

### Triage Assessment

- **SEPSIS ?** (Infection + NEWS2 ≥5)
- **Travel last 6 months ?** Destinations, dates travel & symptom onset → Need for VHF/aHCID risk assessment (see below)?
- **Need for isolation ?**  
**Enhanced isolation\*:** at risk VHF or aHCID (e.g. avian influenza, MERS or emerging respiratory infections)?  
**Enteric isolation:** vomiting or diarrhoea; suspected hepatitis A/E or enteric fever; recent hospitalisation  
**Respiratory isolation:** respiratory symptoms, rash, possible meningococcal infection

\*Enhanced: single room, plastic apron, hand hygiene, gloves, fluid repellent surgical mask (VHF risk)/FFP3 (aHCID risk), visor

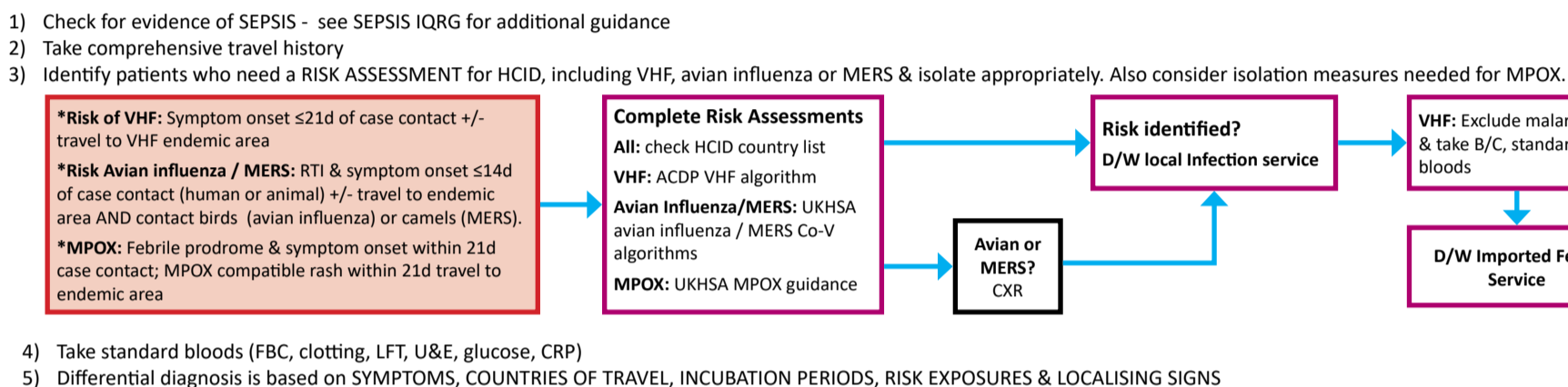
### Travel History

- **Who ?** Is the patient immune-compromised ?
- **Where have they travelled ?**  
Which infections are endemic where ?  
Are there any current outbreaks ?
- **When ?** Date of symptom onset & dates of travel = likely incubation period
- **Risk exposures ?** fresh water, farms, game parks, caves, animal contact, exotic foods (bush meat, raw fish), condomless sex, needle exposure, unwell contacts, hospital visits or admissions, attendance at funerals, antibiotic use

