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Further information

Send contributions for the next *Travel Health Forum Newsletter* by 9 October 2006 to the Editor: Sandra Grieve
Email sandra@grieve.co.uk
Alternatively contact Karen Piddington or Nikki Mills, Forum Organisers
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GLAXOSMITHKLINE
Travel Health

In excess of 900 delegates from over 40 countries attended this collaborative conference between the International Society of Travel Medicine (ISTM), the Travel Medicine Societies and organisations of Northern Europe – among them SANDRA GRIEVE, who reports from Edinburgh.

'... a memorable event with something for everyone!'

The RCN Travel Health Forum was very much involved in this NECTM initiative, the second "regional" meeting of the ISTM. The first such gathering took place in Cape Town in 2004 and proved to be extremely successful so we had a lot to live up to.

The sun shone on Edinburgh and a traditional Scottish welcome from pipers and renowned folk musicians (including our own Sheila Hall) entertained delegates at the Royal Museum of Scotland, kick-starting a packed programme of events.

The Scientific Programme covered a wide range of topical issues and reflected subjects particular to the participating regions, addressed by experts in the field. It was timely to be discussing climate change and climbing on snow covered mountains while the sun shone and temperatures reached 23 degrees outside!

The meeting and greeting went on throughout the event and there was much lively discussion and debate on a subject practised throughout the globe. It is always good to reflect that we in the UK are probably the market leaders in terms of education in travel medicine and several of the speakers were nurse members of our forum.

The main auditorium was full to hear Her Royal Highness The Princess Royal deliver a special address to the assembled delegates. Her wide experience of travel and her involvement with health projects in the developing world made her an ideal person for this task and what she had to say was well received.

The exhibition hall was a lively hub where delegates could update information and view a goodly and varied selection of posters.



The RCN stand, run by our committee, was continuously visited by people wanting information on our structure and mandate. Many physicians from other countries where travel health advice is mainly doctor-led were interested in what we were doing and vowed to tell their nurses to get in touch. Nurses too were overheard discussing the possibility of emulating our forum in their own country where nothing like it exists.

Our recently published guidance document and the newsletter were included in several presentations as good examples.

It was very apparent that a lot of hard work had gone into making this event the success it was and the 10 successful applicants who were sponsored by the forum for a place at this conference were certainly very enthusiastic in their feedback.

Indeed, if anyone failed to find what they were looking for or answers to their questions, then it was their own fault. Experts were always on hand to help and only too happy to share their knowledge.

Being a Scot and having attended conferences regularly for many years, this was an excellent and memorable event with something for everyone – and as always it was great to meet up with friends, old and new. I'm already looking forward to the ISTM conference in Vancouver BC next year.

Letter from the Chair

Our thanks go to those of you who supported us in our recent response to the consultation for the RCN professional development framework (PDF). It was quite clear that you value and appreciate the work of our group and want it to stay. However, RCN Council accepted the proposed changes and work is now underway to restructure the format of the forums – see page 19.

An action group is being formed and six forum committee chairs or members will be elected to sit on this group as they review different models in which to take the forums forward. We remain uncertain as to the exact pathway we shall go down, but one

thing is clear for now: the Travel Health Forum will remain in its present status for the next two years.

That means the forum elections will go ahead and there will be two committee places up for election. If you're interested, I urge you to nominate yourself – find out more at www.rcn.org.uk/aboutus/gov/council/election.php. The work on the group is so worthwhile – it's beneficial to all nurses working in travel health while also bringing you enjoyable interaction with other like-minded nurses committed to our specialist field.

I have been on the committee for eight years and held the position of Chair for six of these. Under the constitution, I now have to stand down at the end

of September so I will not be involved in the process as it goes forward. However, I will watch with interest and continue to give my support where I can. It has been a pleasure and honour to serve this forum and I have no doubt it will continue to go from strength to strength.

Change is always difficult, but it's necessary for progress and I hope the new "blood" that comes on board will help to invigorate and support you. I'm so proud of this group: we have made significant progress over the past years. I feel sad to be leaving what has become very much a "family" to me, but I wish you every success in the future.

Jane Chiodini

Letter from the Letter

Welcome to the summer edition of our newsletter. There have been numerous changes in our field over the past months and change is indeed a recurring theme in this bumper 20-page edition.

As we went to press last December the new chapters for the *Green Book* had just been announced. Jane Chiodini dissects the important points in relation to travel health, starting on page 16.

With changes to the UK childhood immunisation programme imminent, Laura Lane explains the importance of two new documents on immunisation training on page 12 alongside Dr Paul Clarke's slides on vaccines and immunity should prove useful.

Many of us have wondered about the feasibility of setting up a private travel clinic and on page 10 Clare Henderson tells us how she did it.

As more travellers take to the peaks, expert advice on

sleeping at altitude is addressed on page five.

We try to collaborate with other forums where travel medicine is related and a representative from the Defence Nursing Forum introduces their objectives on page three.

We just managed to get a report on NECTM in Edinburgh in under the wire (see page one).

We've got lots of information on new resources starting on page 16, including a review of Tim Beacon's *Gap Year Handbook* on page 20.

Newsround, Bulletin Board and the other regular features complete this edition.

I want to take this opportunity to thank our outgoing Chair, Jane Chiodini. Those who know her well will know that she gives her all to nurses involved in travel medicine and this forum has benefited enormously from her hard work, wisdom and enthusiasm. It has been a privilege to work with her and we all wish her well for the future.

In other committee news, Annie Bradley has decided not to stand for re-election. If you saw the happy wedding photograph of Annie and Peter in a previous edition you may guess that marriage and family life have altered priorities for Annie and she is moving in new directions. The current steering group thank Jane and Annie for their support and involvement, and wish them well in new endeavours.

And finally I have it on good authority that this publication has been seen in the hands of a nurse in rural Uganda so it is gratifying to know that we are a truly international forum reaching out around the globe.

So wherever you are, do enjoy reading this 20-page compendium of travel health news. And by the way, it's the longest forum newsletter the RCN has ever produced – grateful thanks to our contributors and sponsors helping us make this little bit of history! Enjoy the summer ...

Sandra Grieve

The Travel Health Forum links with other RCN forums whenever we can collaborate on related issues. The Defence Nursing Forum is one of the newly formed forums and we have now established a link with them to raise awareness of travel-related issues for service personnel. Thanks to KATHERINE MOORE for this item.

Collaborating with our Defence Forum colleagues

The RCN Defence Nursing Forum addresses issues pertinent to all aspects of defence nursing, both at a national and international level – indeed, some of our forum meetings have been held in Northern Ireland, Cyprus, Germany and next year in Gibraltar. We feel it is important to spread the word of the forum to outreach areas to ensure that our work is appreciated and disseminated as much as possible.

Our committee has representatives from all areas of nursing care within the Army, Navy, Air Force, Reservists, Volunteers, Territorial Army and a civilian representative (primary care). Members offer a wide insight to the medical needs of servicemen and women, both at home and abroad – from health promotion in primary and secondary care to war zones, medical evacuation and major disasters.

The international theme to our work is remarkable, especially in travel health, both preventative and acute. Therefore we were delighted to accept when Sandra Grieve from the Travel Health Forum attended our meeting at Congress in April and proposed that we work together to improve travel health provision to all travellers including servicemen and women.

The aim will be to improve and share knowledge and skills between the Ministry of Defence and NHS primary care, to ensure the Travel Health Forum guidelines and competences are promulgated within the MOD, to enhance awareness of our respective forums and to produce a national framework for travel health that will be pertinent to all travellers.

The DNF Committee feels that this exciting venture will be of benefit to all travellers and will promote a greater understanding to members of each forum.

Katherine Moore from RAF Cranwell is the civilian representative on the DNF Committee.

Faculty of Travel Medicine – a reality!

The Royal College of Physicians and Surgeons Glasgow (RCPSG) has confirmed the establishment of its multidisciplinary Faculty of Travel Medicine. The College is now seeking to establish an appropriately qualified and experienced Founder Membership. Building on the success of the University of Glasgow, and the RCPSG Diploma and MSc courses, the Faculty aims to ensure high standards of travel medicine clinical practice through developing its examinations in the tradition of the College's high standards. They will also organise and support high quality ongoing continuing professional development; encourage the incorporation of the specialty into undergraduate curricula; relate closely to other involved institutions and specialties (such as general practice, nursing, public health and tropical medicine), represent the specialty at all levels, and develop constructive relationships with the public and the media. Nurses with the Diploma in Travel Medicine or other similar qualification are invited and encouraged to apply via www.rcpsglasg.ac.uk/news/TravelMedicine

More from James Beaton on 0141 227 3204 or email james.beaton@rcpsg.ac.uk

Foreign travel-associated illness

The Annual Report from the Health Protection Agency for England Wales and Northern Ireland is at www.hpa.org.uk/hpa/publications/travel_2005. This is a key document in our discipline and contains important information on illness associated specifically with travel. Travel history information for gastrointestinal illness is improving, but still very poorly recorded. Nurses are reminded of the importance of recording a history of travel when attending to patients with infectious diseases.

