



General Update on Travel Health

5th March 2026
Froginwell Vineyard, Exeter

Jane Chiodini MBE

Topics within this session

- Issues in practice
- Updated snippets
- Clarifying guidance:
 - ✓ rabies
 - ✓ dengue
 - ✓ chikungunya
- Resources

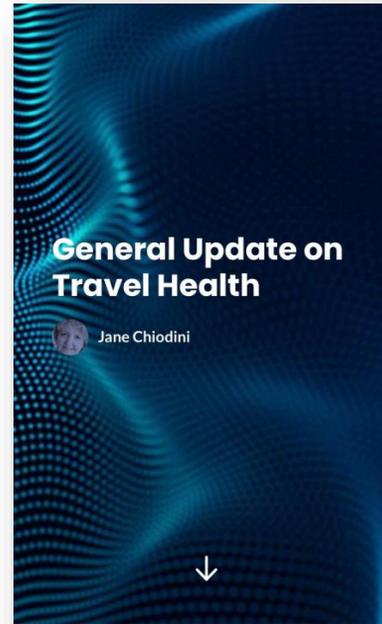


Handout



bitly

<https://bit.ly/3OSYtOh>



Hello

Welcome to this short hub of resources from Jane Chiodini's talk at the event below.



What is required

- Competence in travel health practice
- Immunisation training and knowledge
- Understanding the legal framework for administering travel vaccines
- Understand what is required of a GP service
- Sufficient indemnity
- Assurance of being up to date



New guidance – June 2025

A comprehensive travel health risk assessment by a Registered Healthcare Practitioner (RHCP) is required prior to travel and Yellow Fever vaccine must be given by a RHCP.



A quick registration is required – e mail and name.
Many references/resources are hyperlinked – just click on the image or box near the mouse!

The background features a dark blue gradient with a complex, wavy pattern of small, light blue dots. A prominent cyan circle is positioned on the left side of the image, containing the text. The overall aesthetic is modern and digital.

Issues in practice

Identifying problems

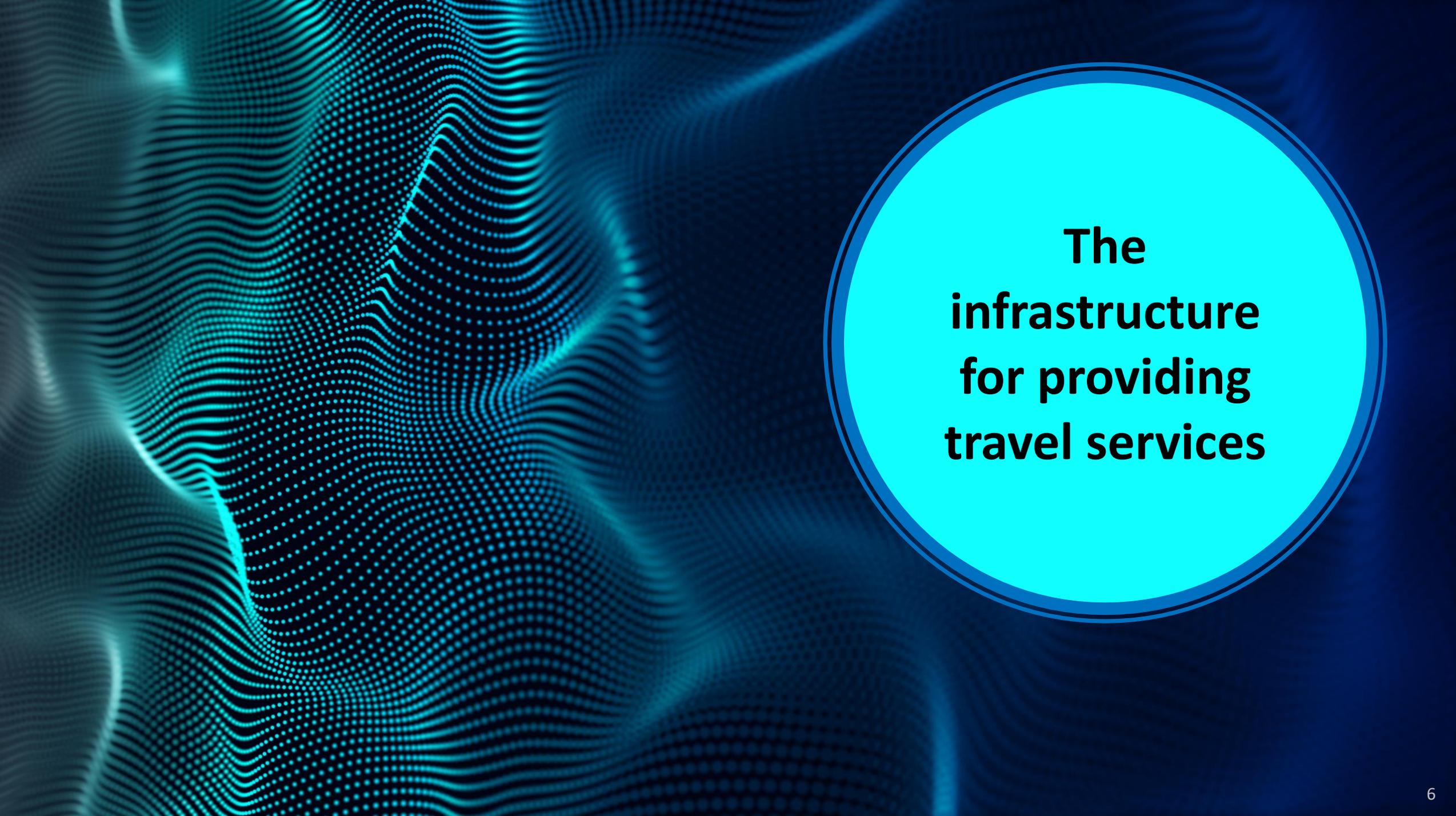
Statement from the NMC

It is important to consider who and what you associate with on social media. For example,

- Acknowledging someone else's post can imply that you endorse or support their point of view.
- You should consider the possibility of other people mentioning you in inappropriate posts.
- If you have used social media for a number of years, it is important to consider, in relation to the Code, what you have posted online in the past.
- "Think before you post": Consider how posts including those made in anger or anonymously, might impact your career.

Best Wishes The Admin Team of a FB page



The background features a complex, abstract pattern of wavy, dotted lines in shades of blue and cyan, creating a sense of depth and movement. A prominent, glowing blue circle is positioned on the right side of the frame, containing the main text.

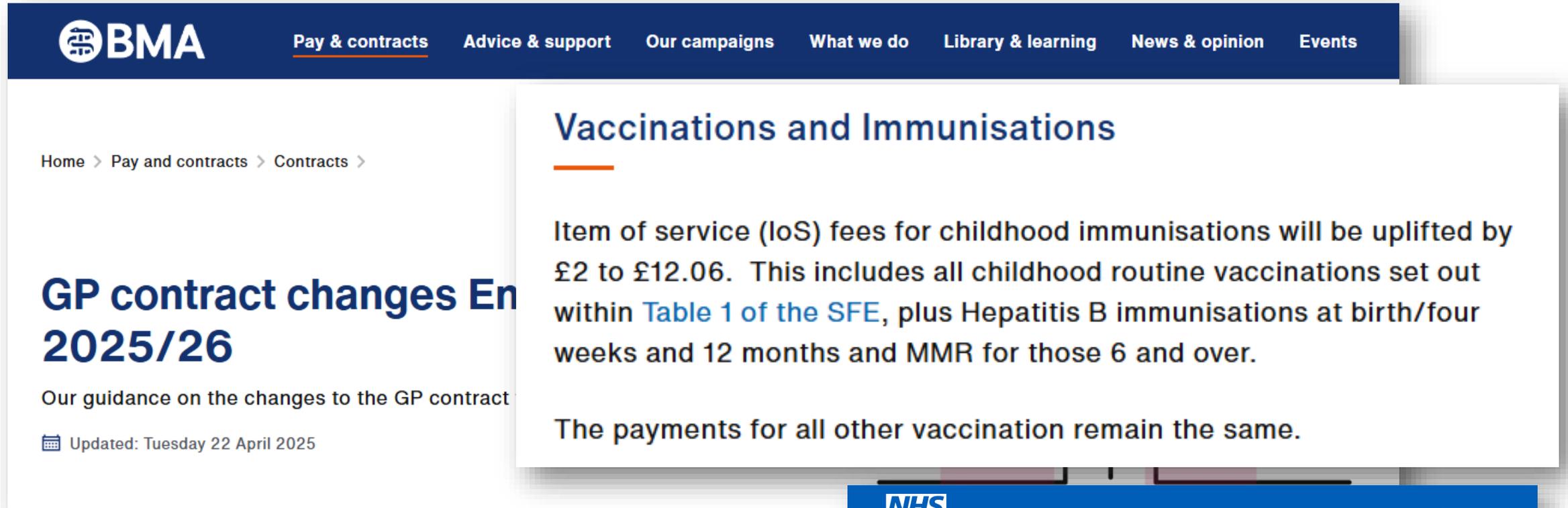
**The
infrastructure
for providing
travel services**

What is required?

- Competence in travel health practice
- Immunisation training and knowledge
- Understanding the legal framework for administering travel vaccines
- Understand what is required of a GP service
- Sufficient indemnity
- Assurance of being up to date

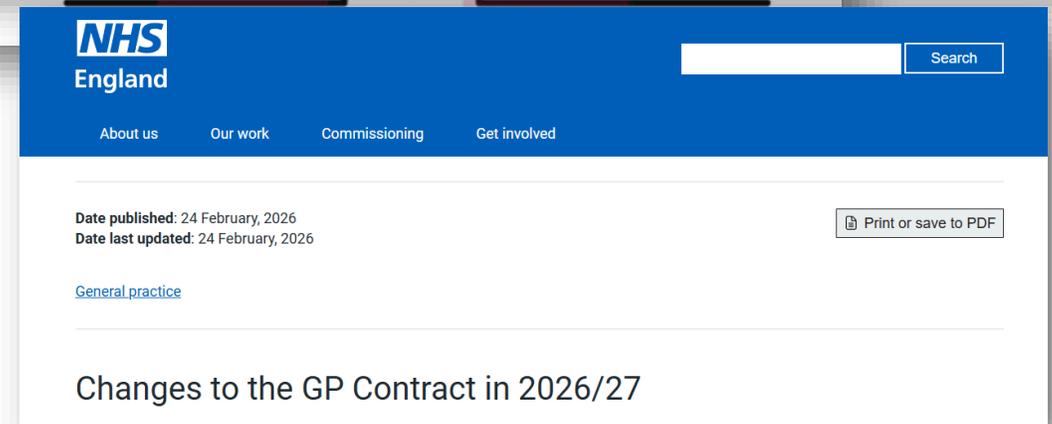


Travel provision going forward



The screenshot shows the BMA website with a dark blue header containing the BMA logo and navigation links: Pay & contracts, Advice & support, Our campaigns, What we do, Library & learning, News & opinion, and Events. Below the header, a breadcrumb trail reads 'Home > Pay and contracts > Contracts >'. The main content area features a large blue heading 'GP contract changes En 2025/26' and a sub-heading 'Our guidance on the changes to the GP contract'. A date stamp indicates it was updated on Tuesday 22 April 2025. To the right, a section titled 'Vaccinations and Immunisations' contains text stating that Item of service (IoS) fees for childhood immunisations will be uplifted by £2 to £12.06, including all childhood routine vaccinations set out in Table 1 of the SFE, plus Hepatitis B immunisations at birth/four weeks and 12 months and MMR for those 6 and over. It also states that payments for all other vaccinations remain the same.

2020/21, vaccinations and immunisations, including NHS travel vaccines, were moved into the essential services GP practices are expected to provide 2025/26 and 2026/27 no change



The screenshot shows the NHS England website with a blue header containing the NHS England logo and navigation links: About us, Our work, Commissioning, and Get involved. A search bar is visible in the top right. Below the header, the page title is 'Changes to the GP Contract in 2026/27'. The page includes a date published of 24 February, 2026, and a date last updated of 24 February, 2026. A link for 'General practice' is provided, and a button for 'Print or save to PDF' is located in the top right corner.

What's happening out there?

