

Travel update

Travel vaccines are our bread and butter as travel health practitioners, but some are more complicated than others.

Jane Chiodini explains why – and where to find out more



DENGUE UPDATE

I wrote about this disease and use of the vaccine in the November/December issue last year. NaTHNaC have now incorporated the vaccine recommendations into their country specific information online. A news item has been posted at <https://travelhealthpro.org.uk/news/840/changes-to-the-country-information-pages-dengue-vaccine-recommendations>, so when undertaking your risk assessment, make sure you look out for this new feature. For countries where sporadic local cases of dengue have been reported but vaccine is not recommended, the detail will be found in the 'other risks' section of the country specific information. Remember, I have a free of charge course on my website about dengue and the new vaccine, Qdenga® at <https://janechiodini.learnupon.com/store/4125159-4-dengue-course>.

CHIKUNGUNYA

This is another 'day-time biting' mosquito-borne viral infection which was first identified in Tanzania in the 1950s. The disease is found in countries across Asia,

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in its latest factsheet that in 2024, there were 112 chikungunya cases reported in England, Wales and Northern Ireland – nearly one and a half times the number of cases reported in 2023. See <https://travelhealthpro.org.uk/factsheet/27/chikungunya>. There are now two licenced vaccines in the UK: IXCHIQ which is a live vaccine for individuals 18 years and older, and Vimkungya, a virus-like particle vaccine for individuals 12 years and older. Recently there have been serious adverse events observed with IXCHIQ in persons 65 years and over, so use of the vaccine has currently been paused in this age group in Europe, and in age 60 and above in the USA. The JCVI is to review these vaccines and will provide guidance in the Green Book. NaTHNaC states: 'Health professionals offering this vaccine must ensure they are adequately informed on the use of the vaccine. As the guidance for pre-travel risk assessment for chikungunya vaccine has yet to be established and may be complex, health professionals may wish to wait for the JCVI guidance before providing this vaccine to travellers.' See <https://travelhealthpro.org.uk/news/843/chikungunya-vaccination-information>.

USEFUL UPDATES

Two items have caught my eye in the past month.

One, the 'Yellow Book' from the Centers for Disease Control and Prevention (CDC) has long been a firm favourite textbook in travel medicine. This is published every two years and is also available online at <https://www.cdc.gov/yellow-book/hcp/about/index.html>. If you're not familiar with it, it is well worth a look – but remember that vaccine and malaria recommendations are from a US perspective and in the UK we need to follow our specific guidance from NaTHNaC and TRAVAX.

Secondly, I'm a great supporter of *Vaccine Update* published by UKHSA. It often includes travel-related items, but is also essential for our general vaccine knowledge. The Vaccine Update Article Index is a downloadable PDF which is invaluable for searching topics in the back catalogue, and is available from <https://bit.ly/3F9PWC3>. Give it a go, it's really helpful.

LISTENING UNDERWATER

Over the past year I've become a keen follower of podcasts – love being able to listen to them while out walking, during the night when I can't sleep, doing craft work, but now I have a new location! I have a set of underwater headphones that can connect via Bluetooth to my phone, but which also has an MP3 option. So I've just downloaded an audio file from a BBC Radio 4 podcast in April called *Sliced Bread*, all about jet lag products, and this morning found out how to load it onto my headphones. Now I can be learning all about the subject while I swim along – I can't wait! But if you prefer to listen to it on dry land go to <https://www.bbc.co.uk/sounds/play/m0029zn4>. ♦



Africa and the subtropical regions of the Americas. Most people infected with the virus develop fever, rash, and severe pain in multiple joints that typically resolve between one to two weeks, but symptoms may last for months or years. Although less common than dengue, NaTHNaC stated