Report for Mobbs Travelling Fellowship Panel

Recipient's name: Deirdre Phelan

Award used to attend the Northern European Conference on Travel Medicine (NECTM), Hamburg May 26-29, 2010 with a poster presentation.

Acknowledgement

I would like to thank the panel for providing me with an opportunity to attend NECTM 2010 and present my MFOM/MSc dissertation findings in the form of a poster presentation at the conference.

Background

Hamburg hosted the third NECTM conference. The inaugural conference was held in Edinburgh in 2006 and the next conference in 2012 is to be held in Dublin. The conference attracts practitioners from varied backgrounds including infectious disease and tropical medicine physicians, travel medicine physicians, occupational physicians, GPs, travel health nurse practitioners and occupational health advisors. The majority of attendees were from Northern Europe; Norway, Sweden, Finland, Denmark, Germany, UK and Ireland however attendees and guest speakers from further afield were also present.

In addition to updates on topical issues in travel medicine, the conference also provided practitioners with an opportunity to meet with the companies who manufacture and supply vaccinations to the travel health industry and address any specific questions to the company representatives.

My own practice in Occupational Medicine includes travel medicine risk assessment using the many available resources, provision of travel medicine advice and prescribing vaccinations and medications for business travellers. I found many of the presentations beneficial to my practice, these topics not usually addressed in general at OH conferences in the UK.

NECTM 2010 Conference description

I attended the conference on Thursday 27th May and Friday 28th May as pregnancy-related flight restrictions prevented me attending the final morning on Saturday 29th May.

The opening plenary titled “Pandemic Influenza in 1918” included a high level discussion on the communication failings in Europe in relation to pandemic (swine) flu in 2009.

Prof Shanks from Australia, presented evidence from studies of military forces during the pandemic at the end of First World War, a time with a global movement of soldiers, including the Australian Forces. It has been previously shown that although an estimated 50 million persons died worldwide during the 1918 influenza pandemic, the highest death rates were among young adults aged 20-40 years. This is the age group most commonly found in military service during this time but it was found that an increased length of time in military service was inversely proportional to the risk of death, but not a reduced risk of illness. It was also noted in general that military nurses and medics had lower death rates although this cohort has increased contact with the infectious agent. This would suggest a protective effect of continued exposure to the virus over the time span of the pandemic waves.

Dr Lammerding, a CMO for a German Cruise ship company gave a very interesting presentation on risk management of potential outbreaks of influenza like symptoms and gastro-intestinal symptoms on board cruise ships. The presentation was well illustrated by pictures of the facilities on board ship for dealing with such scenarios in addition to the adaptations in newly built ships to reduce spread of infection i.e. automatic flushing toilets and sensor taps in communal areas. The other interesting presentation in the Maritime Medicine plenary concerned “Piracy in Shipping”. Dr Nikolic, a physician to a large shipping company described the work environment of oil tanker crews travelling around the African coast. He showed original footage of one piracy attack. I found it interesting to observe the basic crafts used by the pirates at sea but also the types of crafts which are piracy targets. Cruise ship travellers are safe as cruise ships are difficult to board and too many persons on board who could over power the pirates!!

The sponsored lunch time symposium on Thursday was in essence advocating vaccination in particular a new hepatitis A vaccine.

Tick borne encephalitis (TBE) is not common in the UK although there was a case report of an unvaccinated traveller who contracted TBE while cycling through many European countries. For travellers to European countries in the summer seasons who will have contact with nature i.e. cyclists, picnics in park, hill walking in Russia, Austria, Czech Republic, Lithuania and Southern Germany, although the rate of infection from a tick bite is estimated 3%. prophylactic vaccination is recommended as there is no cure for the disease which can cause aseptic meningitis and meningo-encephalitis. However I have in the past prescribed this vaccine for long term business travellers to Austria, this presentation added to my understanding of the condition and the risks. At present winter sports enthusiasts need not be vaccinated however it was interested to see that the tick vector is being seen at increasingly higher altitudes in recent years,

Borreliosis is a tick borne infection seen in the UK. The Polish perspective was interesting. There is a high incidence especially in North East Poland. Leisure tourists have an increased risk of contracting the condition as in the UK. Interestingly from an OH perspective Polish forestry workers have a seropositivity rate of 40-71% for borreliosis. Borreliosis is the number one infectious occupational disease and

occupational disease in forestry workers after HAVS and NIHL.

