

## Contents

- 2 Letter from the Chair
- 3 On the conference circuit: BTHA 9th Annual Scientific Conference
- 4 Competencies: Jane Chiodini has an overview of our landmark document
- 4–24 Bulletin Board: a bumper compendium of news items to inform, amaze and amuse
- 9–11 Risk assessment: How do we communicate risk?
- 12–14 On the road with travel health nurses
  - Kenya
  - Trinidad & Tobago
  - Your turn – get writing!
- 15 Newsround: breaking news
- 16 Special report on malaria
  - HPA's updated guidelines
  - Malaria dossier
- 22–23 Resources for professional development
  - *The traveller's good health guide*: Eric Walker reviews the latest edition
  - From the journals
  - Dates for your diary
  - Home or away: Independent School Nurses conference
- 24 NECTM2 next May in Helsinki

## Further information

Send contributions for the next *Travel Health Newsletter* by 16 October 2007 to the Editor:  
Sandra Grieve  
Email [sandra@grieve.co.uk](mailto:sandra@grieve.co.uk)  
Alternatively contact Karen Piddington or Nikki Mills, Forum Organisers at RCN HQ, 20 Cavendish Square, London W1G 0RN



sanofi pasteur MSD  
vaccines for life



GLAXOSMITHKLINE  
Travel Health

# Travel Health

[www.rcn.org.uk/travelhealth](http://www.rcn.org.uk/travelhealth)

## OUT AND ABOUT ON THE CONFERENCE CIRCUIT

VANCOUVER ■ MAY 2007

# CISTM 10



The Vancouver Conference Centre was sparkling in the May sun like a ship in full sail as approximately 1,800 delegates arrived for the tenth Conference of the International Society of Travel Medicine (CISTM10).

We came for a packed and varied scientific programme, and we weren't disappointed. Experts from around the world were sharing their research and experience, catering for those new to the field and those who have practiced for many years.

Before the opening ceremony a "Nurses Welcome" gave us a chance to meet with other delegates and share experiences of practice in our home countries. The UK was well represented and a profile of the RCN Travel Health Forum (THF) was among the bodies highlighted.

Among the presentations on UK achievements were the National Travel Health Network and Centre (NaTHNaC) Yellow Fever Vaccinating Centre Initiative and the formation of the Royal College of Physicians and Surgeons of Glasgow (RCPSG) Faculty of Travel Medicine (FTM).

Nurses representing Canada, the United States and the Netherlands gave an account of projects and highlighted some of the difficulties they had in progressing travel

medicine as a discipline in their countries, not least the geographical differences within vast, diverse and often isolated areas.

Canada has a major Scottish influence among its population and the opening ceremony proved this with the 2001 World Champion Simon Fraser University Pipe Band setting many toes tapping.

### Spoiled for choice

As with all major conferences it is often difficult to choose which sessions to attend,



The exhibition provided a wealth of new information with the RCPSG Faculty of Travel Medicine stand well placed as a friendly meeting place for many

especially when areas of interest clash. ISTM has a well recognised conference format including plenaries, symposia, free communication oral sessions, debates and

CONTINUED ON PAGE THREE

**Letter from the Chair**

# Time for travel nurses to become travelling nurses!

They say a day is a long time in politics, but it should also apply to travel medicine – what a lot has happened since the last newsletter. The new Green Book was published in hard copy, updated malaria guidelines hit the shelves and our long awaited competency document became a reality.

Speaking of which, *Competencies\** was well received by nurses from around the world at the International Society of Travel Medicine (ISTM) conference in Vancouver. You should be receiving a copy along with this newsletter and we hope that you will find it useful for practice.

I write this having recently returned from Vancouver (see page one). In February 2008 the next regional ISTM conference will take place in Melbourne, followed in May in Helsinki by the Northern European Conference on Travel Medicine (NECTM2) which our forum is now involved in planning.

International conferences are important in our field of practice and many members have already submitted applications for the draw for a funded

place for NECTM2. But if you haven't, there is still time to apply. The draw will be made at our annual conference in September (see page 24).



We receive many applications for educational grants and the committee is always delighted to encourage and support education in the field. All we ask in return is that you write a short report for the newsletter. We can provide help in writing a summary and will publish your feedback.

There is a lot of education available and all applications will be considered on merit.

The RCN restructuring programme is ongoing and I include a short précis on page 15. We are committed to keeping travel health on the agenda and you can follow day-to-day progress on the RCN website. Just let us know if there is anything you would like us to highlight.

Have a good summer and travel safely.

\* Competencies: an integrated career and competency framework for nurses in travel health medicine.

**Sandra Grieve**

## ALSO IN THIS EDITION

### Among the highlights:

- New malaria guidelines are discussed on page 16 and the competency document on page four.
- Risk assessment is a major part of a travel health consultation, but what is it and how do we use it wisely? Some advice starts on page nine
- We like to practice what we preach so some of your committee's personal experiences of travel are on pages 12 and 13. If you would like to share your adventures, get in touch.

Rounding out this issue are conference reports, a review of Dr Lankester's new book, Newsround and a bumper Bulletin Board with snippets of information I hope you will find useful. My thanks as always to contributors – I am grateful for their time and support.

**Sandra**

# INDUSTRIAL ACTION: YOU DECIDE

Do you think the RCN should proceed to a formal ballot on industrial action over this year's pay award? This is the question we will be asking members employed by the NHS who this year are looking at a pay award of just **1.9%**.

The Government in Westminster chose to ignore the recommendation of the independent pay review body that NHS nurses should receive an increase of 2.5% and wants to stage the award instead, reducing its real-terms value to 1.9% and saving £60m in the process – even though the NHS in England ended the last financial year with a surplus of £500m.

The Scottish Executive has agreed to raise NHS nurses' pay by 2.5% in full from the start of April and RCN Scotland has chosen to accept the award on that basis. But in England, Northern Ireland and Wales, ordinary, hard-working nurses stand to lose hundreds of pounds at a time when the cost of living is high.

Consequently, the RCN is balloting all its members employed by the NHS in England, Wales and Northern Ireland.

This ballot is also an opportunity to check we have correct information about your employer and workplace – this is vital in order to comply with legal requirements should we go ahead with a second ballot on industrial action. You can check your details on your ballot form, or alternatively update them online at [www.rcn.org.uk/myrcn](http://www.rcn.org.uk/myrcn), or call RCN Direct on 0845 772 6100.

Your ballot paper will be sent out to you in mid-July and forms must be returned by noon on Monday 6 August – make sure you vote!

For further information, visit [www.rcn.org.uk/pay2007](http://www.rcn.org.uk/pay2007)

# BTHA 9th Annual Scientific Conference

LONDON ■ 9 JUNE 2007

The British Travel Health Association welcomed around 120 delegates to their recent conference led by Dr John Davies, newly-appointed Chair of the BTHA Executive Committee.

Following an address by President Dr Eric Walker, the scientific programme began with Professor Peter Chiodini, Director of the Malaria Reference Laboratory, who took to the podium to discuss and explain the rationale behind the new malaria guidelines.

Dr Joe Cohen followed with an in-depth look at the progress on producing a malaria vaccine, an exercise which has so far taken 23 years. Clinical trials are ongoing and he hopes that by 2011–2012 a vaccine may be available, primarily to protect children resident in an endemic



area from clinical disease. Longer term objectives include protection for adults in endemic regions followed by travellers.

### Hot topics – and cold!

The programme then moved on to preparing travellers for environmental extremes, an increasingly popular pastime. Dr Mike Townend addressed the “cold” environment, discussing travel to

high altitude and the sensible precautions travellers should be advised to take.

James Moore, a matron and wilderness medicine lecturer, followed with advice for “hot” environments and travel to tropical regions, including his personal experience of leading expeditions. He stressed the increasing problems related to the mental health of travellers and the impact this is having on some groups.

### CONTINUED FROM PAGE ONE

workshops – for example, ABC workshops for new practitioners and destination workshops to stimulate discussion surrounding travel to specific locations.

And then there was Case of the Day, a 30 minute early morning session where an expert presents a case from their practice, and Meet the Professor, where you can seek opinions from travel medicine experts.

The level of presentation was such that

even if you found yourself in a session which might not have been first choice, there was always something to be learned.

Our THF *Competencies* was “hot off the press” just days before the conference started and Jane Chiodini, co-author and former Chair of the Forum, presented the document in an oral session. It was well received and several nurses said they would use it as a lever for highlighting best practice in their own countries.

The THF and FTM both had presentations in the poster display, which was the best

I’ve seen for a long time. The variety of topics and research must have caused the judges a dilemma in choosing the winners.

A great deal of energy and work goes in to organising such an event and this was by all accounts a successful one. Planning for CISTM11 is already underway and will take place in Budapest, Hungary – 24–28 May 2009.

**Sandra Grieve**

Developments in travel medicine services included pharmacist-run travel clinics where Dr Caroline Hind discussed the background and development of a community pharmacy-based travel health service in NHS Grampian.

Professor Larry Goodyer covered the legal framework for operating such travel clinics and discussed patient group directions and the potential role of nurse and pharmacist independent prescribers in travel medicine.

Dr George Kassianos explained the financial aspects of GP immunisation clinics, while Dr Ron Behrens from the Hospital for Tropical Disease Travel Clinic in London explored risk assessment.

A discussion panel of experts, chaired by Professor David Hill, considered public access to travel medicine services, immunisations and anti-malarials.

The day concluded with the Annual General Meeting, during which Jane Chiodini, former Chair of the RCN Travel Health Forum, presented our recently published *Competencies* and was made a Fellow of the BTHA.



**Diane Parsons, Sandra Grieve and Carole Trace flew the flag for the RCN at Vancouver**

JANE CHIODINI, former Chair of the RCN Travel Health Forum and lead author, reports on the publication of our landmark document.

## RCN Competencies: hot off the presses and free with this issue!

Nurses in travel health medicine work in a variety of settings including occupational health, NHS clinics in secondary care, private travel clinics, the armed services and schools, but the majority of routine travel health is catered for in primary care.

This is mostly because travel vaccines to prevent hepatitis A, typhoid and polio must be provided free of charge to NHS

Now, for the first time, this publication outlines a set of guidelines and standards for the care of travellers by all health care professionals involved in travel health medicine.

patients.<sup>1,2</sup> An NHS surgery will receive a payment for providing this “additional” service within new GMS contract; the fee for immunisation equates to over £2,200 per full time GP (based on actual list size) and is paid into the global sum.<sup>2,3</sup>

A surgery can opt out of providing an immunisation or travel health service, but must notify the primary care trust or local health board. These bodies then have a responsibility to identify another provider where the patient can be seen and given advice and these particular vaccines under NHS provisions.<sup>2,3</sup>

In 2005 there were 10,352 practices in the UK and a headcount of 42,876 GPs.<sup>4</sup> There were also approximately 20,000 practice nurses in the UK, many working part time.<sup>5</sup>

Travel health is a relatively new field of medicine, but growing fast. Advisers aim to protect the health of British travellers and the main providers are practice

nurses who undertake provision of care for travellers as well as catering for many other fields of practice.

While some have specialised, the majority take on the responsibility of care with limited training. Provision for guidance on travel issues has increased and improved over the last decade and include resources such as:

- TRAVAX, the excellent database from Health Protection Scotland (HPS)
- National Travel Health Network and Centre (NaTHNaC), including the provision of mandatory training for yellow fever centres
- national guidance for malaria advice from the Health Protection Agency Advisory Committee for Malaria Prevention (HPA ACMP).

However, to date there have been no formal standards for health care professionals working in the field.

**As travellers stretch their wings ...** Trends are changing in the UK with increasing numbers of people travelling to exotic and remote destinations,



looking for adventure and experience. Travellers cross all boundaries, including age and ethnic background, making this field of practice increasingly more complex.

While surgeries are often keen to provide travel vaccines for financial reward, often time and resources are not allotted to achieve a standard of care which demonstrates best practice for the patient and protects the nurse

### RCN Competencies: an integrated career and competency framework for nurses in travel health medicine

(ISBN 978-1-904114-39-0)

The document was written by Jane Chiodini, Lorna Boyne, Sandra Grieve and Alexandra Jordan, all travel health specialist nurses and members of the RCN Travel Health Forum. It was also sent out for consultation to a number of important national and governmental bodies. Full credit and details of those involved are on inside front cover.

