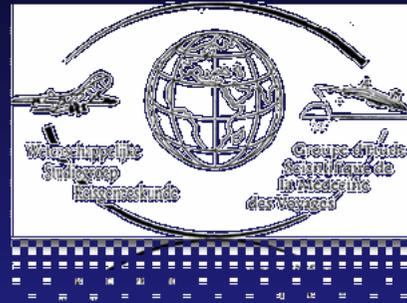


9th National Seminar on Travel Medicine
17 November 2011



Interactive case discussions

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17 November 2011



Introduction

Interactive case discussions

NOW.be INTERACTIVE VOTING

HOW TO USE YOUR KEYPAD ?



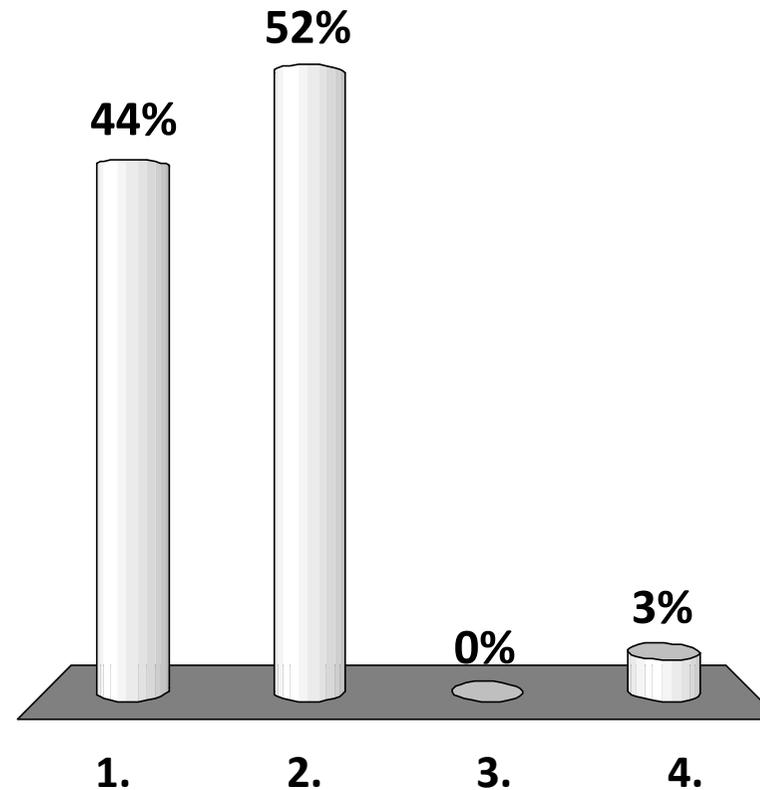
- Use the keys from 1 to 8
- Green light (top left) indicates your vote has been received
- Most questions have a single answer, others have multiple answers (*specified on the screen*)
- Don't go away with your keypad

Voorafgaande vragen



What is your mother tongue ?

1. Nederlands
2. Français
3. English
4. Other

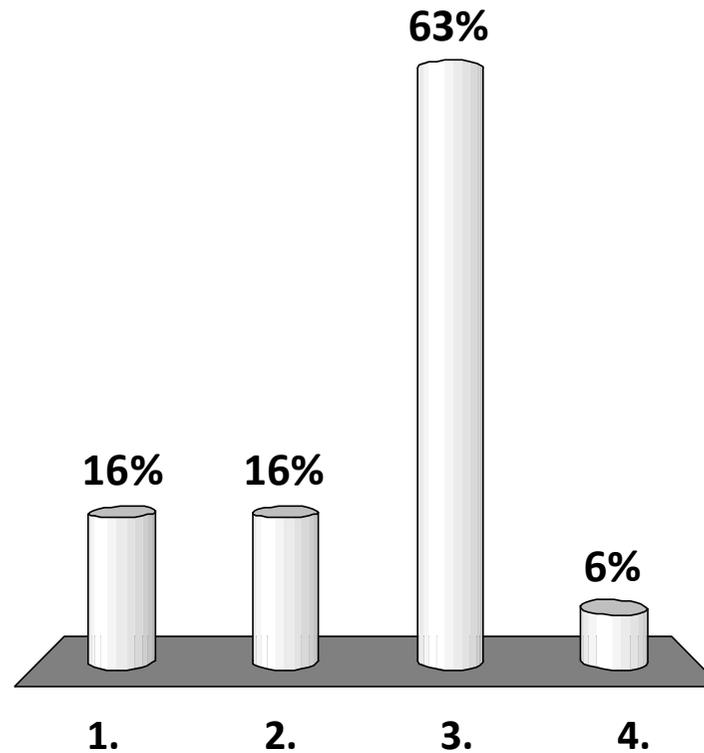


Voorafgaande vragen



Except your mother tongue, which language do you understand second best passively ?

