

Results: 39 cases of NWCL were recorded (29 males, 10 females, with age ranged from 17 to 72 years). Twenty-nine (74%) patients were residents of Argentina, 10 (26%) were foreigners in transit. The reason for travel was tourism in 21 (54%), work 14 (36%) and friends and relatives visit (VFR) 4 (10%).

26 patients (67%) acquired the disease outside Argentina; 13 (33%) in Argentina, who were domestic travelers to endemic areas.

At query time 16 (41%) patients had lesions 30 to 60 days of development, 19 (49%) 75 to 120 days.

Estimated average time of exposure in risk area was 20 days.

Thirty patients (77%) had multiple lesions and 9 (23%) had single lesion.

84.61% of the lesions were ulcers; 67% of the lesions were localized in the extremities, 23% of the face and 10% in trunk.

The diagnosis was made by direct microscopic examination in 29 (74%), and 10 (26%) by biopsy, 7 were cultured (5 were positive). No species identification was made in either case. 36 patients received as first treatment schedule meglumine antimoniate intramuscular (20 mg/kg/day for 21 days), 2 patients amphotericin B deoxycholate 0.5 mg/kg/day up to 1,5 grams total and 1 patient who travelled around Panama received fluconazole 200 mg/day for 6 weeks. 4 patients treated with meglumine antimoniate had adverse effects.

85% of patients cured with first therapeutic regimen.

3 patients treated with antimonials reported relapses, one patient had therapeutic failure. All healed without subsequent relapse.

Conclusion: Cutaneous leishmaniasis is a risk for travelers to tropical areas of America and is necessary to include prevention guidelines in pre travel advisory. It is important that physician be trained in the recognition of this condition and consider the possibility of mucosal involvement in patients infected with *L. braziliensis*.

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32.026

Imported malaria in travelers assisted in Buenos Aires

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Background: Malaria is the most important parasitic infection that produces human disease. It is caused by protozoa of the genus *Plasmodium* and transmitted by the bite of the female *Anopheles* mosquito. It's endemic in over 90 countries and is the most common specific etiologic diagnosis in febrile travelers.

Methods: A retrospective, cross-sectional and descriptive analysis was performed based on medical reports of trav-

Results: Of 1010 returned travelers (domestic and international) seen at our clinic, 337 (36.36%) patients cited fever as a chief reason for seeking care and 143 (42.43%) of them had malaria.

There were 135 (94.40%) cases of imported malaria, 100 (74.07%) males and 35 (25.92%) females, from 3 to 73 years. 127 (94.07%) travelers were residents.

The species involved was *P. vivax* in 61 cases (46.18%), *P. falciparum* in 59 (43.70%); *P. ovale* in 1 (0.74%), mixed infections of *P. falciparum* and *vivax* malaria in 3 (2.22%) and 11 cases (8.14%) without identification.

74 (54.81%) travelers acquired malaria in Africa, 48 (35.55%) in South America, and 7 (5.18%) in Central America.

The reasons for travel were: 56 (41.48%) work/business; 47 (34.81%) tourism; 18 (13.33%) visiting friends and relatives; 13 (9.62%) missionary/volunteer; and 1 (0.74%) per education. In travelers to Africa the species most frequently involved was *P. falciparum* (52/74, 70.27%) and *P. vivax* in South America (38/48, 79.16%).

Only 40 (2.96%) travelers received medical advice before the trip, of them 32 (80%) received chemoprophylaxis for malaria, 3 (9.37%) of which were inappropriate according to the area visited. None of the chemoprophylaxis included primaquine. All patients improved with treatment. 5 / 59 (8.47%) travelers had *P. falciparum* severe malaria.

Conclusion: In febrile returned traveler, we must always consider the diagnosis of malaria regardless of the time elapsed since leaving the malaria area. *Plasmodium falciparum* malaria is a medical emergency. The treatment depends on the knowledge of the geographical distribution of parasite resistance against antimalarial drugs, especially when no parasite species identification is possible.

It should be emphasized prevention with personal protection measures and adequate chemoprophylaxis.

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32.027

Travel medicine working group

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Background: Travel Medicine Working Group (TMWG), established in 1992, is the first program for prevention of travel medicine related infectious diseases in Buenos Aires. TMWG aims to improve travelers health and to raise awareness of its importance to the argentinean public. The objective of this presentation is to describe the scope of a multidisciplinary TMWG.

