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中華民國有機農業產銷經營協會 認證

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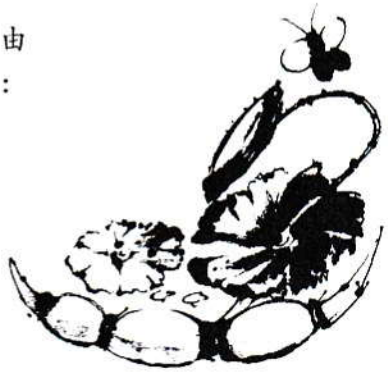

F001 自然健康的生活一集
F002 健康的生機飲食一集
F003 自然健康的飲食順序一集
F004 五穀雜糧・全麥麵食三集
F005 芽菜栽培與料理・五穀生機食二集
F006 天然沙拉醬DIY一集
F007 小麥草汁・優酪乳一集

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The International Society of Travel Medicine
Asia-Pacific Society of Travel Medicine
Department of Health, Executive Yuan

Organizer

Chinese Association of Travel Medicine

Co-organizer

Taipei City Government

Congress Secretariat

c/o Taiwan Conference Management Co., Ltd.
P. O. Box 68-439, Taipei, Taiwan
Tel: +886-2-2523-6017
Fax:+886-2-2537-7479

Welcome Message

Dear Colleagues,

On behalf of the Chinese Travel Medicine Association, it is my great pleasure to welcome you to the Second Asia-Pacific Travel Health Congress in Taipei. The Congress is a valuable opportunity for specialists all over the world to meet and share their knowledge.

Quality travel with proper diet, exercise, and disease prevention is an increasingly important issue in the 21st century. The growing concern about travel health and travel medicine is a natural consequence of the increasing frequency of travel in the modern world. This four-day Congress will provide a unique opportunity for specialists in the field, as well as general practitioners, pediatricians, and family doctors, to participate actively in sessions which will offer state-of-the-art reviews and updates on topics of key importance to travel medicine. You will find the congress very rewarding.

The Asia-Pacific Society of Travel Medicine has been reorganized shortly before this congress. Participants of the congress are automatically members of the Society. With this reorganization, we hope to promote more active involvement from our members and to enable the Society to play a more prominent role in educating the public on issues related to travel medicine.

I would like to take this opportunity to thank Taipei City Government and the International Society of Travel Medicine for their support of the Congress. Without their support this Congress could not be successful.

In July, you will enjoy the charm of summer in Taipei. A variety of tours will allow you to experience the rich culture and beautiful scenery of Taiwan. The hospitality of the people of Taiwan is sure to impress you. I wish you a wonderful stay.

Yours sincerely,

Ying-Hua Shieh M.D. PHD

Ying-Hua Shieh, M.D., PhD
Chairperson
Second Asia-Pacific Travel Health Congress

Message from Guests

Prof. Michel Rey
President ISTM, France

I am delighted to congratulate Dr Ying-Hua Shieh and his colleagues for having organised in Taipei the 2nd Asia-Pacific Travel Health Congress and Exhibition.

Men always travelled in the past. But they are now travelling more and more often, faster and faster, farther and farther. The Asia Pacific region is both facing an increasing number of travellers going to other countries and continents, and hosting a huge number of foreign visitors. So Taipei, after Hong Kong, is a perfectly appropriate place to the venue of this 2nd Conference.

I highly appreciated that the proposed scientific programme of this meeting took into consideration the enlarging scope of the travel medicine, targeting the health protection of any kind of travellers, tourists, occupational travellers and migrants.

I am honoured and pleased to be invited to represent the International Society of Travel Medicine in this 2nd APTH Congress. I am sure that this Conference will be of great interest and very successful ...

Dr. Charles D. Ericsson
President-Elected,International of Travel Medicine Society
USA

I wish to congratulate the Asia-Pacific Travel Health Association for organizing such an important and successful meeting in Taipei, Taiwan. The internatioznal society of travel medicine looks to APTHA to keep the interest in travel medicine alive and well in the Asian Pacific Theater. ISTM hopes to grow and have strong representation and eventually leadership from this region. A strong APTHA means a strong ISTM. Through the fine efforts of Dr. Shieh and his colleagues, who have organized such an excellent meeting, the missions of both APTHA and ISTM have been served well. Know that ISTM will do everything it can to help guarantee the continued success of APTHA meeting.

Dr. Anthony Gherardin
Travellers Medical & Vaccination Centre
Australia

Congratulations to the Chinese Travel Medicine Association on the special occasion of the Second Asia-Pacific Travel Health Congress. This marks a significant event in the development of Travel Medicine in our region and a great opportunity to share our experience and broaden our knowledge.

Dr. Bob Kass
Chief Executive Officer
Travellers' Medical and Vaccination Centre (TMVC) Group
Australia

Travel medicine is an evolving medical specialty area. Contributions from Organisations such as the Asia Pacific Society of Travel Medicine (ASTM) and the International Society of Travel Medicine (ISTM) have enabled Travel Medicine to gain the international recognition it deserves today.

I congratulate Congress Chairman, Dr.Ying-Hua Shieh and the organising committee of the Second Asia-Pacific Travel Health Congress for their contribution to Travel Medicine as we move towards the year 2000.

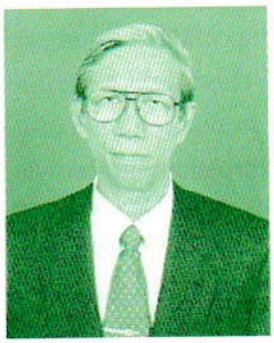
Dr. Santanu Chatterjee
Consultant Physician (Tropical Medicine)
India

Travel and tourism are integral to our life today. Being closely interlinked, our concerns for healthy and safe travel are universal . The Asia-Pacific region is witnessing a major boom in travel today with Taiwan increasingly playing an important role. It is thus appropriate that the Chinese Association of Travel Medicine has taken the initiative to organise this Congress in 1998.

The Orgainising Committee has devoted much time and thought in planning this event and put together an innovative programme for all participants. I am confident that this meeting, which brings together eminent travel experts from all over the world, will contribute to fruitful exchange of ideas and thus ensure a better understanding of travel health issues in this region.

I congratulate the Committee for their tremendous efforts and wish APTH 1998 all success.

Dr. Hadi M. Abednego
Director Genreal. of CDC & EH,
Ministry of Health, Republic of Indonesia

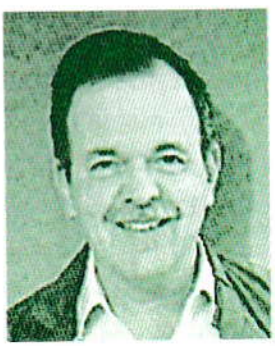


On behalf of the Government of Indonesia and Indonesian participants, I would like to express my best regards to the organizing committee and all participants of this congress.

The developments in transportation and telecomunication technology will lead to increasing tourism in the future. These developments can have negative impacts on the health of travellers. I hope this meeting will be very successful to develop and enhanced the concept of healthy and quality travel which include travel related disease prevention and its programs as well. I do believe that travel health will be a key health issue in the 21st century.

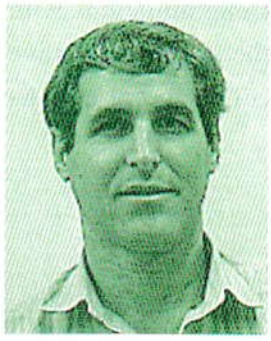
Finally, I'm pleased to emphasize that the Indonesian Travel Health Association which was established recently will be happy to host the next Asia Pacific Travel Health Congress.

Dr. Stephen A. Berger
Director, Geographic Medicine
Tel Aviv Sourasky medical Center
Israel



I wish to thank the committee and particularly Dr. Ying-Hua Shieh for their hard work and enthusiasm in organizing this important congress. They are to be congratulated for hosting this distinguished group of international experts in such a beautiful setting.

Dr. Eli Schwartz
Center for Geographical Medicine
Israel



We were satisfied to learn that an Asia-Pacific Travel Health Congress is being organized in Taipei. We compliment you on choosing such a beautiful and breathtaking setting.
The constant rise of the number of peoples travelling around the world today, emphasizes the need and will bring to further development of travel medicine. It has been 10 years since the establishment of the International Society of Travel Medicine. In the past few years, there has been a collaboration of the travel health professionals in the Asia-Pacific area and we commend you on this initiative. Beyond the general topics, we can farther understand the special problems of the region.

Taiwan, a country which has suffered from tropical diseases and has overcome them, is the perfect place for holding the Asia-Pacific Travel Health Congress.

Wishing us a very successful Congress.

Dr. Mikio Kimura
Institute of Medical Science, University of Tokyo
Japan

This time far more Japanese participants are expected to attend than has ever been recorded in the previous international conferences related to travel medicine. This will greatly facilitate organizing the health professionals in our country who have already been engaged in providing travel health advises, and even promote the establishment of a Japanese domestic association of travel medicine in a near future.

I am also confident that this congress will give all of us deep satisfaction, considering highly advanced travel medicine of this country and also the characteristic friendly hospitality of Chinese people with the background of admirable historic tradition.

Professor Xu Hua
Vice President, Chinese Society of Travel Health
PR China

Congratulations with a great Congress. I wish for much success in the developing travel medicine and promoting exchange between colleagues of both banks of the strait.

Dr. Lilya Zvyagina
Ukraine

It is my great pleasure and honor to be member of the Second Asia Pacific Congress of Travel Medicine. I represent the Institute of Maritime Medicine which located in Odessa and is working under leadership of academician Lobenko A.A.

Maritime medicine is interdisciplinary field and connects with different medicime branch like travel, occupational health... simultaneously.

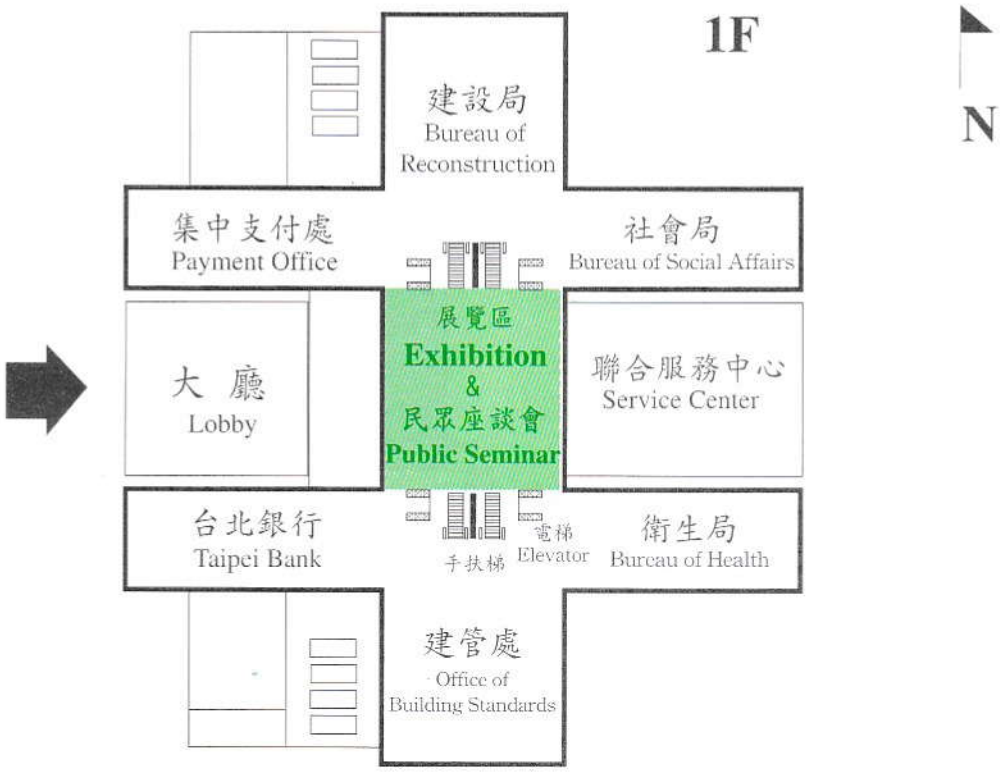
All this fields promote the development of comprehensive health services, the prevention and control diseases, the improvement of environmental conditions, the development of biomedical and health services research and planning and implementation health programs.

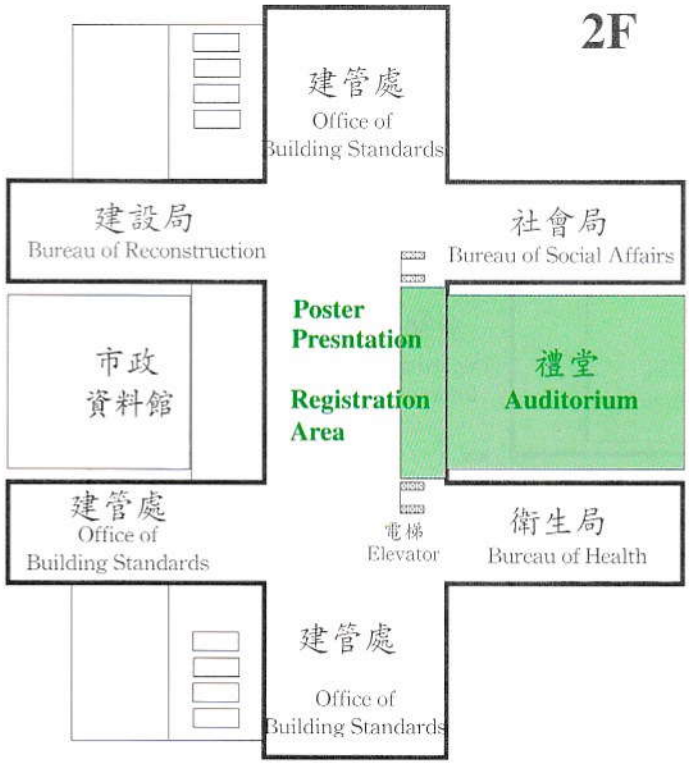
Progress towards better health through cooperation in such matters as establishing imternational standards, formulating environmental health criteria.

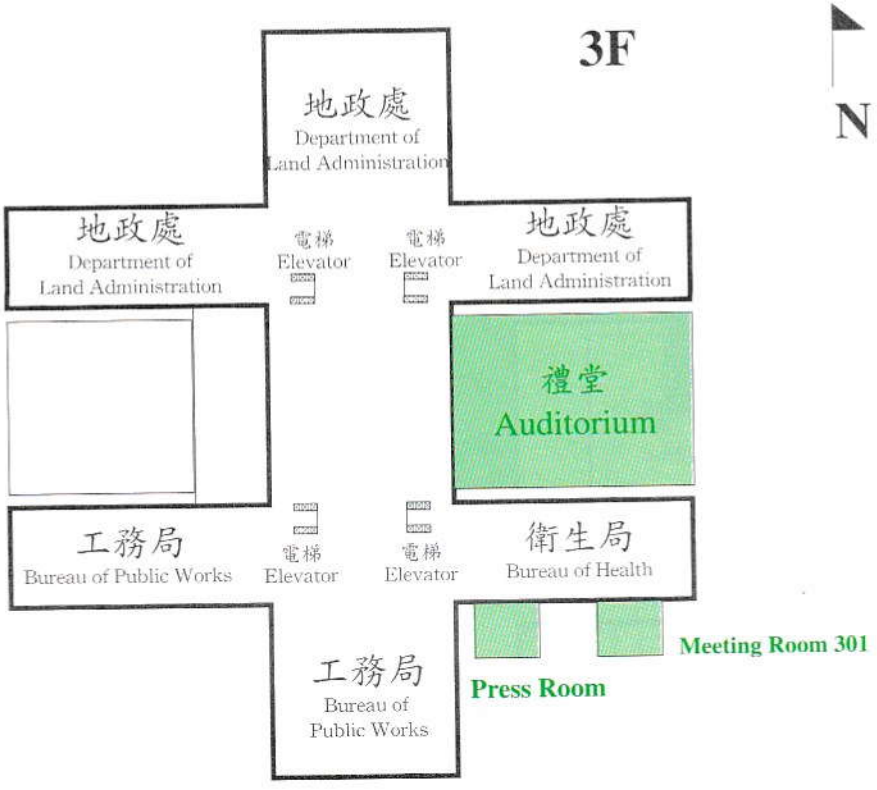
Now large value the protection of health of moving population all over the world is given. There are many travel clinics around the world.

Such prevalence of specialized medical establishments testifies that the medical maintenance of the moving population has not only state but also international value.

Floor Plan of Meeting Rooms



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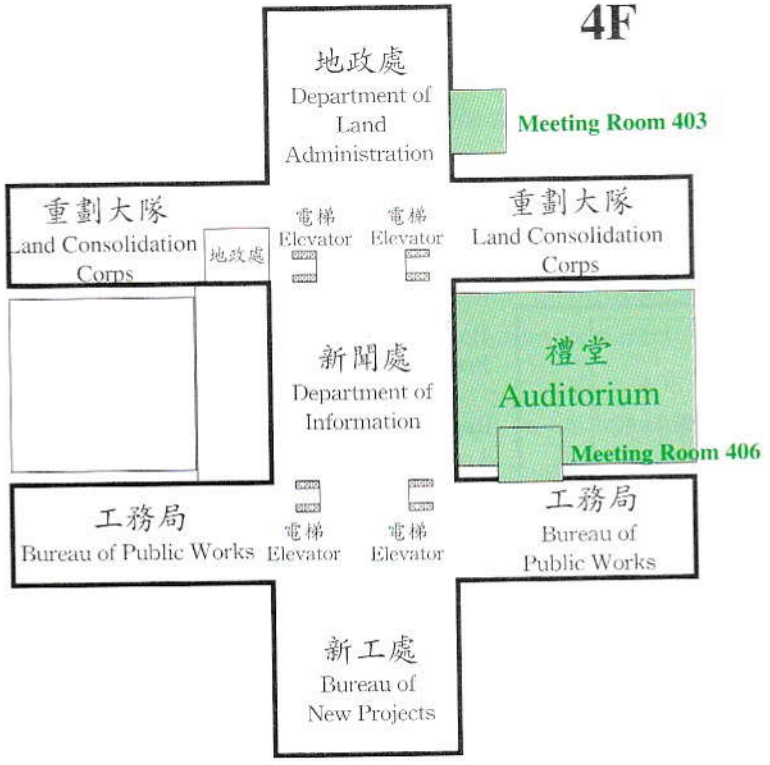
Bureau of Health
Meeting Room 301
Press Room
工務局
Bureau of Public Works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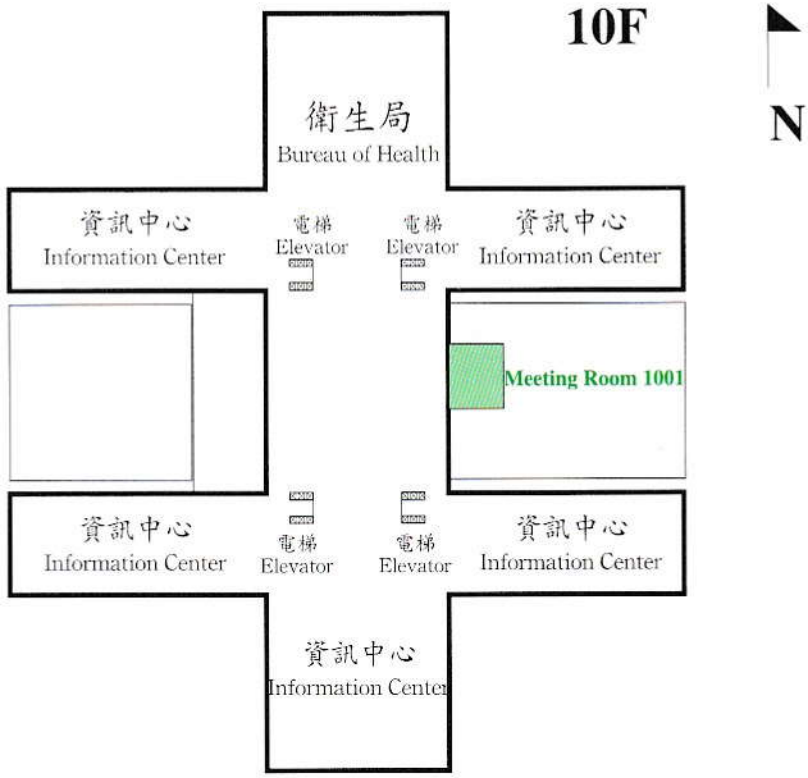
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Program at a Glance

Date / Time	7/10 (Fri.)	7/11 (Sat.)	7/12 (Sun.)	7/13 (Mon.)
08:00		REGISTRATION & EXHIBITION & POSTER PRESENTATION	REGISTRATION & EXHIBITION & POSTER PRESENTATION	REGISTRATION & EXHIBITION
		09:00~10:00 Opening Ceremony *(Auditorium, 2F, Central area)*	08:30~10:30 Plenary Session **III** *(Auditorium, 2F, Central area)*	08:30~10:30 Plenary Session **V** *(Auditorium, 2F, Central area)*
		10:00~10:30 **Coffee Break**	08:30~10:30 Country Report **III** *(Rm.403, 4F, North area)*	08:30~10:30 Country Report **V** *(Rm.403, 4F, North area)*
		10:30~12:00 Plenary Session **I** *(Auditorium, 2F, Central area)*	08:30~10:30 Symposium **III** *(Rm.406, 4F, South-east area)*	08:30~10:30 Symposium **V** *(Rm.406, 4F, South-east area)*
		10:20~12:00 Country Report **I** *(Rm.403, 4F, North area)*	09:00~10:30 Rescue demonstration *(Plaza)*	10:00~12:00 Public Seminar **VI** *(Lobby)*
		10:15~12:00 Symposium **I** *(Rm.406, 4F, South-east area)*	10:00~12:00 Public Seminar **IV** *(Lobby)*	10:30~11:00 **Coffee Break**
		10:00~12:00 Satellite Symposium **I** *(Rm.1001, 10F, Center area)*	10:30~11:00 **Coffee Break**	11:00~12:00 Plenary Session **V** *(Auditorium, 2F, Central area)*
		10:00~12:00 Public Seminar **II** *(Lobby)*	11:00~12:00 Plenary Session **III** *(Auditorium, 2F, Central area)*	11:00~12:00 Country Report **V** *(Rm.403, 4F, North area)*
			11:00~12:00 Country Report **III** *(Rm.403, 4F, North area)*	11:00~12:00 Symposium **V** *(Rm.406, 4F, South-east area)*
12:00			11:00~12:00 Symposium **III** *(Rm.406, 4F, South-east area)*	
		Lunch	**Lunch**	**Lunch**
13:30	REGISTRATION	13:30~15:10 Plenary Session **II** *(Auditorium, 2F, Central area)*	13:10~15:10 Satellite Symposium **III** *(Rm.1001, 10F, Central area)*	13:30~15:30 Plenary Session **VI** *(Auditorium, 2F, Central area)*
	14:00~16:00 Public Seminar **I** *(Lobby)*	13:30~15:10 Country Report **II** *(Rm.403, 4F, North area)*	13:30~15:10 Plenary Session **IV** *(Auditorium, 2F, Central area)*	13:30~15:30 Country Report **VI** *(Rm.403, 4F, North area)*
	15:00~17:30 Pre-Congress(Workshop) Panel Discussion"How to approach the entry of Taiwan into the WHO? *(Auditorium, 2F, Central area)*	13:30~15:10 Symposium **II** *(Rm.406, 4F, South-east area)*	13:30~15:10 Country Report **IV** *(Rm.403, 4F, North area)*	13:30~15:30 Symposium **VI** *(Rm.406, 4F, South-east area)*
		14:00~16:00 Satellite Symposium **II** *(Rm.1001, 10F, Center area)*	13:30~15:30 Symposium **IV** *(Rm.406, 4F, South-east area)*	14:00~16:00 Public Seminar **VII** *(Lobby)*
		14:00~16:00 Public Seminar **III** *(Lobby)*	14:00~16:00 Public Seminar **V** *(Lobby)*	15:30~16:00 **Closing Ceremony** *(Auditorium, 2F, Central area)*
		15:10~15:40 **Coffee Break**	15:10~15:40 **Coffee Break**	16:00~16:30 **Coffee Break**
		15:40~16:50 Plenary Session **II** *(Auditorium, 2F, Central area)*	15:20~17:20 Satellite Symposium**IV** *(Rm.1001, 10F, Central area)*	
		15:40~16:30 Country Report **II** *(Rm.403, 4F, North area)*	15:40~16:50 Plenary Session **IV** *(Auditorium, 2F, Central area)*	
		15:40~17:20 Symposium **II** *(Rm.406, 4F, South-east area)*	15:40~16:30 Country Report **IV** *(Rm.403, 4F, North area)*	
17:30			15:40~17:20 Symposium **IV** *(Rm.406, 4F, South-east area)*	
			08:30~15:00 **Health Care Fun Fair** *(Taipei Medical College)*	
18:30	18:30~20:30 **Welcome Party** *(City Hall Banquet Hall of Taipei City Government, B1)*		19:00~21:00 **Farewell Banquet** *(Grand Hyatt, Taipei)*	

Opening Ceremony

Saturday, July 11

Auditorium, 2nd Floor

09:00 ~10:00 **Opening Ceremony**

Director General, Department of Health, Executive Yuan	Dr. C. Steven Chan (詹啓賢署長)
Mayor of Taipei City	Mr. Shui-Bian Chen (陳水扁市長)
President of International Society of Travel Medicine	Prof. Michel Rey (France)
Chairperson of Organizing Committee, Second Asia-Pacific Travel Health Congress	Prof.Ying-Hua Shieh (謝瀛華理事長)

Scientific Program

Friday, July 10

Auditorium, 2nd Floor

15:00 ~ 17:30 **Pre-Congress(Workshop) Panel Discussion**

How to approach the entry of Taiwan into the WHO

Chairpersons: **Legislator Fu-Hsiung Hseng** (沈富雄立委)
Legislator Chi-Chang Hung (洪奇昌立委)

Introducer: Prof. M. Manuel Carballo (Switzerland)

Panelists:

Legislator Chi-Mai Chen (陳其邁立委)
Prof. Dah-Kuen Shieh (謝大焜教授)
Department of Health
Dr. Jeff Tsai (蔡榮福主任)
Taipei Bureau of Health
Dr. Shiing-Jer Twu (涂醒哲局長)
Ministry of Foreign Affairs
Department of International Organizations
Mr. Andrew L.Y. Hsia (夏立言司長)
Chairperson of Organizing Committee,
Second Asia-Pacific Travel Health Congress
Prof. Ying-Hua. Shieh (謝瀛華理事長)

Saturday, July 11

Auditorium, 2nd Floor

10: 30 ~ 12:00 **Plenary Session (I)**
Chairpersons:Prof. Wei-Jao Chen (陳維昭校長)
Prof. Ying-Hua Shieh (謝瀛華理事長)

10:30 ~ 12:00 Travel Health Management, Trends and Future
Prof. Michel Rey (France)

Auditorium, 2nd Floor

13:30 ~ 16:50 **Plenary Session (II)**
Chairpersons:Prof. Chun-Hung Hu(胡俊弘校長)
Dr. Tyrone Wang (王泰隆院長)

13:30 ~ 14:20 A Review of Tropical Skin Diseases in the Returning Traveller
Prof. Jay S. Keystone (Canada)

14:20 ~ 15:10 Migration and Its Implications for the Spread of New and Re-Emerging Diseases, Including HIV
Prof. Manuel Carballo (Switzerland)

15:10 ~ 15:40 Coffee Break

15:40 ~ 16:50 Strategies and Future Options for Malaria Prophylaxis
Prof. Robert Steffen (Switzerland)

Meeting Room 403

10:20 ~ 12:00 **Country Report (I)**
Chairpersons:Dr. Louis Loutan (Switzerland)
Dr. Eng-Rin Chen (陳瑩霖副署長)

10:20 ~ 11:10 Travel Safety in Taiwan - Dengue Fever, Foreign Labor and Occupational Health
Dr. Shiing-Jer Twu (涂醒哲局長)

11:10 ~ 12:00 Histiocytosis X and Air Travel : Hairy Canaries Can - And Do I Fly
Dr. Albert F. De Frey (South Africa)

Meeting Room 403

13:30 ~ 16:30 **Country Report (II)**
Chairpersons: Prof. Michel Rey (France)
Dr. Steve GN Chang (張俊寧常務理事)

13:30 ~ 14:20 Country Report - Australia
Dr. Anthony Gheradin (Australia)

14:20 ~ 15:10 How to Priorize Traveller's Immunizations when they are Numerous or the Traveller Short of Time?
Dr. Dominique Tessier (Canada)

15:10 ~ 15:40 Coffee Break

15:40 ~ 16:30 Role of Dairy Products in the Prevention or Treatment of Travellers' Diarrhoea
Dr. Harsharnjit S Gill (New Zealand)

Meeting Room 406

10:15 ~ 12:00 **Symposium (I)**
Chairpersons：Dr. Bradley A. Connor (U.S.A.)
Prof. Dah-Kuen Shieh (謝大焜教授)

10:15 ~ 10:50 Healthy Travel and Chinese Herbs
Prof. Ling-Ling Yang (楊玲玲所長)

10:50 ~ 11:25 Cardiovascular Disease in Travel
Prof. Philip Yu-An Ding (丁予安教授)

11:25 ~ 12:00 Jet Lag in Travel
Prof. Ching-Yu Chen (陳慶餘教授)

Meeting Room 406

13:30 ~ 17:20 **Symposium (II)**
Chairpersons: Dr. Albert F. De Frey (South Africa)
Prof. Meng-Chih Lee(李孟智教授)

13:30 ~ 14:20 Travelling with a Heart Disease
Dr. Walter Pasini (Italy)

14:20 ~ 15:10 Travel and Allergic Diseases
Prof. Bor-Luen Chiang (江伯倫教授)

15:10 ~ 15:40 Coffee Break

15:40 ~ 16:30 Trends in Injury Mortality among Adolescents in Taiwan,1965-1994
Dr. Chung-Hsueh Lu (呂宗學醫師)

16:30 ~ 17:20 The Health Care Overview of Overseas Students
Mr. Chao-Hsiang Chiu (邱肇祥老師)

Meeting Room 1001

10:30 ~ 12:10 **Satellite Symposium (I)**
海峽兩岸旅遊醫學研討會
The Development of Travel Medicine on Both Sides of the Taiwan Strait
Chairperson: Prof. Ying-Hua Shieh (謝瀛華理事長)
Dr. Shih-Ching Chen (陳適卿秘書長)
Dr. Steve GN Chang (張俊寧常務理事)

10:30 ~ 10:50 Recent Development of Travel Health Care in Taiwan
Prof. Ying-Hua Shieh (謝瀛華理事長)
Dr. Te-Ching Su (蘇德慶監事)

10:50 ~ 11:10 The Establishment and Industrial Administration of Travel Health Care Clinic of PR China
Dr. Changling Dong (董長嶺秘書長)

11:10 ~ 11:30 The Development of Travel Medicine in China
Dr. Shenghua Fu (伏盛華副秘書長)

11:30 ~ 11:50 The Tour Physical Fitness Scathe and Precaution in Fujan Province
Dr. Pochien Yang (楊伯謙會長)

11:50 ~ 12:10 The Travel Healthcare Services for Advanced Ages
Dr. Hui Guo (郭輝委員)

Meeting Room 1001

13:30 ~ 15:30 **Satellite Symposium (II)**
Travel Rescue Symposium AEA Experience

Chairperson：Mr. Steven Liao (廖舜正總經理)

13:30 ~ 14:30 Knowing Overseas Assistance Service
Mr. Steven Liao (廖舜正總經理)

14:30 ~ 15:30 Medical Consideration for Air Evacuation
Dr. Charles NG (Hong Kong)

Sunday, July 12

Auditorium, 2nd Floor

08:30 ~ 12:00 **Plenary Session (III)**
Chairpersons:Prof. Ming-Jer Shieh (謝明哲教授)
Prof. Jung-Li Liao (廖榮利教授)

08:30 ~ 09:30 The Role of Travel Clinics in the Prevention, Management, and Surveillance of Infectious Diseases
Dr. Dominique Tessier (Canada)

09:30 ~ 10:30 International Travel Medicine Clinics
Dr. Bob Kass(Australia)

10:30 ~ 11:00 Coffee Break

11:00 ~ 12:00 Travelers' Diarrhea: Prevention and Treatment
Prof. Charles D.Ericsson (U.S.A.)