**All forum members should have received a copy with this newsletter. If you did not, contact the Editor.**

If you need additional copies, you can download a PDF at [www.rcn.org.uk/publications/pdf/travel\\_health\\_medicine.pdf](http://www.rcn.org.uk/publications/pdf/travel_health_medicine.pdf) or order a hard copy from

RCN Direct on: 0845 772 6100 – publication code 003 146.

performing this care which includes the invasive procedure of vaccination.

Sometimes nurses, an increasing number of whom are new to practice nursing, are placed in a vulnerable position, expected to provide a travel health service with inadequate knowledge or understanding.

Now, for the first time, this publication outlines a set of guidelines and standards for the care of travellers by all health care professionals involved in travel health medicine.

*Competencies* aims to define the standard that would be expected for a competent nurse, experienced/proficient nurse and a senior practitioner/expert nurse. Descriptors for practice are laid out, providing an indication of the expected ability to function at that level if the situation arises. This has been defined for three levels of core competence:

- the general standard expected of all nurses working in travel health
- the competence achieved within the travel health consultation
- the professional responsibilities for nurses working in travel health.

Specialist advice was taken to integrate the competencies into the Knowledge and Skills framework (KSF). This was also considered in relation to *Agenda for Change*. The AfC framework for pay, terms and conditions brought in for all NHS organisations is often not applied within general practice or the private sector. It does not, however, negate the need for standards in travel health to be implemented in any health care setting where travel health services are provided for or on behalf of the NHS. *Competencies* should apply to all nurses working in this field of practice.

Included in the document is a thorough review of pre-travel risk assessment which underpins the travel health consultation. In relation to this, the document:

- describes the concept of pre-travel risk assessment
- describes the structure and reasons for performing pre-travel risk assessment
- demonstrates the importance of evaluating and advising travellers

- discusses practical aspects of essential documentation
- provides a sample pre-travel risk assessment form.

The document states: "No travel health consultation should take place without conducting a travel risk assessment and documenting the information.

The assessment forms the basis of all subsequent decisions, advice given, vaccines administered and the malaria prophylaxis advice that is offered. This takes time to perform correctly and for best practice, practitioners should leave sufficient time."

We hope *Competencies* will

- protect nurses who are new to practice
- provide a career pathway for those interested in developing their skills in this specialist field
- provide evidence of best practice, thus supporting and protecting all nurses working in travel health
- set an accepted minimum standard for nurses everywhere working in the field.

#### References

<sup>1</sup> Department of Health (2003) *Delivering investment in general practice: implementing the new GMS contract*. Available at: [www.dh.gov.uk/assetRoot/04/07/02/31/04070231.pdf](http://www.dh.gov.uk/assetRoot/04/07/02/31/04070231.pdf)

<sup>2</sup> British Medical Association (2004) *Information and guidance on prescribing in general practice*. Available at: [www.bma.org.uk/ap.nsf/Content/InfoOnPrescrib0904~TravelVacc](http://www.bma.org.uk/ap.nsf/Content/InfoOnPrescrib0904~TravelVacc)

<sup>3</sup> NHS Confederation, British Medical Association (2004) *Investing in general practice: the new General Medical Services contract*. Available at: [www.bma.org.uk/ap.nsf/Content/focusvacc&imms0404](http://www.bma.org.uk/ap.nsf/Content/focusvacc&imms0404)

<sup>4</sup> Royal College of General Practitioners (2006) *Key demographic statistics from UK general practice*. Available at: [www.rcgp.org.uk/pdf/ISS\\_FACT\\_o6\\_KeyStats.pdf](http://www.rcgp.org.uk/pdf/ISS_FACT_o6_KeyStats.pdf)

<sup>5</sup> Royal College of Nursing (2006) *personal communication, Primary Care Adviser*.

Note: all Internet links accessed 19 June 2007.

## BULLETIN BOARD

### Changes in consular fees

From 1 April fees went up for passports and chargeable consular services provided by British consular posts overseas and for legalisation services provided by the Foreign and Commonwealth Office (FCO) in London and overseas. The FCO said increases were to ensure that the full cost of providing services at home and overseas are recovered without any claim on public funds and to meet increasing demand, while maintaining high standards of service. Passport fees were last increased in December 2005 to cover the costs of implementing and issuing of new biometric passports. More at [www.fco.gov.uk](http://www.fco.gov.uk)

#### Passport costs

In 2006-2007 British consulates overseas will have issued or amended in the region of 450,000 passports and issued 12,000 emergency and temporary passports. Here are the new fees (previous fees in brackets):

Adult 32 pages	£119 (£91)
Adult 48 pages	£144 (£109)
Child	£76 (£59)
Emergency	£55.50 (£43.50)
Amendments	£97.50 (£75.50)
Temporary	£70.50 (£55)

### Togo campaigns against yellow fever

In February, in response to cases of yellow fever in northern Togo, WHO and the Ministry of Health carried out a mass vaccination campaign, during which 1.3 million people were treated. This was the first of many such programmes supported by the newly-established Yellow Fever Initiative. See a photo story at [www.who.int/features/2007/yellow\\_fever/en/print.html](http://www.who.int/features/2007/yellow_fever/en/print.html)

### New-look news

An updated version of the newsletter from the Vaccine Supply Team at the Department of Health is ready to download at [www.immunisation.nhs.uk](http://www.immunisation.nhs.uk). You can register for a free copy to your email address. They also have a useful poster on Vaccine Storage Awareness to order if you haven't already received one.

## BULLETIN BOARD

**Polio eradication**

A consultation held in Geneva won full support for the planned final attack on polio from governments, donors and international agencies leading the drive to eradicate the virus. One of the aims in this consultation is to increase vaccination levels and sustain them to levels where the disease no longer exists. Vaccination has particular challenges for some societies and child immunity is central to the success of this programme. Some obstacles these countries face include strengthening their health infrastructure, addressing security and enhancing acceptance of vaccination. See [www.who.int/mediacentre/news/notes/2007/np09/en/index.html](http://www.who.int/mediacentre/news/notes/2007/np09/en/index.html)

**Dengue-proof mozzies**

WHO estimates that dengue fever infects 50 million people each year and kills 20,000. It is endemic in 100 countries. Researchers from the University of California have published experimental results in the *Proceedings of the National Academy of Sciences* of work they carried out to engineer mosquitoes that are resistant to the most common strain of the disease, type 2 dengue fever. The scientists exploited a weakness in the dengue virus to make the mosquitoes resistant to infection. More about GM mozzies on page 16.

**Fancy a life changing holiday?**

A London-based company in its fourth year of operation says it is changing peoples' lives. *The Big Stretch* is a new type of holiday for those looking for a fresh beginning. Small groups are taken to northern Spain where, during long walks in the mountains and with the help of life coaches, they have a chance to reflect on their lives. Intensive group and individual coaching focuses on the individual and personal issues like what is important, core values and ways in which these values can be expressed. The scheme is not without its sceptics – many say it is a gimmick and the effects will wear off on return home.

Britons are well-known workaholics – around 10 per cent of us do not take holidays and 25 per cent do not take their full entitlement. Cary Cooper, Professor of Psychology and Health at Lancaster

University, says that holidays can change lives, but only if you can find a way of bridging the gap between the holiday and “real life”. Otherwise, stress levels are back at pre-holiday levels within a week of returning to work. (I agree with that, but I still enjoy the holiday! – ED)

**Video advice on infant jabs**

Have you seen the video clip on the Royal College of General Practitioners (RCGP) website? It gives practical advice on administering the new infant immunisation schedule. Linda Diggle demonstrates best practice and reassures health care professionals that there is nothing difficult in implementing the new changes. Watch it at [www.rcgp.org.uk/publications\\_guidance/immunisation\\_guidance\\_video.aspx](http://www.rcgp.org.uk/publications_guidance/immunisation_guidance_video.aspx)

**Child-free?**

A study from the online tour operator Lowcostbeds.com found that over 50 per cent of couples have left their children at home when they go on holiday. Adults increasingly want peace and quiet, including a break from parenting. Over 1,000 couples were questioned and 17 per cent said their children did not want to go with them while 14 per cent said that it was too expensive to take the whole family on every holiday.

**Small world**

A busy mum has published a magazine that aims to tell all about the true aspects of travelling with children. Already the founder and owner of Young Explorers, which provides outdoor clothing and equipment for children from birth to 14 years, the magazine idea came from conversations with parents visiting her shop or mail order business. The magazine is available by subscription at [www.smallworldmagazine.co.uk](http://www.smallworldmagazine.co.uk)

**Africa needs trade and effective aid**

The German Development Minister has spoken to MEPs about EU development policies underlining their special commitment to Africa as part of Germany's Presidency of the European Union and the G8. They are determined to provide effective aid and make the best of each Euro to

reduce worldwide poverty by half by 2015. The German Presidency will introduce new principles of action to improve efficiency at EU level. The European Commission is issuing a communication on stocktaking of relations between the EU and Africa in September, addressing increasing aid effectiveness and the social challenges of HIV/AIDS.

**Freshened up**

From the people who bring you TRAVAX – that is, the travel health team at Health Protection Scotland – comes a new look for the HPS public access website. Look for clearer graphics and improved navigational tools as well as interactive malaria maps. New advice sheets have been added and an up-to-date news page will highlight current issues for travellers. You can also order a colourful poster and information leaflets for free. Recommendations will be consistent across both sites. See [www.fitfortravel.nhs.uk](http://www.fitfortravel.nhs.uk)

**Global health partnerships**

Another important document from the DH outlines a new approach to global health challenges. *Global health partnerships*, written by Lord Crisp, makes a series of recommendations as to how the NHS can support health care in developing countries. It's at [www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_065374](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_065374)

**Rare opportunity**

If you are interested in working in a travel clinic at the Liverpool School of Tropical Medicine, contact the Editor for information.

**Public health consultation**

England's Minister for Public Health welcomed the publication of a consultation paper setting out the Government's proposals for changes to the Public Health (Control of Disease) Act 1984. Caroline Flint said: “What we need is modern, up-to-date legislation that takes account of the latest scientific knowledge and allows us to respond, in an effective and proportionate way, to the threats posed by the spread

of infectious disease or contamination by chemicals or radiation.” The consultation concluded on 25 June.

## Health is global

The Department of Health has issued proposals for having a UK government-wide strategy on developing a global health policy. *Health is global* outlines the need for an international approach and focuses on four key priorities to do with global health:

- risks threatening the UK population
- solutions the UK has expertise in
- opportunities that benefit the UK
- problems that UK action can help solve.

The consultation document aims to look for ways to ensure a joined up approach to global health issues across different government departments.

In March the DH started its dialogue with their non-governmental partners and consulted on what focus the strategy should take. Links to the proposals and the CMO's letter are at [www.dh.gov.uk/en/Policyandguidance/International/DH\\_072715](http://www.dh.gov.uk/en/Policyandguidance/International/DH_072715). The consultation has now closed and information will be produced in a global health strategy publication later this year. Meanwhile, you can register your interest in stakeholder workshops by emailing [global\\_health\\_strategy\\_discussion@dh.gsi.gov.uk](mailto:global_health_strategy_discussion@dh.gsi.gov.uk)

## Deadly droughts

In 2005 the Brazilian government declared a state of emergency after widespread drought in the Amazon region. Two years on, world experts gathered at Oxford University to discuss climate change and Amazonia. They looked at models of global climate change, deforestation and rainfall of the Amazon region and greater variability of weather patterns. Human factors like forest fires are also likely to have an impact and were thought to be a cause of the unusual nature of the 2005 drought. Scientists agreed that they did not understand all the probabilities and often disagreed over them.

