

Bayesian hierarchical model (BHM) smoothed standardized incidence ratios (SIRs) for travel-acquired infections (TAIs) and estimated risk levels (a and c) with insets for the Greater Toronto Area (b and d). High-risk areas are defined as those with smoothed SIR 95% CIs greater than 2, and low-risk areas with smoothed SIR 95% CIs less than 0.25.

Conclusion. Urban neighbourhoods in the GTA had elevated risks of becoming ill with TAIs. However, geographic proximity to a travel clinic was not associated with an area-level risk reduction in TAI, suggesting other barriers to seeking and adhering to pre-travel advice.

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738. Comparison of Characteristics of US International Travelers Seeking Pretravel Health Consultations at US Global TravEpiNet Sites Before and During the COVID-19 Pandemic

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Background. In January–March 2020, the Centers for Disease Control and Prevention (CDC) issued multiple warnings regarding COVID-19 travel-associated risks. We sought to describe US travelers seeking pretravel consultation regarding international travel at US Global TravEpiNet (GTEN) sites before and after the initial COVID-19 travel warnings.

Methods. We prospectively collected data at 22 GTEN sites pre-COVID-19 (January–December 2019) and 18 GTEN sites during the COVID-19 pandemic (April 2020–March 2021). We excluded travelers evaluated during January–March 2020, when CDC travel guidance was evolving rapidly. Travelers used standardized questionnaires to self-report data regarding demographics and travel-related characteristics. Providers confirmed these data and documented their recommendations during pretravel consultation, which could be performed virtually. We conducted descriptive analyses of differences in demographics, travel-related characteristics, vaccinations, and medications (SAS v9.4; Cary, NC).

Results. Compared with 16,903 pre-COVID-19 consultations, only 1,564 consultations occurred during the COVID-19 pandemic, a 90% reduction (Table). During COVID-19, a greater proportion of travelers were children aged 1–5 years, visiting friends and relatives (VFR), with itineraries ≥ 30 days, and going to Africa; a smaller proportion of travelers were aged > 55 years, or traveling to Southeast Asia or the Western Pacific. During COVID-19, fewer vaccine-eligible travelers received vaccines at the pretravel consultation except for yellow fever, and a greater proportion were referred to another provider for vaccination (Figure).

Table. Demographics and travel-related characteristics of international travelers seeking pretravel consultation at Global TravEpiNet sites before and during the COVID-19 pandemic

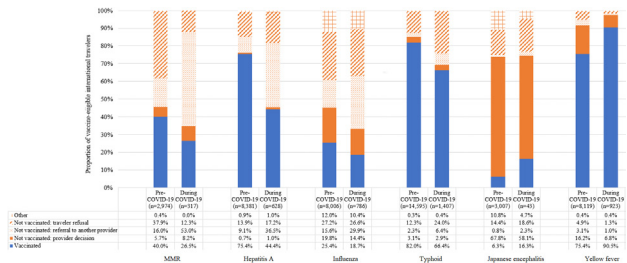
Characteristics	Pre-COVID-19 January 1, 2019 to December 31, 2019 (N = 16,903)	During COVID-19 April 1, 2020 to March 15, 2021 (N = 1,564)	p-value
Sex, No. (Col. %)			<0.001
Male	9,823 (58)	737 (47)	
Female	7,080 (42)	827 (53)	
Age, No. (Col. %)			<0.001
6 months–1 year	46 (<1)	10 (<1)	
1–5 years	454 (3)	158 (10)	
6–17 years	1,776 (11)	169 (11)	
18–55 years	12,565 (74)	1,152 (74)	
≥ 55 years	2,062 (12)	75 (5)	
Duration of travel, No. (Col. %)			<0.001
≤ 13 days	7,674 (45)	295 (19)	
14–29 days	6,740 (40)	445 (28)	
≥ 30 days	2,428 (15)	820 (53)	
Region of travel, No. (Col. %)*			
Africa	8,049 (48)	1,084 (69)	<0.001
Americas	4,370 (26)	295 (19)	<0.001
Southeast Asia	3,082 (18)	65 (4)	<0.001
Western Pacific	2,381 (14)	78 (5)	<0.001
Europe	805 (5)	69 (4)	<0.001
Eastern Mediterranean	988 (6)	141 (9)	<0.001
Reason for travel, No. (Col. %)*			<0.001
Visiting friends and relatives	1,525 (9)	501 (32)	
Business	1,948 (11)	239 (15)	
Humanitarian service work	2,347 (14)	284 (18)	
Research/education	1,146 (7)	35 (2)	
Leisure	9,322 (55)	395 (25)	
Other	615 (4)	110 (7)	