Methods: TMWG comprises infectious diseases specialists, high-tech, up-to-date laboratory facilities and vaccination centers. We designed a program aimed to assist travellers before departure, en route, after return and to

optimize vaccination in adult population. Activities focus on four basic areas:

Community-oriented education: travel-oriented brochures and handouts, travel medicine newsletters and travel warning.

Health care professional education: Seminars and symposia, medical rounds, periodic work meetings and annual courses.

Research: Characterization of medical consults.

Medical assistance: pre-travel consult, specific medical record, tailored counseling, telephone and electronic real-time support and referral to local reference medical centers. Post travel medical evaluation of asymptomatic long-term travellers, prompt diagnosis and treatment of symptomatic travellers and epidemiological surveillance activities.

Results: Between 1992 and 2008 the TMWG has counseled 54,100 travelers. The average annual consult increase was 25% in last four years. In 1998 only 11.8% of high-risk travelers consulted with enough anticipation; in 2008, 24%. 0.4% of a sample of travelers came to our center referred by travel agencies and 0.5% by embassies. Routine and special vaccine shots increased progressively each year. In a group of 10-50 years old travelers, 8.3% were susceptible to chickenpox, 11.4% to mumps, 10.2% to rubella and 8.9% to measles. Hepatitis A seroprevalence was 40%.

Conclusion: Our experience shows this new medical specialty is increasingly demanded. We must deepen our work in an interdisciplinary manner to obtain traveler referrals from embassies and travel agencies, because of individual and community travel associated health risks.

The development of TMWG has created awareness of the need for pre travel advice in the medical and general community and provides opportunities to update routine vaccinations in adults.

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32.028

Profile of imported malaria in travelers from the north of Portugal

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Background: Malaria was eradicated from Portugal since the 50s, but every year, hundreds of Portuguese travelers arriving from Malaria Endemic Countries are diagnosed *plasmodium* positive.

The objective of this study is to investigate the clinical and epidemiological imported malaria between January 2004 and October 2009 in the Travel Medicine Department of Hospital Joaquim Urbano in Porto - Portugal.

Methods: Review of the records and datas of 160 malaria diagnosed positive cases, confirmed by microscopy, in the last 6 years. Variables analyzed: age, gender, country visited, pre-travel consultation, chemoprophylaxis, plasmodium species, reason of travel and symptoms.

Results: The average age of the 160 patients was 42,18 years old. From this group 108 patients (67,5%) were male.

The main visited countries were Angola with 92 cases (57,5%), followed by Mozambique with 23 (14,4%), São Tomé with 7 (4,8%), and the rest distributed over fifteen other countries. The most common agent of plasmodium identified by laboratorial exam was *P.falciparum* with 31 cases (19,38%), followed by *P.vivax* with 26 (16,25%). Although, in 91 cases (56,88%) was not possible to detect the plasmodium species.

The malaria chemoprophylaxis was not made by 85 patients (53,12%). Those who did it, 38 (84,44%) took mefloquine.

The inpatient ratio was 43 (26,88%) of the 160, with a fatal case (0,63%).

Conclusion: The geographic areas of acquisition were the former Portuguese Colonies in Africa, with 78,75% of imported malaria.

The *P. falciparum* was the most frequent species.

Another problem was the diagnosis made by microscopy with lower parasitemia, that did not identify the plasmodium species. By this reason, more sensitive and accurate methods must be used.

To reduce risk of imported malaria, all travelers should have a pre-travel counselling, so major investment is advised to be made in this important emerging field of Travel Medicine in Portugal.

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32.029

Demographics and travel patterns of travelers to Central America, South America and the Caribbean seen in the Boston Area Travel Medicine Network (BATMN)

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Background: Travelers to Central America (CAm), South America (SAm) and the Caribbean may face regional travel-related health risks. Our objective is to describe demographics, trip characteristics and differences in pre-travel antimalarial prescriptions for travelers to CAm, SAm and the Caribbean.

Methods: Demographics, health, and trip information was collected for travelers seen in the 5 clinics of the Boston Area Travel Medicine Network (BATMN) from March 1, 2008 to September 30, 2009. For analysis, Mexico was included in the CAm category.

Results: Of 9203 travelers seen in participating clinics, 2834 (30.8%) planned to visit CAm, SAm and the Caribbean including 1411 (49.8%) to SAm. Travelers to CAm and SAm were predominantly white (>80%) and less often black (2.6%) compared with 58.3% white and 20.8% black travelers to the