

emporiatics

News, views and reviews from the Faculty of Travel Medicine

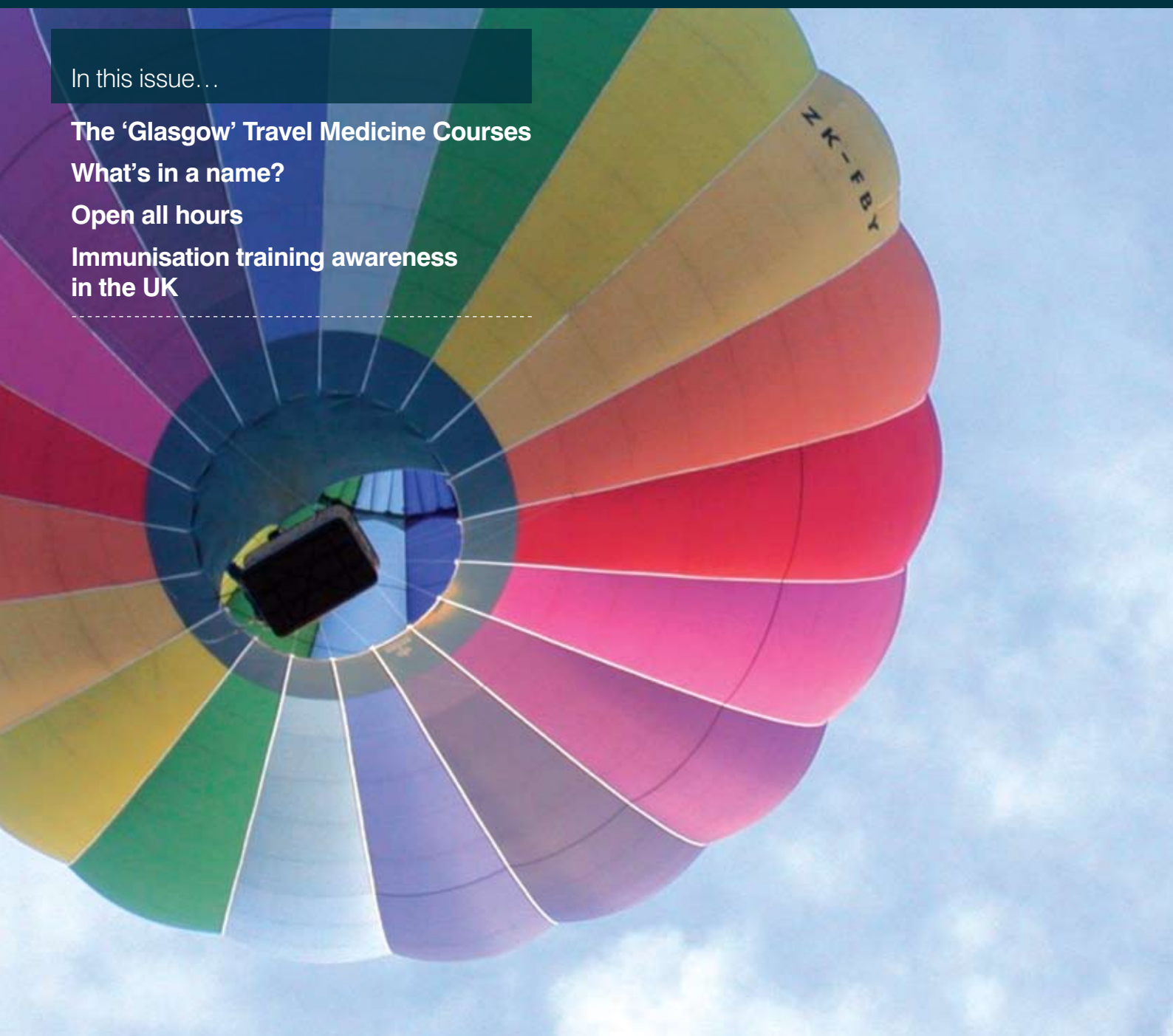
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Education, education, education...

Travel medicine (TM) as a discipline is relatively new, as Professor Robert Steffen reminded us when he presented a brief history* at the recent International Society of Travel Medicine Conference, marking the ISTM's 20th anniversary. Certainly we've come a long way since Professor Steffen's Eureka moment during the 1970s and 1980s and the first dedicated Conference in Travel Medicine in Zurich 1988 which attracted 500 delegates. The concept of ISTM then began to emerge through the collaboration of medical experts and related bodies, and the Society founded in 1991 with CITM2 in Atlanta. Since then many countries have set up their own societies as TM has evolved into a specialty in its own right.

Throughout this time education, learning and training have been key elements of progress for those of us working in the discipline.

Taking education as our theme for this edition of *Emporiatics*, the Faculty of Travel Medicine (FTM) of the RCPSG is setting standards of practice and education for all practitioners in the field – including doctors, nurses and pharmacists – through dedicated courses and programmes to ensure our competence to deliver healthcare to travellers.

The world's first formal education courses in travel medicine started in 1995 with the University of Glasgow and the Scottish Centre for Infection and Environmental Health. Now in 2011 they have come into the RCPSG under new management by Ann McDonald, featured on page 5.

On page 8 Group Captain Andy Green explains the rationale for practitioners to fulfil their responsibility for continuing professional development. On page 10 we look at some of the e-learning resources which are helping practitioners reap the benefits of self-directed learning and overcome the difficulty in accessing taught courses

On page 11 we focus on Professor Dan Reid, our first Hon FTM, whose remarkable career rightly entitles him to be known as one of the founding fathers in the field of travel medicine.

Travel medicine may still be viewed as a newcomer in the medical world, but we are making great strides in developing education and competence for those of us practising in the field.

*See: www.istm.org/WebForms/Members/MemberActivities/Meetings/Congresses/cistm12/Default.aspx

Sandra Grieve and Jane Chiodini

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GSK is responsible for the printing and had no input into content of this newsletter. Crucell UK and Sanofi Pasteur MSD have provided funding towards the production of this newsletter.

Education : excellence in the field of travel medicine

A letter from the Dean of the Faculty of Travel Medicine

Professor Peter Chiodini FTM RCPS(Glasg)



The Faculty of Travel Medicine has now been in existence for five years. A small fraction of the 412 year life span of the College perhaps, but it has already begun to make its mark.

Whereas the College has traditionally been an examining body, it now runs its own travel medicine courses and is able to market them internationally to a greater degree than was possible in the past. Development of the new College website and IT services will be crucial to that endeavour as students become ever more IT-literate, and more discerning and critical in their selection and evaluation of the educational resources which they purchase.

