



emporiatrics

The Newsletter of the Faculty of Travel Medicine

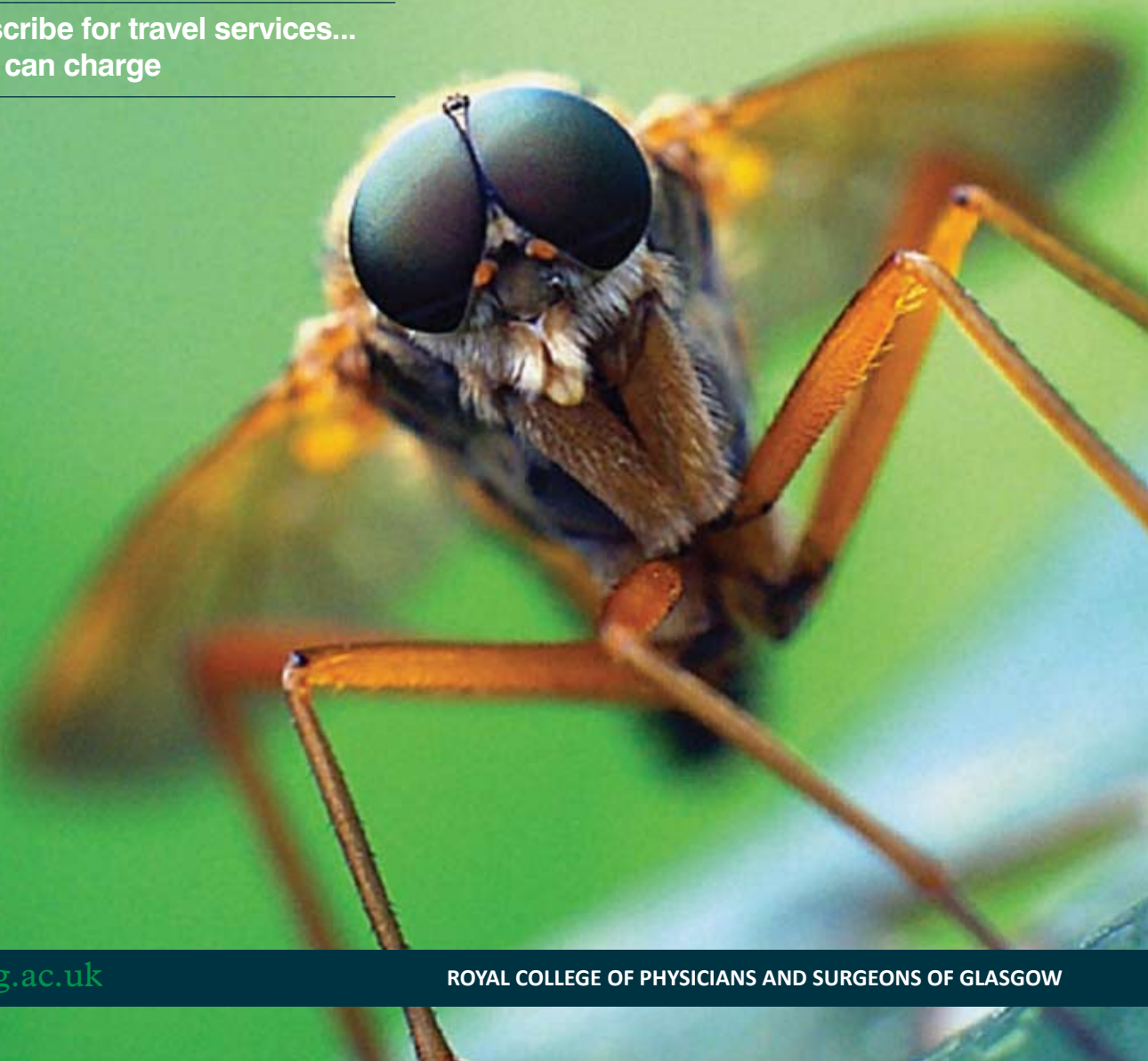
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and what we can charge**





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Welcome to this first edition of Emporiatics!

As editors, we're delighted to bring you the latest news, features and information from the Faculty of Travel Medicine. Content varies from a focus on the adventurous life story of a new FTM Fellow, Professor Karl Neumann (page 12) to Dr Gerard Flaherty's detailed advice for diabetic travellers (page 14) ... from a look at the potentially life-saving role of technology in providing travel health advice (page 06) to the use of patient group directions to solve the conundrum of prescribing and charging for travel services. Along with an update on conferences, courses and resources for your ongoing professional development, we believe there's something here for everyone, no matter where you practice.



Sandra Grieve



Jane Chiodini

Thanks to our sponsors GlaxoSmithKline Travel Health, Novartis Vaccines and Sanofi-Pasteur MSD for underwriting this publication. It will go out to travel health providers across the UK, raising awareness of the Faculty and supporting all those interested in the field.

Thanks also to our contributors and we hope you will now be inspired to get involved yourself by contacting us with your suggestions for future editions.

Sandra Grieve and Jane Chiodini

Our Sponsors



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

Travel medicine horizons

A letter from the Dean of the Faculty of Travel Medicine

Professor Peter Chiodini FFTM RCPS(Glasg) outlines the issues and opportunities on the horizon for the specialist field of travel medicine.



Dean Peter Chiodini (right) with Mr Ian Anderson, President RCPSCG

The Royal College of Physicians and Surgeons of Glasgow is one of the UK's oldest medical institutions. Founded in 1599, it is the only UK-based medical Royal College to encompass medicine, surgery, dentistry and, since the foundation of the FTM in 2006, travel medicine. Also unique is the fact that the FTM admits nurses and pharmacists to all grades of membership on equal terms with doctors.



Travel medicine emerged as a distinct speciality over the last two decades as interested practitioners from a diverse range of disciplines, especially infectious diseases and primary care, came together to form national and international societies devoted to protecting the health of travellers (figure 1).

Whilst we now have some practitioners who practise exclusively in travel medicine, many combine it in varying proportions with another speciality. For both groups the potential professional benefits of travel medicine having a "home" in a medical Royal College are clear. The Faculty welcomes and encourages professionals across a wide range of disciplines to become involved in its activities.

The main purpose of the FTM is to ensure high standards of practice through assessment and continuing professional development (CPD).

