



emporiatics

News, views and reviews

from the Faculty of Travel Medicine



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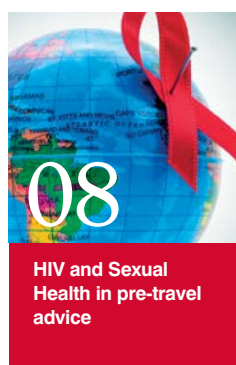
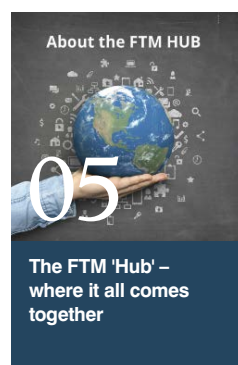
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Editorial

Welcome to the Autumn/Winter edition of Emporiatrics.

The Dean has aligned his message to the successes of UK Olympic and Paralympic athletes in Rio over the summer, setting his sights on similar results for the Faculty in the second decade of its existence. I hope you will forgive your Editor for singling out Andy Murray for brilliantly defending his London 2012 Gold Medal. Taking up office as the new President of Travel Medicine Society of Ireland, Conor Maguire is our In Focus subject on page 6. Mike Townend won't mind my calling him a veteran of the mountains and his traveller's tale on page 12 relates a cautionary story. On page 8 Jason Warriner and Simon Dowe address the often-tricky topic of sexual health and HIV. Given the recent surge in migration across Europe, migrant health is a major topic of discussion in travel health circles. The team from Public Health England give us an early view of their new guidance on page 10. The ISTM celebrates its 25th anniversary with a special conference event in Barcelona, with advance notice on page 11. Jane Chiodini has worked hard to produce an e-learning Hub – read all about it on page 5.

My thanks as always to our contributors.

Sandra Grieve

Letter from the Dean of the Faculty of Travel Medicine

Group Captain Andy Green FFTM RCPS(Glasg)



Andy Green

.....
"Team GB's approach ...
makes a perfect model for what
is currently happening with the
Faculty of Travel Medicine."
.....

Going for gold in travel medicine

As I write this note, the Rio Olympics have just finished and the Paralympics are starting. Those of us from Team GB are already feeling pretty smug about our team's performance. We've increased the number of medals won for the fifth consecutive Summer Games – 67 in all and second in the table. No doubt that generates a 'feel good' factor among everyone, sports enthusiasts or not. Yet it's not down to chance: it's hard work by individual athletes as well as support staff, a well-thought-out infrastructure and adequate financial support.

.....

It wasn't always like that. In the 1996 Games in Atlanta Team GB was ranked 36th, with just one Gold Medal (shared by two*). So what happened? A lot, obviously, but one of the key things was a change of culture from both the general public and central Government. People wanted the nation to be successful and respected, but recognised that long-term strategic planning was necessary. And that meant investing for the future, and not relying on well-meaning enthusiasts turning up on the day and 'having a go' – although that is a very British thing to do.

It worked.

A plan was developed for slow improvement over several years, as opposed to instant results. Traditional methods were exchanged for newer evidence-based scientific approaches, and the net was cast wide to identify individuals with skills and potential to develop into stars – instead of relying on existing frameworks and the good fortune of being in the right place at the right time.

Team GB's approach with its successful outcome makes a perfect model for what is currently happening with the Faculty of Travel Medicine. It is 10 years since the Faculty was established and a good time to take stock. This is exactly the same process as the post-1996 Olympics review for Team GB, with very similar questions being asked:

- Are we doing the best we can possibly do today?
- Where do we see ourselves in 10 years?
- How do we get there?

So during 2016 the Faculty of Travel Medicine Executive Board has reviewed progress since 2006 and produced a Strategic Plan for Faculty development over the next few years. The approach is similar to that for Olympics Sports – review existing training, update to the latest methods where appropriate, set standards that are the highest achievable (not just 'acceptable'), broaden the access to travel medicine to the widest possible audience (bringing in more professionals from different backgrounds and geographical locations), and make it easier and more straightforward for people to join the 'team'.

Winning is important, but not at all costs – as the drug-taking exposures in sport have clearly highlighted. Which means playing by the rules, and accepting that improvement and change is a slow process with no short-cuts. In the case of the Faculty we need to follow timelines imposed by external agencies (such as the General Medical Council and the Nursing and Midwifery Council), and do large amounts of work at Executive Board level – work that will remain invisible to most of the membership.

Will this new approach be successful? Let's see what has happened by our 20th anniversary in 2026, and judge our performance then.



Andy Green
Dean FTM

*They were Matthew Pinsent and Steve Redgrave in Rowing, Men's Coxless Pair.

Bulletin Board

Congratulations!

