



Fever in the Returned Traveler Clinical Pathway Synopsis

Fever in the Returned Traveler Algorithm

Exclusion criteria:

- Patients with concern for measles (see [Measles pathway](#))
- Patients with concern for tuberculosis infection (see [Tuberculosis Screening in the Ambulatory Setting pathway](#))
- Patients with concern for viral special pathogen infection (e.g., Ebola virus- see [CDC Post-Travel Evaluation to Rule Out Viral Special Pathogen Infection](#))

Patient presents with fever and concern for travel-related illness

Does patient have signs of sepsis?

Yes

- See [Sepsis pathway](#)
- Consult Infectious Diseases if concern for:
 - Severe malaria
 - Typhoid
 - Dengue

No

Travel history questions to ask before Infectious Diseases consultation:

- Country/region traveled to
 - See [CDC resource for health risks by destination](#)
 - See information about diseases, geographic areas, and incubation periods
 - [By geographic area](#)
 - [By disease](#)
 - Timing of travel
 - Duration of travel
 - Timing of potential exposure (if known)
 - Onset of symptoms
 - Sick contacts
 - Vaccination/treatment history
 - See [resource for vaccination translation](#)
- See full list of [Travel History Considerations](#)

Consult Infectious Diseases

- Infectious Diseases will determine [testing needs](#)
 - Consider waiting until after Infectious Diseases consult to draw labs to avoid additional blood draws
- Infectious Diseases will assist with determining patient disposition

Testing to consider

• For all febrile patients

- POC glucose, especially if at risk for malaria or patient presents with seizure or altered mental status
- CBC with differential
- Comprehensive metabolic panel
- Blood culture, especially if any concern for typhoid
- "Blood Parasite" test for malaria if patient traveled to endemic area
- Stool culture
 - Typhoid, pathogenic *E. coli*, etc.
- Urinalysis

• Targeted testing

- Examples: measles, hepatitis, pertussis, dengue, chikungunya

• Additional testing considerations

- Chest X-ray
- Monospot/EBV titers
- HIV (if considering acute seroconversion illness, add viral load)
- PT/INR, PTT if concern for sepsis/coagulopathy/hemorrhagic fever
- Lumbar puncture if change in mental status (arboviruses, meningococemia)

• Other testing per patient's identified risk factors

- Example: schistosomiasis if swimming in fresh water, etc.
- Disease-specific testing if concern for a specific tropical disease

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Objective of Clinical Pathway

To establish care standards for patients presenting with fever and concerns for illness related to travel. This pathway serves as a resource for travel-related illnesses, offering guidance on key questions to ask during a travel history, relevant pathogens by geographic region and incubation period, and appropriate testing considerations.

Background

Illness following travel to underdeveloped regions is common, and many of the patients ill enough to seek care present with fever (Ellis et al., 2018). Identification of serious illness, such as sepsis due to malaria, typhoid, or dengue, and a complete travel history and risk assessment based on the geographical region traveled to, will ensure the patient receives the appropriate diagnosis and timely care (Huang & Schlaudecker, 2018). A complete travel history includes questions regarding symptoms, possible exposures, the timing of possible exposure versus symptom onset, locations visited, activities undertaken, and information about accommodations (Huit et al., 2025). The Fever in the Returned Traveler Clinical Pathway guides travel screening and testing in conjunction with consultation of Infectious Diseases clinicians to ensure appropriate patient management.

Target Users

- Physicians (Emergency Medicine, Urgent Care, Primary Care, Ambulatory Clinics, Infectious Diseases, Fellows, Residents)
- Advanced Practice Providers

Target Population

Inclusion Criteria

- Patients presenting with fever and concern for travel-related illness

Exclusion Criteria

- Patients with concern for measles
- Patients with concern for tuberculosis infection
- Patients with concern for special viral pathogen infection (e.g., Ebola virus)

Practice Recommendations

In lieu of a clinical practice guideline fully addressing the management of fever in the returned traveler in pediatric and adolescent patients, guidance from the United States Centers for Disease Control and Prevention Yellow Book (Huits et al., 2025) was used in conjunction with the expert consensus of the Fever in the Returned Traveler Clinical Pathway Committee to inform the assessment, acute management, and referral guidance in this pathway.