Since the last edition of *Emporiatics* was published we have been able to promote the Faculty at a variety of scientific meetings and have encountered a great deal of interest in, and goodwill towards, the Faculty amongst our international colleagues.

Three forthcoming international conferences being held close to home will give us further opportunities to show what the FTM has to offer:

- The Triennial Conference in Glasgow scheduled for 10-11 November 2011. This is RCPSG's flagship meeting and will also include the Faculty AGM at which the result of the ballot for Dean-Elect will be announced. Please attend if you can.
- The European Congress of Clinical Microbiology and Infectious Diseases (ECCMID) due to be held on 31 March-3 April 2012 in London's Docklands. This year's ECCMID attracted around 12,000 delegates so provides us with a major opportunity to increase our profile.
- The Northern European Conference on Travel Medicine due to be held in Dublin on 6-8 June 2012. Many FTM members, including myself, are scheduled to speak and we shall be arranging a Faculty gathering.

I hope the forthcoming winter, or summer for our readers in the Southern Hemisphere, treats you well.

New advice from the UK FCO

The Foreign and Commonwealth Office has been updating advice for

- **Gay, lesbian, bisexual and transgender** travellers to help them prepare for trips and avoid problems in countries where attitudes can be very different from at home. www.fco.gov.uk/en/travel-and-living-abroad/your-trip/LGBT-travellers
- **Gap year travellers** to aid research and planning for a trip to see the world and possibly work abroad. www.fco.gov.uk/en/travel-and-living-abroad/gapyear/
- **Olympic Games visitors** in series of informative videos that have recently gone up on You Tube (www.youtube.com/ukforeignoffice) as London prepares to host the 2012 Games. Information for visitors is also on the official site. www.london2012.com/.

Sexual health for non-experts

A new learning resource from the Royal College of Nursing helps non-specialists address those unwanted holiday souvenirs such as pregnancy, STIs and sexual assault in a sensitive manner. It was developed to help nurses gain confidence in advising about issues that could well form part of a travel health consultation and is available to RCN members on the Learning Zone. For more information contact Emporiatics Co-Editor Sandra Grieve. www.rcn.org.uk/development/learning/learningzone/clinical_skills/sexual_health_for_non-experts

Escherichia.coli 'over' in Germany and France

Unless significant changes occur, the HPA has published its last update on the outbreak of vero cytotoxin-producing E. coli that killed 28 people and virtually destroyed the Spanish cucumber growing industry in July. www.hpa.org.uk/NewsCentre/NationalPressReleases/2011PressReleases/110714EcoliO104update/

Yellow fever roundup

- New maps, vaccination guidelines and a clinical update explaining the new classifications of yellow fever (YF) risk and corresponding vaccination recommendations are at: www.nathnac.org.
- South Africa's Department of Health now requires a valid yellow fever certificate for all travellers over one year of age entering from Zambia or transiting through a YF risk country, including Zambia, unless they have a medical waiver letter. www.doh.gov.za/show.php?id=3047
- A new International Certificate of Vaccination or Prophylaxis (ICVP) dated 2011 was phased in during August for UK YF Vaccination Centres (YFVCs). The new version gives YFVCs the option of writing an exemption from YF vaccination using a template in the ICVP, valid for a single trip. Alternatively, a template for a medical letter of exemption for YF vaccination is at: www.nathnac.org/pro/documents/YFexemptiontemplate_000.pdf.

- A written exemption should be taken into account by the authorities in the receiving country. The 2007 ICVP remains valid. Further guidance at: www.nathnac.org/pro/yellow_fever_vaccination_centre_FAQs.htm#exe.
- Information for YFVCs administered by HPS is at:

www.travax.scot.nhs.uk/diseases/vaccine-preventable/yellow-fever.aspx.



Brits abroad

British travellers are behaving better, according to the FCO's annual Behaviour Abroad Report: www.fco.gov.uk/resources/en/pdf/consular-bba2011

Arrests overseas have fallen by over 10%, with drug arrests down by almost 20% from last year. Even so, FCO staff still handled 5,700 arrest cases last year, with Spain and the USA showing the highest figures. Hospitalisations rose, with Spain followed by Greece having the most cases. Proportionally Britons are most likely to be hospitalised in Thailand.

"Too Late Now"

The FCO's new TV filler focusing on drug smuggling is designed to make travellers think twice about the risks of making some "easy money" – it's at: <http://youtu.be/yh9lrFP6Q7o>. And they have used video, Google, and an infographic to show the top 30 countries where Britons have been arrested and what proportion were drug related: www.fco.gov.uk/en/news/latest-news/?view=News&id=642446782

Travellers can sign up to Facebook and Twitter feeds to ensure they are informed of the latest FCO advice: www.facebook.com/fcotravel or twitter.com/fcotravel

EDUCATION, EDUCATION, EDUCATION...

'... a very enjoyable experience... being exposed to the wider view of global public health.'

It's the ultimate travel experience, says Ann – a sunrise flight during her recent trip to Australia and New Zealand.

Having been in the first cohort of the world's first course in travel medicine, Jane Chiodini was keen to see how things have progressed since 1995. Here she talks with the new Course Manager Ann McDonald

The 'Glasgow' Travel Medicine Courses: Meet the new Course Manager, Ann McDonald

First some background. Dr Cameron Lockie, a GP in Stratford-upon-Avon, developed the original course with the team at the Scottish Centre for Infection and Environmental Health – later Health Protection Scotland (HPS) – and the Public Health Department at the University of Glasgow. Among my fellow students still active in the field are Dr Kitty Smith, currently Medical Lead in Travel Health at HPS and Helen Sutton, also in the HPS Travel Team. During 2001-2002, led by Lorna Boyne, HPS took full managerial and administrative control of the courses from the University, after which the examination was conducted and the Diploma awarded by RCPSG. In 2011 RCPSG took over responsibility for providing the Foundation and Diploma courses under the leadership of Ann McDonald.

Ann's career as a nurse, midwife, health visitor and teacher has provided opportunities both in the UK and overseas to develop knowledge and skills relevant to travel medicine. Early on this included nursing on the infectious diseases unit at Glasgow Royal Infirmary and working in the community as a specialist in TB liaison and public health. For the past 17 years she's worked with asylum seekers and refugees, Roma communities and gypsy travellers, while also teaching international nurses and midwives at Glasgow Caledonian University as they prepare to join the NMC Register. She completed the PGDE teaching qualification in 2010 and was awarded a Fellowship of the Higher Education Academy.

