



Voting system questions - results

11th NATIONAL SEMINAR IN TRAVEL
MEDICINE: 20 YEARS LATER

MHQA



TRAVEL MEDICINE SEMINAR: 20 YEARS LATER

PROGRAM - 1

- 14.00-14.05** **Introduction**
- 14.05-14.35** **Yellow Fever Immunization: where are we up to now?**
Charlotte Martin (CHU St.-Pierre)
- 14.35-15.05** **The last-minute traveller: an update on accelerated vaccine schedules**
Patrick Soentjens (Defensie/Défense - ITG)
- 15.05-15.25** **Epidemiologic flashes & edge cutting news/new vaccines**
Steven Callens (UZ.-Gent)
- 15.25-16.00** *Coffee break*



Introduction

19 Nov 2015



Who is attending?

80%

1. Doctors

10%

2. Nurses

6%

3. Public health professionals

1%

4. Administrative personnel

0%

5. Trainees

3%

6. Other



Age categories?

1%

1. < 25 year

11%

2. 25-35 year

33%

3. 35-45 year

29%

4. 45-55 year

19%

5. 55-60 year

7%

6. > 60 year



Gender

60% 1. Female

40% 2. Male



Work setting?

4% 1. General practitioner

31% 2. Occupational Health

45% 3. Travel clinic

20% 4. Curative sector



Work floor?

51%

1. Private sector

38%

2. Governmental sector

11%

3. Non-governmental sector



Intention for attending?

- | | |
|-----|---|
| 0% | 1. One specific lecture |
| 50% | 2. For three or more specific lectures |
| 50% | 3. All presentations |
| 0% | 4. Networking with many people |
| 0% | 5. To meet with a colleague; I didn't see her/him for many months |
| 0% | 6. Walking lunch |



Yellow Fever Immunization: where are we up to now?

