At the end of summer

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Editor

As the summer holiday comes to an end, so does the travel quest throughout the world, and with it the baggage of that we have come in contact with.

During summertime the majority of trips are due to pleasure rather than business and the possibility of *challenging behavior* is increased.

We are bombarded with lots of information regarding travel prevention risk from the legal authorities, but we are still on holiday so we tend not to follow them by heart, and this is why at the end of this period we can encounter lots of travel-associated diseases in our patients. It is therefore necessary to keep this in mind when performing the differential diagnosis, and definitely think about travel-associated diseases, according to the country/countries visited.

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You can find all the information you need on the Centers for Disease Control and Prevention (CDC, <http://www.cdc.gov/>) and World Health Organization (WHO, <http://www.who.int/en/>) websites, readily available to simplify your approach, but do keep in mind that some diseases have a short incubation period while others can become symptomatic even years after the initial exposure.

Some of the categories generally considered to present the highest risk for complicated outlines of disease are children and elderly persons, and in these cases an infectious diseases physician specializing in either adult or pediatric patients can be your best choice.

Before concluding, as a personal recommendation, stay updated with the latest information on germs by reading the current issue of the Journal and finding out more about rotavirus gastroenteritis in Nigeria, long-term follow-up of antiretroviral treatment in children, and pacemaker-associated endocarditis.