



## Minutes of the Membership Assembly of ISTM



The 2003 Membership Assembly was called to order by Dr. Louis Loutan, President, at 6:00 p.m. on Friday, May 9, during the ISTM Conference in New York.

### Secretary-Treasurer's Report

Dr. Frank von Sonnenburg presented the financial report of the society for the past two years. He reported that the society currently has total net assets of \$811,550 US. Dr. von Sonnenburg reviewed the income and expenditures for 2001 and 2002. He commented that the conference has a turnover of at least one million \$U.S and therefore the society needs to have funds in reserve to cover the cost of a conference in case of a conference failure. Dr. von Sonnenburg also reported that even though many other companies lost money on their investments, the ISTM made money in the bond market and recognized that our funds are being expertly handled by the brokerage firm of Salomon Smith Barney.

The floor was opened for questions concerning the financial report.

Dr. Ken Dardick posed a question concerning the Coalition and its role in the ISTM. Dr. Connor informed the members that the Coalition was begun several years ago as a way for corporations to donate unrestricted funds to assist in projects aimed at educating the public on travel health.

Congratulations were offered to the Secretary/Treasurer by Ms. Betsy Wade on the clarity of the report. She also mentioned that perhaps a policy should be adopted to keep the ISTM investments out of the stock market and only in the

bond market The report was approved. All ISTM members present at the Membership Assembly received a copy of the report prepared by D.J. Fulton, CPA, ISTM accountant. Dr. Loutan thanked Dr. von Sonnenburg for his excellent report.

Dr. Brad Connor, chair of CISTM8, reported that the Conference, based on attendance, delegate and sponsor feedback, and logistics was proceeding very smoothly with in excess of 1800 participants.

### Committee Reports

*Electronic Communications* – Dr. David Freedman reported that there are currently 600 members from 45 countries on the TravelMed list serve. The web page received approximately 240,000 unique visitors last year (about 20,000 – 25,000 per month). Through efforts of the ISTM and especially the Travel Industry and Public Education Committee, the online clinic directory is now linked from many other websites including the CDC Travelers' Health site and the URL appears regularly in the press. The clinic directory currently receives almost 8,000 visitors per month (100,000 per year). He reported that the process is underway to have an archive of list serve topics and discussions available within the next few months. A password protected state of the art (SQL server based) Members Only section of the web site will be available by November. In addition to direct access to the full text of the *Journal of Travel Medicine* online, an online version of the membership database, where a member can update their own information and check their membership status will be available. Members will also be able to

update their public Clinic Directory listing information during the same transaction.

*GeoSentinel* – Dr. David Freedman reported that the global surveillance network is in the 4<sup>th</sup> year of the current 5 year funding cycle and its 8<sup>th</sup> year of operation. There are currently 27 GeoSentinel full surveillance sites, with new sites in Africa, France and California. GeoSentinel reports are appearing with regularity in places like the MMWR, ProMed and the Clinical Infectious Diseases Journal. There are 105 ISTM member clinics in 30 countries that participate in the GeoSentinel Network Members program. GeoSentinel has been recognized by the national and international press during

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the current ISTM meeting for its role in the SARS outbreak. Dr. Freedman noted that GeoSentinel made extra efforts during the outbreak to keep all ISTM members informed of the status of the SARS outbreak.

*Professional Education* - Dr. Eli Schwartz reported that the committee is developing a list of educational sites that are willing to accept trainees at their facilities. This list will be posted on the website and in NewsShare. The committee is also exploring the possibility of offering short courses in travel medicine.

*Exam* - Dr. Phyllis Kozarsky reported that 422 people sat for the initial exam and that this was very exciting. She informed the assembly that a passing score meeting would be held within the next month and that the results of the exam would be mailed to each candidate in July. She presented a brief overview of the exam budget to date. Dr. Kozarsky thanked everyone involved with the exam for all of their hard work in making this idea a reality. (A short overview of the exam appears elsewhere in this issue of NewsShare; a more complete report will appear in the next issue).

*Membership* - Dr. Albie de Frey presented the report. He stated that the main objective of this committee is to figure out how to reach those areas of the world where those practicing travel medicine are not members of the society. He noted we also need to research mechanisms to make an ISTM membership more affordable for those in the developing world.

## UPCOMING CONFERENCES

A brief overview of the African/European Travel Conference to be held February 2004 in Cape Town, South Africa was presented.

A special invitation and preview of CISTM9 being held May 1 - 5 2005, in Lisbon was presented.

*Migrant Health* - Dr. Louis Loutan presented the report on behalf of this committee. He stated that the committee is creating a slide presentation of training modules in travel medicine.

*Practice and Nursing Issues* - Mrs. Fiona Genasi presented the committee report noting that this committee has been very busy since the last conference. She noted that the results of the survey that was sent to the nurses in the membership renewal packets would be presented at the meeting and will be published in NewsShare.

*Publications* - Dr. Christoph Hatz announced that Dr. Robert Steffen would be assuming the editorship of the Journal of Travel Medicine and thanked Dr. Ericsson for his ten years of service as editor. He also announced that he (Dr. Hatz) was stepping down as chair of this committee and that Dr. Ericsson will become chair.