Charlotte Martin

19 Nov 2015



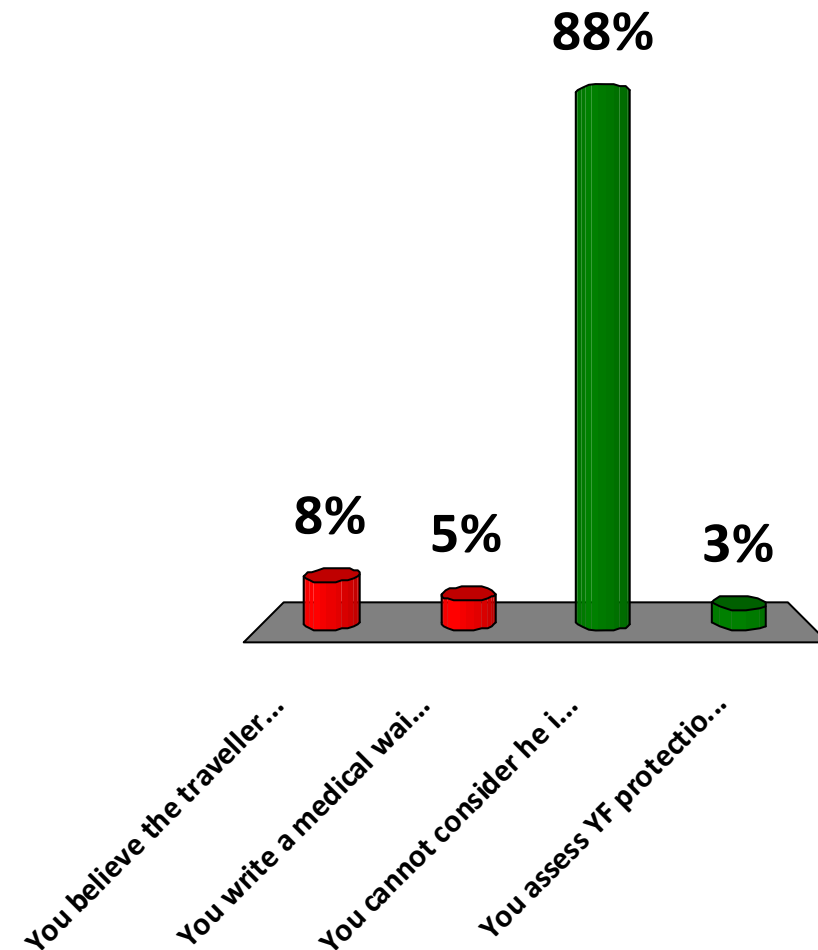
Question 1

- A 65 years old traveller plans a 3 week bird watching trip to The Gambia. He leaves in 4 weeks time and his flight is direct from Paris.
- No medical history
- He attends your clinic for advice about YF vaccine and malaria chemoprophylaxis
- The traveller is sure he had a YF vaccine 25 years ago but there is no medical record available to confirm this



Question 1: What do you do?

1. You believe the traveller and consider he is protected. No need for a waiver as certificate for YF is not mandatory in The Gambia.
2. You write a medical waiver as he is 65. There is thus a contraindication to YF vaccination.
3. You cannot consider he is protected as you don't have any medical record of YF vaccination. The traveller tells you that he plans to travel a lot for bird watch as he retired now. You administer YF vaccine.
4. You assess YF protection by measuring YF Ab level in blood. It takes 3 weeks to get an answer and the traveller leaves in 4...





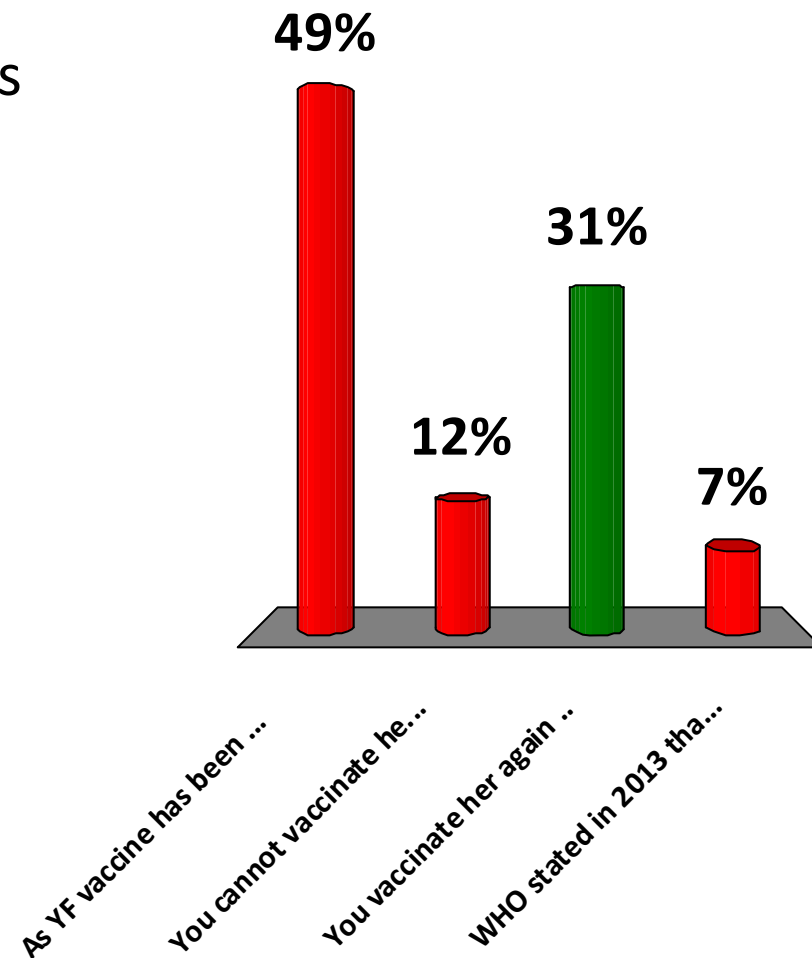
Question 2

- A 35 year old woman from Cameroon returns to her country to visit friends and relatives. She leaves in 2 weeks and will stay there 3 months.
- In her medical history, you note an HIV infection, treated with current controlled HIV viral load and CD4=200/ μ l. Her HIV infection was diagnosed in may 2007, with nadir CD4=100/ μ l.
- Medical record shows a previous YF vaccine in march 2007...