## Climate and maps

The International Water Management Institute (IWMI) is primarily concerned with information on climate in relation to agriculture, but the maps they offer are useful for travellers. World water and climate

## HIV HIGHLIGHTS

### USA to admit HIV travellers?

The Bush administration has initiated an effort to relax the travel ban for HIV-positive visitors. The Global Health Council held a Congressional briefing on the Americans' HIV/AIDS Travel Ban and Immigration Bar that highlighted the impact of the 1993 law on HIV-positive people who want to visit or immigrate to the United States. The Council urged Congress to rescind the travel ban and remove restrictions that prevent HIV-positive persons freely travelling to or through the United States. See their policy brief on the HIV travel ban at [www.globalhealth.org/view\\_top.php?id=621](http://www.globalhealth.org/view_top.php?id=621)

### Don't give up the day job!

The President of Gambia reckons he can cure HIV-AIDS within three days. He has no formal medical training but claims “extensive knowledge of traditional herbal therapy”. He said that he has outwitted world experts and would personally cure his afflicted countrymen. The Gambian Health Minister told the BBC that they “could not reveal the herbs used and it will all be made known to the world later”.

## RABIES HIGHLIGHTS

### World Rabies Day

On 8 September, World Rabies Day is being held to highlight this disease on a global basis. Lists of events being planned in various countries are at [www.worldrabiesday.org](http://www.worldrabiesday.org). This is an excellent opportunity for us all to educate our travellers and colleagues about this preventable and uniformly fatal disease. Also see coverage by the National Center for Infectious Disease ([www.cdc.gov/rabies](http://www.cdc.gov/rabies)) and WHO ([www.who.int/rabies](http://www.who.int/rabies)).

### Holy war on rabies

Monks in the urban area of Bangkok are being used by the Thai government to vaccinate animals against rabies. The animals are neutered, thus reducing exposure to disease and the number

### Sham condom scam

Earlier this year the Medicines and Healthcare products Regulatory Agency (MHRA) was alerted to counterfeit condoms circulating in the UK. Manufacturers and lot numbers were made known and customers who may have purchased the items advised to contact the Durex consumer helpline. The counterfeit product could not be considered protective to sexually transmitted infections and was unlikely to have been manufactured to British or European standards. More at [www.mhra.gov.uk](http://www.mhra.gov.uk) under “recent drug alerts”.

### Circumcision reduces HIV risk

Trials in three countries in Africa all show that male circumcision is a significant factor in preventing HIV infection during heterosexual intercourse. Trials over a number of years and the latest findings of 48–60 per cent protection rates show conclusive evidence from previous observational studies. Researchers estimate that male circumcision could help limit the HIV epidemic significantly in countries where there is a high prevalence of the disease. See [www.aidsalliance.org/sw44682.asp](http://www.aidsalliance.org/sw44682.asp)

of animals involved in rabies-related questions. See [www.thailandguru.com/health-rabies.html](http://www.thailandguru.com/health-rabies.html). All references urge travellers going to rural areas in Thailand to be prepared with the pre-exposure vaccine

### Rabies just a memory?

Based on a recent WHO consultation on rabies, chapter five in *International travel and health 2007* has been revised to read: “Rabies vaccines will induce long-lasting memory cells, giving rise to an accelerated immune response when a booster dose of vaccine is administered. Periodic booster injections are not required for general travellers.”

Full chapter at [http://whqlibdoc.who.int/publications/2005/9241580364\\_chap5.pdf](http://whqlibdoc.who.int/publications/2005/9241580364_chap5.pdf)

## BULLETIN BOARD

atlas provide rapid access to global climate data needed to understand and solve the world's water scarcity and food security. The atlas includes monthly and annual summaries for precipitation, temperature, humidity, hours of sunshine, evaporation, wind speed, days without rainfall and other related information. For a preview see:

- [www.iwmi.cgiar.org/WAtlas/atlas.htm](http://www.iwmi.cgiar.org/WAtlas/atlas.htm)
- [www.iwmi.cgiar.org/WAtlas/brochure.pdf](http://www.iwmi.cgiar.org/WAtlas/brochure.pdf)

The BBC also provides an excellent resource at [www.bbc.co.uk/weather/world/country\\_guides](http://www.bbc.co.uk/weather/world/country_guides). Select the country you want and get an overview of the climate. Then select the city to refine your search and you will be able to see when the wet and dry seasons occur.

### Accessing medical records for service personnel

Ex-service personnel must request medical records in writing to the Record of Service Unit in Glasgow via fax 0141 224 3586. The Joint Personnel Administration (JPA) number is 0141 224 3600, which is a call centre that deals with service personnel administration. Ex-military personnel **must** request access to their own medical records and this cannot be done by a third-party.

### This is an ex-parrot

A pet shop employee was awarded substantial damages after he contracted psittacosis from an African Grey parrot on sale in the store. He was admitted to hospital with flu-like symptoms and returned to work briefly before spending several weeks in hospital where the diagnosis was made. The parrot died and a post mortem revealed it too was a victim of the disease.

### Ticks in the city

Campaigners raising awareness of the risks of tick bites and Lyme disease have warned that ticks are moving into Scotland's cities. Normally associated with the countryside, global warming and increasing numbers taking up country pursuits has seen an increase in cases of Lyme disease. See the Tick Alert campaign for maps and information at [www.masta-travel-health.com/tickalert/map.html](http://www.masta-travel-health.com/tickalert/map.html)

## FOCUS ON INFLUENZA

### DH: 'NHS is ready for flu pandemic'

The Government's response to a human flu pandemic was tested in February via Exercise Winter Willow. The exercise explored the UK's ability to manage the effects of an influenza pandemic by playing out the decision making process at national, regional and local levels when there are widespread cases across the country. The findings will be fed into the overall pandemic flu preparedness plan.

Chief Medical Officer for England, Sir Liam Donaldson, said: "When a flu pandemic hits the country the top priority for the Government is to protect the public. The World Health Organization has said that the UK is at the forefront of preparations internationally, but it is always necessary to test our responses and improve them where required. This exercise is another part of the continual testing, refining and developing of our plans. The NHS is ready to implement its well-rehearsed plan."

The revised draft national pandemic flu framework and supporting draft guidance documents, including the ethical framework, are available at [www.dh.gov.uk/pandemicflu](http://www.dh.gov.uk/pandemicflu). (The RCN Travel Health Forum contributed to the RCN response on Pandemic Flu Planning in relation to travel and travellers. – ED)

### A second opinion ...

On the other hand, the Stockholm-based European Centre for Disease Prevention and Control says that Europe needs two-to-three years of sustained effort and investment to prepare for a response to a flu pandemic. See Pandemic Influenza Preparedness in the EU at <http://ecdc.europa.eu>

### Seasonal flu guidelines activated

Surveillance data at week five indicated that in February the incidence of seasonal influenza had exceeded

the threshold at which the National Institute of Clinical Excellence (NICE) guidelines on the use of antiviral drugs are triggered. The increase from type A (H3) was noted in the 15–44 years and 45–64 years age groups. In line with NICE guidance, the use of antiviral drugs for the prevention and treatment of influenza was recommended. This was a planned DH measure.

When seasonal influenza is circulating at a significant level in the community, a proactive step is to ensure that vulnerable people (those with significant pre-existing health problems) receive antiviral drug prophylaxis when appropriate and that others diagnosed with seasonal influenza also receive antiviral drugs. The DH reassured people that this was not the harbinger of an influenza pandemic and had nothing to do with events in Suffolk or Hungary surrounding turkey farms.

Read more about flu risks on the CMO's webpage at [www.dh.gov.uk/en/Aboutus/MinistersandDepartmentLeaders/ChiefMedicalOfficer/index.htm](http://www.dh.gov.uk/en/Aboutus/MinistersandDepartmentLeaders/ChiefMedicalOfficer/index.htm)

### The next flu vaccine

Recommended composition of influenza virus vaccines for use in the 2007-2008 influenza season are in the Weekly Epidemiological Record Bulletin at [www.who.int/wer](http://www.who.int/wer)

### Communicable diseases in the EU

The European Centre for Disease Prevention and Control (ECDC) has published its annual report on communicable diseases epidemiology in the European Union at [www.ecdc.eu.int/pdf/Epi\\_report\\_2007.pdf](http://www.ecdc.eu.int/pdf/Epi_report_2007.pdf)

### Now wash your hands

As part of the DH pre-pandemic influenza preparedness planning, a range of general hygiene communications has been produced. They hope the poster on hand hygiene will have a positive effect on reducing the spread of infection.



In the RCN Travel Health Forum's *Competencies* (2007), pre-travel risk assessment for individual travellers is given high priority as part of the consultation process. SANDRA GRIEVE elaborates on some general rules for communicating risk.

## How do we communicate risk?

You will find the words “risk assessment” in many articles related to travel medicine, but what exactly is it and how do we go about it?

The British Isles have a long association with travel. With easier access to low cost flights, an ageing population with time and money to enjoy overseas pursuits and high risk adventure travel for all ages on the increase, health care professionals need to be aware of problems travellers may face abroad and up to speed on their knowledge and skills.

Travel benefits both travellers and the countries they visit, but it can also produce unforeseen hazards for all. Responsible tourism and personal responsibility for health and safety underpin travel medicine principles. It is crucial for travel health advisers to have access to professional resources for updating and informing themselves.

Risk assessment principles primarily evolved from health and safety legislation, but can be applied to all fields of practice where risks can be identified.<sup>1</sup> In *Five steps to risk assessment*,<sup>2</sup> the Health and Safety Executive defines the process as “simply a careful examination of what could cause harm to people, so that you can weigh up whether or not you

**“Simplicity is always the best option, but even the simplest explanation takes time, the greatest enemy of nurse advisers.”**

have taken enough precautions or should do more to prevent harm”.

If the cardinal rule in medical practice is, “First do no harm”,<sup>3</sup> then it is essential to collect information on the traveller and know how to interpret and use it to best advantage

The HSE guidance is primarily aimed at employers and the self-employed, advising on how best to assess risk in the workplace. The process is divided into two discrete areas: “hazard” and “risk”. A hazard is described as “anything that can cause harm” and a risk as “the chance high or low that someone will be harmed by the hazard”.

Risk assessment for travel can also be broken down into hazard and risk, and addressed through protocols and frameworks for practice such as the RCN guidance and competency documents.<sup>4,5</sup> Illness and accidents during or after travel can affect people’s lives and ultimately their ability to work.

### Pre-travel risk assessment is fundamental to promoting travellers’ health

Travel plans vary from package holidays to high risk activities in remote areas, and the complexity of risk will vary accordingly. As age is no barrier to travel, identifying risks must relate to the individual.

Britain is a multicultural society with migrants from many backgrounds adding to the cultural diversity. Assessing and advising travellers going to visit friends and relatives in a malaria endemic area must take into account health beliefs, behaviours, attitudes and cultural diversity. Yet this group often does not present for pre-travel advice, believing they have no need for medical intervention before returning to their home country.

This has created another tier of health care provision with global implications. A report providing a resource for health professionals involved in migrant health was produced by the Health Protection Agency in 2006.<sup>6</sup>

Now we need to evaluate the risks and decide how much harm is likely from the perceived hazards.

Even by maximising precautions and reducing risks, inevitably some level of risk will remain or unseen hazards will emerge. The decision then focuses on the level of risk – high, medium or low – and whether everything possible has been done to safeguard the traveller. Deciding what to include and what to omit in a consultation is a key skill.

*Competencies* has been designed and compiled to help nurses of varying levels of ability carry out a thorough risk assessment and enable the traveller to go and return safely. For health care professionals, accountability and competence issues are at the forefront of best practice.

## RISK ASSESSMENT

### How do you communicate your expertise?

Starting with a baseline of little or no knowledge for the traveller and “expert” knowledge of the adviser is tricky. Simplicity is always the best option, but even the simplest explanation takes time, the greatest enemy of nurse advisers. Allowing less than 20 minutes for a consultation is considered unsafe and travellers with complex itineraries or special medical needs may require even longer.

What’s more, unless travellers see your advice as relevant and achievable they are unlikely to comply with recommendations. Compliance is reduced when travellers find advice too complex or confusing.<sup>7</sup>

Calman<sup>8</sup> says it is assumed that, given the evidence, people will make rational choices as evidence for or against a specific hazard builds up. However, people will continue to hold their own beliefs and the perception of risk will leave them unconvinced even though the evidence is overwhelming.

### So issues other than evidence *do* matter in changing behaviour

This became apparent recently when two gap year travellers died of malaria, one because she had lived in Uganda previously and assumed she had no need for malaria prophylaxis. Another student thought the local children needed his malaria pills more than he did. No one had told him otherwise.