As Scotland's only nurse co-ordinator for asylum seekers and refugees with NHS Greater Glasgow and Clyde, she undertook the RCPSG Diploma in Travel Medicine course

to develop her knowledge in migrant health issues, then completed the MSc International Health Course at Sheffield Hallam University in 2008. This enabled her to continue her work on the GLOBAL model, a tool to help healthcare professionals assess the health and social care needs of asylum seekers and refugees. She was in the first cohort of nurses to be awarded Associate Membership by RCPSG in 2006 and was an Associate Member on the FTM Executive Board from 2009 until taking up her new post. > >

'Students are encouraged to explore various career pathways, suitable for a wide range of healthcare professionals.'

EDUCATION, EDUCATION, EDUCATION...

>> The 'Glasgow' Travel Medicine Courses:
Meet the new Course Manager Ann McDonald



What interests you most in your new role?

At this stage it's all interesting. Every day is different with new developments, current trends and new research to keep up with. Travel medicine is such a vast field to cover, involving so many different professionals, I enjoy communicating with students and also with the experts who teach, mark assignments and advise students on the courses. I suppose the most interesting part is being able to amalgamate previous experience gained in clinical practice and relate it within a teaching role.

Who helps you?

A number of people but in particular Lesley Haldane who previously was Course Administrator with the travel section of HPS. As Course Co-ordinator Lesley deals with all aspects of administering the course, from initial contact and arranging the courses through to registration. With three courses, a diploma and two foundation courses running at different stages throughout the year, she has great organisational skills.

How does the course work?

RCPSG offers two travel medicine courses. The Diploma in Travel Medicine takes one full calendar year to complete, commencing in March. The Foundation in Travel Medicine course is shorter, taking six months to complete and commencing in May or November. The ethos of both courses is to increase knowledge and raise standards in clinical practice. The Diploma course is aimed at those already involved in travel medicine services who want to develop specialist knowledge in the field.

Can you describe the DipTravMed course structure?

This is a year-long blended e-learning course which includes:

- Four introductory residential days (compulsory) in Glasgow in March;
- Module 1 comprising ten learning units of core material with written, and sometimes practical, assignments;
- Completion of the practical OSCE exam during the mid-session residential week (compulsory) in Glasgow;
- Module 2 comprising ten further learning units, assessed in the final written exam;
- Module 3 comprising a small, original project carried out over three months
- final written exams are held in Glasgow (with approval, overseas students may sit the written exam at a designated site overseas).

Educational materials are relevant to clinical practice and presented in units. One very important point: all students have a personal adviser who offers support and guidance. Other facilities include library support and access to TRAVAX, the NHS Scotland travel health website.

Individual learners

Courses are divided into face-to-face lectures, seminars and workshops. These varied types of learning experiences allow different learners engage with the learning process best suited to their particular learning styles. The learning approach used in travel medicine affords students the opportunity to design learning to meet their individual needs. Students come with different levels of experience, expertise and abilities. This support lets them negotiate a wide range of educational materials within the e-learning site and therefore set out their own learning needs.

Why do you think hundreds of doctors, nurses, pharmacists and other allied professionals worldwide have undertaken these courses?

It's difficult to identify one or two issues. As with all creative processes, ingredients are tried and tested many times in advance, then balanced to make things work. The travel medicine courses have been shaped by a lot of hard work and course evaluation. As a former student, I'd say the most important aspect for me was that it was a very enjoyable experience, especially meeting colleagues from different countries, being exposed to the wider view of global public health.

Today, travel medicine is a new multidisciplinary specialty, emerging in response to the needs of the travelling population worldwide. There's a wide public health emphasis on preparing such a variety of travellers physically, psychologically and emotionally, giving them up-to-date, evidence-based information so they can make informed choices about their health care needs. Healthcare professionals in primary care settings provide most travel health advice and most consultations. Increasingly other professionals are providing travel health services – pharmacists, for example, serve this population.



What FTM recognition comes from completing the education?

Students are encouraged to explore various career pathways, suitable for a wide range of healthcare professionals. There are four categories of membership available within the FTM:

- **An Affiliate**, introduced in 2010, enables professionals with an interest in the field to join the Faculty – in particular those who are unable to commit time to undertake the Diploma course.
- **An Associate Member** will possess a DipTravMed RCPS(Glasg) which permits entry to the Faculty and confers the additional post nominals; AFTM RCPS(Glasg).
- **Membership** of the FTM (MFTM RCPS(Glasg)) is awarded by examination. Those with the DipTravMed RCPS(Glasg) are exempt from Part 1 of the membership exam.
- **A Fellow** of the FTM, FFTM RCPS(Glasg) might come from various professional backgrounds, and will have been proposed for the Fellowship in recognition of substantial contributions to the specialty.

What lies ahead for people who have completed the course?

Travel medicine is a wide specialty with many opportunities – providing travel medicine services in the NHS, private sector, the military or occupational health, as well as working with voluntary agencies overseas or setting up their own business. Whichever avenue students choose, some will become experts in the field and go on to do advanced work or research – and some will get hooked on the subject and give back their time and expertise to students.

How do people apply or find out more about the courses?

