



## Should Travel Medicine Professionals "Police" the Travel Plans of Their Clients?



*Compiled by Karl Neumann, MD*

**T**ravel health practitioners sometimes face ethical and moral dilemmas because clients plan trips that are unreasonably hazardous or morally questionable. How should such clients be approached?

To get opinions, we posted four questions on the ISTM ListServ. Thirty-five members from 11 countries responded. The following are representative responses.

**Do we as travel health professionals have moral and/or legal obligations to attempt to dissuade clients from going on trips that we disapprove of? If yes, what do we do about it? Do we refuse to treat them if they insist on going?**

"The ethics of travel medicine is an example of beneficent paternalism that is once again gaining favor over unrestricted patient (traveler) autonomy."

"A practical problem is that most patients come to see us too late in their planning stage for us to have a major impact on their trips. The few times that I have recommended major changes in their itineraries, they did not take my advice. The main reasons, I think, is that they had already finalized their plans, were excited about going, had told their friends and relatives, and had paid for their trips. We

should find ways to convince travellers to see us earlier in the trip-planning process. Perhaps ISTM can work on this."

"I start with the principle that people are adults and free to make their own choices. My role is to allow them to make informed choices. Where the law is clearly to be breached and there is a remedy I will report it viz. paedophilic sex trips in certain countries (see below.) Where there is a moral rather than a legal issue, I leave this to the traveller to make his own mind up, once he is fully informed. Should he persist with his folly, I will do my best to offer maximum protection."

"We have an ethical responsibility to be good doctors, but not 'spiritual advisors.' If their minister or lawyer were to make objections to their plans, I might not think badly of that. However, if they were to give them advice about malaria prophylaxis, that would probably bother me a bit."

"It is so easy to give people advice they don't want, have not asked for, and almost certainly will not follow. There is enough of that advice that already falls into the area of travel medicine to keep us busy. Let's not stray too far away from our professional (medical) responsibilities to our patients."

"For all my interest in travel medicine, I happen to think that traveling long distances by plane is irresponsible and perhaps immoral, certainly selfish, in view of the effect that jet travel has on the environment. But I keep my views to myself!"

"Legal: maybe only in the unlikely case of a paedophile. Moral: no. Their decision to travel is their choice and their business. They are consulting me as a health professional, not a priest. Do we refuse

## CISTM9 Lisbon, May 1-5, 2005, is just around the corner: on the calendar and on the map. Start making your plans to attend.



**I**t is our great pleasure to invite you to attend the 9th Conference of the International Society of Travel Medicine which will address, with a global perspective, all aspects of the rapidly developing discipline of travel medicine.

Perched on the edge of the Atlantic Ocean and with a personality split between Western Europe and Northern Africa, Lisbon is a European city like no other. Portugal's capital boasts as grand a cultural and historical heritage as that of any other major European city, but also a tumbledown, earthier side that sets it apart. A most modern convention center, flooded with light and close to the historical center of the city, provides an ideal setting for creative thinking, for productive debate, and for the acquisition of new knowledge. We invite you to enjoy the dynamic city life, the cultural events, and the living traditions of Portugal and, most importantly, conferencing in Lisbon.

We look forward to seeing you, hearing your ideas, and drawing on your expertise. We in turn will provide you with the latest scientific information and solutions to common and uncommon problems – all this to enhance your day-to-day practice of travel medicine while increasing your global perspective on our ever-changing and growing profession.

For further information about CISTM9, please go to the ISTM website and click on the image of Lisbon.

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“We should be concerned about where people are traveling and protect them as well as possible. If the area is risky we must explain the precise risks in clear-cut terms and allow the traveler to decide.”

to treat them if they insist on going? Most definitely not. I would regard this as unethical.”

“This question really grabbed my attention. We should be concerned about where people are traveling and protect them as well as possible. If the area is risky we must explain the precise risks in clear-cut terms and allow the traveler to decide. We should remain objective as possible. But we should be comfortable with what we say and prescribe, or not do it. We are not the travel police. That being said, we should fully document all discussions.”

