NewsShare
Newsletter of the International Society of Travel Medicine
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ISTM News

Preparatory courses for the Certificate of Knowledge Examination

There is still time to register for the preparatory courses for the ISTM Certificate of Knowledge Examination (CTH ® Program). The European course will be held January 23-25, 2009, in Basel, Switzerland. The North American course will be held March 6-8, 2008 in Philadelphia, Pennsylvania.

The European course is co-sponsored by the Swiss Tropical Institute. The North American course is co-sponsored by the Mount Auburn Hospital, a teaching hospital of Harvard Medical School, and running for the 3rd year. The two-day course format includes lectures as well as question and answer sessions and mock tests. It offers a terrific chance to meet other practitioners in this exciting specialty and to share problems and success stories.

For further information on the courses please see the ISTM web site, www.istm.org.

The ISTM Certificate of Knowledge Exam will be administered in Budapest, Hungary on May 24, 2009, prior to the opening of CISTM11.

The exam focuses specifically on the level of knowledge that is necessary to practice travel medicine. Knowledge of specific tropical diseases and treatments will be limited to that which should be known to advise travelers (for example, in the diagnosis and treatment

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Budapest: Here We Come

It's time to start your final countdown for ISTM11 in Budapest, May 24-28, 2009. Block out the week on your office calendar - before someone else puts in for it. Inform your colleagues they will have to do without you for that week. Start looking for bargain airline fares. And, of course, make sure that you register for the meeting and secure lodgings. And if you can spare a few extra days, look into adding visits to other world-class cities, Prague and Vienna, for example, less than one hour away.

CISTM11 is intended for all who are interested in state-of-the-art clinical practice, research and education in the field of travel and migration medicine. The target audience includes physicians, nurses, and pharmacists, especially those involved with public health, infectious diseases, the wilderness, and occupational and emergency medicine. Also, our conferences are also designed to meet the needs of the travel media and industry as well as manufacturers of travel health-related products, drugs and vaccines.

Our CISTM meetings have an impressive track record, the envy of other far older and larger Societies. According to veteran CISTM meeting attendees - of whom there are legions, many having attended virtually all past meetings - every successive CISTM Conference, somehow, is more fulfilling than the previous one. Our Society, in its short 20-year history, has developed the ability to orchestrate memorable conferences by blending exotic locations with travel medicine significance, state-of-the-art conference facilities, able speakers, a large audience, and unforgettable social events.

And Budapest is truly an exotic location. It is called the Queen of the Danube. The picturesque setting on two sides of the Danube, the nine connecting bridges, and the villas and public buildings that line the river make Budapest one of the most attractive cities in Europe, ideal for those who enjoy walking. Because of its collection of palaces, churches and monuments, rich and fascinating history, and vibrant cultural heritage, it has been declared a World Heritage Site by UNESCO. And, of course, you have to visit Budapest's great museums, music scene, elegant stores, world-class restaurants and the lively nightlife.

See you in Budapest.

Please go to the ISTM webpage for more information.

Out in Africa - A Travel Medicine Conference

Karl Neumann MD, FAAP

Zanzibar, Africa. One of the many advantages of being involved in travel medicine is that it gives you the opportunity to visit fabled, faraway places. If you are really fortunate, these are places so out of the way that even your fellow travel medicine practitioners have to ask you: "Where in the world is that?" And what feeling can be better than that? (Zanzibar is about 15 miles (24 kilometers) out in the Indian Ocean, off the coast of Tanzania. Historically, it has been a somewhat autonomous island but nowadays is considered more or less a part of Tanzania.)

This was the location chosen by the South African Travel Medicine Society (SATMS) for their first venture in holding a travel medicine meeting outside of their own country. Their thinking (and their hope) was that such a meeting would (1) encourage many of their members to become better acquainted with more distant parts of Africa, (2) make an SATMS meeting more accessible for travel medicine practitioners in Central Africa, and (3) entice people from the outside of Africa to visit the Continent and sample a SATMS meeting. They also wanted to hold a travel medicine meeting at a tourist destination rather, than as is usually the case, at a site in a country from which travelers originate.

