ment and vector control programs, together with housing improvement through regional programs. In LAC, both cutaneous and visceral forms of leishmaniasis result primarily from zoonotic transmission from either canine or sylvatic reservoir hosts. The most important determinants for the emergence of both new world zoonotic cutaneous leishmaniasis (ZCL) and zoonotic visceral leishmaniasis (ZVL) include poverty, urbanization, and human migration. Leishmania mexicana, L. amazonensis, L. braziliensis, L panamensis, L. peruviana, and L. guyanensis are the major species that cause new world ZCL. Approximately 62,000 cases of ZCL occur primarily in Brazil, Colombia, and Venezuela, where urbanization near Lutzomyia sandfly breeding sites has led to an increase in the number of cases. In addition, the emergence of ZCL n Colombia is linked to several decades of armed and guerilla internal conflict fueled by cocaine production and trafficking. In northeastern Brazil, ZVL (L. chagasi) has become an important infection in the favelas of Fortaleza, Salvador do Bahia, and other urban centers; ZVL has also emerged in Rio de Janeiro and Belo Horizonte. A regional leishmaniasis control action plan is now being implemented.

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04.001
Assessment in travelers coming from Latin America
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In recent years has been an important increase in international travel including Latin America.

Travelling involves a series of risk depending of the travel destination, the standards of accommodation as well as the lifestyle and host characteristic (healthy versus pre-existing condition, pregnancy, infants). Most illnesses reported by ill travelers are mild but some are serious enough to seek medical attention.

A systematic approach to the assessment of the ill returned traveler with knowledge of the most common, region-specific pathogens and recent outbreaks of infection will aid diagnosis and treatment.

The detailed travel history is the cornerstone of the post travel screening process, including travel destination, the particular area within a country, urban or rural areas were visited, season (dry or rainfall), purpose of travel, hygiene standard (food and water exposures), duration of stay, accommodation, pre-travel vaccination, prophylaxis adherence and personal protection measures, illness of any travel companions, history of unprotected sexual contacts with new partners or casual sex, date of return in relation to onset of symptoms and type of symptoms. The physical examination may yield useful information.

According GeoSentinel surveillance, the most common syndromes in returned travelers from Latin America are chronic and acute diarrhea especially parasitic causes (Giardiasis), dermatological problems (larva migrans, myasis and leismania), respiratory tract illness and fever (dengue and malaria).

Diarrhea remains the most frequent illness among travelers visiting Latin America. Dengue is a reemerging illness in the region as well and is the main cause of viral fever in returned travelers. Malaria should be considered if exposures and clinical findings are consistent with the diagnosis. Initial laboratory investigation should be performed depending upon exposure and other factors that prompt consideration of a particular disease.

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04.002
Fever and their etiologies
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The practice of Travel Medicine (TM) has 3 stages at which you can work: the pre-travel, the intra-trip and the post travel assistance. Many services only deal with pre-travel, strongly related to preventive measures, including vaccinations and malaria prophylaxis, and transfers to centers of Tropical Medicine, Internal Medicine Clinic or the Infectious Diseases Consultations ill patients encountered during the trip or upon returning. The need to cover all these stages in the centers of TM is controversial, even within their own ISTM. Our service, in the context of an Infectious Disease Hospital, allows comprehensive care of travelers in any of the 3 instances.

The most frequent reasons for consultation in returning travelers are the dermatological disease, fever, diarrhea and eosinophilia. The fever is about 30% of all searches, and the most common etiology is for malaria, followed by dengue, typhoid fever and rickettsial diseases. The diagnoses may vary according to geographic destination and the traveler’s risk exposure. It is important not to forget cosmopolitan disease and non-infectious causes in the differential diagnosis.

The febrile syndrome after a trip to tropical areas is a medical emergency, because it can be falciparum malaria, or a viral hemorrhagic fever among others etiologies, which can endanger both the patient and health staff involved with him, and potentially to the community of the host country of the traveler.

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04.003
After a trip: the souvenirs in the skin
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Dermatoses are one of the most common reason for medical consultation after returning from a trip. The first consideration to take into account is that the spectrum of skin diseases that affect immigrants, long term travelers and expatriates may be different than those suffering from other travelers.

According to two large scale international studies performed by the GeoSentinel Surveillance Network involved...