Autumn/Winter 2012

ROYAL COLLEGE OF PHYSICIANS AND SURGEONS OF GLASGOW
TRAVEL MEDICINE

emporiatrics

News, views and reviews from the Faculty of Travel Medicine



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The Faculty of Travel Medicine Dean's Medallion of Office

The imported Fever Service

Current challenges in travellers' malaria

Two distinguished individuals. One shared vision

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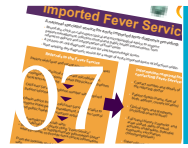
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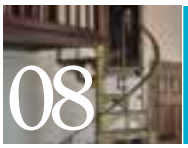




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Editorial

This edition of *Emporiatrics* mixes the old with the new, the history of travel medicine in a wonderful new display in the Lock Room within Royal College of Physicians and Surgeons of Glasgow with a modern day medallion created following an exciting competition undertaken by students at the Glasgow School of Art which will eventually become a piece of history in its own right. Competences for nurses working in the field of travel medicine first published in 2007 have now been updated and complement the very important new publication *Recommendations for the practice of travel medicine* from the Faculty of Travel Medicine published in the May issue of our journal *Travel Medicine and Infectious Disease*. So significant is the article that Elsevier have made it a 'free access' publication to help us disseminate the guidance document, downloadable at **www.travelmedicinejournal.com/article/S1477-8939(12)00067-1/fulltext**

Other articles include current challenges of travellers' malaria, a new fever service from the Health Protection Agency plus our usual items 'In Focus', news bulletin and resources.

Having spent the last 16 years heavily involved in an honorary capacity in many roles with the RCN Travel Health Forum, the International Society of Travel Medicine Nurse Groups and the past seven years in the development of the Faculty of Travel Medicine, I am standing down as Honorary Secretary and Education and Professional Development Lead to concentrate more on my writing and teaching activities. It has been an honour to serve the Faculty of Travel Medicine and especially exciting to have created the concept of *Emporiatrics*, subsequently working on its production. I wish the new Editor success and hope you will continue to support the publication.

With best wishes

Jane Chiodini

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Our Sponsors

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Thank you



As I demit office as Dean on 18th October 2012, this is my farewell to the Faculty of Travel Medicine (FTM) at the end of a tenure which I have enjoyed immensely.

The FTM has made enormous progress and is now a major player in the specialty. Here are some highlights from our activities during the last three years.

Education, training and professional development

Given the role of medical Royal Colleges in education, training and promotion of the highest professional standards, our overall strategy, reflected in our meetings programme, has been to build strong links with other Royal Colleges whose specialties are relevant to our work. Thus, we have held two joint scientific meetings with the Royal Pharmaceutical Society, two with the Royal College of General Practitioners and one with the Faculty of Occupational Medicine. There was also substantial FTM presence at the Northern European Congress of Travel Medicine (NECTM4) in Dublin in June 2012. The Faculty has forged good links with our colleagues in Ireland and is delighted that this year's *Travel Medicine, the Nets and Bolts* meeting will be held in Galway.

The Faculty has been busy on the international stage and has become involved with the Nordic Initiative in Travel Medicine (NITME) which held its first Foundation Course Education in Travel Health in September 2012.

The FTM's landmark publication *Recommendations for the Practice of Travel Medicine* has been published in *Travel Medicine and Infectious Disease*, the official Journal of the Faculty of Travel Medicine. The *Recommendations* are dedicated to the late Dr Darryl Robert, one of our students from the DipTravMed course, who died under tragic circumstances.

Membership Services

The FTM must serve its membership and we have introduced significant membership benefits.

The Faculty's Continuous Professional Development (CPD) scheme has been launched.

Travel Medicine and Infectious Disease has been adopted as the Official Journal of the Faculty of Travel Medicine and is provided as a membership benefit to Associates, Members and Fellows. *Emporiatrics*, self-funding without the need to rely on College finance, was introduced as was the Dean's email News Bulletin. The latter has now been subsumed into *College News* at the request of the College.

Examinations and Assessment

The Diploma in Travel Medicine has been transferred from Health Protection Scotland to the College and is expertly run by our full-time in-house course manager Ann McDonald.

A major landmark was reached when the first diet of part two of the Faculty's membership examination, leading to the award of MFTM RCPS(Glasg) was held in May 2012. Adding this to the College's acclaimed Diploma in Travel Medicine, the first and still a flagship qualification in the specialty, College now has a series of courses and examinations. These can take a new entrant to travel medicine through the Foundation Course, followed by the Diploma (leading to AFTM RCPS(Glasg) and finally the Membership.

Encouraging research

2011 saw the introduction of the Triennial Scholarship of the Faculty of Travel Medicine, designed to encourage research and innovation in the specialty.

The Faculty strongly supports the development of *Travel Medicine and Infectious Disease*, our Official Journal and we encourage our research-active members to consider submitting their work to this publication.

Honorary Fellows

It was with great pleasure that we admitted Professor Dan Reid OBE, the father of Travel Medicine in Glasgow, as our first Honorary Fellow.

We were also delighted to admit Professor Dilip Mathai from Vellore, India as our first Honorary Fellow from outside the United Kingdom.

Dean's medallion of office

The FTM Dean's medallion of office, an original piece of art designed and made by Ms Mairi Collins from the Glasgow School of Art, has been donated to the College by Mrs Jane Chiodini, Secretary of the Faculty of Travel Medicine.

Team effort

The FTM Board has worked hard over the last three years to bring about these innovations and special thanks go to Muir Brown, Deputy Head of Membership Services, for his good natured and most efficient support to the Faculty.

Demitting office with me this year is Dr Eleanor Anderson, who served on the Faculty Board as a representative of the Associate Members. We shall all miss her clear thinking and wise counsel for which we are grateful.

It would have been impossible for me to do the job of Dean without the patient support and encouragement of the FTM Board Secretary, Mrs Jane Chiodini. Jane is standing down from office and says farewell to you in her Editorial on page 2.

BULLETIN BOARD

A nasty accident could mean an even nastier surprise!

