## The Travel Medicine Hub

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## The Faculty of Travel Medicine: Objective and Composition

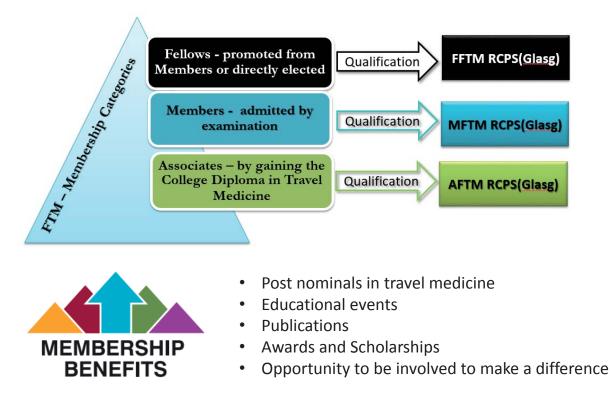
#### Founded in 2006

- Objective to promote improvements to standards of health advice and clinical care for travellers
- Membership is multiprofessional and multidisciplinary





#### **Composition of FTM**





#### Some activities achieving the objectives

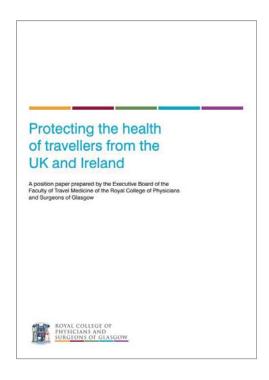




## **Travel Medicine Practice in the UK**

#### Issues

- No regulation
- Variable standards
- Reduction in education to the primary providers
- Practitioners have increasing difficulty in finding time to attend





### What is the scale of the problem?





#### Most pre travel advice is provided in **General Practice in the UK**



#### UK GP Statistics 2014 1 9,800 practices

- 7,962 in England
- 988 in Scotland
- 470 in Wales
- 363 in Northern Ireland

43,000+ GPs

#### General Practice Nursing in 2013

14,943 full-time equivalent GP practice nurses

BMA Press Briefing - General Practice in the UK July 2014 (accessed January 2016) 1.

http://www.bma.org.uk/search?query=press%20briefing%20general%20practice%20in%20the%20UK http://www.pulsetoday.co.uk/hot-topics/practice-news/gp-practice-nurse-numbers-grow-by-17/20006656.fullarticle

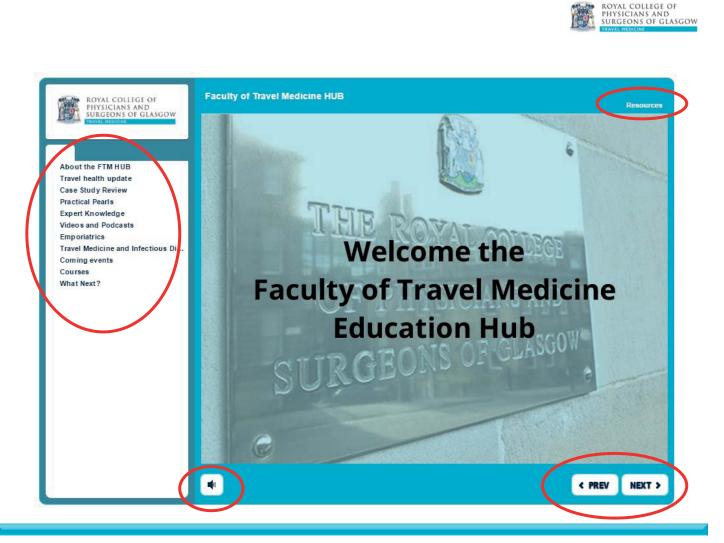


## Using technology to deliver travel health education



## The Travel Medicine Hub Objectives

- Easily accessible, attractive, interactive education that can be undertaken at the user's pace and most convenient time
- Membership benefit
- Attractive to Affiliate category (£24 per annum)
- …… Challenge in the wider membership engage their expertise
- Would this be a useful tool for your trainees?









