Staying Healthy While Travelling

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Immunizations/Travel Consult:
Start early!

• The most important role of a travel consult (although by far not the only one) is to recommend appropriate immunizations
• Immunizations must be started early enough to complete the series — congrats to many of you Global Field Experience students
• You must have an accurate and complete itinerary if you are going to be vaccinated accurately and completely

Air travel can be risky

• Dehydration and thrombophlebitis (especially if on oral contraceptives)
• Preventive measures
  – Avoid alcohol, drink plenty of water
  – Avoid ice, non-bottled water and salads on airplanes that fly locally in developing countries
  – Walk every 3-3 hours
  – Carry prescription and OTC medications (long trips and/or bags get lost)

Insurance Issues While Abroad

• Aetna Student Health Insurance Plan
  – You will need to pay for care and then submit to Aetna for reimbursement
  – Out-of-network: $400 annual deductible, $25 co-pay, 60% coverage of usual and customary rates
  – Aetna In-network: $200 annual deductible, $25 co-pay, 80% coverage of negotiated (lower) rates
  – Need help: Your Patient Portal to Kimberly Taylor at: www.studenthealth.emory.edu or International SOS
• Other Insurance Plans
  – Contact your customer service rep for instructions before you leave, not after

Need advice, none on site?

➢ 67% of 2009 GPE students had daily internet access and 27% had access a few times a week
➢ Your Patient Portal at: www.studenthealth.emory.edu
  • Secure email a Student Health provider, including our Travel and Immunization nurses
➢ International SOS
  • If you are on the Aetna Student Health Insurance Plan, you also have access to worldwide emergency travel assistance and medical assistance through On Call International

Healthy Travel?
Individual Factors That Affect Health Risks

• Country-dependent
• Exposure-dependent (rural or urban site, day or night activities, availability of safe food and drink)
• Length of stay
• Individual underlying health / illnesses
• Behaviors
• Use of prevention strategies
  – Safety
  – Immunizations, Travel Consultation
  – Malaria prevention
  – Insect precautions
  – Food and Water precautions
  – Psychological support
  – STIs
Focus on the Adverse Health Events During Summer Global Field Experience 2011 and 2012

Diarrhea Prevention
- The most practical way to avoid traveler’s diarrhea is to pay careful attention to what you eat and drink.
- The WHO Rule: Boil it, cook it, peel it, or forget it!
- What to avoid:
  - Ice (in drinks)
  - Food or liquids that have been in contact with ice
  - Raw food, including salads
  - Unpeeled fruits or veggies
  - Food from street vendors
  - Unpasteurized dairy products
  - Raw shellfish

Diarrhea prevention = Safe Water
- Avoid tap water, even in a hotel, unless absolutely sure it is safe
- See information in your packets about approach to water treatments and filtering
- Alcohol does not sterilize ice (Ouch! An undergraduate urban legend)

Diarrhea Treatment
- A healthy adult needs 1-2 liters of fluid per day. Someone with diarrhea and/or fever needs more.
- Fluids: Non-caffeinated beverages, fruit juices, soft drinks, Oral Rehydration Solution (ORS), mixed with safe water.
- Monitor hydration status by urine color, presence of orthostatic dizziness.

Safe Water (2)
- Drink boiled, bottled, or canned beverages
  - Caution: Locally bottled water may not always be safe
- Close mouth while showering, brush teeth with safe water
- Wash hands frequently, use a no-rinse hand sanitizer or moisturized wipes

Travelers’ Diarrhea
≥3 watery stools per 24 hour period
- Most common medical health problem to affect travelers — 60% of travelers to developing countries will experience acute diarrhea
- Most common pathogen: enterotoxigenic E. coli, also campylobacter, shigella, salmonella, viruses, parasites
- Symptoms: explosive, non-bloody stools (except shigellosis), nausea, vomiting, abdominal cramping, fever
- Usually a self-limited disease requiring symptomatic therapy only
Diarrhea Treatment (2)