*Journal of Travel Medicine* - Dr. Charles Ericsson reported that the journal is currently available to everyone online, but will become password protected later on this year. He reported that a decision has been made to keep the current production schedule of six issues per year.

*NewsShare* - Dr. Karl Neumann noted that the NewsShare is going out on time. He encouraged everyone to submit contributions for NewsShare. He also noted that currently 150 members receive NewsShare via regular mail and reminded the membership that if they were interested in receiving the hard copy of NewsShare that they should contact the ISTM secretariat office.

*Host Country* - Dr. Santanu Chatterjee said that this committee had put together the "Responsible Traveler" materials that everyone received in their registration materials (and is available in its entirety elsewhere in this issue.). He noted that these items would be available, upon request, from the secretariat.

*Travel Industry and Public Education* - Dr. Brad Connor reported that this committee had collaborated with the Host

Country committee to complete and distribute the Responsible Traveler materials. It was announced that Dr. Karl Neumann is assuming the chair of this committee because Dr. Connor is now president.

*Research* - Dr. Pat Schlagenhauf presented the results of the recent Research Awards. Dr. Thomas Cumbo was the first place winner. She noted that a full report from the Research Committee will be included in NewsShare. Dr. Schlagenhauf announced that she would be stepping down as chair of the Research Committee and that Dr. Anne McCarthy would be assuming the chair.

*Decker Award* - Dr. Louis Loutan presented the Decker award for Best Original Article, published in the *Journal of Travel Medicine*, to S. Provost and J.C. Soto for their article, "Predictors of Pre-travel Consultation in Tourists from Quebec (Canada)." A \$1000 check, from B.C. Decker, accompanied this award

## Outgoing President's Remarks

Dr. Louis Loutan presented a brief review of the past 2 years. He noted that the Executive Board met twice in 2002, each time these meetings were paid for by the organizers of the conferences. Dr. Loutan announced that as a way to increase the visibility of the ISTM, the society will be co-sponsoring regional conferences to be held in the years when there is not a major ISTM meeting. The first conference will be held February 2004 in Cape Town, South Africa. Edinburgh, Scotland will host the 2006 regional conference.

Dr. Loutan noted that most all of the work within ISTM is done on a volunteer basis.

At this time, Dr. Loutan expressed his sincere thanks for all of those who offered assistance and advice during his presidency, noting that his task was made easier by these individuals. He thanked Drs. Schwartz, Chatterjee and Steffen for their help with the Asia Pacific Conference. Thanks were also offered to Dr. von

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Sonnenburg for keeping the finances stable. A special thanks was given to those who are stepping down from the Executive Board for all of their hard work and commitment. Dr. Loutan recognized Dr. Ericsson for all of his accomplishments with the *Journal of Travel Medicine*. He also expressed his thanks to all committee members and chairs for their work. He paid special tribute to Drs. David Freedman, Robert Steffen and Charles Ericsson for their sound advice and assistance in decision making offered over the past two years. Dr. Loutan also gratefully acknowledged his appreciation to Mrs. Susan Stokes for her perspective and advice. He did announce that Mrs. Stokes has stepped down from her duties with the ISTM and that her knowledge and support would be missed. Finally, Dr. Loutan expressed his gratitude to Drs. Hans Nothdurft and David Freedman for the excellent scientific program they put together for the meeting and to Dr. Brad Connor and Talley Management for the organization of the conference.

At this time, Dr. Loutan presented Dr. Brad Connor, president-elect, with several "Presidential Survival" gifts. Dr. Connor thanked Dr. Loutan for the gifts and presented Dr. Loutan with a gift on behalf of the Executive Board.

Dr. Connor outlined his goals for the society during the next two years. He would like to set the ISTM on a new course. Dr. Connor thanked Dr. Kozarsky for her dedicated work in making the Certificate of Knowledge a success. He would like to see an increase for CME opportunities, thus the new African/European meetings and the possibility of weekend courses within North America. Dr. Connor expressed his desire to raise the global awareness of the ISTM and for the ISTM to be seen as an expert body within travel medicine.

Dr. Connor also noted that he would like to see the ISTM membership expand during the next 2 years, with hopes of the membership being doubled by 2005. Dr. Connor concluded his remarks by reminding everyone that this is a society of members and he would like to expand the op-

portunities for members and to see people become more involved.

## QUESTIONS/CONCERNS FROM THE MEMBERSHIP

At this time the floor was opened for questions or comments from the membership.

Dr. Alan Spira presented several comments about the possibility of handing over the society management to a professional management company and the publishing of the ISTM bylaws once a year in the *Journal of Travel Medicine*.

Dr. Connor responded that Dr. Spira's concerns would be discussed at the Executive Board meeting immediately following the conference. Dr. Connor did express that the bylaws could be posted on the ISTM members' only website.

Dr. Leonard Marcus presented his thoughts on some areas in which he feels the society should change: broadening of the leadership, term limits for officers and committee chairmen, a limit on the number of sessions that one person could chair at the CISTM, and the need for more frequent communication with the membership.

Dr. Freedman responded on behalf of the current scientific committee that the committee for each meeting is committed to

very diligently utilize individuals not otherwise on the meeting program to chair symposia and free communications sessions. As the program must be printed in advance and chairs must be drawn from those known to the committed to attend the meeting there was a particular problem this year due to the world situation when many people did not register until the last minute. Many people refused invitations or simply did not respond. In the end a number of slots needed to be filled at the last minute by people known to be attending by virtue of their commitments to other parts of the meeting.

