Frequently asked questions about NHS travel immunisation

Jane Chiodini clarifies common questions and responsibilities in the delivery of NHS travel vaccines

ADOBE STOCK

it remains essential for practice nurses to understand their professional responsibilities when administering vaccines

The provision of NHS travel vaccines in England must take place within a primary care setting.[1,2] As part of this service, healthcare professionals should conduct a pre-travel health assessment and provide advice during the consultation. Provision differs in Scotland, Wales, and Northern Ireland.[3]

Despite ongoing challenges over the years, it remains essential for general practice nurses to understand their professional responsibilities when administering vaccines, ensuring compliance with the legal frameworks of patient group directions (PGDs) and patient specific directions (PSDs).[4,5,6] A free course is available to help readers better understand this concept accessed at: https://janechiodini.learnupon.com/store/3573887-5-dilemmas-in-delivering-travel-health

To undertake travel consultations, registered nurses should study an initial two-day introductory course in travel health, as described in national guidance.[3] This should be preceded by general immunisation training to national minimum standards.[7] Following this, mentorship is strongly advised.

The Royal College of Physicians and Surgeons of Glasgow (RCPSG) provides guidance on delivering a travel health service, including essential training components and mentorship topics.[8]

Following training and mentorship, ongoing clinical experience in the subject should ensure competence. However, the same questions on issues surrounding the NHS travel vaccines continue to be raised, many of them on social media platforms and a particular concern is when they are linked to specific patient scenarios. This arena is not the place to seek advice and risks your NMC code.[9] Clinical negligence claims against nurses include vaccinations, involving method of administration, technique and schedule.[10]

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This article aims to explore some of these questions, present supporting evidence, and offer solutions to the issues at hand.

Which vaccines are provided as part of NHS care in an NHS GP setting?

Payment is given within the global sum to all NHS GP surgeries in England for NHS travel immunisations, negotiated in the GP contract. Therefore, the NHS provides vaccines for cholera, hepatitis A, polio and typhoid to help protect the UK from returning travellers carrying these infectious diseases, which can spread easily and pose a significant public health risk.[1,11] MMR should also be considered within a travel context because anyone who has not had two doses of the MMR vaccine can receive it from their GP surgery as an NHS provision.[12]

Polio vaccination is only available to travellers as part of the combined tetanus, polio and diphtheria vaccine (Revaxis). As a result, the combined vaccine must be administered by the NHS in an NHS setting. If hepatitis A vaccine is to be given with hepatitis B vaccine in the combined formats of Twinrix Adult, Twinrix Paediatric or Ambirix, then these vaccines must also be an NHS provision, because of the hepatitis A content.

Here follows some information which addresses

many of the queries, with the main focus being on hepatitis A vaccines.

Hepatitis A

In a review of calls concerning clinical incidents to the NaTHNaC helpline, vaccine scheduling or dosing errors accounted for 41% of the calls, of which 63% were due to administration of hepatitis A or hepatitis B vaccination either alone, or in combination.[13]

Understanding the concept of vaccine content and the variation in products, along with national guidance, is very important.

There are six different monovalent hepatitis A vaccines currently available in the UK. Use of each will vary according to the individual age groups they are for, but none should be used in infants under one year of age (see table 1).

A course of hepatitis A vaccine comprises two doses: an initial dose and a second dose, also called a booster dose or completing dose. Information within the summary of product characteristics (SmPC) for each vaccine will vary regarding timing for second doses and length of protection.

However, there is an important statement in the opening paragraph of chapter 4 in the Green Book,[14] which indicates that the immunisation guidelines are based on current evidence and best practice. It explains that sometimes this advice may differ from vaccine manufacturers' recommendations and the information in the Green Book should be followed.[15,16] So, to interpret this information for hepatitis A vaccine, important points to understand include the following:

- Age appropriate vaccine should be used (i.e. one licensed for that specific age)
- Monovalent hepatitis A vaccines are interchangeable, although it is always best to complete with the brand you started with
- The two doses of hepatitis A vaccine should ideally be given 6-12 months apart
- The traveller then has 25 years of protection from the date of the completing dose of the course (which includes the paediatric vaccines)
- If the traveller did not attend for the booster dose on time, you would not restart the course, but would boost when they present, then the 25 years protection is still counted from this second dose. Ideally, time intervals should be adhered to, but the course would never need to be restarted, even if the second dose was given years later
- It is important to note that specific advice should be sought for individuals with altered immune responses; an earlier booster may be recommended
- This length of protection is taken to apply to all hepatitis A vaccine products discussed in the Green Book, once a complete course of hepatitis A vaccine is given (including combination vaccines containing hepatitis A antigen)
- If a traveller seeks advice and it is more than 25 years since their initial course, you would give a further dose, if your pre travel risk assessment indicates they will be at ongoing risk. Deciding this 'ongoing risk' is a challenging aspect within the consultation and a careful pre travel risk assessment is required
- There is no further information as to how long the protection may be from this second booster dose – so it would be sensible to tell the traveller to seek travel advice for further trips abroad to risk areas, when there may be future updates to the guidance
- Natural hepatitis A viral (HAV) infection produces IgG antibodies which provides lifelong protection against the disease. Those who have lived for a long time in highly endemic areas or with a history of jaundice may have developed natural immunity as a result of previous infection. Blood tests can detect hepatitis A IgG antibodies. Vaccination is not necessary if these antibodies are present.[17]