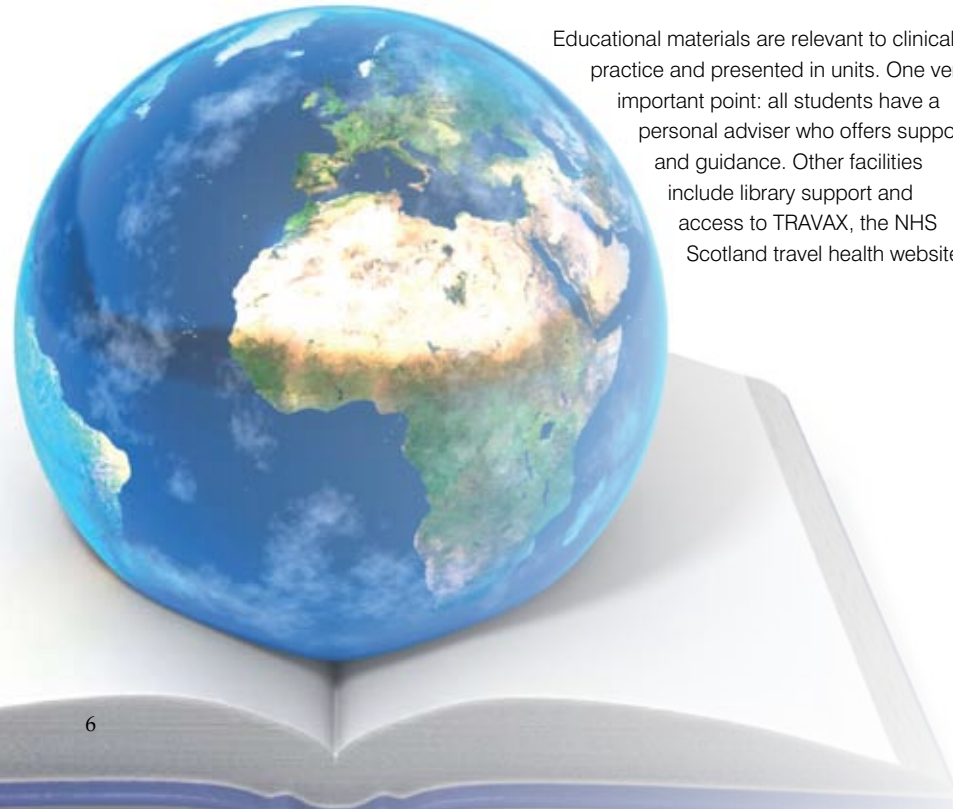
First, have a look at the website www.rcpsg.ac.uk for all the relevant course information, then contact us by email or telephone to discuss course options and individual needs.

For administration information and applications:

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Course Coordinator –
Diploma and Foundation in Travel
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For information on suitability to undertake a course:

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EDUCATION, EDUCATION, EDUCATION...

In summer 2011 the Faculty introduced a scheme for continuing professional development (CPD) in travel medicine. What does it mean for individual Faculty members? Group Captain Andy Green FFTM RCPS (Glasg), a member of the Board and CPD Officer for the Faculty, describes the scheme and how it might affect people from the different professions.



What's in a name?

Continuing professional development in travel medicine

“That which we call a rose by any other name would smell as sweet;”
From Shakespeare's *Romeo and Juliet*, c1600

All of us know what CPD involves because we all do it. We have to – it's become an integrated part of all of our professional lives, and part and parcel of the way we practise in 2011. But does it mean the same thing for all of us from different professional backgrounds, and do we all do it the same way?

Definition of CPD

Although precise terminology often differs, the underlying principles of all schemes are the same. The key points are that any CPD programme should be:

- a *continuing* process
- *outside of formal training*, undergraduate or postgraduate
- something that enables individuals to *maintain and improve standards of professional practice*
- an activity that develops *knowledge, skills, attitudes and behaviour*
- something that *supports specific changes* in practice.

The implications are that regardless of professional background, the most important factor is the individual himself or herself. External regulation can ensure that the mechanism of a process occurs, but in order to work properly there is a responsibility for people to identify their own professional needs and address them directly. In the case of those practising travel medicine, individuals must ensure that sufficient attention is paid to this part of their practice when planning their personal CPD activity.

Different professions

In the United Kingdom a different professional body oversees each of the various medical professions. These ultimately have responsibility for allowing individuals to practise, and part of this regulation includes assurance of maintaining competence through CPD. The different bodies have chosen to manage the process in different ways:

Doctors

CPD schemes were first introduced in the mid-1990s as a means to assure the quality of care given to patients by individual practitioners. The first programmes were developed to ensure that the standards of practice were the same nationwide, whether a doctor practised in a large department with lots of other people or as a single-handed practitioner in a remote location.

The General Medical Council (GMC) is the body responsible for allowing doctors to practise. The wide range of medical specialties has meant that the GMC has elected to devolve responsibility for CPD to the specialist professional organisations. These are the Medical Royal Colleges (or Faculties thereof) who set training standards and guide practice. Collectively a consensus is achieved as the Academy of Medical Royal Colleges, and for CPD there is a CPD Directors Committee with representation from each College.

For doctors it is agreed that CPD should comprise an average of 50 “credits” per year, with each credit approximating to one hour of educational activity. Each Royal College currently “polices” its own specialists and can manage this in different ways. For example, in some instances individuals may be required to complete annual returns of activity in order to remain a Member or Fellow of their Royal College.

The CPD programme also forms part of a mandatory annual appraisal process that is conducted by an external assessor. The GMC is currently introducing a more formal scheme of “revalidation”, which will mean that all doctors will need to demonstrate (probably every five years) that they remain competent to practise. This will include evidence of successful annual appraisals. Thus CPD will soon become a mandatory part of all doctors' practice.

‘The CPD Officer of the Faculty will conduct the first audits from April 2012.’

Nurses

The professional body that regulates nurses is the Nursing and Midwifery Council (NMC). As with doctors, CPD has been present in various guises since the 1990s. In contrast to the medical profession the NMC has retained oversight of CPD rather than delegating responsibility to specialist organisations. This is termed Post-Registration Education and Practice (Prep [CPD]).

Nurses are clearly not all the same, and the Prep [CPD] guidance recognises this fact. The wide range of professional specialties is accommodated by a greater responsibility being placed on individuals – everyone is expected to identify in detail their own continuing training needs and develop a CPD programme to meet those requirements.

The Prep [CPD] requirement is 35 hours of learning activity relevant to the individual's practice, spread over a three-year period.

The NMC Prep [CPD] standard states:

“You must have undertaken and recorded your continuing professional development over the three years prior to the renewal of your registration. All nurses and midwives have been required to comply with this standard since April 1995. Since April 2000, you must have declared on your NOP form that you have met this requirement when you renew your registration.”

It is hoped that those nurses who are part of the Faculty of Travel Medicine will also take part in the FTM CPD Scheme.

Pharmacists

Pharmacists too are regulated by an independent professional body, in this case the General Pharmaceutical Council (GPhC). It has a statutory duty to ensure that pharmacy professionals practise safely and effectively, and includes CPD as an integral part of this process.

In common with doctors and nurses, CPD is not new for pharmacists and, as with the other professions, it has been recently reviewed and formalised. The exact details are different yet again, the requirement being a minimum of nine “CPD entries” per year which reflect the context and scope of their practice as a pharmacist. A “CPD entry” is not tightly defined, but the GPhC suggests that the aim should be to undertake at least one such activity every month. It is also made

clear that failure to demonstrate successful CPD when required by the GPhC may result in withdrawal of licence to practise. Therefore in common with doctors and nurses, CPD will soon become a mandatory part of professional practice as a pharmacist.