Additional Questions Posed by the Clinical Pathway Committee

No additional clinical questions were posed for this review.

Measures

- Access of the clinical pathway (website hits)

Value Implications

The following improvements may increase value by reducing healthcare costs and non-monetary costs (e.g., missed school/work, loss of wages, stress) for patients and families and reducing costs and resource utilization for healthcare facilities.

- Decreased risk of missed or incorrect diagnosis
- Decreased risk of inappropriate treatment
- Decreased unwarranted variation in care

Organizational Barriers and Facilitators

Potential Barriers

- Variability of the acceptable level of risk among providers
- Variability in experience among clinicians
- Need for effective communication and coordination among clinicians and specialties

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- Challenges with access to healthcare and health literacy faced by some families

Potential Facilitators

- Collaborative engagement across the continuum of clinical care settings and healthcare disciplines during clinical pathway development
- Anticipated high rate of use of the clinical pathway

Bias Awareness

Bias awareness is our aim to recognize social determinants of health and minimize healthcare disparities, acknowledging that our unconscious biases can contribute to these inequities

Order Sets

- There are no order sets associated with this clinical pathway.

Associated Policies

- There are no policies associated with this clinical pathway.

Clinical Pathway Preparation

This pathway was prepared by the EBP Department in collaboration with the Fever in the Returned Traveler Clinical Pathway Committee, composed of content experts at Children's Mercy Kansas City. If a conflict of interest is identified, the conflict will be disclosed next to the committee member's name.

Fever in the Returned Traveler Clinical Pathway Committee Members and Representation

- Anik Patel, MD, FAAP | Emergency Department | Committee Chair
- Chris Day, MD | Infectious Diseases | Committee Member
- James Hubbard, MD | Urgent Care | Committee Member
- Erin McCann, MD, MPH | General Academic Pediatrics | Committee Member

EBP Committee Members

- Todd Glenski, MD, MSHA, FASA | Anesthesiology, Evidence Based Practice
- Megan Gripka, MPH, MLS (ASCP) SM | Evidence Based Practice

Clinical Pathway Development Funding

The development of this clinical pathway was underwritten by the following departments/divisions: Emergency Medicine, Infectious Diseases, Urgent Care, General Academic Pediatrics, and Evidence Based Practice.

Conflict of Interest

The contributors to the Fever in the Returned Traveler Clinical Pathway have no conflicts of interest to disclose related to the subject matter or materials discussed.

Approval Process

- This pathway was reviewed and approved by the EBP Department and the Fever in the Returned Traveler Clinical Pathway Committee after committee members garnered feedback from their respective divisions/departments. It was then approved by the Medical Executive Committee.

Review Requested

Department/Unit	Date Requested
Emergency Medicine	September 2025
General Academic Pediatrics	September 2025
Infectious Diseases	September 2025
Urgent Care	September 2025
Evidence Based Practice	September 2025

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Version History

Date	Comments
October 2025	Version one – development of the algorithm and associated tables for diseases by geographical region and travel history considerations

Date for Next Review

- 2028

Implementation & Follow-Up

- Once approved, the pathway was implemented and presented to appropriate care teams:
 - Announcements made to relevant departments
 - Additional institution-wide announcements were made via the hospital website and relevant huddles
 - Community clinics affiliated with CM received announcements via "Progress Notes"
- Pathways are reviewed every 3 years (or sooner) and updated as necessary within the EBP Department at CMKC. Pathway committees are involved with every review and update.

Disclaimer

When evidence is lacking or inconclusive, options in care are provided in the supporting documents and the power plan(s) that accompany the clinical pathway.

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References

- Ellis, J., Hearn, P., & Johnston, V. (2018). Assessment of returning travelers with fever. *Medicine*, 46(1), 2–9.
- Huang, F. A. S., & Schlaudecker, E. (2018). Fever in the returning traveler. *Infectious disease clinics of North America*, 32(1), 163.
- Huits, R., Hamer, D. H., & Libman, M. (2025). Post-travel evaluation of the ill traveler. In Centers for Disease Control and Prevention (Ed.), *CDC Yellow Book: Health information for international travel 2026*.
<https://www.cdc.gov/yellow-book/hcp/post-travel-evaluation/post-travel-evaluation-of-the-ill-traveler.html>

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