1. Nederlands
2. Français
3. English
4. Other

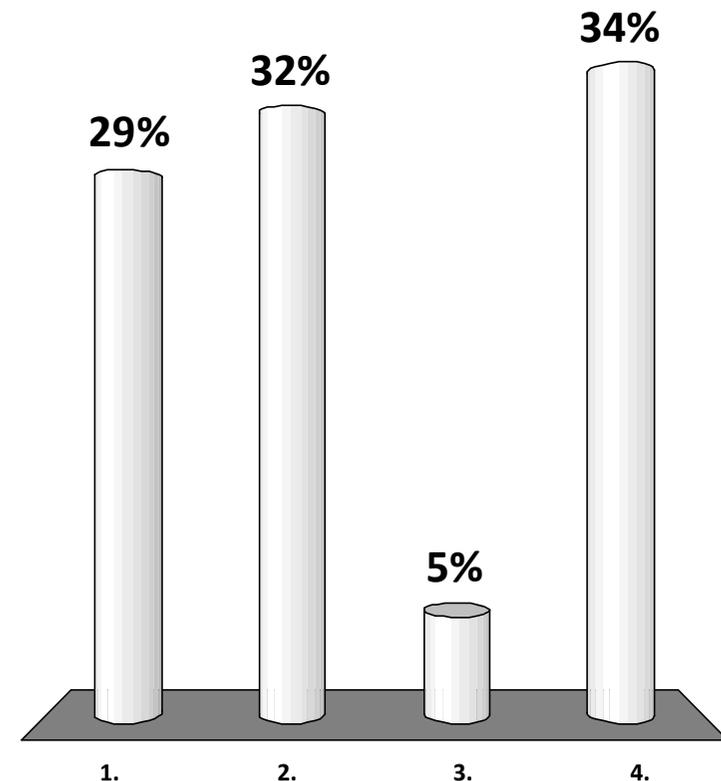


Voorafgaande vragen



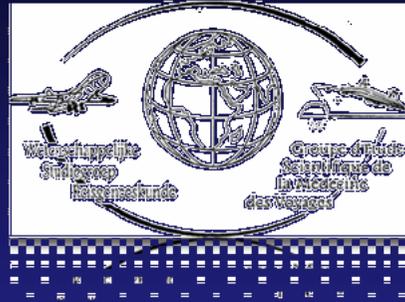
Do you prefer to obtain for future seminars?

1. A print of the slides
(handout-3 slides per page)
2. A copy of the slides on a
stick
3. A copy of the slides on a
CD-rom
4. Acces to the lectures
afterward via the website



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Acute Mountain Sickness

Interactive case discussions

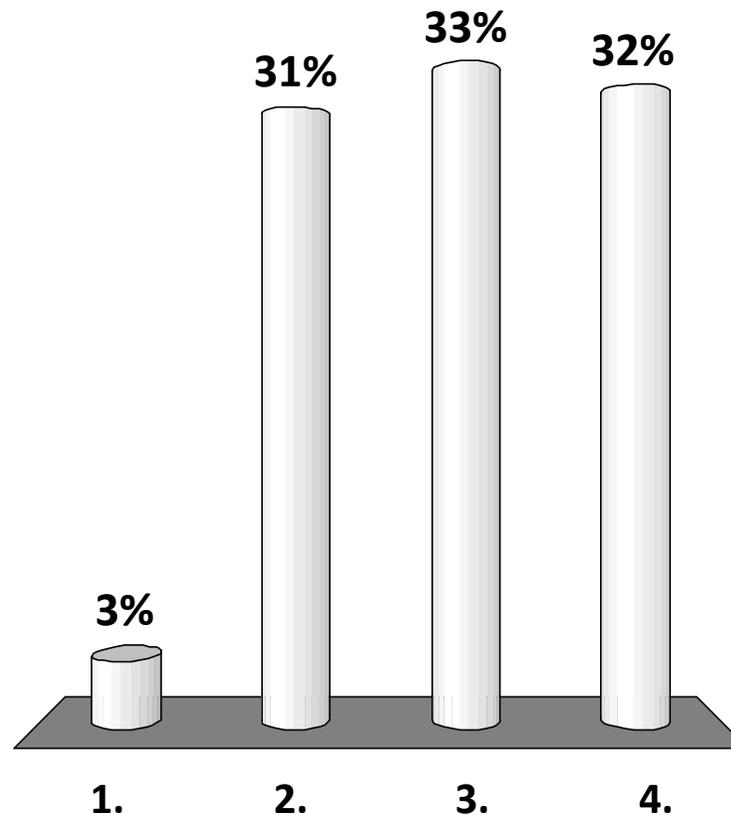
14.05-14.30 **Dr. M. Crouchs, ITG Antwerp &
GGD Hart voor Brabant NL**

Acute mountain sickness



Which percentage of travelers who stay at or above 5000 m, has symptoms of acute mountain sickness?

1. < 10%
2. 10-20%
3. 20-30%
4. > 40%

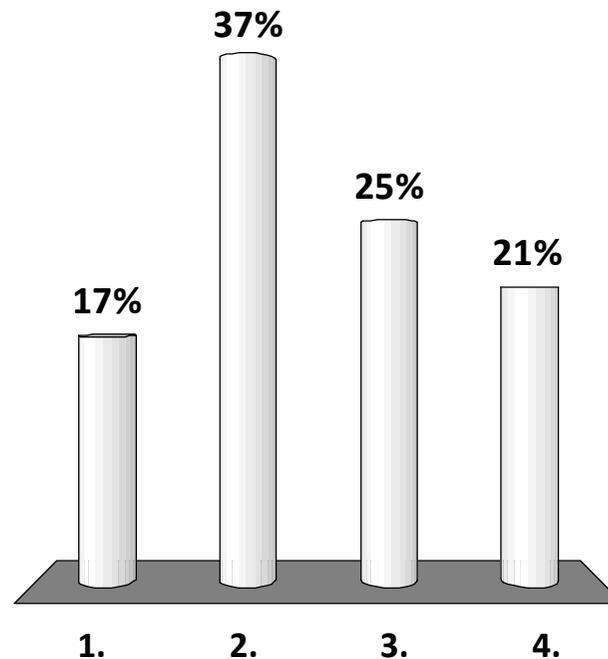


Which travelers to high altitude are advised to take acetazolamide preventively (ITM guidelines)?



- A. All travelers who will stay > 3000 m
- B. All travelers who will stay > 4000 m
- C. All travelers who previously had AMS
- D. All travelers who will climb > 500 m/night

- 1. A, B and C
- 2. B, C and D
- 3. B
- 4. C

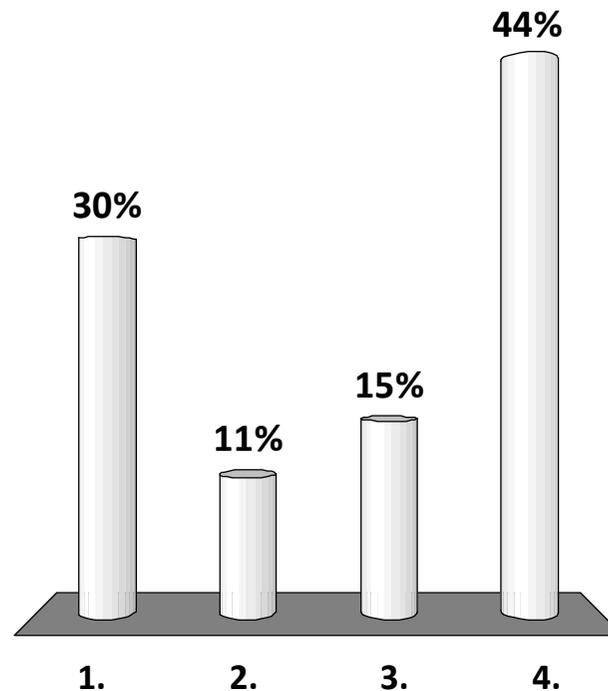


Which measures help in preventing acute mountain sickness?



