



emporiatics

News, views and reviews
from the Faculty of Travel Medicine



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start a travel clinic

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Evolving education



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Editorial



Sandra Grieve

Editorial

A new Executive Board for the Faculty of Travel Medicine (FTM), a new editor for a leading specialist journal (page 6), a new bespoke course for Nordic travel health practitioners (page 5) ... with so much that's 'new' happening in our field, you might be surprised to see me back in my same old chair as editor of *Emporiatics*. That was certainly not the plan, and I am pleased to report that as this issue goes to press we are lining up others to co-edit the next. Like Jane Chiodini, who knows all too well how much hard grafting goes with the job, I am proud of this magazine we launched back in the autumn of 2010, and was willing to step in as a temporary measure to see it continue.

The problem, as always, is not finding enough news to fill the pages but finding enough pages to fit it all in! Other items this time include an overview of migrant healthcare (page 11), a travel health symposium for pharmacists (page 12), a profile of our new Honorary Fellow from India (page 10) and a 'postcard' from the FTM Dean off on a busman's holiday to the rainforests of Brazil (page 6). All that plus book reviews, resources and, as they say, 'much much more.' Thank you to all of our contributors.

I hope you enjoy this issue and look forward to your comments.

With best wishes

Sandra Grieve

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Letter from the Dean of the Faculty of Travel Medicine

Dr Mike Jones FFTM RCPS(Glasg) welcomes a new Faculty board and looks forward to a busy and productive time ahead for travel medicine

In my first letter to *Emporiatrics* as Dean of the Faculty of Travel Medicine, I will start by paying tribute to my predecessor Professor Peter Chiodini, who has devoted so much time and energy to representing the Faculty at the highest level within the College. It is difficult to know quite how much responsibility this role entails until you actually get your feet under the table so, on behalf of the Faculty, grateful thanks to Peter and also to Jane Chiodini as outgoing board secretary. A formidable double act, they were presented with an inscribed crystal globe bearing the College crest to remind them of their many achievements here.

The Board has undergone a number of changes over the last six months, not least with the election of Group Captain Andy Green as Vice Dean and the appointment of Dr Angus Menzies as Honorary Clinical Registrar for the MFTM examination, taking over from me as Chair of the Examination and Assessment Committee. Margaret Umeed has become the new Board Secretary and brings us precisely the skills we need to progress. Sadly, we have had to accept the resignations of Sam Gaudion and Hilary Simons, who felt that personal and work pressures would not allow them to continue, but with the co-option of Sharon Graham I am confident we have a stable and cohesive group for the next three years.

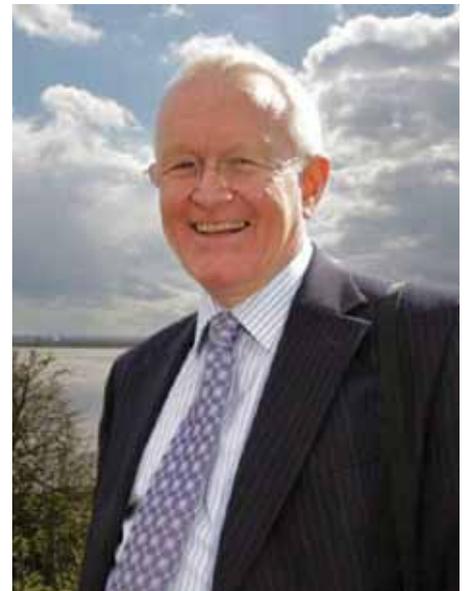
Our board members have come to their shared passion for travel medicine from many diverse backgrounds and perspectives. Together, we will foster the Faculty as a key national and global player in travel medicine, encourage co-operation with partner organisations, advance high standards for travel health care delivery and encourage whole person health care as a key aspect of travel medicine.

Down to business!

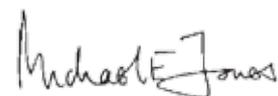
Since October we have held two highly successful symposia - the 3rd Joint Conference with the Royal Pharmaceutical Society at BMA House in London and the David Livingstone Bicentenary Symposium here at the College. Never resting on their laurels, our Education Committee is already planning for the October 2013 Symposium and Triennial College Symposium in June 2014.

As always there are so many issues to consider in our field, but for now I will mention just two which are particularly important to me. First, I was elected with the stated objective that I would work in harmony with the International Society of Travel Medicine (ISTM) and the British Global and Travel Health Association (BGTHA). We already have co-operative working with ISTM on examinations and our three office bearers were pleased to meet with the BGTHA Board in January. We are now exploring ways in which we can pull together in the future, with the Faculty working alongside the UK specialty society.

Second, I had a personal objective to end wasted time spent on formulating Patient Group Directions (PGDs). The practice of each Health Board formulating a series of virtually identical PGDs is a waste of pharmacists' time and needs to end. I am in discussion with the Scottish Health Department and Health Protection Scotland, but this issue may be tough to resolve.



