Military Hospital Queen Astrid
Bruynstraat 1, Rue de Bruyn
1120 Brussel-Bruxelles
http://www.hopitalmilitaire.be/index.php?lang=fr&Itemid=474

11th National Seminar on Travel Medicine
Thursday 19th November 2015

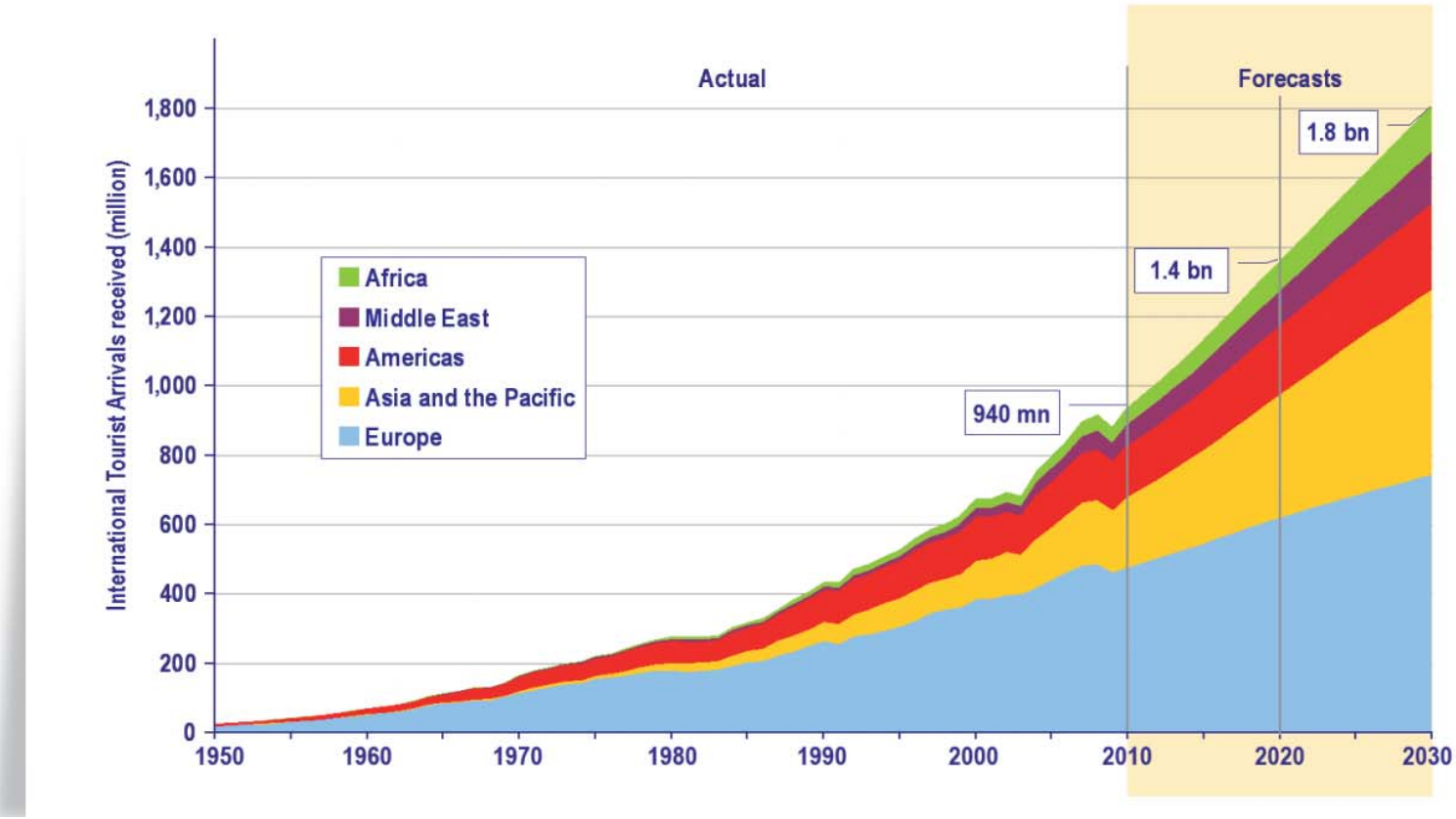
TRAVEL MEDICINE SEMINAR: 20 YEARS LATER

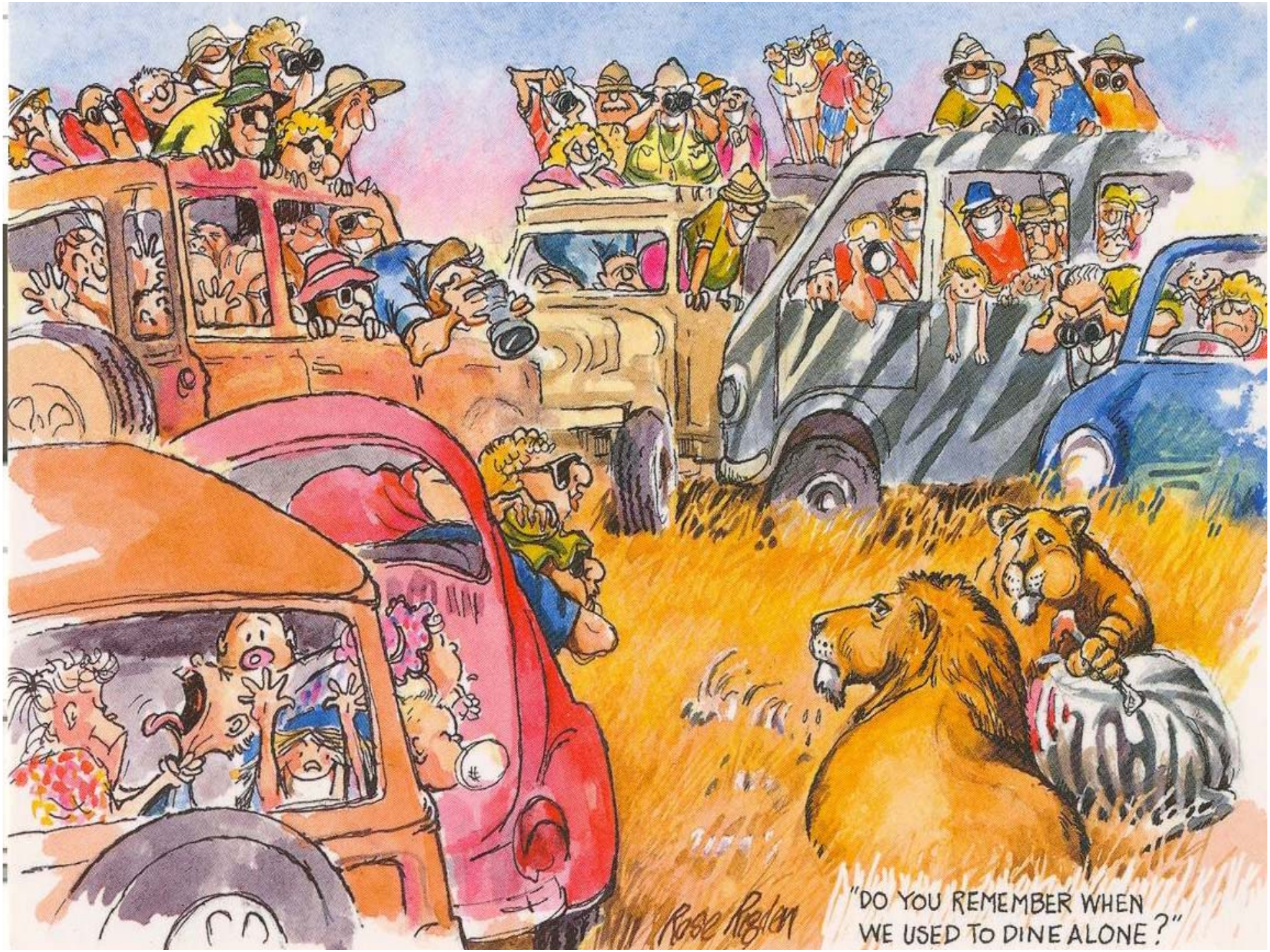
Chairmen: Fons Van Gompel – Yves Van Laethem

What did change (drastically) in the last 20 years in travel medicine?

Fons Van Gompel (ITG) &
Yves Van Laethem (CHU. St- Pierre)

UNWTO Tourism Towards 2030: Actual trend and forecast 1950-2030




Rose Rogden
"DO YOU REMEMBER WHEN WE USED TO DINE ALONE?"


First National Seminar on Travel Medicine
PREVENTION OF INFECTIOUS DISEASES IN TRAVELERS
Thursday 16 November 1995
Auditorium of the
Military Hospital Queen Astrid
Neder-over-Heembeek
BELGIUM
Sixth National Seminar on Travel Medicine
INFECTION PREVENTION IN TRAVELERS
Friday 25 November 2005

First National Seminar on Travel Medecine

PREVENTION OF INFECTIOUS DISEASES IN TRAVELERS

Thursday 16 November 1995

Auditorium of the
Military Hospital Queen Astrid
Neder-over-Heembeek
BELGIUM

Wetenschappelijke Studiegroep Reisgeneeskunde/Groupe d'Etude Scientifique de la Médecine de Voyage :

Dr. A. Van Gompel (ITG)
Dr. R. Snacken (IHE)
Dr. F. Jacobs (Hôpital Erasme, ULB)
Dr. W. Peetermans (K.U. Leuven)
Dr. Y. Van Laethem (Hôp. St. Pierre, ULB)
Dr. Lt. Kol. R. Wouters (Medical Service Belgian Army)

PROGRAM

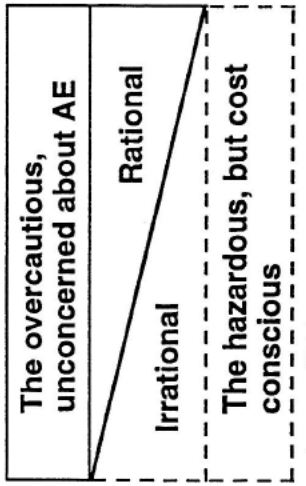
13.30	Registration	
14.00	Prophylaxis of malaria. Synopsis for practice.	
		Dr. A. Van Gompel (ITG Antwerp)
14.45	How to desinfect drinking water	
		Dr. Y. Van Laethem (ULB)
15.00	Case studies	
		Dr. W. Peetermans (KUL) Dr. Y. Van Laethem (ULB)
15.45	Coffee break and visit to the exposition	
16.15	Vaccine preventable diseases and travel	
		Prof. R. Steffen (University of Zürich)
17.15	Hot News	
		Dr. R. Snacken (IHE)
17.30	European tick-born encephalitis	
		Dr. R. Wouters (Belgian Army)
18.00	The end	

VACCINE PREVENTABLE DISEASES AND TRAVEL

Robert Steffen, MD
Institute of Social and Preventive Medicine
of the Univ
Zurich, Switz

Table 1:
Rationale for immunization of travelers

Infection	Inci-dence	Impact	Total	Immunization YES / NO
Hepatitis A	+++	++	+++++	
Hepatitis B	++	+++	+++++	
Rabies	++	+(++)	++++	
Poliomyelitis	(+)	+++	+++(+)	
Yellow fever	(+)	+++	+++(+)	
Typhoid fever	++	+	+++	
Influenza	++(+)?	(+)	+++	
Diphtheria	(+)	++	++(+)	
Tetanus	(+)	++	++(+)	
Meningo. disease	(+)	++	++(+)	
Jap. Enceph'itis	(+)	++	++(+)	
Cholera	+	+	++	
Measles	(+)	+	+(+)	



Rate per 100'000: +++: >100, ++: 1-99, +: 0.1-0.9, (+): <0.1
Impact:
+++ high case fatality rate, serious residuals
++ ≥2% case fatality rate or incapacitation >4 weeks
+ low case fatality rate, brief incapacitation

J Travel Med 2005; 12:26–35.

2006

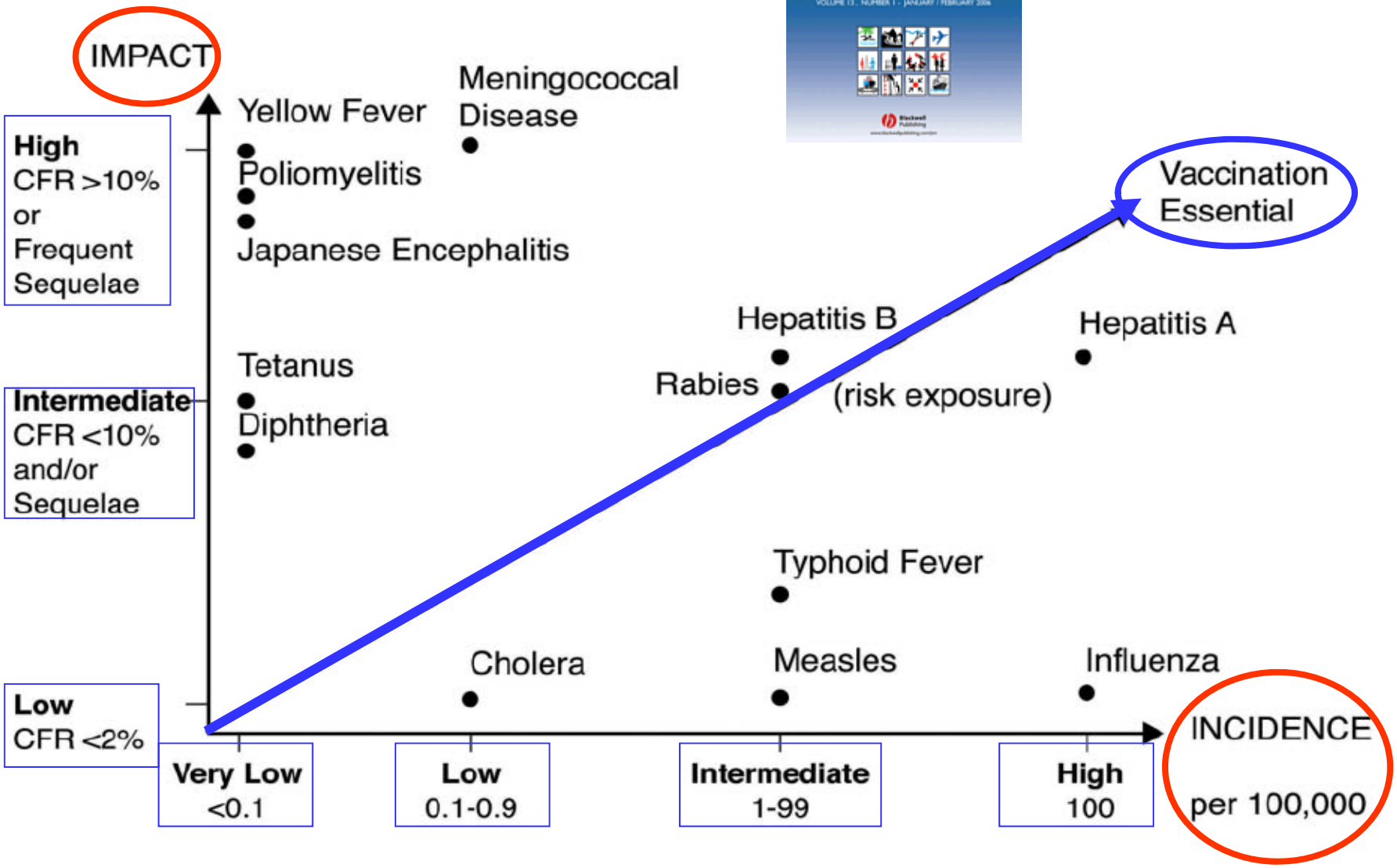
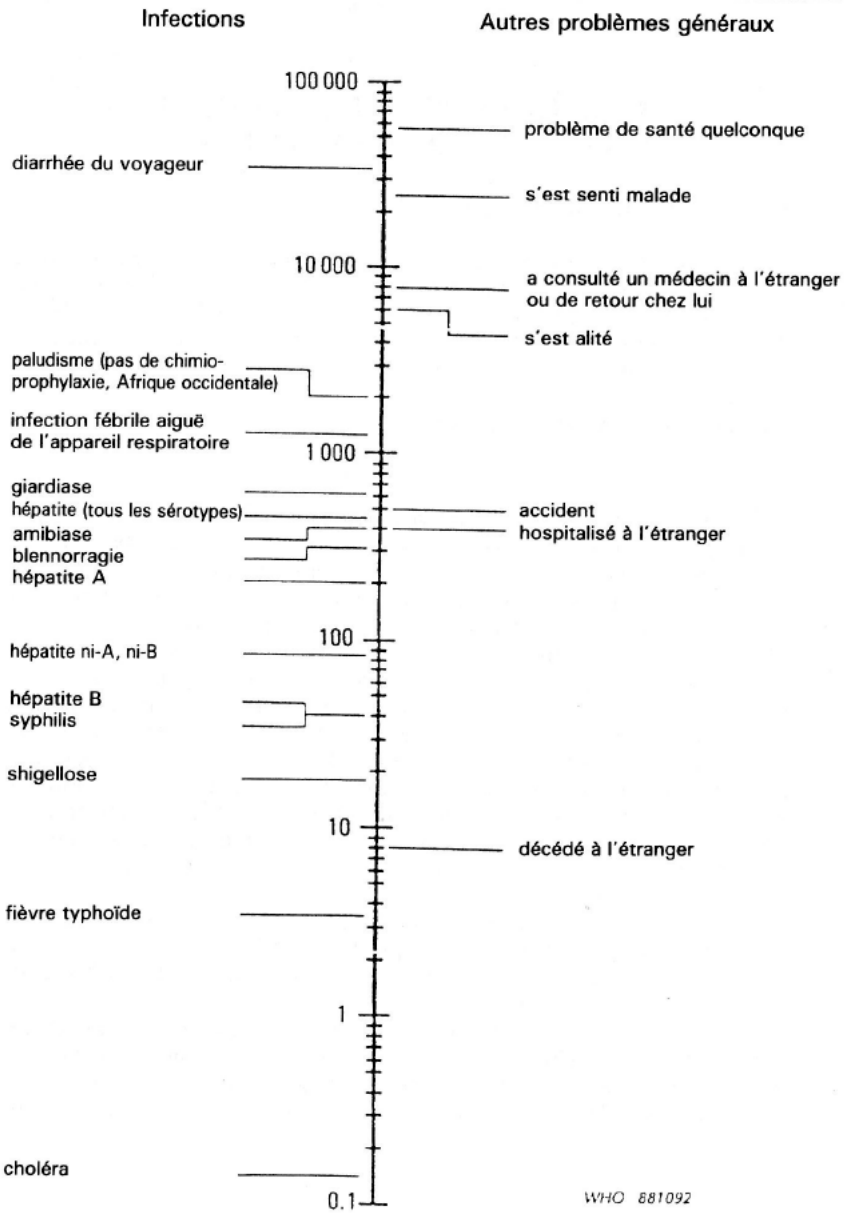


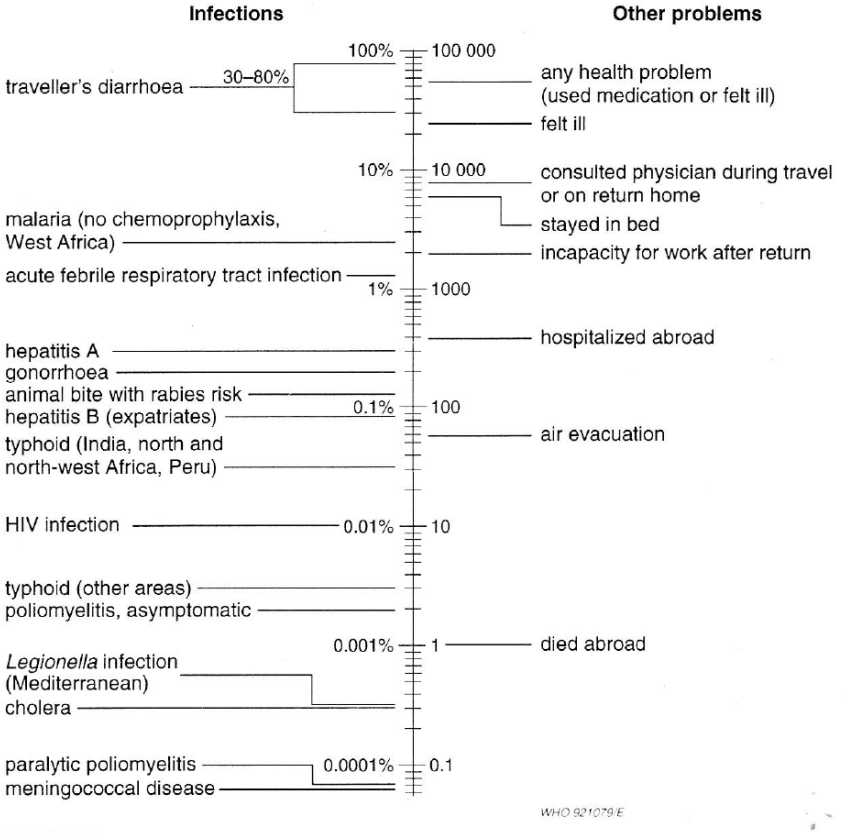
Figure 3 Impact and incidence of vaccine-preventable diseases in travelers to developing countries. CFR = case-fatality rate.