Auditorium, 2nd Floor

13:30 ~ 16:50 **Plenary Session(Ⅳ)**
Chairpersons:Prof.Wan-Hsuen Chiang (江萬煊教授)
Dr. Huan-Chen Chang (張煥禎院長)

13:30 ~ 14:20 Global Mobility and Migration:New Challenges for Travel Medicine
Dr. Louis Loutan (Switzerland)

14:20 ~ 15:10 Travel Mdeicine and the Asia-Pacific Region
Dr. Anthony Gheratdin(Australia)

15:10 ~ 15:40 Coffee Break

15:40 ~ 16:50 Travel Medicine - Present and Future
Prof. Robert Steffen (Switzerland)

Meeting Room 403

08:30 ~ 12:00 **Country Report (III)**
Chairpersons:Dr. Jay S. Keystone (Canada)
Prof. Thomas Wen-Fu Lai (賴文福教授)

08:30 ~ 09:30 The Development of Travel Health in Indonesia
Dr. Hadi Marjanto Abednego (Indonesia)

09:30 ~ 10:30 Dysbaric Osteonecrosis of Migrant Workers in Taipei Subway Construction Work
Dr. Wing P. Chan (陳榮邦主任)

10:30 ~ 11:00 Coffee Break

11:00 ~ 12:00 Infection and Detection of Disease among International Passengers from Some Selected Countries, January 1996-December 1997
Mr. Wenfei Lin (林文斐科長)

Meeting Room 403

13:30 ~ 16:30 **Country Report (IV)**
Chairpersons:Dr. Dominique Tessier (Canada)
Dr. Huey-Shin Cheng (鄭惠信常務理事)

13:30 ~ 14:20 The Current Situation of Infectious Diseases in Japan
Dr. Mikio Kimura (Japan)

14:20 ~ 15:10 Travel and Tropical Medicine in Israel
Dr. Eli Schwartz (Israel)

15:10 ~ 15:40 Coffee Break

15:40 ~ 16:30 Country Report - India
Dr. Santanu Chatterjee (India)

Meeting Room 406

08:30 ~ 12:00 **Symposium (III)**
Chairpersons:Dr. Mikio Kimura (Japan)
Dr. Hsiao-Chen Chiu (邱孝震理事長)
Dr. Po-Chi Ho (何博基常務理事)

08:30 ~ 09:30 Travel Infectious Diseases
Dr. Cheng-Yi Liu (劉正義理事長)

09:30 ~ 10:30 Notification of Epidemic Illness
Dr. Trong-Neng Wu (吳聰能所長)

10:30 ~ 11:00 Coffee Break

11:00 ~ 12:00 Urinary Tract Infection in Travel
Dr. Ming-Tsun Chen (陳明村院長)

Meeting Room 406

13:30 ~ 17:20 **Symposium (IV)**
Chairpersons:Dr. Charles D. Ericsson (U.S.A.)
Dr. Rong -Chi Chen (陳榮基院長)

13:30 ~ 14:20 Survey of Intestinal Parasitic Infections among Alien Labourers
Prof. Wen-Cheng Chung (鍾文政教授)

14:20 ~ 15:10 Health Guide for Women during Travelling
Dr. Yi-Yi Chien (簡逸毅主任)

15:10 ~ 15:40 Coffee Break

15:40 ~ 16:20 Sexually Transmitted Diseases
Dr. Ruey-Yi Lin (林瑞宜院長)

16:20 ~ 16:50 History of HIV/AIDS in Taiwan
Prof. Che-Yen Chuang (莊哲彥教授)

16:50 ~ 17:20 Molecular Epidemiology of Human Immunodeficiency Virus (HIV) in Taiwan and its Implication in Travel Health
Prof. Yi-Ming A. Chen (陳宜民教授)

Meeting Room 1001

13:10 ~ 15:10 **Satellite Symposium (Ⅲ)**
Travel Oral Health Symposium
Chairpersons:Dr. Chen-Hua Yao (姚振華理事長)
Dr. Chin-Shun Chang (張進順理事長)
Dr. Ming-Ching Tsen (曾明清執行長)

13:10 ~ 13:40 Travel Oral Health and Travel Oral Health Care Delivery System
Dr. Chin-Shun Chang (張進順理事長)

13:40 ~ 14:10 Common Oral Diseases during Travel
Dr. Hsin-Chung Cheng(鄭信忠醫師)

14:10 ~ 14:40 Travelling as a Form of Recreation for Dentists
Dr. Huei-Mei Tsai (蔡惠美醫師)

14:40 ~ 15:10 Be a Happy Dentist
Mr. Dave J.P. Kuo (郭志鵬老師)

Meeting Room 1001

15:30 ~ 17:30 **Satellite Symposium (Ⅳ)**
The Career of Private Practitioners in Taiwan
Chairperson：Legislator Yao-Hsing Lin(林耀興立委)

15:30 ~ 16:00 Resolving the Problems of Private Practice in Taiwan
Dr. Ju-Li Lee (李汝禮理事長)

16:00 ~ 16:30 Stategic Planning & Improving the Quality of Doctors' Life
Dr. Chung-Huy Liaw (廖崇慧秘書長)

16:30 ~ 17:00 The Leisure Life of Private Practitioners in Taiwan
Dr. Ing-Tsang Liaw (廖英藏院長)

17:00 ~ 17:30 Panel Discussion

Road accident 9/law -1995

Monday, July 13

Auditorium, 2nd Floor

08:30 ~ 12:00 **Plenary Session (V)**
Chairpersons: Dr. Nai-San Wang (王乃三院長)
Dr. Cheng-Yi Liu (劉正義理事長)

08:30 ~ 09:30 Emergency Care in the Subcontinent
Dr. Santanu Chatterjee (India)

09:30 ~ 10:30 Travel Sexual Behaviour and Risk for HIV, HB and HC Infection
Prof. Anthony J. Hedley (Hong Kong)

10:30 ~ 11:00 Coffee Break

11:00 ~ 12:00 Preliminary Hepatitis A Antibody Responses in a Cohort of Healthy Adults Who Received Havrix Followed by Vaqta or Havrix 6-12 Months Later
Dr. Bradley A. Connor (U.S.A.)

Auditorium, 2nd Floor

13:30 ~ 16:30 **Plenary Session (VI)**
Chairpersons: Dr. Kun-Kuang Wu (吳坤光理事長)
Dr. Chang-Hai Tsai (蔡長海院長)

13:30 ~ 14:30 Gideon - A Computer Program for Informatics, Teaching and Disease Simulation in the Field of Travel Medicine
Prof. Stephen A. Berger (Israel)

14:30 ~ 15:30 Children Travel, Too
Prof. Karl Neumann (U.S.A.)

Meeting Room 403

08:30 ~ 12:00 **Country Report (V)**
Chairpersons: Prof. Karl Neumann (U.S.A.)
Dr. Chih-Chun Chang (張之申副院長)

08:30 ~ 09:30 Enterovirus Infection in Infants and Children
Dr. Winnie Yang (楊文理主任)

09:30 ~ 10:30 Telemedicine in Nautical Tourism
Dr. Nebojsa Nikolic (Croatia)

10:30 ~ 11:00 Coffee Break

11:00 ~ 12:00 Educating the Food Service Sector of the Tourism Industry: A Rationale for the Prevention of Food and Waterborne Illness in Tourists
Dr. Robyn Bushell (Australia)

Meeting Room 403

13:30 ~ 15:30 **Country Report (VI)**
Chairpersons : Dr. Bob Kass (Australia)
Dr. Hsiu-Chen Lin(林秀貞主任)

13:30 ~ 14:30 Enteroviarl Outbreak in Taiwan, 1998
Dr. Yhu-Chering Huang (黃玉成醫師)
Dr. Luan-Yin Chang (張鑾英醫師)

14:30 ~ 15:30 Risk of Dengue Fever in German Tourists to Asia
Dr. Hans D. Nothdurft (Germany)

Meeting Room 406

08:30 ~ 12:00 **Symposium (V)**
Chairpersons : Dr. Stephen A. Berger (Israel)
Prof. Soul-Chin Chen (陳守誠教授)

08:30 ~ 09:10 Inflight Medical Illness during Commercial Air Travel
Dr. Chien-Yi Shih (施健一主任)

09:10 ~ 09:50 Potential Risk of Sexually Transmitted Diseases in Sexual Tourism
Prof. Han-Sun Chiang (江漢聲教授)

09:50 ~ 10:30 Medical Resources on the Internet
Prof. Yu-Chuan Li (李友專教授)

10:30 ~ 11:00 Coffee Break

11:00 ~ 11:50 Internet Resources of Travel Medicine
Dr. Shih-Tzu Tsai (蔡世滋主任)

Meeting Room 406

13:30 ~ 15:30 **Symposium (VI)**

Chairpersons：Prof. Anthony J. Hedley (Hong Kong)

Prof. Ling-Ling Hsieh (謝玲玲教授)

13:30 ~ 14:30 Head and Spinal Cord Injuries in Travel-Related Traffic Accidents and Falls

Dr. Wen-Ta Chiu (邱文達院長)

14:30 ~ 15:30 Travel Nursing Health

Prof. Ching-Min Chen (陳靜敏教授)

Closing Ceremony — Monday, July 13

Auditorium, 2nd Floor

15:30 ~ 16:00 **Closing Ceremony**

Professor University of Texas	Prof. Charles D. Ericsson (USA)
Deputy Director-General, Department of Health, Executive Yuan	Dr. Eng-Rin Chen (陳瑩霖副署長)
Chairperson of Organizing Committee, Second Asia-Pacific Travel Health Congress	Prof. Ying-Hua Shieh (謝瀛華理事長)

Social Program

Welcome Party

Date & Time: 18:30 ~20:30, July 10, 1998

Place: City Hall Banquet Hall of Taipei City Government

All registrants and guests are welcome to join the elaborate cocktail reception with entertainment for a festive and relaxing evening.

Farewell Party

Date & Time: 19:00 ~21:00, July 12, 1998

Place: Grand Hyatt Taipei

The congress banquet, a highlight of the Congress, features Chinese gourmet food and entertainment for registered delegates and accompanying persons.

Congress Tour

Taipei City Tour

Date: July 11, 1998

Meeting place: First Floor, Taipei City Government Building

Departure: 13:30

Duration: 4 hours

Tour cost: Free of Charge

Accompanying persons' program

1. Date: July 12, 1998

Taste of Chinese Tea

Meeting place:Hotel Lobby
(Near reception desk)
Departure: 13:30
Duration:5 hours
Tour cost: US$32

2. Date: July 13, 1998

Grandcrystal Tour

Meeting place:Hotel Lobby
(Near reception desk)
Departure: 08:30
Duration: 8 hours
Tour cost: US$48

Optional tours

Taipei Night Tour

1. July 11, 1998

Adventure Night

Meeting place:Hotel Lobby
(Near reception desk)
Departure:18:00
Duration:3 hours
Tour cost:US$48

2. July 11, 1998

Shopping Night

Meeting place:Hotel Lobby
(Near reception desk)
Departure:18:00
Duration:3 hours
Tour cost:US$48

Post Congress Tour (Two days)

1. July 14~15, 1998

Taroko Gorge & East Coast Tour

Meeting place:Hotel Lobby
(Near reception desk)
Departure: 06:20
Duration: 2 days
Tour cost: US$215

General Information

Conference Venue

Auditorium, Taipei City Government

Official Language

English is the official language of this conference.

Exhibition

Travel Health Exhibition will be held in the lobby of Taipei City Government Building on July 10, 13:30~17:00 and July11-13 08:30 ~ 17:00

Registration & Information Desk

Information on the social program and optional tours can be obtained from the Conference Tour & Information Desk.

The office hours are:

July 10 (Fri.)	13:30 - 17:00
July 11-12 (Sat. - Sun.)	08:00 - 17:30
July 13 (Mon.)	08:00 - 17:30

Secretariat / Slide Preview Room

The Secretariat is situated in Room 301, 3F Southeast Area, Department of Health, and is open on 7/10, 13:30~17:00 and 7/11-7/13, 08:00~17:30 during the Congress. Speakers who need secretarial services may proceed to this room for help. Equipment including slide projectors will be available for speakers to rehearse presentations and preview slides.

Food & Beverage

All coffee/tea breaks are included in the registration fee. Hot and cold drinks will be served twice daily in the lobby of the 2nd floor and each meeting room.

Name Badge

Please wear your name badge during the Congress as it allows access to the complimentary social and scientific programs. In case you misplace your badge, you can obtain a replacement at cost from the Secretariat.

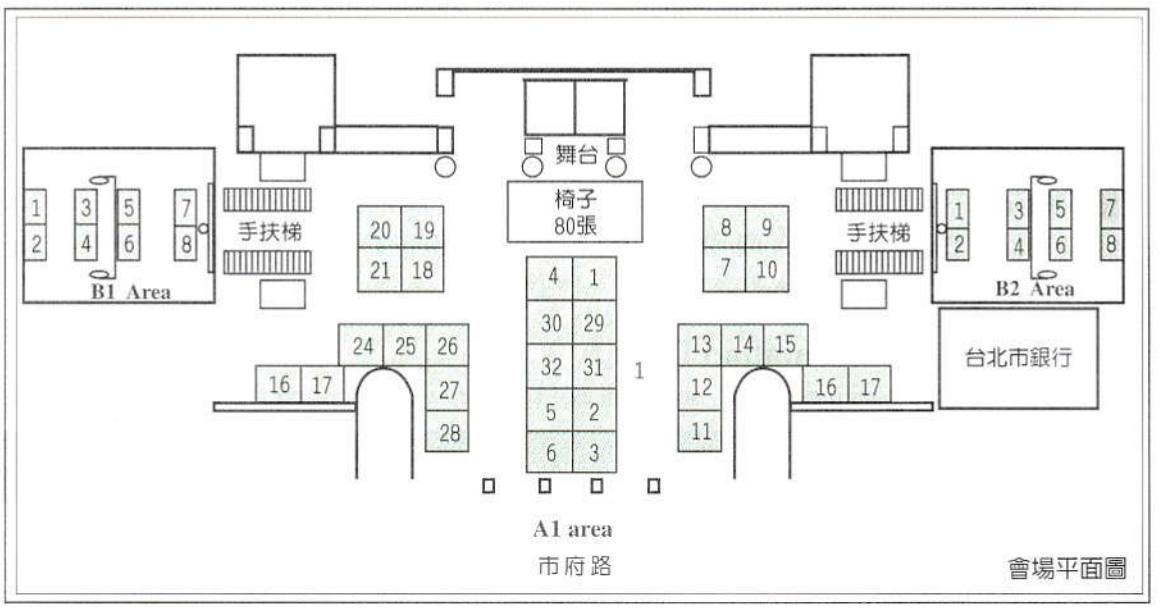
The badges are Categorized as follow:

Blue Color	-Participant
Blue Color with Red Dot	-Accompany Person
Pink Color	-Invited Speaker, Chairperson, Organizing Committee
Green Color	-Staff
Yellow Color	-Exhibitor
Yellow Color with Blue Dot	-Reporter

Transportation

Taxi in Taipei is both convenient and inexpensive, the fare is NT$ 65 for the first 1 kilometer and NT$ 5 for each additional 350 meters. For your convenience, please bring with you the name card of the hotel you are staying and show it to the taxi driver for direction. There are several kinds of public buses on Taipei streets. It usually charges NT$15 for one section.

Exhibitors & Exhibition Booth Allotment



Exhibitors:

1. AEA International (Taiwan) Ltd.
香港商亞馨國際有限公司台灣分公司
2. Meditalent Group
駿緯醫藥科技(股)公司
3. Pasteur Merieux Connaught
法台化學(股)公司
4. Taipei Life Insurance Association
台北市人壽保險商業同業公會
5. National Healthcare Centers
博登藥局
6. Zeneca Taiwan Ltd
臺灣捷利康(股)公司
7. Kuo Bin International Co., Ltd.
國賓國際(股)公司
8.9.Howard Hotels & Resorts International
福華大飯店關係企業
10.Grolier International Inc.
美商萬羅里國際(股)公司
11.Sinphar Pharmaceutical Co., Ltd.
杏輝藥品工業(股)公司
12.Crosley Enterprise Co., Ltd.
可樂立實業有限公司
13.Win International Products Ltd.
維思國際有限公司
14.Amitywin Co. (Magnetizer, USA)
友勝實業(股)公司
15.TIS Technology
欣泰資訊(股)公司
16.Kingship Hotel
漢王大飯店
17.Parkview Hotel
花蓮美侖大飯店
18.Smith Kline Beecham
荷商史克美占達東(股)公司
19. New Land Developers Group
新聯陽實業機構
20. Chinese Organic Agribusiness Association
中華民國有機農業產銷經營協會
21. Gesa Assistance Pte. Ltd. Taiwan Branch
新加坡商捷上援助(股)公司台灣分公司
22.23.U-Chiu掖 Guideline of Pharmaceutical Management
五洲製藥股份有限公司
24. Kaw Ping Trading Co., Ltd.
高平貿易有限公司
25. Jasan Co., Taiwan
佳升企業有限公司
26. M.&.S. Pharmaceutical Co., Ltd.
美和昇有限公司
27. Mentholatum Taiwan Ltd.
台灣曼秀雷敦(股)公司
28. Taiwan Hospital Supply Corp.
伊傑貿易有限公司
29.30.Aurora Office Automation Corp.
金儀(股)公司
31. Happy Country Co., Ltd.
樂稼庄企業有限公司
32. Janssen-Cilag Taiwan
楊森大藥廠
B1, 8. Taipei Medical Association
台北市醫師公會
Taipei Medical Association Branch of Members' Wives
台北市醫師公會婦女會
B1, 5. Health Department, Taipei City Government
台北市政府衛生局
B1, 6. Vision Information Software Corp.
展望資訊管理有限公司

Acknowledgement

Sponsored by:

Ministry of Foreign Affairs	外交部
Mainland Affairs Council, Executive Yuan	行政院大陸委員會
K. T. Li Foundation for Science & Technology Development	財團法人李國鼎科技發展基金會
Cho Chang Tsung Foundation of Education	宗倬章先生教育基金會
AEA International (Taiwan) Ltd.	香港商亞馨國際有限公司台灣分公司
Amitywin Co. (Magnetizer, USA)	友勝實業(股)公司
Astra Pharmaceuticals (Taiwan) Ltd.	台灣阿斯特拉(股)公司
Aurora Office Automation Corp.	金儀(股)公司
Chinese Organic Agribusiness Association	中華民國有機農業產銷經營協會
Crosley Enterprise Co., Ltd.	可樂立實業有限公司
Daiichi Pharmaceutical Taiwan Ltd.	台灣第一製藥(股)公司
Gesa Assistance Pte. Ltd. Taiwan Branch	新加坡商捷上援助(股)公司台灣分公司
Grolier International Inc.	美商萬羅里國際(股)公司
Happy Country Co., Ltd.	樂稼庄企業有限公司
Howard Hotels & Resorts International	福華大飯店關係企業
Janssen-Cilag Taiwan	楊森大藥廠
Jasan Co., Taiwan	佳升企業有限公司
Kan Chi Medical Co., Ltd.	甘記醫藥有限公司
Kaw Ping Trading Co., Ltd.	高平貿易有限公司
Kingship Hotel	漢王大飯店
Kuo Bin International Co., Ltd.	國賓國際(股)公司
Leader Express Co., Ltd.	笠達企業有限公司
M.&.S. Pharmaceutical Co., Ltd.	美和昇有限公司
MJ Life Enterprises, Ltd.	美兆生活事業(股)公司
Meditalent Group	駿緯醫藥科技(股)公司
Mentholatum Taiwan Ltd.	台灣曼秀雷敦(股)公司
Nan Yang Industrial Co., Ltd.	南洋產業(股)公司
National Healthcare Centers	博登藥局
New Land Developers Group	新聯陽實業機構
Novo Nordisk Pharma Taiwan Ltd.	台灣諾和諾德藥品(股)公司
Parkview Hotel	花蓮美侖大飯店
Pasteur Merieux Connaught	法台化學(股)公司
Sankyo Co., Ltd. Taipei Branch	日商三共(股)公司台北分公司
Sea Lucky Enterprises, Ltd.	喜樂企業有限公司
Sinphar Pharmaceutical Co., Ltd.	杏輝藥品工業(股)公司
Sintong Chemical Industrial Co., Ltd.	信東化學工業(股)公司
Sintong Information Co., Ltd.	信東資訊(股)公司
Smith Kline Beecham	荷商史克美占遠東(股)公司
Taipei Life Insurance Association	台北市人壽保險商業同業公會
Taipei Medical Association	台北市醫師公會
Taipei Medical Association Branch of Members' Wives	台北市醫師公會婦女會
Taiwan Hospital Supply Corp.	仲傑貿易有限公司
Taiwan Power Company	台灣電力公司
Tec-Easy International Business Inc.	立即棒國際事業(股)公司
TIS Technology	欣泰資訊(股)公司
U-Chiu's Guideline of Pharmaceutical Management	五洲製藥股份有限公司
Vision Information Software Corp.	展望資訊管理有限公司
Win International Products Ltd.	維恩國際有限公司
Wyeth-Ayerst (Asia) Ltd. Taiwan Branch	台灣氰胺(股)公司
Cyanamid Taiwan Corporation	美商惠氏藥廠(亞洲)(股)公司台灣分公司
Zeneca Taiwan Ltd	臺灣捷利康(股)公司
Zion International Co., Ltd.	錫安國際旅行社(股)公司

Names of private organizations are listed in alphabetical order.

Centers for Disease Control and Prevention (CDC)
National Center for Infectious Diseases
Selected Materials Available on the Internet

National Center for Infectious Disease Home Page: http://www.cdc.gov/ncidod/ncid.htm

Bacterial Diseases: http://www.cdc.gov/ncidod/diseases/bacter/bacter.htm
Bacterial Meningitis: http://www.cdc.gov/ncidod/dbmd/bactmen.htm
Botulism: http://www.cdc.gov/ncidod/diseases/foodborn/botulism.htm
Bovine Spongiform Encephalopathy (BSE) and Creutzfeldt-Jakob Disease (CJD):
http://www.cdc.gov/ncidod/diseases/cjd/cjd.htm
Brainerd Diarrhea: http://www.cdc.gov/ncidod/diseases/foodborn/bdintern.htm
Campylobacter: http://www.cdc.gov/ncidod/diseases/bacter/campyfaq.htm
The ABC's of Safe and Healthy Child Care: http://www.cdc.gov/ncidod/hip/abc/abc.htm
Child Care Health and Safety Action Plan:
http://www.cdc.gov/ncidod/publications/daycare/contents.htm
Cholera: http://www.cdc.gov/ncidod/diseases/cholera/cholmenu.htm
Chronic Fatigue Syndrome: http://www.cdc.gov/ncidod/diseases/cfs/cfshome.htm
- CFS Defined Page: http://www.cdc.gov/ncidod/diseases/cfs/defined.htm
- Facts about CFS: http://www.cdc.gov/ncidod/diseases/cfs/facts.htm
- Possible Causes of CFS: http://www.cdc.gov/ncidod/diseases/cfs/facts3.htm
- Diagnosis of CFS: http://www.cdc.gov/ncidod/diseases/cfs/facts4.htm
- CFS Treatment Page: http://www.cdc.gov/ncidod/diseases/cfs/treatmen0.htm
- CFS Studies Page: http://www.cdc.gov/ncidod/diseases/cfs/studies.htm

Cryptosporidiosis: http://www.cdc.gov/ncidod/diseases/crypto/crypto.htm
Cyclospora: http://www.cdc.gov/ncidod/diseases/cyclospo/cyclomen.htm
Dengue/Dengue Fever: http://www.cdc.gov/ncidod/dvbid/dengue.htm
Disease Listing (NCID): http://www.cdc.gov/ncidod/diseases/diseases.htm
Ebola: http://www.cdc.gov/ncidod/diseases/virlfvr/virlfvr.htm
- http://www.cdc.gov/ncidod/diseases/virlfvr/ebolainf.htm

Emerging Infectious Diseases:
- Addressing Emerging Infectious Disease Threats: A Prevention Strategy for the United States:
http://www.cdc.gov/ncidod/publications/eid_plan/home.htm
- Slide Set for Addressing Emerging Infectious Disease Threats: A Prevention Strategy for the United States http://www.cdc.gov/ncidod/publications/slides/slideset.htm
- Emerging Infectious Diseases, a journal: http://www.cdc.gov/ncidod/EID/eid.htm
- Emerging Infectious Diseases Resource Links: http://www.cdc.gov/ncidod/id_links.htm

Escherichia coli O157:H7: http://www.cdc.gov/ncidod/diseases/foodborn/e_coli.htm
Foodborne Diseases: http://www.cdc.gov/ncidod/diseases/foodborn/foodborn.htm
Gonorrhea: http://www.cdc.gov/ncidod/dastlr/gcdir/gono.htm
Guideline for Isolation Precautions in Hospitals: http://www.cdc.gov/ncidod/hip/isolat/isolat.htm
Hantavirus Pulmonary Syndrome: http://www.cdc.gov/ncidod/diseases/hanta/hantvrus.htm
http://www.cdc.gov/ncidod/diseases/hanta/hps/intro.htm
Helicobacter pylori: http://www.cdc.gov/ncidod/dbmd/hpylori.htm
Hepatitis: http://www.cdc.gov/ncidod/diseases/hepatitis/hepatitis.htm
- A to Z slide set: http://www.cdc.gov/ncidod/diseases/hepatitis/slideset/httoc.htm
- Hep.A Fact Sheet: http://www.cdc.gov/ncidod/diseases/hepatitis/hepafact.htm
- Hep.A General Info: http://www.cdc.gov/ncidod/diseases/hepatitis/hepabro.htm
- Hep.B Fact Sheet: http://www.cdc.gov/ncidod/diseases/hepatitis/hepbfact.htm

- Hep.C Fact Sheet: http://www.cdc.gov/ncidod/diseases/hepatitis/hepcfact.htm
Histoplasmosis: http://www.cdc.gov/ncidod/diseases/fungal/histfact.htm
Hospital Infections: http://www.cdc.gov/ncidod/hip/hip.htm
Influenza: http://www.cdc.gov/ncidod/diseases/flu/fluvirus.htm
Legionellosis: http://www.cdc.gov/ncidod/diseases/legion/legion.htm
Listeriosis: http://www.cdc.gov/ncidod/diseases/foodborn/lister.htm
Lyme Disease: http://www.cdc.gov/ncidod/diseases/lyme/lymedis.htm
- Info on Lyme Disease: http://www.cdc.gov/ncidod/dvbid/lymegen.htm
- Info on Lyme Disease: http://www.cdc.gov/ncidod/dvbid/lymeinfo.htm
- Lyme Disease Brochure: http://www.cdc.gov/ncidod/publications/brochures/lyme.htm
Malaria: http://www.cdc.gov/ncidod/diseases/malaria/malaria.htm
Meningitis: http://www.cdc.gov/ncidod/dbmd/bactmen.htm
Methicillin-resistant Staphylococcus: http://www.cdc.gov/ncidod/diseases/hip/mrsa.htm
New Reemerging and Drug-Resistant Infections (from NCID brochure):
http://www.cdc.gov/ncidod/aboutre.htm
Pet-Transmitted Diseases: http://www.cdc.gov/ncidod/diseases/roundwrm/roundwrm.htm
Plague: http://www.cdc.gov/ncidod/dvbid/plaginfo.htm
Pneumonia (Bacterial): PartI.Issues on Prevention of Nosocomial Pneumonia, 1994:
http://www.cdc.gov/ncidod/diseases/hip/pneumonia/1_bactpn.htm
Rabies: http://www.cdc.gov/ncidod/diseases/rabies/rabies.htm
Rocky Mountain Spotted Fever: http://www.cdc.gov/ncidod/diseases/rmsf/rmtnsfvr.htm
Roundworms: http://www.cdc.gov/ncidod/diseases/roundwrm/roundwrm.htm
Salmonella Enteritidis: http://www.cdc.gov/ncidod/diseases/foodborn/salmon.htm
Schistosomiasis: http://www.cdc.gov/ncidod/diseases/schis/schmenu.htm
Shigella: http://www.cdc.gov/ncidod/diseases/bacter/shigella.htm
Sporotrichosis: http://www.cdc.gov/ncidod/diseases/sporotri/factsht.htm
Streptococcal infections: http://www.cdc.gov/ncidod/dbmd/respirat.htm
- Group B Strep Infections Fact Sheet:
http://www.cdc.gov/ncidod/diseases/bacter/strep_b.htm
Traveler's Health: http://www.cdc.gov/travel/travel.htm
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- West African Trypanosomiasis: http://www.cdc.gov/ncidod/diseases/trypan/fswaftry.htm
Typhoid Fever: http://www.cdc.gov/ncidod/diseases/bacter/typhoid.htm
Vibrio vulnificus: http://www.cdc.gov/ncidod/diseases/foodborn/vibriovu.htm
Viral Hemorrhagic Fever: http://www.cdc.gov/ncidod/diseases/virlfvr/virlfvr.htm
Yellow Fever: http://www.cdc.gov/ncidod/dvbid/yellowf.htm