New vaccine for children

Planned changes to the routine childhood immunisation programme were notified on 8 February and proposals made to introduce the recommendation by summer. The proposed changes, recommended by the Joint Committee on Vaccination and Immunisation (JCVI), are:

- a new vaccine to protect against pneumococcal infection

- a pneumococcal vaccination catch-up programme
- amending the MenC vaccination schedule to give two doses of vaccine in the first year of life with a booster dose in the second year
- the addition of a booster dose of Hib vaccine in the second year.

Proposed new routine vaccination schedule:

Age at vaccination Vaccine

2 months DTaP/IPV/Hib + pneumococcal vaccine

3 months DTaP/IPV/Hib + MenC vaccine

4 months vaccine DTaP/IPV/Hib + MenC + pneumococcal

12 months Hib/MenC

13 months MMR + pneumococcal vaccine

More about these recommendations is at www.advisorybodies.doh.gov.uk/jcvi/minutes.htm

The Scottish Executive Health Department (SEHD) announced they were introducing the proposed changes around June when vaccine supply and related issues are settled. See www.show.scot.nhs.uk/scieh

STOP PRESS!

On 30 May an agreement on funding had not been reached and we understand implementation of this programme will not begin until the end of the year. A Government spokesperson said: "When we announced the decision to introduce the pneumococcal vaccine to the childhood immunisation programme, we said very clearly it would be introduced in 2006/2007, and that is precisely what we intend to do." Campaigners are afraid this will be too late for the winter peak in cases.

Avian influenza

The World Health Organization published its first recommendations on how to carry out a plan capable of containing a global flu outbreak. Over 70 international experts and WHO staff have drawn up the protocol which suggests that it may be possible to alter the natural course of a pandemic. Computer models of an outbreak have been used in the planning. The meeting agreed a point that would mark the start of a pandemic: "three or more persons with unexplained moderate-to-severe acute respiratory illness (or who died of an unexplained acute respiratory illness) and with onset of illness within seven to ten days of each other and with a history

strongly suggesting potential exposure to the H5N1 virus". See www.who.int

Health Protection Scotland (HPS) has the latest updated algorithms on avian influenza at www.tinyurl.com/lxy65

Guidelines

The RCN Travel Health Forum booklet outlining the minimum standards for delivering a travel health service is proving popular. It's a helpful guide to nurses who are expected to offer this service as part of their role. A copy was included with the summer 2005 edition of the newsletter. More are available from RCN Direct (0845 772 6100) or download yours from www.rcn.org.uk/publications/pdf/DeliveringTravelHealthServices.pdf

Havrix Monodose®

In March 2006 GlaxoSmithKline confirmed that the UK Medicines and Healthcare products Regulatory Agency (MHRA) approved key changes to the Havrix Monodose(r) product licence. Licence changes include:

- it provides 25 years protection from hepatitis A based on predictive modelling
- there's no need to restart the primary vaccination schedule if the booster is administered within five years.

FCO Support Guide

The erstwhile Foreign Secretary Jack Straw launched a consular guide, *Support for British nationals abroad: a guide*. This is the first time that the details of what the Foreign Office can – and can't – do to help British people in trouble abroad have been set out in a single document. Jack Straw said: "There is no more important task for the Foreign Office than our work to help British nationals in distress overseas. I hope that this new guide will help British nationals travelling or living abroad know what support we can offer in different cases." The guide sets boundaries on what help the FCO can provide. It makes clear that people cannot expect public funds to be used to cover medical costs incurred abroad, help find properties abroad or get people out of jail. The guide also contains information on how travellers can stay safe and protect themselves if things go wrong.

See www.fco.gov.uk/travel

Reflecting the great interest in sleep in general, more than 140 papers have addressed sleep at altitude in the last 10 years. A complete discussion is outside our compass here and you might also want to refer to recent reviews and online databases. Meanwhile, thanks to Dr PETER HACKETT for permission to publish this information from a chapter he wrote for the upcoming edition of *Wilderness medicine*, edited by Paul Auerbach.

SLEEP AT HIGH ALTITUDE

Disturbed sleep is common at high altitude. Its cause appears to be multifactorial. Nearly all subjects complain of disturbed sleep at high altitude, with severity increasing along with the altitude. At moderate altitude, sleep architecture is changed, with a reduction in stage three and four sleep, stage one time increased, and little change in stage two.

Overall, there is a shift from deeper sleep to lighter sleep. In addition, more time is spent awake, with significantly increased arousals.

Authors have reported either slightly less rapid eye movement (REM) time or no change in REM compared to low altitude. REM sleep may improve over time at altitude. The subjective complaints of poor sleep are out of proportion to the small reduction (if any) in total sleep time and appear to be due to sleep fragmentation.

With more extreme hypoxia, sleep time was dramatically shortened and arousals increased, without a change in ratio of sleep stages but with a reduction in REM sleep. The mechanisms of this change in sleep architecture and fragmentation are poorly understood. Periodic breathing appears to play only a minor role in altering sleep architecture at high altitude. The arousals have been linked to periodic breathing in some studies but not others. Other factors might include change in circadian rhythm and perhaps body temperature.

Problematic sleep is quite variable, with predisposing factors such as obesity explaining a degree of susceptibility to both deranged sleep and sleep-disordered breathing in some individuals. Recent studies of infants and children, and athletes in simulated altitude devices used for training also revealed deranged sleep quality in these groups.

Although deranged sleep is a frequent complaint in high-altitude visitors, it seems to have little relation to susceptibility to altitude illness or other serious problems. Symptomatic treatment that avoids respiratory depression is safe.

Periodic breathing

Periodic breathing is most common in early and light sleep, may occur during wakefulness when drowsy and does not occur in REM sleep. The pattern is characterised by hyperpnea followed by apnea and is caused by a battle for control of breathing between the peripheral chemoreceptors (carotid body) and the central respiratory centre. Respiratory alkalosis during the hyperpnea acts on the central respiratory centre, causing apnea. During apnea, SaO₂% decreases, carbon dioxide increases and the carotid body is stimulated, causing a recurrent hyperpnea and apnea cycle.

The apnea is central, not associated with snoring, and with absence of rib cage movement. Persons with a high hypoxic ventilatory response have more periodic breathing, with mild oscillations in SaO₂%, while persons with a low hypoxic ventilatory response have more regular breathing overall, but may suffer periods of apnea with extreme hypoxemia distinct from periodic breathing.

As acclimatisation progresses, periodic breathing lessens but does not disappear, especially over 5,000m, and SaO₂% increases.

Periodic breathing has not been implicated in the etiology of high-altitude illness, but nocturnal oxygen desaturation has. Eichenberger et al. have also reported greater periodic breathing in those with HAPE, secondary to lower SaO₂%.

As with fragmented sleep, the intensity of periodic breathing is quite variable. Total sleep time with periodic breathing can vary from one per cent to over 90 per cent. Most studies report no association between periodic breathing and AMS. This may relate to the fact that persons with periodic breathing tend to have higher HVR and a greater average ventilation and oxygenation.

Pharmaceutical Aids Acetazolamide, 125 mg at bedtime, diminishes periodic breathing and awakenings, improves oxygenation and sleep quality, and is a safe and superior agent to use as a sleeping aid. It has the added benefit of diminishing symptoms of AMS. Other agents include diphenhydramine (Benadryl, 50 to 75 mg) or the short-acting benzodiazepines such as triazolam (Halcion, 0.125 to 0.25 mg) and temazepam (Restoril, 15 mg).

While caution is warranted for any agent that might reduce ventilation at high altitude, some studies have suggested that benzodiazepines in low doses are generally safe in this situation.

Another option is to use both acetazolamide and a benzodiazepine. Bradwell and colleagues showed that acetazolamide (500 mg slow-release orally) given with temazepam (10 mg orally) improved sleep and maintained SaO₂%, counteracting a 20 per cent decrease in SaO₂% when temazepam was given alone. The non-benzodiazepine hypnotic, zolpidem (Ambien, 10 mg) was shown to improve sleep at 4,000m without adversely affecting ventilation.

[Note: zopiclone is practically the same as zolpidem (Ambien).]

Peter Hackett MD practises at the Colorado Center for Altitude Medicine and Physiology (CCAMP) at the University of Colorado.

DVT: THE DEBATE GOES ON

Dr RICHARD DAWOOD comments on the latest research.

Research shows DVT risk for

Apparently the CEO of British Airways disagrees, but the research paper published in *The Lancet* in March¹ – sponsored by the World Health Organization and accompanied by a leading article – provides powerful, further insight into the inescapable link between air travel and deep vein thrombosis (DVT).

Researchers took a series of blood samples from 71 volunteers before, during and after an eight-hour flight. They compared these with blood samples from exactly the same people in two “control” situations: seated and immobile during an eight-hour “movie marathon” (watching similar movies to those shown in the air); and while going about their normal daily activities.

In 33 of the 71 volunteers, coagulation “markers” were highest after the long haul flight, confirming activation of the blood’s complex clotting mechanism: the in-flight conditions had triggered an increased tendency for their blood to form clots. In 15 volunteers, coagulation markers were highest following immobility in the “movie marathon” group. Only in 10 were the highest in the “daily activity” group.