Thanks to the efforts of the Editor-in-chief Patricia Schlagenhauf-Lawlor and her editorial team, our Faculty of Travel Medicine Journal *Travel Medicine and Infectious Disease (TMAID)*, published by Elsevier, now has a proud high Journal Citation Impact Report of 2.192. The Journal publishes original papers, reviews and consensus papers on all aspects of travel medicine and infectious disease, and invites authors to submit original research, reviews or commentaries on a variety of travel medicine-related topics.

We should celebrate this achievement. Free subscription to TMAID is a faculty membership benefit. Access is highly recommended for all practitioners working in the field.
www.travelmedicinejournal.com/

RCN Centenary celebrations roll on

A healthful form of work: The history of Public Health Nursing runs from 4 October 2016 to 10 March 2017.

Public health nursing originated in the 1800s with the rise of social reform and efforts to improve the health of the poorest people in society. This exhibition and an associated seminar series chronicles the development of public health nursing and the role nurses played and continue to play in improving public health. A travel health seminar will trace the history of the discipline from its colonial roots to present-day practice on 15 February 2017 at RCN HQ London.

www.rcn.org.uk/library



Vaccine Storage and Handling Toolkit

This useful tool was published by the Centers for Disease Control and Prevention (CDC) for practitioners in the United States, but will be of interest to everyone involved in immunisation practice.

www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf

Unwanted souvenirs

Malaria imported into the UK: 2015 is a series of spreadsheets with implications for anyone advising travellers. It summarises the epidemiology of imported malaria in the UK, based on data from the Public Health England Malaria Reference Laboratory. Published by the PHE Travel and Migrant Health Section (2016) at:

www.gov.uk/government/publications/imported-malaria-in-the-uk-statistics

Take the sting out of yellow fever

NaTHNaC has an updated version of their How-to guide on addressing issues and changes related to the yellow fever certificate. Available free on YouTube and iTunes:

<http://travelhealthpro.org.uk/news/148/getting-to-grips-with-the-yellow-fever-certificate>



College Education Prospectus 2016/17

The complete syllabus for the Royal College of Physicians and Surgeons of Glasgow is now available online at:
<http://rcp.sg/Prospectus2016>

Top of the world!

'What medics learn from climbing mountains' was the topic for FTM Board Member Dr Sundeep Dhillon, who delivered a TEDx talk at London's Science Museum. You can watch his fascinating presentation in full at:
www.youtube.com/watch?v=f-YzAllu1OI

Travel Aware

The Foreign and Commonwealth Office UK has introduced this new travel advice campaign designed to promote positive experiences for travellers going abroad.

www.gov.uk/travelaware

The Faculty of Travel Medicine 'Hub'

where it all comes together for travel medicine practitioners

Jane Chiodini FTTM RCPS(Glasg) gives us a quick turn round the Hub, a new interactive facility that enables you to develop your practice in your own time and place.

You may have already heard about the Faculty of Travel Medicine Hub by now – news has been circulating by email, in College News, via Facebook, on Twitter and through promotion on TRAVAX from Health Protection Scotland.

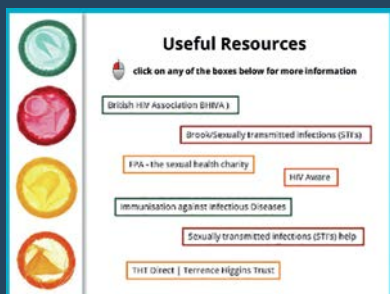
If not, the Hub is a pilot interactive educational journal which was launched in June 2016. It provides easily-accessible, visually-attractive education which can be undertaken at the user's own pace and time availability.

The concept was created and designed by myself (Jane Chiodini) as Director of Education for the Faculty of Travel Medicine. The material is being developed in an e-learning programme which offers the capability of providing the user with many different forms of interactions including videos, live links to related resources online and self-directed learning and assessment. Guidance varies from country to country, and while much of the Hub content is possibly more UK-centric, we hope that this tool will be of great interest to all travel medicine practitioners both in the UK and in other locations. It's intended to be useful in terms of reflection for their CPD activity.



Some tasters of the content:

An update in travel medicine practice was written by Cathy O'Malley, a travel health specialist nurse who is also a Member of the faculty. Cathy presents five topic-specific videos, each with a page linking the learner to key resources for that subject. The first is on female genital mutilation (FGM), raising awareness of the practice and helping practitioners know of their responsibility and key resources. FGM reporting is now a mandatory requirement in England and Wales. Subsequent videos address Zika virus, yellow fever, malaria and, finally, tips for keeping yourself up to date.



A **case study** is provided, written by Sharon Blayney, an Associate member of the faculty and a student on last year's Diploma of Travel Medicine course. The feature centres on sexual health as part of the travel care advice, providing a fully-referenced and detailed case study for the learner to download from the resources section of the Hub. Again, links are provided for further online information.

