

8th National Seminar on Travel Medicine



Interactive case discussions

19 November 2009

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Deep venous thrombosis

Interactive case discussions

14:05-14:40

Deep venous thrombosis –
Prof. P. Hainaut, UCL Brussels

AIMS INTERACTIVE VOTING






HOW TO USE YOUR KEYPAD ?



- Use the keys from 1 to 8
- Green light (top left) indicates your vote has been received
- Most questions have a single answer, others have multiple answers (*specified on the screen*)
- Don't go away with your keypad

Travel and risk for venous thromboembolism (VTE).

Which proposition(s) is (are) correct ?
(several answers possible)

1. There is no evidence of an increased VTE risk associated with travel.
 6%
2. The risk is limited to air travel ; it is not present in surface travel.
 16%
3. VTE may occur several days after travelling.
 84%
4. The risk is increased by oral contraceptives and thrombophilia.
 78%
5. The risk of fatal pulmonary embolism may be as high as 1/10000 flights.
 49%

Prevention of VTE travel.

Which proposition(s) is (are) correct ?
(several answers possible)

1. Aspirin is strongly recommended

9%

2. Business class is an expensive but very efficient prevention

29%

3. LMWH administration is recommended for every long haul flight (≥ 8 hr)

21%

4. Elastic stockings is an efficient prevention

82%

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Sexually transmitted diseases

Interactive case discussions

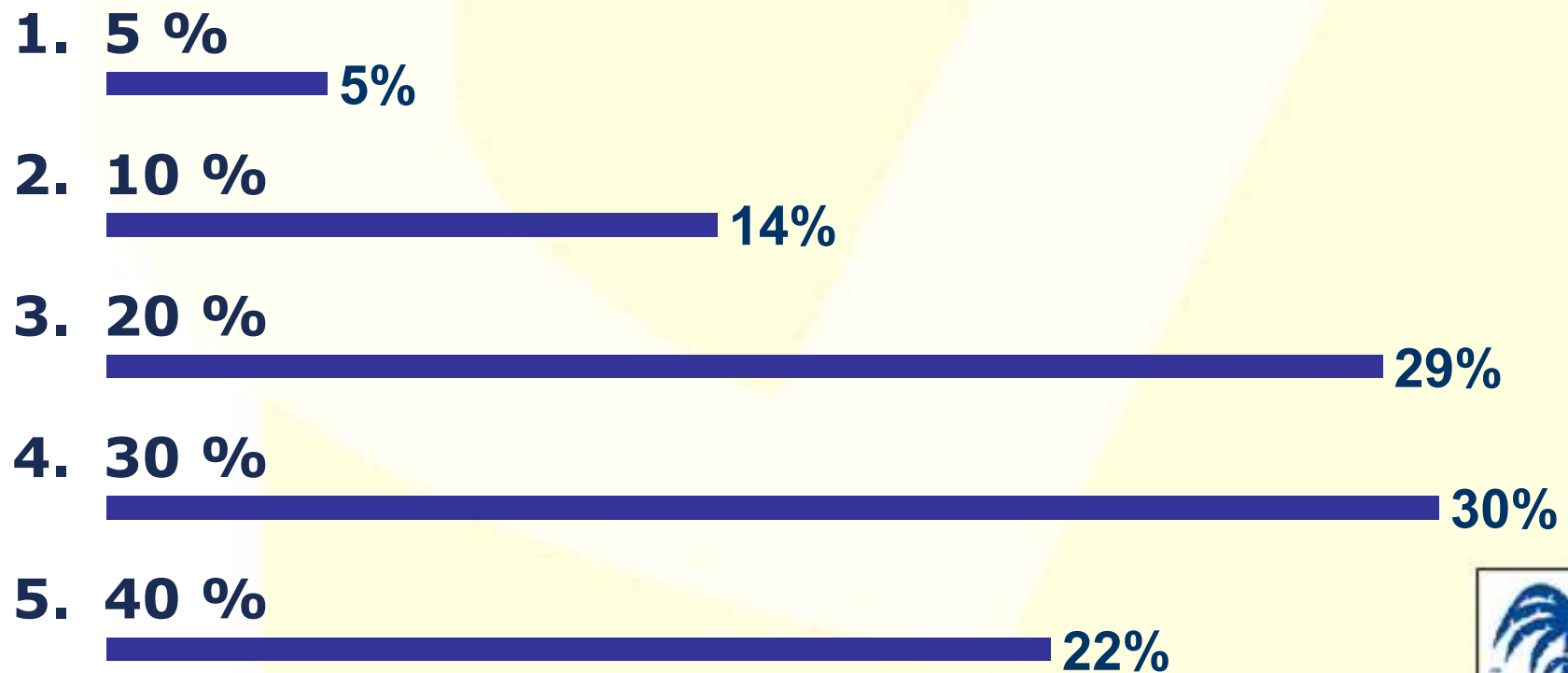
14:40-15:15

Sexually transmitted diseases –
Dr M. Crougs, ITG Antwerpen



Sexually transmitted infections : Question 1

Which part of men who visited a travel-clinic and traveled to South America without a steady partner, had sex with a new partner on this journey ?





