

**P0190 International travel and imported diseases: experience of a specialised unit in Spain**

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**Background:** We describe the imported pathology associated with international travel in a group of patients treated in a specialized unit in Spain.

**Materials/methods:** A descriptive, retrospective study was carried out on all travelers treated in a specialized consultation between the years 2008-2017 at Hospital Universitario Central of Asturias, Spain. The patients were classified according to the type of travel in tourism (group 1), adventure (group 2), cooperation (group 3), and immigrants who returning temporarily to their places of origin (VFR) (group 4) and work (group 5). Qualitative variables were compared using the Chi2 test or the Fisher exact test. For quantitative variables, the Student t test or the Mann-Whitney U test were used. Significance was designated at  $p < 0.05$ .

**Results:** We studied 568 patients (51.5% women, mean age 39 years). The reasons for the trip were: VFR (37.6%), tourism (20.2%), work (16.3%), cooperation (16%), adventure (9.3%). The main reasons for consultation were screening, fever and diarrhea (21.3% respectively), cutaneous diseases (10.7%), and abdominal pain (9%). 33% of patients had intestinal parasites (33%), strongyloidiasis (11%), schistosomiasis (5.1%), giardiasis (4.6%). Intestinal parasites were more frequent in VFR ( $p = 0.001$  OR 2,420 [1,673-3,501]) like as strongyloidiasis ( $P = 0.0001$  OR 3.107 [1.777-5.372]). Giardiasis was more frequent in adventure travelers ( $p = 0.0001$  OR 6.049 [2.534-14.440]). 18 patients were diagnosed of HIV infection, 7 chronic hepatitis B and 13 a chronic hepatitis C, all more frequent in VFR. 7.7% of patients had malaria and 6% a flavivirus infection. Nineteen patients had respiratory infections. Malaria was significantly more frequent in VFR ( $p = 0.0001$ ; OR: 4,904 [2,413-9,965]). Fifty-three patients required hospitalization, especially VFR ( $p = 0.001$  OR 2,573 [1,437-4,608]). The multivariate analysis confirmed a higher presence of intestinal parasitosis, malaria and strongyloidiasis in the VFR and giardiasis in adventure travelers ( $p < 0.05$ ).

**Conclusions:** Imported diseases are frequent in travelers especially intestinal parasitosis. VFR are especially vulnerable The post-trip review is an opportunity to perform screening in this group of other pathologies such as HIV infection, or chronic hepatitis B.

