



# EuroTravNet

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European Travel and Tropical  
Medicine Network of the *International  
Society of Travel Medicine*  
*European Centre for Disease  
Prevention and Control Collaborative  
Network for Travel and Tropical  
Medicine*



## EUROTRAVNET SCIENCE WATCH : OCTOBER 2009

### Scientific Advances –

Hepatitis E Outbreak on Cruise Ship *Bengü Said*, Samreen Ijaz, George Kafatos, Linda Booth, H. Lucy Thomas, Amanda Walsh, Mary Ramsay, and Dilys Morgan, on behalf of the Hepatitis E Incident Investigation Team *Emerging Infectious Diseases* 15, 1738-1745, 2009

### Scientific Advances –

Imported Infectious Diseases in Mobile Populations, Spain Begoña Monge-Maillo, B. Carolina Jiménez, José A. Pérez-Molina, Francesca Norman, Miriam Navarro, Ana Pérez-Ayala, Juan M. Herrero, Pilar Zamarrón, and Rogelio López-Vélez *Emerging Infectious Diseases* 15, 1745-1751, 2009

### Scientific Advances –

Epidemiology of Hepatitis A Virus Infections, Germany, 2007–2008 Mirko S. Faber, Klaus Stark, Susanne C. Behnke, Eckart Schreier, and Christina Frank *Emerging Infectious Diseases* 15, 1760-1768, 2009

### Scientific Advances –

Multicenter EuroTravNet / GeoSentinel Study of Travel-related Infectious Diseases in Europe Philippe Gautret, Patricia Schlagenhauf, Jean Gaudart, Francesco Castelli, Philippe Brouqui, Frank von Sonnenburg, Louis Loutan, and Philippe Parola, for the GeoSentinel Surveillance Network *Emerging Infectious Diseases* 15, 1738-1745, 2009

**Scientific Advances –**

**Serologic Analysis of Returned Travelers with Fever, Sweden Helena H. Askling, Birgitta Lesko, Sirkka Vene, Angerd Berndtson, Per Björkman, Jonas Bläckberg, Ulf Bronner, Per Follin, Urban Hellgren, Maria Palmerus, Karl Ekdahl, Anders Tegnell, and Johan Struwe Emerging Infectious Diseases 15, 1805-1808, 2009**

## Scientific Advances – Hepatitis E Outbreak on Cruise Ship

Bengü Said, Samreen Ijaz, George Kafatos, Linda Booth, H. Lucy Thomas, Amanda Walsh, Mary Ramsay, and Dilys Morgan, on behalf of the Hepatitis E Incident Investigation Team

Emerging Infectious Diseases 15, 1738-1745, 2009

### Description

In 2008, acute hepatitis E infection was confirmed in 4 passengers returning to the United Kingdom after a world cruise. Epidemiologic investigation showed that of 789 persons who provided blood samples, 195 (25%) were seropositive, 33 (4%) had immunoglobulin [Ig] M levels consistent with recent acute infection (11 of these persons were symptomatic), and 162 (21%) had IgG only, consistent with past infection. Passenger mean age was 68 years. Most (426/789, 54%) passengers were female, yet most with acute infection (25/33, 76%) were male. Sequencing of RNA from 3 case-patients identified hepatitis E virus genotype 3, closely homologous to genotype 3 viruses from Europe. Significant association with acute infection was found for being male, drinking alcohol, and consuming shellfish while on board (odds ratio 4.27, 95% confidence interval 1.23–26.94,  $p = 0.019$ ). This was probably a common-source foodborne outbreak.

### Link to the article

<http://www.cdc.gov/eid/content/15/11/1738.htm>

### ECDC comment: 2009-10-30

This investigation suggests that shellfish, which are known to be a common source of other viral infections, are a potential source of HEV infection in Europe.

### Keywords : Hepatitis E - UK – cruise

This paper has been selected by Dr Philippe GAUTRET (philippe.gautret@club-internet.fr) from Marseille, France.

## Scientific Advances – Imported Infectious Diseases in Mobile Populations, Spain

Begoña Monge-Maillo, B. Carolina Jiménez, José A. Pérez-Molina, Francesca Norman, Miriam Navarro, Ana Pérez-Ayala, Juan M. Herrero, Pilar Zamarrón, and Rogelio López-Vélez

Emerging Infectious Diseases 15, 1745-1751, 2009

### Description

To determine which infectious diseases were most common among 2 mobile immigrant groups (sub-Saharan Africans and Latin Americans) in Spain, the authors analyzed health and demographic characteristics of 2,198 immigrants referred to the Tropical Medicine Unit of Ramón y Cajal Hospital over a 20-year period. The most frequent diagnoses were for latent tuberculosis (716 patients [32.6%]), filariasis (421 [19.2%]), hepatropic virus chronic infection (262 [19.2%]), intestinal parasites (242 [11.0%]), and malaria (212 [9.6]). 101 cases of chronic Chagas diseases were also observed. (%)

### Link to the article

<http://www.cdc.gov/eid/content/15/11/1745.htm>

### ECDC comment: 2009-10-30

Migration has contributed to the emergence of certain infectious diseases. Health screening of immigrant populations is needed to ensure early diagnosis and treatment of potentially transmissible infections. During the 1970s, the United States was the leading recipient of Latin American migrants but Europe (especially Spain) is now a main recipient. Chagas disease is an emerging and potentially transmissible disease in the autochthonous population, and thus an important public health concern. These results suggest that all immigrants from areas to which it is endemic should be screened..

