



September 11th, Travel Medicine, ISTM Meeting in N.Y. in 2003

Karl Neumann, Editor,
ISTM NewShare



Three ISTM VIPs “at sea” in New York Harbor on their way to Ellis Island, to check out the site of the CISTM8 opening ceremony. From left to right: Hans Dieter Nothdurft, Chair, Scientific Program Committee; Brad Connor, Chair, CISTM8; Louis Loutan, President, ISTM.

(From the opening address at the III European Conference on Travel Medicine in Florence, Italy, 15 May 2002.)

As long as we live, each of us will recall the moment when we first heard the news that terrorists had attacked America. As long as we live, September 11th will be part of our vocabulary, and part of our psyche. Sadly, many of you can relate to acts of terrorism in your own countries.

I live in New York, and I was home that day, a day off from my office, a day I set aside to prepare slides for an upcoming lecture on traveling with children. A doctor from my office called me to verify the news. He knew that I could step out on my terrace and see for myself.

And I saw. I saw black smoke rising from the World Trade Center, and I smelled the burning ashes. I rushed to my television set, just in time to see the second aircraft slice into the other tower. The next time I went out on the terrace, there was more smoke, and the wind had shifted, and a dark cloud was overhead.

On that day, the forces of evil scored a dramatic victory, likely a victory beyond their wildest fantasies. They had chosen their targets carefully, and had done their homework well, killing thousands of innocent people, not only Americans, but hundreds of others from dozens of countries around the world. And they brought down the Twin Towers, towers that for many people had come to symbolize a better world through international unity and trade.

In an extraordinary destiny of fate, in the years leading up to September 11th, we at the International Society of Travel Medicine were also busy doing our homework to choose a site for our 2003 meeting. We also had chosen New York. And we had also chosen the Twin Towers as our symbol, and probably for many of

Society News

Certificate of Knowledge in Travel Medicine Examination Update

June, 2002

The ISTM exam committee met in Atlanta in late May to write, rewrite and discuss questions to include on the exam. The Committee felt it was time to bring the membership up-to-date and to try to allay any fears or misunderstandings about the exam. Several questions have already been voiced.

If the exam will only cover “basic” issues, why should I bother taking it?

“Basic” should not be interpreted as “easy”. The questions range from easy to difficult and from straight-forward recall to synthesis of ones knowledge in challenging ways. The exam will not cover cutting edge issues for which an answer would be controversial; therefore cramming the latest abstracts from CISTM or articles published in JTM is not likely to help.

What should I study to pass the exam?

Everyone should familiarize themselves with the published “body of knowledge”, which is available on the ISTM web-site and was published recently in JTM. Everyone should also study at least a standard textbook of travel medicine. It will probably help to be experienced in travel medicine because a working knowledge of common tourist and business destinations and risks associated with them will be helpful. Being familiar with authoritative booklets from sources such as WHO and national authoritative bodies will likely be helpful.

If I do not practice tropical medicine, will I be able to pass?

The content of the exam will be limited to preventative travel medicine, patient self-therapy, and triaging post travel illness. The content is that which should be known by a nurse or physician practicing travel medicine and does include a basic understanding of the diseases listed in

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the same reason as did the terrorists: for what New York represents, and because of what the towers had come to symbolize, a forward looking world, international unity. On September 11th the twin towers were already posted as our logo on our website and on our sample brochures.

September 11th had many profound effects on the travel medicine community. As the webmaster, and the editor of the ISTM newsletter, I received over a hundred emails of sympathy from our members around the world, asking if they could help us in New York, and if our members in the New York area were safe. Some asked what will happen to travel medicine.

The terrorists had not only killed several thousand people, and with the clear intent to kill many more, but they used airplanes for their purpose, turning airplanes into missiles of death and destruction. Airplanes are almost as much a part of travel medicine as are vaccines.

For the moment at least, the terrorist had shattered our hopes and dreams. Many of us reflected how fortunate we were - or had been up to then: to simultaneously practice our professions - medicine and health care; partake in our interest - international travel; and work to help people in other parts of the world to overcome disease and poverty.

Travel medicine came to an almost complete halt last September. Travelers everywhere cancelled their appointments at travel clinics, and did not make new ones. Telephones stopped ringing. The few calls that did come in asked, “Is it safe to travel?” not “Is it safe to drink the water?” And they asked about whether they should get injections for anthrax and smallpox, not about yellow fever or typhoid. From my survey of travel clinics around the world, in the weeks after September 11th, visits at most clinics decreased between 50 to 75%.

