

# THE MEDICAL PRACTICE AT 48 WIMPOLE STREET

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## PRACTICE POLICY ON TRAVEL VACCINATIONS

AIM: To provide a comprehensive travel vaccination service to all our patients

### *IDENTIFY PATIENT & DETAILS OF HOLIDAY OR WORK DESTINATION*

How long will they be going for, the type of accommodation they will be staying in and the nature of the work they will be doing

- Back packers or people staying abroad for more than 3 weeks may be at greater risk of Rabies.
- Those walking and camping in the Black Forest in Europe could be at risk from Tick-borne Encephalitis.
- Meningitis is required for visitors to the sub-Saharan Belt and to Saudi Arabia particularly at Hajj.
- Malaria prophylaxis is required for many parts of the world  
[http://www.hpa.org.uk/web/HPAwebFile/HPAweb\\_C/1203496943523](http://www.hpa.org.uk/web/HPAwebFile/HPAweb_C/1203496943523)
- If a traveller is staying in a risk area for a longer period or for work, then Hepatitis B, TB and Diphtheria need to be considered, however safe sex needs to be discussed when considering Hepatitis B as there is no vaccine for HIV

### *ALLERGIES, IMMUNO-COMPROMISED, PREGNANCY*

- Does the patient have any known allergies, is immuno-compromised (Patients who are HIV positive are at greater risk from infections and therefore require immunisations, however consult 'Green Book' as some vaccines are contra-indicated e.g. Yellow Fever.)
- The anti-malarial Mefloquine is contra-indicated in pregnancy and the patient should not try to get pregnant for 3 months after taking this drug.

### *DESTINATION REQUIREMENTS/PLAN REGIME*

- Ascertain from up-to-date immunisation schedule in MIMS what immunisations are required for destination and stop-overs.
- What they have had previously.
- All destinations require that Tetanus, Diphtheria and Polio is up to date.
- Countries outside of Europe, USA and Australia usually require at least Hepatitis A and often include Typhoid.

### *ORDER OF IMMUNISATIONS*

- All vaccinations can be given together, but in differing sites. Note - Hepatitis vaccines need to be given in deltoid muscle.
- Discuss anti-malarials (we dispense chloroquine and proguanil and Malarone and give private prescription for mefloquine and doxycycline).
- Diphtheria and TB is endemic in former USSR.

### *VACCINE STORAGE & USE*

- Care is taken to store all vaccines under the conditions recommended in the manufacturer's leaflet. Refrigerated storage is necessary between 2 - 8 degree C and vaccines are not allowed to freeze. The fridge temperature is checked and recorded daily by a designated member of the office staff.

### *CONTRA-INDICATIONS*

- Most vaccines have some contra-indication to their use, and in general vaccination should be postponed if the subject is suffering from an acute illness. Minor infections without fever or systemic upset are not contra-indications.
- Hypersensitivity to some antibiotics, eggs or previous anaphylaxis to vaccine may be a contraindication.

- Live vaccines should be avoided in pregnant women and people with impaired immune responsiveness (disease, malignancy, radiotherapy, chemotherapy or high dose steroids/immunosuppressive drugs).

## VACCINES

- Consult green book, MIMS, BNF and HPA Malaria Reference Laboratory
- Discuss possible side-effects
- **Diphtheria, Tetanus & Polio**
- Primary course and 2 boosters are considered to confer life time immunity. However, practice policy is to boost every 10 years
- **Typhoid**  
Primary injection and boosters at 3 years. Mixed vaccine of Hep A and Typhoid available (Hepatyrix) - need booster of Hep A only
- **Hepatitis A**  
Primary, Booster 6 - 12 months. Deltoid. Lasts 10 – 15 years. Aged 15 or less – Havrix Junior (stocked)
- **Hepatitis B**  
Given Day 0, one month, 6 months. (blood test at 7+ months). Lasts 3-5 years. Deltoid.
- **Yellow Fever (we are a registered centre UKYFC1300)**  
Fill in certificate (must be given 10 days prior to arrival date). Live vaccine - must be given on same day as other live vaccines (Polio etc) or 3 weeks apart. Lasts 10 years.
- **Rabies**  
Pre-exposure regime (if bitten or scratched, will need further vaccinations). Give on days 0, 7 and 28. (Booster every 3 years)
- **MeningitisACWY**  
Single dose lasts 5 years.
- **Tick-borne Encephalitis**  
Assess each case individually
- **Cholera**  
Oral vaccine stocked
- **Pneumococcal infection**  
Single vaccine in normal individuals confers lifelong immunity –specific risks in places such as Iraq and Equatorial Guinea

## MALARIA PROPHYLAXIS

- Consult HPA website as recommendations change as resistance to drugs change.
- Children must be weighed to calculate dose.
- Give advice on precautions, avoidance of mosquito bites, nets, repellents and to consult a doctor if unwell.
- Incubation period for Malaria can be many months.
- Natives of country lose natural immunity after being absent for a year.

### **Mefloquine**

1 tablet a week, can be used for up to 12 months, start 2/3 weeks ( because of possible side effects ) before departure and continue 4 weeks after return. Contra-indicated if history of depression, pregnancy or intent to get pregnant within 3 months

### **Doxycycline**

1 tablet a day, can be used up to 6 months, start 1 week before departure and continue 4 weeks after return

### **Malarone**

1 tablet a day, can be used for a maximum 4 week stay, needs only to be started a day before leaving and can be stopped 7 days after return; good for short trips

### **Proguanil/Chloroquine**

Can be purchased from the pharmacist, useful for stays over 12 months. Start 1 week before travel and continue for 4 weeks on return. Proguanil 2 daily, chloroquine 2 weekly.

## REFERENCES

1. MIMS monthly update.
2. HPA website [http://www.hpa.org.uk/web/HPAwebFile/HPAweb\\_C/1203496943523](http://www.hpa.org.uk/web/HPAwebFile/HPAweb_C/1203496943523)