

# Current Issues in the Specialty

## A Roundtable Discussion



**NNTMS 2024**

# Objectives

- Identify at least two current professional issues in the specialty of travel health nursing
- Describe challenges to the development of a board certification in the specialty
- List opportunities for THN advocacy & research efforts



## **US Certification in Travel Health Nursing**

- How many would like to have a US board certification similar to other nursing certifications?
- Do you hold other US nursing certifications?
- Are you members of ATHNA? ISTM? ASTMH?
- Has anyone earned the CTH?
- How do you feel about certification by portfolio?
- If an exam were required, what other criteria do you think is important? Years in practice? Certain number of CE over say 3 or 5 years? Complete a case study on a traveler in your practice population? Renewal every 3 years? 5 years? Other?
- What benefits do you see with getting board certified in travel health nursing?

# ADVOCACY



## **ATHNA Fellows Advocacy Efforts**

- Asked editors of The Pink Book to include travel vaccines
- Asking CDC to re-establish CE credits for yellow fever learning module
- Writing letter to stakeholders to improve airline medical kits
- Develop a post travel assessment form to assist with nurse triage
- Suggest content for the new Immunize.org travel vaccine initiative
- Other?

# Nurse Triage of the Returning Traveler



# CDC Defines Post-Travel Triage

## *Not to Miss Presentations*

- Most post-travel illnesses can be managed on an outpatient basis, but some patients, especially those with **systemic febrile illnesses**, might need to be hospitalized.
- Potentially **severe, transmissible infections** (e.g., COVID-19, Ebola, MERS) require enhanced infection control measures and often, higher levels of care.
- **Severe clinical presentations** (e.g., acute respiratory distress, hemodynamic instability, mental status changes) require inpatient care.
- Have a low threshold for admitting a **febrile patient** if malaria is suspected; complications can occur rapidly.
- Management in an **inpatient setting** is especially vital for patients unlikely to follow up reliably or who have no one at home to assist if symptoms quickly worsen.

# Triaging the Returned Traveler Site Dependent

## Process

### How Triage Works

sixsigmadsl.com

- 1 ASSESMENT
- 2 CATEGORIZATION
- 3 PRIORIZATION
- 4 ASSIGNMENT
- 5 CLOSURE

## Protocols & Training

Julie K. Briggs

### Telephone Triage Protocols for Nurses

Sixth Edition

Wolters Kluwer

## Quality Improvement

### Incident response plan checklist

- ✓ Create a policy
- ✓ Form an incident response team
- ✓ Develop playbooks
- ✓ Create a communication plan
- ✓ Identify lessons learned

# Organizational Triage Considerations

- **Scope of triage activity-** in accordance with state and site policies
- **\*\*\*Resources at your practice site-** solo practice? pharmacy based? Urgent care? college health? Medical center?
- **Triage personnel-**MA? LPN? RN? Dedicated health professional? After-hours coverage?
- **Protocols-** written; orientation and ongoing review, updating and training
- **Identification of problems during the journey:**
  - Trauma, routine illness, infections, tropical/ exotic emerging diseases
  - Infectious vs non-infectious
  - Pre-existing condition, co-morbidities?
- **Serious, life threatening, transmissible?**
- **Post triage reviews, QI, revision of protocols prn, and f/u training**

**Goals: to organize and maintain a system of care delivery that treats the patient in an appropriate and timely fashion while preventing transmission to others & reporting to institutional and public health authorities as warranted**



# Patient Interview

**Complicated process as many illnesses present with similar flu-like symptoms**

- Ask **highest acuity questions** first- if telehealth then need for 911 or equivalent guidance; if in person, then determine if standard precautions, PPE equipment or isolation is required.
- Thorough history of the trip: destinations and associated dates, exposures (sick persons, wildlife, water, food, insects, etc.) signs & symptoms & dates of onset, PPM compliance, medications, treatments, routine and travel vaccinations
- Refer per site protocol for further evaluation / treatment; report to institution & public health as required
- Alert referral as indicated, e.g. r/o *Plasmodium falciparum*

# Assessing Fever: Triage Priority

## Assessing the Returning Traveler

### Fever

**IMPORTANT:** all fever in travelers returning from malaria risk areas have malaria until proven otherwise regardless of preventive strategies used!