But now, just eight months later, here we are. Look around this room. And while I certainly cannot speak for the terrorists, I am reasonably sure that they are not happy with this meeting. Each and every one of you in attendance in this mag-



Overworked members of our Scientific Program Committee taking a well deserved rest period during their recent meeting in New York. From left to right: Herwig Kollaritsch Austria; Kevin Kain, Canada; Hans Dieter Nothdurft, Germany; David Freedman, USA; and Brad Connor, USA. Brad is the Organizing Chair for CISTM8.

nificent room, are proof that the terrorist’s philosophy of hate and destruction will not prevail.

People are traveling again. In the U.S, air traffic is more than 90% of what it was before September 11, and steadily increasing. And people in travel medicine have become optimistic again, realizing that excessive dwelling on negative events of the past drains the emotions and weakens the energy that we need to look forward and work to improve the future.

People are traveling again in spite of the delays and other inconveniences caused by tighter security.

People are traveling again because they realize that travel has much in common with hope. Both involve optimism, enthusiasm, and fulfillment. Most people travel for positive reasons – curiosity, education, fun, health, business, to improve their socioeconomic status – or, because they are running for their lives. Only a handful travel to spread death and destruction.

Travel is a prescription for hope. Organizations such as ours can make a difference. Meetings such as this reinforce our commitment. Look at our program: we concern ourselves with the entire family of travelers - from the rich tourists to the people running for their lives.

Travel has returned, and more rapidly than many of us anticipated. The tremendous downturn in travel that we witnessed after September 11th was a reflex reaction to an incalculable calamity – fear that such events may recur, disillusionment with humanity that fellow man is able to per-

form such acts, and guilt about going about our business and pleasures at a time when many are grieving. As travel health professionals we should help counteract the psychological trauma of September 11th, as we do for fear of flying, for example. We need to reassure the public that hysteria is not the solution to disaster, that travel is quite safe, and that travel is important for our own well being, and for the well being for people everywhere.

The Twin Towers are gone. The new symbol for next year’s ISTM meeting in New York is the Statue of Liberty. Our opening ceremony will be held on Ellis Island, also in New York Harbor, and close by to the Statue. Ellis Island is where 19 million immigrants first reached America, perhaps the largest migration in history. There is now a museum there devoted to immigration. Our opening ceremony will be held in that museum.

The Statue was a gift from the people of France to the people of the United States. At the base of the statue is an inscription that reflects the spirit of Ellis Island, and, hopefully, some day in a more perfect world will serve as the credo of travel medicine...

Give me your tired, your poor,
Your huddled masses, yearning to
breathe free,

The wretched refuse of your teeming
shore,

Send these, the homeless, the tempest
tossed to me,

I lift my lamp beside the golden door.

**Thank you. And I’ll see you in New York
next year.**

Practice and Nursing Issues Committee

Report to the ISTM Executive Board — Florence, May 14th 2002

Committee Members: Rebecca Acosta (USA), Lorna Boyne (Scotland), Lynne Bunnell (USA), Fiona Genasi (Scotland), Sheila Hall (Scotland), Nancy Jenks (USA), Ed Lister (USA), Jeannett Martin (England), Eeva Pekkanen (Finland), Lynn Rogers (Canada), Gail Rosselot (USA), Shoko Umemura (Japan), Megan Williams (New Zealand)

New Members: Susan Koeman (Netherlands)

Chairs: Fiona Genasi, Rebecca Acosta

The full committee previously met in Innsbruck 2001, and communication since then has been by E-mail. Some of the members based in the USA have managed to meet on several occasions.

Activities:

- Proposals for New York 2003. The committee pulled together a comprehensive proposal for the CISTM8 program, including ideas for workshops and symposia. This involved soliciting ideas from the membership. Segments of the proposal have been selected for inclusion in the program and members of the committee are actively participating as speakers at the conference.
- Continuing Education Credits (CEU) for nurses. Several committee members are working with the CISTM8 organizers to ensure that CMEs are available for nurses who attend.
- Communicating with membership. An update on the work of the committee was posted in NewsShare in March/April 2002. It offered help with setting up local travel health groups and encouraged nurses to submit abstracts for presentation in New York.
- Research. Several committee members are working on developing research guidance, particularly for the novice - providing assistance for individuals who need help in drafting abstracts and designing posters for submission to CISTM8, for example. This would hopefully encourage more nurses to submit their work for presentation.

- Certificate of Knowledge Examination. Several members of the committee are closely involved with development of the Examination initiative and have been writing for the question bank.

