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Further information

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Travel Health

TRAVELLING THE CONFERENCE TRAIL

Mountain and Wilderness Medicine World Congress

AVIEMORE • 3-7 OCTOBER 2007



We all see travellers determined to pursue a lifetime ambition in remote parts of the world, some with existing medical conditions. To advise them appropriately we need the most up-to-date information. That's why it's important to attend professional conferences whenever we can. JOYCE SKEET represented the Travel Health Forum at this recent international meeting and sends her account.

So came 350 international delegates to a Highland conference complete with bagpipes, drums and Scottish dancers to get us into the mood! Paul Auerbach, Founder of the Wilderness Medicine Society, set the scene and introduced an enlightening talk on trouble at high altitude by climber and author Stephen Venables. He gave a harrowing account of his climb in the Himalayas where he fell, breaking both legs

and suffering frostbite to his toes which were later amputated – and this was still Wednesday!

Thursday started with low altitude medical problems at high altitude, featuring specialist experts on neurological, renal, women/pregnancy, diabetes, cardiac and pulmonary conditions. These lectures brought home the problems many travellers encounter when they travel to altitude.

Turn to page two where this article continues and more conference reports start!

Letter from the Chair

Since our last newsletter I seem to have been in continuous dialogue with members enquiring about the future of RCN forums and seeking information on the *Competencies*. Following the RCN AGM and Council meeting, the Forums Governance Group was to be set up as the regulatory mechanism for national (UK) forums with four forum chairs on the committee of 10 who will report to the Nursing Development Committee. We are committed to keeping travel health on the agenda and you can follow progress on the RCN website. Although changes are inevitable, we hope to continue functioning as usual and supporting nurses in the field.

In February the next regional International Society of Travel Medicine (ISTM) Conference will take place in Melbourne, followed in May by NECTM2 (Northern European Conference on Travel Medicine) in Helsinki – details of both are on page 24.

We received several applications for our funded places at NECTM2 – congratulations to Vivienne and Trisha, the winners drawn by Dr Dahl from Norway. Some disappointment was raised at our conference by members who felt they had missed out on applying for this offer. The information was distributed in the newsletter, the website and on Travax, so do keep an eye out for future offers (for example, on page 24).

If you are reading someone else's copy, make sure you are still a member of the Travel Health Forum so you will receive your own newsletter.

A report on British travellers behaving badly abroad, the Foreign travel associated illness report and other publications continue to support our knowledge. The new super aircraft and cruise ship set to launch may increase our workload so keep smiling!

Sandra Grieve

IN THIS EDITION

I'm heartened by the response to my request for articles on members' travel experiences – I knew you had stories to tell! I've really enjoyed reading them and I know everyone else will too. And, as you see on pages 12–20 they contain serious messages as well as adventures.

Do keep them coming and also alert us to any other projects and activities you're involved with. This is your newsletter so feel free to share your information and experience. Information on the new Country Pages on the NaTHNaC website is on page 10. New publications are on page 22 and throughout you'll find conference reports, Newsround and the Bulletin Board containing useful snippets of information ... I am grateful as always to contributors for their time and support.

This bumper edition should be with you in time for some leisurely reading over the holidays so it remains only for me to wish you all the best for the festive season!

TRAVELLING THE CONFERENCE

Bugs, bears and creatures from the deep blue sea

In the afternoon sessions I chose hazardous encounters on land and sea. This started with Stephen Watt, Consultant Physician in Respiratory and Hyperbaric Medicine at Aberdeen Royal Infirmary, on the dangers faced by commercial divers in the North Sea and recreational divers everywhere.

Paul Auerbach followed with marine creatures that sting and bite, including stingray, jellyfish, sea snakes and other attractive critters that can injure or kill an unwary diver. A strike can be excruciating and last for months, and he described how best to remove spines and prevent infection.

We then moved onto dry land with David Warrell, Professor of Tropical Medicine, University of Oxford, explaining how not to be bitten by snakes and scorpions. Did you know that climbers can be bitten at altitudes up to 4,900m? Or that there are approximately three million bites a year with 85,000 known deaths? Before they travel to exotic places, travellers need to educate themselves on local snakes.

Not to be outdone, Luanne Freer, Medical Director of Yellowstone National Park, showed video clips of moose, elk, wolf and bear attacks, including the traumatic injuries people had sustained and their treatment.

Summit talks

Friday started with the history of mountain medicine with eminent speakers John West and Jim Milledge who climbed Everest with Sir Edmund Hillary. They were among the first doctors to study the physiology of acclimatisation at altitudes above 5,800m, living and working in a lab called the Silver Hut for nine months in 1960-61.

Other presentations included:

- Doctors from the 2007 Caudwell Xtreme Everest with their preliminary findings (they stayed on to discuss the expedition informally throughout the conference).
- Pete Barry, Paediatric Intensive Care Consultant in Leicester, on taking children to altitude. There's been little research in this area, but parents need to know that children can suffer health problems similar to adults, but may be unable to relay their feelings.
- Sessions on frostbite with Luanne Freer who directs the non-profit Everest Base Camp Clinic

for the Himalayan Rescue Association and has extensive experience on treatment.

- Dr Gu, Pulmonary Physician from Qinghai, China, on construction of the High Altitude Railway from Beijing to Lhasa.

In the latter presentation, we learned that construction lasted five years and prevention of altitude or mountain sickness was paramount with machines producing oxygen and 25 hyperbaric chambers built along the way. Photographs from inside the train showed how the oxygen saturation levels are kept level during the climb to the highest tunnel in the world at 4,905m! It certainly is a major achievement and tourist numbers to Lhasa have soared.

No travel conference is complete without a talk on diarrhoea and this was no exception – David Shlim has lived and worked in Kathmandu, and written extensively on the subject in medical textbooks. Other talks included lightning strikes, ophthalmology at altitude and tough livelihoods at altitude (for example, porters, guides and Sherpa.)

As with all major international conferences you have to pick and choose topics of most benefit to your practice.

To the rescue

Saturday began with wilderness search and rescue, cave rescue, controversies with commercial expeditions and communication technology. This gave an insight into potential problems, difficulties making rational decisions at altitude, how to co-ordinate rescue plus personal experiences.

There followed detailed information on rescuing avalanche victims, dangers for the rescue party and the importance of time – most avalanche victims die of asphyxia and at 35 minutes survival rates drop to 30 per cent. A lot of research is being done on this. Evidence shows skiers can wear a device called an Avalung which can prolong survival for a few hours, allowing rescuers more time.

In the afternoon workshops, I chose to update my knowledge of rabies. David Shlim reminded everyone of the pre exposure vaccine (PEV) routine of 0, 7 and 21–28 days (28 days preferable for better immune response) that travellers should consider. If a full three dose PEV course has been given there's no need to boost. If the traveller was bitten, they would need medical attention and two more doses (day 0, 3) but would not require human rabies immunoglobulin (HRIG).

It's worth remembering that HRIG is in short supply worldwide. Bangkok and Singapore have the only guaranteed supply and that's worrying if your traveller is bitten in India! Bats are a problem in some countries – for example, the USA. Any bat bite should be considered rabid and post exposure prophylaxis (PEP) with HRIG started.

Evening lectures and guided tours were open to accompanying guests. A banquet and ceilidh rounded off the conference although mountain and hill walks were available next day. Unfortunately I had to head home.

The Travel Health Forum poster in the exhibition generated lots of interest in our activities and our newsletters, *Travel Health Guidelines* and *Competencies* have gone to many parts of the world.

This was a most informative and enjoyable conference. If you are interested in learning more, check out:

- a diploma course in mountain medicine at the University of Leicester for medics, paramedics and nurses [www.medex.org.uk/dimm_\(mountain_medicine_diploma\).htm](http://www.medex.org.uk/dimm_(mountain_medicine_diploma).htm)
- an expedition medicine and leadership UK course www.expeditionmedicine.co.uk
- a downloadable booklet on altitude at www.medex.org.uk

More photos at www.worldcongress2007.org.uk/photo.html

Home or away

RCN Independent School Nurses Sub-group Annual Conference and Exhibition

LONDON • 30 AUGUST 2007

This was a vibrant, well-attended conference at the Royal College of Surgeons. The programme was varied with plenaries covering sexual health, and tuberculosis and BCG. Concurrent workshops addressed asthma, dermatology and travel health. The keynote address – *Challenges and choice for school nurses in independent schools* – was given by a nurse adviser from the newly-formed Department for Children, Schools and Families.

Techniques in delivering sexual health messages were demonstrated by two “actors” and Loud Mouth Educational Theatre Company used role play to highlight difficulties in tackling this topic with adolescents. Like nurses in travel health, school nurses can feel isolated in their practice so networking with colleagues was a valuable part of the day. I thoroughly enjoyed it.

Sandra Grieve

TRAVELLING THE CONFERENCE TRAIL

Broaden your horizon

RCN Travel Health Forum Annual Conference and Exhibition

LONDON • 29 SEPTEMBER 2007

Our annual conference was once again held in the lovely surroundings of the Royal College of Physicians where over 160 delegates were entertained and educated by a variety of excellent speakers.

The day got off to a hilarious start with an excellent overview of medicine on cruise ships. Professor Eilif Dahl from Oslo has spent most of his career in this discipline and through a highly entertaining presentation demonstrated that this branch of medicine can be high on drama and low on glamour. The cruise liner's doctors and nurses need to be very resourceful, diplomatic and calm in a crisis where the only expert help may be at the end of a satellite link to the nearest port.

Delegates continued to chuckle during a presentation from David Evans on the sexual health of travellers. Again there was a serious message underlying it, encouraging health care professionals not to be judgmental with their clients and to use the opportunity of a travel health consultation to educate them on this important topic.

Dr Andrew Dickson followed, highlighting important issues that occupational health physicians and the companies they represent need to consider when sending employees abroad.

Dr Bertie Squire deserves special thanks for addressing the meeting en route home after a month working in Malawi. He gave an excellent overview of

tuberculosis, both globally and in the UK.

The meeting broke for lunch pondering the question "to prescribe or not to prescribe"? Margaret Umeed delivered a convincing argument for nurses in travel health to become independent prescribers.

The afternoon speakers continued to engage the audience with Dr Mike Jones contemplating the issues for long term travellers, in particular psychological aspects and reverse culture shock. Fiona Colgrave reminded us of the importance of risk assessment for business travellers and the day was rounded off by Dr Delane Shingadia who looked at the new UK treatment guidelines for malaria.

Start to finish it was an informative

Journal of Travel Medicine and Infectious

Second International Conference

LONDON • 12 SEPTEMBER 2007

This was an excellent event with high profile expert speakers delivering the most current research findings on many hot topics.

I especially enjoyed the session on malaria and the delivery on *Progress on the control of malaria in Africa* was of particular interest since our involvement with the WHO Roll Back Malaria Programme resolution at Congress. The key problem of re-treating malaria nets has largely been overcome with the development of nets with insecticide impregnated into the fibre.

