

Travel Medicine

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MedNet21
Center for Continuing Medical Education

Objectives

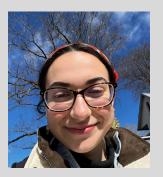
- 1. Identify the benefits and risks of travel abroad
- 2. Be able to provide travel advice to a wide range of travelers
- 3. Recognize that a returning traveler has additional risks than a person from the community

Pre -Travel Counseling

Regan is 21 year old female travelling to Argentina for a 4 week Spanish immersion experience.

She is so excited, but her parents are nervous.

What are the next steps?



Pre-travel assessment

- Only a minority of international travelers seek pretravel counseling 36%
- · Of those seeking assistance
 - 60% see a primary care clinician
 - 10% see a travel subspecialist
 - 30% turn to friends and family



- Individuals returning to their country of origin are less likely to consult a physician before travel
 - Preventable systemic illness is seen more commonly in this group
- At least 6 weeks prior to travel is best!

Pre-Trip Assessment

- Trip specifics
- Dates of travel
- Itinerary
- Special notes





Background on Travel

- Since 2012, over 1 billion travelers cross international borders each year.
- Over 900 million tourists travelled internationally in 2022, double those in 2021 though still 37% fewer than in 2019.
- Based on UNWTO's scenarios for 2023, international tourist arrivals could reach 80% to 95% of pre-pandemic levels this year, with Europe and the Middle East expected to reach those level.

Pre- Trip Assessment

• All patients should be counseled about common things as well















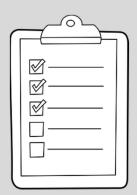
Mary is a 72 year old female travelling to China on her dream trip of a River Cruise in three months and wants to get travel advice

Medical History

- Chronic conditions
- Medications
- Recent hospitalizations, injuries/limitations, problems
- Anticipate the expected and the unexpected!

Mary's dream trip to China – Pre -trip plan

- Persons with most medical conditions can travel without restriction but should prepare in advance.
- Medical conditions should be stable before travel.
- Medications
 - Carry on
 - Keep a list

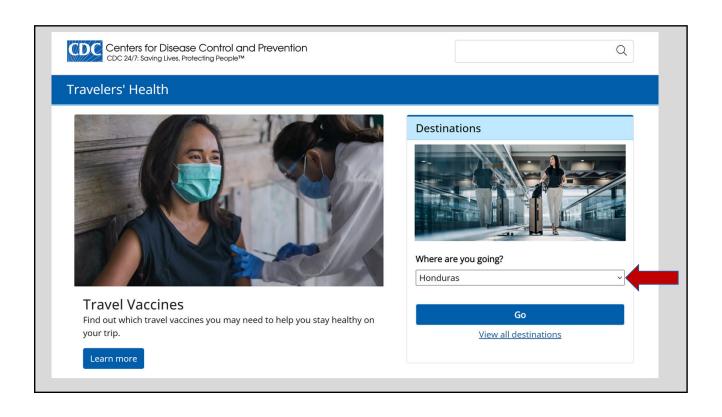


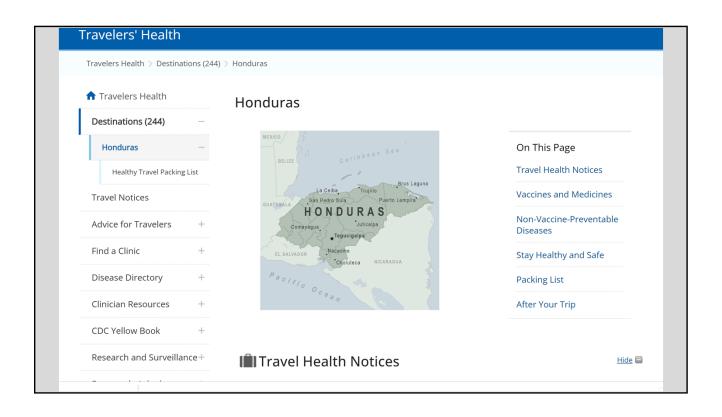


Josh is a medical student travelling to Honduras for a 10-day medical mission

- What Immunizations does he need?
- What do we do about malaria?







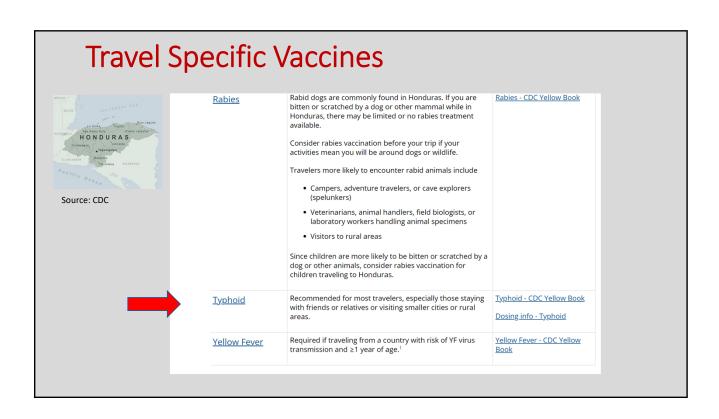
Immunizations for Travel

- Hepatitis A
- Hepatitis B
- Varicella/Zoster
- Dtap
- MMR
- Polio
- Pneumococcal
- Influenza
- Covid



Travel Specific Vaccines

- Cholera Health care workers who will be caring for those with cholera
- Japanese encephalitis Travelers to endemic areas of Asia and Western Pacific with planned travel of a months duration
- Meningococcal meningitis Meningitis belt of Africa
- Poliovirus –Afghanistan and Pakistan and other countries with ongoing transmission
- Rabies If rabies enzoonotic and longer stays in rural areas
- Typhoid fever —Consider for all travelers to low-income countries, rural and longer duration
- Yellow fever Tropical Africa and Tropical South America