Proposed activities:

- Working with the Professional Education and Training Committee. Now that the PETC no longer has the burden of developing the exam, it is hoped that there will be more time to develop mutual initiatives.
- Nursing survey on travel medicine practice. Comparison of nursing practice internationally. A session to present the results has been allocated for CISTM8 in New York. (An interactive workshop for nurses was held at CISTM7 in Innsbruck in 2001 to consider nursing practice internationally. This involved pre-set questions and audience voting using handsets. Unfortunately, on that day the technology

failed and we were unable to show any meaningful results. We plan on modifying the questions which were devised for that session and use them to survey the nurse membership of ISTM around October.)

- Developing further research guidance initiatives. The idea of a “research package” has been proposed.
- Securing committee representation from a wider geographic area. This has proven difficult and will require renewed effort in the future.
- Keeping in touch with the membership, mainly through NewsShare, ISTM postings and conferences.
- Organizing a “Welcome Meeting” for New York. The welcome meeting which was held in Innsbruck was hugely successful and we hope to be able to plan a similar one for CISTM8. The committee will liaise with the Program Organizers regarding this.

Invitation to the 4th Asia Pacific Travel Health Conference

Dear ISTM Member,

On behalf of the local Organizing Committee, I am pleased to invite you to attend the 4th Asia Pacific Travel Health Conference (4APTHC) to be held at International Convention Center, Shanghai, China, October 20-23, 2002.

Our aim is to provide our colleagues, both in our region as well as the world, with state-of-the-art reviews and current information in travel medicine. Topics that will be covered include malaria, arboviruses, diarrheal diseases, HIV, STDs, vaccinations, emerging infections, travel medicine practice, wilderness medicine, and medical care in the Asia Pacific region.

Shanghai is the largest city and the financial center of China, and has undergone tremendous development in recent years. Shanghai is an enchantingly beautiful, world-class, international metropolis, with buildings of various architecture, and charming boulevards lined with shady green trees.

I am looking forward to meeting ISTM members in Shanghai. I am confident that your participation and contributions will add to the success of this conference. And for delegates and guests interested in touring Shanghai, the Shanghai area, and more distant areas of China there will be a wide selection of excursion with professional, English-speaking guides.

For information: Secretariat of 4APTHC, Room 1705, No.2669 Xie Tu Road, Shanghai 200030 China. E-mail: apthc20024shl63.net, Fax: 86-21-64398194, Tel: 86-21-64398193



Dr Song Mingchang, MD
Chairman of Organizing Committee 4APTHC

Diarrhea and Dehydration in Children Traveling Abroad

Scott J. Cohen, M.D.

Diarrhea is the most common health complaint in children, traveling to underdeveloped countries. Children are particularly vulnerable to the complications of diarrhea because organisms seem to have a greater impact on children's relatively less mature immune system, and because of children's body size, they are apt to become dehydrated.

General Treatment of Travelers' Diarrhea in Children

The overwhelming majority of cases of traveler's diarrhea in children resolve spontaneously without medications. Laboratory diagnosis is often difficult to obtain while traveling abroad, and generally unnecessary. Hydration is the mainstay of treatment. Parents should be comfortable with oral rehydration solution (ORS) and rehydration techniques able to recognize and treat the signs of dehydration, and able to deal with severe dehydration. For children with mild to moderate dehydration, ORS should be given. If the child is not vomiting and shows clinical signs of good hydration, parents can resume feeds with starches and bananas as soon as the child is ready to eat.

Pre-travel instructions can help parents make difficult decisions when children do not respond to simple treatments and there are no medical facilities, or there are language barriers, for example. Ideally, parents should seek medical care in the capital city, or the closest large town where there likely is a pediatric hospital, and physicians may speak their language. ORS should be continued en route. If immediate treatment is essential, the parents should take the child to the nearest health clinic. Warning signs of severe dehydration that parents should be aware of include:

- A very ill appearing child, decreased activity
- Decreased urine output, no tears with crying, and dry mouth

- Persistent vomiting after repeated attempts to give small amounts of ORS
- Child's refusal to take oral fluids
- Persistent bloody stools with fevers.

Oral Rehydration Solutions (ORS)

Parents should carry appropriate ORS. These are available in packets of powder, and can be carried from home or purchased from pharmacies in most countries. Packets from WHO are available worldwide. Parents can also make their own solutions. Obviously, solutions must be made/mixed with disinfected water.

HOME MADE OPTION #1:

1 liter disinfected water
1 teaspoon salt
2½ tablespoons sugar
½ cup of orange juice, or coconut milk, or mashed banana for potassium additive.

HOME MADE OPTION #2:

1 liter disinfected water
2 tablespoons sugar
¼ teaspoon salt,
¼ teaspoon of baking soda
½ cup of orange juice, or coconut milk, or mashed banana for potassium additive.

