

Annual Report

2003-04

*'Protecting the health of
British travellers'*



Annual Report

This report for 2003 – 2004 will detail our work and accomplishments towards meeting the objectives set forth when NaTHNaC was established.

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Main pictures:
 Top right: HRH The Princess Royal at the official opening of NaTHNaC, July 2003 and with Professor David Hill (top right).

Executive Summary

The year 2003 – 2004 was one of exciting growth for NaTHNaC. Following the hard work of preparation during the year 2002 - 2003, NaTHNaC continued with pursuing its goal of *'protecting the health of British travellers'*. Despite the threat of terrorism, the reality of war and the emergence of new global disease threats such as SARS and avian influenza, the British continued their travel by taking more than 60 million overseas trips in the year 2003. The need for expert care and advice has never been greater.

One of the highlights of the year was the official launch of NaTHNaC in July by Her Royal Highness, The Princess Royal. The event provided an exciting opportunity for NaTHNaC and its partners to showcase their early accomplishments to the assembled guests who represented the UCLH NHS Trust, the Health Protection Agency, the Department of Health and the partner organisations of NaTHNaC. Following comments by Robert Naylor, Chief Executive of the Trust, the Princess Royal expressed her congratulations to NaTHNaC for its efforts to improve the health of British travellers.

The congratulations reflected the hard work that NaTHNaC has been doing and continues to do throughout the last year. Other highlights of last year include the following:

- assuming management of England's Yellow Fever Vaccination Centres
- development and hosting of training courses in yellow fever vaccination
- expansion of the advice line to a full-day service
- enhancement of the NaTHNaC website to provide important clinical travel medicine practice updates for health care professionals
- consolidation of the centre offices in new space in Whitfield Street
- final preparation of the surveillance report on illness associated with travel
- continued output of opinion and literature within the broad topics of travel medicine

NaTHNaC represents a unique partnership between government, public health, academics, and the private sector. It is moving ahead with its tasks and expanding its work by:

- expanding the network and contacts via an Advisory Group
- improving the networking infrastructure to link our partners
- improving the functionality and visibility of the website to allow improved management of Yellow Fever Vaccination Centres
- beginning the process of the Yellow Book revision
- expanding the educational offerings
- defining new research priorities in travel medicine

We look forward to sharing in the next year the ways in which we continue with *'protecting the health of British travellers'*

Professor David R. Hill, Director
Dr. Nicholas J. Beeching, Chair, Steering Committee

Objective 1

To develop consistent and authoritative national guidance on general health matters for health professionals advising the public travelling abroad, and to disseminate this information widely.

An advantage of the NaTHNaC organisation is its focus on partnership and collaboration. This allows access to diverse areas of expertise when needed to formulate expert opinion.

- The Director, Professor David Hill, the medical advisor, Dr. Gil Lea, and the Head Nurse, Rosemary Tucker, have membership on the Advisory Committee for Malaria Prevention (ACMP). The Director is an ex-officio member of the Joint Committee for Vaccination and Immunisation (JCVI). Each of these committees request specific work from NaTHNaC on topics relating to travel. NaTHNaC plays an integral role in advising the committees on travel-related health matters and coming to agreement on policy. NaTHNaC also has membership on the Travax Advisory Board of the Scottish Centre for Infection and Environmental Health (SCIEH) in helping to develop guidance for travel health professionals accessing Travax.
- Guidance was developed in the early phases of NaTHNaC to support the answers to queries via the advice line. These are in protocol form and have been reviewed based on the content of the calls. Unanswered questions are brought to a 6-monthly meeting of NaTHNaC clinical experts to review the evidence and develop or revise guidance.
- The 'Clinical Updates' section of the NaTHNaC website (www.nathnac.org, see Objective 2) presents important information on global or UK health events that have implications for travellers, and provides guidance on appropriate responses to these events.

Objective 2

To provide guidance on specific situations relating to the health of travellers.

- The NaTHNaC advice line is one of the major conduits for providing guidance on specific queries related to travel. The advice line moved to a full day service on 5 January 2004. This meets the increasing needs of UK health care professionals who require advice on complex travellers. The call volume now ranges from 25 to 45 calls per day:
 - 2793 calls were received from April-December 2003 (310/mo)
 - 1640 calls were received from January-March 2004 (547/mo)
- Important global health events, changes in vaccine use or the release of new vaccines are highlighted in the 'Clinical Updates' section of the NaTHNaC website. Information on these is gathered by the Travel Health Surveillance Section (THSS) of the Health Protection Agency (HPA) Communicable Disease Surveillance Centre (CDSC) and/or by staff at the NaTHNaC centre. It is then reviewed by the Centre, the THSS, and when appropriate by other parties with a stake in the advice such as the Department of Health (DH), the Foreign and Commonwealth Office (FCO), and SCIEH. Additional expert advice may be sought.
- Travel health risk information sheets have been written and posted on the NaTHNaC website. These information sheets include information on imported disease provided by the THSS.

Objective 3

To carry out surveillance of infectious and non-infectious hazards abroad, producing accessible regular outputs of such surveillance.

