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To: Wisconsin Health Care Providers, Infection Preventionists, Local Health Departments, and Tribal Health Centers

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Routine Travel Screening by Health Care Providers

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The ongoing outbreak of Ebola in the Democratic Republic of the Congo and recent Nipah virus outbreak in India serve as reminders that **travel history is an essential part of a routine patient assessment**. International travel by U.S. residents is on the rise, with over 60 million overnight trips outside of the country each year. International travelers can experience travel-related illnesses during and after travel. Travel-related health problems have been reported in as many as 22%–64% of travelers to developing countries. Although most of these illnesses are mild, up to 8% of travelers are ill enough to seek care from a health care provider.

The importance of collecting a recent travel history extends beyond early diagnosis of endemic diseases such as malaria. It is also important for early detection of emerging diseases that have potential for importation and transmission, including severe acute respiratory syndrome (SARS), H1N1, Middle East Respiratory Syndrome (MERS), Ebola, and Zika virus. Any confirmed or suspected case of these diseases is a [reportable condition in Wisconsin](#).

Travelers might also play a role in reintroduction of pathogens to areas of the world where pathogens were rare or had been eliminated; for example, recent outbreaks of vaccine-preventable diseases, such as measles¹ and mumps², in the U.S. have been traced to contact with persons who traveled to locations where vaccination was less prevalent. Therefore, we recommend a thorough evaluation of your patient's immunization record to ensure they are adequately protected against all vaccine-preventable diseases that may be circulating in that area, including diseases such as measles and polio. Furthermore, travel and migration have contributed to recent introduction or reintroduction of vectorborne diseases in places that had been free from these diseases, such as locally acquired dengue in Florida³ and malaria in Greece.⁴

¹ CDC. Measles—United States, 2011. MMWR 2012;61:253–7.

² CDC. Update: mumps outbreak—New York and New Jersey, June 2009–January 2010. MMWR 2010;59:125–9.

³ CDC. Locally acquired dengue—Key West, Florida, 2009–2010. MMWR 2010;59:577–81.

⁴ Odolini S, Gautret P, Parola P. Epidemiology of imported malaria in the Mediterranean region. *Mediterr J Hematol Infect Dis* 2012;4: e2012031.

Most post-travel illnesses can be managed on an outpatient basis, but some patients, especially those with systemic febrile illnesses, may need to be hospitalized. Furthermore, potentially severe, transmissible infections such as Ebola or MERS require enhanced infection control measures and may require higher levels of care. Consultation with an infectious diseases physician is recommended for severe travel-related infections, when management is complicated, or when the diagnosis remains unclear. A tropical medicine or infectious disease specialist should be involved in cases that require specialized treatment, such as neurocysticercosis, severe malaria, and leishmaniasis, among others. Public health authorities may also need to be involved for transmissible, high-consequence infections.

When evaluating a patient with a probable travel-related illness, the clinician should consider travel itinerary, medical care while abroad, and body fluid exposures. For more information on management of returned travelers, consult the [*CDC Yellow Book 2018: Health Information for International Travel, Chapter 5: Post-Travel Evaluation.*](#)

Visit the [Centers for Disease Control and Prevention \(CDC\) Travelers' Health](#) page for information on travel-related illnesses and notices on outbreaks.