

# Travel Medicine NewsShare

NEWS, VIEWS AND NOTICES FROM THE INTERNATIONAL SOCIETY OF TRAVEL MEDICINE

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The aim of NewsShare is to allow easy exchange of information between members of ISTM in the form of news, view and notices. It must be noted that the views expressed by contributors are not necessarily those of the editors, the ISTM executive or its various committees unless stated to be so.

## **NEWS FROM THE SOCIETY**

### **A Message from the President**

The sixth conference of the International Society of Travel Medicine (CISTM-6) was highly successful. I want to give special thanks to the chairperson of the Conference Organizing Committee, Dominique Tessier for all her hard work. Likewise, the Organizing Committee could not have been as successful as it was without the devotion and consummate professionalism of Ms. Susan Stokes. Many attendees commented on the quality and breadth of the plenary sessions. In this regard I want to single out for special praise the excellent work of the Co-Chairs of the Scientific Committee, Frank Bia, Christoph Hatz and Stephen Ostroff.

Judging by the general quality of the oral presentations and the posters we are clearly still a young society. The quality of the research presentations will improve as the reputation of ISTM matures. We should be able to attract reports on many excellent studies under the broad definition of travel medicine. We need to convince investigators to prefer our meeting to infectious diseases, tropical medicine and similar society meetings.

During the conference the Executive Board of the International Society of Travel Medicine and the various committee chairs and members were very active. Following the conference in Montreal the Executive Board and others from around the world conducted a strategic planning meeting that was followed by an Executive Board meeting. These meetings served to stimulate much discussion and action that we will share with you in future communications and in reports from the various committees that will be published in NewsShare.

You should know the Executive Board and Chairpersons of ISTM committees. All of these people will now be expected to attend the Executive Board meeting held at the biennial CISTM. Please contact any of them if you are interested in serving ISTM or have suggestions. Brenda Bagwell, our very able secretary to the Secretariat can help you reach any ISTM member. She can also send you details about how to join ISTM in the event you are not a member. She can be reached at <bcbistm@aol.com>, and her address is PO Box 871089, Stone Mountain, GA 30087.



## **The Executive Board members are:**

### **Voting members:**

President: Charles Ericsson (USA), Past-president: Michel Rey (France), President-elect: Louis Loutan (Switzerland), Counselor: Brad Connor (USA), Counselor: David Freedman (USA), Counselor: Santanu Chatterjee (India), Counselor: Karen Howell (UK)

### **Non-voting members:**

Secretary/Treasurer: Frank Von Sonnenberg (Germany), Special Advisor to the Board: Phyllis Kozarsky (USA), Special Advisor to the Board: Robert Steffen (Switzerland), Administrative Director of the Secretariat: Susan Stokes (USA), Secretary to the Secretariat: Brenda Bagwell (USA)

### **Committee chairpersons are:**

Electronic Communications: David Freedman (USA), Fundraising: Robert Steffen (Switzerland), Host Countries: Santanu Chatterjee (India), Membership: Graham Fry (Ireland), Migrant Health: Louis Loutan (Switzerland), Professional Education and Training: Phyllis Kozarsky (USA), Publications: Christoph Hatz (Switzerland), Research Committee: Pat Schlagenhaut (Switzerland), Travel Industry and Public Education: Brad Connor (USA), Long Range Planning Committee: Michel Rey (France)

### **CISTM-7 Appointees**

Chair of the CISTM-7 Organizing Committee: Frank Von Sonnenberg (Germany), Chair of the Scientific Committee: David Freedman (USA), Co-Chair of the Scientific Committee: Robert Steffen (Switzerland).

At the Board meeting each chair presented his or her committee's progress to date and indicated what resources might be necessary to reach goals. While details are forthcoming the Executive Board identified certain goals.

The membership committee is a high priority as we try to identify how better to benefit our members and how to appeal to members of national societies of travel medicine to join ISTM. We are intent upon putting your membership dollars to work to generate identifiable membership benefits. One short-term goal is to publish updated membership and clinic directories, both of which should be available soon and will be on the web site free to ISTM members.

We are also exploring how we can improve our electronic communications such as managing hot links on our web site and making NewsShare available electronically. Members will be permitted to have a free link to their clinic's home page as long as the page is not overtly commercial. For commercial hot links we are exploring a fee for a listing in a shopping mall linked to the ISTM site. You will see your Society become rapidly heavily oriented toward electronic communications. I urge all of you to get on-line so that you can fully benefit from the Board's commitment to regular communication with the membership.

Fund raising is a high priority in order to support the many projects that have been identified. Heretofore, our corporate sponsors have heavily subsidized the membership and projects of the International Society of Travel Medicine. ISTM is grateful for this support. The time has come to better demonstrate to sponsors how our efforts benefit them and to diversify our funding sources.

ISTM continues to be supportive of research projects and hopes to organize a clinical trials group. Information about how to apply for a grant will be available soon. The research committee is currently considering whether to target junior and less experienced researchers. This committee is also exploring the feasibility of a network of willing mentors who can help others who have ideas for research but who do not quite know how to proceed with data collection and analysis.