Internet access today is available in the most unlikely places and links to reputable sites can offer reassurance or invaluable help in difficult situations. Reinforcing advice with written material via leaflets or website links is a good way to add to the traveller’s knowledge, but should not replace face-to-face consultation.

Many travellers will have done some research for their trip and arrive with pre-conceived ideas of what immunisations they need, though perhaps little thought of other hazards they may face on their journey. It is a sensible precaution to explore and discuss these issues, as often their ideas are misconstrued or misinterpreted.

For example, people may have extensive travel experience, but this may not transfer to the continent they are visiting. Vulnerable groups, such as older people and families with young children, increasingly undertake hazardous trips. Those with pre-existing medical conditions are not exempt from travel, but their ability to adapt and cope with the journey, their disability and the lifestyle abroad may make them more susceptible to an accident or illness.

### How much information should we give to people?

We all know the advice on food and water borne illness – “wash it, peel it, cook it, or forget it” – but how practical is that?

And what about immunisations? A complete vaccination history is not always available and departure time restraints can affect recommendations and consent to vaccinate. Weighing up the length of stay (increased exposure) with the risk of disease at the destination can be difficult, especially when proposed itineraries are vague.

Some vaccines will be advised for seasonal risk or for perceived risk related to proposed activities – for example, Japanese B encephalitis, rabies and hepatitis B. Public perception of hepatitis B may be as a disease transmitted only through sexual activity, whereas an accident resulting in medical intervention in a country where medical facilities are poor may present a higher risk. Your risk assessment should take this into consideration for a business traveller off to work in a factory in a developing country where HSE rules do not apply.

Rabies is another vaccine often viewed with suspicion, but if the traveller is going to an area of high endemicity for a lengthy period, then pre-travel immunisation regimes must be explored. Protecting the traveller against vaccine-preventable diseases prevalent in the destination is an important public health measure. The International Health Regulations (IHRs)<sup>9</sup> were originally devised to help prevent the spread of diseases internationally, aimed at controlling smallpox, plague, cholera and yellow fever.

The outbreak of SARS in 2003 reinforced the regulations’ importance and they were revised to improve global surveillance and response to infectious disease outbreaks, including diseases and events of international significance.

Health authorities globally are currently involved in planning for a predicted influenza pandemic which will have major implications for international travel and public health.<sup>10</sup> The significance to individuals and the wider community must be weighed against the likelihood of exposure.

### Primary care service provision is changing and challenging

Encouraging higher patient presentation for professional advice is essential to reducing travel-related illness. Travellers deserve the best current advice available – and a competent health care professional. This should enable them to assess their personal risk and make choices, but

how this information and risk is imparted can make the difference in terms of behaviour change and adherence to recommendations.

To complete the process, the risk assessment should be evaluated and documented. Written records need to contain information on the hazards addressed and precautions undertaken to reduce the risks. A vaccination record, advice on general travel health precautions and resources recommended to the traveller should be retained for future reference. This too is addressed in *Competencies*.

Travel medicine never stands still. It is an evolving area of practice, constantly changing. All the more reason why no travel health consultation should be undertaken without a thorough risk assessment.

#### References:

- <sup>1</sup> Howell, K (2000) "Managing risk in travel health-policies, protocols and legal aspects", in Lockie, C (editor) et al., *Travel medicine and migrant health*, pp.77–95, London: Churchill Livingstone.
- <sup>2</sup> Health and Safety Executive (2006) *Five steps to risk assessment*, Suffolk: HSE.
- <sup>3</sup> Hippocrates (460-355 BC).
- <sup>4</sup> Royal College of Nursing (2005) *Delivering travel health services: RCN guidance for nursing staff*, London: RCN. Available from: [www.rcn.org.uk/publications/pdf/DeliveringTravelHealthServices.pdf](http://www.rcn.org.uk/publications/pdf/DeliveringTravelHealthServices.pdf) (Accessed 19 June 2007) (Internet).
- <sup>5</sup> Royal College of Nursing (2007) *Competencies: an integrated career and competency framework for nurses in travel health medicine*, London:RCN. Available from: [www.rcn.org.uk/publications/pdf/travel\\_health\\_medicine.pdf](http://www.rcn.org.uk/publications/pdf/travel_health_medicine.pdf) (Accessed 19 June 2007) (Internet).
- <sup>6</sup> Health Protection Agency (2006) *Migrant health: infectious diseases in non-UK born populations in England, Wales and Northern Ireland. A baseline report – 2006*, London: HPA. Available from: [www.hpa.org.uk/publications/2006/migrant\\_health/default.htm](http://www.hpa.org.uk/publications/2006/migrant_health/default.htm) (Accessed 18 June 2007) (Internet).
- <sup>7</sup> Bor, R; Parker, J and Papadopoulos, L (2001) "Aviation psychology: risk-taking behaviour among travellers", in Zuckerman, J (editor) *Principles and practice of travel medicine*, Chichester: Wiley.
- <sup>8</sup> Calman, K (2002) Communication of risk: choice, consent and trust, *The Lancet*, 360, pp.166–168.
- <sup>9</sup> World Health Organization (2005) Revision of International Health Regulations, WHA 58.3, 58th World Health Assembly, 23 May 2005. Available from: [www.who.int/gb/ebwha/pdf\\_files/WHA58/A58\\_55-en.pdf](http://www.who.int/gb/ebwha/pdf_files/WHA58/A58_55-en.pdf) (Accessed 18 June 2007) (Internet).
- <sup>10</sup> Department of Health (2005) Influenza Pandemic Contingency Plan. Available at: [www.dh.gov.uk/pandemicflu](http://www.dh.gov.uk/pandemicflu) (Accessed 18 June 2007) (Internet).

## Giant hornets coming our way?

Entomologists are monitoring swarms of giant hornets which have settled in France, fearing they could cross to Britain. The Asian hornet, renowned for vicious stings and using its large mandibles to kill prey, usually lives in temperate and tropical Eastern Asia. A handful of hornets can destroy a nest of 30,000 honeybees in a couple of hours. Global warming is said to blame for the infestation, thought to have arrived in France in a consignment of Chinese pottery. The hornets are in the southwestern region and the forests of Aquitaine, popular with British tourists. Anyone with an allergy who is stung should seek urgent treatment, but the hornets are unlikely to attack unless disturbed.

## Eco-friendly Moskito!

There have been mixed reactions to the news that Sir Richard Branson is planning to turn Moskito Island in the Caribbean into the "most eco-friendly island in the world". The island lies only a mile away from Necker, Sir Richard's exclusive island, but he claims that Moskito was bought "to protect it." No detailed plans exist yet, but Moskito closed about five years ago and has no human habitation. The new resort will be less exclusive and larger than Necker. It is thought that a name change may be on the cards as the comparison to a blood-sucking insect may not entice visitors.

Sir Richard is well known for his work on global warming and climate change, and plans to make the island resort carbon-neutral. A team has already begun investigating possible power sources that emit no carbon dioxide. Energy is likely to come from wind turbines supplemented by solar and wave power. Buildings will be made from sustainable material and vehicles will be electric. Moskito should open in two years and Necker will be made carbon neutral in nine months. (Only problem is it will be a long flight and a lot of fuel to get there! – ED).

## Confused travellers

The doubling of air passenger duty in February caused considerable confusion for travellers and airlines. Budget airlines warned passengers that they would be denied travel if they failed to pay the duty. Many people who had booked in advance and paid for flights had to fund the increased tax as it was retrospective. Other airlines delayed a decision on whether they would absorb the tax or charge passengers.

## More immunisations a possibility?

The introduction of the human papilloma virus (HPV) vaccination programme, likely to be implemented by school nurses later this year, could lead to additional vaccines including hepatitis B and varicella being offered to teenagers. Professor Adam Finn, head of the academic unit of child health at Bristol Medical School, told the BBC that introducing the HPV programme to adolescents would require an effective programme of delivery, which could then enable other vaccine programmes to be added.

## ON THE ROAD WITH TRAVEL HEALTH NURSES

*Your turn – get writing!*

*I am always trying to encourage nurses to write in and share their experiences in this newsletter. Not nearly enough of you have taken me up on this offer, and after seven years in this role I am loathe to admit defeat. I hope that the articles which follow may encourage you to join in for future editions. – EDITOR*

Last November ALEXANDRA JORDAN and her partner Andrew went on holiday to Kenya. Here's her account of their adventure.

## Surf 'n' turf in Kenya

# 'We're hooked on safari!'

PHOTO COURTESY OF GEORGE WITTEMYER



We had previously been on a two-day safari in South Africa as part of a longer trip and, having enjoyed the experience, we wanted to do another, combined with a beach/scuba diving holiday. Andy is a qualified scuba diving instructor and I love snorkelling.

We stayed in the luxurious Leopard Beach Resort, around one-and-a-half hours south of Mombassa, and everyone was friendly and so helpful. The grounds were very lush and green. The room was pleasant and – fortunately – air-conditioned as the temperature was mid-30s or above with at least 70 per cent humidity.

We lazed by the pool and swam in the sea, right by the resort. The pool bar was right there too and the waiters delivered food and drink straight to our sunbeds. Needless-to-say we appreciated this facility and got lots of reading done.

Food in the restaurant was mostly buffet style and very good. Even in good quality hotels there is no guarantee that the food will not cause stomach problems, but we were fine. Al fresco breakfast on the terrace with the view of the sea/sky takes some beating.

Unfortunately snorkelling was a little disappointing as there was not much to see, although one morning Andy did two dives and saw quite a lot of wildlife, turtles, fish and coral.

### Into the bush!

We went on safari to Tsavo East Game Reserve and stayed one night at the Voi Lodge. This involved a four hour drive there and back – we were so glad that we did not take up the offer to do it all in one day.

The main Mombassa-Nairobi highway is only partially finished and so we drove on some of the worst road surfaces you can imagine. The mini bus was definitely stronger than it looked. Anyone who ran a motor vehicle suspension service would be a millionaire!

Alongside the road was the real Africa that we did not see from the resort. The living conditions and grinding poverty of the people was unbelievable – a completely different world. The centre of Mombassa was a real education.

We went on four game drives over two days and saw lots of wildlife including:

- two female lions and a cub stalking a group of giraffe through the grass

- lots of elephants including two babies
- a single elephant having waterhole wallow and a good back scratch on a convenient tree
- zebras
- lots of gazelles, antelopes and oryx
- buffalo
- hippos in the deep waterhole
- tropical birds
- aardvark
- wolf
- jackals
- baboons crossing a river with the teenagers jumping off a rocky outcrop into the water for the fun of it and babies carried on mum's back

Seeing all these things in the flesh is amazing ... and addictive!

The lodge clung to the side of a mountain and looked out over the plain. It was more basic than the resort, but nice and clean. The bar was open to the outside and also overlooked the plain. They had a small pool, but we didn't have time to use it. We got up at 5am to watch the sun rise before going on a 6.30am game drive. What a fantastic view! Wildlife *in* the Lodge included:

- a couple of hyrax that wanted Andy's crisps – they look like giant guinea



The Grieves visit the Caribbean.

# Many happy returns in Tobago

In 2006 we celebrated a big birthday in our household and marked the occasion with a trip to the Caribbean. We hadn't been there before, but our daughter-in-law recommended it highly so it was an exciting prospect.

The thought of the extended flight filled me with dread so we decided that the occasion merited flying in comfort and that proved to be a good decision – it's a long way!

Trinidad and Tobago (T&T) lie just off the coast of South America and form one republic at the southernmost islands of the Lesser Antilles chain. One consideration during planning was that we were travelling in the hurricane season, but fortunately T&T lie outside

*I noticed a rather worn sign saying "Travel Clinic" on the wall outside. The nurses looked very smart and traditional in their white dresses, shoes and hats. ♪*

the region's hurricane belt, the last assault being in 1963.

The Foreign and Commonwealth Office (FCO) says safety and security can be a problem and policing is weak, but it's fine as long as you stay alert and use commonsense. We chose to stay

- pigs, the size of a cat, but are strangely related to the elephant!
- baboons making a terrible noise in the trees and walking along the roof
- enormous spiders
- huge flying beetles like you wouldn't believe and miscellaneous other flying beasts
- two scorpions, one of which we nearly trod on en route between the bar and the room – luckily only had lemonade!
- and the obligatory mosquitoes of course! Not too many bites, thanks to the bednet and repellent. We took malarone and finished them all up as prescribed. Would prefer not to get malaria (would be rather embarrassing at work ...).

