

21st Century Travel Health Communication



Jane Chiodini

MSc RGN RM FFTM RCPS(Glasg) QN

My brief

Focus on the present
and future – using
technology, social
media etc

My plan

An overview and
personal perspective



How interested are you in technology and social media though? ... a snapshot

42 responses

MOBILE PHONE

iPhone 50%
Android 36%
Standard 14%

SOCIAL MEDIA

Facebook 53%
Linked in 50%
Twitter 34%
Instagram 5%
Don't use 24%

COMPUTER DEVICES

iPad 56%
Android 17%
Laptop 83%
Desktop computer 46%

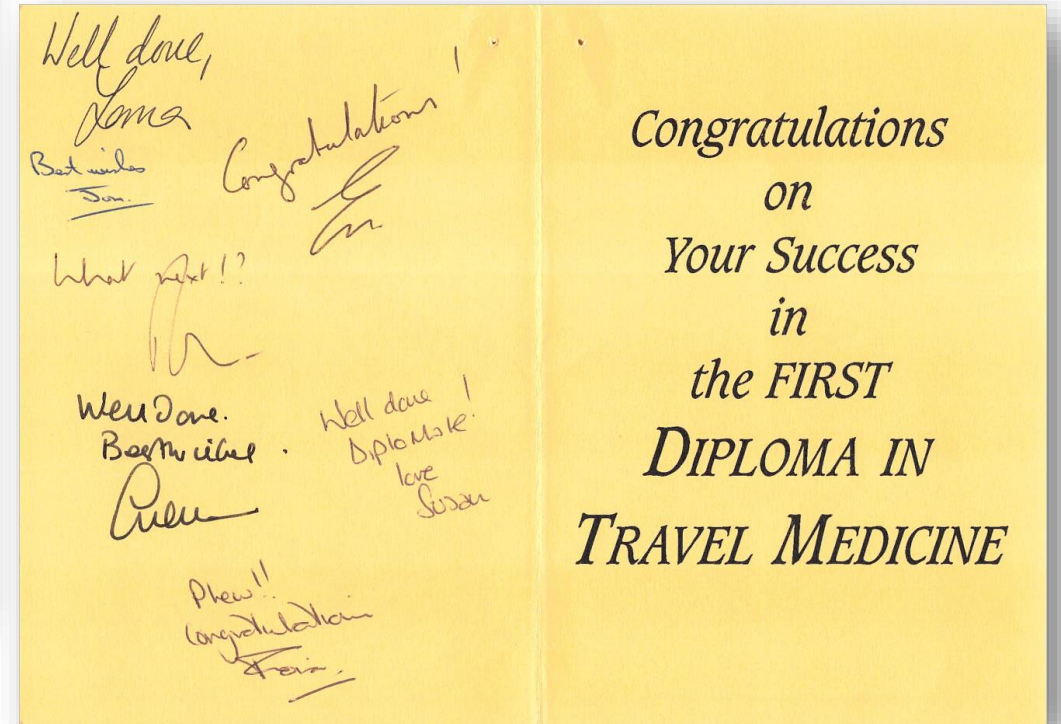
APP USAGE

Frequent 61%
Limited 22%
No interest 15%
No understanding 3%

HOW YOU SURF

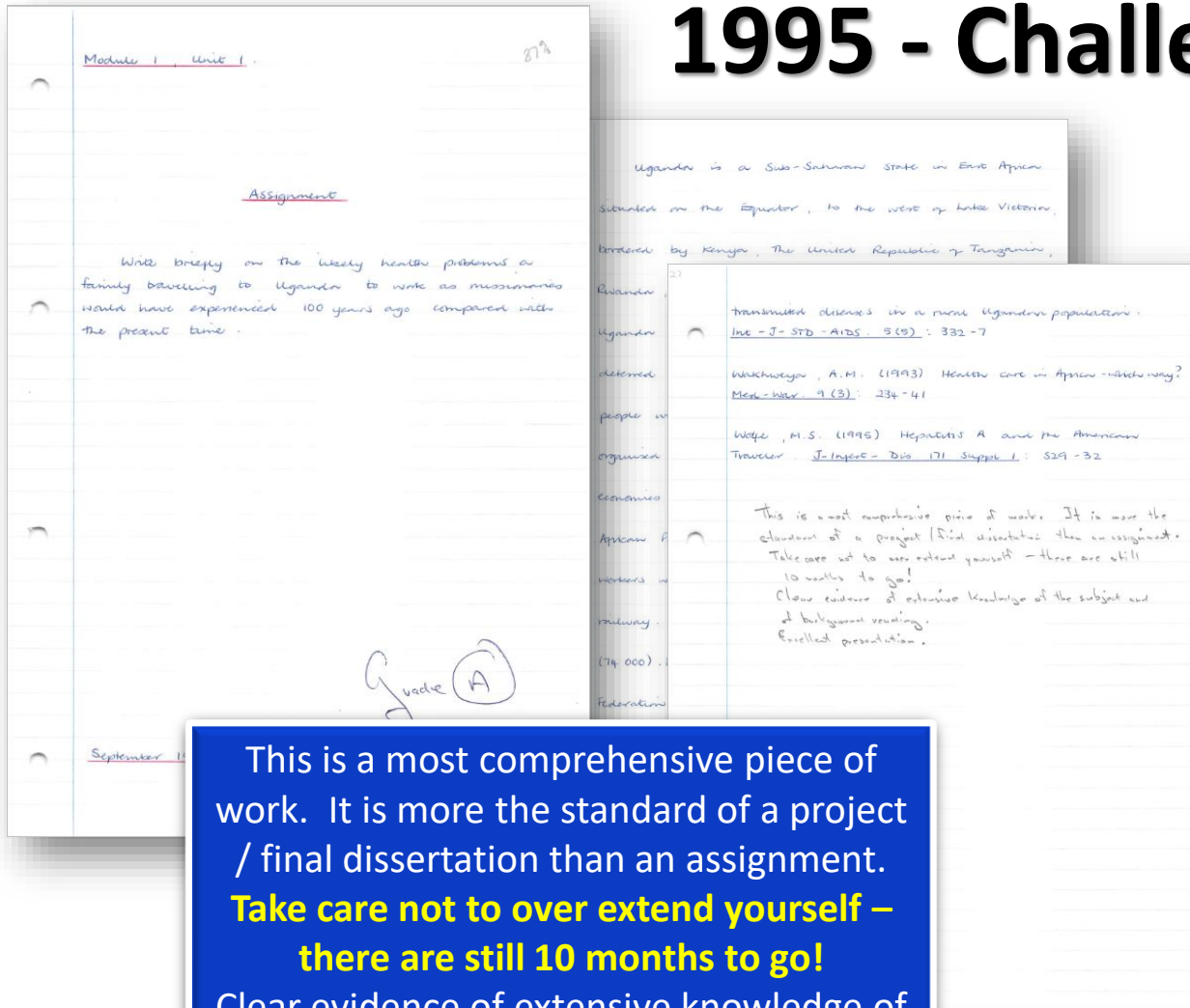
Tablet 39%
Desktop 37%
Mobile phone 19%
Don't surf 5%

How far have we come!



Congratulations
on
Your Success
in
the *FIRST*
DIPLOMA IN
TRAVEL MEDICINE

1995 - Challenging times

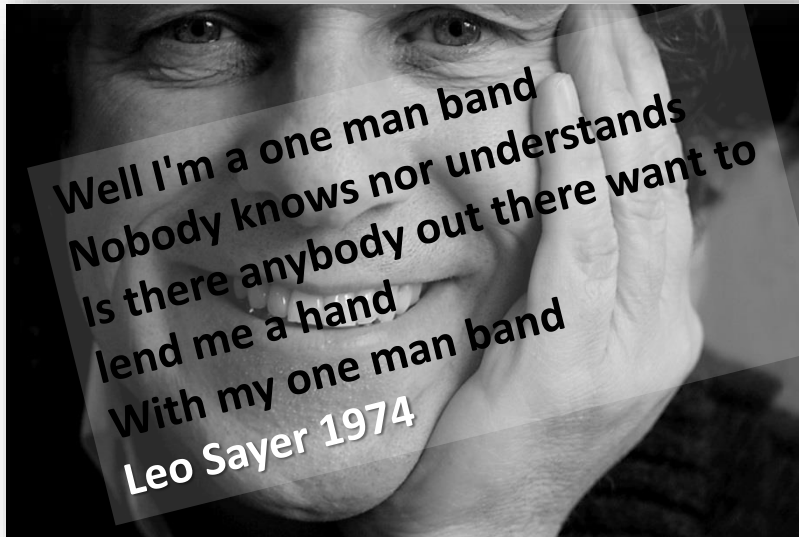
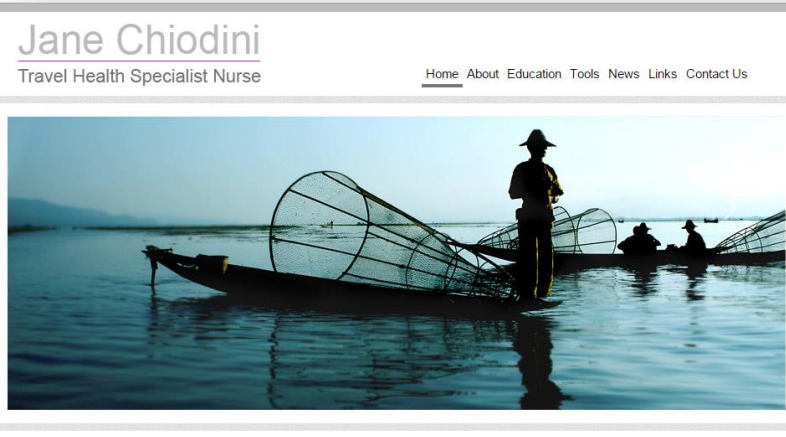


This is a most comprehensive piece of work. It is more the standard of a project / final dissertation than an assignment.
Take care not to over extend yourself – there are still 10 months to go!
Clear evidence of extensive knowledge of the subject and of background reading.
Excellent presentation.



