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EUROTRAVNET SCIENCE WATCH : August 2009

Scientific Advances – Hepatitis A Risk in Travelers. Askling et al. *J Trav Med* 2009; 16 (4): 233–238

Scientific Advances – Imported Histoplasmosis: Two Distinct Profiles in Travelers and Immigrants. Norman FF, et al. *J Trav Med* 2009; 16 (4): 258–262

Scientific Advances – Short report: Management of chronic strongyloidiasis in immigrants and refugees: is serologic testing useful? Biggs B-A, et al. *Am J Trop Med Hyg*, 2009; 80: 788-791

Scientific Advances – Prevalence and vertical transmission of *Trypanosoma cruzi* infection among pregnant Latin American women attending 2 maternity clinics in Barcelona, Spain. Munoz J., et al. *Clin Infect Dis*, 2009; 48: 1736-40

Scientific Advances – Microbiologic characterization and antimicrobial susceptibility of *Clostridium tetani* isolated from wounds of patients with clinically diagnosed tetanus. Campbell J.I., et al. *Am J Trop Med Hyg*, 2009; 80: 827-831

Scientific Advances – Response to Imported Case of Marburg Hemorrhagic Fever, the Netherlands. Timen A, et al. *Emerg Infect Dis* 2009; 15(8): 1171-75

Scientific Advances – Hepatitis A Risk in Travelers

Askling HH , Rombo L, Andersson Y, Martin S, Ekdahl K

J Trav Med 2009; 16 (4): 233–238

Description

This is a population-based study to estimate the incidence rate of travel-related hepatitis A during 1997 to 2005 by use of the Swedish notification system of communicable diseases, an ongoing national database on travel patterns, and acquired airport-based immunization data from 2007. During the study period, 636 cases of travel-related hepatitis A were notified. Traveling to East Africa was associated with the highest incidence rate, followed by the Middle East, and India with neighboring countries. Visiting Friends and Relatives (VFR), and especially children, constitute a high-risk group for acquiring hepatitis A infection, while the risk for unprotected tourists to East Asia is low.

[Link to the article](http://www3.interscience.wiley.com/journal/118489668/home?CRETRY=1&SRETRY=0)

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ECDC comment: 2009-08-01 (Contact: H Askling at helena.hervius-askling@karolinska.se)

The main problem of studies in the field of travel medicine, is the absence of denominator, that is the total number of travellers to a specific destination to evaluate incidence and risk. In this approach, the authors have in Sweden the possibility of a homogenous denominator with a national travel database and a very sensitive surveillance system of contagious diseases. VFR children, appear as a priority target for pretravel vaccination.

Keywords : Hepatitis A - Travel

Scientific Advances – Imported Histoplasmosis: Two Distinct Profiles in Travelers and Immigrants

Norman FF, Martín-Dávila P, Fortún J, Dronda F, Quereda C, Sánchez-Sousa A, López-Vélez R.

J Trav Med 2009; 16 (4): 258–262

Description

The authors present 10 Cases of imported histoplasmosis diagnosed in Madrid, Spain, during 1996 – 2006, including five cases in HIV-positive patients (four immigrants and one expatriate) all presented with progressive disseminated disease, and five HIV-negative patients (travelers) all presented with pulmonary disease. Three of the travelers also had rheumatologic manifestations (arthromyalgias or arthritis).

[Link to the article](#)

<http://www3.interscience.wiley.com/journal/118489668/home?CRETRY=1&SRETRY=0>

ECDC comment: 2009-08-01 (Contact: Rogélio López-Vélez at rlopezvelez.hrc@salud.madrid.org)

Histoplasmosis is acquiring importance in nonendemic areas due to the increase in travel and immigration, being the most common systemic mycosis acquired by European travelers. Although manifestations are varied, imported histoplasmosis appears to have two distinct profiles, as described by the authors. Histoplasmosis should be considered in travelers from endemic areas presenting with acute respiratory symptoms or recognized associated manifestations and in their travel companions. HIV-positive immigrants with febrile illnesses of unknown origin should also be tested for this mycosis. Increased awareness of clinical manifestations of histoplasmosis is necessary and testing may even be extended to include relatively asymptomatic fellow travelers as cases may otherwise remain undetected.

Keywords : Histoplasmosis – Travel - Immigrants

Scientific Advances – Short report: Management of chronic strongyloidiasis in immigrants and refugees: is serologic testing useful?

Biggs B-A, Caruana S., Mhrshashi S., Jolley D., Leydon J, Chea L., Nuon S.

Am J Trop Med Hyg, 2009; 80: 788-791

Description

The authors report an observational study in a group of Cambodian immigrants in Melbourne who were diagnosed with strongyloidiasis. The patient were treated with 2 doses of Ivermectine (200µg/Kg) and followed-up with serologic analysis for strongyloidiasis, to explore the usefulness of serologic testing for post treatment monitoring.

Link to the article

<http://www.ajtmh.org/content/vol80/issue5/>

ECDC comment: 2009-08-05 (Contact Pr Francesco Castelli at castelli@med.unibs.it)

Treatment of Strongyloidiasis is not always effective and some people may continue to harbour the causative parasite *Strongyloides stercoralis* after specific treatment. In this study, treatment with ivermectine, considered to be the one of choice, resulted in a decrease in *Strongyloides sp.* antibody levels in almost all patients during the follow-up period. Serologic testing is a useful tool in monitoring response to effective treatment and it should be carried out 6-12 months after treatment to ensure a sustained downward trend suggestive of cure. This is important in developed countries to monitor the efficacy of treatment especially in groups at risk for developing complications of *Strongyloides* infections (HIV infection, HCV infection, bone marrow transplantation and solid organ transplantation) not only in immigrants but also in European residents

Keywords : strongyloidiasis - immigrants - refugees

Scientific Advances – Prevalence and vertical transmission of *Trypanosoma cruzi* infection among pregnant Latin American women attending 2 maternity clinics in Barcelona, Spain.