If sugar is unavailable, honey may be substituted if the child is over 1 year of age. In addition, 1 liter of water from boiled rice is an acceptable substitute for sugar.

As a last option, parents can use sports drinks, often available in powder form. These are increasingly available but have drawbacks. They should be mixed to half-strength. Full-strength sport drinks are hypertonic in children, and offer less absorption from the gut.

Treatment for mild to moderate dehydration

FIRST 4 HOURS:

- Give 50 - 100cc/kg of ORS
- Give 1 teaspoonful (5cc) for children less than 2 years of age every 1-2 minutes.
- Frequent sips from a cup for older children.

- Fluids should be given slowly initially, until children demonstrate that they will tolerate them without vomiting; then the volume of fluids can be liberalized.
- If children vomit, wait 10-20 minutes, and resume fluids slowly.

REMAINING HOURS AND DAYS:

- Ideal intake should be at least 100cc/kg/day. This is in addition to the initial bolus given during the first 4 hours
- Breastfed children should be encouraged to breastfeed in addition to ORS.
- As soon as the child feels ready to eat, they should do so; avoid dairy products, meats, or greasy foods.

Medications

A 3-day course of antibiotics may be helpful when children have bloody diarrhea lasting longer than 3 days, or if there is a prolonged course of non-bloody diarrhea in an ill-appearing child. This strategy addresses both *Shigella* species as well as Enterotoxigenic *E. coli* (ETEC), two of the more common causes of traveler's diarrhea. Ciprofloxacin is very effective against both organisms but is presently only recommended in adults. In children, sulfamethoxazole/trimethoprim (SMZ-TMP) or azithromycin may be used but resistance to them is increasing; Azithromycin may be the better of the two. They can be prescribed prior to departure, with clear instructions as to when and how to use. In addition, bismuth subsalicylate can be used to shorten the course of diarrhea, and as a preventive medication. Antiperistaltic agents such as loperamide are not recommended, especially with bloody diarrhea.

Water Purification Techniques

Although safe bottled water is available in most countries, parents should be familiar with disinfecting techniques for emergency situations. Tap water is not safe for drinking anywhere in the developing world. There are many options for water disinfection:

“Diarrhea and Dehydration in Children Traveling Abroad,” continued from page 4

Boiling. This is the most effective method. Enteric parasites such as *Giardia lamblia* and cysts such as *Entamoeba histolytica* and *Cryptosporidium* are killed within 3 minutes of exposure to boiling water and enteric viruses and bacteria, within seconds. The drawbacks of boiling are the need for fuel, a stove and a pot, and waiting for the water to cool prior to drinking.

Filtration. Water filters are available in stores and websites for campers and travelers. The filters have various pore sizes, and most are small enough to filter out enteric bacteria, which are smaller than parasites and cysts. No pores are small enough to filter out viruses. Filters should be bought that are impregnated with iodine, which kills viruses.

Iodine and Chlorine tablets. These tablets are effective against all enteric pathogens except *Cryptosporidium*. Product instructions must be followed carefully. Generally, chlorine tablets should be in contact with water for about one hour to ensure killing pathogens. Iodine tablets require only about 30 minutes contact time.

If tablets are unavailable, iodine solution from a personal medical kit is an effective substitute. Add 5 to 10 drops of 2% iodine tincture solution to a liter of water. Alternatively, add 10 to 15 drops of 10% providone-iodine solution. Both methods reliably disinfect water. Iodine should not be used by people with thyroid conditions, pregnant women, or people with a known allergy to iodine. Iodine should never be used for more than a few months at a time to prevent thyroid problems. Vitamin C, sugar, and other flavors improve the taste of water disinfected with iodine and chlorine.

Organisms Generally Causing Non-bloody Diarrhea

Enterotoxigenic *E. coli*

- The most common cause of diarrhea in travelers, accounting for 50 to 80% of cases.

- Quick onset and lasting 2–4 days; generally self-limited.
- Diarrhea is watery and voluminous; sometimes associated with nausea and vomiting.
- Hydration alone is normally sufficient.
- For prolonged cases, children may be given a trial of azithromycin or (SMZ/TMP). However, ETEC is becoming increasingly resistant to SMZ/TMP.

Viral Infections

- Includes Rotavirus, Norwalk virus, and enteric adenovirus.
- Rotavirus is the second most common cause of diarrhea in child travelers, after ETEC.
- Vomiting common early in the course, followed by watery stools with colicky abdominal pain.
- Antibiotics not effective. Hydration.