- A. Climbing < 500 m per night
- B. Drinking enough to keep urine clear
- C. Staying a few nights around 2000 m to start with

- 1. A and C
- 2. A and B
- 3. B and C
- 4. A, B and C



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Jet Lag

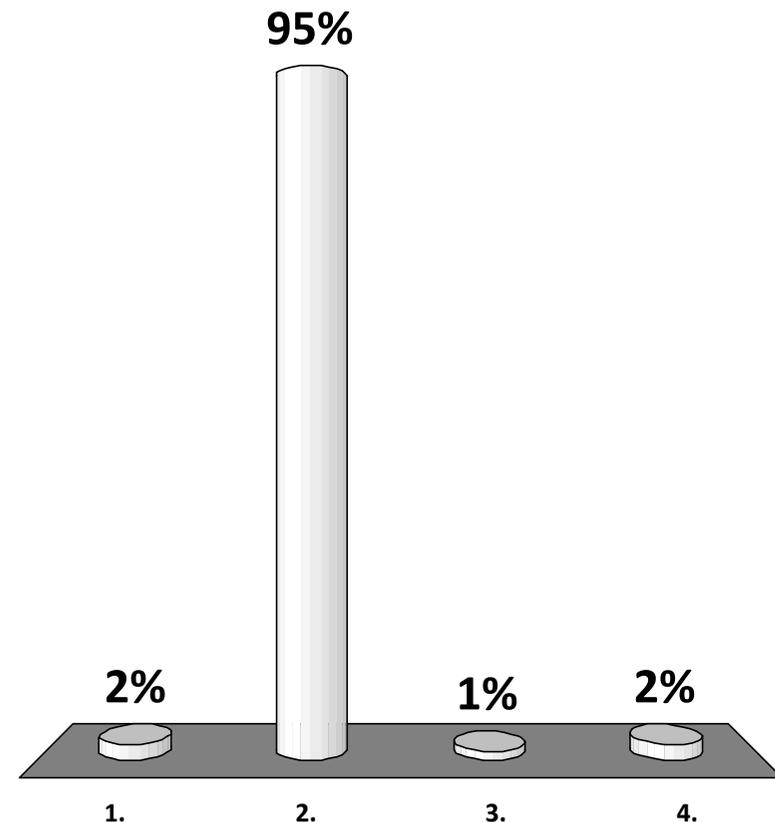
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14.30-14.50 Pr. F. Van Gompel, ITG Antwerp

Jet lag is primarily due to



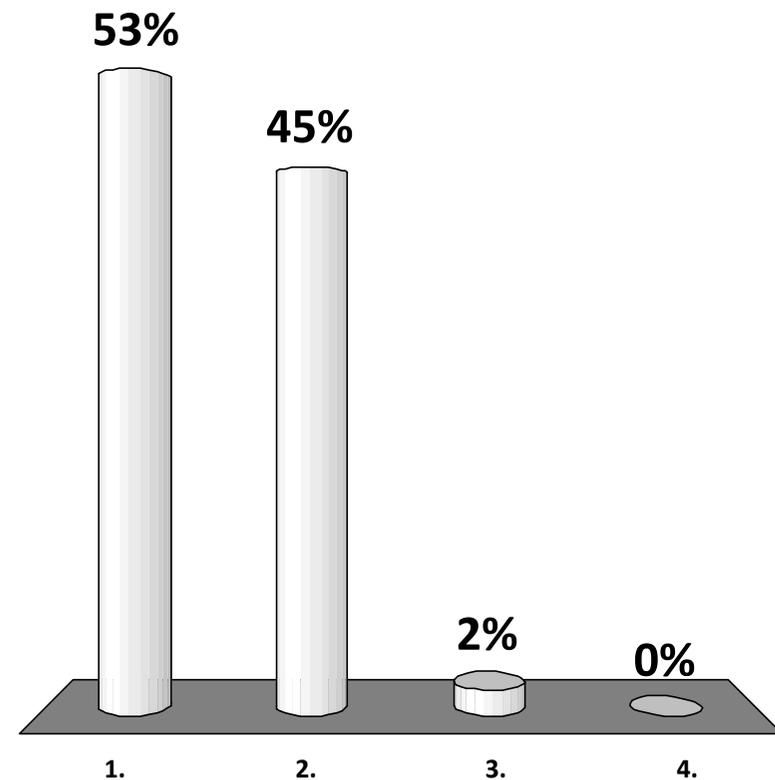
1. Lack of sleep/fatigue
2. Disruption of circadian rhythms
3. Stress
4. Irregular meals/excess caffeine/dehydration