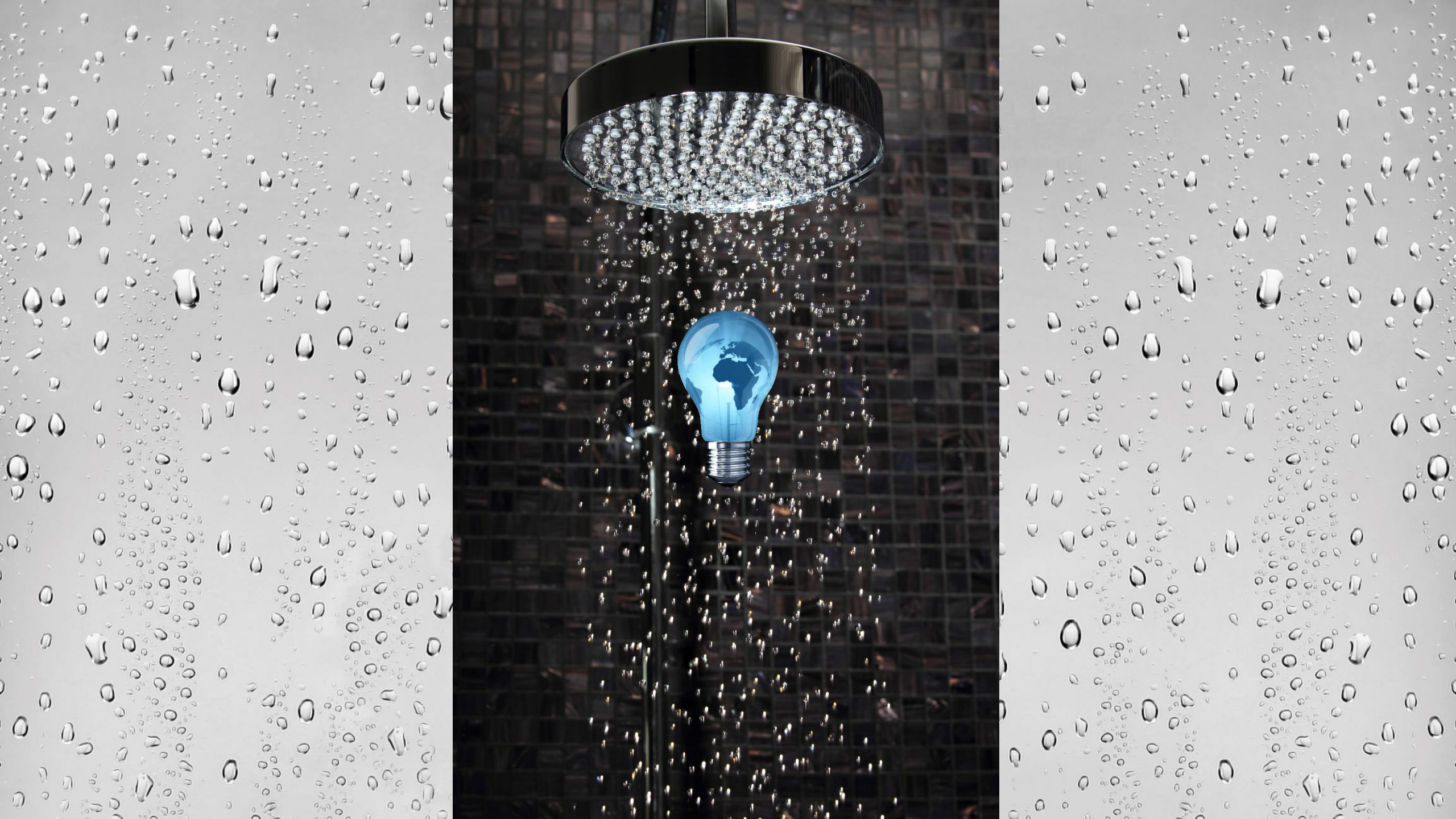
No internet or e mail

Skills developed out of necessity since then

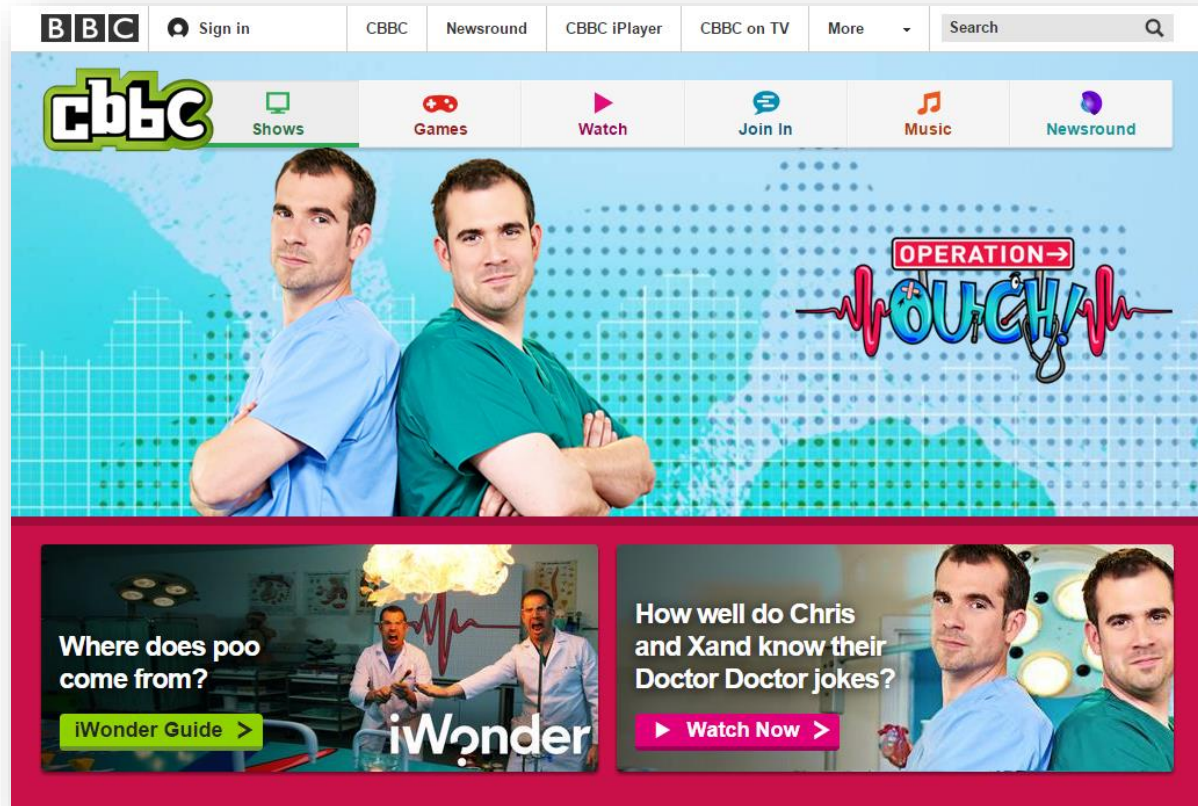


Technology is exciting !





The Truth About Your Teeth – BBC One - June 2015



How long do you spend cleaning your teeth?



Average time

26 seconds

Recommended time

2 minutes



How technology has changed my teeth cleaning practice!



Time	Reward
30 seconds	★
60 seconds	★ ★
90 seconds	★ ★ ★
2 minutes	★ ★ ★ ★ 😊
3 minutes	5 x ★ plus a 😊 & 😊
4 minutes	5 x ★, a 😊 & 😊 & !!!
5 minutes	?



Acceleration of technologies

1970 → 2020

1977



1984



1990



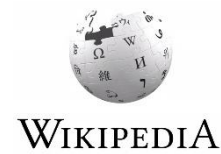
1989



1995



2000



2005



2010



2015



2007



1996



1998



28th August 2015, Facebook hits 1 billion users in one day!

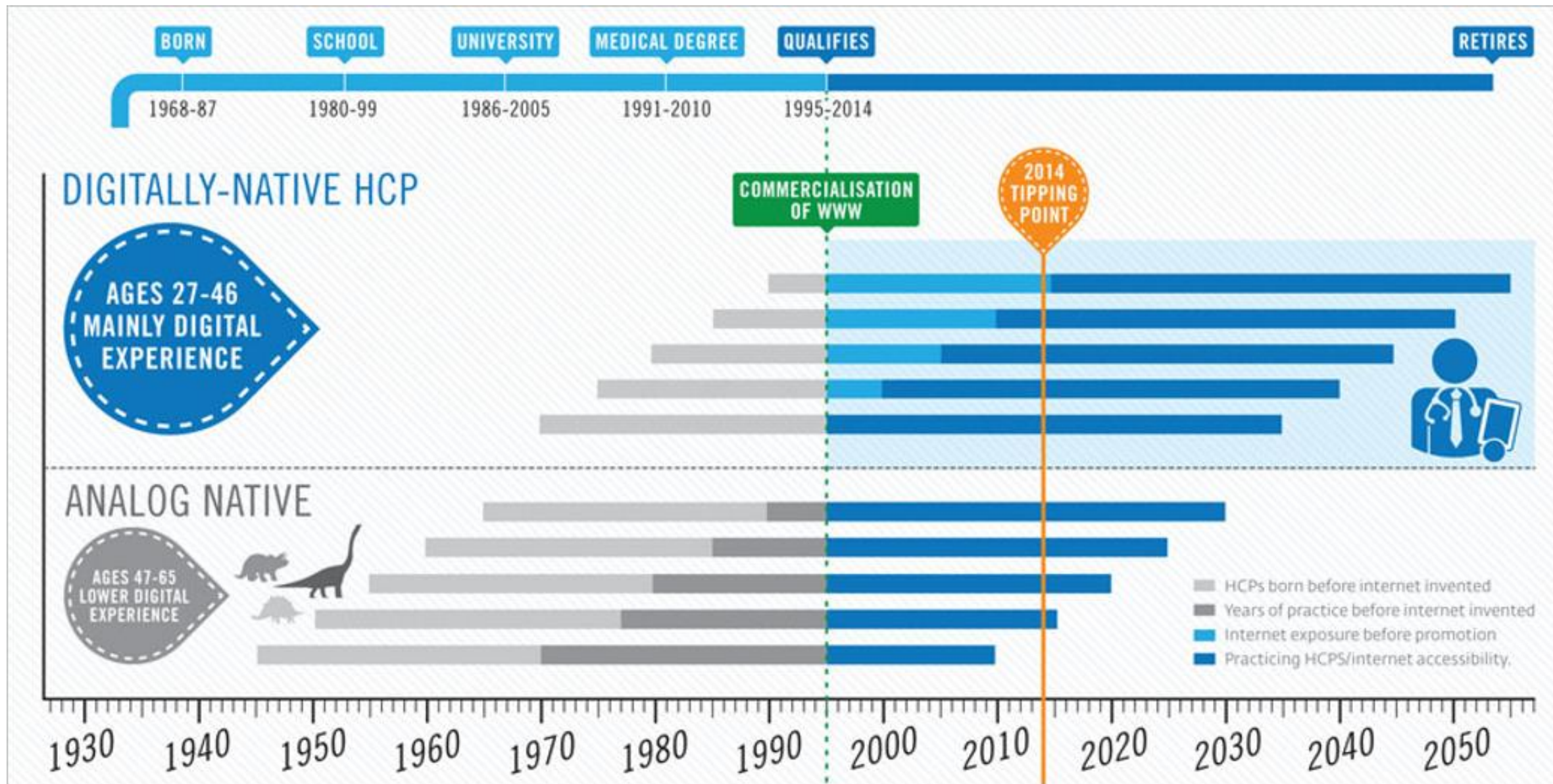
A baby wearing a light blue sun hat and a blue and white striped shirt is sitting on a sandy beach. The baby is looking out towards the ocean under a clear blue sky. A speech bubble points from the text to the baby's head.

**Hands up
if you were
born before
1970**

A hand in a blue medical scrub sleeve points towards the center of the image. The background is a collage of digital medical icons and text. At the top left, a list includes 'Dentist', 'First Aid', 'Surgeon', and 'Emergency'. To the right, there's a grid of icons: a person, a bar chart, a network diagram, and a padlock. Below these are icons for a musical note, a clipboard, and a stethoscope. At the bottom, there's a checkmark, a monitor, and a power button. A world map is visible in the lower left. The word 'MEDICAL' is written vertically on the right side. The overall theme is digital healthcare.