Fig. 1. Estimation du taux mensuel d'incidence des problèmes de santé pour 100 000 voyageurs en zones tropicales



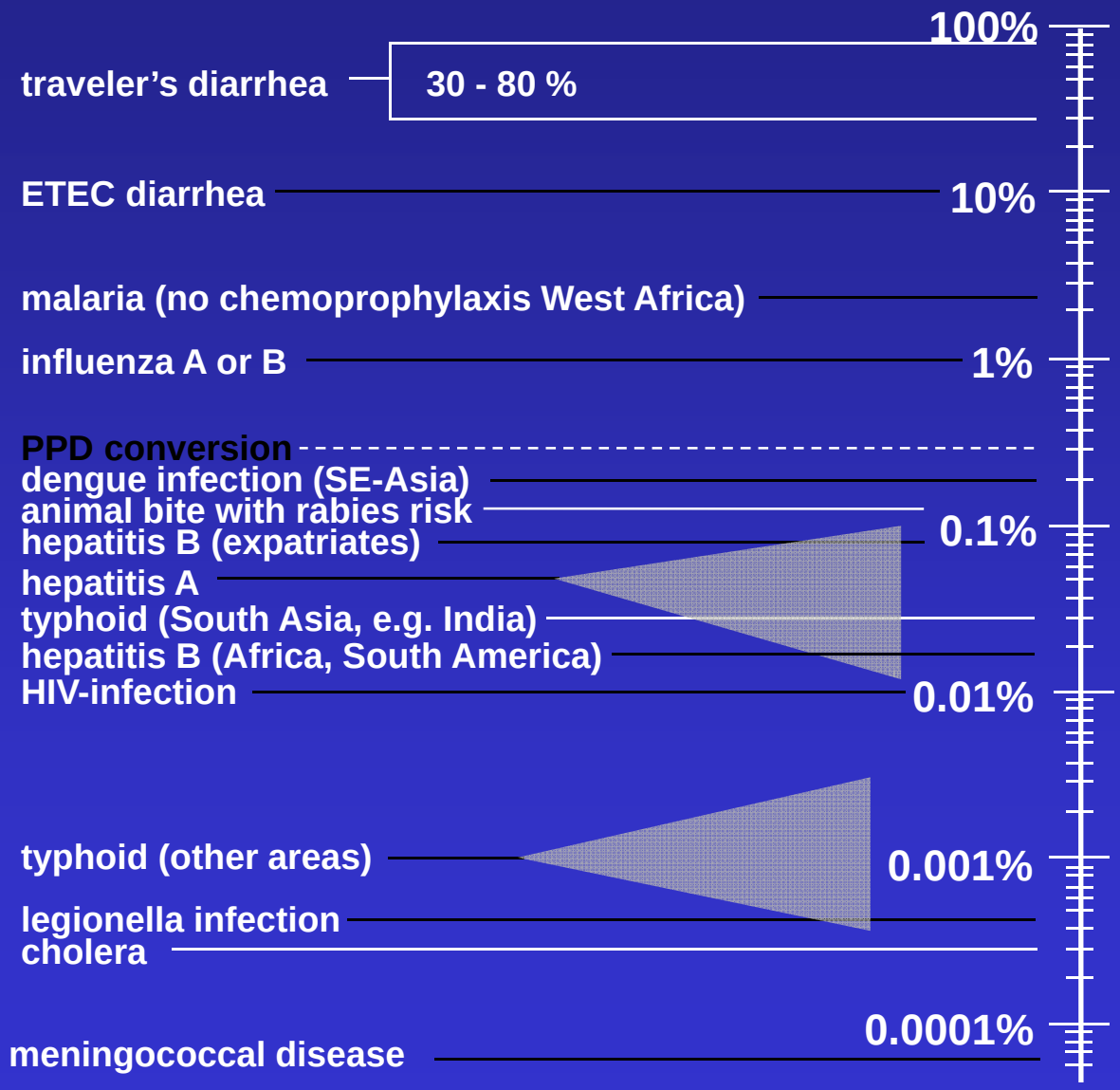
D'après: Steffen, R., *Proceedings of the Conference on International Travel Medicine, Zurich, 1988*. Berlin (Ouest), Springer-Verlag, 1988.

Figure 1. Estimated monthly incidence of health problems per 100 000 travellers to developing countries



Adapted from: Steffen R, Lobel HO. Travel medicine. In: Cook GC, ed., *Manson's tropical diseases*, 20th ed. London, WB Saunders, 1996. Used by permission of the publisher.

Incidence rate / month of health problems during a stay in developing countries – 2005



New version Steffen tree– JTM 08

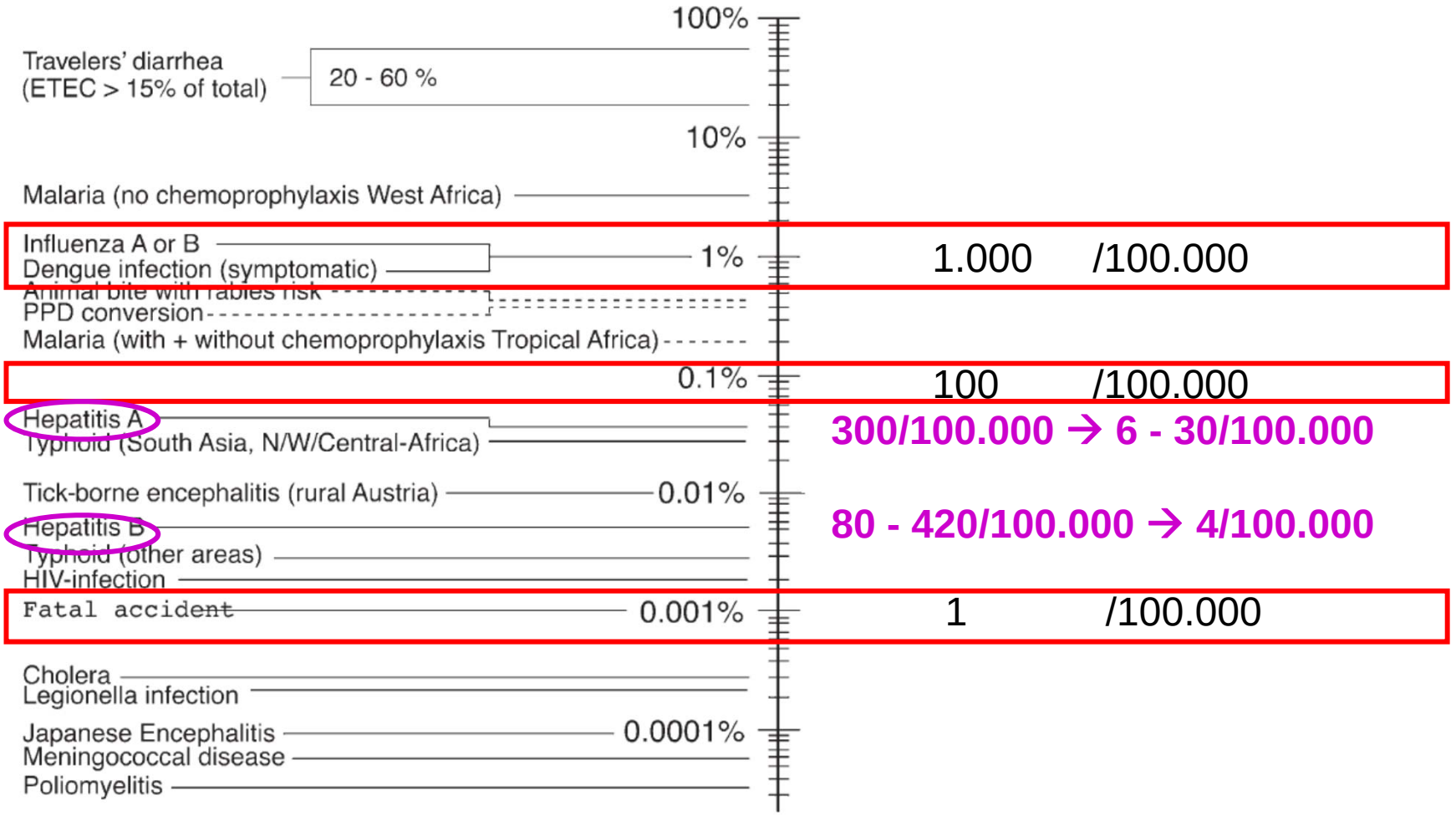
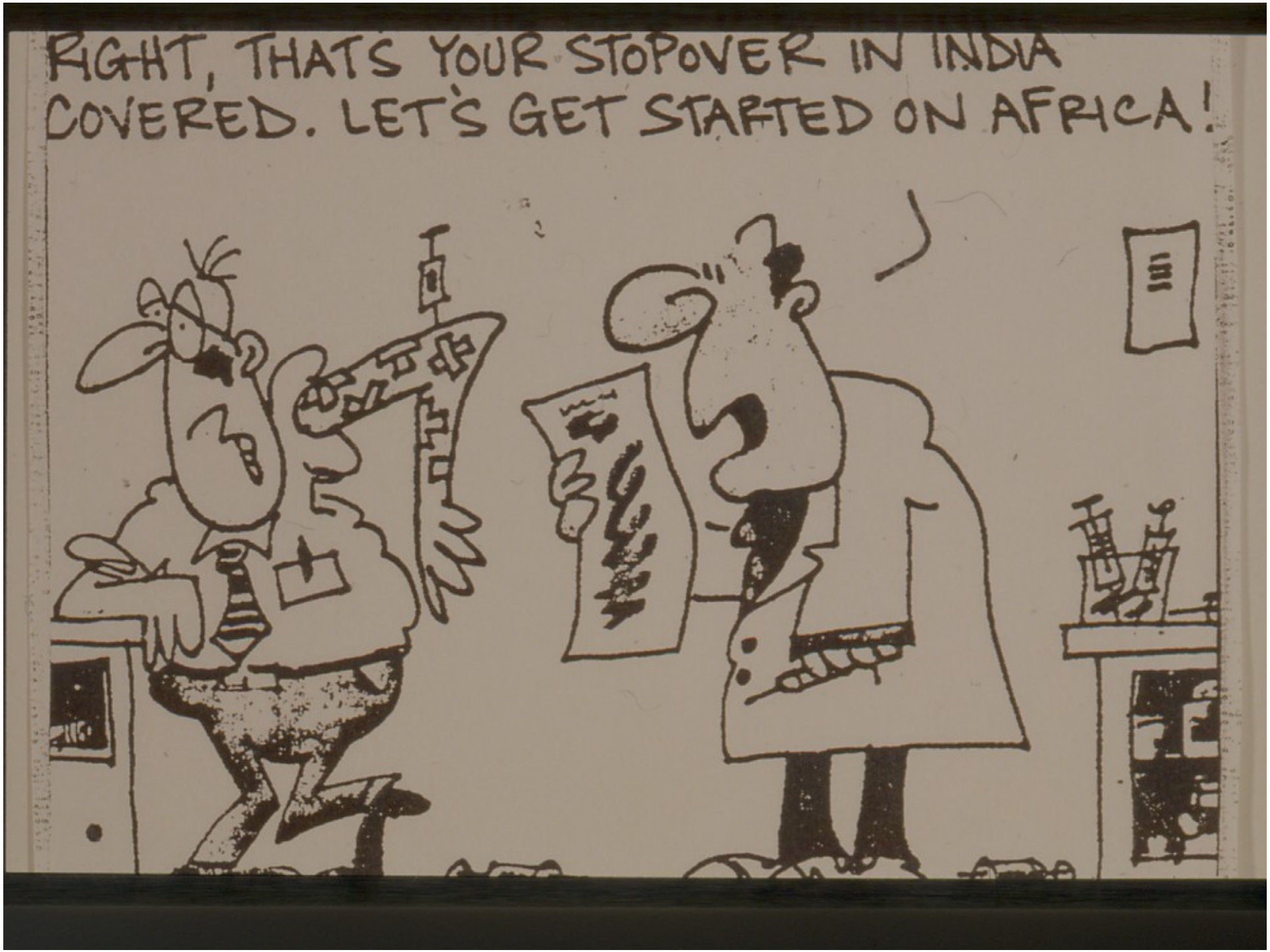


Figure 1 Incidence rate per month of health problems during a stay in developing countries—2008.


EDITIE 2004 - 2005
CONSENSUSVERGADERING
EDITION 2000 - 2001
REUNION DE CONSENSUS 19/5/2000


VOLG
DE
GIDS...


RIGHT, THATS YOUR STOPOVER IN INDIA COVERED. LET'S GET STARTED ON AFRICA!

1987 – POLIOMYELITIS

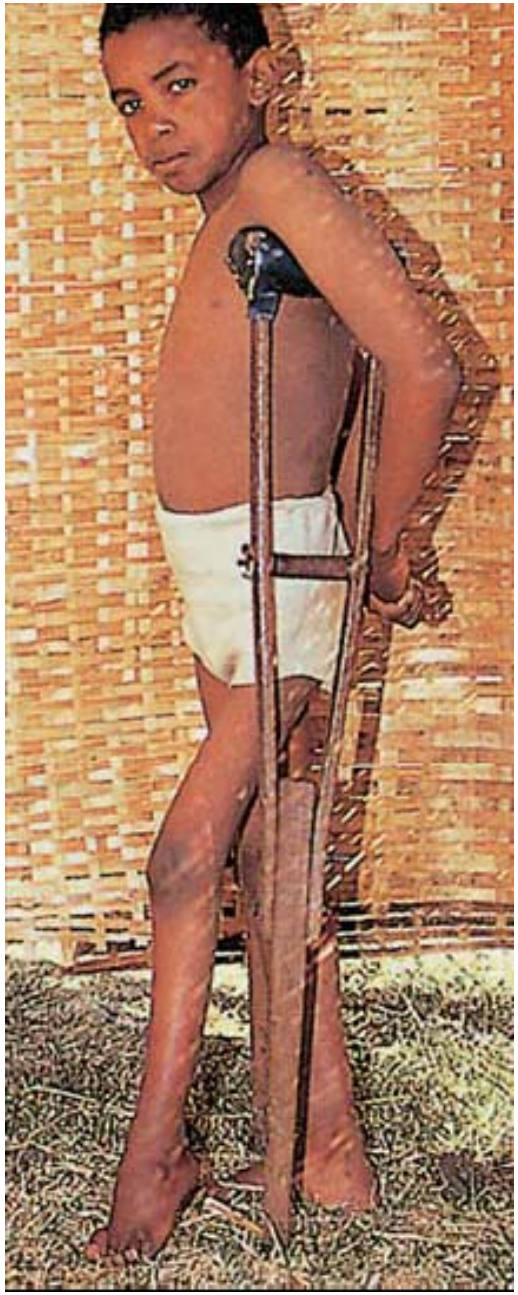
Acta Clin Belg. 1987;42(3):168-72.

Poliomyelitis in an airline pilot and the need for vaccination of travellers.

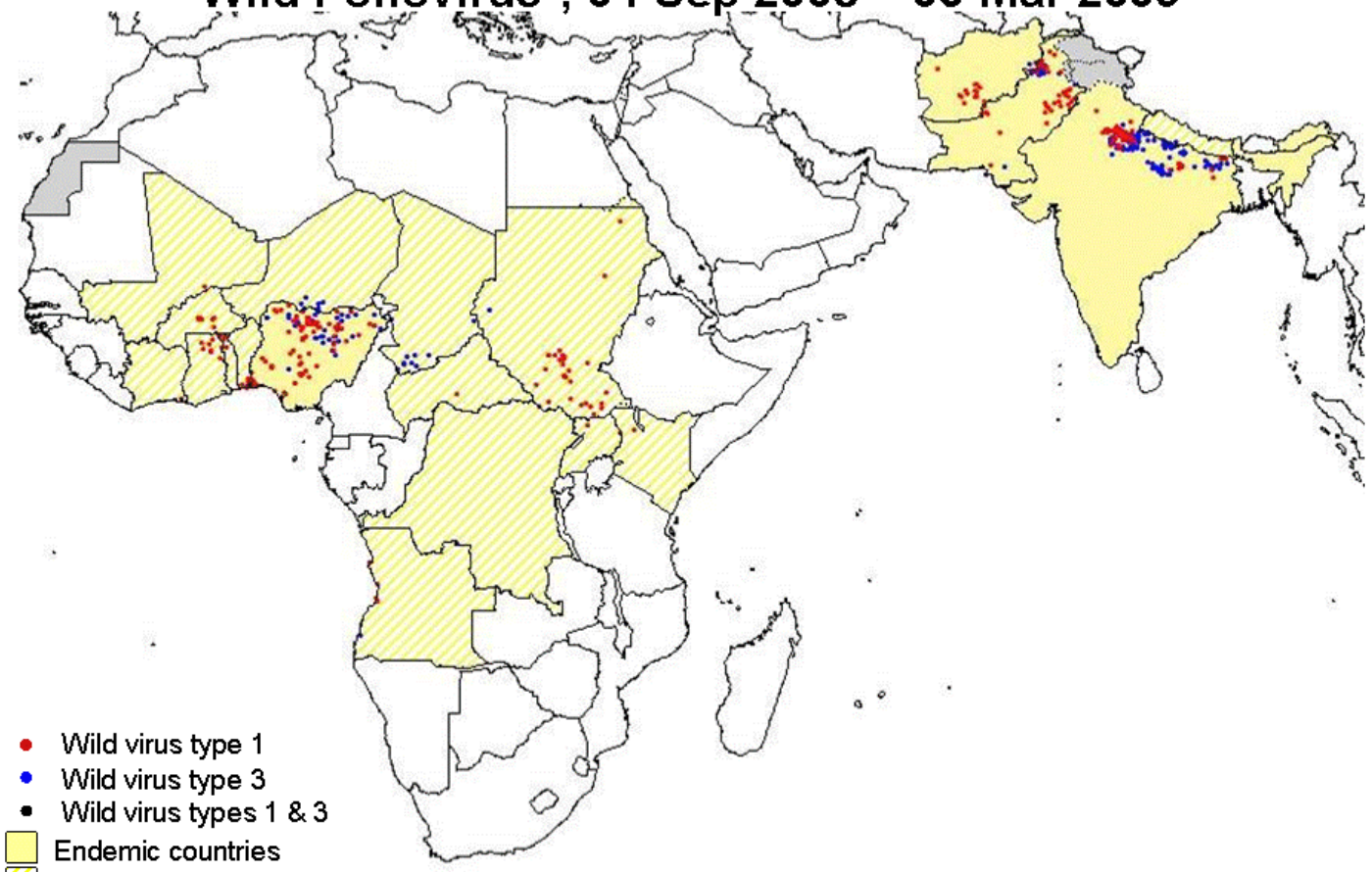
Goubau P, Carton H, Taelman H, Druyts-Voets E, Desmyter J.

PMID: 3661044 [PubMed - indexed for MEDLINE]

- 52 y old , not vaccinated, leaving the ITG in a wheelchair after an infection acquired in Senegal
- Since that time, all travelers to countries “not free of polio ” were advised to receive a “once a live” booster at adult age and/or a full vaccination.... (with the inactivated vaccine since 2003)



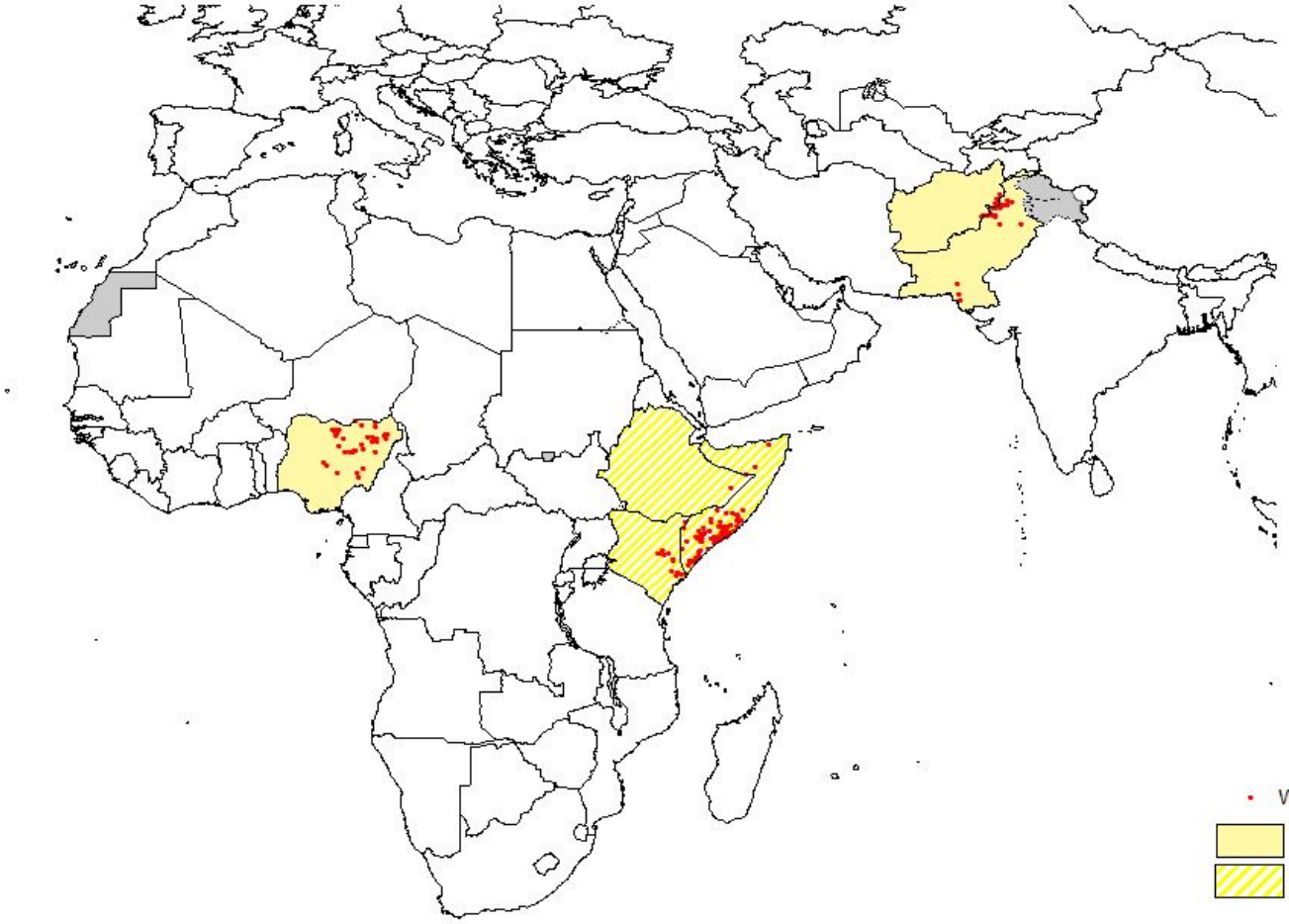
Wild Poliovirus*, 04 Sep 2008 – 03 Mar 2009



*Excludes viruses detected from environmental surveillance and vaccine derived polio viruses.

