



emporiatics

News, views and reviews

from the Faculty of Travel Medicine



ASSESSMENT



EDUCATION



MFTM
RCPS(GLASG)

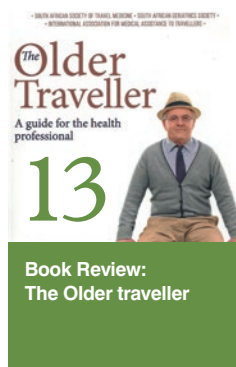
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Dr Albie de Frey

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Cuba, Venezuela
and Africa

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Editorial

Welcome to the Spring/Summer edition of Emporiatics.

There's a definite South African feel this time with our In Focus subject Dr Albie de Frey on Page 4, a book review of The Older Traveller on Page 13 and my own personal journey revisiting that beautiful country on page 12. It's one of three different Travellers' Tales, starting on Page 10 with Sharon Graham in Cuba and Part 2 of Yvonne Gibney's adventures in Venezuela. The Faculty's Founding Dean Dr Eric Walker is celebrated with news of his Honorary Fellowship award as told by the proposer Fiona Genasi on Page 15. Jane Chiodini gives us a taster of the travel medicine programme in the College's upcoming Triennial conference, Excellence in Healthcare 2017, on Page 7. A new Code of Practice is explained by Katie Geary on Page 14. Details of the new Membership Diploma in Travel Medicine is on Page 8, and the course manager Sue Campbell joins Board member Fiona Taylor in our popular 'two-minute interviews' on Page 6.

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 shows his true colours.

Travelling extensively because of the job, it's easy to become lazy and jaded on trips, falling into a routine of airports, flights, taxis and identical hotel rooms anywhere in the world. In my case, sometimes it's made more interesting by the vagaries of RAF aircraft and occasional bullets and bombs, but mostly it's the same *Groundhog Day* experienced by other business travellers.

For several years I've made a conscious effort to break free in minor ways by using public transport, walking when practicable and avoiding tourist attractions. On a short visit I get a better appreciation of the culture and general atmosphere and learn a bit more about the people and the location than otherwise. I've recently noticed this behaviour is common among travellers throughout history.

Friends and colleagues are surprised when I holiday at home. It's difficult to explain how relaxing it is, sleeping in the same bed for a week or two, and eating in scruffy clothes without having to be polite. And exercising properly.

Which brings me to the last few months, an odd melange of work-type travel and home-life relaxation. I took my local football team (Bournemouth) becoming established in the English Premier League as an opportunity to spend weekends going around the country to watch them play. I've focused on places I'd never been before, so far visiting Middlesbrough, Stoke-on-Trent, Burnley and Hull. On foot or using public transport, it's been a genuine revelation.

We're now moving from the well-established but academically-dated Diploma in Travel Medicine course towards a reinvigorated course leading students to the Membership of the Faculty of Travel Medicine (MFTM) examination. This will require modern educational techniques and more distance-learning methodology to allow greater accessibility to students. Our developers are excited at offering new opportunities to students and the prospect of new members gaining access to the Faculty. Details are on pages 8-9.

Some people, however, are also excited by other things. Like travel itself. And football.

My educational process starts with looking at the Index of Multiple Deprivation (IMD) on these towns. England has 326 areas measured on this index. None of them near my home in the South of England rates below 300 on that list while each of the places I've visited has seen the decline of a thriving industrial base – from steelworks to potteries to fishing – and loss of employment. The IMD rankings of the towns and cities I visited are respectively 2, 25, 6 and 9 – in other words, some of the poorest and socially-unequal parts of England.

"Balaclava is much cleaner than nine-tenths of the lower districts of London, Manchester or Liverpool. The camp is in a much better state than the towns or villages at home, out of which the men had come."

Crimea Sanitary Commission Report to Parliament 1855

So? You see more obvious signs of inequality when walking around these places, but without exception, the people are interesting and generous, and in most cases determined to show their dignity and respect.

Which brings us back to football, a sport that in the UK, unlike many countries, has always been integral to the local working class fabric of towns and cities. Lowry's famous painting 'Going to the Match*' perfectly encapsulates how many people escaped from their daily lives by immersing themselves in their local

team. And this spirit remains today in places less affluent than their rich neighbours hosting famous teams. Even where big teams are established, few visitors stop to look around. Most of it is missed entirely by casual visitors who flit in and out of the grounds or simply watch on TV.

This is relevant to travel medicine, I believe, because travel and health are not only about the narrow focus on preventing disease in travellers, but also about recognising the measures of social well-being and health of the host populations, whether overseas or at home. So I challenge you to state honestly that you have fully explored your own country and seen for yourself those areas of deprivation: to say that you really 'know' the country where you live. Despite all our academic and professional training, our specialism is called 'Travel Medicine', not '*International* Travel Medicine'.

That's my challenge for 2017 – to continue exploring parts of the UK that I've never been to and understand where I actually come from. Plus see the Cherries win a football match!

Next stop is Sunderland (46/326 on the IMD). What's yours?

Andy Green
Dean FTM

IN FOCUS:

Dr Albie de Frey FFTM RCPS(Glasg)

Dr Albie de Frey is a founding member and past president of the South African Society of Travel Medicine, and a current member of the SASTM Executive Committee. He is also an honorary lecturer in travel medicine at the University of Witwatersrand, director of The Travel Doctor and founding member of Worldwide Travel Medical Consultants (WTMC).



