Staying in TBE and LB endemic areas without using protective measures represent risk of getting the disease. The most effective measure to avoid TBE is vaccination, while the risk of tick bite can be reduced by using repellents, wearing protective clothes and practicing self-examination after returning from tick habitats. Our study shows, that effort to inform tourists about risks to get TBE or LB while staying in the endemic areas should be strengthened, especially for tourists coming from non endemic areas.

TRENDS IN ANTIMALARIAL PRESCRIPTIONS IN AUSTRALIA 2002-2005
P.A. Leggate
1 Anton Breinl Centre, James Cook University, Townsville, Australia

Objectives
The aim of this study was to investigate the trends in prescription of antimalarial drugs recommended for chemoprophylaxis in Australia from 2002-2005.

Methods
In 2007, data was extracted from the online Australian Statistics on Medicines reports published by the Pharmaceutical Benefits Advisory Committee, Drug Utilisation Committee, on antimalarials used in Australia for the period 2002-2005.

Results
Doxycycline probably remains the malaria chemoprophylaxis of choice prescribed for Australians visiting multiple drug resistant malarious areas. Over the past 15 years, there has been marked drop in the prescription of less useful antifolate drugs, such as pyrimethamine-containing antimalarial drugs. There has also been a reduction in the number of prescriptions for chloroquine and proguanil, although the downward trend in prescriptions of mefloquine appears to have arrested and has trended upwards. The number of prescriptions for atovaquone and proguanil has been increasing dramatically, particularly since inclusion of this combination antimalarial in the prevailing Australian guidelines. Artemether plus lumefantrine combination is now available, but it is used in relatively small quantities.

Conclusions
The prescription of the antimalarials proguanil, chloroquine and the pyrimethamine containing compounds has been steadily reducing in number. Prescription of mefloquine trended upwards during 2002-2005, following a period of reducing prescriptions. The atovaquone plus proguanil combination has increased dramatically in use. Trends in antimalarial use may be influenced by a number of factors, including the availability of antimalarials, increasing resistance, the issuing of updated guidelines for malaria chemoprophylaxis, and continuing education.

KNOWLEDGE, ATTITUDES AND PRACTICES AMONG FOREIGN BACKPACKERS TOWARDS MALARIA RISK IN SOUTHEAST ASIA
W. Piyaphanee, 1, Y. Wattanagoon, 1, U. Silachamroon, 1, T. Ponam, 1, E. Walker 2
1 Faculty of Tropical Medicine, Mahidol University, Bangkok, Thailand.
2 Faculty of Travel Medicine, Royal College of Physicians and Surgeons of Glasgow, UK

Objective
Malaria is still prevalent in Southeast Asia where large numbers of backpackers visited each year. This study aimed to assess the knowledge, attitude and practices among foreign backpackers towards malaria risk in Southeast Asia.

Method
Questionnaires were administered to foreign backpackers in Bangkok, Thailand. They were asked about their general background, their attitude to malaria risk and their preventive measure against malaria. Their knowledge about malaria was assessed by ten true-false questions in the questionnaires.

Result
In total, 434 questionnaires were evaluated. Fifty five percent of travellers were male and the median age was 28 years old. The main reason for travel was tourism (91%). Almost all travellers (94%) aware the risk of malaria. 22% of them would take antimalarial prophylaxis, 33% would use measure against mosquito bite, but nearly 40% had ‘no prevention’ at all. Mean knowledge score was only 5.52 of 10. Most backpackers (92%) knew that malaria is a serious disease and sometime fatal, 74% knew that some travellers could develop malaria after they return. However, up to 35% believed that taking dirty food could lead to malaria infection. And 49% believed that malaria could be 100% prevented by antimalarial medication. In backpackers who had travelled in the forest (n=65), only 54% use insect repellent regularly. Among those who had taken antimalarial prophylaxis, nearly 30% had stopped the medication prematurely.

Conclusion
Although most backpackers perceive the risk of malaria in Southeast Asia, they have some misunderstandings about malaria and tend to comply poorly with mosquito bite prevention and chemoprophylactic strategies.
Cultured avian influenza A (H5N1) infection in Japanese travellers: An experience at the largest travel medicine clinic in Tokyo

Y. Kato1, K. Iwase1, T. Miyoshi-Akiyama1, K. Shimada1, T. Kirikae1, J. Takasaki1, A. Kawana1, S. Kanagawa1, K. Kudo1
1 International Medical Center of Japan, Tokyo, Japan

Objective
Avian influenza A (H5N1) has become endemic among birds throughout Asia and sporadic human cases have been occurring. Travellers may play a role in disseminating this infection to other areas in the world. The WHO suspected H5N1 case definition includes acute respiratory illness and a history of close contact with poultry in an area where H5N1 infection in birds has been reported. It remains uncertain that the definition is appropriate for travellers returning from H5N1-affected countries. We prospectively observed to elucidate the epidemiology of influenza in Japanese travellers.

