



Overview

- Keeping up to date
- Vaccine changes
- Governance issues
- Tools to save time
- Resources

Please note, this handout does not contain all the slides that will be shown during the presentation, but includes the essential information ones.

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Follow up information on my website

Then click on the tab 'Joint conference' with the RCN and follow the instructions... but the direct link will be www.janechiodini.co.uk/education/conference/a-return-ticket/

Go to:
www.janechiodini.co.uk/education

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Subscribing to Green Book and Vaccine Update

See <http://www.janechiodini.co.uk/education/conference/a-return-ticket/> for links to these resources

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The Green Book

<https://www.gov.uk/government/publications/immunisation-against-infectious-disease-the-green-book-front-cover-and-contents-page>

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Identifying changes

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http://apps.who.int/ithmap/

- One place to illustrate risk to your travellers in a quick format
- Click the check box of the relevant disease to display map
- When the map is enlarged the names of countries are displayed

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WHO disease maps to illustrate risk

Enlarge by adjusting the sliding toolbar or using the wheel on your mouse

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Hepatitis A vaccine – latest Green Book update

- Length of protection from the second dose of a course is now 25 years
- Protection is taken from the booster dose
- Information would apply to all hepatitis A products
- For other queries see the NaTHNaC and TRAVAX FAQs on hepatitis A

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Hepatitis B vaccine – latest Green Book update

- for travellers who have completed the primary course of vaccination, a booster at 5 years is no longer recommended unless they are considered to be at continuing risk of infection

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Cholera vaccine – latest Green Book update

- Immunisation against cholera can be considered, following a full risk assessment, for the following categories of traveller:
 - relief or disaster aid workers
 - persons with remote itineraries in areas where cholera epidemics are occurring and there is limited access to medical care
 - travellers to potential cholera risk areas, for whom vaccination is considered potentially beneficial.**
- In these circumstances this vaccine is available on the NHS

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Rabies vaccine – latest Green Book update

- Chapter for the Green Book published end of November 2012, no patches due to extensive changes and chapter should be read in its entirety
- International travellers will usually fall into the risk category of those 'at infrequent risk' for which the new chapter states 'are not recommended to receive routine boosting however, a booster dose of rabies vaccine can be considered at 10 years if travelling again to a risk area'.

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Rabies vaccine – latest Green Book update

- Intramuscular administration of rabies vaccine remains the preferred route for both pre-exposure prophylaxis and post exposure treatment schedules of vaccine.
- Travellers must STILL seek post exposure treatment as an emergency and ADHERE to wound management advice**

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<http://www.janechiodini.co.uk/news/help/rabies/>

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JEV – information from the Green Book

- As of March 2013, Ixiaro® has a marketing authorisation for adults, adolescents, children and infants aged 2 months and older
- Adults who have had a previous course of any Japanese encephalitis vaccine can receive a single dose of IXIARO® as a booster.
- There are no data to permit recommendations for boosting in infants and children below 18 years or for longer term boosting in adults

Dosage and schedule	
Children aged two months to under 36 months	IXIARO® First dose of 0.25 ml at day 0
	Second dose of 0.25 ml 28 days after first dose
Children aged 3 years and over and adults	First dose of 0.5ml at day 0
	Second dose of 0.5ml 28 days after first dose

<http://tinyurl.com/oa9vgvg>

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Recent and ongoing Polio Problems

Polio-infected countries for which WHO recommends polio immunization of persons traveling to or from the country, as of 05 May 2014

See <http://www.janechiodini.co.uk/education/conference/a-return-ticket/> for links to these resources

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Resources for Polio information

Media centre

Poliomyelitis

Fact sheet N°114
Updated May 2014

Key facts

- Polio (pol)
- One in 200 in 1950s die
- Polio case estimated the result of
- In 2014, or endemic, it
- As long as contracting could lead the world.
- In most countries

GLOBAL POLIO ERADICATION INITIATIVE

every last child

Financial Resource Requirements 2013-2018

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Temporary Recommendations to Reduce International Spread of Poliovirus from WHO

Exporting countries*	Recommendations
Equatorial Guinea** Cameroon Pakistan Syria	Countries which are currently exporting wild poliovirus should ensure that all residents and long-term visitors (of over 4 weeks) receive a dose of oral polio vaccine (OPV) or inactivated poliovirus vaccine (IPV) between 4 weeks and 12 months before international travel, and should ensure that such travellers are provided with proof of or evidence of such vaccination.
Other polio-affected countries*	Countries are encouraged to vaccinate all residents and long-term visitors before international travel.