- With the departure of the Centre-based information officer, Ronald Serunjogi in January 2004, the THSS assumed the role of producing the daily surveillance brief used by the nursing staff on the advice line. This has also become the basis for the international outbreak summary report for the HPA weekly Infections Update meeting.
- A major accomplishment has been the production of the surveillance report (publication date of May, 2004): [Illness in England, Wales and Northern Ireland Associated with Foreign Travel](#). This has been compiled by Joanne Lawrence and Dr. Jane Jones at the THSS. They also received data and written contributions from many members of the Health Protection Agency throughout England, Wales and NI, as well as from the Office for National Statistics and the Foreign and Commonwealth Office. The report provides documentation of imported infectious illness into the UK over the last two decades and highlights insufficiencies in current surveillance of travel associated illness. It makes recommendations for improving surveillance that will contribute to the evidence base for advising travellers about specific health risks.
- At the beginning of 2004 the THSS commenced a schedule of quarterly reporting of imported infections in the *CDR Weekly* <http://www.hpa.org.uk/cdr/index.html> in order to monitor travel-associated illness and to assess the impact of measures taken to improve reporting.
- A poster/flyer to remind GPs about reporting travel histories and to inform them of how to contact NaTHNaC should they need assistance in providing pre-travel advice for their patients was developed by THSS and will be distributed in the summer of 2004.
- Measures to improve reporting of imported infectious disease involve systematic changes within the NHS and the HPA laboratory reporting systems; discussions have been ongoing with relevant parties in regards to this.
- A series of regular travel health articles have been produced in the CDR aimed at educating health professionals in the diagnosis and reporting of travel-related infections.

Objective 4

To administer the Yellow Fever Vaccination Centres (YFVCs).

Following the transfer of administrative control of the YFVCs in July, 2003 there have been several initiatives:

- Information relating to YFVCs was placed on the NaTHNaC website: <http://www.nathnac.org/healthprofessionals/yellowfever.html>. This contains all information for becoming a designated centre, compliance regulations that apply to centres, and the timing for and content of training courses on yellow fever vaccination.
- New centre registration procedures were developed to provide an efficient and timely response to requests for registration.

- A curriculum for training new and existing YFCV was developed. Three courses were held at the Hospital for Tropical Diseases. Monthly London courses as well as regional courses are planned for the next year.
- A questionnaire has been developed to survey the current practice of YF vaccine administration in the estimated 5,000 YFVCs in England, and to determine the ways in which NaTHNaC can support the YFVCs whilst raising the standards of practice.
- A business plan has been developed to deal with re-registration of existing YFVCs and to provide for their on-going training requirements.

Objective 5

To engage the major stakeholders concerned with travel health especially the travel industry, insurance industry and government bodies, to assist in sentinel surveillance and to engage in constructive dialogue towards a unified approach.

- An initiative to review measures to reduce health risks to British travellers and provide timely surveillance of overseas health events resulted in a meeting of HPA personnel and tourist industry members in February 2004. It was chaired by Professor Pat Troop and Dr. Jane Jones. The major areas of focus both during the meeting and going forward were on pre-travel advice, improving surveillance and sharing of data on travel related morbidity, and the function of international infection incident response. This provided an excellent forum for framing the joint efforts of health protection and the travel industry in protecting travellers.
- Meetings were held at the Centre with representatives of the Association of British Travel Agents and the Federation of Tour Operators. A dialogue will be continued to take forward a unified approach to raising awareness of the need for pre-travel health preparation for the UK traveller.
- Interactions with the pharmaceutical industry have led to joined goals on providing awareness around the need for malaria chemoprophylaxis (with GlaxoSmithKline) and with provision of advice to health care providers (with Aventis Pasteur MSD).
- An Advisory Group with representation from all sectors with an interest in travel health is being formed with an expected first meeting date in the Autumn, 2004.

Objective 6

To facilitate in collaboration with other training providers, the training of health care and other personnel in the provision of best quality travel health advice, based on such evidence as is available.

- Training in yellow fever vaccination has proceeded as detailed earlier.
- NaTHNaC staff have participated with several other organisations to help with training and to develop content in travel medicine, e.g. SCIEH, the DH, and the Royal College of Nursing.

Objective 7

To define short-term and long-term research priorities in relation to travel medicine.

Travel medicine has historically relied upon the opinion of 'experts'. Increasingly, however, there has been a move to develop practice guidelines from the growing evidence base in travel medicine. It is important that NaTHNaC contribute to that evidence base. One way in which we can accomplish this goal is to identify where there is a lack of evidence and work to provide the expert opinion in these areas. At times this will be in response to specific questions by national committees, e.g. the ACMP and the JCVI.

- Areas addressed this past year have been the:
 - implications for travel medicine practice of a change from oral polio vaccine to inactivated polio vaccine
 - use of atovaquone/proguanil as a causal malaria prophylactic
 - appropriate use in travellers of the new oral cholera vaccine: Dukoral™.

