



President's Message

Our New York conference is coming up in less than two months. As I write this, war clouds loom on the horizon. By the time you read this, the war may or not be raging, or may be over. If war does occur, as in all wars, there will be a lot of human suffering.

In wars, there are many events that we cannot control, but there are, in fact, many events that we can control. Travel medicine, for example, is affected when insecurity and threats loom on the horizon. We experienced it after September 11 and we see it again today. Let us not forget that there are people adversely affected when travelers stop visiting, as has happened in recent years in Egypt, Nepal, Bali, and elsewhere. Simply put, the people who make a living from tourism stop making a living.

The temptation is high for many of our ISTM members to decide not to come to New York for our May meeting as a statement of protest against United States policies. This will not change U.S. policies, but it will weaken our Society. Also, the members who opt to skip the meeting will miss the opportunities to learn, meet colleagues, exchange thoughts, and help build the identity of the Society.

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Society News

by Karl Neumann

President-elect of the ISTM: Bradley A. Connor, M.D.

In the special election recently held by the International Society of Travel Medicine, Bradley A. Connor, MD of New York, USA, was chosen the 7th president of the Society, to serve in that role for the next two years. He replaces Louis Loutan, MD of Geneva, Switzerland.

"I am honored and very excited about being elected and will do my very best to further the goals of travel medicine," said Brad. "I have been an active member of the Society from the very beginning. I have watched it grow from a fledgling group of people with a common interest into a bona fide medical subspecialty. What gives our Society so much energy is that we attract people from various backgrounds. I became interested in travel medicine because as a gastroenterologist I saw travelers return from overseas with intestinal diseases, many of them preventable. I realized that there was more to travel medicine than "giving shots." I firmly believe that education is our strongest mission,

"To educate travelers, we first have to raise the awareness of the concept of travel medicine among the larger medical community, the travel industry, and the public, and at the same time provide the tools to help travel medicine practitioners to enhance their skills. My goal of 'spreading the word' about our specialty will be greatly aided by the fact that I am located in New York, the media capital of the world, and because our next meeting, CISTM8, will take place in New York. I have seen the abstracts of the presentations for our upcoming meeting. The material is truly remarkable, of the highest caliber, with excellent practical information for travelers, and cutting edge scientific data for practitioners. The material will surely draw the attention of the media.

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Important News Concerning the Journal of Travel Medicine (JTM)

Availability of JTM on the Web. Current issues as well as recent back issues are now available on-line. All you need to do is click on the JTM link on the ISTM web page. For the moment access is free to all, but in the near future you will receive a password, which will be necessary to access the Journal on-line.

New Editor-in-Chief for JTM/New Address for Submissions. The editorship of JTM has moved across the Atlantic. Robert Steffen is the incoming Editor-in Chief. Please send all submissions and other Journal-related matters to him. You may submit papers on-line to jtm@istm.org. This address will route your submission to the correct office.

It has been my sincere pleasure and honor to have served ISTM as editor of JTM. I hope all will continue to support JTM and our new, eminently qualified editor.

Regards to all,
Charles Ericsson, MD (Outgoing Editor, JTM)

(Charlie has done an outstanding job in developing JTM into an important medical resource. It is to his credit that the Journal is now indexed in the Index Medicus. Being editor of a medical journal requires a good grasp of language, an in-depth knowledge of the particular scientific field, the ability to handle authors (who may disagree with you), being able to deal with the publisher (who may also disagree with you), and finding the significant amount of time in one's otherwise busy and hectic schedule to get the publication out to our members. Charlie did it all, and with great style. K.N. Editor, NewsShare.)

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Our biennial conference is of key importance to keep our spirits high and contribute to the strengthening of our field of expertise. So many members of the ISTM have invested so much energy in shaping this conference and in creating a great scientific program. The organizers have done their best to make this venue very attractive, and New York remains a wonderful place. They all should be thanked for all the work already done.

You should come to New York. We need each and every one of you to contribute to the success of this conference. And we need each and every one of you to help prepare for our future conferences.