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of traveler's diarrhea or rabies immunoprophylaxis), including post-travel triage of travelers and post-travel screening. Knowledge of tropical medicine is not required.

The ISTM welcomes applications from all qualified professionals who provide travel medicine-related services on a full- or part-time basis. The exam is open to all licensed travel medicine professionals, including physicians, nurses, pharmacists and others. Both ISTM members and non-members are eligible to participate.

To date over 1200 individuals have sat for the examination. Those who successfully pass the exam will qualify to use the CTH® (Certificate in Travel Health) designation after their name and will be specially recognized in the ISTM member directory - a unique recognition of expertise in the practice of Travel Medicine.

For more information and to register for the exam visit our website at www.istm.org and choose the "Travel Medicine Examination" tab on the blue side bar.

Chief of WHO's travel and health activities visits ISTM headquarters

In November Dr. Gilles Poumerol (left) visited our ISTM offices in Atlanta. Dr. Poumerol heads International Travel and Health activities for the World Health Organization in Geneva. He has a DTMH and worked in a travel medicine clinic in Paris in the early 1990s, prior to several tropical postings since joining WHO.

David O. Freedman MD, ISTM Secretary/Treasurer (right) and ISTM Administrative Director Brenda Bagwell (center) presented several of ISTM's key programs to Dr. Poumerol including GeoSentinel, EuroTravNet, the CTH certification process, and the Responsible Traveler initiative. WHO is seeking stakeholder input into future and strategic directions for the WHO "Green" book and website, and the travel medicine program as a whole. To this end, ISTM has agreed to co-host with WHO a one-day summit of invited worldwide travel medicine leaders. The meeting will be held just prior to CISTM11 in Budapest.

From right to left are Eric Walker, Brad Connor, Phyllis Korsarsky, Pål Voltersvik and Jon Cossar. Brad, Phyllis and Pål were admitted as Fellows of the Royal College of Physicians and Surgeons.

Triennial Conference, Glasgow

The Royal College of Physicians and Surgeons of Glasgow (RCPSG) Triennial Conference was held at the Scottish Exhibition and Conference Centre in Glasgow 6-7 November 2008. The conference included the Faculty of Travel Medicine (FTM) Symposium. Both days of the Conference were well attended with almost 600 registered delegates. The Conference was addressed by Her Royal Highness, The Princess Royal.

The RCPSG is unique in including physicians, surgeons and dentists within its membership. More recently, through the FTM, nurses and other health professionals have been admitted. The Royal College of Nurses Travel Health Forum poster was on display highlighting the work of the forum.

The FTM Symposium focused on Southeast Asia with experts addressing issues affecting travellers to this area. Danny Quah, Professor of Economics at the London School of Economics and Political Science, gave a fascinating insight into the "Economic Powerhouse of Southeast Asia." He demonstrated how economic development in the area has led to changing dynamics in trade, tourism and healthcare. In China, economic growth in the 1960s was around five percent per annum; by 2006 it had grown to 23 percent. Professor Quah questioned the sustainability of this level of growth.

The next presentation was by Dr. Susan MacDonald who discussed the impact of the Beijing Olympics on travellers' health. Susan is a Canadian who has lived and worked in many countries around the world and is currently based at an international hospital in Beijing. She was thus well placed to see the preparations and developments for the 2008 Games. She discussed the concerns on pollution in Beijing as voiced by the international communities, and how the situation was addressed by closing factories and halving the number of vehicles on the roads (millions of vehicles taken off the roads, that is!). Many local villages were demolished to make way for the construction of Olympic venues including the main "Birds Nest" stadium and on completion the workers, mainly migrants brought in from other countries to do the job, were returned to their home countries. The Chinese Government issued many instructions including "how to queue" and "no spitting." These were enforced during the event but the signs came down and citizens reverted to their old ways when the Games were over.

Professor Ernie Gould from Oxford University then looked at the threat of arboviruses in Southeast Asia while Dr. Colin Sutherland from the London School of Hygiene and Tropical Medicine explained his research into why Southeast Asian malaria parasites are so drug-resistant.

