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 that these anticonvulsants reduce the half-life of doxycycline. 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 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/tools/

ESSENTIAL TRAVEL MEDICINE
This is a new textbook published in July 2015 and its purpose is to support those studying for a qualification or higher degree in travel medicine. For those newer to the field of practice, it is hoped the book will stimulate interest and enthusiasm. With editors and authors involved from around the world, the book is written with an international audience in mind, therefore nurses reading it should do so in the knowledge of key resources for UK practice as well. Essential Travel Medicine is available from Wiley in paperback ISBN: 978-1-118-59725-5 at $64.99. A digital version is also available.

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Jane is a travel health specialist with 25 years’ experience of seeing travellers in primary care. 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 – details at www.janechiodini.co.uk

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

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WORLD RABIES DAY
It was World Rabies Day last month, on 28