Data in WHO HQ as of 03 Mar 2009

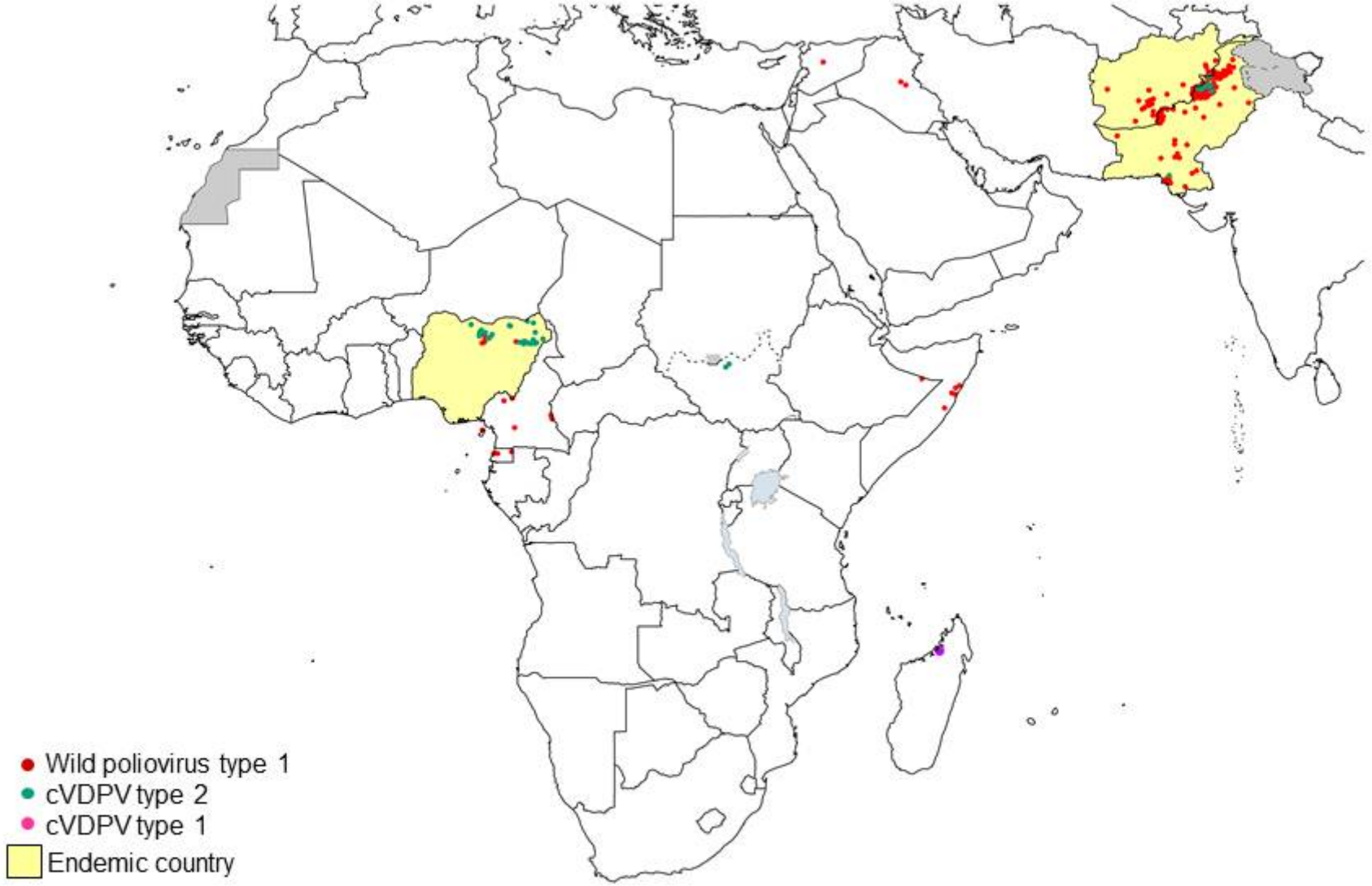
Wild Poliovirus - 2013
01 January - 10 September



Excludes vaccine derived polioviruses and viruses detected from environmental surveillance.

Data in HQ as of 10 September 2013

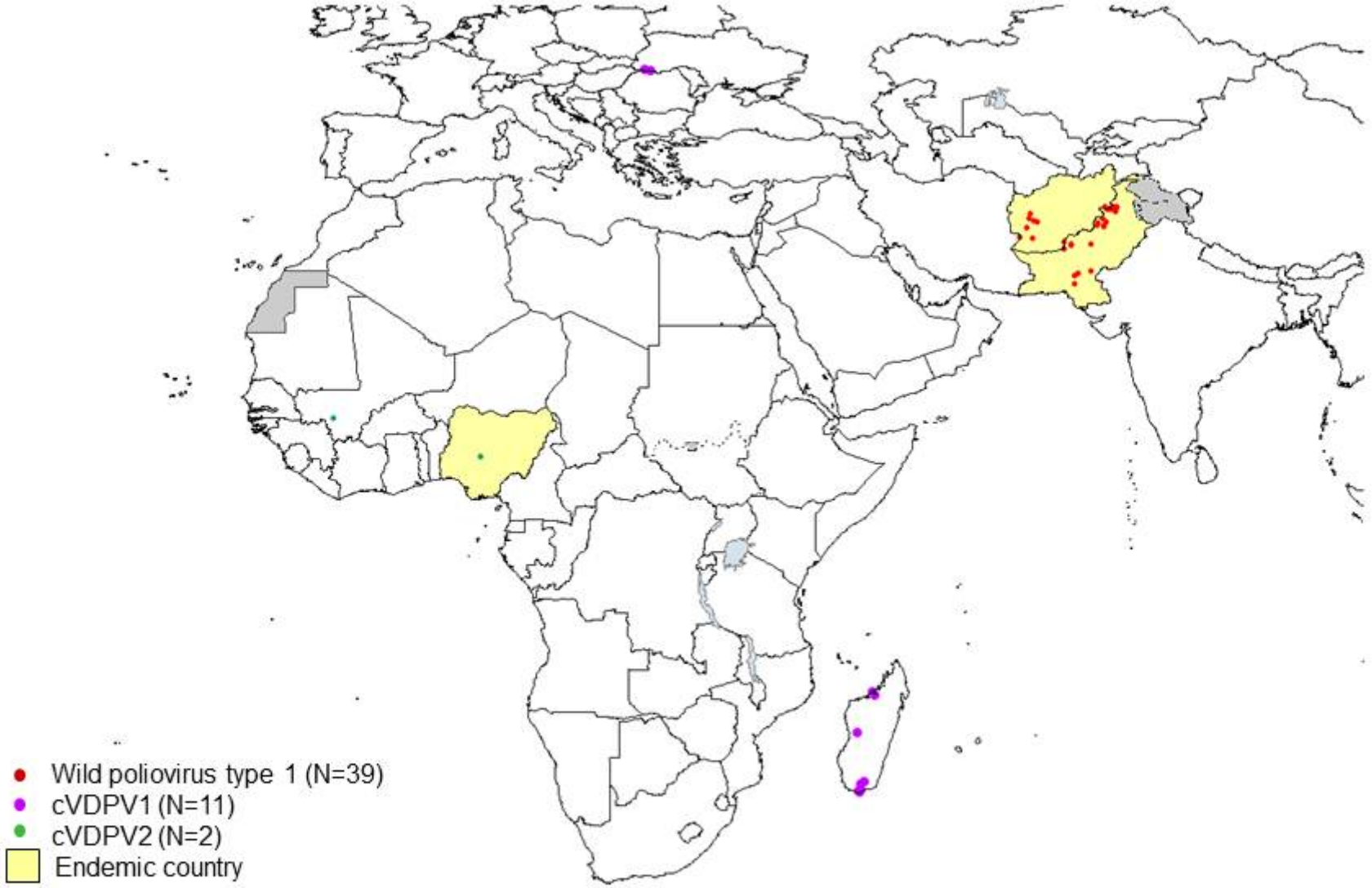
Wild Poliovirus & cVDPV[1] Cases[2], 2014
01 January – 31 December



[1]cVDPV is associated with ≥ 2 AFP cases or non-household contacts. VDPV2 cases with ≥ 6 (≥ 10 for type1) nucleotides difference from Sabin in VP1 are reported here. [2]Excludes viruses detected from environmental surveillance.

Data in WHO HQ as of 19 May 2015

Wild Poliovirus & cVDPV Cases[1], 2015
01 January – 08 September



[1]Excludes viruses detected from environmental surveillance.

Data in WHO HQ as of 08 September 2015

Polio….in 2015

- Less than 50 cases since january of 2015…

The beginning of the end…???

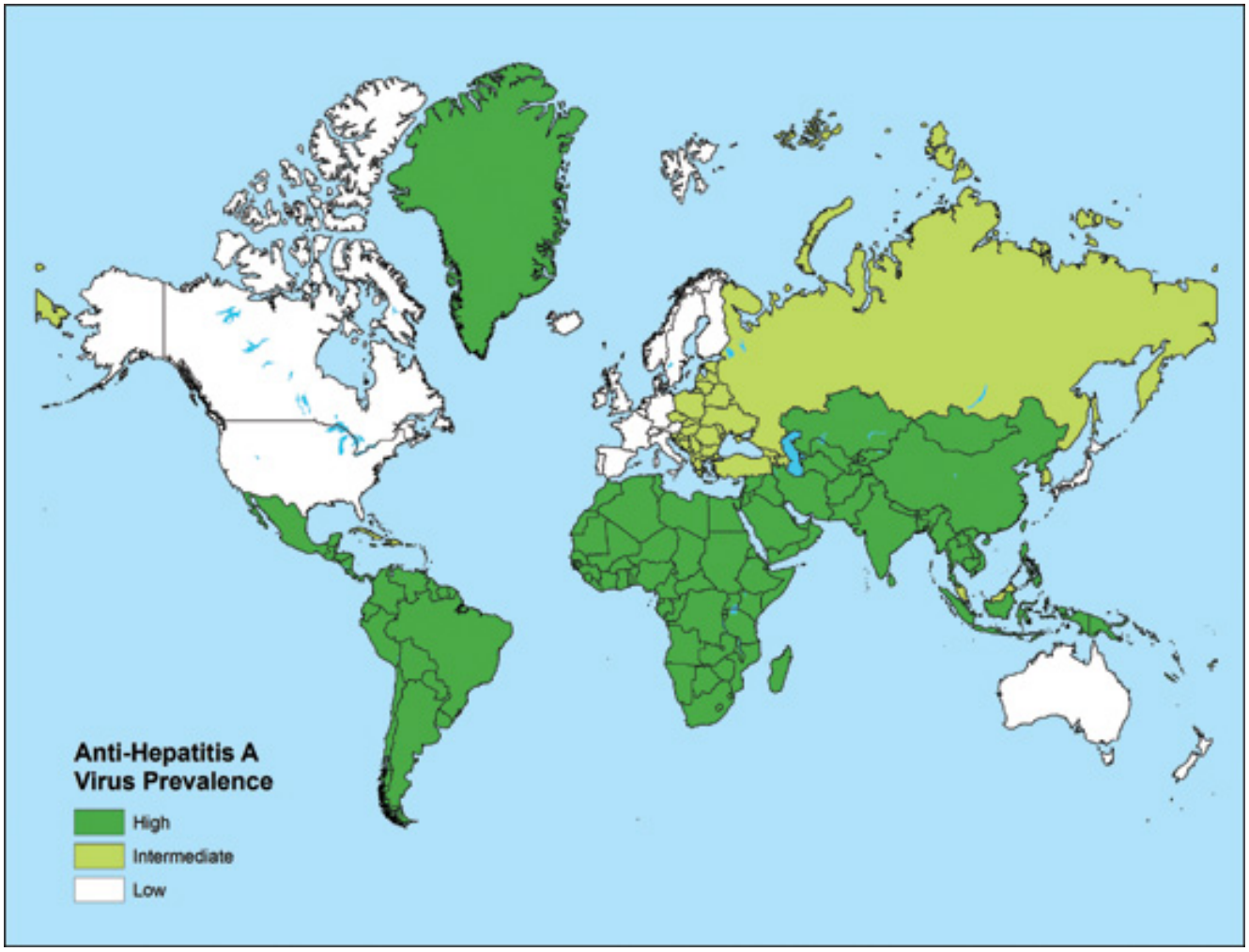
But still years and years before the end of vaccination for travellers….


DOCTOR OF
PORCUPUNCTURE
CERTIFICATE OF
"WHERE DID YOU SAY YOU TRAINED?"
Rose Rydell

Hepatitis A

Before or after 1992?

Prevalence of antibody to hepatitis A virus, by country, 2006.



Monthly incidence rates in of hepatitis A in non-immune travelers to developing countries

Cases	Subjects	Duration of stay	Incidence rate	Ref Year(s)
7	7887 Swiss travelers, 60% non-immune (?)	mean 19 days	1 per 300	1 1981-84
52	108 French foreign aid volunteers	18-35m	1 per 50	2 1979-80
67	US Foreign Service personnel (n?)	N / A	≤1 per 5,000	3 1990-93
325*	Canadian travelers	variable	1 per 3000	4 1996-2001

Monthly incidence rates of Hepatitis A in non-immune travelers to developing countries

	INCIDENCE RATE / MONTH	HA VACCINATION
Travel to:		
- Developing country	>0.1 /	Recommended
- Asian / African Mediterranean		Recommended
- Eastern Europe	0.1/1000	Recommended, especially to VFR (!)
- Southern Europe	<<0.1 / 1000	No recommendation

now 1:3000

(<1/1000)

Old 'Steffen – Rate' 1:300 is obsolete!

Hepatitis A

-Before 1992: -IgG IM

-partial protection for 3-6 months

(X in 1999)

-Since 1992: Havrix (followed by others)

One of the most effective vaccine:

(close to) 100% protection

lifelong (probably) in immunocompetent

With HAV/HBV vaccination since 1998 (Twinrix)

1993 Diphteria in a belgian woman in Moskow

De Standaard

Zaterdag 21, zondag 22 augustus 1993

70ste jaargang – nr. 233-234

Belgische sterft in Moskou aan difterie

MOSKOU — Een 62-jarige toeriste uit Schaarbeek overleed woensdag in Moskou aan difterie. Dat werd gisteren gemeld door de Belgische konsul in de Russische hoofdstad, Vincent Cauberg, en bevestigd door het ministerie van Buitenlandse Zaken in Brussel. De ongehuwde vrouw reisde individueel en logeerde bij vrienden. De Vereniging van Vlaamse Reisbureaus benadrukt dat dit geval, hoe spijtig ook, de „klassieke" toerist niet hoeft af te schrikken. Er is geen enkele reden tot paniek.

De vrouw overleed al woensdag in een ziekenhuis in Moskou, zo blijkt uit een rapport dat de Russische autoriteiten aan de Belgische ambassade overhandigden.

De 62-jarige ongehuwde toeriste was sinds het begin van de maand in Rusland. Ze reisde individueel, zonder assistentie van een reisbureau. Gisterennamiddag was weinig bekend over de steden die ze naast Moskou nog zou hebben bezocht. Ze verbleef bij vrienden.

Antoon Van Eeckhout merkt namens de Vlaamse Vereniging van Reisbureaus op dat de „klassieke" toerist zich geen zorgen hoeft te maken. „Voor toeristen die naar normale hotels gaan, normaal eten en normaal kontakt met de bevolking hebben, zijn er geen problemen. Hoe erg het voor die vrouw ook is, het kan niet dat een dodelijk geval van difterie wordt opgeblazen. Van een geval mag men geen probleem maken voor de reisindustrie."

„De Belgische noch de Russische overheid vinden dat er speciale maatregelen voor toeristen getroffen moeten worden. Wij moeten niet heiliger willen zijn dan de paus", zegt Marc Lenaerts namens VTB. „We hebben drie groepen in Rusland zitten, en alles verloopt normaal."

Inentingen

Sedert het begin van dit jaar zijn in Rusland ruim 4.000 gevallen van difterie geregistreerd. Deze besmettelijke ziekte lijkt in een beginstadium op angina, keel- of longontsteking. De bakterie die de ziekte veroorzaakt, werkt immers in op de slijmvliezen. Hart en zenuwstelsel kunnen ook worden aangetast.

Door inentingen tijdens de kinderjaren zijn westerlingen tot hun veertigste tegen de ziekte beschermd. Nadien kan een nieuwe inenting nuttig zijn, zeker voor reizigers die naar streken gaan waar hygiëne en algemene levensomstandigheden minder goed zijn.

Minstens honderd mensen overleden in Rusland aan difterie sinds de Wereldgezondheidsorganizatie er de ziekte begin dit jaar als epidemie kwalificeerde. De toeriste uit Schaarbeek zou het eerste Westeuropese slachtoffer zijn. De Russische autoriteiten kondigden aan een grote vaccinatiecampagne te zullen starten om difterie en andere opruk-kende besmettelijke ziekten de pas af te snijden.

(le dix-huit août mille neuf cent nonante-trois) à l'âge de soixante-deux ans, dont l'inscription a été faite dans le registre des actes de décès le 19 août 1993 sous le numéro 1397.
Cause du décès - insuffisance respiratoire aiguë. Nombreuses pellicules à caractère diphtérique à l'entrée de la cavité bronchiale. Diphtérie.

Lieu de décès ville, village : Moscou
Arrondissement :
République : Russie
Lieu de l'enregistrement : Cachet

Date de délivrance : le 19 août 1993

Cachet

Officier des actes de l'état civil : signature

X MU N. 490576

Traduction conforme au texte original en russe faite par l'Ambassade de Belgique à Moscou le 19 août 1993.

V. Cauberge
Vice-consul

AMBASSADE DE BELGIQUE
AMBASSADE VAN BELGIË
à MOSCOU
te MOSKOU

Diphteria

- **At that time**:

  no vaccine for adults !

  only tetanos for adults

  tetanos-diphteria for children

  to mix for adult vaccination…..!!

  ⇒**1997:** Tedivax pro adulto on the market

- **2015:**All the tetanos vaccines contain at least the right amount of diphteria antigen for adult immunisation

  + polio (Revaxis) since 2000

  + pertussis (Boostrix) since 2004

Second National Seminar on Travel Medecine

INFECTIOUS DISEASES IN TRAVELERS

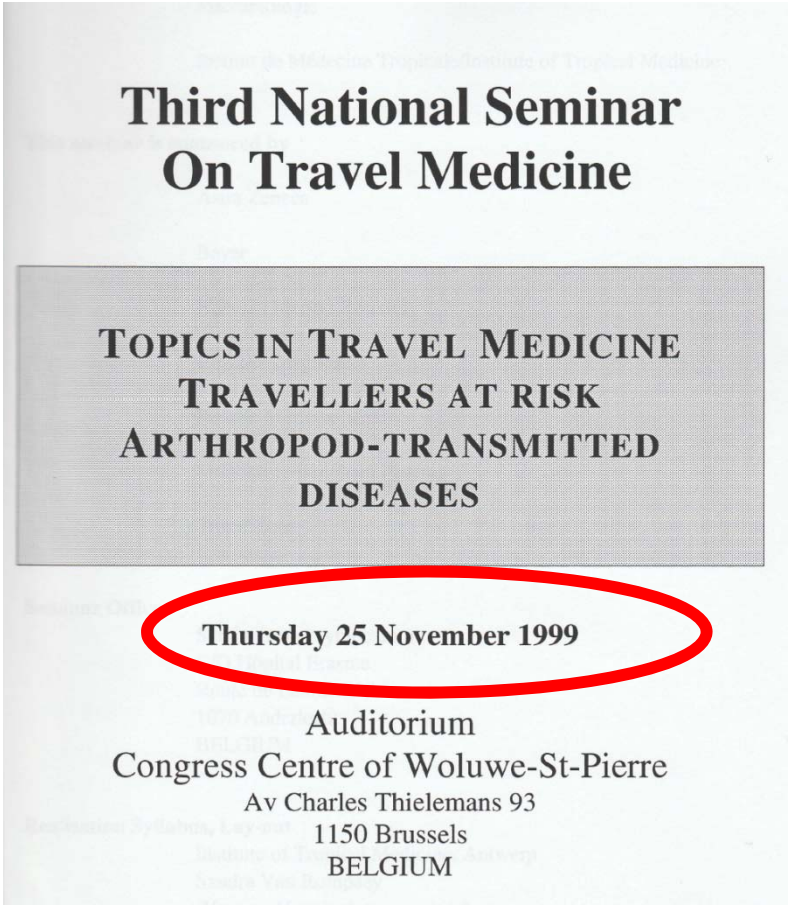
Thursday 13 November 1997

Auditorium
Congress Centre of Woluwe-St-Pierre
av Charles Thielemans 93
1150 Brussels
BELGIUM

Pr. A. Van Gompel (ITG)
Dr. R. Snacken (IHE)
Dr. F. Jacobs (ULB-Hôpital Erasme)
Pr. W. Peetermans (K.U.L.-Leuven)
Dr. Y. Van Laethem (ULB-Hôp. St. Pierre)
Dr. D. Vogelaers (KUG-Gent)
Dr. P. Desmidt (Militair Ziekenhuis Konigin Astrid)

PROGRAM

13.30	*Registration*	
14.00	**Malaria**	
		Dr. D. Vogelaers Dr. F. Jacobs
14.30	**Fever other than malaria**	
		Dr. F. Jacobs Pr. A. Van Gompel
15.00	**Enterocolitis after travel in (sub)tropics**	
		Pr. W. Peetermans Dr. Y. Van Laethem
15.30	**Medical evaluation of adopted children**	
		Dr. T. Jonckheer (Antwerpen)
16.00	*Coffee break and visit to the exposition*	
16.30	**Skin problems in travelers**	
		Dr. E. Caumes (Paris)
17.00	**Legal aspects of travel advice**	
		Prof. Th. Van Sweefelt (U.I.A.-Antwerpen)
17.30	**News from the Travel Medicine Congress (Geneva)**	
		Pr. A. Van Gompel Dr. R. Snacken
18.00	*The end*	



programme

14.00-18.00
Part I Travellers at risk

1. Pregnant women - children : A. Van Gompel + C. Van Goethem
2. Immunocompromised travelers : W. Peetermans + Y. van Laethem
3. Travel medicin and Trekking : Pr. Robert Naje

Part II Arthropod transmitted diseases

1. Ticks and lice : rickettsioses, bartonelloses, etc : Pr. D. Raoult
2. Insect vectors and repulsives : Pr. M. Coosemans (entomologist IMT)

Special : Update + flashes after the 6th ISTM Congress Quebec june 1999

I

Pr. A. Van Gompel (ITG)
Dr. R. Snacken (IPH)
Dr. F. Jacobs (ULB-Hôpital Erasme)
Pr. W. Peetermans (K.U.L.-Leuven)
Dr. Y. Van Laethem (ULB-Hôp. St. Pierre)
Dr. D. Vogelaers (KUG-Gent)
Dr. P. Desmidt (Militair Ziekenhuis Konigin Astrid)

powerpoints

UN CAS DE FIEVRE HEMORRAGIQUE A VIRUS EBOLA A LIBREVILLE (GABON) RESPONSABLE D'UN DECES APRES EVACUATION EN AFRIQUE DU SUD

Depuis son émergence en 1976, la fièvre hémorragique virus Ebola (FHVE) évolue sous forme épidémique Afrique noire (1, 2). Une épidémie due au virus Ebola s' déclarée au Gabon en septembre 1996 dans la province l'Ogooué-Ivindo située à l'est du pays (3). Cette épidémie, troisième enregistrée au Gabon, a sévi à Booué en 1996-19 et a été responsable de 52 cas et de 40 décès (77 p. 100); e est survenue après celles de Minkouka (1994-1995) avec 49 dont 28 décès (57 p. 100) et de Mayibout (1996) avec 37 cas d 21 décès (57 p. 100) (4, 5). Elle a été à l'origine de contamir tions observées chez un personnel soignant et dans des famill Parmi ces patients figure un médecin gabonais ayant été évac en Afrique du Sud pour syndrome infectieux sévère en l'abser de diagnostic étiologique initial. Du fait des difficultés d gnostiques, cette FHVE n'a pas été reconnue et a été responsal d'un décès parmi le personnel soignant sud-africain.