CPD and travel medicine

For each of the professions, CPD for individuals varies according to the spectrum of their clinical practice. As travel medicine develops as a specialty and more people spend part of their working time in this area, the requirement has grown for a means to support this activity.

The Faculty of Travel Medicine offers professional direction and leadership, and CPD forms a natural part of this role. The Faculty is unique among the Medical Royal Colleges in embracing such a wide range of professional groups, and the challenge is to provide a system that might be appropriate both to the different groups within the United Kingdom and suitable for members practising elsewhere in the world.

The development of the CPD programme is closely aligned with the work in setting standards for professional practice – having achieved a defined level, it is important to stay there.

Key features of travel medicine CPD

- Individuals are responsible for directing their own CPD activities to meet their professional needs.
- The regulating body for each professional group retains governance over CPD activity (the GMC, NMC or GPhC, as appropriate).
- Individuals who undertake travel medicine as part of their professional work should ensure that their CPD programmes reflect this activity. This is expected to include most Fellows, Members, Associates and Affiliates of the Faculty.
- The Faculty has produced guidance with respect to the minimum level of travel medicine CPD activity. This is currently set at 25 hours per annum, but may change as the programme evolves.
- As required by all CPD schemes, a random audit of CPD will take place annually. This will be five per cent of scheme participants. The CPD Officer of the Faculty will conduct the first audits from April 2012.
- In the event of failure to complete travel medicine CPD, in the first instance the Faculty would offer advice to the practitioner to help develop and maintain a personal scheme.

What does it mean for me?

Enrolment in the Faculty Scheme is currently optional, but we hope that all grades of membership will choose to join.

This is a *positive* initiative, part of the wider picture of establishing travel medicine on a firm professional foundation in the United Kingdom.

The CPD programme will mature over time as we all understand better the way that it will integrate into wider professional practice.

The scheme is not meant to be rigid and constrictive, and is not intended to be an additional administrative burden. Twenty-five hours per annum equates to 30 minutes per week so with reflective reading of journal articles (one credit per hour), attendance at study days (one credit per hour) and so on, it should be within the reach of the Faculty membership. Full details of how to accrue credits are contained in the CPD Scheme information sheet which will be circulated by email to all those in the Faculty.

The scheme is intended to be constructive and to assist people in planning their own individual CPD activities.

The bottom line

At the start of this article we asked the question: “What does CPD mean?” The answer is long, but is actually quite simple. It means that we all need to ensure that patients are assured that the professionals they consult are both competent and current in their knowledge and skills. CPD is one way of doing this.

‘...a positive initiative, part of the wider picture of establishing travel medicine on a firm professional foundation...’

Sandra Grieve FFTM RCPS(Glasg) has been trawling through cyberspace for online resources to help you develop your own skills and train others in good practice.

Open All Hours:

Online learning and education

More and more educational and training resources are being offered online, giving a welcome measure of flexibility to those of us looking to update our knowledge and skills within the busy confines of our daily lives. You may find it difficult to access face-to-face taught sessions, but online learning comes straight to you, wherever you are and whenever you are ready to learn.

Here are a few that you may find useful for practice, but this list is just a taster and it will continue to grow – like the internet itself.

Immunology for immunisers

The Health Protection Agency (HPA) website has an animated programme describing the immune system, how it fights infection and how it responds to a vaccine. It is designed as a teaching tool for personal or lecture use. <http://immunologyanimation.hpa.org.uk/>

Immunisation training

The HPA has a range of immunisation training resources for those involved in providing services. www.hpa.org.uk/EventsProfessionalTraining/InfectionsTraining/InfectionsTrainingResources/ImmunisationTrainingResources/

Test your knowledge of the UK Green Book

The HPA has posted a set of multiple choice questions (MCQs) developed as a training and learning tool based on information contained in the Green Book 2006 www.dh.gov.uk/Greenbook. The idea is to read a chapter in detail before answering the questions. The first 11 chapters deal with all matters pertaining to the immunisation process and the remaining 22 cover specific infectious diseases, from anthrax to yellow fever. An answer key is available on request by email to: ehptinfo@essexhpa.nhs.uk, quoting MCQs Green Book in the subject box. www.hpa.org.uk/web/HPAwebFile/HPAweb_C/1210060152869

Skills for Health Core Learning Unit (CLU)

A new immunisation and vaccinations programme is available on the re-launched CLU platform. The programme consists of five modules and is suitable for everyone involved in the delivery of immunisation and vaccination working in the NHS in England. www.corelearningunit.nhs.uk/SignIn.aspx?action=s

CDC yellow fever training

The US Travelers' Health Branch of Centers for Disease Control and Prevention (CDC) offers an online yellow fever training course. It addresses the history of the disease, vaccine and vaccination information, and the pre-travel consultation. The course is aimed at all health professionals involved in delivering advice on health to travellers. The course content was developed by several bodies including the National Travel Health Network and Centre (NaTHNaC). www.cdc.gov/travel-training/?s_cid=travelsite

Rabies educational module

A collaborative effort has led to the development of an introductory review of rabies post exposure prophylaxis (PEP). The emphasis is on North America, but the information provides a useful training tool for all travel health practitioners. Access and continuing education credits are free. <http://ideha.dhmm.maryland.gov/training/rabies/Default.aspx>

Understanding migrant health

An article has recently been published in GPonline by Dr Sarah Montgomery about the migrant health guide: Online learning – Understanding migrant health. It's available free from the HPA's Travel and Migrant Health Team at: www.hpa.org.uk/MigrantHealthGuide/News/, but you must register (free) to access the article.

Migrant Health Guide slides

These have been prepared by the Travel and Migrant Health Section, Health Protection Agency, Colindale, to aid health professionals in promoting the Migrant Health Guide. www.hpa.org.uk/web/HPAweb&Page&MigrantHealthAutoList/Page/1287146451738

Thanks to Dr Lisa Ford MFTM RCPS(Glasg), lead author, for this overview of results from the NaTHNaC survey presented at CISTM12 in Boston.

But how are we really doing? Immunisation training in the UK

NaTHNaC undertook a survey of immunisation practice in the UK in order to:

- assess whether health professionals are aware of the recommended HPA National Minimum Standards for Immunisation Training for England, Wales and Northern Ireland (EWNII);
- determine whether initial training standards were achieved and updates in immunisation training were accessed;
- determine whether there is training and assessment of immunisation techniques, including intradermal vaccination.

Some 1,525 health professionals responded to the online survey, 96% of them nurses based in NHS general practice:

- 29% were unaware of the standards
- 47% received less than the two days recommended initial training
- 42% had received no clinical supervision following initial training
- 11% had had no immunisation update since their initial training.