Jet Lag is most pronounced



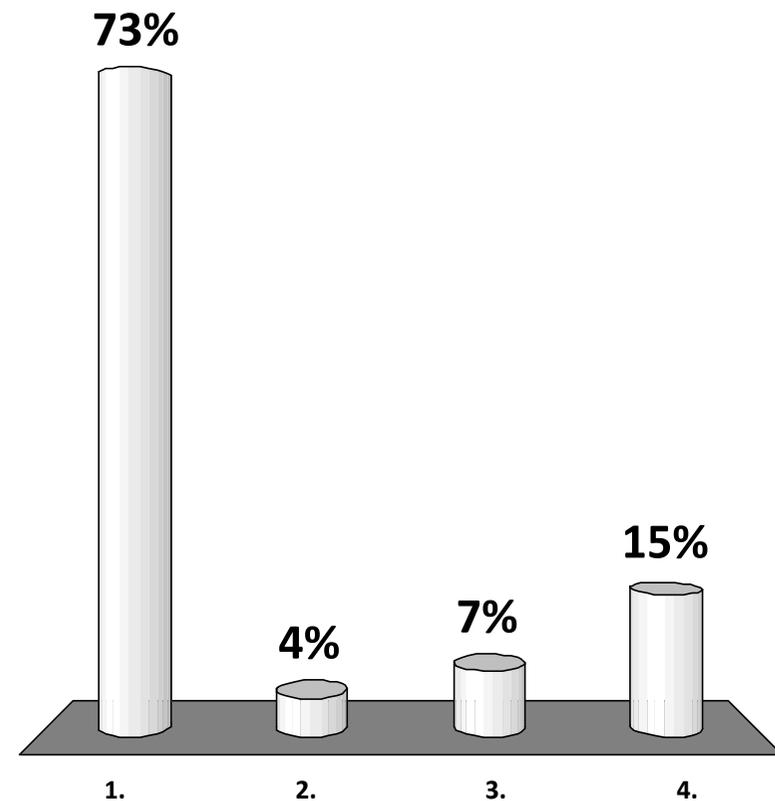
1. after eastward travel
2. after westward travel
3. in young adults
4. in young children



Which of the following do you consider the best behavioural method for re-establishing regular circadian rhythm?



1. Sunlight
2. Dietary adjustment
3. Exercise
4. Engage in social engagements on arrival



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Dengue Fever Vaccines in the pipeline
New Yellow Fever Vaccines

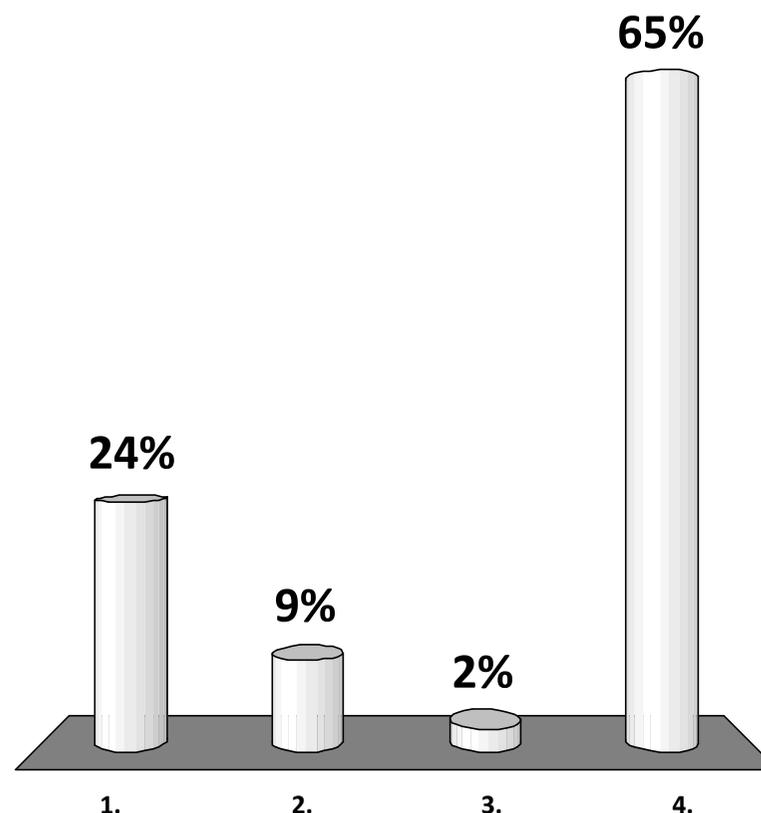
Interactive case discussions

14.50-15.15 Pr. Y. Van Laethem, CHU St-Pierre Brussels

1. Dengue severity is most of the time linked to



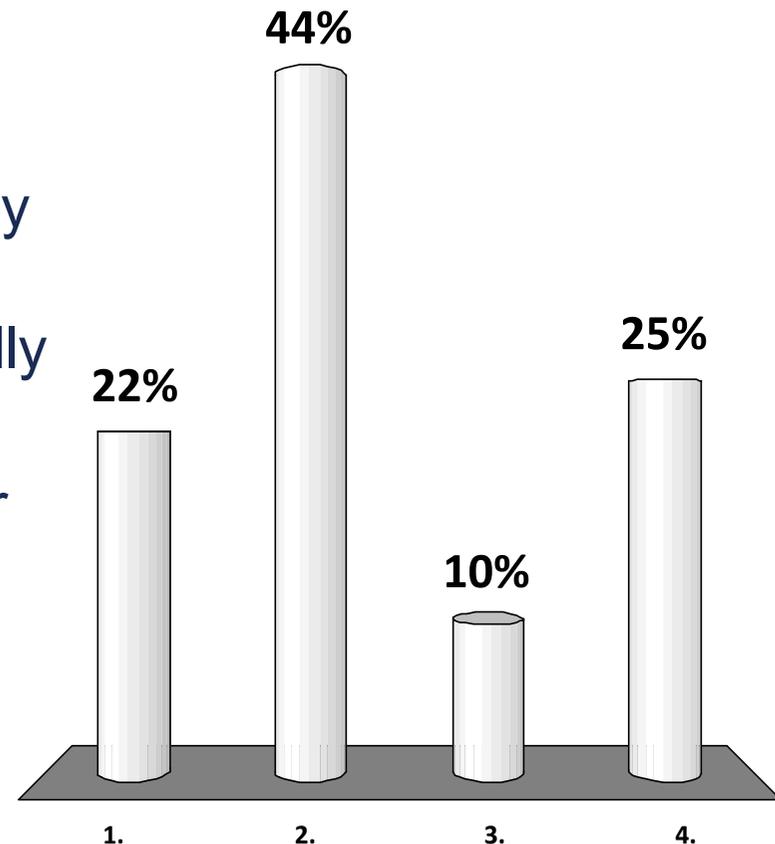
1. the serotype of the virus itself
2. a lower than normal immunological reaction after the first infection
3. inappropriate treatment
4. abnormal "immunological enhancement" leading to overproduction of inflammatory mediators during a 2d infection with a new serotype