Dr. Connor thanked Dr. Marcus for his comments.

Ms. Leslie Hogan commented that the conference seems to be geared to physicians and questioned whether or not the society was only interested in physician members and those nurses who work in travel clinics. She expressed her thoughts that the ISTM should broaden the horizon of the meeting and that it should be open to collaboration.

Dr. Connor noted that he would like to foster a greater sense of community in the society. The challenge will be to find ways to create the sense of community and he welcomed any ideas on this issue.

Respectfully submitted,  
Brenda Bagwell, ISTM Secretariat

## ISTM Certificate of Knowledge Examination

The first ISTM Certificate of Knowledge exam was an extraordinary success. 422 sat for the exam from 28 countries. This included 244 physicians; 157 nurses; 3 physician's assistants; 10 pharmacists; and 21 others. The age range was 25-80, and about 2/3 of the examinees were ISTM members.

The questions have been statistically reviewed and the exam was felt to perform exceedingly well from a psychometric standpoint. Knapp & Associates have graded the exams and the Certificates will be mailed in early August with guidelines for the use of the new "CTH" (Certificate in Travel Health) designation. There will be a more detailed summary of the examination and Exam Committee plans in the next NewsShare.

## The Responsible Traveler

ISTM has embarked on a Responsible Traveler initiative. As medical professionals, it is our responsibility not only to keep travelers healthy but to encourage them to respect local people as well as the environment during their journeys.

The World Tourism Organization has established a code of ethics to promote sustainable and respectful tourism. We can play a key role by disseminating educational information on travel ethics. Promoting respectful behavior of travelers will help reduce the growing resentment toward tourists in host countries, preserve host countries' cultures and environments, and ensure a safer and more rewarding experience for all travelers.

Please promote responsible travel by distributing these guidelines to travelers. The guidelines are available in two forms:

- The entire Responsible Traveler initiative, about 1300 words.
- A shortened version: Seven Tips for Responsible Travel. This is printed on an attractive, 7 x 20 cm (3 inch x 8 inch) firm yellow card that makes for a handy bookmark, especially appropriate for use when reading travel guides.

The text of both forms is printed below. Both items are available on our website, and can be downloaded and reproduced. A supply of cards is also available from the ISTM office. One hundred cards will be sent free of charge to any member requesting them. There will be a small charge for orders of more than 100 cards.

Submitted by:

Louis Loutan MD, MPH  
Immediate Past-president, ISTM

Santanu Chatterjee, MD  
Committee Chair, Host Country

## The Responsible Traveler

*A Brief Guideline to the Health Issues and Cultural Codes of Traveling from the International Society of Travel Medicine*

**C**ultural, hygienic, and ethical differences often pose challenges to travelers whether travelers are traveling within their own country or across the ocean.

Taking precautionary measures to avoid health problems - gastrointestinal disorders and infections, for example - are important but do not cover all the challenges that may occur on trips. Beyond health issues, it is important for travelers to educate themselves about other crucial information regarding their destinations in order to avoid unintentional conflicts or disrespect for the people of the host countries.

Over the years, tourism has brought millions of much needed revenue to economically-challenged countries. While contributing to these countries' economy, tourists have, unfortunately, often brought and acquired diseases and have used and abused valuable resources such as water and electricity. And because of the building of resorts and time-share condominiums, local residents have often found that tourism takes away much of the affordable land, causing housing

costs to rise to levels out-of-reach for many local residents.

The International Society for Travel Medicine has created a guide for "The Responsible Traveler" to help ensure that cross-cultural travel remains safe and beneficial to tourists as well as to the people of host countries.

### 1. Be an Informed Traveler

Did you know that there are countries where tipping is frowned upon, where sitting with your legs crossed is considered rude, or where you should ask permission before you can take a photo? The more you know about host countries the more fulfilling trips become.

- Utilize the Internet and the vast array of guidebooks to educate yourself about the cultural and ethical codes of the countries you are visiting as well as the potential health risks and lifestyle that you are likely to encounter in these host countries. By educating yourself about and being respectful of the host countries' lifestyles and cultural codes,

you can remain a "good neighbor" while keeping travel safe, having fun and learning about the host countries.

- With most Western societies used to a rapid pace, some adjustment may have to be made to acclimatize yourself to the slower, more relaxed pace of another country. Realizing that you will need to exercise patience before you embark on your journey may eliminate much frustration during your trip.

- Be open-minded. Many aspects of life will be different when you leave home. One of the main reasons for travel is to learn about and experience these differences.

### 2. Know the Dos and Don'ts of a Country

- In many countries, the dress code is much more conservative than in Western cultures. Some countries frown upon women exposing their shoulders or baring their legs. Therefore, when visiting these

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countries, you should be respectful of the culture and adhere to dress codes. Public displays of affection often cause embarrassment for local residents. Signs of anger may also be perceived as offensive.

