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WELCOME ADDRESS FROM APTHS PRESIDENT



Welcome to the 12th Asia Pacific Travel Health Conference (APTHC 2018), taking place in Bangkok, Thailand from 21-24 March, 2018.

The APTHS has now been promoting, advocating, and networking travel health in the Asia-Pacific region for over 10 years. We unite and provide a forum for travel medicine communities from the diverse group of countries constituting the vast continent of Asia. While our issues may differ somewhat—due to factors such as population, geography, climate, culture, heritage, and language—we share a common thread, our passion for healthy and safe travel.

International and regional travel and tourist arrivals are growing most rapidly in the Asia-Pacific Region. This brisk growth in global mobility brings with it increasing challenges and health risks for travellers and host populations alike. We seek to educate travel-health practitioners, the travel industry, and the traveling public, to maximize the benefits and to minimize the risks of travel for all.

We have held conferences in Hong Kong, Taipei (Taiwan), Bali (Indonesia), Shanghai (China), Kuala Lumpur (Malaysia), Melbourne (Australia), Nara (Japan), Singapore, Ho Chi Minh City (Vietnam), and Kathmandu (Nepal).

We have also held training courses in travel medicine in Indonesia, Thailand, China, and elsewhere, and will increase our offerings in the future.

If you are a travel-medicine practitioner (or would like to be), this is your organization. And we need YOU to make it strong. Membership is free now. You can join just by clicking the link on this website. Membership will get you access to this vibrant community, and discounted registration for the next conference of the Asia Pacific Travel Health Society. More details about the Thailand Conference will follow soon. Watch this space!

We are looking forward to hearing your ideas, discussing new challenges and improving our outreach activities.

Assoc. Prof. Pornthep Chanthavanich

*Local Organizing Committee Chairperson and President,
Asia Pacific Travel Health Society*

ORGANIZING COMMITTEE

APTHC Organizing Committee Chair:



Prof. Eli Schwartz
Israel

Members:



Dr. Tony Gherardin
Australia



Prof. Karin Leder
Australia



Dr. Jenny Visser
New Zealand

Local Organizing Committee Chair:



Assoc. Prof. Pornthep Chanthavanich
Thailand

Scientific Committee Chair:



Assoc. Prof. Mike Starr

SPONSORSHIP ACKNOWLEDGEMENT

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Exhibitors



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*Tropical Medicine and
Infectious Disease*

GENERAL INFORMATION

APTHC 2018 will be held at the the Athenee Hotel, a Luxury Collection Hotel, Bangkok (Plaza Athenee Hotel, Bangkok). 61 Wireless Road (Witthayu), Lumpini, Pathumwan, Bangkok, 10330, Thailand

REGISTRATION DESK HOURS

The registration desk will be located in front of the VA Drawing Room, Level 2 and will open as followings:

20 March 2018	13:00-16:00
21 March 2018	8:00 – 18:00
22-23 March 2018	6:30 – 17:30
24 March 2018	7:00 – 16:00

EXHIBITION HOURS

The exhibition is located in in front of the walkway near London Rooms, Level 2 and will be open as follows:

22-23 March 2018	9:00 – 17:00
24 March 2018	9:00 – 16:00

SCIENTIFIC PROGRAM

A full interactive Scientific Program is available on the Congress website via the following link: <http://www.apthc2018.org/scientific-information/program-at-a-glance/> Presenters are encouraged to visit this link and verify their presentation schedule as it may have changed.

CERTIFICATE OF ATTENDANCE

Please note that certificates of attendance will not be printed onsite. Certificates of Attendance will be issued to all attendees electronically after the Congress. Certificates of Poster/Oral Presentation will be issued upon request after the Congress.

REFRESHMENTS AND LUNCH

Refreshments and lunch will be provided daily according to the time indicated in the program.

OPENING CEREMONY AND WELCOME RECEPTION

Registered participants are invited to attend the Opening Ceremony on 21 March 2018 at 18:00 in the Grand Ballroom. The Opening Ceremony will be followed by the Welcome Reception at the foyer.

PROGRAM AT A GLANCE

Plenary Session	Symposium Session	Workshop	Lunch Break	Social Event
Small meeting	Free Communication	Meet the Professor / Local Speaker	Poster Session / Coffee Break	Quiz

TUESDAY, 20 MARCH 2018

Time	
08:00-16:00	Pre-Conference workshops
09:00-17:00	Travel Clinics Australia 10th Biennial conference for TCA members only (China Room)

WEDNESDAY, 21 MARCH 2018

Time	
08:00-17:00	Pre-Conference Consultation on Update Strategies for WHO International Travel and Health (by invitation only; coordination by Shoreland Travax) (London I-II Room)
09:00-12:00	Field Trip to Queen Saovabha Memorial Institute
08:30-15:00	Certificate in Travel Health® Examination
18:30	Opening Ceremony & Welcome Reception (Grand Hall I & II)

THURSDAY, 22 MARCH 2018			
Time	Grand Hall I	Grand Hall II	London I - III
07:30-8:15	Local Speaker - Taweesak Lertprapan, Deputy Governor of Bangkok - Bangkok: History and Street food		Meet the Professor - David Warrell - My Life In The Tropics
08:30-10:00	Plenary 1 Malaria (dedicated to Alan Magill) Brave New World (Nick White, UK) Drug Resistance (Adrianus Dondorp, Netherlands) Chairs: Eli Schwartz, Pornthep Chanthavanich		
10:00-10:30	Poster Session / Coffee Break		
10:30-12:00	Symposium 1 Neglected Tropical Diseases: Scabies (Andrew Steer, Australia), Melioidosis (Wirongrong Chierakul, Thailand), Strongyloides (Priscilla Rupali, India) Chairs: Martin Haditsch, Watcharapong Piyaphanee	Free Communications 1 Vaccines, Immunizations and Other Pre-travel Management Issues 1. Randomized controlled trial of detailed pretravel consultation versus short pretravel consultation combined with online WhatsApp support during the trip - Gilad Rozenberg 2. Characteristics and Preparation of the Last-Minute Traveler: Analysis from the Global TravEpiNet Consortium - Johnnie Yates 3. Adverse events after MMR and MMRV vaccine in adults — an active surveillance - Eyal Nadir Non-Infectious Risks: Trauma, Accidents, Security, Altitude and Other Travel Health Issues 4. Box Jellyfish Stings in Israeli Travelers to Thailand - Avigail Turgeman 5. Snakebites in the Cameron Highlands of Peninsular Malaysia - Ahmad Khaldun Ismail 6. Health Problems of Helicopter Rescued Patients Visiting CIWEC Hospital - Rashila Pradhan 7. Death at High Altitude among Israeli travelers in South America - Drorit Attias Chairs: Eyal Leshem, Phi Truong	Workshop 1 ABC Vaccines (Jonathan Cohen, Australia & Santanu Chatterjee, India)
12:00-14:00	Sponsored Lunch Symposium - Vaccine Preventable Enteric Infections		
14:00-15:30	Symposium 2 Mycobacterial infection: Tuberculosis in travellers (Marc Mendelson, South Africa), Nontuberculous Mycobacterial infections (Charoen Chuchottaworn, Thailand), Leprosy (Priya Joseph, India) Chairs: Priscilla Rupali, Yongyuth Wangroongsarb	Workshop 2 Dengue (Usa Thisyakorn, Thailand & Inbal Fuchs, Israel)	Free Communications 2 Post-Travel Management, Returning Travelers 1. Travel is associated with a higher risk of respiratory viral infections despite influenza vaccination – Angela Chow 2. A novel diagnostic tool to diagnose acute schistosomiasis - Andreas Latz 3. Acute schistosomiasis in returning pediatric travellers - Eyal Leshem 4. Cardiac involvement in Enteric fever among travellers - Asaf Biber Vaccines, Epidemiology of Infectious Diseases, Surveillance 5. Seasonal patterns of major respiratory viruses in tropical Singapore - Angela Chow 6. Progress in the development of Takeda's live-attenuated tetravalent dengue vaccine candidate - Choo Beng Goh Chairs: Sarah McGuinness, Wirongrong Chierakul
15:30-16:00	Poster Session / Coffee Break		
16:00-17:30	Symposium 3 Migrants and Refugees: Migrants and Emerging Public Health Issues (Poh Lian Lim, Singapore), Migrant Health – an Asian Perspective (Masatoki Adachi, Japan), Refugee health and disease (Shidan Tosif, Australia) Chairs: Mike Starr, Tadaki Shinozuka	Workshop 3 Rabies, Bites and Envenomings (David Warrell, UK, Mary Warrell, UK & Eric Caumes, France)	Workshop 4 Emerging Infections in the Asia Pacific (Jurai Wongsawat, Thailand & Jacky Chan, Hong Kong)
17:30-18:30	APTHS Board Meeting (By Invitation)		

FRIDAY, 23 MARCH 2018			
Time	Grand Hall I	Grand Hall II	London I - III
07:30-8:15	Meet the Professor - Andrew Pollard - Update on Meningococcal vaccines	Meet the Professor - David Freedman - Travel Medicine Resources	
08:30-10:00	Plenary 2 Vaccines History and Future (Andrew Pollard, UK) Vaccine Availability (Jerome Kim, South Korea) Chairs: Robert Steffen, Mike Starr		
10:00-10:30	Poster Session / Coffee Break		
10:30-12:00	Symposium 4 Gastrointestinal Diseases: Salmonellosis (Chusana Suankratay, Thailand), Viral gastroenteritis (Eyal Leshem, Israel), Management of diarrhoeal diseases in the Asia Pacific (Gagandeep Kang, India) Chairs: Ami Neuberger, Levina Pakasi	Workshop 5 Destination Pacific Islands (Ram Raju, Fiji & Jenny Visser, New Zealand)	Workshop 6 Special Populations of Travellers (Sarah McGuinness, Australia & Martin Haditsch, Austria)
12:00-14:00	Sponsored Lunch Symposium - Influenza, Meningococcal and JE Vaccines (Sanofi)		
14:00-15:30	Symposium 5 The Global Problem of Antimicrobial Resistance: Patients, Tourists and antimicrobial resistance (Lin Chen, USA), Humanitarian disasters and antimicrobial resistance (Tamar Lachish, Israel), Antimicrobial Resistance in the Asia Pacific region (Iyarit Thaipisuttikul, Siriraj Hospital, Thailand) Chairs: Marc Shaw, Santanu Chatterjee	Workshop 7 Destination SE Asia (Rafi Kot, Vietnam & Olivier Cattin, Myanmar)	Free communications 3 Malaria and Malaria Prophylaxis 1. Assessing Compliance and Tolerability to a 3-Day Atovaquone/Proguanil Schedule for Malaria Prophylaxis - Colleen Lau 2. The experience of twice weekly atovaquone-proguanil prophylaxis in travelers to Africa - Asaf Biber 3. Development of a novel Malaria Antibody assay utilizing antigens from all 5 human pathogenic Plasmodium species - Andreas Latz Tropical Medicine 4. Dengue among International Travellers in Bali: clinical and molecular characteristics of isolated Dengue Viruses - Dewa Ayu Putri Sri Masyeni 5. Toxocariasis in Israel, a nationwide study and clinical case presentation - Daniel Boleslavsky Specific Travelers: Migrants, Refugees, Expatriates, Co-morbid illness 6. "Placenta-Soup" as Culprit in Human Brucella Melitensis Cases during an Outbreak in a Modern Dairy Cattle Farm - Inbal Fuchs Epidemiology of Infectious Diseases, Surveillance 7. Novel IVD tools for diagnosing filariasis in humans and animals - Andreas Latz Chairs: Peter Leggatt, Aung Swi Prue Marma
15:30-16:00	Poster Session / Coffee Break		
16:00-17:30	Workshop 8 Paediatrics in the Tropics (Stefan Hagmann, USA & Pornthep Chanthavanich, Thailand)	Workshop 9 ABC Malaria and Travellers Diarrhoea (Colleen Lau, Australia & Prativa Pandey, Nepal)	Workshop 10 Same Destination - Different Advice Moderator - Tony Gherardin, Australia