“Raising the consciousness of the traveler is the first step in pre-travel preparation. If a traveler’s scenario seems risky to me, I believe it is important to share my concerns and the scientific basis for them. I tell the patient that I will chart that the vaccines were refused and/or that the recommendation was for the person not to travel. I state in the note that I discussed the concerns with the patient.”

**How do you deal with clients who are likely traveling for the prime purpose of having sexual relations with local people, perhaps children?**

“If paedophilic sex is suspected, and I am in a jurisdiction where travelling for this purpose is illegal, I would report it to the appropriate authorities. If not in such a jurisdiction, there would be little that could be done. If not paedophilic sex, I counsel them on the dangers, and how these can be avoided if they insist on going.”

“I have never seen a patient who admitted this but I routinely counsel travelers about the risk of sexual encounters with local people. I cite our Swiss data that the risk of VD is 20 fold increased over casual sex in your own home town.”

“Unpleasant situation. If my patient asks my opinion about his/her sexual perversions, I’ll probably tell him/her what I think. It would be a good opportunity, of course, to inform him/her of the risks of sexual encounters in areas of the world which are not as “protected” as our own.”

“I would tell them of the ethical issues and the risk of giving or getting an STD. I would not treat them and I would consider reporting them to local police, the passport issuing agency, and to the consulate of the country they intend to visit. These people give up their rights by intent to take advantage of the weak and are an embarrassment to their country of origin.”

“Interesting questions. They are not likely to tell me! If they do, and they’re paedophiles, I would report them to the police. If they intend to visit prostitutes, I will explain the dangers to them and make them aware of the consequences for local people. But I have no illusions that I will have much influence.”

**How do you deal with clients who have illnesses or conditions (pregnancy, for example) that may become problematic by being far from home?**

“For pregnant women, not any differently than I would if the patient were planning to home deliver, is getting too fat during

the pregnancy, or is ignoring my advice about BP control, etc. Give my advice, the risks and benefits of following (or ignoring) my advice, and otherwise let her know that I am there to be their doctor.”

“I feel morally obligated to dissuade travelers from some trips because of risk and have done so, successfully, on several occasions. I deal with legal concerns by written acknowledgment that the patient has been informed.”

“If the traveler does not intend to break the law, does not intend to harm host country people (as in the sex tour example) and understands the risks of travel created by disease, environmental hazards and political unrest, we will treat them. If we feel that the itinerary carries unusual risk we should try to dissuade them but not refuse to treat them. If we disapprove of the trip, we must examine our reasons for disapproving and not interfere unless the traveler is very likely to harm others or him or herself.”

“I had a brave young lady journalist with Crohn’s in remission come to me to prepare for an assignment in Iraq as a “ride along” on a tank! Near the end of her assignment she developed a severe salmonella infection and I assisted by phone with the air-evac. Upon her recovery she contacted me and expressed her appreciation for my help and she is on to her next adventure.”

“Years ago, I had an elderly man with chronic congestive heart failure who wanted to see the Great Wall before he died. His cardiologists said definitely do not go. I asked him and his wife if death or hospitalization would be an acceptable adverse outcome of the trip. They both said yes. He traveled the Great Wall in a wheel chair and died 2 years later in his bedroom with photos of him and his wife in China on the bed stand.”

“Part of the pre-travel assessment in our corporate health services setting is to inquire about underlying health issues. Depending upon the individual’s con-

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cerns, we may make suggestions (such as the need for people with food allergies to carry an Epi-pen) and wherever possible we refer people to their primary care providers for planning travel needs appropriate to the underlying health concern. I discuss the importance of thinking “What do I do next?” if there is a flare up, a problem with the pregnancy, etc. In many cases, I work with the patient to assemble the resources needed so that s/he is ready for what may occur and does not have to struggle, while ill, to find help.”

“Pregnancy is a special issue since another potential person is involved. I feel that women have the right to abortion but do not have the right to put their unborn baby at real risk if the risk is avoidable. Most tourism in developing countries can be safe during an uncomplicated pregnancy and I do accept these mothers as travel patients. If I feel that the risk is excessive, I refuse to accept them and give the reasons.”

“If tickets haven’t already been purchased, rarely does a client go ahead and travel if given the reasons to delay that particular itinerary.”