Andy said I had to check under (and in) my own bed for any wildlife because it would make me strong. He did promise to help me deal with anything I found there – nothing luckily.

The journey home was very long. We left the hotel for the airport at 6.20am and got home at approximately 8pm (London time). Since they are three hours ahead of us that made travelling time around 16 hours – well worth it though. We're already planning the next one ... watch this space!



**Our driver/guide, called Elvis, had a police claxon as a horn and the most infectious laugh I've ever heard!**

## ON THE ROAD WITH TRAVEL HEALTH NURSES



**Beware of the tree, the sign warns it is highly poisonous!**

in Tobago, although there are several flights a day to Trinidad which is only 40 minutes away. Those who did make the trip said that getting to and from the airport was the biggest hurdle as the roads were very congested.

### A brief history

Tobago, the smaller of the two islands, measures only 41 by 14 kilometres. Its history is fascinating, involving slavery, religious uprisings and wars with the island overseen by several colonial powers through the centuries.

**Remnants of the sugar plantations still exist, and colonialism and history are apparent in the place names, like Plymouth and Scarborough.**

The original Carib population called their territory *Tavaco* (from the Indian word for tobacco) and defended it from many Amerindian tribes. They also saw off several European colonist attempts to take over, but the firm control and stability of British rule led to a lucrative plantation culture where the island became a highly efficient sugar, cotton and indigo factory.

When the British removed protective tariffs on sugar sales, the Tobagan

unmechanised industry could not compete with more efficient producers. That combined with a hurricane in 1847 and the collapse of the West Indian Bank, which underwrote the plantations, saw the end of sugar trading in Tobago.

Remnants of the sugar plantations still exist, and colonialism and history are apparent in the place names, like Plymouth and Scarborough. My husband felt quite at home in Bon Accord (Aberdeen's motto) with visits to Speyside and Argyll waterfall totally

different from the real thing back home. Englishmans Bay and Bloody Bay tell their own stories.

### Busman's holiday

Fort King George in Scarborough provided a fascinating insight into what life was like for the military during those times, harsh even though the sea views were spectacular. Tobago County Hospital next door was almost at the top of the very steep hill – quite a climb for the sick – and I noticed a rather worn

sign saying “Travel Clinic” on the wall outside. The nurses looked very smart and traditional in their white dresses, shoes and hats.

Scarborough is the stopping-off port for Caribbean cruise ships, but we were quite disappointed by the shops and facilities there. It was the one place we saw armed police inside every shop. But people going about their daily business were smartly dressed right down to gloves and hats, even though it was 32C and very humid!

The areas around the Tobagan coast are spectacular. The windward or Atlantic coast is rugged with excellent diving facilities while the leeward or Caribbean coast is more sheltered with superb beaches and hotels. Tourism, now the main source of revenue, is beginning to take hold, but the island remains rich in wildlife habitats and eco-tourism is strong.

### Into the forest primeval

A visit to the tropical rainforest is a must. Thanks to a British scientist who saw the folly in forests being eroded to plant more sugar cane, it is the oldest protected rainforest in the western hemisphere. It was magical to watch and hear the birds and animals, and to see rare butterflies.

Apart from trips around the island where meals were provided at selected restaurants, we ate at the hotel where the facilities were excellent. Mosquitos were around and in spite of our repellants, they left their mark. Fortunately they are not malarious!

On one or two occasions we were stopped and “entertained” by a steel drum recital and a calypso poet known locally as “the blue-note” man as he expected such in payment. They were harmless and no one felt pressured or encountered any problems with them.

The island people are warm and friendly, and we had fond memories as our taxi driver took us to the airport, leaving behind a successful and memorable sojourn.

## New updated Green Book

At the beginning of the year the new edition of *Immunisation against infectious disease*, the authoritative source of information on vaccines and immunisation, was distributed free to primary care health professionals. Better known as the Green Book, this is a valuable reference guide on the latest UK immunisation recommendations, along with information on vaccines and vaccination procedures.

This edition has been completely updated and is more comprehensive than previously, featuring new sections and chapters such as an index on vaccines, immunisations for people with underlying conditions, and surveillance and monitoring of vaccine safety.

Sir Liam Donaldson, Chief Medical Officer, said: "The Green Book is the key immunisation guide for health professionals as it contains valuable information on immunisation in the UK. I am confident this new edition will be useful to health professionals and would like to take this opportunity to thank them for their continuing work in immunisation." Read more at [www.dh.gov.uk](http://www.dh.gov.uk) and [www.immunisation.nhs.uk](http://www.immunisation.nhs.uk)

## Universal vaccination programme?

According to a review published in the June issue of *The Lancet Infectious Diseases*, the UK and other European countries should introduce universal childhood hepatitis B vaccination. The review of policies in eight countries was conducted by Dr Jane Zuckerman, Academic Centre for Travel Medicine and Vaccines, Royal Free and University College Medical School, London and colleagues.

They said: "Over 12 years ago, the World Health Organization recommended that universal childhood hepatitis B vaccination be implemented globally. Despite this, Denmark, Finland, Iceland, Ireland, the Netherlands, Norway,

Sweden, and the UK adopt an 'at-risk strategy' where only those at highest risk of contracting the disease are vaccinated." The review also examined the role of drug users, short- and long-haul travellers, and tattoos and body piercing. More at [www.thelancet.com](http://www.thelancet.com)

RCPSG



## RCPSG symposium set for 9 October

The first Autumn Symposium of the Royal College of Physicians and Surgeons of Glasgow Faculty of Travel Medicine (FTM) will feature a number of key invited speakers. Attendance is not restricted to college members and the day will include information on the benefits of being a part of the Faculty. If you are interested or considering seeking membership, why not go along! (See Dates for your Diary on page 22.)



Professor Peter Chiodini, Chairman of the Education and Professional Development Committee in the FTM, has highlighted travel medicine in the college prospectus 2007/2008 as a "new and exciting medical speciality" with "education at the heart of Faculty activities".

## IPPR reports on Brits abroad

The Institute for Public Policy Research has released a report looking at the scale and nature of British emigration. Lord Triesman, Foreign Office Minister for Consular Affairs, said: "Much has been written and reported on inward migration, but the IPPR's research

focuses on a different perspective – the outflow of British nationals to live and settle abroad. Globalisation has increased movement of people both to and from the UK.

"The policy challenges are how to manage these flows effectively in order to respond to the changing needs of the UK. This research will be helpful in understanding how best to address those challenges. The report also confirms what we at the FCO know to be true – that a small but significant proportion of British emigrants run into trouble because they have not planned their departure properly. Much of what we do is designed to help people avoid such pitfalls, and we will continue to work hard in this area." See [www.fco.gov.uk](http://www.fco.gov.uk)

## RCN Professional Membership Structure Action Group

The PMSAG reported progress to Congress in April. Among other initiatives a Forum Mapping Survey was carried out with an analysis resulting in a paper called *Celebrating the achievements of forums*. Reports from the Diagnostics, Divisions and Modelling / Standards working groups will be sent to the July meeting of Council's Governance Support Committee (GSC), which will be responsible for the development of the governance arrangements of the new structure.

The Forum Interim Governance Group will continue to manage interim governance until the new structure is in place. The year-long migration to practice sectors will continue and elections for executive roles on practice sectors will take place between May and October 2008.

## The latest from WHO

The 2007 version of the World Health Organization publication *International travel and health* is now available online at [www.who.int/ith/en](http://www.who.int/ith/en). You can order hard copies at the same address.

## SPECIAL REPORT ON MALARIA

JANE CHIODINI reports.

## MALARIA GUIDELINES UPDATED: '... a new, practical format in a spiral bound booklet , indexed and extremely user-friendly!'

Information on malaria imported into the United Kingdom in 2006 was released at the end of April by the Health Protection Agency (HPA) and while overall figures of 1,758 cases are little changed from the previous year, cases of *Plasmodium falciparum* increased. This is the potentially fatal species, responsible for 79 per cent of malarias imported into the UK.

Compared to data of 20 years ago, over twice as many cases of *falciparum* malaria in absolute numbers are now seen in the UK, indicating that the overall situation is far more serious. Of the eight deaths from malaria in 2006, all had *P falciparum*.

Where the reason for travel was known, 57 per cent of cases were in people visiting friends and relatives (VFRs). Travellers in this group sometimes fail to understand that even if they acquired immunity to the disease when they lived in their homeland, they quickly lose their partial immunity when living in the UK and subsequent generations born in the UK will have no immunity. Taking appropriate malaria prevention advice is therefore essential.<sup>1,2</sup>

The Health Protection Agency's Advisory Committee on Malaria Prevention in UK Travellers (HPA ACMP) was set up in 1998

to formulate guidelines on malaria prevention in travellers from the UK. The members of this specialist panel base their guidance on evidence and expert opinion.

Advice has been published regularly in the past, but this latest update from the 2003 version and subsequent guidance for long-tem travellers is in a new, practical format, published in a spiral bound A5 booklet which is indexed and extremely user-friendly.<sup>3</sup>

The guidelines are for use by health care

# MALARIA DOSSIER

### New malaria guidelines launched ...

#### ... for travellers from the UK

They're from the Health Protection Agency (HPA) Advisory Committee on Malaria Prevention in UK Travellers (ACMP). See detailed overview above.

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

### ... for the diagnosis and treatment of malaria in the UK

ACMP has also published these new guidelines with the intention of improving the timeliness and safety of malaria treatment, especially in areas where relatively few cases are seen.

**Citation:** Laloo, DG; Shingadia, D; Pasvol, G; Chiodini, PL; Whitty, CJ; Beeching, NJ; Hill, DR; Warrell, DA and Bannister, BA (on behalf of the HPA ACMP) (2007) UK malaria treatment guidelines, *Journal of Infection*, 54 (2),

pp.111-121. It's at [www.hpa.org.uk/infections/topics\\_az/malaria/pdf/mal\\_treat\\_J0107.pdf](http://www.hpa.org.uk/infections/topics_az/malaria/pdf/mal_treat_J0107.pdf) and [www.nathnac.org](http://www.nathnac.org)

### Antimalarial for developing countries

A new combination treatment taken once a day in a fixed dose has been developed by a non-profit making organisation for use in developing countries. More at [www.actwithasaq.org/en/asaq1.htm](http://www.actwithasaq.org/en/asaq1.htm) *BMJ* (3 March 2007) 334, pp.443.

### Algorithm

A step-by-step procedure specifically designed to help non-infection health care professionals deal with the initial assessment and management of malaria in adults should they encounter a possible malaria case has been developed jointly by the ACMP and the British Infection Society. It's at [www.britisheinfectionsociety.org/K210%20malaria%20algorithFINAL.pdf](http://www.britisheinfectionsociety.org/K210%20malaria%20algorithFINAL.pdf)

### But who's paying?

A travel journalist decided to have a look at the inequalities in charging for vaccine and malaria prophylaxis between GPs and the private sector. It's hard to compare like with like, but she concluded that there is *no* standard service. Private clinics charges were higher, but they attracted clients because of convenience and a lack of consistency within the NHS.

### 'Atlas' aims to put malaria on the map

Researchers in Kenya and Britain are creating a global map to pinpoint locations where malaria is most likely to strike next. It should be complete within the next year and a half – meanwhile, read more about it at BBC News Online (<http://news.bbc.co.uk/2/hi/africa/6210744.stm>).

### GM mosquito rules OK?

Okay, here's the plan: introduce a



## Guidelines for Malaria Prevention in Travellers from the United Kingdom



workers who advise travellers, but may also benefit prospective travellers who wish to read about the options themselves.

The ACMP prophylaxis guidelines are intended for UK-based visitors to malaria endemic areas and may not be appropriate for use by those residing in endemic areas.

The document is divided into nine chapters:

■ **General issues** covers the importance of risk assessment, and provides a template example and summary of advice that could be adapted.

■ **Awareness of risk** explains the disease and clinical illness, life cycle, distribution of malaria and drug-resistance.