SATURDAY, 24 MARCH 2018			
Time	London I	London II	London III
07:30-8:15	Meet the Professor - Karin Leder - Top 10 papers in Travel and Tropical Medicine		Local Speakers - Suda Punrin & Lapakorn Chatapat - Difficult Cases in Travel Clinic: Thailand's experience
08:30-10:00	Plenary 3 Arboviruses and Mosquito Control Arboviruses in the Asia Pacific region (Annelies Wilder-Smith, Singapore) Control of mosquito-borne diseases (Gregor Devine, Australia) Chairs: Colleen Lau, Karin Leder		
10:00-10:30	Poster Session / Coffee Break		
10:30-12:00	Symposium 6 Parasitic Diseases in the Asia Pacific region: Schistosomiasis (Don McManus, Australia), Liver Flukes (Yupaporn Wattanagoon, Thailand), Giardiasis (Michael Libman, Canada) Chairs: Tony Gherardin, Nay Soe Maung	Workshop 11 Marine Medicine (Thanasawat Chaikyakul, Thailand & Levina Pakasi, Indonesia)	Late Breaker Session 1. Plague: Lucille Blumberg (20 min) 2. Rabies: Post exposure guidelines for rabies – Henry Wilde and colleagues (30 min) 3. Zika: a. Screening of Zika in Israeli Travelers – Eli Schwartz (10 min) b. Challenges in diagnosing cocirculating and cross reacting dengue, zika and chikungunya - Andreas Latz (10 min) c. Detection of Zika in Thailand – Rome Buathong (10 min) d. Immunology of Zika in Thailand and other Asian countries - Duncan Smith (10 min) Chairs: Jenny Visser, Yael Paran
12:00-13:30	Lunch break including Poster Session		
13:30-14:30	Quiz - Travel & Tropical Medicine (Quiz Master - Marc Shaw)		12:30-14:30 Nurses reception and workshop
14:30-15:45	Plenary 4 Where Travel and Tropical Medicine Converge Travel and Tropical Medicine: 2 sides of the same coin (Eli Schwartz, Israel) Travellers and global health (Marc Mendelson, South Africa) Chairs: Mike Starr, Watcharapong Piyaphanee		
15:45-16:15	Closing Ceremony		

SCIENTIFIC PROGRAM DETAILS

Thursday, 22 March 2018

07:30-08:15

Local Speaker - Bangkok: History and Street Food

Taweesak Lertprapan, Deputy Governor of Bangkok (Thailand)

Grand Hall I-II

07:30-08:15

Meet the Professor - My Life in the Tropics

David Warrell (UK)

London I-III

08:30-10:00

Plenary 1 Malaria (dedicated to Alan Magill)

Grand Hall I-II

Chairs: Eli Schwartz (Israel), Pornthep Chanthavanich (Thailand)

08:30-09:15

Brave New World

Nick White (UK)

09:15-10:00

Drug Resistance

Adrianus Dondorp (Netherlands)

10:00-10:30

Poster Session/Coffee Break

10:30-12:00

Symposium 1 Neglected Tropical Diseases

Chairs: Martin Haditsch (Austria), Watcharapong Piyaphanee (Thailand)

Grand Hall I

10:30-11:00

Scabies

Andrew Steer (Australia)

11:00-11:30

Melioidosis

Wirongrong Chierakul (Thailand)

11:30-12:00

Strongyloides

Priscilla Rupali (India)

10:30-12:00

Free Communications 1

Chairs: Eyal Leshem (Israel), Phi Truong (Vietnam)

Grand Hall II

Vaccines, Immunizations and Other Pre-travel Management Issues

10:30 Randomized controlled trial of detailed pretravel consultation versus short pretravel consultation combined with online WhatsApp support during the trip

Gilad Rozenberg (Israel)

10:42 Characteristics and Preparation of the Last-Minute Traveler: Analysis from the Global TravEpiNet Consortium

Johnnie Yates (USA)

10:54 Adverse events after MMR and MMRV vaccine in adults — an active surveillance

Eyal Nadir (Israel)

Non-Infectious Risks: Trauma, Accidents, Security, Altitude and Other Travel Health Issues

11:06 Box Jellyfish Stings in Israeli Travelers to Thailand

Avigail Turgeman (Israel)

- 11:18 Snakebites in the Cameron Highlands of Peninsular Malaysia
Ahmad Khaldun Ismail (Malaysia)
- 11:30 Health Problems of Helicopter Rescued Patients Visiting CIWEC Hospital
Rashila Pradhan (Nepal)
- 11:42 Death at High Altitude among Israeli travelers in South America
Drorit Attias (Israel)

10:30-12:00

London I-III

Workshop 1 ABC Vaccines

Jonathan Cohen (Australia) & Santanu Chatterjee (India)

12:00-14:00

Grand Hall I-II

Sponsored Lunch Symposium - Vaccine Preventable Enteric Infections

14:00-15:30

Grand Hall I

Symposium 2 Mycobacterial infection

Chairs: Priscilla Rupali (India), Yongyuth Wangroongsarb (Thailand)

- | | | |
|-------------|---|----------------------------------|
| 14:00-14:30 | Tuberculosis in Travellers | Marc Mendelson (South Africa) |
| 14:30-15:00 | Nontuberculous Mycobacterial infections | Charoen Chuchottaworn (Thailand) |
| 15:00-15:30 | Leprosy | Priya Joseph (India) |

14:00-15:30

Grand Hall II

Workshop 2 Dengue

Usa Thisyakorn (Thailand) & Inbal Fuchs (Israel)

14:00-15:30

London I-III

Free Communications 2

Chairs: Sarah McGuinness (Australia), Wirongrong Chierakul (Thailand)

Post-Travel Management, Returning Travelers

- 14:00 Travel is associated with a higher risk of respiratory viral infections despite influenza vaccination Angela Chow (Singapore)
- 14:15 A novel diagnostic tool to diagnose acute schistosomiasis
Andreas Latz (Germany)
- 14:30 Acute schistosomiasis in returning pediatric travellers
Eyal Leshem (Israel)
- 14:45 Cardiac involvement in Enteric fever among travellers
Asaf Biber (Israel)
- Vaccines, Epidemiology of Infectious Diseases, Surveillance**
- 15:00 Seasonal patterns of major respiratory viruses in tropical Singapore
Angela Chow (Singapore)
- 15:15 Progress in the development of Takeda's live-attenuated tetravalent dengue vaccine candidate Choo Beng Goh (Switzerland)

15:30-16:00 Poster Session/Coffee Break

16:00-17:30

Grand Hall I

Symposium 3 Migrants and Refugees:

Chairs: Mike Starr (Australia), Tadaki Shinozuka (Japan)

16:00-16:30 Migrants and Emerging Public Health Issues

Poh Lian Lim (Singapore)

16:30-17:00 Migrant Health – an Asian Perspective

Masatoki Adachi (Japan)

17:00-17:30 Refugee Health and Disease

Shidan Tosif (Australia)

16:00-17:30

Grand Hall II

Workshop 3 Rabies, Bites and Envenomings

David Warrell (UK), Mary Warrell (UK) & Eric Caumes (France)

16:00-17:30

London I-III

Workshop 4 Emerging Infections in the Asia Pacific

Jurai Wongsawat (Thailand) & Jacky Chan (Hong Kong)

Friday, 23 March 2018

07:30-08:15

Meet the Professor - Update on Meningococcal Vaccines

Andrew Pollard (UK)

Grand Hall I-II

07:30-08:15

Meet the Professor - Travel Medicine Resources

David Freedman (USA)

London I-III

08:30-10:00

Plenary 2 Vaccines

Chairs: Robert Steffen (Switzerland), Mike Starr (Australia)

Grand Hall I-II

08:30-09:15

History and Future

Andrew Pollard (UK)

09:15-10:00

Vaccine Availability

Jerome Kim (South Korea)

10:00-10:30

Poster Session/Coffee Break

10:30-12:00

Symposium 4 Gastrointestinal Diseases

Chairs: Ami Neuberger (Israel), Levina Pakasi (Indonesia)

Grand Hall I

10:30-11:00

Salmonellosis

Chusana Suankratay (Thailand)

11:00-11:30

Viral Gastroenteritis

Eyal Leshem (Israel)

11:30-12:00

Management of Diarrhoeal Diseases
in the Asia Pacific

Gagandeep Kang (India)

10:30-12:00

Workshop 5 Destination Pacific Islands

Ram Raju (Fiji) & Jenny Visser (New Zealand)

Grand Hall II

10:30-12:00

Workshop 6 Special Populations of Travellers

Sarah McGuinness (Australia) & Martin Haditsch (Austria)

London I-III

12:00-14:00

Sponsored Lunch Symposium - Influenza, Meningococcal and JE Vaccines (Sanofi)

Grand Hall I-II

14:00-15:30

Grand Hall I

Symposium 5 The Global Problem of Antimicrobial Resistance

Chairs: Marc Shaw (New Zealand), Santanu Chatterjee (India)

14:00-14:30

Patients, Tourists and antimicrobial resistance

Lin Chen (USA)

14:30-15:00

Humanitarian disasters and antimicrobial resistance

Tamar Lachish (Israel)

15:00-15:30

Antimicrobial Resistance in the Asia Pacific region

Iyarit Thaisuttikul
(Thailand)

14:00-15:30

Grand Hall II

Workshop 7 Destination SE Asia

Rafi Kot (Vietnam) & Olivier Cattin (Myanmar)

14:00-15:30

London I-III

Free communications 3

Chairs: Peter Leggatt (Australia), Aung Swi Prue Marma (Bangladesh)

Malaria and Malaria Prophylaxis

14:00 Assessing Compliance and Tolerability to a 3-Day Atovaquone/Proguanil Schedule for Malaria Prophylaxis

Luis Furuya-Kanamori (Australia)

14:12 The experience of twice weekly atovaquone-proguanil prophylaxis in travelers to Africa

Asaf Biber (Israel)

14:24 Development of a novel Malaria Antibody assay utilizing antigens from all 5 human pathogenic Plasmodium species

Andreas Latz (Germany)

Tropical Medicine

14:36 Dengue among International Travellers in Bali: clinical and molecular characteristics of isolated Dengue Viruses

Dewa Ayu Putri Sri Masyeni (Indonesia)

14:48 Toxocariasis in Israel, a nationwide study and clinical case presentation

Daniel Boleslavsky (Israel)

Specific Travelers: Migrants, Refugees, Expatriates, Co-morbid illness

15:00 "Placenta-Soup" as Culprit in Human Brucella Melitensis Cases during an Outbreak in a Modern Dairy Cattle Farm

Inbal Fuchs (Israel)

Epidemiology of Infectious Diseases, Surveillance

15:12 Novel IVD tools for diagnosing filariasis in humans and animals

Andreas Latz (Germany)

15:30-16:00 Poster Session/Coffee Break

16:00-17:30

Grand Hall I

Workshop 8 Paediatrics in the Tropics

Stefan Hagmann (USA) & Pornthep Chanthavanich (Thailand)

16:00-17:30

Grand Hall II

Workshop 9 ABC Malaria and Travellers Diarrhoea

Colleen Lau (Australia) & Prativa Pandey (Nepal)

16:00-17:30

London I-III

Workshop 10 Same Destination - Different Advice

Moderator –Tony Gherardin (Australia)

Saturday, 24 March 2018

07:30-08:15

Meet the Professor - Top 10 papers in Travel and Tropical Medicine

London I

Karin Leder (Australia)

07:30-08:15

Local Speakers - Difficult Cases in Travel Clinic: Thailand's experience

London III

Suda Punrin (Thailand) & Lapakorn Chatapat (Thailand)

08:30-10:00

Plenary 3 Arboviruses and Mosquito Control

London I

Chairs: Colleen Lau (Australia), Karin Leder (Australia)

08:30-09:15 Arboviruses in the Asia Pacific region

Annelies Wilder-Smith (Singapore)

09:15-10:00 Control of mosquito-borne diseases

Gregor Devine (Australia)

10:00-10:30

Poster Session/Coffee Break

10:30-12:00

Symposium 6 Parasitic Diseases in the Asia Pacific region

London I

Chairs: Tony Gherardin (Australia), Nay Soe Maung (Myanmar)

10:30-11:00 Schistosomiasis

Don McManus (Australia)

11:00-11:30 Liver Flukes

Yupaporn Wattanagoon (Thailand)

11:30-12:00 Giardiasis

Michael Libman (Canada)

10:30-12:00

London II

Workshop 11 Marine Medicine

Thanasawat Chaiyakul (Thailand) & Levina Pakasi (Indonesia)

10:30-12:00

London III

Late Breaker Session

Chairs: Jenny Visser (New Zealand), Yael Paran (Israel)

10:30 Plague

Lucille Blumberg (South Africa)

10:50 Rabies: Post exposure guidelines for rabies

Henry Wilde (Thailand) and colleagues

Zika:

11:20 Screening of Zika in Israeli Travelers

Eli Schwartz (Israel)

11:30 Challenges in diagnosing cocirculating and cross reacting dengue, zika and chikungunya - Andreas Latz (Germany)

11:40 Detection of Zika in Thailand

Rome Buathong (Thailand)

11:50 Immunology of Zika in Thailand and other Asian countries

Duncan Smith (Thailand)

12:00-13:30

Lunch break including Poster Session

Rain Tree Café & Poster Area

13:30-14:30

Quiz - Travel & Tropical Medicine

Quiz Master - Marc Shaw (New Zealand)

London I

14:30-15:45

London I

Plenary 4 Where Travel and Tropical Medicine Converge Travel and Tropical Medicine

Chairs: Mike Starr (Australia), Watcharapong Piyaphanee (Thailand)

14:30-15:05 2 sides of the same coin

Eli Schwartz (Israel)

15:05-15:45 Travellers and global health

Marc Mendelson (South Africa)

INVITED SPEAKERS' BIO AND ABSTRACT

22 March 2018

8:30-10:00

Plenary 1 Malaria (dedicated to Alan Magill)Brave New World (Nick White, UK)Drug Resistance (Adrianus Dondorp, Netherlands)

Chairs: Eli Schwartz, Pornthep Chanthavanich

Abstract**Malaria****NJ White**

Faculty of Tropical Medicine, Mahidol University

The resurgence of interest in malaria over the past two decades has paid dividends. The global death toll has fallen by more than half, many countries have approached or achieved elimination, and a substantial proportion of those living in malaria endemic areas sleep under insecticide treated bed-nets and have ready access to effective antimalarial drugs. But progress has stalled. Despite substantial international investment in malaria control efforts, case numbers are rising again, and the twin threats of insecticide and drug resistance loom ever larger. The battle is far from over.