British Behaviour Abroad Report 2012

The Foreign & Commonwealth Office (FCO) has published its annual roundup at: **www.fco.gov.uk/en/news/latestnews/?view=News&id=790387782**. This shows an increase of 10% in hospitalisations in Spain, Greece and Egypt. On average 70 British citizens a week are admitted to a hospital abroad - almost a third of them are in Spain, particularly Majorca and Ibiza. Indeed, the Balearics deal with the highest number of British people hospitalised anywhere in the world, many of them with life-threatening injuries. Drugs and alcohol are major factors.

Most Britons request consular assistance in Spain, although taking visitor and resident figures into account, most consular assistance is needed in the Philippines and Thailand. British nationals are more likely to die in the Philippines, but most are expatriates, not tourists.

Nearly half of British travellers don't know they are liable for medical bills if they have no travel insurance so a nasty accident could mean an even nastier surprise!

An interactive map at: **http://bit.ly/bba-2012** shows the total incidents around the world requiring FCO consular assistance between April 2011 and March 2012. Select individual countries for links to the latest specific destination travel advice.

Sandra Grieve FFTM RCPS(Glasg) with the news in brief.

Brits, booze and balconies

The news is all too familiar. By August this year, 13 balcony falls had been reported, three of them fatal and others causing serious injuries. This already matches the total for 2011. Most falls involve young people aged 18-35 and often alcohol. Thus the FCO has joined forces with the Association of British Travel Agents (ABTA) to campaign on balcony safety with leaflets distributed in resorts popular with British tourists and online information at: **www.abta.com/about/news/view/512** This features a very sobering video about Jake, a young man who survived to tell his story – but only just!

Travelling with medications

Laws vary from country to country so travellers beware. Professor Larry Goodyer FFTM RCPS(Glasg) clarifies issues around carrying medicines across borders on the International Association for Medical Assistance to Travellers website. **www.iamat.org/blog/index.cfm/2012/7/20/What-You-Need-To-Know-About-Travelling-With-Medications**

New conjugate meningococcal vaccine launched

Nimenrix from GlaxoSmithKline protects against four serotypes, A, C, W135 and Y, and is licenced for use from 12 months of age. This will be a welcome addition to the portfolio of other quadrivalent vaccines, one other conjugate vaccine (Menveo) and the polysaccharide vaccine (ACWY Vax). Details at: **www.medicines.org.uk**

Lose your passport. Lose your holiday.

The FCO has produced videos for travellers to three popular holiday destinations, focused on preventing the loss of passports - plus a fourth on what to do if the worst happens, entitled *Applying for a UK Emergency Travel Document (ETD)*. Search these titles on **www.youtube.com**

West Nile Virus in Europe

The first human cases of West Nile Virus (WNV) for decades were reported in Greece in 2010 and 2011. The transmission season is usually from July to November and in 2012, there have already been several laboratory confirmed cases and deaths reported from seven prefectures including some new areas showing WNV circulation. No vaccine is available: it's down to personal protection measures against mosquito bites for anyone going to risk areas. Get updates and advice at: **www.nathnac.org/pro/clinical_updates/wnv_greece_130812.htm**

WHO consultation on international travel and health

Results and recommendations were reported earlier in the summer at a conference in Singapore: **www.who.int/ith/ithconsultation20120502.pdf** This related to travel health information sharing and the need to identify priorities, strategies and activities in the Asia Pacific Region where passenger numbers are predicted to increase from 779.6 million in 2010 to 2.2 billion by 2030.

NICE BNF app

The National Institute for health and Clinical Excellence (NICE) has launched a free British National Formulary (BNF) Smartphone application for healthcare professionals who work for or who are contracted by NHS England. It provides access to the latest information from the BNF and can be downloaded free via the Apple App Store or the Google Play Store. You will need an NHS Athens user name and password to activate the app and download the content. A further app for the BNF for Children (BNFC) is expected soon.



In keeping with Britain's Summer of Gold Medals, a new medallion struck in June is destined to be handed down through years to come as a symbol of excellence in the field of travel medicine. The outgoing Dean Peter Chiodini tells how it came about.

The Faculty of Travel Medicine Dean's Medallion of Office

The College has a strong sense of the ceremonial. Some may feel this is perhaps too strongly linked with a previous more formal age, but many attending a College Admissions Ceremony would say that a spectacular event in the beautiful Bute Hall, with new diplomates dressed in College gowns, is one of the more pleasurable rites of passage in a medical career. A palpable sense of pride, achievement and sheer excitement energises the new entrants and the families who have supported them.

The principal College Office Bearers (President, Visitor, Vice-Presidents and Dean of the Dental Faculty) all wear medallions of office on such occasions. Some are more lavish than others, but all represent a symbolic link between the past and present membership of the College.

The FTM, founded in 2006 as the newest branch of our multidisciplinary College, was not endowed with a Dean's medallion from the outset, thus creating the opportunity for the Faculty itself to commission one. In doing so we wished to link the FTM to the artistic heritage of Glasgow so suggested a design competition to the world-famous Glasgow School of Art, whose alumni have produced three Turner prize-winners since 2005. The Silversmithing and Jewellery Department enthusiastically offered the challenge to its third year undergraduate students.

Jane Chiodini, FTM Board Secretary, who has donated the Medallion to the College, also provided a £500 prize for the winning student.

As a brief, GSA students were shown power point slides about the work of the FTM and encouraged to research the theme of travel medicine to fire their imagination and creative skills. Some also visited the College in St Vincent Street.

At the end of the competition it was exhilarating to meet the students and view their design boards - a real privilege to spend time with such a talented group of people and learn how they had developed their ideas. The entries were uniformly excellent so special congratulations to Mairi Collins, the winning designer. The Medallion was unveiled and Mairi was presented with her prize in a ceremony in the Alexandra Room in June. Her account of how the medallion was conceived and executed (at the right) is fascinating.

We fully expect that in 2112 (34 Deans from now!) this Medallion will continue as a symbol of excellence in both art and travel medicine: areas in which Glasgow truly excels.

