

Travel-related illnesses in paediatric travellers who visit friends and relatives abroad (TRIP)

CANADIAN PAEDIATRIC SURVEILLANCE PROGRAM

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REPORTING INFORMATION

(To be completed by the CPSP Senior Coordinator)

Report number: _____

Month of reporting: _____

Province: _____

Today's date: _____

**Please complete the following sections for the case identified above.
Strict confidentiality of information will be assured.**

CASE DEFINITION FOR TRAVEL-RELATED ILLNESSES IN PAEDIATRIC TRAVELLERS WHO VISIT FRIENDS AND RELATIVES ABROAD

A travel-related illness is acquired while travelling abroad, and symptoms may develop during travel or following the child's return to Canada. A VFR traveller may be a foreign-born child or the Canadian-born child of foreign-born parents, who is travelling to a country of origin to visit friends and relatives. The diagnosis is made on clinical and/or laboratory criteria.

Report all children living in Canada less than 18 years of age who acquire significant travel-related illnesses (Section 2) while travelling abroad as VFR travellers.

Exclusion criteria

1. Children who develop travel-related illnesses but did not travel to visit friends and relatives.
2. Children who acquire non-specific mild travellers' diarrhea and respiratory infections, not requiring hospitalisation.

Month first seen _____

SECTION 1 – DEMOGRAPHIC INFORMATION

1.1 Date of birth: ____ / ____ / ____
DD MM YYYY

1.2 Sex: Male ____ Female ____

1.3 Province/Territory of residence _____

1.4 Country of birth of patient: _____

1.5 Country of birth: mother _____ father _____

SECTION 2 – DIAGNOSIS, PRESENTATION AND INVESTIGATIONS

2.1 Types of illnesses:

- 2.1.1 Amoebiasis (within 1 month of travel) ____
- 2.1.2 Cholera (within 1 week of travel) ____
- 2.1.3 Dengue ____
- 2.1.4 Enteric fever (typhoid/paratyphoid fever within 2 months of travel) ____
- 2.1.5 Hepatitis A (within 2 months of travel) ____
- 2.1.6 Hepatitis B (within 4 months of travel) ____
- 2.1.7 Japanese encephalitis ____
- 2.1.8 Malaria ____ (specify species) _____
- 2.1.9 Measles (within 2 weeks of travel) ____
- 2.1.10 Poliomyelitis ____
- 2.1.11 TB symptomatic disease (not infection) ____

SECTION 2 – DIAGNOSIS, PRESENTATION AND INVESTIGATIONS (cont'd)

- 2.1.12 Fish-related toxins and infections (specify type) _____
- 2.1.13 Sexually transmitted infections (within 1 month of travel unless HIV)
(specify type) _____
- 2.1.14 Parasitic infections (e.g., schistosomiasis, helminths [worms], Chagas disease)
(specify type) _____
- 2.1.15 Zoonotic diseases (transmitted from animals, e.g., leptospirosis, anthrax)
(specify type) _____
- 2.1.16 Other insect-borne diseases (e.g., rickettsia, viral fevers including yellow fever, other viral hemorrhagic fevers and chikungunya, leishmaniasis)
(specify type) _____
- 2.1.17 Envenomizations (e.g., snakes, spiders, scorpions) ____ (specify type) _____
- 2.1.18 Animal bites necessitating rabies vaccine ____ (specify animal) _____
- 2.1.19 Other (e.g., an emerging travel-related infection such as SARS) _____
- 2.2 Presentation of illness:
- 2.2.1 Symptoms (check all that apply)
Fever ____ Rash ____ Diarrhea ____ Cough ____ Jaundice ____ Encephalitis ____
Other ____ (list all signs and symptoms) _____
- 2.2.2 Child presented in: Office/clinic ____ Emergency Department ____
- 2.2.3 Are you the first physician to see the patient? Yes ____ No ____
- 2.3 Interval of time between:
- 2.3.1 Beginning of travel and symptom onset ____ days ____ weeks ____ months
- 2.3.2 Symptom onset and physician visit ____ days ____ weeks
- 2.3.3 Symptom onset and diagnosis ____ days ____ weeks
- 2.4 Investigation(s) confirming diagnosis (list all): _____

SECTION 3 – TRAVEL DETAILS

- 3.1 Countries visited during travel (list all): _____

- 3.2 Month(s) travel occurred: _____
- 3.3 Duration of travel: ____ days ____ weeks ____ months
- 3.4 Type of travel: rural ____ urban ____ both ____
- 3.5 Types and characteristics of accommodations during travel (check all that apply):
Family home ____ Air conditioning ____ Insect screens ____ Unknown ____
Other (describe) _____
- 3.6 Was there ingestion of high-risk food and water?
- | | Yes | No | Unknown |
|--|------|------|---------|
| • Food from street vendors | ____ | ____ | ____ |
| • Untreated water | ____ | ____ | ____ |
| • Unpasteurized dairy products | ____ | ____ | ____ |
| • Raw or undercooked meat or fish | ____ | ____ | ____ |
| • Uncooked or unpeeled fruits and vegetables | ____ | ____ | ____ |

SECTION 3 – TRAVEL DETAILS (cont'd)

- | | Yes | No | Unknown |
|--|--------|------------------|---------------|
| 3.7 Was pre-travel health advice sought? | ___ | ___ | ___ |
| If yes, specify from whom: | | | |
| • Travel medicine clinic: | MD ___ | Nurse ___ | Other ___ |
| • Public health clinic: | MD ___ | Nurse ___ | Other ___ |
| • Paediatrician | ___ | Family physician | ___ Other ___ |

- | | Yes | No | Unknown |
|---|-----|-----|---------|
| 3.8 Was the patient compliant with pre-travel advice? | ___ | ___ | ___ |

- Vaccine recommendations: ___

If yes, specify all vaccines given and their timing in relation to travel:

- Food and water precautions: ___

- Malaria prevention measures (if required): ___

If yes, specify:

Bed nets ___

Insect repellent ___

Protective clothing ___

Chemoprophylaxis ___ Specify medication ___

- | | Yes | No | Unknown |
|---|-----|-----|---------|
| 3.9 Was there exposure to: Body piercing/tattooing? | ___ | ___ | ___ |
| Fresh water? | ___ | ___ | ___ |

SECTION 4 – MANAGEMENT

- 4.1 Public health report: Done ___ Not done ___ Unknown ___
 If done, specify by whom: Yourself ___ Someone else ___
- 4.2 Out-patient care only ___
- 4.3 Hospital stay: Total number of days ___ Days in intensive care unit ___

SECTION 5 – OUTCOME

- | | Yes | No | Unknown |
|---|-----|-----|---------|
| 5.1 Child still in hospital | ___ | ___ | ___ |
| 5.2 Child transferred to another facility | ___ | ___ | ___ |
| If yes, specify type of facility _____ | | | |
| 5.3 Child discharged home | ___ | ___ | ___ |
| If yes, complete recovery: ___ | | | |
| Recovery with sequelae (list): _____ | | | |
| 5.4 Child is deceased | ___ | ___ | ___ |
| If yes, age at time of death: _____ months / years Cause of death _____ | | | |
| 5.5 Lost to follow-up | ___ | | |

SECTION 6 – REPORTING PHYSICIAN

First name _____ Surname _____

Address _____

City _____ Province _____ Postal code _____

Telephone number _____ Fax number _____

E-mail _____ Date completed _____

Thank you for completing this form.

(TRIP 2009-03)