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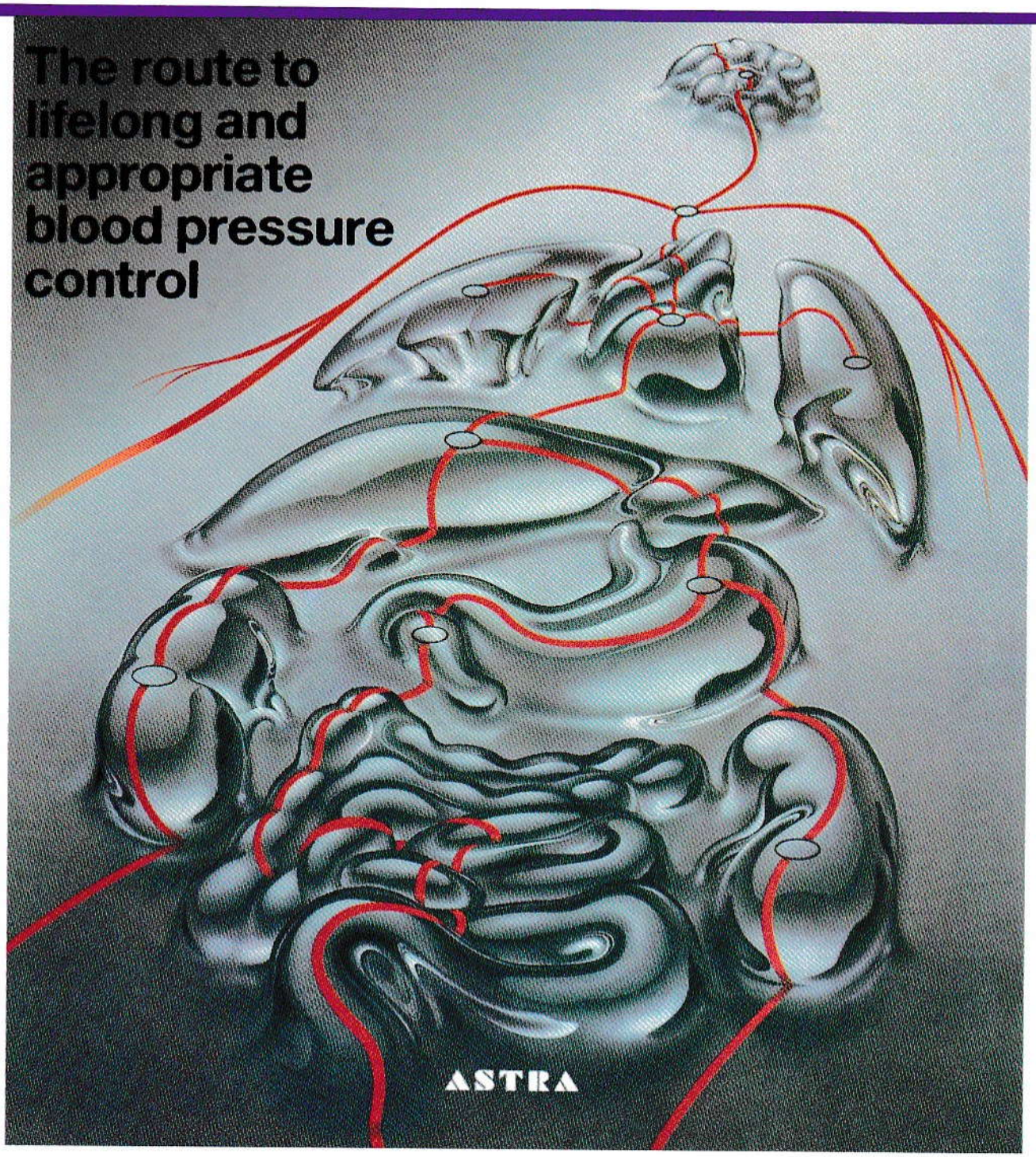

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REACTIVITY OF NERVOUS SYSTEM ON THE SEA CONDITIONS

1

Zvyagina L.
Institute Maritime medicine, Ukraine

There are many occupational conditions and situations in which people are exposed to risk particularly in the sea.

The aim of present study was to assess the nervous system associated with occupational exposure of seamen.

Methods. The population included 115 seamen who received medical attention before and after trip. Our results and conclusions were based on clinical examinations of nervous system, vegetative tests, study extra- and intro-cerebral vessel's velocity, biological tests, vibratory function tests, etc.

Results. According to our investigations the results have revealed subjective and objective disorders of central nervous system, dysfunction of peripheral nervous sensibility, psychological changes mental and social adaptation.

Cerebrovascular diseases were found among seamen in 45%. Neurotic distonia, asthenic syndrome established in young people, mental and organic disorders of nervous system revealed in older seamen. We defined dependence neurological disturbance from professional belonging.

Conclusion. This study support previous findings that work on the ship has an adverse chronic effect on the nervous system.

INFECTIOUS DISEASES AND TRAVEL TO THE MIDDLE EAST

2

Berger S.A., Shapira I.
Tel Aviv Medical Center, Tel Aviv, Israel

The occurrence and incidence of infectious diseases in the Middle East are determined by a wide variety of factors which include: regional flora, fauna and climate; as well as culture, religion, public health infrastructure, diet and geopolitical events. Hepatitis A, brucellosis, rickettsial spotted fevers and cutaneous leishmaniasis are fairly common in most countries; while AIDS is relatively rare. Some countries have been successful in eliminating malaria and schistosomiasis in recent years; while recent outbreaks of poliomyelitis and cholera have been registered in some. Wars and movement of refugees have occasionally shifted and introduced diseases from country to country. Variables involved in the occurrence of travel-associated diseases in the Middle East will be discussed.

3

TELEMEDICINE IN NAUTICAL TOURISM

Nikoli N., Vukeli M., Sesar Z., Trošelj-Vuki B.
Faculty of Maritime Studies, Faculty of Medicine, University of Rijeka, Croatia

Nautical tourism is the most popular branch of tourism in Croatia. Every year more than a 300000 nautical tourists are sailing on the Adriatic Sea. Such a great number of nautical tourists demand a complete system of their protection. That should be done in co-ordination with needs and circumstances that exist in local waters and should be integrated into organisation and saving of human lives on the sea.

The quality of health care concept that we developed according to the principles of giving medical help on the sea, depends on the organisation of radio-medico service, ship's medicine chest, the quality of the manual and the training of the help giving person.

4

MINIMIZING THE HEALTH RISKS OF INTERNATIONAL TRAVEL

Hilton L.
Medex international, Baltimore, Maryland, USA

Globalization is increasing the amount of international travel, however, the majority of individuals are not prepared to handle the increased health risks that accompany travel and do not have a contingency plan in place. How will the individual find appropriate medical attention? Will the medical facility accept the company's insurance? What if an evacuation is necessary? What if there are language barriers and communication with the doctor is very difficult?

This seminar will address these issues and educate participants on contingency planning in the international medical arena. The planning process involves taking a proactive approach to ensuring the safe health of those traveling. The seminar will begin with a discussion on the difference in medical standards around the world. To follow will be a description of medical assistance programs, as well as important items to consider when selecting an assistance company. In addition, participants will learn about the various types of medical evacuations and repatriations. A review of actual case examples will be provided. All participants will be given pre-travel preparation tips for individuals and/or expatriates in order to better safeguard all travelers.

INFECTION AND DETECTION OF DISEASE AMONG INTERNATIONAL PASSENGERS FROM SOME SELECTED COUNTRIES, JANUARY 1996 - DECEMBER 1997

5

Wu T.N., Hsiao F.F., Chen J.J., Wu H.S., Wu J.J., Lin W.E., Ko L.C.
National Quarantine Service, Taipei, Taiwan

Background: Owing to the rapid increase of international travel activities and virtual infections during these activities, a further investigation is indeed necessary.

Aims: The purposes of this investigation are to early detect potential infections of travelers arriving Taiwan directly from cities in Indonesia, Thailand, Vietnam, Philippines, and Malaysia, so that we can early take steps to prevent its spreading.

Methods: 1) In 1996 and 1997, passengers from selected cities were required to fill out a questionnaire before landing. 2) For suspects, who checked the gastrointestinal and febrile symptoms listed in the questionnaire, and their tour members, stool or/and blood specimens were sampled for laboratory test.

Results: 1) Among responded 1,581,943 questionnaires 7,011 suspects have been sampled for test. 2) Among the specimens seven were serologically positive of dengue fever, one was malaria, and other 146 were isolated for agents of gastrointestinal disease from all selected countries. 3) No secondary case was detected.

Conclusions: The fact that all infections are not vaccine-preventable disease emphasized the importance of health education and personal sanitation.

CLONAL RELATIONSHIP OF *Salmonella paratyphi* A DERIVED FROM SOUTH-EAST ASIA

6

Pan TM, Lin CS, Lee CL, Wang TK, Tsai JL, and Horng CB
Bacteriology Division, National Institute of Preventive Medicine, Taipei, Taiwan

Infections caused by *S. paratyphi* A have been increasing in recent years in Taiwan. Most of these cases were traced to the South-east Asia travel. Comparisons of these isolates are needed for molecular epidemiology. From the report of Selender et al. by multilocus enzyme electrophoresis (MEE), it was found that *S. paratyphi* A can be further differentiated into six electrophoretic types (ETs). One ET type was predominant with a high frequency. However, nucleic acid-based subtyping on this bacteria is rarely reported from Asia area. Currently, pulsed-field gel electrophoresis (PFGE) has been considered as the most discriminatory power in bacterial subtyping. In this study, fourty-two clinical isolates derived from Taiwan and South-east Asia were differentiated by PFGE with four different restriction endonucleases, *Xba*I, *Not* I, *Spe*I and *Avr* II. By genomic DNA digestions, *Avr* II provided most discernible PFGE patterns among these restriction endonucleases. According to PFGE profiles, three clones were differentiated in this study. One clone was predominant and accounted by 88.1% (37 of 42) of isolates. This clone spread widely in South-east Asia. Comparations between MEE with PFGE, a similarity was observed. That is, limited genetic diversities were selected in evolution process of *S. paratyphi* A.

7

THE INDONESIAN TRAVEL HEALTH SOCIETY

Kisyanto Y, Abednego HM, Pribadi W, Gunawan S, Moniaga HG,
Sulistyo YW, Rahayu H, Hisham MA, Fatimah, Zulkarnaen I, Nelwan RHH,
Chalik Hamid EACh, Sudjas W, Said Z, Sinulingga R.
ITHS, Indonesia

Indonesia comprising of 17.508 islands is the largest archipelago in the world, stretching 3,200 miles (5,120 km) from east to west. Indonesians number 200 million people, the fourth most populated people in the world. The people consists of 300 ethnic groups and subgroups having their own tradition. These diverse cultures have given Indonesia a rich heritage of traditions and art resulting in festivities throughout the year in different parts of the country, particularly on the island of Bali.

In the last 2 decades the Indonesian Household Survey had done 4 surveys, which showed that the communicable diseases are decreasing. However, there are still some places, usually remote places, which still need improvement in the health sector.

The Indonesian Travel Health Society (ITHS), which is founded in Jakarta on 18/08/1997 has the goals to promote the traveller health, by giving up-to-date information of travel health to the travel industry and providing optimal health assistance to the traveller.

8

HEALTH CARE FOR THE OLD AGE TRAVELLERS

Liu S.[1], Tian E.[1], Chen J.[1], Che Z.[1], LianY.[2], Zhou H.[2], Wang Y.[2], Wang J.[2]
Beijing Health & Quarantine Bureau.[1] China International Travel Service[2], PR China

A retrospective investigation and analysis is made to a special healthy old age tourist group firstly initiated by China International Travel Service (CITS) in May of 1997, in order to further strengthen the medical and health care in travel services. The analysis covers the composition, age ranging, and health status of the group members. The result indicated that CITS organized 3 old age tourist groups in 1997. Among which there were two 7-day-trip to Thailand and one 9-day-trip to Thailand and Hong Kong. They all started their trips from Beijing. There were altogether 53 people joined the trips, comprising of 12 couples of husband and wife, 2 couples of mother and daughter, 20 singles and 6 working staff (including group leaders, doctors and TV reporters). There were 18 males and 35 females. The age ranked from 47 to 77, excluding the working staff. The average age is 65. There were 28 members between 60 to 70, 59.57% (28/47) of the groups. 31 had history of various disease before the trips, which was 65.96% (31/47) of the groups. Among which there were 15 cases of high blood pressure (15/47, i.e. 31.91%), 10 cases of coronary heart disease (10/47, i.e. 21.28%), 9 cases of hyperlipidemia (9/47, i.e. 19.15%), 5 cases of hyperglycemia (5/47, i.e. 10.64%), and etc. There were only a few people feeling slightly unwell during the trips. No one got infectious disese during the trips. The result shows that the analysis on the composition, age spread and health status of the aged tourist groups, both before and after, provides basis for further strengthening and improving the health care service for the travelers.

INVESTIGATION ON PARASITIC INFECTION RELATED ASPECTS OF THAILAND LABORERS

9

Cheng H.S.
Chang Gung Memorial Hospital, LinKou, Taiwan

This study focuses on the three most prevalent parasites, Opisthorchis Viverrini, Hookworm and Stercolaris Strongaloides; and on Thailand laborers (the group with the highest incidence of parasitic infections). It investigates the demographics, personal hygiene and environmental sanitation of these laborers, to seek the relationship between the host and the offending parasite in order to better prevent and treat these infections.

This study collected Thailand laborers who came to Taiwan during the period of 1992-1994. They were interviewed according to a pre-planned questionnaire embarking demographic data, data on health status and personal living habits. They were also given blood and stool tests. Stool samples were collected and quantified with the Chang's Feces Examination Apparatus (CFEA), stained with the Direct Method and MIF, and inspected under microscope. The SAS software system was used for statistical analysis, and the P value to evaluate the difference between the uninfected and infected groups.

A total of 315 subjects were collected, all of them male. The number of infected lavorers was 205(65%), and the number of uninfected ones was 110 (35%). Before and during the course of treatment, the symptoms most encountered were: anorexia, vomiting and diarrhea.

All three infections were significantly related to eating raw or undercooked pork, found more frequently among infected hosts. Stercolaris Strongaloides infection was also related to eating raw water caltrop or white bamboo shoot, while Opistorchis Viverrini infection was additionally related to eating raw or undercooked lamb. Difference in habitat among the infected and uninfected groups was also an influencing factor. Those who had tap water in their native homes had a significantly lower frequency of Hookworm infection. No other significant differences were noted concerning other factors.

10 DYSBARIC OSTEONECROSIS OF MIGRANT WORKERS IN TAIPEI SUBWAY CONSTRUCTION WORK

Chan W.P.[1], Lin M.S. [2], Cheng W.C. [3], Chen H.C. [3]
[1]. Department of Radiology, Taipei Medical College Hospital;
[2]. Department of Nuclear Medicine, Taipei Municipal Chung Hsiao Hospital;
[3]. Department of Diving Medicine, The 812th Military Hospital, Taiwan

We reviewed 20 migrant workers (18 Thailand's and 2 Japanese), who had suffered from bone pain and underwent MR imaging, in Taipei subway construction work. All were men and averaged 33 years old. All workers had received routine medical and X-ray examinations before work. No compliant or health problems were noted. Under the compressed air work, the exposure time averaged 365 hours at 2.15 kg/cm^2 under the compressed air work for an average working period of 8 months. MR imaging was done on a 0.5-T scanner by using T1W and STIR pulse sequences. The region-of-interest was used according to the focal complaint by the workers. Within the 18 Thailand's, seven had focal bone marrow infarcts at long bone (femur or tibia) and six had diffuse bone marrow replacement. One of the two Japanese had bone marrow infarct in long bone. We concluded that the next step of compressed air work in Taipei subway construction should be strictly managed and regulated to prevent dysbaric osteonecrosis. All migrant workers must have a detailed bone survey and health examination before the compressed air work.

11 AMBULANCE-FLIGHTS BETWEEN ASIA AND EUROPE: NEED OR LUXURY? THE REGA-EXPERIENCE BETWEEN 1993-1997

Rogenmoser P., Hoefliger C.,
Swiss Air-Ambulance (REGA), Zurich, Switzerland

REGA (Swiss Air-Ambulance) has been active in the field of aeromedical evacuations and repatriations for more than 40 years. Based at Zurich Airport, REGA's three specially designed jet-ambulances operate worldwide as flying intensive care units. To serve the international traveler, REGA also runs a medical counseling service 24 hours a day.

Between 1993 and 1997 REGA accomplished 4148 repatriations from all over the world. 183 (4.5%) aeromedical evacuations were carried out in Asian countries: 53 patients (29%) were transported by jet-ambulance, 130 (71%) by commercial airline.

In our study we concentrate on the 53 cases in Asia, where the evacuation was done by jet-ambulance. 30 patients (57%) suffered from disease, while 23 (43%) sustained a trauma. Among the trauma cases head injuries (7) ranked first, followed by spinal fractures (6), thorax injuries (2), burns (1) and others (2). The major diseases encountered were cerebro-vascular accidents (7), followed by cardio-vascular (6) and infectious diseases (6), gastrointestinal problems (4) and malignancies (2).

We present clinical and operational data and discuss the indications for long-distance ambulance flights. Four case reports will illustrate the social, ethical and financial implications of such costly missions.

THE INVESTIGATION OF TRAVEL HEALTH AMONG THE ELDERLY IN A COMMUNITY IN TAIPEI

Shieh Y.H., Chang H.S., Su C.T., Hong C.L.
Taipei Medical College, Taipei, Taiwan.

Background: As the economy develops, more elderly people in Taiwan are able to travel abroad in recent years. This study investigates the prevalence and risk factors of travel-related diseases in the elderly in Taiwan.

Methods: Questionnaire interviews were used for the elderly (>65 years old) in Hsin-Yi district in Taipei. 327 were sampled with a ratio stratified random sampling design. Valid responses were obtained from 303 (92.7%). SPSS and SAS software were used for analysis with chi-square for association.

Results: 48.5% (147) experienced sickness during travel, 166(54.7%) experienced travel psychosis. 56 (18.5%) had traveler's diarrhea, 34(11.2%) had muscle pain, 23 (7.7%) complained of fatigue. Other travel discomforts included insomnia (7, 2.3%) and headache (6, 1.9%).

Conclusions: Continually monitoring illness in the elderly traveler and provisions of appropriate health care merit prevention of travel-related diseases and improves the quality of their tours. Increased collaboration on travel illness between family physician, health educators, and those involved in the travel aspects will be a very positive and efficacious contribution to reduce travel-related diseases.

13

TRAVEL, SEXUAL BEHAVIOUR AND RISK FOR HIV, HB AND HC INFECTION

Hedley AJ, Abdullah ASM, Fielding R.
Department of Community Medicine, The University of Hong Kong, Hong Kong

Aim: To estimate high risk sexual behaviour among travellers departing from Hong Kong and to develop a profile of risk behaviour during travel to support the design of interventions in continuing health promotion.

Methods: Travellers were interviewed by five trained interviewers covering eight languages (Cantonese, Mandarin, Japanese, English, French, German, Hindi and Bengali) in the departure lounge of Kai Tak International Airport, Hong Kong between May and June 1996 using a structured pre-tested questionnaire. A systematic sampling method was used to select the samples. Additional information about respondents and non-respondents was obtained from interviewers during debriefing sessions.

Results: Among 438 subjects interviewed 23% were ethnic Chinese, 44% Caucasian, 31% other Asians and 1% Africans. Seventy five percent of the travellers were male; 57% were married and 91% had travelled at least once within the previous years. Forty four percent (168/383) of those who travelled within the previous year had sex during their travel either with a local person, another tourist or with prostitutes. Having sex during travel was associated with ethnicity, age, gender and sexual attitude including having multiple sexual partners and people who travel solely for sex. Thirty seven percent (139/376) of the respondents reported they do not use condoms at all during sexual intercourse. Using condoms during sexual intercourse was associated with age, marital status and perceived risk for human immunodeficiency virus (HIV) infection. Middle aged and married travellers were more likely to be in the higher risk group.

Conclusion: The high rates of higher risk sexual activity and the low rates of condom use among travellers indicated a high potential risk for sexually transmitted deseases (STDs) including HIV infection among travellers in this region. Besides the threat to themselves, travellers may pose a potential threat both to their families and home community and the territries they visit by transmitting STDs. In Hong Kong and the Asia Pacific there is an urgent need to target travellers effectively in any strategy designed to prevent the spread of STDs in the region.

14

STATISTICAL INDICATORS ON FOREIGN TRAVELS AND ASSOCIATING FACTORS IN JAPAN, 1981-1991

Kagamimori S., Sokejima S., Sekime M., Liu Z., Zhang M., Wang N., Matsubara I., Kumazawa T.
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Toyama Medical & Pharmaceutical University, Japan

The number of travelers toward foreign countries from Japan increased rapidly in 1980's. For whole Japan the participation rates of foreign travels were 3.3% in 1981 and 9.0% in 1991, respectively. The rates of prefectures including metropolis are higher than those of prefectures located in the rural area. The highest rates were observed in Tokyo metropolitan prefecture; 7.3% in 1981 and 15.3% in 1991, respectively. In contrast, participation rates of all travels with over one night stay did not show such a prefectural difference as foreign travels. For whole Japan the rates were 70.5% in 1981 and 82.1% in 1991, respectively.

Both the prefectural differences in annual foreign travel trates and changes of the rates in 1980's were associated with population age-structure, income, industry-structure, socio-cultural facilities, numbers of students enrolled in colleges and universities, and foreigners registered, etc. for each prefecture.

15

PREVALENCE OF TRAVEL-RELATED ILLNESS AMONG A GROUP OF YOUNG ADULTS IN HONG KONG

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Department of Community Medicine, The University of Hong Kong, Hong Kong

Background: The frequency of International travel worldwide is on the increase. Although travelling is essentially a pleasurable activity it is associated with many potential hazards and measurable risks for a wide spectrum of both communicable or non-communicable diseases and health problems. The aim of this study is to identify the prevalence of travel-related illness among university students in Hong Kong.

Methods: A total of 1,197 year 1 and year 3 students (514 male and 680 female) of a University in Hong Kong were surveyed during September to December 1996. A structured self-administered questionnaire was used during the survey.

Results: Amongst respondents 52% (578/1,109) had travelled outside Hong Kong at least once within the previous 12 months. Of those who had travelled, 75% (433/575) did not take any travel health advice and 48% (274/573) did not take any travel health precautions; 41% (233/570) had developed one or more health problems associated with their travel; 7% (41/570) had to consult a doctor during their travel; 2% (10/569) had to be hospitalised and 9% (48/568) developed health problems within two weeks after returning from travel for which they had to consult a doctor. A higher proportion of female students took travel health advice and precautions compared to their male counterparts. Forty one percent (68/168) of those who took travel health advice, took it from nonexpert sources and only 27% (45/168) took it from the University health services.

Conclusion: This study demonstrated that University students, as a population of young adults, are potentially at risk of different travel-related health problems. Most of these health problems could be avoided if preventive measures were taken. The results clearly indicate targets for interventions to minimise the travel health risks among Hong Kong population.

RISK OF DENGUE FEVER IN GERMAN TOURISTS TO ASIA

16

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[2] Max-von-Pettenkofer-Institute, University of Munich, Germany

Background: Dengue has been recognized as a potential hazard to tourists to Asia. A prospective, controlled study in the outpatient clinic of a German infectious disease clinic was conducted to assess the prevalence of dengue virus infection among travelers to Asia.

Methods: Serum samples from 130 patients with signs or history clinically compatible with dengue (fever, headache, muscle and joint pain, or rash), 95 matched controls with diarrhoea, and 26 patients who never visited an Dengue endemic area were investigated.

Results: Nine (6.9%) of the 130 patients with clinical symptoms and 1 (1%) of the control group (n=95) developed an increase of antibody titres against dengue virus. Of these 9 patients with probable dengue infection, 6 had been to Thailand, 2 to Malaysia, and 1 to Indonesia.

Conclusions: Infection with dengue virus seems to be a not uncommon hazard to tourists to Southeast Asia. Typical symptoms such as fever, myalgia, arthralgia and vomiting can be helpful for diagnosing dengue infection however an untypical clinical presentation is possible.

THE AVIAN FLU (H_5N_1) IN HONG KONG

17

Lee S.H.
Chinese University of Hong Kong, Hong Kong

Influenza A (H_5N_1), previously known to infect birds only, was first isolated from a human being in Hong Kong in May 1997. Eighteen human cases have been confirmed and 6 have died.

The main mode of transmission was from poultry to man. The virus has been detected from chickens in poultry farms, chicken stalls and whole sale market. Importation of chickens from China mainland has been temporarily suspended. An emergency exercise to destroy some 1.5 million chickens in the poultry farms and markets was taken. Markets were thoroughly cleansed and disinfected. The surveillance system was stepped up and all public health measures were taken. Follow-up investigations to find out the origin of the outbreak and the distribution of the virus in pigs, ducks and geese are still going on. Close liaison is being made with China mainland to expand the surveillance network and to develop a system of health certification of chickens exported to Hong Kong.

Three lessons have been learnt from the present outbreak: the impact of the outbreak on international travel and trade; the need to disseminate correct information to overseas countries to reduce unnecessary fear about the disease; and the need to up-grade the level of surveillance on infectious diseases to a regional and global level.

18 TRAVELLERS REQUIRING IN-FLIGHT MEDICAL OXYGEN

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Background & Aims: In recent years, the number of overseas travellers in Japan has amounted to more than 15 million. Of those, aged-travellers (more than 65 years-old) occupy about 6% (more than 0.9 million). Since the environments of aircrafts differ from those of the ground, the travel by air does not always fit to all the passengers. For example, ones with chronic respiratory failure need in-flight medical oxygen. To clarify the exact number and clinical diagnosis of travellers who needed in-flight medical oxygen, this study was done. Methods: Retrospective study was performed on passengers boarding on Japan Airlines (JAL) between April 1995 and September 1996. The number of passengers boarding on JAL during the periods of this study totaled about 43.85 million (domestic flights (DOM); 27.42 million, international flights (INT); 16.43 million). Results: Three hundred two cases (DOM; 172, INT; 130) required in-flight medical oxygen. The diagnosis for which in-flight medical oxygen was prepared were respiratory diseases including chronic respiratory failure, heart diseases, neuromuscular diseases, trauma, etc. In 81 cases (DOM; 39, INT; 42) of 302, stretcher was set up in the cabin for medical repatriation. One hundred fifty six cases (DOM; 109, INT; 47) used oxygen at home. Of 302, no case needed unscheduled landings or calls for doctors during flight. Summary: The passengers requiring oxygen for diseases could travel by air in safety, with in-flight medical oxygen.

19 THE PERFECT WAY OF FUTURE TRAVELMEDICINE : ALL-INCLUSIVE-CARE

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The number of business- and private-travellers throughout the world as well as the part of elderly people among this group is permanent growing. The travel-industry is tempting with new, more exciting and exhausting destinations.

Regarding in Germany the round-about ½ million travellers fallen ill or beeing injured abroad each year, it is a challenge to fit the requirements for professional medical services in pretravel-advice, medical in-travel emergency assistance and after-care. Prior explanation of possible dangers of the trip, 24-hour medical assistance performed by physicians, perfect repatriation logistic and the indispensable over-all-cover by the travel insurance are the prerequisites for save and reasonable travelling worldwide, even for people with preexisting health-risks. All services bundled in one hand is the only guarantee to avoid gaps in this „all-over-medical service" philosophy.

With this presentation we will support international reflections concerning the „state-of-the-art" of the medical assistance procedures for travellers abroad. The global „medical risk management" orientated to the diagnosis and the local environment of the patient is a well experienced tool for the evaluation of the patient abroad and the possible activities to perform.

THE RELATION BETWEEN TRAVEL AND AIDS

21

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Since earliest historical times, trade and travel have been recognized as factors contributing to the frequency and seriousness of disease process. China is a big country. Everyday we have group by group passengers from another place to come here. Our AIDS patients and HIV positive (some of them) are from Thailand, Africa and other countries.

The results of the HIV examination of 1,608,402 persons in whole of China (1986-1992) showed that 969 cases (with the positive rate 0.06%) carried HIV. 684 cases (70.59%) is intravenous drug users; 181 cases (18.68%) from foreign countries; 104 cases (10.73%) is others.

Che Zhijun et al (1997) reported a total of 1128 foreign students of Beijing had been tested anti-HIV by Beijing Health and Quarantine Bureau. 5 cases (0.44%) of HIV infection were found. Among them, 4 cases were foreign military personnel from Africa, 1 case was a foreign student from Thailand.

