Supplementary materials

Table S1. Epidemic situation of paracoccidioidomycosis. There are too many cases in South America to list them all.

Pathogen	Country	Year of identification	Year of travel of the endemic country	Therapeutic strategy	Reason for the trip	Length of stay in the endemic country	Reference
Paracoccidioides brasiliensis S1	Brazil			Support treatment			[1]
Paracoccidioides brasiliensis PS2	Brazil			Sulfamethoxazole/trimethoprim (SMZ/TMP 800/160 mg b.i.d)			[2]
Paracoccidioides brasiliensis	USA	2017	2008	Oral itraconazole 200 mg twice a day	The patient is originally from Ecuador	The patient is originally from Ecuador	[3]
Paracoccidioides brasiliensis	Japan	2006	The patient had reportedly last returned to South America in 1994.	Initially administered amphotericin B lipid complex (200 mg/day) for 18 days. The patient then received itraconazole (300 mg/day) for 1 month. The patient continued treatment with itraconazole (200 mg/day) for about 10 months.	The patient is Argentinean.	unknown	[4]
Paracoccidioides spp.	Brazil			Surgery and itraconazole			[5]
Paracoccidioides lutzii	Brazil	2016		Sulfamethoxazole/trimethoprim 800/160 mg three times a day			[6]
Paracoccidioides	Brazil	1958-2021					[7]

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Paracoccidioides brasiliensis	Australian unknown	Leave Brazil for three years	Oral itraconazole at 150 mg twice daily (suprabioavailable) and completed a total treatment duration of 12 months with therapeutic levels maintained throughout.		[8]
Paracoccidioides spp.	Colombia		Amphotericin B for 7 days and then Itraconazole 200 mg QD for 12 months.		[9]
Paracoccidioides brasiliensis	Brazil		Intravenous amphotericin B		[10]
Paracoccidioides brasiliensis	Brazil				[11]

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