

Background: The spread of covid 19 virus has led to significant and sudden changes in travel patterns, resulting in a virtual shutdown of travel medicine activity. At the same time, many questions have been raised about the negative impact of global travel on the environment.

Objectives: To describe the effects of the covid pandemic on travel behaviors by comparing pre- and post-pandemic data from a travel clinic

Methods: We compared the profile of pre covid travellers (between January 01, 2019 to December 31, 2019) and post covid travellers (January 01, 2022 to December 31, 2022) in a travel clinic in Lausanne. The following data were compared from the database: destination, length of stay, type of travel, number of continents visited, average flight carbon emission (using my climate calculator) and average distance travelled.

Results: We included 9202 travellers in 2019 and 5998 in 2022. The five most visited destinations in 2019 were Tanzania (12%), Brazil (7.89%), Senegal (5.58%), Thailand (4.26%) and India (4.14%). In 2022, the five most visited destinations were Tanzania (18.9%), Senegal (6.97%), Brazil (4.95%), DRC (4.79%), Kenya (4 %). In 2019, 48.8% travelled less than 15 days (48.45% in 2022), 42.47% between 15 days and 3 months (42.24% in 2022), 4.16% between 3 and 6 months (4% in 2022) and 4.56% more than 6 months (5.4% in 2022). In 2019, 96.4% of travellers visited one continent (96.8% in 2022), 2.98% visited two continents (2.53% in 2022), 0.48% visited three continents (0.57% in 2022), 0.13% visited 4 continents (0.1% in 2022). In 2019, 74% were tourists (70.4% in 2022), 9% were business travellers (9.90% in 2022) and 10.19% were VFR (15.4 % in 2022). The average distance travelled by plane (travellers visiting one country) was 13,000 km in 2019 and 12,430 km in 2022. The average flight emission was 2.15t in 2019 and 2.06t in 2022. The statistical analysis is ongoing.

Conclusions: The post covid characteristics of travellers are similar to those pre covid in this travel clinic. The pandemic didn't induce lasting changes in travel patterns.

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HIV Traveler - Are Vaccines Safe?

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Background: As countries reopen post-COVID, international travel is increasing. Providers need to have a sound knowledge base of understanding the intricacies of prescribing vaccines for the person living with human immunodeficiency virus (HIV) (PLWH) and acquired immunodeficiency syndrome (AIDS). With the increased use of pre-exposure prophylaxis (PrEP), HIV/AIDS detection levels are decreasing. This can impact which vaccines are offered A reviews population.

Objectives: This presentation aims to identify the benefits, risks, and barriers of vaccinating PLWH.

Methods: A review of current evidence and guidelines will be presented, highlighting the significant risks associated with vaccinating the PLWH traveler. Review current anti-retroviral therapy (ART) and understand diagnostic evidence to provide safe outcomes. Additional evidence will describe the point brought forward in peer-reviewed and gray literature.

Results: This presentation will offer the provider information regarding the safety and efficacy of prescribing, vaccinating, and appropriately protecting the PLWH traveler. Provide visual algorithms based on current guidelines for vaccination of a PLWH with live vaccines.

Conclusions: Guidance will be provided regarding the approach during the pretravel consult. We will identify behaviors, risks, and benefits of vaccines. A review of lab value consideration for the PLWH includes vaccine titers, CD4 count, viral load, and any change to their immune status, which may change eligibility to receive a live vaccine. We will discuss the risk of adverse events with vaccination, seroconversion, and seropositivity in the PLWH to determine additional levels of protection that may be warranted. Discuss the need for additional guidelines for this population of travelers. In conclusion, a review of resources facilitates confidence in prescribing.

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A Systematic Review of Liver Solid Organ Transplantation in Acute Presentations of Tropical Infectious Diseases

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Background: Fulminant life-threatening presentations of acute tropical infections may occur, and the degree of end-organ impairment may qualify patients for liver solid-organ transplantation (SOT). However, there is a knowledge gap around indications for and outcomes in SOT of the liver for severe acute tropical infectious diseases.

Objectives: We aim to synthesize such knowledge, focusing on patient outcomes.

Methods: Five electronic databases were searched. A total of 7662 articles were retrieved. Titles, abstracts, and full-text articles are in the process of being systematically double screened by two reviewers with a tertiary arbitrator. The Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) will be implemented. As of right now, 828 studies have been assessed for full-text eligibility and 10 full-text articles have been included in statistical analysis. Further data extraction will be performed by two reviewers and the quality of the articles will be evaluated using the Grading of Recommendations Assessment, Development, and Evaluation (GRADE) approach.

Results: An analysis of the type of tropical infectious diseases assessed shows that the majority of diagnoses are acute hepatitis and viral hepatitis E infection. 80% of the articles assess the hepatitis E virus pathogen. An analysis of patient outcomes shows that 70% of patients survived following SOT.

Conclusions: The data will be summarized to systematically map published literature that will illuminate the frequency, indications for, and health outcomes of SOT of the liver recipients in the treatment of acute tropical infectious diseases. Such synthesized information is essential for appropriate resource allocation and informed clinical decision-making.

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Impact, Health Care Utilization and Costs of Travel-associated Mosquito-borne Diseases in International Travelers: A Prospective Study

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Background: International travelers frequently acquire diseases while traveling in endemic areas, yet relatively little is known about the impact and economic burden of these diseases on travelers.

Objectives: We conducted a prospective exploratory costing study on adult returning travelers with falciparum malaria, dengue, chikungunya, or Zika virus.

Methods: Patients were recruited in eight Travel and Tropical Medicine clinics between June 2016 and March 2020 upon travelers' first contact with the health system in their country of residence. The patients were presented with a structured 52-question self-administered questionnaire after full recovery to collect information on patients' healthcare utilization and out-of-pocket costs both in the destination and home country, and about income and other financial losses due to the illness.

Results: A total of 134 patients participated in the study (malaria, 66; dengue, 51; chikungunya, 8; Zika virus, 9; all fully recovered; median age 40; range 18-72 years). Only 7% of patients were hospitalized abroad though 61% were hospitalized upon returning home. Similarly, while 15% sought