Malaria vaccine is still a way off so malaria control in Africa depends upon vector control, chemoprophylaxis and treatment. Training community volunteers and shopkeepers to provide the drugs is helping to make treatment rapidly available.

Diagnosis can be difficult in returning travellers, especially when the travel history is vague, but the first and most important disease to exclude is malaria. Febrile illnesses account for around 40 per cent of acute hospital admissions for tropical illness in UK referral units. Infectious diseases can be

spread rapidly between countries and continents by means of air travel.

Episodes of potential transmission of tuberculosis were addressed, especially when extensively multi-drug-resistant (XDR-TB) is involved. New WHO guidelines in this area were discussed.

When we think of parasites, malaria is probably the first to spring to mind, but there are of course many others and Professor Peter Chiodini was on hand to discuss the risk of exposure for travellers.

There followed pandemic flu, long

FEEDBACK!

Thanks to those who completed comment forms. We do read them and take them seriously even if it is not always possible to deliver the needs of everyone. Travel medicine is practised in many different arenas and, although primary care is the main provider, we do have to consider colleagues in other areas. Next year's delegate rate will be held at 2007 prices so we do hope you can join us. (See back page for funding offer – ED)

day that was enjoyed by all. We thank the RCN conference organisers and our Chair, Sandra Grieve, for all the work they put into achieving such a successful event.

Carolyn Driver

A voyage of discovery

Faculty of Travel Medicine RCPSG Travel Medicine Symposium

GLASGOW • OCTOBER 2007



The FTM Symposium was a most successful day, with an exciting programme covering topics most relevant to everyday practice. Around 80 delegates from several countries attended.

The Annual General Meeting of the Faculty featured reports and presentations on the progress of the various committees, with members of the Executive Board looking resplendent in their college robes. Former Forum Chair Jane Chiodini gave a humorous and insightful presentation on the role nurses have played in the evolution of travel medicine practice in the UK, culminating with their admission to the Faculty.

Dr David Shlim, an American guest speaker, opened his remarks by thanking the Faculty for inviting him to "England". He became aware very quickly that he was in fact in Scotland and bravely carried on to deliver an excellent presentation on rabies.

More about the Royal College of Physicians and Surgeons of Glasgow at www.rcpsg.ac.uk/FellowsandMembers/BenefitsandServices/Travel+Medicine

Sandra Grieve



MAIN PICTURE:
Membership Services Committee (from left) Ted Lankester, Andrea Rossanese, Ann Mulhearn, Jon Cossar (Chair), Sandra Grieve, Jane Chiodini and Reggie Cooke

INSET: Professor Peter Chiodini and Dr David Shlim enjoy a tea break

Disease

term protection of hepatitis A and B vaccines, and the risk of dengue fever.

A photographic presentation of the real risks of natural disasters referred to Hurricane Katrina. Concerns about "toxic" flood water and the potential for epidemic exotic diseases proved unfounded and more practical matters like lack of health care services were more relevant and important.

There was a lively exhibition and the Travel Health Forum poster featured in the display.

Sandra Grieve

NEWSROUND

High praise for Competencies!

Competencies: an integrated career and competency framework for nurses in travel health medicine, produced by the RCN Travel Health Nurses Forum, has been endorsed by the prestigious Royal College of Physicians and Surgeons of Glasgow.

“We read the RCN document with considerable interest ... We are impressed with this booklet and feel that it deserves wide circulation within the speciality of travel medicine,” wrote Dr Eric Walker, Dean of the RSPSG Faculty of Travel Medicine, and Professor Peter Chiodini, Chair of the FTM Education and Professional Development Committee.

“Therefore, we would like to state that the Faculty ... endorses and recommends the publication to practitioners of travel medicine.”

Have you received your copy yet? If not, *Competencies* is available as a PDF at www.rcn.org.uk/publications/pdf/travel_health_medicine.pdf. Or call RCN Direct: 0845 772 6100 (Publication Code: 003 146).

Foreign travel associated illness – 2007

The Health Protection Agency (HPA) has published the third edition of its report giving an overview of the global epidemiology of the burden of travel associated infections, together with a summary of the incidence in England, Wales and Northern Ireland during 2004 and 2005. Once again the need for improved surveillance of imported illness is highlighted. Download a copy or order a free hard copy at www.hpa.org.uk/publications/PublicationDisplay.asp?PublicationID=101

HPS role in designating yellow fever vaccination centres

Under International Health Regulations, yellow fever vaccine can only be administered at centres designated

by the national health administration, thereby ensuring the quality and safety of the procedures and materials employed. In December 2006 responsibility for designating centres in Scotland passed from the Scottish Government Health Directorate to Health Protection Scotland under the NHS Amendment Order. HPS has produced an information pack setting out conditions of registration for yellow fever vaccination centres (YFVCs) in Scotland and giving practical information for would-be and existing YFVCs, including an application form for registration. Prospective YFVCs should read this before applying. www.hps.scot.nhs.uk/yellowfever

More about the designation process and administration of yellow fever vaccine from HPS at Clifton House, Glasgow G3 7LN. Telephone: 0141 300 1948. Email: nss.hpsyellowfever@nhs.net

Information on YFVCs in England, Wales and Northern Ireland at www.nathnac.org

New yellow fever certificates

All registered YFVCs in England, Wales and Northern Ireland should receive a small supply by post of the new International Certificate of Vaccination or Prophylaxis for recording yellow fever vaccine. Order more through the NHS Response Line. Official YFVC stamps will need to be changed to fit the new stamp requirements. FAQs and stamp guidelines are at www.nathnac.org/pro/index.htm (News and announcements)

Information

- WHO and CDC bulletins: www.istm.org/cdc-who.aspx
- UK guidance: www.nathnac.org and www.travax.nhs.uk

Workforce increasing

The number of practice nurses in England rose by almost 6,000 – from 17,898 in 1996 to 23,797 in 2006. Over the same period the number of GPs increased by 6,200 and other practice

staff including physiotherapists, occupational therapists, practice managers and receptionists rose by 16,364. *NHS workforce: staff in the NHS 1996–2006* is at www.ic.nhs.uk

TB BCG

A review of surveillance data of tuberculosis led to the decision by the Joint Committee on Vaccination and Immunisation to maintain its advice that the targeted BCG programme announced in 2005 is the most effective strategy for the UK.

www.advisorybodies.doh.gov.uk/jcvi/bcg-jcvi-statement_updateAug2007.pdf

Must do better

Data on imported infections from England and Wales, January–March 2007, show that the proportion of reports which include travel history information remains low and limits interpretation of data. Gastrointestinal illness is most frequently reported by travellers. Source: Health Protection Report 1 (27) 6 July 2007.

Bugs on holiday

Around 600 cases of gastrointestinal illness were reported in an outbreak originating at the Bahia Principe San Juan resort at Puerta Plata in the Dominican Republic. Features of a viral aetiology and two specimens from cases from England and Wales confirmed norovirus. It was generally self-limiting, lasting 12–24 hours. Health Protection Report 1 (33) 17 August 2007.

www.hpa.org

Getting it WRIGHT

The final report of phase one of the WHO Research Into Global Hazards of Travel Project exploring venous thromboembolism was released in July. The risk of developing VTE almost doubles after journeys of four hours or more, although the absolute risk remains relatively low. Findings suggested that the increase in long-haul travellers is due mainly to prolonged immobility, possibly exacerbated by an

interaction between pre-existing and flight specific factors. The report called for travellers to be given appropriate information regarding risks and further studies to identify effective preventive measures, which will comprise phase two of the project. www.who.org

Listen to a podcast on this and sun awareness: http://terrance.who.int/mediacentre/podcasts/WHO_Podcast_016.mp3

Another shade of Yellow Book

The US Centers for Disease Control and Prevention (CDC) have published the 2008 version of *Health information for international travel 2008* also known as the Yellow Book. This is not to be confused with *Health information for overseas travel*, the UK Yellow Book which is now being updated. www.cdc.gov/travel/contentYellowBook

Information on www.nathnac.org and www.travax.nhs.uk

Health Protection Matters

The summer 2007 HPA magazine makes interesting reading. Contents include: *Are we winning the battle of infectious diseases? Tick bites, Chlorine in swimming pools, 25 years of HIV surveillance and Exercise Winter Willow on pandemic flu planning.* www.hpa.org.uk

New guidelines for norovirus

Infection in cruise ships has been compiled by an expert Norovirus Working Group for the HPA, Association of Port Health Authorities, and Maritime and Coastguard Agency. This is a comprehensive document aimed at all bodies involved in such an outbreak with guidance and information on minimising the impact of the disease and preventing the spread of infection. Download it at www.hpa.org.uk/publications/PublicationDisplay.asp?PublicationID=96 or email publications@hpa.org.uk to order a free hard copy.

Helping survivors cope

A consortium of international humanitarian agencies including the UN, WHO and Médecins sans Frontières has published new guidelines addressing mental health and psychological needs of survivors of conflict or disaster.

They emphasise that all humanitarian agencies and workers are responsible for protecting and promoting mental health and psychosocial well-being of people caught up in an emergency. The way aid is provided can have a big impact – people must be treated with dignity and allowed to participate in emergency support. These guidelines identify both useful and potentially harmful practices, and clarify how different approaches to mental health and psychosocial support complement one another. They will be available in different languages.

www.who.int/mental_health/emergencies/guidelines_iasc_mental_health_psychosocial_june_2007.pdf

Vaccine storage

Updated information on what to do in the event of a failure in refrigeration or the link in the cold chain relevant to vaccine storage has been posted on the DH website. You are advised to follow the recommendations in chapter three of the Green Book – *Storage, distribution and disposal of vaccines.*

A poster, *Keep vaccines healthy*, is also available to remind staff of the importance of ordering and keeping vaccines under the correct conditions, together with a sticker for sockets to prevent plugs being inadvertently removed. A factsheet on where to buy vaccine fridges, cool boxes and other storage equipment is also available.

www.immunisation.nhs.uk/hottopic.php?id=42

Hajj update

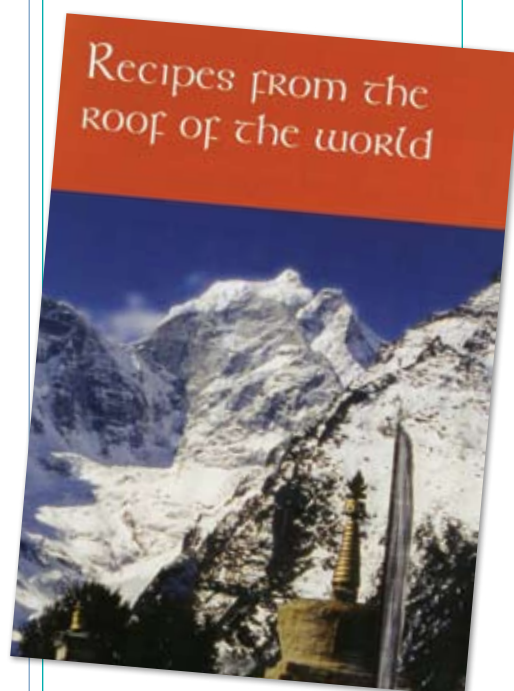
Latest information on health conditions for travellers to Saudi Arabia for the pilgrimage to Mecca is in the 2 November WHO *Weekly Epidemiological Record Bulletin* (82[44], pp.385-388).

www.who.int/wer

Win a free copy!