- Listen to the way the local people address each other, their elders, and people with religious affiliations. By being respectful of titles and mannerisms, you can avoid creating ill will unintentionally.
- Gestures can be misinterpreted or may carry a different meaning in other countries. For example, in some countries pointing your finger at an object or when asking directions is considered rude. Using one's flat hand may be more acceptable.
- Be aware and respectful of religious holidays and observances and the customs that accompany those events.
- Don't take souvenirs from historical, cultural, natural or archaeological sites.

### 3. Respect Your Host Country

More people are visiting third-world and developing countries for romantic getaways or adventure trips. These countries present special challenges. You need to be mindful of the health and medical hazards that accompany visiting countries with less advanced medical care. The fact that you are able to visit exotic places means that you have the income to afford such luxuries, which may not be the case with many of the residents of the host country. By understanding and being respectful of the socio-economic differences between countries, travelers will enjoy their trips more and improve the economic situation in that country.

- Avoid obvious displays of wealth or handing out money. Such activities create immediate barriers and build resentment between you and local people.
- Bargain for purchases only if it is an acceptable custom, but do not be too aggressive. For many local people, these sales are their livelihood.
- Never exploit residents of your host country. If a service is provided, make sure that person has been monetarily cared for - either by the hotel or by tipping in a manner that is appropriate by local customs. Many local tourism employees receive very low pay for long hours. Make sure that you reciprocate when they provide assistance that helps make your trip go smoothly.
- Sex travel and child prostitution are unacceptable practices. Moreover, they are risky for the traveler.
- Support local communities, hotels, restaurants and churches whenever possible. This helps the host country economically and allows you to fully embrace the feel of the local culture.
- Minimize the use of resources. Don't insist on a daily bath if water is a scarce commodity.
- Minimize polluting whenever possible. Re-use towels and bed sheets to reduce the use of laundry soap.

### 4. Stay Healthy

While you may be concerned about the health hazards posed to you, you may not realize that you may present health issues to the people in the country you are they visit, especially in developing countries.

(This is the bookmark-like card available from the ISTM office.)



## The Responsible Traveler

### Seven Tips for Responsible Travel

*(International Society of Travel Medicine)*

**Be informed.** Travel allows us to discover natural beauties, historical sites and above all the diversity of other societies and people. Be an informed traveler before leaving home and discover what the people you'll meet at your destination can teach you.

**Be open-minded and patient.** Experience other cultures and lifestyles.

**Be respectful.** Local people welcome you. Show them gratitude and respect. Respect also local customs: the way you dress, behavior in religious sites, displays of affection.

**Avoid exploitation.** As travelers we are perceived as rich. Be generous in a constructive way by promoting the local economy. Avoid and denounce exploitation of the local people (e.g., low salaries, overwork, child abuse and sex).

**Protect the environment.** Avoid overuse of water, wasting food, littering and damaging sites.

**Leave a good impression.** A positive experience with local people will pave the way for those coming after you leave.

**Respect and mutual discovery will make your trip a wonderful experience and will promote your security and your health too!** So enjoy yourself and have a good trip!

The International Society of Travel Medicine  
[www.istm.org](http://www.istm.org)

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- Safeguard your own and your hosts' health as you would at home,
- Sexually transmitted diseases are particularly linked to travel. Avoid unsafe sex to protect yourself and your partner.
- Flu epidemics in susceptible local populations have been linked to tourism (on cruise ships, for example). Get vaccinated, when indicated.
- Colds are a common problem among tourists. Sharing a cold is particularly easy when in crowded conditions such as a market or on a bus. Try to avoid spreading your cold by washing your hands with soap and water and limiting personal contact with others.
- Gastrointestinal disorders are very common ailments among travelers. While few cases should cause concern, be sure to bring anti-diarrhea medications. Try to maintain the same high level of hygiene that you would at home.
- Poor working conditions of tourism employees often have serious health implications, such as frost bite in cold environments or decompression sickness in scuba guides. Be aware of possible health problems in employees and help them get the proper medical attention when necessary.
- Consult a travel health professional before leaving home. They can provide advice for staying healthy, give vaccinations and provide medications.
- Remember you are visiting someone else's home. Respect them and be considerate so that they can make your trip a pleasant, enjoyable experience.

For more information to help you be a responsible traveler, visit:

www.tourismconvern.org  
www.ippg.net  
www.ecpat.net  
www.icrtourism.org  
www.iipt.org

If you need medical assistance away from home, please consult the ISTM website: [www.istm.org](http://www.istm.org) for information on contacting a travel health professional near you.

## Letters to the Editor

Dear Editor,

Congratulations to the ISTM on a fabulous conference (CISTM8 in New York), and also on the inaugural Certificate Exam into which so many of you put so much work.

I hope you don't mind me passing on a few suggestions based on my experience with the recent ISTM exam. Please note that these are made with the intent of being 'constructive criticism' with only the best intentions for ISTM members. As an academic (part time), I am only too aware of the difficulties in setting something like this up, and only hope that

this will help future examinees and the ISTM. I admit to speaking as a general physician, as distinct from infectious disease physicians.

Overall, I thought the exam was fair and at an appropriate standard, covering the relevant areas. However, I am greatly disturbed that there was a marked overabundance of infectious disease content. I realize that there is a diplomatic/political agenda here in that to date, the bulk of travel medicine has been mistakenly equated with infectious disease, with a limited spattering of other topics. I felt

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## View from Stone Mountain

Welcome to a “View from Stone Mountain!” I will be using this column to update you on secretariat issues relating to the membership of the Society.