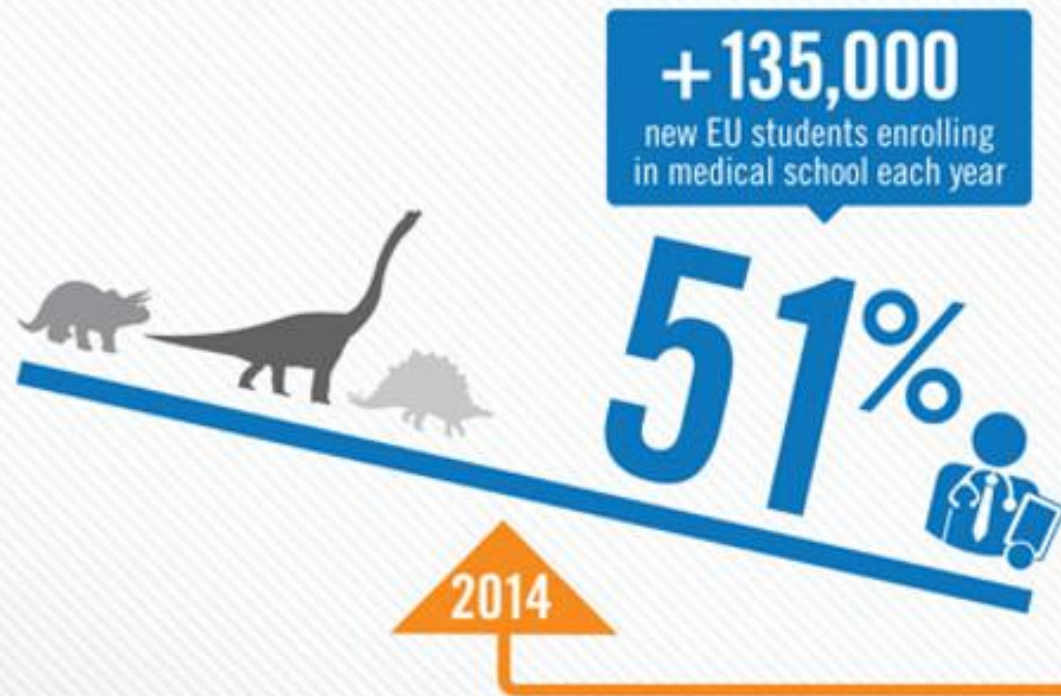
THE DIGITAL NATIVE HCP

A doctor who qualifies during or after the internet went mainstream – and has relied on digital interactions through connective digital technologies for his/her entire professional career

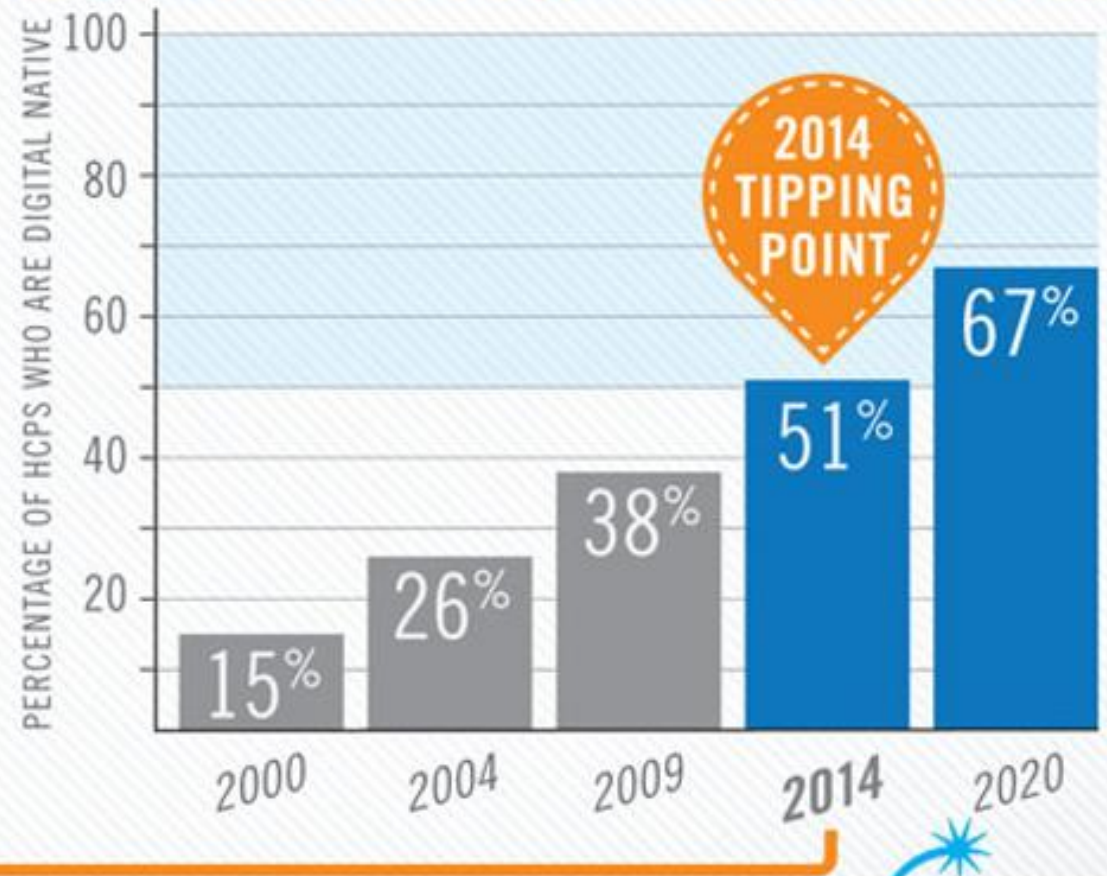


DIGITAL TIPPING POINT

in 2014, the majority of HCPs will be digitally native.



DOCTORS ARE CHANGING



Technology has been helping improve our standards of practice for some time

- Using databases for day to day practice
- Alert reporting e.g. Sars, Ebola increasing awareness in real time
- Supporting healthcare professionals in travel medicine by means of websites and forums, listserve etc.
- Providing up to date information for travellers to support the advice within a consultation



EDITORIAL

One stop travel advice

Over 85 per cent of practice nurses are involved with dispensing travel advice and immunizations according to recent surveys. It is a fascinating area and one in which there can be quite some vicarious enjoyment. But it is also an area notorious for frequently-changing and complicated advice. This means reliable, up-to-date information is vital for good practice. So in this issue of *Practice Nurse* you'll find our first comprehensive travel vaccine and malaria information chart (pp566-571).

Published with information supplied by TRAVAX, the travel information service based at the Scottish Centre for Infection and Environmental Health, the chart gives detailed country-specific advice for polio, tetanus, typhoid, yellow fever, hepatitis B, diphtheria and tuberculosis and the dosage intervals for each. Malaria precautions worldwide are spelt out using WHO regimes and countries where other less well known vaccinations are necessary are highlighted.

The pages, which can be lifted out of the journal and reassembled into a clear, colourful wallchart, will be updated quarterly to ensure that practice nurses have the most current information at their fingertips.

A small, but we hope very useful, Christmas gift.

working life

interview

Lorna Calvert is the co-ordinator of our Travel immunisation and malaria prevention chart, the latest copy of which you will find in this issue. Moira Crawford finds out more about her...

Many practice nurses enjoy their role in travel health but for Lorna Calvert it holds a fascination which provides a daily challenge. 'Like all the best jobs, it's something that just happened,' she says of her role as travel health and immunisation nurse specialist at the Scottish Centre for Infection and Environmental Health (SCIEH).

She didn't set out to be a travel health expert. With a background in intensive care nursing and research, she studied for a Masters degree at Glasgow University where she met Fiona Raeside, then working with Dr Eric Walker at the SCIEH unit. They needed a senior nurse, and the SCIEH as they say, is history. Lorna joined six years ago and has watched not only the unit but the speciality grow in leaps and bounds. 'I've been very fortunate to travel health at an early time,' she says.

The small unit offering travel health and a travel health certificate has grown dramatically. In addition to courses in travel health for doctors and dentists, it has a year-long diploma in travel health and an MSc in travel health. It was the first of its kind. Lorna says her first MSc students were the first graduates who took the short course and went on to do postgraduate courses and



'Travel immunisations were one of the first tasks delegated to practice nurses and now many of them are more up-to-date and aware of issues than their GPs,' Lorna Calvert

take a greater role in advising and planning,' says Lorna. She sees practice nurses as playing a central role in travel health. 'In the UK, travel health is nurse-led. Travel immunisations were one of the first tasks delegated to practice nurses and now many of them

are more up-to-date and aware of issues than their GPs.' 'Nurses are becoming more aware of the need for continuing education and to stay up-to-date in this changing area. There has been a great increase in travel to exotic locations and at short notice, and the field is

getting ever more complex.

One of the biggest problems in general practice, though, is finding the time to do travel consultations. Lorna can't advise a whole family going to the Far East in a 10-minute appointment.

Lorna insists that practice nurses must make the time for travel information which is continuing to date, accurate and reliable.

SCIEH offers a travel health certificate on the Internet. Lorna is concerned that relying on the Internet, however convenient, may not carry the same weight as a letter available in the practice.

In the future, Lorna sees practice nurses involved in beyond the practice, by Travel Health (BTHA), from the Council of Medical Education.

'It gives practice nurses the opportunity to co-ordinate other UK organisations have a view on this. ■ BTHA/Amantel: 014 ■ Trav www.bth.org.uk ■ For more information, contact Lorna Calvert on tel: 014

PRACTICENURSE

Back in time again! December 1994

DECEMBER 1994

VACCINATION KEY

R Recommended
S Sometimes recommended
Y Yellow fever vaccine recommended if entering from infected country
C Yellow fever vaccine certificate compulsory
C₁ Yellow fever certificate of vaccination required if entering from an infected area or staying more than two weeks
C₂ Yellow fever certificate of vaccination required if coming from an infected area or entering from an infected area
C₃ Yellow fever certificate of vaccination required if entering from an infected area and staying more than two weeks
R, M, J, T, M Rabies vaccine sometimes recommended
M Meningococcal vaccine sometimes recommended
J Japanese encephalitis vaccine sometimes recommended
T Tick-borne encephalitis vaccine sometimes recommended
M Travellers to Mecca on a pilgrimage require meningococcal vaccine and a letter confirming vaccination
S₁ Diphtheria vaccine recommended; HepB and BCG sometimes recommended

NB: Vaccine recommendations are based on the assumption that all UK scheduled vaccines are up to date.
A complete primary vaccination course may take up to 10 days to become effective.