FTM activities are arranged in three groups:

Education & professional development

There is a strong wish to support travel medicine practitioners by providing them with relevant, high quality educational meetings at which they may interact with their professional colleagues. Notable successes to date have been our Annual Symposia and "Travel Medicine, the Nets (sic) and Bolts" a truly hands-on look at core travel health topics held in a laboratory. Given the multidisciplinary nature of travel medicine, it is a pleasure to mention the excellent joint meetings we have had with the Royal Pharmaceutical Society of Great Britain and with the Scottish Branch of the Royal College of General Practitioners. Forthcoming dates for meetings which we hope will interest you are listed on page 15.

CPD is increasingly important to all practitioners and it is good to report that the FTM Scheme will commence at the beginning of April 2011. Entry is voluntary but given the passion for the subject which is so evident in the travel health community, the FTM Board hopes to see a high level of enrolment.

Many of you will be aware that the Royal College of Nursing has published a set of competencies for the practice of travel health medicine. These have been endorsed by the FTM and we commend them to our nurse members. Until now, there has been no equivalent document for other professional groups, but the Faculty has recently produced "Standards for the Practice of Travel Medicine". This document is now out to consultation and the final version will be published by RCPSCG in 2011.

Membership services

As a College, RCPSCG is conscious of the need to provide tangible benefits to its members of all grades at all stages of their professional

journey. As part of this process, the journal *Travel Medicine and Infectious Disease* has become the Official Journal of the Faculty of Travel Medicine. Access to the electronic version will be provided as a membership benefit to Associates, Members and Fellows. It is also hoped that the membership will submit its research for publication in *TMAID* and contribute to a successful partnership.

Examinations and assessment

The Diploma in Travel Medicine, which admitted its first students in 1995, was the first internationally available postgraduate qualification in travel medicine. More than 400 have been successful in gaining this qualification. Possession of the Diploma permits entry as an Associate of the Faculty, conferring the post-nominals AFTM RCPS(Glasg). Students who gained the Diploma before the FTM was founded are still eligible to become Associates and should contact margaret.conaghan@rcpsg.ac.uk if they are interested in exercising this option. The College also has an examination for Membership of the Faculty, MFTM RCPS(Glasg) and the first diet is expected to be held in 2011.

Grades of membership

The Faculty consists of Associates, Members and Fellows. In addition, the FTM has a new category of Affiliate which is designed for those interested in travel medicine but not able to commit the time to prepare for the Diploma or Membership examinations. Please see page 16 for further details and pass on this information to those who might be interested.

On behalf of the FTM Board, I welcome our readership to this first edition of *Emporiatics*. I hope it will encourage you to become part of our activities. Special thanks to Sandra, Jane, Sharon, all the contributors and Elaine Mulcahy in RCPSCG.

New Vocabulary?

New words are creeping into our travel health language everyday. To wit:

Chadventures combining adventure and raising money for charity

Voluntourism volunteering and tourism-based breaks

Glamping glamorous camping

Chavellers a combination of "chav" (British slang for a stereotypical rough anti-social youth) and travel

Nappy gappers infants taken by parents on gap-year trips

Grown-up gappers travellers in the seniors age group who engage in adventure travel

Staycation remaining in one's home country for holidays.

Any more? Let us know!

ISTM dedicated professional groups

The International Society of Travel Medicine (ISTM) has two Professional Groups - self-organised groups of 50 or more - aimed at non-physician members with a common professional degree - Nurses (NPG) and Pharmacists (PPG) involved in Travel Health. Physicians with sub-specialisations are eligible to form "Interest Groups" - self-organised groups of 25 or more with a common professional interest usually pertaining to a single sub-group of travellers or a single issue affecting large groups of travellers.

Those already available are;

- Destinations Community Support
- Paediatrics
- the Psychological Health of Travellers
- Migrant and Refugee Health.

Have a look on the website www.istm.org - click on Groups and Committees on the top bar for further information.

UK Green Book updates

Latest advice from the Department of Health on immunisation against infectious disease is at: www.dh.gov.uk/greenbook

Test your knowledge

The Health Protection Agency's Essex Health Protection Team has developed multiple choice questions to test your understanding of each Green Book chapter. They advise you to read a chapter in detail before attempting relevant questions at: www.hpa.org.uk

NECTM3 conference

Following on from Edinburgh in 2006 and Helsinki in 2008, the biennial Northern European Conference on Travel Medicine was held in Hamburg in May - abstracts will be available at: www.nectm.com until 2012. Information on NECTM4 in Dublin, 2012 will be on the website soon.

NaTHNaC Survey on Immunisation and Training Techniques

Those working in the UK and undertaking immunisation are invited to participate in a very short survey. Further information is available at www.nathnac.org/pro/index.htm. Please consider taking part in this important piece of work - the closing date is Tuesday 30th November 2010.



H1N1 pandemic 'over'

In August the Director-General of the World Health Organization declared that the world influenza pandemic alert was over and we were moving into the post-pandemic period. The new H1N1 virus has largely run its course, but it remains unpredictable. Based on experience with past pandemics, H1N1 is expected to take on the behaviour of a seasonal influenza virus and continue to circulate for some years so national health authorities should remain vigilant. WHO issued guidance for the post-pandemic period and advice on monitoring, vaccination and clinical management of cases at: www.who.int/csr/disease/swineflu/en/



Malaria Watch

Every year more than 56 million UK residents make trips abroad and some 1800 of them return home with malaria. The UK is one of Europe's largest importers of the disease.

It's easy to assume that this is just to do with a migrant population visiting friends and relations in malaria-endemic homelands – VFRs, to use the familiar jargon – and indeed they do account for the majority of infections, but that's not always the case. Mainstream UK travellers are going farther afield each year, moving away from so-called "safe" environments as adventure and gap year travelling increases.

Celebrities are often generous in supporting awareness campaigns, but the unfortunate Cheryl Cole's experience of actually becoming a malaria statistic goes well beyond fronting a publicity campaign. She has put the travel health message across in no uncertain terms: If it can happen to a high profile TV star on a holiday in Tanzania, it can happen to anybody.



Here's an overview of some of the latest resources being developed to raise awareness and improve compliance with the potentially life-saving advice we give travellers.