- Symptomatic treatment of non-severe diarrhea:
  - Pepto-Bismol (can turn stool dark and tongue black)
  - If no fever or bloody stools: can use Imodium AD (Loperamide) 2 caplets (4 mg) loading dose, then 1 caplet (2 mg) orally after each loose stool to a maximum of 16 mg per day; the Cipro 500mg X 1
- For unresponsive, severe or bloody diarrhea:
  - Ciprofloxacin 500 mg PO BID (twice a day) for 3 days (or Azithromycin), Tendinitis.
  - If not resolving, seek immediate care.
- Although well-intentioned, it is not a good idea to give your prescription medication to someone else (for example, Cipro cannot be taken by pregnant women or children) and you will end up partially treating yourself.

When to seek help for diarrhea

- Seek medical attention abroad if:
  - Persistent fever
  - Persistent severe diarrhea
  - Dehydration, or
  - Persistent vomiting
- Chronic Diarrhea > 14 days with bloating, gas, odorous stools: check when get home (Giardia likely, also post-Traveler’s diarrhea IBS).

What is “Culture Shock?”

- Culture Shock is the natural contradiction between our accustomed patterns of behavior and the psychological conflict of attempting to maintain them in the new cultural environment.
- Time of onset is variable, usually occurs within a few months of entering a new culture.
- Is a normal, healthy psychological reaction, usually mild and transitory.
- To minimize its effects:
  - Accept that it is a real phenomenon.
  - Learn to recognize its signs in yourself and others.

University of the Pacific SIS

Common Symptoms of Culture Shock

- Extreme homesickness
- Feelings of helplessness/dependency
- Disorientation and isolation
- Depression and sadness
- Hyper-irritability, may include inappropriate anger/hostility
- Sleep and eating disturbances (too little or too much)
- Excessive critical reactions to host culture/stereotyping
- Hypochondria
- Excessive drinking and/or recreational drug use
- Loss of focus and ability to complete tasks

University of the Pacific SIS

Maintaining Mental Health While Abroad: What can you do?

- Accept that mental health issues can occur while abroad before leaving.
- Coping mechanisms important in developing healthy relationships.
- Find a mentor and plan regular meetings.
- Journaling can be helpful.
- Exercise (safety permits).
- Do more than study/research.
- Plan breaks (time away) and take them.
- Communicate with family, peers and advisor—easier these days (on line).
- Be positive and ask for help.
- Take your medication.

Upper respiratory infections, Urinary tract infections, Yeast Infections

- Do the same things you would do in the United States.
- However, unfortunately, you may not have access to the same medications and medical care when you are abroad.
- Be sure to take your regular medications (particularly if you have asthma—gotta breathe).
- Identify the closest, cleanest, most professional medical centers near your residence upon arrival.
- Consider TB testing before departure if you are going to a TB endemic area, particularly multiply or extensively drug-resistant TB (MDR or XDR TB).
- Respiratory precautions are essential in clinical setting where TB is endemic, particularly if ventilation is poor.
Malaria

- 4 species of Plasmodium infect humans
- Incubation 7-30 days
- Classic periodic chills and fever
- Each year 350-500 million cases of malaria occur worldwide, and over one million people die, most of them young children in sub-Saharan Africa.
- Malaria (anopheles) mosquitoes bite at dusk and night.
- The highest transmission is found in Africa south of the Sahara (P. falciparum).
- Prophylaxis is available

http://www.cdc.gov/Malaria/distribution_map/distribution.htm

Malaria Prevention

- Anti-malarial prophylaxis:
  - Mefloquine, Doxycycline (sun sensitivity) or Malarone (now #2 drug on Emory health plan)
- Bed net – insecticide impregnated if possible
- Cover arms and legs (long sleeve shirts, pants and socks)
- Insect repellant (30-50% concentration of DEET; higher concentrations last longer but do not provide additional protection)
- Avoid still water ponds and lagoons (ocean swimming is OK... Well, except for jellyfish, coral, sea urchins, injuries...)

