconference. He noted that the new reporting system is doing very well and that the balance sheets will be provided to the Board on a quarterly basis. He reminded all committee chairs that their budgets should be managed like a grant – that the amount of funding approved cannot be re-categorized without approval from the Finance Committee.

Practice and Nursing Issues (PNI) Committee

Rebecca Acosta, Chair
Jane Chiodini, Co-Chair

Openings on the Practice and Nursing Issues (PNI) Committee: The PNI Committee is currently seeking to fill several vacancies for nurse members from Canada (one or two), Europe (one from other than the UK), and from Asia, Africa or Latin America. At this time we have sufficient members from the US and UK and will recruit from those areas upon end of term limits, resignations or special project needs.

The PNI's central charge is to monitor and address practice and professional issues of particular interest to nurses, and promote communication and collaboration among nurses involved in travel medicine world-wide. To learn more about the responsibilities and current activities of the committee, please visit the ISTM website, “ISTM Committees” section. If you have the time and interest to get more involved, please contact: Rebecca Acosta, RN, Chair of PNI (address below).

US Nurses Needed to Investigate “Contact Hours” (CE/CEUs) for CISTM10 in Vancouver, Canada, May 2007. If you are a US nurse interested in contact hours for the Vancouver meeting, we need your help! A small special project task force of two US nurse volunteers is needed to help investigate the possibilities for offering CE at the Vancouver meeting. We need to find an accredited CE process compatible with the meeting format that will not exceed a reasonable input of ISTM resources. If a suitable process can be found, the task force will then provide guidance to the Program Committee and meeting organizers on the application process and other necessary components.

ISTM recognizes that CE's are important for many US nurses. However, this need must be balanced with the fact that ISTM is an international, multidisciplinary organization with a small administrative staff and relies on volunteers to do much of the work. It is essential that we get some volunteers to help on this important project. If you are interested in learning more and working on this special task force, please contact Rebecca Acosta at rwacosta@travelersmedical.com

Proposal for CISTM10, Vancouver, May, 2007: It's not too early to start thinking of symposia and workshops that may be of special interest to nurse attendees at the Vancouver meeting. Nurses have particular expertise and experience with the daily practice of travel medicine and practice in many unique and varied settings. If you have a unique and original idea for a poster, workshop, debate or symposia, we would love to hear from you.

In late winter 2006, the PNI will collate and submit a proposal to the Scientific Program Committee of workshops and symposia. The PNI conference proposal has helped bring attention to themes and topics of particular interest to nurse members and our suggestions have been included and highlighted at previous conferences. You can view the full Program and Book of Abstracts for CISTM9 (Lisbon, May 2005) at the ISTM website to get an idea of previous offerings.

Please contact us if you have any ideas or special interests.

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Please remember that the Society is what is today through the dedication and collective effort and ideas of individual members. Getting involved and staying in touch is the best way to help the Society grow and work for you. We look forward to hearing from you.

Letter to the Editors

Dear Editor: I was fascinated by the Good Samaritan piece in ISTM NewsShare, November/December, 2005, but I felt compelled to remind you that our group published a paper on that topic in the first volume of the Journal of Travel Medicine (JTM), pages 143-146.

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lose in the short term, in the long term travelers and those who stay at home are all in the same boat.

“We are not talking about necessarily returning to the Stone Age. In fact, it is quite possible for all of us in the global village to have a rich and rewarding life in a way which is ecologically sustainable. But we have to start now and make substantial changes in the way we conduct our affairs in relation to our environment. It would be wonderful, and appropriate, if the tourist and travel industry were to take a responsible lead.”

NECTM Edinburgh is now open for registration and abstract submission at www.nectm.com. The full conference program, venue and accommodation information are also available at that address. ISTM looks forward to seeing you in Scotland - you will be made most welcome.

“ISTM News,” cont. from p. 3

It's nice to know that the travel medicine community still likes to tell stories and relate their experiences. And it doesn't sound as though the distribution of helpers to non-helpers has changed a great deal over the past decade.

The subject is, however, an important one and deserves frequent exposure in the literature.

With kind regards,

Richard V. Lee, M.D.
State University of New York
Buffalo, New York

Ed. Comments: *Good Samaritans or Reticent Bystanders?* by Lucie A. Dimaggio, Susan E. Rubino, and Richard V. Lee which appeared in Volume 1 of JTM is very similar in purpose and format and came to very much the same conclusions as the recent survey that appeared recently in NewsShare. The JTM article sent questionnaires to ISTM members, while NewsShare queried ISTM members who belong to the ISTM listserv.

