

Background

Imported fevers are a broad and complex set of presentations to the emergency department without standardised management approaches. The aim of this audit across two hospital sites was to review clinical data recorded with the aim of establishing a standardised clinical pathway for systematic identification of imported fevers that can be implemented nationally.

Methods

A retrospective audit was conducted at two tertiary hospitals with ID services. Cases were identified via HIPE coding and malaria test records over five years at one site, and one year of malaria testing at the second site. Clinical and laboratory data were collected from patient notes and analysed using descriptive STATA statistics.

Results

Cases & Travel

- 72 patients (26 at Site 1, 46 at Site 2); 72% had travelled within the previous 6 weeks.
- Visiting friends/relatives was the top travel reason (32%, n=26).

Geography

- Nigeria: 32% (n=23)
- Uganda & Ghana: 6% each (n=4 each)
- Malawi & India: 4% each (n=3 each)

Prevention & Assessment

- Malaria prophylaxis documented in 11% (n=8); 5 cases lacked prophylaxis data.
- Travel vaccination status recorded in 16% (n=12).
- VHF assessment performed in 7% (n=5) but clinically indicated in 30% (n=22).

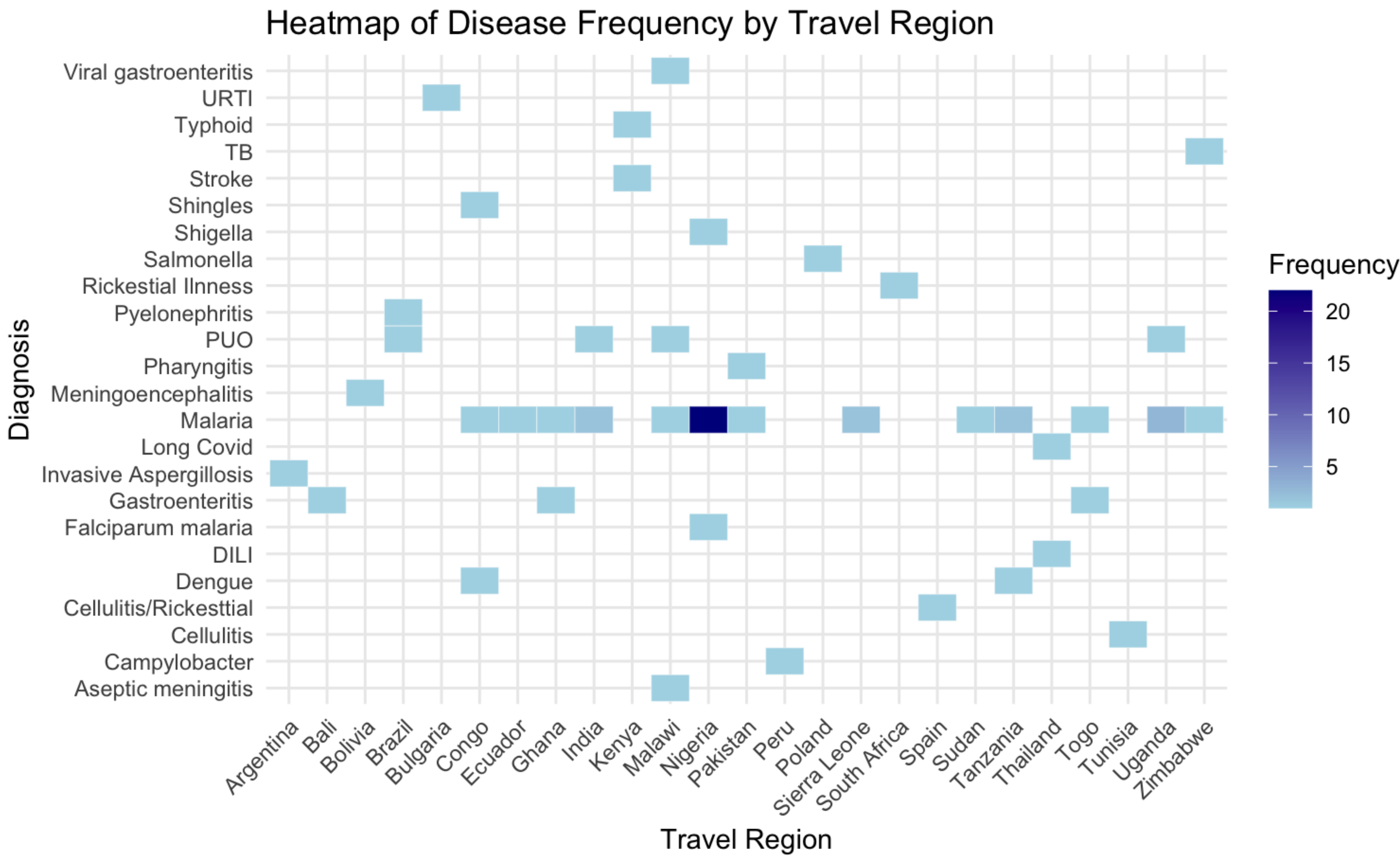
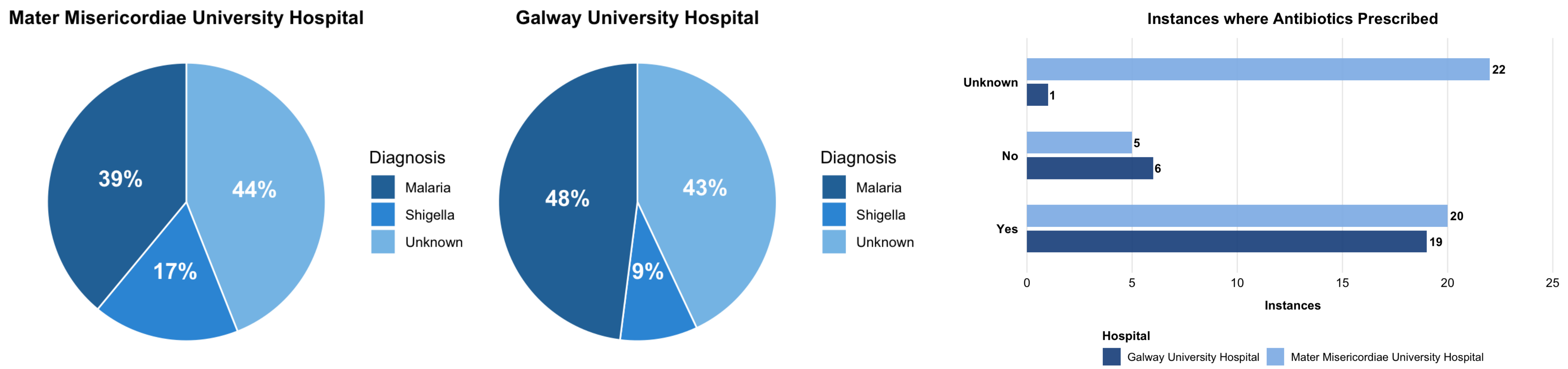
Diagnoses

- Malaria: 35% (n=25)
- Shigella: 5% (n=4)
- Dengue & rickettsioses: 3% each (n=2 each)
- No aetiology found: 25% (n=18)