Dengue

- Mosquito-borne viral illness (Aedes aegypti = a day-biter)
- Symptoms: Fever, headache, severe myalgias and arthralgias (break-bone fever), GI symptoms, generalized rash, desquamating later
- Classic Dengue self-limited
- Dengue Hemorrhagic Fever is a medical emergency
- No vaccine
- PROTECT SELF FROM MOSQUITOS – day and night!

Global distribution of dengue virus activity

Skin infections, bites and rashes

- Fungal infections are common when studying abroad
  - Keep feet clean and dry, do not walk barefoot
- In developing countries, wear shoes and socks with long pants or skirts to protect against snakes, scorpions, spiders and ants.
- Make sure bedding is clean (scabies, bedbug bites)
- Shake out shoes and hats in the morning
Blood or body fluid exposure in a high risk setting

- In the developing world, many infections can be spread by needles/stick, not just HIV and Hepatitis B (malaria, dengue, other hemorrhagic fever viruses).
- Be sure you have sharps containers at your site or create them (soda can, empty plastic detergent bottle).
- If you have an injury, wash the site thoroughly with soap and water. Do not use caustic antiseptics (may damage tissue and bring WBCs to the area, which may increase the risk of infection).
- Be sure there is a clear plan at your site about what to do in the event of a bloodborne pathogen exposure. They may either have medication and care for these exposures on site or they should have a referral clinic or hospital they use.

Bloodborne pathogens (continued)

- Under many circumstances, anti-retroviral medication treatment is indicated for a potential HIV exposure (e.g. healthcare setting).
- Post-exposure prophylaxis is most effective when started immediately, definitely should be started within 3 days and needs to be continued for 4 weeks. Medical monitoring is necessary.
- If you have questions after an exposure and have internet access, contact us via Your Patient Portal.

Possible Medications Needed to Take While Abroad

- Dependent upon country/region
- Antibiotics for diarrhea: Ciprofloxacin or Azithromycin
- Anti-mosquito agents: Perco-Bismol and Bayer (Ibuprofen)
- ORS packets
- Anti-malarial prophylaxis:
  - Mefloquine, Doxycycline or Malarkone
- Topical antibiotic ointment cream
- Topical antifungal cream/ointment
- Consider:
  - Antifungal vaginal cream
  - Extra quantities of chronic medications (contact insurance company)
  - First aid kit with Band-Aid, thermometer, gauze

When you get back home

- Seek medical care if:
  - Fever
  - Abdominal pain, diarrhea or weight loss
  - Persistent cough
  - Skin rash
- Tell the clinical provider about the overseas experience, where you were located and potential exposures
- Seek psychological care if significant reverse culture shock, depression, ongoing sleep disruption

Health Resources

- CDC Travelers Health Home Page @ http://www.cdc.gov/travel/
  - Safe food and water information
  - CDC destination-specific Travelers Tips (200 countries)
  - Listing of current disease outbreaks
- CDC’s Traveler’s Health Vaccination Website @ http://wwwn.cdc.gov/travel/contentVaccinations.aspx
- See your personal physician/provider
  - Especially if chronic medical conditions, chronic medications, allergies (Epi-Pen?) or student is/could be pregnant
- Excellent self-study course on study abroad experience and culture at http://www.pacific.edu/sis/culture/ (probably more geared to undergraduates)

Stay healthy and safe!

