

Adding travel history to patient evaluation could help to prevent spread of COVID-19

3 March 2020



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A commentary published in *Annals of Internal Medicine* recommends adding travel history to the patient evaluation to identify risk for potential exposure to CoVID-19, or coronavirus. Typically, clinicians assess temperature, heart rate, respiratory rate, and blood pressure during a physical examination. Adding a fifth "vital sign" could help to prevent spread of geographically-linked emerging infectious diseases, such as CoVID-19.

The authors of a commentary from the Division of Infectious Disease and Geographic Medicine at the University of Texas Southwestern Medical Center say that lessons from SARS, MERS, and Ebola suggest that early case identification through ascertaining travel history is critical to protect both patients and those caring from them. In 2014, a patient presented to a Dallas emergency department after returning from Liberia with low grade fever, [abdominal pain](#), dizziness, nausea, and headache. The patient had Ebola, but clinicians did not include travel history in the patient's vitals and the diagnosis was missed.

In the first six weeks of the current epidemic, the

number of cases of CoVID-19 has surpassed those of SARS and MERS, raising questions about strategies to control the spread of infection. Available data specific to CoVID-19 suggest that screening and restricting travelers may have limited impact on containment. The authors argue that patients' vital signs are immediately powerful indicators of how urgently they need care and what path to take. A simple, targeted travel history can help clinicians put symptoms of infection in context and trigger more detailed [history](#), appropriate testing, and rapid implementation of protective measures.

More information: Trish M. Perl et al. Managing Emerging Infectious Diseases: Should Travel Be the Fifth Vital Sign?, *Annals of Internal Medicine* (2020). [DOI: 10.7326/M20-0643](https://doi.org/10.7326/M20-0643)

Provided by American College of Physicians

APA citation: Adding travel history to patient evaluation could help to prevent spread of COVID-19 (2020, March 3) retrieved 26 April 2021 from <https://medicalxpress.com/news/2020-03-adding-history-patient-covid-.html>

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