“When indicated, I write to the client’s primary care provider giving them the information I have and ask if the provider feels that this client is a candidate for this particular activity. The provider knows the patient so much better than I do and I know I may not be getting the “whole” picture from the client.”

**How do you deal with parents who are excessively risking their children’s health and safety to further their own careers, practice their religious and political convictions, or fulfill their sense of adventure?**

“I counsel against travel that exposes children to excessive risk. If they persist, I offer the children maximum protection. If the trip is unwise and it is being undertaken for an employer, I advise the employer against it.”

“I simply make the parents fully informed and require the mother and father to ac-

knowledge what they have been told in writing.”

“First, I assess the real level of risk and the willingness to follow the recommended schedule of immunizations and prophylactic measures. For example, if they are convinced that DEET is poisonous and that alternative remedies prevent and cure malaria, I will not work with them and I tell them why. If they are adventurous and reasonable, and if I feel that their desire for adventure is not greater than their concern for their children, I will accept them as patients.”

“I do think we have moral obligations to attempt to dissuade clients from going on trips that may cause risk to their children’s health and safety. I point out the risks of disease, problems with vaccines and medications, lack of adequate medical care, and that the small children are too young to enjoy the trip. If necessary, I try to make them understand that what they are planning is close to child abuse.”

“When an adult’s health is at risk, our approval/disapproval should not apply as long as they have full information. However, if others, especially innocent children, are put at risk, or if they intend to do something illegal, I don’t see any reason why a physician should assist in their activities.”

“Many parents seem to want their children to be vaccinated and given antimalarials while declining them for themselves. When I point out that they themselves are still susceptible, many still decline because of cost. It seems that they do care about their children’s health but may only have a partial understanding of the diseases.”

“I worry much more about parents living in America who ignore their children when both work and the children are left alone at home to fend for themselves. We have lots of weird religious characters living right here in America. We don’t have to go overseas to find them. In my own experience, those children growing up overseas receive much better upbringing than was available to most families here.

I don’t caution my Stateside-based families of the dangers of rearing children in America (perhaps I should), so I don’t think it makes much sense to do that for families who plan to live overseas. There are differences, but it is certainly not worse than here.”

“Each case has to be individualized. If parents brought their children to one of our hospital clinics and told the staff that they are going to purposely subject their children to serious disease and bodily dangers, the staff would probably call Child Welfare and the children might be taken from the parents. But travel medicine is different.”

“As a parent myself, I have decided that if a client comes to me for advice, by gosh I am going to give it to them... regardless of the positive or negative aspects. I do put the child first and the parents second since the children have no choices. I don’t care if it is for career, religious or political convictions or adventure. Sometimes the clients aren’t happy with my assessment but I really don’t care. To give them a full picture of possible problems is my job and they “asked for it””

“With regard to the effects of adult travel/expatriate assignments on the children, I always have a discussion with the parents to raise consciousness about the fact that children may suffer because of the parents’ desire to travel. Travel may interfere with children’s important socialization; older children don’t want to leave friends and school, for example. Many people just assume the children will adapt and are surprised to hear about the possibility that the adaptation may not be smooth. Knowing that there may be issues with the children helps parents anticipate those concerns. I tell the parents to make the extra effort to maintain good communications with their children and in some situations initiate counselor sessions so that fears and concerns can be discussed openly. Also, adaptation concerns are very different for children at different ages.”

*Karl is the editor of ISTM NewsShare.*

## ISTM News

### Honor for Bert DuPont

Herbert (Bert) DuPont, MD, one of the founders of the International Society of Travel Medicine and a past president of the organization, has been awarded an honorary degree by the Medical Faculty of the University of Zurich. The award was given to Bert in recognition of his pioneer work in the field of infectious gastrointestinal disease. Especially important have been his contributions to the recognition of the importance of the role played by the *E. coli* bacteria in such diseases. He has substantially furthered the understanding of many aspects of *E. coli*: the etiology, epidemiology, pathology, chemoprevention, and immunoprophylaxis, for example; has studied the organisms in various parts of the world; and has authored numerous articles on the subject.

Bert is Clinical Professor, Baylor School of Medicine of the University of Texas; Chief of Internal Medicine at St. Luke's Episcopal Hospital; Director of the Centers for Infectious Diseases of the University of Texas; and Medical Director of St. Luke's Travel Medicine, Houston, Texas.