JTM was not indexed in 1994 and the present NewsShare editors were not aware of this article and therefore did not cite it. We apologize for the oversight.

Here are some of the findings of the 1994 JTM article. Doctors with particular interest in travel medicine are, on the whole, Good Samaritans, and will provide support and care for urgent or emergent medical problems to fellow travelers, fellow guests, and indigenous people. The decision to offer their services is shaped by specific circumstances, except for a tiny minority who refuse to become involved.

As Dr. Lee points out in his letter, the Good Samaritan instincts of ISTM members have not changed in the last decade.

Notice for Authors of Manuscripts for the Journal of Travel Medicine

Authors with Internet connections should submit all NEW manuscripts, including tables and figures, to the JTM submission website (<http://mc.manuscriptcentral.com/jtm>), says the JTM Editorial Office. Loading instructions are given at this site. It will inform you anytime about the status of your manuscript by checking your author center. If you are not able to submit online, please contact the JTM Editorial Office at jtm.editor@istm.org. ManuscriptCentral is working for us!



News from other Travel Medicine Conferences

Multilateral Initiative on Malaria Meeting (MIM), Cameroon

Steve Toovey

ISTM members will all be familiar with the staggering burden that malaria places on developing countries, and the death toll which it exacts. MIM is dedicated to reducing that burden by attacking the disease from all angles: insecticide use, bed net deployment, drug development, field monitoring, funding, and political leverage amongst others.

The most recent MIM meeting took place in Yaoundé, capital of the West African country of Cameroon, from November 13th – 18th. Over 1800 delegates from more than 65 countries attended, from clinicians in the front line of the malaria fight, to ‘back room’ scientists involved in malaria genomics and parasite biology, to health systems researchers and bioethicists.

From the travel medicine perspective, there were a number of interesting sessions. These dealt mostly with the safety and efficacy of malaria treatments, and news on the effectiveness of bed nets in the developing world. Not surprisingly, bed nets were reported by most delegates as being pretty helpful in the fight against malaria.

A great deal of attention was paid to artemisinin combination therapies (ACTs) for malaria, with a number of newer combinations presented. ACTs are not registered in some developed countries, but are being increasingly deployed in malaria endemic regions. ACTs comprise a combination of a quick acting artemisinin drug, derived from the Chinese herbal remedy ‘qinhasu’, and a slower acting partner drug which prevents treatment failure.

Overall, there was fairly solid agreement at the conference about the efficacy of ACTs. A session devoted to the safety of ACT at which

I was a guest speaker was presented with new evidence on neurotoxicity, from a study in Ghana which found hearing loss in children treated with artesunate-amodiaquine or artemether-lumefantrine.

On the vaccine front, the news was that the ‘RTS,S’ vaccine demonstrated some efficacy in Mozambique. While not as effective as the average vaccine found in the travel clinic, the vaccine was able to significantly reduce the number of severe malaria attacks in Mozambican children. The vaccine should be seen as ‘a work in progress,’ pointing researchers in a hopeful direction.

Outside the conference hall, Yaoundé held interesting possibilities too, principally relating to food and entertainment. West African music is recognized for its vitality and drive, having garnered a strong international following. It has roots in traditional music, with jazz and Islamic influences evident too. Dining out can be an experience for the adventurous, with delicacies such as porcupine, lizard, crocodile, and viper appearing on menus. Beyond Yaoundé, Cameroon as a whole has a number of worthwhile tourist attractions, including a renowned primate reserve in Limbé.

The news from the Cameroon conference was mixed: there is hope that a high efficacy vaccine might be achievable one day, and that the drugs we have are working. But we need new molecules to fight the parasite. In the meantime, millions more will die before malaria is tamed.

Steve is involved in travel medicine practice and research in South Africa and Europe, and is a clinical tutor in travel medicine at the Royal Free and University College Medical School in London.

World Congress on “Medicine and Health in the Tropics

The World Congress on “Medicine and Health in the Tropics” was held in Marseilles in September, an event held every four years. This meeting incorporated the XVI International Congress for Tropical Medicine and Malaria of the International Federation of Tropical Medicine, the IV European Congress of the Federation of the European Societies of Tropical Medicine and International Health, and the VII International Congress of the “Société de Pathologie Exotique” (The French Society of Tropical Medicine). This Congress also commemorated the centennial anniversary of the

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Tropical Medicine Institute of the French Forces Medical Service.