Another important finding was that some people in the “flight” group had reacted much more markedly than others. They included women on the contraceptive pill and people with a common genetic mutation (a clotting factor abnormality found in five per cent of the population – or roughly 18 passengers on every jumbo jet). Women on the pill who also had the mutant gene showed the most prominent clotting changes of all.

This new study shows ... that there really is something inherently special about being in the air... that the risk varies from person to person...and that DVT risk factors have a cumulative effect.

These findings confirm those from a previous, smaller study² that found a dramatic (up to eight-fold) rise in clotting markers in volunteers exposed to reduced oxygen pressure conditions, similar to the usual in-flight environment, though in a low pressure simulator on the ground.

Airlines have long argued that the cause of DVT is nothing more than a matter of “sitting still” – while in the same breath denying any link with cramped seating conditions or lack of legroom in the aircraft cabin. They have argued against use of the term “economy class syndrome” (since cases also occur in business class) and in favour of calling it “travellers’ thrombosis” on the basis that you can be just as immobile in a car or on a train.

This new study shows clearly and conclusively, however, that there really is something inherently special about being in the air, beyond reduced mobility; that the risk varies from person

But then again ...

More DVT research

In mid-May another study into the causes of DVT suggested that blood clots were not due entirely to circumstances unique to flying, but caused by sitting for too long in a confined space. The research highlights the dangers of long periods of inactivity during any form of travel. A team of British scientists simulated cabin conditions including low air pressure and reduced oxygen on an eight-hour flight. No increase in blood clotting was found among healthy people. The study included groups thought to be at

increased risk such as women on the contraceptive pill and people over the age of 50, but their results were no different. Prolonged sitting in any situation including long journeys by air, road or rail increased the risk of DVT.

This study *Air travel and deep vein thrombosis* was commissioned by the Department of Transport under the **WRIGHT** protocol (WHO Research Into Global Hazards of Travel).

See www.tinyurl.com/rlg5s

Air travel and venous thromboembolism ...

... is the title of a new Factfile produced by the British Heart Foundation in association with the British Cardiac Society and compiled with the advice of doctors. It’s at www.bhf.org.uk/factfiles

Flight socks can cut risk of blood clots by 90 per cent

Research has revealed that wearing flight socks can reduce by 90 per cent the risk of developing DVT. In a review

fit, healthy air travellers

to person, with some people being at particular risk; and that DVT risk factors have a cumulative effect. The study looked at two possible risk factors, but there are many more: pregnancy, HRT, previous blood clots, a history of cancer, recent surgery, being over 40, being too tall, too short or overweight.

What is the overall risk of DVT?

Symptomless clots that clear up and go away have been found in as many as one in 10 long-haul air travellers.³ The DH estimates the rate of overt DVT to be one per 6,000 journeys.⁴ The death rate from pulmonary embolism, DVT's potentially lethal complication, is small (estimated at one per two million arriving international passengers in Australia⁵). These are not rates that will induce any of us to tear up our air tickets and stay at home, but they nonetheless do have an important impact on fit, healthy air travellers, often in their prime.

Recent rulings in the Appeal Court and House of Lords^{6,7} have confirmed that airlines cannot be liable under present legislation for injury or death from DVT and its complications, regardless of its cause. Secure in this knowledge, the airlines should now do much more to inform and protect their passengers. If they fail, they will justly invite much tighter regulation in future.

A version of this article was published in *The Daily Telegraph* on 18 March 2006.

References

- ¹ Schreijer, A; Cannegieter, S; Meijers, J; Middeldorp, S; Büller, H and Rosendaal, F (2006) Activation of coagulation system during air travel: a crossover study, *The Lancet*, 367(9513), 11 March 2006, pp.832–838.
- ² Bendz, B; Rostrup, M; Sevre, K; Andersen, TO and Sandset, PM (2000) Association between acute hypobaric hypoxia and activation of coagulation in human beings, *The Lancet*, 356 (9242), 11 November 2000, pp.1657–1658.
- ³ Scurr, JH; Machin, SJ; Bailey-King, S; Mackie, IJ; McDonald, S and Smith, PDC (2001) Frequency and prevention of symptomless deep-vein thrombosis in long-haul flights: a randomised trial, *The Lancet*, 357 (9267), 12 May 2001, pp.1485–1489.
- ⁴ Department of Health (2006) *Advice on travel-related DVT* (Internet) www.tinyurl.com/n9tx4 (Accessed 19 June 2006).
- ⁵ Kelman, CW; Kortt, MA; Becker, NG et al. (2003) Deep vein thrombosis and air travel: record linking study, *BMJ*, 327, pp.1072–76.
- ⁶ British and Irish Legal Information Institute (2003) *Deep vein thrombosis and air travel group litigation* at (Internet) www.tinyurl.com/g3qkx (Accessed 19 June 2006)
- ⁷ House of Lords (2005) *Judgments – deep vein thrombosis and air travel group litigation* at (Internet) www.tinyurl.com/kwgem (Accessed 19 June 2006).

of research published in April, scientists said that flight socks encourage blood to flow properly in the legs and prevent it from clotting.

The scientists reported in the *Cochrane Library Journal*: “Airline passengers similar to those in the trials in this review can expect a substantial reduction in their risk of a symptomless DVT if they wear compression stockings. Wearing stockings might reduce the incidence of this outcome from a few tens per thousand passengers to two or three per thousand. Passengers who wear stockings will also experience less oedema.”

Mike Clarke, Director of the Cochrane Centre in Oxford who led the review, said the result had surprised him:

The flight socks tested in the studies are similar to the compressional bandages worn by patients lying in bed post surgery – another group prone to developing DVT.

Professor Clarke's review was based on an analysis of nine previous trials, which collectively studied 2,800 people. Half were randomly assigned to wear stockings for a flight lasting seven hours while the other half were not. None of the passengers reported any symptoms of DVT. Even so, they were assessed by

doctors to detect any potential blood circulation problems in their legs.

While the new research unequivocally recommends wearing flight socks as a way to avoid DVT, other methods are available for long-haul flyers: “Anything that gets the blood circulating – walking around, calf exercises, wiggling your ankles. They're all designed to get the blood flowing in the deep vein of the calf and of the lower leg, and that's the standard advice. Drink lots of fluid so that you don't dehydrate.”

Advice for travellers is at www.dh.gov.uk/PolicyAndGuidance

DATES FOR YOUR DIARY

30 September 2006

The RCN Travel Health Forum

Au Revoir and Bon Voyage

Royal College of Physicians, London

Contact: kathryn.clark@rcn.org.uk

5-7 July 2006

National Practice Nurse Conference

Sopwell House Country Club and Spa St Albans

Contact: kathryn.clark@rcn.org.uk

or see www.rcn.org.uk/events

14-18 August 2006

Medicine for adventure travel

The Snow King Resort, Jackson Hole, Wyoming USA

Website: www.matjacksonhole.com

[You might think I'm mad posting this and it is a long way to go for a conference, but the programme looks excellent and the speakers are well known in the field. Of special note is a seminar on understanding the concept of risk in travel medicine. Pandemic influenza and yellow fever vaccine are also included – make it a holiday? – Ed.]

11-13 September 2006

Health Protection 2006

University of Warwick

Website: www.healthprotectionconference.org.uk

25-26 September 2006

Northern Ireland Regional Conference on Travel Medicine

Manor House Country Hotel and Conference Centre

Kiledeas, Enniskillen, County Fermanagh

Updates on www.btha.org

9-12 November 2006

First International Congress on Air Travel and Health

Israel Institute of Technology, Eilat.

Email: ath2006@palex.co.il

10 November 2006

MASTA Travel Medicine Study Day

Royal College of Physicians London

Contact: www.masta.org/studydays

29 November – 1 December 2006

6th Asia-Pacific Travel Health (APTH) Conference

Health and travel in the tropics: an Asian perspective

Bangkok

Email: Dr Santanu Chatterjee at sanchat@vsnl.com

or Dr Tony Gherardin at tony.Gherardin@healthoz.com.au

1 December 2006

17th National Immunisation Conference for Health Care Workers

Manchester Conference Centre

Website: www.hpa.org

20-24 May 2007

International Society of Travel Medicine (CISTM 10)

Vancouver Conference Centre

Telephone: 001 (856) 423-7222 (Ext 217)

See www.istm.org

BULLETIN BOARD

UPDATE: Changes proposed to the national GMS contract

From April the Quality and Outcomes Framework (QOF) was extended to cover a wider group of illness. Changes include improved clinical criteria for patients including those with kidney disease, atrial fibrillation, dementia and depression, alongside the existing clinical areas. It also covers setting up obesity and learning disability registers. This is the first of a two-stage review of the GP contract. Stage two work is ongoing and they hope to implement an agreement in April 2007.