'Malaria: it's not all in the stars'

In the wake of all that publicity, the UK Department of Health has produced a web page to put the serious side of malaria across to non-celebs visiting friends and family (VFRs) in malaria-endemic areas. It's at: www.dh.gov.uk/en/MediaCentre/Pressreleases/DH_118513

HPA on malaria

Download the Health Protection Agency's new leaflet on malaria for overseas travellers at: www.malaria-reference.co.uk



Malaria Hotspots

This is a "one stop shop" for travellers, offering tips on protecting against malaria before, during and after their journey, interactive sections designed to test knowledge and awareness, and a compendium of useful resources. An educational initiative organised and funded by GlaxoSmithKline Travel Health in partnership with ABTA and the Foreign and Commonwealth Office Travel Advice is available at: www.malariahotspots.co.uk



GeoSentinel Map

Just released from the Global Surveillance Network of the ISTM and CDC, this is a detailed and up-to-date picture of where travel-related malaria is happening. It's at: www.istm.org/Documents/GeoSentinelMalaria.pdf



And one last celebrity ...

The Malaria Awareness Campaign has also produced a video featuring Steve Backshall. In a four-minute segment the adventurer and broadcaster tells how to protect yourself from mosquito bites and demonstrates on his well toned body. It's proving a popular "hit" on YouTube.

Expanding the horizons for travel health advisers



Jane Chiodini FFTM RCPS(Glasg), herself an ardent “techie”, explains why travel health has never been so well connected.

There's no denying the impact of technology on travel. These days people can search the world via the Internet before they go. They can explore new destinations, evaluate other people's experiences and book their own trip - then come back and blog about it all.

Advanced technological tools can help us as healthcare professionals too. Sharing educational materials in these formats offers new and often impressive ways of communicating the health advice message.

Consider working them into your consultation - for example, to occupy the traveller while you're preparing vaccines and need to concentrate! Add this information to the written travel advice materials they take away or post it on your website so travellers can link to the information online.

Here's just a taste of the virtual feast of information that is now available.

Apps

... or applications are the latest craze for downloading onto an iPhone or android phone, and the variety of suitable apps increases daily. I use the “app store” on iTunes to find them for my Apple products, and these are some which caught my eye.

1 “Flying without fear” from Virgin Atlantic (£2.99). Possibly not for those with severe phobia, but worth alerting travellers to its existence.

2 Fit for travel (free). This German version is viewable in both German and English. It has a vaccine reminder service, country specific information (remember that standby treatment is preferred to chemoprophylaxis for malaria so differs from UK and American guidance) and a guide with useful travel health advice.

3 SOS 4 Life (2.99) is a mobile health record that stores vital information securely which can then be translated into Spanish, German, French, Italian, Dutch or Portuguese at the touch of a button.



4 Travel Health Guide (just £1.79). Written by Dr Deborah Mills, a specialist in Queensland and ISTM member, this comprehensive guide is my favourite of the travel apps!



5 iResus (free) from the Resuscitation Council (UK) is useful for UK healthcare professionals, containing algorithms for many topics including resuscitation and anaphylaxis.



Podcasts

Just download it onto an MP3 player, then listen anytime and anywhere.

- Google “Rough Guide podcast” for a good selection including one with tips on travelling with children.
- “Dr Sleep” podcasts are available from British Airways at: www.britishairways.com/travel/drsleeppodcasts/public/en_gb

- “Travel health and malaria advice” is a podcast I recorded a few years ago, still holding forth at www.malariahotspots.co.uk/tips.html.
- “Travel Safe” from the Centers for Disease Control and Prevention (CDC) contains 15 free podcasts – search on iTunes for free advice from a centre of excellence.

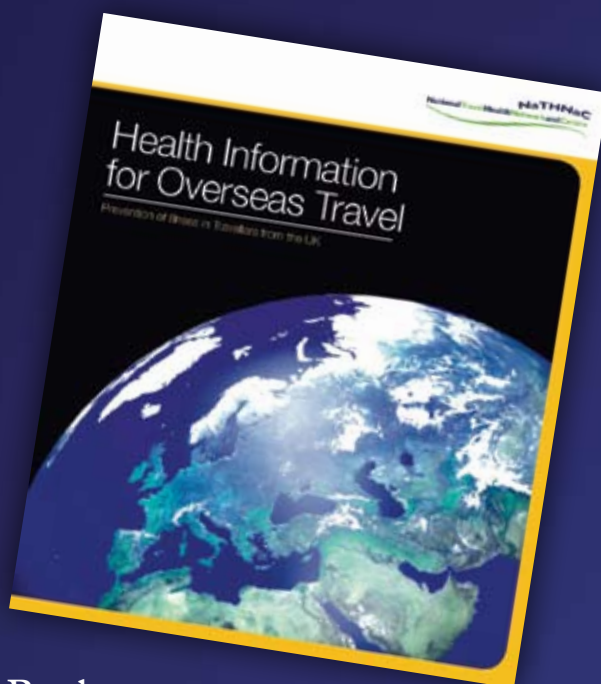
Videos

- The Department of Health has six videos related to travel health at: www.nhs.uk (click “Videos” on the top bar, then scroll down “Categories” on the left to “Travel”).
- YouTube has many excellent clips at: www.youtube.com, but take care to choose ones with valid and useful information.
- “Way to go – passport to health” (www.cdc.gov/cdctv/PassportToHealth/) has general advice from CDC
- “FCO friends and family” (www.youtube.com/watch?v=YTPdr4aGDb4) is a powerful incentive to buy travel insurance
- “The Malaria Awareness Campaign – GlaxoSmithKline Travel Health” (www.youtube.com/watch?v=4QJMyboaspQ) is a practical demonstration of how to correctly apply insect repellent and prevent mosquito bites.
- “Thomson airlines safety instructions” at www.youtube.com/watch?v=GdLOWxNzhVs – just for fun!

We shall put these links on the FTM website in due course. But do email: janechiodini@btinternet.com with any links you think worth sharing so we can build up a collection!

Yellow Book

NaTHNaC team releases comprehensively-revised UK Yellow Book



Nine years on the new UK Yellow Book is not nearly so yellow as its predecessor, but it's already becoming just as indispensable to the travel health community, says Professor David Hill FFTM RCPS(Glasg).

The new-look 2010 edition of Health Information for Overseas Travel, universally known as the UK Yellow Book, was launched on 23 June by the National Travel Health Network and Centre (NaTHNaC). It has completely updated content to meet the needs of today's busy travel medicine practitioner and has been endorsed by each of the health authorities in England, Wales, Northern Ireland and Scotland.

The Yellow Book presents comprehensive travel health information in text, tables and maps, with easy-to-follow signposting using icons to represent each of the major subject categories. It has sections on:

- risk assessment and risk management in the pre-travel consultation
- guidance on travellers with special health needs or who are undertaking challenging itineraries
- algorithms for medically managing returned travellers
- a guide on more than 100 travel-related diseases and conditions
- a wide listing of resources.