New York is waiting to welcome you. And so am I.

With my warmest regards,

Louis Loutan
President of the ISTM

"Society News," continued from page 1

"I intend to simplify the process for travel medicine practitioners to keep abreast of the latest happenings in our specialty by assisting regional and national groups and societies to hold timely and easily accessible continuing education sessions, perhaps assisting them to hold off-year meetings (i.e. in the year that ISTM does not meet) and weekend courses. I would also like to see innovative opportunities for learning on the Internet.

"And I want to encourage our members to take a more active role in running our Society. I am going to work for greater committee participation, and establish a mentor program for individuals who want to assume leadership roles in the Society.

"As a specialty, we now have sufficient prominence and experience to become more active and to assist governmental advisory panels. Here in the United States, for example, we have the Advisory Committee on Immunization Practices (ACIP). Numerous relevant medical groups have a seat on this Committee. Obviously, our members have expertise in vaccinating travelers and should be represented. Organizations similar to ACIP exist in most other countries."

While Brad is assuming the role of President on very short notice, not having had the opportunity to serve as president-elect, he is eminently qualified for the post. As already mentioned, he has been an active member of ISTM since its founding in 1991. He has served since 1994 as Chair of the Travel Industry and Public Education Committee. Under his leadership, this Committee has furthered the agenda of raising public awareness of travel medicine as well as forging links with the travel industry. His specific committee activities have included the North American Charter for Travel Health Consensus Conference, held in 1996, which laid the groundwork for minimum standards for the travel industry with respect to health advice. The Committee compiled and published the first worldwide direc-

tory of ISTM Travel Clinics in 1996. Under his direction, the Coalition for Healthy Travel, a not-for-profit ISTM initiative, was begun in 1997. With industry partners, the Coalition has embarked on a travel medicine awareness campaign through media outreach. Brad is also Chair of the 8th Conference of the ISTM (CISTM8) to be held in New York this May.

He is a gastroenterologist with clinical faculty appointments at the New York-Presbyterian Hospital and Rockefeller University and serves as Clinical Associate Professor of Medicine at the Weill Medical College of Cornell University. Founder and Medical Director of Travel Health Services, New York City's first private Travel Medicine Clinic, he is also the Director of the New York Center for Travel and Tropical Medicine, a facility devoted to teaching and research in travel and tropical medicine.

Brad's main research interests include chronic diarrhea in returned travelers, emerging gastrointestinal pathogens, viral hepatitis and enteric parasitic diseases. He was part of the Kathmandu, Nepal team that first described the clinical illness associated with *Cyclospora* and has investigated the pathogenesis, clinical illness, epidemiology, and treatment of *Cyclospora* infections. In 1997 he received the Clinical Research Award from the International Society of Travel Medicine for his work on travelers' diarrhea in Vietnam.

Brad has authored numerous publications and has lectured widely in the field of travel medicine. He is a co-director of "Medicine for Adventure Travel" (a one-week travel medicine conference which has been held in Jackson Hole, Wyoming since 1993), serves on the Editorial Board of the Journal of Travel Medicine, and has been involved in the development of the Certificate of Knowledge in Travel Medicine. Since 1986 he has served as a consultant to the American Express Corporation Medical Department.

News from Around the World



Travel assistance insurance/Adventure sports/Lack of coverage. Carefully reading insurance policies is always a good “policy,” but it may be especially important when you carry travel assistance insurance and you participate in adventure-type activities, says **National Geographic Traveler** magazine. In fact, check the fine print even if the activities that you participate do not seem all that adventurous – skiing off marked trails, for example. You may find that your activity may not be covered.

Travelers’ complaints against companies generally arise from: companies refusing to compensate for injuries arising from activities excluded in the fine print; vague wording in the policy that favors the company; and in case of serious medical problems, the company – not the traveler – deciding whether the traveler should be evacuated, and to where the traveler should be taken.

