Infectious Diseases Society of America
Emerging Infections Network

Comments for Query:
‘Travel and Tropical Medicine’

Training in Travel Medicine
• The ISTM & ASTMH certificates are useful in demonstrating some degree of competency (to the public), but travel medicine has become specialized enough that formal training programs, with board certification, are the next logical step. This is the only way for travel experts to differentiate themselves from the large numbers of people who dispense travel information on the internet. [AL]
• All of travel medicine is not infectious diseases, so it is important that this be made clear to ID fellows. An improved focus on "travel" vaccines: the underlying disease prevented, immunology, RCT data used in pre-licensure studies, use in "special populations", adverse events and use of VAERS forms is not stressed enough in training programs. The concept of pre-travel risk assessment and the difference between the immunologic virgin traveler vs the indigenous population are important concepts for the fellows that is not necessarily adequately covered. [MD]
• I hope a site or course could be developed to help Infectious Diseases fellows and faculty increase their knowledge regarding travel medicine. [LA]
• I practiced travel medicine in the late 1990's and relied on the CDC and textbooks for travel related education. [PA]
• Should be part of Fellowship [WI]
• I would love to participate in courses on travel medicine and templates for vaccines information [NY]
• I sought training in travel medicine during fellowship, otherwise it would not have been part of the ID fellowship. I propose that electives in travel medicine be established for ID fellows (may expand to other trainees), and include standard components and objectives. Leaders in travel medicine can set standards for such electives and identify institutions where ID fellows may choose to do electives if their own institutions do not provide the program. [MA]
• A very interesting field that I would like to have more training/education in [FL]
• Post-travel medicine seems a routine part of ID training. Pre-travel counseling requires a different set of skills. [MA]
• Important for all ID physicians and pediatricians, hard to fit into fellowship with knowledgeable teachers; even disappearing from military fellowships. [WA]
• It would simply be better to have more background in travel and tropical medicine. [MN]

Infections related to Medical Tourism
• Saw medical tourism infection 1x only [GA]
• I have seen post op complications of surgeries done in other countries on native persons who then come to the US. [NC]
• I saw a perforated stomach in a patient who had a lap band procedure in Argentina. Patient died. [CA]
• I saw one case of an infection in a "medical tourist"-- a young otherwise healthy woman was admitted to my hospital for a Pseudomonas infection after breast augmentation (implants) done in the Dominican Republic-- implant removal was necessary. [NY]
• One lipotourist returned with *M. abscessus* at the surgical site. [CA]
• Inpatient in the past week with gastric lap band that eroded. Band was placed in Mexico several years ago so medical tourism related but not really travel related. [KY]

**How Travel Clinic is Staffed/Run**
• Our Travel Clinic is run by nurses and overseen by an MD [CA]
• We generally do not have the time to devote to this activity. We generally give malaria prophylaxis and gastroenteritis meds. There are certified Travel clinics which provide the vaccines. [MD]
• I had a travelers' clinic until 2/08; I stopped it due to lack of administrative support. Now I find myself reacting to unknowns in travelers who just received vaccinations from health dept but no other education. [WV]
• Suggest contacting travel agents to refer travelers to physicians who practice travel medicine [NJ]
• Faculty in my medical school do travel clinic not in division. Family medicine. [TX]
• Another ID doc at this hospital does most of our travel medicine. [MN]
• Our facility has an NP-run pre-travel clinic. They use Travax, and are much better at this than the ID docs. ID sees returned travelers with fever, who most often turn out to have typhoid, malaria, or amebic liver abscess. [CA]
• All travel vaccines are given through the travel clinic located at the health dept. Insurance coverage for travel vaccines is an issue. [NE]

**Comments about GeoSentinel**
• We have a GeoSentinel site in our ID Division - I am peripherally involved [GA]
• I think online links to GeoSentinel would be helpful [ME]
• I am familiar with GeoSentinel, and have several colleagues around the globe who are intimately involved with it. I also read all of their publications in refereed journals. I attend ASTMH regularly, and hear their reports there. [TX]
• I am very active in ASTMH, ISTM, and work with many GeoSentinel participants though I am not an actual official site. [CA]
• I have not heard of GeoSentinel before [NE]
• It is a valuable resource [NJ]

