CONTENTS

Dedication
Alberto M. Acosta and Rebecca Wolfe Acosta xiii

Preface: Coming of Age in Travel Medicine and Tropical Diseases: A Need for Continued Advocacy and Mentorship
David R. Hill and Frank J. Bia xv

Surveillance of Imported Diseases as a Window to Travel Health Risks
Tomas Jelinek and Nikolai Mühlberger 1

Surveillance of imported infectious diseases can provide valuable information for potentially exposed travelers and for affected populations in endemic countries. Reliable data quality, fast data management, and immediate communication of reports to all involved partners are crucial. Clinical networks are in an excellent position to achieve this. TropNetEurop, the largest network worldwide for surveillance of imported infectious diseases, is presented as an example. This network collects information on malaria, dengue fever, and schistosomiasis. Regular summary reports benefit all network members and their clinical practice. Screening tools used by the network enable timely and efficient detection of sentinel events even from small report numbers.

Challenging Scenarios in a Travel Clinic: Advising the Complex Traveler
Kathryn N. Suh and Maria D. Mileno 15

As international and adventure travel continue to increase in popularity, so too does the spectrum of travelers. Extremes of age, pregnancy, disability, and underlying medical conditions no longer present formidable barriers to rewarding travel. These factors may influence the choice or administration of prophylactic medications and immunizations, however, and can significantly alter both
the risk of acquiring travel-related illnesses and their severity. With adequate planning and appropriate pretravel counseling provided by a qualified travel medicine expert, most travelers can still enjoy healthy and rewarding travel experiences.

Risk Assessment and Disease Prevention in Travelers
Visiting Friends and Relatives
Sonia Y. Angell and Ron H. Behrens

Travelers to developing regions for the purposes of visiting friends or relatives are at known increased risk for a number of travel-related illnesses, especially when compared with those traveling for other purposes. This article reviews the unique contributors to their infectious disease risks and provides recommendations for the prevention of selected high-risk illnesses. These include some diseases against which vaccination is routinely recommended during childhood, including also varicella and hepatitis A and B, as well as typhoid fever, malaria, and tuberculosis.

Health Risks to Air Travelers
Muhammad R. Sohail and Philip R. Fischer

There are infrequent yet potentially important risks for air travelers. Good hand washing during flights and avoidance of close contact with sick patients decreases the risk of infection. Pretravel screening can help determine the need of supplemental oxygen. Acute medical conditions might prompt delays in travel until recovery is established. Nonpharmacologic methods are usually adequate to prevent complicated deep vein thromboses. Safety seats can be considered for infants. By implementing these interventions, adverse effects of air travel can largely be avoided.

On the Medical Edge: Preparation of Expatriates, Refugee and Disaster Relief Workers, and Peace Corps Volunteers
Michael V. Callahan and Davidson H. Hamer

Travelers to medically remote areas require special pretravel evaluation and environmentally specific education. Using a case-based format, this article provides information on approaches to the predeployment medical, dental, and psychologic preparation of long-term travelers and expeditions to extreme environments.

Sexual Tourism: Implications for Travelers and the Destination Culture
Jeanne M. Marrazzo

The destination culture affords travelers ample opportunity for sex while away from home. The seemingly endless advance of the HIV pandemic, a resurgence of syphilis in most industrialized countries, continued high endemic rates of chlamydial infection and genital
herpes, and steadily evolving antimicrobial resistance in *Neisseria gonorrhoeae* worldwide all contribute to a high likelihood that travelers who engage in unprotected sex will encounter a sexually transmitted infection. Medical encounters before and after travel provide an excellent opportunity to review the traveler’s risk, screen appropriately for sexually transmitted infection and indications for relevant immunizations, discuss risk-reduction measures, and diagnose and treat any evident infection.