■ **Bite prevention** includes a thorough review of the evidence and advice that should be given, including recommending the use of DEET at a concentration of up to 50 per cent in travellers over two months old, and including pregnant and breastfeeding women. The fallacies are succinctly

addressed, clarifying that herbal and homoeopathic remedies are strongly discouraged and there is no evidence to support the effectiveness of products such as buzzers, vitamin B1, garlic, savoury yeast extract spread, tea tree oil and bath oils. The myth that “once you get malaria it keeps coming back” is dispelled and the concept explained.

■ **Chemoprophylaxis** uses a variety of tables to explain the principles of causal and suppressive prophylaxis, together with full details of the drugs used in the UK. Recommendations for different geographical areas and the most popular tourist destinations include the ACMP-recommended regimen. The chapter ends with a full explanation of standby treatment, including the choice of drugs and useful traveller information leaflets.

■ **Diagnosis** of malaria should be considered in every ill patient who has returned from the tropics in the previous year, especially in the first three months. This chapter includes how a blood

genetically modified (GM) strain of malaria-resistant mosquitoes into wild populations, sit back and let them take over. Sound like science fiction?

Details of work by a US team appear in *Proceedings of the National Academy of Sciences*, but researchers say their studies are at an early stage – it could be 10 years or more before GM-engineered insects are released into the environment.

“What we did was a laboratory, proof-of-principle experiment; we’re not anywhere close to releasing them into the wild right now,” co-author Dr Jason Rasgon from Johns Hopkins University in Baltimore, Maryland, told BBC News.

Lead author Dr Mauro Marrelli and his colleagues wrote in *PNAS*: “To our knowledge, no one has previously reported a demonstration that transgenic mosquitoes can exhibit a fitness advantage over non-transgenics.”

Professor Chris Curtis from the London School of Hygiene and Tropical Medicine said many strategies would be needed

to combat malaria effectively. Even if GM mosquitoes were shown to be effective in the first instance, it was always possible that the parasite would evolve to limit that success.

He said: “There will obviously be strong selection pressure on the malaria parasite to do that, and that’s a problem with anti-malaria drugs and insecticides. We have to keep working to produce new tricks to try to keep ahead of what the parasite will try to do.”

He added that his work in Tanzania had shown bednets laced with insecticide were very effective in combating infections.

A fascinating story – read more at <http://news.bbc.co.uk/go/pr/fr//1/hi/sci/tech/6468381.stm>

### Malaria Hotspots website updated

The website [www.malariahotspots.co.uk](http://www.malariahotspots.co.uk) has been completely revamped. In the section “Been there, Been bitten” are video clips of patients who have experienced

malaria. Jo Yirrell tells the powerful story of her son Harry, who died of malaria after giving away his malaria tablets during a gap year in Ghana. Broadcast journalist Rageh Omar, a supporter of the campaign, is filmed at the Science Museum malaria event last year. Podcasts reinforcing malaria messages are presented by Simon Reeve, who contracted malaria while filming “Equator” last year, and our own Jane Chiodini offers some travel health advice. Leaflets are also available.

### Malaria Awareness Week ...

... took place during 14–20 May. The HPA said that the number of Britons contracting the deadliest form of the disease (*Plasmodium falciparum*) has risen significantly. Medical experts warned that the British “complacent package-holiday mentality” and ignorance of the disease is putting tourists at increasing risk. The Association of British Travel Agents (ABTA) estimates that in the past decade the number of British travellers visiting malaria endemic areas has risen by 150 per cent to 4.7 million a year.

## SPECIAL REPORT ON MALARIA

test should be requested, explanation of rapid diagnostic tests (RDTs) and a comprehensive list of resources for treatment advice. Separate guidelines for the treatment of malaria will be published by ACMP and are posted on the HPA website.

■ **Special groups** includes basic guidance. If specific guidance is needed, helplines for health care professionals can provide additional support through contacting detailed resources listed at the end of the publication. Topics covered in this section are smoking cessation, pregnancy, breastfeeding, anticoagulants, epilepsy, glucose 6-phosphate dehydrogenase deficiency, sickle cell disease, immuno-compromised travellers, liver disease, renal impairment, splenectomy and acute travellers.

■ **Special categories** include children and older travellers, multi-trip travel, cruises, oil rigs, visits to national parks,

stopovers, last-minute travellers, VFRs, students and children at boarding school, and a comprehensive review of the long-term traveller including risk assessment, chemoprophylaxis and the half-lives of all chemoprophylactic drugs used in the UK. A section dedicated to long-term visitors to the UK returning to live in malarious parts of the world is very helpful.

■ **Frequently asked questions** repeat advice already incorporated in the guidance, and are useful for getting an immediate answer to the most common queries. However, it should not preclude the reading of the guidance in full.

### Get yours now!

You can download the document from the HPA website<sup>3</sup> or order a hard copy, currently free of charge, at [malariaguidelines@hpa.org.uk](mailto:malariaguidelines@hpa.org.uk), providing your name, position and workplace address.

### References

- <sup>1</sup> Health Protection Agency (2007) Malaria is a continuing danger to UK travellers. Available at [www.hpa.org.uk/hpa/news/articles/press\\_releases/2007/070430\\_malaria.htm](http://www.hpa.org.uk/hpa/news/articles/press_releases/2007/070430_malaria.htm)
- <sup>2</sup> Health Protection Agency (2007) Malaria imported into the United Kingdom in 2006: Implications for those advising travellers, Health Protection Report 1(18). Available at: [www.hpa.org.uk/hpr/archives/2007/hpr1807.pdf](http://www.hpa.org.uk/hpr/archives/2007/hpr1807.pdf)
- <sup>3</sup> Chiodini, P; Hill, D et al (2007) *Guidelines for malaria prevention in travellers from the United Kingdom*, London: Health Protection Agency. Available at: [www.hpa.org.uk/publications/2006/Malaria/Malaria\\_guidelines.pdf](http://www.hpa.org.uk/publications/2006/Malaria/Malaria_guidelines.pdf)

Note: all Internet links accessed 19 June 2007.

## MALARIA DOSSIER

### Fatal distraction

An inquest into the death of a student who contracted malaria while on a trip to Uganda was told that her death was preventable. The 19-year-old girl had visited her father in Uganda and felt unwell on return to university in the UK. She contacted NHS Direct and her GP, but was diagnosed with flu. The coroner said: "Her malaria was not diagnosed because the health care professionals with whom she had contact did not elicit information that she had been in a high-risk malaria area or they elicited the information but did not realise its significance." The inquest also heard that the girl had not taken anti-malarial drugs because she had previously lived in Uganda and thought she was immune to the disease.

### Malaria in Goa

In late December 2006–January 2007 four cases of *P falciparum* in travellers who visited northern Goa were reported from three European countries. The cluster of cases coincided with increased rainfall in the affected region. ACMP, whose

updated guidelines had been recently published (see page 16), issued advice for those advising travellers to the affected area, particularly for those visiting areas north of Panji where affected travellers had been. See [www.hpa.org.uk](http://www.hpa.org.uk). These cases were reported to the European Network on Imported Infectious Disease Surveillance (TropNetEurop, [www.tropnet.net](http://www.tropnet.net)).

See ProMED-mail ([promed@promedmail.org](mailto:promed@promedmail.org)) and Eurosurveillance weekly release (11 January 2007) at [www.eurosurveillance.org/ew/2007/070111.asp#2](http://www.eurosurveillance.org/ew/2007/070111.asp#2). Updates from [www.nathnac.org](http://www.nathnac.org) and [www.travax.nhs.uk](http://www.travax.nhs.uk)

### Think globally, act locally

At RCN Congress in April, the RCN Greater Gwent Branch proposed a resolution which asked Congress to call on RCN Council to lobby the UK government and the International Council of Nurses to back the World Health Organization's drive to control malaria. The resolution was seconded by the RCN Travel Health Forum and passed by 99.72 per cent. One person

voted against and one abstained. [*We know where they live!* -ED.] This item will be on RCN Council's agenda for the coming year. At the recent G8 summit in Germany, members once again promised funding to fight malaria, TB and Aids in Africa. We will keep you updated on progress.

### Yellow Fever Vaccination Certificates

The new International Health Regulations came into force on 15 June 2007 and with them changes to the Yellow Fever Certificate of Vaccination.

For information on changes please see: [www.nathnac.org/pro/clinical\\_updates/YFcificates\\_140607.htm](http://www.nathnac.org/pro/clinical_updates/YFcificates_140607.htm) and [www.who.int/csr/ihr/ivc\\_no\\_logo.pdf](http://www.who.int/csr/ihr/ivc_no_logo.pdf)

### Thalassaemia and malaria

A new study finds that thalassaemia protects against severe but not mild malaria. Here's a link from the ISTM ListServe discussions: <http://medicine.plosjournals.org/perlerv/?request=cite-builder&doi=10.1371/journal.pmed.0030235>

## Norovirus on board

The Queen Elizabeth 2 was the first cruise ship in 2007 to suffer a serious outbreak of norovirus with about 16 per cent of passengers taken ill. The Cunard Line ship sailed from Southampton for a 106-night world cruise. Several staff members from the US Centers for Disease Control boarded the ship to survey passengers and inspect cleaning procedures when it docked in Acapulco, Mexico.

## Carry on flying

An online survey has shown that air passenger duty would need to reach an average of £78 for short-haul and £128 for long-haul flights to deter Britons from travelling abroad. The survey found that 25 per cent of Britons plan to holiday at home to reduce their carbon footprint, but over 50 per cent said they would not take measures to reduce holiday-related carbon emissions. Only one in 10 was prepared to pay to offset emissions.

## Or cruising?

The US cruise line Royal Caribbean International is to base one of a trio of new passenger ships in Southampton after its launch in May 2008, thus British holidaymakers will no longer have to fly to Miami to join the ship. The company has based this decision on growing confidence in the UK cruise sector which is predicted to grow by 100,000 passengers this year. A record of 1.25 million passengers was reached in 2006.

The ship, currently under construction in Finland, will be the biggest passenger ship ever to sail from a British port. The liner is reported to contain a rock climbing wall, ice-skating rink, basketball court and mini-golf as well as a surf simulator machine and two cantilevered whirlpools extending out from each side of the ship. If you still have the energy, there is to be a solarium and fitness centre. (I'm exhausted just thinking about it -ED).

## Travellers to bankroll security

With the heightened threat of terrorism at British airports, security has been increased and the cost of policing is likely to be passed to the passengers. The BAA

is in discussion with airport managers to negotiate costs. The Metropolitan Police said that it was unfair to expect passengers to pay for policing commercial premises, but it is thought that airports will pass the cost to travellers, who already face extra costs for checking in bags and sports equipment. Some surveys have shown that as much as 98 per cent of the cost of a flight can consist of additional charges and taxes.

## Change of publication

Health Protection Report Volume 1, Number 1 – First Issue. For archiving purposes, the predecessor to the Health Protection Report: *CDR Weekly* is still available online at the usual address. Meantime, a number of improvements are expected over the coming weeks. See [www.hpa.org.uk/hpr](http://www.hpa.org.uk/hpr)

## Look after your liver

The British Liver Trust's "Think B-For You Go" Day aimed to raise awareness of hepatitis B. There was press and media coverage, and discussion surrounding the need for travellers to consider immunisation before travelling abroad. A booklet entitled *A professional's guide to Hepatitis B* gives supporting information to health advisers. See [www.britishlivertrust.org.uk](http://www.britishlivertrust.org.uk) or call the helpline on 0870 770 8028 to order.

## Mature travellers

Due to a huge increase in the number of people over 50 travelling abroad – 35 per cent of all foreign trips – the FCO in conjunction with Lonely Planet has issued detailed advice for mature travellers. The FCO has reported an increase in the need for consular assistance in this age group, including lost passports and help with hospital costs following accidents. Many incidents are the result of participation in adventurous activities like skydiving, abseiling and trekking.