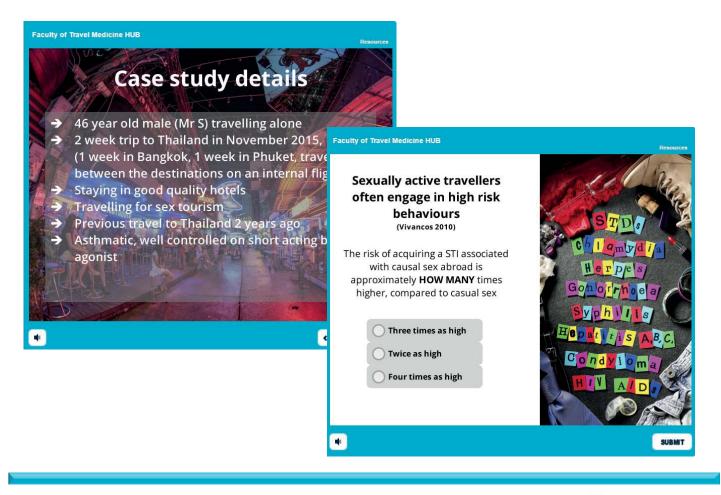
#### Click on images to go to resources online



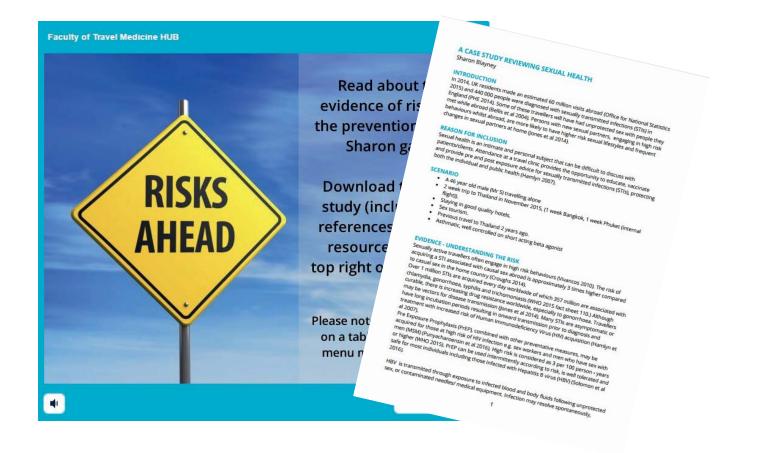








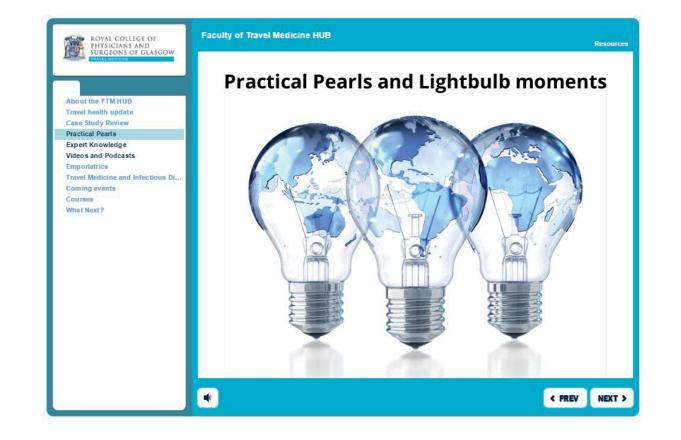






Faculty of Travel Me	edicine HUB Resources			
	Useful Resources			
Ø	British HIV Association BHIVA ) Brook/Sexually transmitted infections (STI's)			
$\bigcirc$	FPA - the sexual health charity HIV Aware Immunisation against Infectious Diseases			
	Sexually transmitted infections (STI's) help THT Direct   Terrence Higgins Trust			
	< PREV NEXT >			







#### Faculty of Travel Medicine HUB

4

#### Practical pearls of wisdom to improve patient care Faculty of Travel Medicine HUB

In this section we invite travel medicin share their personal sto This could be a range of subjects but the someone who has the theoretical kno practical experience as w something the texts books often c

If you feel inspired to write a piece then please contact us by e mail and o

#### Travelling post breast cancer



In 2009 Jane, a travel health specialist nurse developed breast cancer. Her story relates some issues experienced when travelling abroad after treatment

Download the account from the resources in the top right hand corner to read (please note, if looking at this on a tablet, the resources menu may not be visible)

Then click on some of the useful links on the next slide for issues discussed in her story.