Thank you
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Student Health and Counseling Services
mhuey@emory.edu
Lauren.Bernstein@emory.edu
404.727.1514
www.breslivewell.org/healthpromotion
Sexual Violence & Study Abroad

Lisa Ehlke/Alexandra Hamilton

Prevent Abuse

What is the Respect Program?
- Mission: We engage the Emory community in preventing & responding to sexual assault & relationship violence.
- Vision: We envision an Emory community where all students "learn, work, play, and love" without experiencing or fearing sexual assault or relationship violence.
- Values: Respect, Student Engagement, Social Justice & Inclusion, Survivor Empowerment, Advocacy, Collaboration

What Respect Does

Prevention (before)
- Risk Identification
- Education Programming
- Safety Plan
- Support for victims of abuse
- Education Services
- Workshops
- Social media
- Consensual partnerships: training & support

Response (after)
- Sexual Assault Peer Advocacy
- Sexual Assault Peer Advocacy
- Response Services
- Texting for help
- Medical services
- Counseling services
- Supportive response
- Volunteer services
- Supportive response

How Emory Supports
- Prevention Education
- Sexual Assault Peer Advocacy Training
- Awareness-Raising Events
- Accompaniment
- Advocacy
- Consultation
- Long Term Emotional Care
- Medical Care (Emergency & Follow up)
- Referrals

Sexual Assault in Numbers
- College Students: 1 in 4
- Overall American women: 1 in 6
- Overall American men: 1 in 10 to 1 in 25
- Worldwide: 1 in 3
- Sexual violence is a global public health issue
+ Risk Reduction Tactics

- Trust your instincts
- Emergency contact information (in English and local language)
- Emergency fund
- Consider the impact of alcohol or other drugs and create a plan with your group for safety

+ Pre-Departure Planning

- Prepare before you go
- Explore local cultural norms
- Identify list of local resources
- Be aware of risk reduction tactics
- Learn local emergency protocols
- Have fun but think about what safety looks like in your new environment

+ Responding to Sexual Violence

There is support at Emory

Get in touch with a study abroad advisor, who can reach out to the Respect Program's professional advocates

You can reach the Respect Program directly at 404.727.1014 or respect@emory.edu

Respect Program professional advocates (Lauren Reinach and Amber Schilling) can meet via Skype, phone, or other means if that is possible in your area. They can also meet when you return to Emory in person, by phone, or through another convenient method.

+ After an Incident

- Find a safe space and support from someone you trust
- Seek medical assistance as soon as possible, especially if you are concerned about pregnancy or STIs
- Talk to a local rape crisis center to obtain guidance on dealing with the situation according to local laws, customs, and cultural norms
- Consider filing a police report if the assailant is an Emory student, consider contacting Student Conduct
- Reach out for additional emotional support
- The Respect Program can assist you in these options
- Study Abroad can work with the Respect Program to help you.

+ If someone tells you

Believe that person (it's only 25% of male students)
- Establish safety and security
- Remain calm and quiet setting
- Establish rapport
- Identify the problem
- Explore alternatives and options
- Develop a plan of action
- Don't investigate or validate
- Let the survivor make his/her own decisions

Possible Reactions
- Shock and numbness
- Disruption of daily life
- Loss of control
- Fear
- Guilt and self-blame
- Anger
- Isolation
- Vulnerability and mistrust
- Sexual intimacy concerns

All responses are normal and every person reacts differently.

+ Resources

- International SOS
- Student Health and Counseling Services
- The Respect Program
  Lauren.Reinach@emory.edu
  StudentHealth.emory.edu/Respect
- For more information or to get involved:
  respect@emory.edu
  404.727.1014
  studenthealth.emory.edu/wp-click-on-Respect-Program
  Learn more about Sexual Assault Awareness Month (April) at tinyurl.com/asam13
Safety

- Observe, observe, observe
- Observation:
  Surroundings
  Reactions to self and other stimuli
  Changes in population
  Exit?

Safety

- Self care:
  - Quick Run kit (aka travel bag)
  - Medical kit (Condoms, Cipro, Epipen)
  - Safety net – who, where, how?
  - Mental Health
  - Concentric circles:
    Asset versus Liability

Safety

- Personal items:
  - Jewels
  - Watches
  - Laptops
  - Hoops
  - How MUCH do you really NEED?

