4 Key Points to Diagnosing, Investigating & Treating Tropical Infections

- 1. Take a detailed travel history to identify what they might have acquired
- 2. Send the correct specimens for the potential diagnoses
- 3. Remember "common things are common" don't forget UK acquired infections
- 4. Don't forget to treat life-threatening infections whilst waiting for "tropical" investigations results!

Where has the patient been & what could they have picked up?!

	Travel Destination							
Diagnosis	Sub-Saharan Africa	North Africa, Middle East & Mediterranean	Eastern Europe & Scandinavia	South & Central Asia	South East Asia	North Australia	Latin America & Caribbean	North America
Malaria	~			~	~		~	
HIV	~	~	~	✓	~	~	~	\checkmark
Rickettsiae	~					~		
Amoebic liver abscess	~							
Brucellosis (Brucella sp.)	~	~					~	
Dengue	✓			✓	✓	~	~	
Enteric fever (Typhoid and Paratyphoid)	~			~	~		~	
Meningococcal disease	~							
Viral Haemorrhagic Fever	~							
Q Fever (Coxiella sp.)		~				~		
Lyme Disease			~					~
Tick-borne encephalitis			~					
Chikungunya				~	~			
Leptospirosis					~		~	
Melliodosis (Burkholderia pseudomallei)					~			
Rocky Mountain Spotted Fever								~
West Nile fever								~
Multiple-antibiotic resistant enterobacteriaceae e.g. Carbapenemase producing <i>E. coli</i> (NDM, KPC)				*				~

Which Investigations and specimens are needed for possible diagnoses?

Diagnosis	Investigations				
Malaria	 Antigen test and thick and thin films on 3 				
	different whole blood (EDTA) samples, taken				
	over a 72 hour period				
HIV	 Combined antigen and antibody test on 				
	serum (red or yellow vacutainer) but may not				
	detect seroconversion illness				
Rickettsiae	 Antibody test on acute serum (red or yellow 				
	vacutainer) and 3-6 week serum looking for				
	seroconversion				
Amoebic liver abscess	 Antibody test on serum (red or yellow 				
	vacutainer) PLUS abdominal ultrasound scan				
Brucellosis (Brucella sp.)	 Blood cultures with extended incubation up 				
	to 2 weeks labelled as HIGH RISK , PLUS				
	antibody test on acute serum (red or yellow				
	vacutainer)				
Dengue	 Onset of symptoms <4 days – PCR on whole 				
	blood (EDTA) sample				
	 Onset of symptoms >4 days - antibody test 				
	for IgM on serum (red or yellow vacutainer)				
Enteric fever (Typhoid and	Blood and stool cultures labelled as HIGH				
Paratyphoid)	RISK				
Meningococcal disease	Blood cultures PLUS PCR on whole blood				
	(EDTA) sample				
Viral Haemorrhagic Fever	PCR on whole blood (EDTA) sample				
	 MUST discuss with consultant microbiologist before sending 				
Q Fever (<i>Coxiella</i> sp.)	Antibody test on serum (red or yellow				
Q rever (Coxiella sp.)	vacutainer)				
Lyme Disease	Antibody test on serum (red or yellow				
Lyme Disease	vacutainer)				
Tick-borne encephalitis	Antibody test on serum (red or yellow				
nex borne encephancis	vacutainer) OR PCR on CSF				
Chikungunya	Antibody test on serum (red or yellow				
onnanganya	vacutainer) OR PCR on whole blood (EDTA)				
	sample				
Leptospirosis	Antibody test on serum (red or yellow				
	vacutainer) OR PCR on whole blood (EDTA)				
	sample or urine				
Melliodosis (Burkholderia	Blood or urine culture labelled as HIGH				
pseudomallei)	RISK				
Rocky Mountain Spotted	 Antibody test on acute serum (red or yellow 				
Fever	vacutainer) and 3-6 week serum looking for				
	seroconversion				
West Nile fever	 Antibody test on serum (red or yellow 				
	vacutainer) OR PCR on whole blood (EDTA)				
	sample or CSF				
Multiple-antibiotic resistant	Blood or urine culture				
enterobacteriaceae e.g.					
Carbapenemase producing					
E. coli (NDM, KPC)					