

### Travel Screening Country List – October 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	<a href="#">Measles Clinician Fact Sheet</a>	Airborne + Contact + Standard
Numerous Countries <ul style="list-style-type: none"> <li>• Burundi</li> <li>• Democratic Republic of the Congo</li> <li>• Republic of the Congo</li> <li>• Central African Republic</li> <li>• India</li> <li>• Rwanda</li> <li>• Uganda</li> </ul>	MPox, Clade Ia & Ib	21 days	<a href="#">Mpox Clinician Fact Sheet</a>	Special Pathogens Level 1
India	Nipah Virus	14 days	<a href="#">Nipah Virus Clinician Fact Sheet</a>	Special Pathogens Level 1
Iraq	Crimean-Congo hemorrhagic fever	21 days	<a href="#">Crimean Congo HF Clinician Fact Sheet</a>	Special Pathogens Level 2 VHF
Nigeria	Lassa Fever	21 days	<a href="#">Lassa Fever Clinician Fact Sheet</a>	Special Pathogens Level 2 VHF
Pakistan	Crimean-Congo hemorrhagic fever	21 days	<a href="#">Crimean Congo HF Clinician Fact Sheet</a>	Special Pathogens Level 2 VHF
Rwanda	Marburg	21 days	<a href="#">Marburg Clinician Fact Sheet</a>	Special Pathogens Level 2 VHF
<b>Recent Health Alerts/Advisories</b>		<b>General Notes and References for Local &amp; National health alerts/advisories</b>		
National	H5N1/Bird Flu	The CDC continues to address a multistate outbreak of avian influenza A(H5N1) in dairy cows, poultry, and other animals in the U.S. Since April 2024, 14 human cases have been reported, including one in Missouri with no known animal exposure. Seven individuals who had contact with this case, including a household member and six healthcare workers, fell ill, though it's unclear if any were infected with H5N1. Clinicians should consider H5N1 infection in patients with		

	<p>Increased Risk of Dengue Virus Infections in the United States</p> <p>Oropuche Virus</p> <p>Parvovirus</p>	<p>acute respiratory illness or conjunctivitis who have had recent contact with sick or dead animals, contaminated surfaces, or unpasteurized animal products. <a href="#">Click here for the Highly Pathogenic Avian Influenza Clinician Fact Sheet</a>. Track bird flu <a href="#">here</a>.</p> <p>The CDC has issued a <a href="#">Health Alert</a> to inform healthcare providers of an increased risk of dengue virus infections, with global dengue incidence at record highs. Puerto Rico has declared a public health emergency with 1,498 cases, and there have been 745 cases among U.S. travelers from January to June. Healthcare providers should be vigilant for dengue in febrile patients who have traveled to endemic areas, order appropriate diagnostic tests, report cases promptly, and promote mosquito bite prevention.</p> <p>The CDC has issued a <a href="#">Health Advisory</a> to notify clinicians and public health authorities of an increase in Oropouche virus disease in the Americas region, originating from endemic areas in the Amazon basin and new areas in South America and the Caribbean. Between January 1 and August 1, 2024, more than 8,000 cases of Oropouche virus disease were reported. Countries reporting cases include Brazil, Bolivia, Peru, Colombia, and Cuba. In the United States and Europe in 2024, travel-associated cases have been identified in travelers returning from Cuba and Brazil.</p> <p>CDC issued a <a href="#">Health Advisory</a> to notify healthcare providers, public health authorities, and the public about current increases in human parvovirus B19 activity in the United States. Parvovirus B19 is a seasonal respiratory virus that is <a href="#">transmitted through respiratory droplets</a> by people with symptomatic or asymptomatic infection. In the first quarter of 2024, <a href="#">public health authorities in 14 European countries</a> observed unusually high numbers of cases of parvovirus B19. Recently, CDC has received reports indicating increased parvovirus B19 activity in the United States.</p>
<p>NYC/NYS</p>	<p>Eastern Equine Encephalitis Virus (EEE)</p> <p>Mpox Clade II (NYC)</p>	<p>NYS reported its first fatal human case of eastern equine encephalitis (EEE) in New York since 2015. The case, which was confirmed in Ulster County. Eastern equine encephalitis is an extremely rare but serious and often fatal infection that causes encephalitis or inflammation of the brain. It is spread by the bite of a mosquito infected with EEE virus. EEE presence in mosquitos has been confirmed in 15 counties in NYS. Healthcare providers should consider mosquito-borne infections in the differential diagnosis of any patient with clinical evidence of viral encephalitis or viral meningitis, especially in counties where <a href="#">EEE</a> has been identified.</p> <p>Cases of mpox clade II continue to occur in NYC. 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 <a href="#">here</a> for the NYC DOHMH health advisory.</p>

	Measles	<p>Cases of measles continue to occur nation-wide, including in <a href="#">NYS</a>. 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>
	Legionellosis	<p>NYS has a high burden of <a href="#">legionellosis</a>. Clinical suspicion for the possibility of Legionnaires’ disease, Pontiac fever, or extrapulmonary legionellosis coupled with culture of respiratory secretions is critical to the identification of and intervention in community clusters. Legionellosis occurs year-round, with increased incidence during the summer and early fall.</p>
	Tickborne Diseases	<p>Be on the alert for <a href="#">tick-borne diseases</a> (TBDs) as people spend more time outside in tick habitats. Lyme disease is the most reported TBD among New Yorkers, followed by babesiosis and anaplasmosis. Most New Yorkers acquire TBDs while outside of NYC. Locally acquired cases of Lyme disease and babesiosis are reported from Staten Island, with sporadic cases of anaplasmosis and ehrlichiosis. Rarely, locally acquired TBDs are reported from the Bronx. Blacklegged, lone star, and Gulf coast ticks are present in Staten Island and the Bronx, all of which have tested positive for several TBD pathogens.</p>
	West Nile Virus	<p>West Nile virus (WNV) has been detected in 1571 pools of mosquitoes collected from the Bronx, Brooklyn, Manhattan, Queens, and Staten Island. There have been 27 human cases of West Nile Neuroinvasive Disease; 7 cases West Nile Fever and 5 Blood donor cases reported in NYC this <a href="#">year</a>.</p> <p>Consider WNV disease in patients presenting with viral meningitis or encephalitis, acute flaccid paralysis, or symptoms compatible with West Nile fever, now through October 31.</p>
	Travel-associated Infectious Diseases	<p>For people who develop illness after spending time internationally, healthcare providers should consider the travel-associated diseases most commonly reported in NYC:</p> <ul style="list-style-type: none"> <li>○ Mosquito-borne diseases (dengue, malaria)</li> <li>○ Enteric diseases (hepatitis A, typhoid fever, paratyphoid fever)</li> <li>○ Tuberculosis</li> <li>○ Diseases for which there are current global outbreaks (<a href="#">measles</a>, <a href="#">mpox</a>, <a href="#">oropouche</a>)</li> <li>○ Read more <a href="#">here</a>.</li> </ul>

## 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)