Mairi Collins: A golden opportunity

"Before arriving at the design, I explored different textures and shapes associated with medicine such as disease-causing protozoans and microbes, medical instruments and packaging, all of which influenced my final design. Using digital line drawings of these images, I built the layered medal and added the text and crest – the lion rampant was less than 5mm tall! Advanced 3D print technology let me realise shapes and details which are impossible by traditional jewellery techniques.

"After printing in wax, two halves of the medal were cast separately in silver, then filed and sanded with emery paper until perfectly flat on the back - a lengthy process known to produce the best results. Once the two halves were soldered together, I etched the inscription "Designed and Made by Mairi Collins, Donated by Jane Chiodini" onto a thin strip of silver by a special process and carefully soldered it onto the side of the medal.

"The fully assembled medal was filed, sanded and polished to a high shine using rotary polishers and a bristle attachment between the letters, then cleaned in an ultrasonic bath until highly reflective surfaces were revealed, ready to be gold plated.

"Thanks to all involved for their help, patience and the tremendous opportunity to experiment with design and newly-available technologies."



Dr Behzad Nadjm, Specialist Registrar at the HPA Rare & Imported Pathogens Department, explains the work of RIPL's Imported Fever Service and shares a poster you can photocopy for your noticeboard – or download from the RIPL webpage at: **www.hpa.org.uk/**

The imported Fever Service

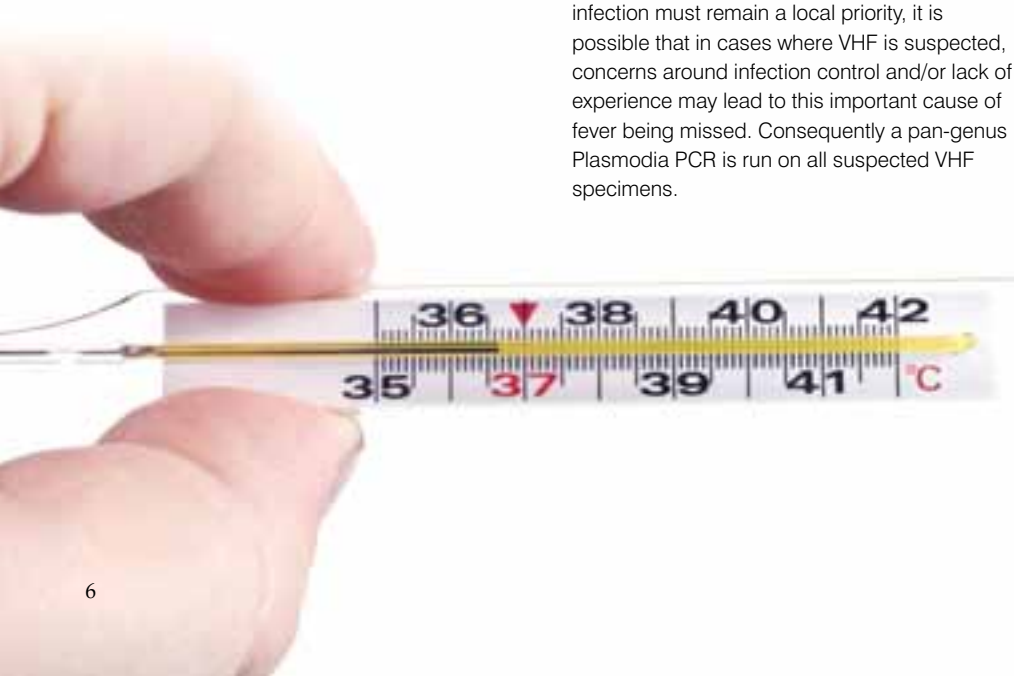
The Imported Fever Service

The Health Protection Agency's Imported Fever Service, led by Dr Tim Brooks, was conceived as a response to the increase in global travel and the corresponding rise in the number of UK residents and visitors seeking care for infections after travelling abroad.

The service offers a comprehensive molecular and serological disease diagnosis, and delivers rapid results supported by clinical advice. The aim is to improve patient care, and also public health control measures and epidemiological data collection for outbreak detection and control.

This diagnostic service is connected to a clinical service for 24 hour advice on empirical therapy, likely differential diagnosis and immediate infection control advice. It also has links with epidemiology and public health to provide an integrated service for major outbreaks and unusual illnesses. In addition it links with veterinary agencies for identifying and managing outbreaks of zoonotic infection, in accordance with the One Health agenda.

The service is intended to supplement rather than replace local NHS services: essential routine bacteriology, virology and parasitology should remain the preserve of local laboratories.



24/7 advice

The service is available to healthcare professionals after they have discussed the case with their local consultant in infectious diseases, microbiology or virology.

One call to a single phone number (0844 7788990) connects you to a team of infectious disease specialists who provide expert advice to support patient management, infection control and public health interventions - from referral to delivery and interpretation of final results. HPA specialists (concentrated at RIPL in Porton Down, but including microbiologists at several locations around the country) work in collaboration with the Royal Liverpool Hospital's Tropical Infectious Disease Unit / Liverpool School of Tropical Medicine and the Hospital for Tropical Diseases at University College London Hospitals.

Calls to this number are subject to standard network rates, but the service itself does not charge for clinical advice calls.

Diagnostic service

The adviser will assess the risk of viral haemorrhagic fever and if a VHF is suspected, link you to a 24/7 diagnostic service for acute VHF and important differentials (notably malaria). Although excluding *P. falciparum* infection must remain a local priority, it is possible that in cases where VHF is suspected, concerns around infection control and/or lack of experience may lead to this important cause of fever being missed. Consequently a pan-genus Plasmodia PCR is run on all suspected VHF specimens.

Diagnostic tests for other causes of imported fever such as dengue, chikungunya and rickettsial infections are offered on a next working day basis. Tests are typically ordered based on the geographical location visited, assuming that many of these infections are very difficult to distinguish clinically. Users in Scotland should be aware that turnaround may be affected by long transport times as all samples are processed in the southwest of England at HPA Porton Down.

Much more online

The HPA website **(www.hpa.org.uk/)** has a wealth of information - search for "Imported Fever Service" to download a copy of the poster and several useful forms. Search for "RIPL User Manual" for a full list of the tests we offer routinely.