An ISTM task force met in the spring to consider the advisability and feasibility of establishing a certificate of knowledge in travel medicine that could be earned by either nurse or physician practitioners of travel medicine. The task force is committed to develop a body of knowledge that is advisable to know in order to practice travel medicine. This body of knowledge will be published in *Journal of Travel Medicine*. The development of a test necessary to grant a certificate is a much larger undertaking and further action awaits the results of the needs assessment survey that was disseminated at CISTM-6. Please note that this certificate is not certification to practice.

ISTM is actively exploring the establishment of guidelines for practice, which will be published in



*Journal of Travel Medicine*. Initial considerations are guidelines for the Hajj and for cruise ships. Another educational success is the indexing of *JTM* on Medline. Our journal will now be published every other month beginning with a January 2000 issue. We have also applied for indexing with the Institute of Scientific Information, which will allow us to track our “impact factor”.

ISTM is committed to the education of the traveling public. To this end the Board is actively exploring the formation of a foundation that could be the means to better attract funds to support public education.

A major project is GeoSentinel, a system of collection and analysis of data from clinics around the world that monitors ill travelers or migrants. This system should begin supplying important information to our members in the near future. GeoSentinel has entered into a partnership with the Centers for Disease Control and Prevention and as such has received funding to maintain their current efforts for five years. The Executive Board supported use of additional ISTM funds especially to target and develop more European reporting sites.

New initiatives relate to the Board’s desire to enlarge the definition of travel medicine. Many of ISTM members are practitioners who are concerned with promoting the health of travelers such as tourists and business travelers. ISTM is embarking on major efforts to embrace a broader definition of travel to include migration and the impact of travel on both developing and developed host countries.

I hope you share with me a sense of enthusiasm for the goals and directions that ISTM is taking. Please share this enthusiasm with your colleagues. You are the best ambassador that ISTM can have.

Warm regards,

**Charles D. Ericsson**

**President, International Society of Travel Medicine**

## **A Message from Dominique Tessier following the Montréal Conference**

It is hard to believe that after so many weeks and months of intense preparation, the 6<sup>th</sup> Conference of the International Society of Travel Medicine is finally over. The week of the Conference seemed to fly by, and I feel as though I haven’t quite come back down to earth yet!

The Conference was a wonderful success in every sense of the word. There were over 2000 participants, from 64 countries, more than any previous ISTM Conference. A true international Conference! The comments of delegates that I spoke with and that other Committee members reported to me were invariably positive. The exhibitors were also enthusiastic about the meeting, and the general consensus was that it had been very worthwhile. Even the weather collaborated, although it was a bit too hot for me, particularly during the beautiful Concert in the Notre-Dame Basilica! I believe that this year’s Conference has set a new standard for the ISTM that future Organizing Committees will endeavour to replicate.

It goes without saying that the support of the Organizing Committee, the Scientific Committee, the speakers and poster presenters and Events International Team was a key element in the successful outcome of the Conference. I personally want to thank them all very sincerely. As I mentioned at the Closing Ceremonies, the outstanding logistical team on site gave me a tremendous feeling of confidence and security.

My deepest appreciation goes to the participants, all of whom played a part in ensuring the very positive outcome of CISTM6. Without their enthusiasm and active involvement in all the interactive sessions, the CISTM6 outcome would have left a very different feeling. I have one regret: I talked to a minuscule number! Each of my encounters with a participant from Ghana, Cambodia, Indonesia, Sri Lanka, China, Brazil, India, Poland and so many other countries made such a durable impression. And so many friends I barely waved to! Bonjour à vous tous. I console myself with the certitude that many of you will be participants in other CISTM.

I look forward to seeing you again!

Au revoir, donc, et merci!

**Dominique Tessier, Chair, CISTM6**



## Body of Knowledge and Certificate of Knowledge Update

We would like to thank all 473 of you who took the time to fill out and return the “needs assessment” survey with regard to the proposed certificate of knowledge in travel medicine. There were certainly varying opinions with regard to an examination, though most were moderately to highly enthusiastic about moving ahead with our exploration. We have not yet thoroughly analysed the results of the survey, but will publish these when available in the next edition of NewsShare, and keep you up-to-date on the activities of the committee.

In the meanwhile, there were many excellent comments included on the survey responses, as well as several issues brought up by a number of members. We would like to address a few of the questions:

A “Certificate of Knowledge” would be awarded to those individuals who choose to sit and pass an exam. It is not a “certification” process nor is it credentialing. The ISTM is not a “Board” and our membership is international.

The exam would be purely voluntary, and would probably (at least initially) be given at the location of the ISTM Conference, either directly prior to, or after the meeting.

The exam would encompass pre-travel health issues. It would not test post-travel care. Thus, the same exam would be given to both nurses and physicians.

The committee exploring this issue is international in its composition, is multi disciplinary, consists of nurses and physicians, and is also aware of regional differences in travel health recommendations, cultural differences, etc.

The committee is making its best effort to communicate with national societies, as well with the American Society of Tropical Medicine and Hygiene in an effort to best co-ordinate activities.

