

P1311 The UK imported fever service clinical teleconference

Marta Gonzalez Sanz*¹, Kate Woods¹, Carmela Cabeza Brasa¹, Jane Osborne¹, Mike Brown², Peter Chiodini², Nicholas John Beeching³, Matthew Dryden¹, Andrew Simpson¹, Emma Aarons¹, Amanda Semper¹, Tim Brooks¹

¹Public Health England, Rare and Imported Pathogens Laboratory, ²University College London Hospital, Hospital for Tropical Diseases, ³Liverpool School of Tropical Medicine

Background: The Imported Fever Service (IFS) is a national specialist diagnostic and clinical advice service for acute imported fevers. The service, available by telephone 24/7, serves hospital-based ID and microbiology specialists. IFS is led by Public Health England Rare and Imported Pathogens Laboratory (RIPL) in partnership with the Liverpool School of Tropical Medicine and the Hospital for Tropical Diseases (HTD). RIPL provides serological and molecular testing selected by a combined epidemiological and syndromic approach based on geographical panels. HTD provides malaria and parasitology testing.

Since May 2013, a weekly national IFS teleconference has been a forum for Infection doctors nationwide to discuss interesting cases. The objective of this review is to highlight the breadth of cases discussed and the unique educational value of the teleconference.

Materials/methods: All IFS teleconferences since 1st August 2016 and the results of IFS teleconference survey (May 2017) were reviewed.

Results: Preliminary data shows 75 cases were discussed in 47 teleconferences. Eighteen cases were included for educational purposes where a diagnosis had already been made. Of the remaining 57 cases, (35%) the diagnosis was made by RIPL in 20, 6 cases (11%) were diagnosed by specialist laboratories, 12 (21%) were diagnosed locally, and 19 (33%) remained undiagnosed. Most of the cases presented had an infectious cause. Diagnoses included bacterial (eg melioidosis, toxigenic cutaneous diphtheria, *Brucella canis*), viral (eg Toscana meningitis, Oropouche fever; milk borne Tick borne encephalitis, Crimean Congo Haemorrhagic fever), fungal (eg basidiobolomycosis) and parasitological (eg West African trypanosomiasis, disseminated alveolar hydatid) infections. For a proportion of cases a non-infective cause was found (eg Systemic Lupus Erythematosus meningitis, NMDA encephalitis). Among the undiagnosed cases there was a preponderance of neurological presentations. In the survey, 96% of conference attendees reported that participation in the IFS clinical teleconference directly or indirectly affects their professional practice.

Conclusions: The IFS teleconference offers the opportunity to discuss a variety of unusual cases from all over the UK with experts in Infectious Diseases and Tropical Medicine, and is of great educational value. Review of the differential diagnoses and recommendations for additional diagnostic testing contribute to the management of such challenging cases.