While the range of infections we test for is growing, there remain a number of important ones in the diagnosis of acute imported fever that are not tested for, including malaria speciation, confirmation of Salmonella species from cultures, serology for Leptospirosis, Brucella, Bartonella and a range of parasitic infections. For these, other national reference labs should be involved.

A secondary objective of the Imported Fever Service is to improve the quality of both surveillance and clinical data on the causes of imported fever in the UK. We hope over time to have a better picture of both the clinical features associated with manifestations of these infections, and their epidemiology.

Finally, we hope that the improved clinical liaison service will encourage users to send follow-up samples and enable "gold standard" serological diagnoses to be made. This should allow novel diagnostics to be developed and validated, further improving the quality of the diagnostic service.

The Royal Liverpool and Broadgreen University Hospitals NHS Trust

University College London Hospitals NHS Foundation Trust

LSTM

Health Protection Agency

Imported Fever Service

A national specialist service for acute imported fever diagnosis providing:

- Round-the-clock on-call expert clinical and microbiological advice to support patient management, infection control and public health interventions, from referral to delivery and interpretation of final results
- A 24-hour on-call diagnostic service for viral haemorrhagic fevers.
- Next working day diagnostic service for a range of acute imported fevers of infectious origin.

Referrals to the Fever Service

Patient with fever and recent history of foreign travel

Discuss with the local consultant microbiologist, virologist or infectious diseases physician and perform local tests as required

Call Fever Service telephone number with required patient information

Obtain advice from on-call Fever Service specialist to support initial patient management, infection control and public health interventions required

Send samples to local lab with:
- Own referral form clearly citing "Fever Service"
- The Fever Service Supplementary Information Sheet* where possible, to provide extra clinical information

From the local lab send relevant samples to HPA Porton with
- P1 HPA-RIPL laboratory request form*, clearly citing "Fever Service"
- The Fever Service Supplementary Information Sheet* where possible, to provide extra clinical information

Obtain same day/next working day results from Fever Service lab with appropriate clinical advice

Information required for contacting Fever Service:

- Contact number and details of the referring doctor
- Patient details (name, date of birth, address, current location)
- Clinical signs and symptoms (including onset of fever)
- Full travel history (countries and areas visited, dates of travel, activities undertaken, potential exposures, vaccination, chemoprophylaxis)
- Other relevant risk factors
- Relevant past medical history
- Available test results (blood tests, microbiology, radiology)
- Current clinical management (antimicrobials, intensive care support)

Fever Service telephone number:

0844 7788990

Only call this number following discussion with local consultant microbiologist, virologist or infectious disease physician

*Further information and relevant forms can be obtained from the Imported Fever Service Web page www.hpa.org.uk/ProductsServices/MicrobiologyPathology/LaboratoriesAndReferenceFacilities/RareAndImportedPathogensDepartment/ImportedFeverService/

FEATURE



Photo credit: Dr Jonathan H Cossar

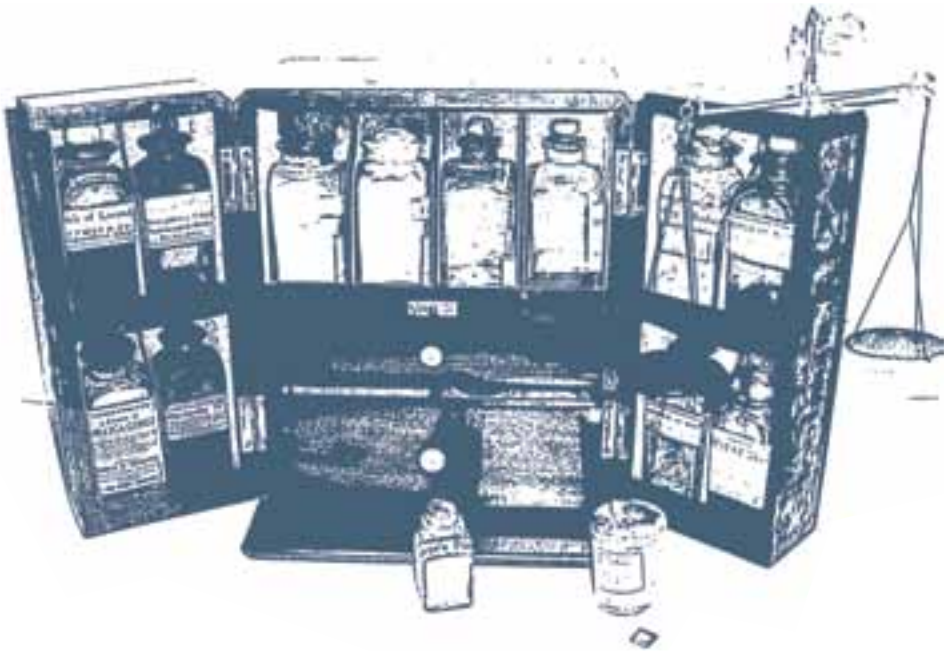
Travel medicine over the centuries

Take a guided tour round a new exhibition in the College's Lock Room with Dr Jonathan H Cossar FRCP(Glasg) FFTM RCPS(Glasg), Foundation Vice Dean of the Faculty and a member of the Library and Heritage Committee (LHC) and Carol Parry, Library and Heritage Manager at the College. Jon and Carol worked closely together to bring this remarkable insight into the history of travel medicine to today's practitioners.

The Faculty of Travel Medicine was established in 2006 at the Royal College of Physicians and Surgeons of Glasgow, its natural geographic locus from an historical perspective. While the rationale would be apparent to travel medicine practitioners, it was perhaps less so to others, both medical and non-medical. At the same time there was an appreciation of the wealth of historical, archival material and artefacts within the College of particular interest and relevance to this subject. Thus the idea evolved for an exhibition here to showcase some of this material as well as chart the nascence of travel medicine in the West of Scotland, and the emergence of the Faculty with its aspirations past, present and future.