### Abstracts from AECTM

The abstracts from the Africa-European Conference of Travel Medicine (AECTM) held in Cape Town this past February are available on the ISTM website. This was the first international conference in travel medicine held in Africa, and many abstracts deal with African issues.

To access the abstracts, go to the ISTM homepage. Click "Conference" on the left. Then click "ISTM Conferences" and go to AECTM.

The abstracts can also be accessed by going to <http://www.sastm.org.za>. On the left hand side of the screen just below the scrolling calendar is a block entitled "AECTM Abstracts". Click on this and it will take you straight into the abstracts.

### No Continuing Education Units for American Registered Nurses (RNs) in Lisbon

*Rebecca W. Acosta,  
RN, MPH*

ISTM has offered American RNs the opportunity to receive continuing education (CE) units (formerly CEUs) at the past two ISTM conferences, but will not do so in Lisbon in 2005. As the chair of the Practice and Nursing Issues Committee of ISTM, a US based RN, and a person very involved in previous ISTM CE programs, I will try to explain this decision.

A little background may help. The American Nurses Credentialing Center (ANCC) regulates CE. Organizations offering CE must be approved by ANCC and follow specific guidelines to be providers. In order for a conference or educational program to offer CE an application must be filed with an approved CE provider. ISTM has used the application process offered by the Georgia Nurses Association (GNA) because they have a relatively straightforward application process.

The CE application process is rigorous, complex and time consuming. Detailed forms must be completed by the Scientific Program Committee of the organization wanting to offer CE, and by each speaker. In addition each session (e.g., plenaries, symposia) must have learning objectives and extensive details on several representative sessions. For prior ISTM conferences, several US nurses volunteered to assist the ISTM and conference management company with the CE application process. In addition the leadership of ISTM volunteered many hours of time and effort to the application process. Despite the onerous process the ISTM was able to offer CE at prior conferences.

In 2003 the CE application process became even more complicated and burdensome. The revised process requires greater detail on each and every session and about every speaker. In addition the information must be formatted in a special framework. Gathering this very large volume of detailed information from speakers from many distinct professional backgrounds from all over the world, and

formatting the information into the required framework would be a huge logistical undertaking requiring significant resources. Logistics are even more complex when meetings are held outside the US and the conference management company is not US based.

ISTM has been very supportive of offering CE for US nurses. The ISTM leadership recognizes that there are many US nurse members who benefit from CE offerings and the leadership recognizes the importance of any initiative that helps nurses further develop their travel medicine practices. The CE offering has primarily been for the benefit of US based nurses as nurses from other countries do not need and have not requested CE. The ISTM has limited resources, including a very small administrative staff plus the volunteer efforts of its members and leadership. It is difficult for the ISTM as an international and multidisciplinary organization to justify the allocation of the resources required to comply with the revised CE application process. Given that the Lisbon conference is being organized from Europe and the expected difficulty in meeting the increased requirements of the application, the Practice and Nursing Issues Committee decided to recommend to the Executive Board not to offer CE for the Lisbon conference.

The Practice and Nursing Issues Committee did request that the CE issue be revisited well in advance of the next conference, scheduled for Vancouver, Canada in 2007. It will be helpful to have a group of ISTM nurse members from the US investigate the various CE application processes to learn if there is one that will work more efficiently within an international, multi-disciplinary organization. ISTM may also need to consider charging an additional fee to American nurses needing CE (if CE is offered), in order to cover additional administrative costs.

I hope that American nurses will continue to recognize the value that ISTM membership offers all of us in travel health. ISTM continues to lead the way in setting a basic international standard for knowledge in travel medicine, offering the Certificate in Travel Health examination.

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The international conferences remain a premier venue for attaining and refining knowledge and to share experiences and time with colleagues. We have an excellent journal, a very useful Listserv and other member services (including NewsShare and the clinic directory, to mention just a few). This is a lot of value for a membership fee that is well below that of many professional organizations.

I welcome all questions and recommendations, especially ones dealing with the CE process, and suggestions on how ISTM might pursue CE in the future. Please contact me directly. Getting actively involved is the best way to create change.