NaTHNaC Personnel:

Director	David R. Hill, MD DTM&H Hon Professor London School of Hygiene and Tropical Medicine
Consultant Travel Health Advisor	Dr Gil Lea, MB, BS
Senior Travel Health Nurse Advisor .	Rosemary Tucker, MSc, RGN
Travel Health Nurse Advisor.....	Alexandra Jordan, BSc, MSc, RGN
Travel Health Nurse Advisor.....	Claire Stringer, Dip, RGN
Travel Health Nurse Advisor.....	Hilary Simons, MSc, RGN
Consultant Epidemiologist.....	Dr Jane Jones, MFPH Hon Senior Lecturer, London School of Hygiene and Tropical Medicine
Scientist	Joanne Lawrence, BSc (Hons), MPH
Service Manager	Joanne Waters, BA (Hons)

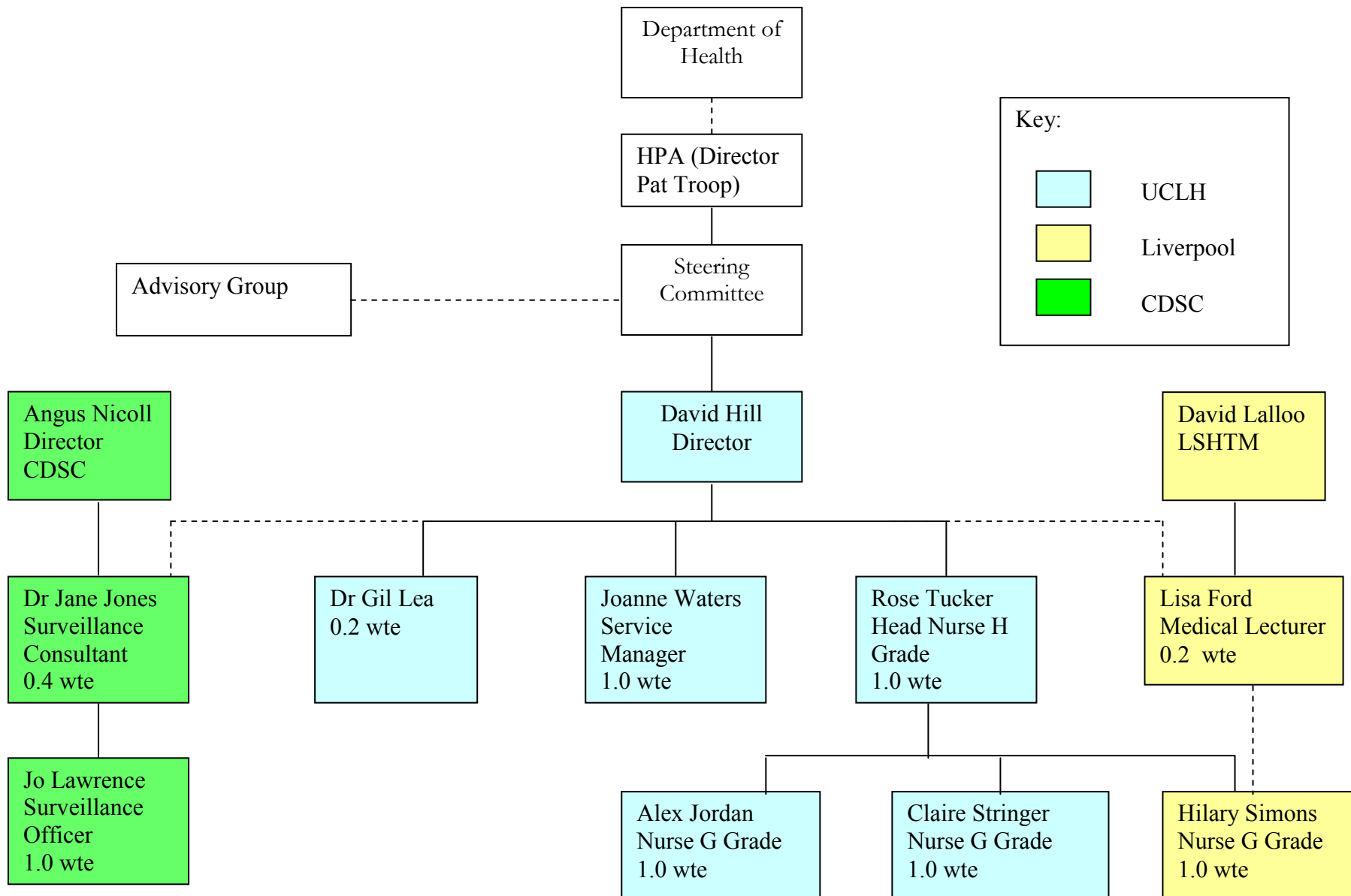
Steering Committee:

With the task of establishment of NaTHNaC completed early in the year 2003/2004, the Steering Committee decreased in size to have representation from each of the partners, the Department of Health, the HPA and the UCLH NHS Trust. This will provide an efficient focus to bring forward the goals of NaTHNaC.

Dr Nick Beeching (CHAIR)	Royal Liverpool University Hospital/Liverpool School of Tropical Medicine
Dr Ron Behrens	Hospital for Tropical Diseases, London
Alison Bond	University College London NHS Foundation Trust
Professor David Bradley	London School of Hygiene & Tropical Medicine
Dr David Laloo	Liverpool School of Tropical Medicine
Dr Jane Leese	Department of Health
Professor Angus Nicoll	Health Protection Agency
Dr Mary O'Mahony	Health Protection Agency

Organogram:

Discussions between the DH, the HPA, the UCLH NHS Trust, and the partners and NaTHNaC led to an agreed structure and relationship as defined in the organogram below. April, 2004.



