42 • travel health 27 May 2011 PracticeNurse



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 to keep your practice up to date. She also revisits areas of on-going concern, for spotchecks and further clarification

NEW APPROACH TO YELLOW FEVER VACCINATION

New guidelines for vaccination against yellow fever (YF) have come into effect this month following publication of the 2011 edition of the World Health Organization's *International Travel and Health* in hard copy and online (www. who.int/ith).

These changes represent an entirely new approach to protection against YF and will require travel health advisers to consider the traveller's risk for exposure to YF and the safety of the vaccine.

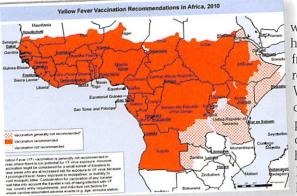
New published maps illustrate revised criteria for the risk of yellow fever transmission. A new category of yellow fever vaccination 'generally not recommended' is illustrated on these maps in areas where there is low potential for yellow fever virus exposure. However, vaccination might be considered for a small subset of travellers to these areas, who are at increased risk of exposure to mosquitoes or unable to avoid mosquito bites.

When considering vaccination, any traveller must take into account the risk of being infected with yellow fever virus and country entry requirements, as well as individual risk factors (eg age, immune status) for serious vaccine-associated adverse events.

Details of the background and rationale

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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



A new yellow fever map

to this change are explained in last month's clinical update on www.nathnac. org which includes some useful references. It is important that all yellow fever centres follow the change in guidance. It is, however, also necessary for non yellow fever centres to understand the changes so they can refer a traveller for vaccination appropriately.

In this situation, it would be of invaluable help if the referring GP practice could provide the patient with a confidential print out of their medical history, including the vaccination record, which could then be used by the YF centre to help inform the risk assessment for vaccination.

MALARIA ON THE RISE IN UK

The Health Protection Agency has reported that cases of malaria have increased by nearly 30% since 2008. The UK has the second highest number of imported malaria cases in the world with only France surpassing us.

In 2010 there were 1761 cases of malaria reported and 72% of these were the most serious type of malaria, *Plasmodium falciparum*, which in some rare circumstances could result in the death of a traveller within 24 hours of developing the symptoms of the infection. Where data

was available, West Africa was the highest risk destination and visiting a friend or relative was the highest reason for the purpose of travel.

Where the history was known, 85% of cases had not taken malaria prevention tablets. More information can be found on the HPA website at http://www.hpa.org.uk/Topics/ InfectiousDiseases/InfectionsAZ/ Malaria/

USEFUL RESOURCES

An RCN accredited modular online course 'Malaria Matters' based on the UK malaria guidelines is available on at www. janechiodini.co.uk. Free to access, the course material provides many different educational materials including animation of the malaria life cycle (module 2) and a video of a 'best practice' consultation (module 3) regarding two travellers visiting India and seeking malaria prevention advice.

Having sufficient time to deliver advice appropriate to the travel risk assessment which may include management of the malaria risk and advice is essential.

Don't forget in the RCN publication Competency: An Integrated Career And Competency Framework For Nurses In Travel Health Medicine, it says that it would be 'unsafe' to undertake a travel consultation in 10 minutes, that 20 minutes should be allowed 'to exercise best practice', and that travellers with more complex needs 'may require an even longer appointment'.

Go to www.rcn.org.uk and under 'professional development' then 'publications' search for travel health medicine to obtain a copy of the publication and use this to help ensure you secure sufficient appointment time within your practice.