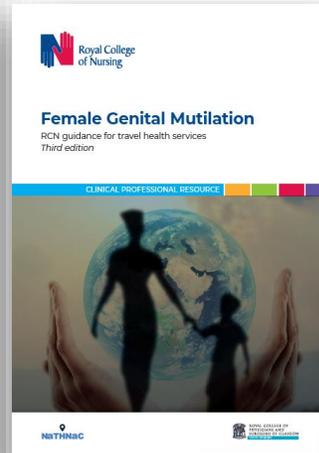
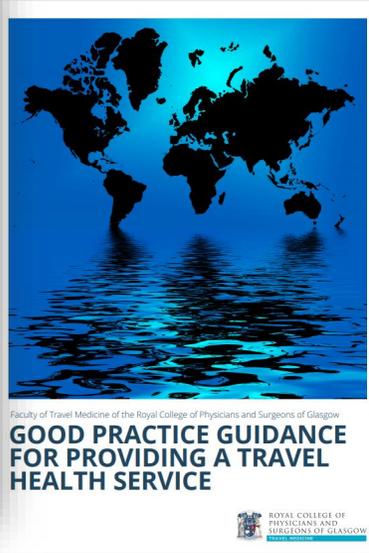
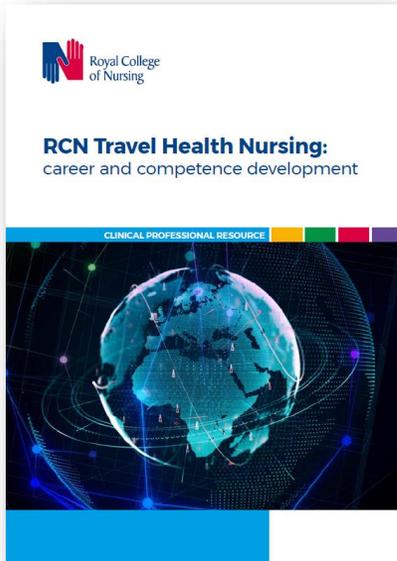
76,000 patients across 8 surgeries in the London Borough where I live. All patients are directed to one particularly surgery where they run a weekly travel service and one nurse is allocated to delivering care.

They offer the NHS vaccines, but also state they give Men ACWY (not NHS for travel these days) and also yellow fever for which they charge £75.

On the malaria front they state 'Malaria tablets are not available on the NHS and you will need to purchase these from a pharmacy'.



A career in travel medicine



GP mythbuster 107: Pre-travel health services



Remembering Jennifer Bourne - FGM specialist. News that a very good friend Jennifer Bourne sadly died earlier this month. Such a tragic loss not only to all her family, but also the nursing community. I've been able to celebrate Jennifer's friendship and also her knowledge and skill in the wider travel medicine community.

Travel Health Training Ltd. Favourites · 10 December 2022. On Wednesday I spent a special day at Windsor Castle where HRH The Prince of Wales presented me with an MBE for services to training and development in travel medicine. Thank you to all of you who have supported me over the years and on this page. Someone asked me to post a picture so here you are!



Jane Chiodini | Home About Education Tools Help Links
Jane Chiodini
Travel Health Specialist Nurse



Boost this post to get more reach for Travel Health Training Ltd. Boost post. Michelle Tufnell, Ruth Mary Amartey and 834 others. 212 comments 4 shares

Best practice for medicines management and vaccination

Helen Donovan, David Green and Jo Jenkins detail the legal mechanisms healthcare professionals may use to support vaccine administration

The supply and/or administration of medicines under a PGD cannot be delegated; the whole episode of care must be undertaken by the health care practitioner operating under the PGD.

described in this article, should reflect recommendations in

Legal framework for giving travel vaccines

- ✓ The pre-travel risk assessment including use of NaTHNaC on TravelHealthPro to conclude decisions
- ✓ Travel health advice
- ✓ Obtaining informed consent
- ✓ Administration of recommended travel vaccines
- ✓ Documentation of the consultation



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Introduction to PGDs

Published 12 February 2024 · Last updated 17 June 2024 · [See all updates](#)

Topics: [Patient Group Directions](#) · [Summary advice](#)



Guidance from June 2025

A comprehensive travel health risk assessment by a Registered Healthcare Practitioner (RHCP) is required prior to travel and Yellow Fever vaccine must be given by a RHCP.

Travel update

There are just two items in this issue's Travel update, but both are critically important – the first for individual nurses with travel health responsibilities, and the second in terms of global health priorities

NEW VACCINATION TRAINING STANDARDS

Updated national minimum standards and core curriculum for vaccination training were published in June 2025 and can be found at <https://www.gov.uk/government/publications/national-minimum-standards-for-core-curriculum-for-immunisation-training-for-registered-healthcare-practitioners>. The document is for all healthcare staff with a role in delivering vaccination programmes. It sets out a minimum framework for developing training to address the shared and specific needs of all healthcare staff with a role in vaccination. It is important to read and understand the terminology outlined on page 3 of the guidance, because the publication applies not only to Registered Healthcare Professionals (RHCP), but also to Healthcare Support Workers (HCSW) who may have a role in vaccination delegated by an appropriate RHCP. In relation to travel health, all those involved in immunising must have undertaken the initial two-day immunisation programme – a free course is at <https://www.e-ih.org.uk/programmes/immunisation/>. It is acknowledged that of recent times, HCSW role has been expanded to vaccination services, but there are limitations, i.e. they cannot perform a clinical assessment for vaccination, take informed consent, or work to Patient Group Directions. The section that refers to travel health is on page 7, explaining that the depth and breadth of knowledge and experience required means that it is not considered suitable for HCSWs to deliver injected vaccinations to infants and pre-school age children, and may not be considered suitable for HCSWs to give travel vaccinations. A comprehensive travel health

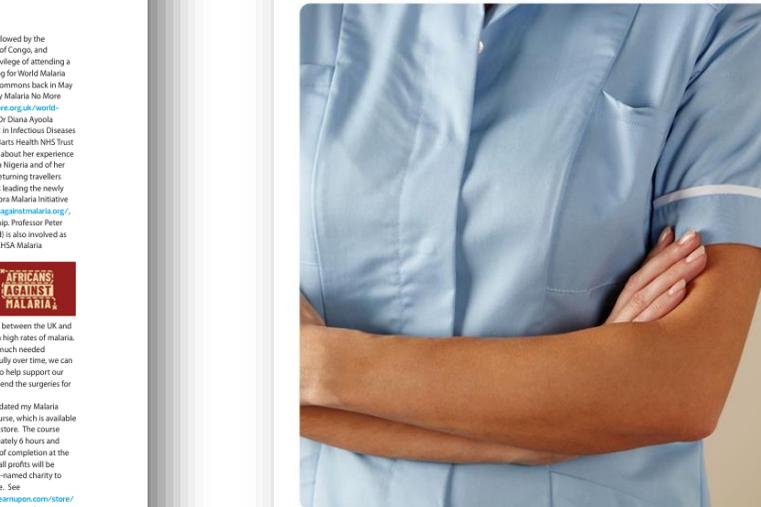
JANE CHIODINI, MBE

MSc (TravelMed), RGN, RM, FRTM
RCP(S) (G) (GN)
Past Dean, Faculty of Travel Medicine,
RCP(S) (G) (GN)
Director of Travel Health Training
www.janechiodini.co.uk/
www.facebook.com/TravelHealthTraining

2023 were Nigeria, followed by the Democratic Republic of Congo, and Uganda. I had the privilege of attending a parliamentary meeting for World Malaria Day in the House of Commons back in May this year, organised by Malaria No More (<https://malariaaware.org.uk/world-malaria-day-2025>). Dr Diana Ayoola Mabayoje, Consultant in Infectious Diseases and Microbiology at Barns Health NHS Trust spoke at the meeting about her experience of malaria as a child in Nigeria and of her direct work treating returning travellers with malaria. Diana is leading the newly formed African Diaspora Malaria Initiative (<https://www.africanagainstmalaria.org/>), a charitable partnership. Professor Peter Chiodini (my husband) is also involved as the Director of the UKHSA Malaria Reference Laboratory. This new group aims to liaise with members of the African community travelling between the UK and African countries with high rates of malaria. This is an important, much needed development. Hopefully over time, we can learn new strategies to help support our VFR travellers who attend the surgeries for pre-travel advice.

NEW IMPORTANT MALARIA INITIATIVES

I have just fully updated my Malaria Matters eLearning course, which is available in my digital learning store. The course should take approximately 6 hours and provides a certificate of completion at the end. It costs £40 but all profits will be donated to the above-named charity to support their initiative. See <https://janechiodini.learnonpon.com/store/4412778-3-malaria-matters-4>



Vaccinator competency assessment tool workbook

Name of healthcare worker to be assessed	
Role of healthcare worker	
Date of commencement of assessment	
Name of supervisor (N/A if self assessed)	



National minimum standards and core curriculum for vaccination training

For all healthcare staff with a role in delivering vaccination programmes

Published June 2025



Legal framework for giving an NHS travel vaccine

Giving a vaccine under a PGD

YOU need to do the pre travel risk assessment, give the advice and then administer the vaccine via this legal document

Giving a vaccine under a PSD

The person who creates the PSD is responsible for performing pre travel risk assessment and giving the advice, then delegates the administration of the vaccine to another healthcare practitioner (who should be trained in travel)

What about Nursing Associates?



The Nursing Associate and Travel Health

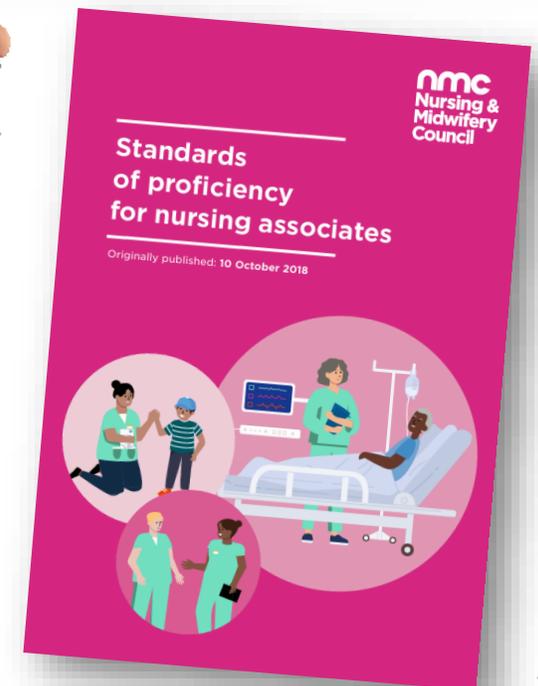
CANNOT

- operate within the legal framework of PGDs
- undertake the travel risk assessment (NaTHNaC)
- obtain informed consent
- Undertake vaccination without doing the National immunisation course and a travel health course

CAN

- can administer the travel vaccines because they are registrants
- administer a travel vaccine within the legal framework of a PSD
- Give additional advice within the consultation when giving the vaccine(s)

Nursing associate 6 platforms	Registered nurse 7 platforms	NMC Nursing & Midwifery Council
Be an accountable professional	Be an accountable professional	
Promoting health and preventing ill health	Promoting health and preventing ill health	
Provide and monitor care	Provide and evaluate care	
Working in teams	Leading and managing nursing care and working in teams	
Improving safety and quality of care	Improving safety and quality of care	
Contributing to integrated care	Coordinating care	
	Assessing needs and planning care	



Consent



Green Book Chapter 2 on consent was updated October 2025. In this edition it made it clarified who can obtain consent:

A registered healthcare professional (RHCP) with appropriate knowledge must obtain informed consent.

Healthcare support workers (HCSWs) cannot seek informed consent for vaccination, but may seek agreement to proceed if informed consent has already been obtained by a registered professional.

Of note: a HCSW cannot give travel vaccines.

Don't forget the importance of indemnity

The Clinical Negligence Scheme for General Practice (CNSGP) from NHS Resolution, covers you for all the NHS vaccines you may administer

The CNSGP does not cover you for

- Non - NHS or private work
- Inquests
- Regulatory and disciplinary proceedings
- Employment and contractual disputes
- GMC / NMC enquiries
- CQC investigations
- A Breach of Data Protection Regulations

Additional cover is needed if you give private travel vaccines e.g. the RCN



Resources to help and support you in practice



Travel health services in general practice:

Important information for all general practice nurses in England

Travel health in general practice has always caused much discussion and divided opinion, never more so than currently when recent actions and instructions to general practice nurses in England about the provision of travel health services have generated a host of queries and concerns. This article is intended to explain the situation in three scenarios and provide information to ensure that GPNs work safely for the care of their patients and within their professional code



5. Dilemmas in Delivering Travel Health

Description	Content	Reviews
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NHS travel vaccines available for: cholera, hepatitis A, polio and typhoid

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/ngbqv5>. 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, 1 paragraph in GB		
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.	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®	Regimes may vary in SmPCs, see above * & key	16 years and over
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***.		
TYPHOID vaccine		
Typim V® Single dose	2 years and over (but see GB for off-licence use from 12mths)	3 years
Vivottif® (Ty21a) Oral vaccine (LIVE)	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.
Engerix B® - 0, 1, 2 and 12 months	Over 16 years	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, pages 17 in GB
Engerix B® - 0, 7, 21 days & 12 months	Over 18 years in SmPC – But also 16-18 years in Green Book	Hepatitis 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® 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	
Hepisav B® V 0 and 1 month	18 years and over	
COMBINED vaccines (and schedules)		
Twintrix Adult® (Hepatitis A and B) 0, 1, 6 months	16 years and over	See information about hepatitis A and hepatitis B regarding boosters above. Twintrix Adult rapid schedule could be given from 16 yrs where rapid protection required – see GB page 16, but also national PGD from UKHSA
Twintrix Adult® 0, 7, 21, days and 12 months	18 years and over	
Twintrix 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 in case these vaccines are documented in records. These were Hepatixix 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

Frequently asked questions about NHS travel immunisation

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



It reveals 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} A free course is available to help readers better understand this concept accessed at: <https://www.independentnurse.co.uk>

James Chiodini, [learnup.com/store/3573887-5-dilemmas-in-delivering-travel-health](http://www.learnup.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.⁶ 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

“To undertake travel consultations, nurses should study an initial two-day introductory course in travel health”

against nurses include vaccinations, involving method of administration, technique and schedule.¹⁰

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 (Revvax). 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 Twintrix Adult, Twintrix Paediatric or Ambirix, then these vaccines must also be an NHS provision, because of the hepatitis A content.