Q. Was medicine your first career choice?

A. My father wanted to be a doctor but there was no money. He worked in the gold mines, gaining a degree, then a PhD before retiring as a lecturer. I only knew our Mines Benefit Society's doctor, and Mother's revered gynaecologist who realised I'd never get through the birth canal and did a caesarean section, albeit it two weeks past my due date. I considered being a poet or a pilot, and in an ill-begotten plan to become the latter, I applied to sing in the Air Force Church Choir and Concert Group for national service, but ended up being a tenor instead of a pilot. Medicine was a way out.

Q. Who stimulated your interest in travel medicine?

A. My wife, Therese. My in-laws met when teaching in Kenya and drove to South Africa to marry in the time of the Mao-Mao. Growing up in 'old' South Africa with limited access to the rest of our continent this was something to aspire to. Therese and I spent wonderful years as doctors in Nkhoma, Malawi before experiencing 'first world' medicine with the NHS in Eastbourne - a huge leap from rural Africa. Parental pleas overruled Canadian job offers, but we knew we never wanted to be back in the laager*again - the wider world was too interesting.

Q. What was your pathway into travel medicine?

A. Post UK I worked at Soweto's Baragwanath Hospital, doing an Anaesthetics diploma before going to Malawi. I also did a Primary Emergency Care diploma, but didn't want to spend my life breathing gases in theatre. Thus I went to work as an anaesthetic registrar in the respiratory ICU at the New Johannesburg Hospital, getting to fly on the Emergency Services helicopter to recover patients from all over Sub-Saharan Africa. See the plan coming together? Trauma, tropical medicine - and flying. Perfect.

Through some hair-raising adventures, I came to realise that many patients shouldn't have fallen ill (malaria, heart attacks, strokes, liver cirrhosis) or been injured (road traffic accidents) in the first instance. Then at an ISTM Conference in Acapulco I discovered colleagues discussing what I sensed was missing in the Air Ambulance environment: preventive travel medicine. So I resigned, started WTMC and signed up for the Glasgow Diploma. I've felt myself an honorary Scot ever since, but still don't do haggis.

Q. What is the main focus of your practice?

A. Introducing the concept of preventative medicine is hard here, preventative travel health is harder still. For generations, we never ventured beyond the Kruger Park or Europe. With SASTM, travel health messages are gradually reaching the general public, but there's a looong way to go. In contrast to the laissez-faire attitude towards vaccine-preventable disease and malaria prevention, the 'new' South Africa has a strong worker protection culture – mainly occupational health. Companies know their duty of care at home and when sending employees abroad. Our core business is providing corporate travel health services to companies.

Q. What is a typical work day?

A. My alarm goes at 0500. I'm most productive early mornings – or as now flying over Niger at 35,000 feet – and I try to do project work before the day happens. Ill travellers take precedence and an acutely-ill corporate traveller will become the unplanned focus of the day. I take primary responsibility for overseas corporate travellers, expats and business 'politics'. Travel health qualified doctors and nurses look after clinical work, seeing travellers, corporate client employees and ill returned travellers. I often go to remote sites, taking me away for 10 days or more a month. I peter out when the sun starts setting.

Q. What is your vision for SASTM?

A. "Guiding the Profession and Protecting the Public" is becoming harder. The SA Department of Health faces major challenges. Standards of care or adherence to travel health regulations is not on their radar, putting an onerous burden on SASTM Exco. We must mentor younger practitioners to take over and keep up the good work. I'd like to see SASTM play a bigger role in travel health development on the rest of the continent. I have seen how providing good (travel) healthcare elsewhere in Sub-Sahara Africa had a positive influence on communities' general healthcare provision. The Ebola epidemic demonstrated this well. Communities benefitted from mining companies supporting them when governments could not and NGO's were still mobilising.



*Guiding the Profession
Protecting the Public*

Q. What's ahead for travel medicine in South Africa?

A. Similar challenges to elsewhere. As founding fathers taught in Glasgow, we see education remaining at the core. Everyone who's serious about comprehensive travel health care needs to guard against watering down provision to a quick jab and malaria prophylaxis: it should include avoidance of infectious disease risks and consideration of the individual's pre-existing conditions. Teaching this to colleagues and the public will remain a challenge.

Q. How do you maintain a work-life balance?

A. Friends and family suspect I don't actually work: I enjoy every moment. I'm also a fair-weather jogger, indigenous gardener and I learned to ski aged 40. Therese and I enjoy classical music and no year is complete without time on our 'Farm in Afrika' in the Steenkampsberg. When things get tough, I shut down too.

BULLETIN BOARD

From the Royal College of Nursing (RCN)

- **Competency Update.**

The RCN conducted a survey to gain views and experience of Travel Health Nursing: Career and Competence Development: RCN guidance (RCN, 2012). Analysed data will be reviewed and considered to inform a decision on a revised version.

www.rcn.org.uk/clinical-topics/public-health/specialist-areas/travel-health

- **Travel Health Subject Guide.**

The RCN Library now contains a page dedicated to travel health resources.

www.rcn.org.uk/library/subject-guides/travel-health-subject-guide

- **FGM advice for travel professionals.**

This supplement to RCN advice on female genital mutilation for nurses and midwives focuses on professionals working in travel health services and has been endorsed by the Faculty of Travel Medicine. It highlights the importance of reviewing processes in travel health settings to ensure the services provides an effective safeguarding process around FGM.

www.rcn.org.uk/professional-development/publications/pub-005783

A pathway acting as a quick reference tool is at:

www.rcn.org.uk/professional-development/publications/pub-005784 this guidance will be featured in the next edition.

