

## A guide for travel vaccines – compiled by Jane Chiodini

Always use this table in conjunction with information from the SmPC at [www.medicines.org.uk](http://www.medicines.org.uk) the BNF at [www.bnf.org](http://www.bnf.org) and the 'Green Book' (GB) at <http://tinyurl.com/nqbpvr5>. See the THT Ltd. [disclaimer](#)

VACCINE NAME		AGE GROUPS	WHEN TO BOOST- general principles and comments
<b>HEPATITIS A vaccine (and schedules)</b>			
● Hep A vaccine SmPCs have different timings - note Ch. 4, 1 <sup>st</sup> paragraph in GB			Ideally, follow the summary of product characteristics but in late- presenting travellers, a course does not need to be restarted (DH 2013). Protection is expected for 25 years from the second dose – also see NaTHNaC info on Hepatitis A ** and detail below within the 'Key' section regarding GSK 'Havrix' vaccines***.
VAQTA® Paediatric	2 dose schedule of hepatitis. A vaccine should be given at day 0 and then 6 to 12 months after the initial dose as recommended in Green Book for hep A vaccines. Regimes may vary in SmPCs, see above ● & key	1 - 17 years	
VAQTA® Adult		18 years and over	
Avaxim®		16 years and over	
Havrix Junior Monodose®		1 – 15 years	
Havrix Monodose®		16 years and over	
<b>TYPHOID vaccine</b>			
Typhim Vi® Single dose		2 years and over (but see GB for off-license use from 12mths)	3 years
Vivotif® (Ty21a) Oral vaccine on days 0, 2 & 4		5 years and over	3 years (Take with cold or luke warm drink 1 hr before meal, swallow capsule whole)
<b>HEPATITIS B vaccine (and schedules) Important – Hep B now in the childhood programme not included here</b>			
Engerix B® - 0, 1 and 6 months		Over 16 years	Note: 0, 1, 2 month schedule Green Book doesn't advise 4 <sup>th</sup> dose at 12 months unless they remain at continued high risk, see Ch.18 Page 16. Note SmPCs do advise a 4 <sup>th</sup> dose but GB should be followed. Update to policy in the Green Book in June 2017 for hepatitis B for all (which would include travellers) states those who have received a primary course do not require a reinforcing dose of hep B containing vaccine except health care workers (boost once at 5 years), patients with renal failure and at time of significant exposure. Please read Ch. 18 page 13 of Green Book for detail. Testing for evidence of immunity post immunisation is not routinely recommended. See GB. Ch.18. Page 18
Engerix B® - 0, 1, 2 months		Over 16 years	
Engerix B® - 0, 7, 21 days & 12 months		Over 18 years in SmPC – But also 16 -18 years in Green Book	
Engerix B® Paediatric 0, 1, 6 months		0 to 15 years	
Engerix B® Paediatric 0, 1, 2 months		0 to 15 years	
Engerix B® Option of two doses of 1 ml (20mcg) for low-compliance adolescents given 6 months apart when the risk of hepatitis B is low and completion of course can be assured before risk is high		11 – 15 years	
HBvaxPRO® 0, 1, and 6 months		16 years and over	
HBvaxPRO® 0, 1, 2 months		16 years and over	
HBvaxPRO® Paediatric 0, 1 & 6 months		0 – 15 years	
HBvaxPRO® Paediatric 0, 1, 2 months		0 – 15 years	
<b>COMBINED vaccines (and schedules)</b>			
VIATIM® (Hepatitis A and typhoid) Single dose		16 years and over	6-12 months for hepatitis A component (then hepatitis A booster given as a monovalent vaccine) and 3 years for the typhoid component
Twinrix Adult® (Hepatitis A and B) 0, 1, 6 months		16 years and over	See information about hepatitis A and hepatitis B regarding boosters above
Twinrix Adult® 0, 7, 21, days and 12 months		18 years and over	
Twinrix Paediatric® 0, 1, 6 months		1 – 15 years	
Ambirix® (Hepatitis A and B) 0 & 6-12 months		1 – 15 years	
<b>Tetanus, polio &amp; low dose diphtheria (for travel purposes)</b>			
Revaxis® 1 dose if risk at destination and UK schedule completed more than 10 years ago – see Green Book p372		From 6 years - for travel purposes expect to give older than this	10 years if risk at destination and risk of immunoglobulin not being available

