General Update on Travel Health

5th March 2026

Froginwell Vineyard, Exeter

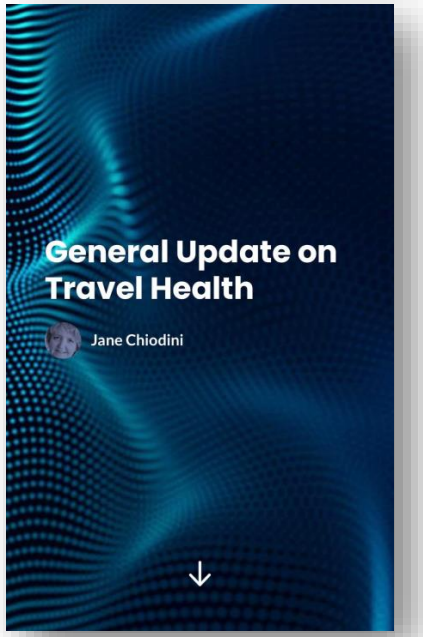
Jane Chiodini MBE

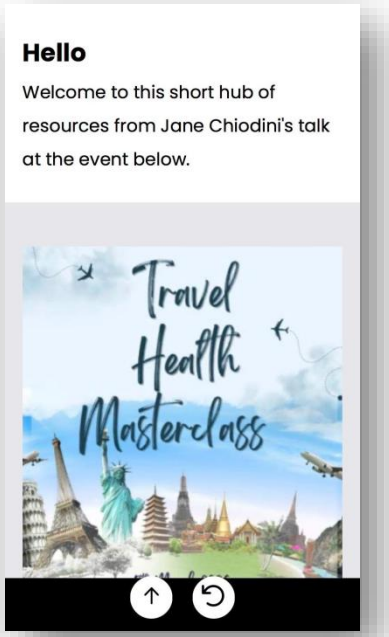
Topics within this session

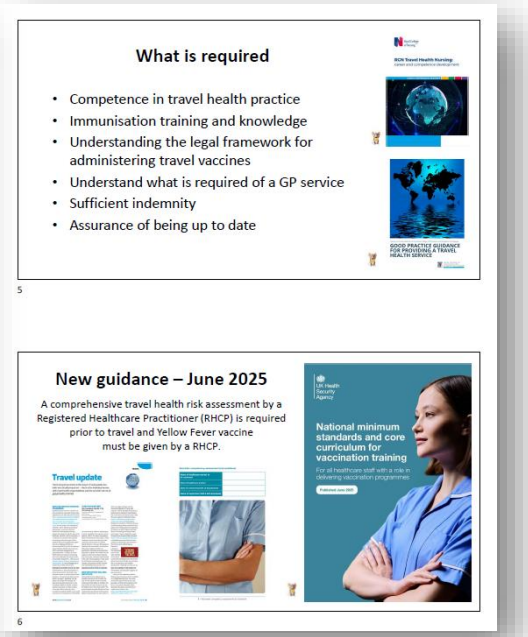
- Issues in practice
- Updated snippets
- Clarifying guidance:
  - ✓ rabies
  - ✓ dengue
  - ✓ chikungunya
- Resources

Handout

https://bit.ly/3OSYtOh







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

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,

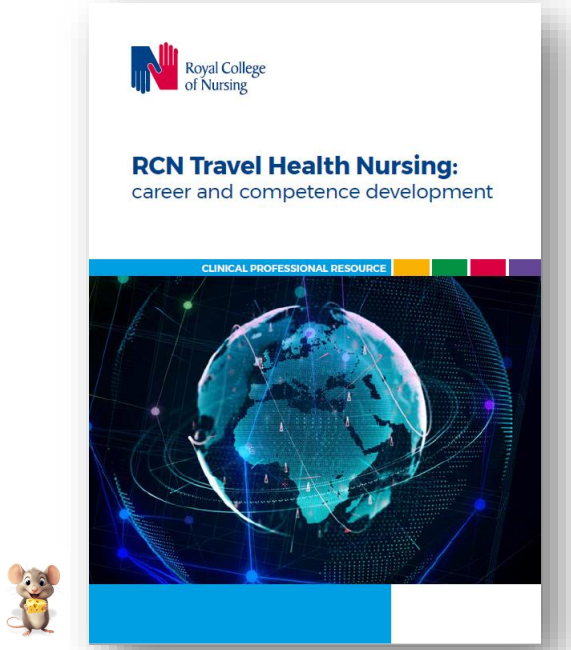
- Acknowledging someone else's post can imply that you endorse or support their point of view.
- You should consider the possibility of other people mentioning you in inappropriate posts.
- If you have used social media for a number of years, it is important to consider, in relation to the Code, what 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

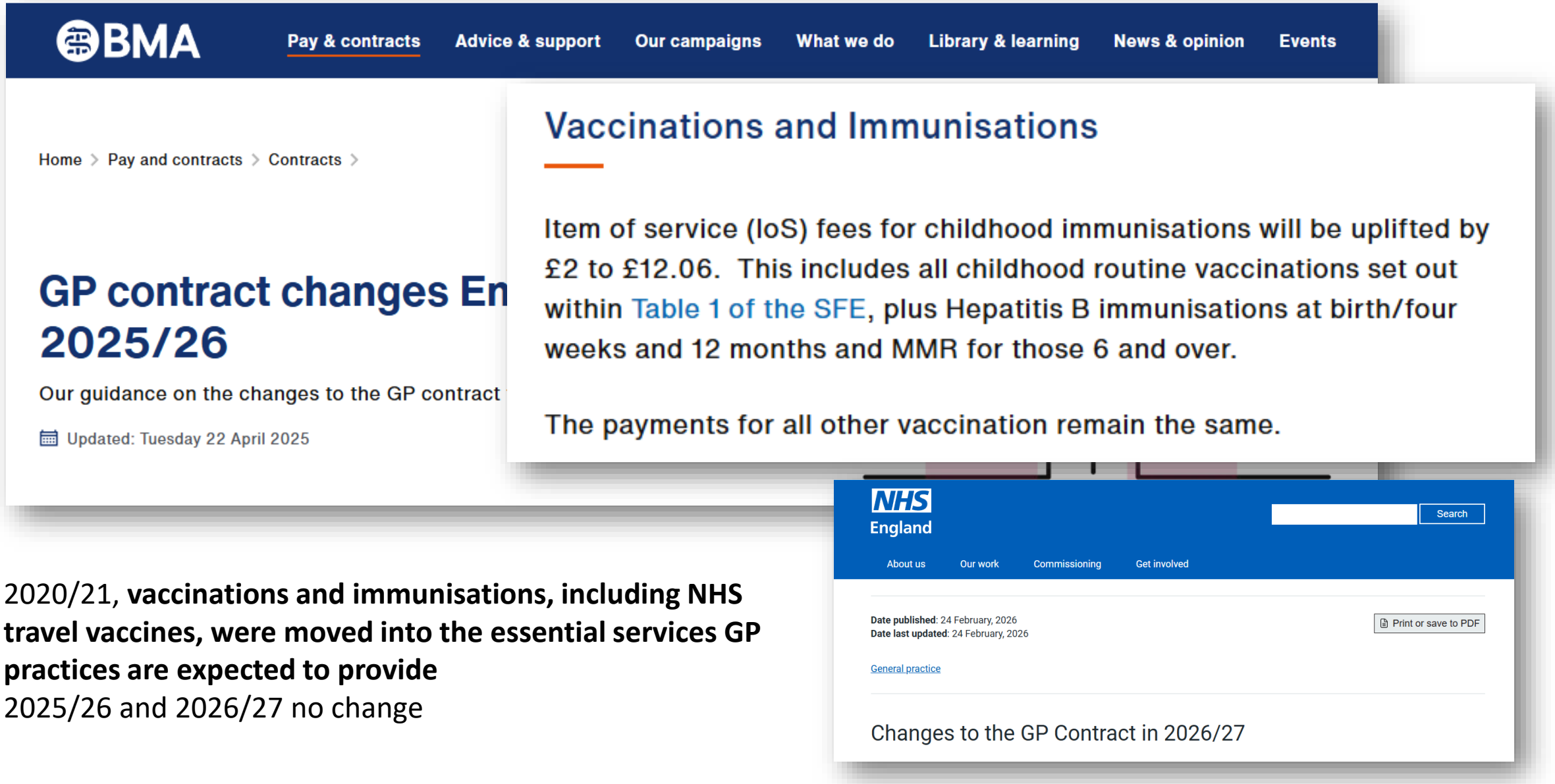

The infrastructure for providing travel services

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



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

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.