Building on the visionary foundations laid by past Deans Dr Eric Walker and Professor Chiodini, I am honoured to have been elected Dean of a Faculty devoted to this uniquely vibrant speciality in which nurses, pharmacists and doctors contribute on equal terms. In return I intend to be accessible to all Fellows, Members, Associate Members and Affiliates so if you have issues you would like to discuss, do get in touch by whatever means of communication works best for you.



mike.jones@rcpsg.ac.uk

Meet the FTM Executive Board:
<http://rcp.sg/ftmboard>

BULLETIN BOARD

Flights of fancy

So how ready are you to advise space travellers? Dr David Green, lecturer in human and aerospace physiology at Kings College London, predicts that in the next few years significant numbers of people will be going on suborbital flights in a specially-designed spacecraft. It's more to do with bone density than insect repellents so be warned!
www.bmj.com/content/345/bmj.e8124

Ground Control to Major & Mrs Tom

A multimillionaire financier and former rocket scientist is looking for a married couple to take part in a space mission to Mars in 2018. Only 'tried and tested' partners need apply as they will have to cope with close confinement during a return trip that's expected to take 500 days. Total cost is likely to be £1-£1.3bn – but will he take American Express? www.space.com/19998-inspiration-mars-mission-married-crew.html



Now take a deep breath

Hypoxia claims many lives in intensive care each year, but critically ill patients are hardly fit candidates for research. That's why around 200 people are taking part in the Xtreme Everest 2 study in what must be the world's highest medical research lab. At Everest Base Camp, a team of intensive care doctors, nurses and scientists are conducting experiments on themselves and other volunteers at high altitude to develop novel therapies to improve the survival rates of their patients. Follow their progress at:
www.xtreme-everest.co.uk/

Rabies advice revised

Updated recommendations for rabies pre-exposure prophylaxis and post-exposure treatment means the rabies chapter in the 'Green Book' has been completely revised. NaTHNaC's useful clinical update summary (and a link to the full chapter) is at: www.nathnac.org/pro/clinical_updates/rabies_vacc_101212.htm

Sniffing out counterfeit condoms

The UK Medicines and Healthcare products Regulatory Agency (MHRA) warns that millions of illegally imported condoms, made in the Far East and sold in UK markets and small shops, provide no protection against STIs and tend to burst so they aren't much use in preventing pregnancy either. Sniffer dogs are now being trained to seek out the counterfeit condoms, but travellers are best advised to purchase condoms from a reputable supplier before travelling abroad.
www.bbc.co.uk/newsbeat/20802937

Dengue fever

The ISTM Professional Education and Training Committee (PEC) has posted an expert opinion on dengue fever, focusing on advice given to an American teenager moving to Southeast Asia for two years. Dr Poh Lian Lim discusses prevention measures, the epidemiology of dengue fever in Asia, common signs and symptoms, and advice on what to do if symptoms develop. www.istm.org/Documents/Members/MemberResources/Publications/Handouts/Expert/Case2013-1.pdf

Carry on regardless

Despite the sluggish UK economy, the ABTA Consumer Trends Survey shows we're unwilling to cut back on holidays and will first make savings elsewhere. All-inclusive and luxury sectors are expected to do well with Croatia, Ethiopia and New Zealand (the Hobbit effect) predicted to be popular destinations.
www.abta.com/resource-zone/video/travel-trends-report-2013

Home test for HIV

Aware of the increased danger of late diagnosis, the HPA and Terrence Higgins Trust have launched a pilot to offer postal HIV home sampling kits to the two most at-risk groups: men having sex with men (MSM) and Africans living in England. Kits are free and requests are confidential.
www.hpa.org.uk/hpr/archives/2013/news0513.htm #hivmsm

THE NORDIC COURSE: New developments in travel medicine education

The concept of training courses in travel medicine run in the Nordic countries by Nordic practitioners was mooted in 2008 at the time of the second Northern European Conference in Travel Medicine (NECTM 2) in Helsinki. We were delighted to be present at the launch of the first such course recently.

The idea of a Nordic Foundation Course in Travel Medicine (NFCTM) was based on the success of the Glasgow courses over the years, facilitated by practitioners from the Nordic countries who have successfully passed through these courses and became founder Fellows and Members of the Faculty of Travel Medicine of the Royal College of Physicians and Surgeons of Glasgow.

There is also a healthy community of practice nurses in the region who have undertaken introductory (two-day) courses sponsored by the pharmaceutical industry, but without any commercial bias. Once the teaching medium in Glasgow evolved to "blended e-learning" in 2009, the stage was set for a Nordic course.

Contributors to this process were first Eric Walker and Lorna Boyne from the Faculty of Travel Medicine, followed by Peter Chiodini

during his time as Dean. A number of Nordic experts participated, including an impressive list of Fellows (Pål Voltersvik, Anu Kantele, Lars Rombo, Heli Siikamaki, Eskild Petersen, Hanna Nohynek) and Members (Randi Hammer Boge and Linda Horne Mæland) of the Faculty.

The first cohort on the NFCTM, which is a collaboration between the Nordic Initiative in Travel Medicine Education (NITME) and the Royal College of Physicians and Surgeons of Glasgow, assembled at Bergen in September 2011. Twenty seven students from five countries attended the first resident session which was chaired by Pål Voltersvik with the very positive influence of Linda Horne Mæland.

The faculty consisted of Pål Voltersvik, Anu Kantele, Lars Rombo, Randi Hammer Boge, Eric Walker and Alex Grieve, who then continued as personal advisors to smaller groups of students for the distance learning phase. Ann McDonald monitored our progress.

Emulating the Glasgow course, the first residential consisted of the elements fundamental to all aspects of travel medicine practice: risk assessment, sources of current information, critical reading, referencing, giving travel medicine advice, teaching and audit.

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Alex Grieve FFTM RCPS(Glasg) and Ann McDonald MFTM RCPS(Glasg) report from Bergen on the launch of a Nordic Foundation Course in Travel Medicine.
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The course students then dispersed to their home countries to tackle four written assignments, with the dialogue continuing with the personal advisors via email.