TravelHealthPro eBook

This allows access to the full range of NaTHNaC factsheets and addresses FAQs.

<http://travelhealthpro.org.uk/ebook.php#book5/page1>

From TRAVAX

Recent releases from the Travel and International Health Team at Health Protection Scotland:

- **Travel Health Guidance for Schools** (3rd edition) provides widely-applicable, practical advice on health issues for children going on overseas excursions.

www.travax.nhs.uk/media/1206632/Travel-Health-Guidance-for-Schools.pdf

- **Going Out There** is the Scottish Framework for Safe Practice in Off-site Visits, including overseas travel. It's been developed by multiple partners, including the Scottish Government and the Health and Safety Executive (HSE).

www.goingoutthere.co.uk/visit-type/category/overseas-visits

ABTA's dynamic dozen

From Andalucia to Vietnam, the ABTA Travel Trends Report picks out 12 'destinations to watch' for 2017.

http://abta.com/assets/uploads/general/ABTA_Travel_Trends_Report_2017.pdf

* Afrikans term suggests a 'circling the wagons' mentality.

TWO-MINUTE INTERVIEWS

Sue Campbell, RGN, BSc(Hons), MPH, FHEA
Faculty of Travel Medicine course manager

What started you off in travel medicine?

After working in A&E on flying squad ambulances, I joined Voluntary Service Overseas as a clinical nurse tutor in rural Gambia. This led to 18 years with NGOs in Africa, working with refugees in Rwanda, displaced populations in northern Sudan, the Wau famine victims in South Sudan, and people with HIV/AIDS and disabilities in Uganda. I completed an Open University degree by candlelight in The Gambia, returning home to do a Master's in Public Health at The University of Glasgow. I enjoy teaching health workers so jumped at the opportunity to join the College. I'm also a distance learning tutor with the Open University and the London School of Hygiene and Tropical Medicine.

Your worst (medical) travel incident?

As coordinator for an NGO in Khartoum, I flew out with the UN to the southern town of Wau to carry out a needs assessment after reports of famine and armed conflict. This proved to be

the last flight from Khartoum for six weeks. It was worse than anything I'd seen before, or since. Hundreds died in the town. I abandoned the assessment and joined a clinic run by nuns, one of the few functioning health centres left.

Your most grateful traveller/patient?

Cecile came to my primary health care clinic in Gisenyi as a patient. Once recovered she began helping in the clinic and was eventually employed as a health assistant and my interpreter.

'I detest ...

... TV.'

Your most influential travel medicine colleague?

Dr Dick Stockley in Uganda, the local GP (and author of the Kampala Amateur Dramatics Club's annual pantomime). When my daughter had a swollen lymph node behind her ear, he found the tick hidden in her hair.

The last concert you went to?

Elvis Costello at the Barrowlands in Glasgow.

Dog or cat?

We have both!

'I'm happiest...

...on long walks in the hills with my family and dog. Haven't persuaded the cat to come yet.'

Your guilty pleasure?

Country Living magazine.

Your favourite travel memory?

We drove from Uganda to Botswana and back, visiting friends and remote national parks. A highlight was a Zambesi canoe safari, dodging hippos and crocs, sleeping under the stars on a sand bank mid river, listening to elephants crossing...



Fiona Taylor AFTM RCPS(Glasg)

Associate member of the Faculty of Travel Medicine Executive Board and a GP in Glasgow

What started you off in travel medicine?

In sixth year at school I travelled to Papua New Guinea with British Schools Exploring Society and decided I wanted to be an expedition doctor. Life intervened, taking my career in a different direction and I became a GP instead. Then the Faculty Diploma in Travel Medicine came along and I have been hooked on travel medicine ever since.

Your worst (medical) travel incident?

Most of us came back from Papua New Guinea with malaria when we were all advised the incorrect antimalarial to take.

Your most grateful traveller/patient?

My mum! She travelled to Cuzco (in her late 70s) a couple of years ago and apparently I had told her that if she had a headache or felt unwell

then she wasn't to go any higher. So she was booked on a tour and felt unwell with a headache, but didn't want to cause a fuss. Family folklore tells it that she heard my voice in her head, got off and spent a few days in hospital with malignant hypertension. Every year my part in it (very minor to say the least) gets more and more embellished!

'I detest...

... lies.'

Your most influential travel medicine colleague?

Too many to narrow down the list.

What was the last music you listened to?

Afraid to admit, I'm a country music fan.

Dog or cat?

Always dogs.

'I'm happiest...

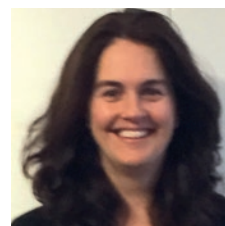
...listening to the kids bantering around the dinner table.'

Your guilty pleasure?

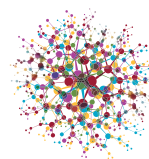
The QVC shopping channel—although I make it a rule never to buy.

Your favourite travel memory?

I lived in Zambia as a teen and was lucky enough to hang out at Victoria Falls for a few months. Sitting in the moonlight, dangling my feet over the edge of Victoria Fall—that has been hard to beat.