< PREV NEXT >



#### Challenges of travel - post breast cancer

by Jane Chiodini FFTM RCPS(Glasg)



by Jane Childinii FFTM RCPS(Glags) In 2009 I was diagnosed with breast cancer which came completely out of the blue and most certarially ruined plans to travel and present at the conference of the international Society of Travel Medicine (CSTM) in Budgest that year amongst other word activities Treatment included majors travely activities Treatment in included major surgery, chemotherapy, radiotherapy and inclusion in the advert that year and those social social social social social social was very fatigued and it tools some considerable time to start to feld was very fatigued and it tools some considerable time to start to feld been tracking about that aspect. In ralation to my work as a travel health specialist nurse, there were a number of challenges post tradement and its these I would like to share to hepsteplicy create a better understanding for our patients.

- In January 2011 I was travelling with my husband Peter to the Christian Medical College in Vellore, India to participate in a course in tropical medicine. Here are some of my learnings from that time and since!
- Peruspare m a course in tropical medicine. Here are some of my lease Having been out of work mode' I completely forgot to check on the status of travel vaccines until 4 weeks prior to departure! I was so busy thinking about visas, suitable clothes etc. that I twent out of my head! How richiculous given my knowledge but it made me appreciate it's often not a main priority to our travelers and their late attendance may not be intentional!

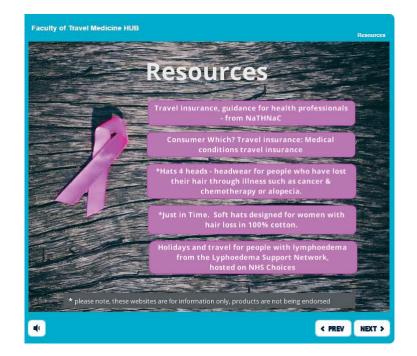
I wasn't able to obtain any travel insurance on an annual



I wasn't able to obtain any travel insurance on an annual policy and wast streamling again to Soud later in the year. Because of my metical history no companies I tried online would offer this and most would not over the breast cancer at all, despite the fact I was not cancer free! It incersed me at the time having worked so hard to get through treatment so to look out a single policy which excluded the cancer and traveled without problems. But it was only on return we thought how cars that had been, what if the hard a mostluto bia on my arm in which all lymp nodes had been removed. What in the worst case scenario, that bits had become infected and developed into a callitatia and septicemain – the insurance moviding the score memory probably as the cause could have been attributed to my condition. Today more companies seem to be offering better insurance moviding - see the information slide in the



then 
then
investment on the Hub for live links
i have absolutely fastidious about good bite protection on my
implement of the arm as 1 didn't want infection that could trigger
implement but tooks so long to apply creans which i preferred
as I was then sure I'd reached every nook and cranny! I wondered
how many travellers really adhere to the advice?! For daytime









#### Kenyan Outreach programme



Faculty of Travel Medicine HUB

Resource

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The camp initiative and activity is led by travel specialist nurse Karen Rudd

