

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 – indoors or outdoors

- Back packers or people staying abroad for more than 3 weeks may be at greater risk of Rabies.
- Those travelling inland in countries such as Thailand may be at risk from Japanese Encephalitis (particularly in pig farming areas).
- 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.
- Malaria prophylaxis is required for many parts of the world.
- 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 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
- **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 (Viatim) - need booster of Hep A only.
- **HepatitisA**
Primary, Booster 6 - 12 months. Deltoid. Lasts 10 years. Aged 15 or less - Junior Havrix (stocked)
- **HepatitisB**
Given Day 0, one month, 6 months. (blood test at 7+months). Lasts 3-5 years. Deltoid.
- **YellowFever**
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-borneEncephalitis&JapaneseEncephalitis**
Assess each case individually; these vaccines have to be ordered specially.
- **Cholera**
Not given and no longer available.
- **Pneumococcal infection**
Single vaccine in normal individuals confers lifelong immunity –specific risks in places such as Iraq and Equatorial Guinea

MALARIA PROPHYLAXIS

- Consult Malaria Reference Laboratory, 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 Malaria Reference Laboratory (www.malaria-reference.co.uk)
3. Guidelines for malaria prevention in travellers from the UK for 2001, on behalf of the Advisory Committee, Communicable Disease and Public Health, June 2001