The book is designed to use interactively with the NaTHNaC website (or TRAVAX) that presents dynamic information in the form of country-specific travel health guidance, daily reporting on global outbreaks that may affect British travellers and clinical updates that highlight important disease outbreaks or advances in travel medicine.

Publishing the Yellow Book was a major project for NaTHNaC's small team and was led by Dr. Vanessa Field, Associate Specialist in Travel Medicine. The other editors are Dr. Lisa Ford, travel health physician based at the Liverpool School of Tropical Medicine, and myself. Each of the NaTHNaC nursing staff are authors: Hilary Simons, Alex Jordan, Mary Gawthrop and Claire Wong. However, publication would not have been possible without contributions from many experts in the field of travel medicine throughout the UK.

NaTHNaC now offers a complete package of travel health resources via the Yellow Book, together with the NaTHNaC website and our national telephone advice line.

How to get your Yellow Book

Yellow Fever Vaccination Centres (YFVCs) administered by NaTHNaC can order a complimentary copy from NaTHNaC's distribution centre on 0191 203 2329, paying only £6.11 p&p.

Sanofi Pasteur MSD is providing a free copy to every practice that is not a YFVC. Order via their website at: www.spmsd.co.uk/cat.asp?catid=101

Order additional copies at £19.95 each (plus p&p) from NaTHNaC's online shop: <https://connect3.communisis.com/NHS/Public/Catalogue.aspx>

Professor David R Hill, MD DTMH FRCP FFTM RCPS(Glasg) Director, National Travel Health Network and Centre Honorary Professor, London School of Hygiene and Tropical Medicine UCLH NHS Foundation Trust

Dealing with Diabetes

Practical advice for the diabetic traveller

Dr Gerard Flaherty FFTM RCPS (Glasg) is Senior Lecturer in Clinical Medicine and Medical Education at the School of Medicine, National University of Ireland, Galway.

Earlier generations of diabetic patients may have approached travel with some trepidation and may even have been dissuaded from venturing overseas by their well-meaning physicians. Travelling overseas poses unique difficulties for people with diabetes, but once these are addressed well in advance of travel it is possible for the patient with diabetes to travel safely on extended trips across multiple time zones to a variety of exotic destinations.

Pre-travel consultation

If time allows, the diabetic traveller should be encouraged to schedule a pre-travel visit to his/her doctor, diabetes specialist nurse or GP practice nurse at least four to six weeks before departure. The patient should take along a reliable travelling companion who should be informed about the medical emergencies that may arise and thus be able to render assistance if necessary. Any changes in the patient's medical management should be made well in advance of departure so that the patient is familiar with the changes and any adverse effects of treatment are observed.

International travel is associated with disturbed glycaemic control so it is important to optimise your diabetic patient's glycosylated haemoglobin before travel. You should screen for complications such as diabetic retinopathy, diabetic nephropathy and diabetic neuropathy at the pre-travel consultation. Patients with particularly brittle diabetes or established complications should attend the diabetes clinic before making final travel arrangements as

they may be advised to postpone travel until improved glycaemic control is achieved.

The traveller's doctor should provide a covering letter on headed paper detailing the medical history, current medications, and the need to carry insulin pens, syringes, needles, lancets and a glucometer in the hand luggage. The traveller should be advised to contact the airline before booking the flights to check the airline's policy regarding the transport of insulin. Remind your patient to present this letter at airport security stations and international customs. Glucometers can be safely x-rayed if necessary. It is important that the diabetic traveller does not carry insulin in a suitcase stored in the luggage hold as this will reach sub-zero temperatures and destroy the insulin. Double the usual amount of all medications should be taken and divided into two parts, stored in separate bags.

The usual pre-travel vaccinations and malaria preventive advice will apply to the diabetic traveller. It is reasonable to offer influenza and pneumococcal vaccines, particularly to the older diabetic as well as hepatitis B vaccine in case medical intervention in hepatitis B endemic countries is required.

Those travellers embarking on a cruise should inform the cruise liner company well in advance so that the cruise ship doctor is aware of their condition and any special needs they may have. Cruises are not suitable for diabetics who are very prone to motion sickness or who have poorly controlled diabetes because of the often prolonged isolation from hospital care.

Precautions during air travel

It is not recommended to contact the airline prior to departure to request a special diabetic diet as these meals may not contain sufficient carbohydrate. Rather, encourage your diabetic

patients to self-monitor their capillary blood glucose frequently during travel and at their destination. It is advisable to carry an additional source of sugar, such as small snacks or glucose tablets, in case the meals are delayed due to turbulence. The rapid acting insulin should not be injected until the food is on the tray in front of the passenger.

Insulin dose adjustment

Advise your diabetic patients to leave their watch unadjusted during flight so that it continues to show the time at the point of departure as this will make it easier to judge whether there is an undue delay between meals. For flights crossing more than six time zones the insulin doses should be adjusted.

No blanket guidelines should be offered as individual patients will differ and must be guided by their capillary blood glucose values. As a general rule, flying eastward will cause an overlap of two injections as the day is shorter so that a reduction in the rapid acting insulin doses may be necessary. Meanwhile, westward travel may necessitate an extra meal and an extra injection of rapid acting insulin.

No adjustments are needed when travelling due north or south. Type 2 diabetics taking oral hypoglycaemic agents should maintain their dosing schedule according to local time.

It may be safer to allow blood sugar levels to run slightly higher than normal rather than run the risk of hypoglycaemia. Those travellers using subcutaneous insulin infusion pumps should continue with their normal basal and bolus insulin doses, but they should carry spare long acting and short acting insulin and spare batteries.

The clock on the pump should be changed upon arrival at the destination. The diabetic's



travelling companions and the flight attendants should be given a glucagon kit to use in the event of a hypoglycaemic episode on board the flight.

Diabetics on long haul flights may find that their lack of activity during the flight causes hyperglycaemia so they should be advised to move about the cabin as much as possible to utilise glucose. Exercise is also essential in the prevention of deep venous thrombosis. The use of flight stockings is contraindicated in the diabetic with established peripheral arterial disease.

Staying healthy in hot climates

Strongly advise your diabetic patient to wear loose fitting, light-coloured cotton clothing and a wide-brimmed hat, and take the shade as much as possible to prevent heat exhaustion or heat stroke. Sunburn should be avoided by wearing a high-sun protection factor sun cream and reapplying it frequently, especially after swimming.