On account of the volume of material to be researched, it soon became apparent that additional manpower would be needed to bring this project to fruition. Each year the College Library recruits one or more undergraduates from "Club 21", the University of Glasgow's work placement scheme. Thus Rachael Eagan and Ianto Jocks were selected to help with the FTM project.

Notably, the Lock Room display is the most extensive project undertaken under this arrangement to date and both students spent considerably more time on this work than originally envisaged. Jon helped orientate them in the subject, and provided mentoring on content, accuracy and selection from the available material. Meanwhile Carol gave insight on the extensive holdings relating to travel medicine in the College's historical collections. The display board artwork was done in-house by Angela Bennett and the College generously made 14 display cases in the Lock Room available for the exhibition.





David Livingstone

The display

The logical starting point from a College and Faculty perspective is the recognition of the first cases of Legionnaire's Disease in the UK. The breakthrough* came at Ruchill Hospital in Glasgow in 1976, and was associated with returning holidaymakers in 1973[1]. This stimulated further research, from which would emerge a better understanding of the scale and significance of international travel. Researchers were now identifying potential risks of illness in travellers and implications for the global transmission of infection; they were also realising from historical records that this was not a new phenomenon[2,3,4,5,6,7] **(Cases 1,2 & 5)**.

Interspersed between these exhibits, **Case 3** features the concept of preventative medicine with the evolution and development of the principles and practice of inoculation and vaccination from 1689 to 1915.

Case 4 gives insight on the rich British heritage of travel and exploration, and features portable instruments, medical and surgeons' chests, and remedies associated with Naval and Ship medicine between 1617 and 1905.

The next case **(6)** features one of the College's treasures, a fully equipped 19th century medicine chest. This mahogany chest comes complete with 15 medicines, the ingredients of some carrying a provenance from 1751. One of them - a camphorated tincture of opium known as "Paregoric Elixir" - in an evolutionary format was still in therapeutic use during the 20th century.

The tradition of Travelling Doctors is celebrated in **Case 7** with a particular focus on David Livingstone. The world famous missionary and explorer became a Licentiate of the College in 1840 and was made an Honorary Fellow in 1857.

Cases 8, 9, 12 & 13 relate to the scourge of malaria, past and present. These cases document the identification of the causative parasite, *Plasmodium falciparum* (Charles Laveran, 1880), and recognition of the transmission of malaria by the female Anopheles mosquito (Sir Ronald Ross, 1898). They also feature the use, dating from the 17th century, of Cinchona rubra and flava (Peruvian bark), which contains quinine, to treat malaria.

The effect of an informed traveller and practitioner on illnesses associated with travel in both past and contemporary times is highlighted in **Cases 10 & 11**.

This integrates well with the ethos of the Faculty and College in promoting the best levels of health along with high standards of healthcare for people throughout the world.

The final case **(14)** further develops the traditions of College and Faculty mentioned previously incorporating past, present and future aspirations. It features an ancient Ecuadorian artefact, on loan from the Manclark-Hall-Carillo pre-Columbian Collection, which emphasises just how far we have travelled in our global quest for the eradication of disease and the maintenance of health.

The Lock Room exhibition opened on 18 October.
Please contact **library@rcpsg.ac.uk** to arrange a tour

* Professor Daniel Reid FFTM RCPS(Glasg), who led this work, was profiled in the Autumn 2011 edition of *Emporiatrics*.

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Acknowledgements

The authors would like to record our appreciation to the Faculty Board and the Library and Heritage Committee for their encouragement in this work. Thanks also to the College for its support and for making the Lock Room available for the display, and to Ianto Jocks and Rachael Eagan, whose enthusiasm and expertise helped make this project a success.

FEATURE

'Treatment of malaria is an emergency and requires expert, in-patient management and treatment with fast acting anti-malarials.'

Who's afraid of Anopheles? Who pales at plasmodia? Travellers' malaria is multidimensional and has become an increasingly intricate area of travel medicine. Professor Patricia Schlagenhauf FFTM RCPS(Glasg) outlines her favourite challenges.

Current challenges in travellers' malaria

The risk assessment – where and who

A major challenge for travel health practitioners is malaria risk assessment. Where is your traveller going and who is (s)he?

World Tourism Organisation statistics show approximately 180 million arrivals annually in malaria endemic areas with a strong growth in tourism to high-risk areas such as Sub Saharan Africa. Malaria risk will vary from a high risk in Central Africa (357 cases per 100,000 travellers) to significantly lower risk in Central America (1.3 cases per 100,000 travellers).

There is flux in malaria epidemiology. remains the biggest threat (in terms of mortality), but it is increasingly recognised that the more widely distributed also causes significant morbidity in travellers. A new malaria is emerging as a risk for travellers to Southeast Asia.

Travellers' malaria has many faces and multiple facets, but those at highest risk of acquiring malaria are travellers of African heritage who visit friends and relatives (VFR). In contrast, the risk of dying from travellers' malaria is highest in tourists, particularly the elderly [1]. Men are more likely to get malaria than women. Travellers to high-risk areas really need to be convinced of the need for effective malaria chemoprophylaxis medication and mosquito bite prevention.

The palette of prevention possibilities: chemoprophylaxis and mosquito bite protection

The next challenge is to prescribe an appropriate chemoprophylaxis. Factors such as drug efficacy, tolerability, price and traveller characteristics will impact the choice. The current priority anti-malaria chemoprophylactic regimens are atovaquone/proguanil, mefloquine and doxycycline. All these options are very effective against malaria except in some foci of multi-drug resistant malaria. Anti-malarials are, however, associated with a high incidence of adverse events [2] and it is worthwhile to discuss fears, myths and facts regarding these adverse events as perception will impact traveller behaviour and adherence to the chemoprophylaxis.

Matching the traveller to the appropriate chemoprophylaxis can be complex especially for small children, travellers with co-morbidities and the pregnant traveller.

Atovaquone/proguanil paediatric tablets are a good choice for children (>11 kg) on short trips or longer term if the budget allows. Mefloquine is a practical, cost-effective option for children (>5kg) who stay for longer periods in malaria endemic areas, but parents need to disguise the bitter taste with chocolate or yoghurt. Doxycycline is less frequently used for children (> 12years).