Professor Chris Whitty from the Liverpool School of Hygiene and Tropical Medicine (LSHTM), who chairs the National Expert Panel on New and Emerging Infections, addressed conditions to which travellers to the

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Mrs Randi Hammer Boge and Mrs Linda Horne Mæland both senior nurses from Norway being admitted as Members of Royal College of Physicians and Surgeons.

Left to right is Sandra Grieve, Pål Voltersvik , Sue Walker (Eric's wife) and Eric Walker at the Conference Ball.

area may be exposed and resulting illnesses that need to be considered and diagnosed on return home.

The Livingstone Lecture was given by Professor David Molyneux who is also based at the LSHTM. He gave a fascinating presentation entitled "The Control of Neglected Tropical Diseases: Challenges, Opportunities and Success in the Footsteps of Livingstone". He highlighted diseases like onchocircciasis, which Livingstone had described, and showed a pyramid containing millions of Tsetse flies that had been trapped. His take home message was that many diseases that can easily be prevented or treated at little financial cost are being neglected. Pharmaceutical companies are becoming involved in supporting disease eradication by providing drugs at low cost. The Millennium Development Goals (MDG) which address malaria, HIV, and tuberculosis have been given major funding and focus for these diseases but, possibly, at the expense of other more easily eradicated and life-changing conditions.

The FTM Annual Meeting concluded the session with Vice Dean Dr. Jonathan Cossar ending his tenure of office and Professor Peter Chiodini being appointed Dean Elect and Vice Dean for the year 2008-2009.

The Conference ended with a plenary session by Dr. Mike Stroud titled "From Ice to Dust - Taking Medicine to Extremes" in which he took us on a journey of his adventures in extreme environments around the world. Together with Sir Ranulph Fiennes, he walked across Antarctica without the help of animals or machines. This was a remarkable achievement illustrated by scientific graphs of the endurance of the human body - some of which defied belief and led one to marvel that he was still alive, far less functioning! His photographic account of running seven marathons in seven days on seven continents showed what a remarkable man he is. The millions of pounds raised for charity is his lasting legacy.

As ever with Scottish hospitality, there were a few late nights and humorous speeches culminating in the Conference Ball held in the beautiful surrounding of the Kelvingrove Art Gallery and Museum. All the great worthies of the medical establishment were there and the dancing went on 'til the wee small hours. The FTM members from England, Norway and South Africa did a sterling job on the dance floor and "Strip the Willow" (a folk dance) took on a new never-to-be-forgotten life of its own.

If you missed the Conference, try to get there next time.

Sandra Grieve
Chair, Royal College of Nursing,
Travel Health Forum, United Kingdom

The Way it Was

Europeans Traveling to Tartary and China in the First Half of the 19th Century*

Vermin on the Person

We had now been travelling for nearly six weeks and still wore the same clothing we had assumed on the departure (from England). The incessant prickling with which we were harassed, sufficiently indicated that our attire was peopled with the vermin to which the Chinese and the Tartars are unfortunately all too accustomed, but which to Europeans are objects of horror and disgust.

Before quitting Tchagan-Kouren** we had bought in a chemist's shop a sapek's*** worth of mercury. We now made with it a prompt and specific remedy against the lice. We had formerly got the recipe from some Chinese. And as it may be useful to others, we think it right to describe it here.

You take a half an ounce of mercury, which you mix with old tea leaves that have been reduced to a paste by previous mastication. To render this solution you generally add saliva; water could not have the same effect. You must afterwards bruise and stir it a while so that the mercury can be divided into little balls as fine as dust. You infuse this composition into a string of cotton, loosely twisted, which you hang around the neck; the lice are sure to bite at the bait and they thereupon as surely swell, become red, and die forthwith. In China and in Tartary you have to renew this salutary necklace once a month.

The Art of Travel, 1872: Shifts and Contrivances Available in Wild Countries by Francis Galton. Reprinted in 1971 by David and Charles, Publishers, Dalton, United Kingdom.