Declaration of Public Health Event of International Concern by World Health Organisation

* These recommendations came into effect from 5 May 2014 and will be reviewed in 3 months
** Equatorial Guinea was added to the list of exporting countries following the report, on 18 June, that wild poliovirus of Equatorial Guinea origin had been detected in an environmental sample in Brazil

<http://www.polioeradication.org/Infectedcountries/PolioEmergency.aspx> accessed 02.09.14

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In response to the World Health Organization's emergency recommendations, the government of Pakistan now requires all departing travellers


who have spent more than 4 weeks in Pakistan to produce a valid vaccination certificate at the time of their departure.

This certificate should show that either oral polio vaccine (OPV) or inactivated polio vaccine (IPV) has been administered between 4 weeks and 12 months before departure from Pakistan


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Advice for Pakistan from National bodies



Travellers visiting this country **for longer than 4 weeks should receive a booster dose of a polio containing vaccine if they have not had one in the past 12 months.** They should carry proof of having had this vaccination on the International Certificate of Vaccination and Prophylaxis (ICVP).




Shorter term travellers (4 weeks to six months) should ensure that they are up to date with polio immunisation, including a booster if none has been received for ten years. Travellers to settings with **extremely poor hygiene (e.g. refugee camps), or likely to be in close proximity with cases (e.g. healthcare workers), and/or visiting for 6 months or more, are advised to have a booster dose of polio-containing vaccine if they had not received vaccination in the past 12 months.**

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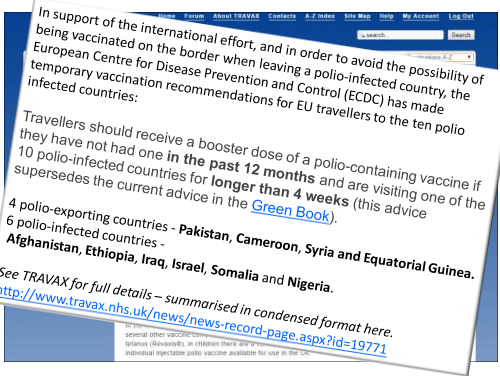
Who should be vaccinated before travel to Pakistan?



- All travellers who have not completed a primary course of polio vaccine or have not had a polio vaccine booster in the last 10 years should receive a polio vaccine before travel
- Immunosuppressed individuals and pregnant individuals who plan to travel to Pakistan for one month or more are strongly advised to receive inactivated polio vaccine (IPV) within 1 year before planned departure from Pakistan
- Public Health England and NaTHNaC interim guidance also recommends a booster dose of polio-containing vaccine for those planning to travel to settings with extremely poor hygiene (e.g. refugee camps), or those who are likely to be in close proximity with cases (e.g. healthcare workers), and/or who are visiting Pakistan for 6 months or more, if the traveller has not received polio vaccination in the past 12 months.
- See NaTHNaC for full details – summarised in condensed format here. http://www.nathnac.org/pro/clinical_updates/polio_req_pk_010714.htm

See <http://www.janechiodini.co.uk/education/conference/a-return-ticket/> for links to these resources

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In support of the international effort, and in order to avoid the possibility of being vaccinated on the border when leaving a polio-infected country, the European Centre for Disease Prevention and Control (ECDC) has made temporary vaccination recommendations for EU travellers to the ten polio infected countries:

Travellers should receive a booster dose of a polio-containing vaccine if they have not had one in the **past 12 months** and are visiting one of the 10 polio-infected countries for **longer than 4 weeks** (this advice supersedes the current advice in the [Green Book](#)).

4 polio-exporting countries - **Pakistan, Cameroon, Syria and Equatorial Guinea.**
6 polio-infected countries - **Afghanistan, Ethiopia, Iraq, Israel, Somalia and Nigeria.**

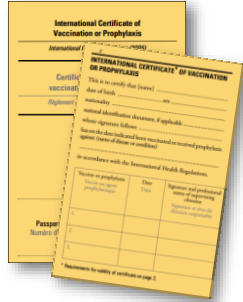
See TRAVAX for full details – summarised in condensed format here. <http://www.travax.nhs.uk/news/news-record-page.aspx?id=19771>

See <http://www.janechiodini.co.uk/education/conference/a-return-ticket/> for links to these resources