This super little book features recipes from Nepal, Bhutan and Tibet collected by Dr Mike Townend and illustrated by his photographs of the region. All proceeds from sales will go to Braille without Borders, a charity running a school for blind children in Lhasa Tibet.

Buying this book will not only introduce you to the cuisine of these Himalayan nations, but will make a valuable contribution to the education and welfare of blind children in Tibet. Without your help and the help of the Braille without Borders school, they would be left to beg in the streets.



To order send a cheque for £5 (payable to Dr M Townend) and a stamped A5-sized SAE to Dr M Townend, Smithy Cottage, Millhouse, Heskett Newmarket, Wigton, Cumbria CA7 8HR.

The Travel Health Forum supports this charity and has free copies to give away to the first 10 members to contact me. Email your name, address and RCN membership number to awcg1@btinternet.com. Books will also be available at our annual conference 2008.

HEALTH: THE WORLD VIEW

Climate change is global responsibility

The British Ambassador to Brazil Sir Peter Collecott, speaking at the 7th Green Meeting of the Americas in São Paulo, welcomed the turnout of experts from across the western hemisphere and further afield.

He said: “It clearly demonstrates that major environmental issues are global, requiring global responses. In particular, only by acting together can we hope to mitigate the effects of climate change and adapt to the consequences – consequences that will impact on all of our lives and livelihoods. Today climate change is a subject that not just environment ministers

but foreign ministers, finance ministers, trade ministers and heads of government discuss regularly.”

The issue was a challenge requiring combined global effort, Sir Peter said: “Acting alone will not protect us and allowing others to fall behind will impact on us all.”

He concluded by saying that “business as usual” is no longer an option. Sharing technology and north-south and south-south dialogue should be promoted to help the poorest and worst affected adapt to the impacts of climate change.

PM launches International Health Partnership

Gordon Brown called on the international community to join forces and help eradicate the world’s major diseases at the launch of the International Health Partnership in September.

Mr Brown said that the world’s leading nations now have the “science and technology” and the “moral obligation” to wipe out diseases such as measles, diphtheria, tuberculosis and pneumonia.

The IHP will seek to accelerate progress on the health Millennium Development Goals (MDG). The PM was joined by the Secretary of State for International Development, Douglas Alexander, and representatives from key agencies and donor nations, including the Norwegian Prime Minister and the French Development Minister.

Dr Margaret Chan, Director General of the World Health Organization, said that the Millennium Development Goals represented the “most ambitious commitments” and the “most important interventions” of the international community.

Watch Mr Brown’s speech at www.pm.gov.uk/output/Page13063.asp

RCN briefing on IHP

The RCN attended the launch of this partnership and filed this report.

Initially seven of the poorest countries in the world will receive support from the IHP – Burundi, Ethiopia, Kenya, Mozambique and Zambia in Africa, and Cambodia and Nepal from Asia. The IHP aims to make health aid work better for these countries through focusing on improving health systems as a whole,

providing better co-ordination among donors, and developing and supporting countries’ own health plans.

The challenges these countries face vary considerably, ranging from access to medicines, and availability of clinics and trained health workers through to predictable health budgets. The IHP will focus on three of the major issues that influence the effectiveness of aid:

- Global health assistance is over-complex with multiple health partnerships and international organisations.
- Insufficient effort has been given to building strong, sustainable health systems.
- It can be expensive and time consuming for low-income countries to deal with many donor organisations and projects.

This is from the RCN International Department’s fortnightly newsletter, *World in Brief*.

Update on a global health strategy for the UK

Last March the UK’s Chief Medical Officer issued a consultation on whether the UK should have a cross-governmental strategy on developing a global health policy. This consultation identified four priority areas:

- global health risks that threaten the UK population
- global health solutions to which the UK has expertise to offer
- global opportunities that benefit the UK
- global health problems that the UK can help solve.

is on the website. The UK Department of Health then ran workshops with key stakeholders in England, Scotland and Wales, attended by the RCN. A report on the outcomes of the three stakeholder meetings shows four broad themes emerging:

- the rising profile of health as an issue
- the absence of a consensus on the level at which a global health strategy should be pitched
- policy coherence and how to achieve it
- the need for principles to guide practice.

MALARIA FILE

Malaria update by text

Mobile health care specialist iPlato has teamed up with GlaxoSmithKline Travel Health to enable travellers to receive free information about malaria. The joint venture, part of the Malaria Awareness Campaign, means travellers can text the name of their destination country to 07800 000573 and receive a response with further information. Service users will be charged their standard operator rates and the service is available over all networks. Around 2,000 British travellers return home with malaria every year.

Malaria drugs recalled

A Chinese pharmaceutical company recalled thousands of malaria drugs supplied to Kenya after discovering a counterfeit syndicate. According to BBC News, analysis of the counterfeit product showed that the active ingredient was low and would not cure patients. The Ministry of Health in Kenya has been spearheading a campaign to crack down on counterfeit drugs, including antimalarials readily available in the country. Health officials are concerned that the growing trade in fake antimalarials will lead to widespread resistance.

Net gains

WHO has issued new global guidance for the use of insecticide-treated mosquito nets to protect people from malaria. For the first time, WHO recommends that insecticidal nets be long-lasting, distributed either free or highly subsidised and used by all community members. Impressive results in Kenya, achieved by means of the new WHO-recommended strategy, show that free mass distribution of long-lasting insecticidal nets is a powerful way to quickly and dramatically increase coverage, particularly among the poorest people.

Previously, WHO's guidelines focused primarily on providing insecticide-treated mosquito nets for use by children under five years and pregnant women. However, recent studies have shown that extending the use of these nets to all people in targeted areas increased coverage and enhanced protection of vulnerable groups, meanwhile protecting all community

members. In areas of high malaria transmission where young children and pregnant women are most vulnerable, WHO now recommends making their protection the immediate priority while progressively achieving full coverage.

In Kenya, from 2004 to 2006, a near ten-fold increase in the number of young children sleeping under insecticide-treated mosquito nets was observed in targeted districts, resulting in 44 per cent fewer deaths than among children not protected by nets, according to preliminary data from the Kenyan Government.

This is the first demonstration of the impact of large-scale distribution of insecticide-treated mosquito nets under programme conditions, rather than in research settings, where, in different parts of Africa, reduction observed in overall mortality has ranged from 14 up to 60 per cent.

These achievements can be attributed to three principal ingredients, all of which need to be present for malaria control efforts to succeed – high political commitment from the government, strong technical assistance from WHO and adequate funding from bilateral and multilateral donors.

www.who.int/mediacentre/news/releases/2007/pr43/en/print.html

Buy antimalarials before you go

Advice is unequivocal from the HPA Advisory Committee on Malaria Prevention in UK Travellers (ACMP)

in chapter four (Chemoprophylaxis) of *Guidelines for malaria prevention in travellers from the United Kingdom** “Given the possibility of antimalarials purchased in the tropics being fake, travellers should obtain the medication required for their chemoprophylaxis from a reputable source in the UK before they travel. ACMP also advises against purchasing antimalarials over the Internet.”

* Chiodini, P; Hill, D; Laloo, D; Lea, G; Walker, E; Whitty, C and Bannister, B (January 2007) London: Health Protection Agency.

A different, deadly mosquito bite

A traveller from Scotland returned home after visiting family in Rhode Island and New Hampshire in the United States and was admitted to hospital suffering from eastern equine encephalitis. EEE is a mosquito-borne virus, mainly affecting birds, and is extremely rare in humans – however, it's one of the deadliest mosquito-borne diseases with a mortality rate of 35 per cent. Half of all survivors will suffer mild to severe permanent neurological damage. EEE does not occur in the UK and this was the first reported case in a European traveller. There is no effective treatment and travellers were advised to take insect bite precautions.

Health Protection Scotland, *Weekly report: eastern equine encephalitis* (10 October) is at www.documents.hps.scot.nhs.uk/ewr/pdf2007/0740.pdf. Also see www.travax.scot.nhs.uk/registered/index-wn.asp and www.nathnac.org

New joint RCN, BMA and Resuscitation Council publication

Health professionals are aware that decisions about attempting cardiopulmonary resuscitation (CPR) raise sensitive and potentially distressing issues for patients and people emotionally close to them. *Decisions relating to cardiopulmonary resuscitation* identifies the key ethical and legal issues that should inform all CPR decisions and provide a framework to support decisions relating to CPR and communicating them effectively.

The guidance also provides the general principles that enable CPR policies to be tailored to local circumstances. You can download a copy at www.rcn.org.uk/publications

FEATURE

NaTHNaC launches Country Information and Outbreak Surveillance pages

Thanks to Hilary Simons for this article

This unique resource went live on 17 September 2007 on the National Travel Health Network and Centre (NaTHNaC) website. The Country Information and Outbreak Surveillance pages provide up-to-date information on important health risks in 245 countries, territories or areas in the world.

The pages will be of particular value to health care professionals who advise the travelling public. As the site is openly accessible to everyone, travellers and health professionals alike will be able to view the information. This will determine recommendations and show travellers how to stay healthy during their trip.

The Country Information Pages (CIPs) provide evidence-based, country-specific information and recommendations for vaccine preventable and some non-vaccine preventable risks such as malaria, dengue and altitude illness, with more topics to come.

Recommendations are based on the most up to date data available and collected from sources including WHO, Centers for Disease Control and Prevention, European Centre for Disease Control, Health Protection Agency, Advisory Committee on Malaria Prevention and the NaTHNaC Outbreak Surveillance Database. Where data was lacking, expert bodies at local and global level were consulted for opinions.

The CIPs follow a risk assessment and risk management model. This encourages and enables you to make informed and appropriate recommendations to your travellers during the consultation.

For each disease, there's a synopsis of the epidemiology and risk of exposure in each country. You are then directed to the risk management section for information about avoiding exposure to the risk (say, food and water hygiene or insect bite avoidance). Vaccination is presented as a

consideration where appropriate.

From each CIP, you can navigate to NaTHNaC Health Information Sheets (available for either health professionals or travellers), which provide information about specific conditions and related vaccination options. Links to other useful websites are also given. You can also access an Outbreak Surveillance Database via the CIP. This database is updated daily and can be searched by disease, country or time period. When an outbreak occurs that may be of significance for British travellers, NaTHNaC will post a clinical update. This reviews details of the health event and states appropriate recommendations for travellers, highlighting any changes to existing recommendations, if appropriate. Links to the clinical update index can be accessed from the CIPs.