Intramuscular (99%) and subcutaneous routes (82%) were the most frequent immunisation routes used and only 10% of participants used the intradermal technique: 77% less than once weekly.

Any conclusions?

This survey indicates that the recommended minimum standards are not always achieved. There is a need for comprehensive, accessible immunisation training, supervision and updates. The standards in EWNII should be made compulsory and health professionals required to achieve them.

The majority achieved biennial updates of immunisation practice, but this number needs to improve along with clinical assessment of their techniques. Most perform intramuscular and subcutaneous injections, but the intradermal technique is not widely used.

Read more at PO 16.06: www.istm.org/Documents/Members/MemberActivities/Meetings/Congresses/cistm12/CISTM12-Poster-Abstracts.pdf

From bully beef to Benidorm, Professor Daniel Reid has been involved with some of the most high profile cases in public health over the last 50 years. Along the way he has helped develop the global perspective of illness associated with travel and underpinned the emergence of travel medicine in the UK. It's only fitting, then, that in June 2011 he became the first Honorary Fellow of the Faculty of Travel Medicine. Dr Jonathan Cossar FFTM RCPS(Glasg) summarises a distinguished career.

Professor Daniel Reid OBE (Hon) FFTM RCPS(Glasg)

Daniel Reid graduated MB ChB from Glasgow University in 1958, and soon moved on from a series of house officer jobs in Glasgow to career posts in pathology, infectious diseases and in epidemiological research at the Central Public Health Laboratory, Colindale, London. He took the Diploma in Public Health in London in 1967 and was awarded an MD with Commendation by Glasgow University in 1969.

In 1964, during the latter part of his higher professional training, a major outbreak of typhoid infection in Aberdeen proved to be the catalyst for shaping a long and successful career. Dr Reid joined the outbreak team that investigated the 507 cases which were linked to corned beef imported from Argentina. Today, he enjoys recounting that only in a thrifty north-east town like Aberdeen could 507 slices come from one tin of corned beef!

Soon enough he was involved in setting up the Communicable Diseases Scotland Unit at Ruchill Hospital in Glasgow and became its Founding Director in 1969. Over the next 28 years under his Directorship, the Centre would become world renowned for the study and epidemiological surveillance of infectious diseases and in managing complex outbreaks of infection in the community.

The Centre has collaborated with the Scottish Office on matters of public health policy and also been involved in training and teaching doctors, nurses and environmental health officers, both from the UK and abroad, in the discipline.

Legionnaires' disease

However, it was his investigations into the outbreak of illness among Scottish holidaymakers in 1973 that led to another remarkable breakthrough. Three tourists had died from a fulminant, pneumonic illness on returning from Benidorm without a specific causative pathogen being identified.

In 1976, hearing a news report from America about a previously unidentified pathogen causing an outbreak of infection, dubbed "Legionnaires' disease", Professor Reid recognised similarities to the cases in Scotland. In association with Professor Grist at Glasgow University, public health colleagues in Spain and at the Centers for Disease Control, Atlanta, Legionnaires' disease was established as the cause of the Scottish fatalities three years earlier.



L to R. - Dr Jon Cossar, Professor Dan Reid, Professor Peter Chiadini Dean of the FTM

Continuing his lifelong researches, Professor Reid gained further degrees, fellowships and awards including Fellowships of the Faculty of Public Health Medicine, of the Royal Colleges of Physicians of Glasgow, Edinburgh, and of the Royal Society of Edinburgh. In 1975 he was awarded the Order Civil de Sanidad by the Spanish Government for his work with Scottish package holidaymakers in Benidorm, and in 1989 he was awarded the Order of the British Empire.

From widening of these initial researches to include the global perspective of illnesses associated with travel and their prevention, Travel Medicine has emerged as a specialty in the United Kingdom. Since 1990, the postscript to this has been the establishment of the International Society of Travel Medicine, the British Travel Health Association, the Glasgow Travel Medicine teaching courses in 1995, and the Faculty of Travel Medicine set up at the Royal College of Physicians and Surgeons of Glasgow in 2006.

Sharing knowledge and expertise

Professor Reid's publications number in excess of 200 and read like an epidemiological compendium that encompasses more than 30 different pathogens.

He has held honorary professorial and lectureship appointments at Glasgow, Strathclyde and Edinburgh universities. His external examination appointments include the Royal Environmental Health Institute of Scotland, the Faculty of Public Health Medicine, and the universities of Dundee and Strathclyde. Overseas appointments have taken him to Australia, Africa and the Middle East, and included visiting professorships and consultancies with the World Health Organization, the Commonwealth Secretariat and the European Commission.

Professor Reid's numerous editorial appointments include textbooks and journals on infectious diseases, epidemiology and travel-associated infections.

He has been a member of over 30 committees and working parties, ranging from the World Health Organization, the Advisory Committee on Infection and the Joint Committee on Vaccination and Immunisation, to the Medical Research Council and the Scottish Office.

In June 2011, the latest of his many professional achievements, awards and accolades was conferred by Mr Ian Anderson, President RCPSG, in the form of the first Honorary Fellowship of the Faculty of Travel Medicine.

IN FOCUS

Behind the scenes with Professor Peter Chiodini FTM RCPS(Glasg).

Malaria Statistics

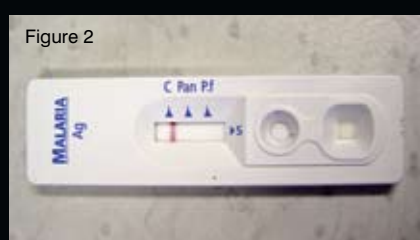
Travel medicine should confine itself to pre-travel issues, notably the promotion of healthy travel, and not stray into dealing with travel-acquired illness, be it acute infectious diseases or accidental injury abroad requiring trauma services.

Malaria is no exception to that rule, so the purpose of this article is not to teach the diagnosis and treatment of malaria, but to show how information on malaria diagnosed in the UK is collected for use by bodies such as the Advisory Committee for Malaria Prevention in UK Travellers (ACMP) to inform policy for malaria prevention.

First, some history. In 1880, the French physician Alphonse Laveran described a "New Parasite found in the Blood of Several Patients Suffering from Marsh Fever". This was the first description of malaria parasites seen by microscopy and won Laveran the Nobel Prize for Medicine and Physiology in 1907.

