



## 30 Years of Pioneering Travel Health

September 2015

### Hello!

Welcome to the fifth edition of our anniversary newsletter.

This issue contains a special report on the seminar which we held to celebrate 30 years of Travax, a testimonial from our colleagues at the South African Society of Travel Medicine, and a fun travel medicine quiz for you to test your knowledge (answers at the end!).

Happy reading.

*The Travax Team.*

### Travax Anniversary Seminar, 10 September, Glasgow

What a brilliant day we had for the TRAVAX 30<sup>th</sup> birthday bash this September. The sun shone on Glasgow (not as rare an event as some might have you believe) and the 130 delegates enjoyed a day packed with stimulating and entertaining presentations. If you couldn't make it, here's a quick rundown of what you missed.

After a welcome to all by Dr. Eric Walker, Professor Robert Steffen of the University of Zurich Centre for Travel Medicine, set the scene for the day by describing the evolution of travel medicine. He reminded us that it was a Scottish physician, James Lind (1716-94) who conducted the first clinical trial and developed the theory that

citrus fruits cured scurvy. He then took us from nineteenth century military expeditions, where more people died of illness than enemy action, through the advent of the package holiday and the jumbo jet (complete with vaccinations for paratyphoid, cholera and plague) to the present day and



Dr Eric Walker gave a brief intro and got proceedings underway.

how travel epidemiology is changing - travellers themselves, reasons for travel and destinations visited, illness acquired and preventive options – and the new challenges and opportunities these present for those working in travel medicine.

Robert was a hard act to follow but Professor Eric Caumes of the Faculté de Médecine Pitié-Salpêtrière in Paris was the man to do it. Travellers' skin diseases seemed an unlikely topic for fun, but making the most of his dry Gallic humour, Eric entertained and educated the audience with his vast knowledge and, sometimes frankly disturbing, selection of slides depicting various dermatoses, rashes and abscesses. One tale in particular ensured that the audience will never again be able to look at Paco Rabanne aftershave in the same light.

A quick coffee break gave everyone the chance to meet friends and colleagues and do some networking before local star Sheila Hall gave us a challenging and thoughtful presentation on Voluntourism. Sheila described the industry which has emerged around this, both in the sending and receiving countries and urged us to think carefully about the impact it has. Volunteering may be done with the best of intentions but those going overseas need to research carefully and ask many questions before committing to a project. Are we really helping or are vulnerable children and adults just being used as tourist attractions?

Are you a digital-native or an analog-native? That was the question posed by Jane Chiodini, Travel Health Nurse Specialist from Bedford. Jane gave us her perspective on 21st century travel health communication, technology and social media and how these have changed travel health practice. If you're still wondering, Jane put forward the definition that those born after 1970, grew up using digital technologies and are the digitally-native, while those born pre-1970 grew up before the internet and are thus analog-native. Discuss.



Prof Eric Caumes. “Comments about spelling errors must be submitted in French.”



Sheila Hall. “Voluntourism. Does it do more harm than good?”



Jane Chiodini. Analog woman gone digital native.





Some of the finest travel health minds, all under one roof.

Professor Green from Royal Hallamshire Hospital, Sheffield, filled the slot before lunch with a highly entertaining talk on infection and the great composers. Steve used film clips and sound bites of famous compositions to illustrate his session, asking the audience to “name that tune”. From what we heard, there seemed to be a tendency for very talented composers and musicians to die from either TB or syphilis, or if they were very unlucky, both.

The afternoon sessions took the audience on a trip around the world, opening with Professor Sara Bhattacharji of Vellore in India. Sara gave an emotionally stirring talk describing her country and her experience there spent working in community outreach. What Sara and her team have achieved over the years, with minimal resourcing and huge obstacles to overcome, is truly amazing and very humbling. The audience were left in no doubt that we can learn much from our colleagues in India about successfully delivering care in the community.

Dr Sharon Irvine (University of Glasgow) then gave a gripping depiction of her time spent in Sierra Leone treating victims of the recent Ebola outbreak. Sharon worked hands-on in the “red zone” in facilities in both Freetown and Kerrytown, including survivor clinics. Her vivid description of working in tropical conditions while wearing personal protective equipment and the empathy and concern she showed for victims had the audience sitting in rapt silence. Everyone was touched by the stories of individuals she shared, stories that were both tragic and inspiring.

Dr Alisdair MacConnachie from Gartnavel Hospital, Glasgow was the penultimate speaker, with the topic of travel medicine in Scotland. Alisdair is the Infectious Diseases Consultant in charge of the Travel Clinic at Gartnavel and chairs the Scottish Malaria Advisory Group, providing specialist clinical input to Travax. He was therefore the ideal person to describe what has been achieved in travel medicine over the years by those working in Scotland. Special mention was made (of course!) to the huge success and influence of Travax and fitfortravel, and the major part played in developing travel medicine education and the “Glasgow” Diploma courses.



