

YOUR PATIENTS COVER A LOT OF GROUND.

Help them manage health problems after international travel.

Most travel-related infections present soon after travel, but incubation periods vary from weeks to years, and some travelers may be asymptomatic. Patients who have returned from international travel may have been exposed to diseases that are rare in the United States.

First, ask your patients if they've traveled abroad recently. Then, use these questions to take a quick travel-related medical history to determine exposure to health risks.

Course of Illness

- ▶ Where did you travel, and how long were you there?
- ▶ When did you return from abroad?
- ▶ Do you have any symptoms?
- ▶ When did your symptoms start?

Medical History

- ▶ Did you get any medical care while you were abroad?
- ▶ Have you ever had an organ transplant?
- ▶ What medications are you taking?
- ▶ Do you have HIV or any other conditions that affect your immune system?

Pre-travel Care

- ▶ What vaccines or medications did you get before traveling?
- ▶ If you were taking medication to prevent malaria, did you take the medication as directed and finish all of it?

Trip Specifics

- ▶ What type of place did you stay in (hotel, host family, or other accommodations)?
- ▶ Did you use insect repellent or bed nets?
- ▶ What was the source of your drinking water?
- ▶ Did you eat raw meat, seafood, or unpasteurized dairy products?
- ▶ Did you get bitten by an insect?
- ▶ Did you get bitten or scratched by an animal?
- ▶ Did you get in fresh water to swim, raft, or for other activities?
- ▶ Did you get a new piercing or tattoo or have a new sexual partner?

Go to [cdc.gov/thinktravel](https://www.cdc.gov/thinktravel) to access the CDC Yellow Book and other resources.



THINK TRAVEL
MAKE TRAVEL HEALTH PART
OF THE CONVERSATION.

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HELP PATIENTS FEEL RIGHT AT HOME.

Ask about these common post-travel symptoms and use these possible causes as a starting point for making a diagnosis.

Fever	Possible Cause		
Systemic febrile illness with initial nonspecific symptoms	<ul style="list-style-type: none"> ▶ Malaria ▶ Dengue ▶ Typhoid fever ▶ Rickettsial diseases (scrub typhus, spotted fevers) 	<ul style="list-style-type: none"> ▶ East African trypanosomiasis ▶ Acute HIV infection ▶ Leptospirosis 	<ul style="list-style-type: none"> ▶ Viral hemorrhagic fevers (Ebola, Marburg, etc.)
Fever with central nervous system involvement	<ul style="list-style-type: none"> ▶ Meningococcal meningitis ▶ Malaria 	<ul style="list-style-type: none"> ▶ Arboviral encephalitis (Japanese encephalitis virus, West Nile virus) ▶ East African trypanosomiasis 	<ul style="list-style-type: none"> ▶ Angiostrongyliasis ▶ Rabies
Fever with respiratory symptoms	<ul style="list-style-type: none"> ▶ Influenza ▶ Bacterial pneumonia ▶ Acute histoplasmosis or coccidioidomycosis 	<ul style="list-style-type: none"> ▶ Legionella pneumonia ▶ Q fever ▶ Malaria ▶ Tularemia 	<ul style="list-style-type: none"> ▶ Pneumonic plague ▶ Middle East respiratory syndrome (MERS)
Fever and skin rash	<ul style="list-style-type: none"> ▶ Dengue ▶ Chikungunya ▶ Zika ▶ Measles 	<ul style="list-style-type: none"> ▶ Varicella ▶ Spotted fever or typhus group rickettsiosis ▶ Typhoid fever 	<ul style="list-style-type: none"> ▶ Parvovirus B19 ▶ Mononucleosis ▶ Acute HIV infection
Most Common Skin Lesions in Returned Travelers	Possible Cause		
	<ul style="list-style-type: none"> ▶ Cutaneous larvae migrans ▶ Insect bite ▶ Skin abscess ▶ Superinfected insect bite ▶ Allergic rash 	<ul style="list-style-type: none"> ▶ Rash, unknown origin ▶ Dog bite ▶ Superficial fungal infection ▶ Dengue ▶ Leishmaniasis 	<ul style="list-style-type: none"> ▶ Myiasis ▶ Spotted-fever group rickettsiae ▶ Scabies ▶ Cellulitis
Persistent Travelers' Diarrhea	Possible Cause		
	<p>PERSISTENT INFECTION</p> <ul style="list-style-type: none"> ▶ Bacterial infection ▶ Protozoan parasites, like Giardia ▶ Clostridium difficile 	<p>UNDERLYING GASTROINTESTINAL DISEASE</p> <ul style="list-style-type: none"> ▶ Exposure to antigens found in wheat ▶ Inflammatory bowel diseases, like Crohn's disease and ulcerative colitis 	<p>POSTINFECTIOUS PHENOMENA</p> <ul style="list-style-type: none"> ▶ Acute diarrheal infection, with villous atrophy, decreased absorptive surface area, and disaccharidase deficiencies

Get more details about these symptoms and recommendations for patient care at cdc.gov/thinktravel.