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Further understanding

- ICVP cards need to be used to record vaccine but a non yellow fever centre will need to obtain these and they have to be paid for
- ICVP is available online – if downloading, it's the certificate page that is required and would be advisable to print in colour format
- See FAQs from NaTHNaC and TRAVAX



See <http://www.janechiodini.co.uk/education/conference/a-return-ticket/> for links to these resources

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Effect on Pilgrims: Hajj and Umrah

- 8 August, 2014 the Ministry of Health (MOH) Kingdom of Saudi Arabia (KSA) issued revised entry requirements and recommendations for the Hajj and Umrah seasons, 2014
- Those within special risk groups advised to postpone rituals for this year for their own safety
- All pilgrims travelling to Hajj or Umrah should ensure their polio vaccination status is up to date
- For visa entry into KSA, travellers arriving from any of the ten countries affected by polio need proof of vaccination within past 12 months

See http://www.who.int/wer/2014/wer8932_33.pdf?ua=1


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Meningococcal ACW_{135Y} vaccines

- Vaccines of choice now are the conjugate vaccines in all instances
- ACWY Vax (polysaccharide vaccine) no longer being manufactured
- Menveo no longer a black triangle drug
- Nimenrix is newer therefore is a black triangle drug at the current time
- Length of protection for both conjugate vaccines remains undetermined in the Green Book
- A black triangle medicinal product is subject to additional monitoring. This will allow quick identification of new safety information. Healthcare professionals are asked to report any suspected adverse reactions. ▼

See http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/302904/Green_Book_Chapter_22_v2_5.pdf

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- The product information for ACWY Vax states an antibody persistence of at least 3 years. New data, however, demonstrate a reduction in antibody titres between 1 and 2 years after ACWY Vax vaccination. Individuals who remain at high risk of exposure to *Neisseria meningitidis* should be considered for revaccination earlier than currently recommended
- Conjugate vaccines are recommended when revaccination within 2 years after administration of the previous ACWY Vax dose is considered. Please refer to local guidelines.

<http://tinyurl.com/p34bssf>
<http://tinyurl.com/p3myhja>

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Yellow Fever changes

- May 2013 statement from WHO that vaccine provides lifelong protection
- ICVP currently remains valid for 10 year but will change in 2016 to reflect life long protection from the vaccine
- Issues remain for border entry

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Update to Green Book Chapter for YF

WHO Strategic Advisory Group of Experts (SAGE) on Immunization has stated that with some exceptions protection lasts for at least 35 years, is likely to be much longer and could be life-long. Therefore revaccination should be offered to

- those needing a valid ICVP
- those who received their initial yellow fever vaccination:
 - when aged less than two years old
 - during pregnancy
 - whilst infected with HIV
 - when immune suppressed
 - before undergoing a bone marrow transplant

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In certain situations where there is concern about a traveller's risk of exposure to YF (e.g. working/living for an extended period in a high risk setting) a booster dose of YF vaccine can be considered – expert advice can be sought

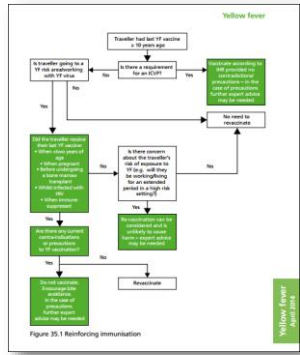


Figure 35.1 Reinforcing immunisation

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Giving yellow fever and MMR vaccine

- Yellow fever vaccine can be given at the same time as other inactivated and live vaccines.
- In the case of co-administration with MMR vaccine there are some data to suggest sub optimal antibody responses against yellow fever, mumps and rubella antigens.
- Where possible these two vaccines should be given 28 days apart**
- If yellow fever vaccine cannot be given at the same time as another live vaccine, it should be given at an interval of four weeks.

See <http://www.janechiodini.co.uk/education/conference/a-return-ticket/> for links to these resources

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New JCVI guidance

Vaccine combinations	Recommendations
Yellow Fever and MMR	A four week minimum interval period should be observed between the administration of these two vaccines. Yellow Fever and MMR should not be administered on the same day.
Varicella (and zoster) vaccine and MMR	If these vaccines are not administered on the same day, then a four week minimum interval period should be observed.
All currently used live vaccines (BCG, rotavirus, Live attenuated influenza vaccine (LAIV), oral typhoid vaccine, varicella, zoster and MMR)	Apart from those combinations listed above, these live vaccines can be administered at any time before or after each other.