Three ticks for ticks

- ✓ The data sheet for tick-borne encephalitis (TBE) vaccine FSME-IMMUN® (Baxter Vaccine) has been revised. The third dose should now be given at five-12 months and not as previously recommended at nine-12 months.
- ✓ The Tick Alert Campaign was launched to raise awareness of tick-borne diseases. Health professionals are encouraged to advise travellers going to risk areas to seek advice and take preventive measures. See www.masta.org/tickalert
- ✓ *Tick-borne diseases of humans* (2005), edited by J Goodman, D Dennis and D Sonenshine, has been published by ASM Press. ISBN 1-55581-238-4.

Needles for babies

A nurse researcher has found that using 25mm needles instead of the 16mm needles often attached to childhood vaccines causes less discomfort and is more beneficial to babies. Linda Diggle says that unless the baby's muscle is penetrated by the longer needle the child could experience an adverse reaction. She hopes that her research will lead to a change in the way pharmaceutical companies package their vaccines.

National Travel Health Network and Centre (NathNac) updates on:

- Dengue fever information is at www.nathnac.org/pro/clinical_updates/dengueupdate_250406
- Oral typhoid vaccine Vivotif reintroduced www.nathnac.org/pro/clinical_updates/vivotif_290306
- Avian influenza information is at www.nathnac.org/pro/clinical_updates/flu_110506.htm

People misled over sunscreen protection

European Commission warns of misleading information on sunscreen protection in a report at europa.eu.int/comm/enterprise/cosmetics/sunscreens/index_en.htm

World Bank criticised

Malaria experts from around the world have accused the world's largest foreign aid agency, the World Bank, of deception and medical malpractice that has led to unnecessary deaths from malaria. The

bank has allegedly published misleading financial claims and false statistical accounts, and wasted money on ineffective medicines for treating malaria. The experts have called on the bank to relinquish its funding to other agencies better equipped to fight the disease. The bank denies the accusations, saying the statistics were consistent with available data. See Attaran, A; Barnes, KI; Bate, R et al. (2006) The World Bank: false financial and statistical accounts and medical malaria treatment, *The Lancet* (published online 25 April). See www.thelancet.com for the experts' article and response from the World Bank with links to two related articles.

Spaced out!

According to US government proposals, space travellers of the future will be required to pass the same security screening as airline passengers. Spaceship operators are advised to use the Homeland Security Department's "no fly" guidelines. Individual operators will be allowed to decide whether a passenger is medically fit for space travel.

[*What a change faces travel health advisers of the future-Ed.*]

Visa link

Condoleezza Rice, the US Secretary of State, said that to reduce queues at embassies and consulates, they are considering using conferencing facilities to interview visa applicants. The scheme would be piloted initially on business travellers and, if successful, become available to other travellers.

Good manners

The Travel Industry Association of America (TIA) says that the image of the US is being damaged by the behaviour of tourists from the country. Different ways of advising tourists on how to behave abroad are being devised. "US tourists have been caricatured as brash, loud and overly patriotic, and we need to change perceptions and look at how Americans behave away from home" said a spokesperson from the TIA.

[*Should the British industry follow suit? Views welcome -Ed.*]

Unsafe transport

The Foreign Office has advised travellers not to use trams and buses in major Brazilian cities following an attack on British tourists en route to Rio from the airport. The Britons were attacked at gunpoint and robbed of passports. The FCO advised that cars are also targeted and hijacked. Visitors should use taxis or the Metro. See www.fco.gov.uk

Cancelled tours

Tour operators cancelled tours to Nepal in January after an escalation of civil unrest during which the FCO advised against all but essential travel to the country. Although the situation has improved considerably, security remains uncertain and the situation could change rapidly. See www.fco.gov.uk

Infected pools

The Health Protection Agency has produced new guidance for owners and users of commercial and domestic spa pools. As the pools become more popular, the guidance sets out practical measures on accident prevention and maintenance to prevent infections such as Legionnaires' disease and folliculitis. See www.hpa.org.uk/publications/2006/spa_pools

Schools out: I

Parents are still ignoring advice on taking their children out of school during term time to take advantage of cheaper holidays. Despite the Government's campaign, *Every lesson counts*, and incentives such as offers of discounts on holidays taken during official breaks if booked early or local authorities levying fixed £50 fines to parents who ignore the advice, parents still think it acceptable to take family holidays during the school term. A website poll by a family travel website showed that the incentives were not enough to deter parents and 78 percent felt term time holidays were acceptable. Head teachers can authorise term time holidays, but only in exceptional circumstances.

Schools out: II

Following a court ruling that schools and councils have the legal right to prosecute parents who remove children from school without permission, the Government extended the scheme that encourages parents to buy holiday packages during school holidays. The scheme was due to end at the end of March, but was extended for another month and a review is expected to follow. Critics say that small discounts or free child places are useless if the overall holiday cost is higher during school term. See www.takethefamily.com

Cruise holidays on the rise

The Passenger Shipping Association reported that 1.25 million Britons are expected to take a cruise holiday in 2006, a rise of 17 percent on last year. Despite the launch of 10 new cruise ships in 2005, prices have not fallen and are on average 15 percent higher than in 2003.

So is cruise crime

As cruises become an increasingly popular form of tourism, there has also been an increase in reported crime on cruise ships during the past three years. A report based on the submissions of 15 cruise operators to the International Council of Cruise Lines (ICCL) was submitted to the US Congress ahead of a hearing. Victims and their families are concerned that information is rarely made public as cruise lines are not required to publish comprehensive crime statistics. The ICCL say jurisdiction over crimes at sea is complicated and a number of countries may be involved – for example, the waters where the alleged crime occurred, the countries of residence of the victim and of the offender, and the country where the ship is registered. Operators say that crime figures should be set against the number of passengers cruising and they are committed to safety and security.

CLARE HENDERSON started a travel clinic at Glasgow Airport in 2003 with funding through a personal bank loan and private partner investment. Here she describes how she did it and where she is now.

MAKING A BUSINESS OF TR

Establishing and running my own business has undoubtedly been the most challenging thing I have undertaken professionally or personally – a rollercoaster ride of exhilarating highs and scary lows. Now three years on, the ride seems calmer but be under no illusion: running your own business consumes your every thought and monopolises your time like no other project you have ever undertaken.

Taking time away from your business can be difficult, particularly in the early days. Financially it may be impossible to employ someone for duty or holiday cover, or perhaps you cannot find anyone suitable. It was two years before I felt able to take a week off work and, in a bizarre twist, I was immensely anxious about leaving someone else in charge. I was unprepared for this and it almost defeated the purpose of taking the holiday.

In the first year of business I had maximised time off by taking long weekends at bank holidays. That's not ideal but nobody said that running a business was easy. Another way of claiming some downtime is to take time back during quiet spells. If you have no appointments, let somebody else answer the phones so you can start work later or head home early.

On top of running a business, remember that you have a personal life and a home to maintain – and meanwhile you have probably reduced or lost your income. If delegating chores is what it takes to free up time for leisure and relaxation, it might be worth the outlay. If finances are tight you may not be able to afford help often, but when everything seems overwhelming, give serious consideration to getting help:

- Let someone do your ironing.
- Shop online.
- Have groceries delivered.
- Get a takeaway.
- Recruit a cleaner.
- If a cleaner is unrealistic, accept that you are not a bad person because your house is not a show home.

Without the help of certain people, running my business would have been harder. There is much to gain from those who have been there before and lived through the highs and lows of business life. Use every bit of support offered and learn from what others have done well or got wrong along the way.

The staff I have recruited and worked alongside have been fantastically supportive, embracing the challenges of working in a new business and displaying true loyalty and commitment to the clinic. I can't emphasise enough the importance of employing the right individuals for your particular business.

My husband has been a receptionist, nurse, handyman and general dogsbody in the business without ever making it onto the payroll. He has sacrificed personal finances, holidays, days off and time together to support me in making the business successful. While your spouse might not technically or legally be part of your business, it will significantly impact upon their life and their support cannot be underestimated.

What keeps me awake?

Personally, money matters have caused many sleepless nights. Finances are likely to be a major source of stress and you need to be prepared for this. Getting to grips with business finances is critical and getting a handle on the monies in and out of your business is essential from day one.

If accounting is not your strong point, find a good accountant or bookkeeper to advise on cashflow predictions and getting to grips with the basics of the profit/loss account and balance sheet. I enjoy doing my own bookkeeping, which has helped me to understand the rudiments of cashflow and to predict financial problems in advance.

Understandably, those in a new business rarely admit to financial problems. With nobody prepared to share their experience, you can feel isolated, believing your business is failing. Even the best business plan predicting your first year sales may contain an element of guesswork so consider the reality that your actual sales figures may not reach the projections.

Think ahead:

- Are you ensuring adequate money to pay staff?
- What if you cannot afford to pay yourself?
- Alert suppliers at an early stage if you foresee payment difficulties.
- If you need an overdraft, don't leave it until the last minute. Your bank is more likely to offer help if you can show accurate cashflow predictions rather than financial crisis management.

TRAVEL HEALTH

Consider ways to improve cash flow – small changes can make a huge difference in terms of available cash:

- Encourage cash sales; minimise customer invoicing.
- Make customer invoices payable upon receipt.
- Reduce the amount of stock you hold – for example, order vaccines weekly rather than monthly.
- Can you pay rent monthly rather than three months in advance?
- Consider paying yourself twice a month as opposed to monthly.

