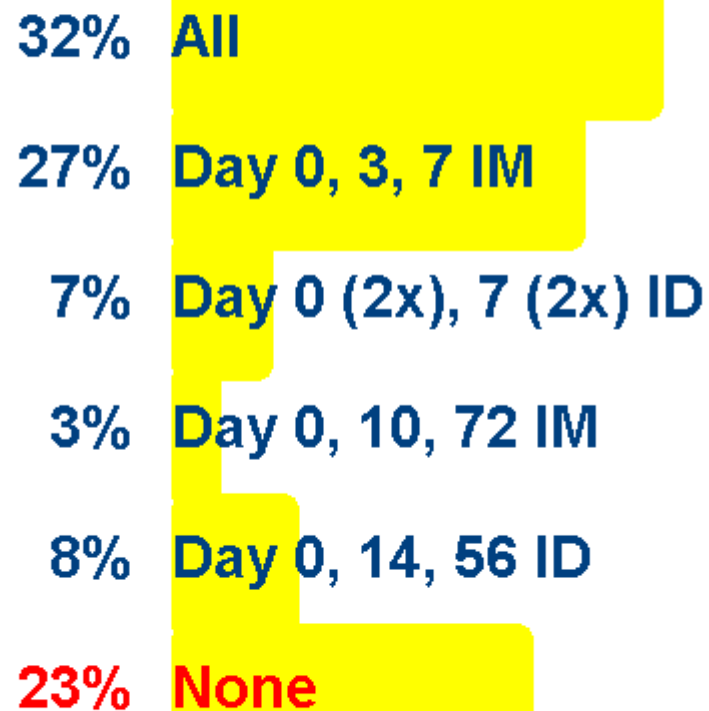


Following the BE Travel Medicine Guidelines 2013, which of the following Pre-exposure Rabies Vaccination procedures is correct?

- 3% Vaccination day 0, 3, 7 intramuscular (IM)
- 55% Vaccination day 0, 7, 28 (21) IM
- 14% Vaccination day 0, 7, 28 (21) IM and serology
- 20% Vaccination day 0, 7, 28 (21), 365 IM
- 8% Vaccination day 0, 7, 28 (21), 365 IM and serology

Which of the following Pre-exposure Rabies Vaccinations Schedules will be not effective?



Good Protection after Pre-exposure Rabies Vaccinations is defined as Neutralising Antibodies (RFFIT) above...

- 21% RFFIT > 0,5 IU/ml
- 0% RFFIT = > 0,5 - < 3,0 IU/ml
- 12% RFFIT = > 3,0 - < = 10,0 IU/ml
- 18% RFFIT > 10,0 IU/ml
- 47% More than one answer is correct

What is the vaccine cost in Belgium of a complete 'life-long' pre-exposure rabies vaccination schedule for a traveller.

