



Travel health update

Travel health can be complicated, and advice for health professionals and travellers is ever-changing. In this regular feature, Jane Chiodini seeks out and presents the latest travel advice and information to help you keep your practice up to date. She also revisits areas of on-going concern, for spot checks and further clarification

EBOLA

Ebola Virus Disease (EVD) has been high profile in new bulletins of late and the news is changing all the time. EVD is a severe, often fatal, illness in humans, first discovered in Zaire in 1976. In this current 2014 outbreak, nearly all the cases of EVD are a result of human-to-human transmission and the survival rate at 47% is better than previous outbreaks when up to 90% mortality was reported, but the case numbers of healthcare workers involved is high.

The countries affected are Guinea, Liberia, Nigeria and Sierra Leone, and as of the end of August, the World Health Organisation Global Alert and Response (GAR) had reported 3052 cases with 1546 deaths. The incubation period varies from 2 to 21 days. Transmission through humans results from direct contact through broken skin or mucous membranes with the blood secretions, organs or other bodily fluids of infected people. Severely ill patients require intensive supportive care, and although there is no currently licensed specific treatment, an experimental drug called ZMAPP (which has been shown to be 100% effective in primate studies) has been used on several patients with EVD, mostly healthcare workers.

Travellers are considered to be at very low risk if elementary precautions are followed, for example, avoiding contact

with symptomatic patients, avoiding eating 'bush meat', practising safe sex and following strict hand washing routines. At the time of writing, the Foreign and Commonwealth Office was advising against all but essential travel to Guinea, Liberia and Sierra Leone, except those involved in the direct response to the Ebola outbreak.

Modern day knowledge and communication enable us to be far more aware of threats such as Ebola, but we should retain a sense of proportion in our advice to the average traveller, and there are many excellent resources out there to help inform us. Check NaTHNaC and TRAVAX regularly, but the WHO has a wealth of information, see <http://www.who.int/csr/disease/ebola/en/>

LIVE VACCINE INTERVALS

Public Health England (PHE) has just published a document which explained that while historically the rule for giving live vaccines was always 'on the same day or at least four weeks apart', new evidence no longer supports this advice in every single case. A four week minimum interval period should be observed between the administration of yellow fever and MMR vaccines and they should NOT be administered on the same day now, whereas varicella (and zoster) vaccine and MMR can be administered on the same day, but otherwise a minimum period of four weeks apart must be observed. Other live vaccines we currently use (BCG, rotavirus, live attenuated influenza vaccine (LAIV), oral typhoid vaccine, varicella, zoster and MMR) can be administered at any time before or after each other. For more detail see <http://tinyurl.com/pr73ykn> Of note the PHE chart 'Vaccination of Individuals with uncertain or incomplete immunisation status' has just been

updated – see item no. 5 at <http://www.janechiodini.co.uk/news/help/immunisation-resources/>

TRAVEL MEDICINE SYMPOSIUM

The annual Faculty of Travel Medicine Symposium, Travel Health in a Global Community, takes place on 9 October at the Royal College of Physicians and Surgeons of Glasgow, and will focus on recent developments in vaccines, treatments and prophylactics in relation to complex travellers and travelling populations. Among the 'emerging issues' on the agenda are medical tourism and



what happens when children who travel, get sick. The symposium will also cover how malarial vaccines have developed recently, key issues in sexual health and travel medicine, and how they impact on practice, and the future of travel medicine beyond the borders and environs considered normal today. The symposium is aimed at everyone with an interest in travel medicine from practice nurses to expedition medics. Further details are available at <http://www.rcpsg.ac.uk/events/items/faculty-of-travel-medicine-annual-symposium.aspx> ●



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Jane is a travel health specialist nurse with 20 years' experience of seeing travellers in a primary care setting. She has been training practice nurses in travel health for many years and is passionate about designing tools and materials for nurses to use in practice, which can be found at www.janechiodini.co.uk