Enterotoxin-producing Staphylococcal Aureus

- Onset within 1–6 hours of exposure.
- Intense vomiting followed by watery diarrhea.
- Very short-lived course that resolves within several hours.
- Hydration only. Antibiotics play no role.

Giardiasis

- Accounts for 3–5% of traveler's diarrhea.
- Most patients recover within 2–4 weeks.
- Watery diarrhea, steatorrhea, bloating, nausea, and sulfurous burps.
- Diagnosis on clinical grounds or by stool examination.
- Furazolidone is first-line therapy in children. Metronidazole if furazolidone is unavailable.

Cryptosporidiosis

- Protozoan infection from water contaminated with lamb or calf feces.
- Results in chronic diarrhea of greater than 5 months duration.
- No drugs available

Organisms that Generally Causing Bloody Diarrhea

Organisms invading the intestinal mucosa with resultant blood in the stool cause approximately 10–15% of traveler's diarrhea. Although hydration is the mainstay of treatment, antibiotics may be considered in any child whose bloody diarrhea persists for longer than 2 or 3 days.

Shigella

- Most common cause of bloody diarrhea in travelers.
- Rapid onset of symptoms with frequent, voluminous, bloody and mucoid stools.
- Fever, tenesmus, and sometimes seizures from toxin.
- Wide range of complications
- Mild to severe disease.
- Severe complications are rare
- Hydration alone is normally adequate. Consider SMZ/TMP, azithromycin, or cephalosporins for ill-appearing children and/or if bloody diarrhea persists longer than 2–3 days.

Campylobacter

- Self-limiting course lasting 5–7 days.
- Complications rare.
- Hydration. Consider erythromycin or azithromycin in severe cases.

Yersinia

- Rare cause of diarrhea in travelers.
- Fever, bloody stools, and abdominal pain.
- Nausea, vomiting, headache and pharyngitis are common.

Salmonella (non-typhoid and typhoid types)

- Typhoid vaccine is helpful, but not fully protective.
- Nausea, vomiting, fever, and abdominal pain.
- Voluminous watery stools progressing to bloody mucoid stools with pain.
- Most cases self-limiting.
- Approximately 8% of Salmonella cases progress to bacteremia, with fever, rigors, and toxicity.
- Severe extra-intestinal complications rare. Seen with Salmonella typhoid.

"Diarrhea and Dehydration in Children Traveling Abroad," continued from page 5

- Hydration. Antibiotic for patients with bacteremia, immunosuppression, clinically toxic appearing, and less than 3 months of age.

Amoebic Dysentery

- Only 10% of cases are symptomatic.
- Associated with abdominal discomfort and bloody mucoid stools.
- Hydration. Metronidazole (trophozoicide) followed by a course of Diloxanide (luminal amoebicide to eradicate cysts).

References

Committee on Infectious Diseases, American Academy of Pediatrics; 2000 Red Book; Report of the Committee on Infectious Diseases. American Academy of Pediatrics. 25th Edition. 2000

Eddleston, Michael; Pierini, Stephen; Oxford Handbook of Tropical Medicine. Oxford University Press. First Edition. 1999

Auerbach, Paul; Donner, H; Weiss, E; Field Guide to Wilderness Medicine. Mosby, Inc. First Edition. 1999

Gilbert, David; Moellwring, Robert; Sande, Merle; The Sanford Guide to Antimicrobial Therapy. Jeb C. Sanford, Publisher. 31st edition. 2001.

(Scott is a general pediatrician living in Oakland, California. He is involved in both inpatient and outpatient services and has been a clinical instructor to pediatric residents and medical students since 1993. He has a strong interest in international health and education. He recently completed a 3-month volunteer project in the rain forest in Eastern Guatemala, working with indigenous families. Scott is also the Director of a new organization, Global Pediatric Alliance; a non-profit group offering pediatric conferences and workshops for all levels of practitioners in developing countries. He contributed to NewsShare in the Jan./Feb. issue this year.)

Join an ISTM Committee

It is both an opportunity and a responsibility to sit on an ISTM committee. Please read the list and consider joining one. Below is a list of ISTM committees.

What are the benefits of being on an ISTM committee? Being a committee member means you will have the opportunity to:

- Contribute your ideas Influence the ISTM agenda
- Make a difference in your field of interest
- Create for yourself learning opportunities, networking, committee work and lobbying work
- Enhance your career by developing your knowledge and your leadership in your field of interest

What does being on an ISTM committee involve? As a committee member you will be expected to:

- Attend meetings as often as possible. This is usually every other year during the ISTM conference.
- Regularly communicate via e-mail.
- Participate in committee initiatives, sometimes as part of a working group
- Link with other ISTM committees
- Help contribute to NewsShare
- Take on responsibility within the committee

How are the committees run? Each committee comprises an uneven number of members, usually around 11, including a Chair, and possible co-chair. Ideally they should have a good geographical spread of members, so we'd particularly like to encourage members from host countries to nominate themselves.