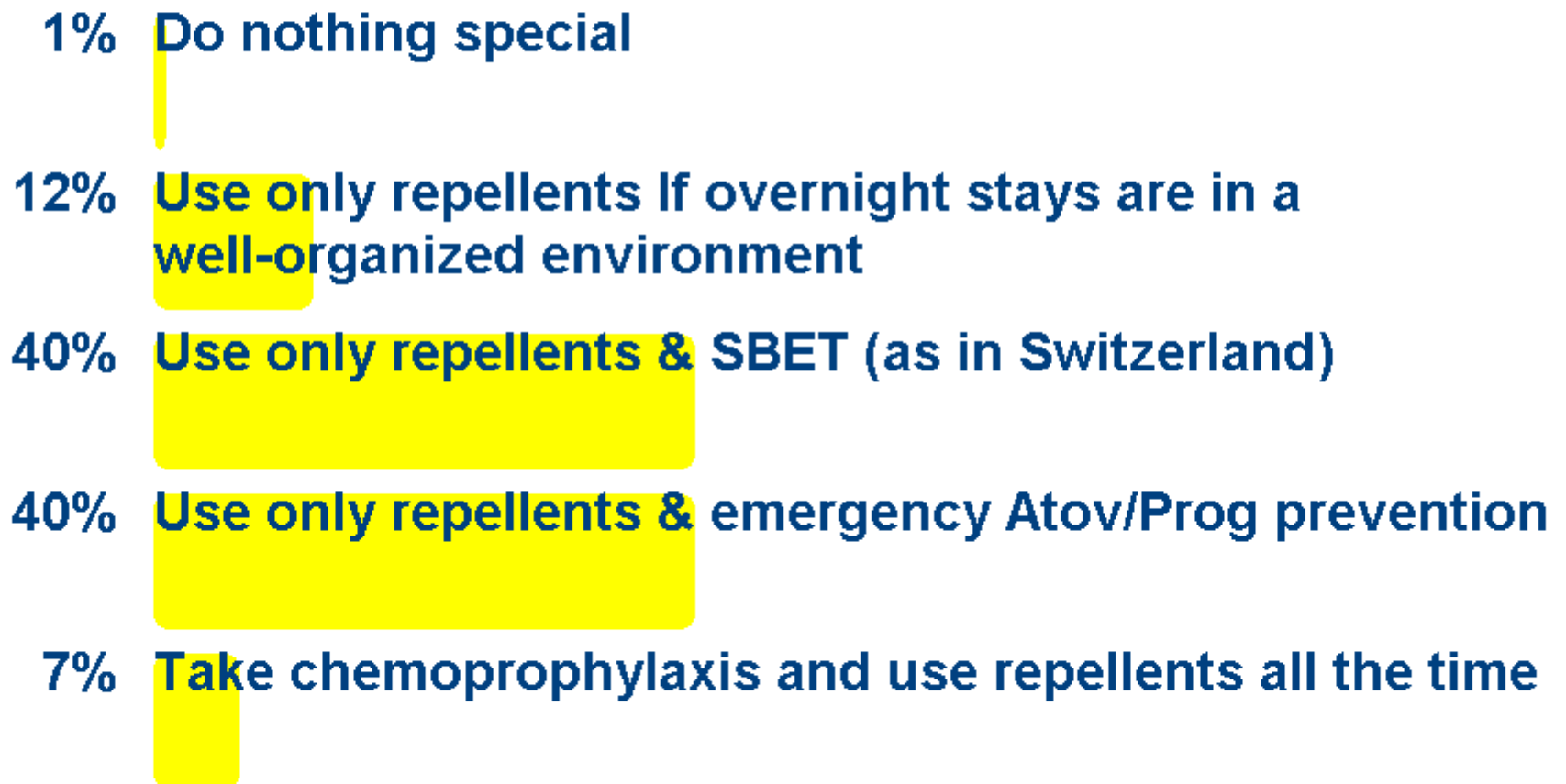
50% 117 euro

28% 86 euro

18% 31 euro

3% 3 euro

“4-6 months Segari Melintang Forest Reserve, in the coastal region of the Perak State in Malaysia”



“1 month Thailand -1 month Cambodja – 1 month Laos – 1 month Vietnam; The accomodation for the nights are very varied ; She really does not know the exact locations

0% Do nothing special

3% Use only repellents If overnight stays are in a well-organized environment

32% Use only repellents & SBET (as in Switzerland)

33% Use only repellents & emergency Atov/Prog prevention

32% Take chemoprophylaxis and use repellents all the time

**Casus 1: woman 1ste trim. pregn., man, girl 10 months :
Which vaccines would you recommend for the 3 persons
updating basic vaccinations +**

8% YF and Hep A for all



3% YF for man; Hep A and typhoid fever for all



34% YF for man and girl; Hep A for all



13% YF for man and girl; Hep A and typhoid fever for man, MM for girl; none for woman



42% Postpone trip or change destination



Casus 2 : post partum lactating woman, man, girl 1m, boy 5y Brazil (Rio de Janeiro + excursions) – 3m VFR : Which vaccines would you recommend for this family? updating basic vaccinations +

6% YF, Hep A, typhoid fever and rabies for all

21% YF, Hep A and typhoid fever for all except for the baby girl

42% YF for man and boy; Hep A and typhoid fever for all except the baby girl

13% Hep A and typhoid fever for all except for the baby girl; BC for girl and boy

18% YF for man and boy, Hep A and typhoid fever for all except the baby girl, BCG for girl, rabies for boy

Casus 3: pregn.woman 1st trim, man, girl 11m, boy 2y6m, Austria, 3w hiking holiday in June : Which advice would you give to this family? updating basic vaccinations +

12% No special recommendations




20% Consider FSME-vaccination for all + slow ascent



24% Preventive measures against tick bites for all + slow ascent and lod < 2000/2500m



24% Consider FSME-vaccination for man and boy, + preventive measure against tick bites for all, + slow ascent and lodging <2000/2500m



20% Consider FSME-vaccination for man and boy, + preventive measure against tick bites for all, + slow ascent and lodging <1000m



In the waiting room of a travel clinic, what is the (approximate) pre-test probability of dengue in a patient returning from Southern Asia with fever

19% 1 pour 100

29% 5 pour 100

40% 15 pour 100

11% 33 pour 100

Which one of the following conditions is currently not in the top five tropical causes of febrile illness after a stay in sub-Saharan Africa

- 12% Acute schistosomiasis
- 9% Enteric fever
- 22% Dengue
- 57% Tick-borne relapsing fever

Histidine-rich protein-2 (HRP2)-based rapid diagnostic tests may be falsely negative for *P. falciparum* malaria in all but one of the following situations. Which one?