EXCELLENCE IN HEALTHCARE 2017



EXCELLENCE IN
HEALTHCARE 2017

The fourth international triennial conference
of the Royal College of Physicians and Surgeons of Glasgow

8-9 June 2017

Including *Travel Medicine: The Big Picture*

Here's Jane Chiodini FFTM RCPS(Glasg) with a preview of the Royal College of Physicians and Surgeons of Glasgow's forthcoming Triennial conference.

It's hard to believe that this is the fourth Triennial meeting of the College... where did that time go?

This event is an international meeting where the College faculties hold concurrent meetings over two days. Delegates can move between different strands, truly self-selecting their learning experience. There is also a social programme, the highlight being the Triennial Ball held in the wonderful surroundings of the Kelvingrove Art Gallery and Museum.

The travel medicine section on Thursday, 8 June, aims to deliver speakers outside the usual circuit of specialist presenters, as far as possible providing an international perspective. The meeting is ideally suited to all members of the Faculty, whether experienced or new—not only for content, but for networking opportunities as well.

The Big Picture programme includes:

- Dr Anna Checkley, lead for Zika services at the Hospital for Tropical Diseases, with an overview of the Zika virus
- Dr Sam Allen, Triennial Scholarship prize winner, reporting on a Zika-related birth defect epidemiological study in Brazil
- Dr Tim O'Dempsey, Senior Lecturer in Clinical Tropical Medicine at the Liverpool School of Tropical Medicine (LSTM), sharing experiences of humanitarian aid work after Ebola in Sierra Leone

Professor David Goldberg, Consultant in Public Health Medicine, delivering the annual David Livingstone Lecture. As the individual who first suggested the idea of the Faculty of Travel Medicine, his focus is hepatitis C – a subject he is involved with through chairing the Scottish Government's Hepatitis C Treatment and Therapies Group.

Professor Dilip Mathai, the first international speaker, is the Faculty of Travel Medicine's only international Honorary Fellow and Dean of the Apollo Institute of Medical Sciences & Research in Hyderabad, India (previously Head and Professor of Medicine and Infectious Diseases at the Christian Medical College in Vellore). He will discuss anti-microbial resistance in the tropics and implications for travel medicine.

In addition:

- Dr Jane Cunningham from the World Health Organization Global Malaria Programme will share her knowledge on the progress of global malaria to date
- Dr Robert Harrison, Head Reader at the Alistair Reid Venom Research Unit (LSTM), will address anti-venom research progress

Over the two days there are four plenaries, two particularly pertinent to travel medicine. With current mosquito-borne threats increasing, bite prevention is a vitally important aspect of care for the traveller. Entomologist Dr James Logan from the London School of Hygiene and Tropical Medicine will offer advice.

The travel medicine programme promises a day packed with great learning opportunities—one not to be missed.

Information and registration:

<https://excellence.rcpsg.ac.uk/registration>



INTRODUCING:

The Royal College of Physicians and Surgeons of Glasgow Membership Diploma in Travel Medicine



Lorna Boyne FFTM RCPS(Glasg) introduces the new Royal College Membership Diploma in Travel Medicine course by the Faculty of Travel Medicine of the Royal College of Physicians and Surgeons of Glasgow, launching in May 2017.

Travel medicine has moved on considerably in recent years, as has the way in which education is consumed and delivered. Our new package incorporates an exam preparatory course and a two-part examination: success in the examination leads to Membership of the Faculty of Travel Medicine

This development builds on the international reputation of excellence the Faculty holds in the field of travel medicine, which has been established over many years through the delivery of outstanding courses and services for the profession, including the previous and very popular Diploma in Travel Medicine course.

The new exam preparatory course incorporates a one-week residential component followed by 27 weeks of online learning. Participants are expected to invest about 10 hours of study a week to gain the level of knowledge required to achieve the best possible chance of success in the examination. Part A and Part B of the Membership of the Faculty of Travel Medicine (MFTM) examination will take place within a few days of each other, enabling those completing the course to plan and coordinate travel arrangements.

Course participants will be registered as Affiliate Members of the Faculty for the duration of their studies, progressing to Membership status on successful completion of the exam. Course fees include 50% of the Faculty joining fee, however the remainder plus ongoing annual subscription fees will be payable to maintain Membership status.

We look forward to welcoming our first cohort of course participants in May 2017. Do spread the word to colleagues who may be interested.

Fee for the 2017 course and entry to Part A and Part B examinations: £3,550.

Further information, including eligibility criteria and registration forms, are available on the College website or by contacting TMedication@rcpsg.ac.uk

Exam preparatory course

Modules covered:

- Research, critical analysis and study skills
- Risk assessment; providing a travel service
- Infections
- Malaria
- Immunisation
- Women and children travellers; female genital mutilation (FGM)
- Travellers with underlying health problems; flying; cruise travel
- Sun; altitude; effects of cold; expeditions and adventure travel
- Impact of tourism on host countries; global health
- Accidents; swimming; snorkelling and scuba diving
- Psychological issues; migrant help; medical tourism
- The returned traveller.

Structure:

Four-day residential week incorporating:

- Lectures from experts in the field
- Interactive workshops
- Personal adviser introductions
- Introduction to online learning resources
- Examination techniques
- Case studies
- Compiling a portfolio

Online learning:

- 12 modules
- Optional written assignments
- Compilation of a portfolio
- Tutorials
- Practice multiple choice questions
- Case studies
- Reflective practice.

Support:

- Personal adviser
- Access to the College library and resources
- Access to the TRAVAX website.

