Investigation of Fever -from the tropics

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CME FACULTY DISCLOSURE

Dr. Libman

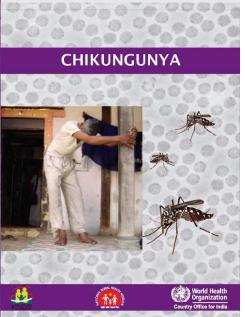
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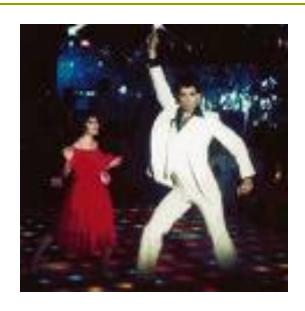




Fevers: old and new









What is fever?

- "Normal" rarely > 37.5°C, diurnal, monthly variations
 - Usually defined >38°C
- Mouth temp depends on technique, environment
- Rectal best, axilla=max possible, subjective=nearly useless



587 CONSECUTIVE FEVER CASES

TDC Montreal

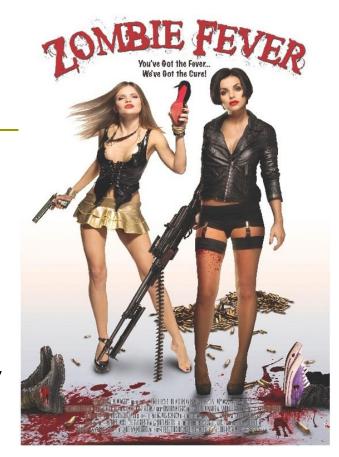
Malaria	32%
URI/pharyngitis	7
Hepatitis	6
Pneumonia/bronchitis	5
Colitis (Shigella, Salmonella, Campylobacter)	5
Pyelonephritis	4
Dengue	2
Typhoid/paratyphoid	2
Rickettsia	1
Amoebic liver abscess	1
Tuberculosis	1
Acute retroviral	.3

Percentage of fever = malaria, dengue

Region	Malaria	Dengue
Sub-Saharan Africa	42	6
Oceania/Pacific Islands	59	1
SE Asia	7	18
South Asia	7	9
Central & S. america	8	9

Fever: basic approach

- Is it treatable?
- Should I worry?
 - First rule out malaria
- The basic workup
 - Important items in the history
 - Physical clues
 - Fever patterns
 - Clues on basic labs
- □ The big 3: malaria, dengue, enteric fever



Undifferentiated Fever:

-Is it treatable?

- Treatable
 - Critical: malaria, enteric fever, some rickettsia
 - Spont. Resolution: leptospirosis, bacterial enterocolitis, acute schisto (Katayama)
- Common, not treatable
 - Dengue
- Public health
 - Influenza, SARS, TB, hemorrhagic fevers
- Everything else!



Fever and not much else -should I worry?

- Worry about:
 - Malaria, malaria, and...
 - Bacteremia, esp meningo
- Worry a bit less about
 - Enteric fever (typhoid)
 - Rickettsia (In travellers, 75% tick borne)
- Other causes of interest
 - Reassure ± treat: Dengue, hepatitis, relapsing fevers, liver abscess (amebic)
 - Reassure: Mono, CMV, toxo
 - Partners: Acute retroviral
 - Routine: URI, pyelo, pneumonia, etc.

How to deal with fever (r/o malaria)

- Where did they go?
 - Malarial area? (eg: PNG 1 mo 1:5)
 - Prophylaxis (6% of cases)

Spira Lancet 2003 MMWR 2013 Nov 1;62(5):1-17

- Reasonable incubation period
 - About 6 wks without medication
- □ Tests:malaria smear (x3?)
- □ Hints from CBC: WBC $\leftrightarrow \downarrow$, plt \downarrow
 - Eosinophilia not

CRP	Dengue	Malaria	Enteric F
<8	51%	10.4%	4.8%
>40	9%	75%	73.8%

CRP N + (plt \downarrow and/or wbc \downarrow) =malaria, dengue, rare Cooper J Trav Med 2014

Physical /exam

- Must be complete
 - Software, eg: GIDEON, Kabisa, www.fevertravel.ch
- Occasional important clues
 - Tick eschar
 - Hepatomegaly (VL, African tryps, Schisto-Katayama)
- Much less specific
 - Petechiae/purpura
 - Ulcers
 - Splenomegaly
 - Mental status

Fever Patterns

- Much tradition, little science
- Classic pattern only after prolonged course
 - Disturbed by medications
 - Poor measurements
 - Diagnosis made before classic pattern
- Malaria: tertian, quartan
 - Tertian in "immune" Pf
- "Saddleback": dengue, yellow fever, chick
- V. leishmaniasis: double quotidian
- Undulating 1-2 days: Brucella, lymphoma
- Days-weeks: relapsing fever

Basic Lab Evaluation

- □ CBC, malaria smear
 - Smear: Bartonella, relapsing fever
 - Leukopenia: dengue, typhoid, Brucella, Rickettsia, HIV
 - Thrombocytopenia: malaria, dengue, Brucella
 - Eosinophilia: filaria, Katayama, Strongyloides
- LFT
- U/A, Urine/blood culture
- CXR (even without resp symptoms: esp miliary TB; elevated hemidiaphragm: liver abscess)
- Extra tubes for later serology!