Here follows some information which addresses



Tetanus

Anonymous member
4 December 2025 · 🌐

Recent travel update.

Tetanus vaccine is PRIVATE SCRIPT.
can't give tetanus unless they are no

Is this everyone's understanding??



... is a recommendation for that country then we
... with the UK schedule of 5.

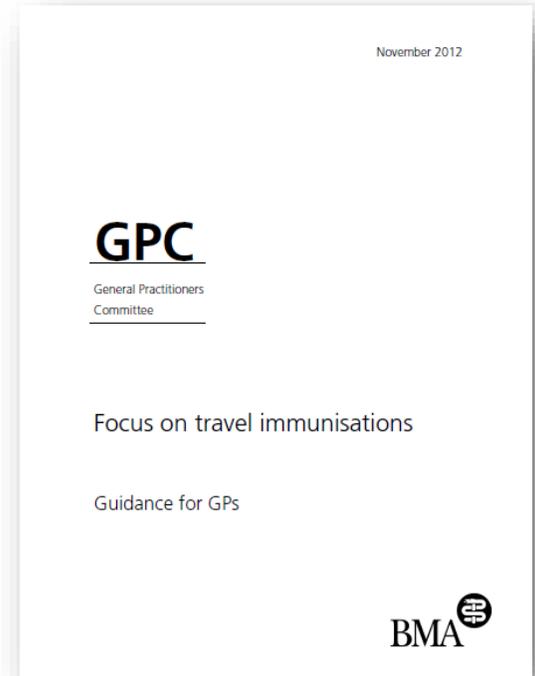
Tetanus must be given as an NHS provision because there is polio within the vaccine



Which travel vaccines are free?

The following travel vaccines are available free on the NHS from your GP surgery:

- polio (given as a [combined diphtheria/tetanus/polio jab](#))
- [typhoid](#)
- [hepatitis A](#)
- [cholera](#)



GP mythbuster 107: Pre-travel health services

NHS GP practices are required to offer certain vaccinations for the purposes of travel, free of charge. The travel vaccines available on the NHS are provided because they protect against the diseases thought to be the greatest risk to public health, if brought into this country. These are:

- polio (given as a [combined diphtheria/tetanus/polio jab](#))
- [typhoid](#)
- [hepatitis A](#)
- [cholera](#)

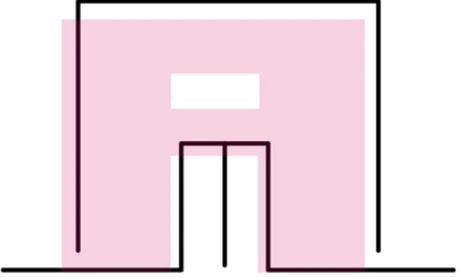


Travel medication and vaccinations

Advice for GPs and LMCs on the regulations for travel immunisations and medications – some must always be given with no fee, some cannot, and some can be given as either an NHS or private service.

📍 Location: UK 👤 Audience: GPs · Practice managers · Patients and public
📅 Updated: Wednesday 9 November 2022

📄 📱 📧



Think Measles! Travel Advice

Key Highlights from Vaccine Update: Issue 361 (July 2025)

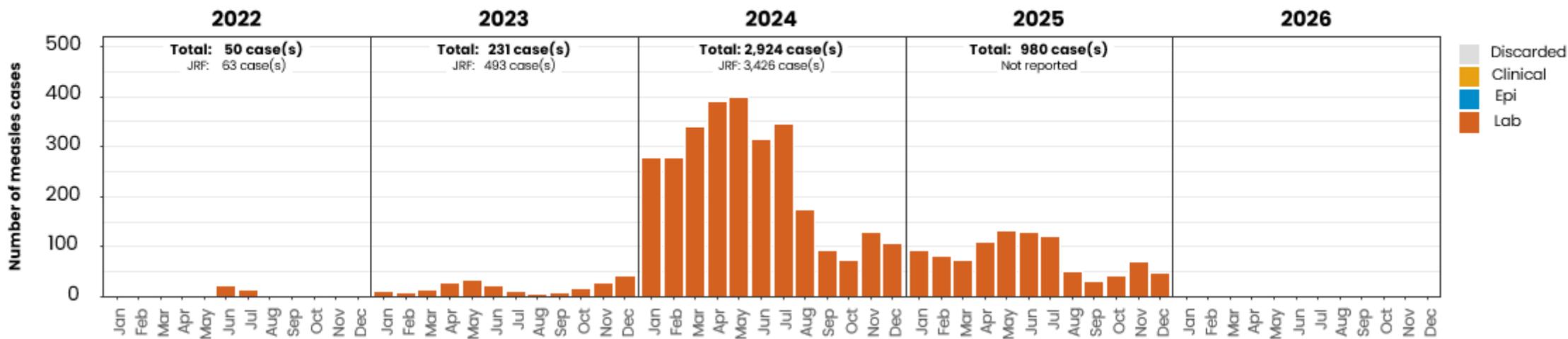
- ✓ Strong reminder to check **MMR status before international travel**, especially to countries with active outbreaks (e.g. France, Romania, Pakistan).
- ✓ Emphasis on **early vaccination** for children aged 6-11 months if travelling to high-risk areas
- ✓ Reinforce the importance of **two documented doses** of MMR for all travellers



WHO data of Measles cases (lab results): United Kingdom of Great Britain and Northern Ireland (top) and USA (bottom)

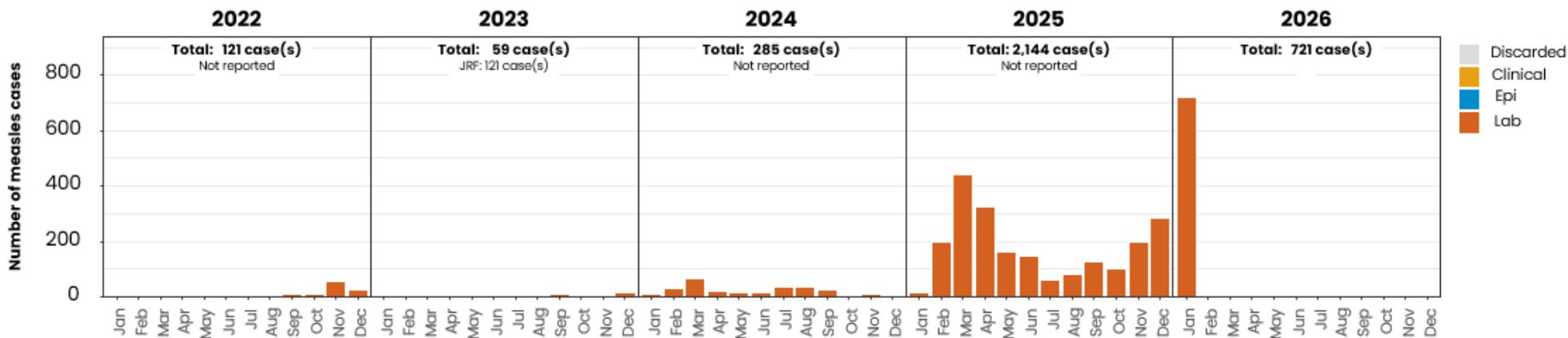
Measles cases: United Kingdom of Great Britain and Northern Ireland

ELIMINATION STATUS: **RE-ESTABLISHED**



Measles cases: United States of America

ELIMINATION STATUS: **VERIFIED**



Summary: MMR for travel / your workplace

From the Green Book for travel

Infants from six months of age travelling to measles endemic areas with a high incidence of measles or to an area where there is a current outbreak, who are likely to be mixing with the local population, should receive MMR.

As the response to MMR in infants is sub-optimal where the vaccine has been given before one year of age, immunisation with two further doses of MMR should be given at the recommended ages.

Update for the routine programme

From 1 January 2026: **Introduced new 18-month** appointment for **2nd MMR dose**, but the vaccine has changed to the MMR-V

GP mythbuster 37: Immunising healthcare staff – evidence of satisfactory immunity to MMR is either a positive antibody test to measles and rubella or having two doses of MMR



Click the boxes right to access these resources

Green Book

Update to routine programme

MMR-V news

CQC mythbuster 37

Cover to give MMR in your practice

GP mythbuster 37: Immunising healthcare staff

Vaccinations for all staff in contact with patients

Everyone who has direct contact with patients should be up-to-date with routine immunisations. This includes reception staff and those who handle samples or need to clean up bodily fluids. The immunisations are to protect against:

- tetanus
- polio
- diphtheria
- measles, mumps and rubella (MMR) – this is particularly important to avoid transmission to people who are more vulnerable of health problems should they acquire the disease/infection. Evidence of satisfactory immunity to MMR is either:
 - a positive antibody test to measles and rubella
 - having 2 doses of the MMR vaccine.

We have agreed with NHS England, as a temporary measure, to cover GP practices and their staff giving MMR vaccinations (only) to staff not registered at the administering practice. This is a time limited arrangement from 1 August 2025 until 31 March 2026 in response to the current measles outbreak.

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NHS
Resolution



Temporary cover agreed
1 August 2025 to 31 March 2026

MMR vs MMRV and travel

Jane Chiodini's Blog

Thursday, 29 January 2026

Measles and Travel

INTRODUCTION

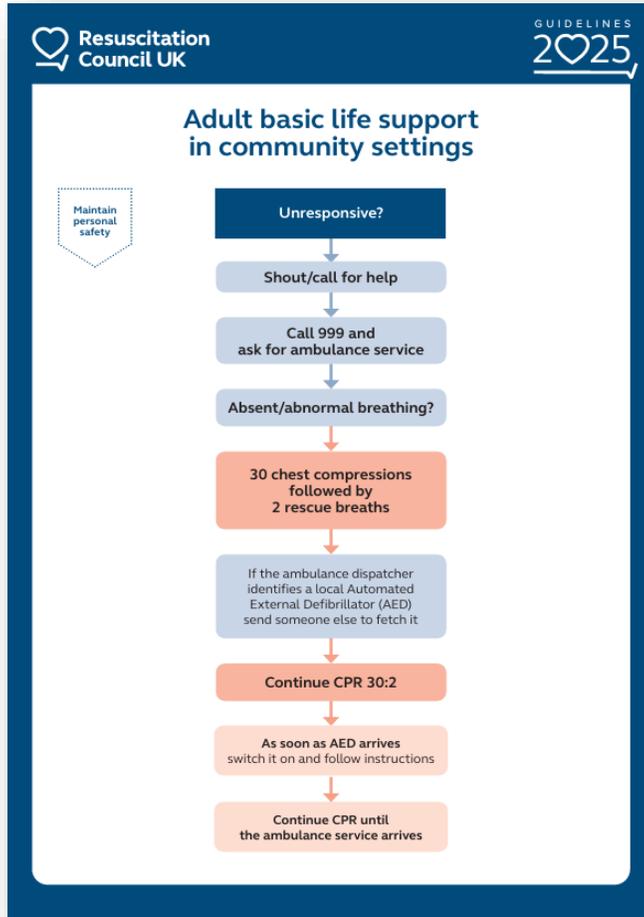
There was an important news item posted on the BMJ website just two days ago entitled 'UK loses its measles elimination status' after the disease circulated continuously for more than a year. This short article is worth reading to understand the lead up to this sad and retrogressive development. Public health experts have warned that falling vaccination rates have allowed measles to take hold once more in the UK.

If your pre-travel risk assessment indicates a baby is travelling to an area considered to be of high incidence of measles or there is a local outbreak then

- **If the baby is 6 months then an MMR should be given**
- **If the baby is 9 months or older and there is no MMR vaccine available then an MMRV vaccine can be given.**

Remember this dose is subsequently discarded and two doses of MMRV should be administered as per the schedule in the National Programme.

Did you know the resuscitation guidelines were updated in 2025?



