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Protecting and improving the nation's health

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12th March 2015

Dear Colleague,

Re: Importance of obtaining a travel history in patients with fever or respiratory symptoms

Although significant progress is being made in controlling the Ebola outbreak in West Africa, Ebola continues to pose a threat to the UK. In recent weeks there has also been an upsurge in the numbers of cases of Middle East Respiratory Syndrome (MERS-CoV) and avian influenza A(H7N9) in areas of the world that UK residents are known to visit. There are also many other febrile conditions such as malaria, chikungunya and dengue fever associated with travel overseas. It is therefore vitally important that a travel history is obtained from anyone presenting with a history or evidence of a severe respiratory tract infection or febrile illness so that the appropriate investigations and actions are carried out to rule out rarer but more serious infections such as viral haemorrhagic fevers, and to ensure the optimal public health management of such cases.

At the current time there is an increased possibility of avian influenza A(H7N9) in patients returning from China, where there is a seasonally expected increase in human cases. This period coincides with increased travel to and from China for Chinese Lunar New Year celebrations that began on the 19 February 2015. There has also been a seasonally expected increase in cases of MERS-CoV in countries within the Arabian Peninsula - as evidenced by the recent report of an imported MERS-CoV case in Germany in a returning national from the Middle East.

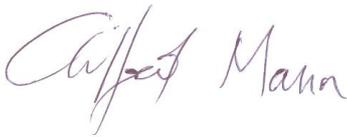
An accurate travel history contributes to early diagnosis and treatment for the patient. It also ensures that relevant infection control measures can be put in place to protect the healthcare workers caring for the individual and other close contacts such as family and friends. Early diagnosis is particularly relevant for infections such as Ebola, MERS-CoV and avian influenza which are associated with severe disease and high case-fatality rates following infection.

The attached annex lists a number of resources that are available to assist you in diagnosing travel-associated infections, together with a summary of a number of new emerging infections that are currently circulating in parts of the world that UK residents are known to visit. I would like to use this opportunity to remind you of the importance of obtaining a full travel history (including dates, regions and purpose of travel) and encourage you to maintain a high level of suspicion for these infections in travellers returning from the affected areas.

Yours sincerely

A handwritten signature in purple ink that reads "Paul Cosford". The signature is written in a cursive style with a horizontal line underneath.

Professor Paul Cosford
Director for Health Protection and Medical Director
Public Health England

A handwritten signature in black ink that reads "Clifford Mann". The signature is written in a cursive style.

Dr Clifford Mann FRCP FCEM
President
The Royal College of Emergency Medicine

Annex

Diagnostic resources

The [Imported Fever Service \(IFS\)](#), a joint partnership between PHE, the Royal Liverpool and Broad Green University Hospitals NHS Trust (Liverpool School of Tropical Medicine) and the University College London Hospitals NHS Foundation Trust (Hospital for Tropical Diseases), is a clinical advisory and specialist diagnostic service developed for medical professionals managing travellers who've returned to the UK with fever. It is available to hospital doctors for specialist advice 24/7 after discussion with a local microbiology, virology or infectious disease consultant. Call 0844 778 8990 for direct access to one of their on-call experts or see [the enquiries process and list of patient details](#) you need before you access the IFS. Full travel and clinical history is required for an accurate diagnosis and advice on management.

The [Malaria Reference Laboratory \(MRL\)](#), based at the London School of Hygiene and Tropical Medicine, also provides reference and diagnostic parasitology of malaria, with surveillance of all imported malaria reported in the UK. A full travel history is essential to enable rapid diagnosis and appropriate treatment of this potentially fatal infection.

Emerging travel-associated infections of note and specialist guidance

Ebola virus disease

Whilst the situation in West Africa has [improved significantly over the past few months](#), the outbreak of Ebola virus disease (EVD) continues, and clinicians should be aware of the possibility of EVD in travellers returning to the UK from Guinea, Sierra Leone and Liberia. Screening at ports of entry to the UK continues, and there are special measures in place for returning healthcare workers.

