



# Travel health update

While Zika virus has faded from the headlines, it remains a serious concern for travellers. Jane Chiodini has the latest advice and resources on this and other current topics in travel medicine

## JANE CHIODINI

MSc(Travel Med), RGN, RM, FFTM  
RCPS(Glasg), QN

Founder and Director of Travel Health Training  
www.janechiodini.co.uk  
www.facebook.com/TravelHealthTraining

## ZIKA UPDATE

In February 2016, as a result of an extraordinary cluster of microcephaly and other neurological disorders reported in Brazil, following a similar cluster in French Polynesia the World Health Organization (WHO) declared a Public Health Emergency of International Concern (PHEIC) for Zika virus (ZIKV). Since that time research has demonstrated the link between ZIKV

Zika virus. Within a travel health context, particular attention is needed to give appropriate advice to travellers who may be visiting one or more of the 70 countries and territories that have reported evidence of ZIKV transmission since 2015. A new algorithm,<sup>1</sup> providing guidance on how to advise individual travellers on the duration of preventative measures against sexual transmission of Zika virus, was published by PHE in January 2017 and this and links to updated resources – including the WHO – can be found at <http://www.janechiodini.co.uk/home/hot-news/>

## TRAVEL MEDICINE DIPLOMA

My formal career in travel health started over 20 years ago, being in the inaugural group of students undertaking the post graduate Diploma in Travel Medicine in Glasgow which has been the only centre in the UK to continue to provide such education since that time. However, 2017 sees a significant change to the way the training is to be delivered. A new Diploma in Travel Medicine incorporates an exam preparatory course which takes a total of 28 weeks (including a one week residential component) and the remainder of the study taken online, then a two-part examination: success in the examination leads to Membership of the Faculty of Travel Medicine which provides the practitioner with eligibility to become a Member of the Faculty of Travel Medicine of the Royal College of Physicians and Surgeons of Glasgow using post nominals of MFTM RCPS(Glasg). The fee for the 2017 course which starts in May, and entry to Part A and Part B examinations is £3,550. If you're passionate about travel medicine, review further information at <https://rcpsg.ac.uk/travel-medicine/education/diploma-in-travel-medicine>.

## CLARIFYING CHOLERA

I am still coming across confusion for the

provision of cholera vaccine in a GP setting. Some years ago this vaccine was an NHS vaccine, then became private and then reverted to being provided on the NHS which means you must not charge for it in your surgery under any circumstances. The vaccine may not be used as often as other travel vaccines and full clinical indication for use can be found in chapter 14 of the Green Book at <https://www.gov.uk/government/publications/cholera-the-green-book-chapter-14>. On the occasions where you find it is recommended after a travel risk assessment, you can either buy the vaccine in to administer to your patient and then claim the cost back from the Prescription Pricing Authority (PPA) or alternatively write an NHS prescription for it – a FP10, WP10, GP10 and HS21. The evidence for the NHS provision is found in the BMA guidance, Focus on travel immunisation at <https://www.bma.org.uk/advice/employment/gp-practices/service-provision/travel-immunisation> and also see <http://www.janechiodini.co.uk/news/faqs/faq-2/>

## TRAVEL HEALTH PRO IMMUNOSUPPRESSION FACTSHEET

Caring for a traveller who is immunosuppressed often requires complex management. It's these types of scenarios where you may need to telephone the advice lines – NaTHNaC or TRAVAX – for help. A new factsheet from NaTHNaC has been published on TravelHealthPro, which provides advice and you may find it helpful to refer to it before you make the call – you may find the answer you need! The factsheet includes pre travel preparation, tips to stay healthy abroad and links to useful resources. See <http://travelhealthpro.org.uk/factsheet/66/immunosuppression> ♦

1. Public Health England. Zika virus sexual transmission advice: algorithm, 2017 <https://www.gov.uk/government/publications/zika-virus-sexual-transmission-advice-algorithm>



infection and microcephaly and so as a result, in November last year, the WHO removed the PHEIC order for Zika, but announced that Zika virus and associated consequences remain a significant enduring public health challenge requiring intensive action. Many aspects of this disease and associated consequences still remain to be understood. Innovative approaches to mosquito control are being piloted in affected countries. The WHO will continue to provide sustained guidance for effective interventions and support for families, communities, and countries experiencing