

CONSULTATION ON STRATEGIES FOR INTERNATIONAL TRAVEL AND HEALTH (ITH)

Maastricht, The Netherlands
19 May 2013

Meeting Report

Introduction

The ITH consultation was organized with the support of the International Society of Travel Medicine (ISTM), prior to the 13th Conference of the ISTM .

The overall objective of the consultation was to reinforce global health security by promoting the development of travel health.

The specific objectives of the consultation were to:

1. update participants on the current WHO work in travel health
2. review and analyse expected evolution , impact and needs of ITH
3. identify short, medium and longer term needs, priorities and strategies for the strengthening of ITH.
4. promote networking between Global travel health experts

The expected outcomes were a better vision of long term evolution, impact and needs of ITH and better defined collaborative processes between actors involved in ITH

Discussions and Conclusions

1. Status, Trends, Needs

- 1.1. Each country has a distinct travel and health provider type. Particularly, there is variation in whether travel medicine is provided in the private or public sector.
- 1.2. Guidance is used by more than just travel medicine specialists. It is also used by infection and tropical medicine specialists, primary care providers such as general practitioners, practice nurses, occupational health physicians and pharmacists who are involved in advising travellers. There are limited guidelines for the qualification requirements to practice travel medicine. The only regulation which commonly exists is for the provision of yellow fever vaccine. Some national governmental and responsible public health bodies have developed their own guidelines, recommendations or policies in travel health.

- 1.3. Travel notice released by countries / agencies could and should be better harmonized in order to improve the compliance of the users. Practitioners managing health issues of travellers need to be more proactively informed of latest news (e.g. alerts) in their area of work
- 1.4. Corporate organizations / multinationals have a large number of expatriates and must be given appropriate consideration in travel and health activities.
- 1.5. There is a shift in outbound travel towards newly emerging economies, in particular in Asia and South America but exponential increases in travel are also noted to and from Africa and the Middle East. Asia, Latin America and Africa are characterized by a high diversity of countries and wide range in expertise in travel medicine. Often travel medicine services are extremely limited with tight budgets, but also lack of awareness about excessive health risks as compared to home plays an important role
- 1.6. A significant number of travelers, especially those immigrants travelers (VFRs) do not receive any type of pre-travel advice. There is a shift in how to organize the travel, with increasingly frequent Internet use (without physical presence in travel agencies). Measures to promote the health of travelers and to encourage pre-travel advice are recommended
- 1.7. Travel medicine can play a role in managing/decreasing health risks in migrants and refugees. This could be done through taking the opportunity during the health visit to update routine vaccines and provide other health promotion activities such as screening for certain health conditions for which they may be at increased risk
- 1.8. The contribution of travel health or travel medicine societies is essential to raise the standards and quality of travel medicine practice within countries. Travel and health societies are involved at all levels of innovation and especially validation and application.
- 1.9. WHO is viewed as a reliable source of unbiased information and because of the overlap between travel health and public health, the organization is ideally placed to provide advice and direction for travel and health.
- 1.10. Resources to support travel health at country and international level are limited and insufficient.

2. Travel Associated Health Risks

- 2.1. Risks for travellers may be divided into environmental risks, associated e.g. with destination, type of traveling and host risks, associated e.g. with behaviour or pre-existing illness. Risks include communicable diseases, injuries & non-communicable diseases. Travellers' risk is largely behaviour-related. Behaviour also depends on several variables (age, reason for travelling, length of stay, etc.). Many risks can be addressed by preventive measures (vaccines, chemoprophylaxis, accident prevention and pre-travel consultation with GP for check on non-communicable diseases, etc.).
- 2.2. Mortality and severity of morbidity need to be critically reflected in the concept of evidence based risk assessment. Risk assessment and implementation requires the basic knowledge of true risk among travellers with specific potential exposure and related to the travel destinations.
- 2.3. Traveller's risk perception and risk tolerance need to be considered

