

Travel Screening Country List – May 2024



This document is not meant to be an exhaustive list but is focused on select, current special pathogen disease outbreaks that require prompt identification, isolation and/or specialized evaluation and management.

Country	Diseases with Active Cases	Surveillance Window (max time from exposure to symptom onset)	Case Definition and Guidance	PPE/Precautions
Numerous Countries*	Measles	21 days	Measles Clinician Fact Sheet	Airborne + Contact + Standard
Democratic Republic of the Congo	MPox, Clade I	21 days	Mpox Clinician Fact Sheet	Special Pathogens Level 1
Republic of the Congo	MPox, Clade I	21 days	Mpox Clinician Fact Sheet	Special Pathogens Level 1
Spain	Crimean-Congo hemorrhagic fever	21 days	Crimean Congo HF Clinician Fact Sheet	Special Pathogens Level 2 VHF
Nigeria	Lassa Fever	21 days	Lassa Fever Clinician Fact Sheet	Special Pathogens Level 2 VHF
Recent Health Alerts/Advisories		General Notes and References for Local & National health alerts/advisories		
National	Avian flu (H5N1; poultry)	<p>Sporadic human cases have been reported (two in USA since 2022). With the ongoing epidemic of H5N1 among various animal species, clinician should consider the possibility of HPAI A(H5N1) virus infection in persons showing signs or symptoms of acute respiratory illness or conjunctivitis who, during the week before symptom onset, have had: contact with potentially infected sick or dead animals including birds, livestock, or other animal species (this includes, handling, slaughtering, defeathering, butchering, culling, preparing for consumption or consuming uncooked or undercooked food or related uncooked food product, including unpasteurized (raw) milk or other unpasteurized dairy products); direct contact with water or surfaces contaminated with feces, unpasteurized (raw) milk or unpasteurized dairy products, or parts (carcasses, internal organs, etc.) of potentially infected animals; prolonged exposure to potentially infected birds or other animals in a confined space. Click here for the H+H Bird Flu Clinician Fact Sheet. Track bird flu here.</p> <p>CDC shared a post alerting HCW to be on the lookout for possible cases of clade I mpox currently causing an outbreak in the Democratic Republic of</p>		

	DRC Mpox Clade I	<p>the Congo. The most affected regions, ordered by number of laboratory-confirmed cases, were the WHO African Region, the European Region, the Region of the Americas, the Western Pacific Region, and the South-East Asia Region. Currently there are no cases of clade I in the U.S. Clinicians should screen for new rash or lesions or other mpox symptoms as well as travel to the DRC within 21 days of symptom onset. Consult with the NYC DOHMH 866-692-3641 about testing if a patient is suspected of having Clade I MPXV. Treatment and vaccination strategies for Clade I are similar to those for Clade II. Click here for WHO SitRep.</p>
NYC/NYS	NYC Mpox Clade II Cases	<p>Cases of mpox clade II continue to occur in NYC, with a substantial increase in reported cases since October 2023. Providers to maintain a high level of suspicion of mpox when evaluating patients with symptoms of sexually transmitted infections—including rash illnesses consistent with mpox—regardless of gender identity, birth sex, sex of sexual partners(s), travel history, or other risk factors. Click here for the NYC DOHMH health advisory. Of the 256 cases from October 2023 through April 15, 2024: 73% (188) were not vaccinated or had received only one dose; 94% were among men who have sex with men; Most were Black or Hispanic and between the ages of 25-44; Most were mild; ten (3.9%) people were hospitalized.</p>
	Measles	<p>Cases of measles continue to occur nation-wide, including in NYS. Providers should be on alert for patients who have: (1) febrile rash illness and symptoms consistent with measles (e.g., cough, coryza, or conjunctivitis), and (2) have recently traveled abroad, especially to countries with ongoing measles outbreaks. Measles is one of the most contagious infections and individuals are contagious from four days before to four days after rash onset. Report patients with suspected measles immediately to the local health department of the patient’s residence. If in New York City, report persons with suspected measles immediately to the New York City Department of Health and Mental Hygiene at 866-692-3641. Do not wait for laboratory confirmation to report.</p>
	Increase in Leptospirosis Cases	<p>The number of human leptospirosis cases continues to trend upwards; twenty-four cases were reported in NYC in 2023—the highest number in a single year. In 2024, 6 cases have been reported to date. Human leptospirosis infections in NYC are largely associated with exposure to environments and materials contaminated with rat urine. Consider leptospirosis in any patient presenting with compatible illness, especially when there is evidence of acute renal and hepatic failure, and possibly pulmonary hemorrhage. Read more here.</p>
	Meningococcal Meningitis	<p>There has been an increase in invasive meningococcal disease, mainly attributable to Neisseria meningitidis serogroup Y. Healthcare providers should 1) have a heightened suspicion for meningococcal disease, particularly among populations disproportionately affected by the current increase, 2) be aware that patients may present without symptoms typical of meningitis, and 3) ensure that all people recommended for meningococcal vaccination, including people with HIV, are up to date for meningococcal vaccines. Click here to read the advisory.</p>

