



# Travel health update

So much is still going on in the world of vaccines right now. Jane Chiodini summarises current issues and provides tools and links to help the harassed travel health nurse

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## VACCINE NEWS

**1.** We remain challenged by the vaccine shortages and now Revaxis is also in short supply, as announced in the September issue of Vaccine Update available at <https://www.gov.uk/government/publications/vaccine-update-issue-270-september-2017>. Those needing to order vaccine for travellers are advised to contact Sanofi Pasteur. I created a chart that users could adapt and fill in on an ongoing basis to manage their stock situation. See item no. 22 at <http://www.janechiodini.co.uk/tools/>

**2.** I'm half way through the Travel Health Roadshows and one thing that has come to light is that not everyone is aware of the dose-sparing guidance for hepatitis A and B vaccines. I have managed to video a short section on a few of the hepatitis A slides I present on the update and repurposed it as a short resource, which includes links to the document from Public Health England. The link is found at <http://www.janechiodini.co.uk/education/online-learning/>

**3.** A recent post on TravelHealthPro informs us that the Joint Committee on Vaccination and Immunisation (JCVI) has reviewed the data on the length of protection provided by ACWY conjugate vaccination. Antibodies against serogroup A disease were the first to wane, and this means boosting is important for travel, but less important for the routine MenACWY programme in the UK. For travellers at continued risk, the Committee agreed that boosting every

five years would be a sensible approach until further data become available. See <https://travelhealthpro.org.uk/factsheet/42/meningococcal-disease#undefined>. And just a little reminder that if you provide the conjugate meningococcal vaccine for a pilgrim to Hajj or Umrah, then you need to write **5 years** on the certificate and give the vaccine not less than 10 days prior to entry into the Kingdom of Saudi Arabia.

**4.** World Rabies Day took place on 28 September. In the previous update I discussed some new guidance documentation for pre exposure immunisation for those at occupational risk and gave a reminder about the process for obtaining vaccine when dealing with a potential post-exposure-to-rabies traveller. I've now created a short online training resource for rabies, covering all these aspects of care – you can find it at <http://www.janechiodini.co.uk/education/online-learning/>

**5.** A pregnant woman is currently recommended to receive a vaccine for protection against pertussis from 16 weeks in the national schedule. The vaccines advised on the immunisation chart are Boostrix-IPV and Repevax. In the qualitative and quantitative composition (item 2) in the Summary of Product Characteristics of both these vaccines it says the content of tetanus toxoid is not less than 20 International Units (IU). This is the same content as in Revaxis. I would therefore conclude that if a pregnant woman had received vaccination for pertussis and then at a date further on, attended for travel advice, this dose of tetanus contained within the Boostrix-IPV or Repevax would also count as protection for the tetanus needed for travel purpose. I've checked this with Public Health England, who concur and this information

will be included in the next update of *Vaccination against pertussis (Whooping cough) for pregnant women. Information for healthcare professionals.*

**6.** Linked to immunisation, we must always be prepared for the management of anaphylaxis albeit it very rare. Regular training on this and CPR are a requirement of working under Patient Group Directions. The Resuscitation Council (UK) has a useful page on *Primary care - minimum equipment and drug lists for cardiopulmonary resuscitation* on their website at <https://www.resus.org.uk/quality-standards/primary-care-equipment-and-drug-lists/#equipment> Published in 2013, this is not new but a recent discussion on the RCN GPN Forum Facebook page highlighted that not all were aware of the useful guidance. [Ed: you can get your annual anaphylaxis update at *Best Practice in Nursing*, 17-18 October, at the NEC, Birmingham].

**7.** And finally, another snippet I picked up on the aforementioned Facebook page: if patients require additional vaccines because they have underlying medical conditions which place them at risk of infection (e.g. asplenia) as detailed in the National Immunisation Vaccine schedule (<https://www.gov.uk/government/publications/the-complete-routine-immunisation-schedule>) the required vaccines must not be taken from the national stocks ordered via ImmForm. They should be ordered in from the manufacturer or wholesaler and the cost claimed back from the NHS Business Services Authority at <https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/submitting-prescriptions/prescriptions-high-volume-vaccines>. ♦