



Call for Abstracts

Instructions and requirements for submitting abstracts to ICOH Congress 2012

Submission of an abstract requires that you first obtain a congress number which you will use (**to login**) as a password to submit your abstract on this site. This congress number will be sent to you by e mail once you have provided some initial information, and the number **and email** will be used in future to complete registration. This does not commit you to make the registration payment before abstract submission.

Submission of abstracts can be made online through the website at www.ichcongress2012cancun.org/echeckmein by clicking on the abstract button and following the instructions and format reported there. Should you experience problems with on-line submission, contact the administrator at abstracts@ichcongress2012cancun.org

On receipt of the abstract, the presenting author will be notified by e mail and allocated an abstract number which should be quoted in any enquiry about the abstract. Enquiries, change of details, or requests for withdrawal of abstracts should be sent by e mail to abstracts@ichcongress2012cancun.org

Abstracts must be submitted by 30 Jun 2011. No late abstracts will be accepted. Presenting authors will be notified of acceptance and format of presentation by 01 Sept 2011. Those intending to apply for grants (see conditions for eligibility).



Instructions for preparing abstracts

- Abstracts will be published in the conference proceedings and must be submitted in the prescribed format to the most relevant scientific topic option. Do not include graphics or tables.
- Abstracts can be submitted in English only.
- A maximum of three abstracts per presenting author can be submitted
- Abstracts must be no more than 300 words (excluding the title, keywords, names and affiliations) in the format shown in the example
- The Title must be less than 200 characters and presented in bold 12 point Arial font
- The authors must be listed with Initials and Surname in 11 point Arial font. Names must be separated by commas
- The authors' affiliations must be indicated after each name in superscript numbers (separated by commas if more than one affiliation per author)
- The affiliations must be listed below the names in 10 point italic Arial font with the Institute, Town and Country (see example).
- The name of the presenting author must be underlined
- Add no more than 3 key words in bold 11 point Arial font (see example)
- For the text, Arial 11 point font should be used with single line spacing and no right justification
- The presenting author should complete the abstract with relevant content so participants understand what the session is about.
- The content should be divided into four sections with bold headings:
 - Introduction:
 - Methods:
 - Results:
 - Discussion:
- The system automatically will count the words and apply the type of letter.

Title:

Travelling for work – seeking advice in South Africa

Authors & affiliations and keywords:

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Keywords: Sub Saharan Africa, Occupational traveller, 'last minute' consultation



Abstract: (Your abstract must use **Normal style** and must fit in this box. Your abstract should be no longer than 300 words. The box will 'expand' over 2 pages as you add text/diagrams into it.)

Introduction:

Sub Saharan Africa, a very high risk destination for travellers, is an important destination for South African workers. The concomitant occupational exposure to infectious diseases raises concern about the adequate risk-related preparation of business travellers, particularly those moving to remote areas. Occupational health practitioners in South Africa are concerned about expatriates whose 'last-minute' consultation pattern may preclude adequate disease prevention and appropriate preparation for travel. The South African Society of Travel Medicine established a national sentinel surveillance system and, with the National Institute for Occupational Health, investigated the pre-travel consultation patterns in business travellers.

Methods:

A retrospective study was conducted on records of 20 000 travellers attending 24 sentinel general and travel medicine practices in main South African centres from January 2005 to December 2006. Reason for travel, destination, and the time between consultation and departure were collated. Data were analysed using STATA.

Results:

Business travellers comprised 42% of the travellers consulting clinics and had a mean 'consultation to departure' period of 15.2 days. Over half the business travellers (54%) consult less than a week before departure, while 92% consult less than a month before departure. Other countries in Africa are the destination for 73% of business travellers.

Discussion:

This is the first national surveillance of South African corporate and leisure travellers seeking travel advice. Since Africa is the destination for most business travellers consulting travel medicine clinics in South Africa, the period of consultation prior to departure is of particular concern with regard to malaria prophylaxis and completion of multiple dose vaccine schedules. The findings of this sentinel surveillance indicate the need for detailed comparison of time to departure with vaccines and malaria prophylaxis; for targeted advice to the corporate industries deploying employees in Africa; and to define accelerated schedules to maximise protection for the 'last-minute' business traveller.