Table 1: Hepatitis A vaccine products and age of use for each

Adult hepatitis A vaccines	Paediatric hepatitis A vaccines
VAQTA® Adult - 18 years and over	VAQTA® Paediatric - 1-17 years
Avaxim® - 16 years and over	Avaxim® Junior - 1-15 years
Havrix Monodose® - 16 years and over	Havrix Junior Monodose® - 1-15 years

The main errors occur when using combination hepatitis A and B vaccines, which is often due to a lack of understanding of the vaccine product contents. Table 2 outlines this information, explaining current vaccines containing hepatitis A antigen.

For correct administration of these combination hepatitis A and B vaccines, the practitioner needs to understand that Twinrix vaccines contain a smaller amount of hepatitis A antigen than the monovalent hepatitis A vaccines. For this reason, a minimum of two doses of Twinrix should be given pre-travel to provide adequate hepatitis A protection.[18]

In addition, if a course of hep A and hep B protection using either Twinrix Adult or Twinrix Paediatric vaccines is commenced, then best practice is to always complete the courses with the same combination vaccines. Likewise, if a course of hep A and B protection is commenced using monovalent hep A and hep B vaccines, then completion of the course needs to be with the full dose monovalent vaccines. Following these 'rules' will avoid problems in the future.

Unfortunately, sometimes a situation occurs when a mixture of the vaccines has been given. The content of antigen for all vaccines then needs to be worked out, to see if sufficient protection has been given. If not, further vaccines may be required. While it is not harmful to give a patient extra vaccine, it is wasteful.[17] As a result of the original schedule not being followed, it would not be possible to administer the vaccine within a PGD, so a PSD would be required instead.

In recent years, there has also been a restriction of the use of combination A+B vaccines at a local level. This can be very challenging, but it is feasible to prescribe a completing dose of a Twinrix on an FP10 and administer this way, (as long as the supply of the vaccine has been kept within the cold chain).

Twinrix adult is licensed for use from 18 years of age, but the National PGD template

Table 2: Antigen content values in available vaccines used for hepatitis A protection

Hep A vaccine formulation	Trade name	Hep A vaccine antigen content*	Adult dose hep A antigen equivalent
Adult monovalent hep A	Avaxim® Havrix Monodose® Vaqta® Adult	160EU 1440EU 50U	Full dose Full dose Full dose
Paediatric monovalent hep A	Avaxim® Junior Havrix Junior Monodose® Vaqta® Paediatric	80EU 720EU 25U	Half dose Half dose Half dose
Adult combination hepatitis A/B	Twinrix Adult®	720EU	Half dose
Paediatric combination hepatitis A/B	Twinrix Paediatric® Ambirix®	360EU 720EU	Quarter dose Half dose

* Values of hepatitis A antigen content as stated in individual SmPC

indicates it can be considered for use off licence for 16-17 year olds.[19]

If a traveller was given a 0, 1 and 6 month course of either of the Twinrix products, table 2 shows that the hepatitis A antigen content is less than a full course of the Havrix products, but guidance advises that length of protection against hepatitis A is still 25 years from the third dose of the Twinrix vaccines.[16]

The other challenging scenario is when an Ambirix is given to a traveller and they return for a completing dose, but they are over the age for administration of further dosing with Ambirix. The ideal situation would be to only commence a course of Ambirix if there were time to complete it before the individual reached the age of 16 years. Table 2 shows that Ambirix has the same antigen content as Twinrix Adult. A prescriber could then take responsibility for prescribing two additional doses of Twinrix Adult to follow the 0, 1 and 6 month schedule of this vaccine. This could not be administered under a PGD.

The traveller could receive the second dose of the Twinrix adult course at the time of presentation in the consultation, and then receive the third dose 5 months later to complete the course. In this situation, the prescriber takes responsibility for this action and would need to give a full explanation to the traveller.