A thorough check of traveller co-morbidities and co-medication is key. Some examples: mefloquine is contra-indicated in individuals with psychiatric conditions and atovaquone/proguanil is not recommended for persons with severe renal impairment.

The pregnant traveller poses a special challenge in malaria chemoprophylaxis. Malaria during pregnancy poses a significant risk to the mother and foetus. Atovaquone/proguanil and doxycycline are currently not recommended in pregnancy, but mefloquine is an option and a recent analysis has shown that the birth prevalence of malformations (4.39%) in mefloquine-exposed mothers is comparable to background levels [3].

Furthermore, travellers need concise information on anti-mosquito measures and this preventive area is a real challenge. The malaria mosquito, , bites at night. A combination of insect skin repellents (such as DEET, IR3535, Icaridin), (pyrethroid) insecticide-impregnated clothing and bed nets / air conditioning is effective in malaria prevention, but adherence to these measures is poor and time spent convincing the traveller is well invested. It is also worthwhile to explode the myths about measures that are ineffective such as the use of garlic, perfume, Vitamin B complex and ultrasound devices.



The returning traveller – think malaria

Between 1987 and 2006 in the UK, 25,054 patients were notified with , of whom 184 died [1]. Delays in presentation, diagnosis and appropriate treatment of malaria were key risk factors leading to death. Treatment of malaria is an emergency and requires expert, in-patient management
and treatment with fast acting anti-malarials. A recent position paper on the management of imported malaria discusses malaria diagnostics and treatment options and dilemmas [4]. The final hurdle, but most important challenge for general practitioners and for returned travellers is simply to "think malaria" when there is a suggestive travel history - and act promptly.

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References

[1]Checkley, AM et al. (2012) Risk factors for mortality from imported falciparum malaria in the United Kingdom over 20 years: an observational study, 2012;344:e2116.

[2]Schlagenhauf P et al. (2003) Tolerability of malaria chemoprophylaxis in non-immune travellers to sub-Saharan Africa: multicentre, randomised, double blind, four arm study, 2003; 327:e1078.

[3]Schlagenhauf P et al. (2012) Pregnancy and fetal outcomes after exposure to mefloquine in the pre- and periconception period and during pregnancy, 2012;54(10): e124-131.

[4]Askling HH et al. (2012) Management of imported malaria in Europe, Position Paper from the European Society for Clinical Microbiology and Infectious Disease, J 2012 in press.

Malaria Resources

Updated UK Malaria Guidelines



The HPA publication *Guidelines for Malaria Prevention in Travellers from the United Kingdom* is currently being updated and should be available by the end of the year. Future copies will only be available electronically unlike the previous hard copy. Look on **www.malaria-reference.co.uk** for their updated publication.

Mosquito Surveillance

In order to harmonise and improve data collection within the EU, The European Centre for Disease prevention and Control (ECDC) will produce guidelines for member states to implement vector surveillance of invasive mosquitoes.

Medlock J, Hansford K, Schaffner F et al. A review of the invasive mosquitoes in Europe: ecology, public health risks, and control options. Vector-borne and zoonotic diseases 2012; 12(6): 435-447. **http://ecdc.europa.eu/en/press/news/Lists/News/ECDC_DispForm.aspx?List=32e43ee8-e230-4424-a783-85742124029a&ID=618**

Fake Malaria Drugs

A review of published and unpublished studies reporting chemical analyses and assessments of packaging of antimalarial drugs was published in Lancet Infectious Diseases. Ref: Gaurvika ML Nayyar, Breman JG, Newton PN, et al; Poor-quality antimalarial drugs in southeast Asia and sub-Saharan Africa. The Lancet Infectious Diseases, 12 (6) 488-496. June 2012 **www.thelancet.com/journals/laninf/article/PIIS1473-3099(12)70064-6/abstract?_eventId=login**

ISTM GeoSentinal Map of Malaria Cases

July 2011 – June 2012 **www.istm.org/Documents/GeoSentinelMalaria_Jul2011-Jun2012.pdf**

Animated malaria parasite life cycle

An easy to understand animated video of the malaria life cycle and illustration of where the chemoprophylaxis acts will shortly be available on a You Tube channel accessed through Jane Chiodini's website at **www.janechiodini.co.uk** This may be particularly useful for healthcare professionals to use to improve understanding of malaria when advising their patients.

FEATURE

A review of the latest publications by Peter Chiodini, Dean of the Faculty of Travel Medicine, and Jane Chiodini, FTM Board Secretary and Education and Professional Development Lead

Guidance and Guidelines in Travel Medicine

> '…these recommendations will form the nucleus of a draft training syllabus for future generations of travel medicine practitioners.'

Recommendations for the practice of travel medicine

Travel medicine is like no other medical speciality. Although this may seem an obvious statement, it truly reflects the considerable diversity of practitioners who work to promote healthy travel and prevent illness in travellers. Doctors, nurses and pharmacists all play a key role and may practice in a variety of settings ranging from tertiary care teaching hospitals through to single practitioners in the community.

Unfortunately, there is also variation in the standard of service provision, including areas of poor practice, inadequate support and minimal in-service training. There are many reasons why this occurs, but one of the key contributory factors is that travel medicine is not yet a recognised medical speciality under UK legislation as listed in the General and Specialist Medical Practice (Education, Training and Qualifications) 2010 order. Also, there is not yet an officially recognised training programme in travel health in the UK. Medical Royal Colleges play a key role in education and training for a whole range of medical disciplines and the Faculty of Travel Medicine is unique in being the only official body in travel medicine operating within a Royal College. This gives it access to the resources and considerable expertise of RCPSG, developed over four centuries, to support the education of its membership, and to promote and help develop high standards of practice. A major objective of the FTM is to strive continually for improvement in the quality of care provided by its practitioners.

The long-term aim of the FTM is for travel medicine to be recognised as a sub-speciality of infectious diseases and ultimately, of primary care. As a first step, the Faculty Board identified the need to define better the criteria for good practice in the field and so produced *Recommendations for the practice of travel medicine*. They are described as *recommendations* rather than *standards* as it is not possible to use that term officially until travel medicine becomes a recognised medical sub-speciality. As the FTM moves towards gaining speciality recognition, these recommendations will form the nucleus of a draft training syllabus for future generations of travel medicine practitioners.