The companies say that their policies are designed for mainstream travelers, not for individuals who participate in adventurous activities. Adventurous activities result in many injuries, some of them serious and, for the companies, very expensive. Moreover, the number of travelers participating in adventurous activities is growing proportionally more rapidly than the number of conventional travelers. As a result, the number of activities that companies exclude from coverage has greatly increased in recent years. Some of the companies are planning special policies for travelers participating in activities excluded by the regular policy.

But only travelers who read the fine print on the policy itself or click on the hard-to-find “terms and condition” section on the company’s website are aware of the exclusions. For example, one company’s website says, “You must review the Terms and Conditions section periodically because they govern your use of this Web Site and are binding upon you. The company may modify these Terms and Conditions at any time at its discretion by updating this posting.” And many companies have done just that. Often, policies are sold over the telephone. In such cases policy holders may not have the policy to read until after they have purchased it and no one tells the buyer to read the website. Exclusions are generally not included in the companies’ glossy brochures. Also, activities that are excluded vary widely from one company to another.

Activities that have always been excluded from coverage include bungee jumping, hang-gliding and mountain and ice climbing when ropes are involved. But many companies now exclude coverage for “high altitude” activities such as heli-skiing and hot air ballooning, scuba diving, ice climbing (all), and skiing outside marked trails. And besides these general exclusions, some companies’ policies have lower benefit caps for certain sports such as scuba diving and snow skiing. Many policies use language that requires travelers to avoid “extreme risks” and/or “exposure to needless perils,” which, experts say leaves insurers the opportunity to avoid claims.

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Overseas Opportunities

(NewsShare, is starting a new section: Opportunities in Travel Medicine. We want this to be “the” listing of opportunities to learn/teach/observe travel medicine around the world. We want listings of facilities that you are personally familiar with, preferably ones where you have been. Please send us a short paragraph about the facility, the name of the sponsoring organization, and the contacts.)

Nepal

The International Porter Protection Group (IPPG) is setting up a first aid post in Machermo this spring. Machermo is located at 4440 meters in the Gokyo Valley of the Everest trekking region, an area that is becoming increasingly popular as an alternative/addition to the Everest base camp trek. The altitude gain in this valley is rapid, and each season there have been reports of deaths in trekking porters, the result of untreated altitude sickness or exposure.

The aid post is primarily designed to treat Nepali porters and to this end we will be employing a Nepali first aider. However it is proving impossible to find a local person with any experience in high altitude problems. Thus we are seeking doctors who would be interested in spending a period of time (to be discussed) in Machermo, assisting and training the Nepali employee. We envision that if we have a Western trained doctor, the post will also treat Western trekkers. The medical care to porters will be provided free or for a very nominal fee. However we will request payment from Western trekkers in order to fund the aid post. IPPG is a very small, totally volunteer run organization; we have received a small amount of funding to initiate this project. We are hoping that we can develop this into a permanent aid post in the valley.

We will have available a good range of appropriate medications, oxygen and a

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"News from Around the World," continued from page 3

Air evacuation of a seriously ill patient can cost up to \$50,000 and, occasionally, much more. Such patients would, of course, like to be returned home. However, policies state that the company will evacuate the patient back home only if in the opinion of the company's medical experts the caliber of treatment that the traveler requires is not available where the injury occurred or nearby. A traveler seriously ill in Nepal, for example, and in need of sophisticated medical treatment, may be transferred to Bangkok, Thailand or Singapore, not back home.

Travelers/Dental problems. Travelers should get a dental check-up before going overseas, and they should read their health insurance policies to see whether dental work is covered overseas (*Int Dent J* 2001 Aug;51(4):268-72). Some travel assistance insurance policies do not cover dental problems. Eight percent of medical claims made by Australians traveling abroad were for dental problems. The majority of claimants were 60 years and over.

Children/Down's syndrome/Altitude. Children with Down's syndrome are enjoying an improved quality of life, and more of them are accompanying their families on high altitude vacations. As a result, it has become evident that these children are more likely to develop altitude-related problems than other children, and do so at lower elevations (*Pediatrics* 2001;108:443-447). Down's syndrome children have a higher incidence of congenital heart disease, especially right-sided defects. Such defects generally result in increased blood flow through the lungs, a known risk factor for acute mountain sickness and high altitude pulmonary edema. Moreover, altitude-related problems are appearing many years after congenital heart defects were optimally repaired. Occasionally, heart defects become symptomatic for the first time at higher altitude.

