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 the BNF at 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
HEPATITIS A vaccine (and schedules)			
● Hep A vaccine SmPCs have different timings - note Ch. 4, 1st paragraph in GB			Ideally, follow the summary of product characteristics but in late - presenting travellers, a course does not need to be restarted. Protection is expected for 25 years from the second dose, then a further booster is generally not needed, except for those at ongoing risk (UKHSA 2024). Also see NaTHNaC & info on Hepatitis A ** plus 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	
Avaxim® Junior		1-15 years	
Havrix Junior Monodose®		1-15 years	
Havrix Monodose®		16 years and over	
TYPHOID vaccine			
Typhim Vi® Single dose		2 years and over (but see GB for off-license use from 12mths)	3 years
Vivotif® (Ty21a) Oral vaccine (LIVE) Taken 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)
HEPATITIS B vaccine (and schedules) Important – Hep B now in the childhood programme not included here			
Engerix B® - 0, 1 and 6 months		Over 16 years	Note: 0, 1, 2 month schedule - Green Book now advises a 4th dose at 12 months in the 2024 edition, see Ch.18 pages 16/17. Green Book policy for hepatitis B for all who have received a primary course (which would include travellers) also children vaccinated according to the routine childhood schedule and individuals at high risk of exposure do not require a reinforcing dose of hep B containing vaccine. This advice now includes healthcare workers (certain groups not included i.e. people with kidney failure, at the time of a significant exposure & healthcare and laboratory workers who have not responded to the primary course). Read Ch. 18, page 17 in GB Heplislav B may be preferable in those likely to have a poorer response – see page 16/17 in the Green Book and be sure to read all the detail on this newer vaccine.
Engerix B® - 0, 1, 2 and 12 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 and 12 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 and 12 months		16 years and over	
HBvaxPRO ® Paediatric 0, 1 & 6 months		0 – 15 years	
HBvaxPRO Paediatric 0, 1, 2 and 12 months		0 – 15 years	
Heplisav B®▼ 0 and 1 month		18 years and over	
COMBINED vaccines (and schedules)			
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 rapid schedule could be given from 16 yrs where rapid protection required – see GB page 16, but also national PGD from UKHSA
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	
Discontinued combined Hep A & Typhoid – important to be aware of incase these vaccines are documented in records. These were Hepatyrix and VIATIM® used only for adults. Both contained an adult dose of hepatitis A and a dose of typhoid.			
Tetanus, polio & low dose diphtheria (for travel purposes)			
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.

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

VACCINE NAME	AGE GROUPS	WHEN TO BOOST - general principles and comments
MENINGOCOCCAL vaccine		
Menveo® Single dose (conjugate vaccine) **Nimenrix Single dose** (conjugate vaccine) **MenQuadfi Single dose** (conjugate vaccine)	2 years 6 weeks of age 12 months of age and older	5-yearly for Hajj, Umrah certificate purposes as per KSA in 2017[+] **For travel, boost every 5 yrs** until more data available. See NaTHNaC at *reinforcing immunisation* https://goo.gl/6eSWmu **N.B.** Children under 1 year need different dosing – see Green Book and NaTHNaC **& note** SmPC differs
RABIES vaccine 2.5IU; one vial (and schedules)		
Rabipur® 0, 7, 21 or 28 days 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. **Important to note:** • **Rabies Vaccine BP** made by Sanofi Pasteur was discontinued in 2022. • **Verorab®** is now licensed in the UK, but is not in the Green Book as yet, so for now see news item on TravelHealthPro here	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 of more after the primary course if travel is assessed as high risk. See Vaccine Update page 5 in issue 282.
YELLOW FEVER vaccine		
Stamaril® Single dose (LIVE)	Over 9 months	Lifelong in most. See resources for latest details. Certificate valid 10 days post vaccination
CHOLERA vaccine		
Important: the Green Book states 'the two vaccines have different precautions, contraindications and administration instructions, healthcare professionals must check prescribing information carefully. See Chapter 14 of Green Book		
Dukoral® 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. If more than 6 weeks have elapsed between doses, the primary immunisation course should be re-started.	2 years and over for both vaccines. **Note:** children 2 – 6 years, the buffer solution volume is reduced and amount is different between products	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
Vaxchora® Oral vaccine (LIVE) Single dose		NBM 1 hr before & after vaccine No data available on booster interval. Contraindicated for immunosuppressed individuals. Advise careful handwashing after visiting the toilet and preparing food for at least 14 days after taking the vaccine
JAPANESE ENCEPHALITIS vaccine		
IXIARO® 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) **Note**: SPC & GB change for new **0 & 7 days** schedule in 18-64 yrs & off license in children from 2 months 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. **Note:** primary immunisation should ideally be completed at least one wk prior to JEV exposure
TICK BORNE ENCEPHALITIS vaccine		
Tico-Vac® 3 doses of 0.5ml on day 0, 1-3 months after 1st dose, 5-12 months after 2nd dose *For rapid short-term protection* – 2nd dose can be given 2 weeks after 1st dose – see 'Green Book'	16 years and over	Booster at 3 years after initial 3 dose course is completed if individual continues to be at risk. After this, boosters can be given every 5 years but in those aged > 60 years, booster intervals should not exceed three years
Tico-Vac® Junior (0.25ml) 3 doses – same dosing schedule as adult Tico-Vac®	1 year to below 16 years of age	

