Committee to Advise on Tropical Medicine and Travel (CATMAT) Update 2016

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Disclosure of Potential for Conflict of Interest

- Maryanne Crockett
- CATMAT Update 2016

- FINANCIAL DISCLOSURE
  - Grants/Research Support: No commercial sources (BMGF)
  - Speakers Bureau/Honoraria: None
  - Consulting Fees: None
  - Other: Employee of the University of Manitoba and the WRHA

CATMAT

- An external advisory body to Infectious Diseases Prevention and Control Branch, Public Health Agency of Canada
- Travel and Migration Health Division

Mandate

- To provide recommendations relating to the prevention and treatment of infectious diseases and other health hazards that may be encountered by Canadian travellers outside of Canada;
- To suggest mechanisms for the widespread dissemination and utilization of such recommendations and other travel or tropical medicine-related health information; and
- To advise on priorities for epidemiological research and other activities related to travel or tropical medicine.

Scope of activities

- Recommendations on malaria prevention and treatment.
- Recommendations on the use of approved immunization products prior to travel.
- Recommendations on the use of biologic and other drugs to treat or prevent tropical diseases in travellers, based on current scientific evidence.
- Recommendations on surveillance of tropical diseases acquired by Canadians travelling abroad.
- Recommendations relating to the dissemination of information and guidelines, as described above, to Canadian health professionals, the Canadian travel industry, and the Canadian public.
- Recommendations relating to standards and quality of the travel medicine advice provided to travellers in Canada.

Structure

- ≤ 10 members (4-year terms): Canadian expertise in travel medicine, tropical medicine, parasitology, infectious diseases, public health, pediatrics, and epidemiology
- Liaison members: CPS, AMMI Canada, CDC
- Ex Officio members: DND, Health Canada
Published Statements 2014-2016
• Summary of the Recommendations for the Prevention of Viral Hepatitis during Travel (2014)

• Canadian Recommendations for the Prevention and Treatment of Malaria Among International Travellers (2014)*

Malaria Recommendations (cont'd)
– Diagnosis and Treatment Summary:

Malaria Recommendations (cont'd)

• Statement on International Travellers and Typhoid (2014)
  – Summary: http://publications.gc.ca/site/eng/460371/publication.html

GRADE Recommendations
• CATMAT suggests that typhoid vaccine (Ty21a or Vi polysaccharide vaccine) be used for Canadian travellers visiting South Asia*. Conditional recommendation, moderate confidence in estimate of effect.
• CATMAT suggests that typhoid vaccine (Ty21a or Vi polysaccharide vaccine) not be used for Canadian travellers visiting destinations other than the South Asia. Conditional recommendation against (immunization), moderate confidence in estimate of effect.
* The decision of whether or not to use typhoid vaccination for destinations other than South Asia might be influenced by other factors associated with risk of travel associated typhoid such as pediatric travel, visiting friends and relatives, longer duration of travel, the presence of achalasia or use of acid suppression therapy and/or patient preferences.

• Statement on International Travellers and Typhoid (2014)
  – Summary: http://publications.gc.ca/site/eng/460371/publication.html
• Statement on Poliovirus and the International Traveller (2014)

• Statement on Meningococcal Disease and the International Traveller (2015)

Recommended immunization schedule for travellers to areas with high risk of meningococcal transmission

<table>
<thead>
<tr>
<th>Age</th>
<th>Recommended Vaccine(s)</th>
<th>Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 – 11 months</td>
<td>Men-C-ACYW-CRM or 4CMenB</td>
<td>2 or 3 doses given 8 weeks apart followed by a dose at 12 to 23 months (≥ 8 weeks from last dose)</td>
</tr>
<tr>
<td>12 – 23 months</td>
<td>Men-C-ACYW-CRM or 4CMenB</td>
<td>2 doses (≥ 8 weeks apart)</td>
</tr>
<tr>
<td>24 months – 10 years</td>
<td>Men-C-ACYW or 4CMenB</td>
<td>1 dose of Men-C-ACYW; 2 doses of 4CMenB (≥ 8 weeks apart)</td>
</tr>
<tr>
<td>≥ 11 years</td>
<td>Men-C-ACYW or 4CMenB</td>
<td>1 dose of Men-C-ACYW; 2 doses of 4CMenB (≥ 8 weeks apart)</td>
</tr>
</tbody>
</table>

• Additional meningococcal recommendations
  – Revaccination
    • Every 3-5 years if ≤ 56 years
    • Every 5 years if ≥ 7 years
    • Travellers to the Hajj may need more frequent revaccination (http://www.moh.gov.sa/en/Hajj/Pages/default.aspx)
  – Accelerated schedule (Men-C-ACYW-CRM) – minimum 4 weeks apart
  – Men-C-ACYW and 4CMenB not authorized ≥ 56 years

• Travel Medicine Resources for Canadian Practitioners (2015)
• Travel Medicine Resources
  – Courses, conferences and local travel medicine groups
  – Books
  – Canadian recommendations
  – Handbooks, periodicals and reports
  – Journals
  – Internet travel medicine forums
  – Online subscription services
  – Outbreak reports and travel advisories
  – Sources of malaria recommendations
  – Useful web-sites
  – Travel medicine clinics in Canada and abroad
  – Certification

• Statement on Travellers’ Diarrhea (2015)*

• Statement on International Travellers who Intend to Visit Friends and Relatives (2015)

• Disease specific recommendations for VFRs
  – Malaria
  – Routine vaccine-preventable diseases
  – Typhoid
  – Hepatitis A/B
  – Tuberculosis
  – Parasitic infections
  – STIs and HIV
  – Injury
  – Specific populations
    – Children
    – Older travellers
    – Immunocompromised travellers

• Statement on Disseminated Strongyloidiasis: Prevention, Assessment and Management Guidelines (2016)*

• Canadian Recommendations on the Prevention and Treatment of Zika Virus (2016)
• Zika virus recommendations
  – Flavivirus transmitted by Aedes mosquito bites
  – Recent outbreak in the Americas
    • Associated with increased cases of microcephaly in newborns in Brazil
    • Associated with neurologic complications (Guillain-Barré syndrome – 0.24 in 1000 risk)

• Zika virus recommendations
  – Pregnant women should avoid travel to areas of ongoing risk of ZIKV outbreak.
  – Use personal protective measures against mosquito bites.
  – Women should avoid becoming pregnant during travel and for 2 months after return from an area of risk.
  – Delay pregnancy for 6 months after a male partner returns from an area of risk.

• Abstracts ISTM 2015
  – Canada’s Recommendations for Travel Health: the Role of the Committee to Advise on Tropical Medicine and Travel (CATMAT)
  – Developing Travel Health Recommendations in Canada: Adapting Evidence-Based Methods

Future Updated/New Statements
• Travel stresses
• Animal bites
• Evidence based medicine
• Tuberculosis
• Japanese encephalitis

• Important websites
  www.catmat.gc.ca
  www.travelhealth.gc.ca
  http://travel.gc.ca/