And finally, there is understanding concern from many with respect to moving ahead without a well defined “scope of practice” in travel medicine. It has therefore been the major thrust of the efforts of this committee and its professional consultants to first (and foremost) develop a “Body of Knowledge” outline for travel medicine. We feel that with a comprehensive body of knowledge document, professional educational efforts can move ahead more smoothly and more rapidly. In addition, this will enable better recognition of the many overlapping responsibilities of nurses and physicians practising travel medicine. The aim is to work together instead of becoming more fractionated.

The body of knowledge document is now in draft form and is undergoing evaluation and revision. Hopefully, it will be available for the next NewsShare as well. The items for inclusion are certainly not “set in stone” and serve only as guidelines for us in developing educational opportunities and standards of care.

Again, thank you for your assistance and we will be in touch with many of you during this process.

On behalf of the committee

**Phyllis Kozarsky**

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## ISTM - Nursing Task Force formally adjourned at CISTM6

In 1995, at the ISTM Acapulco Meeting, the Executive Board sanctioned the establishment of a Nursing Task Force. It was the objective of that time-limited, adhoc group to identify issues important to the Nursing members of the Society and to suggest methods by which those goals might be accomplished.

These original objectives of the Task Force were met during the period 1995-1999.

At the ISTM General Business Meeting and at the Executive Board meeting a recommendation was made and a petition was put forth to the Board to establish a committee on “Practice Issues”.

This new standing committee would incorporate the Task Force and expand its goals and membership into an interdisciplinary committee focused on issues of professional practice.

At the Executive Board meeting there was a great deal of discussion on this issue.

Members interested in this proposed committee were advised to become more involved in the professional education and training committee, perhaps as a subcommittee.

The proposed “Practice Issue” Committee was not empowered and the Nursing Task Force was adjourned.

**Lisa Sawyer, RN**



## Nursing Continuing Education Units (CEU's)

The Executive Board has passed a motion that the Board will always have a nurse holding a counselor position, and that counselor would be responsible for appointing the person to be in-charge of applying for CEU's for Nurses for CISTM's.

An intense effort will be put forth to apply for Nursing CEU's for CISTM-7 in Innsbruck.

**Lisa Sawyer, RN**

P.S. I would like to thank all the nurses who formed the Nursing Task Force and for the contributions made towards meeting the objectives over the past four years.

## ISTM ELECTRONIC COMMUNICATION COMMITTEE (ECC) REPORT - JUNE 1999

### Current Status of the Three Major Activities

**Web Page:** www.istm.org is currently located on a sever maintained for the Society by Shoreland Inc. They format and mount content (computer files) provided to them by various arms of the society. Present format includes provision of Mission and Membership information; Travel Clinic Directory; ISTM News Service, Publications (JTM, NewsShare); Links to Important Other Sites; Links to Travel Clinic Web Pages; ICTM information.

Members and ISTM sponsors have requested hyperlinks to commercially oriented sites not directly related to the provision of medical care to individual patients. The ECC has been tasked by the Executive Board to report back on this issue but the initial feeling is that the revenue stream from this would be small and that this sort of endeavour is unusual for academic and professional societies.

**TravelMed:** The listserv discussion group. Presently 348 members subscribe. Discussion is lively and often of high quality and usefulness to participants. The move to an unmoderated format in 1998 has been highly successful. A Liability Disclaimer to automatically appear on all postings will be added.

**Membership wide e-mail distribution:** Selected surveys, ISTM notices, GeoSentinel requests, and GeoSentinel Advisories/alerts will continue to be disseminated in this way.

### New Recommendations

1. ISTM should consider an expanded web presence. This might include creation of a WebPage Editor position that held significant stature within the organisation as well as an editorial board for this electronic publication. Resources for editorial assistance would be required. Education of the public, new media, legislative entities, and K-12 classrooms about travel medicine should be an important focus of the Web publication. The Societies' mission would be well served if the answer to the many enquiries we all receive from reporters, legislative aides, or schoolchildren needing to write a report on malaria or any travel related disease could be "go to www.istm.org". Provision of content would ultimately depend on the good will of our membership.

2. All electronic publication of the Newsletter. This would eliminate significant printing and postage costs. Access by members would not be affected and the electronic version would be available, for most members, at least two to three weeks prior to receipt of any mailed hardcopy. Near universal internet access is now the norm even in the developing world. Internet should now be viewed as a way to reach more people rather than as an elitist tool that would restrict information flow to academia and the economically advantaged.

The Executive Board passed on a resolution mandating gradual transition to all electronic publication subject to member feedback. Beginning in calendar 2000, upon electronic availability of each issue on the ISTM Web Page, each member would receive an e-mail announcing the issue. Embedded in the e-mail would be the URL for the PDF version of the file. Current e-mail software and PC operating systems link URLs and Web Browsers so that simply clicking on the URL in the e-mail



message will bring up the issue, completely formatted, on the screen. Those with colour printers would even be able to print in colour. Year 2000 and 2001 membership renewal forms will both ask members whether they want to discontinue receipt of their print versions. For 2000 the default for those not replying will be to continue to receive the print version, for 2001 the default for those not replying will be discontinuation of receipt of the print version. The Executive Board will consider total cessation of the print version at its 2001 meeting. Due to the relative permanence of print media, scientific publications such as the Journal should remain available in print, with the extent to which content is disseminated electronically to be determined by the Board, the Journal Editor, and the Publications Committee.