Munoz J., Coll O., Juncosa T., Vergés M., del Pino M., Fumado V., Bosch J., Posada E.J., Hernandez S., Fisa R., Boguna J.M., Gàllego M., Sanz S., Portus M., Gascon J.

Clin Infect Dis, 2009; 48: 1736-40

Description

Chagas disease affects ~8 million people in Latin America and *Trypanosoma cruzi* infection is now progressively appearing in countries where it is not endemic. The authors performed a study in 2 maternity clinics in Barcelona to establish the prevalence of *T.cruzi* infection in Latin American immigrant pregnant women and to assess the risk of vertical transmission. In this study the prevalence of infection was found to be 3,4% (greater than in the literature 1%) and the rate of transplacental transmission was found to be 7,3%.

Link to the article

http://www.journals.uchicago.edu/doi/abs/10.1086/599223?url_ver=Z39.88-2003&rfr_id=ori:rid:crossref.org&rfr_dat=cr_pub%3dncbi.nlm.nih.gov

ECDC comment: 2009-08-05 (Contact Pr Francesco Castelli at castelli@med.unibs.it)

The prevalence of *T. cruzi* infection in pregnant women of Latin American origin and their neonates in industrialized countries is probably underestimated. The very recent population migration from South America (especially Ecuador, Bolivia, Peru and Colombia) is of relevance for the emergence of Chagas disease in Europe and, particularly, Spain (in 2007 it was estimated a presence of 1.600.000 South America immigrants). It is important to consider the introduction of screening programs at both blood banks and antenatal clinics. Early detection and treatment of neonates soon after delivery demonstrate the best therapeutic results and may prevent the establishment of the disease and the development of future complications in adulthood. It also important to provide treatment to those patients affected by chronic infection before they develop complication (heart or gastrointestinal problems) or infect someone during blood or solid organ transplantation.

Keywords : *Trypanosoma* – Chagas - Immigrants

Scientific Advances – Microbiologic characterization and antimicrobial susceptibility of *Clostridium tetani* isolated from wounds of patients with clinically diagnosed tetanus.

Campbell J.I., Yen L.T.M., Loan H.T., Diep T.S., Nga T.T.T., Hoang N.V.M., Son L.T., Chau V.V.N., Parry C., Farra J.J., Hien T.T., Baker S.

Am J Trop Med Hyg, 2009; 80: 827-831

Description

The authors attempted to isolate and evaluate *Clostridium tetani* from the wounds of 84 patients with clinical diagnosed tetanus. All 45 isolates have been purified and examined for the presence of the tetanus neurotoxin gene (TeTX) by PCR and are tested for sensitivity to a range of common antimicrobial agents. They result to be capable of production of the neurotoxin and susceptible to penicillin and metronidazole, but resistant to co-trimoxazole. Despite treatment with high doses of intravenous penicillin, *C. tetani* was isolated after 16 days in 2 cases.

Link to the article

<http://www.ajtmh.org/content/vol80/issue5/>

ECDC comment: 2009-08-05 (Contact Pr Francesco Castelli at castelli@med.unibs.it)

Tetanus is an ongoing problem in some developing countries, despite an effective vaccine. This study emphasizes the importance of adequate wound debridement to remove anaerobic areas where *C. tetani* thrives, in addition to the use of antitoxin and an appropriate antimicrobial agent for the treatment of clinical tetanus. The article shows that penicillin remain a suitable choice, with metronidazole as an appropriate alternative, but even the intravenous route may be inadequate to clear the infection; drug treatment must be associated to adequate wound debridement and use of antitoxin. All strains were sensitive to penicillin and metronidazole.

Keywords : *Clostridium tetani*

Scientific Advances – Response to Imported Case of Marburg Hemorrhagic Fever, the Netherlands

Timen A, Koopmans MPG, Vossen ACTM, van Doornum GJJ, Günther S, van den Berkmortel F, Verduin KM, Dittrich S, Emmerich P, Osterhaus ADME, van Dissel JT, Coutinho RA

Emerg Infect Dis 2009; 15(8): 1171-75

Description

The authors have described the public health response to an imported case of Marburg hemorrhagic fever (MHF) in a Dutch woman returning from travel abroad, who was most likely exposed to MARV by visiting a bat cave in Uganda. A multidisciplinary response team was convened to perform a structured risk assessment, perform risk classification of contacts, issue guidelines for follow-up, provide information, and monitor the crisis response.

Link to the article

<http://www.cdc.gov/eid/content/15/8/1171.htm>

ECDC comment: 2009-08-05 (Contact Philippe PAROLA at philippe.parola@univmed.fr)

In Western countries, MHF is an imported disease with a low risk of occurrence, but can be transmitted from person to person, and the course is fatal in up to 80% of cases. In this report, although the source of infection is not certain, circumstantial evidence points to transmission in the Python Cave. Ecological surveys to assess the presence of infected bats in that cave are ongoing. MHF may be more often encountered in industrialized countries in the future due to adventure travel to regions endemic for MHF. This response involving the management of 130 contacts at risk of acquiring the disease, is of particular interest;

Keywords : Marburg – Hemorrhagic fever – the Netherlands