A link to the Foreign and Commonwealth Office (FCO) website is provided from each CIP. The FCO gives country specific information regarding safety, security and services available to British residents abroad. This complements the health information provided by NaTHNaC.

The CIPs have been developed so that health professionals can deliver the most up-to-date information about health risks that may be encountered during international travel.

While they will provide much of the information needed during a travel health consultation, you may require additional guidance for travellers with complex itineraries and/or medical conditions. In that case you can call the NaTHNaC advice line on 0845 602 6712 (local rate), Monday–Friday, 9am–12 midday and 2–4.30pm. NaTHNaC nurse advisers will help you sort through the specific recommendations for your traveller.

http://www.nathnac.org/ds/map_world.aspx

Brits behaving badly

The Foreign and Commonwealth Office campaign Know Before You Go released its *British behaviour abroad* report in time for the holiday season. The report provides incidence figures from FCO records and highlights key problems that British nationals experience overseas. They believe many problems are preventable or would be easier to deal with if travellers were better prepared. April 2005 to March 2006 saw 1,368 Britons arrested in the USA, 955 hospitalised in Greece, 376 dying in France and 6,078 losing their passports in Spain.

The Czech Republic had a disproportionate number of lost passports, arrests and hospitalisations, probably because of all those stag and hen parties in Prague. India, Thailand and Australia topped the 10 countries where consular assistance was most required. It's thought the high figures from India may be a result of British Asians visiting family and foregoing travel preparations such as immunisations and insurance.

If you feel strong enough, read the report at: www.fco.gov.uk/servlet/Front?pagename=OpenMarket/Xcelerate/ShowPage&c=Page&cid=1007029391638&a=KArticle&aid=1184757793657

Half term tragedies

Accidents are a major cause of death or injury in travellers and this October's half term holiday was no exception. Among them, a seven-year-old girl fell from a hotel balcony in Majorca, a six-year-old boy was killed and several members of his family seriously injured when their hire car careered off the road near Lisbon and parents died trying to rescue their children from drowning in the sea in the Algarve.

Yet another tragedy

Following the death of their daughter in a bus crash in Peru, parents have set up

a charity to make young people on gap years more aware of risks. GapAid is at: www.gapaid.org. Other organisations offering advice to this group include the FCO www.fco.gov.uk, Objective Gap Year: www.objectivegapyear.com and Caroline's Rainbow Foundation: www.carolinesrainbowfoundation.com

No get-out-of-jail clause

The FCO is working with other countries to modify the behaviour of visiting Britons. They have warned travellers that while embassies will give support, they will not bail them out if they have been behaving badly. Young travellers especially think they have some sort of tourist immunity and don't have to bother understanding the laws of the countries they visit. A film clip was shown on television to highlight the potential costs of replacing lost passports and getting legal advice.

Spirits away

From September alcohol was banned in the Uluru-Kata Tjuta National Park in Central Australia. Tourists hoping to watch the sunset at Ayers Rock can no longer enjoy a tinny or a glass of Cab Sav while doing so. Tourist resorts are not affected by the ban.

Lost luggage for auction

Adverse weather conditions and the baggage handling crisis this summer forced handlers at London's Heathrow to throw away luggage which had been left out in the rain. Bags which could not be traced back to owners were sold off at auction resulting in a public outcry. The airlines said this has been common practice for 30 years when bags remain unclaimed after three months, although there is no law governing how long airlines must wait before sending bags to auction. Owners can claim compensation for lost luggage.

Ferry across the water

The number of Britons crossing to the Continent by ferry increased by three per cent this year. In August figures were up by five percent on the same period in 2006. The Director of the Passenger Shipping Association attributed the change to convenience, freedom of travelling with your own car, shorter check-ins and no luggage restrictions.

Paper tickets extinct

From June 2008 only electronic tickets will be issued by the International Air Transport Association (IATA). They represent 240 airlines providing 94 percent of international scheduled air traffic. Travellers who receive their tickets through tour companies will continue to receive a paper document. As well as cost savings, the equivalent of 50,000 mature trees will be saved each year.

Watch out for thieves

YouGov surveyed over 2,000 adults on behalf of a finance company and found that 45 per cent of travellers do not use hotel safes. Only one in five take basic steps to keep items safe while a third carry valuable belongings with them. The poll suggests holidaymakers are leaving themselves open to identity theft as passports and personal documents are not secured. Around 300,000 Britons lose their passports every year.

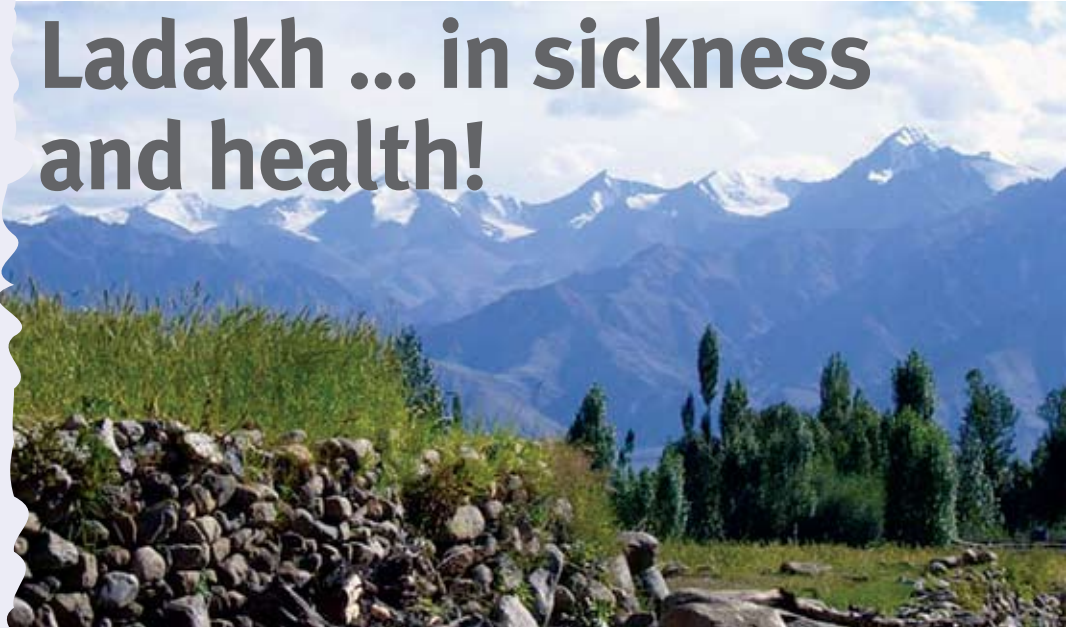
Fingerprints

Domestic passengers going through Heathrow's new Terminal 5 which opens next year will have to give a fingerprint and have their faces scanned as part of security checks before take-off. The checks are said to be necessary as domestic and international passengers will share a common departure lounge. The fear is that those arriving on international flights will try to bypass immigration by booking an onward domestic

TRAVELLERS' TALES

Most travel health nurses are travellers as well as nurses. And no matter how far we wander off the beaten track, we're always likely to be casting a professional eye on the health needs of ourselves and of the people and communities we visit. Here and on the following pages six of our members have kindly shared their adventures, specialist insights and photos with us. So how about you? Where have you been and what did you see? Send your traveller's tale to the Editor by 9 April.

Ladakh ... in sickness and health!



LIZ SMITH, a Practice Nurse from Bridport, Dorset, describes an amazing adventure this summer in Ladakh, part of India's northern-most state of Jammu and Kashmir.

Known as Little Tibet, Ladakh is a high altitude desert at 3,505m, nestled between the Greater Himalayas and the Karakoram mountain range. Barren mountain passes give way to lush green fertile valleys with barley fields, poplar and apricot trees, and villages of flat roofed houses

A longstanding interest in Buddhism inspired our trip in August to culminate in the Ladakh festival, held in September before closure of the snowbound passes make the region inaccessible until May.

My travel companion was a friend from student days in 1967 when we became bold travellers at every opportunity. Fellow students returned home for parental sustenance – we hitchhiked around Europe, sleeping on beaches and having hair-raising adventures.

Nursing careers and two children each followed, then 40 years later we set off again. Of course we'd anticipated the possible risk of altitude mountain sickness (AMS), but it had been a case of wait and see.

After flying in from Delhi, a breathtaking and terrifying flight over mountain ranges, we settled in a rural guesthouse.

That night Huffy suffered a migraine triggered by the altitude. By morning she was vomiting and drowsy. When she thought a calf in the guest house garden was a goat and headed off to talk to it, I decided her confusion and symptoms needed attention.

I bundled her into a taxi and got her to a clinic used by locals in Leh. By this time she was cyanosed and shaking. The smiling Ladakhis in the crowded waiting room insisted we jump the queue – perhaps

seeing a Westerner in pyjamas was a rare sight.

The English-speaking doctor inspired confidence and diagnosed cerebral oedema, needing immediate oral Frusemide and IM Dexamthasone, with admission to the local hospital. A presumed pharmacist selected the medication from a shelf, showing me expiry dates and producing what appeared to be a sterile syringe with an orange needle.

At this point my professionalism took over. I produced my travel pack and insisted on giving the injection with a 21-gauge needle. I wondered how many of the travel packs I had encouraged people to carry when they came for a travel consultation had ever been used.

Huffy has little memory of all this, but I remained calm, although frightened by the responsibility of it all. Payment issues followed, with the pharmacist having difficulty estimating the cost of medication at five rupees (80 rupees to the £).



Brightly coloured prayer flags and white chortens (domed Buddhist shrines) are a common sight

Onward to Sonam Norbu Hospital

I was prepared, having visited a hospital in Sri Lanka where my son-in-law had spent his elective, but the conditions were very primitive. A large sign listed the rules: no spitting, chukpa (vomiting) or peeing up the walls – and no admission for drunks. Perhaps UK A&E departments could copy this!

Confusion and chaos seemed evident, with huge queues of Ladakhis patiently waiting, some obviously most unwell. A funny little man attached himself to us, pulling at Hoffy's pyjamas, and we had no idea where we were going as he led us through long dirty corridors. The clinic letter allowed us access to the hospital doctor after some confusion and laborious entries into a huge leather-bound ledger. No Emis here!

Hoffy's SATS proved to be 86 per cent and continuous oxygen was ordered. She was put in a filthy iron bed. A smiling Ladakhi nurse produced an oxygen cylinder on a wheeled trolley, picking up a rock from the floor to bash the controls until oxygen bubbled through the water reservoir. Nasal cannulae, probably just removed from some hairy nostril, were briefly wiped and put in place.

And there we were for the afternoon ...