ISTM Electronics Communications Committee: David O Freedman (USA), Chair., Steven Denny (USA), Graham Fry (Ireland), Jeff Chapman (USA), Andrew Jamieson (South Africa), Yvan Fortin (Canada), Deborah Mills (Australia), San Lanfranco (Canada)

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## ISTM Electronic Communications Nuts and Bolts Primer

We have many new members in the society so would like to review the electronic services available. As with regular mail, different ISTM functions are carried out at different locations so be sure to send your e-mail to the correct place.

### ISTM Home Page <[www.istm.org](http://www.istm.org)>

The entire text of the ISTM Travel Clinic Directory is available on-line, and a direct link from each listing that contains an e-mail address will allow someone viewing the listing to click and send a message directly to that clinic. Inclusion in the directory is not an automatic feature of membership. If you are not in the directory currently, send a request to the membership office at <[bcbistm@aol.com](mailto:bcbistm@aol.com)>. Updates are done quarterly so your name will appear right away.

Direct links to the HomePages of about twenty ISTM member clinics that have their own HomePages. ISTM member clinics that want their HomePages to be linked from the ISTM page should submit their URLs to <[istm@geomed.dom.uab.edu](mailto:istm@geomed.dom.uab.edu)>.

The ISTM News Service. Excerpts from all WHO and CDC outbreak bulletins and press releases are posted daily and links to the entire articles on the WHO or CDC server are embedded in the text.

Informational text now includes: The brochure for ISTM-C7 meeting in Innsbruck in 2001, the membership brochure, and instructions for joining TRAVELMED, the ISTM listserv.

Society Publications: Complete text of NewsShare, the ISTM Newsletter, (submissions to <[eric.walker@virgin.net](mailto:eric.walker@virgin.net)>) and abstracts from the Journal of Travel Medicine.

### ISTM E-Mail Directory

If you didn't get the recent e-mailed ISTM Advisory on the Influenza outbreak in Alaska, we don't currently have a valid e-mail address for you. All ISTM members occasionally get these advisories as well as infrequent ISTM notices. Maintaining an up-to-date e-mail directory is difficult and has been time consuming. Individual e-mail addresses change with much greater frequency than postal addresses, hand-written e-mail addresses on annual membership renewals are often difficult to decipher, and occasional members are reluctant to submit e-mail addresses to societies for fear of receiving ever increasing amounts of junk e-mail. If you didn't get the recent message send us an e-mail from your preferred location so that the correct address can be extracted from the actual message. Submit to <[istm@geomed.dom.uab.edu](mailto:istm@geomed.dom.uab.edu)>

### TRAVELMED the ISTM Listserv

This is an unmoderated discussion group (350 participants at present) that members need to actively join. Being in the ISTM e-mail directory does not automatically enrol you in TRAVELMED; not everyone wants to receive the increased volume of e-mail that participation in TravelMed entails. Restriction of access to ISTM members ensures a higher quality discussion.

To join: in the body (not the subject line) of an e-mail message sent to [listserv@yorku.ca](mailto:listserv@yorku.ca) type the





words **subscribe travelmed**.

Once accepted for membership, you will automatically receive further instructions from the server. The vast majority of requests for participation come from non-members of ISTM. Each request to join has to be manually screened by a volunteer from the Electronic Communications Committee so there are delays in processing requests at times and some mistakes are made. Please remember that TravelMed is like the Journal or NewsShare, you only get one subscription per membership. You cannot have subscriptions from both your home and office e-mail address. If five people work in your clinic but there is only one ISTM membership you get one (not five separate) subscriptions to TravelMed.

Current TravelMed subscribers often have questions on what to do when e-mail addresses change or they have trouble with some aspect of TravelMed. Instructions on how to handle the most common situations can be found at <http://www.istm.org/listserv.html>

**David O Freedman, MD**

**Chair, ISTM Electronic Communications Committee**

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## A Report from GeoSentinal

GeoSentinal is the global surveillance network of ISTM. The GeoSentinal Program includes issuance of periodic advisories to all our member clinics via electronic means.

An important outbreak of Influenza A once again occurred this summer in travellers and tourist industry workers in Alaska and the Yukon Territory. Detailed information and background is available at <http://www.cdc.gov/trav/june99.htm> and [http://www.hc-sc.gc.ca/hpb/lcdc/osh/yukak\\_e.html](http://www.hc-sc.gc.ca/hpb/lcdc/osh/yukak_e.html).

Acquisition appears to be primarily on land portions of combination land-then-cruise group tours. Last year an estimated 850 000 travellers, many elderly, from at least 45 countries visited Alaska during the May-September summer travel season. An estimated 40-50 000 cases of influenza like illness occurred during the Summer 1998 outbreak in the same locales and several elderly travellers died with complicating pneumonia.

Influenza is a year-round disease in the tropics. In addition, these summer outbreaks are occurring with increasing frequency, Nevertheless, influenza vaccine is not available from manufacturers during the summer months in the Northern Hemisphere. Elderly and high risk travellers should thus be counselled on the use of rimantidine or amantidine for prophylaxis or for standby treatment.