The Impact of HIV Infection on Tropical Diseases
Gundel Harms and Hermann Feldmeier

HIV and tropical infections affect each other mutually. HIV infection may alter the natural history of tropical infectious diseases, impede rapid diagnosis, or reduce the efficacy of antiparasitic treatment. Tropical infections may facilitate the transmission of HIV and accelerate progression from asymptomatic HIV infection to AIDS. This article reviews data on known interactions for malaria, leishmaniasis, human African trypanosomiasis, Chagas’ disease, schistosomiasis, onchocerciasis, lymphatic filariasis, and intestinal helminthiases.

Update in Traveler’s Diarrhea
David R. Shlim

Despite 50 years of research, the rates of traveler’s diarrhea (TD) have not diminished in travelers. Restaurant hygiene has emerged as one of the main risk factors for TD. Antibiotic prophylaxis can prevent up to 90% of infections, but is not routinely recommended. Empiric treatment of TD has been the best approach to dealing with this problem, but its usefulness is being undermined by growing antibiotic resistance in many parts of the world.

Yellow Fever and Japanese Encephalitis Vaccines:
Indications and Complications
Anthony A. Marfin, Rachel S. Barwick Eidex, Phyllis E. Kozarsky, and Martin S. Cetron

Appropriate administration of yellow fever or Japanese encephalitis vaccines to travelers requires an assessment of the traveler’s risk for infection with these vector-borne flaviviruses during their travels and the presence of risk factors for adverse events following immunization. Japanese encephalitis and yellow fever vaccines have been more frequently associated with serious adverse events following immunization since the early 1980s and the late 1990s, respectively. This article describes the adverse events, the magnitude of their risk, and associated risk factors.
A Travel Medicine Guide to Arthropods of Medical Importance  
Richard J. Pollack and Leonard C. Marcus  

Travelers in North America and abroad can suffer arthropod-induced injuries and infestations, and be at risk of vector-borne disease. This article describes clinically relevant aspects of the biology, ecology, and epidemiology of the main kinds of arthropods that directly injure people or transmit infections. Guidance is offered to clinicians so they might better educate and advise travelers how to protect themselves, and evaluate and manage complaints by travelers on their return.

New Strategies for the Prevention of Malaria In Travelers  
Lin H. Chen and Jay S. Keystone  

Malaria incidence in travelers has increased dramatically in the past two decades, and resistance to recommended drugs has become established if not widespread. New strategies to assess the incidence, risk, and prevention of travelers’ malaria have evolved. Recent developments in prevention of malaria in travelers include sentinel surveillance of malaria in travelers, seroprevalence studies of travelers’ malaria, molecular techniques to evaluate drug resistance, the combination drug atovaquone-proguanil, the addition of primaquine as a primary prophylaxis, the evaluation of the new antimalarial tafenoquine, the use of standby emergency treatment, and rapid diagnostic tests for malaria.

Management of Severe Malaria: Interventions and Controversies  
Geoffrey Pasvol  

All cases of falciparum malaria in travelers are potentially severe and life threatening, especially when managed inappropriately. Prevention is the cornerstone of good malarial control. In cases of malaria in travelers, however, a major reason for progression to severe disease is missed or delayed diagnosis. Once diagnosed, the parenteral administration of adequate safe doses of an appropriate antimalarial in the setting of the highest possible level of clinical care is the priority. All other modalities of management, although important, remain secondary.

Cutaneous Leishmaniasis in the Returning Traveler  
Alan J. Magill  

Infection with protozoan parasites of the genus *Leishmania* leads to a wide variety of clinical disease syndromes called leishmaniasis, or more appropriately the leishmaniases. The three major clinical syndromes are cutaneous leishmaniasis, mucosal leishmaniasis, and visceral leishmaniasis. All three of these syndromes have been documented in returning travelers. This article focuses on
cutaneous leishmaniasis with some comment on mucosal leishmaniasis.

New Diagnostics in Parasitology 267
Peter L. Chiodini

This article considers new diagnostics in the context of a diagnostic clinical parasitology laboratory receiving samples from an infectious and tropical disease service. Mention of a particular product does not imply endorsement. Laboratory directors should assess the suitability of individual diagnostic kits for the practice that they manage and should be aware that competing products may be available.

Online extra


Index 271