Health authority should systematically educate the travellers about AIDS, teach them to avoid the behavior of multiple sexual partners and to use condom to prevent HIV infection through sexual contact. AIDS surveillance system should pay close attention to this population.

EPIDEMIOLOGICAL ASPECTS OF THE ECONOMIC CRISIS IN THE FR YUGOSLAVIA

20

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Background. Population of the Federal Republic of Yugoslavia experienced substantial socioeconomic changes during the last two decades.

The aim was to determine the impact of the economic crisis on infectious diseases.

Method. Correlation study was used to analyze epidemiological data concerning incidence and mortality rates from diarrhea, tuberculosis, and incidence from syphilis and gonorrhea. Data were compared for two periods, growing economy in 1974-1984 and the economic crisis in 1985-1995.

Results. During the economic crisis period the incidence rate of diarrhea had a statistically significant increase but mortality rate did not change significantly. After time lag of ten years national income decrease resulted in increased diarrhea mortality rate (R= -.84). The incidence and mortality rates from tuberculosis and incidences from syphilis and gonorrhea decreased significantly during the economic crisis period. National income decrease resulted in increased both mortality from tuberculosis (R= -.86) and incidence from syphilis (R= -.91) after five years time lag. Incidence rates of tuberculosis and gonorrhea increased significantly after ten years time lag (R= -.95 for both).

Conclusion. Correlation data indicate that Yugoslavia,s economic crisis had negative impact on incidence rates from diarrhea, tuberculosis, syphilis and gonorrhea, and on mortality rates from diarrhea and tuberculosis after five to ten years time lag.

22 CONSIDERATIONS ON MALARIA PROPHYLAXIS FOR AIRCREW

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Falciparum Malaria a serious threat to the health of aircrew. Fatal cases in aircrew have been reported, and in the non-fatal cases considerable periods of incapacity have been described. Prevention and prophylaxis of Falciparum Malaria in aircrew is compromised by the following factors: 1) resistance of P. falciparum to prophylactic drugs, 2) non-compliance with prophylactic regimen, 3) adverse effects of prophylactic drugs on flight safety, and 4) low impact of information on individual preventive measures.

At present, the ideal prophylaxis in terms of efficacy and adverse effects does not exist. Although resistance to chloroquine is widespread, its combination with proguanil might still be useful, because it is likely that it prevents serious complications of the disease (e.g. cerebral malaria). Mefloquine and halofantrine might compromise flight-safety, and hence are not recommended for aircrew. Some airlines recommend to carry stand-by treatment and to take it at the onset of symptoms. However, experience with this approach is ambiguous, as pilots might use stand-by medication on wrong indications or might not take it, while they need it. Pilots should not resume work before this stand-by medication is fully cleared from the body. As individual anti-mosquito measures remain the mainstay of malaria prevention, impact of information on aircrew should be increased and 'on the spot' education should emphasize risks and individual measures.

23 ANALYSIS OF HIV-AB CONFIRMATION TEST IN GUANGZHOU HEALTH AND QUARANTINE BUREAU

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Between June 1986 and May 1996 we tested a total of 291,713 pieces of serum samples of part of the immigration applicants with HIV initial test. Among those we found 126 cases being positive. By using WB method we confirmed 112 cases being positive with their antibody, including 4 cases being susceptibly positive, occupying 88.9%, and 14 cases being negative, occupying 11.1%.

HIV test is a basic means of diagnosing whether the blood has been infected by HIV and is also major basis for the diagnosis of AIDS. Although HIV initial test can help to discover most cases infected by HIV, it lacks of high specificity. That is to say, initial test may wrongly diagnoses a case as being positive, therefore is not quite ideal. Therefore a sample must be confirmed through a confirmation test after being diagnosed as being positive with initial test.

MEDICAL EVACUATION/REPATRIATION SERVICE IN TAIWAN : OVERSEAS EMERGENCY ASSISTANCE GENERAL INTRODUCTION(OEA)

24

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The idea of overseas emergency assistance germinated in France half century ago. In early eighties, emergency assistance service was introduced to Asia. The first country in which the OEA service explored its market was Singapore. Then the OEA service has rapidly developed in nearly all the Asia Pacific countries, among which it practiced most successfully in Japan. Here in Taiwan, the OEA service was conducted 5 years ago. Taiwan has been striving to internationalize itself in a way that OEA service is being promoted & publicized consistently, and it has received positive feedback widely in the Island. The concept of the OEA service has taken deep root in people's mind. Below are a real medical evacuation example, and some percentage on above subject.

TRAVEL MEDICINE AND THE ASIA-PACIFIC REGION

25

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Tourism is already one of the most important industries to the economies of the Asia-Pacific region. The numbers of international arrivals and departures is ever increasing. Health issues within the region have a direct impact on tourism.

There are several preventable diseases relevant to travellers in the region, and others not easily preventable.

The author will discuss the issues relevant to the emergent practice of travel medicine in the region and review the progress of travel-medical practice.

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COUNTRY REPORT - AUSTRALIA.

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Australia enjoys a high standard of living and comparably high standard of health care. It is a low risk destination for travellers.

A Travel Health Review for Australia is presented.

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CONTROL SYSTEM OF AIDS DETECTED DOCUME

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In this article the author introduces the development and function of the HIV antibody test data management system of Guangzhou Health and Quarantine Bureau. By differentiating the name, age, sex and nationality of the subjects, starting from the angle preferable to the management of the test and by using relative data management system, we process the HIV materials to be tested. There are 12 targets to be tested for the original record, such as code, name, sex, age, nationality, occupation, sample to be tested, date to test, proposing unit, purpose, result of HIV antibody thest and report. Being equipped with relatively new prompting input technology, this system can help consulting, indexing, modifying, printing, counting and collecting rapidly, conveniently and accurately in many ways. In this way, management work is done with higher efficiency, data is more accurate, work is standardized and management is more scientific.

AN ANALYSIS OF PHYSICAL EXAMINATION FOR SURVEILLIANCE OF DISEASE AT GUANGZHOU IN 1993 AND 1994

28

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This paper reported the situation of physical examination for surveillance of disease at Guangzhou in 1993 and 1994. The total number is 68914. The major part of them is exit people (68914 persons). We found 4746 cases of communicable disease or positive, and the positive rate is 7.76%. 4110 of whom is HbsAg(+), 4 is HIV, 36 is Syphilis. We also found 6245 cases of incommunicable disease. The trend analysis showed the HBsAg positive rate is decreasing gently. In addition, the HBsAg positive rate of exit people is 2 times more than that of traffic staff.

Guangzhou (GZ) port is an important door to HK and MACAO. The frequent contacts of people in Guangdong, HK and MACAO enhances the vigor of Guangdong economy, but it also makes convenience for the transmission of contagious disease. On the other hand, if exit people find any health problem abroad, that will result in a great loss to themselves and their countries. So we can keep abreast of the infected developments of contagious disease by performing physical examination (PE) for surveillance of disease for exit people. The has great significance to formulate preventive measures, implement "the Frontier Health and Quarantine Law" and " Specific Rules for Enforcing the Frontier H&Q Law" and prevent transmission into and spread of contagious disease. The relevant materials in 1993 and 11994 are sorted out as below.

ENCODED PATIENT DATABASES AND THE MANAGEMENT OF MEDICAL EMERGENCIES IN TRAVELLERS: PRACTICAL APPLICATION AND ETHICAL IMPLICATIONS

29

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Scenario: Rajasthan desert, 3am. A foreign traveller is carried into a local hospital in a remote market town. The traveller is alone and comatose. He is not carrying hard copies of medical information or travel insurance. Yet, with a swipe of the patient credit card, the treating doctor is able to obtain the traveller essential medical history, vaccination records, contact details for his next of kin, travel insurance details, and personal physician in his home country.

Aim: To discuss the application and ethical implications of encoded health and insurance databases to guide emergency response for travellers in need of medical attention.

Issues for discussion: Patient confidentiality; consent from patient or next of kin for third party access to private information; potential sources of travel-related personal health data (eg *Abacus*, insurance records, personal medical records); advances in database technology and implications for the future.

Conclusion: There is a place for the use of encoded databases in the management of medical emergencies in travellers, but application of such technology raises many ethical issues.

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TRANS-CATHETER THERAPY OF HYPOXIC SPELLS IN INFANTS WITH TETRALOGY OF FALLOT

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Tetralogy of Fallot is the most common of cyanotic congenital heart disease to cause hypoxic spells in infancy. Emergency medical therapy including bed rest, Knee-chest position, oxygen supply, sedation with morphine sulfate are usually needed inspite of resuscitation. The emergency surgical shunting procedure may be associated with risks and many complications and sequelae. Transcatheter therapy with balloon dilatation of the right ventricular outflow tract was preformed on 16 infants, aged 2-12 months, weighed 2.6~9.0kg. The O2 saturation in aorta elevated significantly from 74 ± 8.7 to $82.6\pm8.3\%$($P<0.01$) after balloon dilatation. The diameter of pulmonary annulus, pulmonary arteries and index increased significantly one year after the balloon dilatation. There were no complications and only 2 infants needed surgical shunting procedure, inspite of initial successful balloon dilatation. Trans-catheter therapy with balloon dilatation of right ventricular outflow tract is a safe and effective palliative therapy for infants with hypoxic spells.

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HISTORY OF HIV/AIDS IN TAIWAN

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The human immunodeficiency virus (HIV) arrived Taiwan in 1984 but the first Chinese patient with acquired immunodeficiency syndrome (AIDS) was encountered in 1986. During 1984-1986, the hepatitis B immune globulin (HBIG) used in Taiwan was anti-HIV positive. However, the seropositivity of all the HBIG injected infants persisted only for 3 to 12 months, and this indicated that cold ethanol-precipitated gamma globulin was safe with respect to HIV infection. The first anti-HIV positive hemophiliac in Taiwan was detected in April 1985. During 1987 the first blood recipient showing a positive anti-HIV reaction was detected. In January 1988 the Department of Health (DOH) devised a policy and started a nationwide prescreening program for blood donors, military recruits, immigrants, and prisoners. In July 1988 one stunning example of vertical HIV transmission was reported and sequential study showed that it belonged a new gag G subtype. During the 1980s most of the HIV infection detected was among homosexuals or hemophiliacs. However the risk groups diversified in the 1990s, the main group shifted from homosexuals to heterosexuals. In April 1997 all health institutes affiliated with the DOH started combined antiretroviral therapy. Antiretroviral drugs available in Taiwan includes: AZT ddI, ddC, 3TC, d4T, saquinavir, indinavir and ritonavir. Case selection was mainly based on patient compliance rather than on CD4+ or HIV RNA levels. The clinical efficacy of this therapy has been dramatic and the hospital admission rate has significantly decreased. Nevertheless, despite any financial gain, this does not compensate for the heavy expenditure necessary for costly medicine and laboratory tests. By the end of 1997 the DOH announced that the total number of HIV infection was 1,654 and it called for increased community efforts to insure future success in the control of HIV/AIDS.

REACTIVE ARTHRITIS CAUSED BY TY21A ORAL TYPHOID VACCINE

32

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Background. Reactive arthritis has been associated with infection by many enteric pathogens, but reactive arthritis following use of oral Ty21a typhoid vaccine has not been reported.

Cases. A 27 year-old female developed asymmetric arthritis of hands, knees and ankles 8 weeks following vaccination with Ty21a oral vaccine. She had complained of transient endesmopathy of the right elbow and scapula one week prior to onset of the arthritis. She denied fever, rash, dysuria, gastroenteritis, conjunctivitis or mucosal ulcers. She had experienced only mild nausea and abdominal cramps on days 2-4 of vaccine administration. (This patient's 54 year old mother also recalled numbness and stiffness of three digits of one foot developing three weeks after taking Ty21a and lasting one year.) In a second case a 66 year-old Chinese American woman with a prior history of limited spondyloarthropathy 17 years ago that involved PIP and sacroiliac joints, developed severe pain in both sacroiliac joints one day after completing the 4-capsule course of Ty21a vaccine. All laboratory evaluations including RF, ANA, spinal X-rays and HLA-B27 were negative or inconclusive.

Conclusions. Use of Ty21a vaccine appears to be associated with reactive arthritis on occasion, and patients need not be HLA-B27 positive. Subjects might not associate taking the vaccine with delayed onset of symptoms. Systematic surveillance for reactive arthritis following Ty21a is warranted.

TRAVELLERS' DIARRHEA: PREVENTION AND TREATMENT

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Travellers' diarrhea is the most important health problem affecting tourism among travellers moving from developed to developing countries. Most of the identified causal organisms are bacterial. In numerous studies risk of travellers' diarrhea has been related to water and food consumption. Options for the prevention of travellers' diarrhea include education and chemoprophylaxis with either bismuth subsalicylate-containing compounds or antibiotics. Most authorities agree that routine prophylaxis of travellers' diarrhea, especially with antibiotics, should be discouraged. Oral rehydration is not usually necessary in the treatment of most cases of traveller's diarrhea. Presently, the most active antibiotics available for treatment are the fluoroquinolones. A single dose of antibiotic can be recommended for most patients. Less severe disease can be treated with bismuth subsalicylate (BSS)-containing compounds. In comparative studies the anti-secretory and anti-motility agent, loperamide, was significantly and meaningfully more efficacious than BSS. The combination of an antibiotic and loperamide was superior to treatment with either agent alone and is preferred therapy for distressing disease.

34 THE TRAVELLER WITH BLADDER DYSFUNCTION : A CASE REPORT

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Several studies have estimated the prevalence of urinary incontinence in the community-dwelling elderly popolation at approximately 30%. We report here a 78-year-old female suffered from fever, chill, dysuria, low back soreness and low leg edema for two days. She just returned from a holiday trip round the Taiwan to temples for prayer. She visited our out patient clinic with postvoid residual urine greater than 100 ml. Urinalysis and urine sediment showed urinary tract infection (nitrite: positive, WBC:many/HPF). Urine culture revealed E. coli growth greater than 100000 colonies. Intravenous pyelogram showed cystitis with much diverticula, bilateral hydroureter and hydronephrosis. She received catheter insertion and antibiotics. Her condition soon improved and was discharged with urethral catheter and leg bag after a week of hospitalization. It is reminded when a traveller has an existing health problem of bladder dysfunction, a urological consultation before departure can be especially valuable. It is important to advise how to adapt the trip to the patient's abilities and on suitable precaution.

35 THE LEISURE LIFE OF PRIVATE PRACTITIONERS IN TAIWAN

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For years, physicians have been known to lead a monotonous and highly stressful lifestyle. To study the leisure life of private practitioners in Taiwan, a survey was conducted in December, 1997. 850 questionnaires were mailed out to members of the Family Physicians Association who have their private practice island wide. 362 effective questionnaires were returned. The return rate was 42.6%.

The results were : (1)84% of private practitioners work over 8 hrs every day while 33.7% work over 10 hrs every day. (2) 61.3% of private practitioners work morning, afternoon, and night every day from Monday to Saturday. (3) 71.3% work on Sundays and 84.8% also work on national holidays. (4) 32% of private practitioners have never been on a short term trip within the country since the beginning of their practice while 19.6% have never traveled abroad since beginning of practice. (5) 31.8% do not have hobbies or personal interests. (6) 10% do not exercise regularly and 28.4% exercises occasionally. (7) 59.7% of private practitioners plan to retire partially between the ages of 51 and 60 by shortening their working hours while 43.1% plan to retire completely between ages of 61 and 70.

The above results indicate that private practitioners of Taiwan, in general, do not have satisfying leisure life possibly due to their excessively long working hours. Therefore, while elevating the quality of their service, physicians should not forget that the quality of their leisure life is just as important.

A BETTER POLICY FOR TRAVELER DIARRHEA

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When you were traveling to a unfamiliar city or country, your digestive system may not get well along with it. Acute gastroenteritis might happen wherever you are and Whatever you eat. Traveler diarrhea might be bacterial, toxin or even food too cold or hot. Acute gastroentertitis may have nausea, vomiting, epigastralgia, abdominal cramping pain with watery diarrhea, borborygmi and flatulence. Some severe toxic or bacterial enteritis should seek intensive medicine, such as shigalosis, samonellosis and amebiasis. These diseases might concomitant with some bloody, mucoid diarrhea. Some might cause severe dehydration such as cholera. NPO (Nothing per Os) is recommended by AAP(American Academy of Pediatrics) at least 4-6 hours. Actually early rehydration might stimulate the intestinal mucosa by the food , water or even ORS(oral rehydrate solution). Though some reports said sodium-glucose transport of enterocyte is unaffected, it did get worse when drink too much water or even electrolyte. Some commercial soft drinks in Taiwan were suggested by few medical persons to treat as ORS to acute diarrhea and even gastritis. Because the mass fluid and electrolyte will induce more fluid and electrolyte loss from the inflammatory enterocyte. So the dehydration and electrolyte imbalance got wore. NPO is the best way to control acute gastroenteritis when traveling around the world before you seek other medical care.

VACCINATION OF HEPATITIS B IS MANDATORY FOR TRAVELING IN HIGH PREVALENCE AREAS

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Hepatitis B virus (HBV) is a high prevalence infectious disease in Taiwan. About eighty percent adult were infected after age of 30. Its sequential hazard are chronic hepatitis, liver cirrhosis and hepatocellular carcinoma after a long period of HBV infection. It may also have a very high opportunity to progress to liver cirrhosis and hepatocellular carcinoma during their early adulthood when they were infected during childhood or even infancy. Mass vaccination program was proceeded since 1st July 1984 in Taiwan. We collected 859 children's serum. They were borne during the period of 1980 to 1987. Two groups were divided : Gr. I vaccinated, borne after 1985 and Gr. II not vaccinated, borne before 1984. To compare the infection rate and carrier rate between Gr. I and G.II are: 4.1% versus 23.5 % and 1.6 % versus 8.5 %, respectively. The result is mass vaccination is successfully control the hepatitis B infection by significantly reduced the infection rate and carrier rate of HBV transmission. So traveling to a high prevalence areas: such as south Asia, China, Africa and south Europe, prophylactic vaccination of HBV is recommended for hazard in the future life.

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REVIEW OF THE TRAVEL – RELATED COMMUNICABLE DISEASES IN GUANGZHOU, CHINA

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Guangzhou has been becoming the main passageway in the country with the developing of the tourism. The communicable diseases afferented into the city in the past ten years as follows: Some small of outbreak of typhiod fever and bacteria dysentery in the plants where the workers were mainly floating people in 1991-1996.

Two cases, after traveling Thailand, had diarrhea and were diagnosed as cholera in last year. Malaria was reappeared. The epidemic areas were in the building sites located in the countryside and mountain areas. Many floating people with some carriers of malaria entered the areas, as a result, malaria was spreaded quickly among people and residences near by. Dengue fever was typically afferented disease in Guangzhou. The infectious sources of epidemics in 1978, 1980, 1986 and 1987 were from Fosan city and Hainan island. The unique case in the city in 1994 was affected from Thailand who traveled there and after became ill. With the increasing of Guangzhou and Guangdong people traveling to South-east Asia, the possibility of transmission of dengue from the endemic area into the city will be increasing. Since a hemophilia case from Hong Kong was found to be first HIV infected case in the city in 1986, many HIV/AIDS cases in the city were found. They were students, working members, sailors and patients all from abroad area. In the early 1990s, some cases were found to be the local residence of the city. They had a history of traveling in South-east Asia area. Countermeasure: By strengthening the system of information of communicable diseases, surveillance on diseases, improving the public sanitation, controlling vectors, vaccinating the floating people and educating health knowledge to the people, the control and prevention for the above diseases have achieved remarkable effecting.

PREVALENCE OF ANTIMICROBIAL RESISTANCE AMONG CLINICAL ISOLATES OF *HAEMOPHILUS INFLUENZAE* IN TAIWAN

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The prevalence of antimicrobial resistance was assessed among 296 clinical isolates of *H. influenzae* obtained from 10 teaching hospitals distributed throughout Taiwan during the period from June 1994 to April 1995. All strains of *H.influenzae* were examined for serotype and β-lactamase production. Antibiotic susceptibility was determined by standardized broth microdilution procedures. Twenty-three strains (7.8%) were type b. The remainder were nontypable. The overall rate of β-lactamase production was 58.1% (172/296). Among 124 β-lactamase-negative *H. influenzae* isolates, 8 (6.5%) were resistant to ampicillin. The resistant rates to ampicillin, TMP/SMZ, chloramphenicol, tetracycline, and azithromycin, were 60.8%, 33.8%, 20.6%, 27%, and 44.3% respectively. In contrast, the second and third generation cephalosporins and ciprofloxacin remained active against *H. influenzae*. A significant number of strains were resistant to multiple antibiotics: 10.8% to three antibiotics (ampicillin, chloramphenicol, and tetracycline) and 5.4 % to four antibiotics (ampicillin, chloramphenicol, tetracycline, andTMP/SMZ). Be compared to many countries, the resistant rates of various antimicrobial agents in Taiwan is significantly higher. The prevalence of non-β-lactamase-mediated ampicillin resistance (6.5%) and multiple resistance was markedly higher than previous study in Taiwan.

PRELIMINARY HEPATITIS A ANTIBODY RESPONSES IN A COHORT OF HEALTHY ADULTS WHO RECEIVED HAVRIX® FOLLOWED BY VAQTA® OR HAVRIX® 6-12 MONTHS LATER

40

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BACKGROUND: A practical question for physicians and travelers is whether HAVRIX® and VAQTA®, two vaccines currently licensed in many countries to prevent hepatitis A disease, are interchangeable. METHODS: A randomized, double-blind trial is ongoing to investigate the effect of boosting with VAQTA® or HAVRIX® in healthy adults who previously received HAVRIX®. PRELIMINARY RESULTS:

Time Post Vaccination	HAVRIX® Followed by VAQTA® (6-12 Months Later)			2 Doses of HAVRIX® (6-12 Months Apart)		
	SPR	GMT	Fold Rise	SPR	GMT	Fold Rise
Immediately Prior to Dose 2	88.1% (193/219)	70.7	---	90.6% (96/106)	73.4	---
1 Month Post Dose 2	100% (219/219)	3721.1	50.7	99.1% (105/106)	2202.7	29.0

CONCLUSION: A booster dose of either vaccine is well-tolerated. The immune response following a booster dose of VAQTA® appears to be similar to boosting with HAVRIX® with respect to seropositivity rate (SPR). The fold rise in geometric mean titer (GMT) in VAQTA® recipients was nearly twice that of those boosted with HAVRIX®.

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MENINGOENCEPHALITIS AND MYOCARDITIS IN SCRUB TYPHUS : A CASE REPORT

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Complications of meningoencephalitis and myocarditis in scrub typhus are quite rare and are mainly due to delayed diagnosis and hesitated treatment. A 21-year-old male soldier presented headache, generalized lymphadenopathy and persistent fever for 12 days. Contracted abdominal pain over right upper quadrant region and progressive jaundice followed by shock were also noted. After admission, an eschar was found over his right lower neck. He developed an episode of clonic seizure and became delirious and agitated subsequently. Electrocardiogram showed first degree atrioventri-cular block and non-specific ST-T wave change and returned to normal sinus rhythm two weeks later. Hematological studies revealed thrombocytopenia, hypofibrinogenemia, prolonged partial thromboplastin time and positive test for D-dimer. The cerebrospinal fluid analysis showed white cell count of 84/cumm, protein of 97mg/dl and glucose of 79mg/dl. Indirect immunofluorescence assay showed a fourfold rise in antibody to *Rickettsia tsutsugamushi* in paired serum with an IgM antibody titer of 1:640. Patient had a favorable response after parenteral chloramphenicol in addition to oral tetracycline regimens.
In endemic area for scrub typhus, early recognition and prompt prescription of anti-rickettsial agents reduce the risk for developing complications associated with scrub typhus.

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THE GROWTH OF JAPANESE CHILDREN LIVING IN FOREIGN COUNTRIES

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Aim: The number of Japanese workers living in foreign countries is increasing. Health cares are required for their accompanied family other than the workers themselves. The aim of this study is to know the effect of living in foreign countries on the children's growth.

Method: Forty three Japanese children (0~15 years old, boys:23, girls:20) with their height and weight recorded before and after their stay in foreign countries. The average period of their stay was 19 months. Standard values of growth is based on the national statistics by Ministry of Health and Welfare in Japan.

Results: In the boys, the increases in height and weight by age were compatible with the standards. However, those of the school-aged girls were less than the standards. This finding was more prominent in those who stayed in developing countries than those in developed countries, and not influenced by the period of stay.

COMPLICATION OF THE HYPERTENSIVE TRAVELLER: RUPTURE OF INTRACRANIAL ANEURYSM

43

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Purpose: To emphasize the severity of the intractable headache in hypertension population during travelling course. We observed three cases manifestating as subarachnoid hemorrhage (SAH) from rupture of intracranial aneurysm.

Material & Methods: Three hypertensive travelers with clinically documented SAH were studied on CT scanner (CT/i, GE), serial digital subtraction angiography (DSA) were also obtained synchronously after dynamic CT angiography (CTA) in which diagnosis of identical location of the aneurysm rupture.

Results: Serial imaging modalities, such as CT, CTA, and DSA, offered an accurate diagnosis. Three cases were recovered well after emergent surgical management.

Conclusion: We concluded that attention should be given on this group of intractable headache who had scheduled for travel or during traveling. If one suffered from intractable headache with vomiting and neck stiffness, SAH may be one of the first impression. CT should be performed immediately unless it has proved to be negative otherwise.

CHOLERA CASES AMONG JAPANESE TRAVELLERS RETURNED FROM BALI ISLAND IN 1995

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Total of 295 Japanese cholera cases were discovered among travellers arrived at seven airports in Japan from Bali island between February and August in 1995. Discovery rate of the patients to the total number of passengers was 0.16%. Four thousand five hundred and thirty five stool specimens were collected at quarantine inspection for laboratory diagnosis, and cholera vibrios were detected from 68 specimens equivalent to 1.5%. Sixty two percents of 295 cases had had onset of diarrhea before entering Japan, however, only 39% of them informed Quarantine officers of their symptoms at quarantine booth check. One hundred and fifty eight cases (53%) had watery diarrhea, of which 32 (20%) showed sign of diarrhea more than seven times a day. Forty-six of 68 cases discovered by Quarantine stations had had raw vegetables, ice water and/or beverage. Only 18 out of 295 cases were hospitalized shortly after diagnosed as the suspected, then 124 cases (42%) were done 3 to 4 days later and it was six days later that the other 150 cases (50%) were finally hospitalized, but on secondary cases were detected.

45 LIPROTEIN, APOLIPOPROTEIN AND CORONARY HEART DISEASE

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A world-wide major health problem and major killer, the coronary heart disease (CHD) is associated with blood lipid level and multiple genetic effects. Apolipoproteins are the protein components of blood lipoprotein, their composition and protein structure greatly affect the metabolism of blood lipids and excess blood lipid level is a major cause of CHD. Apolipoprotein B (apoB) is the major protein component of low-density lipoprotein. Genetic variations of apoB signal sequence deletion sp24/24 genotype and sequence variation at repeated downstream of the gene were frequently found in CHD patients. Other genetic variations such as other apoB restriction enzyme polymorphisms, apolipoprotein A1-CIII sequence polymorphisms and apolipoprotein E isoforms did not show any significant association with CHD in our population. Clinically, combination assessment of high-density lipoprotein cholesterol, apolipoprotein B, apolipoprotein A1 and lipoprotein (a) concentrations greatly increase the chance of predicament for CHD.

INTERNATIONAL TRAVEL MEDICINE CLINICS

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International travel is experiencing exponential growth. In 1950 there were just 25 million international travellers. By 1987 the figure had grown to 355 million. Tourist receipts had also grown to a massive $150 billion. More than 700 million travellers are expected for the year 2000 and over $500 billion in revenue.

More people are travelling, they are travelling to more exotic locations; they are travelling older; and they may be travelling with pre-existent medical problems. Individuals want value for money whether it be a duty free watch purchased prior to travel, a good bottle of the finest scotch whisky or a trouble free healthy trip. Who wants to spend $7,000 on a trip to Egypt only to return with a vivid account of Egyptian toilets; who wants to be denied entry to a specific destination for lack of health documentation; who wants to be horrified to find their travel health insurance does not cover illness abroad as it was pre-existing and not declared before travel.

In a study of 640 returned travellers conducted from our Brisbane clinic Dr Mills found 54% of individuals had suffered illness during travel. Almost 18% lost at least 1 day of their holiday and 3% 3days. Overall 11% needed to consult a doctor, many of these in Africa. Such experiences as these do nothing for the travel industry and our anecdotal information would suggest that such experiences may have considerable bearing on whether an individual decides to travel again.

Travel medicine clinics attempt to equip the traveller with health information specific to the area of travel as well as recommended vaccinations and medications in the hope of reducing preventable illness. Generally they provide a relaxed friendly atmosphere where the accent is on staying healthy rather than diseased.

Is there a need for a medical specialty - travel medicine and for travel medicine clinics? I see three main reasons for the presence of such clinics.

1. The approach is educative rather than "cookbook". Practitioners have a broader view of international health issues and rather than concentrating solely on immunisations provide a wider view on such aspects as accidents, sexually transmitted diseases and insurance to mention a few.
2. Travel medicine clinics aim to maintain a current health information system. Medical reference books may cover the subject but rapid changes in disease patterns, in particular antimalarial drug resistance may make the book out of date before release. A current overload of health information to doctors makes it impossible to remain well informed on a particular topic. Travel medicine clinics are better able to maintain a resource base and develop international liaisons.
3. A close relationship with the travel industry is vital if the needs of the traveller are to be met. Travel medicine clinics provide the tourist industry with a mechanism for this relationship.

Aspects of services provided both pre and post travel will be discussed as well as the role of the travel medicine provider in the support of the traveller while overseas.