Method
Febreze travelling travellers with respiratory symptoms, who showed at the Travel Clinic, International Medical Center of Japan, Tokyo, from April 2007 until October 2007, received a rapid antigen test for influenza A and B (ESPLINE® INFLUENZA A&B-N, Fujirebio, Inc., Japan). In cases with positive influenza A by the rapid test and cases with pneumonia, if symptoms developed within 7 days after leaving the affected areas with confirmed cases of H5N1 avian influenza declared by WHO, nasal and throat swabs were sent to the Research Institute, International Medical Center of Japan for further investigation including influenza virus subtypes by RT-PCR and gene sequencing.

Results
There were 169 returning travellers seen at our clinic during the period. Fourteen (8%) patients had fever and respiratory symptoms simultaneously. Five (3%) patients, who appeared from July until September, were positive for influenza A by the rapid antigen test and 1 patient returning from India had pneumonia. All the countries the case-patients visited were H5N1-affected: China (2), Vietnam (2), and Laos (1). Symptoms developed during travel in 1 case patient and within 2 days after leaving H5N1-affected countries in 4 case-patients. None of the case patients had exposure to poultry during travel. All the samples from the case-patients were negative for H5 and are receiving further analyses. One had a H3N2 isolate which was similar to human influenza A virus strain found outside Japan in 2007. In 3 case patients, influenza was considered to be transmitted to family members and close friends. There was no epidemic of influenza including H5N1 avian influenza in Tokyo during this period. None of the case-patients received influenza vaccination in the previous year.

Conclusion
Travellers are still at low risk of acquiring avian influenza A (H5N1) infection. However, human influenza is a common infectious disease in travellers returning from China and Southeast Asia from July until September. It is easily transmitted to close contacts and has a major impact on public health. Continuous surveillance for influenza in travellers returning from abroad is desperately needed and evaluation of patients with suspected H5N1 infection should be changed accordingly.

WHERE YOU WERE BORN MATTERS: THE PREVALENCE AND RISK FACTORS FOR SEXUALLY TRANSMITTED INFECTIONS/HIV FOR LOCAL, MIGRANT AND OVERSEAS FEMALE SEX WORKERS IN HONG KONG

W.C.W Wong1, Y.L Yim2, D.N.T Leung3, H. Lynn4, D.C. Ling5
1 Department of General Practice, The University of Melbourne
2 Zeng, Hong Kong
3 Department of Obstetrics and Gynaecology, Prince of Wales Hospital, Hong Kong
4 Department of Biostatistics, School of Public Health, Fudan University, Shanghai, PRC
5 Department of Economics, California State University, USA

Objective
Sex workers have long been considered as reservoirs and vectors of sexually transmitted infections (STIs) in the community. In Hong Kong, a large proportion of female sex workers (FSWs) are new immigrants or illegal overseas workers. This study aimed to find out the prevalence of STIs and HIV among the local, migrant and overseas FSWs and to identify the risk behaviours concerning sexual health.

Methods
Community FSWs were recruited from the outreach team of an non-governmental organisation between 2005 to 2007. Details on their lifestyle and risky behaviour were recorded, together with the cervical smear and blood tests for various STIs and HIV were taken.

Results
503 FSWs were screened. 361 (71.8%) of them were new immigrants, 97 (19.3%) were local FSWs and 45 (8.9%) were overseas FSWs. The overall prevalence of hepatitis B surface antigen, syphilis, gonorrhoea, chlamydia, and HIV were 8.5%, 1.8%, 1.8%, 4.4%, and 0.2% respectively. Many more non-local FSWs worked on the street (91.1%), comparing with the other two groups (local: 4.1% and new immigrants: 2.8%). Syphilis (9.9%; Monte Carlo test p = 0.01) and gonorrhoea (6.7%; Monte Carlo test p = 0.02) were more prevalent among non-local FSWs than local and new migrant FSWs. Non-local FSW were also less likely to have had gynaecological examination and PAP smear tests, but more likely to always use condom when having oral sex with clients.

Conclusion
In the interest of public health it is important to identify different STI pattern among different groups of FSWs and, a coherent policy and target specific approach is required to effectively control the spread of STI/ HIV in the