With that in mind, they have been mapped to the curriculum for the MFTM examination of the RCPSG (available via the College website at: **www.rcpsg.ac.uk/)** which was itself mapped against the General Medical Council's publication *Good Medical Practice*.

The recommendations have been published in *Travel Medicine and Infectious Disease*, the official journal of the Faculty of Travel Medicine and its publisher, Elsevier is making them widely available beyond the normal readership of *TMAID* to promote and encourage their uptake. Please help us spread the word – free access is available at **www.travelmedicinejournal.com/article/S1477-8939(12)00067-1/fulltext**

Reference:

Chiodini JH, Anderson E, Driver C, Field VK, Flaherty GT, Grieve AM, Green AD, Jones ME, Marra FJ, McDonald AC, Riley SF, Simons H, Smith CC, Chiodini PL. (2012) Recommendations for the practice of travel medicine, *Travel Med Infect Dis*. 2012 May;10(3):109-28.





‘…much of the information is equally applicable to doctors and pharmacists.’

Travel health nursing: career and competence development, RCN guidance.
First published in 2007, this guidance document has been fully updated and republished by the Royal College of Nursing in September 2012. This edition includes a new section with an overview of the development of travel medicine in the UK, a review of the provision of travel medicine services in the UK including financial and prescribing issues, and an updated resource list. It also has a brand new travel risk assessment and travel risk management form.

This important document is an essential tool for all nurses undertaking travel health, and especially those new to the field. Although written with registered nurses in mind, the authors state that much of the information is equally applicable to doctors and pharmacists who provide travel health services.

Travel medicine practice continues to be provided in a variety of settings in the UK, but the greatest proportion is still undertaken in primary care where pressure of work is creating increased restrictions on the time given to perform a travel consultation. Despite this, the complexity of travel risk assessment and travel risk management remain the same or indeed, more difficult as travellers undertake increasingly more complex journeys.

The new document puts great emphasis on the importance of a consultation, and also the need to make thorough documentation of the procedure. The publication will also help inform practice managers and GPs of the complexity of this field of practice.

Following a review of the purpose of a travel risk assessment, the publication presents the competencies in three major sections:

- general standards expected for all nurses working in travel health
- the travel health consultation
- professional responsibilities related to nurses working in the field.

Each section defines the competencies for three distinct groups of nurses

- *the competent nurse, expected to work under supervision and make clinical decisions in routine travel health scenarios*
- *the experienced/proficient nurse who will make decisions on more complex scenarios*
- *the senior practitioner/expert nurse who will work independently to make clinical decisions.*

Information to support best practice is also included. For example, the document states: *“it would be unsafe to allow only 10 minutes for a new travel appointment. A minimum of a 20-minute consultation appointment per person should be allowed to exercise best practice. Travellers with more complex needs – such as backpackers, or individuals requiring malaria prevention advice relevant to their destination – may need a longer consultation time. The Nursing and Midwifery Council ‘Code’ is about being professional, about being accountable and about being able to justify your decisions; employers need to respect the complexity of a travel consultation and appreciate that sufficient time must be allowed for a nurse to abide by the Code”.*

Download at: **www.rcn.org.uk/__data/assets/pdffile/0006/78747/003146.pdf).**

Reference:
Chiodini, J; Boyne, L; Stillwell, A and Grieve, S (2012) *Travel health nursing: career and competence development, RCN guidance,* London: Royal College of Nursing.

Quality criteria for an effective immunisation programme



An expert advisory group consisting of individuals from different professional backgrounds, led by the Health Protection Agency, was formed to produce this document which defines the key elements for the *“implementation and delivery of a safe, equitable, high quality, efficient immunisation service which is responsive to the needs of vaccine recipients and/or their carers”*. Topics include vaccine accessibility, assessment prior to immunisation, effective communication about vaccines, transport, storage and handling, documentation, adverse event/incident reporting, training and co-ordination. All such topics are applicable within travel clinics.

Published in July 2012 and available for download at: **www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1317135275261**

IN FOCUS

The new Joint Directors of the National Travel Health Network and Centre were appointed in June following the departure of Professor David Hill, who directed NaTHNaC from its establishment by the Department of Health in 2002. Both hold the Glasgow Diploma in Travel Medicine and are founder members of the Faculty of Travel Medicine. Here we outline the varied experiences and expertise they bring as individuals to the shared role of taking NaTHNaC forward in its second decade.



Two distinguished individuals. One shared vision.

Dr Dipti Patel FFTM RCPS(Glasg)

In addition to her NaTHNaC role, Dipti works part time as a consultant in occupational medicine for both a branch of the Ministry of Defence and the Foreign and Commonwealth Office. She is also a Non-executive Director at the Health Protection Agency. Previous experience includes being an occupational medicine consultant at the BBC, an honorary senior clinical lecturer in occupational medicine at the Kent Institute of Health Sciences and, most recently, director of clinical services at the Medical Advisory Services for Travellers Abroad (MASTA).

After studying at St George's Medical School in London, Dipti trained as a GP in North East London, where she first encountered travel-related illnesses in the local VFR population. However, her interest in travel medicine really came to the fore at the FCO, where she provided medical support for expatriate staff (and dependants) including pre-travel preparation, medical care overseas, medical repatriations and medical inspection tours to a number of countries.

Work with the BBC and FCO allowed her to combine her travel medicine and occupational medicine careers, while her time at MASTA enable her to understand the challenges of a travel clinic setting.

In each role she has managed complex issues in travellers of all ages. She has also had rare opportunities such as evaluating healthcare facilities in Central America, the Caribbean, East Africa, South East Asia and the Pacific. She's dealt with some unique but fascinating travel medicine dilemmas such as advising BBC programme makers in Angola (during a Marburg virus outbreak!), Rwanda and East Africa, and supporting journalists deploying to the Gulf during the Iraq conflict.