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E-MAIL NETWORK FOR MONITORING PATHOGENS IN TRAVELLERS' DIARRHEA

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To monitor the prevailing pathogens of travelers' diarrhea, we have established an electric networking system which connects ① airport quarantine stations ② infectious disease hospitals ③ JMA (Japan Medical Association) ④ IDSC (Infectious Disease Surveillance Center) using Internet e-mail. The system consists of the following processes; 1: laboratory diagnosis of traveler's diarrhea. 2: inputting into CSV file the data including pathogen, sex, age, the day of disease onset and suspected site of infection. 3: sending the file to IDSC by e-mail. 4: weekly analysis at IDSC. 5: the results are transferred back to the collaborating institutions.

By establishing this system, it is possible to monitor the prevailing agents in travelers' diarrhea and give appropriate warnings. The preliminary results will be presented.

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UTILIZATION BEHAVIOR OF HOME HEALTH CARE BY THE ELDERLY IN SOUTHERN TAIWAN

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OBJECTIVES. This study examined the effects of the predisposing, enabling, and need characteristics on the use of home health care(HHC) by the elderly. The purposes of this study were (1) to describe how to use HHC in the elderly , and (2) to examine the factors that explain the use of HHC by the elderly.

METHODS. The data for the analysis came from a household interview survey of 266 non-institutionalized elderly individuals residing in Kaohsiung and Pingtung counties.

RESULTS. The result indicated that (1) the most common motivation to contact HHC were "changed madical tube", "convience to offer services in HHC", "unable to care patient". (2) referral by hospital was the main way to know HHC services. (3) most of the explained variance of HHC services utilization could be attributed to the enabling variables as well as the need variables. The research and policy implications for delivering HHC to the elderly were discussed.

CONCLUSIONS. Overall, the elderly using HHC services were enabling by family caregiver's HHC attitudes and needing health education. To provide continuous training to the family caregiver before the patient discharged from the hospital and to decrease financial burden for families guide the development of HHC services in Taiwan.

Key words: Andersen's behavior model, elderly, home health care, Taiwan

STUDIES ON THE PREVALENCE OF INTESTINAL PARASITIC INFECTIONS AMONG OVERSEAS CHINESE STUDENTS

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Population movement is one of the transmission routes for intestinal parasitic infections. There are more than one thousand overseas Chinese students to Taiwan every year. Our preliminary study using direct smear of stool for parasite ova among those studied in the National University Preparatory School in 1993 revealed 53 in 1070 students from 21 different countries had one or more than one kind of intestinal helminth infections (prevalence rate: 5%). These students were mainly from Southeast Asia, Hong Kong and Macao. Southeast Asia, located at tropical area, has a warm and wet climate is suitable for the growth of various kinds of parasites. Clonorchiasis was common in students from Hong Kong and Macao which is situated at the delta of the Pearl River and is the prevalent area for Clonochis sinensis (Chinese liver fluke) while soil transmitted intestinal helminth infections (Trichuris trichiura, Hook worm and Ascaris) were more prevalent among those from Southeast Asian countries (Malaysia and Indonesia). The present project was designed to reveal the prevalence of intestinal parasitic infections in students from different countries and determine their routes of transmission by stool examination and questionnaire inquiry. The results can be applied to the elimination of transmission of these infections through the overseas Chinese students.

PULMONARY COCCIDIOIDOMYCOSIS – 2 CASE REPORTS

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Coccidioidomycosis is a deep mycotic infection endemic to the southwestern United States. Although it has also been reported to occur in nonendemic areas, it has rarely been reported in Taiwan. We report 2 cases of this infection, primary pulmonary coccidioidomycosis and disseminated coccidioidomycosis, diagnosed with reactive latex agglutination test and elevated serum coccidioidin complement fixation titer. The case with primary pulmonary coccidioidomycosis recovered spontaneously and the disseminated case was cured after being treated with ketoconazole for 9 months. Because of increasing intercontinental travel, we believe that more cases will emerge in Taiwan. Knowing the disease well and including this disease in the differential diagnosis is the best way to make an accurate diagnosis.

51 THE CURRENT SITUATION OF INFECTIOUS DISEASES IN JAPAN

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Japan is becoming an increasingly important target for tourism because of its admirable traditional cultures. It has also become an appropriate place of international business. Thus, the number of foreign citizens entering our country has reached up to 3.5 million per year.

After the World War II, several of the previously important infectious diseases have been eliminated completely or almost completely, including epidemic typhus, *Schistosoma japonicum* infestation, rabies, Japanese encephalitis and poliomyelitis. This is attributable to the successful environmental manipulation and extensive vaccination programs.

However, emerging and re-emerging diseases have become a great concern. Among them,VTEC infection hit nearly ten thousand people with 12 deaths in 1996, and was characterized by the fact that potential contaminated food sources were not directly related to beef or beef products. Besides, scrub typhus reappeared which is transmitted by different kinds of vectors from previous ones, sexual transmission of HIV is also an ongoing matter of concern.

Although Japan seems to be a relatively safe country, it is imperative to distribute the information of its currently problematic infectious diseases among travelers visiting from abroad.

52 SINGLE-DOSE QUINOLONE TREATMENT OF ACUTE BACTERIAL DIARRHEA

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It is estimated that traveller in exotic countries out of three or four will suffer of acute diarrhea, mainly of bacterial origin (*Enterotoxic E. coli*, non-typhi *Salmonella, Shighella sp.*).

These infections are mostly self-limiting within about three days. Standard antimicrobial treatment, if any , is of three-day duration. If fact, about the same duration as the non-treated diarrhea. One of the reasons to recommend abstention of antimicrobials in this condition.

However the recent development of long-acting quinolones is changing this absenteeism. Large double-blind, randomized, placebo-controlled studies demonstrated that a single-dose of long-acting quinolone, such as fleoxacin, significantly reduced the duration of the diarrhea to less than two days, with a clearance of pathogens within three days, as documented by stool cultures. It suggests that the rapid clinical and bateriological success of a single-dose amply justifies the use of long-acting quinolone in acute bacterial diarrhea. It also suggests that travellers should carry such long-acting quinolone and use it as self-administrated treatment, if necessary. There is however no consensus on this last comment.

SURVEY OF INTESTINAL PARASITIC INFECTIONS AMONG ALIEN LABOURERS

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Druing November 1993 to December 1996, a total of 11337 alien labourers from 6 hospitals were examined for intestinal parasites by M.I.F.C. method. The overall infection rate was 18.0% (2035/11337) and the rate was 18.0%(1437/8004) in male more than in female 17.3%(532/3078) and less than in unknow 25.9% (66/255).

According to the examined hospitals, the infection rates were 18.3%(1455/7935) in Taipei Medical College Hospital, 29.4%(32/109) in Tung's Hospital, Sha-Lu District, Tai-Chung County, 24.0%(120/501) in Provincial Hua-Lien Hospital, 15.0%(323/2150) in Catholic Hospital, Hua-Lien County, 14.7%(39/265) in Lin's Hospital, Chia-Yi County and 17.5% (66/377) in Tainan Municipal Hospital.

According to the nation of alien labourers, the infectin rates were 17.7%(1290/7277) in Thailand, 17.8% (601/3380) in Philippines, 22.0% (58/264) in Indonesia, 12.9%(18/139) in Malaysia, 100.0%(1/1) in Japan, 0.0% (0/2) in USA, 50.0% (1/2) in England, 0.0% (0/1) in Vietnan and 24.4%(66/271) in unknown.

According to the examined years, the infection rates were 19.3% (1077/5584) in November 1993 – May 1994, 14.6%(623/4258) in July 1994-May 1995 and 22.4%(335/1495) in July-December 1996.

Twenty-two species of helminths (Opisthorchis 4.0%, Hookworm 1.8%, Trichuris 1.8%, S.stercoralis 1.4%, Ascaris 0.9%, Heterophyes 0.5%, Metagonimus 0.4%, Clonorchis 0.4%, Trichostrongylus 0.1%, Taenia 0.1%, Cap. philippinensis 0.1%, Gongylonema 0.1%, Heterodera 0.1%, H.nana 0.1%, S.mekongi <0.1%, P.bonnei <0.1%, D.dendriticum<0.1%, Paragonimus<0.1%, Haplorchis <0.1%, and each 1 case of F.buski, Echinostoma and H.diminuta<0.1%) and 13 species of protozoa (Ent. coli 3.8%, Giardia 2.1%, Sarcocystis 1.2%, End.nana 0.9%, Isospora 0.5%, Ent. hartmani 0.5%, Cryptosporidium 0.3%, Chilomastix 0.2%, Ent. histolytica 0.1%, Blastocystis 0.1%, Iodamoeba 0.1%, B.coli <0.1% and Cyclospora <0.1%) were detected.

According to age-groups, the rates were 20.2% (684/3380) in 20-29 years, 17.6% (683/3382) in 30-39, 15.7% (206/1316) in 40-49, 13.2%(20/151) in >50 and 16.9% (442/2608) in unknown.

Among the 2035 positive labourers, 82.1%(1671/2035) was infected with a single species, 15.1%(307/2035) with two species, 2.4% (49/2035) with three species, 0.2% (4/2035) with four species, 0.1% (3/2035) with five species and <0.1% (1/2035) with six species.

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SURVEY OF PARASITIC INFESTATIONS AMONG TAIWAN RATS

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Since W.H.O. reported the endemic area of respiratory plague in India and Chung et al (1994) reported the first case of human babesiosis in Taiwan. We have noticed and attempted to prevent those human-rats zoonotic parasites. We also have surveyed parasitic infection of rats in the area which supported by Department of Health, Executive Yuan, ROC. During April to June 1995, a total of 341 rats (besides brain, lung, some muscle and ectoparasites) from Department of Quarantine Service in Kee-Lung, Taiepi, Hua-Lien and Shu-Ao were examined by Giemsa's stain for blood smear, naked-eye method for liver and intestine, AFAC and MIFC for feces and artificial digestive fluid method for muscle, and given infection rate of 79.8% (272/341).

According to Department of Quarantine Service the infection rates were 72.7% (40/55) from Kee-lung, 75.9%(60/70) from Taipei, 81.7% (85/104) from Hua-Lien and 84.5% (87/103) from Shu-Ao.

Seven species of rats were examined for parasited and the infection rates were 86.9% (93/107) in R.norvegicus, 75.4%(43/57) in R.rattus, 79.8% (71/89) in R.losea, 70.6% (24/34) in S.murinus, 82.9% (29/35) in B. nemorivaga, 62.5% (5/8) in M. formosanus and 63.6% (7/11) in Apodemus sp., respectively.

Thirteen species of helminth (Strongyloides ratti 53.4%, Trichostrongylus 24.0%, Hymenolepis diminuta 22.0%, Hymenolepis nana 21.4%, Capilliaria hepatica 20.2%, Trichuris 9.4%, Cysticercus fasciolaris 7.3%, Gongylonema orientalis 7.0%, Syphacia muris 6.5%, Raillietina 4.4%, Ascaris-like 4.4% and 2 cases of Echinostoma and Microfilaria 0.6%) and five species off protozoa (Trypanosoma lewsi 18.2%, Entamoeba muris 14.4%, Eimeria 12.3%, Chilomastix misnili 4.7% and Babesia 3.5%) were dected

HOW TO PRIORIZE TRAVELLER'S IMMUNIZATIONS WHEN THEY ARE NUMEROUS OR THE TRAVELLER SHORT OF TIME?

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The number of immunizations offered to the traveller is constantly increasing. Their efficacy, relative indications and contra-indications, mode of administration, side effects and cost vary considerably. It is certainly not the best medicine to offer all possible immunizations recommended for the destination and leave the odious of choice and priorization to the traveller. Deciding on the best immunizations and their best sequence of administration for some travellers may be wavering. Many factors are to be considered and weighed. These include time, money, uncertain itinerary, health status, fears and beliefs of the traveller and the number of available injections sites.

Numerous resources documents and tools are available to help the travel medicine expert in his or her decision making process. The specific needs of the traveller should be assessed with minutia. The evaluation will look at the epidemiology of diseases at risk for the traveller, the type of accommodation planned, the purpose of the travel, the distance covered, the mode of transportation, previous travel experience and cost. Inevitably, some travellers will leave the country without receiving all recommended immunizations. Information is essential for an enlightened choice, and it is the responsibility of the travel medicine expert to provide it. Still, the traveller should be part of the decision process when some are to be sacrificed.

The presentation will look at all these aspects and will provide you with specific tools to help you and the traveller in the decision process.

Key words: vaccine, immunization, travel, traveller, emporiatry

FIRST AID KITS

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Travellers and workers leaving home should consider bringing a first aid kit. These kits need to be individualized, taking into account the itinerary, the lifestyle of the traveller, the duration of travel and the patient's condition.

This presentation will offer a detailed description of the basic first aid kit for the common disorders encountered by travellers. Recommendations for the preparation of special kits adapted to the needs of special destinations, activities or travellers, including women and children will also be made.

- First aid kit
- Travel- Traveller
- Emergencies
- Women
- Children

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BLOOD AND BODY FLUID EXPOSURE AS A HEALTH RISK FOR INTERNATIONAL TRAVELLERS

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A survey was sent to a random sample of travellers from three travel clinics in Canada. Of the 900 questionnaires sent, 410 were returned (46%), of which ten were rejected because of incomplete information. All travellers who returned the questionnaires were Canadians, with 76 (19%) not born in Canada. They lived equally in the provinces of Quebec and Ontario. The sex distribution was 192 males and 208 females and the mean age 41 year (95% CI: 39.5, 42.5). The information on education indicated that 24 (6%) were health care professionals 321 (80.2%) had a university degree, 36 (9%) a trade certificate, 38 (9.5%) a secondary school diploma and (1.2%) no formal education.

The questionnaire looked at possible risk factors for exposure to blood and body fluids such as non traditional treatment (acupuncture, homeopathy), recreational activities (tatoos, body piercing, IV drugs), percutaneous punctures, injuries with exposed wounds, sharing razors, toothbrush, injections for medical therapy and sexual activities.

The results showed that 13(31.7%) received an injection during their trip, of whom only 3 used needles purchased before travel. Sexual intercourse other than with travel companion was reported by 36 travellers but only 14 (38.9%) stated it was their intention before travel. The median number of partners was 1.0 with an average of 1.8 and a range of 1 to 20.

The body fluids exposure was thus a total of 83 incidents and 62(15.5%) different travellers were involved. This likely represents a minimal estimate of true risk behaviour in Canadian travellers as all had visited a travel clinic before their departure. The most common risk factor was sexual activity, which is concordant with previous studies reported (60% London study and 23% Copenhagen study).

COMPARISON OF HEALTH SURVEY RESULTS OF TAIWANESE INTERNATIONAL TRAVELLERS DESTINED TO SOUTH-ASIA IN 1993 AND 1995

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Aims:The purposes of this study were:(1) to gain a better understanding of the travellers general health knowledge and their preferences on the means of health education through advertising and(2)to evaluate the changes resulting from educational efforts implemented at the airport from 1993 to 1995.

Methods:Two thousands randomly selected travellers participated in the study each time. Participants were citizens of the Republic of China on Taiwan,who were 20 years old or older and were traveling out of the country to SE Asian nations.Identical surveys were taken in both 1993 and 1995 .The surveys were completed by the travellers in the flight waiting room at the airport.

Results: both surveys indicated(1)two- thirds of the participants surveyed felt that the infectious disease control measures advertised by the government were poor,(2) the main methods through which they received the messages were newspapers,magazines and electronic media,and (3) 90% of the participants had carried drugs commonly used,and over one-third had carried insect repellent cream with them, results also indicated that only a few participants had carried condoms and anti-malaria drugs.

Conclusions:More efforts in educating international travellers about their health and how to prevent infectious diseases are needed. Health education programs should be designed to fit different ages, gender, and socioeconomic background of travellers.

A CASE REPORT---THE WORST TRAVEL EXPERIENCE

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Travel can relative stress, improve mental and physical health and increase the knowledge of local cultures. But the traveler may contract one or more local infectious diseases, suffer Gastrointestinal (GI) disturbance due to a different diet, acquire the common cold because of weather changes and lack of appropriate dress, experience fatigue from travel or jet lag and/ or be hurt in an accident. All of these situations can cause discomfort to the traveler.

Because of the increased frequency of travel and its concomitant risks, travel safety has become a popular subject today. This article is based on the experiences of a mixed Chinese-American couple's visit in Taiwan with the purpose of discussing travel health management.

This case report uses Gordon's health assessment and the nursing process of helping an American traveler (the husband in the mixed Chinese American couple.) who was attacked by high fever, GI disturbance, vomitting and diarrhea during his travel.

After medicine treatment and nursing care, the traveler recovered and returned to America.

60 THE EPIDEMIOLOGICAL FEATURES AND CONTROL OF SEXUALLY TRANSMITTED DESEASES IN CHINA

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The incidence of STD has increased obviously since 1987 in China and the diagram of incidence rate turned stable during 1990-1996. In 1996, the incidence of STD increased by 7 times compared with 1987. Female has a higher growth rate thank male. Sex ratio (M/F) for the number of STD was 2.4:1 in 1987 and 1.3:1 in 1996. Up to 80% of STD patients were at the age of 20-39. The majority was the group of the young and the unemployer youth. The main kinds of epidemic STD were gonorrhea, syphilis condyloma acuminatum and non-gonococcal urethritis. The incidence of NGU, gonorrhea and warts has grown by 12 times, 10 times and 4 times respectively in the past 10 years. Up to 1996, 5157 cases were found HIV(+) and 133 cases developed the symptoms of AIDS. The risk factors of STD are as follows: The rapid economy growing, floating population, international travel, the change of people's concept of sexual behavior, and STD failure to be diagnosed and reported. The risk population such prostitutes, whore mongers, drug addicts have had high infection rate of STD and lain in all social corners; Multi-route transmission and ineffective vaccines of STD had given rise special difficulty in prevention . The most effective means of preventing and controlling STD exist in health education and surveillance.

61 THE ETIOLOGY AND ASSOCIATED FACTORS IN FATTY LIVER

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To evaluate the prevelance of fatty liver and its associated factors, a study was performed in a company health examination. 1530 (45%) out of 3370 subjects was diagnosed as having fatty liver by ultrasound.Factors included SGOT, SGPT, Cholesterol, triglyceride(TG), blood sugar, HBsAg, and body weight index(BWI) were included for analysis. Among those factors, BWI > 110%, TG > 135, SGPT > 25, Blood sugar > 109, and Cholesterol > 250 were positive correlated with presence of fatty liver. 73 %, 65%, 61%, 66%, 57% of above subject had fatty liver, respectively. HBsAg (+) was negtive correlated with presence of fatty liver.Only 35% of HBsAg (+) sujects was diagnozed as fatty liver. SGOT was not correlated with presence of fatty liver. In conclusion, the presence of fatty liver might respond for subject with elevated serum tranaminase who had no virus markers. Those subjects did not need special treatment. The presence of fatty liver reminds us to performed a screening for over weight, DM, and hyperlipidemia.

JET LAG PROBLEM FOR FLIGHT ATTENDANT -- A CASE REPORT

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Air travel enables passengers to cross time zones more rapidly than the body's innate circadian rhythms take to adjust. In here, we would like to report about a 25 year-old stewardess, who flies around the world with variable flight routes and flexible schedule. She found herself hard to sleep and hard to concentrate during her work, easily malaised and with loss of energy. She also found herself catching colds very easily. She recovered after she ceased to fly around the world.

People who travel around the world often face the problem of jet lag, but this problem can be overcome by previous preparation or sedative agents. Yet for people like the example above, who fly around the world without any order through the years, their biological clock will be hard to adjust.

Therefor, for international travelers such as flight attendants, it is better to have a fixed flying route, a fixed shift working schedule, and plenty of time for rest. These may be the ways for these people to get adjusted to a special working environment.

A CASE REPORT OF *GATHOSTOMA SPINIGERUM* IN TAIWAN

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Up to the present time only 2 cases of *Gnathostoma spinigerum* infection have been recorded in Taiwan literature. This was the third case reported in Taiwan . One living young adult *Gnathostoma spinigerum* was coughed off by a 38-year-old male industrial worker, a native married person, who was rather healthy before . The expectorated worm might have emerged from the respiratory tract or gastrointestinal lumen . Blood of the giant eel, *Anguilla marmorata*, and raw fish (sashimi) were the possible sources of infection in this case. The significant symptoms and signs were nausea ,vomiting ,diarrhea , chest pain , dyspnea , cough , itchy throat , pleural effusion and eosinophilic leukocytosis . However, he had no cutaneous larvae migration or meningeal signs . This case in which a living young adult male *G. spinigerum* was expectorated and merits to report .

Key word : *Gnathostoma spinigerum* , *Anguilla marmorata* , pleural effusion , eosinophilic leukocytosis

64 ROLE OF DAIRY PRODUCTS IN THE PREVENTION OR TREATMENT OF TRAVELLERS' DIARRHOEA

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Travellers' diarrhoea is the most common travel-associated illness; it affects 20-50% of international travellers. The aetiology of travellers' diarrhoea is diverse and includes bacteria, viruses and parasites. Vaccination and antibiotics are commonly used for the prevention and control of diarrhoeal diseases. However, many of the vaccines are not fully effective and also there is a problem of increasing antibiotic resistance. Thus, there is much interest in developing new strategies for the prevention and control of travellers' diarrhoea. There is growing evidence that dairy products can be used for the prevention of diarrhoeal diseases. For example, cultured and culture (lactic acid bacteria)-containing dairy products have been found to exhibit prophylactic and therapeutic properties against a range of gastrointestinal pathogens associated with travellers' diarrhoea, and to enhance the efficacy of mucosal vaccines. Bovine milk contains a range of anti-microbial factors including immunoglobulins specific for a range of enteric pathogens; the level of specific immunoglobulins can be further increased by immunisation of cows with desired antigens. Furthermore, bovine milk is also a rich source of nutrients. This paper will review the efficacy of enriched dairy products (cultured, culture-containing and immunoglobulin-enriched) against pathogens commonly associated with travellers' diarrhoea and discuss the prospects for their use in the prevention and treatment of travellers' diarrhoea.

65 HIV/AIDS EDUCATION PACKAGE FOR TOURISTS GOING TRAVEL

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An educational package about HIV/AIDS and STD's was carried-out for international and domestic tourists of which the objectives were to know their KAP about STD and HIV/AIDS, and to give them information on HIV/AIDS and STD's to prevent them from those infections.

The Quasy Experimental study was used for this program and education modules were developed through self-learning methods. Knowledge on HIV/AIDS & STD's of the domestic tourists were still very poor compared to the international tourists, while the attitude and practice of both tourists were difficult to assess either because of the variability of their answers or because they would not give their answers. The education modules were used depending on the pre-test and the data collected during the quasy experimental study.

Conclusion: delivery of information about HIV/AIDS and STD's to tourists is very urgent to prevent them from infections.

A PRELIMINARY STUDY ON JOB SATISFACTION OF FLIGHT ATTENDANTS WITH NURSING BACKGROUND IN HANDLING HEALTH SPECIFIC SITUATIONS

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The health related problems of passengers during flights have become an important issue for the public and airliners. Whether the flight attendants could competently handle such problems is also of importance. Some airliners would give preference to applicants with nursing background during recruitment of flight attendants. However, very few studies ever explored the role of flight attendants with nursing background in handling health related problems during flights, and whether there is any difference between flight attendants with nursing background and those without such background. This study was intended to explore and to compare the handling of health problems of passengers during flight , as well as the gaining of job satisfaction both in general and in health specific situations among the flight attendants with & without nursing background.

The study subjects were flight attendants from four airliners in Taiwan. 131 flight attendants with nursing background were identified through the assistance of the four airliners, each flight attendant was requested to distribute a questionnaire to her colleagues having no nursing background at random. A total of 262 questionnaires were distributed that resulted in 61.1% respondent rate. Among the 161 returned questionnaires, 82 were from flight attendants with nursing background while the remaining 78 were with non-nursing background.

The results indicate that the most frequent health problems during flights as identified by the respondents are vomiting, difficulty in breathing, fever, aches, and asthma. Flight attendants with nursing background were obviously better than those with no nursing background in dealing with health related problems in terms of feeling, handling, and competence. However, the nursing background factor did not contribute significantly to general job satisfaction, though it distinguishes flight attendants with nursing background from those without such background on the job satisfaction of coping with health related problems. In the regression model of job satisfation among flight attendants, the job characteristics, the frenquency of passengers' health problems, and the situation of flight attendant's handling such problems contribute to the job satisfaction of flight attendants both in terms of general and specific job satisfaction dimensions.

Key words : Job Satisfaction, Flight Attendants, Health Problems

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CHILDREN TRAVEL, TOO

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Many issue need to be considered when preparing infants and children for travel. To begin with, is the trip appropriate for the child of that age? Should travel/health professionals try to discourage parents from certain trips? Can children with upper respiratory infections (URIs) and ear infections travel by air?

For overseas travel, routine childhood immunizations schedules may need modification and, often, vaccines have to be given while infants and children have URIs and low grade fevers. The dose and type of travel-related vaccines given, the size of needles used, and the site of injection may be different than in adults. In case of travelers' diarrhea, early and specific treatment is essential to prevent dehydration. Yet most parents give fluids that worsen symptoms and hasten dehydration. Some antimalarial medications should not be used and insect repellants can be toxic if used incorrectly. Parents must be made aware about the hazards of the sun, dangers from animals and insects, and accident prevention.

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RESOLVING THE PROBLEMS OF PRIVATE PRACTICE IN TAIWAN

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More than one thousand private clinics and half of the district hospitals in Taiwan closed in recent two years. It is really an "Emergency Call" for our doctors to find the etiologic factors, make the diagnosis and treat the illness of our medical system. The topics for discussion include. A)Problems related to national policy and health insurance: contract between Bureau of National Health Insurance and Clinics, payment system of medical care institutions, professional review system, system of prescribing away from physician, etc, B)The other problems: Medicolegal disputes, personal security and adaptation to the quickly changing medical & social environments, etc. We hope the strong suggestions can help the country improve the national health insurance and medical policy to achieve the goal of "Health for All".

STRATEGIC PLANNING & IMPROVING THE QUALITY OF DOCTORS' LIFE

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From the 70's to the 90's, the average life of Taiwanese men increased from 70 to 72, women from 76 to 78, when the average life of Taiwanese doctors is still as low as 65. Stress, overwork, and vulnerability to various contagious diseases are be
lieved to be the major contributors to this result. Increasing the quality of doctors' life style and balancing among work, personal health and relaxation can improve our doctors' quality of life as well as prolong their lives. Hence ensure the patients' well-being A)Between ages 30 and 45, the peak period of most doctors' career, although it might be tough to find much leisure time, sparing some time for exercise, personal hobby, and with family is still mandatory, B)Between 45 and 50, plan on one or two vacation trips out of town or even out of country: experience both physical & psychological relaxation while enjoying the beautiful scenery, C)Once beyond 55, personal health and hobby should start overtaking the heavy load of work. After all, at this stage of life, they should try to eventually enjoy the life they have been working so hard for and make their lives easier more pleasant and memorable.

KNOWING OVERSEAS ASSISTANCE SERVICE

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"Overseas Energence Assistance (OEA) service was introduced to Taiwan in 1989. During the past 10 years, the need off the service has been getting higher. Nowadays, Taiwanese people can access to the service through their insurance policy, credit card, or many other channel. On the other hands, the utilization of the service has reached a historical high level in recent years due to many air crashes and emergency medical interventions occurring in other countries. Misinterpreting the spirit of the OEA service by the public is still an obstacle when providing the service by the assistance company. Educated to the public is necessary."

71 MEDICAL CONSIDERATION FOR AIR EVACUATION AND CASE OF SPINAL FRACTURE IN SILK ROAD

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In this section, we will go through the basic factors affecting our decision on air evacuation. They are air oxygen supply, air pressure difference, risk to other passengers, turbulence, delay and power supply for equipment, local medical facilities, etc.

Then, we will use a case of fracture T12 in Dunghuan to illustrate the importance of choosing AEA as your official assistance company when purchasing insurance coverage.

72 RUPTURED ABDOMINAL AORTIC ANEURYSM IN ED: A TEN YEAR EXPERIENCE

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Objective: To define the clinical features of ruptured abdominal aortic aneurysm(RAAA) in patients initially presenting to emergency physicians and to assess the pitfall of misdiagnosis.

Methods: A retrospective chart review from Jan. 1987 to Jul. 1997 finally identified as RAAA were analyzed to evaluate the emergency assessment, peri-operative factors, and misdiagnosis in a medical center.

Results: We identified 16 patients with a RAAA proved by surgery or image, in which 5 patients were transferred from other community hospitals. Subjects included 10 males(62.5%) and 6 females(37.5%) with a mean age of 69.06 years old(ranging from 20 to 83). Most had preexisting medical history of hypertension(56.25%). Patients presented as abdominal pain(68.75%), back/flank pain(37.5%), syncope(31.25%), abdominal tenderness(58.75%), pulsatile mass(43.75%), hypotension(SBP<80mmHg, 31.25%), abdominal distension(37.5%) or leukocytosis(WBC>11000/cumm, 81.25%). Eleven of these patients were diagnosed as RAAA at our ED, four admitted to internal medicine on other diagnosis, and one referred to OPD. In ED, abdominal sonography was applied in 3 patients, CT scan in 8 patients, and angiogram in 1 patient. Eleven surgical consultations were done in ED and five after admission. Operative findings revealed 12 patients with infrarenal type(85.71%) and 2 with juxtarenal type(14.28%). Atherosclerosis(68.75%), mycotic aneurysm(6.25%), or uncertain(18.75%) accounts for the etiology of rupture. Misdiagnosis included radiculopathy(n=1), acute lumbago(n=1), UGI bleeding(n=1), septic shock(n=2), aortic dissection(n=1), renal colic(n=1), and intraabdominal abscess(n=1). Mortality rate in overall was 68.75%(11/16), whereas in misdiagnostic group it was 87.5%(7/8).

Conclusion: All emergency physicians have to familiarize this catastrophic disease to avoid misdiagnosis in the practice of emergency medicine.

PREVALENCE AND RISK FACTORS OF ILLICIT DRUG ABUSE IN I-LAN, TAIWAN

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Background - There had not been any national survey of drug use in Taiwan until 1996, although it had already well been established in developed countries.