Another major advance came in 1891 when Dimitri Leonidovich Romanowsky (what a romantic name) described what became known as Romanowsky stains to differentially visualise the nucleus and cytoplasm of the parasite. They remain in use today. Figure 1 shows a blood film of *Plasmodium vivax* as seen with Giemsa stain.

Over the next century, whilst a variety of methodologies came into play for malaria detection, none were suitable for large-scale field use until the arrival of immunochromatographic lateral flow devices, more commonly called rapid diagnostic tests (RDTs) around 1990. They were not received with universal enthusiasm at first and I recall hearing scepticism following that year's International Congress of Parasitology.

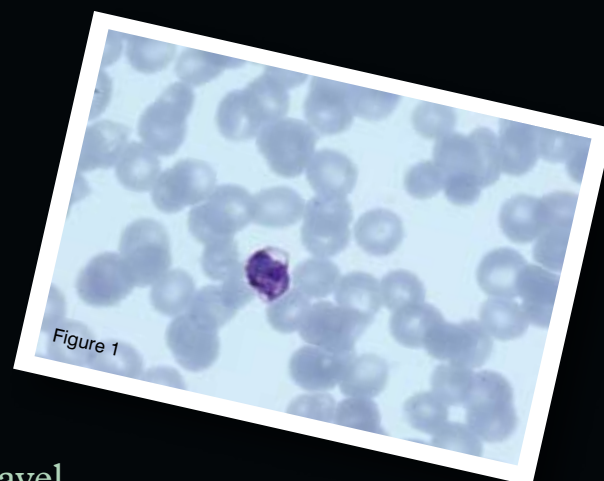


However, innovation soon led to a wide variety of RDTs being developed [see figure 2] The very best can detect as few as 200 parasites per microlitre of blood under field conditions. The World Health Organization has undertaken a product testing programme comparing various RDTs using identical malarial blood specimens and its reports, found on the WHO website, are essential reading for anyone considering using RDTs.

They have the advantage of being suitable for use where there is no microscope. In contrast, in laboratory settings, molecular diagnostics using the polymerase chain reaction (PCR) or loop-mediated isothermal amplification (LAMP) detect parasites with a sensitivity 10 to 20 times greater than the best malaria microscopists.

How does this relate to the annual MRL statistics?

The Malaria Reference Laboratory records cases diagnosed by blood film; or molecular methods; or post-mortem histology in the event of a fatal case. RDT diagnosis alone is not accepted as it must be confirmed either by blood film or molecular methods, not least because RDTs cannot yet determine the presence of each of the five species of malaria parasites of humans with sufficient precision compared to other methods.



Cases of malaria in the UK should be reported to the MRL using the notification form found at www.malaria-reference.co.uk. As well as the species found, additional information such as country of travel and whether or not the traveller took chemoprophylaxis, provides vital data to feed into policy.

How complete is notification?

Using the epidemiological tool capture-recapture, the MRL found that it captured 56% of UK cases, 66% in the case of *Plasmodium falciparum*. A Netherlands study showed an almost identical figure of 56.4% notification. Thus, the adage that there is probably twice as much imported malaria as reported is likely to be true.

Accurate notification and data analysis are among the best tools we have to shape policy so all practitioners are encouraged to report cases of malaria. However, even more important is to pay better attention to the promotion of malaria prevention among travellers, as approximately 80% of the malaria cases notified to the MRL took no chemoprophylaxis.



Nothing stays still in travel health, not least those digitally well-thumbed databases. Three popular online resources have been renewing their websites.

All change!



NaTHNaC

NaTHNaC's website (www.nathnac.org) is undergoing a major redesign to improve the look and feel for both health professionals and travellers. Bright, modern text and graphics combine with clearer navigation to facilitate access to information in public sections. There's also a password-protected area for NaTHNaC-designated Yellow Fever Vaccination Centres (YFVC).

Look for a greater range of FAQs and an enhanced search facility to help you zero in on information from NaTHNaC's extensive resources. Key features from the existing health professional's side will remain, including *Clinical Updates* on global health events, *Country Information* and NaTHNaC's *Outbreak Surveillance Database* with up-to-date information on disease outbreaks. The UK Yellow Book (*Health Information for Overseas Travel*) will also be added in a fully searchable format.

Once logged in to the YFVC area, you will be able to navigate to other parts of the site and then return to the YFVC resource in the same browsing session.

The traveller's side will offer essential pre-travel advice and guidance for the lay audience, including many health information sheets, a searchable database of YFVCs and topical updates.

NaTHNaC's Twitter feed (www.twitter.com/NaTHNaC) will feature across the new the site.

The new website is due for launch in late 2011.



MASTA

MASTA has recently launched a free travel health service to support NHS practice nurses in running travel clinics.

You can now simplify collecting trip details from travellers by having them complete an online travel health form prior to their consultation. This produces a personalised "Travel Health Brief" to help you plan the clinic. All you have to do is register with MASTA to access the information online, and it's free.

The Travel Health Brief contains the latest information from WHO and NaTHNaC, among others, and uses a straightforward format and layman's language to help travellers understand travel-related health risks. It includes malaria maps, information on vaccine preventable diseases, antimalarials, and advice based on national and international guidelines. It can also cover multi-county trips and, where available, links to current outbreaks, along with regional and seasonal information.

If your patient has received any travel-related vaccinations from a MASTA clinic, with permission you can also see the updated record online.

See a step-by-step video at: www.masta-travel-health.com/professionals

TRAVAX

TRAVAX, the website of Health Protection Scotland (HPS), has launched its updated website following a period of consultation with users. New features include a patient advice "suitcase", an FAQ index, additional maps and the option of signing up for daily or weekly updates.

Much of the content has been revised and improved. Navigational links are included to explain how the new system works and there is a useful A-to-Z to guide you to information.

A user-survey is on-going to gauge satisfaction and provide feedback. Old login details will allow access to the site for the time being, but you are encouraged to update your login details to the new style (using email addresses) as soon as possible.