Sexually transmitted infections : Question 2

Is the risk for a short term traveler to Central America higher to come back with a typhoid infection or to come back with a gonorrhoea infection ?

- 1. Typhoid risk 20 times higher**
0%
- 2. Typhoid risk 2 times higher**
13%
- 3. Equal risk**
19%
- 4. Gonorrhoea risk 2 times higher**
38%
- 5. Gonorrhoea risk 20 times higher**
31%





Sexually transmitted infections : Question 3

Which part of commercial sex workers (prostitutes) in Thailand is infected with HIV ?

1. ≤ 10 %

0%

2. 10 – 20 %

15%

3. 30 – 40 %

50%

4. ≥ 50 %

35%



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Vaccination of the immunocompromised travellers

Interactive case discussions






15:15-15:45

Vaccination of the immunocompromised travellers –
Prof F. Van Gompel, ITG Antwerpen

Vaccine providers should generally (CDC guidelines) wait at least ... weeks after discontinuation of high-dose systemically absorbed corticosteroid therapy before administering a live-virus vaccine.

1. 2 weeks
2. 4 weeks
3. 6 weeks
4. 8 weeks
5. 12 weeks

It is generally recommended (National Consensus Travel Medicine 2009) to stop immunosuppressives (not corticosteroids; e.g. methotrexate, cyclosporine, etanercept) for ... weeks before the yellow fever vaccination and to restart immunosuppressive treatment ... weeks following the yellow fever vaccination.

1. 2 weeks before vaccination
& 1 week after administering a live-virus vaccine
 5%
2. 4 weeks before vaccination
& 2 weeks after administering a live-virus vaccine
 2%
3. 4 weeks before vaccination
& 4 weeks after administering a live-virus vaccine
 3%
4. 12 weeks before vaccination
& 2 weeks after administering a live-virus vaccine
 8%
5. 12 weeks before vaccination
& 4 weeks after administering a live-virus vaccine
 83%

Revaccination with live vaccines (e.g. MMR or YF vaccine) should be done at ... months after bone marrow transplantation (BMT) if the recipient is presumed to be immunocompetent.

1. 6 months



2. 12 months



3. 18 months



4. 24 months



5. 36 months



Household contacts of severely immunocompromised patients may be given live-virus vaccines such as :

- 1. Yellow fever**
- 2. Measles–mumps–rubella**
- 3. Varicella vaccines**
- 4. Yellow fever, measles–mumps–rubella, varicella vaccines**
- 5. Yellow fever, measles–mumps–rubella**
- 6. Measles–mumps–rubella, varicella vaccines**
- 7. Yellow fever, varicella vaccines**
- 8. None of them**

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Vaccinations for Mekka pilgrims

Interactive case discussions

16:15 – 16:45

Vaccinations for Mekka pilgrims –
Dr Y. Van Laethem, CHU St Pierre

Which vaccine(s) is(are) mandatory to obtain the visa in 2009 ?

1. Meningococcal vaccine



2. Seasonal Flu vaccine



3. Pandemic Flu vaccine



4. Hep B vaccine



5. 1 and 2



6. 1-2-3



Which risk(s) in Mekka and Medine ? (several answers possible)

1. Yellow fever

11%

2. Polio

69%

3. Hep A

83%

4. Typhoid fever

80%

5. Dengue fever

19%

6. Malaria

12%

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Vaccinations and allergies

Interactive case discussions

16:45 – 17:10

Vaccinations and allergies –
Dr I. De Schutter, UZ Brussel

The following are true allergic (IgE-mediated) reactions :

- A. Anaphylaxis**
- B. Serum sickness**
- C. Arthus reaction**
- D. Urticaria**
- E. Itching nodules**
- F. Local (painful) swelling and erythema**