Aims- To determine the prevalence and risk factors of drug abuse in I-Lan, Taiwan.

Methods- Sample of 6,318 men and women aged 13-35 years was randomly selected in I-Lan, Taiwan, 1996-1997. Information was collected by questionnaire. Subjects who were currently illicit drug users were recognized as drug abuser.

Results- Overall response rate was 79.0%. The prevalence of using illicit drugs was 1.4% in men and 0.8% in women. Perceived peer illicit drugs use was the strongest predictor of using drugs ($P < 0.001$).

Conclusion- Drug use was a problem in Taiwan. Any prevention program for drug use should be implemented prior to adolescence.

A RE-EMERGING PATHOGEN OF FOOD-BORNE DISEASES IN TAIWAN: *Vibrio parahaemolyticus* K6

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Vibrio parahaemolyticus is a leading agent among bacterial etiology in food-borne disease in Taiwan. During the last decade, almost 50% of food-borne disease outbreaks in Taiwan were caused by this microorganism annually. From the analysis of K (capsular) antigens, many serotypes were found. Although serotypes such as K8, K12, K15, and K56 were found more frequently than the other, none of these serotypes were predominant and accounted for more than 20% of the total isolates obtained during the years from 1986 to 1995. However, a great change was observed in the years of 1996 and 1997. More than 80% of food-borne disease outbreaks with known etiology were caused by *V. parahaemolyticus*. Serotype K6 was predominant and acounted for 82% (898 in 1099) of the isolates collected in 1997. Up to the present time, the sources of *V. parahaemolyticus* K6 are not clear. However, extensive surveillance and investigation will be undertaken in 1998.

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SURVEY OF CONFIRMED CASES OF MENINGOCOCCAL MENINGITIS IN TAIWAN AREA DURING 1992-1996

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Meningococcal meningitis is a notifiable disease in Taiwan area, and the severity and vast mortality of cases occurred in childhood is a health problem worldwide. In recent years, the cases of meningococcal meningitis in Taiwan area have been increasing. A total of 42 cases were noted during 1992-1996 and five were dead. Those under one year old were the majority; 11 to 20 and 1 to 10 year-old group were at second and third place, respectively. 66.7% of the cases was from aged 0 to 20. Meningococcal infection had a peak in November to April during the years. The cases were reported from fourteen counties or cities. Fifty percent of cases occurred in the areas north of Hsinchu. Among 21 isolates of serogroupable *Neisseria meningitidis*, 15 were serogroup B, and 6 were W-135. No case cluster occurred, all were sporadic. There was no evidence to show any cases of meningococcal meningitis to be associated with foreign travel. There was a trend of foreign travel and the outbreaks of meningococcal meningitis occurred in the region of the sub-Saharan "meningitis belt" in Africa and in England during late 1995 to 1997. Prevention of this disease is taken care when people visit these regions.

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MOLECULAR SUBTYPING BY PULSED-FIELD GEL ELECTROPHORESIS OF *Bordetella pertussis* ISOLATED IN TAIWAN, 1992-1996

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Whooping cough, caused by *Bordetella pertussis*, is an acute disease of the respiratory tract in human, especially in infants. Recent epidemic outbreaks of whooping cough occurred in Taiwan, although diphtheria-tetanus-pertussis (DTP) vaccination had been introduced for many years. Pulsed-field gel electrophoresis (PFGE) of chromosomal DNA digested with *Xba*I or *Dra*I was carried out to analyze 43 clinical isolates of *B. pertussis* collected from 1992 to 1996 in Taiwan. Eleven PFGE types were identified from these strains, and different types were found in different years. These data suggest that whooping cough in Taiwan during this study period was probably a result of immune status in the population rather than a particularly virulent strain. Dendogram constructed on the basis of these results in 1992 showed that the strains were from an epidemic area at Hua-lien county, which is a popular traveling spot where many foreigners visited, were close to foreign *Bordetella pertussis* strain ATCC 9340.

TRAVEL OF CAPD PATIENTS

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It is commonly believed that uremic patients treated with dialysis would have to cling to the hospital and could not go far away. CAPD (continuous ambulatory peritoneal dialysis) patients, however, can travel freely and even go abroad. In this study, we used questionnaires to collect the travel information in the past two years of our 84 CAPD patients. Travel in our nation is quite often. Therefore, we focused on the travel abroad. The questions included when, where, how long, and how often they traveled. Twenty-two patients (26.2%) have gone abroad one to ten times. Among them, one traveled 10 times for the reason of business and one studied abroad. Thirteen were males (59%) and nine were females (41%). Their mean age was 51.6 $\pm$ 12.4 yrs. Their average duration of dialysis was 44.7 $\pm$ 31.5 months. The majority of the patients chose short distance travel to Far East Asia, or Oceania. Some went to North America and Europe for a long distance travel. Most of them (85.3%) joined groups for tourism. Some went abroad alone to see relatives, on business or for study. The seasons chosen for travel were: Spring (23.5%), Summer (29.4%), Fall (41.2%) and Winter (5.9%). In conclusion, uremic patients treated with CAPD can go to any place at any time. They have no difficulty in travel as long as their conditions are stable.

A REVIEW OF TROPICAL SKIN DISEASES IN THE RETURNING TRAVELER

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A new skin lesion in a returning traveler often poses a difficult diagnostic problem for the clinician whose knowledge of geographic medicine is limited. To reach a diagnosis, the physician must consider the traveler's itinerary and style of travel, exposure to various pathogens, and length of stay. In addition, the differential diagnosis of skin disorder is based on the onset of the lesion(s) relative to travel, description, pattern, anatomical location and associated symptoms. The exposure history should include barefoot walking, flesh or salt water contact, animal contact, insect exposure, close personal contact with an infected individual, and use of antibiotics and topical chemicals which might cause skin reactions. The most important clinical feature is the appearance of the presenting lesion, e.g. papular, vesicular, ulcerative, linear, modular, or altered pigmentation. The most frequently encountered skin problems in returned travelers include insect bites, pyoderma, cutaneous larva migrans, leishmaniasis and photodermatitis. A fun-filled interactive, problem-based approach will be used to highlight the clinical, diagnostic and therapeutic aspects of common dematological lesions in returning travelers.

79 TRAVEL MEDICINE – PRESENT AND FUTURE

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Travel medicine is a new interdisciplinary field. It extends beyond tropical medicine, including for instance also aspects of psychiatry, high-altitude physiology and obstetrics. The primary goal of travelers alive and healthy; the secondary one is to minimize the impact of illness and accidents through principles of self-therapy. To set right priorities, it is essential to quantitate the health risks by epidemiological data. On such a basis, health professionals will for each individual traveler decide on preventive measures. The main pillars of travel medicine are information, advice on minimizing exposure to health risks, immunization, chemoprophylaxis and finally recommendations for emergency self-treatment abroad, using a travel kit.

By the year 2010, the incidence rate of the main travel health risks will remain fairly constant, with travelers' diarrhea, malaria, hepatitis and HIV infections, also accidents playing a major role. We may face challenges with new emerging infections. Travel medicine will primarily be serving the 50 million (1996+20%) high risk travelers originating in industrialized countries and visiting developing ones. Closer collaboration between the travel industry and travel health professionals will be possible by modern technology. New vaccines and new drugs will be available.

80 STRATEGIES AND FUTURE OPTIONS FOR MALARIA PROPHYLAXIS

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In travellers visiting high risk malaria endemic areas, use of chemoprophylaxis is undisputed. Mefloquine remains the first choice, with doxycycline and the chloroquine/proguanil combination as second and third choice (WHO 1998). These agents have a considerable potential for adverse events (AE). A new atovaquone/proguanil combination and a primaquine analogue may offer advantages in future. For destinations with low risk of transmission, prophylactic medication results in less avoided infections than in AE of comparable severity. Stand-by therapy has been suggested for emergency self-treatment. Decision making for stand-by therapy can be assisted by rapid self-diagnosis kits. Due to cardiac toxicity, halofantrine is contraindicated for self-therapy. Both mefloquine and quinine result in an considerable rate of severe or serious adverse events. Artemisinin preparations, e.g. the artemether/benflumetol combination, may offer a solution for the future.

TRAVEL AND TROPICAL MEDICINE IN ISRAEL

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In the first half of this century, Israel, situated in the Middle East, was endemic to many tropical diseases such as poliomyelitis, typhoid fever, malaria, bilharzia. Due to rapid progress and improvement of sanitation tropical diseases have been eradicated and the diseases that are contracted locally are as in other industrialized countries.
Although the population of Israel is only 5 million people, some 2 million Israelis travel abroad, including approximately 100,000 annually to endemic areas. The most popular destination is South East Asia and the Far East.

Travel medicine did not exist in Israel then in the format that has became popular today. Medical services for travelers were provided only by the Ministry of Health in five health centers. Their service consisted mainly of yellow fever vaccination, and malaria prophylaxis advice. Then, 10 years ago, the first modern travel clinic was opened, giving an all-round service including pre-travel consultation, all necessary vaccinations, and post travel examination. Subsequently, eight other hospitals in Israel established travel clinics based on that model, and the majority of travelers today consult them. Although travel clinics are situated in public hospitals, the patient has to pay, since the service is not included in the National Health asket". Private travel medicine clinics are almost non existent.

In spite of the fact that endogenous tropical diseases have been eradicated from Israel, we now face a new wave of imported tropical diseases by immigrants and by travelers. Among travelers, the most common causes for hospitalization are malaria, dengue fever, and acute schistomiasis (bilharzia). Tropical diseases in non-immune populations provide us with a unique opportunity to study the natural history of these diseases unaffected by local factors, and help us define what is lacking for diagnosis and chemotherapy. Tropical medicine, in this sense, lies in travel medicine.

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PREVENTION OF MALARIA FOR TRAVELLERS IN INDONESIA

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Malaria is still one of the major public health problems in Indonesia. All four human species of malaria are present. Capital cities, big towns and tourist resorts are malaria free. Endemic areas (hypo- to holoendemic) are mainly located in rural areas and highly endemic in the eastern part of the country. The morbidity rate in 1995 was 0.07 ‰ in Java–Bali and 3.73 ‰ outside Java-Bali.

Cases of chloroquine-resistant *Plasmodium falciparum* have been reported from all 27 provinces, with a high prevalence in East Kalimantan, East Timor and Irian Jaya. Sporadic sulfadoxine-pyrimethamine resistant *P. falciparum* cases are also spotted in 9 provinces. Recently some cases of chloroquine resistant *P. vivax* have been encountered in Irian Jaya and a few in 3 other provinces.

The drug of choice is still chloroquine for treatment and prevention of all malaria cases, except in Irian Jaya. Alternative antimalarials are available, but mefloquine, artemisinine derivatives, and other new antimalarials are not in the market. Besides chemoprophylaxis, personal protection should be highly recommended to persons visiting a malaria area in Indonesia.

AN ANALYSIS OF DISASTERS OCCURRING IN TAIWAN FROM 1990 TO 1995

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The study includes 54 disasters occurring in Taiwan from 1990 to 1995. Among them, there were 23 fires, 19 traffic accidents, 2 chemical accidents, 2 drownings, and 6 from other causes, and the number of victims was 28.3 per disaster. By the month of disaster occurrence, there were 19 from July to September, and 15 from November to January. By the jurisdiction area of disaster occurrence, there were 8 in Hsin-Chu county, and 6 in I-Lan county. Fire caused more fatalities than other disasters. The proportion of fires with a fatality rate of 50% and above, when compared to the total number of fires, was the highest among all kinds of disasters. Traffic accidents topped the list of disasters with an injury fraction of 91-100%. The proportion of deaths due to drowning, when compared to the total number of drowning, was the highest among different kinds of disasters.

About 33.3% of these disasters in our study were kinds of regional disasters. According to the number of disasters by place of incidence, there were more indoor than outdoor disasters. Indoor disasters usually occurred in public buildings, while outdoor disasters occurred firstly in mountain areas, and secondly in highway and in streets. Most of the disasters were announced within the first hour of occurrence by fire brigades with telephone. At the disaster sites, instead of county magistrates, city mayors or directors of local police bureaus, fire brigades were always in charge of commanding and coordinating. Unfortunately, at the disaster sites, triage was rarely done, responsible areas were rarely identified effectively, and incident communication was not good.

It was also found that there was much difference in disaster recording between local health bureaus and fire brigades. The data is so incomplete that it was hardly useful for reference in disaster planning and in disaster medicine development. We suggest that the central government should set up a uniform format for disaster reporting, and improve the function of incident command and coordination system (ICCS).

84 EFFECTS OF A PRESCRIPTION OF CHINESE HERBS ON DNA AND COLLAGEN SYNTHESES OF RAT HEPATOCYTES

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Background: A prescription of Chinese herbs, formulated by Phyllanthus amarus, Sophora flavescens ait, Cordyceps sinenses sacc, etc., has been tested clinically in treating the patients with chronic hepatitis B and other hepatofibrotic diseases. Aim: To study the effects of the prescritpion on DNA and Collagen syntheses of cultured rat hepatocytes. Method: In the first experiment, a serial concentrations of the prescription ranging from 1:100 to 1:1600 (w/v) were added into the hepatocytes and cultured for 24 h. [^{3}H]-thymidine incorporation (^{3}H-TdR) and [^{3}H]-proline were added followed by another 24 h culturing. In second experiment, a concentration of 1:100 of the prescription was added ^{3}H-TdR and ^{3}H-proline was immediately added. The preparations were then cultured for 2, 24 and 48 h to test the effective time of the drug. In control groups, same amounts of culture medium without any drugs were added into the preparations and same period of culture time were followed. Results: (1) At the concentrations ranging from 1:100 to 1:1600, DNA and collagen syntheses were inhibited. Regression analysis showed clear linear relationship between the doses and the inhibition (r DNA=0.92, r collagen=0.94). (2) At the maximal concentration of the prescription (1:100), the inhibition of DNA and collagen syntheses was increased from 19% to 75% as the culturing time prolonged from 2 h to 48 h. Conclusion: The prescription inhibited DNA and collagen syntheses of the hepatocytes of the rats, and effects were time and dose dependent.

85 USING TOILET SEAT WITH AUTOMATIC DISPOSABLE COVERING CUT TRANSMISSION MODE OF INFECTIOUS DISEASES

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In recent years some STDs and other contagious diseases are spreading very seriously over the world. In order to protect them from infection, some travelers often take the self-protective measures by squatting on the seat or placing seat on it when they use toilets.

In July,1997,a part of toilet seat with automatic disposable covering were fixed in toilets of some of hotels and public places in Beijing and have been very received by the travelers. Some public health experts consider it is a reform of public toilets. They summarize the advantages as follows:

1) the device is very sanitary and clean;
2) it may cut the transmission mode of infectious diseases;
3) using it very convenient, it replaces the disposable sterilized covering automatically by pressing the button slightly;
4) using the new device can save money, it costs only 0.10 yuan (RMB).

PROGRESS OF TRAVEL HEALTH IN CHINA

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China is a large country with rich travel resources. In the last two decades, tourism course was developed very rapidly, a record 51.13 millions of international travelers arrived from the territory in 1996 that is 28. 4 times it was in 1978. There are travelers who went abroad and 640 millions of travelers who travel within the country. There also are 120 millions of mobile population in the mainland of China.

Because the principle " to put prevention first "?is implemented, the incidence of most of infectious diseases was decreased. The incidence (/per 100 000) of the travel related infectious diseases in1996 is as follows:

Malaria 3.0818; hepatitis A 20.0223; hepatitis B 31.5915; plague 0.0080; cholera 0.3063; rabies 0.0134; typhus 0.2482; Jap. Encephalitis 0.8660; gonorrhea 11.5033; syphilis 1.0014; polio 0.0044; typhoid 5.6134; diphtheria 0.0029; meningitis 0.5181.

But, due to opening to the outside world and greatly increasing of floating population , a few of infectious diseases is emerging or reemerging, such as HIV/AIDS:

A total of 5990 HIV infections (including 155 AIDS cases) were reported to the Ministry of Health by the end of 1996. The top six provinces in terms of reported HIV infections are Yunnan, Henan, Xinjiang, Hebei, Guangdong and Sichuan. It was estimated that there were about 150 000 to 200 000 HIV infections in China by the end of 1996. The major infectious diseases among the travelers and mobile population are traveler's diarrhea, acute febrile respiratory tract infection, hepatitis A, hepatitis B, Malaria, STDs and HIV\AIDS.

Since the 1st Asia Pacific Travel Health congress, except disease surveillance, sanitary supervision and health care and health education continue to be conducted, in recent years, several new activities related with travel health were developed:

1) a campaign to promote travel health education and publicity has been developing since last year;
2) a working meeting on travel health education and publicity, and several academic symposiums and training courses on travel health were held in the past years;
3) disease surveillance among mobile population ,and health care and consultation to the domestic travelers is developing;
4) several travel clinics were recognized by the ISTM and recommended to the international travelers.

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SEROEPIDEMIOLOGY OF HEPATITIS A IN TAIWAN

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To understand the seroepidemiology of hepatitis A infection in Taiwan, we examined totally 276 physical check-up adults, during Jan. 1996 to Jun. 1997 in Chia-Yi Veterans Hospital. Serum anti-HAV IgG was detected by commercially available radioimmunoassay kits (HAVAB, Abbott Lab.)

Result: The prevalence of hepatitis A infection increased with age. Compared with previous studies, the prevalence in age group below 30 decreased significantly.

Conclusion: We suggested HAV vaccination in the high risk group below the age of 30.

Positive rate of anti-HAV IgG

Age group	positive	negative	Total No.	Positive rate
Below 30	21	20	41	51.22%
31-40	31	7	38	81.58%
41-50	53	4	57	92.98%
51-60	31	6	37	83.78%
61-70	62	2	64	96.88%
Above 70	36	3	39	92.31%
Total	**234**	**42**	**276**	**84.78%**

HISTIOCYTOSIS X AND AIR TRAVEL: HAIRY CANARIES CAN – AND DO ! FLY....

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A short description of the clinical and pathological features of this rare disease is followed by radiological presentation of two cases encountered in practice.

Case I

An eighteen-year-old female with confirmed Histiocytosis X presenting with a large pneumothorax during intercontinental commercial air travel.

Case II

A twenty-four year old female with end-stage disease, oxygen dependent at sea level, presents for intercontinental repatriation.

A brief discussion of the management of prospective travellers with Histiocytosis X and other pulmonary diseases with similar implications for air travel.

THE EARLY MANIFESTATION AND MANAGEMENT OF INTESTINAL AMEBIASIS

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Amebiasis is the common pathologically significant of gastrointestinal parasitic infection and the third most common cause of parasitic death in the world. Amebiasis is acquired by ingestion of food or water contaminated by fecal material containing cysts.

Invasion of the gut is markedly protean in its clinical feature and the difficult of diagnosis is magnified. Concerning diagnosis, the most important step in the recognition of amebiasis is to consider this infection. Our experimental evidence indicates colonoscopy and microscopic examination of fresh material from stool or colon aspiration are valuable in the diagnosis. In addition, indirect hemagglutination test has been in use for years, the test is reliable. The prevalence of amebiasis is depending on the sanitary condition of the area. In the urban area of Taipei, the prevalence is low. The data is in sharp contract to the experience in some tropical communities.

90 PRELIMINARILY ON THE CONSTRUCTION OF SANITARY AIRPORT AND ITS RELATIONSHIP WITH INTERNATIONAL TRAVEL

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Proposal for construction of sanitary airport is closely related with the development of international travel. In this article the authors have made a brief of the past and analyzed the relationship between sanitary airport and international travel, and raised a number of suggestions relating to the construction of sanitary airport in China with the hope to help the further construction.

91 THE ANALYSIS OF JAPANESE ENCEPHALITIS VACCINATION FOR INTERNATIONAL TRAVELERS IN TAIWAN

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1073 international travels, between 12 months old to elderly, received multiple doses of Japanese Encephalitis (JE) vaccine that was made from the prototype of Nakayama according to the schedule of 0.5 c.c. injection on day 0, 1-2 weeks, 1 year and 2 years for children 1-3 years, and 1 c.c. for others from 1990 to March 1998 in Taichung, Taiwan. None suffered from the JE disease during their stay on the island. There were no severe side effects.

Only 37 of 2147 international travelers (1.7%) registered in my office during the same period for the different purposes were found to have the JE vaccine before departing their own countries. It is necessary to remind our M.D. friends in western countries that they should pay attention to the disease with a fatality rate of 20% in Asia and give them this vaccine before their departure for Asia.

THE ROLE OF TRAVEL CLINICS IN THE PREVENTION, MANAGEMENT, AND SURVEILLANCE OF INFECTIOUS DISEASES

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In the last few decades travel medicine has evolved from a cottage industry to an interdisciplinary subspeciality with a unique knowledge base. With over 50% of travelers to developing countries suffering some health impairment, there is a need for specialized travel clinics that offer education in the prevention of, self-treatment of, and management of illnesses in travelers. Studies in the last 10 years have highlighted the poor quality of information obtained from travel agencies, tour operators, embassies, consulates, as well as from primary care providers. Involvement in the various local travel medicine organizations and/or in the International Society of Travel Medicine (ISTM) has improved travel health advisors' level of knowledge. Many of these societies offer educational opportunities, the ISTM providing a newsletter, journal, web site, and biennial conferences.

As travel and commerce have promoted the development and spread of emerging infectious diseases worldwide, it has become more important to improve our ability to identify these threats and respond to them. The ISTM, through a cooperative agreement with the CDC, developed a sentinel network for monitoring emerging infectious diseases. The concept of the GeoSentinel network is that travel clinics are ideally situated to detect emerging infections with potential global impact at their point of entry into a given population. Surveillance began in 11 GeoSentinel sites, and has now grown to 22 sites worldwide. Travel medicine advisors, through their clinics, can play a key role in education and care of travelers, and can assist in monitoring for the spread of emerging diseases.

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COUNTRY REPORT - INDIA

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Calcutta , India

India welcomed 2.3 million foreign tourists in 1997. This accounted for a growth rate of 3.8% with estimated foreign exchange earnings of $ 3151 million.The overall expenditure on health is 6% of GDP. Communicable diseases are still a major cause of morbidity. Mass migration from rural areas, rapid urbanisation resulting in increasing urban slum population and inadequate civic amenities further contribute to the disease burden. There is resurgence of malaria with *Plasmodium falciparum*, prevalence rates around 30-40% and chloroquine resistance (RI and RII) strains reported in isolated outbreaks. The north-western plains, semi-arid areas in central parts and the Indo-Gangetic plains are major malaria epidemic prone areas.Current estimates for active tuberculosis range between 12 to 15 million cases while prevalence rates are around 2.9 (rural) and 1.9 (urban) per thousand population. Increasing drug resistance and rising incidence in HIV positive individuals, from 3.2% (1991) to 20.1% (1996) in one study, are causing concern. HIV registered an overall increase to around 2.5-3.5 million cases in 1997 and sentinel serosurveillance among high risk groups reveal average seropositivity of 18.3 per 1000.Dengue recurred in different parts of the country. New Delhi witnessed a major epidemic in August 1996 involving 10000 cases. Minor outbreaks of Japanese encephalitis were reported in Kerala and Uttar Pradesh with official estimates of 2029 cases and 622 deaths in 1995. Typhoid, being endemic in the sub continent remains a concern for long term travellers. Travellers diarrhoea remains the commonest problem needing medical assistance with reported incidence of around 56%. The socio-cultural impact of tourism on local environment is now evident in popular destinations like Goa and Rajasthan. Leprosy is under control, pulse polio immunisation has been a major success and private health care now offers a reasonable but expensive alternative.

EMERGENCY CARE IN THE SUBCONTINENT

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Chatterjee S
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Travel inevitably exposes one to danger. Studies reveal a 5% chance of the need to seek medical help for every months' travel in Asia. Moreover, coping with such illness abroad can be quite stressful for the traveller. Recent popularity of adventure tourism and increasing business opportunities in remote locations of the subcontinent has highlighted the importance of emergency care as an emerging travel health issue.

A survey involving travellers seeking medical assistance in Calcutta indicate 34% individuals to be requesting help for mergency" situations. Locating health care resources, especially in rural areas, which is satisfactory in quality and accessibility can be difficult. Hotels, travel insurance help-lines, IAMAT, regional publications, mission hospitals and expatriates can often recommend local sources. Most major cities now have reasonable medical facilities, given the recent boom of investment in private health care. However, inadequate prehospital care, delay in hospital transportation, obtaining safe blood and training inputs in trauma care are key areas which still need improvement. Also, nonmedical operational aspects during emergency situations like arranging cash deposits for hospital admissions, establishing communication links with family / colleagues and coordinating with insurance companies need due consideration. It is therefore imperative that we identify and develop an accreditated network of local health care providers in the subcontinent who will be responsible to deliver comprehensive emergency care management.

MIGRATION AND ITS IMPLICATIONS FOR THE SPREAD OF NEW AND RE-EMERGING DISEASES, INCLUDING HIV

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Improved communication and transportation has meant a dramatic acceleration in the number of people moving for economic, political, developmental and leisure reasons. Much of the movement that is occurring involves greater distances than ever before, and more people are moving between widely disparate ecological and social systems faster than could have been envisaged possible, even 20 years ago. The opportunities for exposure of the people who move and those they come into contact with, to new and exotic diseases has grown accordingly and in some regions contributed to the emergence of new problems and the re-emergence of old ones. Despite the importance of the challenge, many national and international public health care systems, as well as development and humanitarian programmes, have failed to take the matter up. Communicable and parasitic diseases continue to be at the forefront in this emerging demographic scenario, but other problems, including psychosocial and mental health ones, are becoming increasingly prominent and also call for much more attention than they have received to date.

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ADVANCES IN MANAGEMENT OF ACUTE CORONARY SYNDROMES

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The new trends in management of acute coronary syndromes are evolving. The three major subsets of acute coronary syndromes are unstable angina, non-Q-wave myocardial infarction, and Q-wave myocardial infarction, which are clearly explored in the new 1997 guidelines of advanced cardiac life support. It stresses the prehospital emergency management, including initial assessment, and thrombolytic therapy exclusion criteria. Reperfusion therapy is recommended early in the management of patients with ST elevation or new bundle branch block in less than 12 hours of symptoms. High-risk patients must be sought out to receive further steps of revascularization, including percutaneous coronary angioplasty and coronary bypass graft procedures. Conjunctive and adjunctive treatment with morphine, oxygen, nitroglycerin, beta-blockers, aspirin, heparin, angiotensin converting enzyme inhibitors should always be given if there were no contraindications. The management of patients with ST depression or T inversion is not indicated for thrombolysis. In cases of acute chest pain without diagnostic features, the patients should receive continuous ECG monitoring and serial 12-lead ECG, serum markers, and cardiac imaging studies in the emergency department over 8-12 hours to assist in making an appropriate disposition

FACTORS INFLUENCING THE PERCEPTION OF CLINICAL NURSES TOWARDS THE CONCERNS AND PREVENTIVE INTERVENTIONS ABOUT INTERNATIONAL TRAVELS

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The purpose of this study was to explore the influencing factors for concerns and preventive intervention about international travels among the clinical nurses in two teaching hospitals.

A self-designed questionnaire was used for data collection. The samples were chosen from clinical nurses who have been working in either Taipei Medical College Hospital or Wan-Fang Hospital over one year. Total 197 valid questionnaires were collected and then analyzed with WINKS computer software.

The conclusions are as followed : (1) 74.11% of clinical nurses have travelled abroad. The average rate for travelling abroad was three times. The average duration for travel was 9 days per trip. The average expense for each trip was around 50,000 NT dollars. The main purpose for travelling abroad was to relief the pressure from work. After returning from the trips, most of them expressed the feelings of having a good memory, and being recharged with energy after the trip for devoting themselves at working again. (2) Most of the worry regarding the international travel among clinical nurses was between "a little worry" and "never thought about it". However, the answer to the questions of whether the vacation can be arranged by the work unit or not and the worry for transportation safety over the trip were between "extremely worried" and "a little worried". (3) The answers to the question of taking precautions against illness while travelling were found between "often" and "sometimes" Among precautions taken, 15 of them were found "always taken" or "often taken". (4) The worry regarding the international travel and the numbers of precautions taken were influenced by the interviewee's working unit and the frequencies of travelling abroad.

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TRAVEL INFECTIOUS DISEASES

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In the diagnosis of infectious diseases, history taking must include travel history. It is important to know in what areas or countries the patients have traveled or lived. For each country, there are distinct type or prevalence of different communicable diseases. Determine the specific urban or rural areas in which your patient traveled, the environment the patient visited, the date and duration of travel and patient's profession or occupation is quite helpful. Most patients develop the illness during or soon after travel, but some long incubation communicable diseases, such as parasitic diseases, melioidosis and AIDS must be kept in mind.

A comprehensive and periodic physical examination cannot be overemphasized. Pay special attention to skin abnormalities, lymphadenopathy, liver and spleen size, as well as subtle neurologic deficits.

Certain routine screening laboratory tests are indicated. These include a urinalysis, stool test, liver and renal function test, or chest radiographic examination, and a complete blood cell count for evidence of anemia, leukocytosis, leukopenia, or eosinophilia. Careful examination of thin and thick blood smears may quickly establish a diagnosis of malaria.

A comprehensive correlation among incubation periods, the geographic area, and the early signs and symptoms of travel infectious diseases will be discussed.

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GIDEON - A COMPUTER PROGRAM FOR INFORMATICS, TEACHING AND DISEASE SIMULATION IN THE FIELD OF TRAVEL MEDICINE

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Over 300 generic infectious diseases are distributed haphazardly in time and space; and are challenged by over 240 drugs and vaccines. 1,000 pathogenic bacteria, viruses, parasites and fungi have been described. GIDEON (Global Infectious Diseases and EpidemiOlogy Network) is a software program consisting of four modules. The first generates a Bayesian ranked differential diagnosis based on signs, symptoms, laboratory tests and can be used to diagnose or simulate all infectious diseases in all countries. The second module presents the epidemiology of individual diseases, including status in each of 205 countries and regions. The third module contains the pharmacology and usage of all antiinfective drugs and vaccines. The fourth module is designed to identify or characterize all species of bacteria and yeasts. The program will be demonstrated using computer projection.