Summing up!

Running your own business is hard but rewarding. Keep your expectations realistic, use the support and expertise of those who have run a business and remember the importance of a decent work-life balance. Above all, remember to enjoy your business and celebrate your successes along the way.

Contact Clare at www.thetravelclinicglasgow.co.uk

Thinking about it ...?

Find out about registering as an independent health care service provider on the Healthcare Commission website: www.tinyurl.com/f8hqv

To Register as a Yellow Fever Vaccinating Centre (YFVC):

- **England:** National Travel Health Network and Centre (NaTHNaC). Telephone +44 020 387 9300 (Ext 5943) or email nathnac@uclh.org or www.nathnac.org
- **Wales:** NaTHNaC (as above)
- **Scotland:** Health Department of the Scottish Executive. Telephone 0131 244 2278.
- **Northern Ireland:** Health Protection Branch of the Department of Health and

Social Services. Telephone 028 90522 333.

Recommended reading:

Chiodini, J (2005) Providing a travel health service in primary care, *Nursing Standard*, 19 (39), pp.57–65. *Delivering travel health services: RCN guidance for nursing staff*. Download at www.tinyurl.com/g8cysx

BULLETIN BOARD

Going it alone

A company specialising in holidays for single people claims to be the first to charter a cruise ship for singles. All cabins will be for single occupancy and no single supplements will be charged.

See www.justyou.co.uk

Poor exchange

The Holiday Purchasing Power Index (HPPI) ties currency exchange to local inflation rates and was devised by Halifax Travel Insurance. According to the HPPI, purchasing power by British tourists visiting Europe has fallen by up to 16 per cent in the past four years. In Spain, a favourite destination, financial spending power has reduced by 16 per cent since 2002. In Italy transport, attractions and local products are 14 per cent up while in France and Greece prices have increased by 12 per cent and 11 per cent respectively. Football fans heading to Germany for the World Cup will need 13 per cent more spending money. Low cost airlines and Internet bookings have reduced the cost of holidays, but the HPPI shows that travellers should take account of currency exchange rates and cost of living into their overall budget. Mainland Europe is the most popular destination for Britons, but rising costs are encouraging travellers to look further afield – mainly to the east, which may explain the rapid growth in travel to countries outside the EU. Over the past decade purchasing power in the USA has reduced by five per cent, in Australia by seven per cent and in New Zealand by four per cent. The research blames the Euro's fluctuating exchange rate and rising costs in popular destinations.

Insurance

Insurance cover against deep venous thrombosis is being offered by a British online company with emergency medical assistance cover for travellers contracting DVT and £10,000 should death occur during the trip or within 72 hours of arriving home. A spokesman said the new policy would ensure families could cope financially in the immediate aftermath. See www.247travelinsurance.co.uk

Nappy gappers

We've highlighted the increase in grown-up gappers. Now it's adventurous toddlers! A leading adventure holiday company has created five itineraries said to be suitable for infants as young as one year. Already dubbed "the noons" (not out of nappies) trips like travel to Morocco, which include travel to villages high in the Atlas mountains are on offer. Most travel companies have a minimum age limit of five years for family adventure trips, but the Adventure Company feels that families with younger children are missing out. See www.adventurecompany.co.uk

[You have been warned!-Ed]

Grown-up gappers

The new Gap Year for Grown Ups brochure gives travel ideas for volunteer placements and travel in over 25 countries around the

LAURA LANE, Immunisation Nurse Specialist at the HPA's Centre for Infections, explains the reasons behind the new initiatives on training in immunisation.

THE WHY AND WHEREFORE: HPA produces new National minimum standards for immunisation training

Last August, the Health Protection Agency published two documents: *National minimum standards for immunisation training* and an accompanying *Core curriculum for immunisation training*. These were written by a group of immunisation specialists led by the Centre for Infection's Immunisation Department and then circulated for comment and endorsement by the different professional organisations which represent professionals involved in immunisation. They have been approved for use in England, Wales and Northern Ireland.

In the current climate where changes to the vaccine schedule and vaccine controversies are frequent and public confidence in vaccines may waver, it is vital that immunisers are confident, knowledgeable and up to date. They need to be able to meet the growing demand for information from patients and parents as well as the increasing requirements of clinical governance and professional accountability.

Well-implemented training has the potential to equip health care professionals with the knowledge they need to meet these demands, to provide a high standard of safe and effective care and also to prevent serious adverse events. Specific training in immunisation should therefore be seen as a priority and we hope that these national standards should help both to raise awareness of the need to make immunisation training a priority and to assist in planning and providing training at all levels.

In addition, the standards have also been written with the aims of providing

consistency in the training provided across the country and aiding those areas where training is not currently established. It is intended that the standards should help to enable those in charge of designing and running local immunisation courses to ensure that all core areas of knowledge and competency are covered by providing a curriculum around which to structure the training they offer.

Although the standards have been written mainly for those working in primary care where the majority of vaccinations are given, everyone who administers or advises on vaccination as part of their clinical practice should have access to training, whatever their background or professional role. We hope the standards and core curriculum will be used in both undergraduate and postgraduate education for nurses, midwives, doctors and pharmacists.

The standards and core curriculum can be downloaded from the HPA website Immunisation Training page at www.tinyurl.com/s4eor

This page also contains additional complementary training materials which have been developed to support the delivery of immunisation training at local level. These include slide sets designed to be used by trainers to teach the 12 core areas described in the core curriculum and an online self assessment multiple choice quiz.

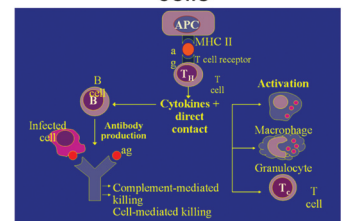
We welcome feedback on the resources developed so far and suggestions for additional complementary training materials. Email your comments and suggestions to immunisationtraining@hpa.org.uk

VACCINE SCHEDULING: What are we trying to achieve?

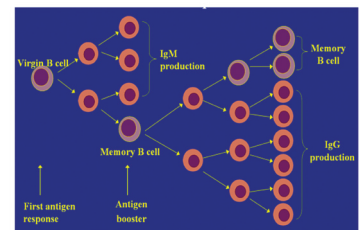
At the MASTA Travel Medicine Study Day last October, Paul Clarke's presentation covered the importance of protective antibody levels (PAL) in relation to exposure to pathogens and the importance of immunological memory being induced by vaccines.

Thanks to Dr Clarke for permission to use these slides. He is Medical Director and Chairman of MASTA, the Medical Advisory Services For Travellers Abroad.

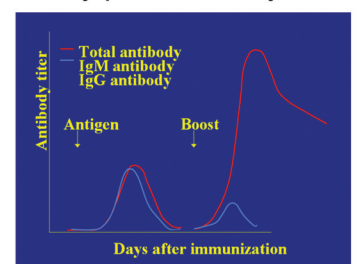
Interaction between immune cells



B cell response



Antibody production by B cells



Age (y/yr)	Incubation (days)	Disease	Vaccine (D, Y, P)	Minimum level*	Minimum level*	Minimum level*	Minimum level*	Minimum level*	Minimum level*	Minimum level*
				THYX	THYX	THYX	THYX	THYX	THYX	THYX
Y	0	Diphtheria	D	✓	✓	✓	✓	✓	✓	✓
Y	0	Tetanus	D	✓	✓	✓	✓	✓	✓	✓
B	10-14	Typhoid	D	✓	✓	✓	✓	✓	✓	✓
B	2-3	Shingles	D	✓	✓	✓	✓	✓	✓	✓
Y	21-28	Hepatitis A	D	✓	✓	✓	✓	✓	✓	✓
Y	40-100	Hepatitis B	D	✓	✓	✓	✓	✓	✓	✓
Y	14-180	Rabies	D	✓	✓	✓	✓	✓	✓	✓
Y	14-21	Polio	D, Y, P	✓	✓	✓	✓	✓	✓	✓
Y	8-10	Yellow Fever	Y	✓	✓	✓	✓	✓	✓	✓
Y	9-18	Malaria	D	✓	✓	✓	✓	✓	✓	✓
Y	7-10	TBAC	D	✓	✓	✓	✓	✓	✓	✓
B	Long	SRVCS	Y	✓	✓	✓	✓	✓	✓	✓

*PAL: Protective Antibody Levels. Depends on risk / facilities for immediate boosters.

Summary

- Short incubation diseases
 - require PAL at time of exposure
- Long incubation diseases
 - Will produce PAL if memory established by prior primary course
- PAL
 - Take 10 days to reach peak in primary course
 - Take shorter time if memory established by prior primary course
- Memory
 - Once induced is long lasting, particularly with live viral vaccines
- Any number of dead vaccines can be given together
- Live viral combinations
 - Separate by 21 days MMR / Yellow Fever / BCG

BULLETIN BOARD

world. Specialising in “life changing travel” the company will give advice on making the decision to experience different cultures and on how to make it a reality. See www.gapyearforgrownups.co.uk or call 01892 701881 for a detailed pack.