Management

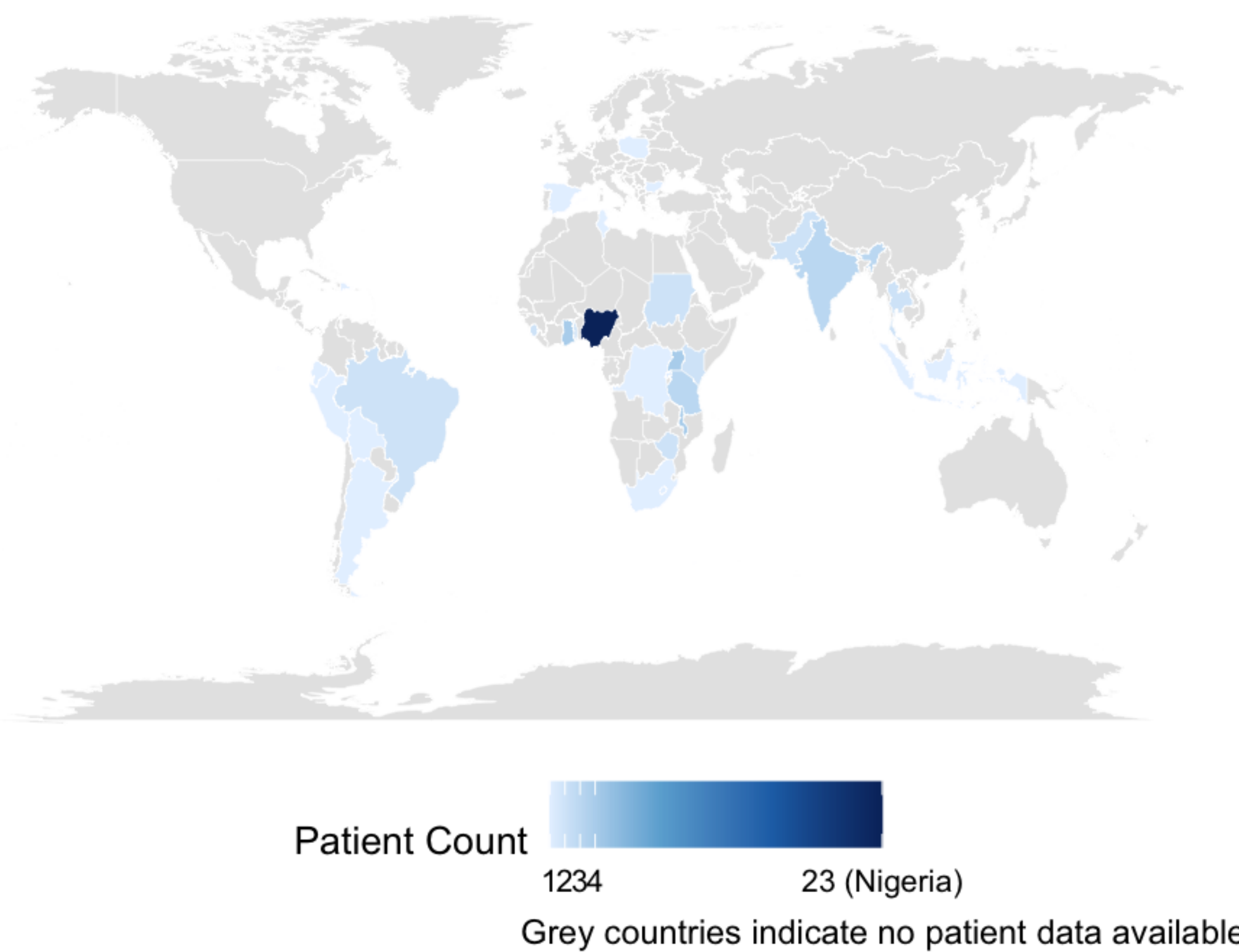
- Admissions: 92% (n=66)
- Antimicrobials given: 44% (n=32)
- Additional serology sent: 47% (n=34)

Most Common Diagnosis



World Heatmap

Highlighted Countries: Combined MMUH GUH Cohort



Conclusion

Malaria was the leading diagnosis among patients with imported fever, with low rates of prophylaxis. Diagnostic uncertainty was high, and clinical assessments were inconsistent—particularly regarding VHF and vaccination history. These findings highlight the need for a standardised assessment protocol to improve care and enhance surveillance of emerging pathogens.

References

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