The second residential proved a useful opportunity for students to feedback their experiences and views on the course. It concluded with a final morning in which further ideas to progress the participants' understanding with appetisers which could encourage them to continue their studies into the advanced course (diploma/masters) was offered. This included a discussion on faculties, societies and clubs in travel medicine, and the concept of CPD as a way of life.

Of the 27 students who began, natural selection and the rigours of the assignments saw six fail to complete the course. That resulted in a success rate of 78 per cent - identical to that of the Glasgow Foundation Course – reflecting the consistent high standard that has been maintained in this Nordic initiative.

Nets & Bolts

Dr Gerard Flaherty reports on "Nets & Bolts in Ireland" here <http://rcp.sg/netsandbolts>

INTERVIEW

Q&A

with Professor Patricia Schlagenhauf-Lawlor
FFTM RCPS(Glasg)



Her research focus areas are travellers' malaria, the epidemiology of travel associated disease, travellers' vaccines and gender issues in travel medicine. She is the founder of the ISTM Research Committee, a group aiming to increase research in travel medicine.

Patricia has published more than 90 papers on travel medicine. Her books include *Travelers' malaria* (BC Decker 2001, 2nd edition 2008)

and *Infectious diseases – a geographic guide* (Wiley 2011) and The practical handbook *PDQ handbook of travelers' malaria* (BC Decker 2005).

Born in Ireland, she studied pharmacy at Trinity College and did her PhD and post-doc research at the Universities of Basel and Zürich on the pharmacology of anti-malarials. She received her *Venia legendi* (Tenure Track) in 2001 and became professor in 2011 at the

medical faculty, University of Zürich for the specialist area of Travel Medicine and Malaria.

From 2003-2007, she was part-time European Editor of *The Lancet* and from 2007 to mid-2009 she was Editor-At-Large at the *Bulletin of the WHO*. She is Theme Editor at the *Malaria Journal* and the new Editor-in-Chief of *Travel Medicine and Infectious Disease (TMAID)* since the start of 2013.

Q: What is your vision for TMAID?

A: TMAID should be an inspirational, appealing, modern journal that embodies excellence in travel medicine and infectious disease research and review. If that makes you think of hard, dry archival material, think again - my goal is to further increase the usefulness and readability of the journal. Many articles and theme issues will be "open access" for limited periods and Faculty members will of course have permanent access to all papers. I would like to increase the TMAID impact factor (currently 1.5) and attract top papers. The backbone of our journal is cutting edge original research and review, but I would like to liven up the format and have now introduced a new article type called "*Critical Commentary*" that allows an expert to challenge and debate conventional wisdom.

Another innovation will be an entertaining back page called "*Serendipity*" that will, I hope, provoke and delight you with piquant tit-bits from the world of infectious disease and travel medicine.

Part of the vision for TMAID is to have theme issues. "Malaria Reviews", the first of many, is available now at: www.travelmedicinejournal.com. Our next theme issue will be called "Skin" and the call for papers is also on the website. Another goal is to speed up the manuscript flow so that authors get timely decisions and fast online publication. TMAID is a team effort and I am lucky to have the support of a fantastic publisher Fiona Macnab and journal manager Jisha Sunil. One vision that has already come to fruition is the expanded TMAID board. I have significantly increased the number of associate editors and board members to make this a journal with broad expertise and global appeal.

Q: Are there too many medical journals?

A: This is a thought-provoking question. It seems that new journals are springing up every day and some, but not all, of them survive and become influential. TMAID is ten years old, occupies an established niche and is very well established thanks to Jane Zuckerman, the founding Editor-in-Chief. TMAID is here to stay. Even in publishing, the evolutionary "survival of the fittest" precept prevails so there should be a wide and ever expanding range of medical journals. Ultimately, competition is healthy and the strongest survive.

It is important for a journal to have an impact factor and TMAID now has a very respectable impact factor of 1.5. Most authors aspire to high impact journals. It is the dream of every scientist and researcher to have papers in *Nature* or *Science* but this isn't often possible. The *publish or perish* concept is very much alive in academia and we are all under pressure to publish well. I strongly encourage my masters and doctoral students to prepare their theses as publishable material. What may one day

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Patricia Schlagenhauf-Lawlor is a scientist and professor at the University of Zürich, WHO Collaborating Centre for Travel Medicine, Switzerland. She has been the Zürich GeoSentinel Site Director since 2004 and EuroTravNet Coordinator since 2009.

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seem to be a small addition to the scientific knowledge on a particular topic can be transformed overnight, when the circumstances are right, into a key scientific nugget. Research results should be out there in the public domain and not hidden away in some dusty drawer. TMAID has a special “*First Look – Student Research*” section to encourage and foster papers from young researchers.

Q: What about researchers and contributors who have imperfect English?

A: This is a stumbling block in general. Many journals accept papers in English only and it is clear that submissions in fluent English, that read well, have an edge. I would like to say that if the science is powerful, then the language is secondary, but TMAID and indeed most journals depend on a peer-review process. If the reviewers have difficulty wading through the language in a paper, then it is sometimes hard to find the science. My advice to non-English speakers is to do the best you can, in terms of the English language, before submission. Ask some English - speaking colleagues to run through your paper and eliminate glaring mistakes. In exceptional cases, we can provide a service to help authors with scientific English. Another tip is to work particularly hard on the abstract. This should be a concise distillate of the content and findings of the paper. It is worthwhile to invest a lot of time in preparing a perfect abstract as it is the front door of the paper. It's the first thing that the editor and reviewers see and in PubMed, readers will often decide, just on the basis of the abstract, whether or not the paper is worth downloading.