Practical Pearls and Lightbulb Moments is a section sharing learnings from a travel medicine practitioner who not only has the theoretical knowledge, but also the practical experience. In this edition of the Hub, I have written a piece relating the pitfalls and challenges of travelling after treatment for breast cancer, together with links to useful resources.



Videos and Podcasts provide a film about a healthcare outreach programme that runs in Kenya involving some Faculty of Travel Medicine people, led by travel health specialist nurse Karen Rudd. The 30-minute video made by John McDonald, illustrates the work of the programme and the resource provides details of how you may become involved.

Links to events and activities from the Faculty of Travel Medicine are also included. For example, Emporiatics links you directly online to this Faculty of Travel Medicine magazine, as well as educational courses and forthcoming meetings. *Travel Medicine and Infectious Disease* is the official journal of the faculty and within the Hub are two free access papers to review for the learner's CPD. The topics are 'Malaria prevention in the pregnant traveller' and 'Prevention of high altitude illness'.



Accessing the Hub and providing feedback

This pilot is currently still being provided with open access so if you're interested in learning from it, go to: <http://rcp.sg/FTMHub>. After using the Hub, please take less than five minutes to complete a short survey. This will help us decide how to take the tool forward to meet learners' needs. It's at: www.surveymonkey.co.uk/r/FTMHUB

IN FOCUS:

Dr Conor Maguire FFTM RCPS(Glasg)

President of the Travel Medicine Society of Ireland (TMSI)

Q. Was medicine always your first choice of career?

A. No, like most children born in the 1960s, I wanted to be an astronaut. (I even applied and was shortlisted.) I was pretty useless at maths so I gravitated to the life sciences. I spent my childhood and early teens in Algeria where I was surrounded by nature and wildlife. From a young age, I watched my mother, who was a nurse, treating rabies bites. I saw my friends and family suffer close encounters with hepatitis A, rabies and malaria. I would have to say that my interest in science came first, but when I discovered that it could be applied to the benefit of people, I was hooked.

Q. What or who stimulated your interest in travel medicine?

A. I was definitely inspired through my own multicultural upbringing and my love of languages. I was raised in a multilingual environment in Canada, then Algeria and finally Ireland. I was mostly schooled in French. Later, in Dublin, I became known as a bilingual GP and suddenly found myself surrounded by multi-ethnic patients. It's amazing how many countries in Europe and Africa have French as their first language.

“I found my own immunisation book and discovered that I'd been vaccinated 13 time against rabies, 11 times against cholera and three times against smallpox!”

Q. What was your pathway into travel medicine?

A. I really wanted to learn good evidence-based practices for the migrants and travellers I was seeing as a GP so I started reading and going to meetings. I did the Glasgow Diploma in Travel Medicine course followed by the MSc and was smitten by the whole discipline of travel medicine. I was surprised to learn that many of the conditions and cultures were familiar to me from my own childhood so I felt at home. I found my own immunisation book and discovered that I'd been vaccinated 13 time against rabies, 11 times against cholera and three times against smallpox!

Q. Given the demands of general practice, how do you balance work with your other activities?

A. There is nothing like family to bring you down to earth. I also have a great practice team who encourage and support me. Medicine is a three-legged stool: service, research and education. You can't spend all your time delivering service to patients. You have to audit your own performance, learn new skills and pass them on, otherwise you burn out very quickly.

“Medicine is a three-legged stool: service, research and education. You have to ... learn new skills and pass them on, otherwise you burn out very quickly.”

Q. What is a typical day like in your role as a GP?

A. I am more of a morning person so I come in early and clear the paperwork before the patients arrive. Most of what I do involves management of chronic conditions. Our Health Service is less than supportive so very often people have only their GP to turn to. I get to share the joys and successes of people's lives which is very rewarding. I receive phone calls and emails from colleagues asking for travel medicine advice. It's nice to know others are facing the same challenges so we can pool our experiences. I am a GP trainer so I spend a lot of time with my GP Registrar as well as with medical students, and this is very satisfying.

Q. As TMSI President, what is your vision for its future?

A. I have always felt that travel medicine is a core part of general practice. GPs and practice nurses are trained to deliver person-centred care which transcends age, gender and background. GPs are well trained in risk evaluation. We are constantly asked to assess people with asthma, heart disease, pregnancy or diabetes as well as the impact on their lifestyles, including travel. I would like to see travel medicine become an integral part of undergraduate and higher specialist training for GPs, and I am delighted to see that this is starting to happen. I would like to see more newcomers to travel medicine get involved in research and teaching. Everyone has a different take on travel medicine and that needs to be shared.