*Tartary or Great Tartary (Latin: *Tataria* or *Tataria Magna*) was a name used by Europeans from the Middle Ages well into the early twentieth century to designate a great tract of northern and central Asia stretching from the Caspian Sea and the Ural Mountains to the Pacific Ocean. This area was (is) inhabited by Turkic and Mongol peoples of the Mongol Empire who were generically referred to as "Tartars", i.e. Tatars. It incorporated the current areas of Siberia, Turkistan (including East Turkistan), Greater Mongolia, Manchuria, and sometimes Tibet.

** Tchagan-Kouren is a town and region on the Yellow River in northern China. It is often mentioned by travelers who followed the Silk Road.

*** Brass coins used in Cochin-China were called sapek or sapeque.

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Only individuals who have been involved in planning international meetings can appreciate the enormity of the undertaking involved, especially if the meeting site is at a great distance from where the organizers reside and, moreover, in a part of the world not known for the efficiency of its infrastructure.

If, indeed, the organizers experienced misadventures in the planning of their meeting or if there were such events once the meeting was underway, this was not obvious to the attendees. The meeting came off extremely well. (Of course, there were some hitches but they were of the kind that happen at most conferences. A large contingent of attendees from South Africa missed the opening ceremony and arrived in the wee hours of the morning because of aircraft mechanical snafus back in South Africa, and more than a few attendees managed quite well without their luggage. Apparently, some major international airlines don't exactly know where Zanzibar is located.)

For travel medicine practitioners not intimately familiar with Africa - and this applies more to North Americans than others - there is Africa, and there is *Africa*. The so-called "Dark Continent" with all its ailments, does have places that are fascinating to visit, relatively safe, not totally overrun by disease, and, for those who wish, five-star resorts on a par with ones in more conventional locations. The planners of the SATMS chose such a resort, an ocean-front property aptly named the Ocean Paradise.

In fact, the brochure/website describing the meeting site exaggerated the Island less than does most such literature. "From your arrival at Zanzibar Airport, the resort is a meandering 45 minute journey, a journey through untouched scenery, passing classic African villages where little in the way of life has changed for hundreds of years. Majestic coconut palms swaying in the breeze, white sandy beaches, beautiful landscaped gardens and traditional-style chalets all greet you as you enter paradise…" My take: Yes, scenic. Yes, fascinating. However, I was not previously aware that automobile traffic jams existed hundreds of years ago. I also question the use of the term "paradise." And I'm not sure what an African chalet looks like so I may have passed one without recognizing it.

Zanzibar is the kind of place where, I admit, the devilish thought entered my mind as I was driven to the conference hotel to forgo a large chunk of the meeting - except for my own presentations, of course - and just enjoy the place. No matter that I had traveled for the better part of two days and around a good chunk of the world to attend the meeting, travel which included a leg on a local airline whose motto is the "Pride of Africa" (a fact that I somehow neglected to tell my family).

But, as it turned out, I attended each meeting session and enjoyed them, *and* saw enough of Zanzibar to get a flavor of it. ("Flavor" here refers to a feel for the island, not to the fact that for hundreds of years Zanzibar has been referred to as the Spice Island. The growing and exporting of spices is an integral part of the Island's economy.) I was somewhat late for the meeting not because of problems in Africa, but due to a late takeoff in New York due to air traffic overload. And I arrived without luggage because of a baggage transfer meltdown in London. In fact, the African leg of my journey was totally uneventful, on a modern, spotless aircraft with on-time and first-class service. (First class service in the economy section of the aircraft, unfortunately, not in the first class section.)

The scientific program consisted of a good review of current travel medicine, with an emphasis on tourist health-related problems in Africa: the risk and prevention of dengue and yellow fever, potential complications from yellow fever vaccine, Hajj travel, HIV, the health hazards of climbing Mt. Kilimanjaro ("climbing is to die for, but don't die climbing"), and treatment of dive-related conditions, including a visit to a nearby hyperbaric chamber, the first in this part of Africa. And, of course, there was much on malaria, a topic quite appropriate for a meeting in a location where the program stated "Please take the necessary precautions against malaria" and where there were mosquito nets over every bed in the guestrooms.

