



NORTHWEST AIDS EDUCATION AND TRAINING CENTER

The Traveler With HIV

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Overview

- The pre-travel visit: vaccines, prophylaxis
- Counseling them for when they are away
- The post-travel visit

Pre-Travel

- 49 year old Eritrean woman with Stage 3 HIV (last CD4 count 450 and HIV VL undetectable on atazanavir + ritonavir + FTC/TDF) presents 2 months prior to traveling to Eritrea (leaving late December).
- She immigrated to the US 10 years ago
- Otherwise healthy

Pre-Travel Visit: Issues to Address

- Know your geography
 - What country, regions of that country (rural vs urban)
 - Potential exposures while there (farm, animals, water)
- Obtain vaccine history
- Consider need for prophylaxis

Pre-Travel Visit: Resources

- http://wwwnc.cdc.gov/travel/destinations/clinician/immune_compromised/eritrea



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Health Information for Travelers to Eritrea Clinician View



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Afghanistan

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Vaccines and Medicines

Hide

Prepare travelers to Eritrea with recommendations for vaccines and medications.

Pre-Travel: Vaccines

- Hepatitis A
- Hepatitis B
- Typhoid*

-
- Yellow fever* (esp. if traveling within Africa)
 - Meningococcal



Pre-Travel: Prevention

- She is Hepatitis A and B immune
- She has not received typhoid vaccine
 - Should you give live or inactivated?
 - Inactivated (low level of evidence)
- She has not received yellow fever vaccine
 - Would you give this vaccine?
 - OK to consider if CD4 count >200, consider risks/benefits

Pre-Travel: Prophylaxis

- You discuss malaria prophylaxis and the patient declines as she states she was born and raised in Eritrea

Pre-Travel Visit: Prophylaxis

- She reluctantly agrees to take malaria prophylaxis.
- Your options for malaria prophylaxis are the following:
 1. Chloroquine
 2. Mefloquine
 3. Doxycycline
 4. Atovaquone-proguanil

Which is the best option for this patient?

Pre-Travel Visit: Prophylaxis

Your options for malaria prophylaxis are the following:

1. Chloroquine
2. Mefloquine
3. Doxycycline
4. Atovaquone-proguanil

Chloroquine resistance in most of Africa

Ritonavir increases mefloquine levels by ~ 30%
?Mefloquine decreases ritonavir by ~30%

Atazanavir decreases atovaquone by ~40%; proguanil decreased by ~40%

Doxycycline okay, remember phototoxicity

Travel Tips for People with HIV

- Safe food and water
- Insect avoidance
- Outdoor safety
- Animal avoidance
- Hygiene
- Medical care abroad
 - Including ensuring supply of HIV medications

Post-Travel

- She returns from her 4 week trip. She presents to clinic with 3 days history of fevers, chills, headache one week after returning home.
- Febrile to 38.9, HR 123; BP 147/100; RR: 18
- Nothing focal on exam

Post-Travel: Fever in the returning traveler

- Ask about exposures
- Did she take prophylaxis?

Differential Diagnosis:

- Malaria
- Dengue
- Chikungunya
- Typhoid
- Other more common infections

Post-Travel: Malaria and HIV

- Giemsa stain of blood: few trophozoites *Plasmodium falciparum* (< 1% parasitemia)
- Immunoassay + for *P. falciparum* antigen

Post-Travel: Malaria and HIV

- Malaria rates higher in HIV-infected adults
- Risk of higher levels parasitemia esp with CD4 counts < 350
- Increased risk of severe malaria
- Treatment same as HIV negative individuals (www.cdc.gov/malaria)
but
 - <http://aidsinfo.nih.gov/guidelines/html/4/adult-and-adolescent-oi-prevention-and-treatment-guidelines/358/drug-drug-interactions>
- OI prevention guidelines recommend avoidance of travel to malaria endemic areas if CD4 counts low (AIII)
- Prevention should include chemoprophylaxis and personal protective measures

Key Points

- Pre-travel – vaccines, learn about destination
- Counseling about safety while away
- Post-travel – screen for symptoms, possible exposures

Resources

- www.cdc.gov
- www.aidsinfo.nih.gov/guidelines