Most malaria cases and most malaria deaths are in Africa. South-East Asia harbours only a small proportion of the global burden, but it is from this region that drug resistance in *P. falciparum* emerges and historically spreads westwards. The greater Mekong sub-region is now in a close race against time to eliminate falciparum malaria before it becomes so resistant to available therapies that it cannot be controlled. New drugs are being developed but they will not be generally available for several years. The outcome is uncertain.

Abstract**Antimalarial drug resistance****Arjen M. Dondorp^{1,2}**¹ Mahidol Oxford Tropical Medicine Research Institute, Bangkok, Thailand² Nuffield Department of Medicine, Centre for Tropical Medicine and Global Health, University of Oxford, Oxford, UK

The world has seen an impressive reduction in the burden of falciparum malaria over the last decade which can to a large extent be attributed to the wide deployment of insecticide treated bed nets and the introduction of highly effective artemisinin combination therapies (ACTs). However, resistance of *P. falciparum* to artemisinins has emerged in Western Cambodia and has spread to all 5 countries of the Greater Mekong Subregion (GMS). Potency loss of the artemisinin component has facilitated the selection for resistance against ACT partner drugs, and consequently high ACT treatment failure rates are now observed in Cambodian, S-Viet Nam, and on the Thai-Myanmar border.

Much progress has been made in understanding the molecular genetic and biological basis of artemisinin and partner drug resistance, and molecular markers for artemisinin resistance ("Kelch 13") and piperaquine resistance (Plasmepsin-2 amplification) have been identified. Recent genetic epidemiological studies show that a single lineage of artemisinin resistant *P. falciparum* has spread from its origin in W-Cambodia to NE-Thailand, S-Laos, and S-Viet Nam, picking up piperaquine resistance in its course. Further spread of multidrug resistant (MDR) malaria in the region and beyond, in particular to Sub-Saharan Africa harboring >90% of malaria cases, will have disastrous consequences.

New antimalarials are not expected within this decade. A promising strategy to treat MDR falciparum malaria using existing antimalarials is with triple artemisinin combination therapies, combining two partner drugs with potentially counteracting resistance mechanisms, and matching pharmacokinetic profiles. DHA-piperaquine-mefloquine and artemether-lumefantrine-amodiaquine are currently being trialed.

Containment of artemisinin and partner drug resistance falciparum malaria implies the elimination of falciparum malaria in areas of artemisinin resistance, since with continued drug pressure the remaining parasite populations will be the most resistant. Elimination will need to include the parasite reservoir in asymptomatic carriers, which was shown to be considerable even in these low malaria transmission settings. A malaria elimination strategy has been endorsed by all countries of the GMS.

10:30-12:00

Symposium 1 Neglected Tropical Diseases: Scabies (Andrew Steer, Australia), Melioidosis (Wirongrong Chierakul, Thailand), Strongyloides (Priscilla Rupali, India)

Chairs: Martin Haditsch, Watcharapong Piyaphanee

Abstract

Public health control of scabies.

Scabies was adopted as a Neglected Tropical Disease by the World Health Organization in 2017. The disease affects over 200 million people at any one time, and causes considerable morbidity and even mortality through secondary infection by the bacteria *Streptococcus pyogenes* and *Staphylococcus aureus*. Individual case management in high prevalence areas is often unsuccessful because of frequent re-infestation from family and community members. However, mass drug administration, especially with the oral drug ivermectin, widely used in the control of other Neglected Tropical Diseases, appears to be a highly effective. This presentation will review the current data supporting the case for a mass drug administration approach and will outline key future research questions and how they are being answered.

Workshop 1 ABC Vaccines (Jonathan Cohen, Australia & Santanu Chatterjee, India)

10:30-12:00

Bio

Jonathan Cohen

Medical Director, Travel Clinics Australia
MBBS, FACTM, FRACGP, MastFamMed

Dr Jonathan Cohen is the Medical Director of Travel Clinics Australia, the Australian national association of over 50 travel clinics. He holds a Certificate of Travel Health (CTH) with the International Society of Travel Medicine, is a Fellow of the Australasian College of Tropical Medicine (FACTM) and also Adjunct Senior Research Fellow, Department of General Practice, Monash University.

Dr Jonathan Cohen works in full time clinical practice in Melbourne and also as a consultant to a number of national and international organizations. He has authored over 80 articles & publications including "The Traveller's Pocket Medical Guide and International Certificate of Vaccination" and presents regularly on travel health both nationally and overseas.

Santanu Chatterjee

MBBS, DTM&H, FACTM, FFCM ACTM, FFCM RCPS (Glasgow)
Consultant Physician (Travel & Tropical Medicine)
Pulse Diagnostics Pvt Ltd
Kolkata
India

Dr Santanu Chatterjee is an alumni of R.G.Kar Medical College & Hospitals with a post-graduation in Tropical Medicine, being awarded the *J N Chowdhury Scholarship* from the School of Tropical Medicine, Kolkata in 1986. He has written and lectured widely on Travel Medicine and is a contributing author in the *Textbook of Travel Medicine and Health*, in *Travel Medicine and Migrant Health*, in *Pocket Guide to Cultural Health Assessment*, in *Tourism and Health*, in *Travel Medicine - Tales Behind the Science*, in *Travellers' Diarrhoea 2nd Edition* and in *Guide to Healthy Living in Thailand and South East*. An invited Speaker on 'The Impact of Travel on Host Countries' at the Commonwealth Partnership in Medicine Conference – Edinburgh in October 1997, he is past President of the Asia-Pacific Travel Health Society, past Counselor of the International Society of Travel Medicine (ISTM), member of the External Review Group of International Travel and Health (WHO) and on the Editorial Board of the *Journal of Travel Medicine and Tropical Medicine Infectious Disease* journal.

He is based in Kolkata and has original research contributions on travelers diarrhoea, health behavior of travelers in destination countries and malaria chemoprophylaxis to his credit. In 2008, he was admitted as Fellow of the Faculty of Travel Medicine (FFTM RCPS) at the Royal College of Physicians and Surgeons in Glasgow and subsequently in 2011 as both Fellow of the Australasian College of Tropical Medicine (FACTM) and Fellow of the Faculty of Travel Medicine (FFTM ACTM).

Abstract - ABC Workshop 1: Vaccines – the basics

This workshop will provide travel health practitioners with an overview of commonly recommended travel-related diseases and vaccines. Case-based examples will be used to highlight important issues. Practical details for prescribing and administering vaccines will be discussed.

Objectives:

- 1) Discuss vaccine-preventable diseases associated with travel and the indications for vaccination
- 2) Discuss recent updates on travel immunizations
- 3) Describe some areas of challenge.

14:00-15:30

Symposium 2 Mycobacterial infection: Tuberculosis in travellers (Marc Mendelson, South Africa), Nontuberculous Mycobacterial infections (Charoen Chuchottaworn, Thailand), Leprosy (Priya Joseph, India)

Chairs: Priscilla Rupali, Yongyuth Wangroongsarb

Bio

Marc Mendelson

Marc Mendelson studied Medicine at St Mary's Hospital, London. He specialized in Infectious Diseases at Addenbrookes Hospital, Cambridge, where he attained his PhD before moving to The Rockefeller University, New York and subsequently in 2001, to University of Cape Town (UCT) to work on tuberculosis and innate immunity.

He is Professor of Infectious Diseases and Head of the Division of Infectious Diseases & HIV Medicine at Groote Schuur Hospital, UCT. Marc is Director of the Cape Town Site for the Geosentinel Travel Surveillance Network and a previous ISTM counsellor. He is president of the International Society for Infectious Diseases and the past-president of the Federation of Infectious Diseases Societies of Southern Africa.

Marc's focus is on national and international policy development to mitigate antibiotic resistance. He is Chair of the South African Ministerial Advisory Committee on Antimicrobial Resistance, the South African lead for Antimicrobial Resistance on the Global Health Security Agenda, and founding chair of the South African Antibiotic Stewardship Programme. He is a WHO technical advisor on several projects related to antibiotic resistance and stewardship.

14:00-15:30

Workshop 2 Dengue (Usa Thisyakorn, Thailand & Inbal Fuchs, Israel)

Bio**Usa Thisyakorn**

Professor Usa Thisyakorn is presently a Professor of Pediatrics at Chulalongkorn University, an advisor of Faculty of Tropical Medicine, Mahidol University, Department of Health, Bangkok Metropolitan Administration, Princess Maha Chakri Sirindhorn Medical Center, Faculty of Medicine, Srinakharinwirot University and Faculty of Medicine, Thammasat University.

Her other positions include President of the Asian Society for Pediatric Infectious Diseases, Standing Committee Member of International Pediatric Association, Steering Committee Member of Asian Dengue Vaccination Advocacy, Immediate Past President of International Society of Tropical Pediatrics, Pediatric Society of Thailand as well as Pediatric Infectious Disease Society of Thailand.

In 1989, she received a Rockefeller grant for dengue research at the Centers for Diseases Control and Prevention in Atlanta and Scientific Awards from the Elizabeth Glaser Pediatric AIDS Foundation for Pediatric HIV training at the National Institutes of Health in Bethesda in 1994. In 2000, under Professor Thisyakorn's guidance as Chair of the medical committee on the Save a child's life from AIDS project, the project was selected as one of the UNAIDS best practices in the year 2000. For her contributions, she has received several awards including 'Woman of the Year' from the Foundation for Thai Society and the Outstanding Asian Pediatrician Award from the Asia Pacific Pediatric Association.

Professor Thisyakorn has served as an editorial board of several medical journals and has contributed over 150 indexed publications to date.

Inbal Fuchs

Dr Fuchs is the regional infectious diseases consultant in the Southern district of the Clalit Medical services HMO in Israel. Her interests are zoonoses, refugee and migrant health, and traveller's health. She has worked in Nepal, Kenya and South Africa, and in 2013 volunteered to participate in a humanitarian mission to Leyte Philippines in the aftermath of Typhoon Yolanda. In 2015-2016 she worked in the Family medical practice in Ho Chi Minh City where she conducted a study on the epidemiological aspects of dengue in a primary health care setting.

Abstract**DENGUE: CURRENT SITUATION AND CHALLENGES**

Usa Thisyakorn, Chule Thisyakorn

Faculty of Medicine, Chulalongkorn University, Bangkok, Thailand

Dengue affects millions of people annually and it is a re-emerging disease in the tropical world. The increasing number of dengue cases over the last decades has been explained by association with unplanned urbanization and lack of efficient health facilities, demographic transition, travel/commercial development and limited efficacy of the vector control efforts.

Dengue is one disease entity with different clinical manifestations often with unpredictable clinical outcomes. The clinical presentations of dengue ranges from mild illness to the life-threatening severe forms of the disease associated with plasma leakage, shock, severe bleeding or multi-organ failure, which may be fatal. Although shock and plasma leakage seem to be more prevalent as age decreases, the frequency of severe bleeding or internal hemorrhage augments as age increases. Increase in liver enzymes, unlike conventional viral hepatitis, indicates liver involvement during dengue infections. Fatal cases were found to have significant frequencies of shock, altered consciousness, massive gastrointestinal bleeding, renal/hepatic failure and concurrent bacteremia. Successful treatment, which is mainly symptomatic and supportive, depends on the early recognition of the disease and careful monitoring of the disease severity. Proper management must consider the different age-specific clinical manifestations. The implementations of effectively sustainable vector control and effective dengue vaccines are keys to success for prevention and control of this disease.