These nets, by the way, were befitting of a five-star resort, and appeared to be part of the décor of these upscale rooms and nothing like the mosquito nettings most of us have experienced in our travels. The frames suspending the nets followed the edges of the large four-poster double beds. The tops of the nets were flat and so high that short persons could stand on the bed without their heads touching the nets. During the day the nets were pulled back in arches to the bedposts making the beds look like those seen in elegant 18th century French chateaus. (I was unable to establish if the nets were soaked in an anti-insect chemical solution.)

A show of hands among the attendees as to how many were actually taking malaria prophylactic medication revealed that a fairly large minority were not, even though WHO and CDC also advise to so. However, in one of the talks, Dr. Ali from the Zanzibar National Malaria Control Program assured us that malaria was a very minor problem on the island and that mosquito bite prevention sufficed.

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The Ocean Paradise Resort has its guest rooms clustered in groups of three or four in structures supposed to resemble African roundhouses with slanting thatched (makuti) roofs on the outside but definitely upscale on the inside. Though the Ocean Paradise is a new hotel, a glaring shortcoming was that the grounds were inaccessible for people with physical handicaps and hazardous for the elderly. The well groomed, lush grounds slanted towards the ocean requiring numerous flights of stone stairs, albeit attractive ones. Moreover, at night, the only lighting came from lamps set at ground level and hidden in the shrubbery, which nicely highlighted the landscaping but made the paths and the stairs very difficult to see and hazardous even for the able-bodied - more so when the electricity went out, which happened a few times.

The attendees at the meeting were an interesting mix of health care professionals. The majority came from South Africa but there were a good number from various countries in Central Africa, some of them running clinics which see visiting travelers, and others working for mining companies and caring for their workers. There were also Europeans and handful of North Americans, Asians and Australians. The featured speaker was Annalise Wilder-Smith from Singapore, the editor of the World Health Organization's Travel Health manual. Annalise is also an active member of ISTM. Several other speakers were ISTM members.

One measurement of the success of such a meeting is whether or not the planners would do it again. Well, by the end of the meeting the organizers were talking about holding a similar meeting somewhere deep in the heart of Africa, perhaps in Kenya, in the next year or two. And, based on conversations at coffee breaks and over dinner, the overwhelming opinion was that most attendees would sign up.

Karl is the editor of NewsShare.

Should the ISTM and Travel Medicine Practitioners Become More Involved in Ecotourism?

Gary Podolsky, MD And Karl Neumann, MD

The Results of a Survey of Travel Medicine Practitioners.

Several months ago we sent you one of our sporadic surveys to gauge your opinion on a timely and interesting topic related to the non-scientific aspects of the practice of travel medicine. Here is what we wrote:

Ecotourism is the concern for the environment and respect for local people. Responsible tourism, green travel, greenhouse gas emissions and carbon footprints are just a few examples of new terms describing this continually expanding concept.

Our questions were:

Is ecotourism part of travel medicine?

Should the ISTM and its members take a more active position in promoting ecotourism?

Do we need more education in the newer concepts of ecotourism?

Do you discuss ecotourism with your travelers?

Do you use ISTM's Responsible Traveler information and handouts?

Are you a responsible traveler?

In comparison to previous queries, the subject, or perhaps the phrasing of our questions, failed to produce the enthusiastic soul-searching and caustic points-of-view that our previous surveys elicited. This time we received an anemic eighteen replies, some of these just "yes" and "no" answers. (By comparison, our previous query resulted in well over 100 replies.) However, we did get some interesting responses.

Here are some representative opinions:

- For some time I have had a "problem" with the terms "Ecotourism" and "Green Travel". They imply that somehow the type of trip being offered is good for, or at least in some ways better for, the planet than traditional tourism.

  My observation has been that these trips take people farther off the beaten path, actually increasing the relative impact of the traveller on rather fragile ecosystems (as opposed to tramping around, say, Rome and taking in the usual sites with the thousands of others who are already there). Once you've stepped off the "beaten path", don't you cause the new path to become "beaten"? And exactly how does erecting a zip line* protect the rainforest? Will merely heightening the awareness of the traveler really induce a behavior that will be more beneficial to maintaining the planet and minimizing human effects? In the vast majority of cases, no. Unless you carry out ALL your own waste and some of someone else's, plant trees in your path all along the way, keep your destination a secret from others so they won't trod there, walk to work, turn off your electricity, etc., there's nothing "eco" or "green" about your travel. And can one really leave NO TRACE?