Hoffy quickly felt and looked much better. Occasionally we saw a nurse. More often we saw the resident rats running round the ward, one even climbing onto the ancient metal locker. The squat toilets were indescribable. A cleaner appeared with a sack on a stick and flapped it

around my feet. The electrics looked hazardous and the equipment similar to when we trained in the 1960s.

Yet we felt lucky to be receiving good treatment from smiling calm people, and we still managed to laugh. When the clinic doctor discharged Hoffy,

with a twinkle he described how he had once been mountaineering and felt a bit dizzy with SATS of 70 per cent!

For the rest of the holiday, we suffered no further serious AMS symptoms, but trekking or even mild exertion caused SOBE. My nocturnal dyspnoea was annoying because restless sleep resulted in sudden waking and further sleep was impossible, having to sit upright, trying to inhale deeply while pummelling brick-like pillows and listening to the night chorus of barking dogs.

At last, some sightseeing!

During the days we explored locally, deciding against an accompanied camping trek (given my acute diarrhoea and subsequent Immodium overdose) in favour of our own shorter day treks in nearby valleys with fantastic views of snow-capped mountains all around.

We also hired jeep drivers for overnight trips to remote areas, with terrifying hairpin bends and views of the mighty Indus River. Remote temples were built into sheer rock with huge prayer wheels and long lines of mani stones.

Agriculture was organic and non-mechanical, using yaks or dzos (a cow/yak cross) to plough and donkeys to carry burdens. The main crop, barley, was being harvested in the traditional way by the whole family, cutting it by hand and threshing it with yoked yaks for their staple winter diet (ngamphé).

One highlight was visiting gompas (Buddhist monasteries). Buddhism permeates all aspects of Ladakhi life, the gompas being active places of worship. The interiors were often dark, with ancient thankas (religious paintings). We attended many pujas, when robed monks

chanted mantras (prayers), accompanied by burning incense, cymbals and rhythmic drumming. The novice child monks were delightfully naughty.

As part of the festival at Thiksey gumpa we watched the lamas perform the Cham dance depicting Bon spirits, dressed in incredible costumes with masks, while other lamas provided musical accompaniment from huge copper horns, two sided drums, gongs and cymbals. The festival procession was a colourful mass of sight and sound, with camels and Ladakhis wearing beautiful traditional costumes dancing through the streets. A fast and furious polo match followed.

On returning home

Our trip to Ladakh gave us much food for thought. Hoffy was fortunate to receive a version of Western medical care. The traditional system of Tibetan medicine is in the hands of the amchi, a skill passed from father to son, involving diagnosis and treatment of disease as an imbalance of the whole person. Remedies of natural compounds in the form of powders or decoctions are administered, while addressing diet and lifestyle.

Surgery is not practised, and neurosis is unheard of. The alternative form of healing is in the hands of the lhaba. The belief is that the lhaba, in a trance, becomes the vehicle for spirits to speak through them to heal. A German photographer at our guesthouse witnessed this ritualistic ceremony and was shaken by its power. She saw dark fluid time and again being sucked from "patients", with dramatic and frightening consequences.

On reflection I feel sad to see Westernisation changing the lives of these wonderful, warm people. The Ladakhi people were traditionally self sufficient, surviving harsh conditions with strong family values and constant good humour.

Everywhere we went we were met with broad smiling faces and the traditional greeting of "jule" (pronounced joolay). It remains to be seen how future "progress" will alter their lives.

TRAVELLERS' TALES



North to Alaska

Following CISTM10 in Vancouver in May, SANDRA GRIEVE hopped aboard the Norwegian Sun and headed north to the largest and most undiscovered of the United States.

Our ship was more like a mini airport handling 2,000 passengers and 900 crew. We were about to leave Canada and enter the States so US immigration officials were lined up ready to scrutinise our documents. We got through fairly quickly, but some people took several hours.

By the time we set sail at five o'clock seasoned cruisers were already in the pool and Jacuzzis, and a game of basketball was underway. Some were on their seventh trip – Alaska is a popular destination, especially for people who live in Florida and need a break from the sunshine! An elderly couple from Vancouver get local last minute deals and find it cheaper to sail away for a week than stay at home.

Passengers from 54 countries covered the whole age range, from babies to a chap celebrating his 90th birthday. There was something for everyone and the ship was disabled-friendly with a baby-sitting service available. The attentive crew members hailed from 64 countries, but fortunately English was the common language.

The eating arrangements were listed as

“freestyle” so food was available at all hours and there was no regulated meal time. The main dining room was very civilised with waiter service. Elsewhere were buffets and specialist bistros for those who wanted a cosier atmosphere.

The restaurants would not have been out of place in a top class hotel with their delicious food and spotless kitchens. Information was available on the onboard television and in all the literature regarding the importance of hand hygiene. A member of the crew stood guard at restaurant entrances to make sure passengers availed themselves of the alcohol handwash before entering.

We spent four days at sea, and there were two half-days and a full day ashore where trips were available. The ship docked early and the day ashore began at 06.30.

Call of the wild

Our first trip ashore was to Ketchikan, named from the Tlingit Indian word “Kitschk-hin” meaning “eagle wing river”. Located on the southwest coast of Revillagigedo Island, the first white settlers arrived here in 1883 and built a fish saltery and canneries that would

Over 800,000 passengers visit Skagway each year

eventually produce over two million cases of salmon a year. Later the gold rush would contribute to its growth, but nowadays the town is full of gift shops, art galleries and restaurants – with over 400 cruise ships calling each year.

No gold rush town would be complete without its red light district and a brothel named for well known Madam Dolly Arthur is now a museum.

Our next port of call was Juneau, one of the largest cities in the United States in terms of acreage. It covers 3,108 square miles in the Tongass National Forest, the largest temperate forest in North America. Another gold rush town, Juneau retains its frontier atmosphere although it now attracts artists, writers scholars and scientists. Gold, fishing and tourism are the main sources of income.

We headed out to sea to do a spot of whale watching and were not disappointed. To see these magnificent mammals in their natural habitat and hear the stories of their long journeys is one of nature's wonders. Stellar sea lions, now an endangered species in some parts, were also playing in the water. The emblematic American bald eagle were apparent in large numbers and looked quite comical from a distance as all you saw were white dots on the trees.

The last venture ashore was to Skagway where those seeking riches from gold rested before making the gruelling journey to the Yukon. In the late 1890s the town was full of tents and shacks where men bought supplies – also con artists, bordellos, gambling houses and saloons. Indeed, our Street Car trip included a pilgrimage to the grave of the infamous “Soapy Smith”, said to have conned almost everyone who entered the town.

The Arctic Brotherhood Hall carries on the “gold rush” theme with locals dressed in period costume to entertain the tourists. Skagway's winter winds are so fierce that locals can't venture out for several weeks at a time, giving them time to produce crafts and paintings.



White knuckles on the White Pass

No visit to Skagway would be complete without a train ride on the White Pass and Yukon route. The discovery of gold in 1897 triggered the largest gold rush the world has ever known, producing \$10 million worth of Klondike gold in just five months and another \$38 million recorded by 1900. To reach the gold, prospectors had a grim choice between the Chilkoot Trail and White Pass routes, but 3,000 horses died on the trail in just a year due to the inexperience of the men and the hazards of the trail.

So in 1898 construction began on the narrow gauge railway. I cannot begin to describe the challenges these railroad builders and engineers must have faced. It is said that 35,000 men worked on much of it in winter through heavy snow and chilling winds, building 110 miles of track around mountainous bends and through tunnels.

In 1994 the White Pass and Yukon Route was designated an International Historic Civil Engineering Landmark, a testimony to those involved. The scenery is spectacular, but the journey is not for the faint hearted, going over steel cantilever bridges which cross mountains with sheer

The Totem Pole Heritage Museum at Ketchikan has rescued and restored these historical burial symbols, until recently left to decay



Our first port of call

drops and precarious heights – I wouldn't have missed it for anything and the wild mountain goats were an added bonus!

So that was that – we were back on board and travelling through the utterly amazing Tracy Arm and Sawyer Glacier. The icebergs really are blue and it was so eerie and still you could have heard a pin drop. What a wonderful place and how privileged we are to have visited it.

I hope this taste of our trip to Alaska will inspire you to visit the last wilderness before global warming becomes even more of a reality.

flight to a regional airport. From this autumn those arriving at 10 US airports have to give fingerprints of all 10 fingers, raising concerns about increased delays.

USA less popular

Despite the cheap dollar-pound exchange rate, the number of Britons holidaying in the US is falling. Figures from the Office of National Statistics show that while travel to European countries has increased, the number of British travellers visiting North America has fallen. Tour operators are cutting the number of US holidays they offer, saying British travellers have become disillusioned with lengthy queues and increasing security. The Air Transport Users Council said Britons are now looking beyond safe European or English-speaking destinations and aspiring to more exotic locations like the Maldives and Central America.

Intelligent fabric? You decide!

Armywear is a new concept in insect-repelling technology. The insect-repellent fabric has been introduced to selected high street retailers following four years of research at the London School of Hygiene and Tropical Medicine. Check it out at: www.ifabric.info

