

## Health Advisory

### Spring Travel Updates and Recommendations April 4, 2025

#### SUMMARY POINTS

- Always take a patient's travel history.
- Be familiar with infectious disease outbreaks and exposure risks abroad to expedite diagnosis, treatment and prevention.
- Identify infectious patients early and keep them separate from others.
- Report travel-related infections to PDPH at 215-685-6741 (after hours: 215-686-4514).

International travel increases the risk of contracting infectious diseases that can then be introduced locally. Several vaccine preventable diseases (measles, mumps, influenza, invasive meningococcal disease), severe respiratory pathogens (tuberculosis, MERS-CoV) and vector-borne infections (malaria, yellow fever, chikungunya, dengue, oropouche) circulate around the world and could be imported to Philadelphia. The Philadelphia Department of Public Health (PDPH) Division of Disease Control encourages providers to always take a travel history, maintain familiarity with infectious diseases potentially acquired abroad, order appropriate diagnostic tests, and implement infection control actions to limit spread.

The Centers for Disease Control and Prevention (CDC) maintains a site of Travel Health Notices, searchable by disease or country: <https://wwwnc.cdc.gov/travel/notices>. A good review of the management of patients who recently traveled, entitled "General Approach to the Returned Traveler," can be accessed at the [CDC website](#).

#### **Select Current Outbreaks**

**Measles:** Many countries globally are experiencing [measles outbreaks](#). In the United States there is a large outbreak in the South Plains and Panhandle regions of Texas, with spread to neighboring states.

Provide [measles vaccines before travel](#) abroad or to domestic outbreak areas:

- Infants 6-11 months who are traveling internationally or to outbreak areas domestically should receive an early dose of MMR vaccine.
- Children 12 months and older who have received only their first MMR vaccine should receive a second MMR vaccine if it has been at least 28 days since their first vaccine.
- Adults without evidence of immunity should get a dose of MMR immediately.

Maintain a high suspicion for measles in returning travelers and those exposed to measles with [consistent symptoms](#), including fever and rash. Consider measles in the differential for individuals who returned from international travel or areas with outbreaks in the previous 21 days and present with rash. Immediately isolate anyone suspected of having measles and call PDPH. If referring a patient to a hospital, notify the hospital and obtain instructions for safe entry. Ensure the patient has instructions **BEFORE** they leave. For more information, see [PDPH-HAN-0043V-03-06-2025](#).

#### **Dengue:**

Clinicians should be aware of the ongoing [global risk of dengue virus \(DENV\)](#) infection in travelers returning from areas experiencing dengue outbreaks. Globally, dengue cases have increased over the past several years, with the Americas reporting particularly high numbers. [Puerto Rico](#) declared a public health emergency in March 2024. In the U.S. Virgin Islands, a dengue outbreak was declared in August 2024. Local transmission has been identified in Florida, California and Texas. Epidemics in the Americas are expected to increase with both travel-related cases and the possibility of local transmission in the continental United States.

Clinicians should follow steps included in this [2024 CDC HAN](#) to detect, diagnose and respond, including:

- Have increased suspicion of dengue among people with fever who have been in areas with dengue transmission in the previous 14 days.
- Order appropriate tests for DENV infection. The most [appropriate test](#) is dependent on time since symptom onset.
- Ensure travelers are aware of risks and understand measures to take for mosquito bite prevention.

### **Meningococcal disease:**

Vaccinate [travelers](#) for meningococcal disease if traveling to areas of concern. Destinations include travel to the Kingdom of Saudi Arabia during the annual Hajj and Umrah pilgrimage and travel to Sub-Saharan Africa.

### **Important Actions for Clinical Providers**

- Before travel, review location specific travel recommendations, including recommendations for vaccine and medication pre-exposure prophylaxis. Review [resources](#), including pre-travel guide, destination specific pages, and the Yellow Book.
- Routinely assess travel history, especially for patients with fever, rash, GI or severe respiratory illness.
- Assess travel history for household members and other close contacts to identify additional exposure risks.
- Review travel itinerary and exposure history, timing of illness onset in relation to travel, illness severity, medical history, and pre-travel immunizations or prophylaxis.
- Order appropriate diagnostic tests. Contact PDPH at 215-685-6741 for coordination of specialized and confirmatory testing not routinely available through commercial laboratories (i.e., polymerase chain reaction (PCR) testing for measles and mumps, PCR and neutralizing antibody testing for arboviral infections, etc.).
- Follow treatment and infection prevention and control recommendations (separation of ill patients, appropriate PPE use, exclusion of ill family members from settings of concern).
- Report suspect and confirmed notifiable conditions to PDPH promptly. During business hours (M–F: 8:30am – 5:00pm), call 215-685-6741. For urgent cases during after hours, weekends and holidays, call 215-686-4514, press 1 for Unified Dispatch and ask for Division of Disease Control on-call staff.