Hot climates will increase the blood flow through the skin and lead to a more rapid absorption of insulin than usual. Advise your diabetic patient to be wary of hypoglycaemia when sunbathing in particular. The diabetic should carry bottled water during all excursions as dehydration will pose particular problems. Patients with diabetic autonomic neuropathy or on beta-blockers are particularly susceptible to heat injury including heat syncope, heat exhaustion and heat stroke.

The capillary blood glucose should be checked before swimming or other strenuous exercise. If there is ketonuria, physical activity should be avoided in the type 1 diabetic as diabetic ketoacidosis may otherwise ensue. If the blood sugar is teetering on the low side the

patient should take some rapidly absorbable carbohydrate to prevent hypoglycaemia.

Exercise may give rise to a delayed hypoglycaemia several hours later or even the following day. The diabetic should never swim alone while on holidays and also never after drinking alcohol. It is a good idea to purchase a cool-bag with a cool pack to keep the insulin cool when on the beach. Glucagon can be stored out of a fridge for up to 18 months.

The usual precautions governing food and water safety ("boil it, cook it, peel it or forget it") apply to the diabetic traveller. It is important that the "sick day rules" are observed and that insulin is not withheld if the diabetic traveller is unable to keep any food down due to prolonged vomiting.

Life-threatening diabetic ketoacidosis may occur if the type 1 diabetic omits insulin doses. Provide your patients with electrolyte replacement solutions and with a supply of a suitable antibiotic such as ciprofloxacin should they develop severe diarrhoea with signs of dysentery.

Other health considerations

Sand on the beach and in the sea may contain sharp materials such as stones, sea-urchins, shells and glass, and street pavements can reach high temperatures in hot climates. The diabetic traveller should therefore always wear well-fitting sandals and never walk barefoot.

Diabetic trekkers should wear hiking boots that are well worn-in and apply blister plasters at the first appearance of a blister. If a blister develops it should not be punctured but rather covered with an antiseptic and relieved of pressure. Any diabetic foot infection, however trivial, mandates prompt medical attention. An antibiotic/

antihistamine cream and a course of oral flucloxacillin should be provided to treat insect bites as these may become badly infected.

Diabetics trekking to high altitude should be warned that the symptoms of acute mountain sickness make it difficult to maintain the increased caloric intake required to fuel the increased physical effort involved. In general, people with type 1 diabetes are advised to reduce their daily insulin dose by 20-30% and double their usual carbohydrate intake during the climb.

A further problem is caused by the similarity between the symptoms of high-altitude cerebral oedema and hypoglycaemia. Diabetic trekkers should be aware that glucometers may give falsely low readings of up to 40% at very high or extreme altitude, leading to the overdiagnosis of hypoglycaemia.

Obtaining medical care overseas

Travel insurance is essential for diabetic travellers who must declare full details of their condition to the insurance provider. All diabetic travellers should wear MedicAlert® bracelets to identify them as diabetic in the event of a personal medical emergency.

Encourage your patient to learn and write down some basic phrases in the local language, such as "I have diabetes; please call for a doctor". The names of English-speaking physicians practising in foreign countries may be obtained by contacting the International Association of Medical Assistance to Travellers (www.iamat.org). Other useful sources of practical information include Diabetes UK (www.diabetes.org.uk), manufacturers of insulin and the patient's local pharmacist.

Please contact the Editors for references.

The pharmacists are coming

With the emergence of pharmacy-delivered travel medicine services throughout the UK, there is a growing trend that over the next five years will see a significant delivery of travel medicine through multiple, supermarket and some independent pharmacies. A report by Professor Larry Goodyer FFTM RCPS (Glasg) and Martin Brown MFTM RCPS (Glasg).

First, let's consider which pharmacies are currently involved and how they deliver the service. Some new developments have a large commercial perspective so we will not mention any one pharmacy business specifically, but rather describe the types of delivery.

For instance, one chain has what can be described as a "pharmacy located" service delivered largely by nurses while having the advantages of the resources of a prominent high street pharmacy chain. Some independent pharmacies also operate in this way where other health professionals conduct clinics in rooms located in a pharmacy.

Another large multiple has opted for a model in which the initial consultation is by a doctor service conducted online. The traveller is then directed to a local pharmacy to receive immunisations (not currently including yellow fever) from a pharmacist. Anti-malarials can be obtained by a similar online process.

The general involvement of pharmacist administering vaccines is quite well established through PCT influenza programmes for NHS patients, and private schemes supported by pharmacy professional support organisations. Both service models have delivered high patient satisfaction and contributed significantly to achieving PCT influenza targets for at risk groups.

The current state of play

It's not easy to define how widespread pharmacist-delivered travel health services are currently. Certainly a number of larger and smaller pharmacy organisations are developing their services which will undoubtedly appear in the next few years.

Scotland has led with initiatives in Lothian, where two independent pharmacists have set up and run a successful pharmacist-led service. This was initially commissioned by the local health board and has been well evaluated with the findings published. The system in Scotland is based on patient group directions (PGDs), though it is also possible for pharmacy prescribers to supply and administer prescription medicines and vaccines directly.

International developments

This trend for pharmacy services is mirrored in other countries with the US and Canada leading the way. Delivery is becoming quite well established in certain US states and in Canada, at least one multiple has been heavily involved over the last few years. It seems that the rise of pharmacists delivering vaccination services heralds a move into travel medicine and this appears to be a potential direction for some European countries.

Professional bodies

As well as being pharmacist members of the Faculty, the authors are active in other organisations that are developing a wider pharmacist membership. Professor Goodyer currently chairs the new ISTM Pharmacy Professional Group, which aims to map and scope the worldwide involvement of pharmacists in travel medicine and create a database of research and resources for pharmacists.

Both are members of the executive committee of the British Travel Health Association (BTHA) which has an appreciable role in

supporting pharmacists with an interest in travel medicine at all levels. There are also plans for an online forum of pharmacists with an interest in travel health through the new UK professional leadership body of the General Pharmaceutical Council.

Questions for the future

This review may perhaps raise some concerns or questions regarding the mode of delivery of travel medicine through pharmacies. What are the standards of service operated by these pharmacies? What are the legal and ethical bases of supply and administration of prescription medicines? Will these be viewed as competition for other current providers? To date, much of the development is based on the success and experiences of pharmacists using PGDs in delivering chlamydia treatments, emergency hormonal contraception, anti-coagulation services and influenza vaccine in the community.

The broader response to these questions, however, is outside the scope of this short review. In defining standards, the Faculty certainly has a large role to play and we encourage this debate and review of future pharmacist-led services. Whatever is said, there is a strong argument that these developments will lead to a greater profile, awareness and access to travel health services for the travelling public.