A survey of over-50s conducted by the FCO found that 65 per cent had not taken out travel insurance on their last trip and, of those, 47 per cent felt they didn't need it. Nearly half did not research their destination beforehand and only 27 per cent made a note of their credit card number. The booklet, entitled *World wise*, is available from Hayes and Jarvis stores or

download at [www.fco.gov.uk/travel](http://www.fco.gov.uk/travel). It is being publicised in a television ad highlighting the dangers of being stranded in a hospital abroad without funds for treatment. Other useful leaflets are available at [www.fco.gov.uk/publications](http://www.fco.gov.uk/publications)

## Immature travellers

A new service is available for parents taking babies and young children abroad. All requirements are delivered to the destination and coincide with the arrival day. Instead of packing and carrying a week's worth of nappies, toiletries and baby food, or seeking out local supermarkets for favourite products on arrival, you let the service do the shopping and transport the goods to the holiday address. With tighter airline regulations, increasing costs of excess baggage and no luggage allowance for infants under two years of age, the service allows parents to order in advance and reduce the hassle of shopping and carriage. Customers can track their parcel by email, SMS messaging or online, and follow the package from dispatch until arrival at [www.tinytotsaway.com/index.php](http://www.tinytotsaway.com/index.php)

## New supplier

In April 2007 MASTA took over as the suppliers of Dukoral in the UK, along with responsibility for the medical information enquiries. More at [www.masta.org](http://www.masta.org)

## Beware of the elephants

Personal safety for British travellers abroad was highlighted once again in March by the death of a mother and daughter in Zimbabwe when a walking safari group was attacked by a bull elephant. According to official figures of reported incidents, 12 people were charged and trampled to death by elephants in 2005.

## English lesson

A young graduate working at an English language school in Tokyo was found murdered and concealed in a bath of sand. The 22-year-old had gone to the flat of a man who had hired her to teach him English. Many British graduates go to Japan to work because the country is considered safe. Tokyo is a popular city because of cheap rent and the excellent public transport system provides easy access to the city and nightlife.

## BULLETIN BOARD

### If the worst happens ...

According to the FCO around 4,000 Britons die abroad each year, most from natural causes. Accidents – falls from balconies, road traffic and swimming incidents – are believed to account for the second-highest number of fatalities. There are around 600 deaths overall on package holidays each year.

Thomson has a welfare team in Britain to provide assistance following its 100 or so deaths annually. A team in the resorts can assist families with travel arrangements and help at home with overseas arrangements. If clients are covered by insurance local assistance teams acting on their behalf step in. Once a valid claim is established an international undertaker is appointed to liaise with all parties, but this can take many days and be distressing for relatives.

Most holiday companies subscribe to the Centre for Crisis Psychology which has a support line for relatives of travellers who have died suddenly. Holidaymakers not covered by insurance may face very high costs for repatriating the body, funeral directors and mortuary fees, air cargo and administrative costs as well as hotel bills and other arrangement costs.

On a happier note, statistically travellers are more likely to lose their luggage than their life, but it does make you think!

### Bad breath?

Scientists from Rockefeller University in New York have discovered that mosquitoes target exhaled breath through receptors which enable the insect to sense carbon dioxide with its antennae. They hope that the identification of these receptors will provide a potential target for the design of inhibitors which would act as insect repellents. These inhibitors would help fight global infectious disease by reducing the attraction of blood-feeding insects to humans.

### Mobile phone cost cutter

A new international mobile phone operator based in London provides low-cost calls for travellers overseas via their regular mobile phone number. Using new technology – Voice-over Internet Protocol (VoIP) – the company claims to reduce the average cost of mobile phone use abroad by 90 per

cent. Before departure customers get an AwayPhone SIM card which integrates the customer's regular mobile number with a local number and avoids roaming charges. Incoming call costs are significantly reduced and outgoing calls charged at local rates in the country. A one-off payment is charged for the SIM card which works all over the world. Charges for a single trip or a monthly fee if travelling regularly is in addition to the costs. Ring AwayPhone on 0845 868 1466 or visit [www.awayphone.com](http://www.awayphone.com)

### Vaccine development

The Health Protection Agency announced collaboration with the Serum Institute of India to develop a vaccine for the prevention of meningococcal septicaemia and meningitis that will be effective against all forms of the disease and save the lives of children throughout the world. Scientists from HPA have been working on the development of a vaccine against Group B meningococcus as no effective vaccine yet exists.

A candidate vaccine is currently in a phase one clinical trial in the UK. The Institute will combine the components for the B vaccine with the components for A and C conjugate vaccines (which it makes) and conjugates for the Y and W135 and they hope to produce a pan-meningococcal vaccine effective against all the significant bacterial strains of the disease. This collaboration was announced by the Chancellor of the Exchequer Gordon Brown during a visit to India. More at [www.hpa.org.uk/hpa/news/articles/press\\_releases/2007/070122\\_vaccine.htm](http://www.hpa.org.uk/hpa/news/articles/press_releases/2007/070122_vaccine.htm)

### Speed cameras on the slopes

Two resorts in the Italian Dolomites are using speed cameras to reduce the number of skiing accidents. Other slopes in Europe and America are expected to follow suit. Around 26,000 accidents, including 16 fatalities, occur each year on Italy's slopes alone. Skiers found to be endangering others could be given a warning or face fines up to 1,000 Euros (£650). A spokesperson for the Italian Alpine Police Training Centre said: "The majority of those involved are young men aged 19–25. The blame also lies with new equipment which enables skiers to reach very high speeds."

In America, the situation has become so serious that the National Ski Areas Association has launched a campaign to educate skiers on mountain etiquette and safety. Uniformed police patrol the slopes and stop speeding skiers. Persistent offenders can have their ski passes withdrawn.

A spokesperson for the Ski Club of Great Britain was unconvinced: "Skiing is meant to be about experiencing the freedom of the mountains. If you have speed cameras on the slopes it is likely to curtail that. Of course skiers need to be aware of those less experienced and ski with care, but I can't see how cameras can play a role other than to prosecute people in the courts."

### New protocols for safe water in Europe

Over 100 million people in WHO's European region continue to lack access to safe drinking water and even more lack access to sanitation. A binding international agreement on water and health became law in August 2005. The first meeting of the 20 countries that have signed and ratified these protocols adopted a plan of action to improve water management and curb water-related diseases over the next three years.

### Vaccination boost

Figures released by the Global Alliance for Vaccines and Immunisation (GAVI) showed that between 2000 and 2006, some 2.3 million premature deaths were prevented due to vaccination programmes. Projections from WHO, a member of the alliance, show that GAVI funding (a public-private venture) has protected 28 million children against diphtheria, pertussis and tetanus. The number of countries providing hepatitis B vaccine increased from 15 in 1999 to 61 in 2006, with 138 million children receiving hepatitis B, *Haemophilus influenzae* type b and yellow fever.

At the end of January 2007 the alliance announced an investment of \$500m over the next five years to strengthen basic health systems in poor countries. Bill Gates, Chairman of the Bill and Melinda Gates Foundation, said: "No child should be denied access to life saving immunisations."

## Another Gates grant

Bill Gates has also given a grant for research into human filariasis. The Liverpool School of Tropical Medicine will use the money to develop new combinations of potential filariasis drugs to help prevent disease in the poorest countries of the world. The scientists will work with an international consortium of six academic and industrial partners.

## Make a difference working abroad

Recent disasters like the tsunami and the earthquake in Pakistan have increased interest for nurses thinking about working abroad in developing countries. The RCN International Department, in collaboration with Voluntary Service Overseas, Royal College of Midwives and Mediciens Sans Frontieres, held a one day seminar at Cavendish Square in June to cover key aspects of gaining experience of working abroad. More information from [androulla.ozcivi@rcn.org.uk](mailto:androulla.ozcivi@rcn.org.uk) or ring 020 7647 3597.

## Health insurance, US style

George W Bush has proposed changes to the tax-laws which he said would allow more people to buy individual health insurance policies, helping 47 million Americans who lack cover. He also proposed redirecting Medicaid funds away from hospitals that provide free care to uninsured patients into subsidies to help the poor buy health insurance. The proposal would consider money spent on health insurance as taxable income, but would offer families a new \$15,000 deduction for health insurance premiums from their federal income tax.

Read Reinhardt, UE (March 2007) *Is the president's plan dead before arrival?* Observations, *BMJ*, 334, pp. 238.

## ... and UK style

Travellers buying insurance from travel agents are at risk of rendering their cover void because the agents do not ask about pre-existing medical conditions. Research taken by YouGov on behalf of the insurers Direct Line found that 64 per cent of

## From ISTM ListServe discussions

- Updated general recommendations on immunisation from CDC. Recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR December 1, 2006 / Vol. 55 / No. RR-15 are at [www.cdc.gov/mmwr/preview/mmwrhtml/rr5515a1.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5515a1.htm)
- Marine envenomation. Web accessible resources are at [www.reef.crc.org.au](http://www.reef.crc.org.au) (CRC Reef Research Centre), [www.marine-medic.com.au](http://www.marine-medic.com.au) (site maintained by PJ Fenner, MD, the noted Australian researcher of medical aspects of envenomations by marine invertebrates) and <http://medschool.umaryland.edu/dermatology/jellyfish.asp> (International Consortium of Jellyfish Stings).
- Scubadoc's Diving Medicine Online gives comprehensive information about diving and undersea medicine for the non-medical diver, the non-diving physician and the specialist by Ernest Campbell MD at [www.scuba-doc.com](http://www.scuba-doc.com)

people who bought insurance this way did not have the policy clearly explained. Of 2,000 people interviewed, 55 per cent of holidaymakers who bought insurance from travel companies were not asked about pre-existing medical conditions; 72 per cent were not questioned about cancer or heart-related conditions and 77 per cent were not asked about high blood pressure. Most insurance policies will not cover undisclosed pre-existing conditions.

The findings coincide with a Treasury review of how travel companies sell insurance. Currently agents are exempt from regulation by the Financial Services Authority. High Street retailers say they will stop selling travel insurance if the Government imposes the regulation, resulting in more people going abroad without cover. An ABTA spokesman dismissed the findings as "tosh".

## One to watch

DIPEX home patient experiences at [www.dipex.org/Home.aspx](http://www.dipex.org/Home.aspx) offers information surrounding peoples' personal experiences of health and illness. (I couldn't find anything travel related, but it makes interesting reading on many illnesses and how they were handled. I'll keep looking. – ED)

## And another ...

The Global Incident Map website is continually updated, giving information on what is happening somewhere in the world as you view. It's at [www.globalincidentmap.com/home.php](http://www.globalincidentmap.com/home.php)

## And 'Where Are You Now'?

The WAYN? website enables young travellers to contact each other before, during and after travel, and to share information and experiences – it's quite a fun blog too! Take the tour at [www.wayn.com/waysplash.html](http://www.wayn.com/waysplash.html)

## Insulin: travelling cool

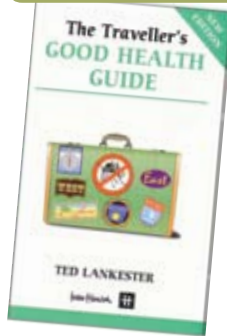
Duo-Pen Frio is a device used by diabetics for keeping their insulin and glukagon injectables cool and it comes in two sizes. In a handy wallet format it is activated by adding water, keeps cool for 45 hours and can be re-activated a hundred times. See [www.medicool.com/diabetes/diabetes\\_travel\\_frio.php](http://www.medicool.com/diabetes/diabetes_travel_frio.php). Insulin is stable for some time out of the fridge up to 40°C for one week and at 25°C for several months. Advice is at [http://members.tripod.com/diabetics\\_world/biological\\_stability\\_of\\_insulins.htm](http://members.tripod.com/diabetics_world/biological_stability_of_insulins.htm)

## Updated VFR handouts ...

... for visiting friends and relatives (VFRs) are now available in 17 languages on five core topics in travel medicine (malaria and insect avoidance, vaccines, travel with children, diarrhoea and trauma). Arabic will follow (with an extra handout on travel to the Hajj). See [www.tropical.umn.edu](http://www.tropical.umn.edu) (under travel handouts) or [www.tropical.umn.edu/vfr](http://www.tropical.umn.edu/vfr). A podcast

**BULLETIN BOARD CONTINUES ON PAGE 24**

## RESOURCES FOR PROFESSIONAL DEVELOPMENT



## BOOK REVIEW

Thanks for this review go to Dr ERIC WALKER, Dean of the Faculty of Travel Medicine at the Royal College of Physicians and Surgeons (Glasgow) and President of the British Travel Health Association.

## The traveller's good health guide

By Dr Ted Lankester, Sheldon Press, £7.99. ISBN 0 85969 991 4

This is the 3rd edition of this book, first published in 1999, which is a reflection of its proven usefulness and popularity.