Another known risk factor for altitude-related conditions is upper respiratory infections. Down's syndrome children have a higher incidence of such infections, probably due to immune system deficiencies.

Traveling/Carrying syringes across borders. A Canadian was recently arrested by U.S. Custom agents for carrying a medical kit for his personal use, says **Health Canada**. The kit, supplied by a travel clinic, contained several syringes and needles. The traveler had not declared the kit. The traveler was on his way to Mexico where he planned to stay for six months in a rural area.

This case indicates the importance of providing proper credentials for the millions of travelers who carry medically-advised syringes and needles and controlled medications when they travel. A letter on a physician's stationary is generally sufficient. For example:

CERTIFICATE OF AUTHORIZATION

Date: _____

(travelers' name) is carrying in his/her personal possession a medical kit, _____
(name of prescription medication) and _____
disposable needles and syringes to be used by the individual or by a physician for safe administration of medication, if required, while overseas. These items are recommended for this person's individual use and to prevent the accidental transmission of disease through a contaminated needle. They are not for re-sale.

(Name, Address, & Signature of Physician)

Similar letters can be written for diabetics or other individuals carrying such items.

Snowmobiles/Children and adolescents. Children younger than 16 years should not operate snowmobiles, and children younger than 6 years should not ride them as passengers, says the **American Academy of Pediatrics (AAP)**.

The popularity of snowmobiles is increasing, along with their size and speed. About 110 people die each year in the U.S. while

riding them and about 13,000 people are seen with injuries in emergency rooms.

About 10% of injuries and deaths occur in children younger than 15 years, with head injuries the leading cause. Most accidents involving children result from operators striking fixed objects, such as trees, cables, wires, or other vehicles, or snowmobiles falling through thin ice. Children are also injured when they fall off vehicles, have vehicles roll over them, and while being towed, on a sled, for example. Towed sleds can strike objects or be hit by another vehicle. Rarely reported injuries include frostbite and hypothermia, hearing loss from prolonged exposure to excess engine noise and hand/arm vibration syndrome from the vibrations of the handlebar. This syndrome consists of diffusely distributed finger neuropathy, and pain and decreased muscular strength in the arms and hands.

Safety rules recommended for operators of all age include:

- Drive only well-maintained vehicles.
- Wear approved helmets, well-insulated protective clothing, goggles, waterproof snowmobile suits, gloves, and rubber-bottomed boots.
- Carry a first aid kit, a survival kit that includes flares, and a cellular phone.
- Be able to recognize the signs of hypothermia and frostbite.

• Travel in groups of two or more and only on designated, marked trails away from roads, frozen water, railroads, and pedestrian traffic. Avoid unfamiliar terrain. Hazards such as barbed wire are difficult to see.

- Check weather forecasts and condition of trails.
- Do not carry more than one passenger.
- Keep head- and taillights on at all times.
- Never pull saucers, tubes, tires, sleds, or skis behind a snowmobile.

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“News from Around the World,” continued from page 4

The Lighter Side of Travel

Travel/Clean toilets. “www.thebathroomdiaries.com is the Michelin Guide to free, safe, clean and easily accessible toilets in 94 countries,” says one reviewer of this web site. Descriptions of the facilities may include toilet style (Western or “other”); gender-specific; hours of operation; availability of diaper changing tables; accessible for the disabled, and special esthetic amenities. A Swiss facility features seats rotating through a cleaning mechanism after flushing. A Hong Kong hotel has an attendant that helps patrons wash their hands. In Finland there is a toilet with a commanding view of Helsinki. Several Japanese department stores have heated seats.