- 11% **Infection due to *P. falciparum* strains with pfhrp2 or 3 gene deletion**
- 40% **High *P. falciparum* parasitemia (if prozone effect)**
- 25% **Delayed test reading (more than 1 hour)**
- 24% **Low *P. falciparum* parasitemia**

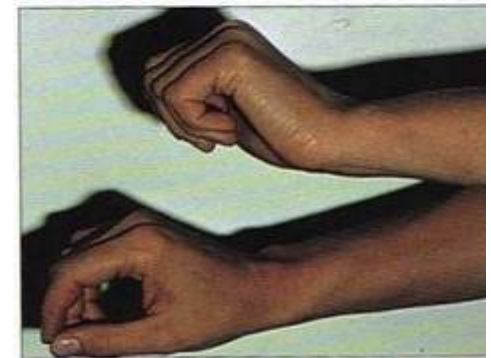
How many patients, returning from the tropics, with significant eosinophilia on the hemogram, do you think will be asymptomatic ?



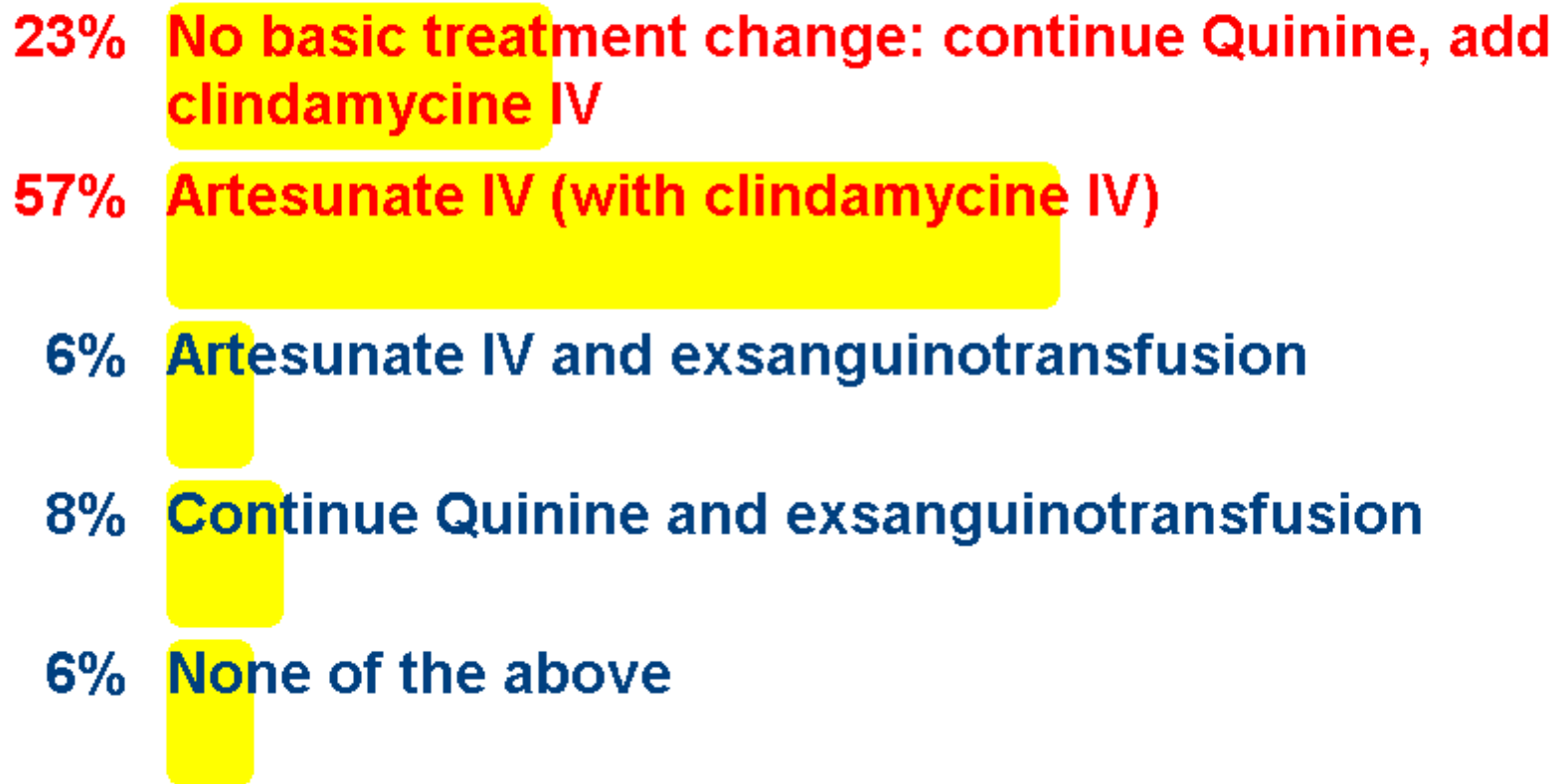
A backpacker returns, after a year in India (an Ashram). He has no complaints or symptoms. Eosinophilia is 1200/mL. What do you do:



An NGO worker returned from DR Congo 10 months ago. He asks your advice on this swelling of his forearms (since 3 days): What do you do?