I would like to express my sincere appreciation to all of you attending CISTM-8 in New York and who came by to visit me at the ISTM booth. It is always a delight to see everyone and catch up on two years worth of news. I only wish we could have the opportunity to visit with one another more often. For those of you who were unable to attend – you were definitely missed, and I hope to see you in Lisbon in 2005.

Just a reminder that if you have not paid your 2003 membership dues you will soon be missing very important society benefits: your *Journal of Travel Medicine* has been cancelled (this happens in March of each year), your travel clinic listing on the web site will be removed, your ability to participate in the ListServe will be interrupted and your name will not appear in the 2003 membership directory. It is not too late to renew for 2003, so get those renewal dues in today!

Don't forget to spread the word about ISTM and all we have to offer. I keep a stock of membership brochures, conference announcements, exam announcements, and now, the Responsible Traveler “yellow bookmarks” in my office for distribution at meetings you attend. If you are interested in receiving these - just drop me a note at: [istm@istm.org](mailto:istm@istm.org) and I will be happy to send a supply.

Please do not hesitate to either e-mail or phone me (+1-770-736-7060) if you have any questions regarding your membership status or need to make changes to your listing.

Lastly, it is hard for me to believe that this July marks my 10<sup>th</sup> year with ISTM. I have seen so many changes over the years (all for the better, of course!), but more importantly, I have been honored to meet so many people from every area of the globe, people that I now count as friends. So if you are ever in the Atlanta area, be sure to call and I will gladly show you the real view from the top of Stone Mountain!

Until next time, please keep yourselves safe and be sure to find something to smile about everyday!

Brenda Bagwell

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that out of 200 questions, just 2 questions on biostatistics/public health, 1 or 2 questions each on jet lag, motion sickness and altitude sickness was inappropriate. There were no questions on assessing fitness to travel - the first and most important prerequisite. I can't recall any questions on injection technique (ID, IM, SC, etc.) or managing complications or patients' concerns, and very few questions on the impact of general medical conditions on travel related issues.

Whilst I am aware that returned travelers are likely to be treated at infectious disease tertiary hospital units, it should be remembered that the vast majority of travelers are well and healthy and, in fact, unlikely to see a primary care physician prior to travel. About 25% will see a primary care physician prior to travel, and less than 3% attend a travel clinic. I note that approximately 20% of attendees at the recent conference interactive sessions list themselves as 'Family Physicians'. These figures should be reflected in the course and exam content. If on the other hand, the ISTM body intends that travel medicine is mainly infectious disease, then this should be clearly stated.

A second problem which stood out was that in trying to determine the best answer for many of the questions, it was clear that there was little evidence on which to base the supposedly correct answer. I believe this issue was emphasized by Professor Steffen. This was compounded by the wording of many of the questions. "What would be 'your' management" may be a different question to "What are the 'WHO guidelines'". This was even further compounded by questions based on USA-centric information, as distinct from European, Australia, or UK-based experiences.

Thirdly, I believe this first exam should serve as a pilot in order to determine the relevant pass level. This means standardizing the paper to the appropriate level.

In summary:

1. Too much infectious disease content and too little emphasis on other travel related issues - infections only one of many issues
2. Inadequate evidence base for answers - as distinct from general management
3. USA centric - a problem for many
4. Inappropriate wording - recommend review of the use of "you"
5. Need for standardization

Once again, congratulations on the Certificate. I appreciate all the work and effort that went into it and hope my comments may be of some value for members.

Sincerely,

Dr Jonathan Cohen,  
Melbourne, Australia

**Here is a response to Jonathan's letter from Phyllis Kozarsky, MD, on behalf of the Exam Committee**

Dear Dr. Cohen,

Thanks so much for your thoughtful comments about the exam. We certainly appreciate the constructive way in which you expressed your concerns and I would like to personally address them.

The content concerns are well stated. We did send the Body of Knowledge (BOK) to 100 travel health physicians (internationally) to rank the BOK sections in terms of what areas they felt were most important for pre-travel health clinicians to know and what percentage of questions should address each topic. We (including a professional testing service) received answers that we used to develop a distribution in order to decide how many questions should be written covering each topic in travel medicine. We are certainly able to modify this and will base any modifications on our feedback and results of this exam.

You have addressed a concern that we all have when speaking about questions in certain difficult-to-test areas - e.g. assessing fitness to travel is difficult and often subjective. As you mentioned, we had to be very cautious not to include questions for which there are little or no data to support the answers. As well, there are always concerns about the appropriateness of a number of biostatistics questions when our major concern is the knowledge necessary for administering pre-travel health advice and the constituency includes nurses.

We further appreciate your concern about the international nature of the exam. Looking at the exam committee and who wrote the questions (see ISTM website), please note that the group came from all regions and contained individuals representing many different types of practices. There was a major effort to not "nationalize" the exam in any way. This issue will be addressed again as all questions will be reviewed.

And finally, please note that a professional educational testing service has been working with us all along and has been referred to in many of our communications with the members throughout this process. As stated above, each question will be assessed and appropriate psychometrics will be performed.

