CORRESPONDENCE

Viruses Acquired Abroad: What Does the Primary Care Physician Need to Know?

by Dr. med. Jonas Schmidt-Chanasit, Dr. med. Stefan Schmiedel, Prof. Dr. med. Bernhard Fleischer, Prof. Dr. med. Gerd-Dieter Burchard in volume 41/2012

Additional Important Aspects

The recent report on “viruses acquired abroad” (1) is very interesting. Schmidt-Chanasit et al. noted that “[t]he primary care physician should take a thorough history so that specifically targeted laboratory tests can be ordered as soon as possible (1).” Indeed, disease imported from distant endemic areas has become a major issue in traveler medicine. Many new emerging diseases in Europe and USA have been brought in by travelers, and the problem demands our attention. There are, however, some additional important considerations. First, it should be noted that multiple diseases are often endemic to the same area; thus, patients may be co-infected with two or more diseases, a possibility that is easily overlooked unless explicitly considered. Second, accurate and precise diagnostic testing is essential. The continuing underdiagnosis of some infections such as chikungunya virus infection (2) implies that clinical practice guidelines must be improved to keep up with the emergence of new diseases brought in by travelers in the present era of globalization.

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In Reply:

We thank our correspondents for their positive feedback to our article on imported viral infections (1).

Especially in hyperendemic areas in southeast Asia, the possibility exists of coinfections with dengue virus and chikungunya virus, since both viruses are transmitted to humans by the same mosquito vector (the Asian tiger mosquito, *Aedes albopictus*). Diseases caused by these viruses are difficult, or even impossible, to distinguish clinically. For this reason, infection with the dengue or chikungunya virus can be diagnostically confirmed only if the notifying physician sends a specimen for laboratory testing to a reference center for tropical infectious diseases.

This is equally true for the laboratory diagnosis of a coinfection. In Germany, such a coinfection has been diagnosed only in a woman returning after traveling in India in 2008 (2).

It cannot be ruled out that a coinfection of dengue and chikungunya virus takes a more serious clinical course than individual infection with just one of the two pathogens (2). For this reason, if coinfection is suspected or if the clinical course is particularly serious, patients who have traveled in endemic regions should undergo laboratory testing for both pathogens.

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Conflict of interest statement

The authors of all contributions declare that no conflict of interest exists.