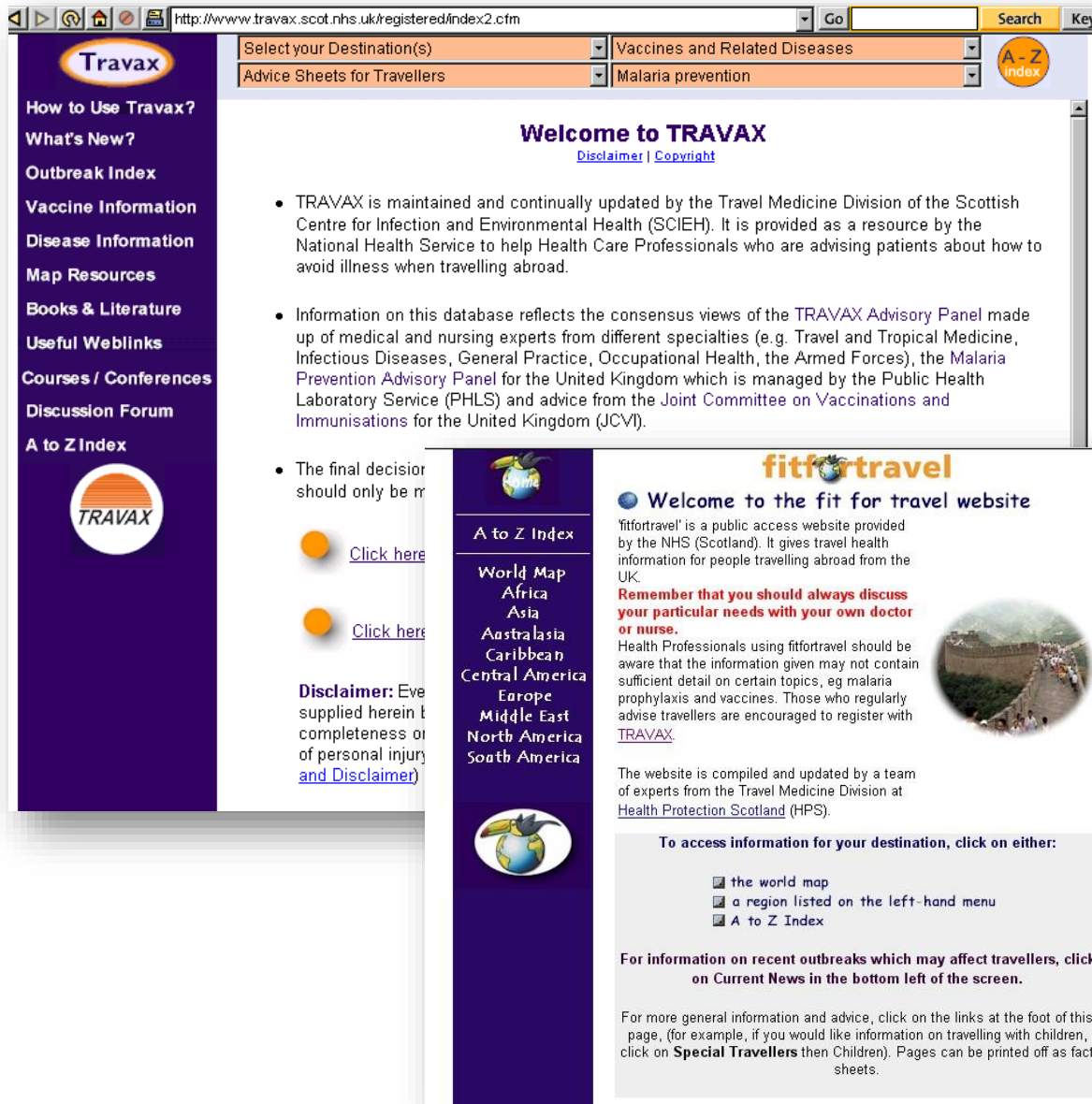
TRAVEL IMMUNIZATION

COUNTRY	VACCINATIONS ADVISED						MALARIA PRECAUTIONS
	POLIO TET	TYPH	HEP A	YELLOW FEVER	HepB BCG	OTHER	
A Afghanistan	R	R		S	R		Y2 ALL AREAS
Albania	R	R		S	R		Y2 ALL AREAS
Algeria	R	R		S	R		Y2 ALL AREAS
American Samoa	R	R		S	R		Y2 ALL AREAS
Andorra	R	R		S	R		Y2 ALL AREAS
Angola	R	R		S	R		Y2 ALL AREAS
Antigua & Barbuda	R	R		S	R		Y2 ALL AREAS
Aruba	R	R		S	R		Y2 ALL AREAS
Australia	R	R		S	R		Y2 ALL AREAS
Austria	R	R		S	R		Y2 ALL AREAS
Azerbaijan	R	R		S	R		Y2 ALL AREAS
Bahamas	R	R		S	R		Y2 ALL AREAS
Bahrain	R	R		S	R		Y2 ALL AREAS
Bangladesh	R	R		S	R		Y2 ALL AREAS
Barbados	R	R		S	R		Y2 ALL AREAS
Belize	R	R		S	R		Y2 ALL AREAS
Belgium	R	R		S	R		Y2 ALL AREAS
Bolivia	R	R		S	R		Y2 ALL AREAS
Bosnia	R	R		S	R		Y2 ALL AREAS
Botswana	R	R		S	R		Y2 ALL AREAS
Brazil	R	R		S	R		Y2 ALL AREAS
Brunei Darussalam	R	R		S	R		Y2 ALL AREAS
Bulgaria	R	R		S	R		Y2 ALL AREAS
Burkina Faso	R	R		S	R		Y2 ALL AREAS
Burma (see Myanmar)	R	R		S	R		Y2 ALL AREAS
Burundi	R	R		S	R		Y2 ALL AREAS

DOSAGE INTERVALS

VACCINE	PRIMARY COURSE	INTERVALS	BOOSTERS
Polio (oral or injectable)	3 doses	Day 1, 2nd 28 days, 3rd 6-8 weeks	First after primary course = 5 years. Thereafter every 10 years (or 5 years for high risk).
Tetanus	3 doses	1st, 2nd 2-4 weeks, 3rd 12 months after 2nd	First after primary course = 5 years. Thereafter every 10 years (or 5 years for high risk).
Typhoid (inactivated)	2 doses	1st, 2nd 2-4 weeks	First after primary course = 5 years. Thereafter every 10 years unless hypersensitivity occurs.
Typhoid (live capsule, non-replicating)	1 dose	Day 1, 2-4 weeks after 1st	One dose every 3 years.

INTERVIEW • LORNA CALVERT FROM THE SCIEH



Risk assessment became fundamental to our practice

- No travel health consultation should take place without conducting a travel risk assessment and documenting the information
- National online databases should always be consulted for the latest information on the country specific risks – to help inform recommended vaccines and additional information, for example disease outbreaks.

The new look TRAVAX and FFT

fitfortravel



Travel health information for people travelling abroad from the UK



Home

Destinations

Advice

News

Resources

A - Z Index

Browse Country Information



News

- 04 Sep 15 - West Nile Virus Infection in Israel (Update)
During the past week, 7 new cases of West Nile Virus (WNV) were identified in ...more
- 04 Sep 15 - Cholera in Tanzania (Update)
The cholera outbreak in Dar es Salaam and Morogoro region is and now ...more
- 04 Sep 15 - Rabies (Canine) (Human Exposure) in French Guiana (Update)
On 31 August 2015, the Pasteur Institute in Paris confirmed rabies infection ...more
- 03 Sep 15 - MERS-CoV in Jordan (Update)
Between 26 and 28 August 2015, the National IHR Focal Point notified ...more



30 Years of Pioneering Travel Health

News
Outbreaks
Destinations
Diseases
Health Information
Malaria
Vaccination Practice
Consultation
Resources
A-Z of FAQs

Risk Assessment

On this page...

Introduction
Gathering Information from the Traveller
Evaluating and Quantifying Potential Health Risks
Providing Tailored Advice
Conclusion
Risk Assessment Record Sheet for the Clinic

Introduction

Carrying out a thorough risk assessment prior to travel abroad is the initial step in the travel consultation. It is also one of the most important, since it will provide the information on which future action will be based. This action will certainly include delivering health advice and will frequently involve deciding on necessary immunisations and malaria prophylaxis.

It is important to remember that the purpose of the pre-travel risk assessment is to better prepare the traveller to enjoy the experience of travel and make their journey safer by providing information tailored specifically to their needs. It should not act as a deterrent to travel by frightening individuals with a list of potential problems they may encounter.

Various steps are involved in the risk assessment procedure:

- Gathering information from the traveller.
- Evaluating and quantifying potential health risks.
- Providing tailored advice.



30 Years of Pioneering Travel Health

Home Forum About TRAVAX Register Contacts Log In

search... Search

You are in: Home

Destinations A-Z

Welcome to TRAVAX

Celebrating 30 years of providing world class travel health services to health care professionals



Sign up for Outbreak Alerts

Pioneering Travel Health 1985-2015

Latest News

03 Sep 2015

- Ebola Virus Transmission in Liberia (Declared Over)

01 Sep 2015

- Neonatal Tetanus Elimination in India

24 Aug 2015

- PGDs for Travel Vaccines in English General Practice

21 Aug 2015

- Japanese Encephalitis Vaccine (IXIARO) Rapid Schedule

20 Aug 2015

- International Measures to Stop Spread of Wild Poliovirus (Update)

- View all news items

Post Travel Care in Primary Care



Dr Steven Riley helps guide the doctor or nurse in general practice on how best to proceed....

2015 Anniversary Updates



Bi-monthly newsletters celebrating the continuing success of TRAVAX.

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Much loved features

Traveller Advice Suitcase

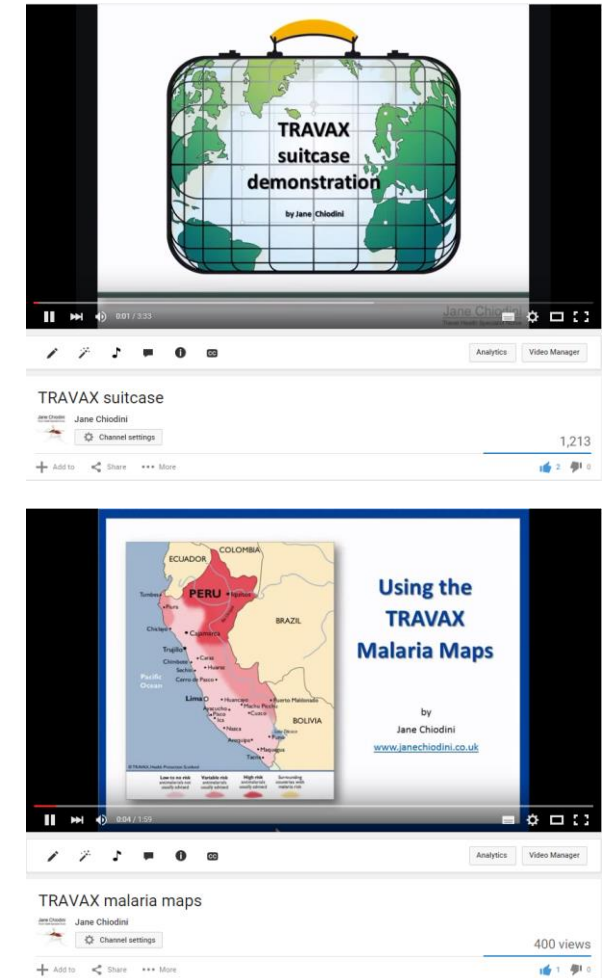


A new feature of TRAVAX. The traveller advice sheets are specifically written for the general public, so are clear, concise and easily understood. They can be found on the *fitfortravel* site. The Suitcase function allows you to select and save a variety of advice sheets as you progress through the travel consultation and then print or email directly to your traveller. You can also save a note of what you have sent for your own patient or clinic records.