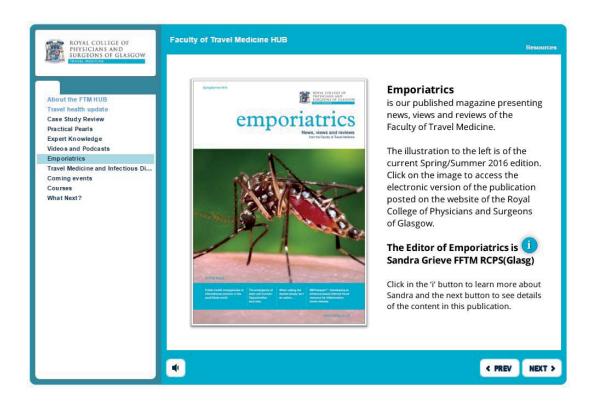
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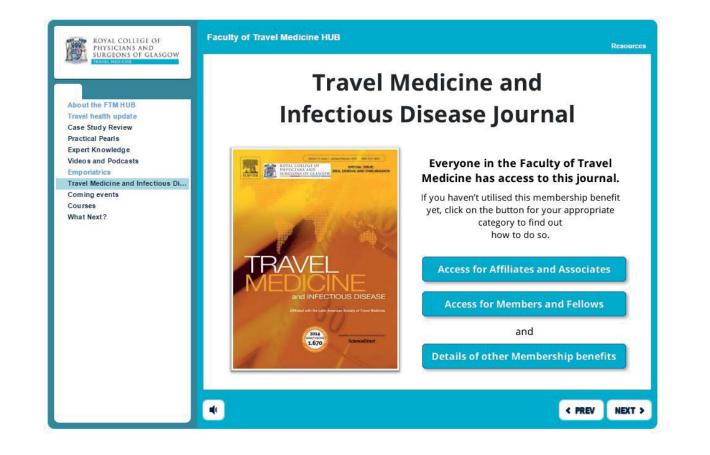
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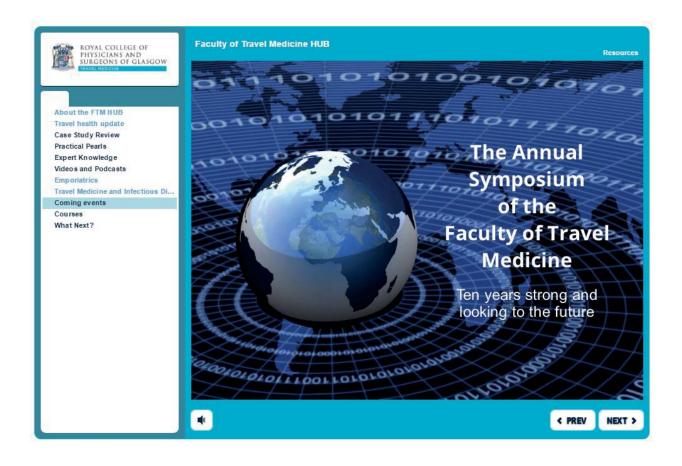
Resources