I hope these comments are helpful. We have tried very hard to prepare a fair and representative exam, but realize that this initiative is indeed a "work in progress." Your comments will be taken very seriously as we move forward.

Very Sincerely,

Phyllis Kozarsky

## Scientific Program Committee Awards

The Scientific Program Committee reviewed the numerous excellent presentations at CISTM8 and decided to make two awards: best oral free communication and best poster presentation. The abstracts of these two presentations are printed here:

### Best oral free communication:

High incidence of pertussis in non-immune Hajj pilgrims

**Authors:** A. Wilder-Smith, Travelers' Health & Vaccination Centre, Tan Tock Seng Hospital; S. Ravindran, Clinical Research Unit, Tan Tock Seng Hospital; A. Earnest, Infectious Disease Research Centre, Tan Tock Seng Hospital and N. I. Paton, Department of Infectious Diseases, Tan Tock Seng Hospital, Singapore.

**Objectives:** Prolonged cough occurs in a large proportion of the two million pilgrims attending the annual Hajj in Saudi Arabia. Pertussis is a frequent, but often underestimated cause of prolonged cough illness in adults. We conducted a prospective seroepidemiological study to determine the incidence of pertussis in adult Hajj pilgrims.

**Method:** We measured IgG antibodies to pertussis toxin in pre and post Hajj serum samples taken from 358 Singaporeans attending the year 2002 Hajj pilgrimage and questioned pilgrims about occurrence and duration of cough.

**Results:** Five out of 358 (1.4%) pilgrims acquired pertussis (as defined as a > 4 fold increase in IgG to pertussis toxin and prolonged cough). Of the 40 pilgrims who had no pre Hajj immunity against pertussis, three (7.5%) acquired pertussis.

**Conclusions:** The overall incidence rate during this one month event is higher than that of many other vaccine-preventable travel-related diseases (except influenza). The incidence of pertussis in non-immune pilgrims was even as high as 7.5%. This is not only of concern for the pilgrims, but may also lead to initiation of pertussis outbreaks upon return to their countries of origin. Administration of acellular pertussis vaccine (or DTaP) should be considered for departing Hajj pilgrims to address this problem.



### Best poster presentation at CISTM8:

Pharmacists and Travel Advice for Tropics

**Authors:** R. Teodósio, L. Gonçalves and J. Atouguia, Institute of Hygiene and Tropical Medicine, Lisbon, Portugal, and E. Imperatori, National School of Public Health, Lisbon, Portugal:

**Objectives:** To identify which topics pharmacists in the Lisbon area discuss with travelers and the advice given about transmission and prevention of malaria, yellow fever vaccination, and prevention and treatment of diarrhea.

**Methods:** A cross-sectional survey was undertaken. A self-administered questionnaire was given to pharmacists (one for each pharmacy in the random sample) during the period of November-December 2001. Questions were asked about advice given to an adult traveler traveling to tropical Africa.

**Results:** 251 pharmacists agreed to participate in the study; 20.1 % were male and 79.9% female; the average age was 43.55 years (SD 13.75).

Travel advice was not given in 5.6% of the pharmacies; 82.2% of the pharmacies gave advice to up to 3 travelers per month, only 2.5% of the pharmacies gave advice to more than 10 travelers per month. Of all the the studied pharmacies, 89.8% advised about malaria, 64.4% about vaccines and 97% about diarrhea.

In the group that gave advice about malaria, only 59% talked about transmission by mosquito bite and 90.8% gave no advice regarding bites at nightfall. A large number (90.6%) indicated "use of repellent" to protect against mosquito bite, but 53.3% didn't indicate to "protect with clothes"; 96.7% did not indicate "air conditioning"; 66.7% did not indicate "use of bed mosquito nets".

In a sample of 170 pharmacists 43.5% advised chemoprophylaxis with mefloquine and 44.1% with chloroquine; 25.29% advised both mefloquine and chloroquine. In this group there was association between "advise mefloquine" and "advise chloroquine" ( $p = 0.001$ ).

In the group that gave advice about vaccines, 21.2% did not inform about yellow fever vaccine.

In the group that gave advice about diarrhoea, no information was given about: the need to consume bottled water, 38.8%; the need to avoid ice cubes, 65.8%; the need to increase consumption of potable water during episodes of diarrhea, 62.3°; the use of oral rehydration sachets, 74.3°. In this group of pharmacists there was no association between the last two variables ( $p=0.3$ ).

**Conclusions:** In spite of the large number of pharmacies giving travel advice, this advice is incomplete and incorrect, and must be improved.

#### Submitted by:

*Prof. Dr. Hans Dieter Nothdurft, Chair, Scientific Program Committee*

## Calendar: Travel Medicine Conferences, Courses and 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.)

August  
9-13

### 4th World Congress of Wilderness Medicine.

Whistler, British Columbia, Canada. August 9-13, 2003. Held every four

years by the Wilderness Medical Society (WMS). For those working in wilderness medicine and providing care in challenging areas around the world. Fairmont Chateau Whistler. Contact: WMS, 3595 East Fountain Blvd., Suite A-1, Colorado Springs, CO 80910. USA. Tel: +1-719-572-9255. Fax: +1-719-572-1514. Web address: [www.wms.org](http://www.wms.org).

