

CTGH Session 7 — Fever in returning traveler

Slide	Presentation Notes
1	The purpose of this presentation is two-fold: to discuss the very common question of fever in a returning traveler while also introducing you to several important tropical diseases, which can causes fever in travelers.
2	Discussion outline.
3-6	As shown in GeoSentinel data, illness in returning travelers is not uncommon. Diagnoses are placed in four categories.
7	In working up a returned traveler who is ill, a good travel history is critical.
8	The timing of symptoms in relation to the timing of travel can be very helpful since disease often have specific incubation periods. You can use this information to narrow down your differential diagnosis.
9	Laboratory tests can also be helpful in determining a diagnosis. (CBC=complete blood count; LFTs=liver function tests; UA=urinalysis; bx=biopsy)
10	For the remainder of this presentation we will use cases to illustrate important common tropical diseases, which can present in returning travellers.
11	This is a case of an 18-year-old (yo) male (M) returning from a 1-month trip to southeast (SE) Asia. (P/w=presents with)
12-18	These slides discuss the epidemiology, presentation, transmission, diagnosis, treatment, and prevention of dengue (HCT=hematocrit; prn=as needed; PRBCs=packed red blood cells; IVFs=intravenous fluids;
19-26	This case represents a patient with cutaneous leishmaniasis. However, we will discuss both cutaneous and visceral forms of leishmaniasis. (HSM=hepatosplenomegaly)
27-35	This case represents a patient who contracted schistosomiasis from swimming in Lake Malawi. (h/o=history of; GI=gastrointestinal; GU=genitourinary;
36-42	This case represents a patient who strongyloides. (TB=tuberculosis)
43-49	Our last case represents a patient with typhoid. (PE=physical exam; CSF=cerebral spinal fluid; amox=amoxicillin; cipro=ciprofloxacin; CTX=ceftriaxone; azithro=azithromycin)
50-51	Summary of what we discussed today (dx=diagnosis; rx=treatment)