Log in to WHO podcasts

www.who.int/mediacentre/multimedia/podcasts/en/index.html

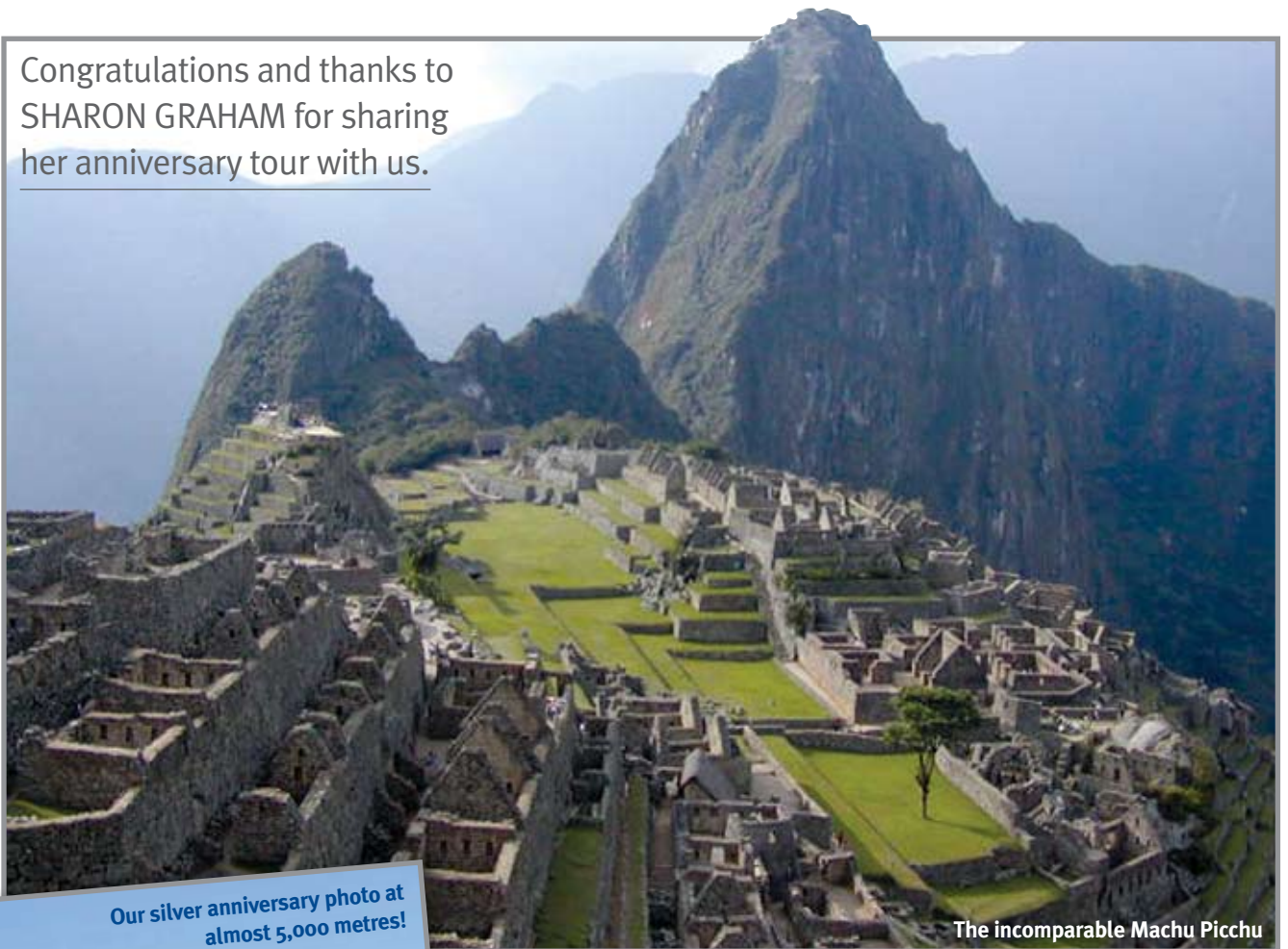
Hib vaccine catch-up programme

A leaflet, Q&A factsheet and PowerPoint presentation can be viewed or downloaded from www.immunisation.nhs.uk. Order printed copies of the leaflet at: dh@prolog.uk.com

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TRAVELLERS' TALES

Congratulations and thanks to SHARON GRAHAM for sharing her anniversary tour with us.



The incomparable Machu Picchu

Our silver anniversary photo at almost 5,000 metres!

Reaching new heights in Peru

Celebrating 25 years of marriage, this was one of the few occasions when we've chosen to travel in style. The A Train to Machu Picchu took us from Lima down the now earthquake devastated coast south to the Ballestas Islands, then along the Pan American Highway to Pisco, home of the Pisco Sour (and yes, we had one or two...).

We ventured up onto the plateau (altitude 588m) for a flight over the Nazca Lines, a series of drawings and figures etched into the earth more than 2,000 years ago by the people of the Nazca culture (c 200 BC-AD 600).

Then it was on to Arequipa (2,325m) to see the condors

fly over Colca Canyon (3,633m and the deepest canyon in the world – don't look down!) and bathe in the hot springs with the ambient air temperature close to freezing.

From there it was onwards and upwards to Lake Titicaca, the world's highest navigable lake, and the city of Puno (3,827m) before coming back down on the Orient Express (Peruvian style) to Cuzco (3,225m) and finally down again on a local bus (no walking the Inca Trail for me this year) to Machu Picchu (2,430m).

It was en route from Lake Titicaca to Cusco and on the day of our 25th wedding anniversary that we reached new heights with a slow walk and obligatory photograph call on the barren lands at 4,950m above sea level to be exact.

As a practice nurse with an interest in travel health I had researched well what I might encounter on this trip. Vaccinations were all up to date as we are already well travelled. The hardest part was having to persuade the GP to prescribe acetazolamide to help me cope with the breathlessness and fatigue of moving at altitude.

Previous experience taught me a lesson

I'd gone to Ecuador very fit, at that time running 30-40k a week. We were driven to 14,000 feet (4,267m) and were then to walk up a 2k trail to the lodge at just short of 15,000 feet (4,572m). I nearly didn't make it, but the smoker and asthmatic in our party virtually flew up – so much for being oxygen efficient and athletic!

I did not want to experience anything like the terror of feeling you would not be able to breathe ever again so I got my acetazolamide and fought off his recommendation for malaria prophylaxis (not needed for Machu Picchu and I was not going off into the Amazon on this trip).

We avoided letting on we had anything to do with health (my husband works

in a hospice) so I listened to a retired factory cleaner give travellers diarrhoea advice to a fellow traveller and offer her the antibiotics her GP had prescribed prophylactically for her because she'd had a problem in the past. We all felt unwell after that rendition which included the gory details. She also had a veritable pharmacy of other things with her.

I worried that the guy who'd had a five graft bypass might struggle with climbing the rough terrain as well as the altitude, but he made it ... I wonder what his insurance cost. The only person who seemed to suffer from the altitude and require medical attention was a middle-aged lady on her honeymoon!

Acetazolamide worked for me though I did suffer travel sickness in the four-seater plane piloted by a crop sprayer who veered left and right so we could see the shapes of drawings on the ground at the Nazca Lines. The pilot was well prepared – sick bags and smelling salts were gratefully received.

Otherwise a healthy trip, a great trip – here's to the next 25 years!

DIANE PARSONS didn't have to leave Britain to report this hair-raising tale.

PARTING SHOT!

In my work I hear some amazing stories from people returning from overseas assignments. Recently, following the floods in India, I met a lady who had worked there over the past 40 years. She was waiting on the railway platform to start the first stage of her journey back to the UK when she felt a bite on her heel and saw a trail of blood from the wound as a rat scampered away.

Someone advised her to keep the wound clean during the journey and she saw a doctor who started her on antibiotics. When four days later she presented for a routine medical, one of our doctors reported the event to the Health Protection Agency who decided she should have full post exposure follow-up for potential rabies risk. This involved infiltration around the wound

with immunoglobulin and commencing the vaccine regime on days 0, 3, 7, 14 and 28.

The same person's friend was somewhat luckier. Out walking at dusk she was bitten on the foot by an extremely venomous snake. Amazingly the fangs pierced the rubber of her flip flop and her skin was broken by a non-venomous fang! Miracles still happen.

Monthly vaccine update

Sign up at: vaccine.supply@dh.gsi.gov.uk for an email copy of the DH's *Vaccine Update* each month. Amendments to Chapter 18 Hepatitis B in the Green Book, "Patches", were in the October newsletter.

Weekly WHO Epidemiological Record Bulletin

Full issues at: www.who.int/wer

Health Protection Agency Report

It's at: www.hpa.org.uk/hpr

Training in travel health

New sessions are available from World Travel Training (East Anglia). Contact Sarah Buckley on 07918 685638.

To PGD or not to PGD

This report on the patient group directions website has been updated to reflect the introduction of independent prescribing, along with links to key resources to aid decision making. The flowchart *So you think you need a PGD* has been updated to address issues surrounding the development of PGDs. FAQs are included.

www.portal.nelm.nhs.uk/PGD/default.aspx

Bad air in Beijing

Health problems due to air pollution are being highlighted ahead of the 2008 Olympic Games in Beijing. WHO has warned that travellers with a history of cardiovascular disease should take special care and that poor air quality could trigger asthma attacks. The additional stress of travel, excitement and heat should be highlighted to those in poor health planning to go to the event. In

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TRAVELLERS' TALES

Thai adventure – the second time

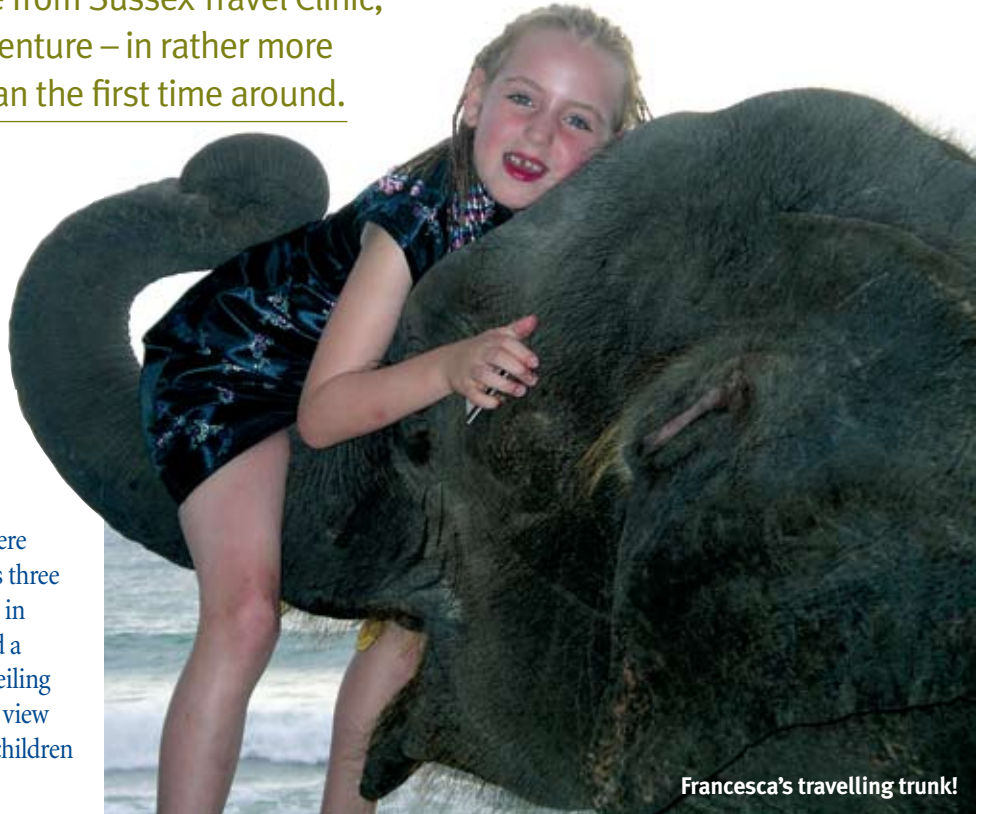
JANE BELL, Travel Nurse from Sussex Travel Clinic, relives her youthful adventure – in rather more resplendent comfort than the first time around.

I fell in love with Thailand 15 years ago on a backpacking trip with my best friend.

Last year, having celebrated 10 years of marriage, my best friend and I decided to return, this time with our eight-year-old daughter in tow and in five-star luxury.