Clinical profile of expatriate children with laboratory confirmed dengue who reside in dengue-endemic countries

Background: Data pertaining to dengue fever in children from non-endemic countries, is scarce. Increased case-fatality rates in children with dengue is well documented in endemic countries. In this study we describe the clinical presentation and outcome of dengue fever in expatriate children residing in Southern Vietnam and in New-Delhi, India.

Material/methods: Data on expatriate patients <18 years with laboratory confirmed dengue (positive Ns1 antigen test or positive dengue IgM) who sought medical treatment in the fall of 2010 , and 2014- 2015 in the HCMC clinic, and during 2012-2015 in clinics serving two international school in New Delhi were analyzed. In Vietnam, patients' records and complete laboratory results were available from a computerized database. In New Delhi, parents were contacted via two foreign schools, and provided information and medical records regarding their children's illness.

Results: A total of 60 expatriate pediatric dengue patients were treated at both sites. Almost all patients (95%) had been living in Vietnam or India for 6 months before diagnosis. Ages ranged from 1 – 17 years. Nine patients received a primary diagnosis of upper respiratory tract infection or viral gastroenteritis at presentation, before receiving a dengue diagnosis in a follow-up visit. Five patients at each site, 16% of study population, developed dengue with warning signs. Two children from India were evacuated to a 1st world country. None of the study patients developed severe dengue nor received blood products. The household members of 15 patients (58%) in Vietnam had either confirmed dengue or dengue-compatible symptoms within 3 weeks of the index patients' diagnoses.

Conclusions: This study reports consecutive data on the clinical course and outcome of pediatric dengue patients living in dengue-endemic countries with access to high quality primary care. Our study has shown a very favorable outcome, (although numbers are quite small) for dengue fever; even in the setting of dengue with warning signs, administration of blood products was unnecessary. Physicians less familiar with dengue infection should be aware that URTI or gastroenteritis-like symptoms in a febrile child returning from a DENV endemic area can represent dengue infection. Expatriate households are important intervention targets to reduce transmission.

Table 3: Characteristics of children who developed dengue with warning signs

Patient	Country of origin	Age (years)	Gender	BMI percentile	Primary/secondary	Warning sign
1	France	11	f	25%	sec	Severe abdominal tenderness, Persistent vomiting, Vaginal bleed 1 st time
2	US	14	f	80	sec	Persistent vomiting, Pleural effusion, hematocrit rise with platelet drop
3	France	4	m	27	primary	epistaxis
4	UK	5	m	30	primary	Hematemesis, epigastric pain, persistent vomiting
5	SA	11	m	35	primary	Persistent vomiting, restlessness
6	Denmark	6	m		primary	Severe abdominal tenderness, Persistent vomiting, hematocrit rise
7	Germany	9	f	80	primary	Persistent vomiting, lethargy, increased hematocrit with platelet drop
8	Israel	11	m		primary	Epistaxis and hemoptysis- *med-evacuation to Israel
9	US	13	f		primary	Epistaxis gingival bleeding
10	Germany	16	f		primary	Epistaxis, menorrhagia- *med-evacuation to Singapore

16:00-17:30

Symposium 3 Migrants and Refugees:

Migrants and Emerging Public Health Issues (Poh Lian Lim, Singapore), Migrant Health – an Asian Perspective (Masatoki Adachi, Japan), Refugee health and disease (Shidan Tosif, Australia)

Chairs: Mike Starr, Tadaki Shinozuka

Bio

Masatoki Adachi

Dr Adachi is a physician and a pediatrician based in Kobe, an international port city in Japan. He serves as the Medical Advisor for the US Consulate General of Osaka-Kobe and the India Consulate General of Osaka-Kobe. He has worked as an appointed panel physician for the Australian, Canadian, New Zealand and US governments for immigration medical examinations, providing health screenings for immigrants and non-immigrants.

Born in Japan, Dr Adachi spent most of his childhood in Hong Kong due to his father's job. He attended the British Service School in Hong Kong. He returned to Japan for university and received his medical degree and the Dean's Award from the University of Saga Medical School. He completed his residency program at the University of Tokyo, followed by a fellowship in pediatrics at the University of Tokyo Hospital. Dr Adachi has received a postgraduate Master of Science degree in Global Health Policy from the University of London. He is a current chair of the Migrant and Refugee Health Interests Group at the International Society of Travel Medicine.

His research interests focus on the health of mobile populations, including travelers, expatriates and migrants. He works with the local government as well as non-government organization to bring awareness to the health of migrant population in Japan. He serves as a reviewer for academic journals including the Journal of Travel Medicine and Emerging Infectious Diseases.

Shidan Tosif

Dr Shidan Tosif is a consultant paediatrician at the Royal Children's Hospital Melbourne Immigrant Health Service. This multidisciplinary clinic and consultation service has over 2000 episodes of clinical contact per year, for approximately 1300 patients of refugee, asylum seeker and immigrant backgrounds. The service provides education to health care workers, as well as research and policy contributions, including a national inquiry into children in immigration detention. Shidan is a PhD candidate with the Centre for International Child Health at the University of Melbourne, and holds a research appointment at the Murdoch Children's Research Institute.

Abstracts

Migrants & Emerging Public Health Issues

Poh-Lian Lim, MD, MPH

Migrants refer to mobile populations which may range from permanent immigrants, migrant workers, or people displaced by conflict. This talk will touch briefly on examples of emerging public health issues in immigrants through VFR travel, and endemic infections among migrant workers.

However, the main focus of the talk will be on outbreaks occurring among refugees and internally displaced persons, including the cholera outbreak in Yemen and surrounding countries, diphtheria outbreak in Bangladesh, and polio outbreak in Syria. We will discuss an integrated health framework for addressing public health issues and protecting health in these vulnerable populations.

Migrant Health – an Asian Perspective

Migration is a topic of interest to almost all countries and communities. Current estimates place their numbers at nearly 2.2 million international migrants and 740 million internal migrants. Migration flows have become more complex and reflect diverse individual needs and levels of vulnerability. This presentation will give an overview of international governmental agendas regarding migrant health and migration patterns focusing on Asian. Then I will show how each country's migrant health policy is influencing migrants' health.

Migration and Health in Asia

- Majority is Labor migration
- Sizeable undocumented migrants
- Compared to Low-income to High-income country migration ("South to North"), Low-income to middle income country migration ("South to South") is predominate.
- Many countries are "Sending" country as well as "Receiving" country.

Refugee health and disease

Dr Shidan Tosif

Consultant Paediatrician

Refugee and Immigrant Health Service

Royal Children's Hospital Melbourne

The world's forcibly displaced population worldwide is at a record high, due to increasing impact of persecution, conflict, violence, torture and other human rights violations. An estimated 65.6 million people were displaced in 2016. Most refugees are hosted in less developed countries, and a disproportionately high percentage of refugees are children, representing 51% of the refugee population.

The challenging circumstances for people of refugee background often results in complex physical and emotional health care needs. Health concerns may arise at any point during the experience of pre-migration, migration and post-migration resettlement periods. Medical issues may include nutritional deficiencies and infectious diseases, poorly managed chronic disease, dental and eye disease. Psychological concerns are common, such as post-traumatic stress disorder, depression and anxiety, with a fluctuating course well into the settlement period. Children are particularly vulnerable, and face under-immunisation, interrupted schooling and adverse impact on growth and development.

In addition, refugees face challenges in access, as well as financial, language and cultural barriers to appropriate health care. There may be lack of trust or anxiety in health seeking in new health systems, health literacy may be poor and health care providers may not be unfamiliar with treatment in this population or have limited interpreter access.

This presentation will focus on an approach to the common health and mental health issues relating to refugees in settlement countries, drawing on the experience of a large specialised unit that provides services to families of refugee background. Themes will include the global and regional refugee context, health care assessment and screening, and specific health issues with case-based examples.

16:00-17:30

Workshop 3 Rabies, Bites and Envenomings (David Warrell, UK, Mary Warrell, UK & Eric Caumes, France)**Bio****David Warrell**

Emeritus Professor of Tropical Medicine and Honorary Fellow of St Cross College, University of Oxford, UK
Principal Fellow, Australian Venom Research Unit, Department of Pharmacology and Therapeutics, University of Melbourne

International Advisor, Australian DFAT-GPFD Myanmar Snake-bite Project, University of Adelaide

Honorary Professor of Tropical Medicine, University of Medicine-1, Yangon, Myanmar

Professor Emeritus, Gorgas Institute, Universidad Peruana Cayetano Heredia, Lima, Peru

Eric Caumes

Eric Caumes is Professor of Infectious and Tropical diseases, at the Paris Sorbonne University, and head of the department of infectious diseases, at the Teaching Hospital "Pitié Salpêtrière" in Paris, France. He is a clinician (MD) certified in Dermatology and in infectious and tropical diseases. His department includes a 40 beds unit, and a consultation attended by more than 10.000 patients per year.

His involvement in travel medicine started during the eighties as he worked in Nepal. He was a member of the Executive Board of the ISTM, and he is currently the Editor in Chief of the Journal of Travel Medicine. He has published more than 300 articles related to travel medicine or infectious/tropical diseases, and has contributed to write many chapters in about twenty textbooks in travel medicine, or tropical diseases.

Abstract

Venomous bites and stings in the Asia-Pacific Region: the challenge to travellers

David A Warrell

Venomous bites and stings are a serious hazard to indigenous people living in some rural areas of tropical countries. However, travellers can on rare occasions become victims and even fatalities. Among travellers, the risk is highest among explorers, botanists and zoologists. Although the real risk is low, these accidents are frequently the traveller's worst nightmare. At the very least, expedition medicine specialists should be able to discuss, reassure and provide practical advice for prevention, first aid and medical treatment. On expeditions in countries where there are dangerously venomous snakes, first-aid consists of immediate application of pressure-pad immobilisation unless a neurotoxic elapid snake can be ruled out with confidence. Risk can be reduced by education, use of protective clothing, especially footwear, use of lights when walking after dark and by not sleeping directly on the ground.

In many countries, more people die from anaphylactic reactions to hymenopteran stings (bees, wasps, ants) than from direct effects of animal venoms. Essential first-aid treatment is adrenaline 0.1%, delivered (intramuscularly/subcutaneously) by self-injection. Spider bites may be a problem in SE USA, Brazil, Peru, Chile (brown recluse) and Australia (red-back) while scorpion stings are important in North Africa/ Middle East, South Africa, India, Southern USA, Mexico, Latin America and Trinidad. Agonising local pain is best treated with local anaesthetic. Fish Stings are extremely painful but hot water relieves the pain dramatically. Other marine stinging hazards include sea urchins, and jellyfish.

Pruritus and envenomation in travellers.

Pr Eric Caumes, Hôpital Pitié-Salpêtrière, Paris, France

The leading skin complaints during travel are pruritic insect bites and sun related problems whereas skin and soft tissue infections (most of them complicating insect bites) are the leading cause of skin consultations after return. In contrast marine envenomations are less common.

In case of pruritus, the best diagnostic clue is the localisation. Generalized itching points first to scabies, then ciguatera. Occasionally delusional parasitosis, or any other pruritic systemic disease may arise with travel being coincidental. Some diseases (dengue, chikungunya, zika) are also associated with a pruritic rash. Localized pruritus points first to arthropod bite or sting that usually present with papules, and nodules. The circumstances of appearance as well as the distribution of the lesions may help identifying the culprit arthropod (mosquito, bed bugs, flea, flies,...). This is mostly of interest when due to bed bugs as there is a risk of carrying the bug back home. More often insect related problems occur during travel. However in a subset of bitten persons cutaneous lesions may be highly pruritic, and last for weeks and sometimes months. It may also be complicated by SSTI. Also some skin infections (hookworm related larva migrans, tungiasis, tinea) are pruritic. In this setting the primary elementary cutaneous lesion is the best diagnostic clue. Creeping dermatitis points first to hookworm related cutaneous larva migrans whereas papule or nodule located on a toe raises the suspicion of tungiasis. The prevalence of marine envenomation has been estimated at 1% in returning travelers presenting with a travel-related illness. They are mostly caused by corals, stonefish and jellyfish. However, travellers should not forget that jelly fish envenomation carry a much higher risk giving their worldwide extension and their severity, including deaths. Physicians taking care of patients with marine envenomation should also be aware about severe infections with marine bacteria, especially *Aeromonas hydrophila*, *Vibrio vulnificus*, *Chromobacterium violaceum*, and *Shewanella* infections.