**Keywords : Screening - Spain – Migrants – Parasitosis – Viral Hepatitis – Tuberculosis.**

This paper has been selected by Dr Philippe GAUTRET (philippe.gautret@club-internet.fr) from Marseille, France.

# Scientific Advances – Epidemiology of Hepatitis A Virus Infections, Germany, 2007–2008

Mirko S. Faber, Klaus Stark, Susanne C. Behnke, Eckart Schreier, and Christina Frank

Emerging Infectious Diseases 15, 1760-1768, 2009

## Description

Approximately 60% of hepatitis A virus infections in Germany occur in persons without a travel history to disease-endemic areas and for whom sources of infection are unknown. Recommendation of pretravel vaccination fails to prevent the remaining imported infections. Using enhanced surveillance in 2007–2008, we analyzed epidemiologic patterns of hepatitis A in Germany and appropriateness and adequacy of current immunization recommendations. Young patients with a migration background who had visited friends and family in their ancestral countries accounted for most imported cases. Phylogenetic analysis showed high diversity of sequence data and clustering of strains with similar regions of origin or patient migration backgrounds. Virologic findings are compatible with those of low-incidence countries, where virtually all infections are directly or indirectly imported from other regions

## Link to the article

<http://www.cdc.gov/eid/content/15/11/1760.htm>

## ECDC comment: 2009-10-30

Germans with a migration background are seen as a special risk group so far insufficiently reached by pretravel vaccination advice.

## Keywords : Hepatitis A - Germany – Risk-group

This paper has been selected by Dr Philippe GAUTRET (philippe.gautret@club-internet.fr) from Marseille, France.

## Scientific Advances – Multicenter EuroTravNet / GeoSentinel Study of Travel-related Infectious Diseases in Europe

Philippe Gautret, Patricia Schlagenhauf, Jean Gaudart, Francesco Castelli, Philippe Brouqui, Frank von Sonnenburg, Louis Loutan, and Philippe Parola, for the GeoSentinel Surveillance Network

Emerging Infectious Diseases 15, 1738-1745, 2009

### Description

The authors analyzed prospective data on 17,228 European patients who sought treatment at GeoSentinel sites from 1997 to 2007. Gastrointestinal illness (particularly in tourists), fever (those visiting friends and relatives [VFRs]), and skin disorders (in tourists) were the most common reasons for seeking medical care. Diagnoses varied by country of origin, region visited, or categories of travelers. VFRs who returned from sub-Saharan Africa and Indian Ocean islands were more likely to experience *falciparum* malaria than any other group. Multiple correspondence analysis identified Italian, French, and Swiss VFRs and expatriate travelers to sub-Saharan Africa and Indian Ocean Islands as most likely to exhibit febrile illnesses. German tourists to Southeast and south-central Asia were most likely to seek treatment for acute diarrhea. Non-European travelers (12,663 patients from other industrialized countries) were less likely to acquire certain travel-associated infectious diseases. These results should be considered in the practice of travel medicine and development of health recommendations for European travellers

### Link to the article

<http://www.cdc.gov/eid/content/15/11/1783.htm>

ECDC comment: 2009-10-30

Clinicians encountering returned patients have an essential role in recognizing, and communicating travel-associated public health risks. In this context, surveillance in European travelers that encompasses a wide range of sites in Europe, including some with local specificity, is crucial to determine the epidemiology of travel-associated disease, to detect alarming events, and, if required, to organize a rapid response. Our combined European data can be used as background evidence for the practice of travel medicine in Europe.

**Keywords : Travel associated diseases - Europe – GeoSentinel – EuroTravNet - Surveillance**

This paper has been selected by Dr Philippe GAUTRET (philippe.gautret@club-internet.fr) from Marseille, France.

## Scientific Advances – Serologic Analysis of Returned Travelers with Fever, Sweden

Helena H. Askling, Birgitta Lesko, Sirkka Vene, Angerd Berndtson, Per Björkman, Jonas Bläckberg, Ulf Bronner, Per Follin, Urban Hellgren, Maria Palmerus, Karl Ekdahl, Anders Tegnell, and Johan Struwe

Emerging Infectious Diseases 15, 1805-1808, 2009

### Description

The authors studied 1,432 febrile travelers from Sweden who had returned from malaria-endemic areas during March 2005–March 2008. In 383 patients, paired serum samples were blindly analyzed for influenza and 7 other agents. For 21% of 115 patients with fever of unknown origin, serologic analysis showed that influenza was the major cause.

### Link to the article

<http://www.cdc.gov/eid/content/15/11/1805.htm>

### ECDC comment: 2009-10-30

Influenza should always, in all seasons, be considered when diagnosing illness in returning febrile travelers.

### Keywords : Hepatitis E - UK – cruise

This paper has been selected by Dr Philippe GAUTRET (philippe.gautret@club-internet.fr) from Marseille, France.