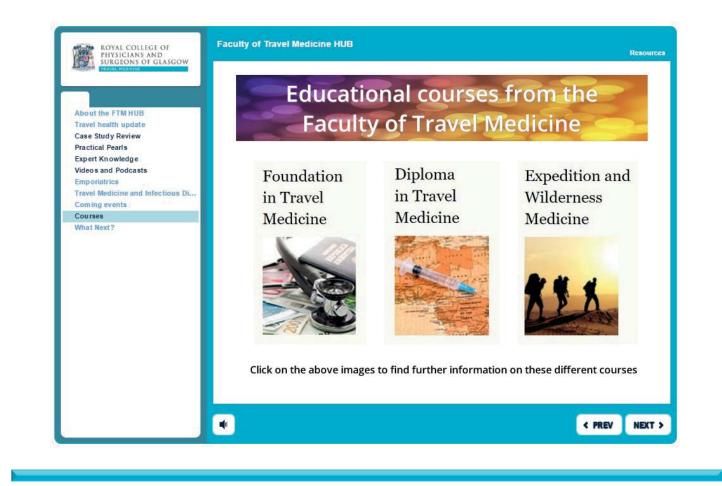




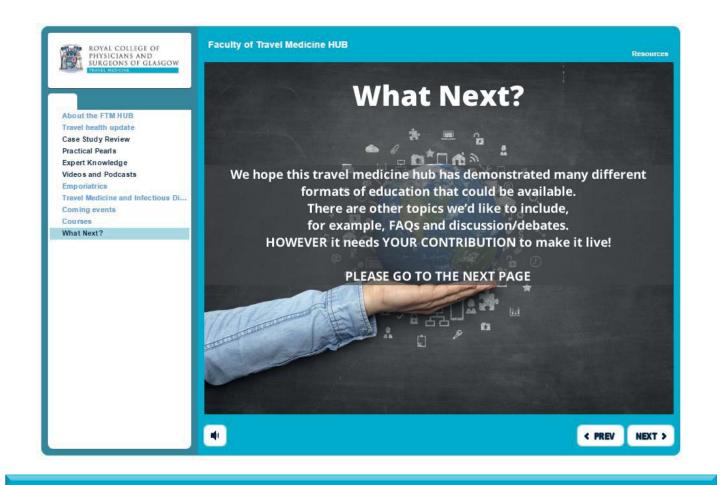




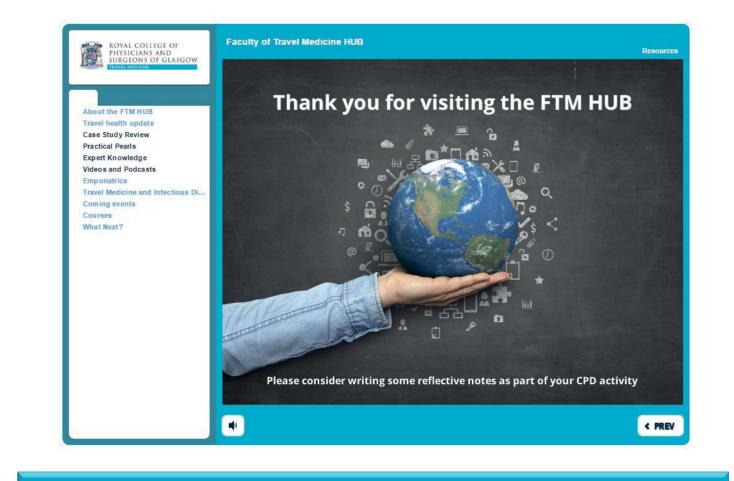
















Postgraduate Technical Workshop

Laboratory Diagnosis of Human Parasitic Infections

Leiden, the Netherlands 30 January – 3 February 2017



E.A.van\_Lieshout@lumc.nl



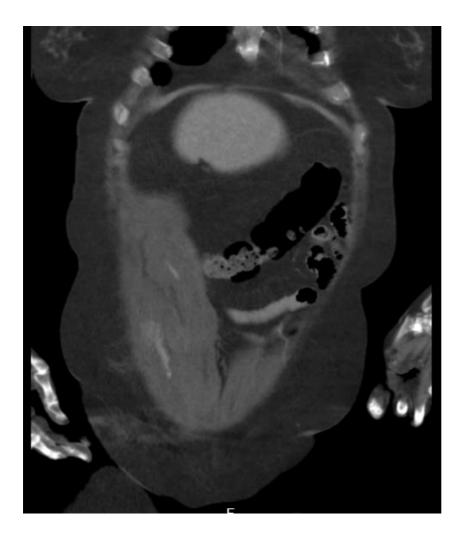
# 68-yo patient

- Severe destructive rheumatoid arthritis R/azathioprine, golimumab, prednison
- 3-week history, intermittent fever, night sweats, shortness of breath; 3 months ago, holiday South of France
- T 38°C; p 93/mín; SpO<sub>2</sub> 97%
- ESR 17 mm; Hb 6.3 mmol/L; Leuko 2.8 x 10<sup>9</sup>/L; Lympho 0.88 x 10<sup>9</sup>/L; 20% large granular lympho; T 91 x 10<sup>9</sup>/L