See how travel health specialist nurse, Jane Chiodini, uses the Suitcase during her travel health consultations in a [YouTube video](#).

Malaria Maps & Information

A feature of TRAVAX is the multilayered malaria maps indicating risk areas, points of interest, rivers, airports and altitude. Advice about malaria and its prevention is comprehensive, including diagnosis and treatment, prevention and chemoprophylaxis, and emergency standby treatment.



Forums sharing knowledge



International Society of Travel Medicine

Promoting healthy travel worldwide

Established 1991

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search

Communities / Community Home

TravelMed

Settings

Community Home


Discussion2K

Library36

Members3.4K

Latest Discussion Posts


Add



RE: Clinic in Bhutan?

By: [Fath Mehmet GUL](#), 22 hours ago

Dear Tanya and Nancy, With my 15 years of travel insurance policy management experience, I recommend everybody to have a policy with medical assistance / evacuation for any travel, regardless the current medical condition. Such patients would not...




RE: Clinic in Bhutan?

By: [Nancy Ferguson](#), yesterday

Purchasing Medical Assistance/Evacuation insurance is a good idea, but it will likely exclude evacuation coverage for complications related to the finger amputation, as it is a pre-existing condition for which active care has been received within a...

Community Blogs

Add



Travel Clinics in Shanghai

By: [Tracy Renn](#) 4 months ago

Hi, Can anyone recommend a travel clinic in Shanghai, China? I have a patient relocating to Shanghai that does not have time to receive his Rabies and Japanese Encephalitis vaccines here in the U.S. Any suggestions would be appreciated. ...

More

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Travax Forum

search... Search

You are in: Travax Forum


My Topics

My Profile



Your forum account is linked to the email address you logged in with ([janechiodini@btinternet.com](#)).

Your forum user name is [Jane Chiodini](#). You can change this at any time in the [my profile](#) page.




[Travel Health](#)

Includes discussion of clinical cases, pre travel management and resources.

718 Topics

Last post 3 days ago
By Mrs CMT Riley



[About this Website](#)

Includes discussion of website issues, solutions and suggestions.

18 Topics

Last post 2 weeks ago
By diane garcia-miralles

Search

Forum Instructions


There are several thousand health care professionals using TRAVAX each month. TRAVAX relies on communication with users to help maintain quality and relevance to clinical practice. The Discussion Forum assists us with this.

The forum is for all users whether you have questions to ask, knowledge to share or those just wishing to follow discussion and learn by reading the posts. You can ask questions about cases - although please make sure that individual patients are not identifiable though your questions - or you can share ideas on how you manage your travel health services.

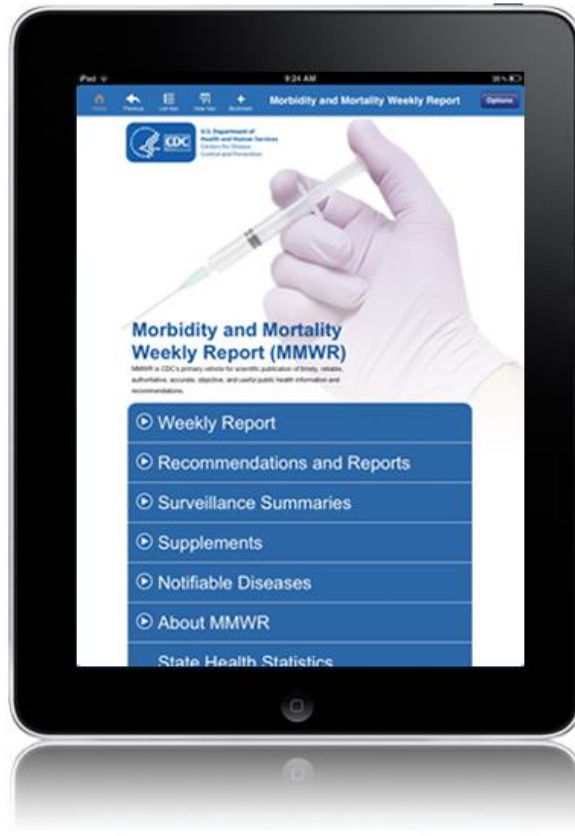
The forum is primarily intended to promote discussion between users and not as a means of directing questions to the providers at HPS. However the team at HPS will follow discussions and sometimes join in, and this will give us ideas on how to improve TRAVAX content.

Please remember - whatever you post on the forum will be available for all TRAVAX users to view.

To post on the forum it is best practice to login to TRAVAX using your own login details.



The internet allows sharing of important data





GEOSENTINEL
The Global Surveillance Network of the ISTM in Partnership with the CDC

GeoSentinel is a worldwide communication and data collection network for the surveillance of travel related morbidity. It was initiated in 1995 by the International Society of Travel Medicine (ISTM) with support from the US Centers for Disease Control (CDC) as a network of ISTM member travel/tropical medicine clinics. GeoSentinel is based on the concept that these clinics are ideally situated to effectively detect geographic and temporal trends in morbidity among travelers, immigrants and refugees.



European Centre for
Disease Prevention and Control

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Health Topics | Publications | Data & Tools | Activities | About Us | News & Media

HIGHLIGHTS

- MERS-CoV: Updated risk assessment
- ESCAIDE 2015
- Ebola in West Africa
- Measles in EU
- West Nile fever maps


West Nile fever maps
Latest update, 4 September

NEWS AND EPIDEMIOLOGICAL UPDATES

- Rapid risk assessment on polio outbreak in Ukraine 04 Sep 2015
- Epidemiological update: Middle East respiratory syndrome coronavirus (MERS-CoV) 02 Sep 2015
- ESCAIDE 2015: call for "late breaker" abstracts now open 01 Sep 2015
- Summary of public health



TropNet
European Network for
Tropical Medicine and
Travel Health



Public Health
England


See more information about this Research and analysis

Research and analysis
HPR volume 9 issue 31: news (4 September)


Updated 4 September 2015

Contents

1. National outbreak of Escherichia Coli VTEC O157 PT8 VT2
2. Prenatal pertussis vaccine coverage 2014-15 annual report
3. Ebola virus disease: international epidemiology summary (at 30 August 2015)
4. Cyclospora outbreak related to travel to Mexico: an update



Health Protection
Scotland



HPS Weekly Report

1 September 2015
Volume 49 No. 2015/35
ISSN 1753-4224 (Online)

CONTENTS

CURRENT NOTES

- Meningococcal Group B - vaccine programme 317
- ECDC risk assessment on MERS-CoV - 2015 Hajj 317
- WHO Global Strategy on Water, Sanitation and Hygiene 318
- Double cream recalls - Listeria monocytogenes 318
- Black henna tattoos 319
- Environmental incidents - SEISS reports 319

SURVEILLANCE REPORT

- Respiratory bacteria quarterly report. Quarter two: 1 April to 31 July 2015 320
- Legionellosis in Scotland 2013-2014 320

CURRENT NOTES

Meningococcal Group B - vaccine programme

49/3501 The meningococcal B (Men B) vaccine is being introduced into the routine childhood vaccination programme from 1 September 2015. All infants aged two months from this date (i.e. those born from 1 July 2015) will be offered the Men B vaccine at two, four and 12 months.


The vaccine will be administered at the same time as the other routine vaccinations received by infants at two, four and 12 months.

There will also be a one-off catch-up for infants aged three and four months at the start of the programme who will be attending for their routine vaccination appointments at these times. As an indicator, infants in the catch up cohort will have been born between 1 May 2015 and 30 June 2015. Infants born before 1 May 2015 will not be eligible to receive the Men B vaccine.

Further information is available at <http://www.immunisations.scotland.nhs.uk/menb>. Details of the programme were laid out in the Scottish Chief Medical Officer's letter CMCO(2015)11 available at [http://www.sehd.scot.nhs.uk/cmco/CMCO\(2015\)11.pdf](http://www.sehd.scot.nhs.uk/cmco/CMCO(2015)11.pdf) on 10 July 2015 while the DES (directed enhanced service) can be accessed at <http://www.sehd.scot.nhs.uk/pca/PCA2015/M04.pdf>.

ECDC risk assessment on MERS-CoV - 2015 Hajj

49/3502 A large nosocomial outbreak of MERS in Riyadh, Saudi Arabia has triggered an update of ECDC's rapid risk assessment, in order to assess whether this event changes the risk of international spread or increases the risk to EU citizens living in or travelling to Saudi Arabia. The update also includes an assessment of the risk.



World Health
Organization

Home | Health topics | Data | Media centre | Publications | Countries | Programmes | Governance | About WHO | Search

Emergencies preparedness, response

Disease Outbreak News (DONs)

New information

Latest DON

Recent DONs

- 2 September 2015
Middle East Respiratory Syndrome coronavirus (MERS-CoV) – Saudi Arabia
- 1 September 2015
Middle East Respiratory Syndrome coronavirus (MERS-CoV) – Jordan
- 1 September 2015
Circulating vaccine-derived poliovirus – Ukraine
- 27 August 2015
Middle East Respiratory Syndrome coronavirus (MERS-CoV) – Saudi Arabia
- 26 August 2015
Middle East Respiratory Syndrome coronavirus (MERS-CoV) – Saudi Arabia

Related links

- Ebola virus disease - website
- Avian influenza A(H7N9) virus
- Middle East respiratory syndrome coronavirus (MERS-CoV)
- Pandemic (H1N1) 2009
- Influenza at the Human-Animal Interface (HAI)

Related documents

- WHO outbreak communication guide 2008
- WHO outbreak communications guidelines
- Outbreak communication: best practices for communicating with the public during an outbreak

Development of a new style website



A Web 2.0 site may allow users to **interact and collaborate** with each other in a [social media](#) dialogue as creators of [user-generated content](#) in a [virtual community](#), in contrast to Web sites where people are limited to the **passive viewing of content**. Examples of Web 2.0 include [social networking sites](#), [blogs](#), [wikis](#), [folksonomies](#), [video sharing sites](#), [hosted services](#), [Web applications](#), and [mashups](#)

Factsheets 21 Aug 2015

[Country pages guide](#)

Tag Cloud

Chikungunya

Cyclospora

Dengue

Ebola Virus Disease

Malaria

MERS-Cov

Plague

Polio

Rabies

Ukraine

VFR

West Nile virus

Yellow Fever

Map



WORLD OVERVIEW

Outbreak Surveillance 02 Sep 2015

Toamasina

Plague in Madagascar



Since 20 Aug 2015, a total of 14 cases and ten deaths have been reported in Moramanga District (Toamasina province). No new cases have been reported since 27 Aug 2015.