3. Developing Evidence Based Guidelines

- 3.1. The development of internationally recognized evidence-based recommendations in travel medicine by identifying potential causes of illness and accidents whilst travelling and paying attention to a balance of relative risks between country of origin versus destination, will lead to sound and convincing preventive strategies, which are standardized, internationally relevant and binding. Evidence must also be sought for different types of travellers, particularly including those visiting friends and relatives (based on expected exposure and travel itinerary rather than on ethnic background), migrants and refugees
- 3.2. Building evidence will allow the discipline of travel medicine to take the lead in preventive and management research and implementation questions, and can consequently lead to improved funded sources and academic recognition. While harmonisation and validation depend upon robust research results, surveillance work and “hands on experience” from experts practising travel medicine can also contribute to generally accepted recommendations. The WHO can play a coordinating role in this process.
- 3.3. Searching for, compiling and synthesizing evidence is time consuming and complex. Travel medicine could benefit from an international collaboration on collating the data and then synthesizing the evidence on important travel related health risks and interventions to decrease these risks

Recommendations

1. Promote the development of evidence-based guidelines and support the mobilisation of resources

1.1. Set up a panel of experts to:

- recommend an evidence based grading system;
- recommend how evidence-based information can be locally and globally acquired;
- guide innovative research approaches, including targeted research where there is a lack of evidence or discordance in the assessment of existing data;
- promote both “basic” and “operational” research;
- collect and help validate strategic research results to serve as a decision making tool for national and international recommendations (application);
- establish a strategy to include the basic requirements for risk assessment (such as behavioral, demographic and physical factors of travelers, exposure and particularities of travel destinations);
- continuously validate in collaboration with national boards and international networks recommendations based on evidence-based research;

1.2. Set up a network of partners to:

- identify strategies and activities to advocate for travel health with decisions makers and global leaders
- mobilize and assign resources for above listed activities

1.3. Expand networks and number of professionals involved in travel medicine

For areas / countries with less well-developed travel health infrastructure

- WHO Collaborating Centres in Travel Health to help train interested parties;
- enhance the mutual learning process by regular exchange (telephone conferences, meetings);
- WHO to identify potential site(s) for a new collaborating centre(s) with an emphasis on networking with other centres and with existing national/regional and international societies;
- encourage participation in ISTM and regional network activities such as committee memberships;
- ISTM to consider supporting a few participants attending international/regional meeting (through an application process?) with the stipulation that there would be ongoing communication, and efforts to build in the areas represented;
- consider the development of a tool (e.g. social media) for networking;
- encourage and assist in forming new travel medicine societies.

1.4. Strengthen the relationship between the Asia Pacific Travel Health Society, the 'South African Society of Travel Medicine' (SASTM) and the ISTM and other international networks

- 1.4.1. Improve and strengthen surveillance, research, and reporting capacity in Asia, Latin America and Africa so that accurate data on absolute risks of travel-related hazards in Asian countries and in Africa will be available (profiling Asian and African countries for travel-related risks).
- 1.4.2. Set up large scale travel and health training opportunities in many Asian, Latin America and African countries
- 1.4.3. Network with others in travel medicine, both regionally and internationally, to improve knowledge, collaborative skills, and foster the necessity of increasing the development of educational opportunities
- 1.4.4. Expand the capacity of travel and health societies by increasing the membership through CPD events and training as well as through meetings which discuss standards and policies in travel medicine.
- 1.4.5. Encourage travel and health societies to define their own direction reflecting the national travel medicine and public health needs and to be catalysts in developing and promoting travel health policies. Networking at local, regional, national and international levels are key to success.

1.5. Expand scope and quality of travel and health services

- 1.5.1. Remind providers to tailor the risk assessment/management for different age groups and provide specific health information on senior travellers.
- 1.5.2. WHO to focus attention on influencing decision-makers to raise awareness of the specialty at government level – through enhancing the ITH, and making the website accessible, understandable, and populated with quality content that resonates with those target groups and present clear data on travel-related risk profiles of countries and areas WHO could also provide list and information guide to existing training and qualifications in travel medicine and tropical medicine.