Q: In line with your vision for TMAID, which research projects of your own would you view as “cutting edge”?

A: I consider the four-arm, double blind, multi-centre, randomized study of malaria chemoprophylaxis in travellers to be the most complex study in my repertoire. This study was a beauty but also a nightmare and gave me my first grey hairs. We compared the tolerability of mefloquine, atovaquone/proguanil, doxycycline and chloroquine/proguanil chemoprophylaxis in travellers to Africa. The entire budget was used up just by blister packing the study material. The only company that would blister pack the medication was Quintiles in Scotland because no company wanted an antibiotic (doxycycline) in their machinery. We had study centres in Switzerland, Germany and Israel so the questionnaires had to be in German, English and Hebrew. I originally wanted to have a fifth arm with primaquine but G-6PD testing would have been necessary with a water bath technology and an additional level of complexity that just wasn't feasible. We all have our limits. Ultimately, we successfully completed the study and it was published in the BMJ and remains a landmark paper.

Another lovely study was an evaluation of the impact of mefloquine on the co-ordination and concentration skills of pilots. For this, we enrolled trainee pilots from Swissair to take part in a double-blind, placebo controlled, cross-over, loading dose study. I had to learn how to use a simplified flight simulator to put the trainee pilots through their paces. Sleep and movement were measured using US Army wrist actimeter devices. Since then, I have an unswerving admiration for the coordination and concentration skills of cockpit crews and am a fan of movies such as “Argo” and “Flight”.

Q: You are a busy person with research, teaching, travel clinic, surveillance networks and now Editor-in-Chief responsibilities. How do you relax at the end of the day?

A: I love cooking every evening after work. Together with Stefan, my partner, we manage to prepare some daily culinary delights for ourselves and some or all of our four children. I also enjoy walking my dog, a charming but disobedient blonde Irish Labrador called Fenia. I'm a keen golfer and an avid reader with a weakness for crime fiction.

Q: Travel medicine makes us all want to pack and fly. Where are your favourite travel destinations?

A: My favourite spots are islands. Irish islands such as Inis Bofin and Cape Clear (near the Fasnet Rock) and the Indian Ocean islands - Mauritius and Touessrok (a tiny golf island) and beautiful Zanzibar.

Thank you very much, Patricia, and best wishes on this exciting new venture.

by Emporiatrics Editor
Sandra Grieve FFTM RCPS(Glasg)

FEATURE

A Traveller's Tale

The Rainforest of Brazil

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Dr Mike Jones FFTM RCPS(Glasg) has attended all but two of the International Congresses on Tropical Medicine and Malaria (ICTMM) since 1988. Held every four years they are at the pinnacle of tropical medicine events and have taken him to Europe, Thailand, and Japan. He has only missed Colombia in 2000 and South Korea in 2008, and now South America was beckoning for the second time. Attending the 18th Congress in Rio de Janeiro, Dr Jones also realised his ambition to see at least a little of a diverse and magnificent continent.

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So often conference delegates fly in and out, seeing little else of exotic venues but the airport and conference hotel – a tragic waste of a wonderful opportunity, as far as my wife Elizabeth and I view it. This time we decided to take a week before the conference and see a little of this vast country.

We started in Angra dos Reiss, about three hours' drive from Rio, relaxing for a couple of days where verdant forests fringe a beautiful coastline. Then we set off for Iguassu with only a vague idea of the spectacle which awaited us. The falls here are simply stunning: apologies to my Canadian and US friends, but this makes Niagara look like a sideshow. Close by, a huge river feeds a hydroelectric scheme which supplies 20 per cent of Brazil's energy and over 70 per cent of Paraguay's.

The staff were amazing at the wonderful Hotel das Cataratas, located in the National Park overlooking the Brazilian side of the falls, and Theo, our guide, made sure we experienced authentic South American culture as well as the beauty of the falls from both Brazil and Argentina. Wild Brazilian raccoons romped round tourists looking for food, and we were glad to have had several decades of rabies PREP vaccine into our deltoids.

Rio is a city of huge contrasts, both in climate and scenery. Glorious sunshine alternated with wild storms, coastal fog and lukewarm overcast days, while favella slums jostle with smart shops and high-rise blocks amid the towering hills that make this a remarkable city. We were warned to be careful about personal security, but in fact felt much safer than we have in many other cities around the world. We happily wandered down Cocacabana beach in the evening with the father of a medical colleague.

Conference time

This 18th ICTMM was combined with the 3rd conference of SLAMVI, the South American Travel Medicine Society, and it worked very well, creating few conflicts for those of us with a foot in both camps. I had met Dr Jesse Alves, an ID Consultant in Sao Paulo, at an ISTM committee meeting and a Colombia colleague, Professor Alfonso Rodriguez Morale, in Glasgow when he was welcomed a few years ago as a Fellow of the Faculty of Travel Medicine. I was invited to speak about the Faculty and lectured at a travel medicine session.

I was deeply impressed by the advanced level of development of travel medicine in South America and the considerable challenges that face practitioners, graphically highlighted by Dr Alves in his great lecture on anti-malarial prophylaxis dilemmas for Brazil. Few expatriates heading for former Portuguese colonies in Africa seek advice and the range of anti-malarial prophylactics is limited. Malaria is an uncommon problem outside the Amazon and mortality rates are high in those presenting with falciparum malaria in urban areas.