Q. You have an active family and social life. What is your favourite sport/activity?

A. I have the mountains and the sea on my doorstep. I go hillwalking and sailing all year round. Getting outdoors is a great equaliser. Nobody is wearing designer clothes: we all dress according to the elements. Having four boys makes my life very active. They challenge me and push me forward. On those occasions, work has to take a back seat as there is no point in calling me when I'm four miles out to sea—I won't be coming back in a hurry! Walking and sailing are the two oldest forms of travel and were the means by which the world was explored. There are still many parts of the planet which can only be reached by boat or on foot. One of life's greatest privileges is to experience the forces which shape the planet. Carried by the wind and tide, you come to appreciate the world we all share.

“One of life's greatest privileges is to experience the forces which shape the planet. Carried by the wind and tide, you come to appreciate the world we all share.”

Q. How do you see the future for travel medicine in a general practice setting?

A. Travel medicine comes into my daily practice. I love seeing something new every day and listening to the stories people bring back. There is still a role for experts, but those of us in primary care will always need to take on most of the workload. I would like to see every practice—or at least one member of every practice—become competent in travel medicine and know where to get further help, training and advice quickly.



HIV and Sexual Health

Too often the delicate subject of sexual health gets left out of the travel health consultation. Ignore it at your patients' peril, say Simon Dowe and Jason Warriner, who offer some timely advice for HIV-positive travellers.



When planning a trip abroad, sexual health may not be travellers' priority. However, regardless of where they are going, it is an essential component to consider. At the end of 2014, some 103,700 people in the United Kingdom were living with HIV, with numbers increasing year on year since the epidemic began in the 1980s. In the same period, 36.9 million people globally were living with HIV.

People may travel abroad for a holiday, a gap year or to work. We know that when in different places and environments, their behaviour may change, often as a result of alcohol or drugs. An opportunity for sex may occur and this can lead people to take risks they would not normally take at home.

As part of a pre-travel consultation, talking to travellers about their sexual health offers a chance to provide advice and support, regardless of their sexuality, age and relationship status.

Nowadays, if someone diagnosed with HIV accesses care and treatment, then they are looking at a normal life expectancy. This is a big step forward since the 1980s and we should not forget that by reducing risk, promoting behaviour change and encouraging people to have an HIV test, we can help reduce the numbers becoming infected in the future.

For people living with HIV, some of the factors that need to be considered are:

- travelling with HIV medicines and how they will be stored
- time differences
- any travel restriction on HIV for people entering a country
- ensuring that travel vaccinations are up to date

It is advisable to encourage people receiving treatment to talk to their HIV clinic and ensure they have a sufficient supply of medicines to take with them. Running out of medications overseas may mean a break in treatment, impacting on the individual's health. There are different views on HIV across the world. Only in the last few years has the USA lifted the travel ban on people living with HIV entering the country.

Playing safe

Those of us working in the specialism of HIV always remind people to take condoms with them when they go travelling, regardless of their destination. We know that condoms, if used correctly, provide protection from HIV as well as sexually-transmitted infections and unplanned pregnancy. All travellers should be advised to carry a supply bearing a UK kite-mark or the European CE stamp mark to ensure high quality. Female travellers also need to consider contraception and emergency contraception.

A key message for all travellers is to know where to access help and advice while abroad, especially if they feel that they have put themselves at risk. This information may be found through accessing local health services or websites such as www.aidsmap.com

HIV does not discriminate. We all have a role to play in normalising testing and ensuring that up-to-date and accurate information is provided. For returning travellers who have had sex with a new partner while abroad, it is advisable for them to have a sexual health check-up to test for sexually-transmitted infections and HIV.

For everyone working in travel health there is an opportunity to promote understanding of HIV and good sexual health. World AIDS Day takes place annually on 1 December. This offers an occasion to raise awareness of HIV in travel health services, encouraging people to test and challenging the stigma that people living with HIV face.

The British HIV Association (BHIVA) Guidelines are at: www.bhiva.org/Guidelines.aspx



Jason Warriner



Simon Dowe

Simon Dowe is Chief Executive and Jason Warriner is Clinical Services Director at The Sussex Beacon, a charity located in Brighton that operates a care centre for men and women with HIV/AIDS-related illnesses. Jason is also Chair of the Royal College of Nursing Public Health Forum. More about The Sussex Beacon at: www.sussexbeacon.org.uk

Public Health England's Migrant Health Guide:

Advice for primary care practitioners on supporting patients travelling abroad to visit friends and relatives

This article is published with thanks to the Travel and Migrant Health Section of Public Health England (PHE).

The challenge

In 2015, almost 15 million visits abroad were made by UK residents to visit friends and relatives (VFR), making it the second most common reason for travel after holidays. VFR travellers (VFRs) may have an increased risk of acquiring certain infectious diseases compared with holiday or business travellers as they:

- are more likely than holiday-makers to travel to countries with a high risk of certain infectious diseases
- are likely to stay in the local community so will have different exposures to those in tourist/business hotels
- may travel for longer periods, increasing their chances of exposure to an infection.