Acute care guidance: [Identifying and managing patients who need assessment for Ebola virus disease](#)

Primary care guidance: [Identifying and managing patients who need assessment for Ebola virus disease](#)

There is a suite of further guidance and supporting material for Ebola virus disease on the [PHE website](#).

Diagnostic tests for Ebola are carried out by [RIPL](#) at PHE.

Avian Influenza A(H7N9) in China

Avian influenza A(H7N9) has caused over 500 human cases since 2013. Currently there is only limited evidence of human-to-human transmission, and most cases have contact with birds, particularly at live bird markets. The majority of cases have been reported from the Chinese mainland, but also from Hong-Kong and Taiwan. Cases have been imported to Malaysia and Canada.

Avian influenza A(H7N9) appears to show seasonality with peaks of human cases in January and February. This increase in cases coincides with a higher volume of travel to and from China for the Chinese Lunar New Year celebrations which began on the 19 February 2015. It is recommended that clinicians retain a heightened suspicion for avian influenza A(H7N9) in patients with a travel history to China during this period.

The [Public Health England Risk Assessment for A\(H7N9\)](#) contains further information.

The PHE guidance, [Investigation and Management of possible human cases of A\(H7N9\), in travellers returning to the UK](#) provides advice on diagnosing and managing possible cases. PHE guidance for [the initial assessment of possible case of MERS-CoV or avian influenza in primary care](#).

Contact the local PHE [Public Health Laboratory](#) for advice on arranging testing for H7N9.

For travel advice, see [NaTHNaC Clinical Update on A\(H7N9\)](#).

Avian influenza A(H5N1) continues to cause human infection and [could be considered in anyone with a travel history and contact with poultry or a confirmed human case](#). During 2014/15 the majority of human cases have been reported from non-tourist areas of Egypt.

Middle East Respiratory Syndrome Coronavirus (MERS-CoV)

Middle East Respiratory Syndrome Coronavirus (MERS-CoV) is a severe acute respiratory syndrome. There have been around 1000 cases of MERS-CoV reported since its discovery in 2012, the vast majority have occurred within the Arabian Peninsula, but cases have been exported to many countries worldwide. In 2012 and 2013 two cases arrived in the UK and were diagnosed with MERS-CoV, with two further cases occurring due to transmission to close contacts within the UK. In May 2014, two cases transited through Heathrow airport on their way to the USA

MERS-CoV has caused large healthcare associated outbreaks in the Middle East, highlighting the importance of maintaining strict infection control precautions during the assessment and treatment of possible cases.

The [Public Health England risk assessment for MERS-CoV](#) provides further information.

Guidance on [public health management and investigation of possible cases of MERS-CoV](#). PHE guidance for [the initial assessment of possible case of MERS-CoV or avian influenza in primary care](#).

Guidance on [infection control precautions for possible or confirmed cases of MERS-CoV](#). Contact the local PHE [Public Health Laboratory](#) for advice on arranging testing for MERS-CoV.

Chikungunya virus

Chikungunya is a mosquito-borne infection, transmitted by the bite of an infected mosquito. It is characterised by a sudden onset of fever usually accompanied by joint pain (arthralgia). However, symptoms can range from mild or non-existent to severe. It can often be misdiagnosed as other viral illnesses such as dengue fever in areas where these infections also occur. Chikungunya occurs in Africa, South and South East Asia and has recently emerged in the Pacific region and the Americas.

Chikungunya emerged in the French territory of St Martin in the Caribbean in December 2013 and since then, [over 1 million suspected cases](#) (of which 27,000 have been confirmed) have been reported to date from most countries in the Caribbean and Central and South America, areas very popular with UK travellers. As of 28 November, 197 cases were reported in UK travellers compared to an average of 20 cases per year during 2011-2013; most were acquired in the Caribbean.

Diagnostic tests for chikungunya are carried out by the [Rare and Imported Pathogens Laboratory \(RIPL\)](#) at PHE.