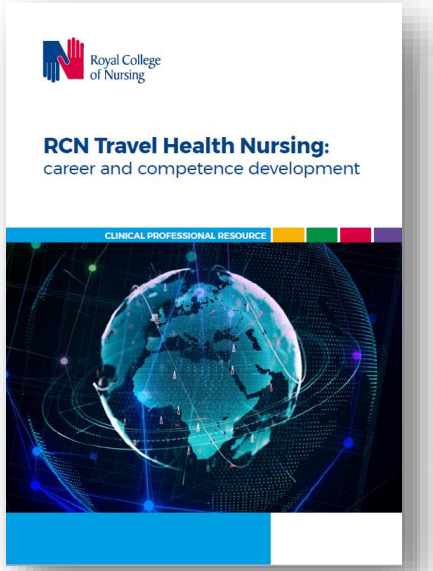
They offer the NHS vaccines, but also state they give Men ACWY (not NHS for travel these days) and also yellow fever for which they charge £75.

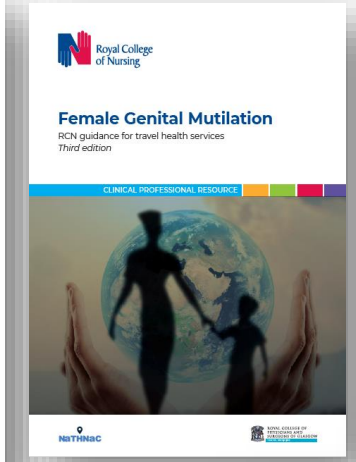
On the malaria front they state 'Malaria tablets are not available on the NHS and you will need to purchase these from a pharmacy'.

Some GPs and/or PMs are of the opinion the contract only pays them for administration of the NHS travel vaccines

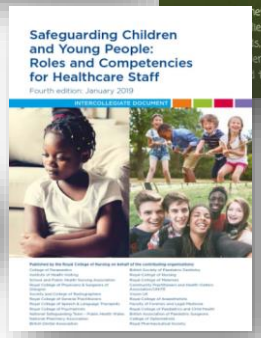
Pharmacy provision increasing rapidly

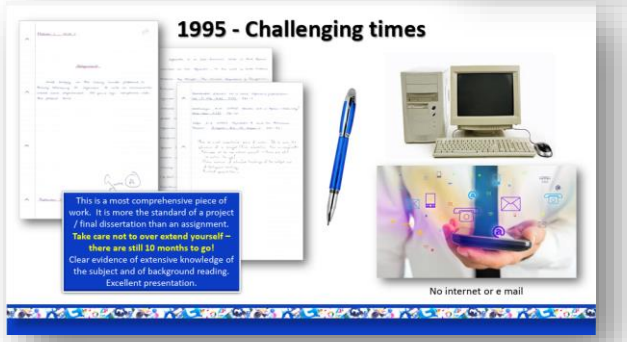
A career in travel medicine



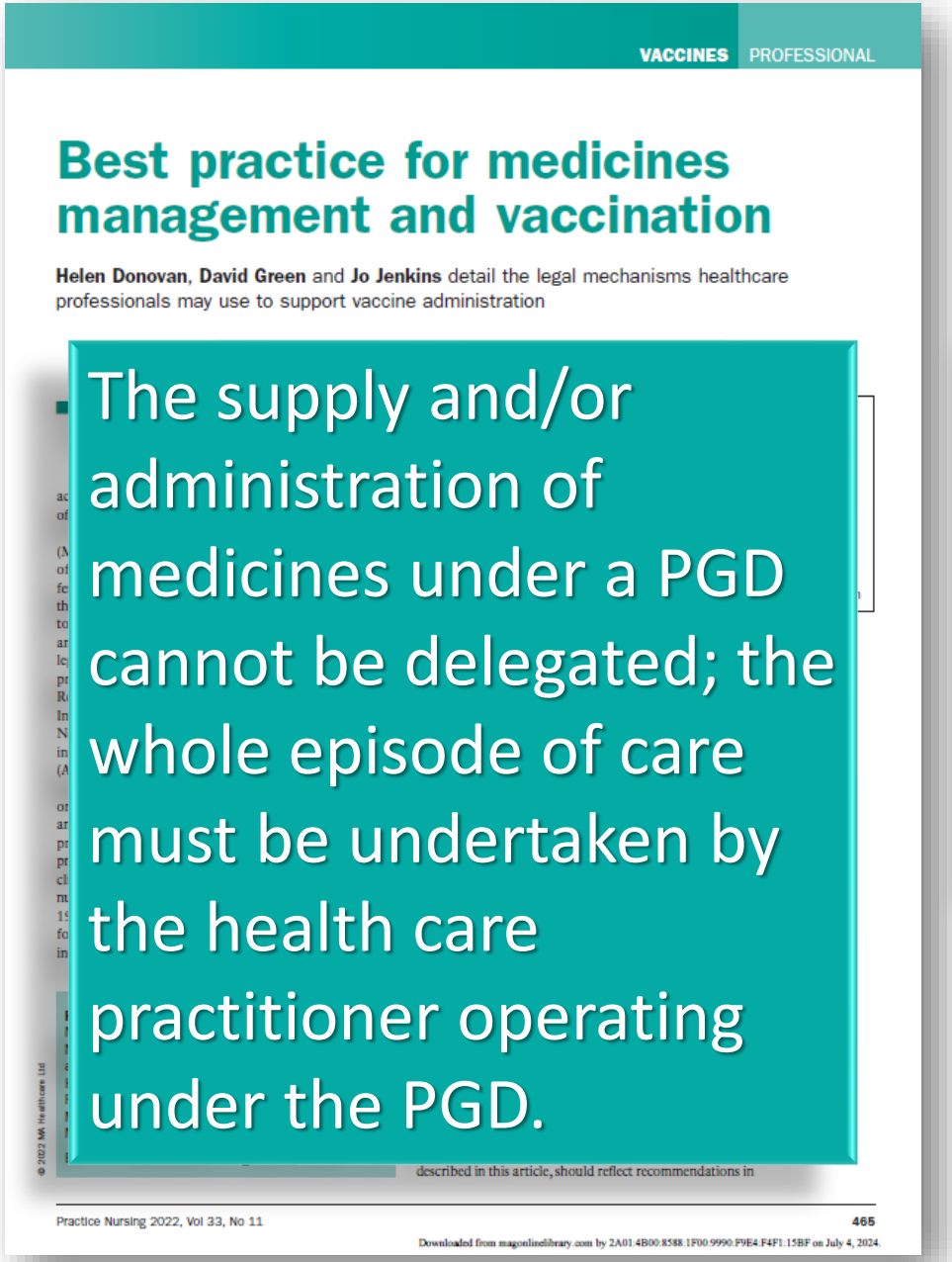


GP mythbuster 107: Pre-travel health services





Legal framework for giving travel vaccines



VACCINES PROFESSIONAL

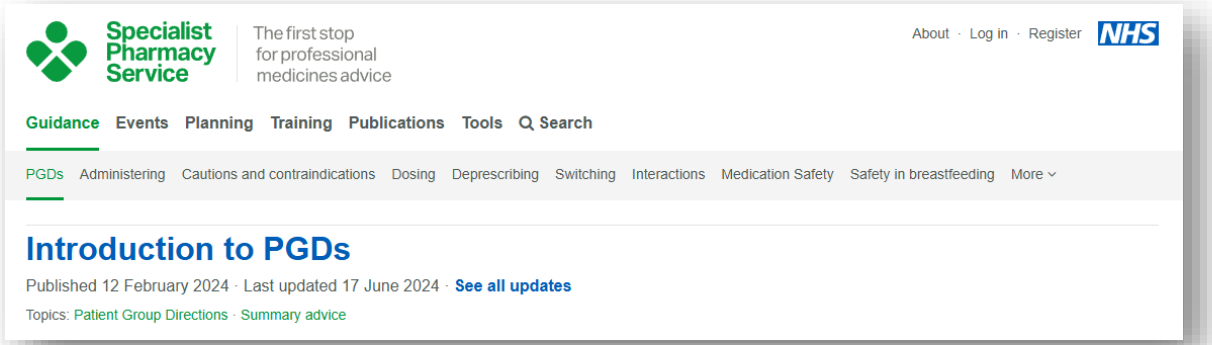
Best practice for medicines management and vaccination

