



# 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

## UK MALARIA GUIDELINES 2015

Guidelines for the prevention of malaria in travellers from the UK were updated and published by Public Health England in 2015. A welcome addition to the PDF version is that the index is now page numbered and clicking on the item you want will take you directly to this part of the publication. Minor revisions have been made to the recommendation for prevention advice in Vietnam and Malaysian Borneo and, although the wording for advice for India hasn't changed, the explanation has been clarified. Chemoprophylaxis advice has altered in two clinical situations. For someone who is taking hydroxychloroquine for rheumatic disease and is going to an area where chloroquine would be the appropriate drug, this person can remain on

hydroxychloroquine rather than switch to chloroquine. If there is any concern, then expert advice should be sought. For the person with epilepsy who takes phenytoin, carbamazepine or barbiturates, it is known that these anticonvulsants reduce the half-life of doxycycline. Clinicians are advised to use an alternative drug, but if this is not possible, or acceptable to the traveller, the dose of doxycycline should be increased to

100 mgs twice daily. Appropriate counselling is required regarding measures to minimise side effects.

The management of a traveller on warfarin is more clearly explained and these days with the use of INR self-testing devices, it is considered acceptable that the expert patient (as defined by their anticoagulant clinic) could perform their own testing if away on a trip for a long time when the INR needs to be checked on a

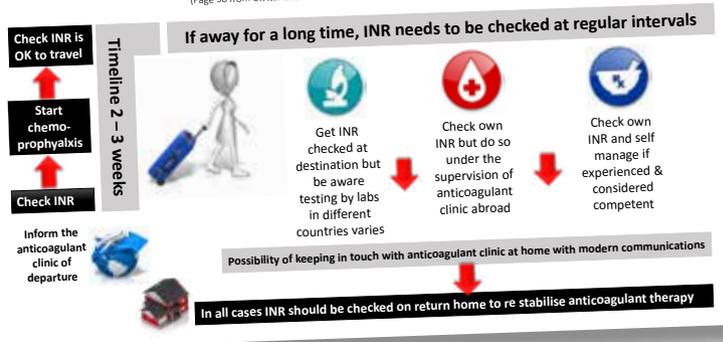
September 2015. Rabies affects poor rural communities mostly in Asia and Africa. The World Health Organization published a useful infographic which includes shocking facts such as about one death occurs every 15 minutes from rabies and 40% of the victims are children younger than 15 years. See <http://www.who.int/topics/rabies/en/> Greater emphasis is now being put on vaccinating dogs and thereby breaking the transmission cycle. The Global

Alliance for Rabies Control (GARC) is the chosen charity partner for the Northern European Conference on Travel Medicine (NECTM) to be held in London in June 2016. For more details see <http://nectm.com/charity-project-2/> I have also posted a booklet to use with your travellers to explain the severity and impact of rabies infection to a traveller plus prevention and management procedures. This is a follow up to my video, and may

provide you with greater control when educating your travellers. I tend to use the booklet and ask them to watch the video as a follow up. See item no. 20 at <http://www.janechiodini.co.uk/tools/>

### Advice for travellers needing malaria chemoprophylaxis who are taking warfarin

(Page 58 from UK Malaria Guidelines. Chart designed by Jane Chiodini ©2015)



regular basis. I have created a chart to illustrate the process described in the Malaria guidelines.

Recently confusion has arisen over the order in which sun repellent and an insect repellent should be applied. The guidance provides a full explanation of the rationale but concludes that when both a sunscreen and DEET are required, DEET should be applied *after* the sunscreen and the SPF of the sunscreen should be increased to 30 – 50 SPF to compensate for the DEET-induced reduction in SPF.

For all malaria resources including the latest guidelines, an updated chart for the various chemoprophylactic drugs and the INR chart, see <http://www.janechiodini.co.uk/news/help/malaria/>

## WORLD RABIES DAY

It was World Rabies Day last month, on 28

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