Please contact the relevant committee Chair for information.

Electronic Communications (Chair, David Freedman)
dfreedman@geomed.dom.uab.edu

Health of Migrants and Refugees (Chair, Brian Gushulak)
brian.gushulak@sympatico.ca

Host Countries (Chair, Santanu Chatterjee)
sanchat@vsnl.com

Industry Liaison (Chair, Robert Steffen)
roste@ifspm.unizh.ch

Long Range Planning (Chair, Charles Ericsson)
Charles.d.ericsson@uth.tmc.edu

Membership (Chair, Albie de Frey)
albiedf@global.co.za

NewsShare and Webpage
travhealth@AOL.com (Editor, Karl Neumann)

Professional Education and Training (Chair, Eli Schwartz)
elischwa@post.tau.ac.il

Practice and Nursing Issues (Chairs, Fiona Genasi, Rebecca Acosta)
Fiona.Genasi@scieh.csa.scot.nhs.uk
rwacosta@travelersmedical.com

Research (Chair, Pat Schlagenhauf)
pat@ifspm.unizh.ch

Travel Industry and Public Education (Chair, Brad Connor) bconnor@pol.net

Position Available: USA

TRAVEL MEDICINE NURSE: Exciting opportunity for enthusiastic RN to provide counseling & immunizations for international travelers, in a fun & stress-free environment. F/T Salary + benefits. Passport Health Los Angeles is located in midtown Los Angeles at Wilshire/Fairfax. Tel: 323-549-9402 Fax: 323-549-9423 e-mail: passporthealthla@sbcglobal.net.

Calendar: Travel Medicine Conferences, Courses, Educational Travel

Conferences

July
10

3rd Annual Study Day in Travel Health. London, UK. July 10, 2002. The course is open to all Health Care Professionals with an interest in travel medicine. Useful update for those providing pre-travel health advice in a primary care setting. Contact: Ruth Hargreaves, Course Administrator, Academic Centre for Travel Medicine & Vaccines, Royal Free Campus, Rowland Hill Street, London NW3 2PF Tel: +44 020 7472 6114, Fax: +44 020 7830 2268. Email: r.hargreaves@rfc.ucl.ac.uk

Aug
11-16

18th Annual Wilderness Medicine Conference. Snowmass, Colorado, USA. August 11 – 16, 2002. Sponsor: Wilderness Medicine Society and the University of California, San Diego Continuing Education. Topics: Altitude Medicine, Rattlesnake bites, Dynamics of Group Travel, Expedition Medical Kit, Jungle Medicine, and dozens more subjects. Wilderness Medical Society, 3595 East Fountain Blvd, Ste. A-1, Colorado Springs, CO 80910 Phone: (719) 572-9255 Fax: (719) 572-1514 <http://www.wms.org> Email: wms@wms.org Register on line at <http://cme.ucsd.edu>

Sept
8-12

Third European Congress on Tropical Medicine and International Health. Lisbon, Portugal. September 8-12, 2002. "Tropical Medicine: A Global Challenge." Auspices of the Federation of the European Societies for Tropical Medicine and International Health. Host: Instituto de Higiene e Medicina Tropical. Main topics: tropical medicine, travel medicine, migration, medicine, international health. Experts will explore future innovative collaboration. Official language: English. Information: Professor Dr. F. Antunes, Instituto de Higiene e

Medicina Tropical, Rua da Junqueira, 96 PT-1600 Lisbon Tel: ++351-21-365-2638 Fax: ++351-21-797-6242 Email: ip231874@ip.pt Web address: www.kit.de/tropical2002

Oct
22-23

Intensive Review Course in Clinical Tropical Medicine and Travelers' Health. Chicago, USA. October 22-23, 2002. Sponsor: American Society of Tropical Medicine and Hygiene and American Committee on Clinical Tropical Medicine and Travelers' Health. Information: www.astmh.org ASTMH, 60 Revere Drive, Suite 500, Northbrook, IL 60062 USA. Fax: 847/480-9282 Email astmh@astmh.org.

Oct-
July

Diploma Course in Travel Health and Medicine. London UK. Each Monday, 1000-1600, from October 2002-July 2003.