Insects and Arthropod – Dengue, Zika, Malaria and many others

20-50% DEET, avoid on children less than 2 months



Tuck shirt into pants, pants into socks – check companions at end of day

Permethrin – not to clothing touching skin

Best when permethrin applied and reaches floor and tucked into mattress

Malaria - prophylaxis			
Medication	Dose	Special notes	
Atovaquone-proguanil	Daily dosage – 1-2 days prior and one week after return	Used in Mefloquin resistance, Avoid with kidney disease, \$\$, avoid in pregnancy, take with food	
Chloroquine	Weekly dosage – 2 weeks prior and 4 weeks after return	Can be used in Mexico and Central America	
Doxycycline	Daily use – 1-2 days prior and 4 weeks after return	Nausea, sun sensitivity, esophageal ulcerations	
Hydroxychloroquine	Weekly dosage – 2 weeks prior and 4 weeks after return	Can worsen psoriasis	
Mefloquine	Weekly dosage – 2 weeks prior and 4 weeks after return	Avoid in epilepsy, psychiatric disorders, cardiac conduction issues. Safe for pregnancy	
Primaquine	Daily use- 1-2 days prior and for 7 days after in vivax	Limited use due to only short-term travel and avoid in G6PD	

Travelers Diarrhea – Prevention and Treatment





- Most common infectious disease while travelling
- Only handwashing and alcohol-based hand sanitizer have reduced incidence!
 - Avoiding street food, tap water, ice and raw foods have not shown a statistical difference
- Carry along antibiotics likely not necessary to take unless higher risk or severe symptoms
 - Azithromycin 1000 mg in divided dose over one day



Travel Medicine

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Post-Travel Evaluation

Fever in the Returning Traveler

- About 8% of travelers to developing countries seek medical care while they are away or after they return
- Mild illness or potentially lethal infection?

Tom is a 50 year old male with complaints of bloody diarrhea, abdominal pain, nausea, intermittent fevers

- Symptoms for 5 days
- Recently traveled to Thailand with his family on vacation
- What else do we want to know?



History

- Symptoms, Timing
- Past medical history
 - Immunocompromised?
 - Vaccinations? Medications?
- Travel history
- Exposures



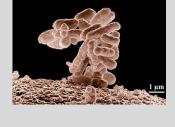




Traveler's Diarrhea

Most common travel-related illness

Bacteria	Viruses	Protozoa
80-90%	5-15%	10%
E. coli, Campylobacter jejuni, Shigella, Salmonella	Norovirus, rotavirus, astrovirus	Giardia, Entamoeba histolytica, Cyrptosporidium
6-72 hours	6-72 hours	1-2 weeks



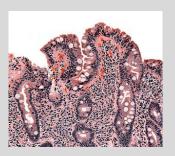


- When to test?
- Treatment
 - Manage dehydration / sepsis
 - Fluoroquinolones vs azithromycin

Traveler's Diarrhea

- Most traveler's diarrhea resolves within 2 weeks
- If persists...
 - Evaluate for intestinal parasitic infections
 - Underlying gastrointestinal disease
 - Celiac disease
 - Inflammatory bowel disease
 - Post-infectious
 - Irritable bowel syndrome
 - Transient lactase deficiency





Author: Samir at English Wikipedia (CC BY-SA 3.0)

Mari is a 32 year old female with fever, chills, body aches, fatigue



- Recently traveled to Sierra Leone to visit her family
- What additional things do we need to ask about?
- What exam findings should we be looking for?
- How should we start our diagnostic evaluation?

Systemic febrile illness

- Malaria
- Dengue
- Typhoid and paratyphoid fevers
- Rickettsial disease
- Chikungunya virus
- *GeoSentinel travel/tropical medicine clinic data 2007-2011

History

- Symptoms
 - Duration of fever, timing
 - Rashes? Gastrointestinal, neurologic, respiratory, musculoskeletal symptoms?
- Patient medical history
- Pretravel immunizations, malaria chemoprophylaxis and compliance
- Treatment at a health center

Exposures













Travel History

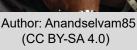
- All regions the traveler has visited in last year
- Particularly note regions where malaria and dengue are endemic, areas of recent disease outbreaks
- Define dates of travel and timing of symptom onset, duration of fever
- Duration of trip

Physical Exam

• Carefully examine retina, lymph nodes, heart, lungs, abdomen (liver & spleen), genital area, extremities, neurologic exam, skin









Initial Diagnostic Evaluation

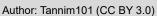
- Broad differential
- Focus on infections that can be rapidly life threatening or highly contagious
- Think about noninfectious causes of fever
- Consider also non-travel related illnesses

Labs

- CBC with differential
- Chemistry
- LFTs
- Blood and urine cultures

• CXR







Author: Basem Abbas Al Ubaidi (CC BY 4.0)

Special Testing to Consider

Malaria testing (thick and thin smears)





- Antibodies/antigens for specific diseases (dengue, chikungunya, rickettsia, histoplasma, etc)
- HIV
- Stool cultures, fecal leukocytes, ova & parasites
- Sputum gram stain & culture, respiratory viral testing
- TB testing (skin test, sputum for AFB and mycobacterial culture)

When to admit / seek expert consultation?

- Any inpatient needs (ie dehydration, sepsis, shock)
- In general, admission not unreasonable for most travelers with undiagnosed febrile illness
- Consider discussing with infectious disease expert before deciding to treat as outpatient

Final Takeaways

- Give travel advice frequently and often
- Use the CDC website for helpful information
- Common things happen commonly, however be aware of the additional risks / exposures that a returning traveler has
- Ask the right questions and know when further evaluation / treatment is needed

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