Travel-associated infection presenting in Europe (2008–12): an analysis of EuroTravNet longitudinal, surveillance data, and evaluation of the effect of the pre-travel consultation

**Background:**
- expecting 1.8 billion tourist arrivals in 2030
- Europe largest proportion of inbound travellers and half of the world’s international travellers (Asia, Americas, Africa)
- international migration increased from 56.2 Mio (2000) to 72.4 Mio (2013)

**Methods:**
- analysed travel-associated morbidities 2008-2012 (EuroTravNet)
- including criteria:
  - crossing international border before presentation
  - diagnosis considered travel-related by EuroTravNet physician
  - diagnosis based on causative pathogen or syndrome
- excluding criteria:
  - travel for immigration, unknown or-travel encounter
  - data were collated prospectively (Amsterdam, Brescia, Cambridge, Geneva, Hamburg, London, Madrid, Marseille, Munich, Oslo, Paris, Zurich)

**Results:**
- 3236 patients were analysed (2008-12, EuroTravNet clinics)
  - 51% men, median age 35
  - region of exposure: Sub-Saharan Africa (32%), Southeast Asia (14%), Southcentral Asia (13%), South America (8%)
  - 40% of returning travellers had pre-travel health consultation
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**Discussion:**
- within Europe: tourists bacterial diarrhoea, respiratory infections, immigrants tuberculosis (Eastern Europe, HIV-related?)
- sexually transmitted diseases might be underestimated due to care in other settings
- increase in animal-related bites (+PEEP)
- pre-travel encounter less malaria, increased diarrhoea

**Limitations:**
- only patients presenting to specialized clinics are included
- 12 clinics were very heterogeneous, only one new site country