Question 2: What do you do?

1. As YF vaccine has been administered less than 10 years ago, certificate is still valid.
2. You cannot vaccinate her again as CD4 are only 200/ μ l.
3. You vaccinate her again as you are not sure that the first vaccine gave protection.
4. WHO stated in 2013 that one injection gives lifelong protection: no problem.





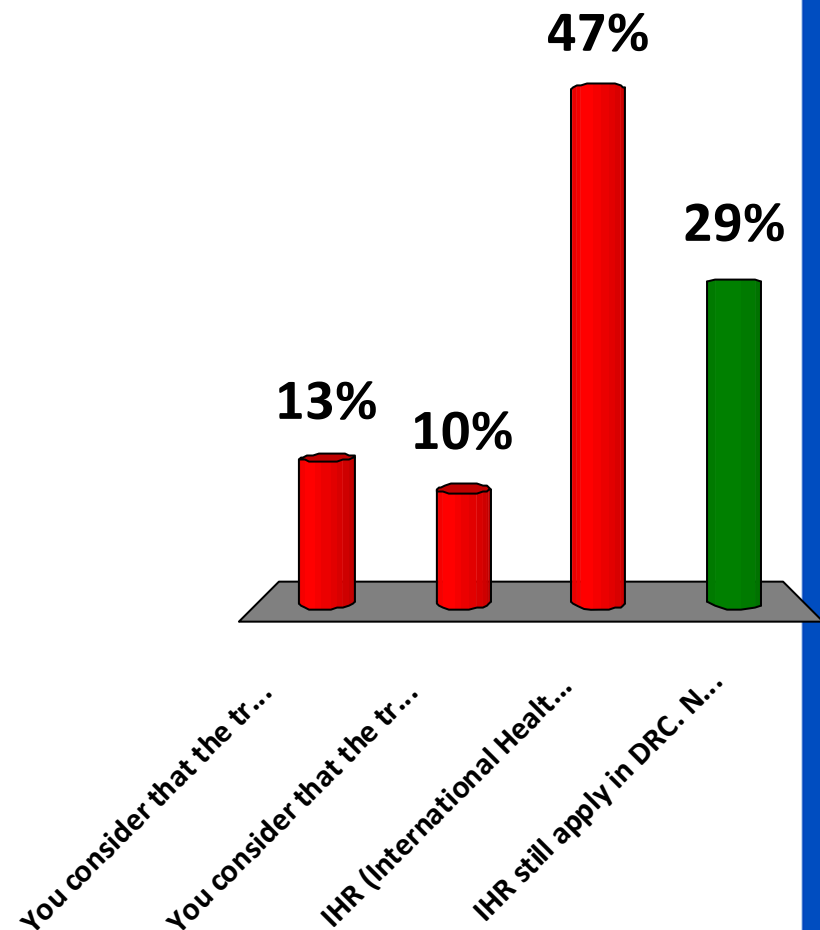
Question 3

- A 40 year old traveller plans a 6 month work placement with a NGO in DRC, Katanga province. He leaves in 2 weeks time and his flight is direct from Paris.
- No medical history.
- He attends your clinic for travel health advice and ask whether he needs YF vaccine.
- The traveller's medical records confirm he received a YF vaccine 15 years ago



Question 3: What do you do?

1. You consider that the traveller is protected. You don't have to write a medical waiver as WHO stated in 2013 that one YF vaccine gives lifelong protection.
2. You consider that the traveller is protected. You write a medical waiver as YF certificate is mandatory in DRC.
3. IHR (International Health Regulations) 2005 still apply in DRC. As he has no medical contraindication to vaccination, you administer YF vaccine.
4. IHR still apply in DRC. No concern about medical contraindication (already vaccinated): you administer YF vaccine.