We suggest that ISTM members make efforts publicise this outbreak as well as the risk to travellers within their own communities. This is a high priority public health travel topic with wide mass appeal. It is a good opportunity to promote travel medicine in general and your own clinic in particular. For example, a "Tip Sheet" put out locally in Birmingham last Friday in collaboration with the UAB media relations department when this news broke on the above web pages, has already resulted in one newspaper item and several requests for interviews since.

**David O Freedman, Phyllis Kozarsky, GeoSentinel Directors**



**Pasteur  
Merieux**





## Letters from members

### 6th Conference ISTM

Dear Sir

Many of the issues discussed at the 6<sup>th</sup> Conference of the International Society of Travel Medicine raise the need for further research or action. Stephen Bezruchka, in his communication session "Adverse Effects of Tourism to Majority Countries on the Health of the Host Population", explored not only the impact of tourism on the health and environment in host countries, but also the relationship between income inequality and life expectancy. He also discussed the loss of local control that occurs where holidays spent in resorts owned by transnational corporations, result in a new outflow of foreign exchange. He suggested that travel clinics could attempt to address the problem by promoting responsible choices of travel destinations to our clients.

As travel physicians, concerned about preventing disease in host countries as well as in travellers and in expatriates, I proposed that we also do what we can to support Jubilee 2000. Recent debt reduction proposals by Tony Blair do not go far enough. 'Structural adjustment' did not succeed in increasing prosperity in the majority world. As long as countries must spend more on debt payments to their northern creditors than they do on the health and education of their people, disease and social unrest will continue to increase.

**Maurianne Reade, MD, Lakeland Medical Clinic, Cold Lake, Canada**

**Mailing Address: General Delivery, Westeros, Alberta, Canada, TOC 2VO.**

### An Analysis of Travel Health Advice

I am planning a content analysis of travel health advice material given to travellers. The emphasis will be on the investigation of issues which seem to not have been covered in previous such analyses.

I would like to ask ISTM members to assist me with this research by sending me material that they pass on to their clients.

I am mainly looking for written material (leaflets, brochures, booklets, photocopies of self compiled advice etc) on any travel health related issue. I will also examine audio tapes or video tapes should you use them and send me one (please attach a note if you wish them returned).

The material can be in one of the following languages: English, German, Dutch, Spanish, Italian, French,

Portuguese, or Arabic (standard). I will be able to get assistance for other languages.

I would appreciate your passing this request on to other colleagues who might not be ISTM members, and I am happy to receive any contacts for institutions or publishers producing/distributing other material.

Please send any material you wish to share to the address below. The collection of items starts now, the actual analysis will start approximately March/April 2000. Any comments are welcome as well. Please note, to maintain confidentiality, names of individuals or clinics who have submitted information will not be identified in any report on the results.

Your help in this matter is very much appreciated.

**Dr Irmgard Bauer, School of Nursing Sciences, James Cook University, Townsville Qld 4811, Australia**

**Telephone: + 61-7-47815312 or Fax: + 61-7-47814026.**

**E-mail: [Irmgard.Bauer@jcu.edu.au](mailto:Irmgard.Bauer@jcu.edu.au)**

## Notes from the Editor

Thank you to all contributors for this first NewsShare after the Montréal Conference. In addition to the excellent scientific content, the conference was an opportunity for people to meet and discuss issues relating to the society and its future.

**It has been decided that members with access to the Internet and the ISTM Website should be able to 'opt out' of receiving NewsShare as a 'hard copy'.**

This for many of us is a sign of the times and knowing that current and back numbers of NewsShare are readily available on the ISTM WebSite, this means less paper arrives into our offices to be filed or piled away (!)

**If you do not wish to receive a hard copy of NewsShare in the future please let Brenda Bagwell know at the secretariat address below. This will also mean less costs for printing and postage.**

Please keep your contributions coming in.

We have also decided to limit the amount of non-society material in NewsShare so we are dependent upon you to let us have material to share with other members.



## SPECIAL ARTICLE

### **Migrant Health and Migration Medicine: Expanding the Scope of Activities of the ISTM.**

Increasing international mobility of persons and goods is one of the characteristics of today's globalized world. The origin of this process of globalization is multi-factorial: demographics, communication, transportation, relocation of work opportunities and other factors all combining to dramatically change global patterns of movement. There are clear indications that this trend will continue over the coming years and that these issues will assume an important dimension with regards to health.

Traditionally, individuals or populations on the move are referred to as either travellers or migrants. International **travellers** number nearly one billion persons per year. Their journey involves the crossing of international borders on a two-way ticket, and their travel is often between rich countries, or from rich to visit poor countries. The duration of these journeys is often for only a limited amount of time. Their contact with foreign population is often in the form of sporadic encounters that may occur in comfortable hotels, although there is an increase in "exotic" or wilderness experience travel. These travellers may be exposed to poor hygiene and foreign pathogens and have some risk of bringing the consequences of that exposure home with them. However, as a whole, the experience is often considered to be recreational, and consequently even illness acquired in the manner may not be perceived as a significant hardship.