Provides postgraduate education and a qualification within the field of travel medicine to those actively involved or with a keen interest in the provision of travel advice. For registered medical practitioners qualified with MBBS and nurses qualified with RGN, and other health care professionals with relevant qualifications. A Diploma in Travel Health and Medicine (Royal Free & University College London Medical School), will be issued to those that successfully complete the course. Contact: Ruth Hargreaves, Course Administrator (Dr Jane N Zuckerman, Course Director) Academic Centre For Travel Medicine and Vaccines Royal Free and University College, Rowland Hill Street London NW3 2PF United Kingdom Tel: (44) 020 7472 6114 Fax: (44) 020 7830 2268 Email: r.hargreaves@rfc.ucl.ac.uk

Oct
22-25

IV Biennial Asia Pacific Travel Health Conference. Shanghai, China: October 22-25, 2002. Travel Health in the Asia Pacific Region: New Frontiers and Challenges. Sponsor: Asia Pacific Travel Health Society and ISTM. Official language: English. Simultaneous translation of the plenary meetings into Chinese. Contact: Ms. Zhou Yifan, Secretariat of 4APTHC, Room 1705, No. 2669 Xie Tu Road, Shanghai 200030 China. Tel: 86-21 64398193. Fax: 86-21 64398194. Email: apthc2002@sh163.net Web address: www.2002APTHC.NET

Nov
10-14

Annual Meeting of the American Society of Tropical Medicine and Hygiene. Denver USA. Nov 10- 14, 2002. Pre-meeting course Nov 9-10: Updates in Wilderness and Extreme Medicine. ASTMH, 60 Revere Drive, Suite 500, Northbrook, IL 60062 USA, Fax: 847/480-9282 Email astmh@astmh.org.

Nov
10-17

SAILS 2002: Shipboard Assessment, Intervention and Life Support for Cruise Ship Medicine. November 10-17, 2002. Aboard the ship GTS Millennium. Sails from Ft. Lauderdale, Florida. Sponsor: Voyager Medical Seminar and New Hampshire Chapter of the American College of Emergency Physicians. For physicians and nurses interested in promoting and enhancing the delivery of quality medical services on board cruise ships. Computer technology including syllabi on PALM OS handheld computer and CD-ROM. Contact: Robert E. Wheeler, MD, FACEP, Voyager Medical Seminars, 9 Corduroy Rd. Amherst, NH 03031-2724. Voice/Fax (603) 672-5775. email: vms@computerserve.com

Calendar (continued)

NOV
12-16

Vascular Symposium in Hawaii – The Fourth Pacific Vascular Symposium on Venous Disease: The Aggressive Approach.

Hawaii, USA. November 12-16, 2002. International guest faculty of 40 experts. Program will be a “Venous Symphony,” with five controversial themes: (1) Acute Venous Thromboembolism, (2) Air-Travel Related Venous Thromboembolism, (3) Chronic Venous Disease, (4) Diagnosis of CVD, and (5) Varicose Veins. For surgeons, radiologists, and others interested in venous disease. Contact: Straub Foundation, 1100 Ward Avenue, Suite 1045, Honolulu, Hawaii 96814-1617; Tel: 808-524-6755, Fax: 808-531-0123, Email: straubf@straub-foundation.org Website: www.straub-foundation.org

NOV
18-23

Havana Travel and Tropical Medicine Course. Havana Cuba.

November 18-23, 2002. Sponsored by the Instituto de Medicina Tropical “Pedro Kouri” and Maastricht Travel & Tropical Medicine Foundation, Netherlands. For physicians, nurses, and health scientists. Official language: English. Twenty hours of instruction over 5 mornings, including bedside teaching. Course Secretariat: Peter de Beer, MD; P.O. Box 1660; 6201 BR Maastricht Netherlands. Email: mstropics@mail.com Web addresses: www.tropenkliniek.nl and www.ipk.sld.cu

April
4-6

10th Update Travel and International Medicine.

Seattle, USA. April 4-6, 2003. Lectures, expert panels, and workshops. For physicians and nurses. Sponsor: University of Washington Continuing Medical Education. Information: Sandy Pomerinke, 1325 Fourth Avenue, Suite 2000, Seattle, WA 98101. Tel: 206-543-1050 Fax: 206-221-4525 Email: cme@u.washington.edu

May
7-11

CISTM8 8th Conference of the International Society of Travel Medicine.

New York, NY. May 7-11, 2003. Contact: CISTM8 Conference Secretariat: Talley Management Group, Inc., 19 Mantua Rd. Mt. Royal, NJ 08061 USA. Tel: (856) 423-7222 Ext 218. Fax: (856) 423-3420. Web address: www.istm.org.