Dipti has always made active career decisions, but with hindsight she feels serendipity has played its part in developing a work portfolio that she really enjoys. The variety of work and intellectual stimulation continue to keep her enthused.

Dr Vanessa Field FFTM RCPS(Glasg)

Just after graduating in medicine at the University of Newcastle upon Tyne, Vanessa found a way of combining a career with her love of travel, working as an expedition doctor in Belize with Operation Raleigh. Deep in the jungle and far from help, she was soon dealing with everything from scorpion bites, embedded ticks and botfly to sunstroke, dengue fever and a dislocated shoulder (her own). Her career in travel and tropical medicine had truly begun!

Following a period of voluntary work in Guatemala and Peru, and work in critical care in Australia, she returned (via South East Asia) to Northumberland where she trained as a GP. Still with itchy feet, she then joined the FCO (just after Dipti left) as a medical adviser, taking her to the Middle East, Caribbean, South East Asia, West Africa and … Glasgow, where she at last consolidated her hands-on experience with formal training in travel medicine.

Vanessa joined NaTHNaC in 2005, while working part time as a travel health physician at InterHealth, the medical charity serving the humanitarian aid, mission and volunteer sectors. She was appointed Associate Specialist in Travel Medicine at NaTHNaC in 2007.

Other career highlights include leading the revision of Health Information for Overseas Travel (the UK Yellow Book), teaching the Diploma in Travel Medicine (RCPSG) and serving on both the ISTM Professional Development and Education Committee, and the World Health Organization's Expert Advisory Group in Travel Health.

The way forward

Dipti and Vanessa reckon one of the best things about a job share is having someone who truly understands your work - someone to bounce ideas off, ease the weight of responsibility and give you an honest reality check. Both want to involve the wider NaTHNaC team in shaping the future, and also get the views of stakeholders, partners and service users.

One area to focus on will be UK travel medicine practice, in particular primary care. Most travellers go to their GP surgeries for advice so Dipti and Vanessa want to look at how to support them better. As both originally trained as GPs, they believe they will have useful insights and a better understanding of the challenges in primary care.

Improving accessibility to the general traveller is also a priority, both in direct communication and by strengthening ties with relevant partners who can influence traveller behaviours – for example, the insurance industry, FTO, ABTA and FCO consular advice.

Finally they want NaTHNaC to be known for innovation so high on their agenda will be emerging technologies, healthcare applications and social media.

This is not a definitive list, but certainly an indication of how they are setting out together on an exciting journey.

NaTHNaC's comprehensive website for health professionals and the general public is at: **www.nathnac.org/**

Dates for your diary

10 November 2012

Nets and Bolts
Cro House, Mayola Lane, Galway
Joint meeting between the Faculty of Travel Medicine RCPSG and the Travel Medicine Society of Ireland.
More at: **www.rcpsg.ac.uk/events**

16 November 2012

MASTA Travel Medicine Study Day
Royal College of Physicians, London
Programme details at: **www.masta.org/studyday/**

29-30 November 2012

Patient first
Joint international conference on quality assurance and patient safety
Hotel Anandha Inn
Pondicherry 605001, India
Organised by Sri Balaji Vidyapeeth in collaboration with the RSPSG and including a travel medicine element.
More at: **http://jicon2012.pt1.in/** and **www.rcpsg.ac.uk/events**

12 March 2013

3rd Joint Conference of Royal Pharmaceutical Society and Faculty of Travel Medicine
Venue yet to be confirmed.
More at: **www.rcpsg.ac.uk**

19 March 2013

Bicentennial Livingstone Conference
Royal College of Physicians and Surgeons of Glasgow
More at: **www.rcpsg.ac.uk** for further details

19-23 May 2013

13th Conference of the International Society of Travel Medicine (CISTM13)
Maastricht Exhibition and Conference Centre, The Netherlands
More at: **www.itsm.org**

5-8 June 2014

5th Northern European Conference on Travel Medicine (NECTM5)
Bergen, Norway
More in due course at: **http://nectm.com**

Reading & Resources

Dengue fever
Pye J (2012) Raising awareness of dengue fever, *Nursing Standard*, 26 (51), pp. 53-56.

Migrant Health Report
Following a successful conference in the UK, a full report identifies priorities to be addressed and lists the conference view of the UK situation in terms of achievements.
www.cumberlandlodge.ac.uk/Resources/CumberlandLodge2011/Documents/Programme/Reports/Migrant%20Health%20Report.pdf



New Surveillance Report
Gautret, P; Cramer, JP; Field, V et al. for the EuroTravNet Network (2012) Infectious diseases among travellers and migrants in Europe, EUROTRAVNET 2010 Eurosurveillance, 17 (26), 28 June 2012
www.eurosurveillance.org/ViewArticle.aspx?ArticleId=20205

Rabies Risk Assessment
An online e-learning module from the Health Protection Agency enables health professionals to gain the knowledge and skills required to undertake a risk assessment in potential rabies exposure. Accredited for CPD, it includes information on requesting post-exposure prophylaxis. Use your NHS, HPA or DH address to access it at: **http://ehealthlearning.org.uk/arena/index.cfm**

Plan. Pack. Explore
New from the FCO, this is the ultimate guide for young travellers, particularly those planning a gap year. It's free in printed form and online, and as an app for iPad, iPhone (iOS 5 and above) and Android devices. Details, including links to download apps, are on the FCO website.
www.fco.gov.uk/en/news/latest-news/?view=News&id=804770582

Travellers' Health – How to stay healthy abroad
This fifth edition book, edited by Dr Richard Dawood was published at the end of September 2012. Emporiatrics readers are entitled to a 20% discount on the book if ordered directly from Oxford University Press. Quote code AMPROMO6 when checking out and discount will be applied. Go to **www.oup.com/uk/isbn/9780199214167 to find out more.**



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- Access to the Faculty CPD scheme
- Our travel medicine magazine, Emporiatrics and the quarterly College News
- An option to subscribe to the Faculty Journal, *Travel Medicine and Infectious Disease*

Find out more: www.rcpsg.ac.uk/travel-medicine

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