Membership of the Faculty of Travel Medicine (MFTM) examination:

The MFTM exam is a benchmark of achievement of a level of experience and training expected of a fully independent travel medicine practitioner. The two-part exam incorporates:

- Part A: written examination (multiple choice question paper) covering a wide range of topics included in the syllabus
- Part B: objective structured clinical examination (OSCE) which assesses communication skills and knowledge, understanding and management of a range of simulated scenarios across up to 15 stations.

MFTM examination dates for 2017

- Part A written examination: Tuesday 5 December (Glasgow and individual international centres, as requested)
- Part B OSCE examination: Thursday 7 December (Glasgow)
- Application closing date for Parts A and B: Friday 29 September

The Faculty is also running Part B OSCE examiner training on the afternoon of Wednesday 6 December. Please contact mftm@rcpsg.ac.uk for more information.

Affiliate Membership:

Course participants will be registered as Affiliate Members for the duration of their studies and assessment, and thus be able to access a range of benefits including:

- Discounted rates on CPD accredited education
- Free subscription to *Travel Medicine and Infectious Diseases* journal
- Free subscriptions to *Emporiatics* and *College News* magazines
- Free inter-library loans and library support
- Networking opportunities.

Membership of the Faculty of Travel Medicine:

On successful completion of the exam, participants may progress to Membership of the Faculty of Travel Medicine. Benefits include:

- Use of the postnominals MFTM RCPS(Glasg)
- An Athens password providing access to 6,000 journals, 80 databases, and 5,000 electronic books
- Access to scholarships and awards
- Mentorship
- Leadership and management opportunities
- Other lifestyle benefits including discounted hotel rates and 50% off private room hire in the College.



TRAVELLERS' TALES

Cuba: A step back in time

Not one for beach holidays, Sharon Graham FFTM RCPS(Glasg) headed for the hills to explore the *real* Cuba. But faster than you could say 'holy frijole' she was felled by Cuba's humble black bean.



The journey into Havana was enough to make you realise you were heading back into a much earlier time. Those impressive 'old cars' on closer inspection were held together with anything and everything, and they rattled along with bald tyres and roaring exhausts.

My tour, 'La Isla Grande', took me 2,700 km around the island and into the hills, with swimming in the sea and lots of music and dance. Cuba's recent history and culture are rooted in the 1950s and 1960s. Remnants of USSR communism were evident with rationing of everyday products like toothpaste and powdered baby food.

Cuba has a two-currency system, local and convertible (tourist money). The 'state controlled' shops and pharmacies where only local currency can be used revealed empty shelves and supply shortages. In contrast Cubans who had moved away during USSR days and returned, and those with access to the convertible currency (tour guides) could purchase a wider range of goods.

If you plan to visit now is the time. There is great scope for change and modernisation that will alter Cuba's character. The Chinese are already there, supplying air-conditioned tourist buses.

Having travel health knowledge, I was prepared. No vaccines required, but I packed personal supplies of paracetamol, Imodium, rehydration sachets and insect repellent. Zika had been reported and dengue was also a risk.

So on Day Three...

... I'm on the bus having serious hot/cold sweats with aching knees and ankles. Lots of things went through my head, but I concluded the highest priority was rest. When the overwhelming nausea came, I asked the driver to stop. Not wanting to attract attention, I headed for the bushes and stopped in a ditch full of water. The next thing I remember was being back on the bus in the recovery position. My fellow travellers said I'd gone from vertical to horizontal in a flash and was 'unconscious' for three minutes.

Fortunately, a paramedic on the trip instinctively stepped in. There is no emergency ambulance service in the sticks so now I'm on a bus with four way lights on, speeding down roads not designed for speed. It took longer to persuade everyone I was fine – I'd just fainted and needed a good night's rest. At the hotel, two holidaying doctors from Spain gave me the once over. I was both grateful and relieved that they came to the same conclusion as I had: food poisoning.

A night's sleep allowed my system to clear and slowly rehydrate enough to journey on for the next 12 days. On the bus a 'Spanish Inquisition' considered the likely cause. They blamed salad, rice or ice cream but, knowing cooked food is safer, I hadn't eaten any of these and avoided ice too. Pork? But the morning after my incident half the group (including vegetarians) had symptoms.

We finally concluded it was black beans, a Cuban diet staple – either a problem in the cooking or, like red kidney beans, a toxin they carry if not washed and rinsed properly. I'd eaten more than others, trying to avoid the 'unsafe' food. Indeed, I ate black beans again with no adverse effect, but I'll replenish rehydration sachets and Imodium for next time.

Trip highlights were the walk in the hills to a Che Guevara hideout, the colourful Cuban tody (their national bird) and the Havana tour in a big American car with a Dukes of Hazard horn.



Venezuela: Adventures in the 'Lost World'

In the concluding part of her tale, Yvonne Gibney MFTM RCPS(Glasg) continues her journey through increasingly remote regions and talks shop with the local witch doctor.



Given my interest in traditional medicine I was excited to meet Pemon Indian Shaman Carlos Julio during my trip to Venezuela. This indigenous tribe's beliefs are based on a framework of animal and plant spirits, and the concept of the soul and the spirits of the ancestors.

Carlos explained that disease is cured by a combination of medicinal plants, *tarens* (spells) and communication with the spirit world. Diagnosis is made by signs and symptoms, and, on a spiritual level as the cause of disease is fundamentally always spiritual.