2. Dengue vaccines



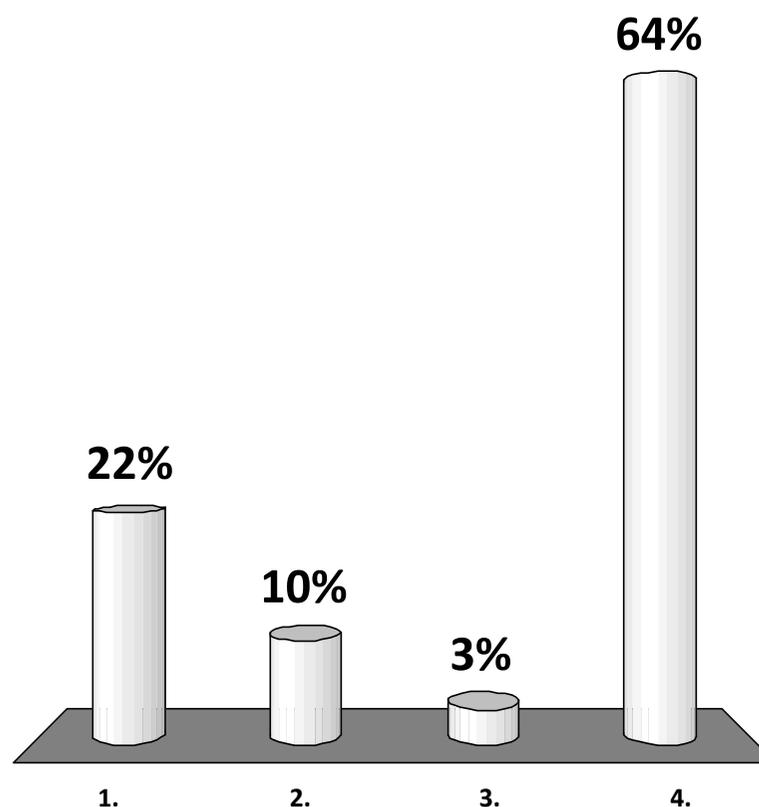
1. already existed in the past but were too weakly active
2. could be potentially dangerous by inducing overproduction of inflammatory mediators in partially immune patients
3. are not potentially interesting for travellers
4. should not be on the market before 2018



3. YF vaccine



1. may be given without problem during breastfeeding
2. weekly immunogenic
3. not indicated for Iguacu Falls
4. crazy man: everything is wrong!



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Prevention of Meningococcal Disease in travellers: Polysaccharide Vaccine or Conjugated Vaccine ?

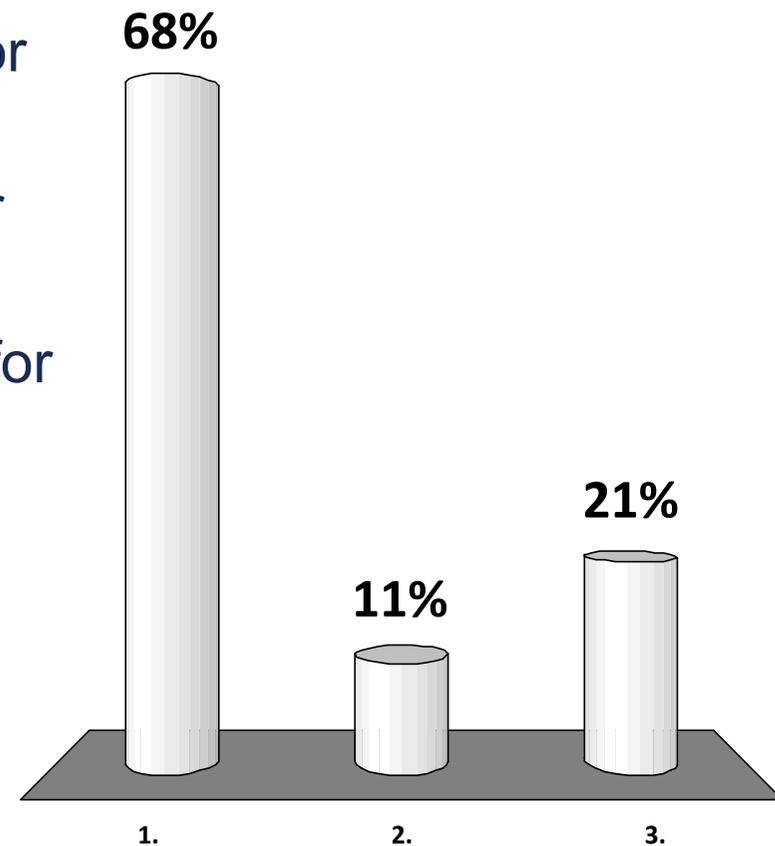
Interactive case discussions

15.15-15.35 **Pr. B. Vandercam, UCL Brussels & Pr. F. Van Gompel, ITG Antwerp**

1) How do you estimate the risk of meningococcal disease (MD) for the usual traveler to Africa countries



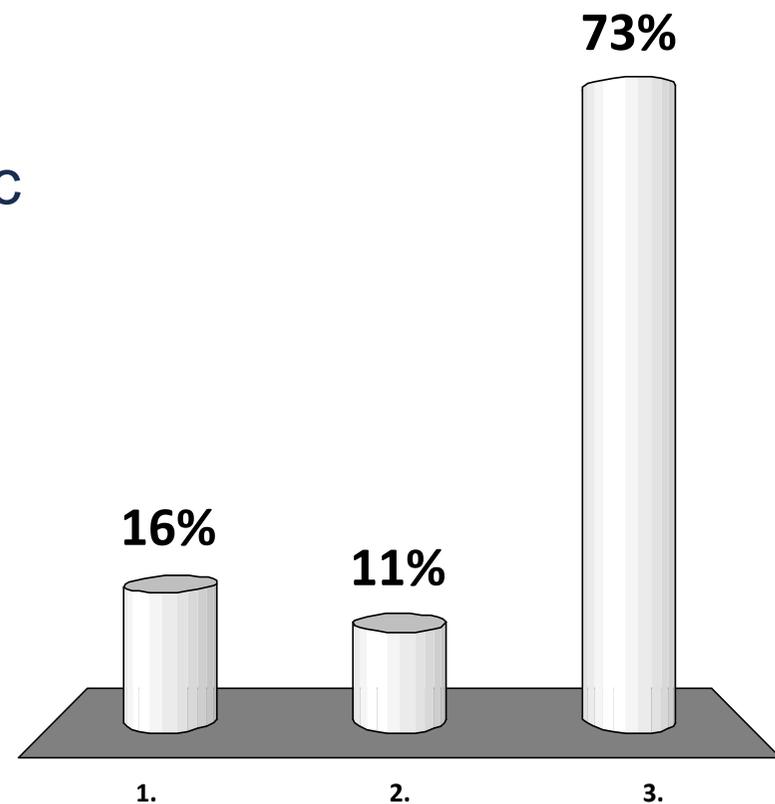
1. The risk is higher than the risk for MD in developed countries
2. The risk is lower than the risk for MD in developed countries
3. The risk is the same as the risk for MD in developed countries