RESOURCES

British Guideline on the Management of Asthma (revised May 2011)
Produced jointly since 2003 by the British Thoracic Society (BTS) and the Scottish Intercollegiate Guidelines Network (SIGN), sections are updated annually. It's at: www.sign.ac.uk/guidelines/published/index.html#Respiratory

The CDC Yellow Book 2012.
Health Information for International Travel is available to purchase or access online at: wwwnc.cdc.gov/travel/page/yellowbook-2012-home.htm

The WHO International Travel and Health (2011)
An essential resource for travel health practitioners, individual chapters can be downloaded and hard copies can be ordered or viewed online.
www.who.int/ith/en/http://www.who.int/ith/en/

World Health Organization (2011) Guide to Ship Sanitation, third edition, Geneva: WHO. Available at: whqlibdoc.who.int/publications/2011/9789241546690_eng.pdf

Chiodini, J and Boyne, L (2011) *Atlas of Travel Medicine and Health*, third edition. Current easy-to-access maps and information in a visual format. Available at: www.amazon.com/Atlas-Travel-Medicine-Health-3e/dp/1607950480/ref=sr_1_1?ie=UTF8&qid=1314632481&sr=8-1

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Conferences

11 November 2011

2nd Triennial Conference of the Royal College of Physicians and Surgeons of Glasgow (RCPSG)
Faculty of Travel Medicine (FTM) Symposium
Scottish Exhibition and Conference Centre Glasgow
www.rcpsg.ac.uk

17 February 2012

Prevent, promote and protect: public health is every nurse's business
RCN Public Health Conference
Novotel West, London
www.rcn.org.uk/newsevents/event_details/rcn_eventsms/publichealth2012

31 March-3 April 2012

22nd European Congress of Clinical Microbiology and Infectious Diseases London
www.escmid.org/dates_brevents/

26 April 2012

Travel Medicine Symposium.
A collaboration between Faculty of Travel Medicine of the Royal College of Physicians and Surgeons of Glasgow and Royal College of General Practitioners Scotland.
RCPSG, St Vincent Street, Glasgow
www.rcpsg.ac.uk

2-5 May 2012

9th ISTM Asia Pacific Travel Health Conference/ 5th ISTM Regional Conference
International Society of Travel Medicine
Grand Copthorne Waterfront Hotel Singapore
www.istm.org

6-8 June 2012

Northern European Conference on Travel Medicine (NECTM4)
Burlington Hotel Conference Centre Dublin, Eire
www.nectm.com

11 September 2012

Should they stay or should they go?: the duties for employers and health professionals for workers abroad.

Joint meeting Faculty of Occupational Medicine and Faculty of Travel Medicine SOAS, London. For further information, email travelmedicine@rcpsg.ac.uk

19-23 May 2013

CISTM 13
13th Conference of the International Society of Travel Medicine
Maastricht Exposition & Conference Centre, Maastricht, The Netherlands
www.istm.org

RESOURCES

On the road with Jane Chiodini FFTM RCPS(Glasg).



TRAVELLER'S TALE:

Third time lucky... a trip with a difference!

January 1985 saw my husband Peter leave the UK for a three month placement in tropical medicine at the Christian Medical College (CMC) in Vellore, Tamil Nadu, South India. A few months previously I had resigned my ward sister post at St George's Hospital, London to travel with him. However, two weeks later he was appointed Consultant Parasitologist at the Hospital for Tropical Diseases in London so instead I drew the short straw, remaining behind to sell our house and relocate to a new area in preparation for the forthcoming post.

During his stay, Peter studied with Professor Benjamin Pulimood, Director of Department of Medicine Unit I, which included the infectious diseases department, and he was honoured to be invited to live in Professor Pulimood's house, getting to know the family well.

Peter returned to CMC in 1996 to deliver the first Benjamin Pulimood Oration, but owing to schooling commitments with our two sons I missed out again. So February this year saw me finally making the trip to India and what a treat it was, probably one of far greater significance to me now with my travel medicine training behind me!

An inspirational founder

CMC was founded by medical missionary Dr Ida Scudder, initially with a one-bed clinic in 1900, after which she built a 40-bed hospital in 1902. Seven years later she started a school of nursing and, in 1918, opened a medical school for women. Men were first admitted in 1947. Read more about her fascinating life and her determination to care for women and bring healthcare to the poor, disabled and the neglected in India at: www.vellorecmc.org/images/Glimpses/Glimpses.pdf.

Today the hospital is one of the finest in India with extremely high ranking for medical school training. Vellore has a population of 500,000 but the hospital dominates life in the town. It supports 2,200 beds and 4,300 outpatients per day.

Vellore is not a place on the mainstream tourist trail, but patients travel from all over India to visit this centre of excellence. Car sales have quadrupled in India since 1998 and the busy roads are jammed with motorbikes, bicycles, bullock carts, lorries and shiny new Tata Nanos. Care regarding road traffic accidents will now be an even higher priority of advice to my travellers!

The purpose of the visit was for Peter to teach on the 5th International Short Course in Clinical Tropical Medicine, an initiative within the Infectious Diseases Training and Research Centre (IDTRC). This was set up by Dr Dilip Mathai and Norwegian collaborators including Dr Kristine Mørch from Haukenland University Hospital in Bergen, an institution which donated considerable funds to help set up the IDTRC. Kristine remains one of the course co-ordinators along with Dr. Priscilla Rupali from CMC Vellore and Dr Michael Libman from Canada.

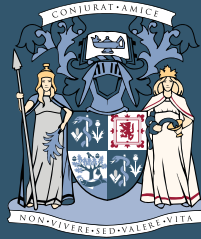
The course

Students are qualified doctors who come from centres around India and other parts of the world. The intensive course lasts two weeks with lectures, laboratory work and practical experience on daily ward rounds, culminating in an exam. For me, the ward rounds were one of the great highlights of the trip, seeing patients with diseases including typhoid, tetanus, chorea, hydatid disease, leishmaniasis, leptospirosis and malaria. The course also visits outreach centres, including a leprosy clinic and venom collection centre.

Professor David Warrell from Oxford gave the 2011 Benjamin Pulimood Oration on "Our Venomous and Poisonous Environment", a superbly illustrated and fascinating talk delivered in David's well known style that so many travel medicine practitioners have benefited from over the years.

It was easy to fall in love with this intriguing country and its warm people, and fortunately for us, the trip is now on our annual agenda.

Further details of this course are at: www.cmctropmed.com and to review some clinical cases go to: www.cmctropmed.com/clinicalcasecontinue.



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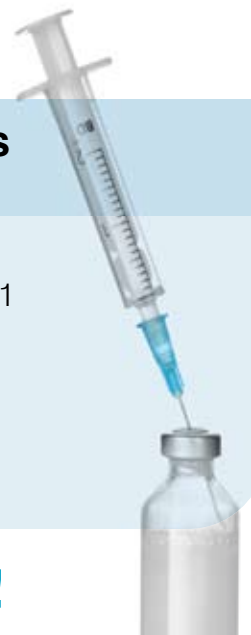
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DipTravMed:

19-22 March 2012

Foundation:

14-15 May 2012



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