Courses/Educational Travel

Jan
18-25

Med Sail 2003: Medicine for Mariners and Safety at Sea.

Cruise the British Virgin Islands aboard luxury Moorings 45-foot crewed yachts. January 18-25, 2003. Topics include: marine and dive medicine, seamanship and safety at sea. CME credits. Offered by Wilderness Medical Society, West Marine, and *Blue Water Sailing* magazine. Lectures and workshops taught by expert doctors and industry professionals. Stops at exotic harbors. Time for water sports, exploring islands, or unwinding and relaxing. Contact: The Moorings, (800) 535-7289. Email: Michael.Jacobs,MD@saildoc.vineyard.net

Jan
27 &
March
28

The Gorgas Course in Clinical Tropical Medicine

Lima and the Andes and Amazon regions, Peru. January 27- March 28, 2003. Also in 2004. Sponsor: University of Alabama and IAMAT Foundation. Includes lectures, case conferences, diagnostic laboratory procedures, and bedside teaching in a 36-bed tropical medicine unit. Official language: English. International Faculty. 380 contact hours. Information: David O. Freedman, M.D. Gorgas Memorial Institute, U. of Alabama, Birmingham, 530 Third Avenue South, BBRB 203, Birmingham, AL 35294. Fax: 205-934-5600 or Division of Continuing Medical Education at 800-UAB-MIST (U.S.) or 205-934-2687 (from overseas) Email: info@gorgas.org Web address: www.gorgas.org.

Feb
2-14
Feb 23-
March
7

Tropical Medicine Expeditions to East Africa:

7th Expedition to Uganda, February 2-14, 2003, and 10th Expedition to Kenya, February 23-March 7, 2003. In collaboration with the University of Nairobi and Dr. Kay Schaefer (MD, PhD, MSc, DTM&H) Cologne, Germany. Official language: English. For physicians, public health experts and scientists. Visits to different hospitals and health projects in urban and rural areas. Individual bedside teaching and laboratory work. Lectures in epidemiology, clinical findings, diagnosis, treatment and control of important tropical infectious diseases. Updates on Travel Medicine. Visit to the “Flying Doctors” headquarters in Nairobi. 50 contact hours. Accredited certificate given. Contact: Dr. Kay Schaefer, Tel/Fax: +49-221-3404905, E-Mail: contact@tropmedex.com Homepage: www.tropmedex.com

Feb
18-28

Update on Travel and Tropical Medicine.

Siem Reap (Angkor Wat), Cambodia. February 18-28, 2003. CME event sponsored by Centre for Travel and Tropical Medicine. Course organizer: Kevin C. Kain, MD, FRCPC. Director, Centre for Travel and Tropical Medicine, EN G-224, Toronto General Hospital, 200 Elizabeth St. Toronto, ON, Canada M5G 2C4. Kevin.kain@uhn.on.ca Information: Yue Chi, Asia Adventures and Study Tours, 455 Avenue Road, Suite 300, Toronto, ON, Canada M4V 2J2 Tel. 416-322-6508 or 1-866-564-1226. E-mail: info@asiaadventures.ca

— "Certificate of Knowledge in Travel
Medicine Examination Update," —
continued from page 1

the body of knowledge. However, a physician-level work-up of clinical problems and management of patients when they are hospitalized are not included on the exam. This is not an exam in "tropical medicine".

If I have already taken or plan to take an exam for certification in travel medicine in my country, why should I bother to take the ISTM exam?

First, the ISTM exam is not a certifying exam. You will receive a certificate of knowledge, but the ISTM exam will in no way legally certify you to practice with this knowledge. As such the ISTM exam could be viewed as supplementing any national certifying exam. Passing the ISTM exam should help distinguish one practitioner from another in that those who pass the exam will have this fact emphasized in the ISTM clinic directory.

We hope that discussing these questions has helped. The exam committee intends to continue to keep you informed. If you have specific questions, please do not hesitate to ask one of the exam committee members who will be delighted to help you understand the process. Also, our ISTM web site has a feature on the exam and this will become much more informative as we get closer to the New York meeting. The exam will be given the day before the meeting.

For the Exam Committee
Charles D. Ericsson, MD
Exam Committee Member

"The Certificate of Knowledge Examination will be administered at the Marriott Marquis hotel in New York on Wednesday, May 7, 2003."

The Hotel is also the site of the 8th CISTM meeting. The exam is open to all licensed travel medicine practitioners including nurses, physicians, pharmacists, and physician's assistants. Both ISTM members and non-members are eligible to participate.

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