Outputs for 2003-04

Key: AJ – Alexandra Jordan CS – Claire Stringer DRH – David Hill
 GL – Gil Lea HS – Hilary Simons LF – Lisa Ford
 JJ – Jane Jones JL – Joanne Lawrence RT – Rose Tucker

A. Honours and Distinctions	
Past President – American Committee on Clinical Tropical Medicine and Traveller's Health, American Society of Tropical Medicine and Hygiene, 2002-2004.	DRH
B. Professional Activities	
London School of Hygiene and Tropical Medicine – Honorary Professor	DRH
London School of Hygiene and Tropical Medicine – Co-Director, Short Course on Travel Medicine: LSH&TM 29 March – 2 April, 2004	DRH
Infectious Diseases Society of America Nominations Committee, 2002-2005 Chair, Guidelines panel for the Practice of Travel Medicine	DRH
International Society of Travel Medicine Certifying Exam Committee Member, Scientific Committee, 9 th Conference of the International Society of Travel Medicine (CISTM9), Lisbon, Portugal, May, 2005	DRH
Northern European Conference in Travel Medicine (NECTM), Edinburgh, June, 2006. Co-chair, Scientific Committee Member, Organising Committee	RT DRH
HPA Advisory Committee on Malaria Prevention – Member	DRH/ RT/GL
British Travel Health Association – Executive Committee	CS
London School of Hygiene and Tropical Medicine - Honorary Senior Lecturer	JJ
C. Publications	
C.1 Book Chapters	
Hill DR, Pearson RD. Health advice for international travel. In: Betts RF, Chapman SW, Penn RL, eds. <u>A Practical Approach to Infectious Diseases</u> , 5 th ed. Lippincott Williams & Wilkins, Philadelphia. 2003:835-874.	DRH
Hill DR, von Sonnenburg FV. Diet and education about risk. In: Ericsson CD, DuPont HL, Steffen R, eds. <u>Travelers' Diarrhea</u> . BC Decker Inc, Hamilton, Ontario. 2003:148-159.	DRH
Hill DR. Pretravel Advice and Immunization. In: Cohen J, Powderly WG, eds. <u>Infectious Diseases</u> . 2nd edition. Mosby, London. 2003:1429-1444.	DRH
Hill DR (editing author). Immunization in special circumstances. Foreign travel. <u>Red Book</u> , 26th ed. Report of the Committee on Infectious Diseases, American Academy of Pediatrics. 2003:93-98.	DRH
Hill DR. Starting, organizing and marketing a travel clinic. In: Keystone JS, Kozarsky PE, Nothdurft HD, Freedman DO, Connor BA, eds. <u>Travel Medicine</u> . Harcourt Health Sciences, London. 2004:13-27.	DRH
C.2 Journal Publications	
Beeching NJ, Hill DR. NaTHNaC – the National Travel Health Network and Centre (England). <u>Trav Med Infect Dis</u> . 1:123-125, 2003.	DRH
Ali SA, Hill DR. <u>Giardia intestinalis</u> . <u>Cur Opin Infect Dis</u> . 16:453-460, 2003.	DRH
Hughes C, Tucker R, Bannister B, Bradley D, on behalf of the Health Protection Agency Advisory Committee on Malaria Prevention for UK Travellers. Malaria prophylaxis for long-term travellers. <u>Comm Dis Public Health</u> 6:200–8, 2003	RT

C.3 Other Publications	
Lawrence J. New edition of International Travel and Health from WHO, 2003. <i>Eurosurv Wkly</i> [serial online] <u>7</u> (19), 2003.	JL
Lawrence J, Handford S. Meningococcal meningitis increase in Moscow associated with serogroup A: advice to travellers. <i>Eurosurv Wkly</i> [serial online] <u>7</u> (46), 2003.	JL
Bradley D, Lawrence J, Hart E. Consequences of failure to use malaria prophylaxis in the Gambia: an example from the United Kingdom. <i>Eurosurv Wkly</i> [serial online] <u>7</u> (49), 2003	JL
HPA. The National Travel Health Network and Centre (travel health). <i>Commun Dis Rep Wkly</i> [serial online] <u>13</u> (18), 2003.	JL/JJ
HPA. Dengue fever – worldwide update 2002/03 (travel health). <i>Commun Dis Rep Wkly</i> [serial online] <u>13</u> (27), 2003.	JL
HPA. National Travel Health Network and Centre launched (news). <i>Commun Dis Rep Wkly</i> [serial online] <u>13</u> (30), 2003	JL/JJ
HPA. Meningococcal meningitis in Moscow (news). <i>Commun Dis Rep Wkly</i> [serial online] <u>13</u> (46), 2003.	JL/RT
HPA. Cutaneous leishmaniasis in travellers returning from the Middle East (news). <i>Commun Dis Rep Wkly</i> [serial online] <u>13</u> (48), 2003.	JL
HPA. Consequences of failure to use malaria prophylaxis in The Gambia (news). <i>Commun Dis Rep Wkly</i> [serial online] <u>13</u> (49), 2003	JL
HPA. Yellow fever in Colombia (news). <i>Commun Dis Rep Wkly</i> [serial online] <u>14</u> (5), 2004.	JL
HPA. Unusual infections associated with foreign travel – part one: Intestinal protozoan infections (travel health) <i>Commun Dis Rep Wkly</i> [serial online] <u>14</u> (10), 2004	JL/JJ
HPA. Dengue fever in Indonesia (news). <i>Commun Dis Rep Wkly</i> [serial online] <u>14</u> (11), 2004.	JL
D. Abstracts and Presentations	
Marcus LC, Hill, DR, Roberts A, Wolfe MS, Connor B, Rensimer E, Bellanti J, Shipley D, Acosta R, McDevitt S, Dardick K. Post-marketing surveillance study to evaluate the safety of Typhim VI® vaccine. Presented at the 8 th Conference of the ISTM, New York, USA. May, 2003.	DRH
The Steering Committee. Role of a national body in protecting the health of English travellers: The National Travel Health Network and Centre. Presented at the 8 th Conference of the ISTM, New York, USA. May, 2003.	DRH
Lawrence, J. The Role of Surveillance in 'Protecting the Health of British travellers'. Presented at NaTHNaC launch, Hospital for Tropical Diseases, London. July, 2003.	JL
Hill DR. Role of a national body in protecting the health of English travellers: The National Travel Health Network and Centre. Presented at the First Scientific Conference, Health Protection Agency, Univ. of Warwick. September, 2003.	DRH
Lawrence J. Early work of the Travel Health Surveillance Section. Presented at the First Scientific Conference, Health Protection Agency, Univ. of Warwick. September, 2003.	JL
Ford, L. Two surveys on the provision of travel health services under the new GP contract, April 2004. Presented at the annual meeting of the British Travel Health Association, London. March, 2004.	LF
Ford, L. Tolerance of Malarone when used for malaria prophylaxis. Presented at the annual meeting of the British Travel Health Association, London. March, 2004.	LF
E. Lectures	
Vaccines. ABC Workshop. Presented at the 8 th Conference of the ISTM, New York, USA. May, 2003.	DRH
Vaccine Overview. Diploma Course in Travel Medicine. Scottish Center for Infection and Environmental Health, Glasgow. September, 2003.	DRH
The Role of a National Body in Protecting the Health of Travellers from England: The National Travel Health Network and Centre. Royal College of Nursing, Travel Health Forum. Royal College of Physicians, London. October, 2003.	DRH