Safety

- Contact information:
  - Electronic and paper
- Systems analysis:
  - Chain of Command (supervision)?
  - Corruption?
  - Reporting?
  - Persons of Trust (emergency help)
<table>
<thead>
<tr>
<th>Safety</th>
<th>Travel</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Judicial system?</td>
<td>- Smart Traveler Enrollment Program</td>
</tr>
<tr>
<td>- Alcohol?</td>
<td>- Embassy/Consulate phone numbers</td>
</tr>
<tr>
<td>- Sexual conduct?</td>
<td>- Airline personnel: Granola bars</td>
</tr>
<tr>
<td>- Mob mentality (avoid large crowds)</td>
<td>- Communicate changes</td>
</tr>
<tr>
<td></td>
<td>- Snacks, water, gum: TREATS</td>
</tr>
<tr>
<td></td>
<td>- Passport – copies</td>
</tr>
<tr>
<td></td>
<td>- Emergency medical evacuation service</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>Travel</th>
<th>Culture</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Public Transportation?</td>
<td>- Observe, observe, observe</td>
</tr>
<tr>
<td>- Bike?</td>
<td>- Greetings</td>
</tr>
<tr>
<td>- Sunrise/Sunset?</td>
<td>- Deferral</td>
</tr>
<tr>
<td>- Sensitivity to citizenship (your OWN)</td>
<td>- STOP talking and listen</td>
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<td></td>
<td>- Cleanliness</td>
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<td>- Boundaries</td>
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How to Survive the IRB Process

- Review what is considered research to understand what types of activities require IRB review
- Discuss the different types of IRB review
- Review a range of practice scenarios and examine the IRB rules that would apply to each
- Discuss the various components of an IRB submission, and highlight areas that require special attention
- Provide some practical tips for ensuring prompt IRB review

What requires IRB review?

- Any research that involves human subjects requires review
- Human Subjects: a living individual about whom an investigator conducting research obtains
  - Data through intervention or interaction (primary data)
  - Previously collected private information (secondary data)
- Research: a systematic investigation designed to develop or contribute to generalizable knowledge, including
  - Research development
  - Hypothesis testing
  - Evaluation

How do I know if I need IRB review?

- Does your study use data from human subjects? Remember, this includes secondary data collected by someone else
- If NO – then you do not require IRB review
- Do your activities qualify as research?
- If NO – then even if it includes human subjects, then you do not need IRB review

But what is research?

- The activity is research when the intent is to extend the information gathered beyond the individual
- If the intent is to analyze the data to contribute to knowledge & theory, or to make generalizations -- then the activity is research
- Activities that are not research, and do not need IRB review
  - Data collection activities that are conducted as part of a course or research training
  - Evaluations in which the data will be used only within the unit that is under evaluation, e.g. NGO internal Evaluation
  - Institutional research that is not disseminated externally, e.g. RSVP exit survey

Types of IRB Review

- Full Board Review:
  - The application will be considered by either the Biomedical or Social and Behavioral committee
  - Each committee meets once per month, so this process takes time!
  - Studies going to Full Board will be those that:
    - Focus on vulnerable population groups (children, prisoners)
    - Include invasive sample collection
    - Pose greater than minimal risk to participants
- Expedited Review:
  - The application will be passed on to a single Designated Reviewer, who then makes a recommendation to the Chair
  - Studies undergoing Expedited Review will be those that:
    - Secondary data that contains identifiers
    - Privacy data collection from adults
- Exempt Review:
  - IRB can determine that an application is exempt from review
  - Uses public access secondary data with no identifying information

What about pilot studies?

- Whether or not a pilot study requires IRB approval depends on the nature of the data collected in the pilot
- For example, we have a study of drug use among high school students in Kenya
  - If the pilot study involves testing the research instruments on high school students, asking them questions about drug use -- then this DOES require IRB approval
  - If the pilot involves asking students to give views on the line questionnaire design content then this DOES NOT require IRB approval
Scenario 1
Karen goes to work for the Population Council in Nairobi, Kenya on a research project. The project was conceived and designed by the PC, the PI is a member of the PC staff, who is not Emily Staff. Karen will be designing research instruments, implementing the survey and managing the project. While in the field, Karen decides she wants to bring the data back to the US to use for her thesis.