**Migrants** number approximately two to four million persons per year. They primarily travel on a one way ticket, usually from poor to richer countries, carrying with them the specific disease burdens of their country of origin. Their conditions of travel often include journeys of much longer duration than those of routine travellers, and migrants are often exposed to greater health risks than tourists. Migrants tend to have prolonged contact with new populations, experience new cultural practices and suffer some restriction in access to traditional health care at their new destination. There are several "sub-categories" of migrants including tourists, business travellers, humanitarian workers, students, military personnel, immigrants, refugees, asylum seekers, illegal migrants and others. Each category can be defined according to some specific characteristics but they all share common factors related to travel and the risk of some health consequences resulting from that movement process.

Changes in environment, exposure to new risks, differences in health systems and access to medical services affect migrants' health. As the world continues to experience the effects of globalization, distinctions between traditional travelers and migrants is becoming

less clear, as the groups share more and more commonality. Thus, in an attempt to better understand the implications of mobility, it will be necessary to examine both the differences and the common characteristics, risk factors and consequences of international movement for both traditional travellers and migrants.

One of the basic health concepts of international mobility is the traversing of geobiological boundaries during the journey. This can be explained as a process of leaving one specific biological environment (with its own climate, temperature, pathogens, and vectors) for which a certain degree of adaptation exists, and the movement to other locations where the traveller is exposed to different biological characteristics. In today's world this process is resulting in an increasing number of persons being exposed to new environmental stresses that have potential health consequences. The crossing of these epidemiological boundaries is also associated with an increased circulation of pathogens and vectors worldwide, resulting in the increased exposure of both the newcomers and the receiving populations to new disease challenges.

The movements of individuals and populations also imply the crossing of socio-cultural boundaries. Leaving family and community to move to another socio-cultural environment has extensive implications, both for the person moving and for the receiving population. Knowledge, beliefs and attitudes towards disease and health, the expectations of and perceived needs for medical services and access to health services or information may be very different between the travellers' origin and destination. These differences can importantly affect the process of adaptation to a new environment for the newcomer and can influence the effectiveness of health care providers who serve migrants and travellers'.

The health aspects of the movements of persons are often perceived in terms limited to the risks of importing or exposure to communicable diseases. However, moving also implies changes in lifestyle, food habits, exercise; it imposes psychological stress and a certain degree of isolation. Each of those factors can affect the health and well being of the migrant traveller and can have potential consequences on physical and mental health. These various factors have a definite impact on the use of medical services with direct consequences on the cost of the services provided and their adequacy.

Assessing and monitoring factors that affect health and health services for the internationally mobile is



crucial in order to anticipate and propose changes and adaptations to travellers health needs. Better and more detailed analysis of the relationships between mobility and health is needed to better serve migrant travellers and to ensure that resources are effectively utilized. Significant trends in patterns of disease distribution related to population mobility can be observed. For example, in many European countries an increasing proportion of new cases of tuberculosis is detected in foreign-born residents and newly arrived migrants. In some nations, the majority of reported malaria is noted to occur in foreign-born residents returning after visiting friends and relatives. Similar overrepresentation between illness and migration status exists in the areas of occupational health and domestic accidents. A clear understanding of the causes and risk factors involved is needed in order to be able to target adapted preventive interventions.

Other areas of current interest in the field include the access to and use of medical services by migrants, the characteristics and costs involved of those services, and the quality of care provided. In Switzerland, for example, the majority of live births is currently observed in foreign born parents, a situation that will have direct implications for a variety of maternal-child and daycare services. Similar situations also result in terms of the provision of culturally appropriate prevention information and messages to be given to mothers.

Drawing on the above examples of the health consequences of increased migration and global mobility it is possible to consider migrants as one cohort of a collection of global travellers. In that context the health characteristics of migrants, which reflect their geographic and socio-cultural origin, can represent a pattern of experience and knowledge that can be applied to groups of travellers. Considering traditional tourist travel for example, there may be lessons acquired by those who provide health services for arriving migrants that may be relevant for other travellers who may journey in the reverse direction. This wider approach to dealing with the health of travellers can both expand the scope and increase the coverage and practice of travel and migration health within a single shared framework of health risk determination and management.

Through this unitarian approach to the health issues common to all travellers, be they tourists or migrants, better prevention, treatment and understanding of

travel associated illness and disease can be obtained. It is anticipated that as travel and population mobility increase, the overlap between traditional travel medicine and migration health will expand. Through that increased collaboration curricula, scientific background and the knowledge bases of the two fields will become progressively more common. The net result expected to be increased areas of common interest, investigation and reporting reflecting the globalization of travel, commerce and population mobility.

The increase in international mobility will be associated with new opportunities for ISTM. A broad range of ISTM supported activities could be developed to support the emerging field of migration medicine. Those activities, many of which can be based on or patterned after existing ISTM practices include;

- the study of and improvement in aspects of providing care for migrants, refugees, asylum seekers and immigrants, arriving in a host country,
- improving the science and practice of the initial medical screening and evaluation of migrants,
- the provision of specific medical services for migrant travellers,
- the acquisition of the necessary skills for providers who wish to expand their practice to broader groups of international travellers.