Invoking spirits and using *tarens* can also provide protection to ensure a healthy outcome in pregnancy and childbirth, as can using rituals

or taboos. For example, corn is planted to be harvested at the time of the birth to ensure adequate breast milk.

Taboos require women to avoid male relatives and also not use a chainsaw during pregnancy as it creates violent vibrations. Fathers should not hunt anteaters as their dead image resembles a foetus. New-born babies are bathed with special plants and water to ensure good health and fortune.

Parents should practice good conduct, Carlos said, as children follow in their parents' footsteps. The Shaman blows on the baby's feet to strengthen the soul and confirm this path.

His grandfather was a Shaman so Carlos learned his craft from a young age. He also worked locally



as a paramedic for 17 years, using *tarens* and incantations on patients for, he felt, a positive effect. The local Pemon community has proposed a health project combining both western and traditional medicine, but because of the current Venezuelan economy progress is slow.

The Shaman's Formulary

As in many traditional belief systems there is a strong oral history. There had been no written record of the Shaman's *taren* until Carlos began his register, which includes details of the hallucinogenic mixtures that empowered the Shaman to fly to the spirits high on the surrounding table-top mountains, the Tepuis.

On leaving I had no choice but to fly myself, taking a four-seater plane into Canaima to start my trip up river to Angel Falls. Coincidentally my guide Antonio had Shamanic grandparents: his grandfather a Pemon Shaman and his grandmother a Waika Indian Shaman.

It was fascinating to trek alongside Antonio who could spot a howler monkey or rare orchid, too far for my zoom lens to capture. He could also identify plants and trees used in traditional medicine practice. The bark of the 'diabetic tree' – *Brysonima verbascifolia* – is boiled and drunk daily to treat diabetes. *Ouratea superba* has bitter-tasting leaves gathered at 5am to be boiled and drunk three times a day for three days to cure malaria.

On returning to Canaima I walked towards the only lights visible on the lagoon. There was a bar where we danced Merengue at midnight with a gang of illegal gold miners, bringing this part of the trip to an unforgettable close.

TRAVELLERS' TALES

A busman's holiday in Africa

By Sandra Grieve FFTM RCPS(Glasg)

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In 2004 when the International Society of Travel Medicine (ISTM) announced its first regional meeting in collaboration with the South African Society of Travel Medicine (SASTM), we jumped at the opportunity to go to Capetown.

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The meeting was a great success as was our memorable holiday afterwards, visiting Capetown and surrounding area, the winelands and – escorted by a former resident - a township.

Fast forward to 2016, and ISTM and SASTM have again joined forces: destination Port Elizabeth (PE). We signed up immediately.

One memory of the first visit was just how far away from the UK South Africa is. This time it seemed farther still as there's no direct flight to PE, thus we entered via Johannesburg, joining a long immigration queue.

Arriving ahead of the conference we enjoyed being tourists. The PE history is told in an information-packed seafront museum. Outside is a rescue centre for penguins and seals. The seals may perform a public 'circus act', but these intelligent creatures are important for education and research, and part of a wider shared global programme.

Next came Shamwari Game Reserve. Our safari experience was amazing on all levels, with comfortable accommodation, excellent food and informative trips to the reserve bringing daily surprises. Watching these magnificent animals in their natural habitat was a real privilege. Game rangers' knowledge of, concern and respect for their charges and the environment was always apparent.

It was difficult to choose a favourite, but I loved the elegant giraffes and the meandering elephants. We were lucky enough to see some fantastic hippos, 12 of them wallowing in the muddy river beside the lodge and emerging to feed at dusk.

Down to business

The conference might have seemed tame by contrast, but it was excellent in its own way and it was great to catch up with friends and colleagues from around the world. Everything about the event (including the scrumptious food) was superb.



Most were left in shock and awe by Jo Rust, the keynote speaker, and her personal adventure stories. Visit her website (www.jorustadventures.com) and you'll see why: talk about complex scenarios! Delegate opinions ranged from: "don't go" to "are you serious?". She did and she was!



BOOK REVIEW:

The Older Traveller A guide for the health professional

Reviewed by Dr Alex M Grieve FFTM RCPS(Glasg)

There are more elderly people today than ever and the elderly like to travel so, when offered the opportunity to review this book, your editor looked round the room and gave it to the most elderly traveller present!

The Older Traveller is a collaboration between the South African Society of Travel Medicine, the South African Geriatrics Society and the International Association for Medical Assistance to Travellers.

This is a delightful, brief treatise on the interactions between the advancing age of the population, their health and physiology, and the pathology they may encounter while travelling. It comprises 15 chapters written by members of an august faculty of 16 acknowledged experts in their field. Alphabetically, from Irmgard Bauer to Leo Visser, this group spans the spectrum of expertise which can contribute to our thinking on the subject, and does so in an authoritative and very palatable way.

The book is designed for health professionals, in themselves not a single entity. It is written on two levels. At the first, each chapter gives an account of the technical aspects of its subject. If you do not meet cytokines or Killer T Cells in the course of your daily work, however, do not fret.

