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

NEW MALARIA ADVICE FOR TRAVELLERS TO INDIA

Guidelines for malaria prevention in travellers from the UK 2014 was published at the end of July. This comprehensive document from the Public Health England Advisory Committee on Malaria Prevention (ACMP) will answer practically every patient-related malaria query you may have in your day-to-day practice. Although a lengthy tome, it would be a good document to keep on your computer desktop for easy reference or to print off and have to hand. The biggest change in the revision from the 2013 publication is when advising travellers visiting India. A new map has been provided and it illustrates that there is a risk of malaria sufficiently high to justify chemoprophylaxis in the orange shaded areas on the map for which atovaquone proguanil, doxycycline or mefloquine should be advised. For all the other areas now, ACMP **no longer** considers the risk of contracting malaria sufficiently high to justify the use of chemoprophylaxis and advises strict adherence to bite prevention plus awareness of risk and symptoms of malaria on return. It is important to stress that it does not mean there is no malaria at all in these areas but the risk there is lower and below the ACMP threshold for recommending chemoprophylaxis. However, the decision for the traveller to take prophylactic drugs still depends on the individual and the travel health adviser within a consultation. For example, those visiting friends and relatives for a long time (e.g. 3 or more months) could be at increased risk; or an immunosuppressed traveller by nature of their condition, could be more severely unwell.

As bite avoidance is now the main preventive measure for most of India, rigorous adherence to the recommendations in Chapter 3 of the Guidelines is strongly advised. See my website for a number of useful malaria resources http://www.janechiodini.co.uk/education/malaria/

THE IMPACT OF UPDATE NOTIFICATIONS!

As I've been writing this piece, the July-August Vaccine Update has arrived in my Inbox! It's full of excellent information about many immunisation changes and new programme implentations; for example, the JCVI recommendation for pertussis to be given to pregnant women for the next five years and the HPV vaccine to go to two doses. It also details new flu campaign materials and welcome news that the immunisation page on the GOV.UK website has been rearranged to make accessibility and navigation easier – see https://www.gov.uk/government/collections/immunisation The only travel related item this time concerns continuing problems with supply of the yellow fever vaccine, Stamaril. Sanofi Pasteur MSD is able to supply alternative European presentations of yellow fever vaccine. Yellow fever vaccine has to be given under a patient specific direction (PSD) in a GP surgery at all times, but if the vaccine is unlicensed in the UK, this fact needs to be shared with the traveller. Private travel clinics that normally use a patient group direction would also have to use a PSD if the vaccine is unlicensed.

BNF UPDATE

I also subscribe to the BNF updates and the July 2014 newsletter alerted me to new advice on self-administration of adrenaline for anaphylaxis. History of allergies is important within a travel consultation and identified patients should be given advice if travelling abroad. The MHRA recommends individuals at risk of anaphylaxis (or their carers) to carry two injection devices at all times. In addition, an ambulance should be called after every administration (even if symptoms are improving), the patient should lie down with their legs raised (unless they have breathing difficulties, in which case they should sit up) and, if at all possible, they should not be left alone. If symptoms are not improving, a second injection should be given 5-15 minutes after the first. For more details see http://tinyurl.com/mwrnwnj

Finally, the Resuscitation Council (UK) website has also been revamped – take a look at at the award winning interactive live action CPR film which is now available as an app too. See http://resus.org.uk/pages/mediMain.htm ●

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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