Sept  
12-14

### Annual Scientific Meeting of the Australasian College of Tropical Medicine. Melbourne.

September 12-14, 2003.

"Travel and Tropical Medicine in a Tie of Change." [paulal@leishman-associates.com.au](mailto:paulal@leishman-associates.com.au)

Oct  
7-8

### Intensive Update Course in Clinical Tropical Medicine and Travelers' Health. San Diego, California. October 7-8, 2003.

Immediately preceding the IDSA Annual Meeting. Sponsored by ASTMH in cooperation with the ACCTMTH. Contact ASTMH at (847) 480-9592. E-mail: [astmh@astmh.org](mailto:astmh@astmh.org). Web site: [www.astmh.org](http://www.astmh.org). Foundation in Travel Medicine by Distance Learning. Glasgow, UK. Nov 2003-April 2004. Multidisciplinary six-month course. Comprises four distance learning units of core material with written assignments. Overseas students welcome. Contact: Miss Amanda Burridge, Course Administrator, Travel Health Department, Scottish Centre for Infection and Environmental Health, Clifton House, Clifton Place, GLASGOW, G3 7LN. Tel: 0141 300 1132. Fax: 0141 300 1170. Email: [Tmdiploma@scieh.csa.scot.nhs.uk](mailto:Tmdiploma@scieh.csa.scot.nhs.uk) Web address: [www.travelcourses.scieh.scot.nhs.uk](http://www.travelcourses.scieh.scot.nhs.uk)

Nov  
13-14

### 14th Conference on the Health of International Travelers, Montreal, Canada, November 13<sup>th</sup> and 14<sup>th</sup>, 2003. Lectures,

expert panels, and workshops. Many interactive sessions. For physicians and nurses to develop and update their knowledge and skills in travel medicine. Sponsor: The Medisys Travel Health Clinics and [TravelMedisys.com](http://TravelMedisys.com). Hotel Omni. Contact: Dr. Dominique Tessier or Mrs. Nicole Côté, Medisys Travel Health Clinic 500 Sherbrooke West, Suite 1100, Montréal, Quebec, Canada H3A 3C6. Tel :514-499-2773. Fax: 514-845-4842. Email: [nicole.cote@medisys.ca](mailto:nicole.cote@medisys.ca).

Nov  
17-22

### Havana Travel & Tropical Medicine Course 2003.

Havana, Cuba. November 17-22, 2003. Organizer: Instituto de Medicina Tropical „Pedro Kouri“ (IPK), Havana, in collaboration with Medical Services for the Tropics (MST), Maastricht, Netherlands. For physicians –(especially those working in general practice, occupational, aviation, tropical and public health medicine), pharmacists, microbiologists, nurses, and other health scientists. Lectures by leading specialists (Cuban and others) and visits to hospitals, research laboratories, and community health centers. Lab training available on request in bacteriology and parasitology, and extra module, public health. Official language: English. Medical education credits applied for from Dutch accrediting authorities. Course Coordinator: Peter de Beer, MD; PO Box 1660;6201 BR Maastricht, Netherlands. Email: [mstropics@mail.com](mailto:mstropics@mail.com) and [pedebeer@hvision.nl](mailto:pedebeer@hvision.nl). Web address of MST: [www.tropenkliniek.nl](http://www.tropenkliniek.nl). IPK information: Director, Training programs, Dr. Nereyda Cantelar. See Web address IPK: [www.ipk.sld.cu](http://www.ipk.sld.cu).

Dec  
2-3

### Current Issues in Clinical Tropical Medicine and Travelers' Health. Philadelphia, Pennsylvania. December

2-3, 2003. Sponsored by the American Society of Tropical Medicine and Hygiene in cooperation with the ACCTMTH. Contact: ASTMH, 60 Revere Drive, Suite 500 Northbrook, Illinois 60062 Tel: (847) 480-9592; Fax: (847)-480-9282 E-mail: [astmh@astmh.org](mailto:astmh@astmh.org). Web site: [www.astmh.org](http://www.astmh.org).

Feb  
8-11

### African-European Conference on Travel Medicine (AECTM). Cape Town, South Africa. February 8 – 11, 2004. Orga-

nized jointly by International Society of Travel Medicine (ISTM) and South African Society of Travel Medicine (SASTM). Meeting especially targeted at European and African professionals. Leading experts from all parts of the world will present the very latest in travel and migration medicine. Many interactive sessions. Special workshops on travelers in Africa, visitors of game parks, medical services for long-term expatriates etc. Contact: Ken Brown, African Conferences and Incentives (ACI) e-mail: [aectm@acitravel.co.za](mailto:aectm@acitravel.co.za) Phone: (+27) (11) 475 2902. Fax: (+27) (11) 475 0366 Web address: [www.istm.org](http://www.istm.org); [www.sastm.org.za](http://www.sastm.org.za)

Feb  
13-17

### Winter Wilderness Medicine Conference, Jackson Hole, Wyoming, USA. February 13-17,

2004. The latest in winter-related wilderness and travel medicine. Contact: WMS, 3595 East Fountain Blvd., Suite A-1, Colorado Springs, CO 80910. USA. Tel: +1-719-572-9255. Fax: +1-719-572-1514. Web address: [www.wms.org](http://www.wms.org).

