

INFECTIOUS DISEASES

FEVER IN THE RETURNING TRAVELLER

History

- Where
- When – dates of travel
- Activities
- Onset of symptoms
- Pre-travel vaccinations
- Malaria prophylaxis
- Comorbidities - ?immunosuppressed

Activity	Possible Cause of Fever
Work in Hospital/Refugee Camp	TB, HIV, VHF, Typhus
Sexual Exposure	HIV, hepatitis B & C, syphilis, gonorrhoea
Visit to African Game Park	Tick Typhus
Fresh Water Exposure	Leptospirosis, Schistosomiasis
Caving	Histoplasmosis, rabies
Contaminated water/raw meat/fish	Enteric fever, Shigella, Salmonella, amoebiasis, helminths, hepatitis A & E
Ingestion unpasteurised milk	Brucella, Listeria, Salmonella
Animal contact	Brucella, Q fever
Air conditioning/shower systems	Legionella

Examination

Physical Sign	Possible Infection
Jaundice	Viral hepatitis, malaria, leptospirosis
Maculopapular rash	Dengue, HIV, syphilis, typhus, chikungunya
Eschar	Typhus
Urticaria	Acute schistosomiasis, strongyloides
Bloody diarrhoea	Shigella, Salmonella, amoebiasis
Hepatomegaly	Enteric fever, leptospirosis, viral hepatitis
Splenomegaly	Malaria, visceral leishmaniasis

Investigations

Bloods: FBC, LFT, U&E, Blood cultures, venous blood gas.

Malaria screen:

Take blood in a purple (EDTA) bottle for thick and thin films and rapid antigen detection test. If initial tests are negative they will need to be repeated. Consider and test for malaria for up to a year following exposure.

Urine MC&S

CXR

Stool MC&S

HIV test: if there has been sexual exposure or injecting drug use.

More specialised tests such as serology or PCR may be indicated depending on travel and exposure.

Patterns

Malaria: splenomegaly and thrombocytopenia

Dengue: rash, thrombocytopenia, leucopenia

Acute schistosomiasis: eosinophils >0.5

Enteric fever: splenomegaly and elevated liver enzymes