Malaria is not a community-diagnosable/treatable disease. Once diagnosis and speciation are established and in-patient treatment has been initiated, persons with uncomplicated P. Vivax or Ovale may be discharged to complete therapy at home.

Ask for clarification of the following questions:

- How long was the trip, how much dusk-to-dawn exposure did the person have?
  - Were accommodations air conditioned or well screened?
  - Were insect precautions used?
  - Was anti-malaria medication taken as directed?
- Was travel during flu season and did the person get a flu shot (keep in mind though that flu season in Australia, NZ, Chile, Argentina & South Africa is opposite that in North America, but in the equatorial and tropical regions it is year-round)
- What day did traveler arrive at destination and when did the fever start?

Some diseases manifest early, many later:

- **Fever manifesting in under 14 days:**
  - Dengue symptoms appear between 3-7 days after infective bite, with 4 days average
  - Falciparum Malaria after 7-14 days
    - F Ovale & Vivax: 30+ days, up to 2 years
  - Campylobacter
  - Salmonella
  - Shigella
  - Leptospirosis
  - HIV
  - others
- **Fever manifesting in 2-6 weeks:**
  - Malaria
  - Tuberculosis (mostly in long-term travelers)
  - Hepatitis A, B, C & E
  - Visceral Leishmaniasis
  - Schistosomiasis
  - Amebic liver disease
  - Leptospirosis
  - African Trypanosomiasis
  - Viral Hemorrhagic Fevers
  - Q Fever
  - Acute American Trypanosomiasis (Chagas disease)

- Amebic liver disease
- Onchocerciasis
- Rabies
- Others
- **Was fever accompanied by diarrhea? Constipation?**
  - Typhoid often characterized by constipation
- **Fever with pulmonary symptoms**
  - Influenza
  - Pneumonia
  - Legionella
  - Q fever
  - Malaria
  - others
- **Was fever accompanied by rash?**
  - HIV
  - Herpes
  - Typhoid
  - Measles, mumps
  - Dengue fever
  - Lyme, other rickettsial diseases (12days)
  - Chagas disease (swelling around eye most common)
  - Chikungunya
  - South African Tick Typhus
- **Any changes in urination?**
  - May be UTI, GU infection
  - Screen for STDs
- **Fever with night sweats accompanied by cough (especially in long-term travelers): consider TB**
- **Blood-borne diseases: (HIV, Hepatitis B, C; Herpes)**
  - Have a tattoo or body piercing done?
  - Shared a razor?
  - Any unprotected sexual encounters with new partners?
    - Refer immediately to PMD
- **Time spent in or around fresh water?**
  - Walked barefoot especially near fresh water
    - Cutaneous Leishmaniasis
    - Cutaneous Larva Migrans
    - Vibrio infections
- **Were travel companions also ill?**
- **If fever occurs after long flight (4+hrs), sustained an orthopedic or other injury to lower limb, and fever is accompanied by pain & unilateral swelling of LE, consider DVT and contact PMD for instruction or if complaining of chest pain, shortness of breath: local ER stat**

### Malaria:

Primaquine: long term travelers who have been exposed to possible Plasmodium Vivax or Plasmodium Ovale may need to be considered candidates for what is variably called terminal prophylaxis, or presumptive anti-relapse therapy. Of the six types of malaria, P Ovale and P Vivax have a tissue schizont form of the parasite that remains in the liver in dormant form but can cause delayed disease after return from an infected travel area, possibly as late as a few years after departing the affected area.



# FEVER

Establish 24/7 referral for r/o malaria before triaging first patient

Contact CDC with questions at:

770-488-7788 (toll-free at 855-856-4713) for malaria, during business hours. After business hours or for other conditions, call the CDC Emergency Operations Center at 770-488-7100.