LATEST NEWS DISEASE OUTBREAKS



An outbreak of Vaccine Derived Polio Virus is reported from Zakarpatskaya Oblast, in



Ongoing surveillance of Middle East respiratory syndrome coronavirus (MERS-

Monday - Friday

(closed Wednesday afternoons & Ba

09:00-11:45 and 13:00-15:45

[Click for more details](#)

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Jane Chiodini

Travel Health Specialist Nurse

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Videos



NEW - ACCESS THESE CASE STUDIES TO PRACTICE DIRECTLY BY CLICKING ON THE IMAGES BELOW



Jane Chiodini

Travel Health Specialist Nurse

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NEWS on travel health is in abundance and I now write about these items mostly on **Facebook** and a little less often by a **Blog**

These can be accessed by clicking the icons below or on the [home page](#)



Jane Chiodini
Travel Health Specialist Nurse

Home About Education

PLATFORM







Traveller Advice Resources

UK NATIONAL RESOURCES FOR TRAVEL HEALTH

- NaTHNaC
- fitfortravel
- FCO
- NHS Choices

USEFUL VIDEOS

The following videos are highly recommended to help you appreciate the risk of rabies, malaria, travellers' diarrhoea, hepatitis B, general travel risks and travel insurance. Click on the images below to see the relevant video.

<p>Risk of rabies</p> 	<p>Risk of Malaria</p> 	<p>Travellers' Diarrhoea</p> 
<p>Risk of hepatitis B</p> 	<p>General travel risks</p> 	<p>Importance of Travel Insurance</p> 

USEFUL APPS (keep looking here for more to be added)

Click on the image below to go to more information

<p>'Can I eat this' Free of charge</p> 	<p>'Vaccine record' Free of charge</p> 	<p>'Travel Health Guide' £1.99</p> 	<p>'Lifesaver' Free of charge</p> 	<p>'First aid' Free of charge</p> 	<p>'TravWell' Free of charge</p> 
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Blended learning using technology

Jane Chiodini

Travel Health Specialist Nurse

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If you are attending the **Highs and Lows of Travel conference on 19th September 2015** you'll be aware there is a session on

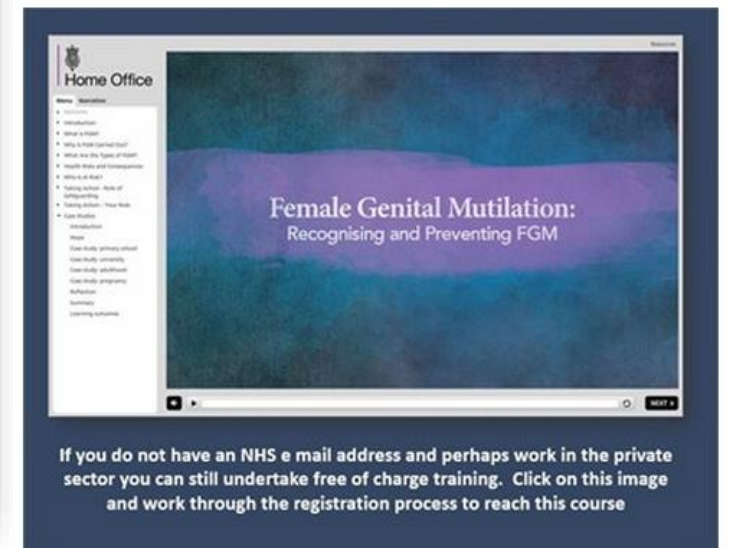
FEMALE GENITAL MUTILATION: the IMPLICATIONS FOR THE TRAVEL SPECIALIST

presented by

Jennifer Bourne, RGN, Queens Nurse, Project Manager, Department of Health FGM Prevention Programme

WOULD BE IMPOSSIBLE TO COVER THE SUBJECT IN SUFFICIENT DETAIL WITHIN THE TIME ALLOTTED SO IT IS SUGGESTED YOU UNDERTAKE SOME PRE-CONFERENCE LEARNING TO GAIN FULL BENEFIT ON THE DAY.

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Travel Medicine and Infectious Disease (2015) 13, 135–142

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REVIEW

Social media in travel medicine: A review

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KEYWORDS
Social media;
Travel medicine;
Health information;
Social networking;
Web 2.0

Summary The use of social media is widespread and provides new opportunities for healthcare professionals and healthcare organisations to interact with patients, the public, policy makers, and each other. Social media offers the possibility of providing users with up-to-date information when, where, and how they want it, but it also brings with it some challenges. With increasing use of social media, there is potential to change the way travel medicine is delivered; practitioners should consider how to exploit the benefits in their practice, and not be afraid to experiment. However they need to be cognizant of the potential pitfalls. The information exchanged requires careful application as it may not always achieve the desired outcome, it needs to be monitored for quality, accuracy, and reliability, and confidentiality and privacy must be maintained. Most importantly, as social media becomes more sophisticated and widely adopted in the healthcare arena, further evaluation and research is required to understand its impact and its application to travel medicine.
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1. Introduction

This review is based on published information on social media use in healthcare from general and specialist journals, as well as the grey literature. Relevant papers were identified using PubMed and Google scholar. The search was limited to English language papers, using the search terms: 'social media OR social networking sites OR social networking OR social media platforms' AND 'health OR health communication OR health services OR healthcare OR travel health OR health professional use'. The reference sections of identified papers were also reviewed to identify further relevant studies.

The use of social media has increased substantially in the last decade; in 2005, only 8% of online US adults used social media, as of January 2014 this number had reached 74% [1]. The highest proportion of users are the millennial generation (those whose birth years range from the early 1980s to the early 2000s) [2], however use in the over 65 year olds has been increasing with almost a third of US nationals in this age group now using social media [1]. A similar pattern of social media use can be observed in the Netherlands [3] and the UK; with social media use in the UK having increased from 22% of internet users in 2007 to 59% in 2011; and almost universal use among 16–24 year olds

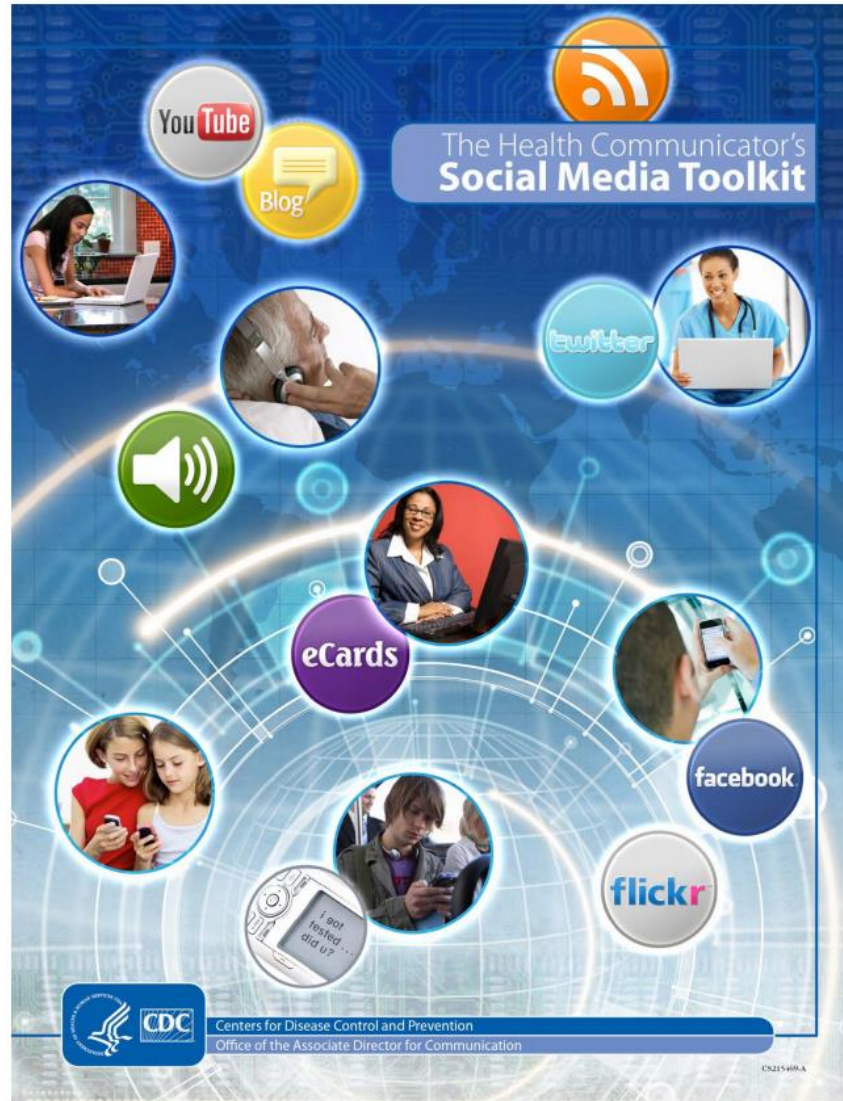
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E-mail address: dipti.patel@uclh.nhs.uk (D. Patel).


<http://dx.doi.org/10.1016/j.tmaid.2015.03.006>
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What about Social Media?

From CDC 2011



Centers for Disease Control and Prevention
CDC 24/7: Saving Lives. Protecting People™

SEARCH 

CDC A-Z INDEX ▾

Social Media at CDC

Social Media at CDC

Guidelines & Best Practices -

Social Media Toolkit

Writing for Social Media

Buttons and Badges

eCards

Facebook Guide

Online Video

Text Messaging


Twitter Guide

Widgets




Tools +

Campaigns +

Data & Metrics +


 Get Email Updates


CDC Social Media Tools, Guidelines & Best Practices



The use of social media tools is a powerful channel to reach target audiences with strategic, effective and user-centric health interventions. To assist in the planning, development and implementation of social media activities, the following guidelines have been developed to provide critical information on lessons learned, best practices, clearance information and security requirements. Although these guidelines have been developed for the use of these channels at the Centers for Disease Control and Prevention (CDC), they may be useful materials for other federal, state and local agencies as well as private organizations to reference when developing social media tools.


Social Media Toolkit




The Social Media Toolkit has been designed to provide guidance and to share lessons learned in more than three years of integrating social media into CDC health communication campaigns, activities, and emergency response efforts. This guide is available as an HTML page or [PDF](#)  [2 MB, 59 Pages].