Rebecca W. Acosta is Executive Director and Co-founder of Traveler's Medical Service of NY; Co-Chair, Practice and Nursing Issues Committee, ISTM; and member, CTH Exam Committee, ISTM, rwacosta@travelersmedical.com.

## Registered Nurse Wanted for Travel Clinic, Atlanta, Georgia

Well-established travel medicine clinic seeking RN to fill open position. Responsibilities include providing pre-travel evaluation and recommendations as well as immunizations to travelers.

Please send replies to:

Dr Ronald Devine  
drdevine@mindspring.com.

## TravelMed, the ISTM Listserv

For those who want to electronically interact in a regular manner within the discipline of travel medicine, TravelMed, the ISTM Listserv, is available. This is an unmoderated discussion group restricted to ISTM members that must be actively joined.

Instructions for subscribing to and interacting with TravelMed are provided in the Member Services area of the ISTM website.

TravelMed is intended to disseminate the following information:

1. General announcements of relevance to the ISTM.
2. Professional dialog, a discussion group whereby we can "safely" discuss some of our more unusual clinical cases without the worry of personal patient details being passed on or being leaked to the public.
3. Discussion of pre-travel medical issues and cases, including use of drugs and biologicals.
4. Research results which members might like to share with colleagues.
5. Announcements of relevant conferences and short courses by those sponsoring them.
6. Announcements of new publications and new Internet sites.
7. Individual requests for assistance. (Requests from non-ISTM members will be rigorously screened to allow only requests of universal relevance to be posted.)
8. Dissemination of highly topical information collected from other websites, other listservs, or from authoritative non-Internet sources and publications.
9. Recommendations of books, websites, publications, or products, so long as the person posting is not involved in their production or sale, or has another financial interest in that product.

TravelMed subscribers making postings should always include their professional affiliations in the signature block of the e-mail message. It is acceptable to have phone numbers and web addresses appear as part of the signature block.

TravelMed is monitored by the ISTM Electronic Communications Committee, although not always on a real-time basis. Individuals posting material not relevant to the TravelMed Charter or using insulting language will be warned and then possibly unsubscribed for repeated infractions.

## Calendar: Conferences, Courses, Travel

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

### Conferences

March 8  
through  
Feb

#### 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 MPhil in Travel Medicine through the University of St. Andrews. 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](http://www.travelcourses.scieh.scot.nhs.uk).

August  
15-26

#### Tropical and Travel Medicine Course.

Jujuy, Argentina, August 15-26, 2004. Update on Tropical/Travel Medicine by leading Argentinean physicians. Emphasis on diseases of South America. Location of course: the 155 kilometer Quebrada de Humahuaca valley with splendid scenery and old villages, declared a Cultural Legacy of the Humanity by the World Heritage Committee of the UNESCO in 2003. Official Language: English. Organizer and Contact: Dr. Mario Masana Wilson, MD MPH. Av. Belgrano 550, B1870ARQ, Avellaneda, Argentina. Online: [www.buetravelsalud.com.ar](http://www.buetravelsalud.com.ar). E-mail: [info@buetravelsalud.com.ar](mailto:info@buetravelsalud.com.ar).

October  
4-7

#### 5th Asia Pacific Travel Health Conference.

Kuala Lumpur. October 4-7, 2004. Theme: Emerging Disease: Impact on Health. Comprehensive scientific program from country-specific issues to global threats. Meeting aimed at professionals with interest in travel health. Information: Med Tech Media (M) Sdn Bhd, Plaza 138, Suite W6.08, Jalan Ampang, 50450 Kuala Lumpur, Malaysia, Tel: +603 2162 9098 Fax +603 2162 9078. Email: [5apthc@meditech.com](mailto:5apthc@meditech.com). Website: [www.5apthc.com](http://www.5apthc.com)

October  
7-9

#### Arctic/Wilderness Medicine Conference with Polar Bear Exploration Tour.

Winnipeg/Churchill Manitoba, Canada. October 7-9, 2004. Course in circumpolar medicine, with emphasis on dermatology, entomology, veterinarian, dentistry, sports, and travel. Medical Continuing Education Credits available. Opportunity to explore Churchill (on Hudson's Bay) and Manitoba and view wild polar bears. Conference information: Dr. Gary Podolsky, (204) 453 9107 or [gary\\_podolsky@yahoo.com](mailto:gary_podolsky@yahoo.com). Trip information: Corinne Martin, The Great Canadian Travel Company Ltd., 158 Fort Street, Winnipeg, Manitoba, Canada R3C 1C9. Phone: 204-949-0199/800-661-3830. Fax: 204-949-0188. E-Mail: [Corinne@gctc-mst.com](mailto:Corinne@gctc-mst.com).