Amongst the invited symposia was a session dedicated to travel medicine, a session which attracted a capacity audience. This apparently was the first planned travel medicine segment at this major tropical medicine World Congress. Chaired by Louis Loutan and Michael Rey, both past presidents of ISTM, the session included keynote papers on children and pregnancy given by Drs John (USA) and Leggat (Australia). This was followed by four proffered papers selected for oral presentation. The inclusion of the travel medicine symposium recognized the importance of the discipline in tropical medicine. The updated book of abstracts is still available at: http://www.iftm-pharo2005.org/PDF/MedTrop_23nov.pdf (accessed 5 January 2005)

The XVII International Congress for Tropical Medicine and Malaria will be held in South Korea in 2008.

Peter Leggat, James Cook University, Australia

Mongolian Expedition: Tips for Visitors

Marc Shaw, FRNZCGP, FFTM, FACTM, DipTravMed



Mongolia. I couldn't believe that I was finally there. The Memsahib (my wife Lynne) and I had finally arrived in Ulaanbaatar (UB), a city still living on the dubious laurels of Genghis Khan. Compared to Beijing, the city was rugged and dirty and unkempt. The clear bright skies overlording the city and surrounding hills augured well for our upcoming expedition, the aims of which were becoming clearer now that we were there. Interesting, isn't it? You can do all the research for a trip but nothing beats getting there, smelling the air and experiencing the place and its people.

I am to be the team Doc for SES Expeditions, quite a well-known group operating out of the UK. We were in Mongolia to assist in digging fossils for a prominent Mongolian palaeontologist, collect rare plant specimens for a university botanist, and to track the route of the snow leopard in southern Mongolia.

It was at this stage of the briefing that Memsahib cautiously asked how high we would be traveling. '3,500 metres' came the reply from Simon, the gushing expedition leader. 'Going to be bloody cold, about minus 10 C, and we won't have any water for showering or washing for four weeks.' Memsahib looked at me, daggers in her eyes and with a knowing 'I TOLD you I didn't need to be here' look. 'But', said I to Simon, 'we can use wet-wipes to wash, can't we?' nodding to she-with-closed-eyes. I got a most strange look from the rest of the 15-person party. A sort of 'and YOU are our doctor?' gaze.

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View from Stone Mountain Brenda Bagwell and Brooke Gouge

Dear Friends,

Happy 2006! It is incredibly hard for me to believe that it is already 2006. It feels like we were celebrating the "turn of the century" and worrying about massive computer failures, etc. just a few days ago. Where does the time go?

Thank you to all who have renewed your ISTM membership for 2006. As a reminder to those who have yet to renew for this year – you have until March 1 to do so, before all member benefits (listserve, journal, and clinic listing) are suspended. Be sure to get your renewal payment to the office prior to that time. If you are not sure about your 2006 status, please log onto member services at www.istm.org and review your record. If you have lost your username and password, please contact Brooke at istm@istm.org and she will send you new log-in information.

Membership receipts and 2006 membership cards will be mailed out by mid-January – please be on the lookout for them.

As of this writing, barring any delays, the receipt mailing should also contain information on how to order the updated travel medicine slide

kit! Many of you have been asking for an updated as well as a PowerPoint version of these slides, and we are excited to report that the Professional Education Committee, chaired by Michele Barry, has taken on and completed this task. Thank you, Michele and committee!!

As a reminder the Responsible Traveler Document is now available in several different translations (Spanish, French, Portuguese and German). Please contact the office if you are interested in receiving copies of any of these translations.

I hope to see many of you at the NECTM in Edinburgh this June – I know it is going to be an exciting conference. I understand that Scotland is quite beautiful that time of the year.

Until next time, remember, "You are valuable because you exist. Not because of what you do or what you have done, but simply because you are." (Max Lucado)

May 2006 be the best year for each of you!

Brenda is the Administrative Director of ISTM. Brooke is the Administrative Assistant

“Mongolia Expedition,” continued from page 5



Simon had just finishing addressing the group as to the risks and hazards of our anticipated travel south into the Gobi. Now, I have always wanted to go there; ever since W.E. Johns wrote a fine schoolboy book called ‘*Biggles in the Gobi*’, which I read when I was eight years old. For me then this was a voyage of discovery and revelation, built upon childhood images. When I told the group this, they again stared at me. Memsahib told me to ‘settle down and check the medical kit.’