Other notable lectures included Professor Guido Calleri from Rome on the lack of consensus among European guidelines on prophylaxis for malaria, exciting developments in treatments for Chagas' disease, an oral nitroimidazole in the pipeline for African trypanosomiasis and advances in the treatment of HIV patients co-infected with visceral leishmaniasis. The distant thunder clouds of artemisinin resistance in Cambodia and chloroquine resistant *P. vivax* in the Amazon were warnings to clinicians, governments and the pharmaceutical industry.

South America is a far more popular tourist destination for those living in North America than in Europe. Getting there takes a few more hours on a plane and the cost of living there is high, even by British standards. The cultural and scenic rewards for those who reach this wonderful continent are huge - and the dynamism and energy of the tropical and travel medicine community are wonderfully impressive.



IN FOCUS

Professor Dilip Mathai

Hon FFTM RCPS(Glasg)

Professor Dilip Mathai has become the first person from outside the UK to be awarded an Honorary Fellowship of the Faculty of Travel Medicine of the Royal College of Physicians and Surgeons of Glasgow. Here we look back on the career of a distinguished clinician, educator and author.

Dilip Mathai is currently Professor of the Department of General Medicine and Dean of the Apollo Institute of Medical Sciences and Research in Hyderabad, India. Until recently he was Professor and Head of the Department of General Medicine and Executive Mentor to the Infectious Diseases Training and Research Centre (IDTRC) at the Christian Medical College (CMC), Vellore South India.

After completing his MBBS and MD in internal medicine at CMC, Dilip trained as a clinical research fellow in Los Angeles, and was Visiting Scientist with the Division of Medical Microbiology at the University of Iowa. He also trained at Johns Hopkins University, the University of Seattle and, for HIV/AIDS clinical care, with the World Health Organization in Zimbabwe and Ethiopia. In 2009 he completed a PhD at CMC Vellore.

Throughout his career Dilip has earned training fellowships and recognition from many illustrious bodies, including the Infectious Diseases Society of America, the Indian College of Physicians and the Christian Academy of Medical Sciences. Key roles have included Founder President of the Infectious Disease Society of India, President of the Asian American International Medical Society India Chapter, Vice President of the AIDS Society of India and Governing Council member of the Hospital Infection Control Society of India.

He received the State Award (Tamil Nadu) for the best CME programme and the Life Time Service Award for HIV care from the Indian Medical Association CMC Vellore Branch.

Sharing knowledge

Dilip is a prolific author of guidelines, manuals and textbook chapters, as well as hundreds of journal articles. He is Editor-in-Chief of the Journal of Global Infectious Diseases and Advisory Board member of the Journal of the Association of Physicians in India. Involved in organising national and international conferences on HIV/AIDS, hospital infection control and tropical diseases, he has lectured at numerous events around the world.

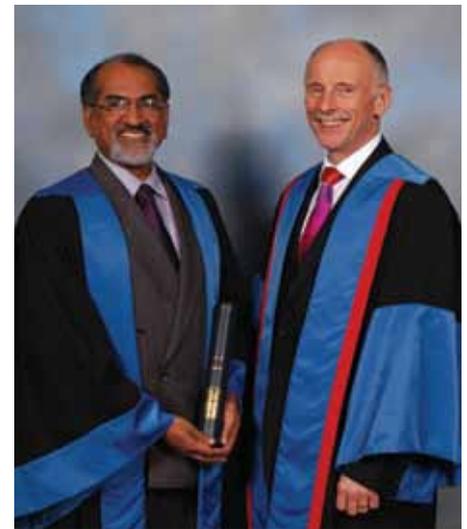
His varied research interests range from antimicrobial resistance and surveillance, evaluation of newer anti-infectives, community-acquired pneumonia, tropical diseases and HIV-TB co-infections to hospital infection control, including the associated molecular epidemiology.

Dilip is a member of numerous national and international societies of medicine, microbiology and infectious diseases. An experienced clinician and teacher, he has trained hundreds of physicians and health care providers, among them global health students in HIV prevention, care and treatment through the rollout programme of the National AIDS Control Organisation's anti-retrovirals centre. He also continues as Mentor at IDTRC and the Benjamin M Pulimood Laboratories for Infection and Immunity.

Always seeking new challenges, his team's post-doctoral fellowship programme in infectious diseases is expected to begin in 2013, and plans have been submitted to construct a centre of excellence in infectious diseases, which will bring his alma mater together with other key organisations to pursue training and research with various partners.

Dilip was one of the first to see the growing need for travel medicine in India and has promoted the start of specialist education in Vellore, a venture which the Faculty of Travel Medicine is delighted to encourage.

Although now based in Hyderabad, he has a home in Vellore with his wife, Dr Gita Mathai, an outstanding paediatrician and health columnist with *the Telegraph*, a major national newspaper in India.



Dr Dilip Mathai (left) was awarded the Honorary Fellowship in Travel Medicine from the Faculty of Travel Medicine of the Royal College of Physicians and Surgeons of Glasgow (presented by the former Dean, Professor Peter Chiodini FFTM RCPS(Glasg)).

Online

Migrant Health Guide:

24/7 support for practitioners



Take a tour round a free online resource with Dr Jane Jones, Consultant Epidemiologist and Head of the Travel and Migrant Health Section of Public Health England Health Protection Services, Colindale.

With more people on the move today than at any other point in human history, 12 per cent of the UK population in 2011 were non-UK born.

Most migrants are young adults who come to study or work, and have similar health risk profiles to the indigenous UK population. Some, however, may have increased health needs related to their country of origin or personal experiences. Particularly vulnerable are asylum seekers, trafficked people, poorly-paid migrant workers and those without legal status in the UK.

Health practitioners need to recognise those at risk and offer appropriate testing and advice on prevention – for example, when travelling ‘home’ to visit friends and relatives.