Table continued. Demographics and travel-related characteristics of international travelers seeking pretravel consultation at Global TravEpiNet sites before and during the COVID-19 pandemic

Characteristics	Pre-COVID-19 January 1, 2019 to December 31, 2019 (N = 16,903)	During COVID-19 April 1, 2020 to March 15, 2021 (N = 1,564)	p-value
Disease-endemic travel destination, No. (%)			
Destinations endemic for yellow fever	9,967 (59)	1,245 (80)	<0.001
Destinations endemic for Japanese encephalitis	3,069 (18)	57 (4)	<0.001
Destinations endemic for malaria	15,931 (94)	1,431 (92)	<0.001
Medications, No. (%)			
Prescribed any anti-malarial drugs	10,067 (63)	1,022 (71)	<0.001
Prescribed any medicines for travelers' diarrhea	11,666 (69)	653 (42)	<0.001
Prescribed any medicines for altitude sickness	1,040 (6)	38 (2)	<0.001
US census region of clinic site, No. (Col. %)			<0.001
Northeast	9,078 (54)	720 (46)	
Midwest	421 (2)	0 (0)	
South	4,488 (27)	519 (33)	
West	2,916 (17)	325 (21)	
Type of clinic, No. (Col. %)*			<0.001
Academic center	10,450 (62)	1,350 (86)	
Nonacademic center	6,453 (38)	214 (14)	

Abbreviations: Col., column
* Travelers can contribute to ≥ 1 region if their itinerary includes multiple countries.
* Travelers who noted more than one reason for travel are put into one category within this order (top to bottom).
* Academic centers are affiliated with university hospitals or medical schools; Non-academic centers include 7 public health clinics, 2 primary care clinics, 1 health network, and 1 pharmacy.

Figure. Vaccinations and reasons for nonvaccination among vaccine-eligible international travelers at pretravel consultations at Global TravEpiNet (GTEN) sites before and during the COVID-19 pandemic.



Among vaccine-eligible travelers, we summarized those who were vaccinated at the visit (blue) and not vaccinated (orange). We then categorized reasons for nonvaccination into: provider decision (solid), referral to another provider (dots), traveler refusal (striped), or other (hatched). COVID-19 vaccination was not available at GTEN sites during the analysis period; although COVID-19 vaccinations outside of GTEN sites might have affected vaccination recommendations, they were unlikely to have had a large effect given their limited availability in January–March 2021.

Conclusion. Compared with pre-COVID-19, US travelers seeking pretravel consultations at GTEN sites during the pandemic might be at higher risk for travel-related infections given VFR status, traveling for ≥ 30 days, and going to Africa. Fewer vaccine-eligible travelers were vaccinated at pretravel consultations, which could reflect more virtual pretravel consultations. Counseling and vaccination for international travelers continue to be priorities during the COVID-19 pandemic.

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739. Self-Reported Prevalence of Insect Bites During International Travel

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Background. Vector borne diseases are responsible for almost one fifth of global infectious disease burden. International travelers are at risk for potentially life-threatening conditions when visiting areas with endemic vector borne disease, but this risk can be mitigated when proper insect precautions are taken. This study sought to evaluate the prevalence of insect precaution use and subsequent insect bites among Utah travelers who have attended pre-travel consultations.

Methods. A cross-sectional study at the University of Utah and Salt Lake County travel clinics was analyzed. Descriptive statistics and multivariable logistic regression were used to explore factors associated with insect repellent use, and reporting bug bites despite insect repellent use.