An award, the Golden Plunger, is bestowed on the world’s best public toilet. One recent winner is in Kawakawa, Bay of Islands, New Zealand. Described as

“gorgeous, creative and democratic,” it was designed in 1997 by a famous Austrian architect. “These colorful restrooms feature smashed tiles and glass in curves and spirals reminiscent of Gaudi. Bottles embedded in the wall allow natural light to enter. The building is topped off by a glass roof.”

A First Runner Up: “Art Nouveau Toilet. Place de la Madeleine, Paris France. Just to the east of La Madeleine’s main entry. Take the spiral staircase down to the subterranean, art nouveau restrooms. Built in 1905 with carved wood, brass, mirrors, and floral frescoes, each toilet has a stained glass window and a private sink. There is a fabulous, imperial chair for shoe shining. Attended by ‘Madame Pipi’ this toilet is clean and safe, as well as beautiful.”

An Honorable Mention: “The Talking Toilet, a Neo-Victorian Space Pod, in San

Francisco, California. This free-standing, self-cleaning kiosk is a wonder. You pay your money, the door automatically slides open with a Star-Trek kind of whoosh. Everything is stainless steel – the walls, the floor, the ceiling, the plumbing fixtures (keep in mind you are stepping into a cylinder). The door closes behind you and you have 20 minutes to yourself. When you open the door and exit, a cleaning solution is sprayed from the ceiling. A microprocessor and infrared beams on top of the toilet gives audible directions to itself for the visually-impaired. Variations of these toilets can be found in England, France and Australia. Newer models have changing tables! Available 24/7.”

Also available is a section, “Bathroom Diaries,” a collection of essays about travelers’ travails with toilets that are not recommended, for reasons that are made obvious in the essays.

Update on the ISTM Certificate of Knowledge Exam

The first ISTM Certificate of Knowledge exam is in the final stages of being assembled as we inch closer to the May 7 testing date. In January, a smaller group within the exam committee met to review all of the questions submitted, one by one. The group wanted to be certain that the questions test the knowledge about which they are intended, as well as being written in a fashion to test internationally acceptable pre-travel material. Questions that were not accepted by all were either rewritten or thrown out and replaced by a new question. The final 200-question exam is now going through final reviews by our content experts.

We are quite pleased to report that approximately 250 people have already submitted their applications to take the exam. The final deadline to register is April 1. The requests for applications and Candidate Bulletins of Information continue to come in on a daily basis. We will soon begin sending out ISTM Exam Identification and Seat Assignment Admission Cards. You should receive your card by April 15. These cards will be needed to enter the testing site on May 7.

An exam discount will be given to all those sitting for the examination who are also registered for the conference. Physicians sitting for the exam will receive \$100 U.S. back, while nurses, pharmacists, physician assistants and others will receive \$50 U.S. back. These payments will be made in cash immediately following the exam with proof of paid conference registration.

The certificate examination will be given on Wednesday, May 7, at the Marriott Marquis Hotel. The exam will start promptly at 7:45 a.m. and end at approximately 12:45 p.m. Registration will begin at 7 a.m. You should arrive at the registration area at least 15 minutes before registration begins.

Please email any exam questions you may have to exam@istm.org. We thank you for your participation and look forward to seeing you in New York City in May!

Sincerely,

Phyllis Kozarsky on Behalf of the Exam Committee

Air Travel for Infants and Young Children, Part II

by Karl Neumann, MD, FAAP

Upper respiratory infections and ear infections

A questionnaire survey conducted by us several years ago found that the vast majority of American pediatric otolaryngologists believe that air travel is safe for infants and young children experiencing upper respiratory infections, nasal allergies, and ear infections. Most of these specialists have never seen serious ear problems that could be attributed to air travel. In the rare incidences that ear problems were seen soon after flights, it could not be determined if the flight played a significant role in causing the problem.

Do preverbal children experience pain in their ears during flights? This is an age group that very frequently has upper respiratory infections, for example, conditions that cause earaches in older children and adults. Yet our surveys of parents show that the vast majority of infants and young children seem to cry no more during flights than they would at a similar time of day or night back home. This is surprising considering all the other reasons that this age group has to cry in flight: disrupted eating and sleeping schedules, uncomfortable positions in strange surroundings, and, for infants being held on a parent's lap, being awakened when parents change their positions, for example.