Executive summary of the main changes since the 2021 Guidelines

Authors
Gavin Perkins
Adam Benson Clarke
Published 27 October 2025
[View PDF](#)

Introduction

Guidelines 2025 have been developed as the result of a continuous process over the last four years led by the International Liaison Committee on Resuscitation (ILCOR). The Guidelines align with the rigorous approach taken by the National Institute for Health and Care Excellence (NICE), which includes:

- Systematic reviews using Grading of Recommendations Assessment, Development, and Evaluation (GRADE) methodology to grade the quality of evidence and strength of recommendations. These reviews form the basis of the ILCOR Consensus on Science with Treatment Recommendations (CoSTR) summary publications and the CoSTR postings on the [ILCC website](#).
- The involvement of stakeholders from around the world, including members of the public and cardiac arrest survivors.
- Collaboration with the European Resuscitation Council (ERC) and the American Heart Association (AHA) for use in the UK.
- [Contact us](#) to receive details of the guideline's development process.

Main changes in Resuscitation Guidelines

The main changes in the Resuscitation Guidelines 2025 are summarised in the sections below.

GP mythbuster 1: Emergency care in general practice

Page last updated: 25 February 2026 Categories: Organisations we regulate

Guidance updated February 2026

We have updated this guidance to include resuscitation and emergency medicines in GP surgeries.

This box only lists significant updates, for example where we are updating the factual content of our guidance. We do not include minor changes, such as editorial corrections.

I am a practice nurse. For how long should I observe patients after immunisation?

The Department of Health guidance on this issue does not state a specific time (see Green Book guidance) but does not recommend long periods of observation.

The risk of severe life-threatening reactions after immunisation is extremely small. This rate in the UK (about one per million vaccine doses) is similar to that reported from other countries (Bohlke K, Davis RL, Marcy SM, Braun MM, DeStefano F, Black SB, et al. Risk of anaphylaxis after vaccination of children and adolescents. *Pediatrics* 2003;112(4):815-20). The rate for COVID-19 vaccines for any severity of anaphylaxis is estimated as about 8 per million doses (Greenhawt M, et al. The Risk of Allergic Reaction to SARS-CoV-2 Vaccines and Recommended Evaluation and Management: A Systematic Review, Meta-Analysis, GRADE Assessment, and International Consensus Approach. *J Allergy Clin Immunol Pract*. 2021 Oct;9(10):3546-3567. doi: 10.1016/j.jaip.2021.06.006.

Based on the information available a short period of observation (5-15 minutes) should be used to detect immediate problems. Patients (and carers) should be provided with advice on possible local and systemic reactions and what to do if they occur.



Anaphylaxis guidelines did not change – to see the 2021 FAQ page from the Resuscitation Council, click this box.

UK Malaria Guidelines for 2026



[Home](#) > [Health and social care](#) > [Public health](#) > [Health protection](#) > [Immunisation](#)

Guidance

Malaria prevention guidelines for travellers from the UK

The UK Malaria Expert Advisory Group (formerly the Advisory Committee on Malaria Prevention) updates and reissues these guidelines every year for UK travellers.



Jane Chiodini's Blog

Sunday, 1 June 2025

Malaria Matters in 2025

This is not the first time I've blogged about Malaria Matters! This is an elearning course which will take you through the *Guidelines for malaria prevention in travellers from the UK*, published by the UKHSA. This course has been available for many years in a number of formats (and I've updated it every time the Malaria Guidelines were updated), but I've just spent the last three months completely overhauling it. Here's a little history!

Keeping up to date

Jane Chiodini
Travel Health Specialist Nurse

Home About Education Tools Help Links

PracticeNurse

Practice Nurse Journal Travel Health Update

I have been writing a regular one page 'Travel health update' since 2010 and Practice Nurse have kindly agreed to me posting past copies on my website as an archive for people to refer to as a resource

To subscribe to Practice Nurse Journal and to view online go to www.practicenurse.co.uk

Click on the relevant month to download the specific article. Further issues will be added in due course.

2026

[Jan/Feb](#)

Topics

World Malaria Report for 2025; Methanol poisoning; Consent – Green Book Chapter 2 Update

Travel update

TRAVEL



An increase in deaths over the last 12 months illustrates the serious threat posed by malaria to UK travellers, plus new warning over the risks of methanol poisoning associated with travel to African and other long haul destinations

NEW WHO MALARIA REPORT

The 2024 World Malaria Report from the World Health Organization (WHO), published in December 2025, shows that the number of malaria cases increased by 9 million from the previous year, with 94% of the cases occurring in the WHO African Region. Factors contributing to the increase included technical, systemic, environmental, and financial challenges, including weak service delivery and surveillance, conflict and environmental disruptions, some biological threats, social inequities, and funding shortfalls. There were also 610,000 deaths from malaria, with more than 50% of these occurring in Nigeria, Democratic Republic of Congo (DRC), Niger, and Tanzania. The report focuses on the growing threat of antimalarial drug resistance and a partial resistance to some of the drugs used for treatment. The better news is that a new generation of nets offer superior protection against malaria than pyrethroid-only nets, and are becoming more widely available. The malaria vaccine introduced into the national childhood immunization programme has now been extended to 24 African countries. Malaria remains a serious threat to our UK travellers visiting endemic areas, particularly those going to see friends and family. It is important to offer malaria prevention advice in your travel consultations. View the malaria page for many tools to help you, at <https://www.janechiodini.co.uk/help/malaria/>, and consider taking my malaria course at <https://janechiodini.learnon.com/store/4412778-3-malaria-matters>

METHANOL POISONING

Over a year ago (December 2024), TravelHealthPro alerted us to the risks of methanol poisoning when consuming local herbal brews during travel (see <https://travelhealthpro.org.uk/news/810/methanol-poisoning-and-local-herbal-brews-during-travel>). Over recent months, awareness of the risk to travellers has grown, following the death of a UK traveller, Simone White, a 28-year-old lawyer from Orpington, along with five others, after consuming free shots at a hostel in Laos. Now the Foreign, Commonwealth and Development Office (FCDO) has published helpful advice to travellers on its Travel Aware site, entitled 'Spiking and methanol poisoning,' at <https://travelaware.campaign.gov.uk/spiking-and-methanol-poisoning/>. They have also added methanol poisoning guidance to travel advice pages for eight countries: Ecuador, Kenya, Japan, Mexico, Nigeria, Peru, Uganda and Russia. The FCDO previously only included guidance on methanol poisoning in places where British nationals have been affected. These countries are: Cambodia, Indonesia, Turkey, Costa Rica, Thailand, Vietnam, Laos and Fiji. See the detail at <https://www.gov.uk/foreign-travel-advice>.

JANE CHIODINI, MBE

MSc(TravelMed), RGN, RM, FFTM
RCPS(Glasg), QN
Past Dean, Faculty of Travel Medicine,
RCPS(Glasg.)
Director of Travel Health Training
www.janechiodini.co.uk/
www.facebook.com/TravelHealthTraining

travelhealthpro.org.uk/news/810/methanol-poisoning-and-local-herbal-brews-during-travel. They have also added methanol poisoning guidance to travel advice pages for eight countries: Ecuador, Kenya, Japan, Mexico, Nigeria, Peru, Uganda and Russia. The FCDO previously only included guidance on methanol poisoning in places where British nationals have been affected. These countries are: Cambodia, Indonesia, Turkey, Costa Rica, Thailand, Vietnam, Laos and Fiji. See the detail at <https://www.gov.uk/foreign-travel-advice>.



principles of consent, it clarifies roles, strengthens regulatory framing, and expands operational guidance, so it is important for us all to be aware of it. The 2025 version explicitly links consent to the Care Quality Commission (CQC) Regulation 11 under the Health and Social Care Act 2008. It states that the CQC can prosecute directly for breaches, without first issuing a warning notice. The 2025 version of the GB distinguishes between registered healthcare professionals (RHP), who are responsible for seeking informed consent, and healthcare support workers (HCSWs), who may administer vaccines only after informed consent has already been obtained. The HCSW cannot obtain informed consent, but may give a vaccine under a PSD, and they should seek agreement to administer a vaccine by a specified RHP. This also applies to HCSWs working under a national protocol for influenza or COVID vaccines or where the vaccine has been prescribed. Where consent has been obtained for a full course, it is not necessary to seek consent again for each subsequent vaccine unless new information has come to light. However, it is good practice to check that the individual is content to proceed before administering subsequent doses of any vaccine. UKHSA has published supporting information at <https://citraininghub.co.uk/wp-content/uploads/2025/12/25-12-03-Advice-on-consent-to-immunisation-FIN-AL-UKHSA-1.pdf>, and it would also be wise to also study this to ensure procedures in your workplace are undertaken legally. Of note, HCSWs should not be administering travel vaccines – see my update in the July/August edition of Practice Nurse, at <https://practicenurse.co.uk/articles/travel-update-july-2025>.

CONSENT – GREEN BOOK CHAPTER 2 UPDATE

While the new Green Book (GB) chapter does not fundamentally change the legal

'Don't let it be your best friend that dies from methanol poisoning'



BETHANY CLARKE

Bethany (left) met her friend Simone in Laos to explore the country in south-east Asia

Methanol poisoning

FCDO have also added methanol poisoning guidance to travel advice pages for:

- Cambodia,
- Costa Rica,
- Ecuador,
- Fiji,
- Indonesia,
- Japan,
- Kenya,
- Laos,
- Mexico,
- Nigeria,
- Peru,
- Russia
- Thailand
- Turkey
- Uganda
- Vietnam

travel aware
UK Government

**TRAVELLING ABROAD SOON?
KNOW THE SIGNS OF
METHANOL
POISONING.**

STOMACH PAIN. NAUSEA.

FATIGUE. HEADACHE. DIZZINESS.

DIFFICULTY BREATHING.

BLURRED VISION. LIGHT SENSITIVITY. FLASHES OF LIGHT. TUNNEL VISION.

DON'T WAIT UNTIL IT 'GETS BETTER'. IF YOU SUSPECT METHANOL POISONING, SEEK URGENT MEDICAL ATTENTION.

FOR MORE INFO

03 December 2024

Take usual precautions [Share](#)

Methanol poisoning and local herbal brews during travel

Stay safe while enjoying drinks overseas by following our travel health advice



Travel and cancer



Travel Health Training Ltd.

3h · 🌐

While making a hospital visit recently I went into the MacMillan Cancer Support Centre where they displayed all their booklets and they informed me that the Travel and ... See more

Cancer information and support

Home

Cancer A
to Z

Worried about
cancer

Diagnosis

Treatment

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treatment

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someone

Get
help

Booklets and
resources

Support near
you

Travel and cancer



Home > All resources > Audiobooks > Travel and cancer

Travel and cancer

Audiobook

Published: 01 Mar 2023 · Next review: 01 Mar 2025 · Edition: 8

This audiobook is about travelling if you are affected by cancer. It is for anyone planning a trip or holiday in the UK or abroad. It includes information about travel insurance, taking medicines abroad, and looking after yourself while you are away. This information is also available as a [PDF booklet](#). Or visit our online information about [travel and cancer](#).

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Travel vaccines:

**Rabies, dengue,
chikungunya**

Private travel vaccines available:

- Chikungunya
- Dengue
- Hepatitis B
- Japanese encephalitis
- Meningococcal
- Rabies
- Tick borne encephalitis
- Yellow fever

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/ngbpvr5> - 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, 1 paragraph in GB		
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.	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® Adult	1-17 years	
Avaxim®	18 years and over	
Avaxim® Junior	16 years and over	
Havrix Junior Monodose®	1-15 years	
Havrix Monodose®	Regimes may vary in SmPCs, see above • & key	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)	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 4 th 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 . Hepislav 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	
Hepislav 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 in case these vaccines are documented in records. These were Hepatyrax 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



Currently 14 different products!

59 year old lady

Scratched by a puppy while on holiday in Morocco in February 2025

Developed symptoms two weeks prior to her tragic death in June 2025

NEWS

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England | Local News

Rabies death sparks 'jump in vaccine inquiries'



FACEBOOK

Yvonne Ford died from rabies last week after contracting it while on holiday in Morocco

Alex Moss
BBC News, Yorkshire

Family of British woman who died from rabies speak out to warn others

CALENDAR | RABIES | BARNSLEY | Tuesday 29 July 2025 at 4:05pm



itv1

itv NEWS

"OUR MUM DIED FROM RABIES"



Rabies resources

29% COMPLETE

- Global issues for rabies
- Pre-exposure protection for occupational risk
- Rabies and the traveller pre-exposure
- First point of contact for the traveller
- Post exposure advice
- Further rabies information resources
- and finally

Education pre travel essential in all travellers visiting risk areas



Rabies prevention advice for travellers

Written and designed by Jane Chiodini

What is rabies and how do you get it?

Rabies is a virus, transmitted in the saliva of **ANY infected warm blooded animal** – predominantly dogs.