THE COMPUTERIZED SYSTEM (TRAVEL INDEX ON GLOBE) GIVING CONSULTATION SERVICE ON MEDICINE HEALTH FOR TRAVELERS

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This article produces the authors' observation and estimation on the TIG System (Travel Index on Globe), which was made by Dalian Quarantine Bureau. By TIG System the authors provide medicine and health information to the travelers during their international travel. And holding that TIG System will play an effective role in the consultation on medicine and health as well as in the surveillance of Diseases.

Key words : international travel, consultation, medicine and health, TIG System

VIEWING SEXUAL HEALTH AND SAFER SEX IN THE PERSPECTIVE OF HEALTH EDUCATION

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Health education is the academic area to help acquire health by the form of teaching and learning. Sexuality education is a core subject in health education. Likewise, traveling is a healthy activity and it makes people away from the role of daily routine. Especially, while travelling alone without family or relatives for company, one can feel extremely relaxed without any restraint of accustomed role. Whether having sex by commercial sex or by one-night stand, having casual sexual relations during the travel is associated with risk. The public should concern not only the sexual health problems caused by sexually transmitted diseases, but also the safer sex problems caused by HIV/AIDS. Besides, the extra-marital sexual relationship is not advantageous for both physical and mental health. However, avoiding negative sexual behavior is not the only or the most important task in sexuality education. To assist people in having healthy, safe, and pleasant sex is the essential goal.

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GLOBAL MOBILITY AND MIGRATION : NEW CHALLENGES FOR TRAVEL MEDICINE

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International tourism movements are on a continuous rise and the World Tourism Organisation predicts that there will almost tripple in 25 years, reaching 1,602 million tourist arrivals in 2020. There will be more long distance travel and Asia will represent a much greater share of international travel. While the majority of these journeys will be related to tourism and business, a significant number of individuals moving across borders will be of different kind. Globalisation of trade and production resources, the wide differences in economic and work opportunities, differentials in demographic trends and population pressure, political unrest, insecurity and wars, are among the many causes of voluntary or forced movement of individuals and populations worldwide. Immigrants, refugees, asylum seekers, illegal migrants, migrant workers and displaced populations represent also a growing number of people on the move, participating to the increasing mobility of the world population at the turn of this century. This forces us to reconsider the scope of travel medicine, which so far has been adressing primarily the health and medical needs of travelers leaving industrialised countries to visit areas of the world with a higher prevalence of endemic diseases, such as malaria, hepatitis A or diarrhoeal diseases. The increased intra- and inter-regional mobility of different types of individuals and populations leads to new concepts of health and international mobility. Crossing various bio-geological boundaries, that delimit the distribution of specific diseases and risk, will influence the local epidemiological caracteristics, the demand on medical services and appropriate responses to new health needs.

As a result of this increasing cultural and social diversity, travel medicine providers are facing new challenges in the care of patients of various origins: new types of exposure of migrants returning home, different perception of risks influencing compliance to recommendations, rare imported diseases, cultural and language barriers, management of complaints related to adaptation difficulties or to previous traumatic exposure, etc. New knowledge and skills are needed, enriching the practice of travel medicine.

CARDIOVASCULAR DISEASE IN TRAVEL

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In the field of travel medicine, considerable emphasis is placed on the prevention and treatment of infectious diseases that could be potential sources of morbidity and mortality for travelers. However, cardiovascular events, including myocardial infarction (MI) and cerebrovascular events, are the leading causes of deaths among both US and other groups of travelers abroad. Predictors of serious cardiac events include age and previous history of cardiovascular disease. Contributing factors for cardiac events may include physical and emotional stresses, reduction in alveolar oxygen tension that accompanies high altitude air travel and interruption of cardiovascular medications. Travelers occasionally suffer MI while abroad. Existing guidelines recommend a 4- to 24-weeks convalescent period following MI before air travel should be permitted. Recently published data suggested that international aeromedical transport of patients may be safely accomplished 2- 3 weeks after an acute MI when an accompanying physician is present. People on long flights are also at risk from deep vein thrombosis (DVT) and pulmonary emboli, even if relatively young and without a past history of cardiovascular disease. Various medical conditions – cardiovascular and pulmonary problems, thrombosis and others can present special risks and /or problem in travel. These should be discussed as part of a thorough pre-departure evaluation and post-travel follow up.

104 VENTRICULAR FIBRILLATION OF A TRAVELLER'S EMERGENCY: A CASE REPORT – WHERE DO WE STAND FOR THE FUTURE TRAVELER'S DEATH ON ARRIVAL?

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A 47 years male traveller was sent to ER presenting with ventricular fibrillation. He was managed at a local practitioner without improvement just one day before his emergency. There were no vital signs and responses on the patient's arrival. He was immediately given all the measures of emergency resuscitation and advanced cardiac life supports. The patient eventually died of refractory ventricular fibrillation followed by asystole.

The impacts arose after the traveller's death for the medical staff and the patient's family. The patient sought medical help in an unfamiliar city with possible lethal warning symptoms. He continued his journey without any caution which might not made the death on arrival (DOA) inevitable. The legal procedures after unknown sudden death are also complicated for the family who are not near by.

The attention to provide adequate informative medical assistance to the travellers who may be highly risk in his illness should be paid. Especially for those with confirmed cardiovascular or other diseases which could cause sudden deterioration, the detailed disease diagnosis and prescriptions are ought to be carried with the travellers' themselves while they are away from their family physicians. In addition, we should put efforts on the final processing for the death, in a legal, as well as human way.

105 MOLECULAR EPIDEMIOLOGY OF HUMAN IMMUNODEFICIENCY VIRUS (HIV) IN TAIWAN AND ITS IMPLICATION IN TRAVEL HEALTH

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The global spread of human immunodeficiency virus (HIV) has been relentless and swift. There are at least 11 HIV-1 genotypes (subtypes) determined by genetic analyses of strains collected around the world. To understand the distribution and risk factors associated with different HIV-1 subtypes in Taiwan, as well as its implication in travel health, a 4-year cross-sectional survey was conducted. From 1993 to 1996, blood samples and questionnaire were collected from 267 male and 21 female HIV-1 infected people who represented about a quarter of the total registered cases in Taiwan. HIV subtyping was performed and the results showed that the Taiwanese males were mainly infected with HIV-1 B(68.2%) and E (27.3%), whereas females were mainly infected with HIV-1 E and other non-B subtypes. The heterosexual males had significantly higher rate of HIV-1 E than HIV-1 B and those who had HIV-1 E had significantly higher rate of sexual contact with prostitutes in Taiwan and in the southeast Asia than males with HIV-1 B (28.8% vs. 17.0%).

In summary, multiple HIV-1 subtypes were circulating in Taiwan. It is important to emphasize travel health in the HIV and other STD-education programs.

TRAVEL HEALTH MANAGEMENT, TRENDS AND FUTURE

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Travel Medicine is a relatively new concept defined about 10 years ago when ISTM was created. Its initial target was health protection, mainly against infectious and tropical diseases, of the increasing number of travellers (tourists and business travellers) going from industrialised countries to tropical and/or developing countries. Prevention was the main concern, beside the management of diseases which ocurred during and after the journey.

Then the scope of travel medicine was progressively enlarged

(1) to non-infectious travel associated risks such as accident and other trauma (that are the 1st cause of repatriation in some statistics), health problems linked to transport and time difference, to age, sex or pre-existing disease, to trips in rough or extreme condition, and other issues as safety, insurance and assistance

(2) to any kind of international travellers, military, migrants and refugees, pilgrims, going from any country to any other country.

Travel medicine is now multidisciplinary, becoming a meeting point of any concerned health professional (doctors, nurses, pharmacists, drug and vaccine producers) and also of all other concerned professionals (in the field of insurance/assistance, transport, travel industry and tour operators etc...).

In addition travel medicine is developing an international cooperation and network, and could contribute to the global surveillance of communicable (including emerging and re-emerging) diseases, and of their spread resulting from the dramatically increasing mobility of men, animals and goods throughout the world.

INFLIGHT MEDICAL ILLNESS DURING COMMERCIAL AIR TRAVEL

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To understand the occurrence of medical illness during commercial air travel, we reviewed two years'(1996-1997) inflight medical reports of chief prusers and doctors of an international airline. According to the medical reports of chief pursers, 536 cases of medical illness(defined as passengers calling flight attendants for medical problems) were recorded. The occurrence rate of medical illness during commercial air travel was 67.4 per million passengers, or 2.1 per hundred flights. The most frequent complaints were difficult breathing(15%, 80/536), abdominal discomfort (14%, 74/536), fever (14%, 74/536), vomiting(11%, 59/536) and fainting(10%, 53/536). In response to chief pursers' pagings for professional medical help, doctors showed up on 75% (177/235) occasions. Based on the medical reports of doctors, 92 cases were categorized as major medical illness(defined as passengers needing medication from doctor's kit or advised to be sent to hospital immediately after landing). The most common major medical illness were acute gastroenteritis(20%, 18/92), coronary artery disease(12%, 11/92), anxiety disorder(10%, 9/92), asthma attack(9%, 8/92), seizure attack(8%, 7/92) and fainting(cause unknown)(8%, 7/92).

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URINARY TRACT INFECTION IN TRAVEL

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Urinary tract infection is the most common bacterial infection of human of all ages. The infection of urinary tract are caused mainly by aerobic gram-negative bacilli (E-coli, Proteus mirabilis) , gram-positive cocci (enterococci, staphylococci) . The infection of urethra usually caused by Chlamydia trachomatis. Ureaplasma urealyticum and Gardnerella vaginalis. In acute infection, a single pathogen is usually found.The follwing organ specific genitourinary tract infection may be seen in the travel.

A. Acute urethritis

Most cases are a sexually transmitted disease which is caused by Neisseria Gonorrhoeae or non-gonococcal pathogens (C.trachomatis or U. urealyticum). Painful urination with urethral discharge is the main complaint.

B. Acute bacterial cystitis

The infection usually ascend to urinary bladder from urethra. E-coli is the main micro-organism. Frequency, urgency, painful urination suprapubic tenderness are the common findings. One to 3 days bacterial specific antimicrobial therapy is adequate.

C. Acute prostatitis

Coliform bacilli is the most common pathogen. Chillness, fever associated with irritative and obstructive urinary symptoms are common complaints. Bacteriuria is often found. Intravenous bacterial specific antimicrobial therapy is mandatory.

D. Acute epididymitis

In older men, usually associated with prostatitis. In younger men, most often accompany with sexually transmitted disease. Painful swelling with chillness ,fever and painful urination are noted.

E. Acute Pyelonephritis

Aerobic gram-negative bacilli (E-coli) is the principal pathogen. Acute pyelonephritis usually ascend from the urethra. The women are prone to infection due to short urethra and close to the anus. Chillness, high fever and flank pain are the main complaints. Adequate antimicrobial therapy is effective with good prognosis.

Prevention of urinary tract infection in travel

1. Adequate hydration.
2. Avoid STD from infected sexual partner.
3. Avoid predisposing factor of UTI before travel.
4. Autimicrobial therapy for chronic UTI patients.
5. Control diabetes mellitus.

HOW TO APPROACH THE ENTRY OF TAIWAN INTO THE WHO

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There are two miracles of Taiwan experiences: one is economic development and the other one is the improvement of public health in a very short time period. These experiences will be very valuable to assist those countries they are desperately in need of seeking good approach to improve their countries' economics and health.

Taiwan is so willing to grand our excellent experiences to help them. The problem is that we are not a member of WHO, so we don't have any chance to participate international health activities. If we want to breakthrough this difficult situation, the best way is to train enough qualified people to offer our successful experiences to the countries who like to accept assistance from friendly countries, like R.O.C.

NOTIFICATION OF EPIDEMIC ILLNESS

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The rapidly increasing international travelers emphasize the importance of a sensitive and effective disease detection system. For many decades, National Quarantine Service has dedicated to detecting and preventing disease from invading this country. In addition, sentinel reporting system, established eight years ago, has become the network which could discover and even predict potential epidemic in domestic. In this presentation, we will introduce the notification system for cases occurred among international travelers and local residents. Some parts of these systems we are going to discuss will include disease items mandatory to be notified, competent office in this system, notification procedure, action to be taken for treatment of notification, and some real examples related to the notification system.

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HOW TO APPROACH THE ENTRY OF TAIWAN INTO THE WHO?

Chen C.M.
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As being a conscious human being and a medical doctor, life is the only value and only one value. This career gives us the obligation of serving for lives without any consideration of personal opinion. Neither should political attitude be taken into account.

World Health Organization (WHO) is concerning the welfare of female and child, prevention of tuberculosis, malaria, and parasites, and many fetal diseases.

The existence of WHO directly indicates the good side of human soul which regards public welfare in advance of personal interests.

According to the constitution of WHO, the membership should open to all states. As being an independent country, Taiwan has devoted herself to the benefits of all mankind. Taiwan had reached many achievements in past decades, such as prevention and treatment of infectious diseases, improvement of nutrition, elongation of life span, availability of primary care, even the health care system. Only Taiwan asks is the
chance of fair treatment, and the privilege of joining WHO. Taiwan deserves this, not only because what Taiwan has distributed to mankind, but also what Taiwan will distribute to the world. A conscious person won't ignore Taiwan simply out of the bias of political ignorance.

"One China" principle has been well known as the result of PRC's propaganda and puts Taiwan into an unbearable cage. Such situation is simply against the universal mercy spirits of WHO.

KMT government insists the so called *Legacy* of national identification. Such behavior confuses international society seriously, and enforces the myth of *One China' principle. No wonder whenever 'Republic of China' was mentioned, people think of China without any exception, and causes the difficulties and vast wasting of resources for Taiwan entering national society.

Taiwan is Taiwan. Any other identification is needless and worthless. WHO is an international organization of experts in public health. Political consideration is not necessary for such kind of institute, further more, political consideration just contaminates the foundation what WHO is built on.

Taiwan is no doubt independent from China. People in Taiwan believe this, and we hope international society will be aware of this and respect our choice from free will.

China representative of WHO had said, 'The health of Taiwan people is the responsibility of China government,' pretending that China had the authority of ruling Taiwan. We regard this as an unrealistic and insulting murmur.

We had tried to utilize various means to entering international societies, including using different nomination. Now we admit it's an unnecessary avoidance of using our original name of proud, 'TAIWAN'.

Using 'Taiwan' as our identification is the only way of expanding our living stage. We hope international society will continuously insist the concern of human fairness and help us with our fight for life or death.

What Taiwan will distribute will be more obvious and Taiwan will play the essential role of promoting human welfare.

EDUCATING THE FOODSEVICE SECTOR OF THE TOURISM INDUSTRY: A RATIONALE FOR THE PREVENTION OF FOOD AND WATERBORNE ILLNESS IN TOURISTS

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Tourism continues to expand as the largest growth industry in the world. Hence more people of all ages are travelling more frequently, and to new and more remote destinations. This adds to the already significant concern amongst health professionals, and the increasing awareness of the tourism industry and tourists themselves about health and safety issues related to travel.

The World Tourism Organisation (WTO) together with the World Health Organisation (WHO) have recognised the need for co-operative strategies to deal with prevention as well as treatment of these problems.

There are several areas of concern related to tourism and health & safety. One of the most prominent is the incidence of food poisoning. Food and water-brone disease is a leading cause of traveller illness.

Issues of travel-related illness have always been problematic for several reasons, including:

- different standards and processes of surveillance and reporting in different countries
- difficulty with epidemiological data for illnesses reported in home country of patient not in source country
- identification of the source of the problem is always an issue with food poisoning, more so when it involves expatriate patients who are very mobile
- under-reporting of incidence
- economic and political implications of local and national problems in a global context.

These issues are all relevant to tourism, which is only one aspect of travel-related illness, but for which the economic issues of the last point are even more prominent. Countries, especially developing countries, wishing to encourage increasing numbers of tourists as a means of economic development, are very loathe to identify health related issues which may deter visitors.

A more proactive approach lies in educating the food service sector and visitors in order to minimise the risks of food poisoning to international visitors and locals.

This paper will explore a number of initiatives which have been developed to address this area of health promotion education.

113 COMMUNITY HEALTH NURSES' ROLE IN TRAVEL HEALTH

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In 1997, over six million people times have been travelled abroad in Taiwan and risk for encountering diseases to which they are not normally exposed. One in every four international travelers would suffer from travel-related illness or injury. Travelers' sickness has social, health and economic costs, and the impact of theses may be reduced by relevant pre-travel advice. However, some of the Taiwanese travelers received their traveling health consultation from their travel agents, and most of them would just refer to the health information in travel brochures. In order to maintain continuity of care for our clients, especially for the patients, the overwhelming majority of physicians felt that pre-travel health advice should be best provided in the primary care setting. Community health nurses because of their significant roles in primary health care should offer people a comprehensive travel health consultation rather than vaccination or anti-malarial advice in isolation. The purpose of this paper would include target population and contents of travelers' health consultation, including information, advice on risk-avoiding behaviors, vaccinations, and guidelines for presumptive treatment.

114 THE HEALTH CARE OVERVIEW OF OVERSEAS STUDENTS

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To study abroad is a wonderful and exciting experience and moment of one's life. How to smoothly and happily pass through all the tough courses and activities such as term exams, case study, seminar,etc. and finally earn the degree you should get. To keep well and sound body health is the key to achieve the goal you want.

The well preparation of a sound health body is not so tough as your advanced courses when you study abroad. It only a few tips you need to practice before and during the period you study abroad. For example, the complete and concise physical exam before your take-off, make all the required vaccination by the school and country, and preparing right dressing code and proper diet concept in the plane. After your arrival, making the right choice of health insurance package and system. All the above are the secret key to your health building and maintaining when you experience the most demanding and interesting period of your life-study abroad.

TRENDS IN INJURY MORTALITY AMONG ADOLESCENTS IN TAIWAN, 1965-1994

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Objectives - To describe trends in injury mortality among adolescents in Taiwan for prioritizing the preventive interventions. *Methods* – Adolescent injury mortality data for Taiwan were derived from official publications of vital statistics from 1965 to 1994 to determine trends by sex and cause of death. Simple linear regression was used to test the trends. *Results* – The number of deaths due to injury among adolescents aged 10-19 years in Taiwan increased from 983 in 1965 to 1783 in 1994, an 81% increase. The injury mortality rate increased 42%, from 32.2 per 100,000 in 1965 to 45.6 per 100,000 in 1994. The proportion of injury deaths also increased, from 45.3% in 1965 to 72.8% in 1994. The trends in mortality from motor vehicle injuries (MVI) among four demographic groups were all significantly positive ($p<0.001$). The proportion of deaths due to MVI among injury was 14% in 1965 and increased to 63% in 1994. *Conclusions* – The increase in injury mortality rates among adolescents over the past three decades appears to be due largely to the increase in MVI mortality rated with males aged 15-19 years accounting for most of this increase. Priorities for the adolescents in Taiwan are MVI (especially motorcyclists) and drownings.

JET LAG IN TRAVEL

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Jet-lag (circadian dyschronism) develops after rapid long-haul flight, characterized by fatigue, insomnia, headache, irritability, loss of concentration and GI disorders. Symptoms are worse in the elderly and more time zones crossed; eastward travel is associated with worse symptoms than westwards. The main problem associated with jet-lag is sleep loss which is complicated with transient dissociation between the environmental (local time in the new time zone) and the internal (body time due to the internal body clock) times. The principles in clinical management are to reduce the amount of jet-lag, to alleviate the symptoms and to promote the adjustment of body clock to the new time zone. For short stay (3 days or less), adjustment of the body clock is not possible and should be avoided. Melatonin reduces subjective symptoms from jet-lag and improves sleep. It can advance or delay the body clock according to its time of ingestion. Proper time of exposure or avoidance to light can also help adjusting the body clock.

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TRAVELING WITH A HEART DISEASE

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Along with accidents, cardiovascular diseases (including myocardial infarction and cerebrovascular accidents) is a leading cause of mortality among adult travelers. Travel may be a risk factor because it easily causes severe phisical exertion, emotional stress, oxygen reduction for high altitude exposure, jet-lag disturbance, very hot or very cold exposure and dietary changement.

Furthermore, separation from his/her cardiologist and known hospital may represent a potentially dangerous situation.

Travelers with cardiovascular diseases represent a wide category of persons including patients with myocardial ischaemia, cardiac arrhythmias, valvular heart diseases, systemic hypertension, heart failure, congenital heart diseases, etc. The health care provider must take into account the severity of a particular patient's disease, the necessity or importance of the trip, and how well the patient functions in daily activities.

There are also other categories of travelers, such as the elderly, who although when they set out on a journey have no specific history of cardiac disorders, nevertheless run the risk of cardiovascular disease.

An apparently healthy person can be exposed to the risk of thoracic traumatology during transfers by car, of coronary ischaemia during flights or holidays at high altitude, or of bradycardia or arrhythmia if scuba-diving. In addition, there can be exposure to the risk of acute or chronic infection (eg. Chagas'disease) during visits to tropical countries, as well as the consequences of climates that are either too hot or too cold.

Travelers with cardiovascular diseases should be educated to:

1. Check-up heart condition before departure, backed up by appropriate instrumental analyses (eg. echocardiography, exercise test);
2. Carry a copy of a recent electrocardiogram and any other clinical documentation about a known disorder. Particularly recommended is the Health Passport;
3. Carry sufficient drugs for the full duration of the journey;
4. Keep their medication handy in a carry on bag when flying or using ground transportation;
5. Avoid smoke booking a nonsmoking flight, or sit as far from the smoking area as possible;
6. Not to overextend themselves;
7. Be aware that infectious diseases can increase the risk of cardiovascular complications even if their health is generally stable;
8. Do not choose high-altitude destinations;
9. Avoid prolonged exposure to the sun and exposure in the hottest hours of the day;
10. Prefer destinations with health facilities and hospitals of good quality.

COMMON ORAL DISEASES DURING TRAVEL

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Toothache or oral diseases have few chances to threaten life, but the resultant pain could seriously deteriorate the travel quality. Therefore, it is important to realize the preventive approaches of oral diseases and to keep oral hygiene before travel. The host resistance usually decreases during travel. This could induce some potential oral diseases, such as caries, chronic periodontitis, and recurrent aphthous ulcer to occur. When acute pulpitis, periodontal abscess, facial swelling and tenderness are noted during travel, they always need emergent treatment for symptom relief first. This presentation will also describe the solving technique to prevent dental troubles during travel. Some aggressive dental treatments (such as surgical extraction, periodontal surgery, temporary cementation of multiple prosthodotic restoration...etc) must be prohibited before travel, routine pre-travelling dental examination should be executed, and maintenance of good oral hygiene habits should be encouraged during travel.

THE DEVELOPMENT OF TRAVEL HEALTH IN INDONESIA

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The Republic of Indonesia consists of more than 17,000 islands with a population of more than 200 million, about two-third of whom live in Java and Bali. The health system now includes over 20,000 health centres (90% headed by physicians), 835 general hospitals (public and private) providing secondary and tertiary care and 2000 special hospitals. Health and nutritional status has increased significantly during the cost decades: life expectancy increased from 45.7 years in 1971 to 62.7 in1994. Malaria has been controlled in Java and Bali but is still a problem in other areas, especially in the eastern part of the country. Dengue hemorrahagic fever is still endermic in 70% of all districts. Other important communicable diseases are tuberculosis, diarrhoeal diseases and respiratory infections. There are already laws and regulations provided by the government to protect the public and tourists from hazard and danger. So that the quality of the environment support the prevention of transmission of communicable diseases etc. There are also close collaboration between private sector whose activities are in the tourism business and local government to ensure the safety of the environment especially in supporting a comfortable, healthy and safe area. Tourism is growing rapidly in the last decade. The number of tourists grew from 1 million in 1987 to 5 million in 1997. To deal with the increasing number of travleeers visiting Indonesia and Indonesians travelling abroad, the Indonesian Travel Health Society was established in early 1998. The activities of the society will include training of health personnel, establishing facilities for travel health and hosting the Asia-Pacific Travel Health Congress in the future.

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TRAVELLING AS A FORM OF RECREATION FOR DENTISTS

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1. Tediousness of daily dental practice
2. Refreshment of body and soul as required after work
3. Dental science is international, new ideas spread almost instantaneously without respect for national boundaries
4. Travel/study programs
5. Arrangement of a well-earned vacation to encourage personal growth and rejuvenation

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TRAVEL ORAL HEALTH AND TRAVEL ORAL HEALTH CARE DELIVERY SYSTEM

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1. International Travel Health and Travel Health Organization
   - past, present and future
2. Travel Health and Travel Oral Health – Definition and scope
3. Travel and Oral Health Care Mangement
4. International and Domestic Oral Health Care Delivery System
   - past, present and future

POTENTIAL RISK OF SEXUALLY TRANSMITTED DISEASES IN SEXUAL TOURISM

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Sexual tourism seems to be a new entertainment for some Taiwanese males in their vacation. Most of them had their sexual tourism either to the countries of Southern- Asia including Viet-Nam, Thailand, Indonesia, and Philippines or to the Mainland China. Potential risk of the sexually transmitted disease in these males could be found in my daily practice as aclinical urologist.

Patients came back from sexual tourism in the countries of southern-east frequently complains of dysuria and variable urethral discharge. Non-specific urethritis or recurrent prostatitis had been detected in 3 patients, within one month. There was also one patient with herpex progenalis which was definitely transmitted in his sexual tourism to Viet- Nam. In recent years, I did not see the classical, tropical sexual transmitted diseases, such as chancroid, lymphogranuloma inguinal, in the patients back from southern-east sexual tourism. However, many patients became STD-phobia or AIDS-phobia when they had sexual tourism in Thailand or Viet-Nam.

Another group of patients who had sexual tourism in Mainland China mostly stayed longer with a regular partner there. I'd interviewed 10 patients who traveled in Mainland China and had sexual behavior with partner or prostitute in the past year, 2 of them had experienced. Purulent discharge, gonococeal urethritis is highly suspected. According to a report, positive rate of serological in Taiwan did increase partly due to frequent communication between Taiwan and Mainland China. The prevalance of more classical sexually transmitted diseases such as syphilis seems to have a tendency to be higher in a more conservative society. It might be the potential risk to get classical STD such as syphilis for the male who have sexual tourism in Mainland China.

Since the potential risk sexual transmitted diseases in sexual tourism is rather high, males those join the sexual tourism are mandatory to have STD screening and education of STD prevention.

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TRAVEL SAFETY IN TAIWAN – DENGUE FEVER, FOREIGN LABOR AND OCCUPATIONAL HEALTH

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Due to Taiwan's rapid economic development, citizens traveled abroad 6,161,932 times in 1997. Likewise, foreign visitors traveled to Taiwan 2,372,232 times in the same year. Taiwan also maintains 251,282 foreign labor workers from Thailand, the Philippines and Indonesia. To this effect, it is difficult to prevent the influx of re-emerging and less commonplace infectious diseases from abroad. Taiwan's rigorous promotion of public health programs has kept pace with its rapid economic development and as a result, Taiwan is still a safe and happy place to travel.

Dengue fever is an infectious disease that primarily appears in Africa and Southeast Asia. Taiwan's largest outbreak of dengue fever was in 1942, when over 80% of the island's population became infected. Three smaller outbreaks occurred in 1981, 1987, and 1988, with 1,123 and 10,420 cases reported for 1987 and 1988 respectively. In recent years, there have been only a handful of cases per year. For example, Taipei city reported 10 non-indigenous cases in 1995 and 10 indigenous cases in 1996. Taipei city's mayor Chen Shui-bian, in an effort to keep control of dengue fever, has worked with several local health bureaus to create a Dengue fever prevention team. Many forms of media including TV have been utilized to alert and educate the public. Dengue fever has been effectively controlled and currently, there are a minimal number of non-indigenous cases per year in Taipei city.

The employment of foreign labor has a significant impact on public health in Taiwan. To prevent the influx of disease, each foreign laborer is required to undergo a series of tests including AIDS, Hepatitis B, Syphillis, Tuberculosis, Leprosy, and a check for intestinal parasites. Foreign labor workers with any positive test results are immediately repatriated. These tests are not only performed at the time of entry, but also every six months during the laborers' stay in Taiwan. Analysis of the test results shows a relativley high percentage of parasites and a very small number of the more serious infectious diseases, with an overall non-conformity rate of 1.5 to 2 percent.

In Taiwan, the Occupational Health Division of each local health bureau requires random and strict inspections of sanitary business establishments including hotels, barber shops, beauty parlors, bath houses, recreation centers, swimming pools, movie theatres, etc. In Taiwan, and especially in Taipei city, a healthy and sanitary environment is provided where foreigners can feel at home and travel with peace of mind.

HEALTH TRAVEL AND CHINESE HERBS

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Traditional Chinese Medicine has a long history. Since 5000 years ago, our ancestor created primitive medicines during their struggles against nature. While searching for food they found that some foods had the specific properties of relieving or eliminating certain disease. That was the beginning of finding and using herbal medicines.

Recently, people like the natural foods for the healthy. So, in this report, I will teach you how to get a health travel. Therefore, you can take some natural Chinese herbs with you for prevent some uncomfortable.

(1) Headache : Ginger root (Zingiberis Rhizoma, 薑).

(2) Toothache (牙痛) : Clove (丁香).

(3) Constipation (便祕) : Fetid cassia seed (Cassiae Torae Semen, 決明子).

(4) Digestives and evacuants(消導藥): Crataegus fruit (Crataegi Fructus, 山楂).

(5) Qi-rectifying agent(理氣藥): Tangerine peel (Citri Exocarpium, 陳皮).

(6) Wind-heat-effusing agents(發散風熱藥): Chrysanthemum flower (Chrysanthemi Flos, 菊花), Mint (Mentha Herba, 薄荷).

(7) Astringing agent(收斂藥): Mume fruit (Mume Fructus, 烏梅), Rubus fruit (Rubi Fructus, 覆盆子).

(8) Yin supplementing agent(補陰藥): Lycium berry (Lycii Fructus, 枸杞子).