Prevention must take into account skin related problems. Travelers should be specifically instructed to avoid arthropod bites, animal exposures, sun overexposure, walking barefoot and itching in case of pruritus. They

should be appropriately vaccinated against tetanus. The traveler's medical kit should include some skin topical (insect repellents, sunscreen, emollient, soap, corticosteroid ointment), and oral tablets (antibiotics effective against bacterial skin infection, and oral antihistamines).

16:00-17:30

Workshop 4 Emerging Infections in the Asia Pacific (Jurai Wongsawat, Thailand & Jacky Chan, Hong Kong)

Bio

Jacky Chan

Dr. Chan Man Chun, Jacky is an Infectious Diseases Physician from Hong Kong, China (HKSAR). He is now working as an associate consultant in the Infectious Diseases Centre, Princess Margaret Hospital. He has also been appointed as an honorary clinical assistant professor in Department of Medicine and Therapeutics, Chinese University of Hong Kong. Dr Chan received the Masters in Public Health in Chinese University of Hong Kong and his fellowship in Infectious Diseases in Hong Kong. He developed particular interest in HIV, emerging infectious diseases and outbreak management. Dr. Chan was appointed as a consultant in headquarter World Health Organization (WHO), Geneva in 2017. He worked under the Infectious Hazard Management team, World Health Emergencies Programme. He co-organised an expert meeting on avian influenza A(H7N9) virus – "Current Concern and Clinical Management" in June 2017, with Fudan University in Shanghai.

Abstract

Avian influenza A(H7N9) is one of the emerging infectious diseases in the Asia Pacific Region. Since the advent of the first case of human H7N9 influenza infection in March 2013, there has been five seasonal epidemics in China. By 28 February 2018, 1625 human cases of H7N9 infection were confirmed since 2013, with 621 deaths. Over 400 cases have been reported in the fifth infection with a case fatality rate of ~40%. Further geographical spread of the virus was observed in this fifth wave. Most reported exposure history was live poultry markets (LPM) or contaminated environments. There has been an emergence of a new strain of influenza A(H7N9) in Guangdong province, China. This virus exhibits characteristics of high pathogenicity in poultry (HPAI) as well as a mutation conferring resistance to neuraminidase inhibitors. Reduced antiviral susceptibility is emerging, especially with the detection of genetic mutation of the virus, indicating reduced inhibition by the neuraminidase inhibitor class of antivirals. The Chinese national animal influenza virus surveillance program has been conducted, with an aim to detect influenza A (H7N9) virus in LPMs. In this workshop, clinical presentations, analysis of recent scientific information on H7N9 virus, as well as surveillance and control will be discussed.

23 March 2018

8:30-10:00

Plenary 2 Vaccines

History and Future (Andrew Pollard, UK)

Vaccine Availability (Jerome Kim, South Korea)

Chairs: Robert Steffen, Mike Starr

Bio

Jerome H. Kim

Director General

International Vaccine Institute

Dr. Jerome H. Kim is currently the Director General of the International Vaccine Institute, which works to discover, develop and deliver safe effective and affordable vaccines for Global Health. IVI's oral cholera vaccine, prequalified by Sanofi and EuBiologics, is used around the world to prevent that deadly diarrheal disease. IVI's typhoid conjugate vaccine is entering Phase II testing by two vaccine companies. Prior to IVI Dr. Kim led the Army's advanced development program for HIV vaccines, the RV144 HIV vaccine trial and correlates analysis, and a molecular virology laboratory at Walter Reed Army Institute of Research. He is a graduate with high honors and highest honors in History and Biology, respectively, from the University of Hawaii, and received an MD degree from Yale University School of Medicine.

Abstract

Vaccines: History and Future

The impact of immunisation is the clearest demonstrable success of public health programmes worldwide. Since the time of Edward Jenner, immunisation programmes have been transforming the health of children, and never more so than in the last few decades. With millions of lives now saved every year, we are challenged to consider that there is still more to do since access to our life-saving vaccines is incomplete and new vaccines could make further major gains for populations, especially in some of the most vulnerable global populations. Nevertheless, in developed countries, there are now few childhood diseases for which whole-population vaccine programmes can have an impact on mortality or serious morbidity, but there are major new challenges ahead in developing vaccines for nosocomial infection and prevention of disease in older adults. Outbreaks of disease and concerns about health security are driving new efforts to develop vaccines against outbreak pathogens. Despite the many successes in vaccination, concerns about safety and conspiracy theory harm public health in many countries. There is still much to do.

Jerome H. Kim, MD, FACP

International Vaccine Institute

In the Global Vaccine Action Plan 2011-2020 WHO estimates that expanded use of existing vaccines would save 25 million lives. In part this is attributable to the Extended Programme on Immunization (EPI), but nearly half of the lives saved would be due to new or underutilized vaccines, such as Hep B, HiB, rotavirus and pneumococcal conjugate vaccine. Vaccine manufacturers in the developing world have made a critical contribution to global health by providing lower cost, WHO prequalified vaccines in significant quantity. Still 50% of the budget of Gavi, the Vaccine Alliance, will be spent on a single vaccine (pneumococcal conjugate). In addition, factors other than level of economic development impair vaccine uptake; a map of the use of rotavirus, pneumococcal conjugate or human papillomavirus vaccine use will show a gap among middle income, non-Gavi countries. Many of these nations, with effective public health services, are unable to obtain sufficient supply of these vaccines to implement nationwide programs. Supply problems may further impair vaccine availability, such as oral cholera vaccine and the newly introduced typhoid conjugate vaccine. Having an adequate number of suppliers is important to ensure both availability, price and uptake. Finally, despite the impressive number of

lives that could be saved from 2011 – 2020, nearly twice that number (~50M) will die, during the same period, of infectious diseases for which no vaccines exist – HIV, TB, malaria, and other poverty associated infectious diseases. Support for the development of new vaccines is critical to reducing the number of deaths from infectious diseases. The world has supported the Coalition for Epidemic Preparedness Innovations with \$600+ million to develop vaccines for outbreak diseases; can the world do the same for non-typhoidal Salmonella, Group A Streptococcus, schistosomiasis, or Shigella?

10:30-12:00

Symposium 4 Gastrointestinal Diseases: Salmonellosis (Chusana Suankratay, Thailand), Viral gastroenteritis (Eyal Leshem, Israel), Management of diarrhoeal diseases in the Asia Pacific (Gagandeep Kang, India)

Chairs: Ami Neuberger, Levina Pakasi

Bio

NAME	Chusana Suankratay
DATE OF BIRTH	November 12, 1964
PLACE OF BIRTH	Thailand
MARRITAL STATUS	Married
PRESENT ACADEMIC POSITION	Professor C10
OFFICE ADDRESS	Division of Infectious Diseases Department of Medicine Faculty of Medicine Chulalongkorn University Rama IV Road, Pathumwan Bangkok 10330, Thailand Tel: 66-2-2564249 Fax: 66-2-2564578 Email: schusana@hotmail.com

EDUCATIONS AND PREVIOUS APPOINTMENTS

Medical student, Faculty of Medicine, Chulalongkorn University Bangkok, Thailand	1982-1988
Government officer, Utoompornpisai Hospital, Srisaket, Thailand	1988-1991
Resident, Internal Medicine, Chulalongkorn University, Bangkok, Thailand	1991-1994
Instructor, Division of Infectious Diseases, Department of Medicine, Faculty of Medicine, Chulalongkorn University, Bangkok, Thailand	1994-1995
PhD, Department of Microbiology/Immunology, Rush University, Chicago, Illinois, USA	1995-1998
Instructor, Division of Infectious Diseases, Department of Medicine, Faculty of Medicine, Chulalongkorn University, Bangkok, Thailand	1998-2000
Assistant Professor, Division of Infectious Diseases, Department of Medicine, Chulalongkorn University, Bangkok, Thailand	2000-2003
Associate Professor, Division of Infectious Diseases, Department of Medicine, Chulalongkorn University, Bangkok, Thailand	2003-2009
Professor, Division of infectious diseases, Department of Medicine, Chulalongkorn University, Bangkok, Thailand	2009-Present

DEGREES AND CERTIFICATES

MD, Chulalongkorn University, Bangkok, Thailand	1988
Graduate Diploma of Clinical Sciences Program in Internal Medicine, Chulalongkorn University, Bangkok, Thailand	1991
Board of Internal Medicine, Chulalongkorn University, Bangkok, Thailand	1994
PhD in Microbiology/Immunology, Rush University, Chicago, USA	1998
Certificate in Infectious Diseases, Chulalongkorn University, Bangkok, Thailand	2000

MEMBERSHIPS AND AWARD

Member of The Royal College of Physician of Thailand
Member of The Medical Association of Thailand
Member of Thai Medical Council
Member of Society of Infectious Diseases of Thailand
Second-class honors in MD, Chulalongkorn University, Bangkok, Thailand

Eyal Leshem

Eyal Leshem, MD, is an attending physician in Internal Medicine and at the National Center for Geographic Medicine and Tropical Diseases and in Internal Medicine in Sheba Medical Center, Tel Hashomer, Israel and a consultant and guest researcher at the viral gastroenteritis team, at the Centers for Diseases Control and Prevention (CDC) in Atlanta and to the world Health Organization (WHO). Dr. Leshem is a lecturer in internal medicine at the Sackler School of Medicine in Tel Aviv University. He has lead and co-authored over seventy articles and book chapters in major medical journals including JAMA and the Lancet Infectious Diseases.

Dr. Leshem received his medical doctor degree from Technion – Israel Institute of Technology. He completed a residency in internal medicine and a fellowship in infectious diseases at the Sheba Medical Center. His interest in tropical and travel medicine lead to him to work six months at the CIWEC clinic in Katmandu, Nepal. In 2014, he graduated from his training as an epidemic intelligence service (or EIS) officer at the CDC. During his training he investigated multiple outbreaks including acute gastroenteritis, enterovirus D68, fungal meningitis and MERS CoV. Upon graduating from EIS, Dr. Leshem worked as a medical epidemiologist in the viral gastroenteritis team. His work focused on diarrheal diseases surveillance and rotavirus vaccine impact. Dr. Leshem continues to participate in viral gastroenteritis surveillance and evaluation projects in Haiti, Burkina Faso, Togo, Tajikistan and Israel.

Abstract

Viral Gastroenteritis in Travelers

Session title: Gastrointestinal Diseases

Date: 23 March 2018

Presentation title: Viral Gastroenteritis in Travelers

Globally, viruses are the most common causes of Acute Gastroenteritis (AGE). Among infants and young children, rotaviruses are the most common causes of AGE. In populations vaccinated against rotavirus, in outbreak settings and among older persons and adults, noroviruses cause most cases of AGE.

Travelers diarrhea is one of the most common travel-associated illnesses. Traditionally bacterial infections were thought to cause most cases of travelers diarrhea and antibiotic therapy was recommended as first line treatment for moderate – severe cases. In recent years advances in diagnostics allowed a better understanding of the burden of viral gastroenteritis in travelers.

Pediatric rotavirus vaccines have been in global use for over a decade and resulted in a substantial reduction in AGE-associated morbidity and mortality among infants and young children in a variety of settings. In recent years vaccines against norovirus are developed and enter clinical trial phase. Travelers were proposed as target population for norovirus vaccines.

In this session I will review the global, regional and travel-associated epidemiology of viral gastroenteritis, and discuss disease, diagnosis, treatment and prevention.

Management of diarrhoeal diseases in the Asia Pacific

Infectious diarrhoeal illnesses may be classified as i) osmotic, ii) inflammatory and iii) secretory. Awareness of common aetiological agents in children, adults and travelers in different regions are necessary to have appropriate

guidelines for therapy. The goals of therapy are always primarily to rehydrate, followed by treatment of symptoms, management of complications, and in certain aetiological conditions, consider specific or empiric antibiotic therapy, as well as prevent the spread of infections. Clinical assessment and serum electrolyte concentrations guide rehydration therapy. Intravenous rehydration is likely to be needed in severe intractable vomiting, altered consciousness, severe dehydration, ileus, and if the environment is not conducive to oral rehydration therapy. Empiric therapy for infectious diarrhoea is sometimes indicated to shorten illness or prevent further spread. Fluoroquinolones have been the drugs of choice for empirical use in acute infectious gastroenteritis but resistance has emerged across many parts of Asia. Food-borne toxigenic diarrhoea usually requires supportive treatment, not antibiotics. The use of anti-emetics and anti-motility agents should be avoided in children. Anti-motility agents are useful mainly in non-bloody and travellers' diarrhoea. Some anti-secretory agents and some probiotics have proved beneficial in a limited number of studies. Rigorously designed studies are needed to evaluate adjunct therapies, while emphasizing the importance of rehydration.