Several small studies indicate that children traveling by air with ear infections experience pain less often than children without such infections. Ear infections tend to produce fluid in the middle ear. The fluid obliterates the middle ear air space. Therefore pressure differentials can not occur, and there is no pain. Aerating tubes also prevent pressure differentials from occurring, making flights safe and comfortable for children with such tubes.

Parents are sometimes told to keep infants awake during ascent and descent. Sleep decreases the frequency of swallowing, and swallowing is a mechanism that helps keep the Eustachian tubes open. But if an

infant is sleeping there is little or no pain and there is no reason to wake them.

The use of decongestants and nasal sprays for URIs and nasal allergies may help minimize pain in adults, but several small studies indicate that these products are not very helpful in children.

Feeding Infants during the Flight

Conventional wisdom recommends giving bottles or nursing infants during ascent and descent, frequently during the flight, and when infants become fussy or cry. As a result, many parents feed their infants more often in flight than they do at home. This may be counterproductive, and may be one of the reasons that some infants do cry during flight. The rationale for frequent feedings is that infants cry because they are experiencing ear pain and/or because they are dehydrated. Ear pain is not that common, as already mentioned, and in-flight dehydration is an oft-repeated myth.

Drinking copious amounts of fluids during air travel, as is recommended by most travel/health advice columns and books, does nothing for health or comfort; it only creates long lines at the toilets, and results in more wet diapers. More important, it may make infants irritable. Air travelers erroneously interpret as dehydration the fact that their mouths and throats become parched during flight. The dry membranes are the result of the aircraft's air conditioning removing most of the humidity from the cabin air. This is not dehydration. Studies show that adults who eat and drink during flight almost invariably gain weight, some of it in the form of fluid accumulation in their legs, the result of continuous sitting.

Frequent feedings may have a direct negative effect on passengers, especially on young infants. At the cruising altitude of jet aircraft, the air in the intestine is already expanded by 20%, the result of lower atmospheric pressure. This gives many adults a bloated feeling. Eating, and

especially sucking, adds food and more air. Infants may actually be crying because of a bloated feeling in their abdomen, as is often the case in colic. Forcing them to suck and feed when they cry may worsen this situation. In fact, a few minutes of crying may be beneficial. If infants are crying because of pain in their ears, crying, like swallowing, helps open the Eustachian tubes. Parents should feed infants no more often during flight than they do at home, and allow them to feed/suck briefly during ascent and descent.

Antihistamines/Tranquilizers

Parents often ask for medications to sedate their infants and young children during air travel. Often parents administer medications (usually antihistamines) on their own, on suggestion from friends and family.

In fact, with rare exceptions, infants tolerate air travel remarkably well; the vibration of the aircraft seems to have a soothing effect, as does automobile travel. The trip for infants consists not only of the hours in the air, but starts when they are first aroused for the trip and continues until they are put to bed at the final destination.

Some toddlers are unruly and difficult to manage during flight but, commonly, this appears to be due to poor parenting skills and indifference on the part of some parents to the sensitivities and comfort of other passengers. However, there is little rationale for sedating toddlers, even for long night flights. There are no data as to which medication to choose, how much to give and when to give it, and whether or not it is effective. Parents who have given their children antihistamines for long flights often say that it was not helpful or made the child more difficult to manage. It is known that antihistamines can make children more active, especially children who are generally active. Also, in adults, medications (tranquilizers, for example) taken in conjunction with long flights through many time zones may result in enhanced or altered effects.

Calendar: Travel Medicine Conferences, Courses, Educational Travel

Note: This calendar is a service for members of ISTM. Listings are not necessarily endorsed by ISTM.