We opted for a direct flight as I couldn't stand too much "Are we there yet?" from Francesca. First stop was three nights in Bangkok where we stayed in the wonderful Sofitel Silom. We had a fantastic club room with floor-to-ceiling windows and the most spectacular view over the city. The Thai people love children so Francesca was spoiled from the moment we arrived.

My husband Mark has a bad neck and vowed not to go on a Tuk Tuk, but within 10 minutes of setting out from the hotel we were being whizzed around the streets of Bangkok on one. Probably not the safest



Francesca's travelling trunk!

mode of transport, but it's a bit like going to Venice and not going on a gondola!

We did the usual tourist bits, visiting the Grand Palace, floating market and an evening trip to Patpong market where

the ladies of the night work. Having an eight-year-old alongside meant we got no hassle, much to Mark's disappointment, but we did manage to pick up a few good fake bargains.

Kolkata: Emerging from the shadow of the Raj

Practice Nurse PENNY NETTELFIELD was so inspired by the work of colleagues in India she joined a support group when she returned home.

I thought I wouldn't survive the taxi journey from Kolkata Airport to the hotel, such was the extreme nature of the driving! The sensory overload was breathtaking. Apart from the crazy traffic, there was the constant din of car horns, cows wandering nonchalantly in front of

vehicles and grazing the central island of the main road, acres of washing hung out to dry, carts piled high with magnificent vegetables and people everywhere. I was exhausted after my first hour in India, but also exhilarated. And the excitement of the sheer difference of everything didn't stop.

Kolkata (formerly Calcutta) is where the British truly established themselves in India. Founded in 1690 by the East India Company, it grew to become the capital of the Raj, a gracious place known as the City of Palaces.

Today hoards of cars, buses and lorries thunder past the old department store buildings on Chowringee ... past the vast Victoria Memorial with its statue of the eponymous queen ... past St Paul's Cathedral with its Burn-Jones window ... past Park Street Cemetery where sad inscriptions note the brief lives of British men, women and their children who died so young from typhus, cholera, malaria or, in one case, a surfeit of pineapples.

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around

However, knowing what goes on here, we should all remember to encourage safe sex or abstinence and hepatitis B vaccinations to all single male travellers. I've recently had so many travellers in clinic going to Thailand that I feared I'd spend my time there saying hello to them all. As it happened we saw no one.

Mark is an avid fan of both snakes and the Discovery Channel so a trip to the snake farm on the Silom road was a must. Not really my thing, so I ventured off into the main building where they extract and store the anti-venom ... only to discover a travel clinic!

I met an American guy there, having his rabies top-ups, and they seemed to be offering a good travel service. I nearly got a jab myself as they thought I wanted vaccinations, not information. We've all heard the one about being able to buy Malarone for 50p in Bangkok Boots. Well, I tried three Boots and had no luck, although the travel clinic did sell them.

Life is a beach

After Bangkok we flew to Phuket for 12 nights at the Dusit Laguna on the Laguna complex. This resort has *five* five-star

hotels set on a lagoon with elephants roaming the grounds, including two baby elephants that entertained the children. One night Francesca saw the elephant and her mahout on the beach and asked if she could go and see him. Next thing we looked down from the balcony and she's on his trunk!

Phuket is wonderful: beaches beautiful, seafood plentiful (yes, we were covered for hep A) and massage in the grounds of our hotel a daily must for me.

We went elephant trekking and sea canoeing and basically had the trip of a lifetime. We were very lucky as none of us got ill and I went armed with repellent as we were there in the wet season. Glad I did – Anna, one of the girls in our hotel, went down with dengue fever while we there.

Risk aside, Thailand is the most fabulous country and it's hard not to want to go back each year, but the world is a big place so next stop for us is South Africa or maybe Vietnam.

Jane and her colleague run a travel clinic in Hove (www.sussextravelclinic.com). Their online travel gear shop at www.worldwidenets.co.uk is offering a 10 per cent discount to students and charity workers.

August the city began to tackle the situation by implementing a four day test scheme which involved taking 1.3million vehicles off the roads. Local residents were advised to use public transport and drivers who contravened the rules faced fines. www.who.int

Rabies vaccine for the Beijing Olympics?

This was provided by Dr Robert Dedmon following discussion on ISTMListServe regarding pre-exposure rabies vaccine for travellers to the 2008 Olympics.

Worldwide there are about 55,000 deaths annually from rabies, about 50 per cent of these in children under 15. The estimate is about 21,000 in Africa and over 30,000 in Asia. Rabies deaths are vastly under-reported – China has reported about 2,500–3,000 this past year, but rabies is a very big problem in China, with the stray dog population a major factor. An excellent review of human rabies vaccines by Debra Briggs is in the recently published second edition of Rabies (2007), edited by Alan Jackson and William Wunner – ISBN 978-0-12-36966-2, Websites for WHO (www.who.int/rabies) and CDC (www.cdc.gov/rabies) have additional data.

World Rabies Day

Many activities, seminars and discussions surrounded the first official World Rabies Day on 8 September, including the global shortage of human rabies immunoglobulin. Helen Johnson told us of the contribution by the Travel Health Clinic in Lisburn Health Centre to raise awareness in Northern Ireland. At a travel clinic reception, a display stand showing facts and figures about the disease was on view. Handouts and leaflets were readily available with nursing staff there to answer questions about the disease and the

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Weighing in with holistic care at CR's mother and baby clinic

TRAVELLERS' TALES



Calcutta Rescue's disease clinic is informal but effective

Against this odd colonial backdrop is the shocking and impressive vibrancy of Indian life, the seemingly never-ending hustle and noise.

No one visiting any Indian city can ignore the poverty, sickness and ill health among huge swathes of the population: it is there

Now the old British buildings stand (or crumble) alongside the new constructions being thrown up by the present dynamic Indian economy

on the pavement of nearly every street.

And it was on a pavement in central Kolkata that Dr Jack Pregar established the NGO Calcutta Rescue (CR) in 1979. This pavement clinic has now metamorphosed into four clinics, two schools, an HIV/AIDS outreach service, a handicrafts workshop and a rural TB programme, all run by local salaried personnel.

Busman's holiday?

In Kolkata last autumn I spent two mornings at one of their clinics with Sue, a volunteer neonatal specialist midwife who has done sterling work over the past six years to establish CR's maternal and child health project.

I was also able to tour all the clinics and schools, and saw some impressive work – leprosy wounds being dressed in a makeshift clinic on the banks of the River Hoogy, mothers receiving a health

FEATURE

Help laryngectomees travel with confidence

Paul Cantlie had a laryngectomy in 2001 and later narrowly escaped injury in a vehicle accident a hundred miles from home. Returning by train, he wondered how he would have coped had he been admitted to a strange hospital with an injury affecting his voice.

He then decided to compile a booklet to encourage people with a laryngectomy to travel confidently even following radical surgery. Hundreds of emails and letters later he had enough information to identify hospitals in the UK and Ireland that could help such patients. He also included maps to

pinpoint the competent facilities. The booklet contains flash cards and typical symptoms in French German and Spanish.

I wrote to Paul to ask if he had considered taking the information abroad to aid laryngectomees travelling overseas. This is his reply:

“Since it was published early in June I have been updating it as more hospitals come on board and the next edition will contain rather more UK hospitals [updated August 07 – ED]. My efforts overseas are somewhat limited, but with the co-operation of commercial medical

firms like Atos Medical of Sweden I have lists for Germany, Spain, Belgium and Luxemburg.

“I have to say for a country the size of Spain the coverage is very thin and one of my own group of laryngectomees at Southampton who is resident there comes back to the UK for standard maintenance.

“There is a section of the booklet for those travelling to German, French and Spanish speaking countries to enable a voiceless patient to present at reception and get to the right department.

“In my experience people in the Scandinavian countries and Netherlands speak rather better English than we do, while the Italians and Portuguese find Spanish easy enough to understand so the guide should take you round 'old' Europe.

education lesson, patients being given supplementary food items as well as their medicines, school children eating a nutritious lunch, a busy pharmacist sorting his stock.

This was all very different to my usual job as a practice nurse, not least the journey to work – a stunningly cheap ride on the efficient Kolkata Metro followed by a short trip perched on a bicycle rickshaw. Making contact with CR certainly added a fascinating dimension to my holiday.

I was very impressed with their work, particularly their holistic approach to health care – the nutrition and education needs of patients and families are addressed alongside their health problems.

Since my holiday I've become involved with the Calcutta Rescue UK support group. We've just launched a website at: www.calcuttarescue.org.uk so do have a look. It's full of information and you might also like to make a donation or even think about volunteering for one of the specialist nurse posts!

"I would be delighted to spread knowledge of its existence to neck-breathers. A number of hospitals and speech therapists have asked for quantity delivery for distribution to patients."

The Cancer Layrngectomee Trust of Halifax is now distributing the booklet which can be viewed on their website at: www.cancerlt.org or the travel guide at: <http://cancerlt.org/assets/laryngectomees-travel-guide.pdf>

For a printed copy, send an A5 SAE to CLT, PO Box 618, Halifax HX3 8WX.

Many of us have looked after laryngectomees who travel abroad so the least we can do is to say thanks to Paul for a great idea and wish him much success.

Sandra Grieve

need for vaccination based on thorough risk assessment of the individual. An opportunity for a short interview on Radio U105.8 was taken up to encourage travellers to seek advice early especially when travelling to risk areas of the world. More www.worldrabiesday.org – also www.cdc.gov/rabies and www.who.int/rabies

Choices website adds travel pages

NHS Choices is a comprehensive health information website aimed at the general public. Recently new pages and information with links and podcasts on travel have been added at: www.nhs.uk/magazines/travelhealth/Pages/travelhealthhome.aspx

The section on hepatitis B under the Health A-Z provides information on prevention and covers risk, stating that anyone who is at increased risk of being infected should consider being immunised. People at risk include:

- those coming into contact with blood products – that is, nurses, doctors, dentists, medical laboratory workers and prison wardens
- sexual partners and close family contacts of an infected person
- injecting drug users who share needles
- people who change sexual partners frequently
- travellers to countries where hepatitis B is common
- those with haemophilia.

Poorly sterilised medical/dental equipment, sharing toothbrushes and razors, and unsafe tattooing/body piercing practices are also mentioned as causes of hepatitis B.

www.nhs.uk/conditions/Hepatitis-B/Pages/Introduction.aspx?url=Pages/What-is-it.aspx

Nairobi fly

On ISTM ListServe, David Lawrance MD, Medical Director, McKinley Health Center, University of Illinois

at Urbana-Champaign, provided this link to an article in *Health Canada* on a little known but rather nasty beetle in Kenya: www.forces.gc.ca/health/information/health_promotion/Engraph/BeetleJuice_e.asp

Cindy Rugsten RN, The Surgery Kampala, added:

"This link is one of the best on the Internet that I have found. The *Paederus* beetle (aka *Nairobi eye or fly*) is hardly mentioned in Mansons yet in rainy season in East Africa the beetles and the wounds they cause are common. The nastiness of the wound depends on the size. The 'burn' is more painful than itchy – and before you see the wound you feel it. It is typically linear. The beetles like fluorescent light and tend to drop down on the face and neck which is why the wounds tend to be on the head and neck. Unless super-infected the treatment is soap and water, and leave open to dry. The scar can take a long time to fade."