BASIC ADVICE
When abroad, DO NOT have contact with any animals

<https://www.gov.uk/government/publications/rabies-the-green-book-chapter-27>

Travel Health Advice Leaflet

The following information will help you to stay healthy on your trip. Please make sure you read it following on from your appointment with us.

WATER
Diseases can be caught from drinking contaminated water, or swimming in it. Unless you know the water supply is safe where you are staying, ONLY USE (in order of preference)
1. Boiled water
2. Bottled water or canned drinks
3. Water treated by a sterilising agent.
This includes water used to make ice cubes in drinks and water for cleaning your teeth

SWIMMING
It is safer to swim in water that is well chlorinated. If you are travelling to Africa, South America or some parts of the Caribbean, avoid swimming in fresh water lakes and streams. You can catch a parasitic disease called schistosomiasis from such places. This disease is also known as Bilharzia. It is also wise never to go barefoot, but to wear protective footwear when out, even on the beach. Other diseases can be caught from sand and soil, particularly wet soil.

FOOD
Contaminated food is the commonest source of many diseases abroad. You can help prevent illness by following these guidelines for advice on consuming food and beverages:

Category	SAFE	PROBABLY SAFE	UNSAFE
Beverages	<ul style="list-style-type: none"> Carbonated soft drinks Carbonated water Boiled water Purified water (iodine or chlorine) 	<ul style="list-style-type: none"> Fresh citrus juices Bottled water Packaged (machine-made ice) 	<ul style="list-style-type: none"> Tap water Chipped ice Unpasteurized milk
Food	<ul style="list-style-type: none"> Hot thoroughly grilled, boiled Processed and packaged Cooked vegetables and peeled* fruits 	<ul style="list-style-type: none"> Dry items Hyperosmolar items (such as jam and syrup) Washed vegetables and fruit 	<ul style="list-style-type: none"> Salads Sauces and 'salsa' Uncooked seafood Raw or poorly cooked meats Unpeeled* fruits Unpasteurized dairy products Cold desserts
Setting	Recommended restaurants	Local homes	Street vendors

Reference: Ericsson, C.D. (2015) Prevention of Travelers Diarrhea. In: Keystone, J. (ed.) Travel Medicine. London: Elsevier, pp. 299 – 304

* Peeled fruits for example bananas. Unpeeled fruits for example, raspberries, strawberries. Another source of calories is alcohol! If you drink to excess, alcohol could lead you to become carefree and ignore these precautions.

PERSONAL HYGIENE
Many diseases are transmitted by what is known as the "faecal-oral" route. To help prevent this, always wash your hands with soap and clean water after going to the toilet, before eating and before handling food. Using hand gel is another sensible option.

Designed by Jane Chiodini © Updated January 2025. See copyright & disclaimer notices at top of www.janechiodini.co.uk/foaf/

Rabies Alert

For those at the first point of contact for enquiries from the traveller...

FOR ALL GP SURGERIES
If you are a receptionist and you take a call from a patient who reports they had been abroad and experienced contact with a dog, cat, monkey, bat etc. (it could be any warm blooded mammal) and they were concerned about rabies - **what would you do?**

For more general information about rabies, see the NHS website at <https://www.nhs.uk/conditions/rabies/>
And also NaTHNaC information on Travel Health Pro at [NaTHNaC - Rabies](https://www.na-th-na-c.org.uk/)

✓ **DO NOT** book them in to see the doctor or nurse in the next routine appointment available

✓ **DEAL WITH THIS ISSUE ON THE DAY** - it is important this call or online enquiry is dealt with on the day it is taken

✓ Take details of the patient including contact numbers

✓ **Inform a healthcare professional* about the issue as soon as possible**

* Healthcare professionals should then follow the rabies post exposure guidance as found in the Rabies Chapter (27) of the 'Green Book', *Immisation against infectious disease* at: <https://www.gov.uk/government/publications/rabies-the-green-book-chapter-27>

Poster for reception staff to heighten awareness of need to act promptly



Risk of falsified rabies vaccine – an update

26 February 2026

Take extra precautions

[Share](#)

Falsified rabies vaccine: India

Falsified rabies vaccine was reported in India in 2025



January 2025, falsified Abhayrab vaccine was first reported to the Drug Controller General of India

The public health agencies in the four nations of the UK have conducted a look-back exercise to identify travellers who reported receiving rabies vaccine following an animal bite in India from **1 November 2023 to 22 January 2026** to determine whether further rabies vaccination may be recommended.

Additional rabies vaccination was offered to some individuals following individual risk assessments.

Verorab now licensed in the UK

Verorab 0.5mL intramuscularly (IM) on day 0, 7 and 21- 28

Verorab 0.5mL intramuscularly (IM) on day 0, 7
(but regimen not to be used for immunocompromised individuals)

Verorab 0.1mL intradermally (ID) x 2 doses on days 0 and 7
(one injection in each arm – adults and children and anterolateral leg for infants and babies)

Many private travel clinics are using these schedules

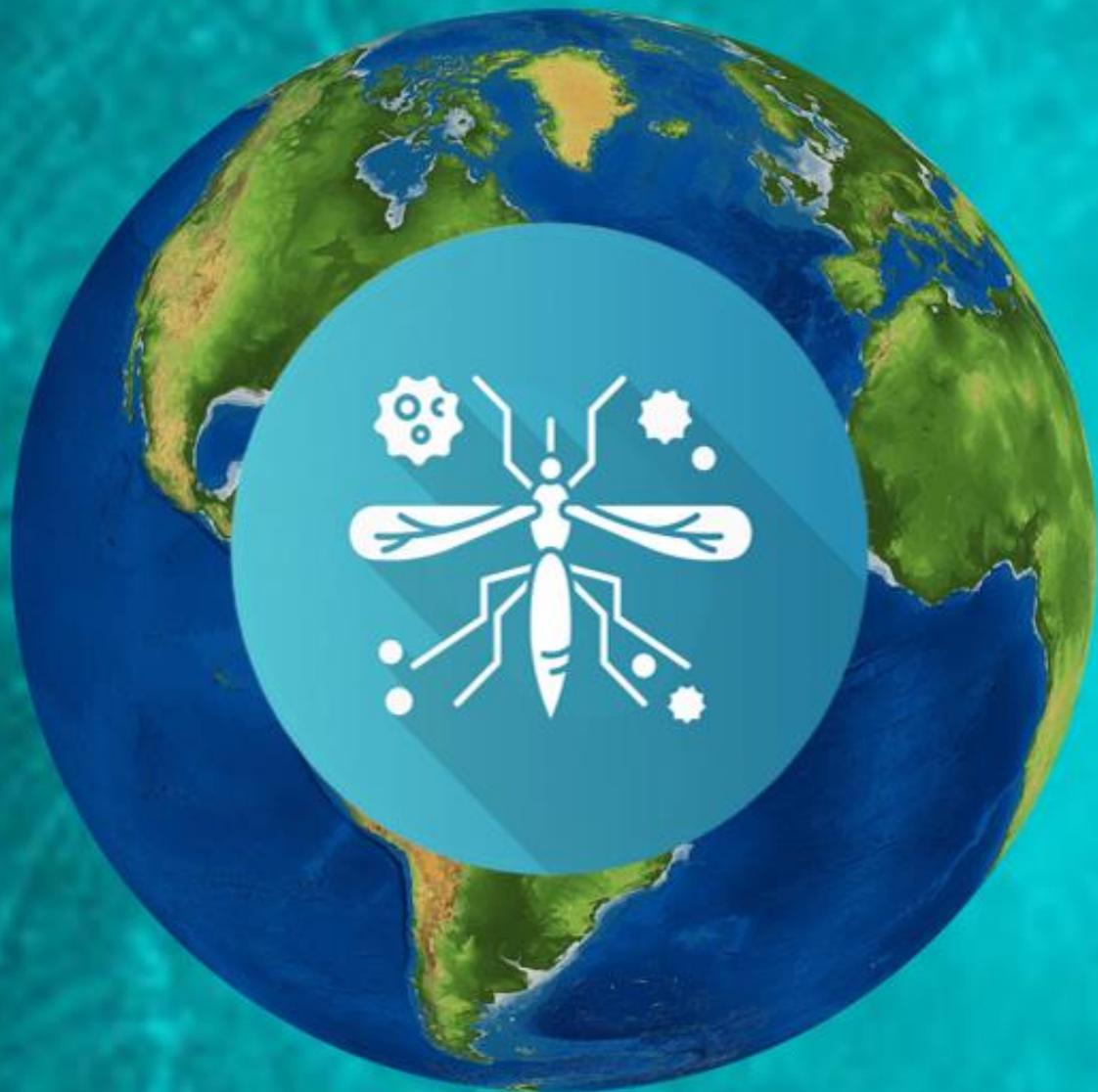
- Booster doses are determined based on the risk of exposure and on serological tests to detect the presence of rabies virus-neutralising antibodies (≥ 0.5 IU/ml). A booster dose consists of one dose of 0.5 mL given by intramuscular route or one dose of 0.1 mL given by intradermal route in accordance with WHO recommendations.
- Verorab can be administered as a booster injection after primary vaccination with a cell culture rabies vaccine (a rabies vaccine prepared in Vero cells or prepared in human diploid cells (HDCV)).

However Green Book guidance is not yet available



- Verorab was discussed in a news item on TravelHealthPro, where it was acknowledged that the new licence was not in the Green Book and that the ID route was not advised, although it acknowledged that the administration route was recognised by the WHO.
- It also commented that a two-dose schedule would be considered as partially immunised in the UK.
- Verorab was included in the Rabies Factsheet for an IM route on a 3 dose schedule on days 0, 7 and 21 or 28.





Mosquito Borne Diseases in a World of Change

Jane Chiodini MBE
30th January 2025

Devon Masterclass – Exeter Racecourse

Last year's handout in the platform



The effect of global warming and climate change is seeing areas becoming warmer and conditions more suitable for mosquitoes with associated disease risks in parts of the world where many mosquito borne diseases were not present or were only seasonal.



Day and Night Time Bitters



* Whilst the main biting times are dusk until dawn, the risk can occur out of these time frames

** Bite precautions should be maintained during daylight hours both indoors and outdoors

Predominantly dusk to dawn*

Insect species

Malaria

Anopheles spp.

Japanese encephalitis

Culex spp.

West Nile Virus

Culex spp.

Daytime**

Insect species

Yellow fever

Aedes spp.

Dengue

Aedes spp.

Zika Virus

Aedes spp.

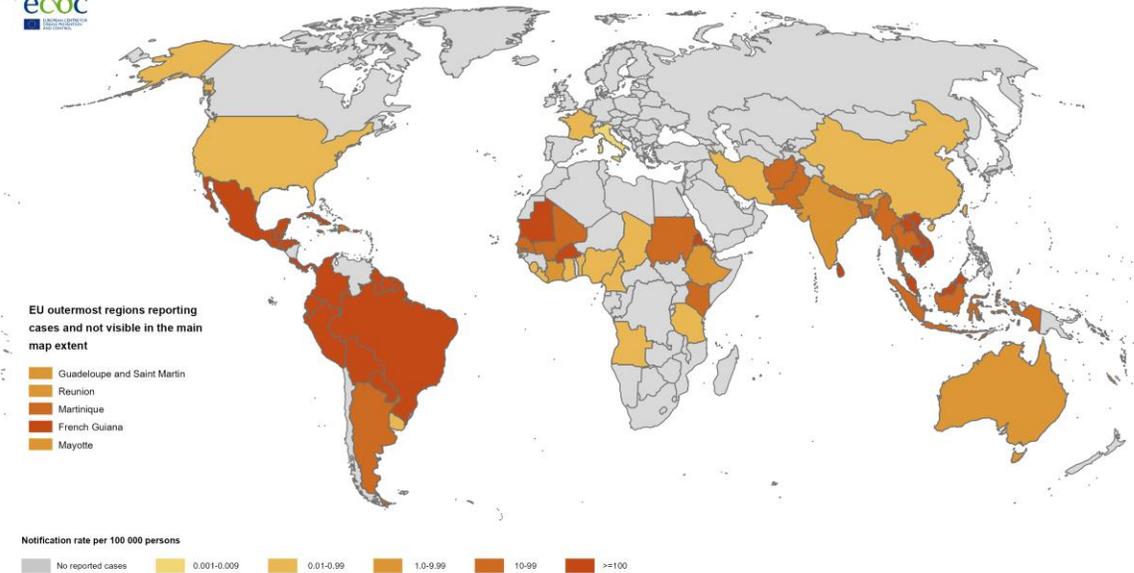
Chikungunya

Aedes spp.