March
22-26

Travel Medicine in the 21st Century. Playa Conchal, Costa Rica, March 22- 26, 2003. Distinguished faculty will discuss the cutting-edge issues in travel medicine. CME credits. Orvis Travel, Historic Route 7A, Manchester, VT USA 05254. Tel: (800) 547-4322. Email: Orvistravel@orvis.com Web address: www.orvis.com

April
4-6

10th Update: Travel and International Medicine. Seattle, USA. April 4-6, 2003. Lectures, expert panels, and workshops. For physicians and nurses. Sponsor: University of Washington Continuing Medical Education. Contact: Sandy Pomerinke, 1325 Fourth Avenue, Suite 2000, Seattle, WA 98101. Tel: 206-543-1050. Fax: 206-221-4525. Email: cme@u.washington.edu

April
7-II

Travel Medicine Short Course. London. April 7-11, 2003. London School of Hygiene and Travel Medicine. Organizer: Ron Behrens, M.D. For physicians and nurses who provide pre-travel health services. Will provide general practitioners and practical nurses the opportunity to develop and update their knowledge and skills in travel medicine. Course will run Monday to Friday. Single day attendance available. Course fee: £570. Day sessions: £155 per day session. Course PGEA approved and CME accreditation requested. Contact: The Registry, London School of Hygiene & Tropical Medicine, 50 Bedford Square, London WC1B 3DP. Tel: +44 (0)20 7299 4648. E-mail: shortcourses@lshtm.ac.uk. Internet: http://www.lshtm.ac.uk.

May
7-II

CISTM8: 8th Conference of the International Society of Travel Medicine. New York. May 7-11, 2003. Leading experts from all parts of the world will present the very latest in travel medicine. Many interactive sessions. Attendance qualifies for up to 21 hours of credit for Continuing Medical Education. Contact: CISTM8 Conference Secretariat: Talley Management Group, Inc., 19 Mantua Rd. Mt. Royal, NJ 08061 USA. Tel: (856) 423-7222 Ext 218. Fax: (856) 423-3420. Web address: www.istm.org

May
2003-
Oct.
2003

Foundation in Travel Medicine by Distance Learning. Glasgow, UK. May 2003-October 2003. Multidisciplinary six-month course. Comprises four distance learning units of core material with written assignments. Overseas students welcome. Contact: Miss Amanda Burridge, Course Administrator, Travel Health Department, Scottish Centre for Infection and Environmental Health, Clifton House, Clifton Place, Glasgow, G3 7LN. Tel: 0141 300 1132. Fax: 0141 300 1170. Email: Tmdiploma@scieh.csa.scot.nhs.uk Web address: www.travelcourses.scieh.scot.nhs.uk

August
9-13

4th World Congress of Wilderness Medicine. Whistler, British Columbia. August 9-13, 2003. Held every four years by the Wilderness Medical Society (WMS). For those working in wilderness medicine and providing care in challenging areas around the world. Fairmont Chateau Whistler. Contact: WMS, 3595 East Fountain Blvd., Suite A-1, Colorado Springs, CO 80910 USA. Tel: +1-719-572-9255. Fax: +1-719-572-1514. Web address: www.wms.org

Nov
13-14

14th Conference on the Health of International Travelers. Montreal, Canada, November 13th and 14th, 2003. Lectures, expert panels, and workshops. Many interactive sessions. For physicians and nurses, to develop and update their knowledge and skills in travel medicine. Sponsor: The Medisys Travel Health Clinics and TravelMedisys.com. Hotel Omni. Contact Dr. Dominique Tessier or Mrs. Nicole Côté, Medisys Travel Health Clinic 500 Sherbrooke West, Suite 1100, Montréal, Quebec, Canada H3A 3C6 Tel 514-499-2773 Fax: 514-845-4842 Email: nicole.cote@medisys.ca

IMPORTANT DATES

Conference
Regular Registration
Abstract Submission
Hotel Reservation

May 7-11, 2003
March 2003
January 2003
March 2003



Calendar (continued)