  I don't oppose these trips necessarily; I've enjoyed them myself. Just call it what it is - adventure, escaping the herd, boundary pushing, whatever - and don't try to justify it with a misleading pseudonym. In my opinion, it does not deserve any more or less promotion than other types of travel. It is what it is.

- I have practiced travel medicine for about ten years and seen roughly 1,000 patients. Not one has ever asked my opinion on ecotravel/green travel. I do have some attractive "save the environment" posters hanging in my waiting area and I have some responsible travel literature on a table - including ISTM's Responsible Traveler

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"Should the ISTM and Travel Medicine Practitioners Become More Involved in Ecotourism?," cont. from p. 5

handouts. Only a very small percentage of my travelers take the literature.

- Promoting travel safety should be a more visible function of the travel medicine community! Studies show that accidents are a greater threat to our clients than are mosquitoes. Some of what goes under the term of ecotourism is nothing but risky tourism. Ecotourism often takes people to places for which travelers are not mentally or physically prepared and the destinations themselves are not prepared for the travelers.

  A prime example is Antarctica. According to maritime officials, cruising in the waters off Antarctica is a major disaster waiting to happen. Many of these cruises are advertised as ecotourism - though it is difficult to see the rationale behind that. The seas are becoming as crowded as the English Channel. There have already been some incidences - one cruise ship sank about a year ago, with no loss of life. Amazingly, there were other cruise ships in the vicinity. Icebergs have no navigational systems on them; they roam as they please. In case of a sinking, sophisticated and rapid rescue operations may not be at hand. People would survive in the water for only minutes, and not much longer in lifeboats. Some years ago several hundred people died on an Air New Zealand non-stop, round-trip "flightseeing" trip to Antarctica, whose sole purpose was to allow passengers to view the scenery from the air.

- In the U.S., there has been an ongoing debate for more than a century on whether the backcountry of the large national parks and forests is primarily the domain of people or nature. In the past, the dilemma self-resolved. The remoteness of the backcountry limited access to a relative few, mostly people who had the wherewithal to penetrate it. These people were totally on their own - no cell phones to summon help. News stories about people who did not make it out because of accidents or hypothermia, etc. limited the number of people who entered the wilderness. These small numbers of adventurers had little effect on the environment. But now snowmobiles, helicopters and communications make access far simpler and are bringing in lots of people, noise, and pollution… This is the side of ecotourism that need further study.

- Our tourist education includes some aspects of ecotourism. We educate the untraveled to think about how they will travel. I discuss such issues as how to secure clean water, whether boiled or treated, and encourage travelers to think about the impact on the environment of thousands of disposable water bottles. Included in the information we dispense is how to tread lightly and leave only footprints behind. We certainly have a responsibility to steer our travelers to become thinking and responsible people, and to be respectful of the people they meet and places they go.

- Being patriotic, I am proud and interested in the natural heritage of my country. My interpretation of "ecotourism" is rooted in the above emotion. When ecotourism is mentioned, my understanding is that it refers to those in my country who provide tourism options to enhance the opportunity for foreigners or locals to see, learn and become involved in our natural history. Ecotourism is a broad category that includes all brackets of budget, from shoestring backpackers to the very wealthy. It is also broad in the spectrum of experiences from indigenous cultural activities to the study of nature. I believe travel medicine is involved in both, providing a service to enhance the visit and prepare the traveler for the foreign circumstances. It is our vocation to understand the risks, conditions and expectations of the host countries and to pass on this information. By doing so, we will help make the experience of ecotourism more successful by reducing risks and promoting behavior that is safe, enriching and respectful to the host country.

- If ISTM could see a future role in educating their members about different countries' cultures, heritages, specific attractions, and the associated risks and dangers, it would enhance the value of being an ISTM member.

- I suppose that ecotourism has become a part of travel medicine because it has become so prominent, especially amongst younger travelers. I don't think we need to promote it. It seems to have all the promotion it needs. There may a need to have our travel medicine experts add information about ecotourism in the curriculum of travel medicine.