The second level then proceeds to 'rule of thumb conclusions' on the topic. It thereby

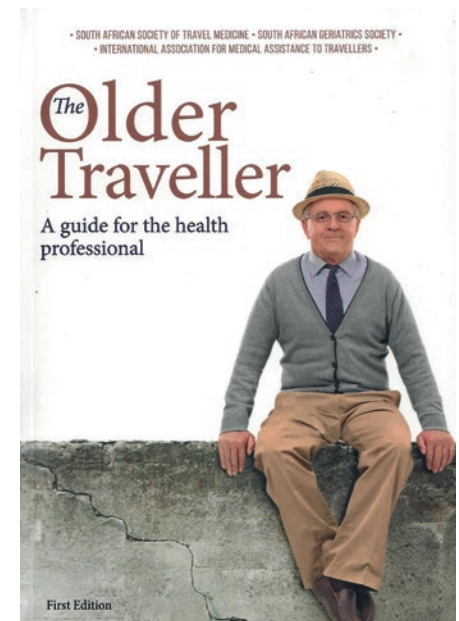
achieves a blend of the scientific/evidence-based nuances of each element coupled to the pragmatic 'how to' which outlines the practical significance of the underlying science.

It's not all in the mind

Lots of books tell us about the technicalities, but finding one which integrates that information with the host of other relevant factors examined in this work is special. There is ample information on the way the immune response wanes with age (immunosenescence), the reduction in muscle mass and physical capacity (sarcopaenia), and the effects of respiratory wear and tear on oxygen saturation at altitude.

It also covers the ways in which ageing affects our ability to absorb, metabolise or excrete medicines, and what interactions may occur with routine non-travel-related medicines. Nonetheless it is generously referenced on every count, enabling the work to punch well above its 129 pages.

We learn that '80 is the new 60', which makes me about 55 years of age! But, therein lies the problem, and instead of gauging the



appropriate advice for a traveller purely on their chronological age, it now behoves us to build bespoke advice for the individual, taking account of their attitude, vigour and capacity, but not forgetting that chronological age also brings with it inevitable changes in physical capacity, waning immunity and the presence of concurrent health issues

Indeed, Chapter 13 cheers us up with the view that "advanced age may itself be considered as a pre-existing health condition", and 80% of travellers repatriated for medical reasons were on account of worsening of a pre-existing condition. Now contemplate that in the realms of travel insurance.

So, in summary: a great book, an authoritative source of reference, a distillation of pragmatic advice and wise counsel. The South Africans have to travel a long way to visit us, or us to visit them, so they are ideally placed to knit all this together and they have done an excellent job.

Order from IAMAT. <https://www.iamat.org/the-older-traveller>

From the Journals

Aldridge RW et al. (2016) Tuberculosis in migrants moving from high-incidence to low-incidence countries: A population-based cohort study of 519,955 migrants screened before entry to England, Wales and Northern Ireland. *Lancet* 2016 Oct 11; [e-pub]. ([http://dx.doi.org/10.1016/S0140-6736\(16\)31008-X](http://dx.doi.org/10.1016/S0140-6736(16)31008-X)) (open access).

Hargreaves, S et al. (2016) Time to rethink approaches to migrant health screening. *Lancet* 2016 Oct 11; [e-pub]. ([http://dx.doi.org/10.1016/S0140-6736\(16\)31703-2](http://dx.doi.org/10.1016/S0140-6736(16)31703-2)) (open access).

McDonald, A. (2016) Female genital mutilation and a GLOBAL assessment. *Practice Nurse*, October 2016 46-50. www.practicenurse.co.uk.

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

Gething, PW; Casey, DC; Weiss, DJ et al (2016) Mapping *Plasmodium falciparum* mortality in Africa between 1990 and 2015. *N Engl J Med* 2016. 10 October. NEJM.org. DOI: 10.1056/NEJMoa1606701.

A Code of Practice to safeguard health and security for safe travel

Katie Geary MFTM RCPS (Glasg) has details of the new Publicly Available Specification (PAS) - PAS 3001 2016: Travelling for Work – Responsibilities of an Organisation for Health, Safety and Security – Code of Practice, published by the Business Standards Institute (BSI).

Commissioned by medical and travel security services company, International SOS, this new Code of Practice offers organisations recommendations on how to develop, implement and evaluate issues such as travel health and security policy, threat and hazard identification, risk assessments, prevention strategies and incident management. It addresses the issue of 'same job but different global locations', posing different medical and security risks.

This is timely, given that an analysis of international business travel has found that nearly one-in-three trips abroad are to countries with a higher medical or security risk rating than the travellers' home nation. In addition an Ipsos Global Adviser study found that 71% of senior executive travellers had experienced a medical problem while abroad.

Within International SOS, evidence finds that, in the main, risks to business travellers are everyday incidents such as petty crime, road accidents and falling ill. That's why it's so important that organisations don't wait until the next crisis and instead have a support plan and network in place to safeguard their mobile workforce. This is exactly why PAS 3001 can be used by any organisation with travellers, whether they are workers, volunteers, contractors, subcontractors or students.

PAS 3001 was developed using a collaborative, consensus-based approach with input from numerous industry experts. There will be clear benefits to organisations in implementing this guidance, including improving worker motivation through the worker's perception of a safe and healthy working environment.

I particularly like the pragmatic approach the guidance takes which I feel will make it accessible to organisations of all sizes. For instance, it suggests five things every business traveller should do before travelling:

1. Research local conditions and risks including events that may cause disruption, such as national holidays, elections, planned strikes and demonstrations.
2. Ensure awareness of any important local customs and political or religious issues.
3. Understand the basic geography of the destination and become familiar with key routes, avoiding high crime areas, if possible.
4. Know the route from the airport to the destination. Research whether public transport or private car hire is recommended.
5. Probably the best safety object is a charged telephone with access to the local network, and ideally data, so that you can call out, tell people if anything goes wrong and request help.