2) What would be your first choice for an infant aged under 12 months who will stay 5 years in Chad (meningitis belt).



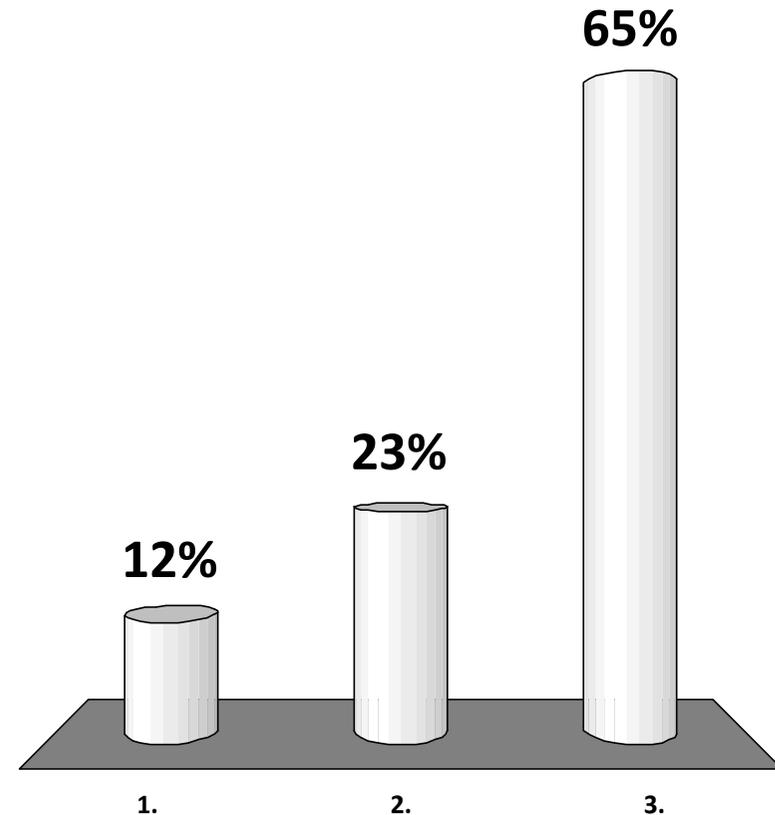
1. One dose 4-conjugate vaccine
2. One dose 4-polysaccharidic vaccine
3. Two doses 4-conjugate vaccine (1-2 months apart)



3) The great advantage of meningococcal 4-conjugate vaccine when compared to polysaccharide 4 vaccine is

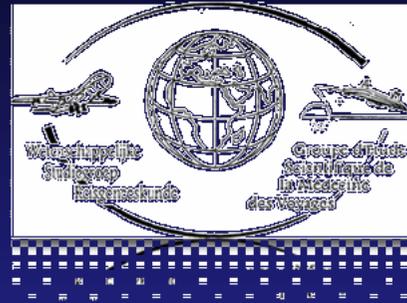


1. it's lower cost (20 € difference)
2. it's a one time life vaccine. No need for a booster it does not
3. does not induce hyporesponsiveness after repeated doses (boosterable)



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Child Traveller: tourist and expat

Interactive case discussions

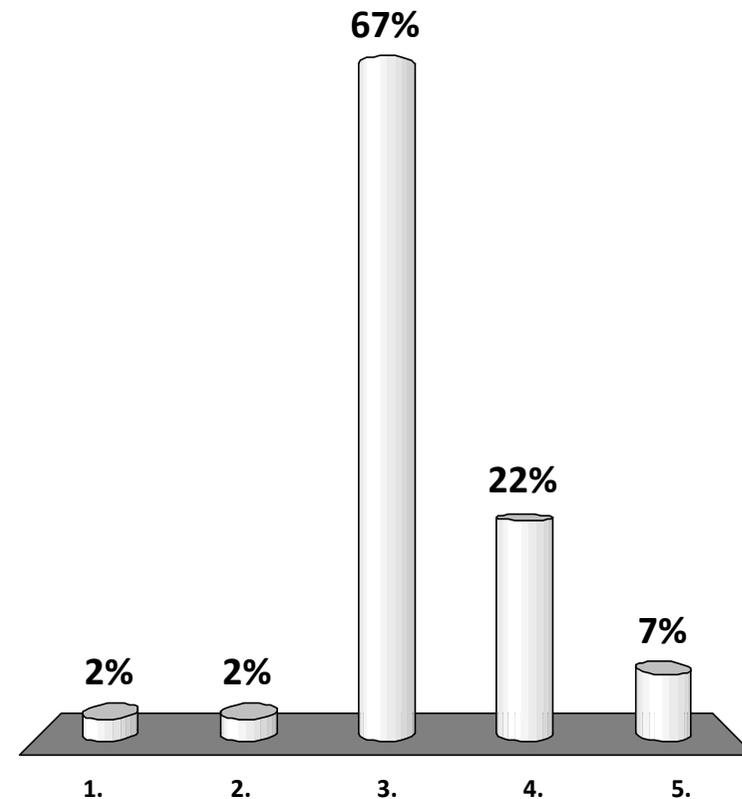
16.00-16.35 Dr. F. Sorge, Hôpital Necker, Paris

1. A family is leaving for Congo RD Kinshasa for a month with a child aged 6 months.



Which treatment or recommendation do you give for the child in case of diarrhea ?