Despite this increased risk, VFRs are less likely to seek health advice before travel. The reasons for this are unclear, but may include an underestimation of the health risks, or lack of knowledge about how to seek travel health advice.

Key health concerns to consider

Malaria

The majority of malaria cases who had travelled abroad from the UK in 2015 (where region of birth/reason for travel are known) were born in Africa; of these most were VFRs. Most cases had taken no or inadequate chemoprophylaxis.¹ Malaria presents an additional risk for pregnant women, who may undertake VFR travel to be with family for the birth.

Enteric fever

The majority of cases of enteric fever (typhoid and paratyphoid) reported in England, Wales and Northern Ireland are in VFRs returning from the Indian sub-continent.² Most VFRs diagnosed with enteric fever have not received travel health advice or typhoid vaccine prior to travel.

Other infections

VFRs may be at risk of acquiring other gastrointestinal or mosquito-borne diseases (eg travellers' diarrhoea, hepatitis A, Zika, dengue).³

Female genital mutilation

Young female patients may be at risk of female genital mutilation (FGM) when they travel to visit friends and relatives in countries with a high prevalence of FGM. It is illegal to take UK nationals or UK residents abroad for FGM whether or not it is lawful in that country. Practitioners concerned that a girl may be at risk can contact the National Society for the Prevention of Cruelty to Children (NSPCC) www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/female-genital-mutilation-fgm/ anonymously, obtain a court protection order, or if the girl is in imminent danger, contact the police.⁴

Practice points

Practitioners can play a key role in mitigating these risks by:

- opportunistically asking migrant families about their VFR travel plans
- ensuring patients are aware that they do not have immunity to diseases such as malaria just because they have previously lived in the country they are visiting
- considering social reasons that might prompt travel for particular groups of patients such as pregnant women and young girls.

PHE's Migrant Health Guide (www.gov.uk/topic/health-protection/migrant-health-guide) can support practitioners by providing evidence-based advice on the health of migrants in the UK, including:

- specific advice for VFRs
- detailed information on health concerns (e.g. FGM)
- country-specific pages providing tailored advice.

Conclusion

As global travel becomes cheaper and more frequent, visits to friends and relatives are likely to continue to rise, and with them the risks of contracting infectious diseases. Practitioners have an opportunity and responsibility to protect their patients from the health risks associated with VFR travel through sensitive and opportunistic questioning about travel plans.

References

(Accessed September 2016)

¹ PHE. *Malaria Imported in the UK: 2015. Implications for those advising travellers.* Available at: www.gov.uk/government/publications/malaria-in-the-uk-annual-report

² PHE. *Enteric fever (typhoid and paratyphoid) England, Wales and Northern Ireland: 2014.* Available at: www.gov.uk/government/uploads/system/uploads/attachment_data/file/488395/Enteric_fever_annual_report_2014_FINAL_.pdf [Accessed 12 July 2016]

³ National Travel Health Network and Centre. *TravelHealthPro.* Available at: <http://travelhealthpro.org.uk/>

⁴ Home Office. *Female genital mutilation.* Available at: www.gov.uk/government/collections/female-genital-mutilation

Join us in Barcelona!

International Society of Travel Medicine (ISTM)

The 15th Conference of the International Society of Travel Medicine (CISTM15) takes place 14-18 May 2017 in Barcelona, Spain. As the heart of Catalonia, Barcelona provides a stunning backdrop and has much to offer: easy access, favourable weather, attractive beaches, mountains, buzzing nightlife, tasty local cuisine, and a heady mix of culture and history.

This event brings together the premiere opportunity for travel medicine specialists and practitioners to gather. Delegates can keep up to date on advances in the science and art of travel medicine, network with colleagues in the field, and learn about new and innovative treatments, technologies, products and services.

CISTM15 promises to be the most comprehensive travel medicine conference yet. The Scientific Programme will include:

- climate change, air pollution and natural disasters
- disease surveillance and mapping

- extreme travel
- global health security: preparedness and response
- ill returned traveller
- international migration
- health and human rights
- disease-specific presentations.

The 15th Certificate of Knowledge Examination will be held on 14 May prior to the conference opening. Registration opens in December at:

www.istm.org/certificateofknowledge

CISTM15 marks a milestone in the history of the Society with a 25th anniversary celebration

on Tuesday, 16 May at the Poble Espanyol. Delight in its architecture, craftsmanship and gastronomy, and help celebrate the ISTM's past achievements and future aspirations.