10:30-12:00

Workshop 5 Destination Pacific Islands (Ram Raju, Fiji & Jenny Visser, New Zealand)

Bio

Ram Raju

Ram Raju has extensive experience, knowledge and qualifications in Family Medicine (Masters from Monash University); Travel Health (Diploma in Travel Medicine – Glasgow University); Skin Diseases (Diploma in Practical Dermatology – University of Wales, Cardiff) and Diploma in Aviation Medical Examiner (DAME) for the following authorities::

- Civil Aviation Authority of Fiji (CAAF)
- Civil Aviation Safety Authority of Australia (CASA)
- Civil Aviation Authority of New Zealand (CAA)
- Civil Aviation – Transport Canada
- Maritime Safety Authority of Fiji (MSAF).

Bio

Jenny Visser

Senior Lecturer University of Otago, Wellington. Medical Advisor The Travel Doctor, Wellington. New Zealand.

Dr Visser splits her time between academic and clinical travel medicine. She works in a stand-alone Travel Medicine clinic in Wellington and acts as medical advisor to the New Zealand Travel Doctor group. She sees a wide range of travellers and enjoys hearing of their planned travels and helping them to travel safely. She convenes and teaches postgraduate qualifications in Travel Medicine via the Wellington campus of the University of Otago. Her research interests include the travel health risks of expatriates and other long term travellers. She is active in Travel Medicine societies at a national, regional and international level.

ABSTRACT

DESTINATION PACIFIC ISLANDS

Pacific Island Countries (PIC) is emerging to be a popular tourist destination. Precious natural environment and cultural heritage makes this region very special. Tourism is considered one of the most economically viable sectors with emerging Asian cruise passengers, luxury and retiree markets. Disease epidemiology, pre travel screening and advice and post travel issues will be presented and discussed.

Common illnesses seen, prevention, management options, medical care and evacuations. Medical Tourism is also now emerging to be an attractive business entity at least here in Fiji. Elderlies, Retirees and special needs patients are sceptical to travel to PIC that have questionable medical facilities.

DR RAM RAJU**MEDICAL DIRECTOR**

DSM (FSM), FFCGP, ACCAM (MONASH) (AUST)

DAvMED (Otago), Dip P Dermatology (Cardiff)

MFM (Monash), Dip Travel Med. (Glasgow)

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Abstract**Destination Pacific Island Countries Workshop**

While travellers to Pacific Island Countries account for only a very small proportion of all global travel, the area is experiencing a significant growth in international tourist arrivals, particularly from Oceania and parts of Asia. This workshop will discuss the Pacific Island Countries as a travel destination in general and Fiji in particular. Common destinations, typical travellers and types of travel seen in the area will be covered. Pertinent travel health risks will also be presented including vector borne diseases. Much of the workshop will be based on the discussion of case scenarios.

10:30-12:00

Workshop 6 Special Populations of Travellers (Sarah McGuinness, Australia & Martin Haditsch, Austria)**Bio****Sarah McGuinness**

Sarah McGuinness is an infectious diseases physician with special interests in travel medicine and infectious disease epidemiology. Sarah leads a hospital-based travel medicine clinic at the Alfred Hospital in Melbourne that provides care for patients with complex medical needs including solid organ and bone marrow transplant recipients and patients living with HIV. In addition to her medical qualifications, Sarah holds an ISTM Certificate in Travel Health and a Master of Public Health and Tropical Medicine. She is involved in teaching at Monash University and is currently enrolled in a PhD with Professor Karin Leder.

Martin Haditsch, MD, PhD

Martin Haditsch – after having finished studies in medicine and biology – became GP and specialist in hygiene and microbiology. In addition he specialized in infectology and in tropical medicine.

After 20 years of work in an Austrian hospital focused on clinical microbiology, parasitology, tropical and travel medicine as well as vaccinology and besides running a travel clinic in Austria (yellow fever vaccination centre), with the beginning of 2010 he became head of a microbiological laboratory in Hannover / Germany (Labor Hannover MVZ).

In 2012 Martin Haditsch was appointed "Professor" by the president of the Republic of Austria.

Martin Haditsch's activities extend to various organizations and functions within the fields of vaccinology and travel medicine. Amongst others he is co-founder of the Austrian Society of Travel and Touristic Medicine / ASTTM, board member of the Austrian Society of Tropical Medicine, Parasitology and Migration Medicine, member of the Editorial Board of the „Journal of Travel Medicine (JTM)“ of the International Society of Travel Medicine (ISTM) and the journal "Travel medicine and infectious disease (TMAID)", member of the Examination Committee and the Responsible Travel Interest Group of the ISTM, international advisor of the Asia Pacific Travel Health Society (APTHS) as well as a member of a medical expert committee counseling the Austrian Ministry of Defense.

Abstract

Workshop: Special Populations of Travellers

Sarah McGuinness, Australia

Martin Haditsch, Austria

This interactive workshop will use real life cases to highlight specific challenges in the pre-travel preparation of immunosuppressed travellers, travellers with chronic diseases, and pregnant travellers, with regard to:

- Risk assessment
- Education and general preparations
- Vaccination and serological testing
- Chemoprophylaxis and potential drug-drug interactions

14:00-15:30

Symposium 5 The Global Problem of Antimicrobial Resistance: Patients, Tourists and antimicrobial resistance (Lin Chen, USA), Humanitarian disasters and antimicrobial resistance (Tamar Lachish, Israel), Antimicrobial Resistance in the Asia Pacific region (Iyarit Thaipisuttikul, Siriraj Hospital, Thailand)

Chairs: Marc Shaw, Santanu Chatterjee

Bio

IYARIT THAIPISUTTIKUL

Department of Microbiology,
Faculty of Medicine Siriraj Hospital,
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Personal Information

Sex	Male
Date of Birth	January 29, 1975
Place of Birth	Loei, Thailand
Nationality	Thai
Marital status	Married

Education

2009	Postdoctoral Fellow, Department of Microbial Pathogenesis, School of Dentistry, University of Maryland, Baltimore, USA
2008	Postdoctoral Fellow, The WWAMI Regional Center of Excellence for Biodefense and Emerging Infectious Diseases Research, University of Washington, Seattle, USA
2006	Ph.D. (Genetics), University of Washington, Seattle, USA
1998	M.D. (First Class Honors), Faculty of Medicine Siriraj Hospital, Mahidol University, Thailand

Award

2012	Travel grant award, the 12 th Biennial International Endotoxin & Innate Immunity Society (IEIIS) meeting, Tokyo, Japan
1992	Silver Medal, International Biological Olympiad, Poprad, Czechoslovakia

Memberships in Honorary/Professional Societies

Lifetime member of the Medical Council of Thailand. Lifetime Member of the Infectious Disease Association of Thailand

Contributing member of the American Society for Microbiology

Professional Experience

2015	Assistant Professor, Department of Microbiology, Faculty of Medicine Siriraj Hospital, Mahidol University, Thailand
1999-2000, 2006-2014	Instructor, Department of Microbiology, Faculty of Medicine Siriraj Hospital, Mahidol University, Thailand
1998-1999	Intern, Pichit Hospital, Pichit, Thailand

Teaching Experience

2016-present	Program director M.S. and Ph.D. in Medical Microbiology (International Program), Faculty of Medicine Siriraj Hospital, Mahidol University
2015-present	Course director - SIMI615 Diagnostic Microbiology - SIMI611 Molecular Techniques in Medical Microbiology - SIMI617 Advance Medical Bacteriology and Mycology
2012-2014	Course director - SIMI512 Medical Bacteriology and Mycology - SIMI611 Molecular Techniques in Medical Microbiology - SIMI687 Microbiology Seminar
2004	Teaching Assistant, University of Washington Course: Introductory Genetics
2003	Teaching Assistant, University of Washington Course: Gene Action
1999-2000	Instructor, Mahidol University Course: Medical Bacteriology

Research Publications

- Regmi SM, Coker OO, Kulawonganuchai S, Tongsimma S, Prammananan T, Viratyosin W, Thaipisuttikul I, Chaiprasert A. Polymorphisms in drug-resistant-related genes shared among drug-resistant and pan-susceptible strains of sequence type 10, Beijing family of *Mycobacterium tuberculosis*. Int J Mycobacteriol. 2015 Mar;4(1):67-72.
- Regmi SM, Chaiprasert A, Kulawonganuchai S, Tongsimma S, Coker OO, Prammananan T, Viratyosin W, Thaipisuttikul I. Whole genome sequence analysis of multidrug-resistant *Mycobacterium tuberculosis* Beijing isolates from an outbreak in Thailand. Mol Genet Genomics. 2015 Oct;290(5):1933-41.
- Disratthakit A, Meada S, Prammananan T, Thaipisuttikul I, Doi N, Chaiprasert A. Genotypic diversity of multidrug-, quinolone- and extensively drug-resistant *Mycobacterium tuberculosis* isolates in Thailand. Infect Genet Evol. 2015;32:432-9.
- Thaipisuttikul I, Hittle LE, Chandra R, Zangari D, Dixon CL, Garrett TA, Rasko DA, Moskowitz SM, Malmstroem L, Goodlett DR, Miller SI, Bishop RE, Ernst RK. A divergent *Pseudomonas aeruginosa* palmitoyl-transferase essential for cystic fibrosis-specific lipid A. Mol Microbiol. 2014;91(1):158-74.
- Naksena P, Thumnu P, Thaipisuttikul I. Molecular types of *Acinetobacter baumannii* isolates from Siriraj Hospital in relation to colistin resistance. Siriraj Med J. 2013;65(suppl):S38-S42.
- Jacobs MA, Alwood A, Thaipisuttikul I, Spencer D, Haugen E, Ernst S, Will O, Kaul R, Raymond C, Levy R, Chun-Rong L, Guenther D, Bovee D, Olson MV, Manoil C. Comprehensive transposon mutant library of *Pseudomonas aeruginosa*. Proc Natl Acad Sci USA. 2003;100(24):14339-44.

7. Ward EJ, Thaipisuttikul I, Terayama M, French RL, Jackson SM, Cosand KA, Tobler KJ, Dorman JB, Berg CA. GAL4 enhancer trap patterns during *Drosophila* development. *Genesis*. 2002;34(1-2):46-50.

Review Articles

1. Thaipisuttikul I. Facilitation in Team-Based Learning. *Siriraj Medical Bulletin*. 2016;9(2):75-83.
2. Thaipisuttikul I. Introduction to Endotoxin. *Siriraj Med J*. 2013;65(suppl):S50-S54.
3. Thaipisuttikul I. Plague: A Re-emerging Disease. *Journal of Health System Research*. 2010;4(1):31-40.

Oral Presentations

- Thaipisuttikul I. "A looming threat: the emergence of polymyxin-resistant in gram-negative pathogens". The 11th Annual Scientific Meeting, Stanley Ho Centre for Emerging Infectious Diseases, Hong Kong SAR. June 23, 2014.
- Thaipisuttikul I, Chandra R, Hittle L, Powell D, Malmstroem L, Zangari D, Bishop R, Ernst R. "Identification and characterization of the *Pseudomonas aeruginosa* lipid A palmitoyltransferase PagP". The 12th Biennial International Endotoxin & Innate Immunity Society (IEIIS) meeting, Tokyo, Japan. October 23-26, 2012.
- Thaipisuttikul I, Jones JW, Pelletier MR, Hajjar AM, Cohen IE, Goodlett DR, Ernst RK. "Pesudogenization of *Yersinia pestis* palmitoyltransferase, a path to high virulence". EID 2010-Thailand Conference on Emerging Infectious and Neglected Diseases, Pattaya, Thailand. June 3-4, 2010.

Poster Sessions

- Thaipisuttikul I, Thumnu P, Bunsuwansakul C, Ernst RK, Tribuddharat C. Investigation of adaptive resistance to colistin in *Acinetobacter baumannii*. The ASM Microbe 2017, New Orleans, USA. June 1-5, 2017.
- Thaipisuttikul I, Naksena P, Thumnu P, Eiamratchanee P, Prombhul S, Ernst RK, Tribuddharat C. Molecular Characterization of Colistin-Resistant *Acinetobacter baumannii* Isolated from a University Hospital in Thailand. The ASM Microbe 2016, Boston, USA. June 16-20, 2016.
- Thaipisuttikul I, Chandra R, Hittle L, Powell D, Malmstroem L, Zangari D, Bishop R, Ernst R. "Identification and characterization of the *Pseudomonas aeruginosa* lipid A palmitoyltransferase PagP". The 12th Biennial International Endotoxin & Innate Immunity Society (IEIIS) meeting, Tokyo, Japan. October 23-26, 2012.
- Naksena P, Prombhul S, Pelletier M, Ernst R, Tribuddharat C, Thaipisuttikul I. "Determination of colistin resistance mechanism of *Acinetobacter baumannii* isolated in Siriraj Hospital, Thailand". the 15th International Congress on Infectious Diseases, Bangkok, Thailand. June 13-16, 2012.
- Thaipisuttikul I, Jones JW, Pelletier MR, Hajjar AM, Cohen IE, Goodlett DR, Ernst RK. "Pesudogenization of *Yersinia pestis* palmitoyltransferase, a path to high virulence". EID 2010-Thailand Conference on Emerging Infectious and Neglected Diseases, Pattaya, Thailand. June 3-4, 2010.
- Thaipisuttikul I, Jacobs M, Manoel C. "Identification of genes required for anaerobic growth of *Pseudomonas aeruginosa* using a comprehensive genome-wide transposon mutant library". *Pseudomonas International Meeting*, Québec City, Canada. September 6-10, 2003.