## Calendar continued

March  
4-7

**11th International Congress of Infectious Diseases.** Cancun, Mexico. March 4-7, 2004. Sponsor: International Society for Infectious Diseases (ISID). Official language: English. ISID, 181 Longwood Avenue, Boston, MA 02115, USA. Tel: (617) 277-0551. Fax: (617) 731-1541. Email: info@isid.org. Web address: www.isid.org.

March  
6-11

**Hypothermia and Cold Related Injuries.** Alyeska, Alaska. March 6-11, 2004. Sponsored by the Wilderness Medical Society. Contact: WMS, 3595 East Fountain Blvd., Suite A-1, Colorado Springs, CO 80910. USA. Tel: 719-572-9255. Fax: 719-572-1514. Web address: www.wms.org.

March  
8

**Postgraduate Diploma in Travel Medicine by Distance Learning.** Glasgow, UK. March 8, 2004-February 2005. Year long, distance-learning course for qualified medical practitioners, nurses and other health care professionals with special interest in travel health. Diploma qualification awarded through Royal College of Physicians and Surgeons. Students may be invited to continue onto MSc in Travel Medicine through the University of Glasgow. Overseas students particularly welcome to apply. Contact: Miss Amanda BurrIDGE, Course Administrator, Travel Health Department, Scottish Centre for Infection and Environmental Health, Clifton House, Clifton Place, GLASGOW, G3 7LN. Tel: 0141 300 1132. Fax: 0141 300 1170. Email: Tmdiploma@scieh.csa.scot.nhs.uk Web address: www.travelcourses.scieh.scot.nhs.uk

March  
29-31

**4th European Conference on Travel Medicine (ECTM4).** Rome. March 29-31, 2004. Travel Medicine and Safety. Sponsored in part by WHO and CDC, Atlanta. An interdisciplinary approach to travel medicine, preceded and followed by meetings held in close collaboration with lead-

ing societies in dermatology, occupational health, sports medicine, pediatrics, psychology and psychiatry, environmental health, cardiology, and other subjects. These meetings will be held in Venice and in other Italian cities of cultural interest. Abstracts accepted from those wishing to take part. Send abstracts to: wpasini@rimini.com by November 30, 2003. Other information: Expomedia Srl, Via XXVIII Luglio 218, 47893 Borgo Maggiore, Republic of San Marino. Tel: (+378)907577, fax (+378)944795, e-mail: info@expomedia.sm.

April  
25-28

**Wilderness and Travel Medicine.** Santa Fe, New Mexico. April 25-28, 2004. Sponsored by the Wilderness Medical Society. Contact: WMS, 3595 East Fountain Blvd., Suite A-1, Colorado Springs, CO 80910. USA. Tel: +1-719-572-9255. Fax: +1-719-572-1514. Web address: www.wms.org.

May  
1-5

**9th Conference of the International Society of Travel Medicine (CISTM).** Lisbon. May 1-5, 2005. Biennial meeting of the International Society of Travel Medicine. Detailed information about the meeting will be available in the next issue.

May  
8-13

**8th International Symposium on Maritime Health.** Rijeka, Croatia. May 8-13, 2005. (Biennial) Organized by International Maritime Health Association and local organizers, with support from WHO, IMO, ILO and ITF. For health professionals, educators, and legislators. Faculty of international experts. Conference held aboard cruise ship originating in Venice, sailing along Adriatic coast, and visiting the Cities of Rijeka and Dubrovnik. Official language: English. Contact: 8thISMH Secretariat, RI-AK, Verdieva 6, 51000 Rijeka, Croatia; Tel: +385 51 312-312; Fax: +385 51 312-333; e-mail: secr-ismh8@ri-aktours.hr; Web address: www.ismh8.com

## Courses/Educational Travel

Feb 2-  
April 2

**The Gorgas Course in Clinical Tropical Medicine.** Lima, and the Andes and Amazon regions, Peru. Course scheduled for February 2-April 2, 2004 (waiting list only) and January 31-April 1, 2005. Sponsored by the University of Alabama and the 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. Contact: David O. Freedman, M.D. Gorgas Memorial Institute, University of Alabama at Birmingham, 530 Third Avenue South, BBRB 203, Birmingham, AL 35294. Fax: 205-934-5600. Or call: The 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  
15-27

**Tropical Medicine Expeditions to East Africa:** 9th Uganda Expedition scheduled for February 15-27, 2004, and 11th Kenya Expedition scheduled for March 7-19, 2004. In collaboration with Kay Schaefer, MD, PhD, MSc, DTM&H, of Cologne, Germany and the Universities of Nairobi and Makerere. Two-week expeditions designed for up to 8 health care professionals (doctors, public health experts, scientists, pharmacists, nurses). Participants visit hospitals and health projects in urban and rural areas. Includes individual bedside teaching, laboratory work, and lectures in epidemiology, diagnosis, treatment, and prevention and control of important tropical infectious diseases. Also update on travel medicine and visit to the „Flying Doctors.“ 50 contact hours. Official language: English. Medical education credits applied from German accrediting authorities. Contact: Dr. Kay Schaefer, Tel/Fax: +49-221-3404905, E-Mail: contact@tropmedex.com. Web address: www.tropmedex.com.

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the Bimonthly Newsletter of the International Society of Travel Medicine

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