# Mammal Exposures

Refer to ER immediately




# CDC Resource for Post Travel Triage Questions

<https://wwwnc.cdc.gov/travel/yellowbook/2024/posttravel-evaluation/general-approach-to-the-returned-traveler#eval>

The screenshot shows the CDC Travelers' Health website. The header includes the CDC logo and 'Travelers' Health' text, with a search bar on the right. A breadcrumb trail reads: 'Travelers Health > CDC Yellow Book > Table of Contents > General Approach to the Returned Traveler'. A left sidebar contains a navigation menu with items like 'Destinations', 'Travel Notices', 'Advice for Travelers', 'Find a Clinic', 'Clinician Resources', 'CDC Yellow Book', 'Table of Contents', 'Section 11 (11)', 'About CDC Yellow Book 2024', 'Resources - CDC Yellow Book 2024', 'Research and Surveillance', and 'Frequently Asked Questions'. The main content area features a 'CDC YELLOW BOOK' banner image, the title 'General Approach to the Returned Traveler', and 'CDC Yellow Book 2024'. Below this is the section 'Posttravel Evaluation' by Jessica Fairley. An 'On This Page' section lists 'The Posttravel Evaluation' and 'General Management'. The text explains that 43%–79% of travelers to low- and middle-income countries become ill with a travel-associated health problem. It notes that most illnesses are mild, but some require medical care. The text also states that incubation periods vary, and some syndromes can present months to years after travel. A paragraph describes how to approach the differential diagnosis by incorporating patient presentation and travel risk factors, referring to Table 11-01. A link is provided for 'Fever in the Returned Traveler'.

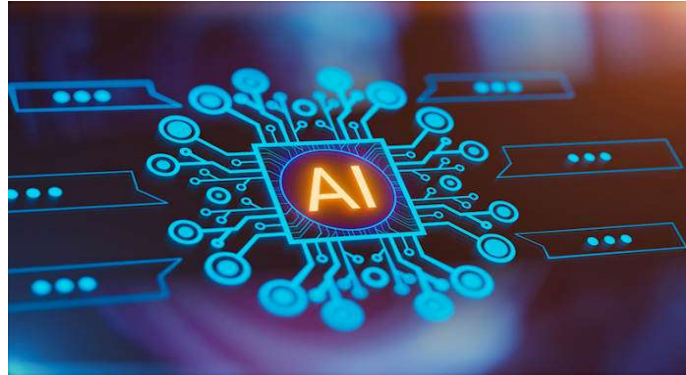
**Table 11-01 Elements of a complete travel history in an ill returned traveler**

Travel with your   
Prescription Medicines



## How to Research Cross Border Medication Issues

- Your Approach?
- Contact US embassy or consulate at the destination
- Any experience with ISTM pharmacy professional group effort?



## **Role of AI in THN**

- Are you using any AI at your site?
- Has anyone used Open Evidence? Other AI programs?
- Are you aware that some medical systems are using AI to answer patient emails and text messages?
- Do you see opportunities for AI in our specialty?
- Other comments about AI?

# Other THN Questions? Concerns? Challenges?





# And For Discussion...

## *The Art & The Science of Travel Health*

- The many challenges of insurance- for the visit, for vaccines, for travel medications: what is your role? How to best educate your traveler?
- Best ideas for how to incorporate effective peer review into your clinic practice site
- Preparing the traveler with limited time or money
- Counseling the risk adverse seeking vaccines & meds not indicated for their journey
- How to help travelers interpret messages about travel risks- outbreak notices, CDC travel health notices, State Dept travel advisories, Travax messages
- Development and successful implementation of nursing protocols to maximize the nursing role in travel health care delivery
- Resources for learning about drugs not permitted into certain countries?

# Bibliography

- ANA and ATHNA. Travel Health Nursing: Scope and Standards of Practice, 2021.
- Clear Triage. Office-Hours Telephone Triage Protocols User's Guide 2023  
<https://www.cleartriage.com/wp-content/uploads/STCC-OH-Users-Guide.pdf>
- CDC. Standard Operating Procedure (SOP) for Triage of Suspected COVID-19 Patients.  
<https://www.cdc.gov/covid/hcp/non-us-settings/sop-triage-prevent-transmission.html>
- CDC. General Approach to the Returned Traveler.  
<https://wwwnc.cdc.gov/travel/yellowbook/2024/posttravel-evaluation/general-approach-to-the-returned-traveler#eval>