

# Travel update



Jane Chiodini outlines new cautions about administration of the live chikungunya vaccine, IXCHIQ, provides an update on advice to travellers about food hygiene, and offers further clarification on the thorny issue of consent

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## IXCHIQ – FURTHER GUIDANCE

In the September/October 2025 update I wrote about the development of safety concerns surrounding use of the live chikungunya vaccine, IXCHIQ. Since then, a safety review has been undertaken and recommendations made by the Commission on Human Medicines (CHM), and the Medicines and Healthcare products Regulatory Agency (MHRA) published a statement on 11 February, <https://www.gov.uk/drug-safety-update/ixchiq-chikungunya-vaccine-updates-to-restrictions-of-use-following-safety-review> with a link to the full report. NaTHNaC subsequently posted a news item which should be read in full at <https://travelhealthpro.org.uk/news/892/ixchiq-chikungunya-vaccine-updates-to-restrictions-of-use> but outlines that IXCHIQ:

- Requires a trained healthcare professional to complete a full benefit-risk assessment before vaccination.
- Is contraindicated in adults over 60 years, those with hypertension, cardiovascular disease, diabetes, chronic kidney disease, or any immunosuppression/immunodeficiency (including IgA deficiency or thymus disorder/thymectomy).
- Requires caution when considering vaccination in individuals who have two or more underlying health conditions.
- Should be administered at least 30 days before travel.
- Requires the patient information leaflet

to be given to the traveller and advice that urgent medical review sought if symptoms of viraemia or neurological signs occur.

A Green Book chapter on chikungunya is not yet currently available but when published, I will include the vaccines for chikungunya (IXCHIQ and Vimkungya) in my vaccine chart, so keep an eye on my tools page – item no. 3 at <https://www.janechiodini.co.uk/tools/>.

## SHIGELLA AND SALMONELLA IN CAPE VERDE

The UKHSA has reported an increase in the number of cases of Shigella and Salmonella linked to travel to Cape Verde, a popular winter sun destination for UK travellers – see <https://www.gov.uk/government/news/ukhsa-reminds-travellers-to-cape-verde-to-protect-against-gastrointestinal-infections>. The European Centre for Disease Control and Prevention (ECDC) has also reported cases of Shigella in travellers returning to the Netherlands, Sweden, France and Ireland. NaTHNaC explains that Shigella is a bacteria causing shigellosis, an infection of the gut that can result in severe diarrhoea, fever and stomach cramps. Most people recover within a week. However, some individuals, such as older adults, individuals with weakened immune systems, anyone with complex medical conditions, pregnant women and children under five, may be at greater risk of complications, including sepsis. See <https://travelhealthpro.org.uk/news/876/shigella-and-salmonella-cases-reported-in-travellers-returning-from-cape-verde>.

These infections can be prevented by practising good food and water hygiene at all times. This is a topic we should always share with travellers be it verbally, using my

travel health advice resources or giving them a link to <https://travelhealthpro.org.uk/factsheet/44/food-and-water-hygiene>.

## FURTHER CLARIFICATION ON CONSENT

The updated Green Book chapter 2 on consent has further caused a great deal of concern and guidance has been made available by a number of Local Medical Committees. I thought this one from Surrey and Sussex LMC was particularly clear – you can find it at <https://www.sslmcs.co.uk/resources/consent-and-hcsw/>. The BMA also has information and further links at <https://www.bma.org.uk/media/3x2lf5qr/focus-onprovision-of-vaccinations-by-non-registered-healthcare-workers.pdf>. More information will undoubtedly come to light in time. Key points at this stage would be to check your local LMC guidance and discuss the issues with the practice team to ensure uniformity of practice and that all staff are working legally.

What is increasingly clear is that healthcare support workers are definitely not to give travel vaccinations in any situation. And remember, although a Nursing Associate (NA) is a registered healthcare professional, because they cannot work under a patient group directive (PGD) they can only seek agreement from a traveller to proceed to vaccination if informed consent has already been obtained. It is the registered healthcare professional (RHCP) who must create a patient specific direction (PSD) to delegate the responsibility for the NA to vaccinate. The RHCP has that initial responsibility to undertake the pre-travel risk assessment, share the advice with the traveller, to then obtain informed consent for the vaccine to be given under a PSD. ♦