Med Trop

1999-59-4-411

O. M., 40 ans, médecin réanimateur sans facteurs de risque connu pour la FHVE, a présenté un syndrome infectieux le 19 octobre 1996 pour lequel il a reçu du Paluther® sans succès. Il a été hospitalisé le 24 octobre 1996 dans un tableau de gastroentérite fébrile et algique. Le bilan biologique a révélé une détérioration de la fonction hépatique avec une élévation importante des enzymes hépatiques (ALAT = 530 UI/L ; γGT = 111 UI/L ; phosphatases alcalines = 234 UI/L) et une rhabdomyolyse (CPK = 878 UI/L ; LDH = 10740 UI/L). Toutes les investigations complémentaires réalisées sont restées négatives : (sérologies des hépatites A, B, C, D, salmonellose, VIH, amibiase). La recherche d'une infection par le virus Ebola n'a pas été envisagée malgré le contexte épidémiologique. En cours d'hospitalisation est apparue une insuffisance rénale. Après 4 jours, devant l'aggravation de la symptomatologie et en l'absence de diagnostic étiologique, le malade a été évacué en Afrique du Sud (Johannesbourg) le 27 octobre 1996. A l'arrivée, on constatait des oedèmes des extrémités, des râles crépitants aux bases pulmonaires. Le bilan biologique restait perturbé, la tomodensitométrie abdominale et l'endoscopie digestive haute et basse étaient normales. On retrouvait un *Clostridium difficile* dans la coproculture. Un traitement par quinolone fluorée, métronidazole et vancomycine a été instauré sans entrainer d'amélioration. Devant la persistance d'une fièvre irrégulière atteignant 42°C et d'une rhabdomyolyse, le patient a été mis sous corticothérapie à forte dose (800 mg par jour) par voie IV. Une apyrexie a été obtenue très rapidement et son état s'est amélioré. Le malade a quitté le service le 11 novembre 1996.

Le diagnostic de FHVE sera porté sur la culture cellulaire et la présence d'anticorps spécifiques anti-virus Ebola *(National Institute for Virology, Sandrighan, South Africa)* chez une infirmière qui s'était occupée de lui au cours de son hospitalisation. Celle-ci est tombée malade le 9 novembre 1996 ; elle a présenté une hématémèse le 14 novembre et est décédée le 24 novembre 1996.

Fourth National Seminar on Travel Medicine

Thursday 22 November 2001

Topics in Travel Medicine

Dangers of the sea and the wilderness

Program

13.30 *Registration*

14.00 **Diving : malaria prophylaxis and dangers of the sea**

Dr. B. Stockman (UZA Antwerpen)

14.40 **Snakes**

Dr. E. Van den Enden (ITM Antwerpen)

15.20 *Coffee break and visit to the exhibition*

15.50 **Vaccinations in the last minute or low budget traveller**

Pr. A. Van Gompel

16.20 **Update on antimalarials**

Dr. Y. Van Laethem

Pr. B. Vandercam

16.50 **Late breakers - biological warfare**

Pr. R. Peleman

17.10 **Flashes from the 7th International Society of Travel Medicine Congress in Innsbruck**

Pr. A. Van Gompel & Dr. F. Jacobs

17.25 *The end*

The yellow fever year…

November 2001 Yellow fever from Gambia

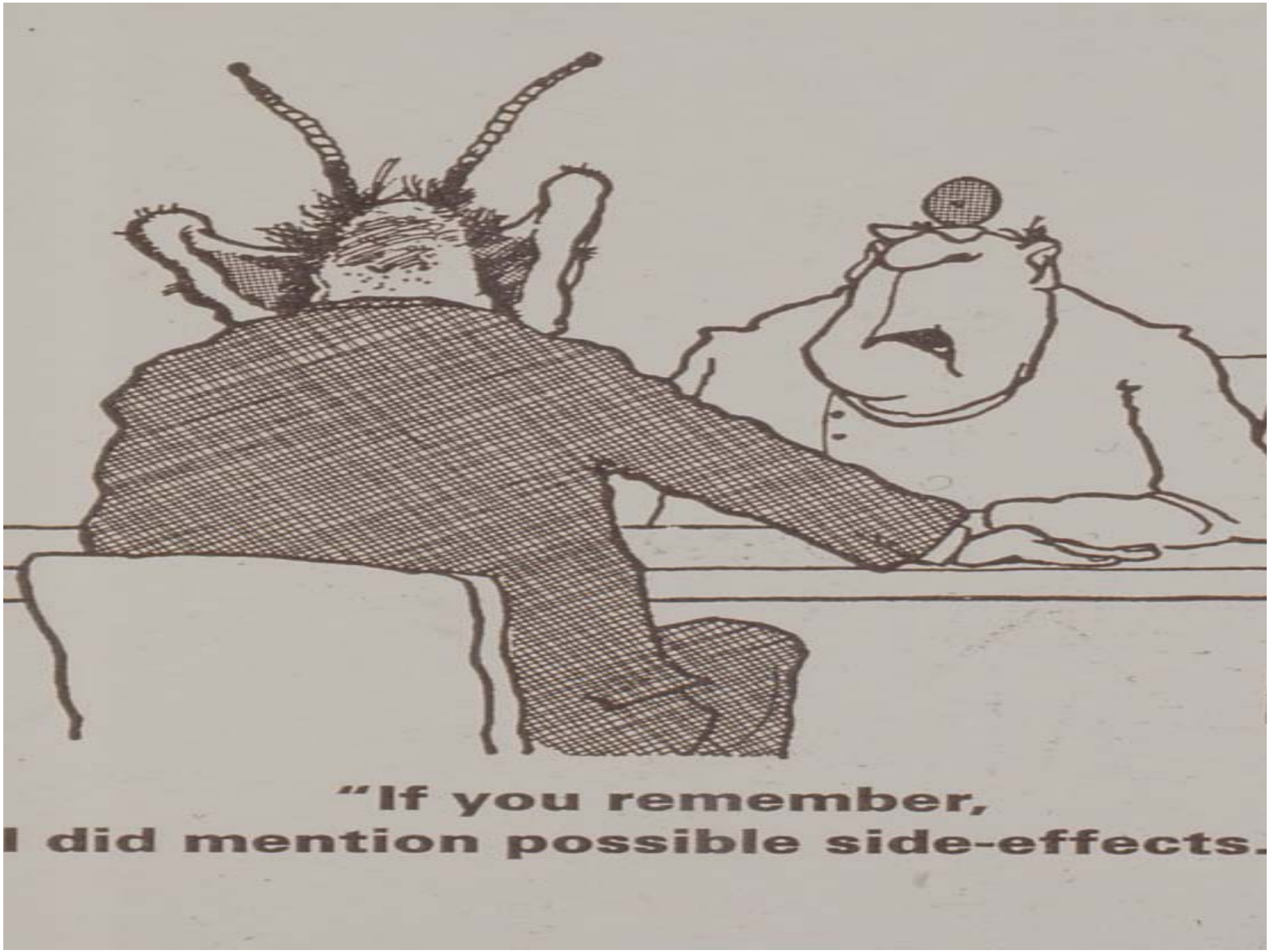
A Belgian Traveler Who Acquired Yellow Fever in The Gambia

R. Colebunders,[1,2] J.-L. Mariage,[3] J.-Ch. Coche,[3] B. Pirenne,[3] S. Kempinaire,[3] Ph. Hantson,[4] A. Van Gompel,[1] M. Niedrig,[5] M. Van Esbroeck,[1] R. Bailey,[7] C. Drosten,[6] and H. Schmitz[6]

[1]Institute of Tropical Medicine and [2]University Hospital Antwerp, Antwerp, [3]Clinic St.-Pierre, Ottignies, and [4]St.-Luc Hospital, Université Catholique de Louvain, Brussels, Belgium; [5]Robert Koch Institute, Berlin, and [6]Bernard Nocht Institute for Tropical Medicine, Hamburg, Germany; and [7]Clinical Services Medical Research Council, Fajara, The Gambia

A 47-year-old Belgian woman acquired yellow fever during a 1-week vacation in The Gambia; she had never been vaccinated against yellow fever. She died of massive gastrointestinal bleeding 7 days after the onset of the first symptoms. This dramatic case demonstrates that it is important for persons to be vaccinated against yellow fever before they travel to cou • CID 2002:35 (15 November) • e113 ı **if the country, like The Gambia, does not require travelers to be vaccinated.**

But also the **first descriptions** of **severe side effects** of **yellow fever vaccination…..**


"If you remember,
I did mention possible side-effects.

But also the first descriptions of severe side effects of yellow fever vaccination, **leading to….**

TABLE 2. Contraindications and precautions to yellow fever vaccine administration

MMWR™ Recommendations and Reports July 30, 2010 / Vol. 59 / No. RR-7

Contraindications
Allergy to vaccine component
Age less than 6 months
Symptomatic HIV infection or $CD4^+$ T-lymphocytes <200/mm^3 (or <15% of total in children aged <6 years)*
Thymus disorder associated with abnormal immune function†
Primary immunodeficiencies
Malignant neoplasms
Transplantation
Immunosuppressive and immunomodulatory therapies†

Precautions
Age 6–8 months
Age ≥60 years†
Asymptomatic HIV infection and $CD4^+$ T-lymphocytes 200–499/mm^3 (or 15%–24% of total in children aged <6 years)*
Pregnancy
Breastfeeding

Relapsing remitting MS

And proudly, the birth of our logo…..

Instituut voor Tropische Geneeskunde
Nationalestraat 155
2000 Antwerpen

Wetenschappelijk Instituut voor Volksgezondheid
Rue J. Wytsman 14
1050 Brussel

Wetenschappelijke Studiegroep Reisgeneeskunde
Groupe d'Etude Scientifique de la Médecine des Voyages

5th National Seminar on Travel Medicine

Friday 14 November 2003

Centre culturel of Woluwé-St-Pierre, Brussels

MEDICAL ISSUES POST TRAVEL

Chairmen: Prof. Van Gompel and W. Peetermans

14.00-14.05	**Introduction**
14.05-14.45	**Blood donation after travel** J. Barbara (London), L. Muyle (Antwerp), B. Vandercam (Brussels)
14.45-15.15	**Post-travel screening** A. Van Gompel (Antwerp)
15.15-15-45	**Medical screening for refugees** E. Bruynseels (Kapellen)
15.45-16.15	*Coffee break*
16.15-16.45	**Medical reasons for emergency evacuation** MJ Oyen (Brussels)
16.45-17.15	**Medical advices for SE Asia** Y. Van Laethem (Brussels)
17.15-17.35	**Recent epidemics** R. Peleman (Gent)
17.35-17.50	**Flashes from the 8th International Society of Travel Medicine, New York, 2003** B. Vandercam (Brussels), F. Jacobs (Brussels), A. Van Gompel (Antwerp)
17.50-18.00	**Closing remarks** W. Peetermans (Leuven)

Information
Clinique des Maladies Infectieuses
Hôpital Erasme
Route de Lennik, 808
1070 Brussels
Phone +32/2/555 6746
Fax +32/2/555 3912
Email :maladies.infectieuses.erasme@ulb.ac.be

Accreditation: 40 UFC

Fees: 30€

Wetenschappelijke Studiegroep Reisgeneeskunde

Groupe d'Etude Scientifique de la Médecine des Voyages

Sixth National Seminar on Travel Medicine

INFECTION PREVENTION IN TRAVELERS

Friday 25 November 2005

Sodehotel La Woluwe
Av. Emmanuel Mounierlaan 5
1200 Brussels
BELGIUM

Organising committee

Wetenschappelijke Studiegroep Reisgeneeskunde / Groupe d'Etude Scientifique de la Médecine des Voyages

Pr. A. Van Gompel (ITG),
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Pr. F. Jacobs (Hôp. Erasme, ULB),
Pr. W. Peetermans (U.Z. - K.U.Leuven),
Pr. Y. Van Laethem (Hôp. St. Pierre, ULB), Pr. B. Vandercam (Hôp. St. Luc, UCL),
Pr. R. Peleman (UZ.- U.Gent) Dr. P. Lacor (AZ-VUB), Dr. Ph. Leonard (CHU-ULg).

PROGRAM

13.00-14.00	*Welcome - Registration*
14.00-14.05	**Introduction**
14.05-14.45	**Malaria Prophylaxis – case-discussion, interactive session** A. Van Gompel (Antwerp) & Ph. Leonard (Liége) P. Lacor (Brussels) & Y. Van Laethem (Brussels)
14.45-15.15	**Infection prevention for expatriates & long-term travelers** A. Van Gompel (Antwerp)
15.15-15.45	**Infection prevention for travel to Latin America** Y. van Laethem (Brussels)
15.45-16.15	*Coffee break & visit boots commercial exhibition*
16.15-17.00	**Vaccination in special travellers – case-discussion, interactive session** W. Peetermans (Leuven) B. Vandercam (Brussels) F. Jacobs (Brussels) & R. Snacken (Brussels)
17.00-17.25	**Recent epidemics** R. Peleman (Gent)
17.25-17.50	**Flashes from the 9th International Society of Travel Medicine, Lisbon, 2005** B. Vandercam (Brussels) F. Jacobs (Brussels) A. Van Gompel (Antwerp)
17.50-18.00	**Closing remarks**

Seventh National Seminar on Travel Medicine

ALL YOU WANT TO KNOW ON TRAVEL MEDICINE IN 2007

Organising committee

Wetenschappelijke Studiegroep Reisgeneeskunde / Groupe d'Etude Scientifique de la Médecine des Voyages
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PART 1

PROGRAM

14.00-14.05	**Introduction**
14.05-14.50	**Yellow fever vaccination and risks revisited : immunosuppressive conditions and age** F. Jacobs (Brussels), A. Van Gompel (Antwerp)
14.50-15.05	**Allergic and other reactions after insect bite from the tropics** P. Leonard (Brussels)
15.05-15.35	**Update on encephalitis vaccines : japanese encephalitis, tick borne encephalitis, rabies** P. Lacor (Brussels), B. Vandercam (Brussels)
15.35-16.00	*Coffee break*

PART 2

16.00-16.30	**Side effects and other inconveniences of antimalarials : an update** W. Peetermans (Leuven), Philippe Leonard (Brussels)
16.30-17.10	**India & China : travel health information** A. Van Gompel (Antwerp), Y. Van Laethem (Brussels)
17.10-17.30	**Recent epidemics** R. Peleman (Gent)
17.30-18.00	**Flashes from the 10th International Society of Travel Medicine, Vancouver 2007 and what's new in travel medicine** F. Jacobs (Brussels), A. Van Gompel (Antwerp)

FIGURE 2—Rabid dog exhibiting aggressive behavior.

Rabies

- From Day 1-7-21/28

+ a booster after one year

+ boosters every 3? 5?.... Years
until 2010

to....

Rabies

2010

- **Consensus 2010** : **after the primo vaccination with three doses** (day 0, day 7 – 14, day 28**) and a booster injection after one year,** the patient remains **lifelong boostable** – no further boosters are administered (conform UK, CH, Germany, …)
- Post-exposure prophylaxis always remains indicated because pre-exposure vaccination must be considered as only partly protective.

"*Bedoeling is niet dat reizigers of expats permanent hoge antistoftiters hebben, wel dat ze levenslang 'boostable' zijn (= het immuungeheugen is door revaccinatie levenslang onmiddellijk aanspreekbaar),*

2012

2013

BELGIAN CONSENSUS MEETING ON TRAVEL MEDICINE

25-05-2012

Prophylactic rabies vaccine is no longer available via IPH/ WIV/ISP. Rabies vaccine is now commercially available in Belgium. (either Mérieux or Novartis). Rabies vaccine Mérieux® is reimbursed, but not Rabipur® (request still pending). The two vaccines are interchangeable and can be used for subsequent vaccination.

The vaccination scheme is 3 shots within one month. This is the basis whereafter the patient remains for decades (probably lifelong) boostable. So the only once needed booster dose can be given after one year or later. Every shot counts, so even if a

From 31- 05 - 2013 on:
no booster after 1 year or later is advised anymore for at least 20-30 years after the basic series of 3 shots (1-7-21/28) in persons with normal immunity

Rabies

- To **no** booster after the first 3 injections

UNTIL

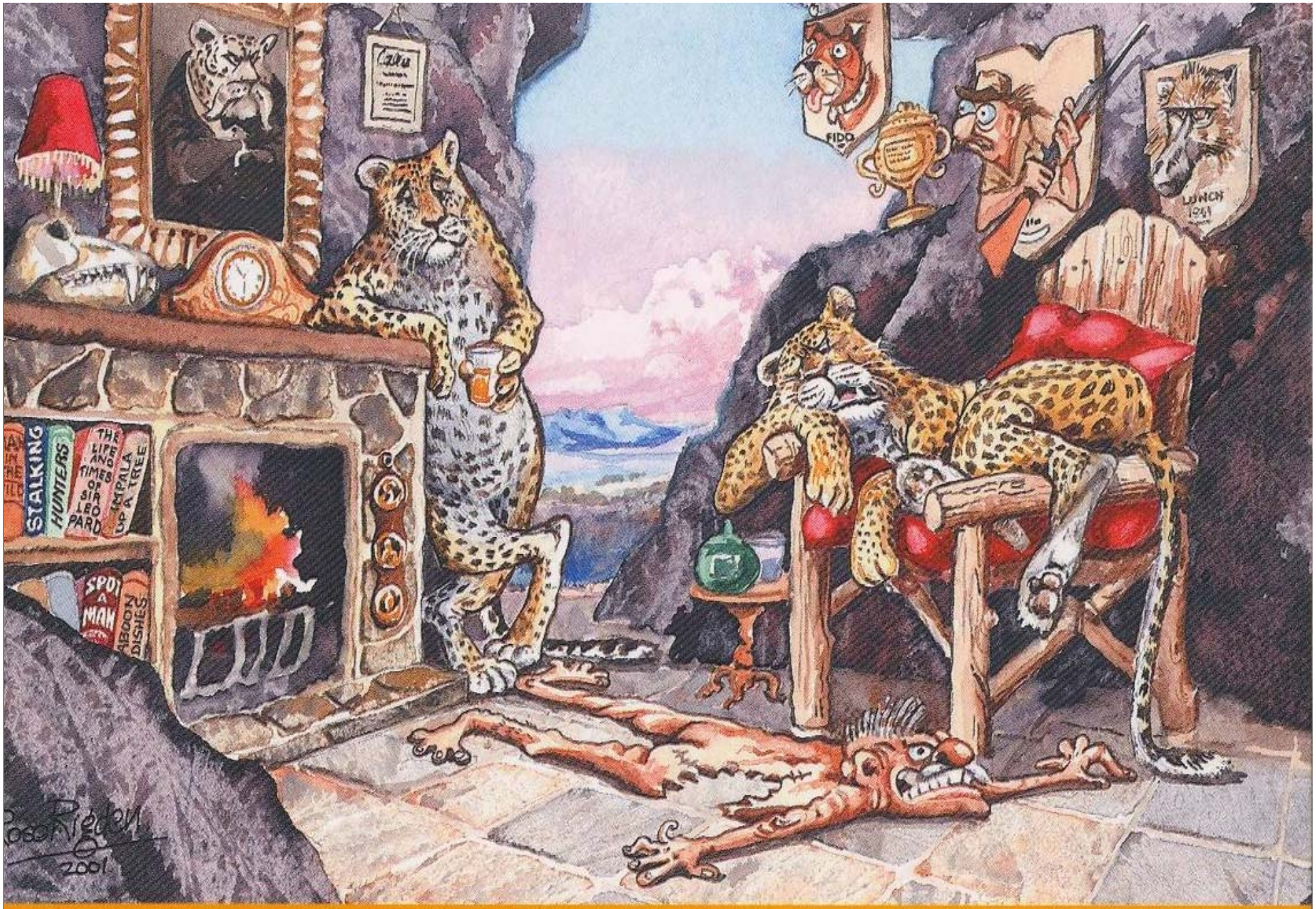
bitten by a mammal !