Setting National Standards in Travel Medicine: The role of the National Travel Health Network and Centre. Federation of Infection Societies, Cardiff. November, 2003.	DRH
Malaria Update. 14 th National Immunisation Conference. Manchester Conference Centre, Manchester. December, 2003.	DRH
Simons H. The role of NaTHNaC. Travel Medicine Seminar, Liverpool. January, 2004.	HS
Recent Trends in Travel Medicine. Travel Medicine Course. Defence Medical Education & Training Agency. Birmingham. February 2004.	DRH
Malaria – Overview; Malaria Case Studies; HIV/AIDS – Overview; HIV Testing – Case Studies; Osteomyelitis; Tuberculosis – Case Studies. 25th International Symposium in Continuing Medical and Dental Education, Christian Medical and Dental Associations. Limuru, Kenya. February, 2004.	DRH
Introduction to Travel Medicine; Traveller's Diarrhoea. Symposium on Travel Associated Disease, Royal Society of Tropical Medicine and Hygiene. LSTM&H, London. February, 2004.	DRH
Travel Health in the UK; the Role of NaTHNaC. Annual Study Day in Travel Health. Royal Free Hospital, London. March, 2004.	DRH
Travel Medicine in Connecticut, 1984-2002. Lessons Learned. Annual Scientific Meeting, British Travel Health Association. Royal College of Physicians, London. March, 2004.	DRH
Overview of Travel Medicine; Logistic Issues in Running a Travel Clinic; Enteric Infection Including Travellers' Diarrhoea. Short Course in Travel Medicine. London School of Hygiene & Tropical Medicine, London. 29 March – 2 April, 2004.	DRH
Epidemiology and control of communicable disease in developed and middle income countries – Travel health. London School of Hygiene and Tropical Medicine. March, 2004	JJ
Surveillance of travel associated disease. Short Course in Travel Medicine. London School of Hygiene & Tropical Medicine, London. March, 2004.	JJ
F. Training Seminars	
University of Connecticut School of Medicine - Guest lecturer in parasitology and tropical Medicine, November 2003	DRH
Yellow Fever Vaccination Centre Training, January, February and March 2004	RT/GL/ CS/AJ/ HS/DR H
"Travel Health" Presentation for Health Protection Agency, Derby, December 2003.	CS
G. New Initiatives	
Quarterly collation of imported infections	JL/JJ
GP poster "Illness acquired abroad"	JJ/JL
Development of Yellow Fever Vaccination Centre Information Pack	RT/GL/ HS
Developed Policy and Standards of Practice for YFVC	RT/GL/ HS