ISTM has come a long way. It now has members from almost 100 countries, and is more geographically-diverse and vibrant than ever. Members are engaging more with each other and enabling the Society to advance the science and art of travel medicine—all great reasons for a big celebration in Barcelona!

Early registration opens in October at:

www.istm.org/cistm15

The 15th Conference of the International Society of Travel Medicine



International Society of Travel Medicine

Promoting healthy travel worldwide

www.istm.org

Established 1991

Early Registration: 31 December 2016

Abstract Submission: 7 January 2017

TRAVELLER'S TALES

Nepal: A trip too far

Mike Townend FFTM RCPS(Glasg) is not just a writer and lecturer on travel health – he's used to hanging out with people in high places, and here he encounters one who definitely should have stayed on level ground.

Fred (not his real name), a resident of pancake-flat Norfolk, had never been near a mountain in his life, but took it into his head that he wanted to see Everest. He booked a trekking holiday and turned up in a group that I was about to lead up the Base Camp trail.

In the bus from Kathmandu his diarrhoea began, with increasingly frequent requests to stop the bus for him to disappear behind a tree. Soon his tenesmus became so acute that the bus could no longer stop in time and he began to deposit his intestinal contents into his trousers, adding to the odour of pig muck that another passenger had brought into the bus on his boots.

Eventually, when Fred began to vomit, I laid him down on the front seat of the bus and gave him a sealable plastic bag to vomit into.

As we were ascending a steep hill, my seat companion suddenly grabbed my legs and pulled them towards herself—not a sudden fit of passion, I discovered, but because she had seen a rivulet of pure bile making its way down the aisle of the bus. Fred had forgotten to seal up his sick bag, which had tipped over and emptied onto the floor.

Behind me there were sounds of scuffling as passengers removed feet, rucksacks and other impedimenta out of the way of the small yellow river. Then we reached the top of the hill, and inevitably the flow reversed, with more avoiding scuffles.

Several hours later we reached the road-head town of Jiri, where I set about organising porters for the first stage of our trek. I was interrupted by Fred clutching my sleeve and appealing, "Mike, I need to go again. Where's the nearest toilet?" My reply was an unsympathetic "Fred, the whole of Nepal is a toilet. Just go somewhere – *anywhere!*". This is essentially true as alfresco defaecation is often the norm in rural areas of Nepal.



Going up?

At last we were on the trail to our first camp. Fred became progressively slower and weaker, gladly surrendering his rucksack which I added to mine. As the trail steepened I had to go behind him, pushing him up the slope, with the spreading stain in the seat of his trousers only inches from my nose.

It was dark when we reached camp, well behind the rest of the group, but the next day we carried on and, to my amazement, Fred eventually made it over the first pass at above 3,500 metres.

Giving up!

By the time we reached the Khumbu valley, however, he was so slow that it became obvious that the group would never reach its objective with him as a passenger. I found him a bed in a lodge and arranged to pick him up on the return journey.

The lessons from this story? To be a successful trekker you need three attributes: a reasonable level of physical fitness, the absence of illness and the right mental approach. Lack one of these and you can succeed. Lack two of them and you will struggle. Lack all three and you will fail.

[And your fellow-travellers won't thank you either. – Ed.]



Venezuela: Adventures in the ‘Lost World’

Yvonne Gibney MFTM RCPS(Glasg) travelled independently through Brazil and Venezuela prior to joining an expedition to Mount Roraima and Angel Falls. Here, in the first of two instalments, she explores the mountainous region that inspired Sir Arthur Conan Doyle’s novel about prehistoric creatures and hostile vegetation.

Roraima, located in the Gran Sabana region of Venezuela, is a table top mountain known as a tepui, which means ‘House of the Gods’ in Pemon, the language of the indigenous people of the region. The combination of altitude, isolation and the contrast between the wet and cool climate of the plateau and the humid, warm ground forests has created a unique ecosystem, with 30% of the flora and fauna endemic to the mountain.



The 31m² summit is 2,800m high, which saw one of our group developing altitude sickness. Too unwell to descend she was medevacked by helicopter.

The terrain looks like a set from a science fiction film. Trekking was difficult and strenuous. It rained a lot and most of the time we were enveloped by cloud or mist—the positive was that I couldn’t see how deep the ravines we traversed were.



Thumb-nail-size black toads are often mistaken for small stones - I speak from experience!

Our journey began in Paraitepuy where we stayed in thatched huts. Our roommates included an assortment of insects such as the tick that embedded itself in my thigh, a colourful snake and what I feared the most: a mouse!

As our ascent to Roraima was delayed by bad weather, I took the opportunity to visit the local government-funded clinic in the village. The clinic provides care for over 500 people and is staffed by a local doctor and nurse. It is powered solely by solar energy and has both a treatment room and a delivery room – although there had been only one delivery in the previous three months. Pregnancy and childbirth are traditionally managed at home by the family and the local Shaman. The average Pemon family has between five and 10 children, who are always breastfed. TB and hepatitis B vaccinations are given at birth, but all subsequent childhood immunisations are only available in the nearest town. The take-up is therefore very low, given the environmental and financial factors.