Faculty and Royal Pharmaceutical Society Joint Conference

Following our successful joint conference with the RPSGB last year another is planned for March 2011 (see page 15). It will cover some of the points raised here and certainly any pharmacist or pharmacy organisation planning to get involved in travel medicine should be encouraged to attend.

...But how do we go about prescribing and charging for travel services?

Jane Chiodini FFTM RCPS(Glasg) provides an update on some important legal aspects of travel health surrounding prescribing and charging for travel services in the UK.

Under the Medicines Act of 1968, a nurse administering a travel vaccine must do so by using either a Patient Group Direction (PGD), or a Patient Specific Direction (PSD), or a signed prescription.

A PGD is a legal document comprising written instructions for supplying or administering medicines to groups of patients who may not be individually identified before presentation for treatment.

A PSD is a written instruction from a medical or non-medical prescriber (doctor, dentist, independent nurse or pharmacist prescriber) to another healthcare professional to supply and/or administer a medicine directly to a named patient or to several named patients. PGDs have been a legal requirement in the NHS since 2000 and many primary care organisations initially undertook responsibility for writing these documents, although recently there has been much confusion about the subject.

Widespread support

Support for the appropriate use of PGDs and PSDs has been stated by the Nursing and Midwifery Council and the Royal College of Nursing. From 2002 there was a difference of opinion with the General Practitioner Committee, but in August 2010 the BMA published a statement clarifying the current position and a change in their policy for advice.

General practices, they said, should use PGDs to authorise registered nurses to administer or supply prescription-only medicines unless they are independent prescribers. The document (see www.bma.org.uk/health_promotion_ethics/drugs_prescribing/pgdandpsdingp.jsp) offers some pointers:

- PGDs are useful where a practice nurse has the experience and knowledge to make the decisions on appropriate treatment.
- A primary care organisation is the only body which can ratify a PGD in the NHS to enable it to become a valid document – however, there is concern that some organisations might use this power to control or influence medicine use and the document provides helpful guidance on this subject.
- A signature for a PSD can be made electronically after the prescriber has assessed that individual patient.
- A PSD must state the name of the patient, name and dose of the prescription-only medicine to be administered, and show evidence to confirm that the patient has been considered as an individual.
- Nurse prescribers may issue a PSD and instruct another healthcare professional to administer the medicine.
- Practices must have protocols in place for their staff to follow to administer a prescription-only medication using a PSD.

In 2008, information from the Medicines and Healthcare Regulatory Agency (MHRA) clarified that private travel vaccines could not be given under a PGD in an NHS setting, but should be administered under a PSD.

NaTHNaC provided an FAQ document about this. Vaccines that are available free under the NHS, namely hepatitis A, typhoid and polio (including any combination vaccine that includes these vaccines, such as Revaxis, Viatim, Hepatyrix, Twinrix and Ambirix) may be administered under a PGD.

Monovalent hepatitis B vaccine may be administered either free or privately.

This decision can be made by a practice but if given free under the NHS, then a PGD can be used.

Free or private?

Travel-related vaccines for yellow fever, tick-borne encephalitis, Japanese encephalitis, rabies pre-exposure for travel purposes and meningococcal disease, serogroups A, C, W135 and Y in the combined vaccine must be given under a PSD. Prescription-only malaria chemoprophylaxis supplied on a PSD or private prescription, but not under a PGD since it is a private provision in the NHS setting.

In some circumstances, local policy allows malaria tablets and A,C,W135 and Y vaccine to be given on the NHS.

All vaccines in a course given within the NHS must be free as must the provision of the travel consultation including the travel advice.

But please note

A travel service provided in a private setting comes under different regulation and must be registered under the Care Quality Commission in England, Quality Improvement Authority in Northern Ireland, Scottish Commission for the Regulation of Care or Health Inspectorate Wales.

All vaccines except those unlicensed can be administered under PGDs, and fees would probably be charged for all vaccines, including those which may be available as a free NHS service in a GP practice.

There is no doubt that we require greater simplicity regarding PGDs and for practice in an NHS setting. NaTHNaC has proposed an amendment to the Medicines Act 1968 to the Department of Health to allow use of PGDs in a non-NHS circumstance and the RCN, GPC and indeed the Faculty of Travel Medicine support this amendment.

Please contact the Editors for references.



Professor Karl Neumann

FFTM RCPS (Glasg)

The Faculty of Travel Medicine has a rich and diverse membership with Fellows, Members and Associates coming from all over the world, and their experience both personal and professional is worth a regular feature in Emporiatics. This time, Sandra Grieve FFTM RCPS(Glasg) talks with one of our newest Fellows, a renowned paediatrician whose first experience of intercontinental travel came as a child fleeing the perils of Nazi Europe.

Karl with his sister Greta living in Sweden in 1939 or 1940, when he was nine and she was eight.



Professor Karl Neumann is based in New York City as Clinical Associate Professor of Pediatrics at Weill Medical College of Cornell University and Clinical Associate Attending Pediatrician at New York Presbyterian Hospital/Cornell Medical Center.

His credits as an author and journalist are vast, including editing the *ISTM NewsShare*, publishing countless articles for newspapers and professional journals, and contributing chapters on paediatric travel medicine to major textbooks in the field. He also lectures to physicians around the world on the medical aspects of travel and outdoor recreational activities.

But let's step back in time and look at Karl's fascinating road to success.

Born in Vienna, Austria, Karl and his sister were sent to Sweden as the Nazis began their rampage across Europe. Their parents, forced to stay behind in Austria, managed to escape to America 18 months later, but the children remained in Sweden for another two years, all but forgetting their native German. By then the war in Europe had begun and there was a threat that Germany would invade Sweden.

With no way to join their parents across the Atlantic, the children could only get to America by going East – first by airplane to Riga and Moscow, then the trans-Siberian railroad through the Soviet Union and Manchuria to Vladivostok (nine days), by ship to Japan, overland across Japan, by ship to Seattle and finally by train to New York. The journey took several months and although adults met the children at each stop, much of the time they spent alone.

An incredible journey

Karl simply remembers the trip as “uneventful” and instead of leaving him with a fear and loathing of travel, it opened his eyes to human diversity and the physical expanse of the world. He recalls days of seeing only snow and trees crossing Siberia and his first taste of Coca-Cola onboard the ship across the Pacific.

They arrived in New York speaking only Swedish while their parents spoke German and were learning English. Communication was through a local Swedish family.

