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## **Epidemiological Update on Fever in Returning Travelers to Toronto from the 'Rapid Assessment of Febrile Travelers' (RAFT) Programme**

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### **Abstract:**

Fever in returning travelers may indicate a life-threatening infection, such as malaria. However, most cases are due to more benign, self-limited etiologies such as traveler's diarrhea. In the absence of a priori predictors of which febrile travelers will develop severe clinical sequelae from their imported infection, which remains undifferentiated pending confirmatory diagnostics, close follow-up and monitoring of travelers during the initial few days of illness is required. The rapid assessment of febrile travelers (RAFT) programme was implemented to standardize the evaluation and disposition of febrile returned travelers in Toronto. We herein provide an epidemiological update on travelers assessed via RAFT from 2016 to 2017, and the illnesses with which they returned from travel. Criteria for RAFT referral include: presentation to participating EDs, reported fever, and travel outside of Canada within the past year. Exclusion criteria include *Plasmodium falciparum* malaria, and fulfilment of admission criteria such as unstable vital signs or major lab derangements. Demographic, clinical, and travel-related data were collected, and analyzed using descriptive statistics. From January 2016 to December 2017, 302 ill returned travelers were evaluated via RAFT: 49% were men (n=147) and 51% were women (n=155). Median age was 34 years (range 16-93 years). Travelers returned from 82 countries with the most represented countries being: India (n=25, 8%), Mexico (n=21, 7%), Thailand (n=18, 6%), Cuba (n=17, 6%), and Costa Rica (n=13, 4%). Common diagnoses included: viral syndrome (n=78, 26%), traveler's diarrhea (n=34, 11%), viral respiratory infection (n=27, 9%), dengue (n=16, 5%), lab-confirmed influenza (n=16, 5%), and typhoid fever (n=10, 3%). Among lab-confirmed cases of influenza evaluated in RAFT, off-season transmission accounted for a quarter. Cases of Zika virus (n=6, 2%) only occurred in 2016. Understanding the range of illnesses imported by febrile returned travelers will inform pre-travel counseling and both clinical and laboratory algorithmic approaches to care of such travelers.