Fever in the returning traveller

### Triage

All febrile travellers should be assessed for evidence of sepsis.

**qSOFA score**

- 2+ of the following indicates severe infection:
  - Glasgow Coma Scale < 15
  - Respiratory rate > 22
  - Systolic blood pressure < 100

Follow local sepsis pathway:

- Consider:
  - Empirical therapy
  - Referral to intensive treatment unit (ITU)

### Isolation

Contact precautions are often required until a diagnosis is confirmed and treatment commenced.

#### Isolate patient according to risk

- **Contact**
  - Single room or patient cohorting
  - Standard contact precautions
  - Hand hygiene
  - Gloves
  - Aprons

- **Droplet**
  - Surgical face mask
  - Gloves

- **Airborne**
  - Negative pressure single room
  - FFP3 respirator
  - Fluid repellent surgical face mask
  - Eye protection
  - Plastic apron
  - Gloves

- **Enhanced**
  - Enhanced precautions for aerosol-generating procedures
  - Eye protection
  - Fluid repellent face mask
  - Plastic apron
  - Gloves

### Travel risk assessment

Focused travel history

- Where did you go?
- What did you do there?
- When did you become unwell?

#### Is there risk of viral haemorrhagic fever?

- **Ebola and Marburg virus disease risk**
  - Caves or mines exposure
  - Contact with:
    - Antelopes
    - Bats
    - Primates

- **Lassa fever risk**
  - Exposure to basic rural conditions

- **CCHF risk (Crimean-Congo Haemorrhagic fever)**
  - Tick bite or contact
  - Animal slaughter exposure

#### Is there risk of an emerging severe acute respiratory illness?

- **Lower respiratory tract infection**
  - Symptoms within 14 days of travel to Middle East
  - Contact with birds

- **Upper respiratory tract infection**
  - Symptoms within 10 days of travel to China

- **MERS**
  - Exposure to known case

#### Is there risk of antimicrobial resistance?

- **Travel to**
  - Asia
  - Africa
  - Middle East

- **Exposures**
  - Healthcare abroad
  - Antibiotic use during travel

### Diagnosis

Once immediate risks have been addressed, take a more detailed travel history to help identify the infection and guide management.

- **Examination**
  - Consider empirical treatment for specific clinical scenarios

- **Routine investigations**
  - Also consider:
    - Respiratory virus swab
    - Focal microbiology or virology samples
    - Imaging
    - HIV test
    - Routine blood tests

- **Specialist investigations**
  - Discuss with local infection specialist, as quality and timing of samples are often crucial

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