The non-UK born population bear a disproportionate burden in the number of cases of TB, HIV, malaria, enteric fever and chronic hepatitis B reported in this country.¹ However, we have better data for infectious disease than for other health problems so health care workers must be alert to a range of other health issues in at-risk migrants, including nutritional deficiencies, cultural practices (such as female genital mutilation) and mental health issues.

Migrant Health Guide

In January 2011 the Health Protection Agency (HPA) launched a free online resource to support primary care practitioners who look after patients who have come from abroad to live in the UK. From 1 April the HPA became part of Public Health England (PHE) but this resource will continue to be available at: www.hpa.org.uk/migranthealthguide.

The Migrant Health Guide was developed with input from many individual primary care practitioners and is endorsed by both the Royal College of General Practitioners and the Royal College of Nursing. A one-stop shop with an easy to use ten-minute consultation, it brings together a host of information and resources while also providing key messages for busy practitioners. It ultimately aims to address the health needs of migrants promptly and effectively through supporting the practitioners who care for them.

The guide has four main sections:

- 1 General Information** includes language interpretation services, cultural competence and understanding, entitlements to NHS care, spirituality, religion and health beliefs, and vulnerable migrants.
- 2 Countries A-Z** has information specific to over 100 individual countries of origin of migrants to the UK, each arranged in five subpages covering general background about the country, infectious diseases, nutritional and metabolic concerns, children’s health and women’s health.
- 3 Health Topics** offer guides to a range of infectious diseases and other health concerns and includes patient resources in English and other languages.
- 4 Assessing Migrant Patients** provides information and a checklist for assessing the health needs of new migrant patients as well as information on assessing patients with symptoms.

The move to PHE provides an opportunity to expand this support to practitioners.

Next best thing to being there...

Last November the HPA’s Migrant Health Training Day in London attracted over 180 primary care practitioners from across the UK. Videos, slide sets and key messages from the event are available at: www.hpa.org.uk/webw/HPAweb&Page&MigrantHealthAutoList/Page/1317136524534

‘Health Protection Services (2011) *Migrant health: infectious diseases in non-UK born populations in the United Kingdom. An update to the baseline report – 2011*, London: Health Protection Agency.

COVER STORY

A pharmacist's journey: So you want to start a travel clinic ...?

Mhairi Speirs AFTM RCPS(Glasg), speaking at the third Joint Conference of the Royal Pharmaceutical Society and the Faculty of Travel Medicine in London, described how she set up the award-winning Hogarth Travel Clinic in Glasgow.

Every good business development starts with a catalyst and for Mhairi Speirs, it was a group of 30 excited schoolchildren about to set off for Malawi. Or rather, their anxious parents who were discovering just how varied – and confusing – was the local provision of travel health advice.

Meanwhile, as Pharmacy Manager at the independent JA Hogarth Chemists, Mhairi had also noticed growing numbers of other customers looking for travel vaccines and advice. It was 2009, there was no other pharmacy-based travel clinic in Glasgow and it seemed the right time for developing a streamlined approach to travel health advice along with a 'one stop shop'.

Having identified a need, Mhairi also considered whether her existing facilities were suitable, how she would deliver the service (IP or PGD?) and how much extra training would be needed.

Located on the 'high street', the pharmacy already had a consultation area and vaccine fridge. A good start, but she would need many 'nuts & bolts' – from a world atlas to a website, her list was exhaustive.

Skills development

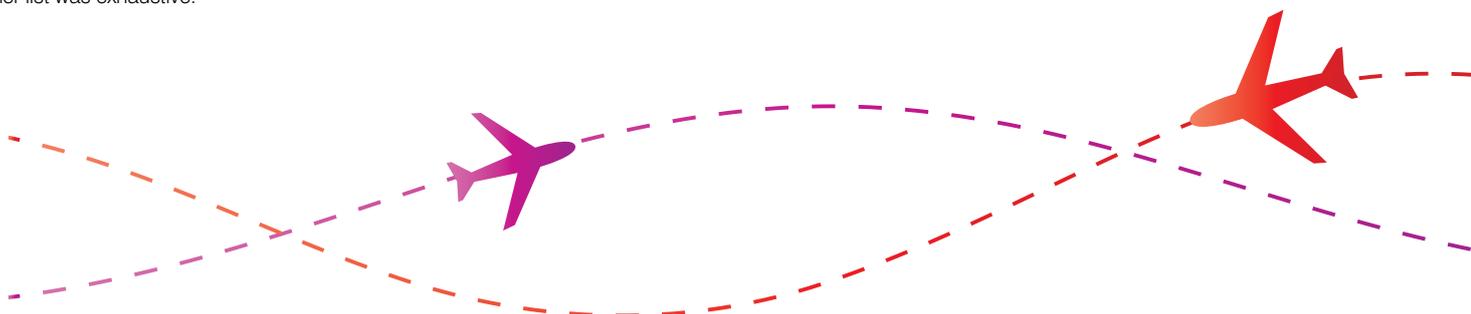
But most importantly, Mhairi looked at her own standards, training and ability to run a travel clinic. In 2009 there were no PGDs locally for community pharmacists wanting to deliver travel vaccines. Thus she undertook an impressive programme of study to establish her credentials, including the supplementary to independent prescriber (SP to IP) conversion course, the Health Protection Scotland Foundation Course in Travel Medicine and the Diploma in Travel Medicine from the Faculty of Travel Medicine of the Royal College of Physicians and Surgeons of Glasgow.