Global dengue cases

Preliminary data for 2025, **4.47 million dengue cases and over 2,200 dengue-related deaths** have been reported from 94 countries/territories



Note: Data refer to dengue cases reported in the last 12 months (February 2025-January 2026) [Data collection: February 2026]. Case numbers are collected from both official public health authorities and non-official sources, such as news media, and depending on the source, autochthonous and non-autochthonous cases may be included. Administrative boundaries: © EuroGeographics. The boundaries and names shown on this map do not imply official endorsement or acceptance by the European Union. ECDC. Map produced on 12 February 2026.

In 2025 countries in Europe have reported cases of dengue: **France (29), Italy (four), and Portugal (two).**



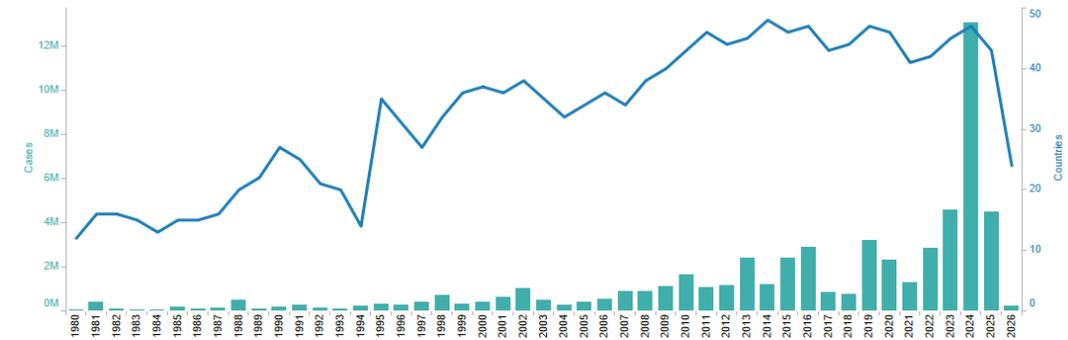
Selected Dengue Indicators in the Region of the Americas

Updated on 2/26/2026 with data up to epidemiological week 9 of 2026.

Year 2025

Suspected Cases	Confirmed	Severe Dengue	Deaths
4,471,562	1,687,189	8,808	2,207

Suspected Dengue Cases and Number of Reporting Countries
Region of the Americas



Source: Integrated Arbovirus Platform (PIA). Data reported by Ministries and Institutes of Health of countries and territories in the Region of the Americas.

Notes:

1. Published data are preliminary and subject to change due to adjustment processes carried out by countries.
 2. The epidemiological week of data update varies by country.
- ID:1001en



Key facts for dengue disease

- The dengue virus (DENV) is member of the Flaviviridae family and has four serotypes: DEN 1, 2, 3 and 4.
- It is found in tropical and sub-tropical climates, mostly in urban and semiurban areas.
- It is spread predominantly by *Aedes aegypti* and *Aedes albopictus* mosquitoes, which are active during the day, and breed in human-made objects that contain water.
- **Infection with one serotype provides long-term immunity against that specific serotype, but only short-term protection against the other serotypes.**



Aedes aegypti



Aedes albopictus



Symptoms of dengue

Most people with dengue have mild or no symptoms and will get better in 1–2 weeks. Rarely, dengue can be severe and lead to death.

If symptoms occur, they usually begin 4–10 days after infection and last for 2–7 days.

Symptoms may include:

- high fever (40°C/104°F)
- severe headache
- pain behind the eyes
- muscle and joint pains
- nausea
- vomiting
- swollen glands
- rash.



Symptoms of severe dengue

Individuals who are infected **for the second time** are at greater risk of **severe dengue**. Severe dengue symptoms often come after the fever has gone away:

- severe abdominal pain
- persistent vomiting
- rapid breathing
- bleeding gums or nose
- fatigue
- restlessness
- blood in vomit or stool
- being very thirsty
- pale and cold skin
- feeling weak.



People with these severe symptoms should get care right away.

Treatment

- **There is no specific treatment for dengue fever.**
- Paracetamol to reduce fever and symptoms of muscle ached are advised but NSAIDs (non-steroidal anti-inflammatory drugs), such as ibuprofen and aspirin should be avoided.
- These anti-inflammatory drugs act by thinning the blood, and in a disease with risk of hemorrhage, blood thinners may exacerbate the prognosis.

- **For severe dengue, medical care by physicians and nurses experienced with the effects and progression of the disease can save lives – decreasing mortality rates from more than 20% to less than 1%.**
- Maintenance of the patient's body fluid volume is critical to severe dengue care.

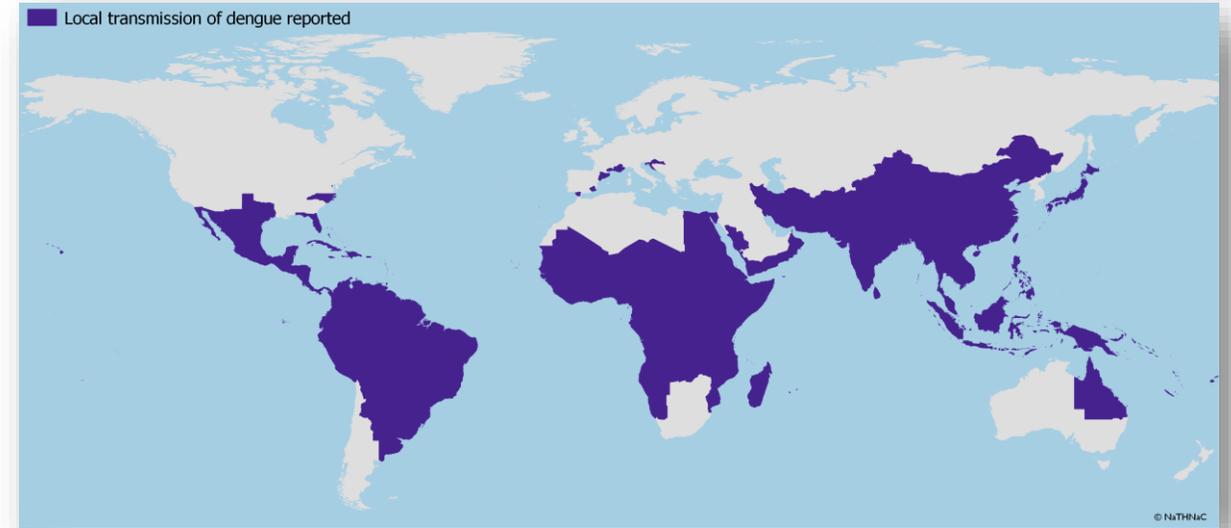


Who is this vaccine recommended for?

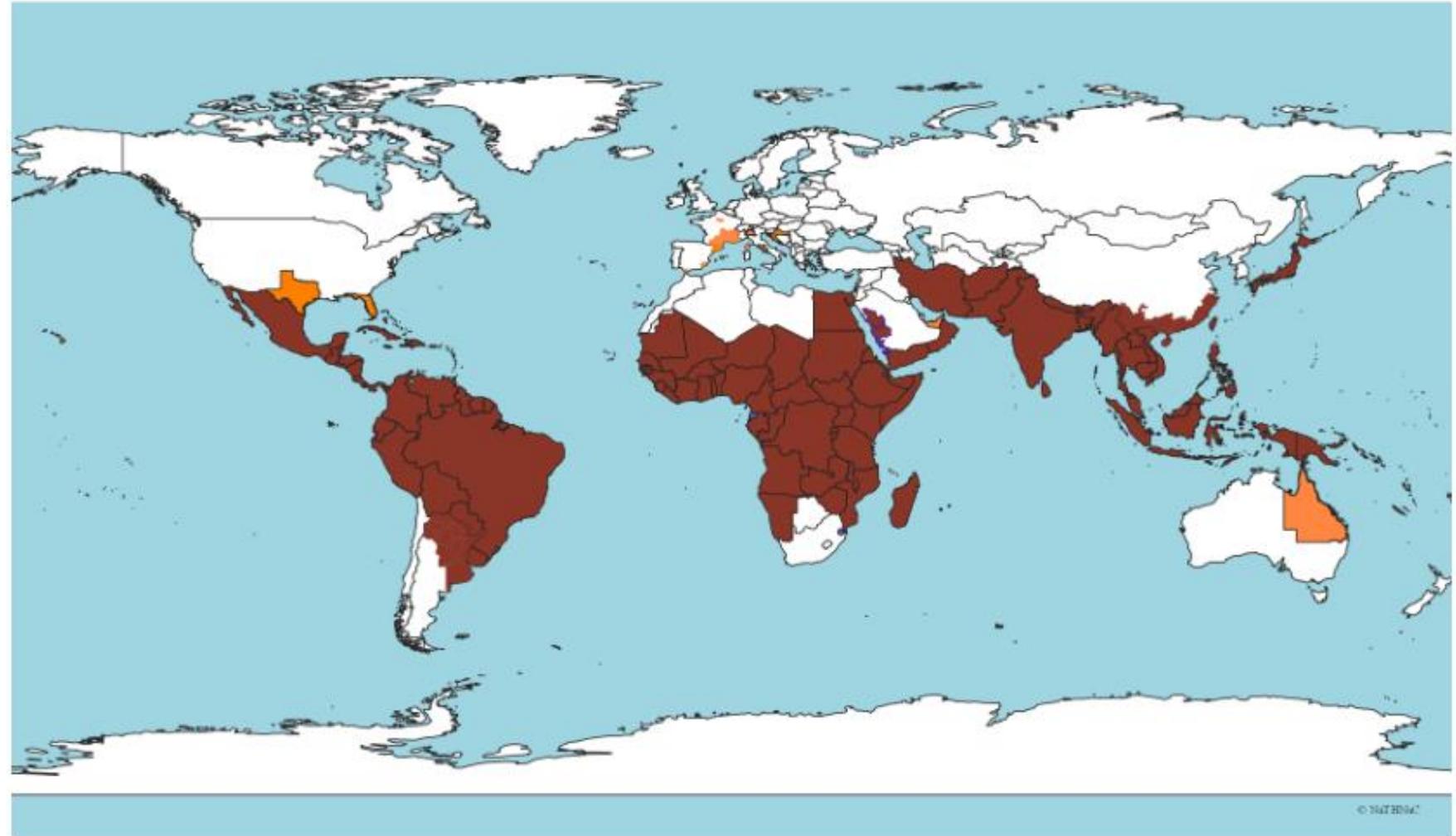
Primary immunisation

Vaccination can be considered for:

- Individuals aged 4 years of age and older with **likely history of previous dengue infection in the past** and are: planning to travel to areas where there is a risk of dengue infection or areas with an ongoing outbreak of dengue, or
- are exposed to dengue virus through their work, such as laboratory staff working with the virus



- No vaccine recommended
- Vaccine not recommended sporadic cases reported
- Vaccine for some travellers



Map from
NaTHNaC
indicating
where vaccine
recommended



Qdenga[®] vaccine – dosage and schedule

Dose 1 0.5mL



Dose 2 0.5mL



Booster?

The need for a booster has not been established

Day 0

3 months



- Qdenga[®] is currently a black triangle vaccine
- Evidence supports the administration of Qdenga[®] at the same time as yellow fever vaccine and hepatitis A vaccine
- No data available about the co-administration of Qdenga and other live vaccines such as MMR



Qdenga SmpC



Dengue Green Book chapter 15a

An explanation – the use of Qdenga[®] ▼

Individuals with no evidence of previous dengue infection (seronegative)

- Qdenga shown to provide protection against¹ serotypes DENV 1 and 2
- Qdenga may not confer protection against DENV 3 and 4¹
- If an individual then went on to develop dengue while travelling and it was serotype 3 or 4, they may be at a theoretical risk of developing severe dengue²



1. Lancet dengue article



2. Dengue Green Book chapter 15a

An explanation – the use of Qdenga[®] ▼

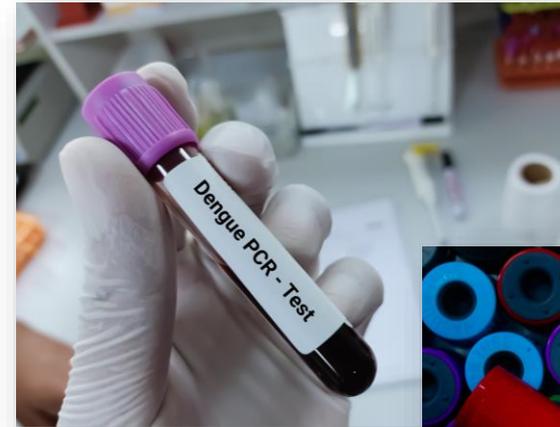
Individuals with no evidence of previous dengue infection (seronegative) continued

- The vaccine is not recommended in the Green Book guidance
- The trial data are currently insufficient to make a recommendation in these individuals
- JCVI has taken a precautionary approach to its advice for UK travellers, because of a theoretical risk of severe dengue if a seronegative individual is vaccinated and subsequently exposed to dengue virus DENV3 or DENV4.