The delivery those activities implies participating in the collection and analysis of basic epidemiological data relating to illness and diseases of migrants, examining their health needs and use of medical services and the design of appropriate training material. All those undertakings will benefit from the facilitation of networking and diffusion of knowledge between those who deliver traditional travel medicine services and those who work in the expanding field of migration health. Many of ISTM members have expertise in the various fields of tropical diseases, travel medicine and several are also involved in providing services for migrants, refugees and immigrants. ISTM plans to build on this existing network of professionals to expand its scope of activities and broaden the concepts and practice of travel medicine.

For the ISTM Committee on Migrant Health

**Louis Loutan, Brian Gushulak**



**Roche**



## CONFERENCES AND COURSES

### CUBA

*Dengue Fever, a menace at the door  
of the year 2000*  
Havana

23 August - 3 September 1999  
Please contact: Professor Maria G Guzman,  
Instituto "Pedro Kouro", Autopista Novia del  
Mediodoa, Km 6, PO Box Mnao 13, Ciudad  
Habana, Cuba  
Telephone: 53 7 220450 or Fax: 53 7 220633.  
E-mail: lupe@ipk.sld.cu

### USA

Malaria Policies and Human Development:  
Approaches for the Next Century  
Harvard University, Cambridge, Massachusetts  
7-17 September 1999  
A complete description and on-line application  
form are available at:  
<http://www.hiid.harvard.edu/training.health.html>  
or by writing to [malaria@hiid.harvard.edu](mailto:malaria@hiid.harvard.edu)

### UNITED KINGDOM

*Vaccines and Immunisation in the next  
millennium*  
Manchester

7-10 September 1999  
For further information please contact:  
James Arthur.  
Telephone: +44 (0) 1625 624060  
or Fax: +44 (0) 1625 430544.  
E-mail: [james.arthur@cmc.co.uk](mailto:james.arthur@cmc.co.uk) or Web  
address: <http://www.immunise.man.ac.uk>

### USA

*Review Course in Clinical Tropical Medicine and  
Hygiene (ASTMH)*  
American Society of Tropical Medicine and  
Hygiene  
San Francisco, California  
23-24 September 1999  
For further information contact: ASTMH  
Telephone: (847) 480 9592 or  
Fax (847) 480 9282. E-mail: [astmh@astmh.org](mailto:astmh@astmh.org)  
or <http://www.astmh.org>

### SWITZERLAND

*Accidents due to Venomous and Poisonous  
Animals*  
Swiss Tropical Institute, Basel  
27-30 September 1999  
Course Secretariat: PO Box, CH-4002 Basel,  
Switzerland.  
Telephone: +41 61 284 8280 or  
Fax: +41 61 284 8106.  
E-mail: [sticourses@ubaclu.unibas.ch](mailto:sticourses@ubaclu.unibas.ch) -  
<http://www.wb.unibas.ch.STI>

### GERMANY

*Hallenser Travel Medicine Forum*  
Halle (Saale)  
18 September 1999  
For more information contact: Dr H J Deuber,  
Martin Luther University Halle, Wittenberg,  
Clinics for Internal Medicine, Department of  
Nephrology, Ernst Grube Strasse 40, 0-06120

Halle (Saale), Germany.

Telephone: +49 345 557 2717 or Fax: +49 345  
557 2236.

E-mail: [brigitte.kassner@medizin.uni-halle.de](mailto:brigitte.kassner@medizin.uni-halle.de)

### USA

*Review Course in Clinical Tropical Medicine and  
Travellers' Health*

San Francisco, California; Moscone Convention  
Center South Building  
23-24 September 1999

Organised by the American Society of Tropical  
Medicine and Hygiene (ASTMH) in co-operation  
with the American Committee on Clinical  
Tropical Medicine and Travellers' Health  
(ACCTMTH).

For additional information, please contact  
ASTMH at (847)480-9592.  
Fax (847) 480-9282 or e-mail [astmh@astmh.org](mailto:astmh@astmh.org).  
Website: [www.astmh.org](http://www.astmh.org).

### SOUTH AFRICA AND BOTSWANA

*5th Course in International Travel Medicine*  
26 September - 5 October 1999

Further information please contact: Danish  
Society of Travel Medicine, Mads R. Buhl, MD,  
Chairman. Department of Infectious Diseases,  
Marselisborg Hospital, 8000 Aarhus, Denmark.  
Phone +45 89 49 18 02 or Fax. +45 89 49 18 00.  
E-mail: [buhl@aaa.dk](mailto:buhl@aaa.dk)

### UGANDA

*5th Tropical Medicine Expedition*

In collaboration with the University of Makerere,  
Uganda

7-19 November 1999

Secretariat: Kay Schaefer, Travel Medicine  
Center, Teutoburgerstr 14, 50678 Cologne,  
Germany.