The area where I gained most benefit from the conference was in relation to Japanese Encephalitis which was part of Friday morning's plenary. Dr Buhl presented a general overview of this low incidence/high impact disease. As an occupational physician, most of my patient specific prescribing has been for JE vaccine due to the concerning safety profile of the traditional vaccines. It is felt that the disease and related mortality is under reported due to lack of diagnosis and surveillance in endemic areas. As advised it is a low incidence disease compared to other traveller's disease e.g. traveller's diarrhoea, however the case fatality rate is estimated at 30% with serious long-term neurological sequelae for survivors.

Similar to malaria, the reservoir is a mosquito but pigs also act as reservoirs. Therefore travellers to rural areas in endemic areas in Southeast Asia are most at risk. Prevention has similar properties to malaria prevention – bite avoidance, use of mosquito nets, insect repellent and appropriate clothing, however unlike malaria prevention, a JE vaccine is available. Until now the general indication for vaccination involved more than a 4 week stay in an endemic area during the period of transmission in rural areas. This was influenced by the concerns surrounding the safety profile of the available vaccine.

A new vaccine, Ixiaro, has been licensed for use in Europe and US. It is a vero cell derived vaccine and studies to date have shown an improved safety profile compared to the previous vaccine. The risk of delayed reaction up to 10 days post dose associated with the previous vaccine has been eliminated and the dose schedule has been reduced to two doses, day 0 and day 28, with a booster currently advised at 12-24 months. The lunchtime plenary, sponsored by Novartis, the producers of Ixiaro, supported a lower threshold to advising JE vaccination with the new vaccine, with one study in the Journal of Travel Medicine 2009 advising that all expatriates travelling to endemic areas regardless of the transmission season should have the new JE vaccine. However the price per vaccine (approx €100) especially to self-paying travellers needs to be considered.

Needless to say, Malaria featured highly at the conference with review presentations from both Peter and Jane Chiodini. "Blood, Sweat and Beer – The secret passions of the Anopheles" was a fascinating presentation … I now know the best travel companions to bring on holidays to malaria endemic regions so as to reduce my bite risk!!

I was somewhat disappointed by the attendance at the Occupational Health Symposium entitled "Occupational Health, Assistance, Repatriation". Dr Alex Grieve gave, what was to me, a thought provoking presentation on the indication for post-exposure prophylaxis for expatriates: HIV etc. PEP for HIV is synonymous with healthcare workers but I had not considered the potential indications in business travellers, particularly females travelling to areas with high HIV prevalence. It has certainly made me consider this area more closely however my practice is predominantly related to male business travellers where the risk profile is somewhat different but not eliminated. I was not able to attend the presentations on risks for travellers to the World Cup in South Africa but I assume the risk of HIV contraction was covered in addition to the other prevailing health risks to football travellers.

Dr Geoff Tothill, CMO of First Assist described the company's repatriation practices. I found this interesting as I previously worked for an organisation that used the company's repatriation services.

Dr Jones from Healthlink360 in Scotland described pre-departure screening of expatriates for psychiatric disorders. The cohort described appeared predominantly

to be individuals planning to work abroad in a mission environment or NGO environment where screening for major mental health condition which would be incompatible with a successful expatriate experience with potentially disturbing experiences for expatriate colleagues is required. I had hoped that this presentation would have addressed minor mental health conditions which are more prevalent in business travellers who undertake short-term assignments. This was an area I considered for my MFOM/MSc dissertation before deciding to look at minor mental heath on repatriation, repatriation distress.

Of all the presenters, the one I would most like to hear again was Prof Rosling, Professor of Global Health at the Karolinska Institute, Sweden. Prof Rosling developed trend analysing software[1] that converts international statistics into moving, interactive and engaging graphics, which has since been acquired by Google. He gave a presentation using the software to illustrate the benefit of vaccines on global health. Statistics usually disinterest me but the overall presentation style had the audience, myself included, attentive and entertained by statistics.

Summary

From the above conference description, I accessed a varied selection of plenaries, symposia and presentations during my time at NECTM 2010 in Hamburg, which have increased my knowledge of travel medicine and other allied areas but more importantly will influence my future practice.

Once again I wish to thank the panel for providing me with the opportunity to attend the conference and present my MFOM/MSc dissertation findings to a wider audience.

Deirdre Phelan
deirdrephelan@gmail.com

[1] Software and examples of his presentations can be found at **www.gapminder.org**