Budget

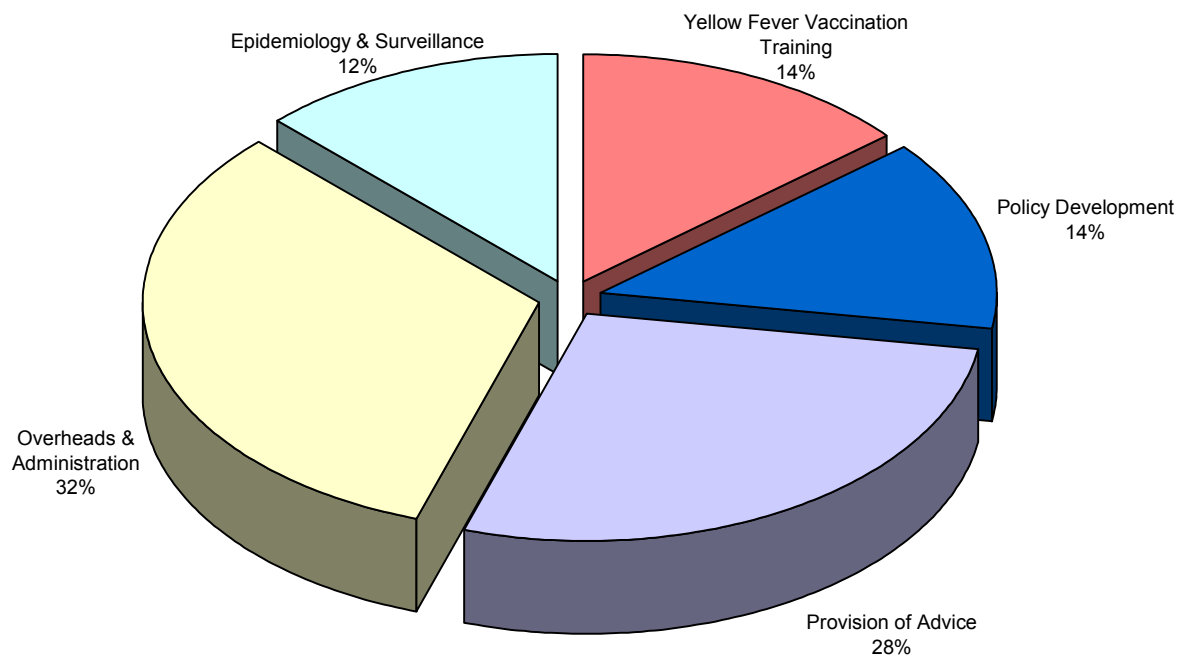
To this point, funding has been channelled from the DH to the HPA for management. The UCHL NHS Trust then invoices the HPA for the ongoing needs of NaTHNaC and its Liverpool partner. The original funding was for three years: 1 April 2002 through 31 March 2005, with 3% uplifts each year. It will be critical in this next year to define the financial relationships and to secure recurrent funding.

2003-04

<u>Income</u>	
<i>DH Grant to UCLH Centres</i>	<i>443,982.00</i>
<u>Staff Costs</u>	
<u>UCLH Centre Staff</u>	
<i>UCLH Centre Pay costs</i>	<i>221,308.00</i>
<i>Overheads</i>	<i>54,347.00</i>
 <i>Non Pay Budget UCLH Centre</i>	 <i>37,000.00</i>
 <u>Liverpool Centre Staff</u>	
<i>Liverpool Centre Pay Costs</i>	<i>50,159.00</i>
<i>Overheads</i>	<i>12,540.00</i>
 <i>Total UCLH & Liverpool Centres</i>	 <i>375,352.00</i>
 <u>CDSC Staff</u>	
<i>CDSC Centre Pay Costs</i>	<i>54,904.00</i>
<i>Overheads</i>	<i>13,726.00</i>
 <i>Total CDSC Centre</i>	 <i>68,630.00</i>
<i>(Paid Directly to the CDSC)</i>	
 <u>NaTHNaC</u>	 <u>443,982.00</u>

Summary of resource allocations – 2003-04

The division of resources are based on staff salaries, in relation to time spent on each area, with non-pay monies and overheads included in the section “Overheads and Administration”.



Aims and Objectives of NaTHNaC:

(as agreed by NaTHNaC Steering Committee – 21 May 2002)

1. To develop consistent and authoritative national guidance on general health matters for health professional advising the public travelling abroad, and to disseminate this information widely
2. To provide guidance on specific situations relating to the health of travellers
3. To carry out surveillance of infectious and on-infectious hazards abroad, producing accessible regular output of such surveillance
4. To administer the Yellow Fever Vaccination Centres
5. To engage the major stakeholders concerned with travel health especially the travel industry, insurance industry and other government bodies, to assist both in sentinel surveillance and to engage in constructive dialogue towards a unified prevention approach
6. To facilitate I, in collaboration with other training providers, the training of health care and other personnel in the provision of best quality travel health advice, based on such evidence as is available
7. To define short-term and long-term research priorities in relation to the above

Goals of the Health Protection Agency

(The HPA has financial and managerial oversight of NaTHNaC)

- | | |
|---------|---|
| Goal 1 | Reducing the incidence and consequences of infection |
| Goal 2 | To protect against the adverse health effects of acute and chronic exposure to chemicals, poisons and other environmental hazards |
| Goal 3 | To improve protection against the adverse effects of exposure to ionising and non-ionising radiation |
| Goal 4 | To protect against new and emerging diseases and health threats |
| Goal 5 | To protect and improve the health of children |
| Goal 6 | To improve preparedness of responses to health protection emergencies including those caused by deliberate release |
| Goal 7 | To strengthen information and communications systems for identifying and tracking diseases and exposures to infectious chemical and radiological hazards |
| Goal 8 | To build and improve the evidence base through a comprehensive programme of research and development |
| Goal 9 | To develop a skilled and motivated workforce |
| Goal10 | To manage knowledge and share expertise |
| Goal11 | To build on and develop the intellectual assets of the organisation in partnership with industry and other customers, in order to better protect the public |
| Goal12 | To raise the understanding of health protection and involvement of the public and ensure they have access to authoritative, impartial and timely information and advice |
| Goal 13 | To strengthen health protection at local and regional levels |
| Goal 14 | To contribute to UK international health objectives and to global health |