Also, depending on the location, it's worth keeping a small 'grab bag' packed with important items – passport, visa, travel documents, a bottle of water, mobile phone, medications, tablet and chargers – which you can pick up quickly in the event of an emergency.

The Code of Practice is available at: <http://shop.bsigroup.com/pas3001>

Katie Geary is Regional Medical Director of Assistance, International SOS London.

Conferences

CISTM15

15th Conference of the International Society of Travel Medicine
14-18 May 2017 Barcelona, Spain
www.istm.org/cistm15

Faculty of Travel Medicine Seminar

Public Health and Primary Care Conference
17-18 May 2017 NEC Birmingham
<http://sterlingevents.co.uk/home-holding.html>

Excellence in Healthcare

Fourth International Triennial Conference of the Royal College and Physicians and Surgeons of Glasgow
8-9 June 2017 Glasgow, See back page for details
<https://excellence.rcpsg.ac.uk/programme/travel-medicine>

Joint RCN and NaTHNaC Conference

Travel Health Competence: pointing you in the right direction
24 June 2017 RCN HQ Cavendish Square, London
www.rcn.org.uk/news-and-events/events

1st South-East European and 2nd Croatian Conference on Travel, Tropical, Migration Medicine and HIV

28 September-1 October 2017 Hotel Kompas, Dubrovnik, Croatia
www.hdptm.hr/

Faculty of Travel Medicine Annual Symposium & AGM 5 October 2017

Royal College and Physicians and Surgeons of Glasgow
rcp.sg/events

NECTM7

7th Northern European Conference on Travel Medicine
2-4 May 2018 Clarion Hotel, Stockholm, Sweden
<http://nectm.com/>

An appreciation of Dr Eric Walker

Honorary Fellow of the Faculty of Travel Medicine

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Dr Eric Walker was admitted to the Faculty of Travel Medicine as an Honorary Fellow in October 2016. This is an abridged version of the citation by Fiona Genasi FFTM RCPS(Glasg)
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As a long-time colleague and friend, I say without hesitation that within travel medicine, Eric is unique: a great innovator, pioneer and inspiration. He was among the first clinicians globally to recognise a need for travel medicine advice, research and education, leading significant developments in this emerging specialty for 40 years.

Eric considered farming, but fortunately pursued a medical career. His love of nature and the countryside, and deep respect for the environment, has shaped and influenced his approach to medical practice.

Originally a GP Eric became more focused on imported and tropical diseases at Glasgow's Fever Hospital, Ruchill. Based in the national unit, now Health Protection Scotland, he combined clinical duties with a health protection role in travel-related illness.

His compassionate, often unorthodox, approach to travel medicine and public health was greatly influenced through working in India. Eric provided leadership to the British Council Indo-Glasgow programme, which ran for 12 years and received the British Council award for most successful project in Asia. An example of global health collaboration involving a travel-related disease (HIV), it left a legacy in India and UK. Proud of that achievement Eric feels what was done during this programme was equally significant to his more obvious travel medicine achievements.

Eric's achievements in travel medicine:

- Established the Faculty of Travel Medicine and appointed first Dean
- Key in establishing the first Travel Medicine Diploma courses
- Developed the first travel medicine databases, TRAVAX and fitfortravel
- Founder member, then President of the British Global Travel Health Association, lobbying successfully to introduce *Global* into the title
- Authored ground-breaking *BMJ* publication - the ABC of Healthy Travel
- Scientific Chair for the first Northern European Conference in Travel Medicine
- Awarded MBE for services to travel medicine

Eric deserves to settle back, spend time with family, look after his bees and play his viola, but he continues to break new ground and contribute further to travel medicine and global health.

Eric is currently Honorary Associate Clinical Professor in the Department of General Practice and Primary Care with the University of Glasgow. He advocated, and is responsible for selected medical student travel medicine and global health courses, running a module of the intercalated BSc course on global health.

Eric continues to be an exceptional visionary, philosopher and human being. Personal and professional experience abroad, particularly India, combined with genuine diagnostic skills made him a highly-esteemed leader in infectious and tropical disease, travel medicine and public health, nationally and internationally.

Personally, Eric has been a great mentor, giving me confidence and opportunity throughout my career, always generous, always compassionate – and I thank him for that. Eric remains motivated to helping those in greatest need and working towards a better and more equitable world.



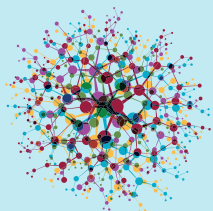
Dr Eric Walker receiving his Honorary Fellowship with his sponsor, Fiona Genasi

And a thank-you from the man himself

I am very grateful to those involved, but I see this, as the 'Founder Dean', to also be recognition of the enthusiasm and hard work of all the College Office Bearers, Faculty Board members and others, past and present, who have helped establish travel medicine within the College as an internationally-recognised discipline. The College has been at the forefront of recognising the importance of international and global collaboration over health concerns (both human and environmental), which is an essential component of travel medicine practice, education and research.



6
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Director, Liverpool School of Tropical Medicine*

Professor Dilip Mathai

*Dean, Apollo Institute of Medical Sciences &
Research (AIMSR) Hyderabad, India*

Dr Jane Cunningham

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Professor David Goldberg

*Consultant in Public Health Medicine, Consultant
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