<https://www.gov.uk/government/publications/updated-recommendations-for-administering-more-than-1-live-vaccine>

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Data Loggers available online from medical equipment suppliers



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Insulated container



A validated carrier costs around £300

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Would a portable fridge be easier?

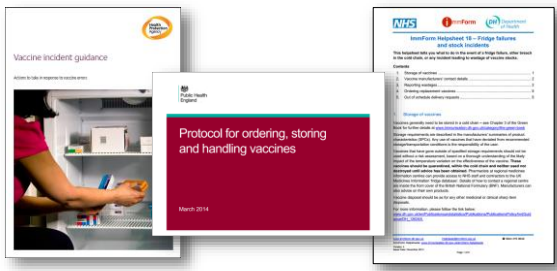
Prices start from £350



Images courtesy <http://shoreline-medical.co.uk/>

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Documents to support vaccine ordering, storage & handling of vaccines



http://www.hpa.org.uk/web/HPAwebFile/HPAweb_C/1267551139589
http://www.dh.gov.uk/en/PublicationsandStatistics/Publications/PublicationsPolicyAndGuidance/DH_120010

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www.janechiodini.co.uk/news/help/vaccine-storage/

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www.janechiodini.co.uk/education/malaria/

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E-learning course – see postcard in your conference bag

Malaria Matters: Best practice in malaria prevention advice

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Malaria chemoprophylaxis

- Atovaquone/proguanil now available generically
 - Reprapog in the EMC
- Leaflets from Roche regarding Lariam
- Discussion on counterfeit medicines on ISTM very interesting recently – look for a ‘HELP’ page on the topic soon

<http://www.mhra.gov.uk/Safetyinformation/Safetywarningsalertsandrecalls/Safetywarningsandmessagesfor Medicines/CON333631>

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Infographics

<http://www.janechiodini.co.uk/education/conference/a-return-ticket/> for links to these resources

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Infographic also from CDC

FOOD & BEVERAGE SAFETY FOR THE INTERNATIONAL TRAVELER

What's Safer & What's Not

<http://www.cdc.gov/travel/page/infographic-food-water-whats-safer>

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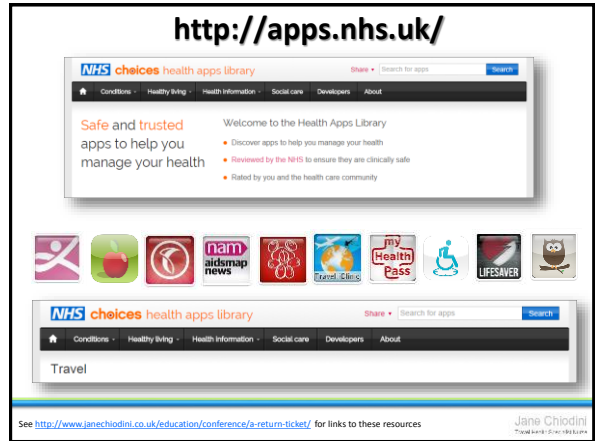
App to help choose appropriate food and drink

<http://www.janechiodini.co.uk/education/conference/a-return-ticket/> for links to these resources

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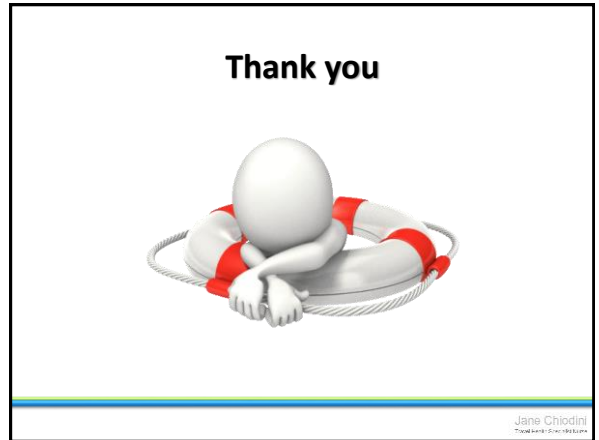
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Raising awareness

- No interventions to arm in which lymph node clearance performed: blood pressure, bloods or injections
- Essential to have excellent bite prevention to this arm to help prevent lymphoedema
- Supply of antibiotics if travelling with a history of previous cellulitis

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