The most common presenting health problems are skin conditions: Leishmaniasis, scabies and fungal infections. The clinic’s medical supplies were very limited, with no oral antibiotics or paediatric medications as a result of the current economic crisis in Venezuela, and they worried that exhausted supplies would not be replaced. I, inevitably, carried a large medical kit, which supplemented the rapidly-depleted paramedics kit.

Roughing it!

On the mountain all 18 trekkers developed diarrhoea. With just two very basic toilets, all waste had to be airlifted or carried off the mountain. We washed only when we found water and my hand sanitiser and wet wipes became my most treasured possessions. Provisions were carried up the tepui, which is the highest in South America, by porters using traditional backpacks.

We camped in the entrance to a cave. Given the kitchen facilities, the food was excellent, in spite of the dubious food handling and preparation hygiene. Our cook Joe, who had a large facial leishmaniasis lesion, had been a miner, as had most of the porters. They all demonstrated incredible agility in climbing the wet and rocky landscape.



Roraima looms large in Pemon folklore and mythology. Some believe that, if a shout is heard on the mesa, the mountain will remain shrouded in cloud until the perpetrator departs.

Back in Paraitepuy I had also spent time with a Shaman and learned more about the Pemon lore and, in particular, traditional medicine practices. More about that next time!



Camping at the mouth of a cave, the food was surprisingly good.

Yvonne continues her tale in the Spring/Summer Emporiatics.

RESOURCES

Conferences

Royal College of Nursing

A Healthful Form of Work:
The History of Public Health Nursing

4 October 2016 – 10 March 2017

Travel Health Seminar 15 February 2017

RCN Heritage Library, Cavendish Square, London.

Event launch on 4 October:

<https://www.rcn.org.uk/news-and-events/events/vaccination-past-and-present-ph-launch>

Faculty of Travel Medicine Annual Symposium

Ten years strong and looking to the future
10th anniversary event

6 October 2016

Royal College of Physicians and Surgeons of Glasgow

www.rcpsg.ac.uk/events/travelsymp.aspx

Royal College of Nursing

International Centenary Conference

22-23 November 2016

QE11 Centre London

<https://www.rcn.org.uk/international-centenary-conference>

CISTM15

14-18 May 2017

Barcelona, Spain

www.istm.org

Faculty of Travel Medicine Seminar

Public Health and Primary Care Conference

17-18 May 2017

NEC Birmingham

<http://sterlingevents.co.uk/home-holding.html>

NECTM7

7th Northern European Conference on Travel Medicine

Date to be announced - 2nd Q 2018

Stockholm, Sweden

<http://nectm.com/>

Save the date

Travel Health Update

Scottish Practice Nurse Association and Faculty of Travel Medicine

6 December 2016

Royal College of Physicians and Surgeons of Glasgow

Joint meeting Faculty of Travel Medicine and Royal
Pharmaceutical Society

18 March 2017

RPS London

Excellence in Healthcare

4th International Triennial Conference

8-9 June 2017

Royal College of Physicians and Surgeons of Glasgow



Connection, care, compassion, communication

... with these words, Professor David Galloway challenged new Fellows and Members to continue developing their skills and careers. Held in Bute Hall at Glasgow University in June 2016, it was Professor Galloway's first Admission Ceremony as President of the College. A transcript of his welcome and photographs of the occasion are at:

<https://presidentsblog.rcpsg.ac.uk/turmoil/>



Emporiatrics editor honoured by the Royal College of Nursing and the Faculty of Public Health

As a member of the RCN Public Health Forum Committee, Emporiatrics editor, Sandra Grieve FFTM RCPS(Glasg), was recognised for her service in travel health at a special ceremony at the Faculty of Public Health (FPH) Awards Ceremony held during the FPH annual conference in Brighton and presented by FPH President Professor John Ashton CBE and RCN General Secretary and Chief Executive Janet Davies.

Sandra, an independent travel health specialist nurse, has been a member of the forum for 16 years and worked in the field for over 25 years.

Sandra said: "I am humbled, honoured and grateful. Nursing is about teamwork and a shared goal to provide the best quality care. It's been a pleasure to be part of the RCN and Public Health Forum and to know it is always there to provide valuable support and guidance to nurses in the field."

From the Journals

Barrett, AD (2016) Perspective; Yellow fever in Angola and beyond — The problem of vaccine supply and demand, *N Engl J Med*. 2016; 375:301-303 July 28, 2016 DOI: 10.1056/NEJMp1606997.