Girls on top

According to a survey of over 30,000 gap-year students from 2005, girls took two-thirds of volunteering placements. The Year Out Group who conducted the survey said girls were more attracted by teamwork, fundraising and working with other cultures.

Leaders of the pack

A study undertaken by consumer analyst company, Mintel, found that the number of Britons taking annual trips abroad will increase from 65 million (average of one per person) to 101 million over the next 15 years. In spite of terrorism threats and natural disasters, overseas travel has remained strong. The survey predicts that the total number of overseas trips by those from the world's top 15 travelling nations is expected to double by 2020 from 433 million to 837 million. The leaders are likely to be Germans, followed by Japanese, Chinese and British tourists with the USA finishing fifth.

Scottish thrift?

Research by Western Union's travel cash card division found that British travellers exceed their holiday budget by around £300 per person. The average holidaymaker sets aside £500, but actually spends £800. Scots have the smallest budget of £300 per person while those from Northern Ireland average £1,000 per person.

Is your flight-mate a soul-mate?

A New York-based company claims on its website that it can match like-minded or mutually attracted people to sit together on flights. Travellers can register free on the site, listing personal details, and when itineraries are posted the site will provide details of others taking the same flight. For a small fee contact can be made between passengers. Travellers looking for peace and quiet can

request someone who will not disturb them. The service is also designed to help people network, and can act as a dating agency and facilitate business discussions. It's at www.airroductions.com

Hey, Buddy!

Britain's largest tour operator, Thomson Holidays, has devised a new method of distributing information to holidaymakers. The free service “Thomson Travel Buddy” will provide customers with emergency contact numbers and visa information before departure via text messages to mobile phones. Services on offer at the destination will also be texted and customers can text the company for further information. The service is not designed to replace reps and will be an additional service.

New flights

Low-cost airlines are now flying to Africa. EasyJet and Flyglobespan announced new routes to Morocco and South Africa. See www.easyjet.com and www.flyglobespan.com

Is there a nurse on board?

The prospect of larger aircraft with greater passenger numbers will lead to the requirement of a nurse or doctor being on board. The RCN In-Flight Nurses Association (IFNA) has details on their website at www.rcn-ifna.org.uk

Administration of drugs and in-flight nursing practice

The IFNA receives a lot of queries about this area and has spent a significant amount of time clarifying the issues for members. The most up to date information is contained in *Clarification and guidance on the management and administration of medicines in the in-flight setting* at www.rcn-ifna.org.uk

Pool safety

The Royal Life Saving Society says millions of holidaymakers are put at risk each year by poor safety standards of swimming

pools. Statistics show that over 70 people die in pools abroad each year, the majority of them children on European summer breaks. The RLSS is launching a campaign to make travel companies take more responsibility in making pools safe. Labour MEP Gary Titley has called for the European Commission to introduce a continent-wide safety standard for hotel pools.

Eye off the ball

A specialist holiday company for singles said that women are desperate to escape football fever this summer. There was a 15 per cent increase in women travellers seeking to visit countries not involved in World Cup football during June and July.

Useful archive

Developed by Canadians and shared with ISTM ListServe members, a free archive of previous medical conferences is available at www.skylarkmedicalclinic.com/MedicalMeetings.htm. It contains some useful information with contributions from scientists and professionals (entomologists, physiologists, philosophers, dentists, vets, and pharmacists) as well as physicians and nurses to give different perspectives on travel concerns.

New tools

Also shared on ISTM ListServe is news of multi-language travel handouts for:

- insect avoidance and malaria
- traveller's diarrhoea
- travel with kids
- trauma avoidance
- immunisations.

They're written in simple English and tailored to issues most pertinent and practical to many immigrant travellers visiting friends and relatives (VFRs). Available as MS Word, PDF and HTML files, they have been translated by bilingual, bicultural, medically trained individuals and are currently available in several languages. Comments, suggestions, corrections or contributions are welcome and contributors will be acknowledged on the web-page. See www.tropical.umn.edu/vfr or go to www.tropical.umn.edu and select travel handouts.

DOSSIER: Malaria

A study by researchers at the Pasteur Institute in Paris has shown that malaria parasites develop in the lymph nodes of the immune system. Scientists said the findings were unexpected and hope that their work could aid development of vaccines, potentially targeting the parasites before they develop in the liver. The study is featured online in the journal, *Nature Medicine*.



Here are some of our committee with a friendly mozzie.

from 15–21 May. Foreign news correspondent Rageh Omaar spearheaded the week, relating his personal experience and emphasising the need for holidaymakers to be more aware of the disease. Joanne Yirrell, the mother of a young rugby player told the tragic story of her son Harry's death last year from falciparum malaria. Sadly he gave his antimalarials to the children he was teaching in Ghana, believing they needed them more than he did. She felt that had Harry understood the risk of malaria more fully his death could have been prevented. More malaria advice at:

- www.malariahotspots.co.uk
- www.fitfortravel.scot.nhs.co.uk
- www.nathnac.org
- www.malaria-reference.co.uk



And Jane, our Chair, with Rageh Omaar.

the malarial parasite. A separate study in 2005 showed that monitoring rainfall and sea surface temperature could predict the peak of a malaria season up to a month in advance. The latest research would give health workers more time to build up stocks of insecticides, drugs and other preventive and protective measures.

STOP PRESS!

New malaria figures just published – see www.tinyurl.com/mvolv website address!

Mosquito hazard

The mosquito-borne viral infection chikungunya in islands in the Indian Ocean led to WHO urging local people to exercise caution and remove potential mosquito breeding areas like stagnant pools. La Réunion was worst affected with 93 deaths linked to the virus. Tourists were advised to use insect repellents. More at www.who.int and www.nathnac.org

BULLETIN BOARD

Schistosomiasis

For useful maps and information on the geographical distribution of schistosomiasis, go to www.path.cam.ac.uk/~schisto/Background/Distribution.html

Subscribe to CDR Weekly

Subscription to the HPA Communicable Disease Report, *CDR Weekly*, is free. Just email the editorial team at cdr@hpa.org.uk

Alerts

Sign up to e-alerts from the European Centre for Disease Prevention and Control (ECDC). Information is released weekly and monthly, including policies on disease prevention and control within the European Union. Visit www.eurosurveillance.org

Website withdrawal

“Travel Medicine Web” and “Surf For Safe Travel” have been updating us with the latest in travel health information over the past four years, but these websites have now been withdrawn from the Internet. See our website at www.rcn.org.uk for travel medicine related website information

Conservation

Blue Ventures is an award winning not-for-profit organisation dedicated to facilitating projects and expeditions that highlight marine conservation and research. The field research is carried out by overseas volunteers who work closely with field research scientists and camp staff. Every six weeks a new team of volunteers arrives at the field site, ensuring year-round sustainability of research in the region. See www.blueventures.org

Brilliant early detectors

Larry Brilliant, Google's newly appointed Philanthropy Chief, is rallying support for the creation of a global early warning system aimed at identifying and preventing the spread of infectious diseases and other disasters. Dr Brilliant received a Technology, Entertainment and Design (TED) award of \$100,000 to have three “wishes” fulfilled

by the TED community. His wish is for help to establish a global early detection and early response system for infectious diseases modelled on the Global Public Health Intelligence Network (GPIN), an Internet-based early warning system that gathers information on public health threats and delivers the information to the United Nations in seven languages. More at www.tinyurl.com/g2k3o

Time out

Research by Direct Line Travel Insurance has shown that 1.75 million Britons intend to leave their jobs to go travelling in 2006. Almost a third of those planning to go overseas say they are willing to take unpaid leave and a fifth plan not to return to their current job. "Burn out" is cited as the reason to travel.

Hotel or hospital?

A leading hotel group and an Indian hospital company are joining forces to promote medical tourism in India. The partnership reflects a growing trend with overseas visitors taking advantage of low-cost hospital treatments. The hospital chain already has six international centres in cities across the subcontinent and claims to treat 10 million patients from 55 countries. As many as 150,000 tourists visit India each year seeking non-emergency treatment in conventional hospitals and traditional ayurvedic centres. The Indian government announced plans for medical visas for tourists seeking treatment during their visit.

[I wonder if they will also seek pre-travel advice?-Ed.]

Cheaper surgery

In spite of a poor reputation on security, Columbia is becoming a popular tourist destination with over 15,500 Britons visiting the country in 2005. A growing number of visitors are taking advantage of cheaper prices for cosmetic surgery.

Surgery vouchers

Leading UK surgeons have condemned a medical company offering holiday vouchers in return for booking cosmetic treatments.

The British Association of Aesthetic Plastic Surgeons (BAAPS) criticised the group for using marketing gimmicks to draw in business.

Sun alert

Figures from Cancer Research UK show that young men under 24 and men over 65 were least likely to seek medical advice when concerned about a skin mole. The number of men who died from melanoma has exceeded 1,000 for the first time. The SunSmart Campaign will concentrate on men for this year and encourage early presentation for advice and treatment.

