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

Pre-Travel: Vaccines

- Hepatitis A
- Hepatitis B
- Typhoid*

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

Banda R et al. Vaccine 2012;30:5656
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
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?
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

- 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