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

- ✓ 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



Specialist Pharmacy Service — The first stop for professional medicines advice

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PGDs Administering Cautions and contraindications Dosing Deprescribing Switching Interactions Medication Safety Safety in breastfeeding More

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

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-and-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-ifh.org.uk/programmes/immunisation/. It is acknowledged that of recent times, HCSWs' 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 risk assessment by a RHCP is required prior to travel, and Yellow Fever vaccine must be given by a RHCP. This leaves the guidance open to interpretation that perhaps a HCSW *could* give a travel vaccine but only under supervision and by means of a Patient Specific Direction. However, RCN guidance stipulates that travel health care should be delivered by registered health care practitioners, including nursing associates. Preparation to deliver travel health services requires a minimum two days of training plus mentorship. Attention should be paid to this new national guidance. I hope, given the fact that pre travel health care is so complex, that practices DO NOT consider that undertaking travel vaccines is an appropriate task for HCSWs to undertake.

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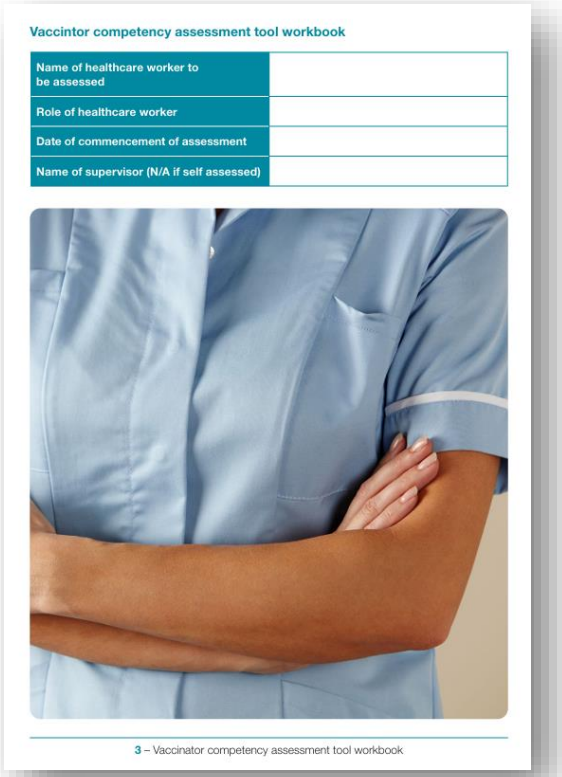
NEW IMPORTANT MALARIA INITIATIVES

I discussed the rise of malaria cases in travellers returning to the UK earlier this year and the important need to provide malaria prevention advice to travellers. The total number of cases for 2023 was 2,106, the highest seen in the UK since 2001. The group disproportionately affected are those visiting friends and relatives (VFRs) and the highest risk destinations for UK travellers in 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://malarianomore.org.uk/world-malaria-day-2025). Dr Diana Ayoola Mabayoje, Consultant in Infectious Diseases and Microbiology at Barts 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.africansagainstmalaria.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.

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.learnupon.com/store/4412778-3-malaria-matters. ♦



Vaccintor 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)	

What about Nursing Associates?

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)

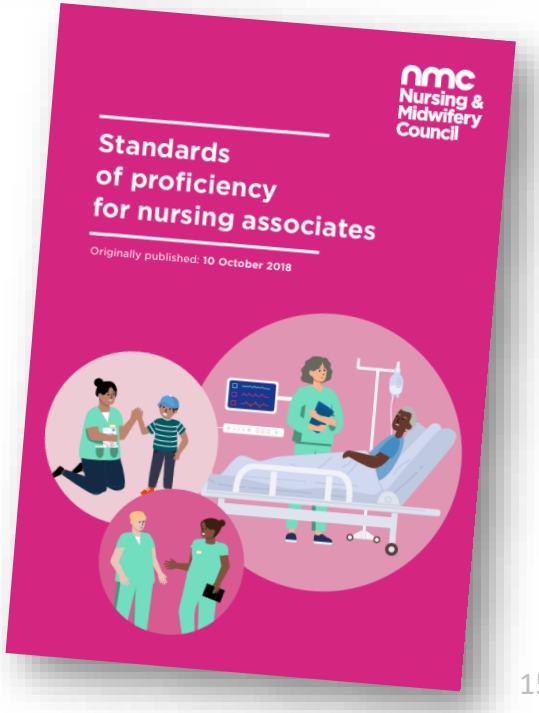
The Nursing Associate and Travel Health

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)



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

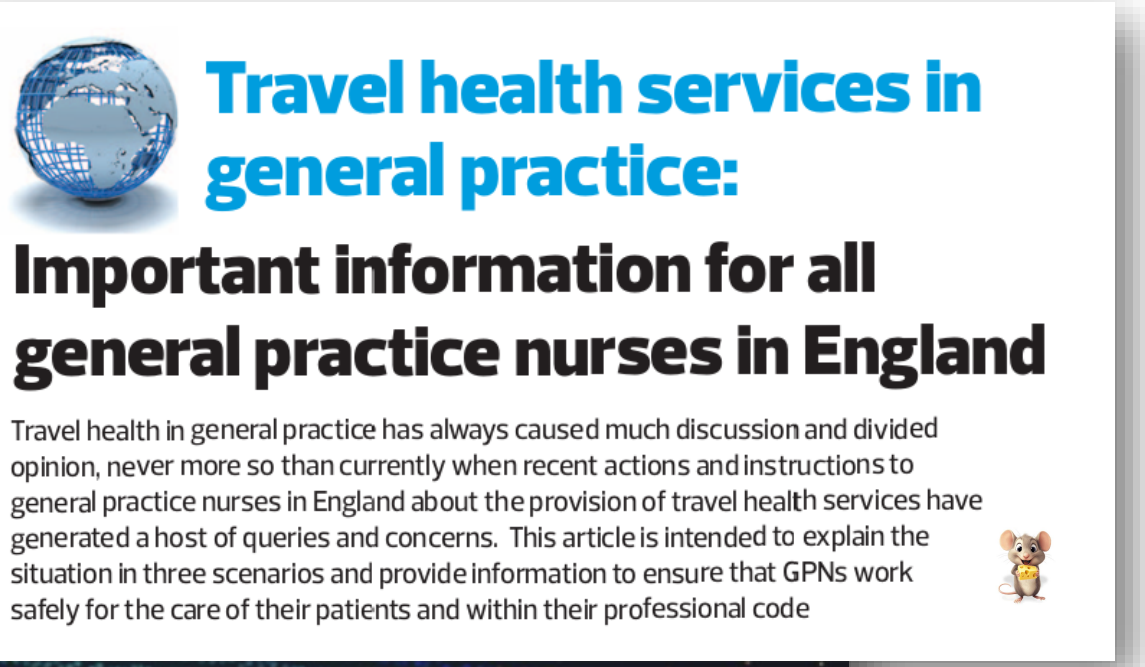
- Non - NHS or private work
- Inquests
- Regulatory and disciplinary proceedings
- Employment and contractual disputes
- GMC / NMC enquiries
- CQC investigations
- A Breach of Data Protection Regulations