NaTHNaC Business Plan – 2004/05

<u>NaTHNaC OBJECTIVES</u>	<u>KEY TASKS</u>	<u>TARGET DATE for completion</u>	<u>LEAD</u>	<u>COSTS - set-up and operating</u>	<u>HPA Goal</u>
<u>NaTHNaC Staff and Centre</u>					
Staffing levels	<ul style="list-style-type: none"> Continue to employ all current NaTHNaC staff Review NaTHNaC staff contracts (due to expire November 2005) and re-issue new contracts accordingly Evaluate the need to expand staff to accommodate increased advice service, education and yellow fever administration 	Ongoing	DH	Staff wages and on costs £396,628 (not including GL)	Goals 9, 10 & 12
Staff training and development	<ul style="list-style-type: none"> Hold staff appraisals Create Personal Development Plans and identify training needs Establish effective communication lines between network centres All staff to begin European Computer Driving Licence All staff and Steering Committee members to sign Declaration of Interests form of NaTHNaC Private Sector Policy 	May/June 2004 May 2005 June 2004	DH/RT		Goal 9
Continue to develop appropriate working methods and management systems	<ul style="list-style-type: none"> Further establish management structures/organogram Develop internal network structures Set-up specialist committees as needed Establish IT links with Liverpool and THSS Establish financial structure with HPA Complete move and outfitting of Whitfield Street 	June 2004 Sept 2004 June 2004 July 2004	DH/JM	Link all centres on UCLH network £5000	Goals 7, 10 & 11
Implement proposed changes to Committee structure	<ul style="list-style-type: none"> Identify individuals to be invited to sit on Steering Committee and Advisory Council Produce meeting calendar 	June 2004	NB/DH		Goal 11
To clarify and consolidate role of NaTHNaC within HPA system	<ul style="list-style-type: none"> Membership of HPA (steering committee) To confirm areas in which NaTHNaC takes national lead on behalf of HPA for both urgent and background advice To identify areas in which NaTHNaC has partner role To develop documentation of line management arrangements and SOPs for acute situations 	April 2004	DH		Goals 4, 13 & 14

Co-ordinate the contributions of core partners	<ul style="list-style-type: none"> Coordinate outputs 	Ongoing	DH		Goals 10 & 11
Develop interactions between the MRL and NaTHNaC	<ul style="list-style-type: none"> Meet regularly with NaTHNaC staff to review malaria advice Provide training on malaria Collaborate with NaTHNaC to provide training to health workers on travel health Collaborate on maps for NaTHNaC web site Assist with revision of advice protocols Develop a Q&A on malaria for joint posting on the MRL and NaTHNaC websites 	June 03 Ongoing Ongoing June 2004 December 2004	MB/DB MB/RT MB/DB DB/DH DB/PC/ DD/MB/ RT		Goals 11, 13 and 14
1. To develop consistent and authoritative national guidance					
Update 'Health Information for Overseas Travel' for publication on the Centre website	<ul style="list-style-type: none"> Plan for a new edition of 'Health Information for Overseas Travel' Publish revised version on NaTHNaC website in a more user friendly interactive format - TSO 	Ongoing	DH/GL	Total costs about £72,000	Goals 10 & 12
Develop national consensus on best practice guidelines	<ul style="list-style-type: none"> Prioritise topic areas Establish networks and expert committees for each topic area Liaise with specialist societies, government offices and travel industry as necessary Establish rules for production of national guidelines (liaise with NICE, SIGN, NCLCD) Develop guidelines for the use of oral cholera vaccine in clinical practice Develop guidelines on the use of Malarone as a causal prophylactic and in preventing and treating vivax malaria Arrange appropriate dissemination 	Ongoing June 2004 May 2004	DH LF/DL/ DH DH		Goals 10, 11, 12, & 13
Maintain links/representation on key national advisory committees	<ul style="list-style-type: none"> Advisory Committee on Malaria Prophylaxis Joint Committee on Vaccination and Immunisation SCIEH BTHA 	Ongoing	DH/GL/ RT/CS		Goal 10, 11, 12
Continue a programme of publicity and communication	<ul style="list-style-type: none"> Promotion of advice line service and number through relevant journals/newsletters/articles/website Promotion of website through search engines and relevant journals/newsletters/articles Attendance/presence at relevant conferences/ meetings/training 	Ongoing	DH/RT/ JM		Goal 10, 11 & 12