I obediently complied. Our kit needed to cover a wide variety of possible emergencies. I have to say that I spent much time in getting it right, yet having it contain appropriate meds for our trip. “Getting it right” is a much harder call than it would seem, for it is easy to include all that one ‘might need’, much more difficult to be objective about an expedition’s actual requirements. Obviously this latter is very dependant on itinerary and also on the health of the expeditioners. Our kit was compact, pretty inclusive and very practical and, like all medical kits, wasn’t actually needed very much at all! There, I had ticked off ‘Part 1’ on my checklist.

The kit was checked out, and so the next thing was to check out more specific local health issues. Over the last couple of years, there have been more and more folk going to Mongolia, so it is appropriate that ‘Part 2’ of any expedition work-up includes *LOCAL RESOURCES*. To this end, I check out the medical services and resources in any area that I visit.

In Mongolia, the level of medical services provided is not up to western standards. In the countryside, outside of UB, medical care is very difficult to access. All Mongolian hospitals are very short of most medical supplies, including basic care items, drugs, and spare parts for medical equipment. Though having said that I visited a local hospital in Dalanzadgad (south of the country, in the

Gobi Desert) where I was amazed at how well it WAS equipped. Nevertheless if a traveler needs to seek care in UB - and this generally goes for all developing countries - then several things should be kept in mind when dealing with local health care providers:

- There are generally no English speaking physicians or staff at any of the local hospitals or clinics. Many of the local doctors in UB were trained in the former Soviet Union, and therefore speak Russian. If you don’t speak Russian or Mongolian, then an interpreter will need to accompany you to the hospital. When you’re sick is NOT a good time to try learning a foreign language!
- Most Mongolian hospitals have not established fixed fees for foreign patients. To avoid being charged exorbitant fees for even routine care, travelers need to be advised to inquire about fees *before* services are rendered.
- Always telephone the hospital or clinic before visiting to be sure that it is open, that the proper staff is on duty, and that the hospital has the supplies and equipment to perform the desired service. Once again, no English-speaking staff will generally be available to answer your call, and hand gestures (with or without blood) don’t convey well over the phone.

Recently an international clinic called the **SOS Medica Mongolia** Clinic has opened in UB. I visited this centre, and applaud its excellent amenities. Westerners living in the region are now starting to go there for routine medical care, but other than this facility, there are really only three others that are regarded at all in UB:

- **Russian Polyclinic Hospital:** This is the best-supplied and least crowded local hospital in Ulaanbaata. The staff is Russian, but some English is spoken.

- **Hospital Number 2:** The Mongolian-run Hospital Number 2 is the designated hospital for foreigners in Mongolia. It is generally considered to have the best care available in a Mongolian facility.
- **Yonsei Friendship Hospital:** This is a Korean-Mongolian outpatient clinic and has dentistry services as well. These facilities are designed to provide quality medical care at affordable prices to the local population and to foreigners. There are a couple of English speaking doctors.

A cursory check-out of the pharmacy services in the city displayed that all types of medicine are in short supply, often unavailable. For travelers to the region, I would thus advise ‘Take your own medication, in fact double the amount just in case some gets lost.’ On an emergency basis, some medicines may be available from the Russian Polyclinic or Hospital Number 2, but don’t count on it!

Our expedition group had three interpreters and so my job in surveying our pre-travel organization was thus made much easier. We had catering for our group, so a diet that was acceptable to the expedition was essential. Before deciding this, the dietary needs of the group needed assessment: we had a diabetic and a vegetarian. Our expedition had good food planning for the trip. The food situation is improving in Mongolia, and the variety of food is increasing. In UB fresh fruit and vegetables, which used to be subject to seasonal changes, are now available throughout the year (imported from China by train). In the countryside, however, it is very difficult to find fresh fruit and vegetables, especially in winter. Beef, pork, mutton, lamb, and imported poultry are available. No ‘special cuts,’ just a ‘cut a hunk’ policy.

Got back to the hotel, initial surveillance for the trip done. Memsahib went to bed exhausted with all the walking. Before doing likewise, I got out my checklist: 1) I had prepared information for our group on what we were needing to take and plan for, 2) I had checked out the local medical resources in case of emergencies, and 3) I had determined that we had good food and nutrition for the trip. ‘Hot to trot,’ we were ready to go into a region of history, survival and legend. But this is another story!

Marc is an Associate Professor at James Cook University, Townsville, Australia and medical director of WORLDWISE Travellers Health Centres, and WORLDWISE OnLINE Travellers Health Informatics in New Zealand.

NewsShare

the Quarterly Newsletter of the International Society of Travel Medicine

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