

Travel Medicine



Areas of personal behaviour affecting disease risks

- Adequacy of travel health advice and immunisation
- Safety of food and drink
- Exposure to biting insects
- Injury risk including physical exposure risk (e.g. altitude, sun, temperature)
- Sexual practices
- Substance abuse
- Rabies risk
- Surface water exposure (schistosomiasis)
- Personal hygiene
- Compliance with chemoprophylaxis, particularly with malaria

Incubation period of important pathogens

Less than 10 days	Intermediate (up to 21 days)	Greater than 21 days
Malaria	Malaria	Malaria
Dengue	Scrub typhus	Viral hepatitis
Yellow fever	African trypanosomiasis	Acute HIV
Tick typhus	Typhoid	Amebic liver abscess
Plague	Brucellosis	Filariasis
Typhoid and Paratyphoid fevers	Q fever	Tuberculosis
Amebic dysentery	Amebic dysentery	Acute schistosomiasis
		Q fever
		Rabies

Clinical Syndromes

Fever

The 10 most common causes of fever after tropical travel

- **Malaria**
- Resp. tract infections (including pneumonia)
- Hepatitis
- UTI
- Diarrhoeal illness
 - Campylobacter
 - Salmonella, Shigella
- **Dengue fever**
- **Enteric fever**
- Rickettsial infection
- Infectious mononucleosis
- Pharyngitis
- Fever

Fever in returned traveller from malaria endemic area must always be assumed to be due to malaria until proven otherwise

Investigations for fever in returned traveller

- Physical examination for rashes, L.N, organomegaly etc
- Laboratory
- FBC
- Liver enzymes
- Blood cultures
- **Blood smears for parasites: 3 negative smears to rule out malaria**
- Urine MCS
- Stool culture
- Serology
- Chest x-ray