Underdiagnosis #1: Dengue

Diagnosis

- Incubation about 1 week, upto 2 weeks
- Fever 5-7d, h/a, fatigue, myalgia, arthralgia, mac-pap rash in upto 50%, ↓plt, ↓lymph
 - Still r/o malaria; Ag/PCR, IgM, IgG seroconversion
 - Tourniquet test + in 50%

DHF – rare in travellers

- \downarrow fever, then capillary leak, $\downarrow \downarrow$ plt
- Classic=hemoconcentration (20%), effusions
- DSS: decrease pulse pressure, hypotension





Lacunae in scarlatiniform rash dengue

Petechiae



Underdiagnosis #2: Rickettsia

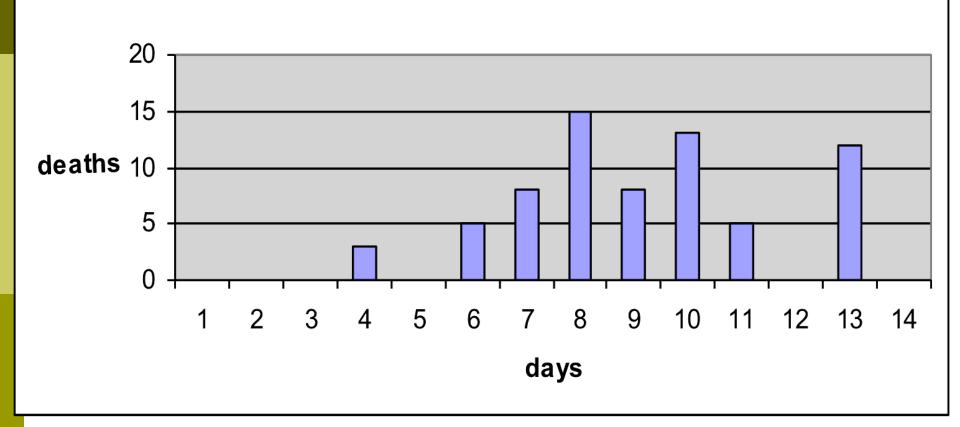
- □ Fever, headache, myalgia
 - Often rash, regional nodes, ↓WBC, plt
 - Painless eschar (look!)
 - Spotted fevers: African>Medit>RM
 - Tick bite (mite = scrub typhus, flea = murine)
- Diagnose by serology
 - Treat empirically complications severe
- Symptoms/geography
 - http://www.cdc.gov/travel/diseases.htm



Imported malaria USA 2003 N= 783 MMWR 2005;54:25-39

Category	Percent
VFRs	53.9
Tourism	12.5
Missionary	9.2
Business	7.5
Student	3.8

Malaria symptom onset to death <u>interval</u> 39 cases



Any exposure in any area with documented malaria transmission	Fever with or without any other finding	
Most tropical countries	Fever and altered mental status	
Budget travel to India, Nepal, Pakistan, or Bangladesh	Insidious onset high unremitting fever, toxic patient, paucity of physical findings	
Freshwater recreational exposure in Africa	Fever, eosinophilia, hepatomegaly, negative malaria smear	

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Alaska, elderly traveler

Bitten by Aedes aegypti Fever, headache, myalgia, diffuse macular rash, mild in Central America, Southeast Asia, or the to moderate South Pacific thrombocytopenia **Hunting or visiting game** Fever, eschar, diffuse reserves in southern petechial rash **Africa** Travel to Southeast Asia Fever, eschar, diffuse petechial rash Hiking, biking, Fever, myalgia, swimming, rafting with conjunctival suffusion, exposure to fresh mild to severe jaundice, surface water variable rash Summertime cruise to Influenza like illness

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Travel to any developing country	Coryza, conjunctivitis, buccal spots, rash
Resort hotel in southern Europe ±/- exposure to whirlpool spas	Pneumonia
Explored a cave in the Americas	Fever, cough, retrosternal chest pain, hilar adenopathy
Ingestion of unpasteurized goat cheese	Chronic fever, fatigue
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Farming areas of India and Southeast Asia

Fever, altered mental status, paralysis

Exposure to farm animals

Pneumonia, mild hepatitis

Possible tick exposure almost anywhere

Fever, headache, rash, conjunctival injection, hepatosplenomegaly

Poor hygienic conditions with possible body louse exposure in Ethiopia or Sudan

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Travel to western India, mosquito bites

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Fever, severe small joint pain, rash

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Tickborne relapsing fever

Farming areas of India Fever, altered mental **Japanese** and Southeast Asia status, paralysis encephalitis Pneumonia, mild hepatitis **Exposure to farm** Q fever animals Possible tick exposure **Tickborne** Int fever, headache, rash, almost anywhere conjunctival injection, relapsing fever hepatosplenomegaly Poor hygienic conditions Int fever, headache, rash, Louse-borne with possible body louse conjunctival injection, relapsing fever exposure in Ethiopia or hepatosplenomegaly

Travel to western India, mosquito bites

Sudan

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