The last-minute traveller: an update on accelerated vaccine schedules

Patrick Soentjens

19 Nov 2015



Which statement is true?

There is scientific evidence to vaccinate travellers for rabies with following schedule:

13% 1. Rabies intramuscular day 0 and day 7

66% 2. Rabies intramuscular day 0, day 3 and day 7

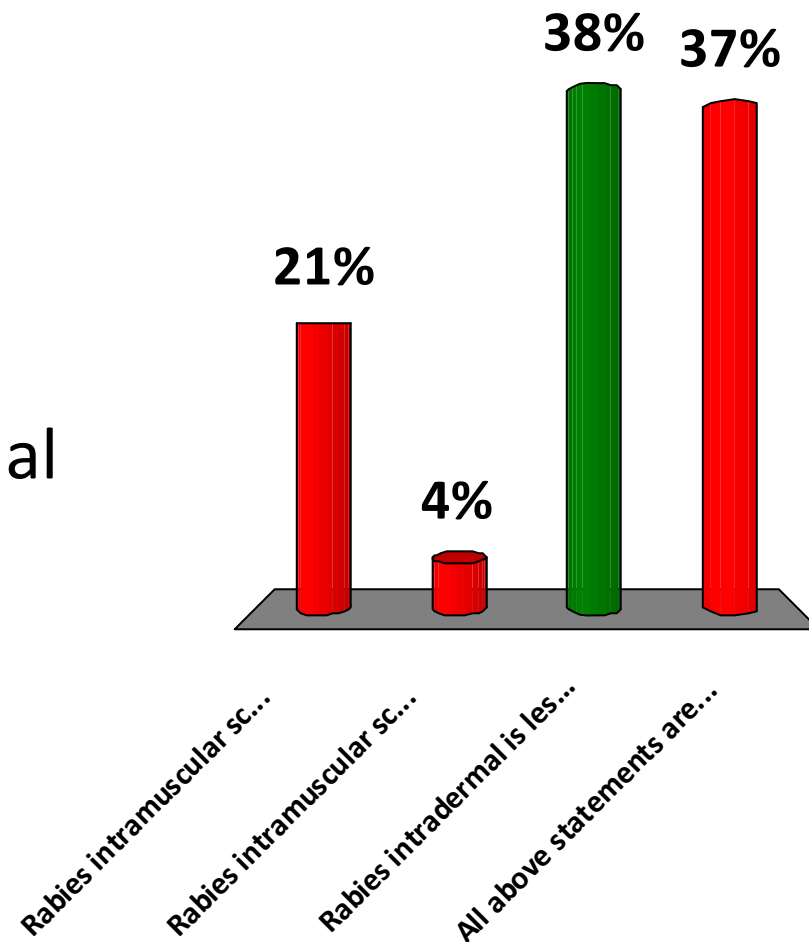
18% 3. Rabies intradermal day 0 and day 7

4% 4. Rabies intradermal day 0



Which statement is true?

1. Rabies intramuscular schedule is more effective than intradermal
2. Rabies intramuscular schedule results in lesser side effects than intradermal
3. Rabies intradermal is less expensive
4. All above statements are correct





I am willing to use the intradermal technique for rabies vaccination, if?

- 5% 1. More evidence in the literature
- 18% 2. Technical easier to use
- 40% 3. Prefilled syringues on the market
- 22% 4. Recommendation from the BE consensus
- 7% 5. Registered in BE
- 7% 6. I am already vaccinating intradermally



TRAVEL MEDICINE SEMINAR: 20 YEARS LATER

PROGRAM - 2

- 16.00-16.25** **Traveller's diarrhea** - Lucie Seyler (UZ.-Brussels)
- 16.25-16.50** **Malaria : when the need for chemoprophylaxis is not clear-cut**
Ula Maniewski (ITG)
- 16.50-17.15** **Traveller's Thrombosis**, Peter Verhamme (UZ.- Leuven)
- 17.15-17.45** **What did change (drastically) in the last 20 years in travel medicine?**
Fons Van Gompel (ITG) - Yves Van Laethem (CHU. St- Pierre)
- 17.45** **Conclusion**



