



Travel health update

In this month's Update, *Jane Chiodini* draws our attention to the need for specific training for nurses administering travel vaccines, an important update and reminder on patient group directives, and an intriguing insight into diphtheria

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IMMUNISATION TRAINING

Last month's *Practice Nurse* highlighted the key points of the newly published Public Health England (PHE) National Minimum Standards and Core Curriculum for Immunisation Training for Registered Healthcare Practitioners at <https://www.gov.uk/government/publications/national-minimum-standards-and-core-curriculum-for-immunisation-training-for-registered-healthcare-practitioners>. While this document has minimum coverage of travel health, it does say on page 14, that *practitioners may also require additional training depending on the vaccine(s) they give. For example, those who give travel immunisations will require specific training on travel health – a generic immunisation course alone would not suffice.* Therefore anyone new to travel health and immunisation needs to undertake two forms of training. I would suggest it would be preferable to undertake the immunisation training first and for users to fully utilise and complete the 'Competency Assessment Tool' found on pages 24–26. Excitingly, a new e learning course on immunisation training should also be launched in March to support the PHE guidance described above. More information to follow.

Within the RCN guidance document, *Travel health nursing: career and competence development* it states that the registered practitioner should be able to demonstrate

evidence of learning to apply skills and knowledge in the field of travel medicine, for example, a minimum of 15 hours of relevant learning plus mentorship in clinical skills before undertaking a travel consultation alone. See <https://www.rcn.org.uk/professional-development/publications/pub-003146>. We have been developing a 3rd edition of the publication and it should be available in May 2018. I hope to write more fully about this and what is new in the document in due course.

PGDs – AN UPDATE AND A REMINDER!

This important subject continues to be a key aspect of travel health. For some years, areas of the UK have struggled with no or limited provision of these legal documents, forcing us in some situations to work with patient specific directions (PSDs) which take time to organise, not an easy task within the context of a travel health consultation. Of late, PHE has published PGD templates for travel vaccines and the most recently published ones, for use from 1 March 2018, are Typhim Vi (now the only injectable typhoid vaccine manufactured in the UK) and hepatitis A and typhoid combined. The document names only Viatim as Hepatyrix is no longer manufactured.

Of great importance, the PGD is not legally valid until it has had the relevant organisational authorisation in accordance with Human Medicines Regulations 2012. Interestingly, the PGD statement for inclusion criteria in section 4 is use of the vaccines for those intending to travel, where typhoid or hepatitis A vaccination is currently recommended for travel by NaTHNaC (and it directs the reader to the Travel Health Pro website for country-specific advice). Another statement in the

PGD says *Authorising organisations must not alter, amend or add to the clinical content of this document (sections 4, 5 and 6); such action will invalidate the clinical sign-off with which it is provided.* This leads me to conclude that to work within these PGDs, once adopted, one has to review the TravelHealthPro website at <https://travelhealthpro.org.uk/> for country specific advice. These two new PGDs also include provision of vaccine given in this dose sparing period for hepatitis A. This is good news because previously we have only been able to follow the dose sparing guidance and vaccinate using a PSD. The same information was also included within the PGD template for Hepatitis A vaccine published in November 2017. For a selection of the documents see under the heading 'Individuals at increased risk' at <https://www.gov.uk/government/collections/immunisation-patient-group-direction-pgd>

LEARNING ONLINE

Did you know the origin of 'diphtheria' was the Greek word for 'leather' or 'hide,' which describes the coating that appears in the throat, i.e. the pseudomembrane? I learnt this from an excellent presentation from the Liverpool School of Tropical Medicine, entitled '*Tales from the field: Managing an Outbreak of Diphtheria in Bangladesh*'. Dr Derek Sloan, Senior Lecturer/Consultant in Infectious Diseases, University of St Andrews described his recent work when the UK Emergency Medical Teams (UK-EMT) were deployed to the diphtheria outbreak in Cox's Bazar refugee camps, Bangladesh. This includes a good summary of diphtheria and its management, and is available at: <http://www.lstmed.ac.uk/news-events/seminars-and-lectures/tales-from-the-field-managing-an-outbreak-of-diphtheria-in> ♦