Abstract

Session title: The Global Problem of Antimicrobial Resistance

Presentation title: Patients, tourists and antimicrobial resistance

Travel plays an intricate role in the spread of microbial organisms, including the dissemination of antimicrobial resistance. This presentation will provide an overview of imported antimicrobial resistance through examples of some receiving countries, describe the acquisition of resistance by travelers through treatment for travelers' diarrhea and also through medical care during travel.

The presentation will provide an overview of medical care abroad and highlight the association of medical tourism and antimicrobial resistance. We will discuss optimal pre-travel advice in view of the widespread antimicrobial resistance.

Humanitarian disasters and antimicrobial resistance.

Tamar Lachish

The Infectious Diseases Unit and the Internal Medicine Ward, Shaare-Zedek Medical Center, Jerusalem, Israel. There is limited data regarding the spectrum of bacteria isolated from casualties in a disaster setting. The talk will present the Israeli experience from two completely different disaster scenarios – first the spectrum of bacteria isolated from the Nepali casualties treated in the Israeli field hospital after the 2015 earthquake; second – the spectrum of bacteria isolated from Syrian casualties treated in hospitals in Northern Israel since 2013. In both scenarios Gram negative bacteria were predominant with a high percentage of MDR and XDR bacteria.

Therefore, resistant bacteria should be considered when treating disaster-stricken casualties and the antibiotic inventory should be set to cover a wide and unexpected spectrum of bacteria. Furthermore, the culture results demonstrate the spectrum of bacteria and elucidate the mechanisms of resistance in areas of the world with limited medical resources.

In conclusion, the 2 presented scenarios are completely different – a natural disaster versus genocide, with different geographic locations and different patterns of diseases. Yet, there is much resemblance in the microbiological patterns, teaching us again that disasters and bacteria no longer have borders.

14:00-15:30

Workshop 7 Destination SE Asia (Rafi Kot, Vietnam & Olivier Cattin, Myanmar)

16:00-15:30

Workshop 8 Paediatrics in the Tropics (Stefan Hagmann, USA & Pornthep Chanthavanich, Thailand)

Bio

Pornthep Chanthavanich

Pornthep Chanthavanich is an Associate Professor at the Department of Tropical Pediatrics, Faculty of Tropical Medicine, Mahidol University. He graduated in medicine from Siriraj Medical School, Mahidol University. He holds postgraduate qualifications in DTM&H (Bangkok), MSc.MCH (London), DTCH (Liverpool), Dip. Thai Board of Pediatrics Infectious Diseases, Dip. Thai Board of Preventive Medicine (Travel Medicine). He was previously Head of the Department of Tropical Pediatrics, Deputy Director of Hospital for Tropical Diseases (Bangkok), and Deputy Dean of Faculty of Tropical Medicine, Mahidol University. He is now the President of Thai Society of Travel Medicine, President of Asia Pacific Travel Health Society, Secretary General of Asian Society for Pediatric Infectious Diseases, Treasurer of International Society of Tropical Pediatrics. His research interests have been in travel medicine, vaccines, tropical medicine, and infectious diseases.

16:00-15:30

Workshop 9 ABC Malaria and Travellers Diarrhoea (Colleen Lau, Australia & Prativa Pandey, Nepal)

Bio

Colleen Lau

Dr Colleen Lau is a clinician and researcher with special interest in travel medicine and tropical medicine. Colleen's research interests include travel vaccinations, malaria prophylaxis, emerging infectious diseases, and the impact of global environmental change on infectious diseases. Her research projects focus on answering practical questions in clinical management of infectious diseases, and operational questions on improving strategies to solve public health problems. She works as a travel medicine doctor and a researcher at The Australian National University.

Prativa Pandey

Dr Prativa Pandey obtained her Medical degree from New Delhi, India and did post graduation in Internal Medicine in Boston, USA. She worked for 10 years in the Boston area and returned to Nepal in 1993. She is the medical director of CIWEC hospital and Travel Medicine Center in Kathmandu and in Pokhara. She has served as the President of the International Society of Travel Medicine and is the current President of Nepal Society of Travel Medicine. She is the site co-director for GeoSentinel for the Kathmandu site. Her area of research and publications include travelers' diarrhea (TD), altitude illness and other health issues in travelers.

Abstract**Category: Workshop (invited)****Title: Malaria and Traveler's Diarrhoea**

Prativa Pandey¹, Colleen Lau^{2,3}

¹ CIWEC Hospital – Travel Medicine Center, Kathmandu, Nepal

² Travel Medicine Alliance, Brisbane, Australia

³ Research School of Population Health, The Australian National University, Canberra, Australia

Malaria is one of the most common causes of fever in travelers, with an estimated 30,000 travel-related infections each year (WHO 2010). The risk of malaria depends on many factors including destination, seasons, type of traveler, style of travel, trip duration, and compliance to chemoprophylaxis. Recommendations for prevention strategies and antimalarial medications should be based on careful risk assessment for each individual. Traveler's diarrhea (TD) continues to be one of the most common health problems facing travelers. Resistance is increasing to mainstay therapy for TD in many regions of the world. Travel to South Asia and antibiotic treatment have strongly been associated with development of extended spectrum beta-lactamase producing enterobacteriaceae (ESBL-PE) in returning travelers. New guidelines for TD treatment have been formulated to address these issues. Issues and challenges related to malaria and TD will be discussed in a case based format during the workshop.

16:00-17:30

Workshop 10 Same Destination - Different Advice Moderator –Tony Gherardin, Australia

24 March 2018

8:30-10:00

Plenary 3 Arboviruses and Mosquito Control

Arboviruses in the Asia Pacific region (Annelies Wilder-Smith, Singapore)

Control of mosquito-borne diseases (Gregor Devine, Australia)

Chairs: Colleen Lau, Karin Leder

10:30-12:00

Symposium 6 Parasitic Diseases in the Asia Pacific region: Schistosomiasis (Don McManus, Australia), Liver Flukes (Yupaporn Wattanagoon, Thailand), Giardiasis (Michael Libman, Canada)

Chairs: Tony Gherardin, Nay Soe Maung

Bio

Donald McManus

Professor Donald Peter McManus is a NHMRC Senior Principal Research Fellow and Senior Principal Research Fellow and Senior Scientist at QIMR, Professor of Tropical Health, University of Queensland and Professor, Griffith University. He was awarded Doctor of Science in 1996. His research investigates schistosomiasis and echinococcosis. His scientific aim is to develop new public health interventions, including vaccines, and novel diagnostic procedures against these diseases and the causative pathogens that will lead to their elimination. He has pioneered vaccine development for schistosomiasis, publishing a number of key articles in high impact journals on the development of a transmission blocking vaccine for use in China. He has published several hundred papers on his population health work, a number of which are transformational, shaping policy and practice leading to improved treatment and control of these diseases in China, and with wide-scale application for informing government agencies on control options in other parasite-endemic communities including Africa. He was a key and founding member of the Sequencing Consortium which in 2009 published the landmark, complete genome of *Schistosoma japonicum* as a cover article in *Nature*. He was also co-corresponding author of an article, published in 2013 in *Nature Genetics*, describing the draft genomic sequence of *Echinococcus granulosus*. In a world first, his team developed and trialled an education package, based around a cartoon video ("The Magic Glasses"), in rural Chinese schools in Hunan province where worm infestations are common among students. The trial results, which were published as a major article in 2013 in the *New England Journal of Medicine*, demonstrated a fifty per cent decrease in infection rates in children to much international acclaim. This work has been extended to another area of China and to the Philippines. He has mentored over 40 post-docs, 27 post-graduate scholars and 15 honours students at QIMR. He was conferred as Honorary International Fellow of the American Society of Tropical Medicine and Hygiene, in 2010, in recognition of "outstanding accomplishments to tropical medicine". He was conferred with honorary membership of the American Society of Parasitologists in 2012 in recognition of many significant contributions to parasitology during a distinguished career. He was promoted to Senior Scientist at QIMR in 2012 and elected as a Fellow of the Royal Society of Biology (UK) in 2013. He was awarded the 2014 Ralph Doherty QIMR Berghofer Prize for Outstanding Achievement and Leadership in Medical Research. In 2015 he was elected to Fellowship of the Australian Academy of Health and Medical Sciences.

Abstract

Schistosomiasis

Schistosomiasis is a neglected tropical disease caused by dioecious blood flukes of the genus *Schistosoma*. Human infection contributes to the annual deaths of several thousand people across Africa, the Middle East, South America and Southeast Asia; infection with *Schistosoma haematobium* results in urogenital disease, whereas *S. guineensis*, *S. intercalatum*, *S. japonicum*, *S. mansoni* and *S. mekongi* cause intestinal schistosomiasis. The adult female lays eggs which lodge in and obstruct the liver, intestine, bladder and other tissues, and these are the main contributors to the morbidity associated with schistosomiasis. The disease is managed almost exclusively with the drug, praziquantel, which is efficacious against all schistosome species. However, praziquantel does not prevent reinfection and the emergence of resistance is a continual threat. New drugs that act on larval and adult schistosomes are urgently needed. Advances in our understanding of schistosome

biology and the molecular basis of the immunopathological mechanisms that are important in schistosomiasis have resulted in the identification of novel drug, diagnostic and vaccine targets. Set against a global background of demographic, economic and environmental change, the elimination of schistosomiasis will require a sustainable, multifaceted approach that offers treatment alongside measures to reduce transmission by snail control, health education, improved water, sanitation and hygiene, and vaccination, combined with accurate diagnostics and precise surveillance. Concerted local and international governmental involvement, multisectoral engagement and support and integration with other neglected tropical disease control programmes will be necessary if this debilitating disease of poverty is to be finally consigned to the history books. This presentation will especially consider the epidemiology of schistosomiasis caused by *S. japonicum* in Asia, its diagnosis, treatment, control and prevention.

10:30-12:00

Workshop 11 Marine Medicine (Thanasawat Chaiyakul, Thailand & Levina Pakasi, Indonesia)

14:30-15:45

Plenary 4 Where Travel and Tropical Medicine Converge Travel and Tropical Medicine: 2 sides of the same coin (Eli Schwartz, Israel)

Travellers and global health (Marc Mendelson, South Africa)

Chairs: Mike Starr, Watcharapong Piyaphanee

Bio

- Full Professor (clinical) at Sackler School of Medicine, Tel Aviv University.
- The Director of the Institute of Geographic Medicine & Tropical Diseases at Sheba Medical Center, Tel Hashomer, Israel.
- Head of the Molecular Lab. for Tropical Diseases at Sheba Medical Ctr. .
- The President of the Israeli society of Parasitology, & Tropical diseases.
- The past- President of the Asia-Pacific Travel health (APTH) society.
- Past counselor of Int'l Society of Travel Medicine (ISTM)
- A Member of the Exam committee ISTM (for CTH degree)

He is deeply involved in Tropical and Travel Medicine since 1987. He gained his field experience while working for several years in Asia and Africa. He published several books and more than 250 articles and chapters in the medical literature on travel and tropical diseases. His last book "Tropical Diseases in Travelers" (Wiley-Blackwell) was published in 2009 .

Bio

Marc Mendelson

Marc Mendelson studied Medicine at St Mary's Hospital, London. He specialized in Infectious Diseases at Addenbrookes Hospital, Cambridge, where he attained his PhD before moving to The Rockefeller University, New York and subsequently in 2001, to University of Cape Town (UCT) to work on tuberculosis and innate immunity.

He is Professor of Infectious Diseases and Head of the Division of Infectious Diseases & HIV Medicine at Groote Schuur Hospital, UCT. Marc is Director of the Cape Town Site for the Geosentinel Travel Surveillance Network and a previous ISTM counsellor. He is president of the International Society for Infectious Diseases and the past-president of the Federation of Infectious Diseases Societies of Southern Africa.