Lost

A travel website which offers mobile home breaks in Europe conducted research among 2,000 holidaymakers. Some 60 per cent of them could not accurately place on a map where they had been on holiday. In addition, 38 per cent thought Singapore was in China, 29 per cent thought New Zealand belonged to Australia, 44 per cent did not know the Alps were in Europe and 40 per cent thought Cancun was in the USA. It's all at www.ugogo.co.uk

More afraid of birds than bombs?

British holidaymakers are more likely to be deterred by avian flu than terrorism threats when planning to travel. Although there is no change to the Foreign Office advice on travel to affected regions, fear of the virus makes travellers reluctant to visit Asia and the Far East. Despite reassurance from the World Travel and Tourism Council that holidaymakers are at low risk of the disease, they're avoiding Thailand and China in favour of Africa and Latin America. Meanwhile only months after attacks on Sharm-el-Sheikh, the Egyptian Tourist Authority (ETA) report record numbers of Britons travelling to the country. The authority predicts that the annual tourism figures will have doubled by 2014 as new resorts open and existing facilities are improved.

Road sense?

A car rental company is offering people the chance to have a detailed look at the roads they will be driving on abroad using technology provided by Google Earth. By logging on to www.holidayautos.co.uk and clicking on "favourite drives" you can zoom in on pictures of roads via satellite and "virtually" drive them.

Bee careful

In February warnings were issued in Florida following the arrival of colonies of African honeybees. Two dogs and a horse died from bee attacks and tourist areas were alerted. The bees were believed to have settled in ports throughout the state.

New approach

First manufactured in the UK in 2002 and made from hypoallergenic materials, the Mooncup is a menstrual cup which serves as an alternative to disposable menstrual products. Increased awareness of environmental and health issues has led to increased usage. The average woman uses approximately 10,000 throwaway sanitary products in her lifetime, the biodegradable components taking six months or more to biodegrade. Only one Mooncup is required and costs less than disposable products used over a six month period. These would appear to be especially useful for travellers to remote areas where sanitary products are unavailable or disposal difficult. See www.mooncup.co.uk

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Holly Peppiatt on tel: 0207 647 3580
or email: enhancingpractice@rcn.org.uk

www.rcn.org.uk/events

RESOURCES

Leaflets

Pilgrims to Hajj or Umrah – updated
www.tinyurl.com/n9p8x

Bird flu (avian influenza)
www.tinyurl.com/ldp42

Drugs: information for travellers
www.tinyurl.com/l7rhp

Immunisation DVD

A free DVD, aimed at parents and health care professionals, has been produced by the DH and is available from www.immunisation.nhs.uk

Books

Rose, SR and Keystone, JS. (2005) *International travel health guide* (13th edition): Mosby. Price: £16.99. ISBN 0323040500.

Gushulak, BD and MacPherson, DW (2006) *Migration medicine and health, principles and practices*: BC Decker. ISBN 1550093207. A CD-ROM of complete text and illustrations included is £58.99 at www.tinyurl.com/owrpl

Travel safe guidebook

The Foreign and Commonwealth Office and Lonely Planet have published a new guidebook to help British nationals abroad. The *Travel safe guidebook* aims to help travellers be prepared for common problems and dangers abroad, and to stay safe while they are there. The guide also sets boundaries on the sort of help the FCO can provide. Public funds cannot be used to cover medical care costs, help find a property abroad or get people out of jail. Order free copies from www.fco.gov.uk/travel/publications and www.gogapyear.com

New edition of *Bugs, bites and bowels*

Dr Jane Wilson-Howarth is well known to many in the field of travel medicine. The fourth edition of her popular book, *Bugs, Bites and Bowels: The essential guide to travel health*, has been fully updated and is available from Cadoganguides. ISBN: 1-86011-332-X. Price: £9.99. More from www.cadoganguides.com or Tracey Jennings, FCMC Associates, at traceyj@fcm.co.uk. This book will be reviewed in our next issue.

Communicable disease

The Communicable disease control handbook, second edition, is now available from Blackwell Publishing Limited. It features updated chapters on immunisation, smallpox and health problems in asylum seekers and migrants, plus a new section on chemical and environmental issues including bioterrorism, non-infectious disease and rare problems.

JANE CHIODINI dissects information relevant to travel in the updated chapters of *Immunisation against infectious diseases* – aka, the Green Book.

The information given in this summary is brief and the points highlighted have been selected in relation to everyday travel medicine practice. It must be stressed that it should be read in conjunction with the new draft chapters currently available on the Internet at www.dh.gov.uk. This summary was current at the time of writing, but do be aware that although these chapters have been signed off by the Joint Committee on Vaccination and Immunisation (JCVI), they will be subject to sub-editorial changes when published as a complete volume.

General information relating to many chapters of the Green Book

- **For all disease chapters.** Excellent information about the disease, history and epidemiology, vaccines and so on.
- **In most chapters,** it states “vaccine can be given at the same time as other vaccines and should be given in a separate site, preferably in a different limb. If given in the same limb, they should be given at least 2.5cms apart”.
- The following is detailed in the **introduction of chapter 5**, but applies throughout the book: Recommendations on immunisation procedures are based on currently available evidence and experience of best practice. In some circumstances, this advice may differ from that in the vaccine manufacturers’ Summary of Products Characteristics (SPC). When this occurs, the recommendations in the Green Book are based on current expert advice received from the JCVI and should be followed. These Green Book recommendations and/or further advice in the Chief Medical Officer (CMO) letters and updates and/or in the NHS Purchasing Supply Agency’s Vaccine Update should be reflected in local protocols and Patient Groups Directions (PGDs).

Chapter 4: Storage, distribution and disposal of vaccines

- Greater importance is given to having one trained individual with at least one trained deputy, responsible for receipt and storage of vaccines and recording of refrigerator temperatures.
- Ordinary domestic refrigerators must not be used.
- All vaccines are Prescription Only Medicines (POMs) and must be stored under locked conditions.
- Calibration of thermometers should be checked annually.
- An approved cool box from a recognised medical supplier

What's new in the GREEN BOOK

should be used to store vaccines during defrosting and so on.

- Surgeries should have no more than two to four weeks' supply of vaccines at any time. Best practice is to order smaller quantities on a regular, scheduled basis.
- Sharps containers should be replaced once two-thirds full and should not be accessible to unauthorised individuals.

Chapter 5: Immunisation procedures

- Specified training in immunisation must be received.
- IM injection: the needle length needs to be sufficiently long to ensure the vaccine is injected into muscle.
- 25mm (1 inch) is preferable and is suitable for all ages.
- For older babies, children and adults a 23G needle is recommended.
- It's not necessary to aspirate the syringe after needle is introduced into the muscle.
- Recipients of any vaccine should be observed for immediate adverse reactions. There is no evidence to support the practice of keeping the patients under longer observation in the surgery.

Chapter 6: Immunisation by nurses and other health care professionals

- This whole chapter summarises PGDs and Patient Specific Directions (PSDs) as neither was in place when the 1996 edition of the book was written.

Chapter 16: Cholera

- Detail is given about cholera vaccine (Dukoral) licensed in UK since May 2004 which is administered orally, a thiomersal free inactivated vaccine. Guidance for administration is in the new chapter in written form along with a diagrammatic format.

Chapter 18: Hepatitis A

- Four monovalent vaccines are all thiomersal free and all can be used interchangeably.
- HNIG is no longer recommended for travel prophylaxis.
- Recommended for those aged one year and over travelling to areas of moderate or high endemicity – examples given.
- For travellers, vaccine would be given preferably at least two weeks before departure, but can be given up to the day of departure. Although antibodies may not be detectable for 12–15 days following administration of monovalent

hepatitis A vaccine, the vaccine may provide some protection before antibodies can be detected using current assays.

- A booster dose of hepatitis A vaccine should be given at six to 12 months after the initial dose. This results in a substantial increase in the antibody titre and will give immunity beyond ten years. Until further evidence is available on persistence of protective immunity, a further booster at 20 years is indicated for those at ongoing risk.
- Ideally, the manufacturers' recommended timing for the administration of the booster dose of hepatitis A vaccine should be followed, but studies have shown that successful boosting can occur even when the second dose is delayed for several years so a course does not need to be re-started.

Chapter 19: Hepatitis B

- Recommendations for vaccination for people travelling to or going to reside in areas of **high or intermediate prevalence** who place themselves at risk when abroad are that they should be offered immunisation.
- Different hepatitis B vaccine products can be used to complete a primary immunisation course or, where indicated, as a booster in individuals who have previously received another hepatitis B vaccine.
- Dosages and schedules are documented in the new chapter which also states there is a new extension to the product license for Engerix B to allow for a very rapid immunisation schedule given at zero, seven and 21 days with a booster at 12 months. Although not licensed for this age group, this schedule can be used in those aged 16–18 years where it is important to provide rapid protection and to maximise compliance.
- Individuals at continuing risk of infection should be offered a **single** booster dose of vaccine **once only**, at around five years after primary immunisation. Measurement of anti-HBs levels is not required before or after this dose.
- Except in certain groups, testing for anti-HBs is not recommended. The exceptions are those at risk from occupational exposure and patients with renal failure.
- Boosters should be offered to any haemodialysis patients intending to visit countries with a high endemicity of hepatitis B who have previously responded to the vaccine
- Valuable information regarding checking the antibody titre

RESOURCES

for those at occupational risk is detailed and should be read in full.