It takes more than a pure knowledge of antimalarial chemoprophylaxis and vaccines, Mhairi emphasised, and it was only when she was three-quarters through the diploma course that she began to feel suitably trained and confident to commence her clinic. She also completed life support/anaphylaxis, immunisation and yellow fever centre training, and continues to update her practice via clinical days, seminars and conferences.

Today, the Hogarth Travel Clinic is a model of a thriving, community-based travel health service. Mhairi has regular contact with local schools and surgeries, handling referrals for non-NHS vaccines, and also serves the 'walk-in' travelling population.

As a business opportunity, the clinic has generated increased sales of private POMs as well as OTC sales of travel health products and 'basket sales' of sunscreens, DEET and water purification. It has also won recognition in the Scottish Pharmacy Awards (2011) and Scottish Pharmacist Ball and Awards (2012).

Read more about the clinic at:
www.hogarthpharmacy.com





A great day-out for pharmacy-based travel advisors

Other highlights of the day included:

Routes of vaccination

by Professor Leo Visser: Practical advice for mastering administration techniques, including intramuscular and intradermal routes.

Malaria chemoprophylaxis

by Professor Pat Schlagenhauf: Private PGDs let community pharmacies deliver the full range of agents without a prescription.

Travellers' diarrhoea

by Dr Ron Behrens: Hard to avoid, the best advice is early self-treatment with a short course or single dose antibiotic.

Standards in travel medicine

by Dr Dipti Patel: As litigation increases, a look at queries to the NaTHNaC advice line.

Regulatory issues

by Professor Larry Goodyer: Comparison of CQC-regulated private travel clinics against the regulation of premises by the GPhC.

Travel consultation

by Carolyn Driver: Insights into the importance of risk assessment.

Documentation, training and resources

by Jane Chiodini: Developing personal standards of practice and learning.

Q&A:

Faculty of Travel Medicine Board members Dr Michael Jones (Dean) and Fiona Marra joined speakers to field questions from the audience.

RESOURCES

MCQs in travel medicine

Reviewed by Dr Gerard Flaherty
FFTM RCPS(Glasg)

When Dr Dom Colbert FFTM RCPS(Glasg) speaks on travel and tropical medicine, people listen. Not just because he's a gifted teacher with an innate ability to explain complex clinical material in a simple and memorable way. (I should know - he taught me all the clinical physiology I know at NUI Galway!) And not just because his audiences admire his encyclopaedic knowledge of travel and tropical medicine, and the humble manner in which he imparts this knowledge.

No, people listen to Dom because he speaks from personal experience. He is widely travelled, much of it to the tropics and in the service of others. It comes as no surprise that the royalties from this book, his fifth, are being donated to About Face, a UK-based group of volunteer surgeons who correct facial deformities in poor people in India. His work in the most deprived parts of sub-Saharan Africa earned him a Fellowship from the College of Surgeons of East, Central and Southern Africa.

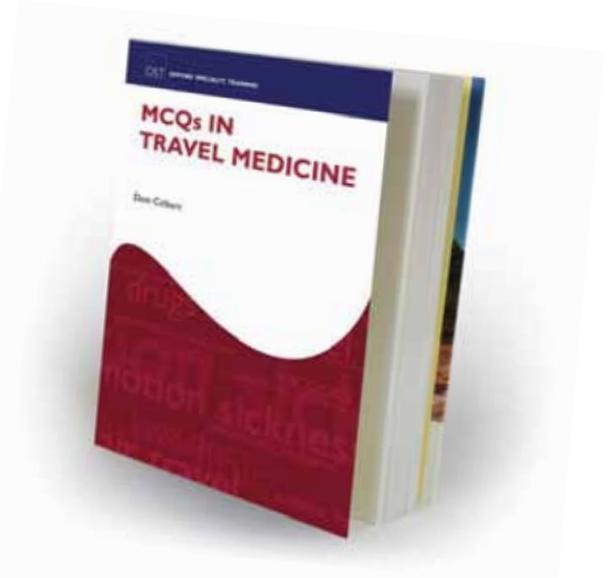
This is a humble title indeed for Dom's latest work. While many collections of MCQs are nothing more than a series of poorly constructed questions with little by way of explanation, this book is a truly valuable educational resource and one which will satisfy the learning needs of a diverse range of students, healthcare workers and researchers. At a time when curricula in global health are emerging in Irish and British medical schools, this book will also become an invaluable revision aid for medical and nursing students, especially those undertaking electives in developing countries.

Every travel health practitioner will learn something here

A fundamental tenet of medical education is the importance of establishing prior knowledge. By completing the MCQs, readers first gauge their baseline knowledge before reading the expanded answers and addressing any gaps in understanding.

Taking the same format of questions used by the ISTM in its Certificate of Travel Medicine examination, this book will be accepted as an entry pathway to the Glasgow FTM Membership Part 2 examination, and indispensable to candidates for diploma courses in Glasgow as well as at the London and Liverpool Schools of Tropical Medicine, and the Royal College of Surgeons in Ireland. Answers are expanded sufficiently for the reader to understand but be stimulated to study further. True to Dom's famed pedagogical style, answers take a direct, conversational tone, challenging the reader and provoking enquiry and discussion.

In addition to the expected themes, welcome sections deal with oft-neglected topics such as skin protection, special groups, adventure travellers and access to medical care overseas. Specific travel-related health risks such as TD, malaria and STIs are grouped together, dengue infection gets the attention it deserves and there's a whole section on investigating the returned ill traveller, emphasising the practitioner's continuum of responsibility from pre-travel to post-travel. The book concludes with a challenging 25-question



self-assessment exercise and a useful aide-memoire for those who occasionally confuse their leishmaniasis, trypanosomiasis and filariasis!