	Invasive Group A Streptococcal (iGAS)	Provisional surveillance data demonstrate substantially higher incidence of invasive group A streptococcal infections during 2023 compared to pre-pandemic levels. Recent laboratory data show decreased antimicrobial susceptibility to both clindamycin and erythromycin. Health care providers are asked to raise their index of suspicion for invasive group A streptococcal infection and obtain relevant cultures when clinically indicated. Read more here .
International	Global Increase in Dengue Virus Infections	Since the beginning of 2023, ongoing transmission, combined with an unexpected spike in dengue cases have resulted in close to a historic high of over five million cases and more than 5000 dengue-related deaths reported in over 80 countries/territories and five WHO regions: Africa, Americas, South-East Asia, Western Pacific and Eastern Mediterranean Regions. Click here to read the WHO Global Situation Report.

Footnotes

Abbreviations:

MERS = Middle Easter Respiratory Syndrome; VHF = Viral Hemorrhagic Fever; XDR = Extensively Drug Resistant; COVID-19 = coronavirus disease 2019; CCHF = Crimean-Congo Hemorrhagic Fever

Avian Influenza:

Avian influenza refers to the disease caused by infection with avian (bird) influenza (flu) Type A viruses. Avian flu viruses do not normally infect humans. However, sporadic human infections with avian flu viruses have occurred. [Click here](#) for more information

Crimean Congo Hemorrhagic Fever (CCHF)

CCHF is endemic in some countries of the Eastern Mediterranean Region of WHO including Pakistan, Iran, Afghanistan, Iraq and Oman.

Lassa Fever:

Lassa fever is an animal-borne, or zoonotic, acute viral illness. It is endemic in parts of West Africa including Sierra Leone, Liberia, Guinea, and Nigeria. [Click here](#) for more information.

MERS-CoV:

MERS-CoV is endemic to the Middle East and cases have previously been reported in the Arabian Peninsula. Countries considered in and near the Arabian Peninsula include: Bahrain; Iraq; Iran; Israel, the West Bank, and Gaza; Jordan; Kuwait; Lebanon; Oman; Qatar; Saudi Arabia; Syria; the United Arab Emirates (UAE); and Yemen.

*Measles:

There continues to be world-wide measles outbreaks. Clinicians must maintain a high level of suspicion for measles in returned travelers with febrile rash illness. [Click here](#) to view the top 10 countries with measles outbreaks as reported by the CDC. [Click here](#) for to view travel notices for countries currently affected by measles.

SPECIAL PATHOGENS LEVEL 1 PPE:

Gown, gloves, eye protection, N95 respirator

SPECIAL PATHOGENS LEVEL 2 VHF PPE:

N95 respirator, 2 pairs of extended cuff gloves, coverall or gown, apron, face shield, hood, knee high boot covers, shoe covers (if coverall used)