



Travel health update

As we know travel health has been slow with few updates in the UK over the past two years, but now some news items are starting to filter through. Remember, provision of travel advice is now part of the GP contract as an essential service

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COVID-19 AND TRAVEL

Travel was beginning to move forward last year when the omicron variant put it on hold again, but things are now starting to take off. In terms of COVID-19, nothing can be set in stone, but TravelHealthPro have put out this statement: *'In addition to checking the entry requirements for their destination, travellers entering the UK from abroad (including UK residents returning home) must check and follow UK border measures. The requirements for COVID-19 testing and quarantine can change at short notice and may differ for each UK country.'* Links to the four country guidance in the UK are provided – see <https://travelhealthpro.org.uk/news/564/entering-the-uk-border-measures-update>. Personally, I think that in the context of the travel consultation in your busy GP practices, your travellers need to take responsibility to find out their individual COVID-19 travel needs at a destination. Your role should be to know where to direct them for such advice including NaTHNaC, Fitfortravel and the Foreign, Commonwealth and Development Office, and perhaps a reminder of disease prevention measures.

HEPATITIS A UPDATE

Chapter 17 of the Green Book on hepatitis A was updated in February. This has been long-awaited since 2013, but unfortunately didn't provide the clarity many of us would like about what to do regarding a booster for those who completed their primary course over 25 years ago. The update says: *'Until further evidence is available, reinforcing immunisation with a booster 25 years after a completed hepatitis A vaccine course with standard dose is therefore generally not needed except for those at ongoing risk or post-exposure to a person with hepatitis A.'*

To try to help decide how to define ongoing risk, I've updated my Nuggets of Knowledge – Hepatitis A e learning



and included three case studies to help. See <https://www.janechiodini.co.uk/education/online-learning/> and an FAQ at <https://www.janechiodini.co.uk/help/faqs/faq-7-issues-hepatitis-vaccines/>

OTHER GUIDANCE/GOVERNANCE UPDATES

Other Green Book updates included chapter 18 on hepatitis B. There was nothing specific to travel, but of relevance to all healthcare workers, the status of the 5-year booster and what to do, was not updated. However, other Government documents have said not to boost healthcare workers at 5 years in those who are responders. I have written a blog to explain this more. See <http://janechiodini.blogspot.com/2022/02/hepatitis-b-vaccine-and-healthcare.html>

A number of PGD templates have been updated over the past six months including those related to travel: hepatitis A, typhoid, MMR, Hepatitis A/Typhoid combined and Hepatitis A/Hepatitis B combined. See <https://www.gov.uk/government/collections/immunisation-patient-group-direction-pgd> Immunisation is an integral part of our travel health practice and I was pleased to see not only the updated complete routine immunisation schedule at <https://www.gov.uk/government/publications/the-complete-routine-immunisation-schedule> but also an updated Immunisation Knowledge and Skills Competence Assessment Tool from the Royal College of Nursing at <https://www.rcn.org.uk/professional-development/publications/immunisation-knowledge-and-skills-competence-assessment-tool-uk-pub-010-074>. This new publication continues to state (on page 16) that where immunisers are giving specific vaccines, such as for travel, specific training and assessment in these areas would also be needed. Such a tool can be found at <https://rcpsg.ac.uk/travel-medicine/good-practice-guidance-for-providing-a-travel-health-service>

LASSA FEVER

This is a viral haemorrhagic illness found in West Africa and three patients in one family in England were recently diagnosed with the disease after one returned from Mali (who recovered); one family member died. Transmission is via exposure to the urine and faeces of infected rats but can also occur through direct contact with bodily fluids of a human infected with the virus. The risk is very low in travellers, nonetheless, it is useful for us to be aware of the virus, and strategies for its prevention, so read the short news item at <https://travelhealthpro.org.uk/news/616/imported-cases-of-lassa-fever-to-the-uk-from-west-africa>

KEEPING UP TO DATE

I appreciate many GPNs are feeling understandably 'rusty' in regards to travel health. I have developed an online course to help which can be done at a time it suits the practitioner, without having to travel anywhere or join yet another Zoom or Teams meeting! Take a look at <https://janechiodini.learnupon.com/store> ◆