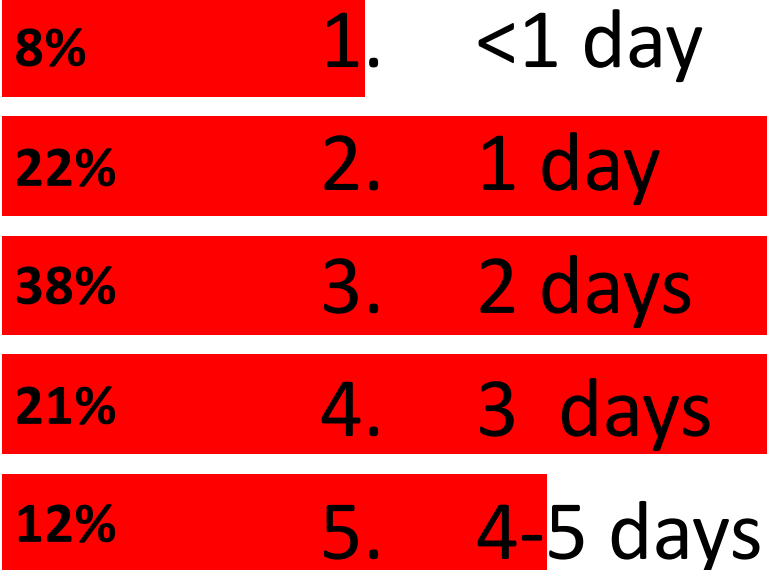
Traveller's diarrhoea

Lucie Seyler

19 Nov 2015

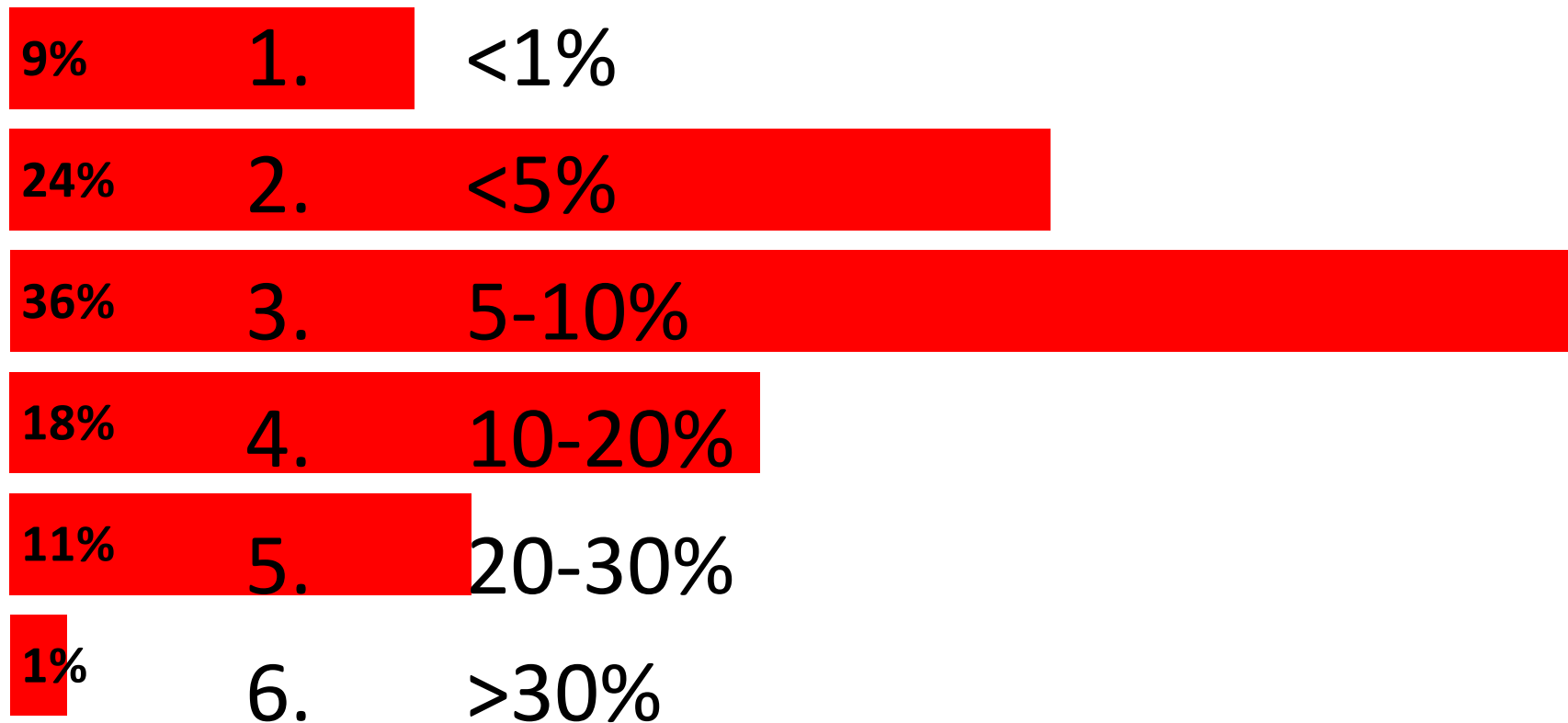


On a given trip, traveller's diarrhoea is causing disability for an average of ...?