1. **A + C + D + F**
 7%

2. **A + C + D + E + F**
 12%

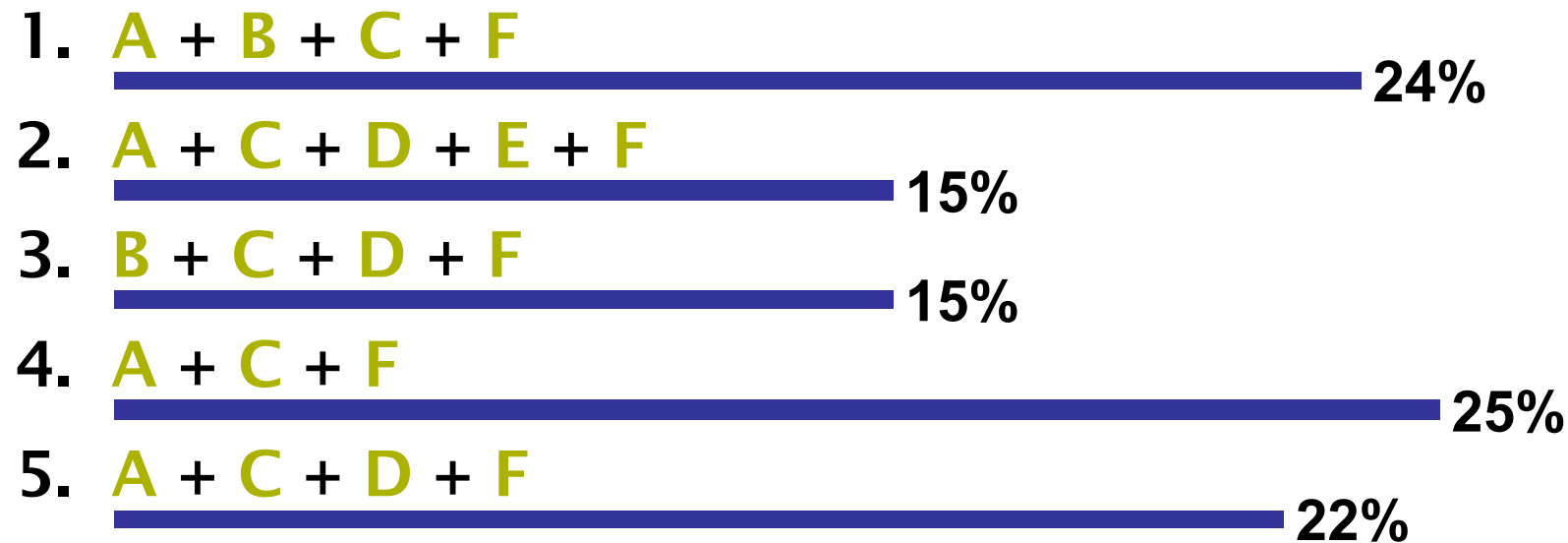
3. **B + C + D + F**
 7%

4. **A + C + F**
 12%

5. **A + D**
 61%

The following symptoms are common in anaphylaxis :

- A. Itching erythema or urticaria**
- B. Pailness**
- C. Coughing**
- D. Bradycardia**
- E. Urinary loss**
- F. Unconsciousness**



The following statements are correct :

- A.** A non-allergic person may go home immediately after any vaccination
- B.** In a non-allergic person, observation for 15 min. is only necessary after vaccination with a live-attenuated vaccine
- C.** Observation for at least 15 min. is necessary for any person following any vaccination
- D.** An egg allergic person must be observed during 30 min. after YF-vaccination

- 1. **A + D**
10%
- 2. **B + D**
6%
- 3. **C + D**
27%
- 4. **C**
48%
- 5. **None is correct**
9%

Increased risk for anaphylaxis is associated with :

- A. Contact allergy for neomycin
- B. Dyspnoea after ingestion of eggs
- C. Swelling of the limb after formal vaccination (Arthus reaction)
- D. Urticaria after formal vaccination