(9) Qi-supplementing agent(補氣藥): Ginseng root (Ginseng Radix, 人參), Licorice root (Glycyrrhizae Radix, 甘草).

(10) Blood-nourishing agent(養血藥): Longan aril flesh (Longanae Arillus 龍眼肉).

(11) Common cold, vomiting and headache (感冒頭痛): Chuan-xiong cha tiao san (川芎茶調散): Dissipates the wind pathogen; relieves headache. Treats general, hemilateral or vertex headache due to external wind or wind-cold, with aversion to cold, fever, dizziness and clear, runny nasal mucus.

(12) Motion sick (暈車,暈船,暈機): Xiao ban-xia jia fu-ling tang (小半夏加茯苓湯): Harmonizes the stomach and transforms rheum; downbears counterflow and stops vomiting. Treats counterflow ascent of phlegm-rheum with glomus and oppression in the chest and venter, vomiting, dizziness and palpitations.

(13) Diarrhoea and not acclimatized (瀉下,水土不服): Huo-xiang zheng qi san (藿香正氣散): Transforms damp and resolves the exxterior; rectifies qi and harmonizes the center. Contraction of external wind-cold with internal damp stagnation, manifesting as aversion to cold, fever, headache, cough, oppression in the chest, nausea and vomiting, rumbling intestines, diarrhea, and bland taste in the mouth.

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Internet Resources of Travel Medicine

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The practice of travel medicine encompasses a wide range of activities which includes educating the travelers, assessing possible risks of exposure, and providing preventive and prophylactic care (e.g. immunization, prescribing medications for malaria, high altitude illness, or traveler's diarrhea.)

In the past, it is not feasible to offer adequate information in a traveler's clinic owing to the broad category of travel medicine and difficulty in both retrieving and updating international epidemiological or quarantine data. With the advent of internet and world wide web, health care personnel could now easily access and utilize timely information.

There are abundance of resources (homepage, websites) related to travel medicine in the internet and world wide web. The following is just a small exemplary list:

1. International Society of Travel Medicine, ISTM (http://www.istm.org/)
2. CDC (Centers for Disease Control and Prevention) Home Travel Information Page (http://www.cdc.gov/travel/travel.html)
3. National Center for Infectious Diseases (http://www.cdc.gov/ncidod/ncid.htm)
4. The Global Health Network (GHNet) (http://www.pitt.edu/Home/GHNet/GHNet.html)
5. MedWeb: Travel Medicine (http://www.gen.emory.edu/medweb/medweb.travelmed.html)
6. Travel Health Information & Referral Service (http://travelhealth.com/index.htm)
7. Medical College of Wisconsin International Travelers Clinic (http://www.intmed.mcw.edu/travel.html)
8. Stanford Travel Medicine Service (http://www-leland.stanford.edu/~naked/stms.html)
9. Outdoor Action Guide to High Altitude: Acclimatization and Illnesses (http://www.princeton.edu/~rcurtis/altitude.html)
10. CDC Morbidity & Mortality Weekly Report (http://www.cdc.gov/epo/mmwr/mmwr.html)
11. WHO Division of Control of Tropical Diseases (http://www.who.ch/programmes/ctd/ctd_home.htm)

MEDICAL RESOURCES ON THE INTERNET

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Like every other segment of the Internet, the amount of medical-related information has increased exponentially in the past five years. Research-oriented, clinical-oriented and education-oriented medical resources were built on the Internet by companies and institutions with enthusiasm. Thousands of major medical websites are currently serving millions of documents on the Internet, which are likely to double in the next 20 months. While the Internet is becoming the largest medical information repository, it is inevitable that healthcare professionals must know efficient ways to find what they want in the vast sea of medical information. This paper discusses the categorization, searching mechanisms and the impact of medical resources on the Internet.

NECROTIZING FASCIITIS – AN INFECTIOUS EMERGENCY

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Soft-tissue infections are common infectious diseases and have a wide spectrum of disease severity, ranging from common and self-limited infections, such as acne or folliculitis to rare but life-threatening infections. Necrotizing fasciitis is one of the latter emergent infectious diseases. Without immediate surgical debridement and appropriate antimicrobial therapy, necrotizing fasciitis will cause mortality within 24 hours after the onset of symptoms. Their presentations may be a rapidly progressive "cellulitis" with prominent systemic toxicity, necrotic dermal lesions or hemorrhagic bullae. Sometimes diffuse tenderness and swelling over the involved extremities, like compartment syndrome, was the initial complaint. Affected persons usually had certain medical underlying disease, such as diabetes mellitus, hepatic cirrhosis, alcoholism or receiving immunosuppressive drugs. The port of entry often was an unrecognized minor trauma and sometimes the gastrointestinal tract with hematogenous dissemination to the skin. The common causative pathogens could be monomicrobial, such as *Streptococcus pyrogenes*, *Clostridium perfringenes*, *Aeromonas hydrophila*, and *Vibrio vulnificus*, or polymicrobial, a mixture of gram-positive cocci, gram-negative bacilli and anaerobes. Therefore, for travelers with chronic medical underlying illness, it is imperative to avoid physical exposure to freshwater or seawater and to consume well-prepared food in order to prevent the acquisition of aquatic microorganisms (*Aeromonas* or *Vibrio*).

128 THE ESTABLISHMENT AND INDUSTRIAL ADMINISTRATION OF TRAVEL HEALTH CARE CLINIC OF PR CHINA

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Travel medicine is a new and fast-developing field which has gained great attention around the world. The establishment of Travel Health Care Clinic (THCC) is in one aspect that travel medicine is being taken into practice. In order to secure the safety of trip, health of the travelers and also the happiness of returning, the establishment and development of THCC have pragmatic feasibility especially in terms of the international cooperation, the development of travel medicine in our country, the promoting of the quality of service to international travelers, and also the approaching of the advanced world level.

129 THE TOUR PHYSICAL FITNESS SCATHE AND PRECAUTION IN FUJAN PROVINCE

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With the development of tour industry, people pay more attention to the physical fitness scathe from strength to strength and that is put on the calendar of the wayfaring hygiene. This article introduces the local customs and endemic and analyzes the factors of the physical fitness scathe, which in order to buildup tourist self-conscious sanitarian and provide them the capacities of hygiene and indemnification everything about all kinds of the knowledge of preventive knowledge are in detail. Which from the scathe factor of environment to organism, including geography, climate, traffic, microorganism, intermediary insects, small animals, economy, customs and so on. We focus more attention on the disease which may touch off by the local climate, such as sunstroke dermatitis, swamp fever, intestinal infectious disease, snakebite etc. We have good ways to deal with these, such as institute the graduate school of snake poison in WuYi Shan and it's good for tourists prevent disease suddenly happen to them.

To provide the physical fitness indemnification, we also establish the organization of synthetically medical care and disease supervision. It has its level of medical care prevention network, which has basic and advanced facilities. It also has international sanitarian policlinic at the port, which can meet the demand of tourists.

The emergency rooms are set at the international port and town, at FuzZhou XiaMen QuanZhou too, whose telephone code is "120". Nowdays, the safety of tour physical fitness scathe and the level of supervision are tend to be perfect. In brief this article afford the tourists the feasible secundum and warranty so that they can understand the disadvantageous factors. Then they can keep from unnecessary injury. It supplies the new gap of the international wayfaring at the same time too.

THE DEVELOPMENT OF TRAVEL MEDICINE IN CHINA

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This article briefly reviewed the course of development of travel medicine in China. It described the background and motive power of the development of the discipline in our country and pointed out that the open policy and grow with vigor of tourist industry was inevitable outcome of the rudiment, growing up and developing of travel medicine. The initiative and driving force of our governmental leaders is the main motive power of the development of travel medicine. The author also strengthened every aspect of omnibearing development: the formation of administrative network of industry, the rapid establishment of service organs, the enlargement of ranks of travel medicine, the extensive conduct of academic activities and the achievement of theoretical construction.

VACCINATION AND CLINIC CONSTRUCTION

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Travel medicine is a new multidiscipline science. Travel healthcare clinics are just the materialization of travel medicine. In 1996, China International Travel Healthcare Association built several clinics in more than 60 travel cities and ports.

Vaccination is an important task of healthcare clinics. Immigrants are special travellers. Guangdong International Travel Healthcare clinic is the designated examination and vaccination centre for immigrants to America. American congress emended The Immigration and Nationality Act by increasing the immigration vaccination requirements. Then according to the suggestion of ACIP, CDCP prescribed the vaccination requirements for immigrants to America. The author had discussed some common problems in the process of vaccination. The problems were: first, co-vaccination. Some vaccines produced in China are regulated to be vaccined singly, but for emergency, immigrants usually need multivaccination. How to solve the problem was to be further discussed. Second was the adverse effect of vaccines just for the vaccine type, produce method and the recipients. Besides, it was difficult to tell the adverse effect was induced by which vaccine just because of the co-vaccination. The third was the high rate of supplement vaccination because of the difference of vaccination requirements between Chinese and American children and some lost their vaccination documents. The author had made some proposals on how to make some research and cooperate with other departments.

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BE A HAPPY DENTIST

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1. Happiness can be practiced; it is a form of ability; also it is a form of inner ability.
2. Happiness can be put into practice in two different ways:
   First, one who has the ability to overcome thoroughly anxiety, and at the same time faces it from the positive side. And second is one who knows how to be optimistic.
3. All of us can be happy, if only we have these abilities, under any circumstances, grab all the things that are happening around us, all good things, share them with the people around us; we must willingly face everything with enthusiasm, looking it from its bright, positive side. We can easily turn out to be a positively happy man, and with your professionalism towards dentistry, you are indeed a happy dentist!

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HEAD AND SPINAL CORD INJURIES IN TRAVEL-RELATED TRAFFIC ACCIDENTS AND FALLS

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The most common cause of travel-related accident is fall (fall due to unfamiliarity with terrain, fall due to mountain climbing, fall due to climbing stairs), followed by traffic accident, recreational injury and assault, etc. Although every part of the body is subject to injury, the outcomes of head and spinal injuries are the most severe.

Travel-related head injury patients included those who, after having received direct or indirect trauma of the head, exhibited obvious brain concussion, contusion, skull fracture or clinical manifestations such as loss of consciousness, amnesia, neurological deficits and seizures. The development of intracranial hematomas is a major complication following head injury. The hematomas and hemorrhages are classified into epidural, subdural, intracerebral, intracerebellar, intraventricular, and subarachnoid hematomas. Early detection of these lesions, coupled with intensive treatment can considerably lessen, and in some cases eradicate the damage inflicted.

Few accidents result in more profound and long-term debilitating effects than does a traumatic spinal cord injury. A significant number of individuals sustaining trauma to the spinal column also sustain injury to the spinal cord and suffer from neurologic sequela. In the management of traumatic spinal injuries, special attention have to be placed in preserving life, preventing further neurologic deterioration, restoring stability to the spine, and optimizing the recovery.

In conclusion, travel-related injuries, especially those to the head and spine, are very common and dangerous, and therefore, alertness should be increased to prevent them from happening.

TAIWAN'S ENROLLMENT INTO THE WORLD HEALTH ORGANIZATION(WHO)

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Efficient comminication among countries is an indispensable factor for preventing spread of communicable diseases due to international travel. This can be achieved through participation and cooperation in international health activities of all countries in the global village. Taiwan has not been able to participate in any WHO's activities since she was exiled from the United Nations in 1971. Health interactions, particularly in public health, with other countries are limited to academic level. It is the loss of Taiwan as well as the world community due to the lack of opportunities that Taiwan can contribute to the world health society. Taiwan's enrollment into the WHO will be beneficial to both Taiwan and international society. However, it has been repeatedly rejected by the WHO due to the strong opposition from China for political reasons. The following strategies can be considered during the process of pursuing WHO membership for Taiwan. ①Avoid the arguments on nation's sovereign and other political issues and stress health is not only humanity but human right. ②Actively participate in activities held by non-governmental organizations, particularly those have close relationship with the WHO. ③Actively seek out opportunities of having interactions with local governments, particularly the capitals. ④Support individual Taiwan health workers to participate WHO's activities and establish good working relationship with WHO staffs. ⑤Widely propagate the benefits that international community can earn if Taiwan enroll the WHO. ⑥ Emphasize the importance of foreign language proficiency and international health prospect for public health workers in Taiwan.

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THE TRAVEL HEALTHCARE SERVICES FOR ADVANCED AGES

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The travel healthcare and medical services for the touring parties of advanced ages leaving for Thailand, and the risks affecting the older persons' health during travelling were reported and analyzed in this paper, as well as the common and frequently-occurring diseases for the advanced ages and their preventive and healthcare measures be listed. The new travelling item of Happy Older People Travelling in the world was devised and organized specially for the advanced ages by Air China, China International Travel Agency and China Youth Travel Company in May, 1998. Up to date, 18 groups of doctors had been arranged by Beijing International Travel Healthcare Center to accompany the aged touring parties in order to safeguard the physical and mental health of the advanced ages during travelling. Before leaving, many healthcare measures had been taken according to the epidemic situation of infectious diseases and risks in the destinations. These measures included: 1) introducing the epidemic situations, sanitary conditions, geographical circumstance, climate, dietetic hygiene, etc. in the destinations, as well as the measures to prevent the diseases to the advanced ages, 2) vaccination, 3) handing out the international travel medicine kits and the drugs for preventing insect bites, 4) giving healthcare propaganda and medical consultation mainly for preventing the relapse of chronic diseases to the advanced ages according to their physiological characteristics and past medical histories, which include the causes and signs of the relapse of the ages' chronic diseases and the preventive and self-treated measures. During the journey, the doctors had made their rounds and records in the morning and evening. After returning, every members of the aged touring parties had been followed up. The incidence of these advanced ages during travelling had been lowered to the minimum by the implements of these healthcare measures, and emergent treatments were given to the older people by the accompanying doctors if they suffered from some diseases during the trips. The prevention and treatment of the attacks of infectious disease, diarrhea, influenza, injury and the relapses of chronic diseases were considered as the key factors to protect the advanced ages' health during travelling.

Sexually Transmitted Diseases (STD)

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The infections of sexually transmitted diseases (STD) are important considerations in travel health, especially, in this HIV/AIDS era. There are close relationships between HIV/AIDS and other STDs, such as the common contagious route, co-existing infections, social discrimination and so on. Among the STDs, the ulcerative groups can provide the entry for HIV and other causal agents for STDs. In our data, the most common co-existing infection with HIV is syphilis, e.g. 6-7 % of syphilis. The order of co-existing HIV infections in other STDs is genital warts, gonorrhea, NGU urethritis and others. Since the regimens for prevention of HIV/AIDS are similar to most other STDs, we strongly suggest the necessity of avoiding the un-protected sexual contact with commercial sex workers who are recognized as the most important high risk group..

A NEW REFERENCE IN TYPHOID VACCINATION

TYPHIM Vi

汰寒疫苗

衛署菌疫輸字第000457號

EASY TO USE

SAFE

PROTECTIVE

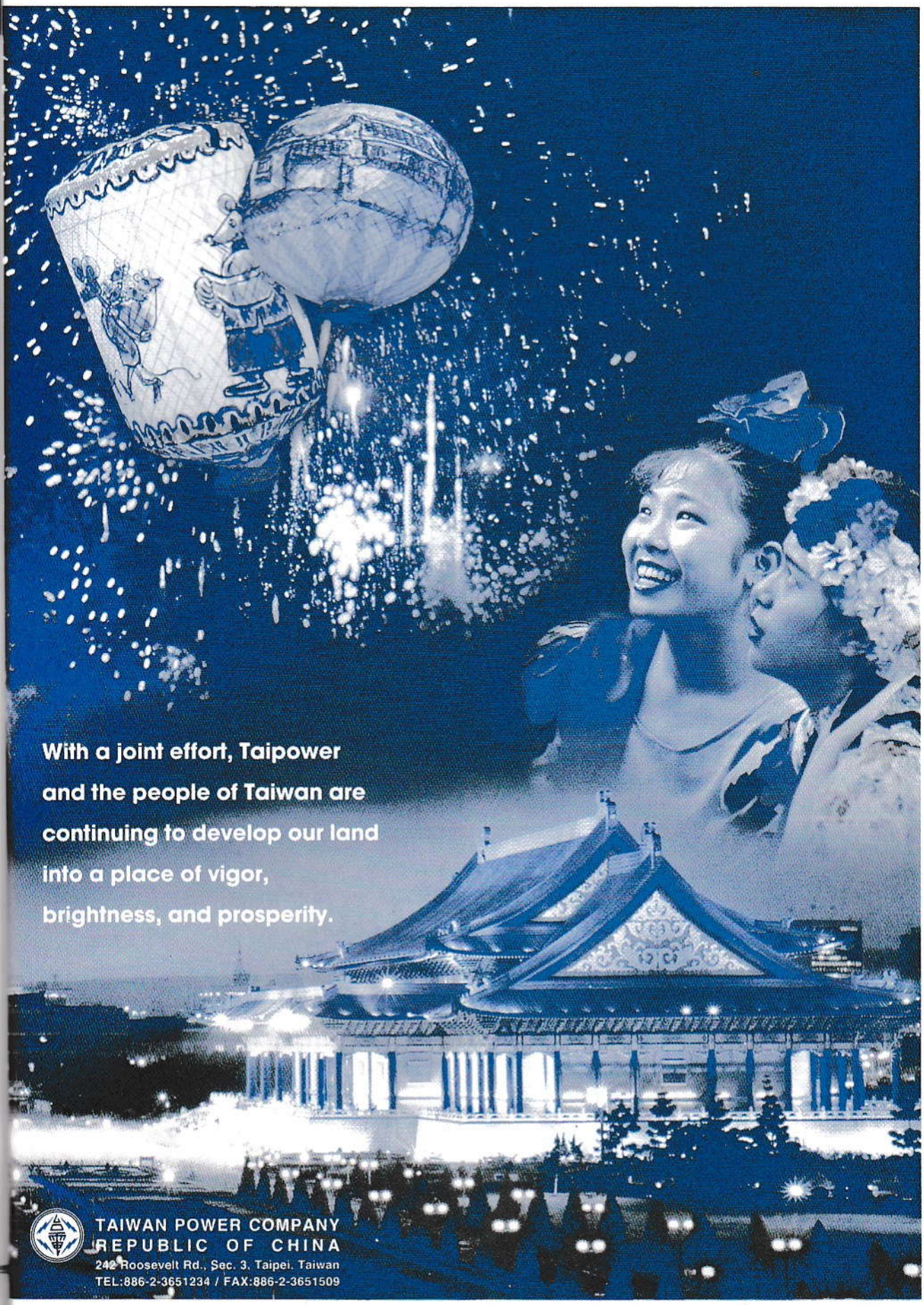
Capsular Vi polysaccharide vaccine against typhoid fever.

QUALITATIVE AND QUANTITATIVE COMPOSITION - Each 0.5 ml dose contains *Active ingredient: Salmonella typhi Vi* purified capsular polysaccharide - 0.025 mg - *Other ingredients:* Phenol (preservative) < 1.25 mg. Isotonic buffered solution: sodium chloride, disodium phosphate, monosodium phosphate, water for injections qs 0.5 ml. - **PHARMACEUTICAL FORM** - Solution for injection. - **CLINICAL PARTICULARS** - **Indications**: Prevention of typhoid fever in adults and children over 5 years of age, especially travellers to endemic areas, immigrants, health care professionals, and military personnel. Between 2 and 5 years of age, the decision to vaccinate should be based on careful evaluation of the risk of typhoïd fever in the light of the epidemiological situation. **Posology and method of administration**: *Posology:* A single injection ensures protection. Second injection: in the current state of knowledge a second injection is not justified: protection lasts for at least 3 years (see Special warnings and special precautions for use). - *Method of administration:* The preferred route of administration is intramuscular although it may also be given subcutaneously. - **Contra-indications**: Hypersensitivity to a constituent of the vaccine. - Children: the antibody response in children under 5 years of age is as yet undocumented. By analogy with other polysaccharide vaccines, inadequate immunogenicity before the age of 2 years with subsequent improvement is likely. Because typhoid fever is rare in infants, vaccination of children under 2 years of age is not recommended. - Pregnant women: see Pregnancy and lactation. - **Special warnings and special precautions for use** - *Warnings:* This vaccine protects against infection by *Salmonella typhi* but does not protect against. - *Salmonella paratyphi A or B.* - Repeat injection: a second injection has been given to a limited number of subjects: no adverse reactions of greater severity than those observed after the first vaccination or evidence of hypersensitivity were recorded. - *Precautions for use:* Immunization should be postponed in subjects with fever or acute infection. - **Pregnancy and lactation** - *Pregnancy:* The risk during pregnancy is not yet known; expected benefits must be carefully evaluated in the light of the epidemiological situation. - **Undesirable effects** - Mild pain at the injection site of 24 hours duration is common. Although infrequent, erythema or induration may occur at the injection site. Mild fever is observed in 1 to 5 % of cases. - **PHARMACOLOGICAL PROPERTIES** - Vaccine prepared from purified Vi capsular polysaccharide of Salmonella typhi. Immunity is acquired within about 15 days to three weeks of the injection. Duration of protection is at least 3 years. In highly endemic areas, the level of protection conferred (versus typhoïd fever) by a single dose of the vaccine is about 60 %. **PHARMACEUTICAL PARTICULARS** - **Shelf life**: 36 months. Any opened multidose vial remaining after a vaccination session should be discarded. - **Special precautions for storage**: To be kept refrigerated (between +2°C and + 8°C). - **PRESENTATION** - *Single dose presentation:* 1 syringe of 1 dose of vaccine. - *Multiple dose presentation:* 10 vials of 20 doses of vaccine.

PASTEUR MÉRIEUX CONNAUGHT

RHÔNE-POULENC GROUP

法台化學股份有限公司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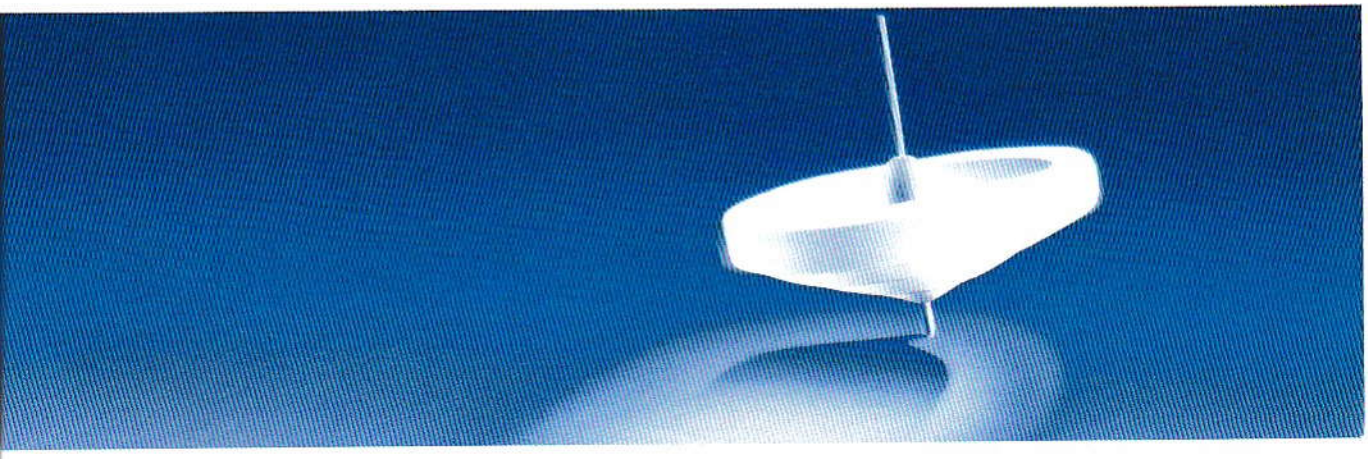


美妙的平衡

Beautiful Balance

- **SERENAL**安全領域很廣，使用時十分方便。
- **SERENAL**具有十分確實而明顯的靜穩作用及自律神經安定作用，並可迅速發揮抗不安、抗抑鬱效果。
- **SERENAL**對廣泛的精神神經症狀有確實而理想的效果。

【適應症】

1. 內科領域之身心症（狹義之身心症包括偏頭痛、特發性高血壓、哮喘、甲狀腺機能亢進、十二指腸潰瘍、潰瘍性大腸炎、風濕性關節炎等七種疾患）。
2. 更年期障碍、月經前緊張症、小兒神經症、頭部外傷後神經症等所引起之不安、緊張、焦慮症狀自律神經症狀，及睡眠障碍。
3. 麻醉前投與。

三共株式会社 台北分公司
地 址：台北市仁愛路二段70號4F
電 話：(02)356-7091

醫學快訊：

過度紫外線曝晒會導致體內自由基的產生而造成細胞膜與DNA受損，會引起眼球內水晶體蛋白質氧化和皮膚細胞病變（皮膚角質化或皮膚癌）

夏天快樂旅遊守則

夏天是躍動的，夏天是旅遊的好季節，如何在豔陽下熱情奔放，不論是國內外旅遊時，不可忽略「紫外線指數」才能擁有健康快樂的休閒生活。

夏日旅遊時必須注意：

1. 注意氣象報告中的「紫外線指數預報」大於7或等於7時就得注意防範
2. 帶頂寬邊帽或陽傘
3. 帶副太陽眼鏡
4. 使用防晒油，請選用SPF15以上的
5. 最好穿衣服（長袖的）
6. 上午10點至下午2點最好不要外出
7. 海拔愈高，紫外線愈強（爬山或搭飛機時）
8. 服用抗自由基產品-豆元，除了能供給您旅遊所需的營養和增強體力外，還能幫助你清除紫外線所造成的自由基毒素

旅遊時您只注意飛安嗎？ 肺安呢？
呼吸道的問題 讓 fluimucil 保護您

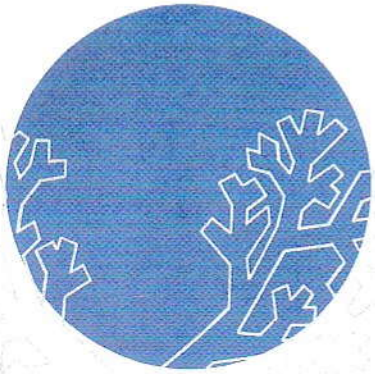
Zambon Group

橘子口味的化痰劑

fluimucil®

100 mg
200 mg 富露依木施 顆粒

300 mg 富露施 注射劑



主成份 Acetylcysteine

* 橘子口味，入口芬芳
  嬰幼兒接受度高
* 胺基酸成份，安全性高
* 可降低痰液黏稠度，
  使痰液容易排出
* 與抗生素併用，能提高抗生素
  在病灶中的濃度
* 能加速纖毛的擺動，
  促進排痰作用
* 有效分解一般及化膿性痰液

適應症：

* 所有伴有病理性分泌形成之呼吸系統疾病：如普通感冒，急慢性支氣管炎，支氣管擴張症，肺炎，肺囊性纖維樣變性等
* 預防手術前後之呼吸道併發症
* 空氣污染或抽煙造成之喉部不適
* ICU,CCU 患者呼吸道清淨作用
* Acetaminophen 過量之解毒劑，
  詳細文獻備索

Fluimucil 100 mg Pow.
富露依木施 100 公絲顆粒

Fluimucil 200 mg Pow.
富露依木施 200 公絲顆粒

Fluimucil 300 mg Inj.
富露施 300 公絲注射劑

總代理：南洋產業股份有限公司 電話：(02)2551-1915
總經銷：大楠(榮蒙)有限公司 電話：(02)2551-0331

仁山利舒給您更多的選擇
效果一樣又快又持久

藥局專賣

解決頭皮屑要有效率！

出國、做節目、看資料...要處理繁忙的工作，凡事我都要求效率。頭皮屑、頭皮癢問題，我都交給仁山利舒。醫藥界證實，仁山利舒能有效抑制皮屑芽孢菌，去頭皮屑、止頭皮癢，效果又快又持久。不同的頭皮屑困擾，仁山利舒都能為您解決。仁山利舒給我自信的頭髮，頭皮屑？！很久都沒見過了！

謝佳勳

紅色配方

配方溫和，不傷髮質，有效去頭皮屑、止頭皮癢，又快又持久。

藍色配方

含柔潤成份，讓頭髮好梳理，去頭皮屑、止頭皮癢，效果又快又持久。

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No. 1 in Diabetes Care

70多年來～
Novo Nordisk 在糖尿病領域裡，
持續的研究開發，
使不斷創造出新的里程碑，
包括發明新的胰島素，
先進的注射裝置，
提昇了糖尿病照顧的新境界。

最新的**Novo Pen3**®及，
全世界最細銳的**Novo Fine**® **30G**，
仍承續著**Novo Nordisk**一貫的傳統與品質，
是與糖尿病專家們密切合作下的創新結晶，
使得胰島素給藥系統更趨盡善與完美。

With *NovoPen® 3*, Novo Nordisk launches a new generation of durable insulin pens

Novo Nordisk introduces the *first* **30 G**, 8 mm pen needle, NovoFine®

1991 Steno Diabetes Center (formerly Steno Memorial and Hvidore Hospitals) expands with a unit for advanced courses in diabetology

1989 Novo Nordisk introduces NovoLet®, the world's *first* prefilled disposable insulin syringe

1985 Novo Nordisk develops NovoPen®, the world's *first* insulin pen

1981 Novo Nordisk introduces Human Monocomponent (HM) insulin, the world's *first* human insulin preparation

1973 Novo Nordisk develops Monocomponent (MC) insulin, the *purest* insulin available

1964 Novo Nordisk introduces the *first* premixed insulin preparation

1961 Novo Nordisk develops the *first* neutral soluble insulin preparation

1953 Novo Nordisk invents Lente® insulin, the *original* insulin zinc suspension

1946 Novo Nordisk invents Isophane (NPH) insulin, still the *most widely used* insulin preparation in the world

1932 Novo Nordisk establishes Steno Memorial Hospital for research into the treatment and prevention of diabetes

1923 Led by *Nobel Prize* winner August Krogh, H.C. Hagedorn and A. Kongsted, Novo Nordisk begins production of insulin

Novo Nordisk