### Key to flowchart

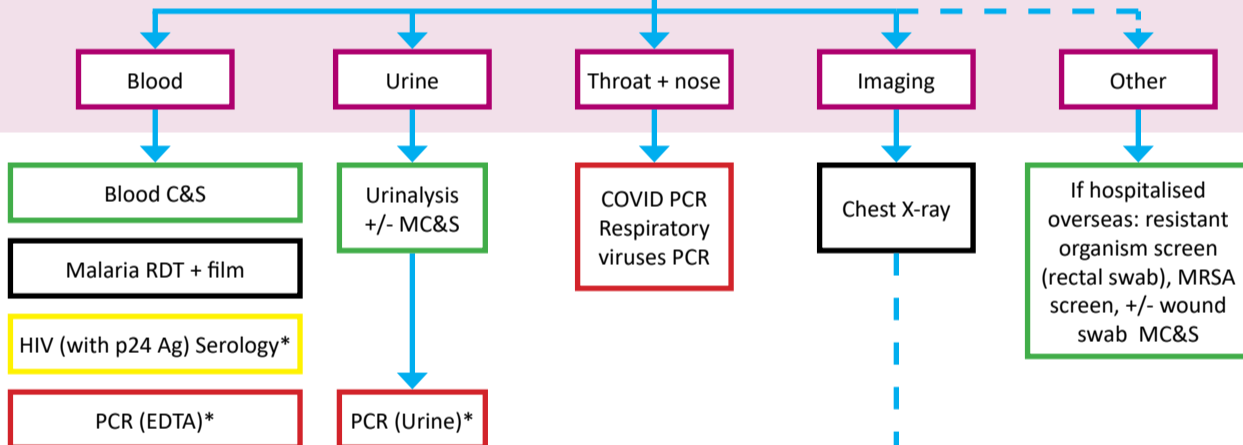


### Clinical Assessment



### Sample type

### Undifferentiated Fever



### First line tests

### Additional tests to consider if localising signs (exclude malaria in all):

- Fever & diarrhoea: see IQRG
- Fever & respiratory symptoms: see IQRG
- Fever & CNS symptoms / signs: see IQRG
- Rash:** Arboviruses (blood & urine PCR, serology), rickettsia (blood +/- eschar PCR, serology), swab vesicles (HSV, VZV +/- Mpox), HIV & syphilis serology
- Jaundice:** leptospirosis (blood & urine PCR, serology), yellow fever (PCR blood & urine, serology), hepatitis A-E (serology)
- Hepatosplenomegaly:** Serology for CMV, EBV, toxoplasmosis, brucellosis, Q fever, amoebiasis, leishmaniasis.
- Liver abscess:** serology (amoebic, hydatid, fasciola)
- Eosinophilia:** stool OCP & serology often negative with acute migrating parasites/ strongyloides hyperinfection. See BIA guidelines for investigation of eosinophilia
- Chronic fever:** Serology (brucella, Q fever, HIV, EBV, CMV, toxoplasma), TB AFB and c.s, ECHO

### Second line tests Required in specific cases

\*To ensure correct tests done (1) discuss with local infection service (2) RIPL will perform geographical investigation panels on febrile returning travellers – document symptoms, date of onset & travel (destinations, dates of travel) on request form (RIPL form on UKHSA website).

Greatest yield: Blood PCR (day 1-7 Sx), Urine PCR (day 7+)

**Targeted imaging**  
(ultrasound liver or CT chest abdomen pelvis) to identify lymph nodes, hepatosplenomegaly or focal pathology which will inform further investigations e.g. site for biopsy, induced sputum, bronchoscopy

### Signs found in unusual infections

- Undifferentiated fever: acute schistosomiasis, amoebic liver abscess, arboviruses\*\*, brucellosis, enteric fever, leptospirosis, malaria, mononucleosis-like syndrome\*\*\*, rickettsiae
- Chronic fever: abscess (including amoebic liver abscess), acute schistosomiasis, brucella, enteric fever, toxoplasmosis, TB, visceral leishmaniasis, Q fever
- Rash: Arboviruses\*\*, fungi, HIV, leprosy (reaction), Mpox, rickettsiae, syphilis, VHF
- Jaundice: bartonella, enteric fever, hepatitis A-E, leptospirosis, malaria, relapsing fever, typhus, VHF, yellow Fever
- Hepatosplenomegaly: acute schistosomiasis, amoebic liver abscess, arboviruses\*\*, brucellosis, enteric fever, fascioliasis, hepatitis A-E, leptospirosis, malaria, mononucleosis-like syndrome\*\*\*, Q fever, relapsing fever, rickettsiae, trypanosomiasis, visceral leishmaniasis
- Eosinophilia: acute migrating parasite, acute schistosomiasis, fungal, HIV, HTLV-1, hydatid, strongyloides, TB, toxoplasmosis

\*\*Arboviruses e.g. dengue, zika, chikungunya

\*\*\*HIV, CMV, EBV, toxoplasmosis

### Empiric treatment?

- Sepsis: Local sepsis guidance, plus consider doxycycline to cover rickettsia & leptospirosis.
- Enteric fever: see national guidelines
- Eschar: doxycycline
- Avoid empiric treatment of malaria

### Who to ask for help? (24 hours)

- Local infection service
- Imported fever service: **0844 778 8990**
- HTD: **020 3456 7890** (ask for tropical registrar on call)
- Liverpool: **+44 (0) 151 706 2000**

### References

- **BIA guidance on fever return travellers / malaria / eosinophilia / enteric fever.**  
<https://www.britishinfection.org/guidance/published-guidelines>
- **ACDP guidance**  
<https://www.gov.uk/government/groups/advisory-committee-on-dangerous-pathogens>

### Notifiable infection?

It is a statutory duty to notify the local health protection team of suspected cases of certain infections

### Abbreviations

VHF	viral haemorrhagic fever
(a)HCID	(Airborne) High consequences infectious diseases
RTI	respiratory tract infection
CXR	chest X ray
RIPL	rare and imported pathogens laboratory
UKHSA	UK health and security agency