The author has given great personal service to travel medicine over many years, and *MCQs in travel medicine* is just the latest example of this commitment: it should be on every travel medicine practitioner's desk. It will also prove useful for trainees and specialists in infectious diseases, public health medicine, occupational health and pharmacy, and to aid workers on overseas missions with NGOs needing to understand their new tropical environment.

Many books present information, but few impart wisdom. This is one of those rare books.

Dom Colbert (December 2012) *MCQs in travel medicine*, Oxford University Press, £29.99 at: <http://ukcatalogue.oup.com/product/9780199664528.do>

Conferences

19 - 23 May 2013
CISTM13
13th Conference of the International Society of Travel Medicine
Maastricht, The Netherlands

More at: www.istm.org/

Advanced registration closed on 29 April, but on-site registration is available throughout the conference. Suitable for professionals of all levels.

5-8 June 2014
NECTM5
Greighallen, Bergen, Norway

Watch for notices at: <http://nectm.com>

The 5th Northern European Conference on Travel Medicine provides a platform for learning, networking, socialising and enjoying an outstanding venue in Northern Europe.

19-20 June 2014
Triennial Conference of the Royal College of Physicians and Surgeons of Glasgow
Glasgow, UK

Save the date!

More information coming soon.

Publications

Atlas of health and climate

www.who.int/globalchange/publications/atlas/report/en/index.html

Vaccination of individuals with uncertain or incomplete immunisation status

www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1194947406156

Standards of Care for People Living With HIV: 2013 www.bhiva.org/standards-of-care-2013.aspx

HIV in Scotland (2012).

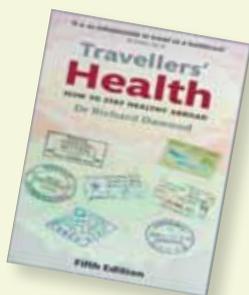
www.hps.scot.nhs.uk/ewr/article.aspx

Book Reviews

Travellers' health – how to stay healthy abroad

Reviewed by Sandra Grieve FFTM
 RCPS(Glasg)

<http://rcp.sg/ftmbookreviews>



New textbooks

Travel medicine, 3rd edition

Keystone, JS; Kozarsky, PE; Freedman, DO; Northdurft, HD and Connor, BA (2013), Elsevier Saunders.

www.elsevierhealth.co.uk/infectious-disease/travel-medicine-expert-consult/9781455710768/

Principles and practice of travel medicine, 2nd edition

Zuckerman, J (Ed) (2013), Chichester: Wiley-Blackwell.

<http://eu.wiley.com/WileyCDA/WileyTitle/productCd-1405197633.html>

The Yellow Book 2014 is expected to be published in July 2013 by the Centers for Disease Control and Prevention, Editor-in-chief: Gary W. Brunette. Copies will be available at CISTM13 Maastricht or pre-order at: <http://ukcatalogue.oup.com/product/academic/medicine/clinical/tropical/9780199948499.do>



In memoriam

Dr Petroula Chatzipantazi

All too often we hear of travellers dying abroad, but it really hits home when it's a member of our close-knit travel health community. And so it was when we learned of the death of Dr Petroula Chatzipantazi, President of the Hellenic Society for Travel Medicine, who was the victim of a violent street crime in Dar es Salaam. In Tanzania on Greek Ministry of Health business, she was walking by a roadside with colleagues on her last night in the country when the incident happened.

Petroula Chatzipantazi MFTM RCPS(Glasg), a medical doctor, had completed the FTM Diploma in Travel Medicine and also held the ISTM Certificate in Travel Health.

ISTM President Fiona Genasi wrote: "Petroula was a real advocate for travel medicine, leading the Hellenic Society with talent and enthusiasm, and I know she was greatly respected by her colleagues there and within the Greek Ministry. She was always happy, joyful, full of life - and someone I had great affection and admiration for."

Our sympathy to Petroula's family and colleagues. She will be missed by many.
 - Sandra Grieve

Faculty of Travel Medicine *Triennial Scholarship*

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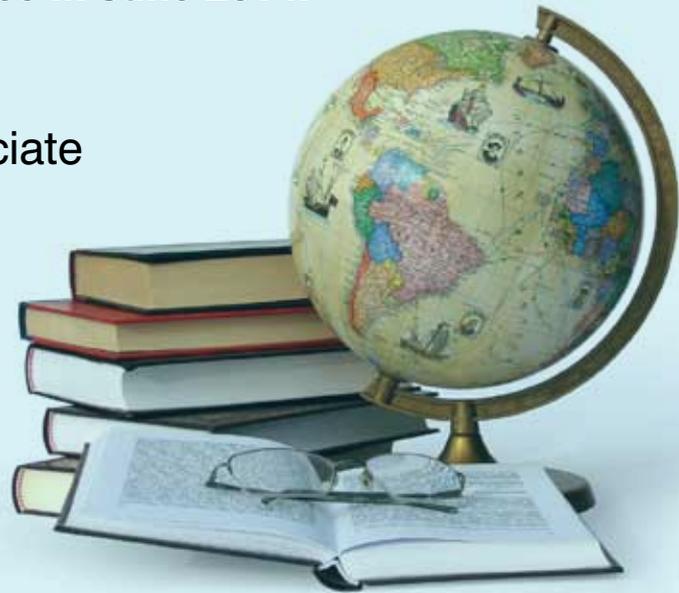
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