Case 1. Adult male patient born in Belgium returning from Ghana. What treatment change would you suggest in this case (after transfer)?



Case 2. Adult female patient born in Côte d'Ivoire, living in Belgium for 8 years. What treatment would you suggest in this case?

- 16%** Oral Artemether/Lumefantrin
- 19%** Oral Atovaquone/Proguanil
- 43%** Artesunate IV (with Clindamycine IV)
- 6%** Artesunate IV and exsanguinotransfusion
- 16%** Quinine IV with loading dose
- 0%** Exsanguinotransfusion
- 0%** None of the above

Case 3. Adult male patient born in Belgium returning from Benin. What management would you suggest:

22% Consider outpatient treatment and FU

71% Hospitalization in Internal Medicine ward

6% Hospitalization in ICU

Case 3. Adult male patient born in Belgium returning from Benin. What treatment would you suggest in this case:

- 56%** **Oral Artemether/Lumefantrin.**
- 18%** **Oral Atovaquone/proguanil**
- 6%** **Artesunate IV (with clindamycine IV)**
- 0%** **Artesunate IV and exsanguinotransfusion**
- 15%** **Quinine IV with loading dose**
- 4%** **Quinine IV without loading dose**
- 0%** **Exsanguinotransfusion**
- 1%** **None of the above**

Out of 100 'world wide' travelers, how many will return colonized with intestinal ESBL+ E. coli...

20% About 0-5

47% About 5-15

27% About 20-30

6% More than 40

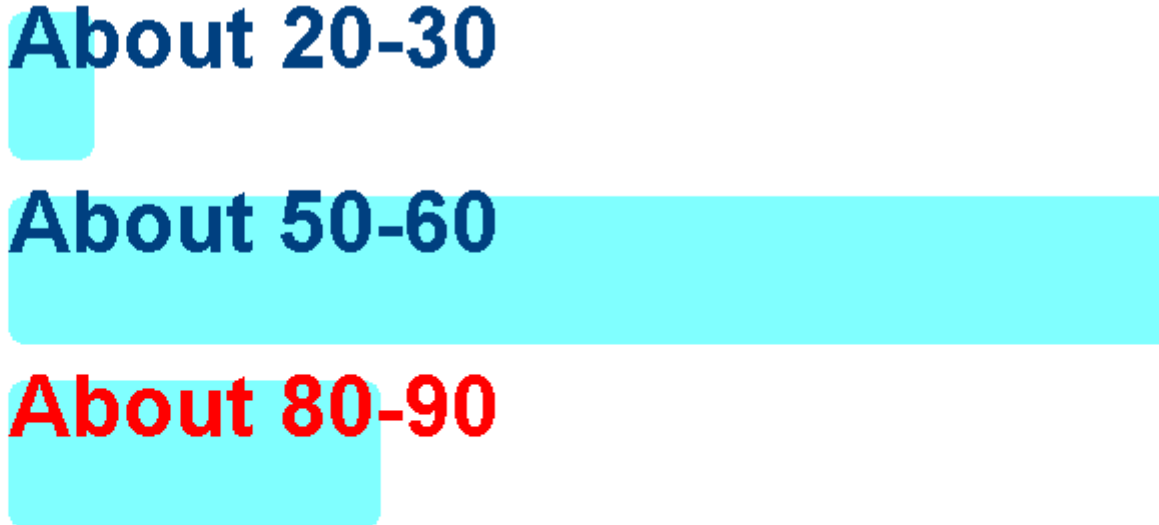
Out of 100 travelers to India, how many will return colonized with intestinal ESBL+ E. coli...

0% About 5-15

5% About 20-30

72% About 50-60

23% About 80-90



What would be your empiric antibiotic choice?

16% ciprofloxacin

6% amoxicillin-clavulanic acid

34% azithromycin

18% ceftriaxone

13% meropenem

13% none of these!

Poliomyelitis

3% Has disappeared from India and Nigeria

7% Is only remaining as type 2

3% Is less severe than decades ago

87% Has reappeared in the Horn of Africa

MERS-CoV

15% Is a deadly virus (+/-45%)

8% Is probably linked to bats and camels in its origin/transmission

3% Is killed in vitro by ribavirin

74% The two first propositions are correct