Telephone/Fax: +49 221 3404905 or  
E-mail: [106021.2721@compuserve.com](mailto:106021.2721@compuserve.com)

### GERMANY

Congress for Infection and Tropical Medicine  
Munich

24-27 November 1999

For more information contact: Germany  
Society for International Health URL:  
<http://www.tropenmedizin.net/>

### BELGIUM

Third National Seminar on Travel Medicine  
Brussels

25 November 1999

For further information please contact : Dr F  
Jacobs by e-mail [erasmcmi@resulb.ulb.ac.be](mailto:erasmcmi@resulb.ulb.ac.be)

### USA

*Travel Related Vaccine, Preventable Illnesses*  
American Society of Tropical Medicine and  
Hygiene

Hilton Washington and Towers; Washington DC  
27-28 November, 1999

Travel-Related Vaccine Preventable Illnesses





Hilton Washington and Towers; Washington, DC  
27-28 November, 1999

Organised by the American Society of Tropical  
Medicine and Hygiene (ASTMH) in cooperation  
with the American Committee on Clinical  
Tropical Medicine and Travelers' Health  
(ACCTMTH)

For additional information, please contact  
ASTMH at (847)480-9592. Fax (847) 480-9282  
or e-mail [astmh@astmh.org](mailto:astmh@astmh.org).  
Web site: [www.astmh.org](http://www.astmh.org).

#### USA

Symposium: Hantavirus Reservoir Studies in  
the Americas

48<sup>th</sup> Annual American Society for Tropical  
Medicine and Hygiene Meeting  
28 November - 2 December 1999

For more information contact: Charles H  
Calisher: [<calisher@usa.healthnet.org>](mailto:calisher@usa.healthnet.org)

#### KENYA

*8th Tropical Medicine Expedition*

In collaboration with the Travel Medicine Centre,  
Cologne, Germany and the University of Nairobi,  
Kenya

6-18 February 2000

Secretariat: Dr. Kay Schaefer, Travel Medicine  
Centre, Teutoburgerstr.

14, D-50678 Cologne, Germany.

Tel/Fax: +49-221-340 49 05 or

E-Mail: [contact@tropmedex.com](mailto:contact@tropmedex.com) or  
website <http://www.tropmedex.com>

#### UGANDA

*5th Tropical Medicine Expedition*

In collaboration with the Travel Medicine Centre,  
Cologne, Germany and the University of  
Makerere, Kampala, Uganda

27 February - 10 March 2000

Secretariat: Dr. Kay Schaefer, Travel Medicine  
Centre, Teutoburgerstr.

14, D-50678 Cologne, Germany.

Tel/Fax: +49-221-340 49 05 or

E-Mail: [contact@tropmedex.com](mailto:contact@tropmedex.com) or  
website <http://www.tropmedex.com>

#### USA

Travel and Environmental Medicine Course  
Eldorado Hotel, Santa Fé, NM  
22-26 March 2000

The course is jointly sponsored by the  
Wilderness Medical Society and the American  
Society of Tropical Medicine and Hygiene.  
For additional information please contact WMS  
at (719) 572 9255, [wms@wms.org](mailto:wms@wms.org),  
[www.wms.org](http://www.wms.org) or ASTMH at (847) 480 9592,  
[astmh@astmh.org](mailto:astmh@astmh.org) or [www.astmh.org](http://www.astmh.org).

#### NEPAL

Study Tour: Trekking and Travel Medicine  
25 March-9 April 2000

Contact: Master Travel, Croxted Mews, 288  
Croxted Road, London. SE24 9BY.

Telephone: 0181 671 7521 or

Fax 0181 671 7327.

E-mail: [tours@mastertravel.co.uk](mailto:tours@mastertravel.co.uk) or

Web Site [www.mastertravel.co.uk](http://www.mastertravel.co.uk)

#### ITALY

2nd European Conference on Travel Medicine  
*Venice, Fondazione Cini, Isola di San Giorgio*  
29-31 March 2000

For more information contact: Dr. Walter Pasini,  
Viale Dardanelli 64: 47900

Rimini, Italy. Telephone: 390-541-24301 or

Fax: 390-541-25748

E-mail: [wpasini@rimini.com](mailto:wpasini@rimini.com)

#### ARGENTINA

9<sup>th</sup> International Congress on Infectious Diseases  
10-13 April 2000

For further information please contact:

International Society for Infectious Diseases,  
181 Longwood Avenue, Boston, MA 02115, USA.

Telephone: (617) 277 0551 or

Fax: (617) 731 1541. E-mail: [isidbos@aol.com](mailto:isidbos@aol.com)

#### ITALY

*Infettivologia 2000*

Infectious Diseases Past and Present  
Casale Monferrato

15-19 May 2000

Organising Secretariat: Planet srl, Via Borgone  
57-10139 Torino, Italy

Telephone: +39 11 3825357 or

Fax: +39 11 3825682. E-mail: [planet@cse.it](mailto:planet@cse.it)

#### TAIWAN

*Travel Medicine in the 21<sup>st</sup> Century*

Taipei

24-25 June 2000

The International Travel Medicine Conference  
2000, organized by the Asia Pacific Society of  
Travel Medicine (ASTM) and the Chinese  
Association of Travel Medicine (CATM)

Registration and additional information, please  
contact the Conference Secretariat at P.O. Box  
68-439, Taipei, Taiwan. Telephone: +886-2-2523

6017. Fax: +886-2-2537 7479 or e-mail:

[tcm@ms5.hinet.net](mailto:tcm@ms5.hinet.net).



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