Testing for Dengue

- Previous dengue infection can only be reliably confirmed if the traveller was tested at the time of illness (usually by a PCR or antigen test). Travellers may have the results from PCR or antigen tests available or be able to provide a reliable history of confirmed infection.
- Testing for past infection is far more complicated to interpret due to cross reactivity to other flavivirus infections and vaccines (Zika, TBE and yellow fever).
- Testing would be private and costly
- Availability of testing centres is also challenging



Chapter 15a: Dengue 8 October 2024

Table 1: Consideration of eligibility for vaccination

	No compatible travel, no compatible illness	Compatible illness, no compatible travel	Compatible travel, no compatible illness	Compatible travel, compatible illness
IgM negative, IgG negative on any blood sample taken >4 weeks after last compatible illness	No recommendation for vaccination	No recommendation for vaccination	No recommendation for vaccination	No recommendation for vaccination
IgM positive, IgG and PCR negative on any blood sample taken <4 weeks after travel	No recommendation for vaccination	No recommendation for vaccination	Test for IgG >4 weeks after leaving endemic area	Test for IgG >4 weeks after compatible illness
IgM negative, IgG positive on any blood sample taken >4 weeks after travel or illness	No recommendation for vaccination	No recommendation for vaccination	Consider vaccination* in light of other reasons for IgG†	Consider vaccination* in light of other reasons for IgG†
IgM and IgG positive on any blood sample taken >4 weeks and <6 months after travel	No recommendation for vaccination	No recommendation for vaccination	Consider vaccination	Consider vaccination
PCR positive on any sample	This should be discussed with RPL	This should be discussed with RPL	Consider vaccination	Consider vaccination

Definition of compatible illness: an acute illness consisting of fever of 2-7 days duration with 2 or more of the following: headache, retro-orbital pain, myalgia, arthralgia, rash, thrombocytopenia, leucopenia

Definition of compatible travel: travel to an area at any time of year where there are year-round endemic infections or travel during the dengue season to countries or regions where there is seasonal detection of dengue. Refer to <https://travelhealthpro.org.uk/countries>

* Strength of recommendation may be influenced by likelihood of prior exposure to dengue virus, and therefore risk of prior asymptomatic illness. For example, the probability that a positive dengue IgG represents prior dengue infection will be higher for patients with a history of prolonged residence in a highly dengue endemic setting than for those with shorter durations of exposure.

Table 1:
Consideration of eligibility for vaccination.
 See chapter 15a in the Green Book on page 7



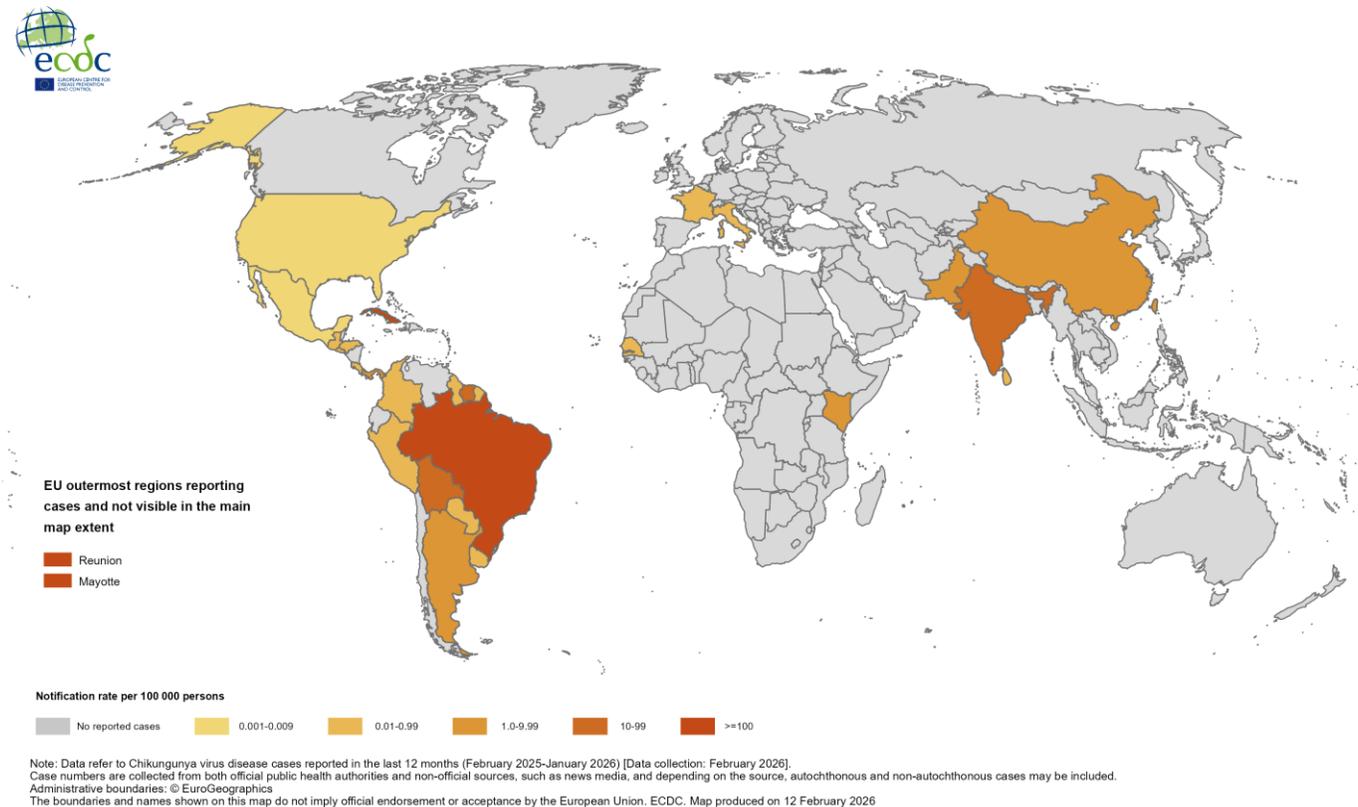
Additional precautions within the Green Book

- Exceptionally, vaccination with Qdenga[®] can be considered in those who have not had dengue in the past. In these situations, specialist advice should be considered (page 8)
- Severe dengue - an increased risk has also been described in older individuals and those with co-morbidities including asthma, diabetes, obesity, hypertension, renal disease, bleeding disorders, and in those taking anticoagulants. (page 1)



Global chikungunya cases

From 1 January to 10 December 2025, 502 264 CHIKV disease cases including 208 335 confirmed cases, and 186 CHIKV deaths, were reported globally.
(WHO Rapid Risk Assessment - Chikungunya virus disease, Global v.1)



Since the beginning of 2025 and as of 3 September 2025, two countries in Europe have reported **locally acquired** cases of chikungunya virus disease:
France (301)
Italy (107)



Dengue worldwide overview from ECDC – [click here for the latest information](#)

News story

Rise in chikungunya cases in UK travellers returning from abroad

Latest data shows an increase in travel-associated chikungunya cases compared to the same period last year

From: [UK Health Security Agency](#)

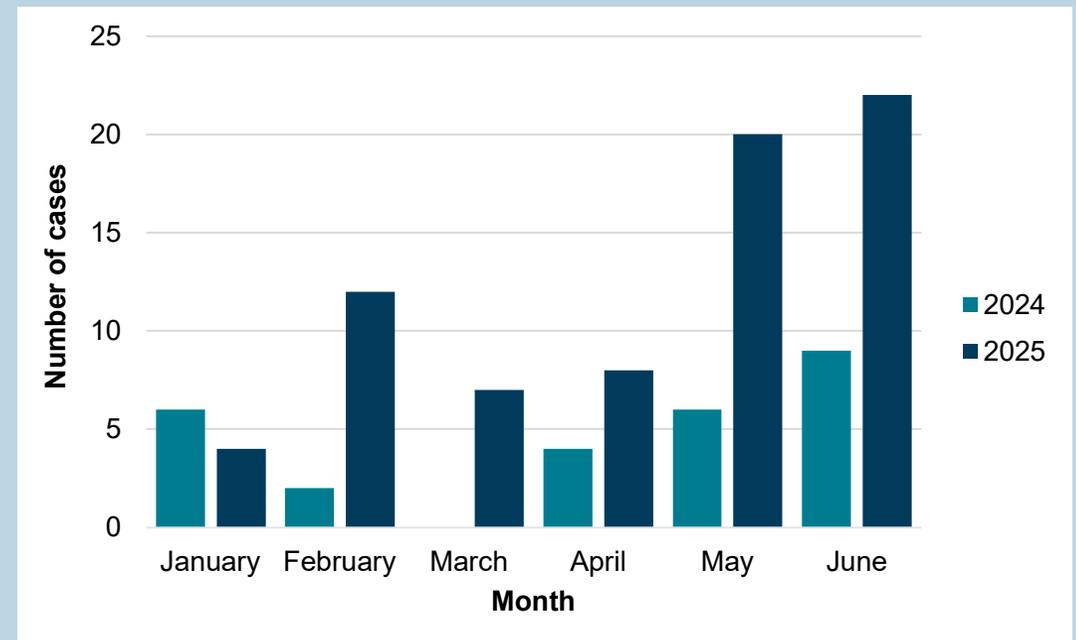
Published 14 August 2025



The UK situation

A total of 73 cases were reported between January and June 2025.

The same period in 2024 saw 27 cases.



Chikungunya disease and symptoms

Chikungunya is a viral infection predominantly spread to humans through the bite of an infected *Aedes* mosquito, unpleasant illness but rarely fatal

- fever of abrupt onset
- severe joint pains (arthralgia)
- muscle pains (myalgia)
- headaches
- sensitivity to light (photophobia)
- skin rashes



The symptoms usually improve within 1–2 weeks, but the joint pains can be severe and may persist for months or even years.

Chikungunya vaccine

IXCHIQ MHRA approval February 2025 – live vaccine

Vimkunya MHRA approval May 2025 – inactivated vaccine

Both vaccines are now available on the market – some private travel clinics supplying them

Not in the ‘Green Book’ yet

These are private vaccines, both black triangle



Global vaccine safety concerns emerged with the live vaccine IXCHIQ and then the UK perspective

- Europe recommended vaccine to be used only when there is a significant chikungunya risk and after careful consideration of the benefits and risks
- August 2025 FDA suspended the license for IXCHIQ
- So, a safety review was undertaken and in February 2026, the findings were published
- NaTHNaC published a news item
- Still awaiting the Green Book chapter publication




Medicines & Healthcare products
Regulatory Agency

DRUG SAFETY UPDATE (DSU)

IXCHIQ Chikungunya vaccine: updates to restrictions of use following safety review

Specialisms: Infection prevention, Infectious disease, Immunology and vaccination

Summary

Following the completion of a safety review and the recommendations of the Commission on Human Medicines (CHM), the IXCHIQ Chikungunya vaccine is no longer indicated for adults over the age of 60 years, and is contraindicated in all individuals with hypertension, cardiovascular disease, diabetes mellitus, and/or chronic kidney disease. This action follows very rare fatal reactions, and other serious adverse reactions reported globally last year. In addition, the CHM have advised that the IXCHIQ vaccine should be given no later than 30 days prior to travel.

Advice for Healthcare Professionals:

- Chikungunya vaccine (IXCHIQ) is a vaccine to protect against severe Chikungunya virus infection; strict adherence to contraindications and precautions is essential to reduce the risk of very rare but potentially fatal adverse reactions
- a live attenuated Chikungunya vaccine, IXCHIQ, first became available on the UK market on 18 June 2025
- IXCHIQ vaccine is already contraindicated in all individuals with immunodeficiency or immunosuppression as a result of disease or medical therapy, this includes IgA deficiency, history of thymus disorder or thymectomy
- following a review of the benefits and risks of the vaccine, the CHM has the following further recommendations:
 - do not use this vaccine in adults aged 60 years or over, or in individuals with hypertension, cardiovascular disease, diabetes mellitus, and/or chronic kidney disease
 - the vaccine should be given no later than 30 days prior to travel



Current UK recommendations for advising vaccine

Follow the current guidance for use of the vaccines as listed on TravelHealthPro based on the JCVI guidance until the Green Book is published.