Marc's focus is on national and international policy development to mitigate antibiotic resistance. He is Chair of the South African Ministerial Advisory Committee on Antimicrobial Resistance, the South African lead for Antimicrobial Resistance on the Global Health Security Agenda, and founding chair of the South African Antibiotic Stewardship Programme. He is a WHO technical advisor on several projects related to antibiotic resistance and stewardship.

POSTER SESSION

Poster sessions conducts during coffee breaks on 22 – 24 March 2018.

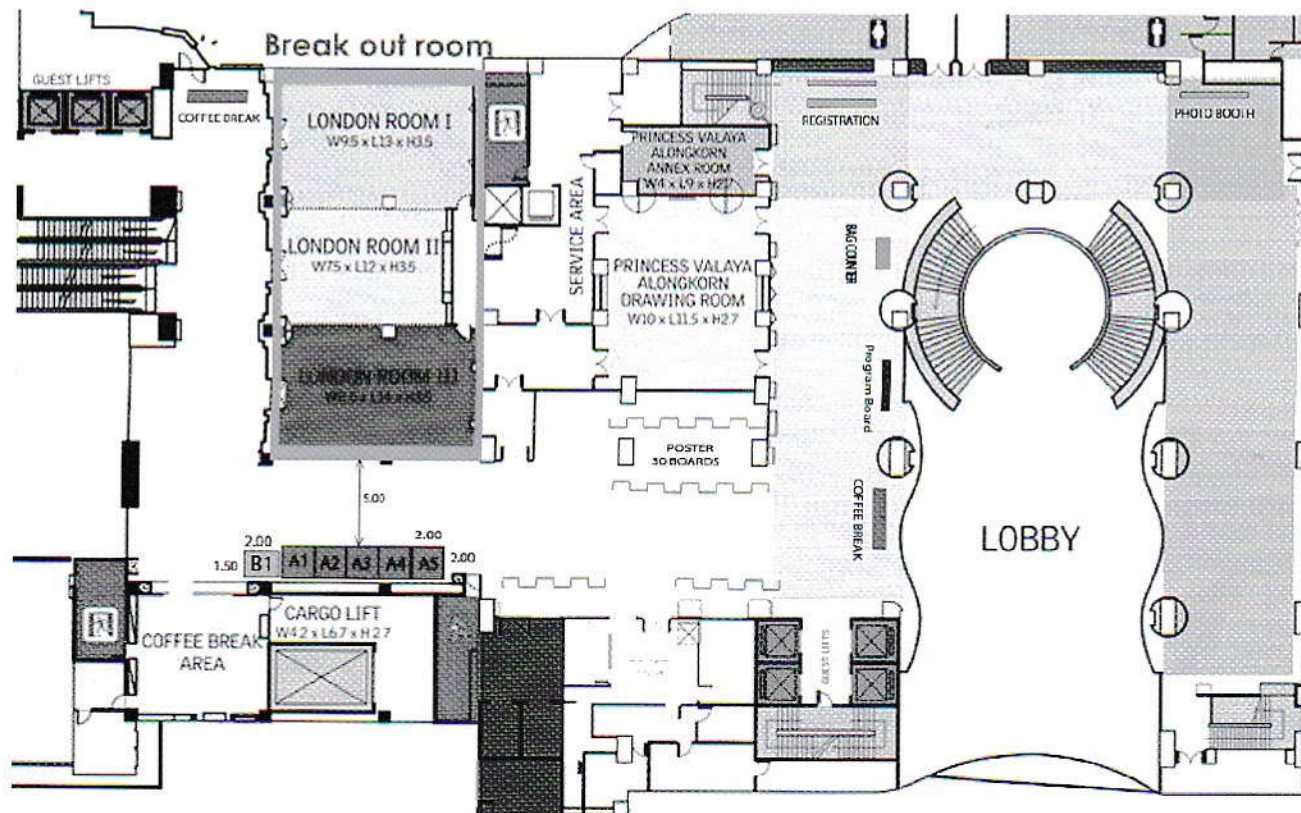
Poster Number	Title	Presenter	Theme
P-01	Pre-departure travel arrangements of over 12,000 travellers with respect to possible health risks abroad	Rastislav Madar	T01 – Vaccines, Immunizations and Other Pre-travel Management Issues
P-02	Japanese travel clinics still need imported vaccines	Masaki Nakanishi	T01 – Vaccines, Immunizations and Other Pre-travel Management Issues
P-03	An evaluation of the compliance of prescriptions in travel medicine with international guidelines in the Lisbon and Tagus Valley Region in Portugal in 2015	Sofia Ribeiro	T01 – Vaccines, Immunizations and Other Pre-travel Management Issues
P-04	The Effectiveness of Introducing the Yellow Fever Vaccination Program at the Tertiary Hospital in Japan	Michinori Shirano	T01 – Vaccines, Immunizations and Other Pre-travel Management Issues
P-05	Applying information technology to develop a novel mobile application for personalized travel health.	Po-Shu Wu	T01 – Vaccines, Immunizations and Other Pre-travel Management Issues
P-06	2009-2016 International Travel Medicine Development in Taiwan	Yi-chun Wu	T01 – Vaccines, Immunizations and Other Pre-travel Management Issues
P-07	Associations of vaccinations with majors, overseas travel experiences, and study destinations among Japanese university students participating in the short-term study abroad programs.	Michiyo Yamakawa	T01 – Vaccines, Immunizations and Other Pre-travel Management Issues
P-08	Seropositivity of Varicella Zoster Virus in Chinese Pre-travel Students Who Will Study Overseas	Min Zhang	T01 – Vaccines, Immunizations and Other Pre-travel Management Issues
P-09	An acute facial palsy in a soldier returning from Central African Republic	Olivier Aoun	T02 – Post-Travel Management, Returning Travelers
P-10	Imported Melioidosis in Japan: A review of cases	Yoshiro Hadano	T02 – Post-Travel Management, Returning Travelers
P-11	Angiostrongylus, recognition and treatment suggestions	Chad Meyer	T02 – Post-Travel Management, Returning Travelers
P-12	Study of Zika virus infection among the athletes and officials from Thailand participated in 31st Olympic Games and 15th Paralympic Games 2016 in Brazil.	Woraya Luang-on	T02 – Post-Travel Management, Returning Travelers
P-13	Epidemiology of Hepatitis A Virus Infection in Qatar: A 10-year trend analysis	Hamad Al Romaini	T03 – Epidemiology of Infectious Diseases, Surveillance

P-14	Definite case of invasive meningococcal disease in commercial air flight associated with outbreak in World Boy Scout Jamboree.	Tomohiro Asaoka	T03 – Epidemiology of Infectious Diseases, Surveillance
P-15	Human Rabies deaths; further reduction by injecting wounds only with rabies antibodies	Omesh Kumar Bharti	T03 – Epidemiology of Infectious Diseases, Surveillance
P-16	Dengue 2016 sero-prevalence study in Solomon Islands; a changing outbreak pattern in small island settings	Andrew Waleluma Darcy	T03 – Epidemiology of Infectious Diseases, Surveillance
P-17	Comparative Whole Genome Analysis of Dengue Virus Strains Isolated from International Travel Returnees	Xianing Huang	T03 – Epidemiology of Infectious Diseases, Surveillance
P-18	KAP analysis of malaria prevention among Chinese international travelers	Wang Jing	T03 – Epidemiology of Infectious Diseases, Surveillance
P-19	Hantavirus prevalence in Myomorph Rodents on Bolshoy Ussuriysky Island at the Sino-Russian Border	Wang Jing	T03 – Epidemiology of Infectious Diseases, Surveillance
P-20	Pre-travel malaria prevention among Chinese international travelers	Wang Jing	T03 – Epidemiology of Infectious Diseases, Surveillance
P-21	Active Surveillance for Avian Influenza A (H7N9) at adult tertiary care hospital in Singapore	Win Mar Kyaw	T03 – Epidemiology of Infectious Diseases, Surveillance
P-22	Epidemiology of pneumonia admissions and risk factors for mortality: A 6-year retrospective cohort study in Singapore	Win Mar Kyaw	T03 – Epidemiology of Infectious Diseases, Surveillance
P-23	Plague Surveillance in Thailand	Orathai Timpong	T03 – Epidemiology of Infectious Diseases, Surveillance
P-24	Profile of Infections Contracting the International Travellers Visiting Clinics at Ubud Bali	Komang Trisna Sumadewi	T03 – Epidemiology of Infectious Diseases, Surveillance
P-25	Travel-Associated Legionnaires' Disease, Upper Southern Thailand, 2010-2017	Kalita Wareewanit	T03 – Epidemiology of Infectious Diseases, Surveillance
P-26	Risk assessment of plague cross-border transmission from Madagascar to China	Zhang Xiaolong	T03 – Epidemiology of Infectious Diseases, Surveillance
P-27	Imported malaria infections among international travellers in Bali after recent travel to an endemic area: a cases series	Ni Putu Diah Witari	T04 – Malaria and Malaria Prophylaxis
P-28	Jellyfish Sting & Envenoming Consulted to Remote Envenomation Consultancy Services (RECS) Malaysia in 2017	Ahmad Khaldun Ismail	T05 – Non-Infectious Risks: Trauma, Accidents, Security, Altitude and Other Travel Health Issues
P-29	The Blood Sugar Control among Type 2 Diabetic Patients who Travel Abroad	Chia-Wen Lu	T05 – Non-Infectious Risks: Trauma, Accidents, Security, Altitude and Other Travel Health Issues

P-30	Motion anime DVD intervention for Japanese nurses: A mixed method study	Mariko Nishikawa	T05 – Non-Infectious Risks: Trauma, Accidents, Security, Altitude and Other Travel Health Issues
P-31	The effects of destination on risk perception and anxiety regarding travel health among Japanese university students	Yuko Tanaka	T05 – Non-Infectious Risks: Trauma, Accidents, Security, Altitude and Other Travel Health Issues
P-32	Delicacies to die for: Food borne parasitosis in a migrant worker in Singapore	Allan Acosta	T06 - Specific Travelers: Migrants, Refugees, Expatriates, Co-morbid illness
P-33	Prevalence of Symptoms and Disease for Humanitarian Aid Workers: Japan Overseas Cooperation Volunteers	Nana Ito	T06 - Specific Travelers: Migrants, Refugees, Expatriates, Co-morbid illness
P-34	A case report of imported infectious mononucleosis from Bangladesh	Wang Jing	T06 - Specific Travelers: Migrants, Refugees, Expatriates, Co-morbid illness
P-35	US-bound Chinese immigrants' knowledge attitudes and behaviors about TB	Shaojun Liang	T06 - Specific Travelers: Migrants, Refugees, Expatriates, Co-morbid illness
P-36	Visceral Human Pentostomiasis - in an immigrant from Nigeria	Yael Paran	T06 - Specific Travelers: Migrants, Refugees, Expatriates, Co-morbid illness
P-37	The Actual Conditions of Medical and Nursing Care Administered to Foreign Inpatients in a Japanese Hospital	Naomi Wakazono	T06 - Specific Travelers: Migrants, Refugees, Expatriates, Co-morbid illness
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INTERNATIONAL SOCIETY OF TRAVEL MEDICINE

A3-A4

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The International Society of Travel Medicine promotes and fosters healthy and safe travel through the education of travellers and those who counsel travellers. The Society also works to identify and raise awareness of social, environmental, cultural and health issues caused by travel and tourism within destination communities and with the responsibility to encourage and conduct research and develop strategies to protect local destination communities from negative impacts through tourism.

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Relevant for International Travellers

Satellite Symposium

Date and Time: Thursday, 22 March 2018 from 12.15 to 13.45

Location: Grand Hall, Plaza Athenee Bangkok, Thailand

Chair and Moderator: Mike Starr, *Australia*

Program Agenda



Typhoid and Paratyphoid: The Need For a Better Vaccine

Eli Schwartz
Israel

Hepatitis A: From a Travel Vaccine to the Universal Vaccine

Robert Steffen
Switzerland

Hepatitis E: Do We Need a Vaccine?

Rakesh Aggarwal
India

This satellite is independently produced by the International Society of Travel Medicine (ISTM), and has been made possible through an Independent Medical Education grant from GSK.

This satellite symposium has been endorsed by The Royal New Zealand College of General Practitioners (RNZCGP) and has been approved for up to 1.5 credits CME for the General Practice Educational Programme (GPEP) Years 2 and 3 and Maintenance of Professional Standards (MOPS) purposes.



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¹ WHO Immunization Coverage Fact Sheet <http://www.who.int/mediacentre/factsheets/fs378/en/>.