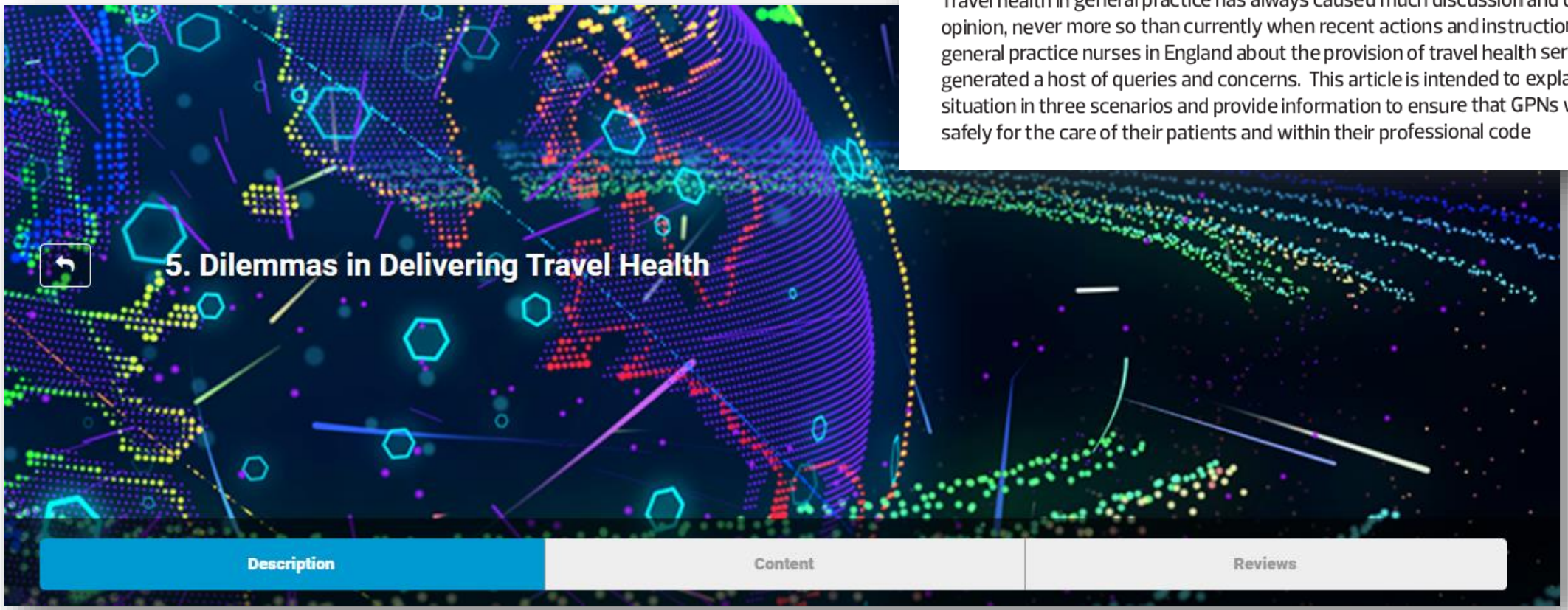
Additional cover is needed if you give private travel vaccines e.g. the RCN

What's covered by CNSGP? - NHS Resolution

Indemnity Scheme | Royal College of Nursing (rcn.org.uk)

Resources to help and support you in practice





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/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, 1 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

Travel Health Clinical

Frequently asked questions about NHS travel immunisation

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

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

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

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

To undertake travel consultations, registered nurses should study an initial two-day introductory course in travel health, as described in national guidance.[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 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.

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

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

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

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

Here follows some information which addresses

www.independentnurse.co.uk

September 2025 | Independent Nurse | 31

Tetanus

Anonymous member
4 December 2025 ·

Recent travel update.

Tetanus vaccine is PRIVATE SCRIPT. o is a recommendation for that country then we can't give tetanus unless they are no with the UK schedule of 5.

Is this everyone's understanding??

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

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Travel vaccinations

Travel vaccination advice

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

November 2012

GPC
General Practitioners Committee

Focus on travel immunisations

Guidance for GPs

BMA

Care Quality Commission

GP mythbuster 107: Pre-travel health services

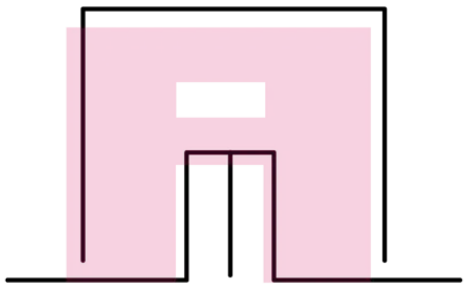
NHS GP practices are required to offer certain vaccinations for the purposes of travel, free of charge. The travel vaccines available on the NHS are provided because they protect against the diseases thought to be the greatest risk to public health, if brought into this country. These are:

- 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

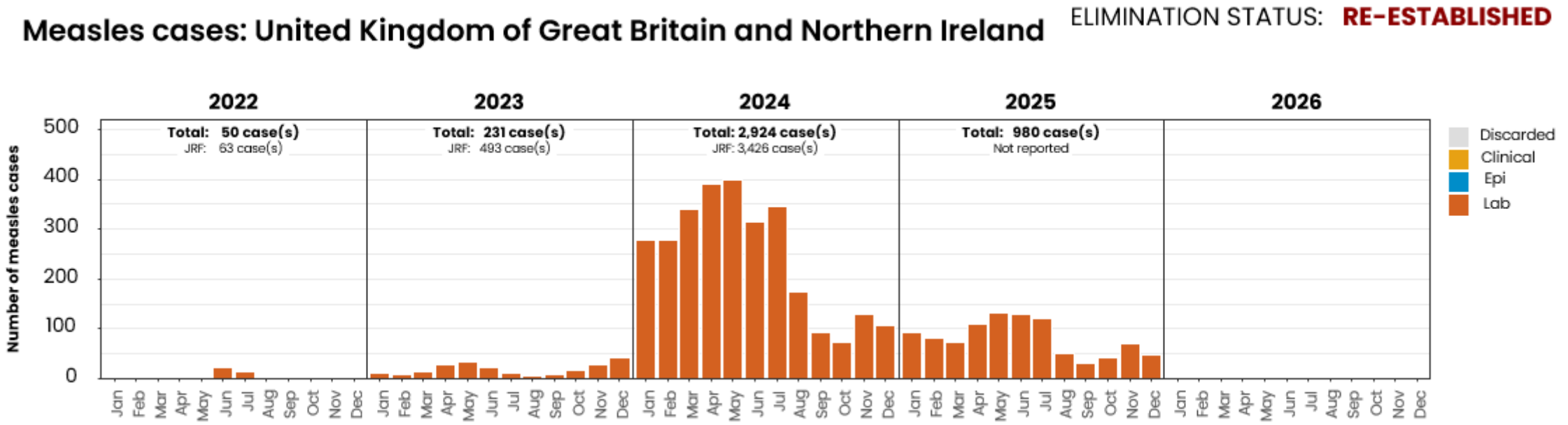


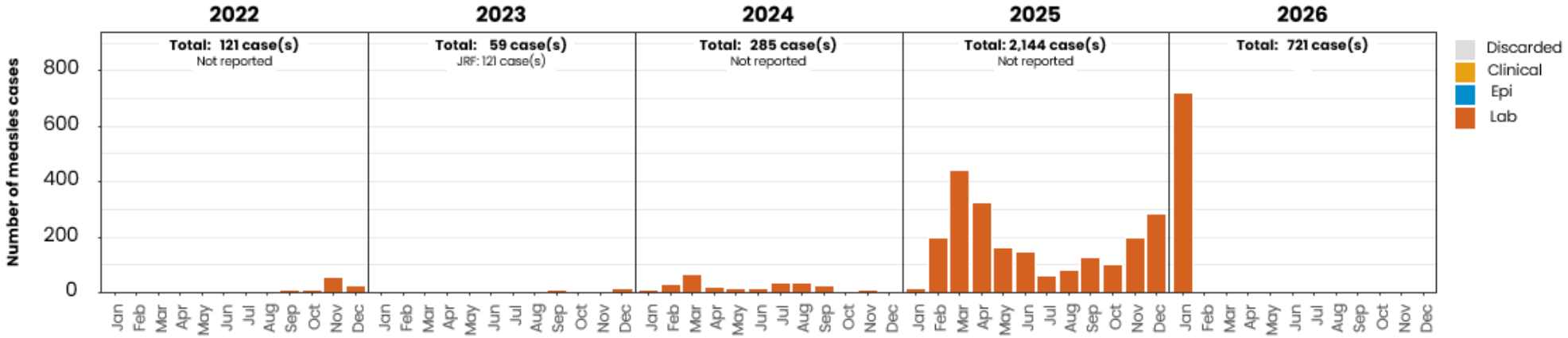
Think Measles!
Travel Advice

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)





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.

Information requests | How we use your data | Careers

NHS Resolution

Temporary cover agreed
1 August 2025 to 31 March 2026

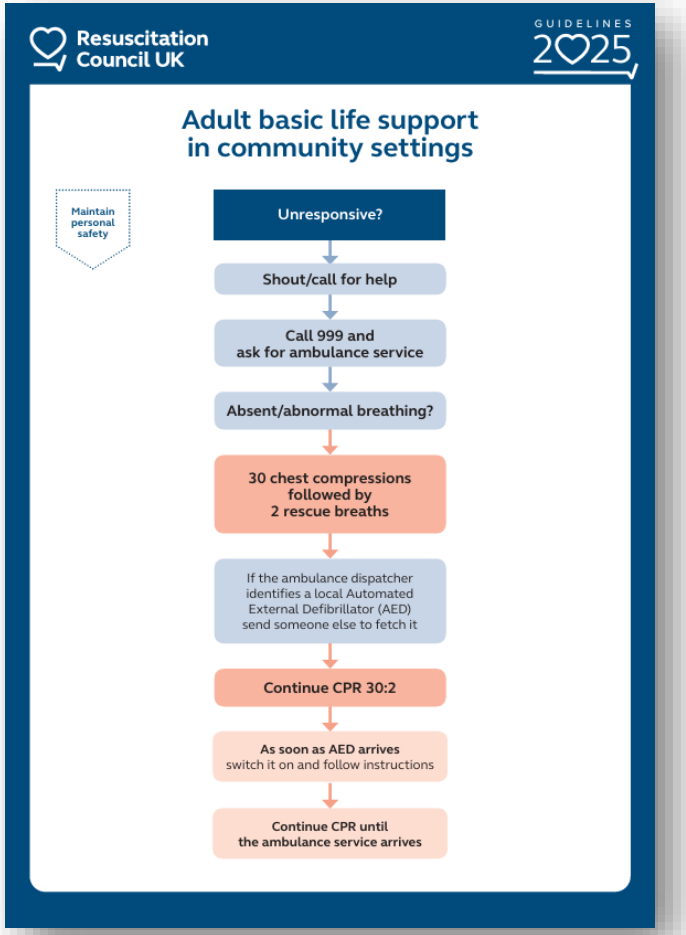
MMR vs MMRV and travel

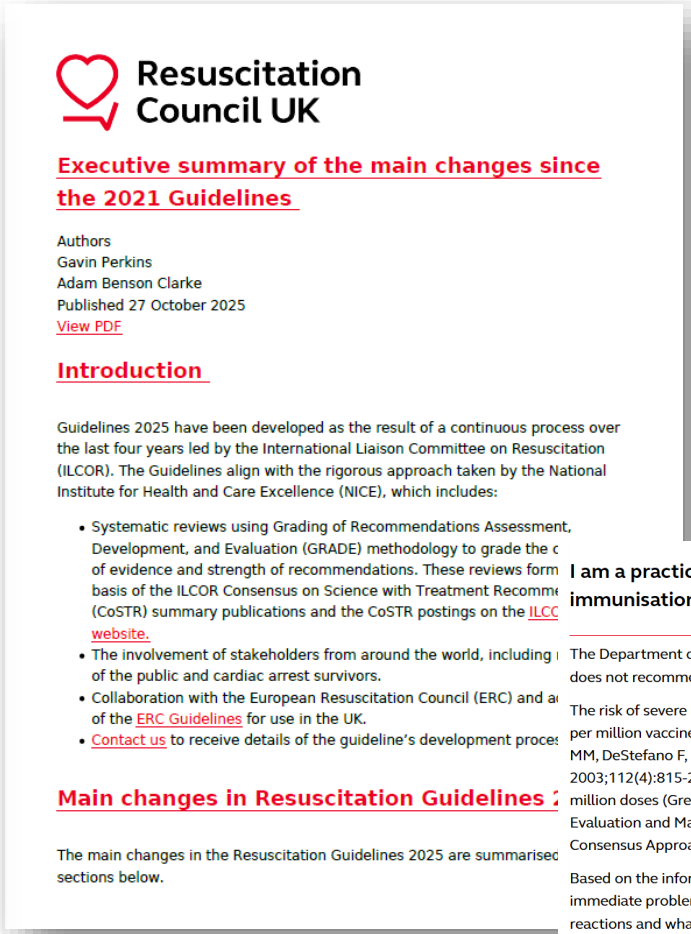
If your pre-travel risk assessment indicates a baby is travelling to an area considered to be of high incidence of measles or there is a local outbreak then

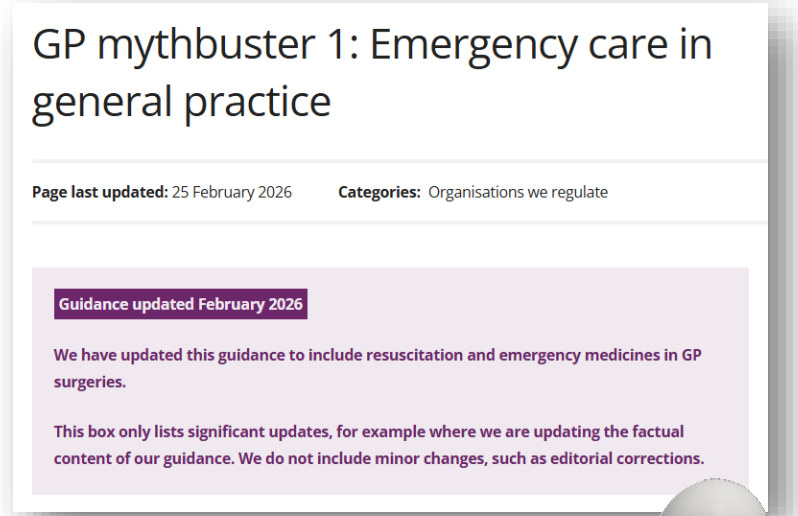
- **If the baby is 6 months then an MMR should be given**
- **If the baby is 9 months or older and there is no MMR vaccine available then an MMRV vaccine can be given.**

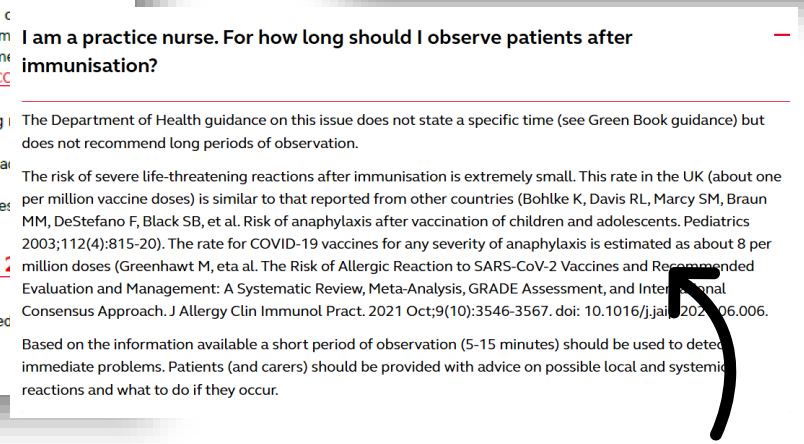
Remember this dose is subsequently discarded and two doses of MMRV should be administered as per the schedule in the National Programme.