What is the overall percentage of returning travellers colonised with ESBL-Enterobacteriaceae?





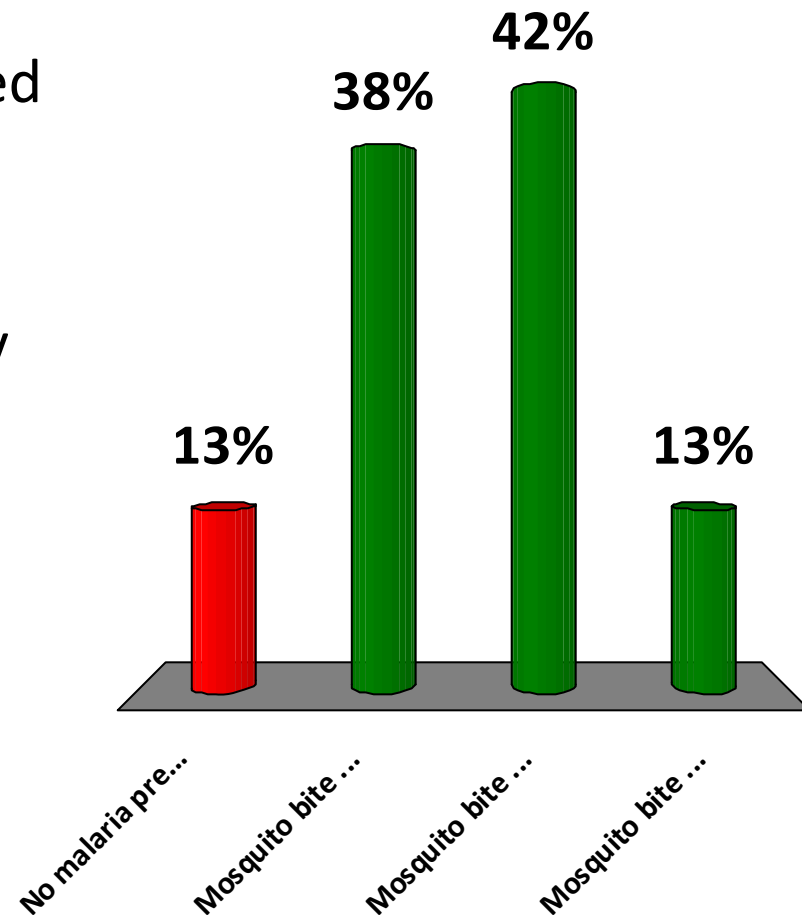
Malaria : when the need for chemoprophylaxis is not clear-cut