RABIES

Accelerated schedule

- Accelerated schedules **(D1, D4, D8)**
- **not licenced = off label**

→To be discussed with the client



"Yeah! That bite really spoils the skin!"

Geographic distribution of Japanese encephalitis.


日本腦炎登革熱
實來預防把蚊滅
Beware of
and Dengue Fever
Act Now!


rusks

Japanese encephalitis

2009

- A new JE vaccine, derived from cell cultures, has become available. **IXIARO** vaccine is registered by EMEA.
- Based on the current information **there is no problem of allergy or late side effects. This implies that the second dose can be given without considering the ten day interval between administration of the vaccine and date of travel.**
  - The ***vaccination scheme is day 0 and day 28.***
  - Data for children up to 17 years of age are still lacking. Based on the current knowledge and experience the administration of half dose of the adult formulation can be recommended.
  - The ***scheme for booster doses has not been determined yet.***
  - The cost of the two dose scheme with IXIARO is similar to the three dose scheme of the previous vaccines.
- **The guideline (4 weeks travel in rural area in endemic zone) has not changed.**

2014

JAPANESE ENCEPHALITIS

Accelerated schedule:

- **Accelerated schedules (D1, D8)**

  not licenced = off **label…except in France**

  and probably soon in Europe !

  →To be discussed with the client

- "**Long term protection"**: after booster at 1.5 y, protection at least for 6 years

2015

Final publication of these data available online since 30 May 2015

Vaccine 33 (2015) 3600–3604

Contents lists available at ScienceDirect

Vaccine

journal homepage: www.elsevier.com/locate/vaccine

Persistence of antibodies six years after booster vaccination with inactivated vaccine against Japanese encephalitis

Maria Paulke-Korinek[a,b], Herwig Kollaritsch[a,*], Michael Kundi[c], Ines Zwazl[a], Claudia Seidl-Friedrich[a], Tomas Jelinek[d]

[a] *Institute of Specific Prophylaxis and Tropical Medicine, Medical University of Vienna, Kinderspitalgasse 15, A-1090, Vienna, Austria*
[b] *Federal Ministry of Health, Austria*
[c] *Institute of Environmental Health, Center for Public Health, Medical University of Vienna, Kinderspitalgasse 15, A-1090, Vienna, Austria*
[d] *Berlin Center for Travel and Tropical Medicine, Berlin, Germany*

2015

Travel Medicine and Infectious Disease (2015) 13, 241–250

Available online at www.sciencedirect.com

ScienceDirect

journal homepage: www.elsevierhealth.com/journals/tmid

Evaluation of rabies immunogenicity and tolerability following a purified chick embryo cell rabies vaccine administered concomitantly with a Japanese encephalitis vaccine☆

Tomas Jelinek [a], Jakob P. Cramer [b], Sebastian Dieckmann [c], Christoph Hatz [d], Maria Paulke-Korinek [e], Martin Alberer [f], Emil C. Reisinger [g], Marco Costantini [h], Dieter Gniel [i], Dietrich Bosse [i], Maria Lattanzi [h,*]

[a] *Berlin Center for Travel and Tropical Medicine, Berlin, Germany*
[b] *Bernhard Nocht Institute for Tropical Medicine, Department of Clinical Research/University Medical Center Hamburg-Eppendorf, Department of Internal Medicine, Section Tropical Medicine, Hamburg, Germany*
[c] *Institute of Tropical Medicine and International Health, Charité-Universitaetsmedizin Berlin, Germany*
[d] *Institute of Social and Preventive Medicine, University of Zürich, Switzerland*
[e] *Institute of Specific Prophylaxis and Tropical Medicine, Medical University Vienna, Austria*
[f] *Department of Infectious Diseases and Tropical Medicine, University of Munich, Munich, Germany*
[g] *Department of Tropical Medicine and Infectious Diseases, University of Rostock Medical School, Rostock, Germany*
[h] *Novartis Vaccines and Diagnostics Srl — a GSK company, Siena, Italy*
[i] *Novartis Vaccines and Diagnostics Srl — a GSK company, Marburg, Germany*

Received 3 November 2014; received in revised form 30 April 2015; accepted 3 May 2015
Available online 18 May 2015

Wetenschappelijke Studiegroep Reisgeneeskunde
Groupe d'Etude Scientifique de la Médecine des Voyages

8th National Seminar on Travel Medicine

Thursday 19th November 2009

Sodehotel - Woluwe - Brussels

Under the auspices of the SBIMC-BVIKM asbl-vzw

RISK ASSESSMENT AND PREVENTION

Chairmen: F. Van Gompel – W. Peetermans

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- Pr. P. Lacor (UZ-Brussel),
- Dr. Ph. Leonard (CHU-ULg),
- Pr. W. Peetermans (U.Z. - K.U.Leuven),
- Pr. R. Peleman (UZ.-.U.Gent),
- Dr. S.Quoilin (iph.fgov.be),
- Pr. B. Vandercam (CHU. St. Luc, UCL),
- Pr. Y. Van Laethem (CHU. St. Pierre, ULB),
- Dr P. Soentjens (Belgian Army)

Organising committee

Wetenschappelijke Studiegroep Reisgeneeskunde / Groupe d'Etude Scientifique de la Médecine des Voyages

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- Pr. B. Vandercam (CHU. St. Luc, UCL),
- Pr. Y. Van Laethem (CHU. St. Pierre, ULB),
- Dr P. Soentjens (Belgian Army)

PROGRAM - 1

- **14.00**-14.05
  - Introduction
- 14.05-14.40
  - Deep venous thrombosis – Prof. P. Hainaut, UCL Brussels
- 14.40-15.15
  - Sexually transmitted diseases – Dr. M. Croughs, ITG Antwerp & GGD Hart voor Brabant NL
- 15.15-15.45
  - Vaccination of the immunocompromised travellers – Prof F. Van Gompel, ITG Antwerp

- **15.45-16.15** *Coffee break*

PROGRAM - 2

- 16.15-17.10

  Interactive cases :

  – Vaccinations for Mekka pilgrims : Pr. Y. Van Laethem, CHU
  – Vaccinations and allergies : Dr.I. De Schutter, UZ Brussels
- 1710-17.30
  – Recent epidemics : Prof. R. Peleman/Dr. S. Callens, UZ Ghent
- 17.30-**18.00**
  – Flashes from the 11th International Society of Travel Medicine, Budapest 2009 and what's new in travel medicine : Prof. B. Vandercam, UCL Brussels – Prof. F. Van Gompel, - ITG Antwerp – Prof. F. Jacobs, Hôpital Erasme Brussels

Wetenschappelijke Studiegroep Reisgeneeskunde

Groupe d'Etude Scientifique de la Médecine des Voyages

9th National Seminar on Travel Medicine

Thursday 17th November 2011

Sodehotel – *Avenue Mounier 5, 1200 Brussel (http://www.sodehotel.net)*

TAILORING PRE-TRAVEL ADVICE TO THE INDIVIDUAL TRAVELLER

"Under the auspices of the BVIKM-SBIMC asbl-vzw"

Chairmen: Prof. F. Van Gompel – Prof. W. Peetermans

- Pr. A. Van Gompel (ITG),
- Dr. S. Callens (UZ.-.U.Gent),
- Pr. F. Jacobs (Hôp. Erasme, ULB),
- Pr. P. Lacor (UZ-Brussel),
- Dr. Ph. Leonard (CHU-ULg),
- Pr. W. Peetermans (U.Z. - K.U.Leuven),
- Dr. S.Quoilin (iph.fgov.be),
- Pr. B. Vandercam (CHU. St. Luc, UCL),
- Pr. Y. Van Laethem (CHU. St. Pierre, ULB),
- Dr P. Soentjens (Belgian Army)

Organising committee

Wetenschappelijke Studiegroep Reisgeneeskunde / Groupe d'Etude Scientifique de la Médecine des Voyages

- Pr. A. Van Gompel (ITG),
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- Pr. Y. Van Laethem (CHU. St. Pierre, ULB),
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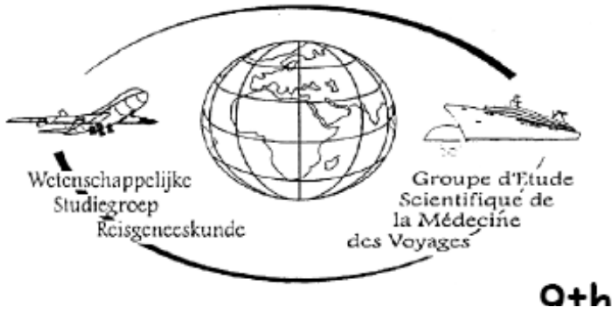


TAILORING PRE-TRAVEL ADVICE TO THE INDIVIDUAL TRAVELLER

PROGRAM - 1

14.00-14.05	Introduction
14.05-14.30	**Acute Mountain Sickness** – Dr. M. Croughs, ITG Antwerp & GGD Hart voor Brabant NL
14.30-14.50	**Jet Lag** – Pr. F. Van Gompel, ITG Antwerp
14.50-15.15	**Dengue Fever Vaccines in the pipeline – New Yellow Fever Vaccines** – Pr. Y. Van Laethem, CHU St-Pierre Brussels
15.15-15.35	**Prevention of Meningococcal Disease in travellers: Polysaccharide Vaccine or Conjugated Vaccine ?** – Pr. B. Vandercam, UCL Brussels & Pr. F. Van Gompel, ITG Antwerp
15.35-16.00	*Coffee break*

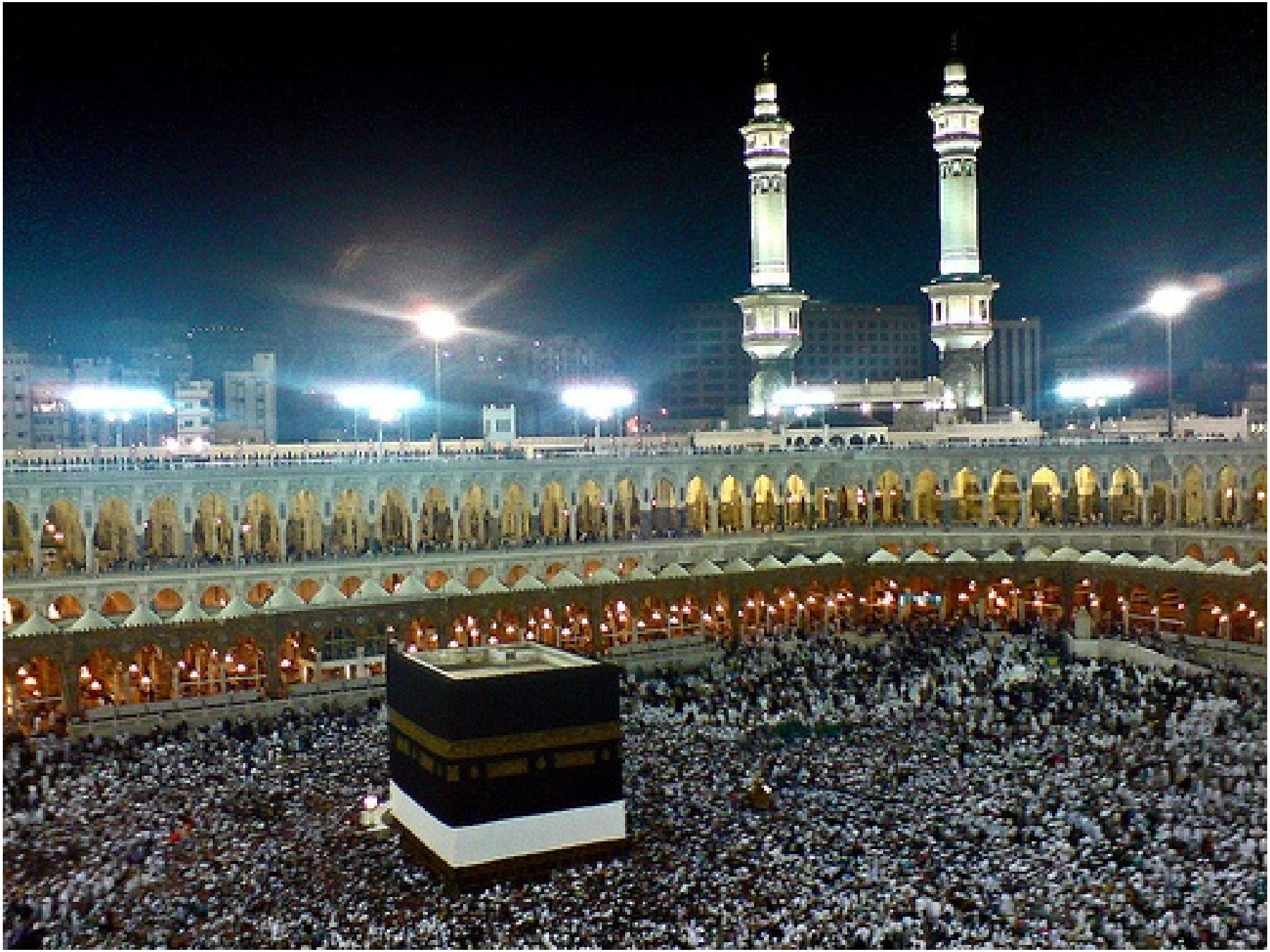
TAILORING PRE-TRAVEL ADVICE TO THE INDIVIDUAL TRAVELLER

PROGRAM - 2

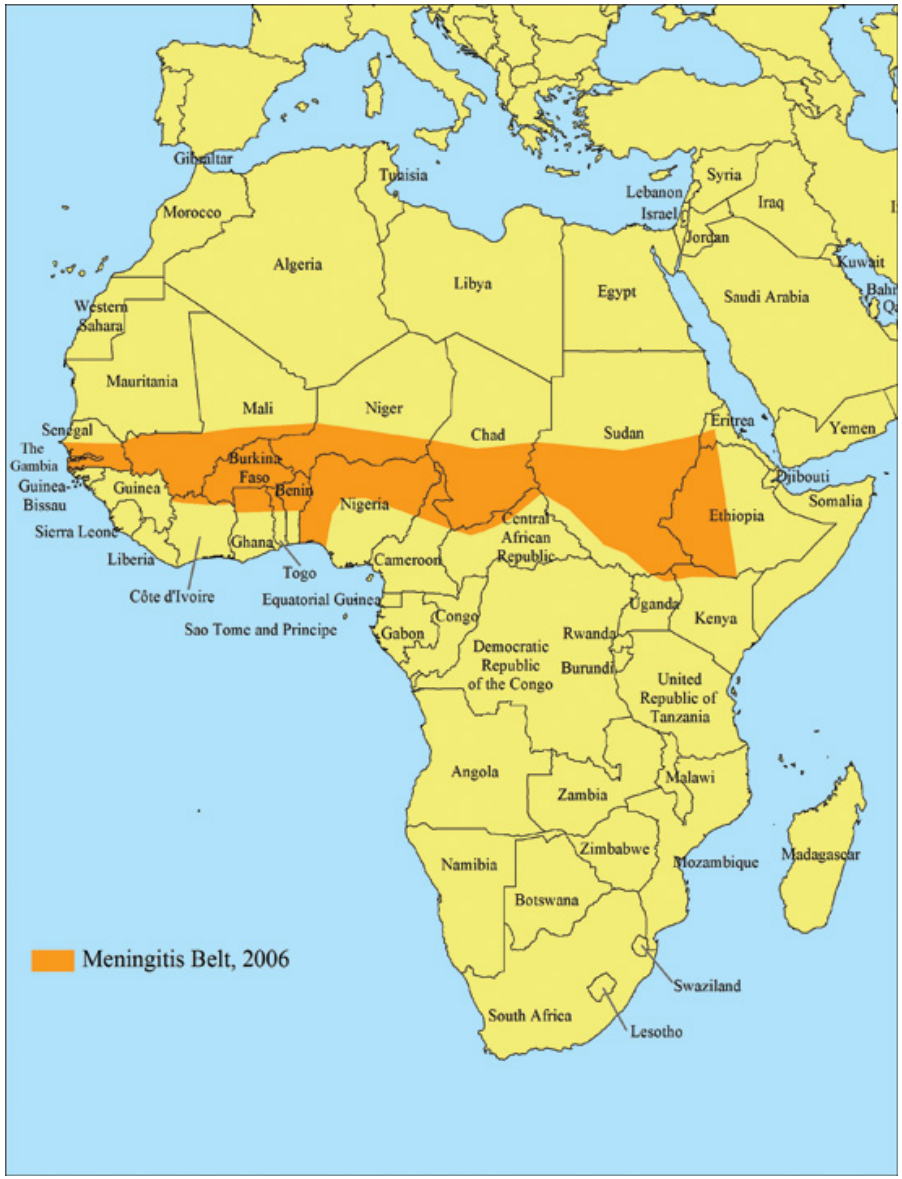
16.00-16.35	**Child Traveller: tourist and expat** – Dr. F. Sorge, Hôpital Necker, Paris
16.35- 17.05	**Medical preparation for travelling to Australia & the three archipelagos (Indonesia, Philippines, Malaysia)** – Pr. Y. Van Laethem, CHU St-Pierre Brussels
17.05-17.20	**Recent epidemics** – Dr. S. Callens, UZ Ghent
17.20-17.35	**Flashes from the 12th International Society of Travel Medicine, Boston 2011 and what's new in travel medicine WHO-CDC** Prof. F. Van Gompel, - ITG Antwerp – Prof. F. Jacobs, Hôpital Erasme Brussels
17.35	CONCLUSION

Meningitis vaccination for pelgrims to Mecca

(SINCE 2003)



Areas with frequent epidemics of meningococcal meningitis.



Meningitis

- **Mostly A** (in the past, before vaccination in African meningitis bell with conjugated meningo A vaccine)

- Increasing W135 in some countries

- Recent problems linked to type X (no vaccine)

C since 2015

Meningitis

- **From a less potent 4v polysaccharide vaccine** (Mencevax, not anymore on the market)

  to 4v conjugated vaccines (Menveo and Nimenrix)

- With beter (?) and **longer immunity**

  (at least 5 years; ? for the A valence)

2012

Eurosurveillance, Volume 17, Issue 21, 24 May 2012
Rapid communications

W135 INVASIVE MENINGOCOCCAL INFECTIONS IMPORTED FROM SUB-SAHARAN AFRICA TO FRANCE, JANUARY TO APRIL 2012

I Parent du Châtelet (i.parent@invs.sante.fr)[1], P Barboza[1], M K Taha[2]

1. French Institute for Public Health Surveillance (Institut de veille sanitaire -InVS), Saint-Maurice, France
2. National Reference Center for Meningococci, Institut Pasteur, Paris France

Citation style for this article: Parent du Châtelet I, Barboza P, Taha MK. W135 invasive meningococcal infections imported from Sub-Saharan Africa to France, January to April 2012. Euro Surveill. 2012;17(21):pii=20181. Available online: http://www.eurosurveillance.org/ViewArticle.aspx?ArticleId=20181

Date of submission: 14 May 2012

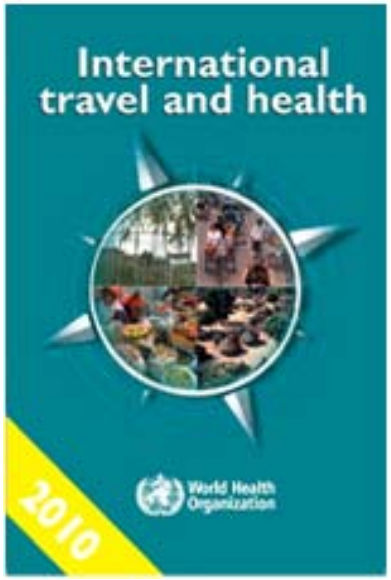
From January to April 2012, 16 cases of W135 invasive meningococcal infection were reported in France. Of these, eight were linked to a recent travel history to Sub-Saharan Africa. These cases were reported in France concomitantly with the meningitis epidemic season in Sub-Saharan Africa. Considering the high number of travellers between France and West-African countries belonging to the so-called meningitis belt, the French recommendations for travellers stress the importance of vaccination before travelling to these countries.

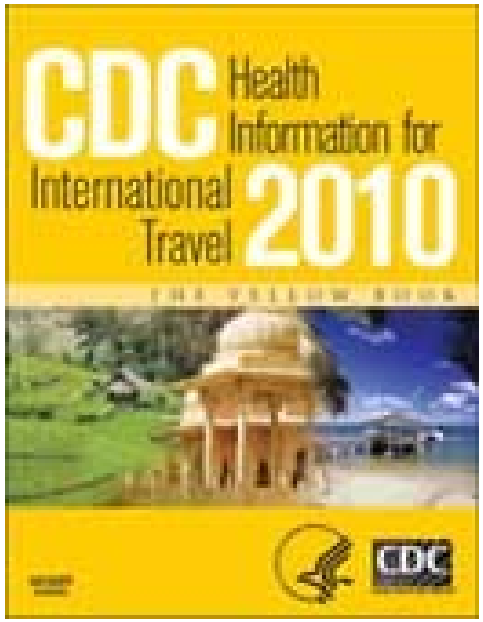
2010-2011

- Additional sources for the update
  - the 2010 edition of International Travel and Health (WHO)
  - the 2010 edition of Health Information for International Travel (CDC)
  - The discussion forum of the International Society for Travel Medicine
  - International literature
- The updated 2010-11E-edition of “Medasso”, edited by A. Van Gompel and the staff of the medical service of the Institute for Tropical Medicine Antwerp, is also recommended as a valuable source of information.

www.**who.int**/ith

http://wwwn.**cdc.gov**/travel/contentYellowBook.aspx





The Aedes connection.....