DENGUE vaccine		
Qdenga®▼ (LIVE) Use in those 4 years and above. Two doses of 0.5mL on a 0 and 3 months schedule. **Note:** Qdenga®▼ should be administered by subcutaneous injection, preferably in the upper arm in the region of the deltoid. There are currently no data available on co-administration with other live vaccines such as MMR.	From 4 years	The need for a booster has not been established. **Of importance:** In the UK, according to guidance in the Green Book, Qdenga®▼ Vaccination not usually recommended in those with no previous history of dengue infection, but discussion with a travel health clinician experienced in assessing the balance of potential risks and benefits of Qdenga® is recommended. Essential that the Green Book 15a on dengue is read thoroughly and in particular, the precautions on page 9. See Chapter 15a Also see 'Determining previous infection' on page 5. This is very important to read. Figure 1 on page 7 is a useful tool to use and Table 1 on page 8 illustrates consideration of eligibility for vaccination.

KEY

+ KSA = Kingdom of Saudi Arabia guidance, see NaTHNaC - Hajj and Umrah (travelhealthpro.org.uk)

* Within the Summary of Product Characteristics (SmPC)

** The Green Book Ch. 17 Hepatitis A (2024) 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 generally not needed except for those at ongoing risk. See the Green Book chapter (page 9) and NaTHNaC document at https://travelhealthpro.org.uk/factsheet/21/hepatitis-a

***SmPCs for GSK vaccines Havrix Monodose & Havrix Junior Monodose (2022) and Avaxim Junior (2023) states 'Current data do not support the need for further booster vaccination among immune-competent subjects after 2 dose vaccination course' but we continue to follow UKHSA guidance as previously described, even in this situation.

▼Black triangle scheme - drug subject to additional monitoring - see here

From August 2024,

- LIVE vaccines were indicated on this chart. For further information regarding types of vaccines see Types of vaccine | Vaccine Knowledge Project (ox.ac.uk)
- When it comes to the need to give more than one live travel vaccine make sure you are aware of the guidance within the individual disease chapters and also Contraindications and special considerations: the green book, chapter 6 - GOV.UK (www.gov.uk) to ensure you have the correct timing intervals

Sources of Information for this chart taken from:

- UK Health Security Agency (2021) Immunisation Against Infectious Diseases – The Green Book with subsequent updates and revised chapters found on this website. Immunisation against infectious disease - GOV.UK (www.gov.uk)
- Green Book 'travel only' chapters also found on TravelHealthPro at NaTHNaC - The green book travel chapters (travelhealthpro.org.uk)
- Electronic Medicines Compendium www.medicines.org.uk/emc/
- National website www.travelhealthpro.org.uk

IMPORTANT – Where there is a difference between the Green Book and the SmPC, the Green Book should followed – see first paragraph of Immunisation procedures: the green book, chapter 4 - GOV.UK (www.gov.uk)