In the years to come Karl attended public schools and college in New York and did little travelling, though he enjoyed local outdoor activities. He thought about a career in writing, but apparently no one thought his humour humorous or his satire biting. He also toyed with architecture, but finally opted for the “safety” of medicine. His father and most of their acquaintances were physicians.

Karl attended medical school near his home in New York (“boring years”) and discovered that he preferred paediatrics, taking his residency in New York and joining an established paediatrician in Forest Hills, NY, the day after finishing. He wouldn't live anywhere else, he says, and in fact he still “lives over the store” on the 11th floor above his ground floor office. He enjoys his practice and has no plans to retire.

The travel bug bites

In 1960 while serving as a paediatrician assigned to the Marines in North Carolina, Karl got a chance to fly on an Air Force transport jet to Rio. He hesitated. He had only flown twice: once from Stockholm to Moscow in a Ford Trimotor transport and once on a family trip to Bermuda. Both times he had been airsick. But he couldn't pass up Rio and, flying over the Amazon, he sat in the co-pilot's seat and fear became fascination. A bad case of gastroenteritis notwithstanding, Rio sparked his interest in other cultures and locales. Travel, he discovered, was in his blood.

Another major flying escapade was many years later flying Concorde from New York to London and back the same day - sitting in the cockpit all the way on the outbound leg. He had talked British Airways into letting him write an article about how Concorde was the healthiest way to Europe. It really was, he says.

In hot water

Karl's writing career began in 1974 with: A physician's evaluation of the spa treatment

at Baden-Baden, Germany. He took all the treatments and concluded there was no evidence that they cured anything, but who wouldn't feel better being catered to all day? To his surprise the *New York Times* featured his article in the travel section and he was launched on a career of writing about travel medicine.

In 1988, Karl started a newsletter, *Traveling Healthy*, as a family enterprise with his wife, Cynthia, and their three boys. It did well for about twelve years but was then slowly overtaken by more rapid information on the Internet. Karl now advises parents and health professionals on travelling with children through his own website at: www.kidstraveldoc.com/.

The road ahead

When the children were young, the family took at least one major trip a year, either to western national parks or overseas to the Middle East, North Africa, South America, and Europe. Nowadays, Karl makes three or four trips abroad each year, generally combining business with pleasure.

He loves cities (airports too!). New York is not rated because he lives there. His favourites are London, Venice, Paris, Istanbul, Jerusalem, Prague, Hong Kong, Washington DC... and Las Vegas.

Las Vegas? “I do not gamble”, he says, “but Las Vegas is fascinating. Whether we like it or not, it represents the future of travel and tourism, and in some ways, our country. It is the prototype of the artificial destination as the wilderness and historic places become tourist polluted. Las Vegas can be stamped out anywhere and can host infinite numbers of people,” he says.

A traveller's tale

We follow Gail Rosselot MFTM RCPS(Glasg) and her family along the banks of the Madre de Dios River in Peru.

After so many years of preparing travellers to visit Peru, I am finally there myself. The country is beautiful, the people kind and friendly, the Inca culture fascinating - and Peruvian food is amazing! More importantly, as a nurse practitioner in pre-travel care, I have learned some important prevention lessons to share with my colleagues and travellers.

Pre-travel preparation

I am travelling with five other family members, including my 12-year-old daughter. In preparation, we consulted CDC, Travax and Lonely Planet. We all took a primary yellow fever vaccination (two of us are in our mid-60s). Nobody took typhoid vaccine, but we updated our tetanus with Tdap. A few needed first or second doses of Hepatitis A, and all of us are using Chloroquine for *P. vivax* prevention and Diamox for the altitude illness.

We are carrying Cipro and Imodium - just in case (more about that later). We have DEET repellent and sunblock, a thermometer and some first aid, cold and allergy supplies. We packed for three seasons with layers and long sleeved shirts and hiking pants. Our hiking shoes are not new and we have good socks, hats, sunglasses and hiking poles (although this is not an Inca Trail kind of trip). Off we go!

Our itinerary

The flight was nonstop from Newark to Lima - just over 7 hours - and no jet lag. We spend our first night in Miraflores, flying out next morning to Cusco and head by minivan to the Sacred Valley for three days of hiking, horseback riding, visiting the Salt Pans and ruins of Ollantaytambo and Sacsayhuaman - marvelling at the industry, warmth, and beauty of the Quechuas.

Next we board the Peruvian Rail train to Agua Calientes, then transfer to a bus for the winding ride up to Machu Picchu. It is everything we imagined. We overnight there, experiencing sunrise and the morning mists, then return via train and minivan to Cusco for two nights in that

lovely colonial city. An early flight to Puerto Maldonado for four days in a river lodge. Tomorrow we fly to Lima, then back to New York...

Travel health lessons learned

1. Preparation: We were happy with our pre-travel decisions. Locals in Puerto Maldonado confirm yellow fever and malaria. I took a fall on the Lake Sandoval hike and was glad I had first aid supplies, ibuprofen and an updated Tdap (next time I will spend less time solving the love life of our 22-year-old guide and pay attention to the rutted trail ...). Several fellow travellers at 4- and 5-star accommodations had fevers, one needed oxygen in Cusco, many had insect bites, few carried thermometers, almost none carried an antibiotic. At the jungle lodge, I was designated "NP in Residence", treating four other travellers for illness and injury.

2. Altitude: We took Diamox 125 mg starting two days before departure. I'd used it just one day before going skiing in Colorado and still felt some AMS s/s. We chose not to sleep in Cusco (at nearly 11,000 feet) after the direct flight from Lima. Instead, we spent three nights in the Sacred Valley at about 9,000 feet. We saw several travellers on oxygen and many more asking for Diamox. After four days we stopped it, enjoyed the taste of carbonated beverages again and gave our remaining pills to travellers headed for a four-day Inca Trail hike (checked for sulfa and pcn allergies first).

3. Montezuma's Revenge: I confess it was the sangria at the lovely Cusco pizzeria that did me in. We ate with little restriction at luxurious upscale accommodations. Our Cusco guide knew the hotels well and we never doubted her dietary advice. Except that I forgot the basic rule about sealed beverages when we ventured out one night for that terrific pizza. Reflecting from the bathroom the next day, I believe that sangria was the culprit. The Cipro really came in handy! I had a classic case, missed out on the canopy walk, consumed vast quantities of bottled water and after two doses of 500 mg, made it to dinner. Next day I added a dose of Imodium so I could join the AM hike to see cayman and Howler monkeys. A cautionary tale to share with students and patients.