Ula Maniewski

19 Nov 2015

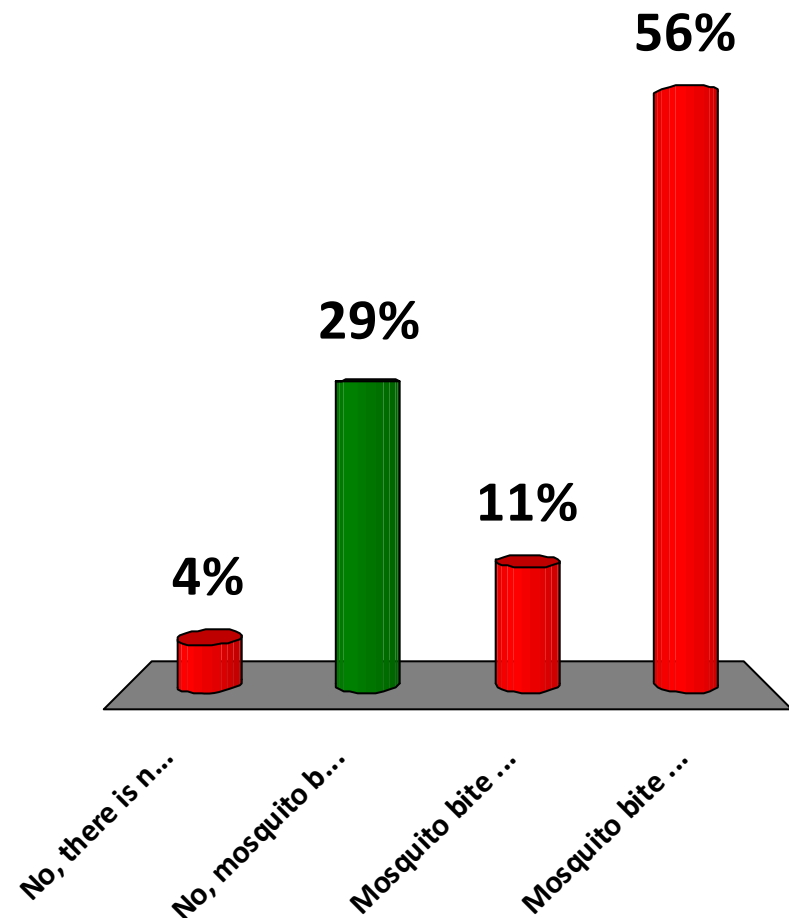
A young man plans to travel to India. He'll fly to New Delhi and then he'll travel to Rajasthan for 2 weeks.
Which malaria prevention strategy is correct?

1. No malaria prevention is needed
2. Mosquito bite prevention only
3. Mosquito bite prevention and atovaquone/ proguanil standby emergency treatment (SBET)
4. Mosquito bite prevention and chemoprophylaxis with atovaquone/proguanil