- 1.5.3. Develop formal career pathways in travel medicine and introduce core competencies of travel and global health into undergraduate medical curricula.
- 1.5.4. Work with their regulatory and educational bodies of general practitioners, nurses and pharmacists to address standards/training needs.
- 1.5.5. Develop training and guidance on best practice with a travel health risk assessment.
- 1.5.6. Emphasize the importance of an appropriate focus on communicable diseases rather than one which is all encompassing and excludes the assessment of the other equally important travel health issues.
- 1.5.7. Target a broader range of mobile populations - 3 groups which have different health implications:
 - International travel for leisure and free choice
 - International travel for work, whether elective or forced
 - Internationally displaced, refugees, travel forced on population
- 1.5.8. Reinforce coordination between institutions to harmonize travel alerts.
- 1.5.9. Give more attention to corporate organization employees working abroad (e.g. by organizing special sessions at ISTM meetings)

List of Participants

International / Regional Organizations

1. ISTM
 - Fiona Genasi**
President ISTM
NHS National Services Scotland
Health Protection Scotland
Glasgow
Scotland
 - David Shlim**
ISTM President-Elect
2. Tropnet Europe
 - Christopher Hatz**
Coordinator
(see WHO CC)
3. Geosentinel
 - David Freedman**
Professor of Medicine and Epidemiology
W.C. Gorgas Center for Geographic Medicine
Division of Infectious Diseases
University of Alabama at Birmingham
Birmingham, Alabama
United States of America

National Centres

4. NaTHNaC
 - Vanessa Field**
5.
 - Dipti Patel**
Co-Directors
National Travel Health Network and Centre (NaTHNaC)
UCLH NHS Foundation Trust
London
United Kingdom
6. Canada
 - Christina Greenaway**
Associate Professor of Medicine, McGill University
Division of Infectious Diseases and Clinical Epidemiology
Jewish General Hospital
Montreal, Quebec

7. Japan **Tadashi Shinozuka**
Executive Director
Japanese Society of Travel Medicine
Tokyo
8. Italy **Francesco Castelli***
University Division of Infectious and Tropical Diseases
University of Brescia and Spedali Civili General Hospital
Brescia
9. Germany **Gerd-Dieter Burchard**
Head Department Tropical Medicine and Infectious Diseases
University Medical Center Hamburg-Eppendorf
Head Department Clinical Studies
Bernhard Nocht Institute for Tropical Medicine, Hamburg
10. Spain **Rogelio Lopez Velez**
Associated Professor of Medicine, Alcala University
Tropical Medicine & Clinical Parasitology
Infectious Diseases Department
Madrid

WHO Collaborative Centres

11. Zurich **Christoph Hatz**
Swiss Tropical and Public Health Institute, Basel
Institute for Social and Preventive Medicine
University of Zürich
Switzerland
E-mail: Christoph.Hatz@unibas.ch
12. USA
CDC **Gary Brunette**
Chief, Travelers' Health Branch
Division of Global Migration and Quarantine
Centers for Disease Control and Prevention
Atlanta GA
United States of America

Private sector

13. Shoreland **Donald C. Cook**
President, Shoreland, Inc.
Senior Director
Publications and Corporate Relations
Shoreland, Inc.
United States of America

14. Tropimed /Safe travel
Louis Loutan
Hôpital Cantonal Universitaire
Unité de Médecine des Voyages et des Migrations
Genève
Switzerland
15. Novartis
Dieter Gniel
Medical Director
Pediatrics and Specialty
Global Medical Affairs
Novartis Vaccines and Diagnostics GmbH
Marburg
Germany
16. Sanofi
Daniel M. Gordon, MD
Vice President, Clinical Affairs
Sanofi Pasteur
Swiftwater, PA
United States of America
17. GSK
Cinzia Marano
Senior Manager, Epidemiology
Vaccine Value & Health Sciences (VVHS)
GlaxoSmithKline Vaccines
Wavre
Belgium

Experts

18.
Annelies Wilder Smith
Lee Kong Chian School of Medicine/Imperial College
Singapore
19.
Robert Steffen
University of Zurich Institute of Social and Preventive Medicine
WHO Collaborating Centre for Travellers' Health
Zurich
Switzerland
20.
Karin Leder
Royal Melbourne Hospital
Monash University
Melbourne
Australia

21. **Mike Jones**
Dean
Faculty of Travel Medicine
Royal College of Physicians and Surgeons of Glasgow
Glasgow United Kingdom

WHO

22. HQ travel and
Health **Gilles Pomerol**
Geneva
Switzerland

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