Karen does not need IRB approval for her practicum. Responsibility for IRB approval lies with the PI, so the PC should be seeking its own IRB approval. Karen will need to be added to their existing IRB approval as study staff.

To use the data for her thesis, Karen needs to apply for IRB approval for secondary data analysis & de-identify the data before bringing it back to the US. She can only apply for approval for secondary data analysis after the data has been de-identified, and cannot bring the data to the US until she has IRB approval.

Scenario 2
Jack goes to Namibia to work for MSF. They want him to conduct an evaluation of their immunization program, to identify effective delivery strategies. The results of his work will be used to improve MSF programs in Namibia. He does not intend to use the data he collects for his thesis.

Jack does not need IRB approval. An internal evaluation, in which the data results are not intended to be published or generalized is not considered research, and is thus exempt from IRB review.

Scenario 3
Jasmine travels to Uzbekistan to study infant feeding practices among refugees. Although she submits all her IRB documents in advance, she does not hear from the IRB before her project is due to start. Frustrated, Jasmine decides to go ahead and collect the data, and to apply for retrospective approval once she returns to the US.

Data collection cannot begin without IRB approval. The instruments can be designed & sampling can begin - but you cannot start collecting data from human subjects without IRB approval. Jasmine cannot apply for retrospective approval or for permission for secondary data analysis. The data cannot be used for any research purposes.

Scenario 4
Juan goes to Bangladesh to work with the International Center for Diarrhea Disease Research (ICDDR,B), collecting fecal samples to analyze and test. He will be the PI on the study, and wants to use the data for his thesis. The samples will not be returned to the US, ICDDR,B have their own IRB, and are encouraging him to submit for permission there.

Emory IRB is quite happy to defer to a local IRB when one exists. But the same rules regarding when research can begin still apply. However, as Juan is an Emory student, he must also apply for IRB approval from Emory. He can submit his approval letter from the ICDDR,B IRB together with his Emory IRB submission.

Scenario 5
Emily is going to Bolivia to conduct an analysis of factors associated with dementia, using data from a survey collected by the MOH. The data set contains no identifying information, and is publicly available. Emily wants to use the data to write her thesis.

Emily should apply for IRB review. As she intends to write her thesis and make generalizations from the data, this becomes research and thus requires IRB approval. In her IRB submission she should stress that the data is de-identified and is publicly available. The IRB may determine the research is exempt from review.

Scenario 6
Paula goes to Peru to conduct qualitative research on vaccine preference among labor migrants. She will be collecting data via focus group discussions, and intends to conduct group oral informed consent in Spanish. She then wants to bring the data back to the US to analyze for her thesis.

Paula needs to apply for IRB approval, and submit the script she will use for oral consent. As justification for using oral consent, she also needs to state that the only thing linking the subject to the study would be the informed consent form.

Voice recordings are classified as identifiers - so before coming back to the US Paula needs to have her FGDs transcribed.
So, it becomes a balancing act...

Scientific Rigor

Protecting Research Participants

The IRB Submission
- Emory IRB now accepts on-line submissions only

- The components of the IRB submission are:
  - Research protocol
  - Lay summary
  - Consent forms
  - On-line form
  - Letter stating that research is appropriate for the context

- Need to make sure that all documents are consistent, e.g. same sample size in all documents
- Answer the questions!!

The Research Protocol
- Doing this makes the whole submission much easier — can then cut & paste into the online submission form
- This is a PROTOCOL, not a PROPOSAL
- Optimum of 5 pages, with a brief literature review — use headings
- Main things we look for: recruitment, consent process, potential for risk

- Purposes is to inform the reviewer EXACTLY of your method
  - What will be studied? (gender, age, general pop or clinic)
  - How many people will be studied? How many per sub-group?
  - What data will be collected from the subject(s)?
  - How will the data be collected?
  - Who will collect the data?
  - How will people be recruited & sampled?
  - What consent/assent procedures will be used?
  - How will human subject rights be ensured?