Officials scramble to contain Phuket dengue 'epidemic'

Naraporn Tuarob
reporter1@classadmedia.co.th

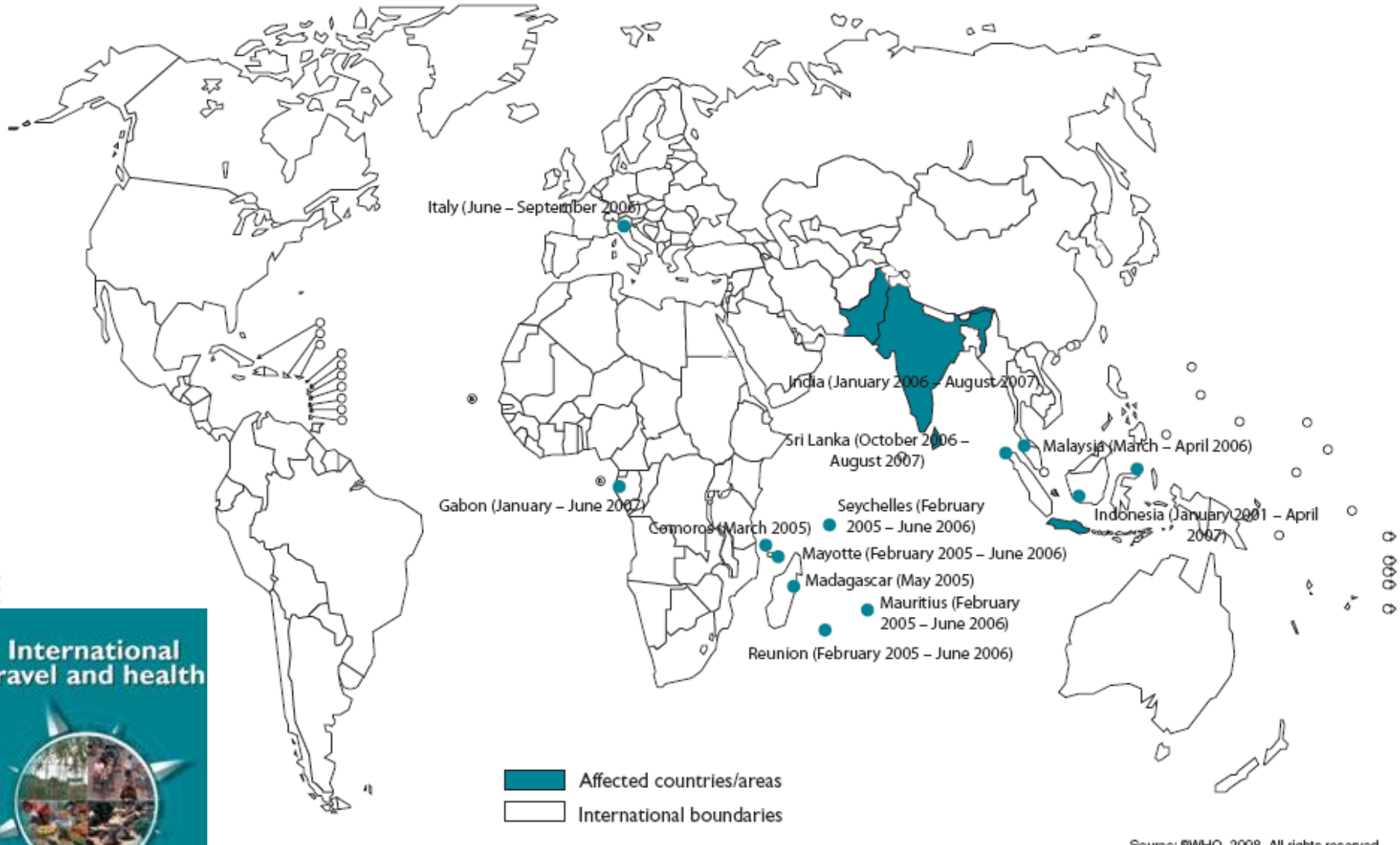
Public health officials on Mooday (July 1) urged people on Phuket to take better care of themselves in order to avoid contracting dengue fever.

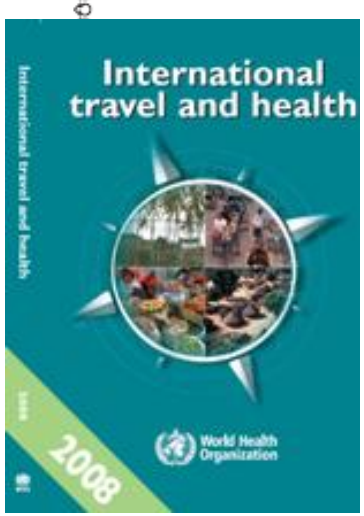
From January 1 until yesterday (June 30) Phuket recorded 1,193 cases of the mosquito-borne disease. Happily, so far there has been only one fatality.

However, the number of infections, not just in Phuket, but nationwide, is particularly high this year. This year's figure for Phuket is roughly double the number in the same period last year.

PPHO's Buncha Kaldrong: Get your free repellent and use it.

Chikungunya, 2001–2007





2009

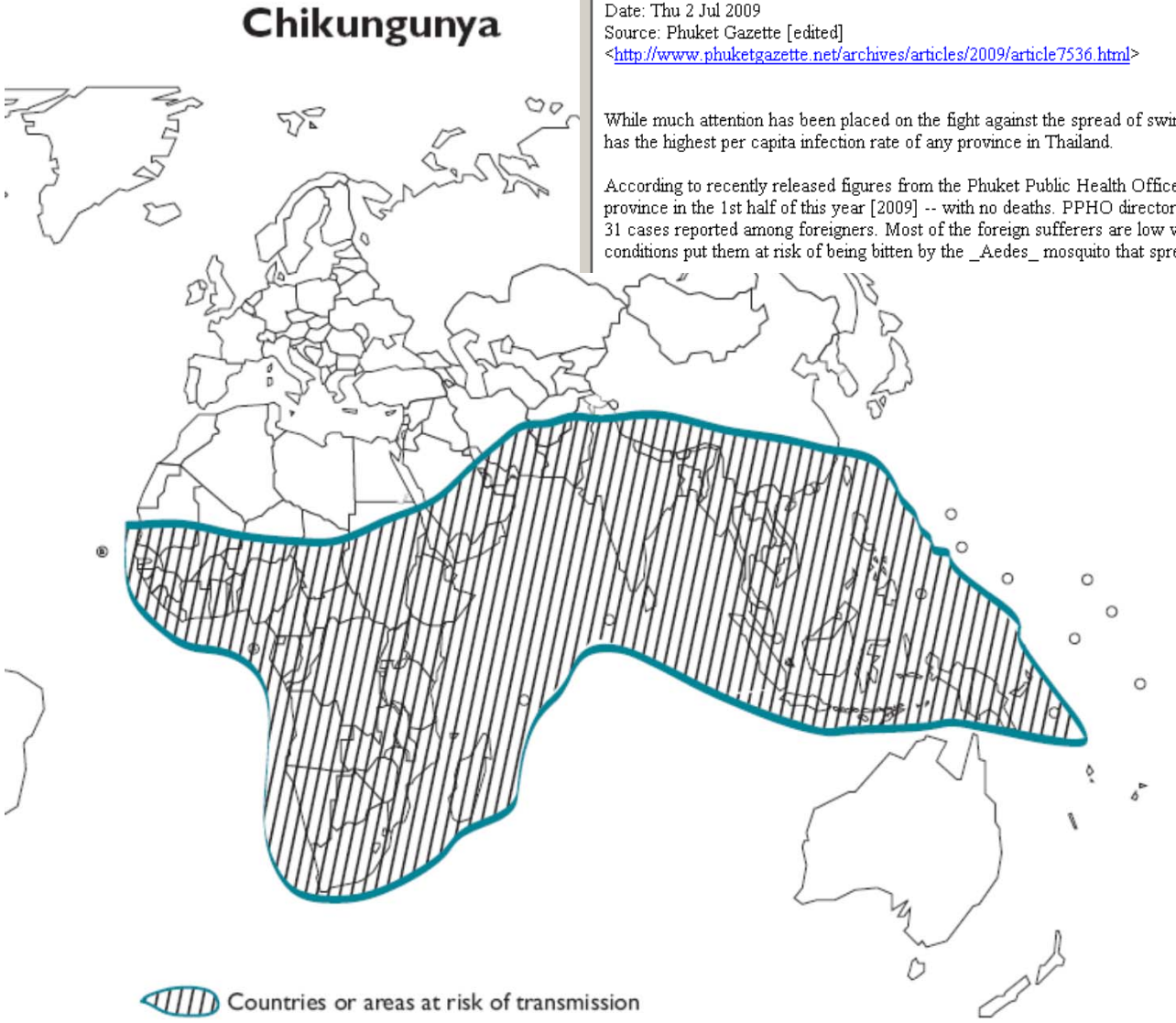
CHIKUNGUNYA (24): THAILAND (PHUKET)
****

A ProMED-mail post
<http://www.promedmail.org>
ProMED-mail is a program of the
International Society for Infectious Diseases <http://www.isid.org>

Date: Thu 2 Jul 2009
Source: Phuket Gazette [edited]
<http://www.phuketgazette.net/archives/articles/2009/article7536.html>

While much attention has been placed on the fight against the spread of swine flu in Phuket, the island is still suffering from a chikungunya outbreak and has the highest per capita infection rate of any province in Thailand.

According to recently released figures from the Phuket Public Health Office (PPHO), there have been 2155 confirmed cases of the disease in the province in the 1st half of this year [2009] -- with no deaths. PPHO director Dr Pongsawas Ratanasang said 98.6 per cent of the victims were Thai, with 31 cases reported among foreigners. Most of the foreign sufferers are low wage Burmese [Myanmar] laborers, whose work and substandard living conditions put them at risk of being bitten by the _Aedes_ mosquito that spreads the virus that causes the disease.



Source: this map has been reproduced with the kind authorization of Lippincott Williams & Wilki
David M. Knipe DA et al., eds. *Fields virology*, 5th ed. Vol.1. Philadelphia, Lippincott Williams & Wilkins, 2006:1(

2014

Chikungunya, countries or areas at risk

The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

Data Source: World Health Organization
Map Production: Health Statistics and Information Systems (HSI)
World Health Organization

World Health Organization

WHO 2009

CDC 2008

Yellow Fever, countries or areas at risk, 2008

The boundaries and names shown and the designations used on this map do not imply the expression of any opinion wha
on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its autho
or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for w
there may not yet be full agreement.

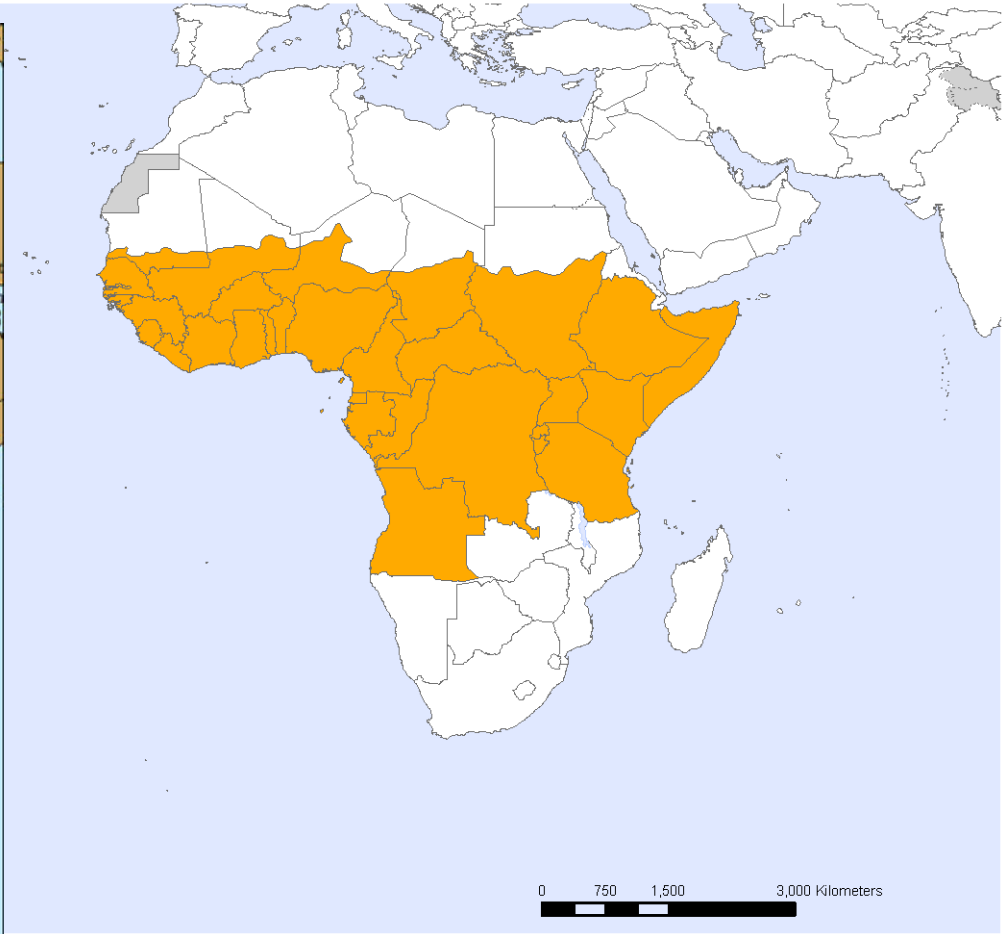
2011


Yellow Fever Vaccination Recommendations in the Americas, 2010
Honduras
Managua
San Jose
Panama
Venezuela (Bolivarian Republic of)
Trinidad and Tobago
Guyana
Suriname
French Guiana
Georgetown
Cayenne
Colombia
Quito
Ecuador
Peru
Lima
Brazil
Brasilia
La Paz
Bolivia
(Plurinational State of)
Paraguay
Asuncion
Chile
Santiago
Argentina
Montevideo
Buenos Aires
Uruguay
Falkland Islands (Malvinas)
Vaccination recommended
Vaccination generally not recommended*
Vaccination not recommended
*Yellow Fever (YF) vaccination is generally not recommended in areas where there is low potential for YF virus exposure. However, vaccination might be considered for a small subset of travelers to these areas who are at increased risk for exposure to YFV because of prolonged travel, heavy exposure to mosquitoes, or inability to avoid mosquito bites. Consideration for vaccination of any traveler must take into account the traveler's risk of being infected with YF virus, country entry requirements, and individual risk factors for serious vaccine-associated adverse events (e.g. age, immune status).

CDC 2008

WHO 2009

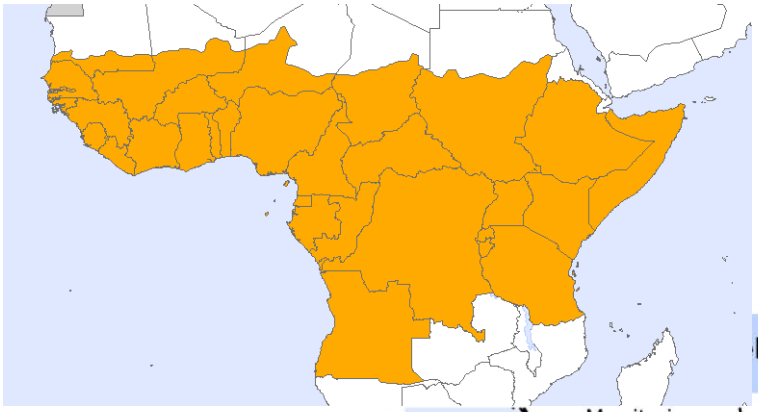
Yellow Fever, countries or areas at risk, 2008



y opinion whatsoever
or of its authorities,
der lines for which

Data Source: World Health Organization/CDC
Map Production: Public Health Information
and Geographic Information Systems (GIS)
World Health Organization

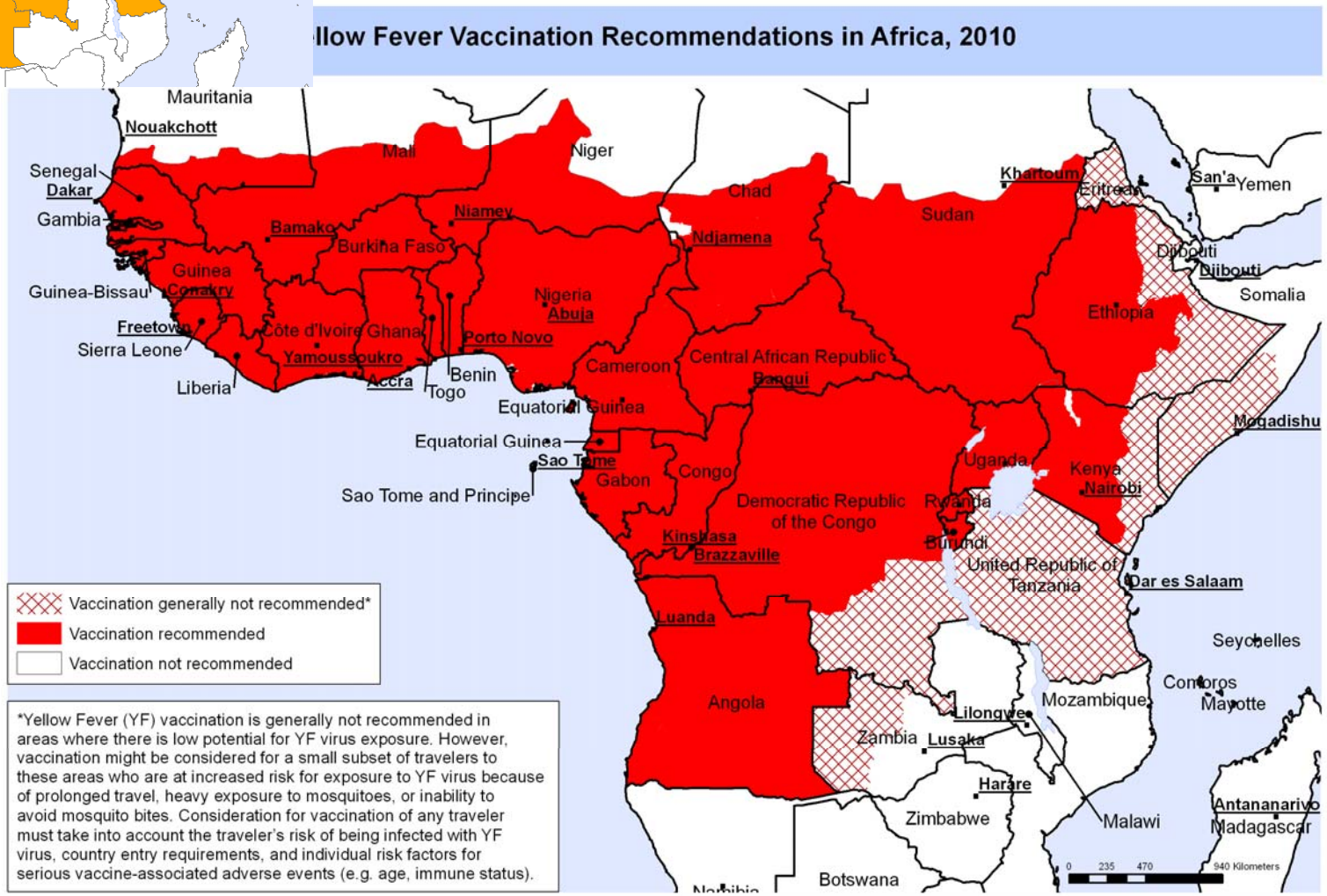
World Health Organization



2010= "risk of yellow fever virus transmission"

SHIFT

2011 = "the vaccine recommendations"



Eurosurveillance, Volume 17, Issue 21, 24 May 2012
Rapid communications

W135 INVASIVE MENINGOCOCCAL INFECTIONS IMPORTED FROM SUB-SAHARAN AFRICA TO FRANCE, JANUARY TO APRIL 2012

I Parent du Châtelet (i.parent@invs.sante.fr)[1], P Barboza[1], M K Taha[2]

1. French Institute for Public Health Surveillance (Institut de veille sanitaire -InVS), Saint-Maurice, France
2. National Reference Center for Meningococci, Institut Pasteur, Paris France

Citation style for this article: Parent du Châtelet I, Barboza P, Taha MK. W135 invasive meningococcal infections imported from Sub-Saharan Africa to France, January to April 2012. Euro Surveill. 2012;17(21):pii=20181. Available online: http://www.eurosurveillance.org/ViewArticle.aspx?ArticleId=20181

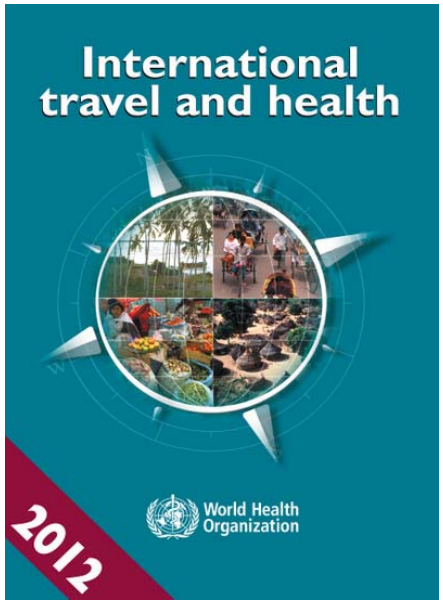
Date of submission: 14 May 2012

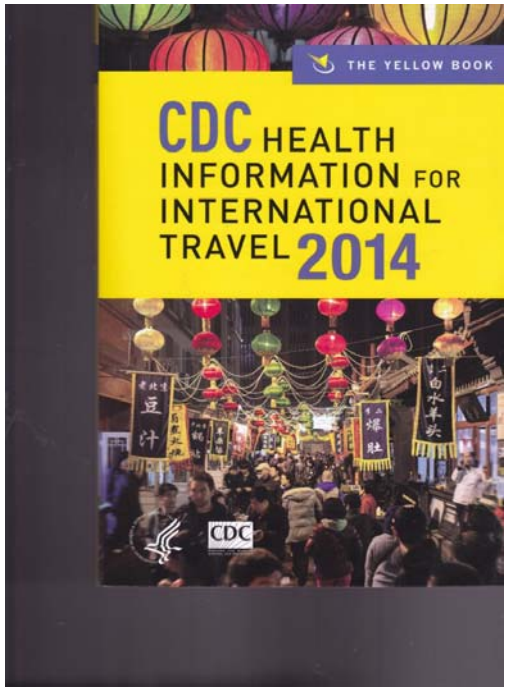
From January to April 2012, 16 cases of W135 invasive meningococcal infection were reported in France. Of these, eight were linked to a recent travel history to Sub-Saharan Africa. These cases were reported in France concomitantly with the meningitis epidemic season in Sub-Saharan Africa. Considering the high number of travellers between France and West-African countries belonging to the so-called meningitis belt, the French recommendations for travellers stress the importance of vaccination before travelling to these countries.