Ted Lankester is director of the expanding services provided by InterHealth, an organisation that provides health care and counselling predominantly for those working overseas under the auspices of voluntary and other organisations, frequently in underprivileged or poorer countries.

Dr Lankester draws on extensive experience with InterHealth, preceded by work as a general practitioner and time spent working abroad.

He makes extensive use of various authoritative guidelines aimed at keeping travellers healthy through means such as

personal lifestyle adjustments, peer support and vaccine or medicine prophylaxis. He also looks at some emergency first aid and treatments that can be used by travellers themselves.

As well as preparatory measures, much of the advice focuses on life abroad and gives prominence to preventing the most common problems travellers encounter such as sunburn, accidents, sexually transmitted diseases, diarrhoea and respiratory illnesses as well as giving carefully considered advice about rarer but serious illnesses such as malaria.

Attention is given to helping travellers identify situations where they may be at risk of serious adaptation or "culture shock" difficulties and there's well-balanced advice on how to minimise, avoid and manage stressful situations that

## FROM THE JOURNALS

Bannister, B (2007) Malaria in the UK: new prevention guidelines for UK travellers, *The British Journal of General Practice*, 57 (534), pp.4–6.

Bayas, J-M; Gonzalez-Alvarez, R and Guinovart, C (2007) Herpes zoster after yellow fever vaccination, *Journal of Travel Medicine*, 14, pp.65–66.

Chiodini, J (2007) Preventing malaria in travellers, *Practice Nurse*, 33 (2), pp.15–17.

Diggle, L (2007) Injection technique for immunisation, *Practice Nurse*, 33 (1), pp.34–37.

Evans, N (2007) Prevention of hepatitis B in travellers: pre-travel consultation, *Nursing Standard*, 21 (33), pp.52–57.

Hill, DR; Ericsson, CD; Pearson, RD et al (2006) The practice of travel medicine: guidelines by the Infectious Diseases Society of America, *Clinical Infectious Diseases*, 43, pp.1499–1539.

Kukuda, K and Kieny, MP (2006) Different approaches to influenza vaccination, *New England Journal of Medicine*, 353 (24), pp.2586–2587.

Lawn, SD and Lockwood, DNJ (2007) Leprosy after starting antiretroviral treatment, editorial, *BMJ*, 334, pp.217–218.

Morgan, M and Palmer, J (2007) Dog bites, clinical review, *BMJ*, 334, pp.413–417. (Full version at [www.bmj.com](http://www.bmj.com)). Includes bites from rabid animals.

Murray, C; Lopez, A; Chin, B et al (2006) Estimation of potential global pandemic influenza mortality on the basis of vital registry data from the 1918–20 pandemic: a quantitative analysis, *The Lancet*, 368, pp.2211–2218.

## DATES FOR YOUR DIARY

**Journal of Travel Medicine and Infectious Disease**  
**Second International Conference**  
**12 September 2007**  
 Church House Conference Centre  
 Dean's Yard, Westminster, London  
 Details at [www.travelmedicine.elsevier.com](http://www.travelmedicine.elsevier.com)

**Royal Society of Tropical Medicine and Hygiene**  
**Centenary Meeting**  
**13–15 September 2007**  
 Queen Elizabeth II Conference Centre, London  
 Details at [www.rstmh.org](http://www.rstmh.org)

**Health Protection Agency**  
**Annual Conference**  
**17–19 September 2007**  
 University of Warwick  
 Details at [www.healthprotectionconference.org.uk](http://www.healthprotectionconference.org.uk)

**Broaden your horizon**  
**RCN Travel Health Forum**  
**Annual Conference**  
**29 September 2007**  
 Royal College of Physicians, London  
 Contact: [kathryn.clark@rcn.org.uk](mailto:kathryn.clark@rcn.org.uk)  
 See enclosed flyer for details and bookings.

**Mountain and Wilderness**  
**Medicine**  
**World Congress 2007**  
**3–7 October**  
 Aviemore, Scotland  
 Details at [www.worldcongress2007.org.uk](http://www.worldcongress2007.org.uk)

**Travel medicine: a voyage of discovery**  
**Faculty of Travel Medicine**  
**Autumn Symposium and AGM**  
**9 October 2007**  
 Royal College of Physicians and Surgeons of Glasgow  
 Details at [www.rcpsg.ac.uk](http://www.rcpsg.ac.uk)

**MASTA Annual Study Day**  
**30 November 2007**  
 Royal College of Physicians, London  
 Email: [medical@masta.org](mailto:medical@masta.org)  
 Website: [www.masta.org](http://www.masta.org)

could seriously compromise the traveller's ability to work effectively, or disrupt family or social relationships.

With the ease and availability of fast transport, more and more people with pre-existing health problems are now travelling and this very important topic is well covered. This includes special considerations such as making sure in advance that essential medications and medical care will be available.

While all hard copy books can be limited by not including recent advances following publication, Dr Lankester refers to reliable and easily accessible resources such as continually updated websites that can be accessed both at home and abroad by the travelling public – as well as their advisers.

I am sure this accessible, inexpensive and readable book, as with previous editions, will be widely used. It will encourage a healthy lifestyle and is bound to prevent a lot of avoidable illness among travellers.

Order your guide from [www.interhealth.com/shops](http://www.interhealth.com/shops)

---

**Dr Walker is a part-time GP and previously was Consultant in Infectious Diseases and Travel Medicine in Glasgow.**

---

Noakes, K; Yarwood, J and Salisbury, D (2007) The new Green Book, *Practice Nursing*, 18 (1), pp.25–26.

Pallansch, MA and Sandhu, MS (2006) The eradication of polio – progress and challenges, *New England Journal of Medicine*, 353 (24), pp.2508–2511.

Talisuna, AO and Meya, DN (2007) Diagnosis and treatment of malaria. Editorial, *BMJ*, 334, pp.375–376. Research, pp. 403–406. (Full version at [www.bmj.com](http://www.bmj.com))

Weekly Epidemiological Record Bulletin (23 March 2007) Pneumococcal conjugate vaccine for childhood immunization – WHO position paper, 82 (12), pp.93–104. Available at: [www.who.int/wer](http://www.who.int/wer) (Accessed 19 June 2007) (Internet).

Zeeman, B (2006) HIV-AIDS in Tanzania – realities on the ground, *New England Journal of Medicine*, 355 (22), pp.2276–2277.

**Asia Pacific International Conference on Travel Medicine**

**24-27 February 2008**

Melbourne

Email [info@wsm.com.au](mailto:info@wsm.com.au)

Details at [www.apictm.com](http://www.apictm.com)

**NECTM2**

**Second Northern European Conference on Travel Medicine**

**21-24 May 2008**

Helsinki

More on page 24 or visit

[www.nectm.com](http://www.nectm.com)

Email [nectm2008@congrex.fi](mailto:nectm2008@congrex.fi)

**13th International Congress on Infectious Disease**

**19-22 June 2008**

Kuala Lumpur

Email [info@isid.org](mailto:info@isid.org)

Details at [www.isid.org](http://www.isid.org)

**CISTM11**

**11th Conference of the International Society of Travel Medicine**

First Announcement

ELTE University Conference

Centre

Budapest

See [www.istm.org](http://www.istm.org) for updates.

## RCN EVENTS

RCN Independent School Nurses Sub-group annual conference and exhibition

# Home or Away

Thursday 30 August 2007

The Royal College of Surgeons, London WC2A 3PE

As school nurses we have a key role in identifying the physical and mental health needs of children and young people and planning their care. We also have a significant responsibility in delivering effective health education. This year's conference will deliver an exciting programme of popular updates to enhance your practice.

**Plenary sessions include:**

- **Techniques in Delivering Health Messages**  
Loud Mouth Educational Theatre Company
- **Independent Schools and Nurses Employed Directly by Schools**  
Catherine Lowenhoff, Nurse Adviser, Department for Education and Skills (DfES), London
- **Sexual Health and Confidentiality in Schools**  
Simon Blake, Chief Executive, Brook, London
- **The Changing Epidemiology of TB and the BCG Vaccination Programme**  
Gary Porter-Jones, Health Protection Nurse, Health Protection Team, National Public Health Service for Wales

**Workshop sessions include:**

- **Asthma UK's New Training Pack**  
Patrick Ladbury, Children and Young People's Service Development Manager, Asthma UK
- **Travel Health**  
Sandra Grieve, Travel Health Specialist Nurse Adviser, Droitwich Spa Hospital, Worcestershire
- **Basic Skills in CBT**  
Adrian Williams, Clinical Nurse Specialist, YOT/ CAMS
- **Dermatology for Schools**  
Sandra Lawton, Nurse Consultant Dermatology, Queens Medical Centre, Nottingham

**Further information**

Guillia Ward, RCN Events, 20 Cavendish Square, London W1G 0RN

Tel: 020 7647 3591

Fax: 020 7647 3411

Email: [indieschoolnurses@rcn.org.uk](mailto:indieschoolnurses@rcn.org.uk)

Website: [www.rcn.org.uk/events](http://www.rcn.org.uk/events)



Royal College  
of Nursing

[www.rcn.org.uk/events](http://www.rcn.org.uk/events)

## RESOURCES FOR PROFESSIONAL DEVELOPMENT

## 2nd Northern European Conference on Travel Medicine

21-24 May 2008  
Helsinki Finland

Following the success the NECTM event in Edinburgh last year, we are pleased to be involved in NECTM2. The conference is being supported by Finland, Denmark, Norway, Sweden, Germany and Ireland – and in the UK by the British Travel Health Association (BTHA), National Travel Health Network and Centre (NaTHNaC), Health Protection Scotland and the RCN Travel Health Forum. The programme will focus on travel-related issues from these regions.

More information at [www.nectm.com](http://www.nectm.com) or contact the secretariat at [nectm2008@congreg.fi](mailto:nectm2008@congreg.fi)

### Apply for funding now!

We aim to fund two places to enable forum members to attend this conference. Funding will be in accordance with RCN rules on finance and anyone previously funded for NECTM1 is excluded from applying. Successful applicants will be chosen in a draw to take place at our annual forum conference on 29 September.

To be in with a chance you'll need to tell us why you want to attend and agree to write a report for the newsletter on your experience (help is available to produce this). So what's holding you back? The funding form is at [www.rcn.org.uk/downloads/newsletterplus/educational\\_grant.doc](http://www.rcn.org.uk/downloads/newsletterplus/educational_grant.doc)



## BULLETIN BOARD

format where travellers can be directed to access these electronically is being considered, as is making them available in a waiting room (using a computer with headphones). To register interest contact [stauf005@umn.edu](mailto:stauf005@umn.edu)

### New capital

A new capital city is being built in Burma. Naypyidaw ("Abode of Kings") is about 300 miles north of the old capital, Rangoon. It is unclear why such a move is necessary, but the military rulers showed off their new capital to the outside world in March.

### Highly researched

An expedition to Mount Everest hopes to produce data from researching human performance at extreme altitude. The expedition has been months in the planning and is being filmed for a BBC *Horizon* documentary. The volunteers aged 18–73 years will climb from Lukla (2,840m) to an Everest base camp (5,300m) in ten days, undergoing tests at four laboratories en route. Many

programmes are being studied including one to determine brain, lung and metabolism function at high altitude. Dr Paul Richards, a GP who specialises in travel medicine is among the team and will update us on return. See [www.xtreme-everest.co.uk](http://www.xtreme-everest.co.uk)

### Training in the north

Speedwell Healthcare Training includes travel health in their summer programme aimed at those in East Yorkshire and North Lincolnshire. More from: [www.speedwellhealth.org](http://www.speedwellhealth.org)

### Wellness centres

The International Council of Nurses is collaborating with national nurse associations and other bodies to establish "wellness centres" for health care workers and their families in sub-Saharan Africa. The first centre opened in Swaziland and similar initiatives are planned for Lesotho and Zambia this year and in Malawi in 2008. See [www.rcn.org.uk/news/parliamentary.php?Type=Europe](http://www.rcn.org.uk/news/parliamentary.php?Type=Europe)



Royal College  
of Nursing

This newsletter is published by the  
Royal College of Nursing, 20 Cavendish Square, London W1G 0RN.

Tel: 0845 772 6100 [www.rcn.org.uk](http://www.rcn.org.uk)