Bassat, Q; Tanner, M; Guerin, PJ *et al*. Combating poor-quality anti-malarial medicines: a call to action, *Malaria Journal* (2016) 15:302 DOI 10.1186/s12936-016-1357-8.

Bauer, I (2016) The plight of the cute little lambs: travel medicine's role in animal welfare, *Journal of Ecotourism*, DOI: 10.1080/14724049.2016.1206551.

Jaleta, KT; Rose Hill, S; Birgersson, G *et al*. (2016). Chicken volatiles repel host seeking malaria mosquitoes, *Jaleta et al. Malar J* (2016) 15:354 DOI 10.1186/s12936-016-1386-3.

Johansson. MA; Mier-y-Teran-Romero, L; Reefhuis. J ., *et al*. (2016) Perspective; Zika and the risk of microcephaly, *N Engl J Med* 375;1 nejm.org July 7, 2016. DOI: 10.1056/NEJMp1605367.

Laaveri, T; Sterne, J; Rombo, L; Kantele, A (2016) Systematic review of loperamide: No proof of antibiotics being superior to loperamide in treatment of mild/moderate travellers' diarrhoea, *Travel Medicine and Infectious Disease* (2016) 14, 299-312.

Oldenburg, M; Herzog, J; Puschel, K *et al*. (2016) Mortality of German travellers on passenger vessels, *Journal of Travel Medicine*, 2016, 1–5 DOI: 10.1093/jtm/tav003.

WHO Response Team Special Report. After Ebola in West Africa — Unpredictable risks, preventable epidemics. *N Engl J Med* 375;6 nejm.org August 11, 2016. DOI: 10.1056/NEJMs1513109.

Resources

FGM

• From the RCN

Female genital mutilation is illegal and seen as child abuse in the UK. The Royal College of Nursing has called on employers to ensure health care staff have comprehensive training and support to help tackle FGM. The RCN is currently compiling a resource for nurses and related healthcare professionals working in travel health medicine, clarifying changes to legislation, protection orders and mandatory reporting. Female genital mutilation (FGM) and travel health: www.rcn.org.uk/clinical-topics/female-genital-mutilation/current-work

Also see RCN support for professionals: www.rcn.org.uk/clinical-topics/female-genital-mutilation/professional-resources and for nursing and midwifery practice: www.rcn.org.uk/professional-development/publications/pub-005447

• From UNICEF

According to UNICEF data the majority of men, women, boys and girls in countries where female genital mutilation is common say they want the practice to end. www.unicef.org.uk/Media-centre/Press-releases/Majority-of-men-and-women-oppose-Female-Genital-Mutilation-in-countries-where-practice-persists--UNICEF/

Climate change

Significant public health risks such as flooding, overheating in homes and public buildings, and vector-borne diseases are among the biggest threats posed by climate change, according to a report published by the independent Committee on Climate Change. See *UK Climate Change Risk Assessment 2017 Synthesis report: priorities for the next five years*.

www.theccc.org.uk/2016/07/12/new-report-provides-authoritative-scientific-assessment-of-climate-change-risks-to-uk/

Zika

From Health Protection Scotland TRAVAX

- Protected log-in for health professionals: www.travax.nhs.uk/diseases/non-vaccine-preventable/zika-virus-infection.aspx
- Open access for travellers www.fitfortravel.nhs.uk/advice/disease-prevention-advice/zika-virus-infection.aspx

From NaTHNaC

<http://travelhealthpro.org.uk/news/4/zika-virus--update-and-advice-for-travellers-including-pregnant-women-and-those-planning-pregnancy>

From Public Health England

www.gov.uk/government/collections/zika-virus-zikv-clinical-and-travel-guidance

From WHO

- The World Health Organization's statement on the 3rd meeting of the International Health Regulations (2005) Emergency Committee on Zika virus and observed increase in neurological disorders and neonatal malformations (June 2016) is at: www.who.int/mediacentre/news/statements/2016/zika-third-ec/en/
- Strategic Advisory Group of Experts (SAGE) on immunisation. Weekly Epidemiological Record (WER) No 21, 2016, 91, 265–284 / www.who.int/wer
- Meeting of the Emergency Committee under the International Health Regulations (2005) concerning yellow fever. www.afro.who.int/en/media-centre/statements/item/8641-meeting-of-the-emergency-committee-under-the-international-health-regulations-2005-concerning-yellow-fever.html



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University of Glasgow; Professor of Public
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Dean of Apollo Institute of Medical
Sciences and Research (AIMSR)
Hyderabad, India

Dr Tim O'Dempsey

Senior Clinical Lecturer and DTMH
Course Director, Liverpool School
of Tropical Medicine, currently on
secondment to the World Health
Organisation as Clinical Lead in
Sierra Leone



#travelhealth

8 June 2017

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