- Additional sources for the update
  - the **2012** edition of International Travel and Health (WHO)
  - the **2014** edition of Health Information for International Travel (CDC)
  - The discussion forum of the International Society for Travel Medicine
  - International literature
- The updated **2012-13**-edition of “Medasso”, edited by A. Van Gompel and the staff of the medical service of the Institute for Tropical Medicine Antwerp, is also recommended as a valuable source of information.

www.**who.int**/ith

http://wwwn.**cdc.gov**/travel/contentYellowBook.aspx





WER **17-05-2013 SAGE**

YELLOW FEVER VACCINATION induces LIFELONG PROTECTION

(see C.Martin talk)

BREAKING NEWS Statement on WHO website 5 June 2014:
http://www.who.int/ith/updates/20140605/en/

2014

International travel and health

World – Yellow fever vaccination booster

5 JUNE 2014 - Currently, the IHR stipulate that vaccination with an approved yellow fever vaccine provides protection against infection for 10 years, and that the certificate of vaccination or re-vaccination is accordingly valid for 10 years. Requiring the certificate from travellers is at the discretion of each State Party, and it is not currently required by all countries (see country list, 2014 update: http://www.who.int/ith/ITH_country_list.pdf)

The WHO World Health Assembly in May 2014 adopted an amendment to Annex 7 of the International Health Regulations (2005) (IHR), which stipulates that the period of protection afforded by yellow fever vaccination, and the term of validity of the certificate will change from 10 years to the duration of the life of the person vaccinated.

This change will enter into force legally in June 2016. Until then the current IHR text on yellow fever vaccination and certificates continues to apply, and some countries may continue to request proof of vaccination or a booster within the last 10 years from travellers.

Starting with the online 2015 ITH edition, WHO will report on the status of yellow fever vaccination requirements for countries.

cumulative risk assessment – a long tradition in Belgium

To emphasize the lifelong **protection**

- **Polio** (1 booster ≥10 years after complete basic vaccination series)
- **Hepatitis A** (after complete vaccination series if not immune compromised)
- **Hepatitis B** (if once a titer of 10 IU/ml after complete vaccination series & if not immune compromised)
- **MMR** (after 2 doses)
- **Yellow fever** (cave legal/administrative problems)

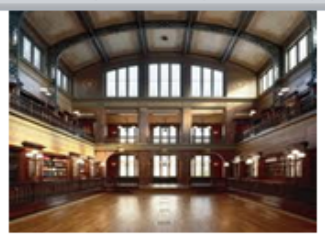
To emphasize the lifelong **boostability**

- **Rabies** (after a complete basic series of injections 1-7-21/28)

,,,hence it is worth the investment by the traveler ,,,

Société belge d'infectiologie et de microbiologie clinique

Belgische vereniging voor infectiologie en klinische microbiologie



Bibliothèque Solvay,
Parc Léopold
Rue Belliard 137
1040 Brussels

Wetenschappelijke Studiegroep Reisgeneeskunde

Groupe d'Etude Scientifique de la Médecine des Voyages

24th OCTOBER 2013

Joint Symposium with the Scientific Study Group for Travel Medicine

08h00-09h00	Registration
09h00 – 09h10	Introduction: Fons Van Gompel, President of the Study Group Travel Medicine (ITG, Antwerpen) and Camelia Rossi, President SBIMC-BVIKM (CHU Ambroise Paré, Mons)
09h10 – 09h30	Voting System: Introduction (Jan Jacobs, ITG)

Preparing your dream trip for next year

Chair: Frédérique Jacobs (Hôpital Erasme, Brussels) and Dirk Vogelaers (UZ Gent)

09h30 – 10h10	All you want to know on rabies in travel medicine (Patrick Soentjens, Belgian Army, ITG)
10h10 – 10h50	Malaria chemoprophylaxis & WHO maps of the low risk areas in Asia and Latin America (Fons Van Gompel, ITG)
10h50 – 11h20	*Coffee break*
11h20 – 12h00	Pregnant women, babies and infants (Petra Claes, European Parliament and Iris De Schutter, UZ Brussels
12h00 – 12h30	Epidemiologic flashes & edge cutting news / new vaccines (Steven Callens, UZ Gent)
12h30 – 14h00	Lunch + Poster session

	Iris De Schutter, UZ Brussels
12h00 – 12h30	Epidemiologic flashes & edge cutting news / new vaccines (Steven Callens, UZ Gent)
12h30 – 14h00	Lunch + Poster session

Your dream trip turns sour....

Chair: Patrick Lacor (UZ Brussel) and Maya Hites (Hôpital Erasme, Brussels)

14h00 – 14h40	Fever after a stay in the tropics (Emmanuel Bottieau, ITG)
14h40 – 15h20	And eosinophilia after a stay in the tropics? (Rembert Mertens, UZ Brussels)
15h20 – 15 h50	*Coffee break*
15h50 – 16h30	Treatment of severe malaria (Jan Clerinx, ITG)
16h30 – 17h10	Travelling resistant bacteria and viruses (Erica Vlieghe, ITG and Yves Van Laethem, Hôpital Saint-Pierre, Brussels)
17h10 – 17h20	Conclusion and Poster BVIKM/SBIMC prizes, Camelia Rossi,President SBIMC-BVIKM (CHUAmbroise Paré, Mons) and Fons Van Gompel, President of the Study Group Travel Medecine (ITG, Antwerpen)
17h20 – 18h00	Award Ceremony of the Sabin prize

BELGIAN CONSENSUS MEETING on TRAVEL MEDICINE June 26, 2015

Belgian Scientific Study Group on Travel Medicine

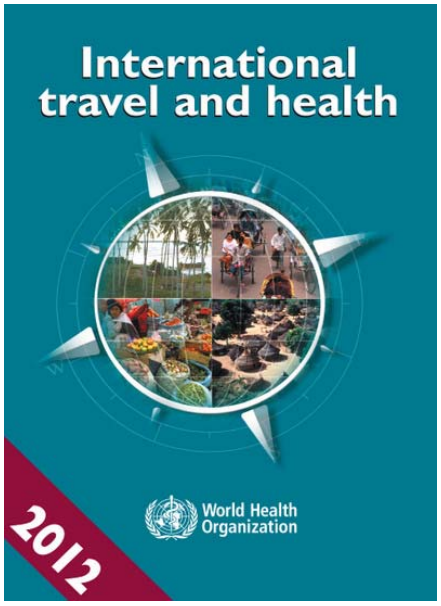
Pr. A. Van Gompel & Dr U Maniewski (ITG)
Pr. F. Jacobs (Hôp. Erasme, ULB)
Pr. P. Lacor & Dr L Seyler (UZ-Brussel)
Dr. Ph. Leonard (CHU-ULg)
Pr. W. Peetermans (U.Z. - K.U.Leuven)
Pr. S. Callens(UZ.- U.Gent)
Dr. S. Quoilin (iph.fgov.be)
Dr. P. Soentjens (Belgian Defence)
Pr. B. Vandercam (CHU. St. Luc, UCL)
Pr. Y. Van Laethem & Dr C Martin (CHU. St. Pierre, ULB)

PART 1a yellow fever version 30/09/15

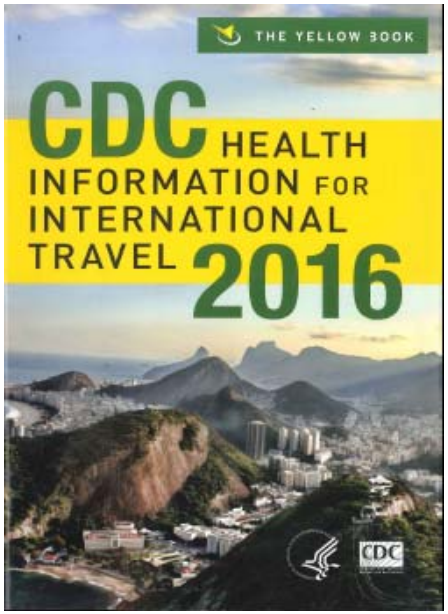
2015

- Sources for the update
  - the international literature
  - the 2015 congress & discussion forum of the ISTM
  - the "**2012 & 15"** edition of International Travel and Health (WHO)
  - the **2016** edition of Health Information for International Travel (CDC)
- The updated **2014-15**-edition of "Medasso", edited by A. Van Gompel and the staff of the medical service of the Institute for Tropical Medicine Antwerp, is also recommended as a valuable source of information.

www.**who.int**/ith



http://wwwn.**cdc.gov**/travel/contentYellowBook.aspx



Typhoid fever: from decrease risk to « out of stock vaccines »....

Attack rates of typhoid fever

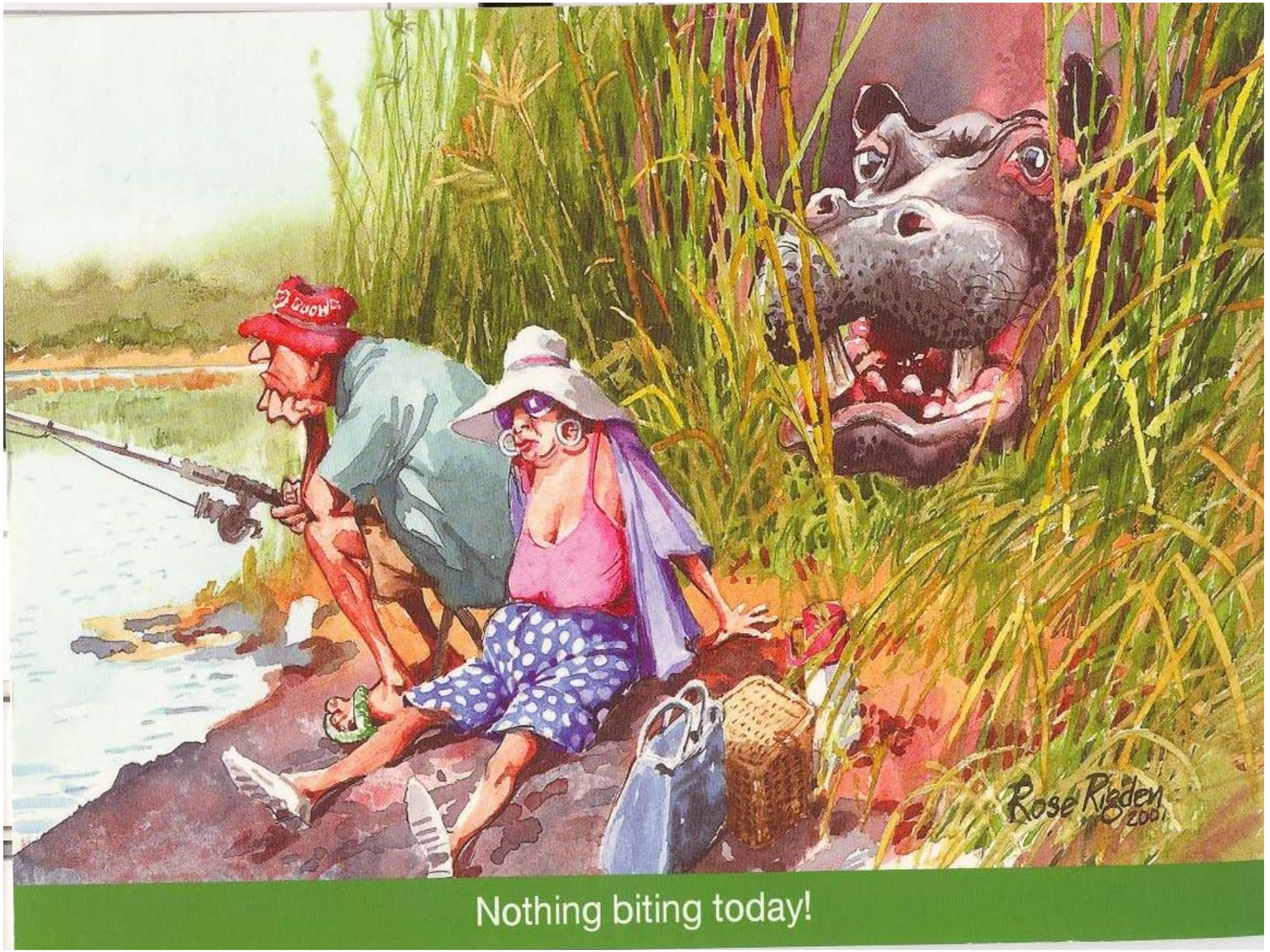
	Risk / 100'000 travelers			p
	1974-81	1984-87	1993-2002	
S- / SE-Asia	3.3	3.5	3.0	n.s.
W- / Central Africa	6.7	N / A	5.0	n.s.
E-Africa	2.0	N / A	0.9	n.s.
N-Africa	4.0	~ 2.0	1.3	<0.001
Latin America	1.7	N / A	1.6	n.s.
Turkey	6.7	2.0	0.4	<0.001
Italy	0.8	0.15	0.04	<0.001
Spain	0.7	0.14	0.008	<0.001

Steffen R. Lancet 1982;i:615-6
Schottenhaml C. Dissertation Zurich 1990
Keller A et al (in preparation)

Indication for typhoid vaccination

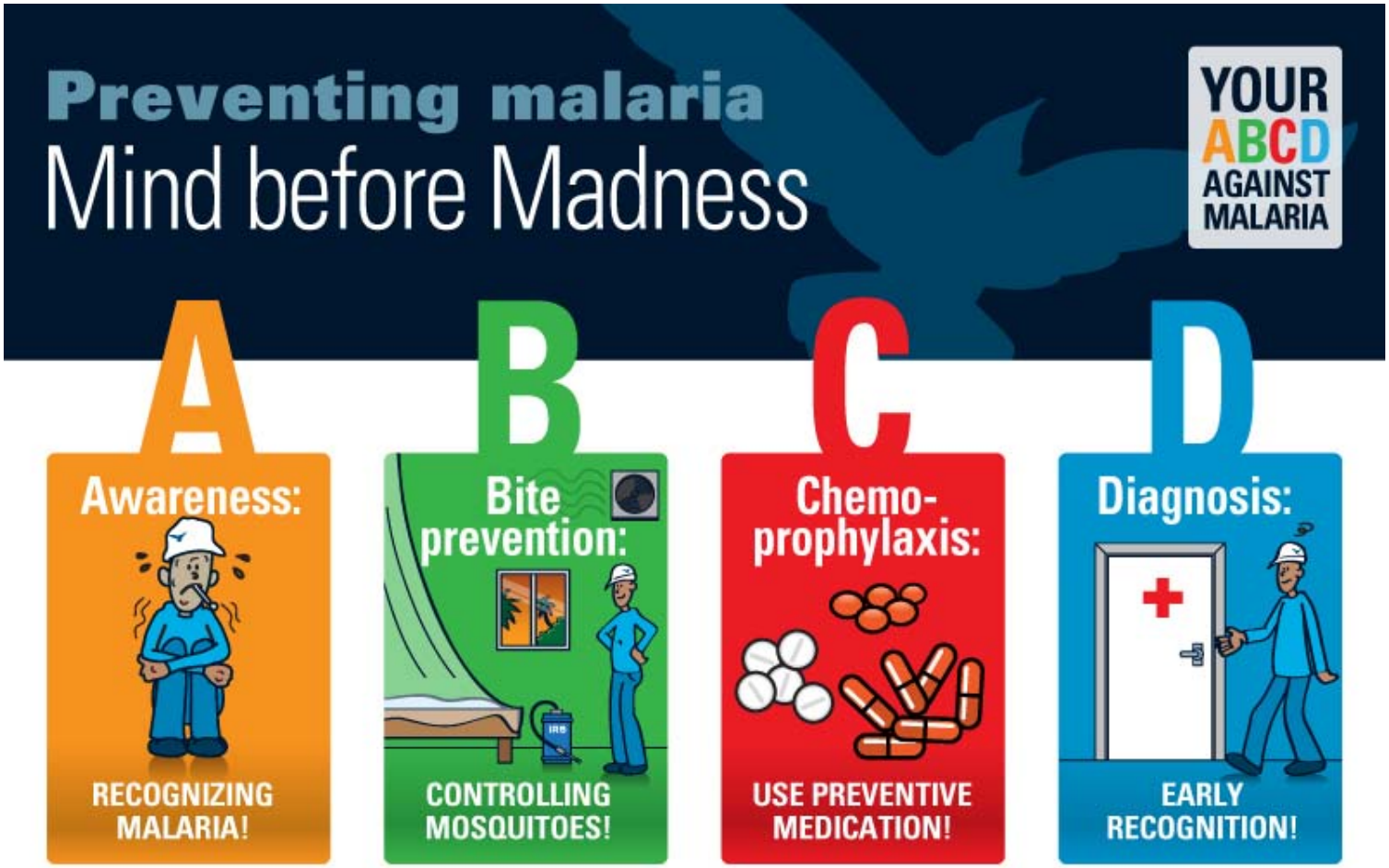
2015

• vaccinatie tegen buiktyfus is **vooral aangeraden** voor reizen langer dan 3 weken naar het Indisch subcontinent.	• la vaccination contre la fièvre typhoïde est **surtout conseillée** pour les voyages de plus de trois semaines vers le sous-continent indien	vaccination against typhoid fever is **particularly advisable** for trips longer than 3 weeks duration to the Indian subcontinent
• vaccinatie tegen buiktyfus **kan overwogen worden** voor avontuurlijke reizen in **slechte hygiënische omstandigheden** in tropische of subtropische landen of voor **migranten en hun kinderen die terugkeren naar hun land van herkomst op bezoek bij familie of vrienden.**	• la vaccination contre la fièvre typhoïde **est à considérer** pour les voyages aventureux dans de **mauvaises conditions sanitaires** vers les pays tropicaux ou subtropicaux ou pour **les immigrés et leurs enfants qui retournent dans leur pays tropical d'origine pour visiter la famille et les connaissances.**	vaccination against typhoid fever **can be considered** in case of an adventurous trip in **poor sanitary conditions** to tropical or subtropical countries or for **immigrants when they return to their homeland to visit friends and relatives.**



Nothing biting today!

WHO since 2001 (source UK)



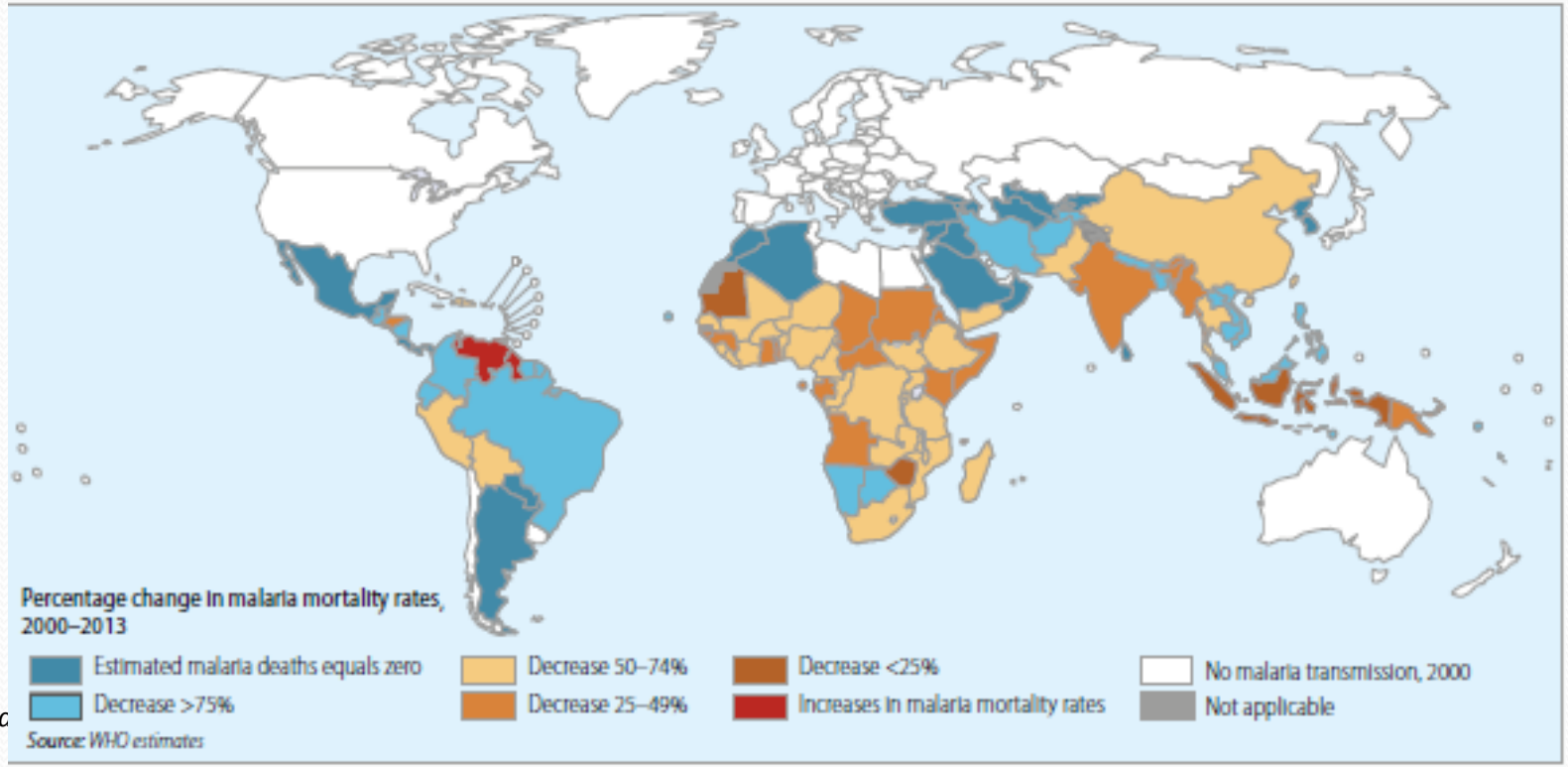
WHO 2015: + **E**

Avoid outdoor activities in **E**nvironments that are mosquito breeding places, such as swamps or marshy areas, especially in late evenings and at night.