Did you know the resuscitation guidelines were updated in 2025?









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

UK Malaria Guidelines for 2026

GOV·UK

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.

'Malaria Matters' course – now fully updated and revised

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 over hauling 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	Topics
Jan/Feb	World Malaria Report for 2025; Methanol poisoning; Consent – Green Book Chapter 2 Update
****	

Travel update

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.jane\2chiodini.co.uk/help/malaria/, and consider taking my malaria course at https://janechiodini.learnupon.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

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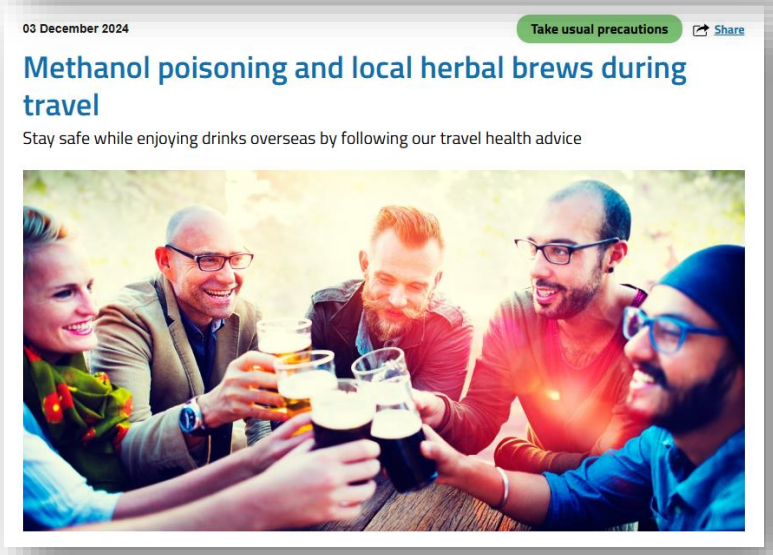
www.facebook.com/TravelHealthTraining

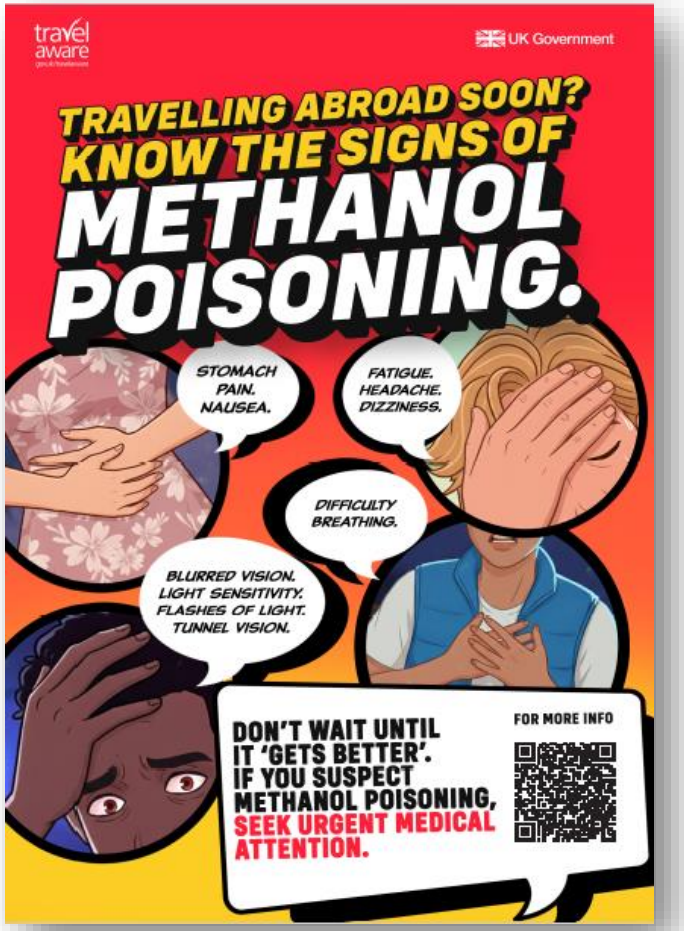
Orpington, along with five others, after consuming free shots at a hostel in Laos. Now the Foreign, Commonwealth and Development Office (FCDO) has published helpful advice to travellers on its Travel Aware site, entitled 'Spiking and methanol poisoning,' at https://travelaware.campaign.gov.uk/spiking-and-methanol-poisoning/. 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.

CONSENT – GREEN BOOK CHAPTER 2 UPDATE

While the new Green Book (GB) chapter does not fundamentally change the legal 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 for which informed consent has been gained 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://clhtraininghub.co.uk/wp-content/uploads/2025/12/25-12-03-Advice-on-consent-to-immunisation-FINAL-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/travel-update-july-2025 . ♦



