

Patients with COVID-19 and Disguising on Travel History: A Challenge in Disease Screening

Dear Editor,

COVID-19 is a new emerging coronavirus infection from China which already spread and became public health concern in many countries.^[1] Thailand is a country in Southeast Asia in which the disease first appeared outside China.^[2] For disease control, the fever screening and history taking on traveling to risk area is the general primary for screening for disease. In the previous report, there is a problem in using temperature screening for COVID-19. Here, the authors would like to share an observation on COVID-19 in Thailand with special focus on the use of travel history. It is found that disguising on travel history is a big problem that results ineffectiveness of using fever and travel history screening as preventive tool against COVID-19.

At present (March 2nd, 2020), there are 43 patients with COVID-19 in Thailand. After ruling out the 7 patients with local transmissions, remained patients are from aboard. Of those from aboard, there are 2 interesting cases (4.76%; 95% confidence interval = 1.23%–18.4%), a couple, that the patients disguise the travel history to the physician at the first period of hospitalization. The two cases disguised the history of traveling to Japan where they were infected with COVID-19. The patients further transmitted the disease to their grandson and this situation becomes a local spreading origin. This observation can point that the history taking of travel to risk area can easily get the problem by disguising information provided by the patient. As a corrective action, a specific law was issued in Thailand for preventing disguising information given by the patient. The fine system is implemented as punishment. In conclusion, the basic screening of knowing the travel history to risk area might not be useful and lead to pitfall in disease prevention. Hence, practitioner should recognize that travel history is not useful data for ruling out the disease.

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

Beuy Joob, Viroj Wiwanitkit^{1,2}

Sanitation I Medical Academic Center, Bangkok, Thailand, ¹Department of Community Medicine, Dr DY Patil University, Pune, India, ²Department of Tropical Medicine, Hainan Medical University, Haikou, China

Address for correspondence:

*Dr. Beuy Joob,
Sanitation I Medical Academic Center, Bangkok, Thailand.
E-mail: beuyjoob@hotmail.com*

Received: 02 Mar 20 **Accepted:** 23 Mar 20

Published: 23 Apr 20

References

1. Hsia W. Emerging new coronavirus infection in Wuhan, China: Situation in early 2020. *Case Study Case Rep* 2020;10:8-9.
2. Sookaromdee P, Wiwanitkit V. Imported cases of 2019-novel coronavirus (2019-nCoV) infections in Thailand: Mathematical modelling of the outbreak. *Asian Pac J Trop Med* 2020;13:139-4.

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

Access this article online

Quick Response Code:



Website:

www.ijpvmjournal.net/www.ijpm.ir

DOI:

10.4103/ijpvm.IJPVM_104_20

How to cite this article: Joob B, Wiwanitkit V. Patients with COVID-19 and disguising on travel history: A challenge in disease screening. *Int J Prev Med* 2020;11:46.

© 2020 International Journal of Preventive Medicine | Published by Wolters Kluwer - Medknow