	<ul style="list-style-type: none"> events Develop brochure highlighting importance of pre-travel health preparation and role of NaTHNaC 	September 2004	RT/GL/DH		
2. To provide guidance on specific situations					
Continue growth and development of national call centre for health professionals	<ul style="list-style-type: none"> Identify call centre trends Gauge growth potential of calls and therefore need to expand number of nurses taking calls Assess the content of calls to update Centre protocols and advice and identify any further training needs Complete design of electronic caller detail database Work with MRL to take on some of the malaria calls 	Ongoing December 2004	DH/GL/RT DH/DB/PC	Potential need to hire additional 0.5wte nurse advisor (approx £15,000)	Goal 10
Continue development of the NaTHNaC website	<ul style="list-style-type: none"> Add further content to website pages Develop website design and functionality – TSO? Develop relationships with other relevant websites to establish reciprocal links Coordinate content and functionality with HPA/CDSC 	Ongoing	JJ/DH	Possible TSO contract. Cost TBC Staff costs to learn web management	Goals 10 & 12
3. To carry out surveillance					
Continue surveillance of travel related infectious diseases	<ul style="list-style-type: none"> To collate and analyse information currently available from surveillance of travel related illness from sources within and outside of the Health Protection Agency To identify and implement measures necessary to improve the utility of currently existing systems for the surveillance of travel related infectious illness To develop new systems of surveillance of travel related infectious illness To provide NaTHNaC with daily surveillance report on global disease outbreaks To introduce an enhanced surveillance program for typhoid and paratyphoid fevers 	Ongoing Ongoing Ongoing April 2004 and ongoing April 2005	JJ/JL	May require additional funding to improve surveillance systems	Goal 4, 7, 8 & 11
Expand surveillance to include non-infectious hazards to travellers health	<ul style="list-style-type: none"> Begin surveillance/research work on non-infectious hazards to travellers health, i.e. accidents etc 	Mar 2004 and ongoing	JJ/JL		Goal 4, 8

Improve surveillance of imported malaria	<ul style="list-style-type: none"> • Revise “blue form” • Explore use of e-form • Improve completeness, esp. postcodes 	Dec. 03 Mar. 04 Ongoing	MB/DB DB MB		Goal 7
Improve feedback of malaria surveillance results	<ul style="list-style-type: none"> • Produce annual data by PCT, strategies HA and RHA • Map London cases at Ward level • Supply quarterly and annual data to NaTHNaC via MRL and THSS 	Mar. 04 Ongoing	DB/MB/ VS DB/VS/ MB		Goal 7 & 11
4. To administer yellow fever vaccination centres					
Take over administration of the Yellow Fever Vaccination Centres from the DH	<ul style="list-style-type: none"> • Secure transfer of the YFVC database from DH • Send introductory letter & questionnaire to all existing database entries • Request existing centres to reapply to eliminate those no longer operating • Run training seminars for new and existing centres, propose 1 training course per month, London and regionally. • Refine content of YF training programme • Consider validation of external agency training to qualify as equivalent to NaTHNaC YF training • Post course objectives and content on website • Add database & search tool from DH Website onto NaTHNaC website 	Date for handover tbc by DH Ongoing September 2004	JM/DH RT/JM/ DH	May require part-time administrative help Total costs including web development about £45,000	Goal 1, 10, 11 & 13
5. To engage major stakeholders concerned with the travel industry					
Develop relationship with potential associates and the private sector	<ul style="list-style-type: none"> • Involvement in expert panels for protocols • Seek input and collaboration for research • Hold relevant meetings with pharmaceutical and tourism industry in accordance with the NaTHNaC Private Sector Policy where appropriate • Involve relevant organisations/individuals in research and protocol updates in accordance with the NaTHNaC Private Sector Policy where appropriate 	Ongoing	DH		Goal 11

6. To facilitate training of health care and other personnel					
Run day seminars for health professionals	<ul style="list-style-type: none"> Organise a series of day seminars for health professionals – topics to be confirmed Propose to run 2/3 courses in 2004/05. Consider combining content with YFVC training Assess ongoing educational needs 	Mar 2005 and ongoing	DH/RT/GL		Goal 10 & 13
Participation in organisation of Northern European Conference on Travel Medicine, Glasgow 2006	<ul style="list-style-type: none"> Funding Organising Committee Scientific Committee 	Ongoing up to 2006	DH/RT	Contribution to set-up costs of €5,000	Goal 10 & 11
7. To define short-term and long-term research priorities					
Develop evidence base especially risk by country and below	<ul style="list-style-type: none"> Develop risk maps by region in major countries (China, Indonesia, India) 	June 04	DB		Goal 8

2004 – 05 Budget

<i>Income</i>	
<i>DH Grant to UCLH Centres</i>	<i>499,871</i>
<i>Staff Costs</i>	
<i>UCLH Centre Staff</i>	
<i>UCLH Centre Pay costs</i>	<i>262,434</i>
<i>Overheads</i>	<i>65,608</i>
<i>Non Pay Budget UCLH Centre</i>	<i>37,000</i>
<i>Liverpool Centre Staff</i>	
<i>Liverpool Centre Pay Costs</i>	<i>50,828</i>
<i>Overheads</i>	<i>12,707</i>
<i>Total UCLH & Liverpool Centres</i>	<i>428,577</i>
<i>CDSC Staff</i>	
<i>CDSC Centre Pay Costs</i>	<i>57,035</i>
<i>Overheads</i>	<i>14,259</i>
<i>Total CDSC Centre</i>	<i>71,294</i>
<i>(Paid Directly to the CDSC)</i>	
<i>NaTHNaC</i>	<i>499,871</i>

NaTHNaC thanks our partner organisations for their support, expertise and commitment to improving the health of the British traveller

Department of Health
<http://www.dh.gov.uk>

The Hospital for Tropical Diseases
<http://www.thehtd.org>

London School of Hygiene and Tropical Medicine
<http://www.lshtm.ac.uk/>

Health Protection Agency
<http://www.hpa.org.uk/>

Liverpool School of Tropical Medicine
<http://www.liv.ac.uk/lstm/>