1. **A + B + D**



2. **B + D**



3. **B + C + D**

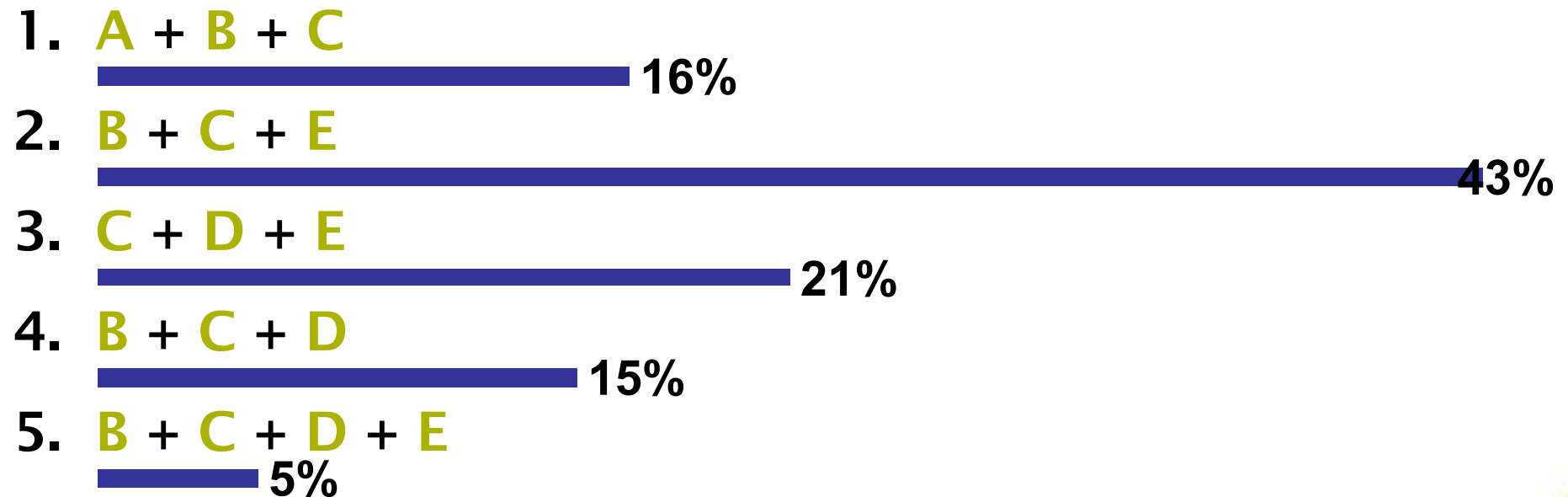


4. **All of the above**



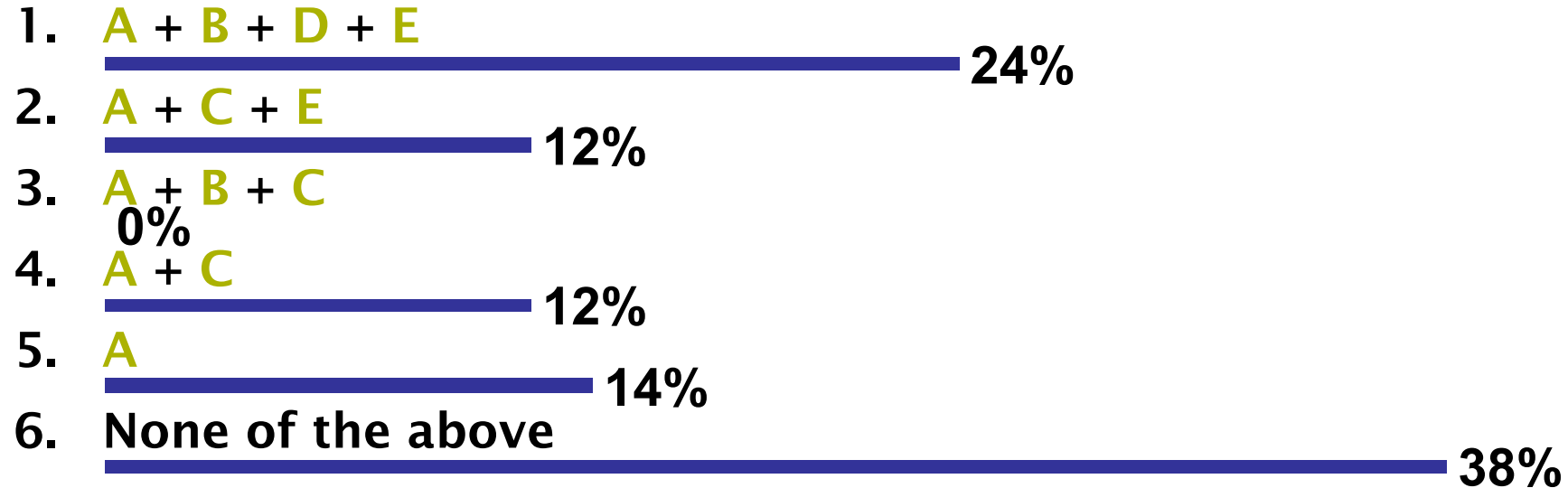
An egg-allergic person may be vaccinated under normal conditions with :

- A. YF-vaccine
- B. MMR
- C. Hepatitis A vaccine
- D. Influenza vaccine
- E. Japanese encefalitis vaccine



The following statements are true :

- A. Gelatine is a major allergen in MMR and JE-vax**
- B. Latex allergy is a contra-indication for any vaccine**
- C. Yeast allergy is associated with adverse events following hepatitis A vaccine**
- D. Contact allergy for neomycin is a contra-indication for vaccination with neomycin containing vaccines**
- E. Thiomersal is a major cause of anaphylaxis after vaccination**



AIMS INTERACTIVE VOTING



**PLEASE
DON'T GO AWAY
WITH YOUR KEYPAD !**