This would include considering chikungunya vaccine for those

- travelling to regions with active CHIKV outbreaks
- long term or frequent travellers to regions with CHIKV transmission in the past 5 years
- laboratory staff working with CHIKV

When vaccination is considered to be indicated, be aware at the current time JCVI advises:

- **Vimkunya[®]** vaccine may be offered to individuals aged **12 years old and over**
- **IXCHIQ[®]** vaccine may be offered to immunocompetent individuals aged **18 to 59 years** but with the new guidance added from the update in February 2026

Additional advice for IXCHIQ since February 2026

- ✓ conduct a comprehensive benefit risk assessment prior to vaccination. This assessment should be conducted by healthcare professionals with training in the benefit risk assessments of live vaccines.
- ✓ should not be used in individuals with hypertension, cardiovascular disease, diabetes mellitus, and/or chronic kidney disease.
- ✓ Precaution is advised when considering vaccination in individuals who have two or more underlying health conditions.
- ✓ The vaccine remains contraindicated for all immunosuppressed and immunodeficient individuals, with IgA deficiency and history of thymus disorder or thymectomy added to the list of example immunodeficiencies.
- ✓ should be given no later than 30 days prior to travel.
- ✓ All patients who have received the vaccine should receive the manufacturer's [Patient Information Leaflet](#) as part of the travel consultation and advised to seek emergency medical attention if they develop signs or symptoms associated with viraemia, including arthralgia, or neurological symptoms which may indicate encephalitis.



Recap of the vaccines for CHIKV

Vaccine	Schedule	Length of protection	Age range
IXCHIQ[®] (live attenuated vaccine) Valneva	Single 0.5ml dose given IM Give 30 days prior to departure	The need for revaccination has not been established	18–59 years*
Vimkunya[®] (non-replicating virus particle vaccine) Bavarian Nordic	Single 0.8ml dose given IM	The need for revaccination has not been established	≥12 years

What should you be doing in General Practice?

1

- Be aware of any risk of CHIKV at a destination by looking under 'Vaccine Recommendations - Some Travellers (listed alphabetically)' on the TravelHealthPro country information pages.
- You can also look at the Outbreak Surveillance page and do a search on the disease



Some travellers

The vaccines in this section are recommended for some travellers visiting this country. Information on when these vaccines should be considered can be found by clicking on the arrow. Vaccines are listed alphabetically.

Chikungunya

Chikungunya is a viral infection spread by mosquitoes which bite mainly during daytime hours. It causes a flu-like illness and can cause severe joint and muscles pains which usually improve in 1–2 weeks but may persist for months or years. It is rarely fatal.

Chikungunya in Mauritius

There is a risk of chikungunya in this country.

Information on current outbreaks, where available, will be reported on our outbreak surveillance database.

Prevention

- Travellers should avoid mosquito bites, particularly during daytime hours.

Chikungunya vaccination

Vaccination may be considered for individuals aged 12 years of age and over who are:

- travelling to regions with a current chikungunya outbreak
- long-term or frequent travellers to regions with an increased risk of chikungunya
- exposed to the chikungunya virus through their work, such as laboratory staff working with the virus

Detailed advice about the use and contraindications of the available vaccines will be available in the green book chikungunya chapter in the coming months. For now, please see the [JCVI news item](#) and [chikungunya in brief](#) for details.

[Chikungunya in brief](#)

Remember to advise your traveller about insect bite avoidance

2

in all circumstances and this is not only important for CHIKV of course, but other diseases e.g. yellow fever, malaria, dengue, JE etc.

Mosquito bite avoidance advice for travellers.
A practical guide

Use of DEET in pregnancy, breast feeding, children and babies

- Given the seriousness of malaria in pregnancy, DEET is recommended at a concentration of 50% as part of the malaria prevention regimen for pregnant women, including those in the first trimester
- DEET may be used at a concentration of up to 50% in breast feeding, and for infants and children over 2 months
- DEET is not recommended for infants below the age of 2 months

General rules with insect repellent and application of sun protection

then →

Use a 30 to 50 SPF factor cream as DEET can reduce the effectiveness of sun protection.
Sunscreen is not required from dusk to dawn.

The Myths!
There is no scientific evidence that any of these products work

Bath oils and emollients
Vitamins
Homoeopathic remedies
Savoury yeast extract products
Garlic or garlic capsules

Other items

- Tea tree oil
- Electronic buzzers (emitting high frequency sound waves) are completely ineffective as mosquito repellents. Companies selling them have been prosecuted and fined under the UK Trades Descriptions Act

Mobile phone apps

The use of apps available on mobile phones to prevent mosquitoes biting is strongly discouraged.

Bite prevention and alcohol

Alcoholic drinks DO NOT protect against mosquito bites.

- Indeed beer consumption is reported to increase human attractiveness to malaria mosquitoes
- Gin and tonic has no mosquito repellent properties and the amount of quinine in tonic water has no effect on malaria parasites



What should you be doing in General Practice?

3

Jane Chiodini's Blog

Sunday, 20 July 2025

Chikungunya - an update on recent guidance

Please note, this blog was updated on 9th September 2025. I don't usually do this as it can be very difficult and confusing to keep making changes. However, as use of this vaccine is an evolving picture, and until the Green Book is published, I decided to make an exception on this occasion.

1. Follow the current guidance for use of the vaccines as listed on TravelHealthPro
2. Look out for updates, particularly the Green Book chapter and further NaTHNaC news
3. Document you have advised your traveller
4. Direct them to TravelHealthPro to learn more





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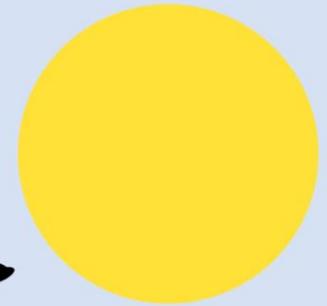
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DISEASE AWARENESS

Chikungunya



Travelling abroad to visit family or just to get some sun?

**Keeping up
to date &
Resources**

Update via

- NaTHNaC e mail**
- My FaceBook**
- My Blog**
- Regular training**

Travel health: resources to support clinical decisions

Last updated 26 February 2026 · [See all updates](#)

Topics: [Primary Care](#) · [Training and Development](#) · [Travel Medicine](#)

Suggested resources to help healthcare professionals find information regarding medicines and travel

Contents

[SPS resources](#)

[Other resources](#)

- [Local formulary or guidelines](#)
- [Travel Health Pro](#)
- [Clinical Knowledge Summaries](#)
- [NHS website](#)
- [UKHSA malaria guidelines](#)

[Further advice](#)

- [NaTHNaC advice line](#)
- [SPS Medicines Advice Service](#)

[Update history](#)

SPS resources

SPS has advice on [Choosing a medicine to delay periods \(SPS page\)](#).

For information on travel vaccines, in addition to the resources listed, see [Vaccines and immunisation: resources for answering questions \(SPS page\)](#)

Other resources

In addition to our own resources, we recommend the following resources that are free to access:

Local formulary or guidelines

Your local Area Prescribing Committee, Medicines Management Group or similar body may have relevant guidelines or documents. For example, guidance on prescribing medication for patients travelling or living abroad.

Keeping up to date

Jane Chiodini's Blog

Tuesday, 26 November 2024

Time for a little reflection with much gratitude

♥ I don't often post personal blogs, but I'm feeling a great need right now to share some reflections and gratitude.

Blog Archive

- ▶ 2026 (1)
- ▶ 2025 (5)
- ▶ 2024 (5)
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- ▶ 2022 (4)
- ▶ 2021 (2)
- ▶ 2020 (8)
- ▶ 2019 (13)
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- ▶ 2017 (17)
- ▶ 2016 (24)
- ▶ 2015 (13)
- ▶ 2014 (24)
- ▶ 2013 (17)
- ▶ 2012 (4)

About Me



Jane Chiodini MBE

Jane Chiodini's Blog

Wednesday, 22 October 2025

Carbon monoxide risks while travelling

Recently I received an e mail from a lady called Cathy who had been to see the Practice Nurse (Sarah) in her local GP surgery and she was suggesting writing to me. Cathy wrote about the tragic news her youngest son, Hudson, who had passed away from carbon monoxide poisoning in a homestay in Quito, Ecuador in August 2023. Hudson was just 24 years old.



and somehow heightens the world. As I reach a milestone, full, because as many of us have experienced cancer, 15 years ago. I had a full body scan, which was taken from the top of my head to the bottom, thankful but at the same time usual.

But Sir Chris and Lady Gaga - I've been listening to them and respect in equal measure and discuss their music continues to fill me full of ability to cope in such a world. I didn't know I had a connection shown to me at the time of a loving family, but

was greatly saddened I didn't have been aware of his existence. I'd have written to



Edit cover photo



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Jane Chiodini

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Description

Content

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Content **2 modules**

Rating **★★★★★**

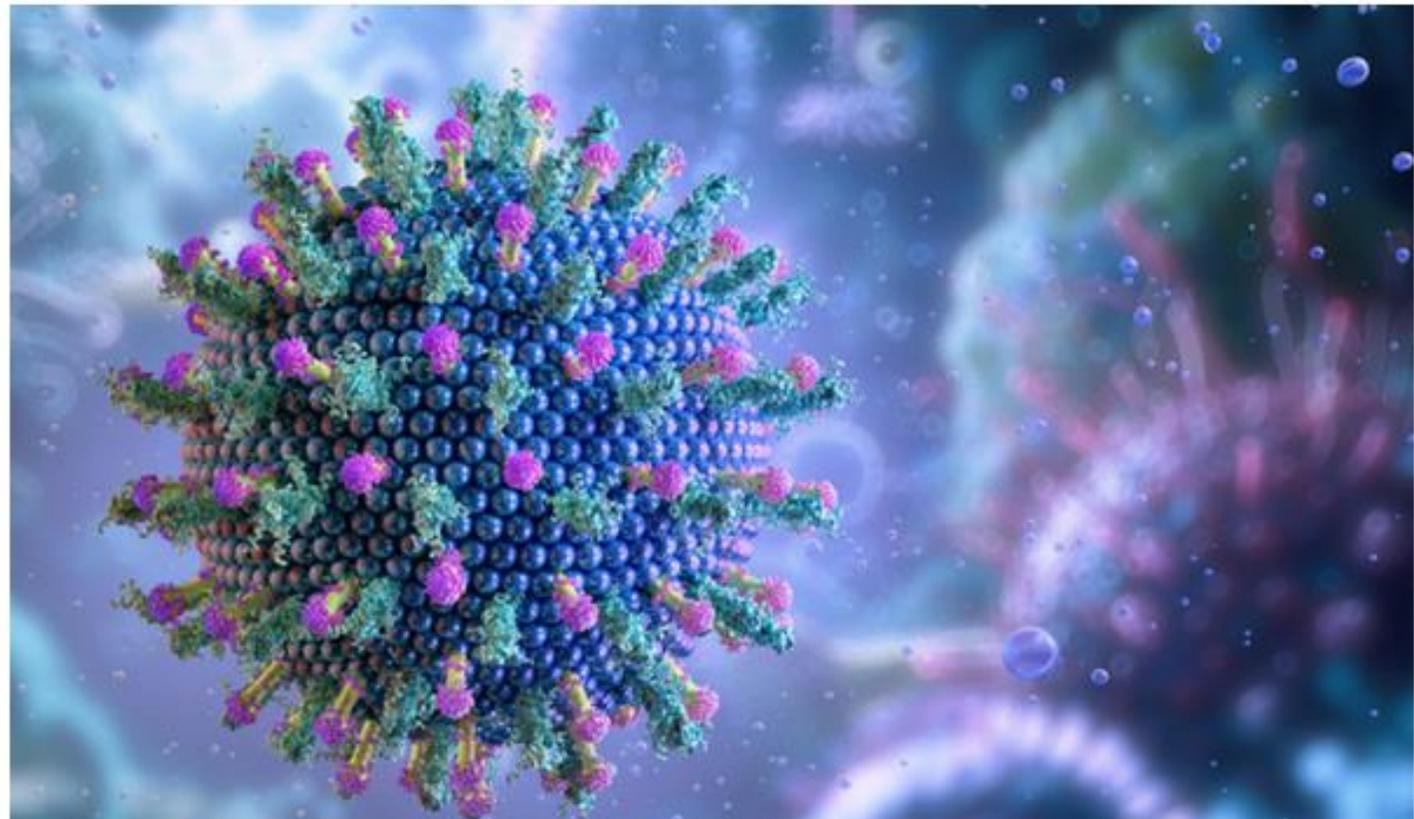
Course length **1 hour**

Instructor **Jane Chiodini**

Price **Free + VAT**



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Nuggets of Knowledge – Hepatitis A Vaccines (and A+B products)

Thank you!

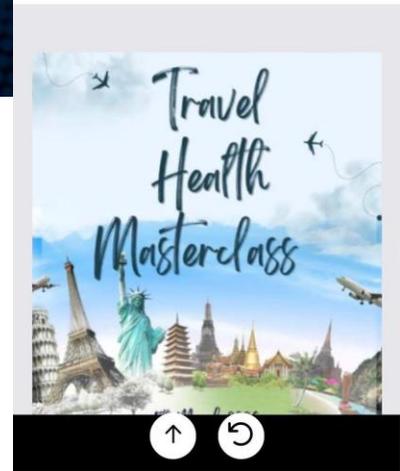
Remember the handout for this session



<https://bit.ly/3OSYtOh>



Hello
Welcome to this short hub of resources from Jane Chiodini's talk at the event below.



- My website
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