Comprehension of all these scenarios is challenging. An E-learning course can be found at https://janechiodini.learnupon.com/store

The free of charge course is called Nuggets of Knowledge – Hepatitis A Vaccines, and explains many of these situations in an interactive format.

Cholera

Many surgeries send their travellers to private clinics to obtain cholera vaccine, but this has been an NHS vaccine for many years and should be given as such when the risk assessment indicates there is a need. This is mostly used for humanitarian aid workers and those going to areas of cholera outbreaks who have limited access to safe water and medical care. Immunisation against infectious disease which we refer to as the Green Book for our national vaccine guidance, updated the cholera chapter in 2024.[12]

This has helped clarify the recommendations for use in the case of 'other travellers' to cholera risk areas, where it states for whom vaccination is considered potentially beneficial (e.g. due to their occupation, activities or underlying health problems).

There are now two vaccines which have different precautions, contraindications and administration instructions, so checking the prescribing information carefully is essential.

The logistical administration of oral cholera vaccine can be challenging, particularly if using the two dose schedule, but more is written about this in a couple of blogs found via https://janechiodini.blogspot.com/2024/08/cholera-updated-chapter-to-green-book.html

Polio

The Statement of Financial Entitlements (SFE) within the GP contract[20] states the circumstances in which polio immunisation can be offered and given as follows:

Persons aged 6 years and over who have not had the full course of immunisation or whose immunisations history is incomplete or unknown are to be offered, either— (i) a primary course of three doses plus two reinforcing doses at suitable time intervals; or (ii) as many doses as required to ensure that a full schedule has been administered at the appropriate intervals as clinically appropriate.

Polio vaccination is only available in combination vaccines and for travel purposes we would use Revaxis (combined tetanus, polio and diphtheria). If protection is required for any of these three diseases, then the vaccine would always be given as an NHS provision.

If it is 10 years or more since the complete course of five doses was administered, as the standard programme in the UK, and the traveller is going to be at risk, (based on the pre travel risk assessment and consultation with the country specific advice on TravelHealthPro) then further doses of Revaxis can be given every 10 years, still as an NHS provision.

A common query often asked is if a traveller is going to be taking longer term risky travel, e.g. backpacking for six months, and the 10 years will be due up while they are away, it would probably be sensible to vaccinate them prior to departure, if only a few months early. This would need to be administered under a PSD and the traveller warned that a local reaction to the vaccine may be more common.

Typhoid

Typhoid vaccine queries are far less common. Typhoid conjugate vaccines which give far better protection are not yet used in the UK. The injectable vaccine available in the UK is a polysaccharide one (Typhim Vi, use from 2 years of age and above) and there is one oral typhoid vaccine,

(Vivotif, use from 5 years of age). The pre travel health advice regarding food and water precautions is always important to give.

Previous combination vaccines of hepatitis A and typhoid have both been discontinued (Hepatyrix and Viatim – only used in adults), although it remains important to retain knowledge of these in that they contained a full dose of hepatitis A antigen and newer nurses need to be made aware of these, when viewing previous vaccination records.

The Green Book does note that 'young children may show a sub-optimal response to polysaccharide antigen vaccines. Children between the ages of 12 months and two years should be immunised 'off licence' with the polysaccharide vaccine if following a detailed risk assessment the risk of typhoid fever is considered high.'[21] This information is in the national PGD template for Typhim Vi. There is no such template for Vivotif.

Conclusion

Colleagues who consider travel health a simple matter of 'just giving a few jabs' would be well advised to familiarise themselves with guidance available which explains the complexity of travel medicine.[3,8] Vaccination is one part of the overall practice in this specialised subject, but as this article explains, it is often very challenging and one in which the nurse needs to have training and competence, to practise safely.

All practitioners need to be aware of the rich resources available to help, but also utilise the National helpline within NaTHNaC if they feel a clinical query is outside their competence and they need support.

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Useful resources

1. Immunisation against infectious disease - The Green Book (UKHSA) https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book
2. NaTHNaC factsheets (Travel health pro) https://travelhealthpro.org.uk/factsheets
3. EMC for individual vaccines (see FAQ 6. Which Travel Vaccine Comes From Which Vaccine Manufacturer? - Jane Chiodini) https://www.janechiodini.co.uk/help/faqs/faq-6-travel-vaccine-comes-vaccine-manufacturer/
4. UKHSA Immunisation patient group direction (PGD) templates https://www.gov.uk/government/collections/immunisation-patient-group-direction-pgd
5. Jane Chiodini resources https://www.janechiodini.co.uk/tools/new-to-travel/ https://www.janechiodini.co.uk/tools/ https://www.janechiodini.co.uk/help/faqs/ https://www.janechiodini.co.uk/education/online-learning/

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