Nov  
1-6

#### Travel & Tropical Medicine Course (HCTTM).

Havana, Cuba. November 1- November 6, 2004 and March 14- March 19, 2005. Organizer: Instituto de Medicina Tropical "Pedro Kouri" (IPK), in collaboration with Medical Services for the Tropics (MST), Maastricht, Netherlands. "Refresher course" for physicians, nurses, pharmacists and other health scientists. Special

education curriculum (at reduced fee) for students interested in tropical medicine. Lectures by leading specialists (Cuban and others) and visits to hospitals, research laboratories, and community health centers. Lab training (on request) in bacteriology and parasitology. Official language: English. Medical education credits (20 hours) from Dutch accreditation authorities. Course Coordinator: Peter de Beer, MD, PO Box 1660, 6201 BR Maastricht, Netherlands. Email: [mstropics@planet.nl](mailto:mstropics@planet.nl); website: [www.tropenkliniek.nl](http://www.tropenkliniek.nl) and Dr Nereyda Cantelar of IPK.

Nov  
6-13

#### Sails II: Shipboard Assessment, Intervention and Life Support for Cruise Ship Medicine.

Aboard the MS ZUIDERDAM. Sail from Ft. Lauderdale. November 6-13, 2004. Sponsor: Voyager Medical Seminars and New Hampshire ACEP. Designed for health professionals to enhance the quality of medical services for the ten million passengers who travel on cruise ships annually. Syllabus and other course materials will be distributed to participants on a SONY CLIE PEG-TJ27 (PALM OS) handheld computer and on a CD-ROM. Robert E. Wheeler, MD, FACEP, Voyager Medical Seminars, 9 Corduroy Road Amherst, NH 03031-2724. Voice/Fax: (603) 672-5775. Email: [vms@adelphia.net](mailto:vms@adelphia.net). Website: [www.vms4csm.com](http://www.vms4csm.com).

Nov  
6-7

#### Immigrant and Refugee Health in 2004.

Miami Beach, Florida, USA. November 6-7, 2004. Pre-meeting course of the American Society of Travel Medicine. Course focus: current topics and new developments in immigrant and refugee health. Internationally recognized speakers. Syllabus provided. Time for interac-

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tion with the presenters. Course open to all health care professionals. ASTMH, 60 Revere Drive, Suite 500, Northbrook, IL 60062 USA. Fax to 847/480-9282 or e-mail: [astmh@astmh.org](mailto:astmh@astmh.org). Website: <http://www.astmh.org>.

Nov  
7-11

**53rd Annual Meeting of the American Society of Tropical Medicine and Hygiene.** Miami Beach, USA. November 7-11, 2004. 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).

Jan  
3-14

**Tropical Medicine Experience in Haiti. January 3 -14, 2005.** Organized by Tulane School of Public Health and Tropical Medicine. Held at 2 hospitals: one rural, Hopital Albert Schweitzer (Deschappelles); one peri-urban, Hopital Ste. Croix (Leogane). Includes bedside teaching on medical, surgical, pediatric, obstetric, and malnutrition wards, hands-on laboratory practicum, visits to community health centers and to National University Hospital, Port-au-Prince. For all licensed health care practitioners and 4<sup>th</sup> year medical students. Some background knowledge of tropical medicine is expected. Limited to 10 participants. Contact: Susan McLellan, MD, MPH; 504-588-5199; [smcllell@tulane.edu](mailto:smcllell@tulane.edu), or CME site: [www.tulane.edu](http://www.tulane.edu).