**Comments about Specific Infections**
• I’ve seen a few cases of dengue from the Caribbean and India. I’ve seen a US soldier who returned from Afghanistan w/ malaria (*P. vivax*). [OK]
• I have seen typhoid and paratyphoid cases one each in 5 years [MI]
• One patient here who came back from missionary work was slow to be evaluated for what proved to be falciparum malaria. Died. [AR]
• I am not sure that I would consider *C. diff* colitis to be a travel-related infection. We are seeing an increasing incidence of *C. diff* diagnoses in symptomatic children, but not necessarily in children who have traveled. [GA]

**Populations seen in Travel Clinic**
• Most of the people who travel here are physician families who return to India. That is about equal to others, non physicians who go to Central America for two weeks of health/missionary work. [WI]
• I work in a county hospital with lots of immigrants-they are the travelers going back to visit home country. [CA]
• #6. business travel includes military transfers from US to international bases [AL]
• Mainly pre-travel questions from existing patients including HIV+. Frequent curbside questions from physicians prior to vacations. Occasional post-travel eval but most often illness months out and not travel related once consult is performed. [KY]

**Pediatric Comments**
• Our city has a travel clinic run by adult ID physicians and fellows rotate through that. The pediatricians and friends traveling abroad consult Pediatric ID for recommendations. [NE]
• Most cases are adult medicine cases. Would like to have some pediatric cases (Gorgas). [GA]
• I see more pediatric travelers than adults; but the adults I see are usually parents. [IN]
• I am doing data analysis on a national survey of travel-related illnesses in Canadian children and will start a national surveillance survey of travel-related illnesses in Canadian pediatric VFRs this month with my colleagues. I will be very interested to hear the results of this survey. [Manitoba]
• I usually do pretravel counseling over the phone with the parent or PCP, or refer them to a travel clinic, as I am primarily inpatient based. I do try to arrange to see outpatients (peds only) on an ad hoc basis that have a travel related illness. I use an azolide (azithromycin) for diarrhea prophylaxis. [OR]

**Miscellaneous**
• Excellent survey as usual/ Nice job/ Great idea [by 7 members]
• I do very little travel medicine [by 10 members]
• Have seen 2 travelers with pulmonary emboli in past year. One died returning from South Africa by plane. Cardiovascular-pulmonary concerns in all travelers should be part of our training. [AZ]
• Reasonable survey - will be difficult to quantitate questions 2 and 4 [NY]
• Should allow respondents to click on both ISTM and ASTMH. In addition, some clinicians have advanced degrees in tropical medicine and hygiene {DTM & H}. The ISDA guidelines document on travel medicine is very comprehensive. [IN]
• There are a LOT of people traveling internationally even in mid sized communities (200,000-1,000,000 metro population) that are in the center of the country. I think there are many possibilities for cooperative public/private ventures for both service AND profit. [OH]
• Timely! I have been asked by several groups in our town about travel medicine. I am asked to visit and speak with seniors, Travel Agencies, Corporations and so on. [MT]
• Interesting-I went to the ISTM web site to sign up on the listserve but need to be a member to join- I would prefer to just join the listserve and follow the news [PA]
• It's unclear if question 4 refers to last 6 months, longer or a lifetime.
• I intend to establish an international travel clinic in my new practice here. Travel is an interesting diversion from the more serious aspects of ID practice. [OR]
• There are several groups offering what I perceive as excellent pre travel service. I send people or ask to the group called pass port health [SC]
• I think the format Travax uses for individual country reports is much more useful to travelers than the CDC format. [NY]
• I think the information to the public is lacking to motivate the use of travel clinics (pre-travel), also the vaccines should be covered by insurance companies so they could be more affordable to the public [FL]
• Just a comment - the economic downturn has pulled the plug on Travel Clinic visits; huge decrease in the past 6 mos. This occurred as insurance coverage for the visits and immunizations actually increased; now 2/3 of TC is a covered benefit. [RI]
• Under the section about self treatment for diarrhea...our NP see pre-travel patients, she gives cipro...there wasn't a way to clarify that it is not particularly my prescribing practice, but that is what is done for our practice via another provider [VT]