Eric Walker and Sara Bhattacharji. Licenced to ceilidh!

Dr Lisa Ranford-Cartwright (University of Glasgow) closed the day with a thought-provoking talk on global malaria eradication – dream or reality? Lisa described the history of malaria control, from the use of DDT insecticide and treatment with chloroquine in the 1950's through to current day treatment with artemisinin combination therapy (ACT), vaccine development and new, rapid tests for diagnosing the disease. She flagged that many challenges remain if our target is global eradication, not least financial, but including drug and insecticide resistance, and increased mobility of people. Lisa left us with the message that malaria is still responsible for more than 450 000 child deaths in Africa each year – and that is simply unacceptable.



Fiona Genasi. “I’m so relieved it’s over. When can we do it again?”

Finally, to all who attended and contributed to the event, particularly to our brilliant speakers, many thanks from

*The Travax Team.*

## TRAVAX: A tribute to thirty years of excellence

People, are constantly on the move and technology has had to keep pace with the expansion in travel. The travel health provider must, therefore, have a resource on hand that provides the relevant information on health risks, outbreaks, vaccination requirements (general and specific) for the destination. Travax is a source of such information, and more. To keep abreast of the rapidly changing domain in travel medicine is essential and Travax is an invaluable tool in providing exactly that. The South African Society of Travel Medicine (SASTM) has provided Travax as a tool for its members and it has proved to be an essential part of daily practice for its members and it continues to do so.

SASTM congratulates Travax on its thirty years and looks forward to seeing it develop even further so as to keep pace with the changes in, and demands of, travel medicine.



**Garth Brink**  
South African Society of Travel Medicine

# The TRAVAX Travel Quiz

One of the bits of fun that we had at the seminar was a picture quiz put together by our very own James Munro. At the seminar, tables of 10 were able to confer but why don't you have a go on your own? No conferring and certainly no googling!

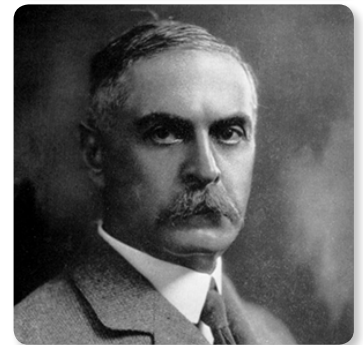
**Q1:** These houses are on the Tonle Sap Lake. Which country are they in?

- A. Thailand
- B. Vietnam
- C. Cambodia



**Q2:** Austrian physician Karl Landsteiner described the ABO blood grouping system. He is also credited with identifying something in 1908 that eventually made a large contribution to vaccine development. What was it?

- A. Polio virus
- B. Rabies virus
- C. West Nile virus



**Q3:** Injera (Ethiopia), hefekranze (Germany) and pide (Turkey) are all kinds of:

- A. Beer
- B. Bread
- C. Fish stew



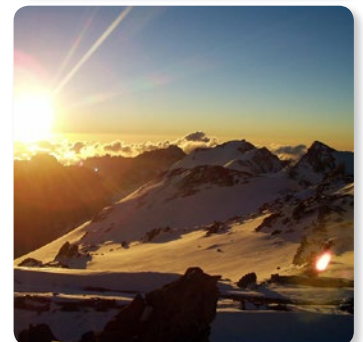
**Q4:** Why is Scottish haggis not allowed to be imported into the USA?

- A. The saturated fat content exceeds safe levels
- B. Sheep lung is not a permitted ingredient in the USA
- C. Oat intolerance is common in the American population



**Q5:** This is the tallest mountain in the Americas. What is its name?

- A. Popocatepetl (Mexico)
- B. Mount McKinley/Denali (USA)
- C. Aconcagua (Argentina)





**Q6:** Not a food question. Which of these strong-smelling substances has been used as bait in mosquito traps?

- A. Ammonia
- B. Limburger cheese
- C. Lemon oil



**Q7:** This handsome animal lives in the human duodenum and feeds on blood. What is it?

- A. Beef tapeworm
- B. Giardia
- C. Hookworm



**Q8:** Where is this Roman bridge?

- A. Greece
- B. France
- C. Algeria



**Q9:** This was once an essential food for travellers in polar climates. What is it?

- A. Whale blubber
- B. Shark liver
- C. Finnish bacon



## The TRAVAX Travel Quiz - answers

Q1 = C, Q2 = A, Q3 = B, Q4 = B, Q5 = C, Q6 = B, Q7 = C, Q8 = B, Q9 = A.