- A dilemma about travelers' impact on the environment is how to educate travelers to respect local people and their environment and perhaps enhance rather than exploit their indigenous economies. Likely, many travelers are not aware of the harmful consequences of their choices. They have to be taught. Teaching ethics is problematic but not impossible. Aristotle argued that virtuous people become so by emulating exemplary role models and by stages internalize these values. In order to create ethical travelers we must present ethical choices and examples. ISTM should take a more positive interest by setting standards that members can pass on to travelers.

  The philosopher Immanuel Kant believed that personal freedom was important in deciding the rightness or wrongness of an action. But, unfortunately, many people allow others to choose their set of values and then "go with the flow." The travel industry will continue to offer travel options that are not ethical. External regulation cannot curtail all harmful travel, but continued education of prospective travelers can mitigate harmful non-green travel. Travelers do need to be shown good examples of responsible travel.

***zip line.** An elevated and inclined wire from which a pulley and a one-person seating apparatus are suspended allowing the person to move between two points by the action of gravity. Used in some places, such as rain forests, as a tourist attraction. Participating in this type of activity is called "zip lining." Also called "Tyrolean crossing." When the angle is steep, it is sometimes called a "death slide."

Anyone wishing to contribute their thoughts about travel medicine's role (if any) in the burgeoning field of ecotourism is welcomed to send their comments to NewsShare.

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Lesser Known Resources for Travel Medicine Practitioners

The United Nations World Tourism Organization (UNWTO), headquartered in Madrid, is the leading international organization in the field of tourism. It is a global forum for tourism policy issues and practical source of tourism know-how, including information on up-to-the minute health, epidemics, and man- and nature-caused disasters.

UNWTO promotes the development of responsible, sustainable and universally accessible tourism with the aim of contributing to economic development, especially in developing countries, international understanding, peace, prosperity, and respect for human rights. It does so by furthering technology transfers and international cooperation, public-private sector partnerships, and improving the awareness of the Global Code of Ethics for Tourism. Membership consists of about 150 countries, seven territories, and more than 300 affiliate members. These affiliates represent the private sector, educational institutions, tourism associations and local tourism authorities.

UNWTO has many subgroups that provide specific information of interest to the travel medicine community. SOS.travel is an online one-stop-shop where users can access the latest critical information and communication tools in anticipation of, or in response to, natural and manmade crises with potential impacts on tourism. The system aims to support crisis preparedness and assist in rapid recovery from such situations. SOS.travel also provides travelers with information to make informed decisions about their own safety and security, and to obtain assistance in case of an emergency.

Through SOS.travel, UNWTO enables member states to deploy the latest communications to facilitate their crisis management activities. One service is the Stand-By Web Pages, a crisis management service ready when a crisis occurs. This service is not made viewable to the public unless deemed appropriate by the member state responsible for managing the pages, and generally not until a crisis breaks. Once activated, the pages also provide a communication platform for sending important messages to the public, through the Tourism Emergency Response Network (TERN).

TERN is a group of the leading tourism associations of the world. While the UNWTO took the initiative in mobilizing the travel trade in the face of the H5N1 avian flu virus, that crisis showed that a closer collaboration amongst the decision makers in tourism was necessary to prevent serious damage to the industry. A further catalyst for establishing TERN was the tsunami of December 2004, which showed the fragility of established systems against unforeseen and unpredictable elements.

Here are examples of recent news items found on the TERN website: http://www.sos.travel/emergencies/

Egypt. December 18, 2008. Bird flu fatality.

Egypt suffered its first bird flu fatality in six months when a girl died on December 15, bringing the total known death toll from the disease to 23. It was the first death in the country since April 2008. "The relatively small number of deaths in the past few years indicates the high level of awareness that the Health Ministry and media have been able to raise among Egyptians handling poultry," said a Health Ministry spokesperson. "Virus activity fluctuates every season and tends to be more active in the winter." A government committee set up to combat bird flu agreed on the success of the public awareness campaign, saying infection rates among domestic poultry had dropped sharply since the second week of January 2008 thanks to increased vaccination efforts.

