

S086

2-hour Symposium

Refugees, migrants and infections

Immigrants returning home to visit friends and relatives (VFRs)

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Immigrants settled in the host country are increasingly traveling back to their countries of origin to visit friends and relatives (VFRs). They have been described as a special risk group for certain travel-related illnesses, especially infectious diseases, when compared to other kinds of travelers. In addition, VFRs may have asymptomatic chronic infectious diseases which were acquired before migration.

Malaria, mainly due to *P. falciparum*, is the most frequent diagnosis in VFRs mostly in SSA. This increased prevalence is due to several risk factors such as traveling to highly endemic areas, for longer periods of time and with poorer adherence to anti-malarial prophylaxis

VFRs have been described in some series as having a higher risk of acquiring faecal-oral transmitted infections such as enteric fever when compared with other types of travelers. Enteric fever occurs mostly among those coming from Asia (mainly Pakistan, Cambodia, Nepal, India and Sri Lanka). Another faecal-oral transmitted illness is HAV, for which VFRs, mainly pediatric patients, appear to have a higher risk.

Some infections with worldwide distribution such as STIs, including HIV and syphilis, chronic viral hepatitis or tuberculosis may persist in an asymptomatic form during long periods of time. When such diagnoses are made among VFRs it is difficult to ascertain whether the infection was acquired during travel or before migration. However, VFRs have also been described as having certain attitudes/practices which may confer a higher risk for such infections during travel, when compared with other types of travellers. Travel for long periods of time to highly endemic areas for TB increases the risk of infection both in travelers and in VFRS

Due to the prevalence and impact on individual and public health of these chronic infections, and because they may have a long asymptomatic course, screening for HIV, HBV, HCV and TB, should be considerate.

For some tropical diseases determining time of acquisition may also be difficult. Such is the case for filariasis, an infrequent diagnosis in travelers but common among immigrants from endemic areas

Chagas disease is exceptional among travelers. Most imported cases outside endemic areas are described in immigrants from LA, mainly those from rural areas of Bolivia, who may be asymptomatic

VFRs should be approached from two perspectives, as travelers and as immigrants. They are travelers with a high risk for the acquisition of certain infectious diseases related to travel but they are also immigrants whose countries of origin frequently have higher prevalences of certain infectious diseases when compared to the host country. This confers a higher risk for infections acquired before migration which may persist in an asymptomatic form for long periods of time.

B. Monge-Maillo, F.F. Norman, J.A. Pérez-Molina, M. Navarro, M. Díaz-Menéndez, R. López-Vélez. Travelers visiting friends and relatives (VFR) and imported infectious disease: Travelers, immigrants or both? A comparative analysis, *Travel Medicine and Infectious Disease* (2013)