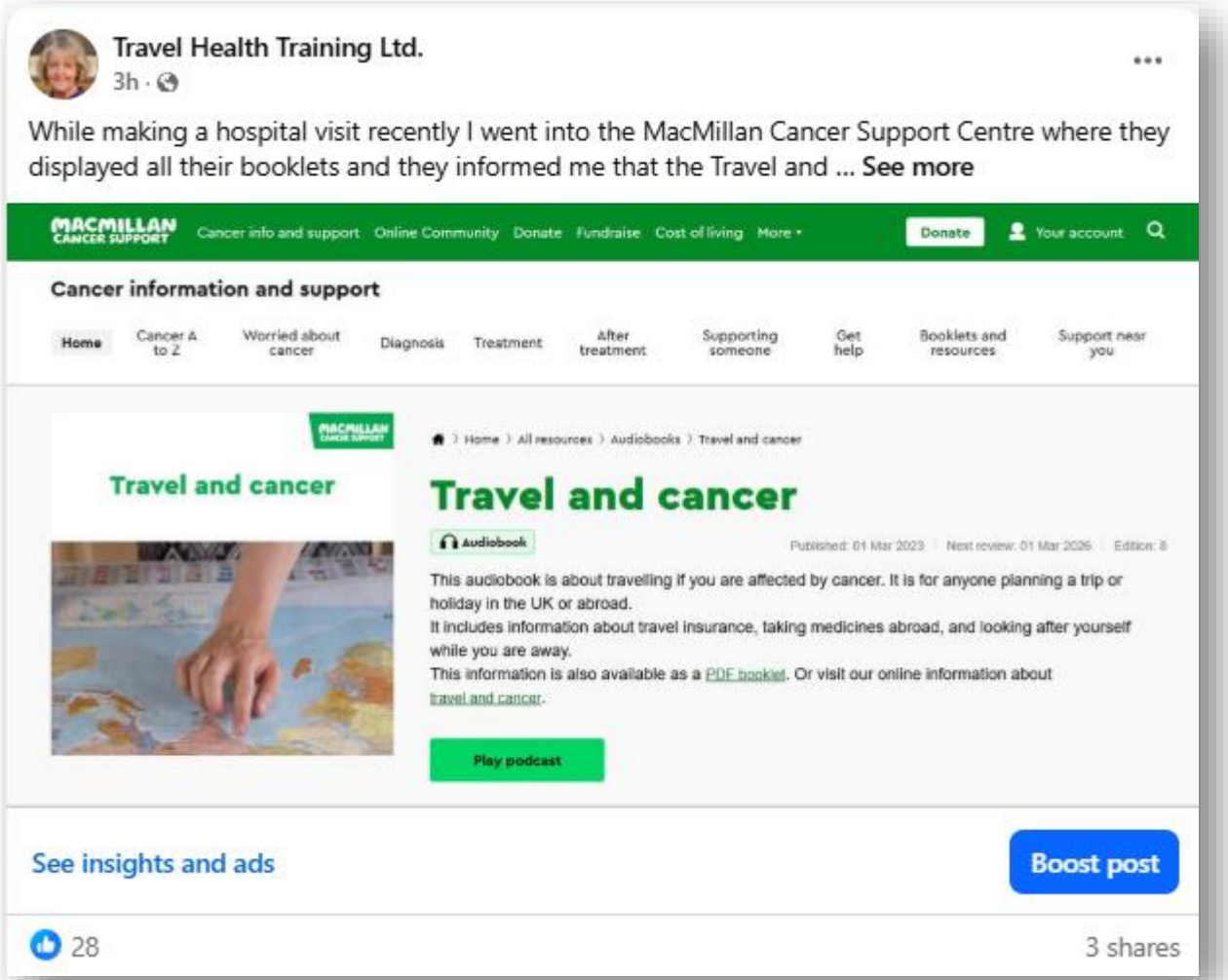
Methanol poisoning



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


MACMILLAN CANCER SUPPORT
Travel and cancer
In partnership with
ROYAL COLLEGE OF PHYSICIANS AND SURGEONS OF GLASGOW
TRAVEL MEDICINE


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
MACMILLAN CANCER SUPPORT
Cancer info and support
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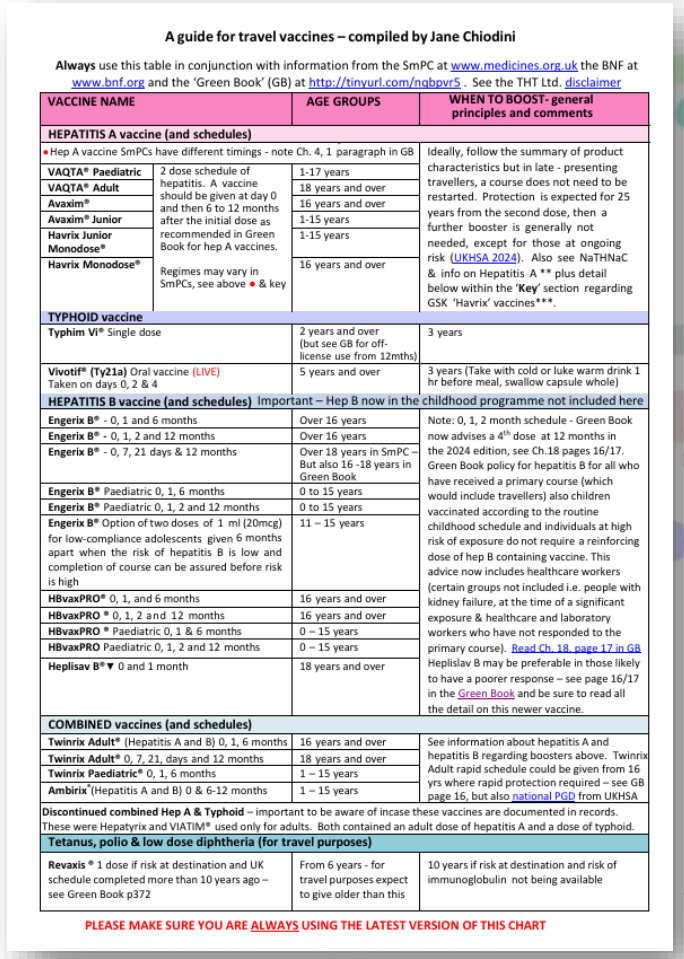
Cancer A to Z
Worried about cancer
Diagnosis
Treatment
After treatment
Supporting someone
Get help
Booklets and resources
Support near you
Home › All resources › Audiobooks › Travel and cancer
Travel and cancer
Travel and cancer
Audiobook
Published: 01 Mar 2023
Next review: 01 Mar 2026
Edition: 8
This 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.
Play podcast
See insights and ads
Boost post
28
3 shares

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/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, 1 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

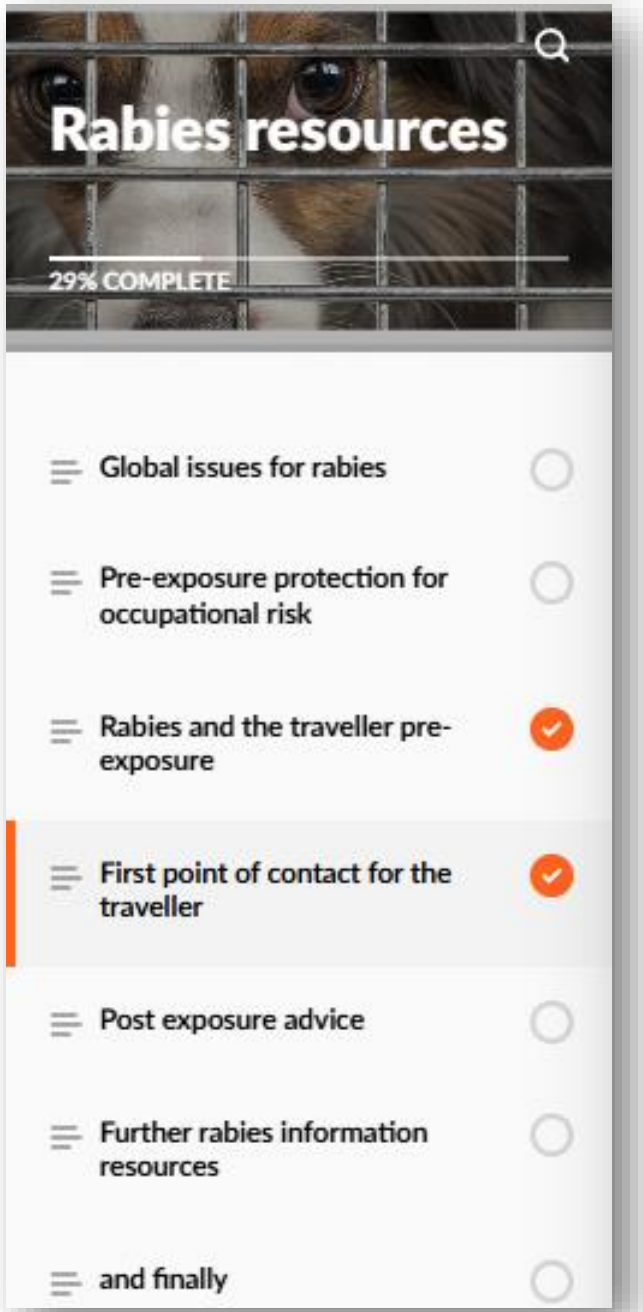
Currently 14 different products!

