Abstracts

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TRIP (Travel Remote Infomation Platform) – a platform for monitoring traveler's health

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INTRODUCTION Most of the studies reporting symptoms during the travel are done retrospectively (1),(2), increasing the odds of recall bias. Moreover, there is no information about the percentage of travelers that suffer mild or no symptoms during their trips because they never attend to a clinic afterwards.
AIM The main aim of the study is to detect incidence of symptoms real-time amongst travelers visiting tropical and subtropical countries. Also, comparing symptoms between travelers taking or not malaria chemoprophylaxis and other demographic variables.
METHODS Participants were recruited at a Travel Clinic in Barcelona (February–May 2016). Participants downloaded a Smartphone Application (App) that checked their health status daily while travelling, asking for diarrhea, abdominal pain, cutaneous lesions, fever, headache, joint pain, oral ulcers, and insomnia. User's health status was monitored through a web-based platform in real-time. Exclusion criteria were: travelling more than one month and taking malaria prophylaxis other than atovaquone-proguanil. An informed consent was signed prior to participate in the study.
SUMMARY OF THE RESULTS 106 participants were recruited, 62.26% (66/106) were male with mean age of 36 years (±11SD). Main travel purpose was tourism in 58.1% (61/106). A 35/106 (33%) users were on chemoprophylaxis. Thailand was the most visited country in 12.26% (13/206). The mean days of travel was 12 (±11SD). A 15% (13/106) had two or more symptoms during the trip. Main recorded symptoms were diarrhea in 13/106 cases (15%) and abdominal pain in 11/106 cases (13%). No differences between symptoms were observed by sex, purpose of travel, age, duration of the trip or prophylaxis status. Main observed incidence was diarrhea: 1.4% per person per day, and abdominal pain 1.2% per person per day. Travelers used the App a mean of 9.99 days (±SD 6.89).
CONCLUSION The study showed no severe health complications in trips less than 30 days but incidence of symptoms, specially diarrhea, could be higher than previously reported (2),(3). There were no differences in symptomatology between travelers on prophylaxis and those without. The platform showed good usability and worked in order to detect symptoms real-time. The platform is ready to be used at bigger scale.

References
1. Wilson ME, Weld LH, Boggild A, Keystone JS, Kain KC, von Sonnenburg F, et al. Fever in returned travelers: results from the GeoSentinel Surveillance Network. Lancet Infect Dis. 2007;15(1):55–64.
2. Schlagenhauf P, Weld L, Goorhuis A, Gautret P, Weber R, von Sonnenburg F, et al. Travel-associated infection presenting in Europe: an analysis of EuroTravNet longitudinal, surveillance data, and evaluation of the effect of the pre-travel consultation. Lancet Infect Dis [Internet]. 2015 Jan 24;15(1):55–64. Available from: https://doi.org/10.1016/s1473-3099(14)71000-x
3. Díaz-Menéndez M, Pérez-Molina JA, Serre N, Treviño B, Torrús D, Matarranz M, et al. Infecciones importadas por inmigrantes y viajeros: Resultados de la Red Cooperativa para el estudio de las Enfermedades Importadas por Inmigrantes y Viajeros +Redivi. Enferm Infecc Microbiol Clin. 2012;30(9):528–34.

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Epidemiological and clinical characteristics of imported Chagas disease in a hospital in Madrid

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INTRODUCTION The increase of population mobility during last decades has lead to the spread of Chagas disease outside Latin America endemic countries. Spain is the European country with the highest expected number of infected patients by *Trypanosoma cruzi*.
AIM To describe the main characteristics of Chagas disease in a hospital in Madrid.
METHODS We performed an retrospective descriptive study using hospital records database of diagnosed patients of Chagas disease in Hospital Fundación Jiménez Díaz (Madrid) between 2009 and 2016.
RESULTS A total of 122 patients were diagnosed of chagas disease. The mean age of the patients was 40 years (range: 2–69 years), being 94% of patients from Bolivia and 81% were female.
Cardiological manifestations were found in 20% of patients and digestive symptoms in 13%. Alterations in the ECG and echocardiogram were found in 36.3% and 15.7% of the patients, respectively.
Considering only cardiological manifestations, the main symptoms were: chest pain (6%), palpitations (6%), dyspnea (4%), dizziness (2%), syncope (2%) and orthopnea (1%), being altered ECG and echocardiogram in 45% and in 29% of patients with cardiological manifestations respectively.
The main digestive symptoms were: constipation (7%), reflux (2%), abdominal pain (3%) or dysphagia (2%). Esophageal manometry was performed in five patients, finding achalasia in three patients (60%) and hypoperistaltic in 1 (20%). Altered manometry was found in 4 patients, three of them had showed digestive symptomatology. The rest of the patients were asymptomatic at diagnosis.
CONCLUSION In our study, the predominant patients' profile was an asymptomatic women at fertile age from Bolivia. This and the conditions associated with organ affectation underlines the need for increased efforts towards the early detection of *T. cruzi*. Continuing research on NMR appears fully justified because. It could be a useful tool for myocarditis early diagnosis.

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Risk factors of imported malaria in a non-endemic country

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INTRODUCTION Malaria is a rising problem in non-endemic countries as a result of changing immigration and travel patterns.