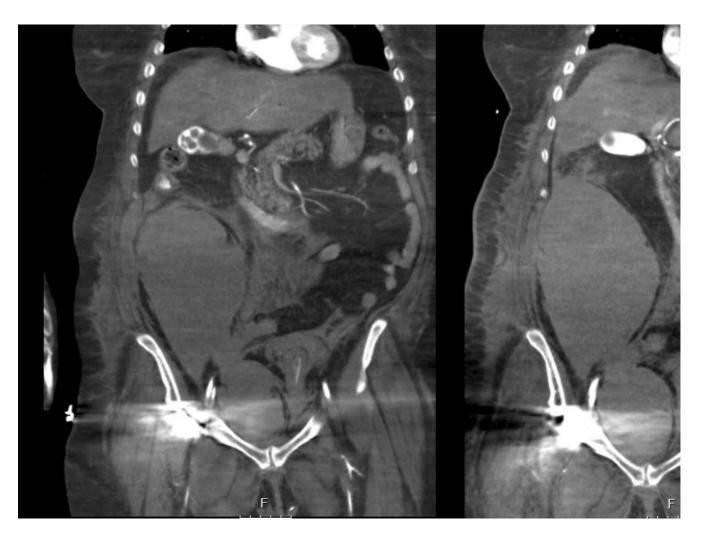
LU MC



- Rheumatoid arthritis with active synovitis left wrist, knee, ankles; high activity spleen; anaemia, neutropenia
- Bone marrow aspírate normal cellularity, reactive lymphocytes. No inclusion bodies (d3)
- PCR Leishmaniasis bone marrow aspirate inhibited



Hb	4.5		
PT	18.5		
INR	1.3		
APTT	47.4		
Fibrinogen	0.9		



## PCR<sub>EDTA blood</sub> CT-index 29 Leishmania infantum

- Visceral leishmaniasis in patient with severe RA under treatment with thiopurines, anti-TNF and corticosteroids
- Abdominal compartment syndrome secondary to diffuse intravascular coagulation

- Liposomal amphotericine B: 4 mg/kg, 10 days Pentamidine: 4 mg/kg/3 weeks
- PCR<sub>EDTA blood</sub> negative on day 10 L-AMB
- Rebleed left musculus rectus sheath Gram-negative bacteraemia Increasingly dependent on noradrenaline

Variable	Adjusted OR (95% CI)	$Points^\#$		Range of the
Splenomegaly	1.5 (1.2–2.0)	1	Score	probability of death (%)
Edema	1.8 (1.4–2.2)	1	0	- 0.6
Weakness	1.7 (1.2–2.3)	1	1	<u>]</u> - 0.9 - 1.1
Bleeding	3.8 (3.0-4.8)	3	2	<b>1.5 - 1.9</b>
Jaundice	1.6 (1.3–2.0)	1	3 4	<b>2.2 - 3.2</b> <b>3.4 - 5.2</b>
Age (years)			5	- 4.8 - 8.3
≤0.5	8.6 (5.3-13.8)	5	6	7.2 -13.0
$>$ 0.5 to $\leq$ 1	2.8 (1.8-4.3)	2	7	<u>]</u> 11.2 -19.5
>1 to ≤19	1.0	0	8	- 16.2 - 27.1
>19 to ≤50	2.4 (1.8–3.1)	2	9 10	} 23.0 - 33.8 ↓ 32.5 - 45.3
>50 to <65	4.0 (2.9–5.7)	3	11	↓ 44.3 - 56.0
≥65	9.6 (6.7–13.6)	5	12	- 56.7 - 66.2
Leishmania-HIV co-infection	1.6 (1.2–2.2)	1	13	<u>-</u> 69.8 - 76.0
Bacterial infection	1.9 (1.5–2.3)	1	14	- 81.3-82.9

Plos Negl Trop Dís 2014; 8:e3374

## Lessons learned

- Mediterranean countries often forgotten in travel history Perform Leishmania PCR<sub>EDTA blood</sub> on diagnostic suspicion
- A negative bone marrow aspirate does not exclude VL
- Uncontrolled bleeding is sign of poor prognosis
- Pentamidine may have caused hypotension in this patient