Jan 29-  
Feb 5

**MedSail 2005: Medicine for Mariners & Safety at Sea.** Aboard a 45-foot yacht in the British Virgin Islands. January 29 – February 5, 2005. Conference covers recognition, prevention and treatment of common health and safety issues at sea: dive medicine; hazardous marine life and seafood toxins; survival strategies for heavy weather; selection and use of communication equipment and a life raft; and how to abandon ship. Aboard "Moorings", a 45-foot yacht. Wilderness Medical Society, 3595 East Fountain Blvd, Suite A1, Colorado Springs, CO 80910. Phone: 719-572-9255. Website: [www.wms.org](http://www.wms.org).

Feb  
21-25

**11th Swiss International Short Course on Travelers' Health.** Basel, Switzerland. February 21-25, 2005. Organized by the Swiss Tropical Institute. Comprehensive training in all aspects of travel medicine. Course intended for medical doctors, senior nursing staff and other health professionals, and also for travel industry personnel with a strong interest in travel medicine. Participants limited to 50. Language: English. Course Secretariat: Socinstrasse 57, P.O. Box CH - 4002 Basel, Switzerland. Tel: +41 61 284 82 80. Fax: +41 61 284 81 06. Website: [www.sti.ch](http://www.sti.ch).

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. More detailed information about the meeting will be available soon. Contact: Frank von Sonnenburg, Section on International Health, Georgenstrasse 5, D-80799 Munich, Germany. Tel. +49 89 2180 3830. Fax: + 49 89 33 60 38. Email: [istm\\_europe@csl.com](mailto:istm_europe@csl.com). Website: [www.istm.org](http://www.istm.org).

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: 8th ISMH Secretariat, RI-AK, Verdieva 6, 51000 Rijeka, Croatia. Tel: +385 51 312-312; Fax: +385 51 312-333; e-mail: [secrismh8@ri-ak-tours.hr](mailto:secrismh8@ri-ak-tours.hr); web address: [www.ismh8.com](http://www.ismh8.com).

June  
7-10

**North European Conference on Travel Medicine.** Edinburgh. June 7-10 2006. A collaborative conference organised by the International Society of Travel Medicine and the travel medicine societies and organisations of Northern Europe. Website: <http://www.nectm.com>. Information: In Conference Ltd., 10B Broughton Lane, Edinburgh EH1 3LY, Scotland, UK. Tel: +44 131 556 9245. Fax: +44 131 556 9638. E-mail: [NECTM@in-conference.org.uk](mailto:NECTM@in-conference.org.uk).

## Courses/Educational Travel

Jan  
17-28

**The Gorgas Expert Course.** Lima, Peru. January 17-28, 2005 (and every odd-numbered year). Sponsor: Gorgas Memorial Institute. Site: Tropical Medicine Institute (IMT), Universidad Peruana Cayetano Heredia. Admission restricted to previous formal training or extensive overseas experience. Given in English. Two weeks of bedside clinical experience in a busy 36-bed tropical disease unit. Includes: 5 hours/day inpatient/outpatient rounds; daily CPC; case presentations by participants/colleagues from around the world. Weekend excursion to the Andes: Verruga Bridge; inter-Andean valleys endemic for bartonella and leishmania; ascent to 4,800m (15,500 feet). Peru has a wide spectrum of tropical diseases (see website) and IMT is the major referral center. 80 CME hours. Course Directors: Dr. Eduardo Gotuzzo (IMT) Dr. David O. Freedman, (Gorgas/UAB). Website: [www.gorgas.org](http://www.gorgas.org). Click GORGAS EXPERT COURSE for details and application forms. E-mail: [info@gorgas.org](mailto:info@gorgas.org).

Feb 13  
Mar 13

**Tropical Medicine Expeditions to East Africa:** 12th Kenya Expedition scheduled for February 13-25, 2005, and 10th Uganda Expedition scheduled for March 13-25, 2005. In collaboration with Kay Schaefer, MD, PhD, MSc, DTM&H, of Cologne, Germany and the Universities

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of Nairobi, Kenya, and Makerere, Uganda. Two-week expeditions designed for a limited number of 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 visits to the "Flying Doctors". 50 contact hours. Official language: English. Medical education credits applied from German accrediting authorities. Contact: Dr. Kay Schaefer, Tel/Fax: +49-221-340 49 05. 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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