Fire, flood and pestilence – without leaving home

The new tenant at No 10 Downing Street had hardly unpacked when he was called upon to deal with a series of emergencies. A major terror event at Glasgow Airport was narrowly avoided, but the fire that followed caused the airport to be closed and travellers to be disrupted.

Then came the floods in July. Many rivers and homes were flooded and areas of the country isolated for several days. The clean up for many homeowners will go on for months yet.

Just when we thought it couldn't get any worse, here came foot and mouth disease and then Bluetongue, causing heartache for farmers when they had barely recovered from the last outbreak.

While we were suffering the wettest summer on record, people overseas were dying in extremely high

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COURSES AND RESOURCES IN TRAVEL HEALTH

LSHTM Travel Medicine (online course)

This new self-directed, multimedia, e-learning course in travel medicine is aimed at the busy travel health practitioner. You learn from home or office with relevant supporting resources available at a mouse click. Content is based on UK practice and covers fundamental areas:

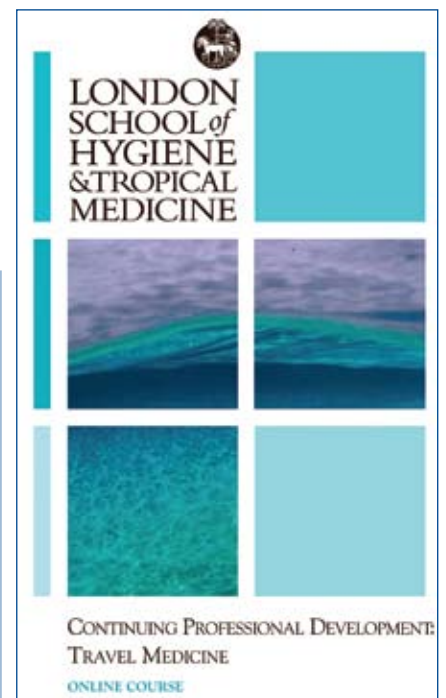
- risk assessment of travellers
- sources of travel health information
- operating a travel clinic
- medico-legal issues and consent
- communication skills
- vaccines, their selection and

administration supported by basic immunology

- all aspects of malaria and its prevention.

The 30+ hours of material are supplemented by extensive online references, reading material, guidelines, videos, animations and images. There is no final assessment, but all modules contain multiple choice questions for self-evaluation. On completion you receive a certificate. CPD accreditation is being applied for.

Registration provides four months' access through a standard web browser with the option to extend. An interactive discussion board promotes student networking. More at www.lshtm.ac.uk/prospectus/cpd/travel_med.html



LSTM Travel and Expedition Medicine Course

4–8 February 2008

This Liverpool School of Tropical Medicine course concentrates on Travel Health (4–6 February) and Expedition Medicine (7–8 February). Internationally recognised experts in the field will teach the fundamentals of these specialties.

The course is particularly suitable for health professionals who may be advising travellers or considering working as expedition medics. More at www.liv.ac.uk/lstm/learning_teaching/short_creds/ShortTravMed.htm

From the journals

Waterhouse, J et al. (2007) Jet lag: trends and coping strategies, *The Lancet*, 369 (9567), pp.1117–1126

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Abstract www.malariajournal.com/content/6/1/105/abstract

Provisional PDF www.malariajournal.com/content/pdf/1475-2875-6-105.pdf

Yamey, G and Hotez, P (2007) “Neglected Tropical Diseases”, Editorial, *BMJ*, 335, pp.269–270.

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De Roock, D; Joder, L and Clemens, J (2007) Putting typhoid vaccination on the global health agenda, *NEJM*, 357(11), pp.1069–1071.

Biai, S; Rodrigues, A; Gomes, M et al. (2007) Reduced in-hospital mortality after improved management of children under five years admitted to hospital with malaria: randomized trial, *BMJ*, 335, pp.862–865.

Reynolds, T (2007) Polio: an end in sight? *BMJ*, 335, pp.852–854.

The Journal of Travel Medicine is available online at: www.blackwell-synergy.com/loi/JTM

For your chance to win a Nokia 2630 recycle your old mobile phone today.

RCN have partnered with mobile phone recycling company ShP Solutions Ltd to offer you the chance to win a Nokia 2630. By simply returning your old handsets in the freepost recycling bag supplied with your newsletter, you are not only raising vital funds and giving yourself the chance to win a great prize – but helping the environment too. For every mobile you send in, the RCN's Benevolent Fund will receive £3 regardless of condition. To be entered into the prize draw all you have to do is complete the slip attached to the bag and enclose it with your handset in the freepost bag. **The closing date for entries is 31 January. Good luck!**

Prize draw terms and conditions: closing date for entries is 31 January 2008 – the prize draw will take place on 12 March 2008 at the RCN headquarters in London – if you have previously recycled your mobile phone for the RCN Benevolent Fund and enclosed your details, you will automatically be entered into the draw – the winner will be contacted by telephone and notified in writing – the prize draw is to win a Nokia 2630 which is non-transferable and no cash alternative will be offered – the winner will be announced in the RCN Bulletin and on the RCN website.

For all queries please email sponsorshipteam@rcn.org.uk or call 020 7647 3626

NHSmail

NHSmail is email designed with the NHS in mind; an email service secure enough to be used for emailing confidential information, thus helping to cut down on the amount of paper we use. Everyone in the NHS can claim their NHSmail account by going to www.nhs.net. For help and information call 0845 300 5845 (8am–6pm, Mon–Fri)

BULLETIN BOARD

temperatures and being flooded out of their homes. Bangladesh, India and Nepal suffered terrible disease and hardship from flooding during monsoon rains, prompting Emergency and Humanitarian Action from WHO South East Asia Region (SEAR). Water-, food- and vector-borne diseases were reported from all affected areas.

Soaring temperatures caused forest fires in Greece although allegedly they were started deliberately. The fires stopped short of the holiday resorts and British tourists were undeterred as they continued their holidays. The Foreign and Commonwealth Office issued advice warning travellers to be careful not to start fires unwittingly while in Greece.

Then came the hurricane season where people visiting or hoping to visit the Caribbean battened down the hatches and waited ...

Climate change? Global warming? Man-made? We will be talking about summer 2007 for some time!

Chikungunya outbreak in Italy

Travellers visiting the affected area in the district of Ravenna were advised to take insect bite precautions. HPR 1 (36) 7 September 2007.

Updates and information at: www.nathnac.org/travel/news/chikungunya_030907.htm and www.travax.nhs.uk

Mile-high club banned on Airbus

Singapore Airlines is asking passengers on its new Airbus A380 plane not to engage in any sexual activities, according to BBC News. The first class area of its giant super-jumbo contains 12 suites complete with double beds. They're private, the airline says, but not sound-proofed: "All we ask of customers ... is to observe standards that don't cause offence

to other customers and crew." No mention of that in the airline's "Virtual Cabin Experience" at www.a380.singaporeair.com/content/interior/index.html. The first A380 services between Singapore and Sydney started on 25 October.

Cycle

Holidays on bicycles are becoming more popular. A survey of 2,000 adults by Mintel showed that Britons spent £120 million on a total of 450,000 such holidays in 2006, an increase of 30 per cent over the previous year. The report said that environmental concerns are a major factor.

Recycle

With over 180 million travel brochures issued every year, people are being encouraged to recycle them and not throw them out with the rubbish.

Topping up the foliage

A mountain peak in China is to be closed for three years to allow re-growth of vegetation damaged by tourists. Visitors have been barred from Danxia Feng in the Huangshan mountain range, a Unesco World Heritage site around 700 miles south of Beijing.

Gee Whiz

This is described as "the best thing since women got the vote". It is called a HUG (Hygiene Urine Guide) and allows women to urinate while standing or sitting, indoors or out without removing clothes or backpacks. It is said to be ideal for women travelling to remote areas in developing countries. You decide! www.whizaway.com

Phone free

Palm Island in the Grenadines has banned the use of mobile phones from one of its beaches, hoping that people will relax, adopt "Caribbean time" and enjoy the sound of the sea.

DATES FOR YOUR DIARY

24–27 February 2008

Our region in focus

Asia Pacific International Conference on Travel Medicine – Melbourne
Email: info@wsm.com.au
Website: www.apictm.com

27 February 2008

TB: today and tomorrow

RCN Tuberculosis Nurses Forum Conference – RCN London
Contact: www.rcn.org.uk/events

19–22 June 2008

13th International Congress on Infectious Disease

Kuala Lumpur
Email: info@isid.org
Website: www.isid.org

9–11 July 2008

Celebrating 25 years: now going for gold

RCN Practice Nurse Association Conference – City Hall, Cardiff
Contact: www.rcn.org.uk/events/pna25

4–15 August 2008

The Gorgas Institute Expert Course

Two weeks of bedside clinical experience on a 36-bed tropical disease unit.
Email: info@gorgas.org

24–28 May 2009

CISTM11

Conference of the International Society of Travel Medicine – Budapest
First announcement: www.istm.org for updates

NECTM 2008

Northern European Conference on Travel Medicine
Marina Congress Center, Helsinki, Finland, 21–24 May 2008

Following the success of the Northern European Conference on Travel Medicine (NECTM) in Edinburgh in 2006, we're pleased to invite you to NECTM2 in May. The conference is supported by Finland, Denmark, Norway, Sweden, Germany, and Ireland and, from the UK, by the British Travel Health Association, National Travel Health Network and Centre, Health Protection Scotland and the RCN Travel Health Forum. The programme will focus on travel related issues from these regions.

See: www.nectm.com for updates
Secretariat: nectm2008@congreg.fi
Slides: www.nectm.com/NECTM2008short.pps

Congratulations to:

- **Vivienne Davis**, a practice nurse from Oxford
 - **Trisha Crisp**, a nurse manager from Harrow, Middlesex.
- They are the lucky winners chosen at our annual conference in September to receive the two NECTM2 places funded by the RCN Travel Health Forum. We look forward to publishing their experiences in the summer newsletter.

Footprints around the world

RCN Travel Health Forum

25 September 2008
Royal College of Physicians, London

Contact:
kathryn.clark@rcn.org.uk
(first announcement)

Apply now to win a funded registration!

We are funding three people to attend this conference. To be one of them you must be an RCN and Travel Health Forum member who has not received RCN funding in the last five years. Complete a funding form, available at: www.rcn.org.uk/downloads/newsletterplus/educational_grant.doc, and tell us why you would particularly like to attend. A report for the newsletter is a condition of funding – help is available to produce feedback and reflection on your experience.



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