Chapter 21: Japanese encephalitis

- Two unlicensed vaccines are available in the UK, JE-Vax and Green Cross. Both have similar schedules for rapid and normal vaccination.
- Recommended schedule is 1.0 ml in those three years of age and older, on days zero, seven-14 and 28-30 days with immunity taking up to a month to develop.
- In exceptional circumstances, when time constraints precludes the course over one month, a two-dose schedule at zero and seven-14 days, or three doses at zero, seven and 14 days. These shortened courses may result in lower antibody titres and shorter duration of persistence of antibody.
- JE-Vax boosters are given at two year intervals; for Green Cross a booster is given one year later and then at three year intervals.
- Precautions need to be taken in giving the vaccine to those with pre existing allergies (for example, asthma, allergic rhinitis, drug food, gelatine or bee sting allergy) and neurological conditions. In the latter group JE-Vax is recommended rather than Green Cross.
- Ideally travel should be delayed until 10 days after receiving the last dose of the vaccine or travellers should remain in an area with ready access to hospital care.

Chapter 22: Measles (summarised just for the travel element)

- Infants from six months of age travelling to measles endemic areas or to an area where there is a current outbreak should receive MMR. As the response to MMR in infants in sub-optimal where the vaccine has been given before 12 months of age, immunisation with two further doses of MMR should be given at the recommended ages.
- Children who are travelling who have received one dose of MMR at the routine age, should have the second dose brought forward to at least one month after the first.
- If the child is under 18 months of age when the second dose is given, then the routine pre-school booster (a third dose) should be given in order to ensure full protection.
- MMR recommended to be given **four weeks apart** from other live vaccines or at the same time.

Chapter 23: Meningococcal

- ■ Two vaccines are now available: Men C vaccine and quadrivalent ACWY vaccine. Men A/C vaccine is no longer available. Both vaccines are thiomersal free and are inactivated.
- ACWY. Two doses for age over three months and under two years; over two years, one dose; revaccination is not specified.

Chapter 28: Rabies

- Two licensed rabies vaccines are for use in the UK, both inactivated, thiomersal free and interchangeable pre- and post-exposure.
- The JCVI recommends that the IM rather than the ID route is used.
- For primary pre-exposure immunisation, three doses of 1.0ml rabies should be given on days zero, seven and 28. The third dose can be give from day 21 if there is insufficient time before travel. For those at regular and continuous risk, a single reinforcing dose of vaccine is given one year after primary dose. Further doses three-five yearly intervals thereafter. Those at intermittent risk or those revisiting infected areas, a booster dose should be given from two years after primary course.
- Post exposure prophylaxis now specifies days and timings of recommended vaccine.
- Rabies vaccine and HRIG for use in post exposure treatment is available free of charge to patients.
- Contact details are provided for all four UK countries.

Chapter 34: Typhoid

- Vi polysaccharide vaccine was the only vaccine available in the UK at the time this online chapter was written. However oral typhoid vaccine is now available again – Vivoif is available from MASTA.

Chapter 36: Yellow fever

- Yellow fever should not be administered to infants aged five months and under. Those aged six-nine months should only be immunised if the risk of yellow fever during travel is unavoidable; expert opinion should be sought in these situations.
- For people over 60 years of age: the risk for neurological and visceratropic adverse events increases with age. The risk assessment needs to take account of this.
- Adverse reactions occur in 10-30 per cent of recipients. Systemic side effects can occur early, but may last up to two weeks.
- Since 2001 a pattern of neurological adverse events was recognised that occurred in older individuals – now termed “yellow fever vaccine associated neurological disease”. This was first described in 2001 and is a newly recognised syndrome of fever and multi organ failure. Some 17 per cent of those with this condition have been reported as having a thymus disorder and therefore yellow fever vaccine is contraindicated in such people.
- See information on www.nathac.org to supplement this chapter.

New chapters in the Green Book:

www.tinyurl.com/7ek9m

Future plans include travel health and immunisation issues – maybe you'd like to write for us? 🐣

What can the RCN Learning Zone do for you?

This up-to-date site provides quick access to learning and information 24 hours a day. Central to the Learning Zone is the online portfolio. You can set up and maintain a password-protected portfolio to keep a record of your learning and work-related achievements. Then use it as evidence to meet NMC requirements – or to get a job!

The site includes new learning areas on activist skills, personal skills, clinical skills and information skills – each with fun and easy *inter*-activities to explore the subject. There's lots of support for would-be authors. Do take a look at www.rcn.org.uk/learningzone and let us know what you think!

Bad News

Figures on malaria imported into the UK in 2005 leave little room for complacency. There were 1754 cases reported – 94 more than in 2004 (some case reports may be pending). Over 70 per cent of malaria cases are due to *Plasmodium falciparum*. The steady increase in the proportion of *P. falciparum* malaria has been sustained with over twice as many cases in absolute numbers seen in the UK compared to 20 years ago.

www.tinyurl.com/l5xk3
Malaria imported into the UK in 2005: Implications for advising travellers.
CDR Weekly 16 (23) 8 June 2006

What do you think?

Council Member JUDY DURRANT, who as the former chair of the National Co-ordinating Committee now sits on the new PDF Professional Membership Structure Action Group explains to RCN Travel Health Forum members about Council's plans in the next stage of the RCN's Professional Development Framework Project.

At its meeting on 24 February, RCN Council made important decisions in relation to the way the RCN organises its professional services. These decisions gave a green light to the next stage in the RCN's plans to improve quality, accessibility, flexibility, equity and cost effectiveness of RCN services by transforming the way they are delivered.

The RCN's recent consultation around its membership structures received back over 300 responses from individuals and groups. It was clear that people support a demand for change that was already becoming apparent through reviews, surveys, at Congress, at grass roots level and at the top table, telling us that it is time to reflect, review and transform.

Feedback revealed agreement in a number of areas including the need for every member to have automatic membership of not only a branch but also a "professional division" and the need to keep the number of divisions small.

Consequently, Council, at its meeting, agreed to:

- a new divisional structure which will replace the current structure of fields of practice and advisory panels. There will be eight or fewer divisions and each will be represented on national and regional RCN Boards
- existing national forums will change over time and will become networks which could work locally, nationally, or virtually. These networks will not sit within a division but will work with **all** and **any** division appropriate to the work being undertaken
- a new Nursing Divisions Advisory Board, comprising representatives from the divisions together with representatives from each of the UK representatives committees – stewards, safety reps and learning reps – to enable better links between professional and workplace issues. This will replace the existing National Forum Co-ordinating Committee and be accountable to the Nursing Development Committee (NDC).

However, there's still a lot of work to do on implementing the new structure and more decisions to be made. For example, more work has to be done with members to decide the total number of divisions and their names. Members also said they didn't like the term "divisions" and so we'll be looking for a more appropriate name for them.

There's also a lot of exciting work to be done on designing the "virtual networks" looking how they will work in practice and what opportunities they will offer RCN members.

All this work will involve more consultation and discussion with members and will be carried out through a new Professional Membership Structure Action Group. That group will also take on the existing functions of the National Forum Co-ordinating Committee (NFCC) until the new governance structure is sorted out.

For more information check the RCN website at www.rcn.org.uk/pdf for the latest information.

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LYNDA BRAMHAM, MASTA Nurse Adviser, is an intrepid traveller in her own right and here she reviews a new book by Tim Beacon.

BOOK REVIEW: The gap year handbook

The gap year handbook is full of practical tips and advice for those planning to go off on an independent/adventurous trip exploring the world. It's a good, easy read as the author has travelled widely himself and has lots of personal stories to throw in.

Parents of travelling teenagers will find this a worthwhile purchase as the book contains plenty of information on keeping money safe, taking care with alcohol and partying, getting on with others and staying healthy. The author will convince even the poorest of students that staying and eating in the dingiest place in town is not always cost effective! Working those extra shifts to save up before departure will seem more tempting after reading this book.

The inexperienced adult traveller will also find this handbook helpful. There's advice on what type of kit to take including clothing, footwear, first aid kits and cameras. There is a substantial section on staying healthy abroad and you'll be pleased to hear that there's a good plug for seeking health advice for vaccines and malaria tablets in plenty of time before departure. There's a small piece on each vaccine and malaria

tablet, and sections on avoiding insect bites and contaminated food and water.

Information on surviving in adverse environments and wilderness first aid will be useful for those travelling on the more adventurous expeditions, away from medical help.

Many people who have gone away on a big trip know that it's difficult to return home and settle back in to the routine of work or studying. The last chapter of the book attempts to prepare travellers for this and suggests some coping strategies.

Personally after reading it, I have even itchier feet and my preferred coping strategy will be to start saving and book the next trip!

Beacon, T (2005) *The gap year handbook*, Hertford: Authors Online Limited. ISBN 0 7552 0201 5. Further information from The Outdoor Experience at www.outdoorex.co.uk