Grâce à cela….

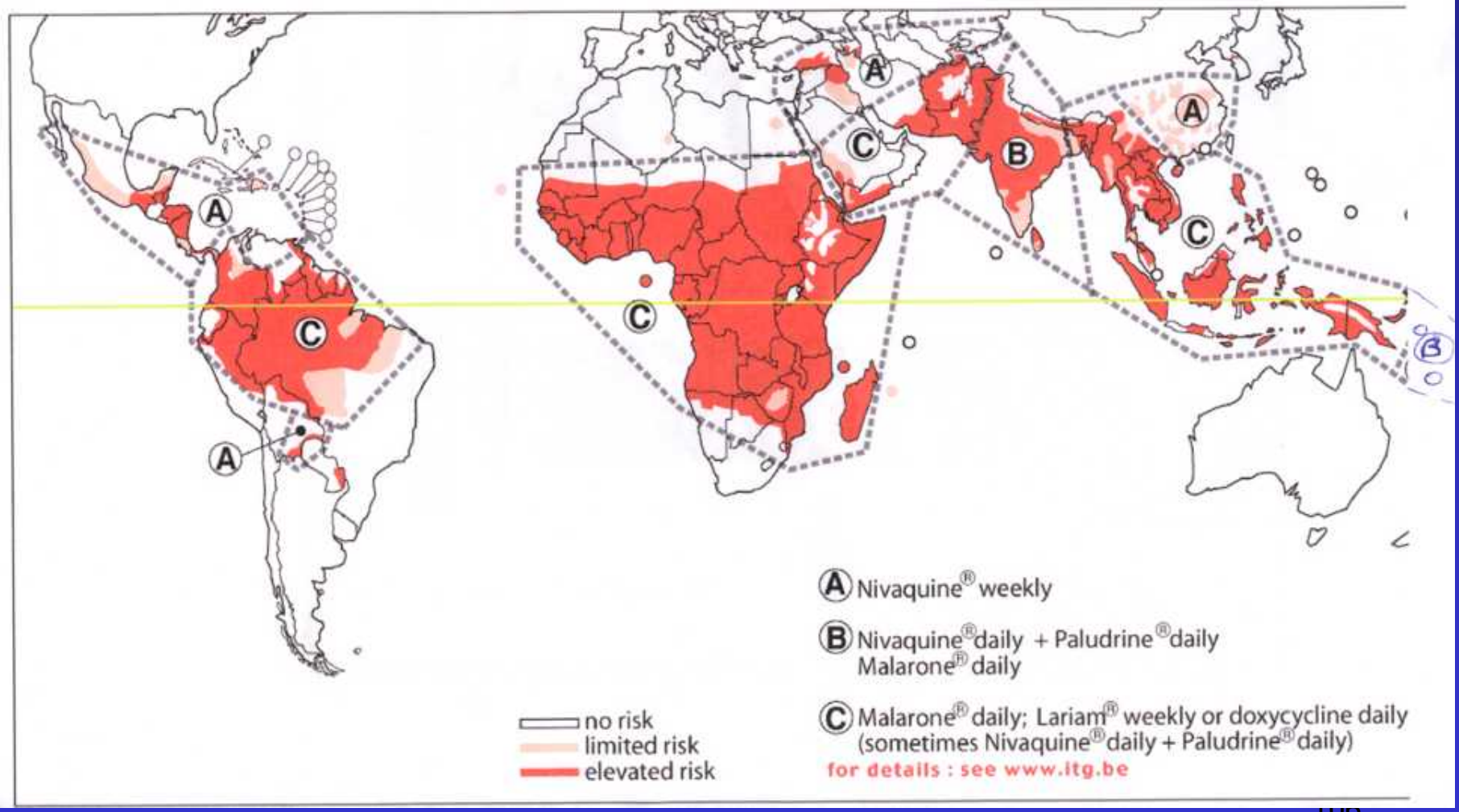
- Mortalité diminuée de moitié depuis 2000, en grande majorité en Afrique !

Figure 8.9 Percentage change in malaria mortality rates, 2000–2013



WHO World

Malaria 2005 (source WHO 2004-2005)

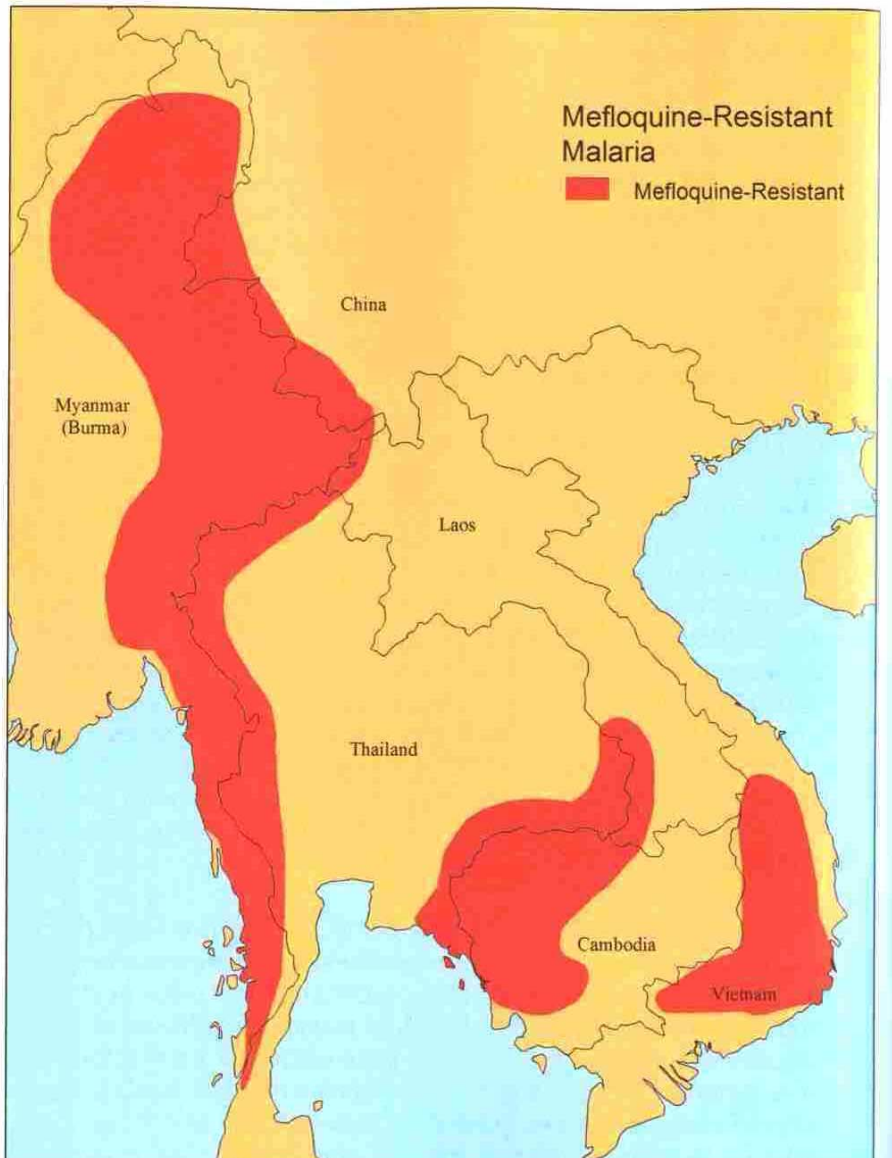


Malaria

2008

REMINDER

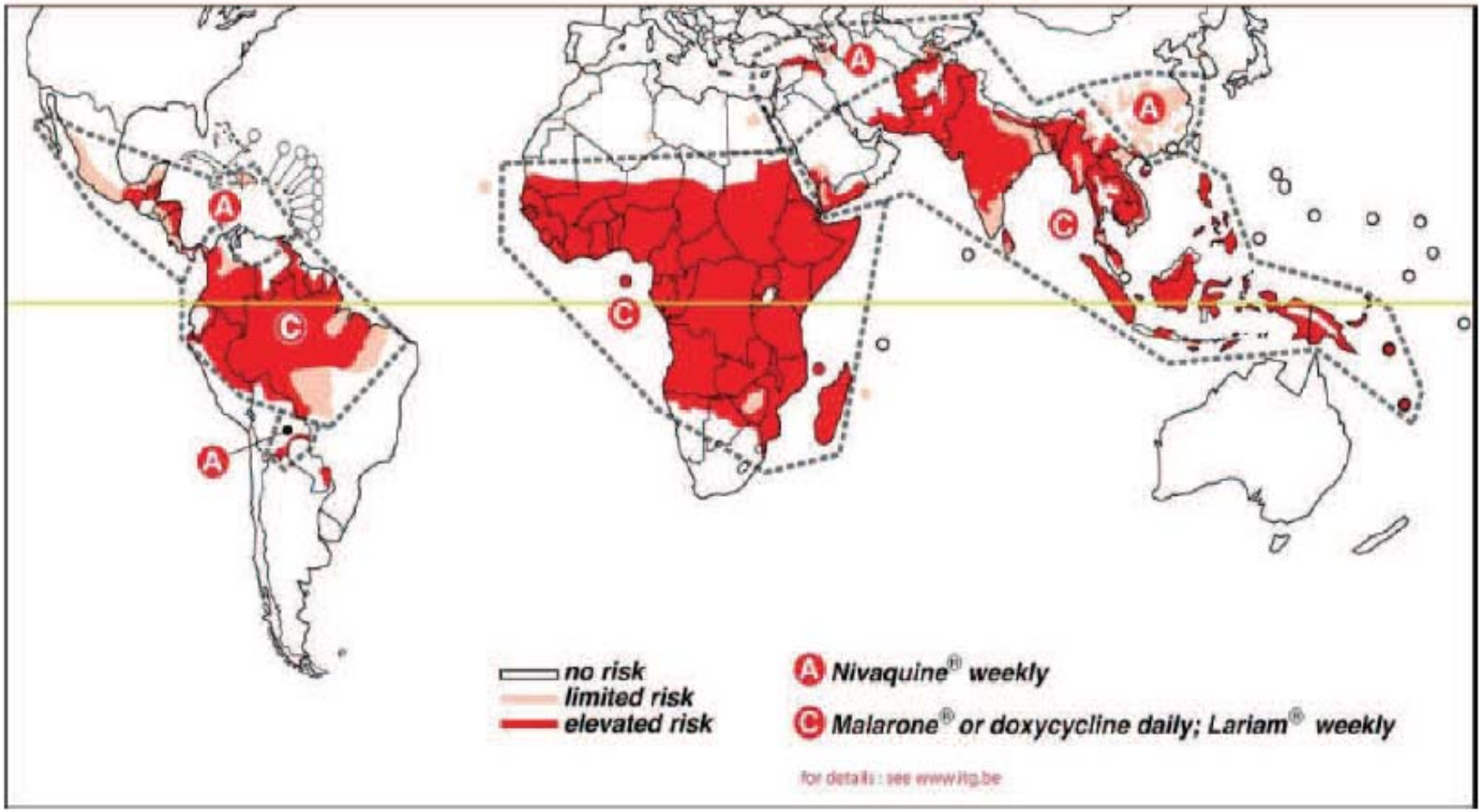
- The malaria map in de CDC book 2008 shows risk areas for resistance to mefloquine in South-east Asia = Myanmar, Cambodia, Thailand and Vietnam.
- CDC mentions figures of 50% or more resistance, while a WHO map shows the areas with a figure of ≥ 10%.
- CDC proposes not to use mefloquine in these areas.



MAP 4.9 Geographic distribution of mefloquine-resistant malaria.

http://www.itg.be - rédacteur A. Van Gompel – IMT

Malaria 2010-2011 (source WHO 2009)



Roche - Lariam ®

Obligatory **patient alert card** to share with the clients

Roche

Lariam® 250mg
(mefloquine)

Deze kaart bevat belangrijke informatie voor u over mogelijke psychische bijwerkingen van Lariam.

Lees ook de bijsluiter die u bij dit geneesmiddel ontvangt – daarin staat alle informatie over Lariam.

Draag deze kaart altijd bij u.

Laat deze kaart zien aan alle artsen die u raadpleegt.

V. U.: Dr. Chr. Leinaerts - Br 0751 - 10/2013

Wanneer moet ik mijn arts om advies vragen?

- Altijd: als u bijwerkingen vertoont
- Als u niet zeker weet of u een van de klachten heeft die in de lijst staan vermeld in de rubriek: ***Gebruik Lariam niet als…***
- Als u denkt dat u mogelijk een van de psychische bijwerkingen heeft die in volgende rubriek vermeld staan: ***Lariam kan bij sommige mensen ernstige psychische problemen veroorzaken…***

Ik gebruik malariachemoprofylaxe met Lariam (mefloquine).

Naam:

Adres:

Geboortedatum:

Andere geneesmiddelen/ aandoeningen:

In geval van nood:

Naam arts:

Telefoonnummer:

Stempel arts:

RMA versie 10/2013

Roche

Waarschuwingskaart voor de patiënt

Lariam® 250mg
(mefloquine)

Wat moet ik over Lariam weten?

- Lariam is een geneesmiddel dat op recept verkrijgbaar is voor de preventie en behandeling van malaria. Malaria is een mogelijk levensbedreigende infectie. Lariam werkt niet voor alle soorten malaria.
- Zoals uw arts u heeft verteld, moet u Lariam innemen: voordat u op reis gaat, gedurende uw verblijf en na terugkeer uit een malariagebied.
- Gebruik Lariam niet als u psychische problemen heeft of deze ooit heeft gehad, want Lariam kan bij sommige mensen ernstige psychische problemen veroorzaken zoals **zelfmoord, zelfmoordgedachten en gedrag waarbij men zichzelf in gevaar brengt.**

Gebruik Lariam niet als u last heeft of ooit last heeft gehad van:

- depressie, zelfmoord- gedachten
- andere psychische klachten, zoals angststoornis, schizofrenie of psychose (verlies van contact met de werkelijkheid)
- stuipen (epilepsie of toevallen)
- allergie voor kinine, kinidine of Lariam en zijn hulpstoffen
- ernstige leverklachten
- zwartwaterkoorts (een complicatie van malaria die het bloed en de nieren aantast).

Gebruik Lariam niet als u op dit moment een geneesmiddel voor malaria gebruikt met de naam:

- Halofantrine.

Wanneer moet ik mijn arts om advies vragen?

- Als u Lariam gebruikt, is het belangrijk dat u alert bent op mogelijke bijwerkingen. Neuropsychiatrische problemen kunnen optreden tijdens het gebruik van Lariam.
- Gebruik Lariam niet als u kans loopt om dergelijke bijwerkingen te ontwikkelen (zie ***'Gebruik Lariam niet als…'***.)

Lariam kan bij sommige mensen ernstige psychische problemen veroorzaken. Vertel het direct aan uw arts als u last heeft van één (of meerdere) van onderstaande bijwerkingen tijdens het gebruik van Lariam:

- Zelfmoord-gedachten,
- gedrag waarbij men zichzelf in gevaar brengt,
- ernstige angstgevoelens,
- gevoelens van wantrouwen ten opzichte van anderen,
- dingen zien of horen die er niet zijn,
- depressie,
- rusteloosheid,
- ongewoon gedrag
- gevoel van verwardheid

Contacteer onmiddellijk uw arts.

Het gebruik van Lariam moet onmiddellijk worden stopgezet en vervangen door een ander middel ter preventie van malaria.

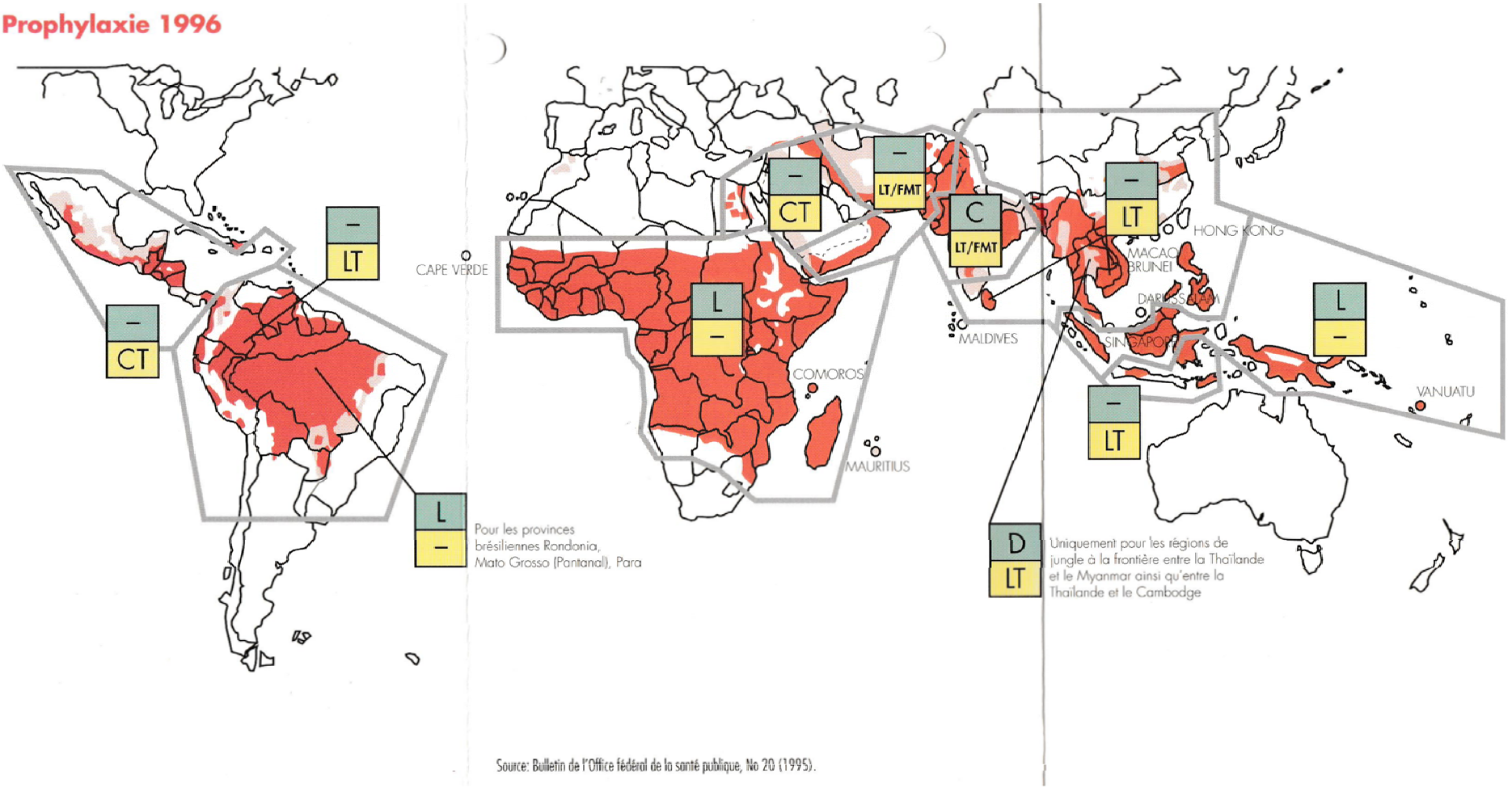
Andere bijwerkingen van Lariam kunnen zijn:

Stuipen (epilepsie of toevallen), leverklachten, hartklachten, misselijkheid, overgeven, diarree, buikpijn, duizeligheid of evenwichtsverlies (vertigo), hoofdpijn, slaapproblemen (slaperigheid, niet kunnen slapen, nare dromen).

Hoe gebruikt u Lariam:

- Neem de tabletten eenmaal per week in, altijd op dezelfde dag.
- Neem de 1e dosis Lariam ten minste 10 dagen voor uw vertrek: dit is nodig om er zeker van te zijn dat toediening van Lariam goed wordt verdragen
- Neem de 2e dosis 3 dagen voor vertrek in.
- Tijdens uw verblijf en gedurende 4 weken na terugkomst moet u doorgaan met het innemen van de tabletten.

Prophylaxie 1996



Source: Bulletin de l'Office fédéral de la santé publique, No 20 (1995).

Prophylaxie

Traitement d'urgence

L
–

LARIAM® en prophylaxie

Zones dans lesquelles le paludisme n'a jamais sévi ou d'où il a disparu

Zones à risque très limité; transmission du paludisme très rarement possible

Zones à transmission du paludisme

Avis: les recommandations nationales concernant la prophylaxie et le traitement d'urgence sont publiées mensuellement dans *le Bulletin de l'Office fédéral de la santé publique*.