1. Ciprofloxacin
2. stop breast feeding + loperamide
3. ORS + criteria to medical consultation
4. ORS + racecatodril + azithromicine
5. Vaccinate against rotavirus

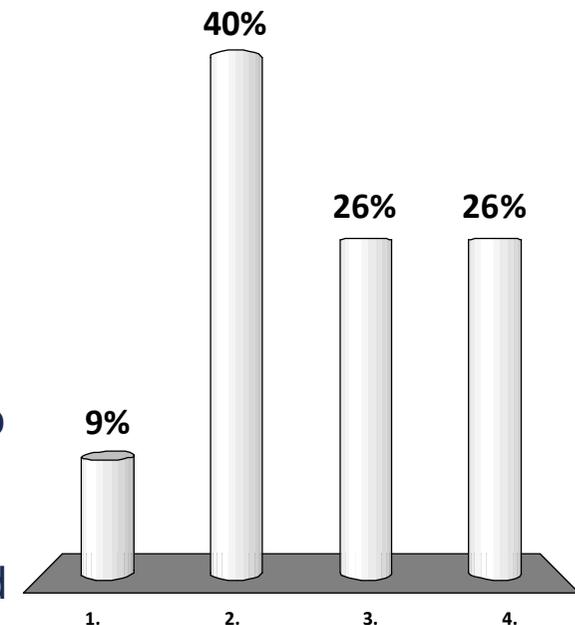


2 Planning a trip to Senegal for the end of year, a family come on 12 /12 with a 9 months baby. The fly is on 23 /12 He is up date with his immunization schedule . He received MMR vaccine on 5/12 .



What to do with yellow fever vaccine (YF)?

1. YF vaccination is not mandatory in Senegal. I don't do it.
2. This vaccination is necessary. But like there is no delay of 4 weeks between the 2 vaccines, I don't do it and I advice to delay the travel or to change .destination
3. This child should be vaccinate but the risk of side effects is increased
4. I do the YF vaccine and I ask the parents to come back in 2 months to measure YF antibodies in blood and to do eventually a second YF dose. I delay the date of the YF vaccine as possible (22/12) to increase the delay between the 2 vaccines and I give clearance for the child travel



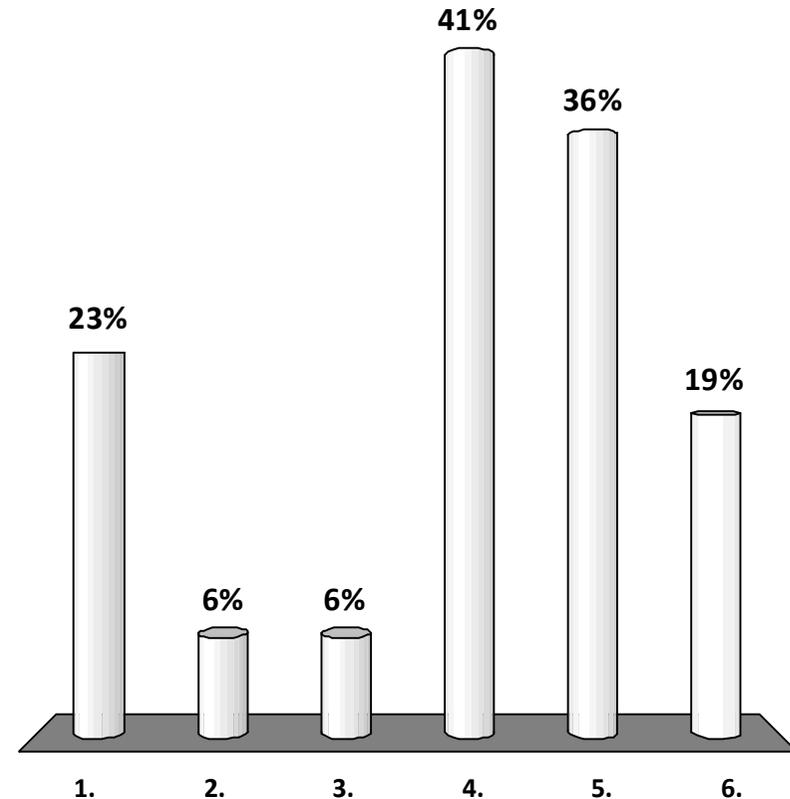
3 An expatriate african couple in Belgium leave for 3 months tomorrow to Abidjan with their infant aged 1 month (5,5 kg) born in Bruges.



Which malaria profilaxis do you prescribe for the child ?

(several answers possible)

1. Delay the travel of one year
2. Impregnated bednet + cutaneus repelent
Deet 50%+artemeter-lumefantrine
3. Impregnated bednet + no cutaneus
repelent + chloroquine-proguanil
4. Impregnated bednet + no cutaneus
repelent + permethrine impregnated
clothes + no antimalaric drug
5. Impregnated bednet + no cutaneus
repelent + permethrine impregnated
clothes + atovaquone-proguanil
6. Cutaneus repelent IR 3535 + mefloquine



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Medical preparation for travelling to Australia & the three archipelagos (Indonesia, Philippines, Malaysia)