HTML Version >

CDC's Guide to Writing for Social Media

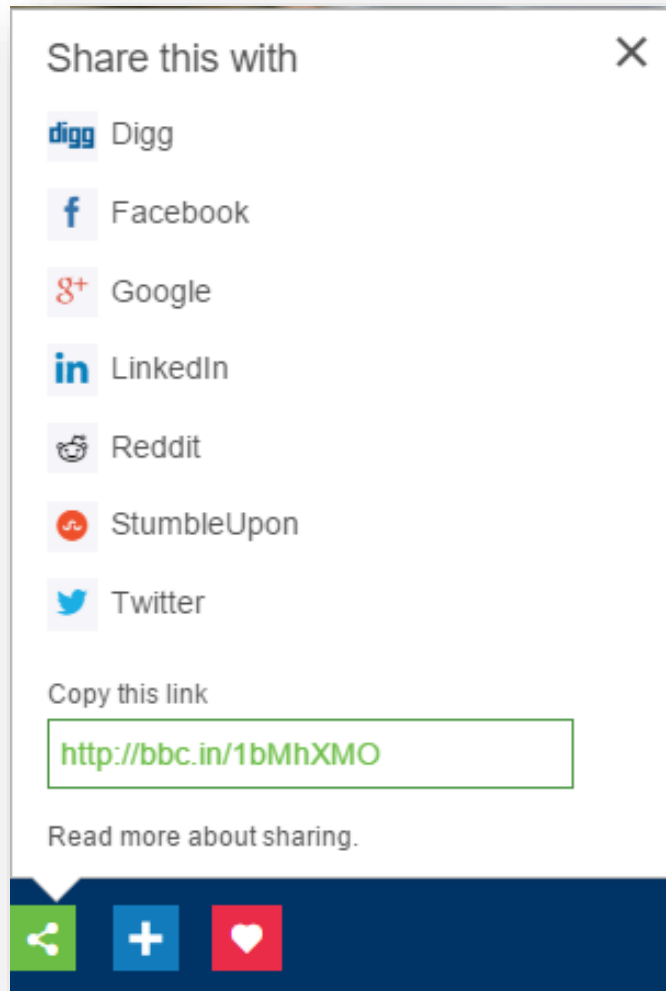


CDC's Guide to Writing for Social Media was written to provide guidance and share the lessons learned in more than three years of creating social media messages in CDC health communication campaigns, activities, and emergency response efforts. This guide is available as an HTML page or [PDF](#)  [1.9 MB, 60 Pages].

HTML Version >

Other Guidelines

Negative aspects of the media



Media 'agenda setting' telling the public what to think about.....

Cheryl Cole thanks doctors who saved her life

Exclusive by Danielle Gusmaroli 30/07/2010

a a



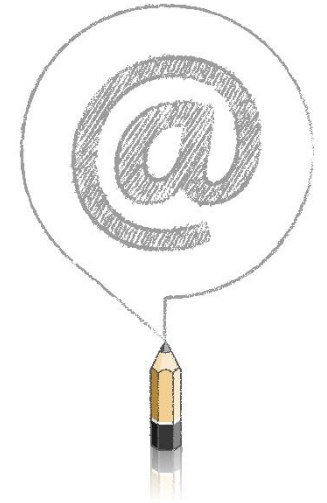
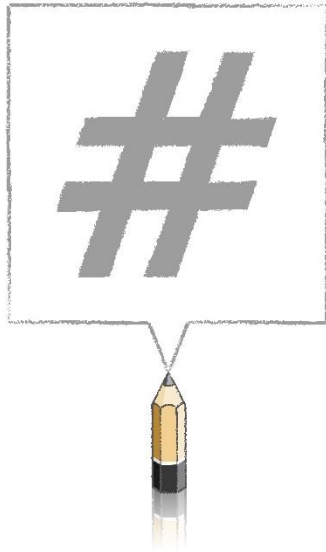
Cheryl Cole has paid tribute to the NHS doctors who saved her.

The star thanked expert Peter Chiodini and his team for conquering her malaria as she lay close to death. She told them: "I'd have died, if it wasn't for you."

**The star thanked
expert
Peter Chiodini
and his team for
conquering her
malaria as she lay
close to death.**



Twitter and Tweeting!

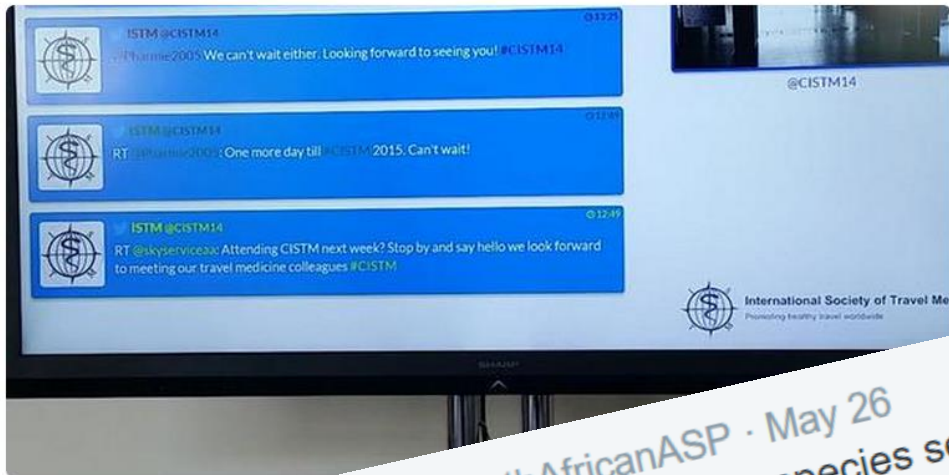


#CISTM14



ISTM @CISTM14 · May 24

Did you tweet #CISTM14? You can view your tweets on the Tweet Wall outside the Plenary rooms - 200A



Marc Mendelson @SouthAfricanASP · May 26
TD Plenary - bacteriotherapy with key species set to replace faecal transplantation for recurrent



TravelHealthPro @NaTHNaC · May 26

#cistm14 - useful tools for the travel health consultation - ask-tell- ask, not tell-tell-tell - thank you Beth Lown @CISTM14



Marc Mendelson @SouthAfricanASP · May 26

ESBL-E. Coli resistance rates booming in SE Asia #cistm14



Ryan Lash @rllash · May 26

#CISTM14 come learn how @CDCtravel improved the #YellowBook16 yellow Fever maps today @ 1730h rm 303AB



Sarah Kohl retweeted **Dr Deborah Mills** @DrDebTravelDr · May 25

Duration stay is not a predictor of risk of Japanese encephalitis #cistm14





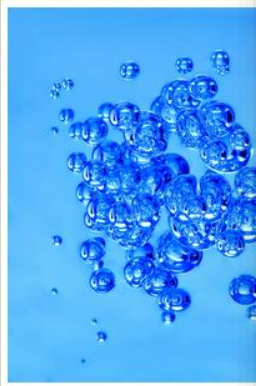
More tweeters!

Blogging

Air Bubble in Syringes

There was a piece about expelling the air from the flu vaccine syringe in the November/December 2014 Vaccine Update and the answer given was as follows: You shouldn't get rid of the air bubble. To try to expel it risks accidentally expelling some of the vaccine and therefore not giving the patient the full dose. The air bubble is also there for a reason - the air injected into the muscle forms an airlock preventing the medication seeping out along the needle tract into subcutaneous tissue and onto the skin. The small bolus of air injected following administration of the medication clears the needle and prevents a local reaction. The link to the reference is [here](#).

Should this apply to all vaccines including travel immunisation? The Handbook of 2013 says for all. It does not extrude small air bubbles through the needle. However, in the rare instance of a large air bubble, first draw back on the needle to ensure no vaccine is lost, then expel the air through the needle, and then prime the needle with any of the vaccine, as it will clear the needle of any air. See [here](#) for the link to this publication.



The Health of Travellers

This document is a position paper prepared by the Executive Board of the Faculty of Travel Medicine of the Royal College of Physicians and Surgeons of Glasgow and has been distributed to all the UK and Ireland Departments of Health. The document highlights the practice of travel medicine is unregulated and therefore could put holidaymakers in danger. Health of Travellers outlines a need for policy changes, better education and better regulation of doctors and other health professionals giving advice on travel health. To see the publication click on the image below or [here](#). To see the press release see [here](#).

Protecting the health of travellers from the UK and Ireland

A position paper prepared by the Executive Board of the Faculty of Travel Medicine of the Royal College of Physicians and Surgeons of Glasgow



Bravery in Black and White!

One of the most useful tools a nurse can have in his/her collection of tricks when vaccinating children are bravery certificates. I made a number in colour some time ago but have been looking for some images in black and white which can be coloured in by the children and are easy to print when all you have is a black ink printer! These have also been created so that you have very little to write - saving you time, but making a little one hopefully happy with a certificate to take away. There are ten different designs which can be downloaded from the tools page of my website - go to item number 14 [click here](#)

Well done

for being so brave when visiting the nurse today!



Posted by Jane Chiodini at 21:01 No comments:

Get link Facebook Twitter Google+ Email

Aug
08

NEEDLE PHOBIA



Phobias about medical needles are different to phobias about grasshoppers, the colour green etc.

Having a medical injection may not be the most pleasant experience, but there is a spectrum of needle nervousness. Some people feel OK but are not happy, some have a really morbid fear.

Where would you put yourself on the scale?

1-----2-----3-----4-----5-----6-----7-----8-----9-----10

1 = Oh goody - bring it on (yes I have patients who feel like this)

5 = Not happy but OK... Lets just get it over with

10 = I would really rather die than have a needle

Facebook

Facebook interface for the National Travel Health Network and Centre (NATHNac).

Search bar: National Travel Health Network and Centre

Navigation: Jane Home 20+ Find Friends

Profile Picture: NATHNac logo

Cover Photo: A scenic view of snow-capped mountains reflected in a calm lake.

Page Name: National Travel Health Network and Centre

Category: Government Organization

Buttons: Liked, Following, Message, ...

Menu: Timeline, About, Photos, Likes, More

553 people like this

Post

Profile Picture: Queen Elizabeth II

Page Name: Queen Elizabeth

Category: Public Figure

Buttons: Like, Follow, Share, ...

Menu: Timeline, About, Photos, Likes, Videos

160,582 people like this

Post Photo / Video

Facebook interface for the Centers for Disease Control and Prevention (CDC).

Search bar: CDC

Navigation: Jane Home 20+ Find Friends

Profile Picture: CDC logo

Cover Photo: A collage of images including a family, a person in a lab coat, and a group of children.

Page Name: Centers for Disease Control and Prevention

Category: Government Organization

Buttons: Like, Follow, Share, ...

Menu: Timeline, About, Photos, Likes, More

4,404,774 people like this

The White House

Historical Place · Government Organization

Buttons: Sign Up, Like, Share, ...

Menu: Timeline, About, Photos, Videos, More

The White House

September 6 at 6:45pm



Travel Health Training Ltd.
August 26 at 6:14pm · 🌐

VACCINE UPDATE for July/August published today and includes some great, helpful resources for Men B, childhood flu, shingles ages groups etc see https://www.gov.uk/.../PHE_9454_VU_231_July_August_2015_18_we...

Which flu vaccine should children have? **NHS**

There are two types of flu vaccine available for children in 2015/16 – the 'live' nasal spray vaccine and the inactivated injected flu vaccine. This chart indicates which vaccine children should get.

What is the child's age?