MENINGOCOCCAL vaccine	AGE GROUPS	WHEN TO BOOST
<b>Menveo® Single dose</b> (conjugate vaccine)	2 years	5-yearly for Hajj, Umrah certificate purposes as per KSA in 2017 <sup>+</sup> <b>For travel, boost every 5 yrs</b> until more data available. See NaTHNaC for more details <a href="https://goo.gl/6eSWmu">https://goo.gl/6eSWmu</a>
<b>Nimenrix Single dose</b> (conjugate vaccine)	6 weeks of age <i>Under 1 year</i> see next column	<b>N.B.</b> Children under 1 year need different dosing – see Green Book and NaTHNaC & <b>note</b> SmPC differs
<b>RABIES vaccine 2.5IU; one vial (and schedules)</b>		
<b>Rabies vaccine BP</b> 0, 7, 28 days (*see below) <b>Rabipur®</b> 0, 7, 21 or 28 days <b>NEW</b> Accelerated primary course given IM on days 0, 3, 7 and 365 when there is insufficient time to complete the 0, 7, 21-28 day course. *See the <a href="#">NaTHNaC factsheet</a> (table 1) which identifies both vaccines can be given for the 0, 7 & 21-28 and the 0, 3, 7 & 365 day schedules	Any age but careful risk assessment under 1 year	Many travellers may not need a booster but one single booster dose of vaccine can be considered following thorough risk assessment, in those who completed a primary course over a year ago. This may be most effective if offered 5 years or more after the primary course if travel is assessed as high-risk. See Vaccine Update page 5 in <a href="#">issue 282</a> , and a summary in a blog <a href="#">here</a>
<b>YELLOW FEVER vaccine</b>		
<b>Stamaril®</b> Single dose	Over 9 months	Lifelong in most. See resources for latest details. Certificate valid 10 days post vaccination
<b>CHOLERA vaccine</b>		
<b>Dukoral®</b> Oral vaccine. 2 doses, minimum 1 wk. and maximum 6 weeks apart, given to those from 6yrs of age. 3 doses given in those 2 – 6 yrs old	2 years and over	6 months when given to those aged 2 – 6 yrs 2 yrs in those aged 6 yrs to adult age NBM 1 hr before & after vaccine
<b>JAPANESE ENCEPHALITIS vaccine</b>		
<b>IXIARO®</b> 0 and 28 days for all age groups. 0.5ml dose for adults & 3 yr to < 18 yr age group 0.25ml for 2 months to < 3yr age group (See SPC for specific instructions) <b>Note:</b> SPC & GB change for new <b>0 &amp; 7 days</b> schedule in 18-64 yrs & <a href="#">off license</a> in children from 2 mths and over 65 yrs when genuinely no time to complete standard schedule	From 2 months	1 year if at continuous/further risk All others, boost at 12-24 months but see GB for those 65 years and older. Second booster in 18-64 years offer at 10 years. Please see GB for children and those over 65 years for more specific information. <b>Note:</b> primary immunisation should ideally be completed at least one wk prior to JEV exposure
<b>TICK BORNE ENCEPHALITIS vaccine</b>		
<b>Tico-Vac®</b> 3 doses of 0.5ml on day 0, 1-3 months after 1 <sup>st</sup> dose, 5-12 months after 2 <sup>nd</sup> dose <i>For rapid short-term protection – 2<sup>nd</sup> dose can be given 2 weeks after 1<sup>st</sup> dose – see ‘Green Book’</i>	16 years and over	Booster every 3 years after initial 3 dose course if individual continues to be at risk.
<b>Tico-Vac® Junior</b> (0.25ml) 3 doses – same dosing schedule as adult Tico-Vac®	1 year to below 16 years of age	
<b>KEY</b> + KSA = Kingdom of Saudi Arabia guidance, see <a href="http://www.moh.gov.sa/en/hajj/pages/healthregulations.aspx">http://www.moh.gov.sa/en/hajj/pages/healthregulations.aspx</a> * Within the Summary of Product Characteristics (SmPC) ** The Green Book (2013) refers to all hepatitis A products, so the 25 year protection also applies to the combined products and paediatric hepatitis A vaccines. Until further evidence is available on persistence of protective immunity, a further booster at 25 years is indicated for those at ongoing risk. See the Green Book chapter (page 154) and NaTHNaC document at <a href="https://travelhealthpro.org.uk/factsheet/21/hepatitis-a">https://travelhealthpro.org.uk/factsheet/21/hepatitis-a</a> ***SmPC for Havrix Monodose & Havrix Junior Monodose April 2012 states ‘Current recommendations do not support the need for further booster vaccination among immune-competent subjects after 2 dose course’		
<b>Sources of Information for this chart taken from:</b> Public Health England & Dept. of Health (2013) Immunisation Against Infectious Diseases – The Green Book <a href="http://tinyurl.com/nqbpvr5">http://tinyurl.com/nqbpvr5</a> & subsequent updates and revised chapters found on this website. Electronic Medicines Compendium <a href="http://www.medicines.org.uk/emc/">www.medicines.org.uk/emc/</a> <a href="http://www.travelhealthpro.org.uk">www.travelhealthpro.org.uk</a> and <a href="http://www.travax.nhs.uk">www.travax.nhs.uk</a> <b>IMPORTANT</b> – Where there is a difference between the GB and the SPC, the GB should followed Ch 4. Page 25		

**PLEASE MAKE SURE YOU ARE ALWAYS USING THE LATEST VERSION OF THIS CHART**