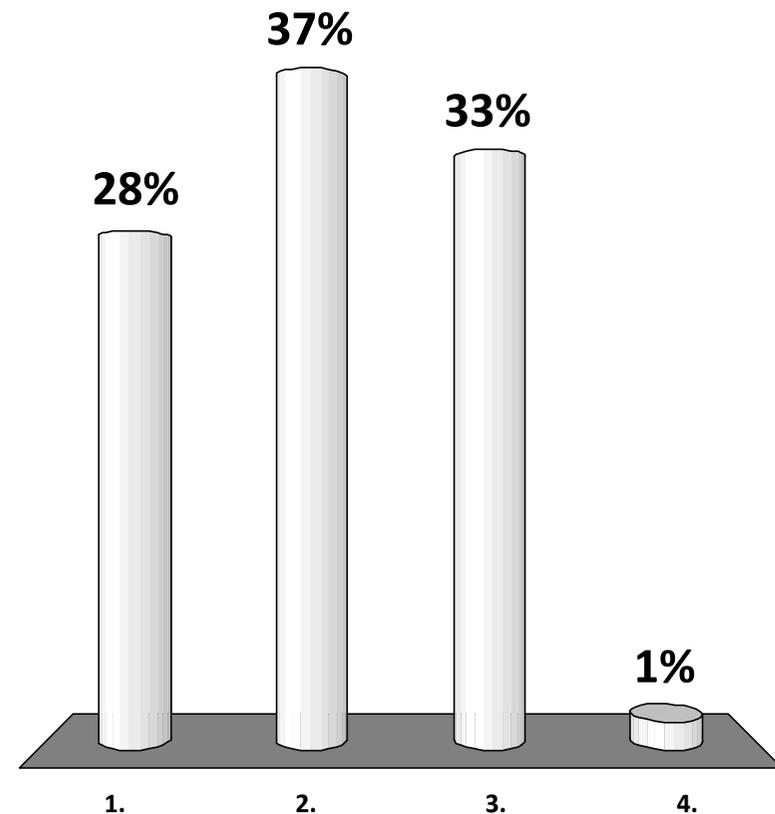
Interactive case discussions

16.35- 17.05 Pr. Y. Van Laethem, CHU St-Pierre Brussels

1. Rabies



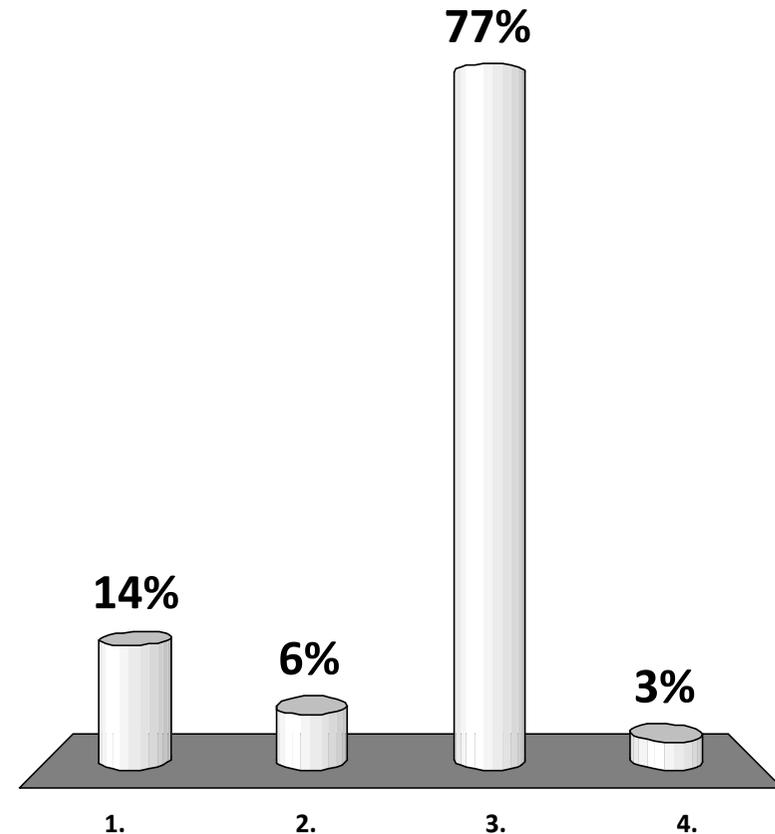
1. exist everywhere in Indonesia except on Bali
2. happens in Australia only in some bats
3. is commonly transmitted by monkeys in the Philippines
4. is, less severe on Borneo



2. Malaria



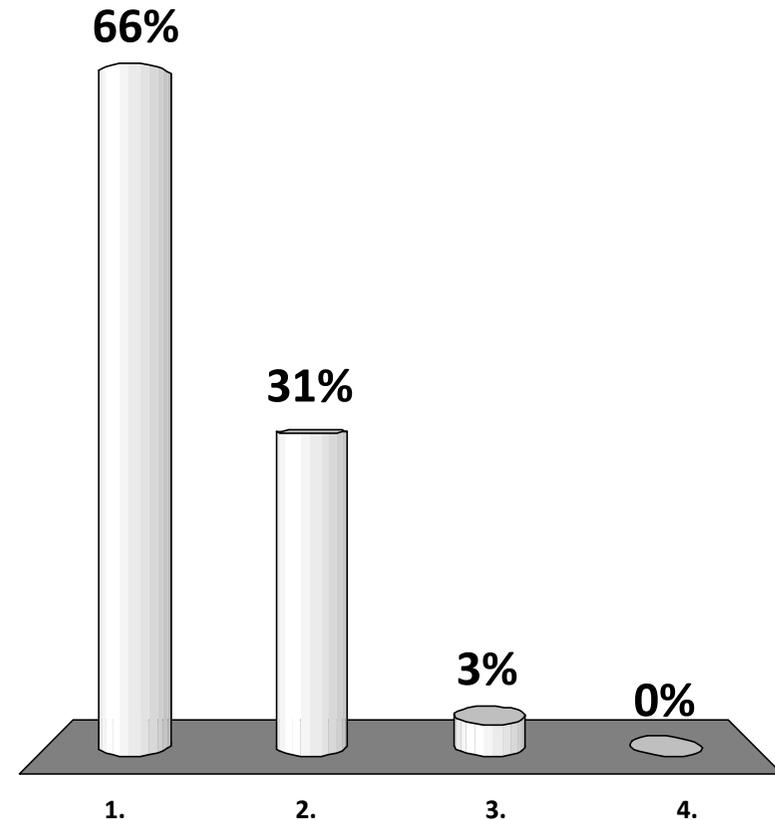
1. is frequent on all islands of the Philippines
2. is so frequent in Malaysia that prophylaxis is indicated for most travelers
3. is very rare in all major cities of Indonesia and on Bali
4. is absent on Gili Islands and Lombok (at the east of Bali)



3. JE is a viral disease



1. very rare in tourists
2. linked to *Aedes* sp biting during the day in this part of SE Asia
3. with a vaccine not very effective and dangerous
4. that needs to be "covert" by vaccination in most adventurous travelers to New Zealand



NOW.be INTERACTIVE VOTING



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