The girl that died came from al-Zaraaby village in the southern Egyptian governorate of Asyut. She was admitted to Asyut University Hospital three days earlier with a high fever and breathing problems. She contracted the disease after exposure to infected household poultry. To date 51 people have been infected since the first poultry death attributed to the H5N1 virus in February 2006.

"Early diagnosis is the most important factor and determines whether the person will live or die," said a doctor at the hospital. "Tamiflu vaccination is available at all hospitals and medical units across Egypt." Medical experts from the World Health Organization fear the H5N1 virus could mutate or combine with the highly contagious seasonal influenza virus, resulting in human-to-human transmission and a pandemic that could kill millions of people. Of all the Middle East countries Egypt has been the hardest hit by avian flu, suffering its first human death from the disease in March 2006.

Vietnam. December 15, 2008: Tourist arrivals drop as global downturn worsens.

Vietnam is set to miss its target of attracting five million international tourists this year as arrivals have dropped off sharply amid the global economic downturn. Hotels and tour operators are struggling and dropping their rates. This is the steepest fall in arrivals since 2003 when the SARS crisis and bird flu outbreaks scared tourists away from Vietnam and other Asian destinations.

In 2009 the tourism sector - which employs more than 10 per cent of Vietnam's work force - faces zero growth or worse. (The population of Vietnam is about 86 million.) The Vietnam National Administration of Tourism (VNAT) has asked the government to spend 20 to 30 million U.S. dollars on a global marketing campaign to draw back visitors next year and thereafter. VNAT said such a campaign - which would follow a smaller advertising campaign on CNN and the Discovery Channel - could be financed from a newly announced one billion dollar economic stimulus package.

The number of international arrivals has been down for months, but the situation has seriously worsened since October 2008. That month, fewer than 300,000 international visitors arrived, a drop of almost 12 per cent from the previous October. By November, arrivals were down 22 per cent from a year ago. However, part of the November decrease was due to the shutdown of Thailand's airports by protesters.

Despite strong growth rates early in 2008, only 3.87 million tourists had come to Vietnam by the end of November, with arrivals from the United States, Japan, South Korea and Taiwan all down. Visitors from the United States and Europe - especially France, Britain and Germany - have been down since mid-year. Likely, arrivals in 2009 will fall 20-30 percent from 2008, all due to the global economic crisis.

Tourism accounts for 4.5 percent of Vietnam's emerging economy and had been forecast to generate 3.7 billion dollars this year.

A conference in Hanoi early this month was told that Vietnam could boost tourism revenues by at least 10 percent if it eased up on

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visa regulations and expedited the process through online applications and visas-on-arrival. The cumbersome visa application process was the largest obstacle to establishing Vietnam as a global destination, said tourist officials. Due to the visa processing time, last minute travel to Vietnam is not an option for most travelers. Instead, the travelers go to Phuket, Bali, Macao and Singapore.

India. December 4, 2008. Bird flu panic causes price of eggs to tumble.

Even though the deadly H5N1 bird flu virus outbreak has reportedly spread to new areas of Assam Province, the price of eggs is declining despite hectic market intervention by the big players in the poultry industry.

The National Egg Coordination Council was forced on Wednesday to reduce the price of an egg to Rs 2.00 as against the December 1 price of Rs 2.19. It is certainly not business as usual even though the poultry owners put up a brave face and officials maintained that tackling bird flu was a routine matter.

However, admitting that the bird flu outbreak in Assam was one of the major reasons for the drop in demand and consequent sharp slide in egg price, the Poultry Owners Association said that rains in many parts of the country was also a contributing factor. He added that demand for eggs would peak this winter.

On the industry's preparedness in the wake of the fourth Avian influenza outbreak in the country, a spokesman said that the poultry operations were sophisticated and unlike the backyard-type poultries in the north of the country. As many as 12 vaccines were administered to birds that live to a maximum period of 72 weeks. Modern bio-security measures are being taken to prevent any outbreak. The bio-security measures handbooks have run out of stock and new copies have been ordered and distributed to the farmers. The veterinary assistants all over the district have been told to sound an alert in case of unusual symptoms among the birds or events of mass mortality in any part of the district.

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