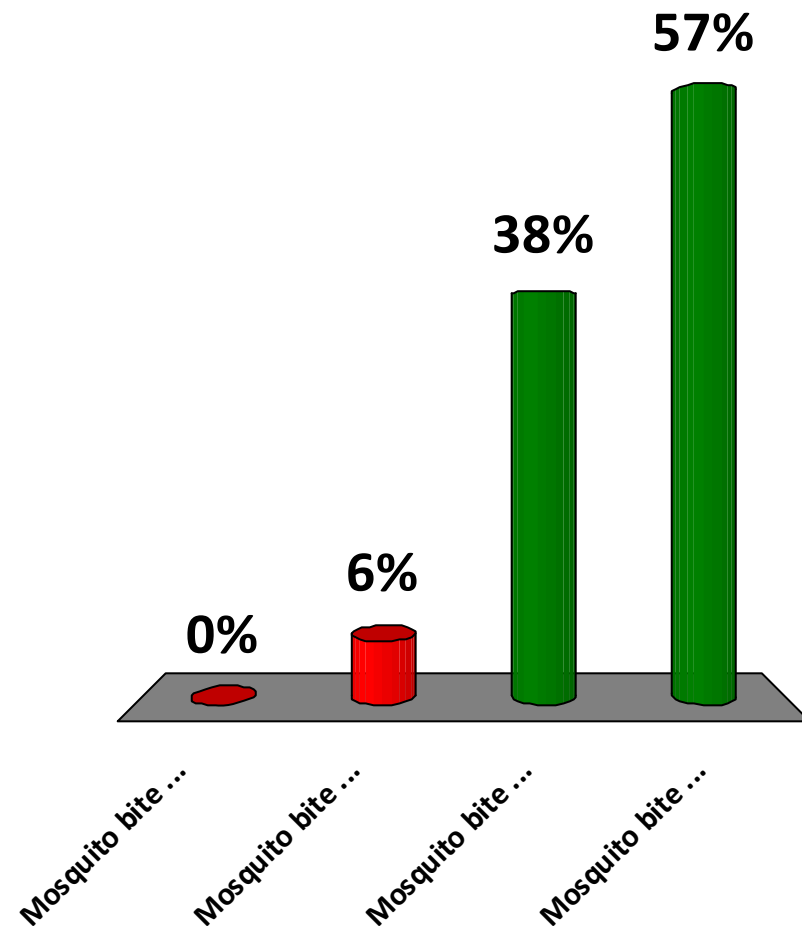
A couple goes for honeymoon to Indonesia for 2 weeks. They plan to stay in Bali, Lombok and Gili Islands. Do they need to take malaria pills during the whole trip?

1. No, there is no malaria over there
2. No, mosquito bite prevention only is enough
3. Mosquito bite prevention and chemoprophylaxis are needed during the whole trip
4. Mosquito bite prevention and chemoprophylaxis are not needed in Bali, but are recommended in Lombok and Gili Islands.



A student plans to travel through South America for 6 months. His itinerary is not yet fixed; he'll fly to Sao Paulo and then he'll see. Which malaria prevention do you suggest?

1. Mosquito bite prevention only
2. Mosquito bite prevention and chemoprophylaxis during 6 months
3. Mosquito bite prevention and atovaquone/ proguanil standby emergency treatment
4. Mosquito bite prevention and a few boxes of atovaquone/proguanil for intermittent use in higher risk areas





Traveller's Thrombosis

Peter Verhamme

19 Nov 2015



Case 1: To thromboprophylaxe or not

Women, aged 49, BMI 29, Combined Oral Contraceptives.
Family history of provoked VTE.
Travelling to the far east.

- | | |
|-----|------------------------------|
| 11% | 1. Life style advice |
| 34% | 2. Stockings |
| 8% | 3. Low dose Aspirin |
| 44% | 4. Prophylactic dose of LMWH |
| 3% | 5. Prophylactic dose of NOAC |



Case 2: Anticoagulation during travel

Women, aged 34, antiphospholipid syndrome with history of PE.
Well-managed warfarin since 6 years.
Travelling to Nepal for 6 weeks (adventurous).

- 2% 1. Stop Warfarin
- 11% 2. Continue Warfarin, test INR before and after.
- 15% 3. Continue Warfarin, test INR before and after and look for local hospital
- 32% 4. Continue Warfarin, search for POC device
- 18% 5. Switch to LMWH during travel
- 23% 6. Switch to NOAC during travel



This seminar is sponsored by:

- Care Plus
- Sovedis-Aquatabs
- Sanofi Pasteur MSD
- Gilead Sciences Belgium
- Bausch & Lomb Pharma
- Glaxo SmithKline
- Pfizer
- La Société Belge d'Infectiologie et de Microbiologie Clinique / Belgische Vereniging voor Infectiologie en Klinische Microbiologie
- Belgian Defense
- Institut de Médecine Tropicale/Institute of Tropical Medicine