The Lay Summary
- Uses non-technical language to explain to the reviewer the general purpose and method of the study

- Don’t say ‘a multi-level Poisson model will be fitted’ when you can say ‘statistical analysis will be conducted’

- Should be no more than 1-2 paragraphs

- Should describe the study justification, the data collection activities and the analytical methods
  - Why is the study being done?
  - Who is being studied? (age, gender, location)
  - What is being asked of them?

Informed Consent in International Settings

- Research often occurs in areas of low literacy thus making written informed consent impractical

- Can request a waiver of written consent, instead opting for oral consent, in two circumstances:
  - The participants are likely to be illiterate and the study poses no more than minimal risk. In your IRB submission need to provide a copy of the script you will use for oral consent, plus a letter from someone familiar with the environment testifying that this is appropriate for the setting

  - If no identifiers are collected at all, then the only thing lacking the participant for the study would be the written informed consent script, need to provide a copy of the script you will use for oral consent, plus a letter from someone familiar with the environment testifying that this is appropriate for the setting

Consent Forms
- Should follow the format and include the sections recommended by the IRB
  - Title of project
  - Principal Investigator
  - Sponsor’s Name
  - Introduction/ Purpose
  - Procedures
  - Risks
  - Benefits
  - Confidentiality
  - Compensation
  - Contact Persons
### Consent Forms
- Need to provide copies of either written consent forms or oral consent scripts.
- Need to ensure the following:
  - Language is correct for the intended target audience.
  - Both local and Emory contact details are included.
  - Study description is consistent with that in Protocol.
- Ask someone not familiar with your study to read it through—they should be able to tell you what would happen to them in your study if they were to participate.

### International Studies
- IRB cannot be familiar with every country/study setting. To allow the IRB to judge whether the research is appropriate for the setting submit a letter from someone familiar with the study setting.
- Can be from Faculty or host organization—needs to state that research is appropriate and follows accepted practices in that setting.
- IRB requires copies of translated informed consent documents, plus a letter stating that they are an accurate translation. This only needs to be done AFTER you have approval and not with the initial submission.

### Identifying Information
- The HIPAA rules, which govern the collection of identifying data, do not apply to data collected outside of the US.

  - However, HIPAA rules apply once the data is brought into the US.
- To surmount this your submission must state that either no identifiers will be collected, or they will be removed before bringing data back to the US.
- Common identifiers include:
  - Name of research subjects or specific locations
  - Full frontal face photos
  - Voice recordings

### Photographs
- Full frontal face photographs are classified as identifying information and require informed consent.
- Photos of subjects from other perspectives, e.g., side shots, do not require informed consent.
- Photos of the research underway can be used, as long as they do not show full frontal faces.
- To be safe—take photographs not of the research subjects but of people/villages like those that were studied.

### Main areas people go wrong
- Language used in consent form is inappropriate/complex
- Consent forms do not include local and Emory contact information.
- Consent forms do not include all necessary sections.
- Sample size and characteristics not made clear/inconsistent.
- Data collection activities not made clear for each sub-group.
- Missing letter of contextual appropriateness.
- Recruitment strategies not specified.
- Specifying who is PI and who is Faculty Advisor.
- eIRB is a work in progress and corrections are being made on a continuous basis—requires feedback.

### Tips for getting it right...
- Start early—especially if going to Full Board; these need to be submitted 8 weeks before intended departure.
- Get someone else to read it through—to check for consistency and comprehension.
- Work closely with your Faculty advisor—ahead of time—to receive guidance on IRB submission.
- Focus on the mechanics rather than the theory—IRB is most interested in how you are going to collect data and how you will protect human subjects.