2.1K People Reached

328 Post Clicks

Travel Health Training Ltd.
August 21 at 2:33pm · 🌐

The CQC have been writing 'Mythbusters' for a year now - excellent compilations of information for a GP practice. For example, no.17 is on Vaccine storage and fridges; no.19 on PGDs and PSDs (this is 3rd in the top 5 of all topics over the past year!) no. 26 on Practice Nurses and no.37 on immunisation of healthcare staff - all very relevant to travel

1.7K People Reached

273 Post Clicks

Travel Health Training Ltd.
August 13 at 4:09pm · 🌐

Change to the SPC for Ixiaro stating that persons aged 18-65 years can be vaccinated in a rapid schedule as follows:
First dose at Day 0. Second dose: 7 days after first dose. Primary immunisation should be completed at least one week prior to potential exposure to Japanese encephalitis virus (JEV)
Clinical update is on NaTHNaC at http://www.nathnac.org/pro/news/ixiaro_accelerted_130815.htm

1.4K People Reached

148 Post Clicks



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The Free Encyclopedia

Main page
Contents
Featured content
Current events
Random article
Donate to Wikipedia
Wikipedia store

Interaction
Help
About Wikipedia
Community portal
Recent changes
Contact page

Tools
What links here

Article **Talk**

Read **Edit** View history

Mobile app

From Wikipedia, the free encyclopedia

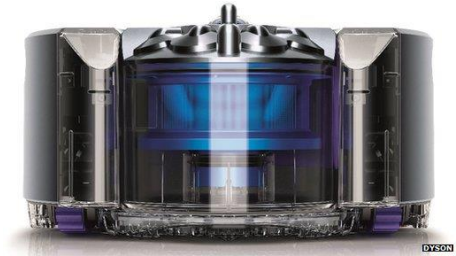
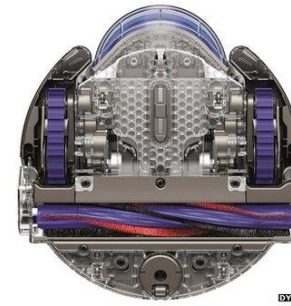
For Wikipedia's mobile apps, see [Help:Mobile access § Applications](#).

A **mobile app** is a computer program designed to run on mobile devices such as smartphones and tablet computers. Most such devices are sold with several apps included as pre-installed software, such as a web browser, email client, calendar, mapping program, and an app for buying music or other media or more apps. Some pre-installed apps can be removed by an ordinary uninstall process, thus leaving more storage space for desired ones. Where the software does not allow this, some devices can be rooted to eliminate the undesired apps.

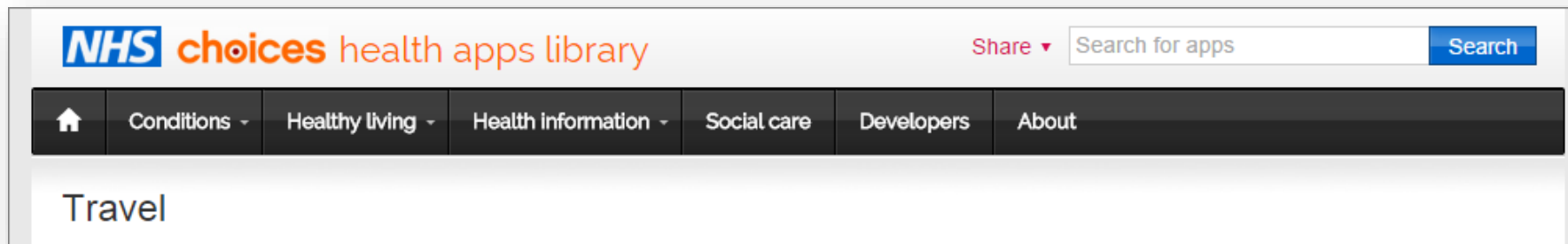
Apps that are not preinstalled are usually available through application distribution platforms, which began appearing in 2008 and are typically operated by the owner of the mobile operating system, such as the Apple App Store, Google Play, Windows Phone Store, and BlackBerry App

Apps = Application software

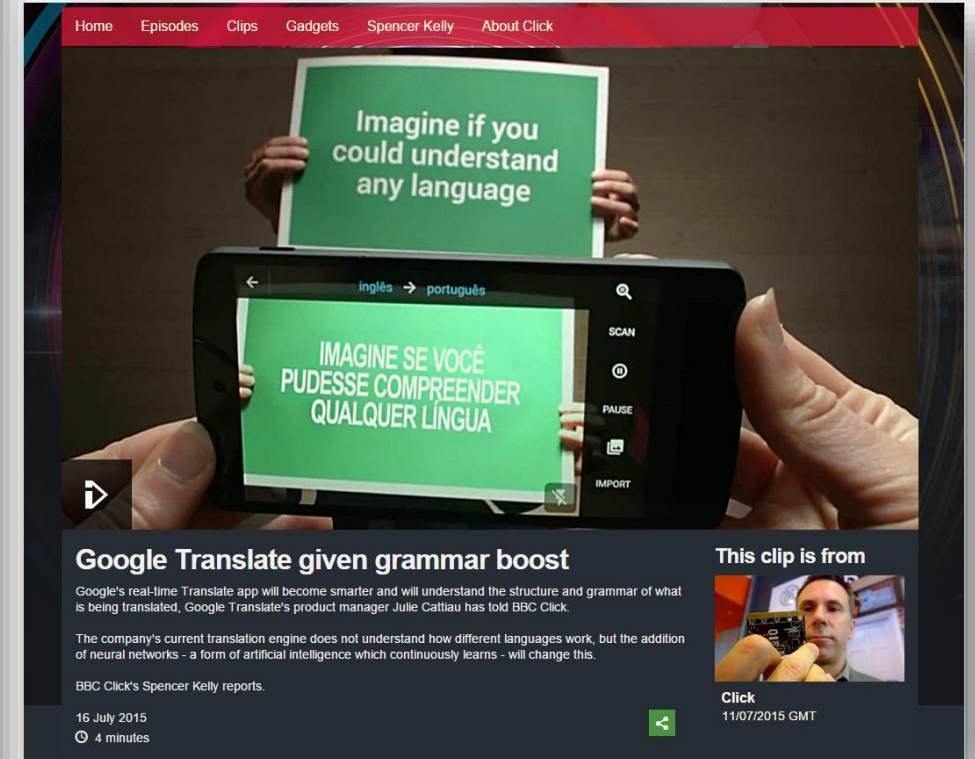




Apps for my travellers



And to the future ?



NEWS Click

Home Episodes Clips About Click Spencer Kelly



Watch now

22/08/2015

First successful drone delivery made in the US

Everyday delivery moves one step closer as Federal Aviation Authority-approved drone successfully deposits medicine to rural health clinic

Monday 20th
July 2015



📷 The Flirtey Drone carries medicine from a local airport to a rural clinic. Photograph: David Crigger/BHC/AP

The first US government-approved drone delivery has successfully transported 4.5kg of medical supplies to a rural health clinic.



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Vaccine Delivery Technology

The need for thermostable vaccines

Vaccines are temperature sensitive and most of the current (measles, mumps, pertussis, tetanus, influenza) must be kept at high or very low temperatures causes rapid loss of bioactivity (refrigerating vaccines at every step of the transportation chain of immunisation by 14% (source: WHO), but most important chain breakages costs human lives.

This challenge is particularly acute in mass vaccination in high ambient temperatures and lack of infrastructure to reduce vaccine wastage rates of 25-50%. As recently as 2007, (source: Gates Grand Challenges).

Thermal stabilisation of vaccines has been identified as one of the much-needed technologies capable of transforming immunization programmes in the 21st century and is seen as a strategic priority for the WHO, GAVI, PATH and Bill and Melinda Gates Foundation.

Sugar preserves vaccines without refrigeration

A simple and cheap way of making vaccines stable – even at tropical temperatures – has been developed by the scientists at the Jenner Institute and Cambridge Biostability Ltd. The technology involves mixing the vaccine with the sugars trehalose and sucrose. The mixture is then left to slowly dry out on a simple filter or membrane. As it dries and the water evaporates the vaccine mixture turns into a syrup and then fully solidifies as a glass on the membrane. The thin sugar-animation', protected from degradation even at high temperature. Flushing the membrane with water instantly rehydrates the vaccine from the membrane.

The research article can be found [here](#).

The future

Harnessing this thermostabilising technology for field-usable vaccines is the next goal of the work programme at the Jenner Institute. The World Health Organisation's immunisation programme vaccinates nearly 80% of the children born today against six killer diseases: polio, diphtheria, tuberculosis, whooping cough, measles and tetanus.

One of the biggest costs is the cold chain – making sure vaccines are refrigerated all the way from the manufacturer to the child, whether they are in the Western world or in the remotest villages in Africa. If most or all of these vaccines could be stabilised at high temperatures, it would both reduce cost, and more children would be vaccinated, saving many lives.

Tate Sensorium



Next digital frontiers – taste, smell and feel artwork.

For example: an email you can sniff!

**Do you feel increased knowledge
in T and SM is important for your
work in travel health?**



31 people said **YES**



7 people said **NO**

**Do you feel you would benefit
from further training in social
media and technology?**



24 people said **YES**



11 people said **NO**



Using social media:

practical and ethical guidance for doctors and medical students



STANDING UP FOR DOCTORS



You can find the latest version of this guidance on our website at www.gmc-uk.org/guidance.

Published 25 March 2013 | Comes into effect 22 April 2013

General Medical Council

Doctors' use of social media

- 1 In *Good medical practice*¹ we say:
 - 36 You must treat colleagues fairly and with respect.
 - 65 You must make sure that your conduct justifies your patients' trust in you and the public's trust in the profession.
 - 69 When communicating publicly, including speaking to or writing in the media, you must maintain patient confidentiality. You should remember when using social media that communications intended for friends or family may become more widely available.
- 2 In *Confidentiality*² we say:
 - 13 Many improper disclosures are unintentional. You should not share identifiable information about patients where you can be overheard, for example, in a public place or in an internet chat forum...
- 3 In this guidance, we explain how doctors can put these principles into practice. Serious or persistent failure to follow this guidance will put your registration at risk.
- 4 Social media describes web-based applications that allow people to create and exchange content. In this guidance we use the term to include blogs and microblogs (such as Twitter), internet forums (such as doctors.net), content communities (such as YouTube and Flickr), and social networking sites (such as Facebook and LinkedIn).
- 5 The standards expected of doctors do not change because they are communicating through social media rather than face to face or through other traditional media. However, using social media creates new circumstances in which the established principles apply.
- 6 You must also follow our guidance on prescribing,³ which gives advice on using internet sites for the provision of medical services.
- 7 As well as this guidance, you should keep up to date with and follow your organisation's policy on social media.

¹ General Medical Council (2013) *Good medical practice* London, GMC.
² General Medical Council (2009) *Confidentiality* London, GMC.
³ General Medical Council (2013) *Good practice in prescribing and managing medicines and devices* London, GMC.

Working with doctors Working for patients

01

NMC Nursing & Midwifery Council

Guidance on using social media responsibly



Use of digital technology

Guidance for nursing staff working with children and young people



From the beginnings of their development in the early nineteenth century, railways inspired deep anxieties and provoked strong opposition.



Opposition to the railways c.1850-c.1900



It was claimed that

- trains would blight crops with their smoke and terrify livestock with their noise
- that people would asphyxiate if carried at speeds of more than twenty miles per hour
- that hundreds would die each year beneath locomotive wheels or in fires and boiler explosions
- many saw the railway as a threat to the social order, allowing the lower classes to travel too freely, weakening moral standards and dissolving the traditional bonds of community
- John Ruskin, campaigning to exclude railways from the Lake District, warned in 1875 of the certainty ... of the deterioration of moral character in the inhabitants of every district penetrated by the railway

Conclusion

- We need to keep abreast of the best ways to communicate positive health messages to travellers of today and the future.
- If engaging in new technology and social media is a way of achieving this, we need to adapt
- Our own self development is important to ensure we're conveying best standards in practice
- Moving forward in such a new era is therefore important to do

Thank you