4. Insects: Hiking pants and lightweight long-sleeve shirts are the best! Durable, they wash and dry overnight and keep those bugs away. Machu Picchu is too high for mosquitoes, but we experienced biting flies that left many an itchy pink welt on less protected travellers. "Use PPM everywhere" was and is my motto. At lunch in Agua Calientes (train stop for Machu Picchu), along comes a nice gentleman asking if we wanted an extra spray of citronella for our arms. Whatever fragrance they add was lovely and kept the many insects away throughout our meal.

5. Motor vehicle accidents: Drivers in Lima cross intersections with abandon and we heard sirens all night attesting to the consequences. In the Andes and the "rough and ready" town of Puerto Maldonado (known locally as Puerto Moto-naldo) everyone uses motor cycles and motor cycles converted into motorvans. We stayed with guided minivans, but had one hair-raising trip over the winding, dark mountain roads late at night.

Final thoughts

Our pre-travel guidance was very effective for preventing some problems and, more importantly, for self-treatment on the road. Some of the old travel health axioms certainly apply: 4- and 5-stars are no guarantee, but they're better than the alternatives. It's tough for animal lovers to keep their hands off all the stray dogs and cats, options for safe local transportation can be limited, Diamox and careful planning help with AMS, and residents view health risks differently.

Peru is an amazing country, the jungle is getting developed (a major transcontinental road is nearly completion from the Atlantic to the Pacific, and right through Puerto Maldonado) and Machu Picchu is breathtaking - but very popular. Visit now!

Gail Rosselot NP, MPH, COHN-S, MFTM, RCPS (Glasg), FAANP is a nurse practitioner and director of Travel Well of Westchester, NY.

Recent publications and reports

WHO International Travel and Health 2010

An essential resource for travel health practitioners. Country requirements for yellow fever vaccination and certification are listed in this book and online. Download individual chapters or order hard copies from www.who.int/ith/en/index.html

WHO Guidelines for the treatment of malaria (2nd edition)

Evidence-based and up-to-date recommendations for countries on diagnosis and treatment to help formulate their policies and strategies. www.who.int/publications/en

Rabies

WHO's revised position paper updates and replaces the 2007 version. Available together with grading tables, references and a summary in PowerPoint at: www.who.int/immunization/documents/positionpapers/en/index.html

CDC advice on yellow fever vaccine

Recommendations from the Centers for Disease Control and Prevention Advisory Committee on Immunization Practices are published in *Mortality and Morbidity (MMWR) Weekly* (30 July 2010) 59(RR07), pp.1-27. Available at: www.cdc.gov/mmwr/preview/mmwrhtml/rr5907a1.htm?s_cid=rr5907a1_x

These relate to vaccine recommendations in the United States, but information on YF vaccine-associated neurological disease, YF vaccine-associated viscerotropic disease and vaccination of women during pregnancy and breastfeeding will be of interest to all healthcare professionals involved in administering this vaccine.

Malaria in pregnancy

The Royal College of Obstetricians and Gynaecologists (RCOG) has published the first edition of Green-Top Guideline 54a: Prevention of malaria in pregnancy. The aim is evidence-based, current information for those advising UK residents travelling to malaria endemic areas who are pregnant, breast feeding or planning a pregnancy.

www.rcog.org.uk/prevention-malaria-pregnancy-green-top-54a

New meningococcal vaccine

Menveo® vaccine supplied by Novartis Vaccines gained its European license on 18 March 2010. This is a quadrivalent conjugated meningococcal vaccine offering protection against meningococcal groups A, C, W135 and Y in individuals aged 11 and over. Conjugate vaccines are more effective and provide longer protection than polysaccharide vaccines.

The summary of product characteristics is at: www.medicines.org.uk. An update to the Green Book Chapter 22 outlining detailed recommendations for use is at: www.dh.gov.uk/greenbook

From the journals

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Conferences and events

UNITED KINGDOM

5 October 2010

Evidence-based travel medicine

Faculty of Travel Medicine Autumn Symposium

Royal College of Physicians & Surgeons of Glasgow

Details at: www.rcpsg.ac.uk/Education/Events/Travel_Medicine_Events/Pages/ed_spTravelMedicineSymposia.aspx
Email: sue.clarke@rcpsg.ac.uk

30 October 2010

Preparing the at-risk and complex traveller

British Travel Health Association
12th Annual BTHA Conference

Royal College of Physicians of Edinburgh

Details at: www.btha.org
Email: [Diane Jones at info@btha.org](mailto:Diane.Jones@btha.org) or call 0845 003 9197

10 December 2010

MASTA Annual Study Day

Royal College of Physicians, London

Details at: [/www.masta.org/studyday/](http://www.masta.org/studyday/)

10 March 2011

Joint meeting

FTM and Royal Pharmaceutical Society of Great Britain

RPSGB London

Details at: www.rpharms.com/home/home.asp
Email: Julie.Churchill@rpsgb.org or call 020 7572 2261

SOUTH AFRICA

15 -17 October 2010

Travel health Africa - research and reality

SASTM Travel Medicine Conference

Cape Town

Details at: www.sastm.org.za

JAPAN

20 -23 October 2010

Protecting travellers to and from East Asia

8th Conference of the Asia-Pacific Travel Health Society

Nara, Japan

Details at: <http://apthc2010.jtbcom.co.jp>

UNITED STATES

8 -12 May 2011

CISTM12

12th Conference of the International Society of Travel Medicine

Boston, Massachusetts

Details at: www.istm.org



Faculty of Travel Medicine

Affiliate Membership now available

The Faculty of Travel Medicine of the Royal College of Physicians and Surgeons of Glasgow (RCPSG) was established in 2006 to improve travel-related health through achieving the highest possible standards in travel health services.

The Faculty reflects the multidisciplinary nature of travel medicine, with stratified membership categories including Fellows, Members, Associates and Affiliates and is not limited to those with an academic leaning.

Affiliate membership is open to professionals who don't wish to undertake a formal qualification but have an interest in travel medicine. The Affiliate Membership fee is just £25.

Benefits include:

- Being part of a growing body of individuals working or interested in travel health
- Faculty of Travel Medicine newsletter (twice a year)
- Discounted admission rate for travel medicine conferences and events
- Option to pay an additional fee to receive electronic access to the Faculty's official journal *Travel Medicine and Infectious Disease*.

Application forms are available to download at www.rcpsg.ac.uk go to the travel medicine page and click on "joining the faculty"

**As an
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