4: Evaluation and initial management of fever in a returned traveller* Suspected febrile illness in a returned traveller Confirm fever Severe sepsis (confusion, collapse, cyanosis, tachypnoea, hypotension, No features of severe sepsis neck stiffness, peritonism or digital gangrene) History: Travel and fever onset (compare with typical incubation periods) Resuscitation if shocked Blood cultures Pattern of fever: Occasionally helpful (eg. second-daily paroxysm in vivax malaria) Malaria films Focal features: Neck stiffness, cellulitis, abdominal tenderness, pulmonary consolidation Penicillin or ceftriaxone Investigations: Full blood count, liver function tests, blood cultures (two), chest x-ray, urine microscopy and culture, baseline serological (if meningococcal tests, specific investigations for focal disease disease likely) Fever > 7 days, Malaria possible† Respiratory symptoms Rash Jaundice malaria ruled out Thick and thin malaria Consider dengue or Return within 3 Consider enteric fever Consider days from country films (if initially negative, Acute hepatitis (eg, A, B, rickettsial disease Blood, stool and urine with acute influenza C, E, Epstein-Barr virus, repeat 3 times) Serological tests cultures Consider empirical Consider empirical dengue, Q fever): doxycycline for rickettsia quinolone or thirdserological tests **Pulmonary** Plasmodium vivax. generation cephalosporin Acute cholangitis (stones, consolidation ovale or malariae liver fluke): blood cultures, ultrasound and stool Consider unusual causes of pneumonia examination Plasmodium falciparum Consider influenza · Liver abscess (amoebic, (eg. Legionnaire's disease, melioidosis) Rapid antigen or pyogenic): blood cultures, • If severe, give empirical treatment, PCR test Urgent hospital transfer serological tests including macrolide or quinolone

PCR=polymerase chain reaction.

^{*}Evaluation should also include the differential diagnoses that would be considered in a non-traveller with fever.

[†]Travel to high-risk area, rural or prolonged travel, non-compliance with prophylaxis.