Nov
17-22

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

2004

March
4-7

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

March
8

Postgraduate Diploma in Travel Medicine by Distance Learning. Glasgow, UK. March 8, 2004-February 2005. Year long, distance-learning course for qualified medical practitioners, nurses and other health care professionals with special interest in travel health. Diploma qualification awarded through Royal College of Physi-

cians and Surgeons. Students may be invited to continue onto MSc in Travel Medicine through the University of Glasgow. Overseas students particularly welcome to apply. Contact: Miss Amanda Burridge, Course Administrator, Travel Health Department, Scottish Centre for Infection and Environmental Health, Clifton House, Clifton Place, GLASGOW, G3 7LN. Tel: 0141 300 1132. Fax: 0141 300 1170. Email: Tmdiploma@scieh.csa.scot.nhs.uk Web address: www.travelcourses.scieh.scot.nhs.uk

March
25-28

4th European Conference on Travel Medicine (ECTM4). Venice. March 25-28, 2004. Travel Medicine and Global Health.

Sponsored in part by WHO and CDC, Atlanta. An interdisciplinary approach to travel medicine, preceded and followed by meetings held in close collaboration with leading societies in dermatology, occupational health, sports medicine, pediatrics, psychology and psychiatry, environmental health, cardiology, and other subjects. These meetings will be held in Venice and in other Italian cities of cultural interest. Abstracts accepted from those wishing to take part. Send abstracts to: wpasini@rimini.com by November 30, 2003. Other information: Venezia congressi, Accademia 1056, 30123 Venice, tel +390415228400, fax +390415238995, email info@veneziacongressi.com

Courses/Educational Travel.

Jan
27-
March
28

The Gorgas Course in Clinical Tropical Medicine. Lima, and the Andes and Amazon regions, Peru. Course scheduled for January 27-March 28, 2003, and for 2004. Sponsored by the University of Alabama and the IAMAT Foundation. Includes lectures, case conferences, diagnostic laboratory procedures, and bedside teaching in a 36-bed tropical medicine unit. Official language: English. International Faculty. 380 contact

hours. Contact: David O. Freedman, M.D. Gorgas Memorial Institute, University of Alabama at Birmingham, 530 Third Avenue South, BBRB 203, Birmingham, AL 35294. Fax: 205-934-5600 Or call: The Division of Continuing Medical Education at 800-UAB-MIST (U.S.) or 205-934-2687 (from overseas). Email: info@gorgas.org Web address: www.gorgas.org

Feb
2-14

Tropical Medicine Expeditions to East Africa: 7th Expedition to Uganda, February 2-February 14, 2003 and 10th Expedition to Kenya, February 23-March 7, 2003. In collaboration with the University of Nairobi and Dr. Kay Schaefer (MD, PhD, MSc, DTM&H) Cologne, Germany. Official language: English. Two-week expedition designed for limited number of physicians, public health experts and scientists. Participants visit hospitals and health projects in urban and rural areas. Includes individual bedside teaching, laboratory work, and lectures in epidemiology, clinical findings, diagnosis, treatment and control of important tropical infectious diseases. Also, updates on Travel Medicine and visit to the "Flying Doctors" headquarters in Nairobi. 50 contact hours. Accredited certificate given. Contact: Dr. Kay Schaefer, Tel/Fax: +49-221-3404905 E-Mail: contact@tropmedex.com Homepage: www.tropmedex.com

Nov
17-22

Havana Travel & Tropical Medicine Course 2003. Havana, Cuba. November 17-22, 2003. *Details found under Calendar section of this page (first column, first entry).*

"Overseas Opp's," continued from p. 3.

Gamow bag. We envision the Western doctor living in the lodge in which the aid post will initially be housed.

Ideally the volunteer doctor(s) will have some experience in high altitude medicine, however this is not essential as we can organize training. You should be culturally sensitive and, hopefully, have some experience of working in a remote area in a developing country.

We aim to open the post in mid March and operate it through late May this year as we expect significant numbers of visitors to the region due to the 50th anniversary of the first ascent of Mt Everest on May 29.

Please contact me at trishb@mos.com.np. For more information about IPPG, visit our website www.ippg.net. Dr Trish Batchelor, CIWEC Clinic, Kathmandu, Nepal.

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