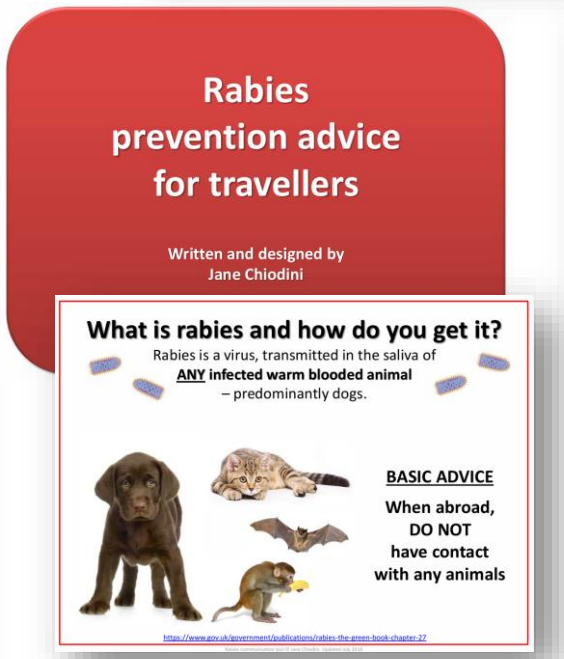
59 year old lady

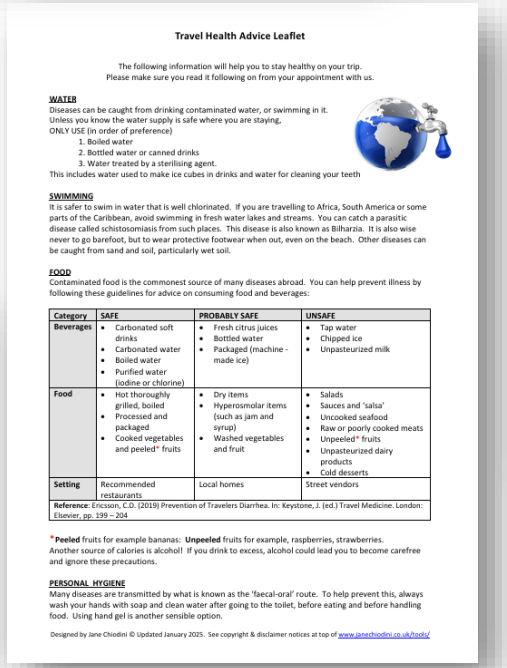
Scratched by a puppy while on holiday in Morocco in February 2025

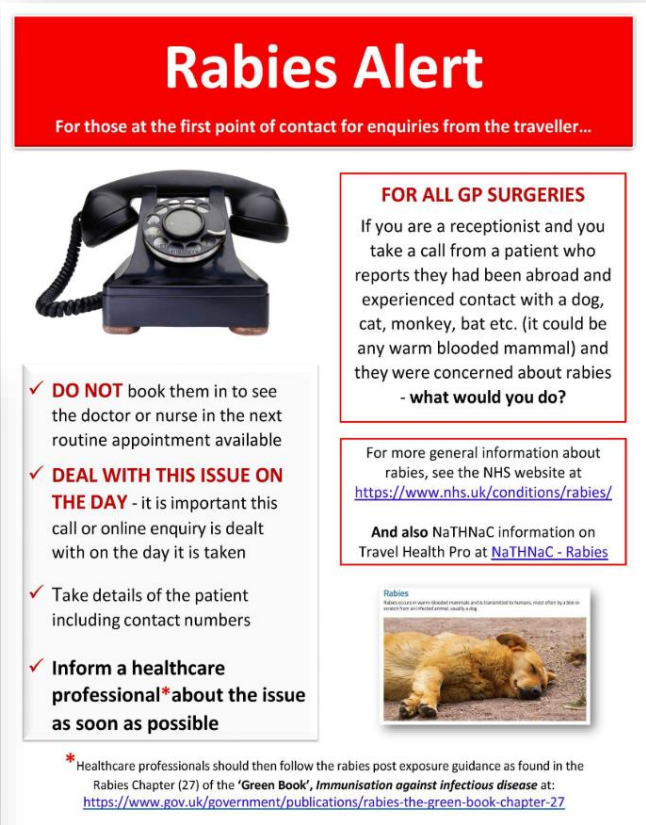
Developed symptoms two weeks prior to her tragic death in June 2025

Education pre travel essential in all travellers visiting risk areas









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

Risk of falsified rabies vaccine – an update

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

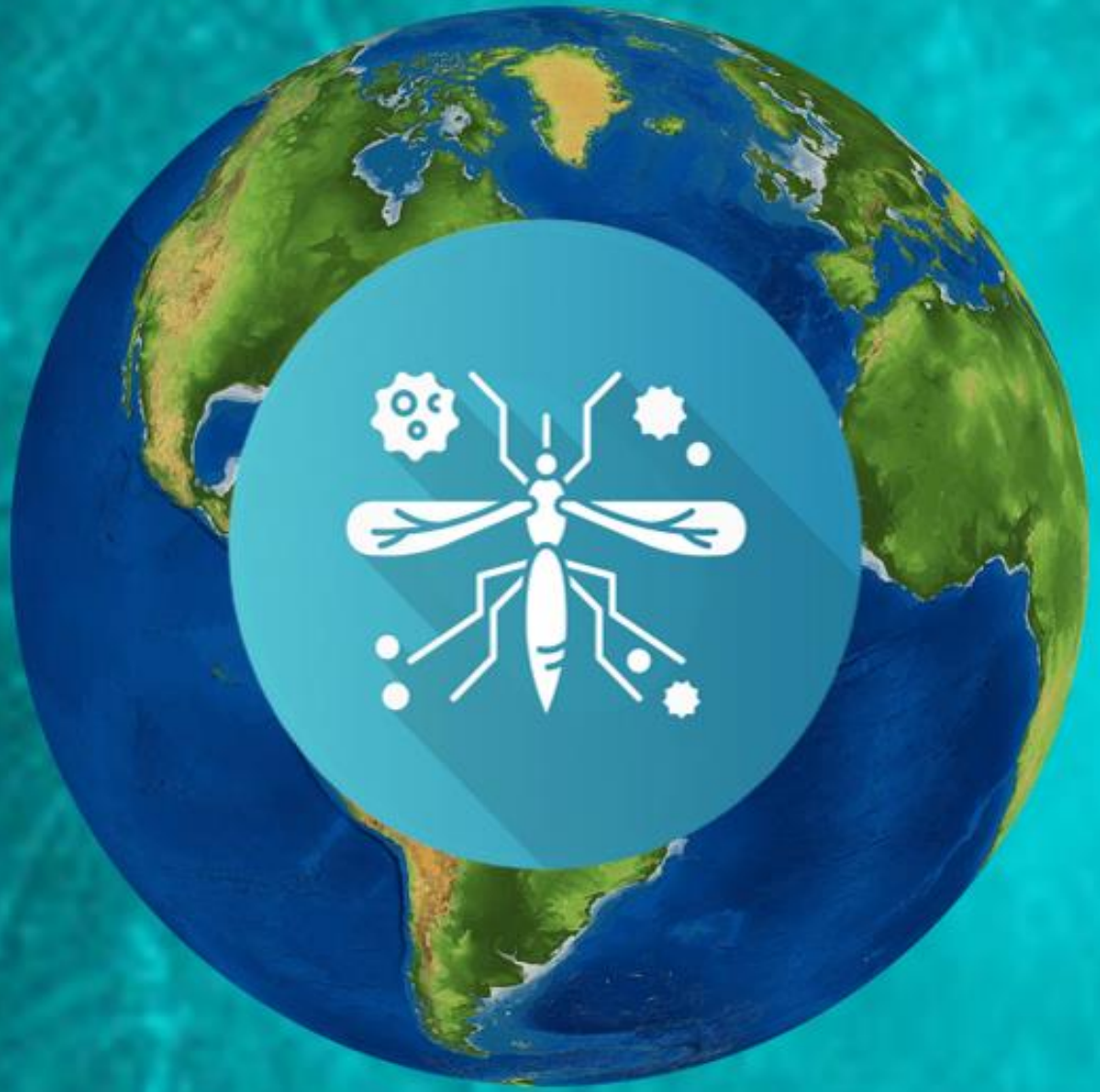
- Booster doses are determined based on the risk of exposure and on serological tests to detect the presence of rabies virus-neutralising antibodies (≥ 0.5 IU/ml). A booster dose consists of one dose of 0.5 mL given by intramuscular route or one dose of 0.1 mL given by intradermal route in accordance 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)).

SmPC for Verorab

However Green Book guidance is not yet available

NaTHNaC news item on rabies vaccine

- 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 Biters

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

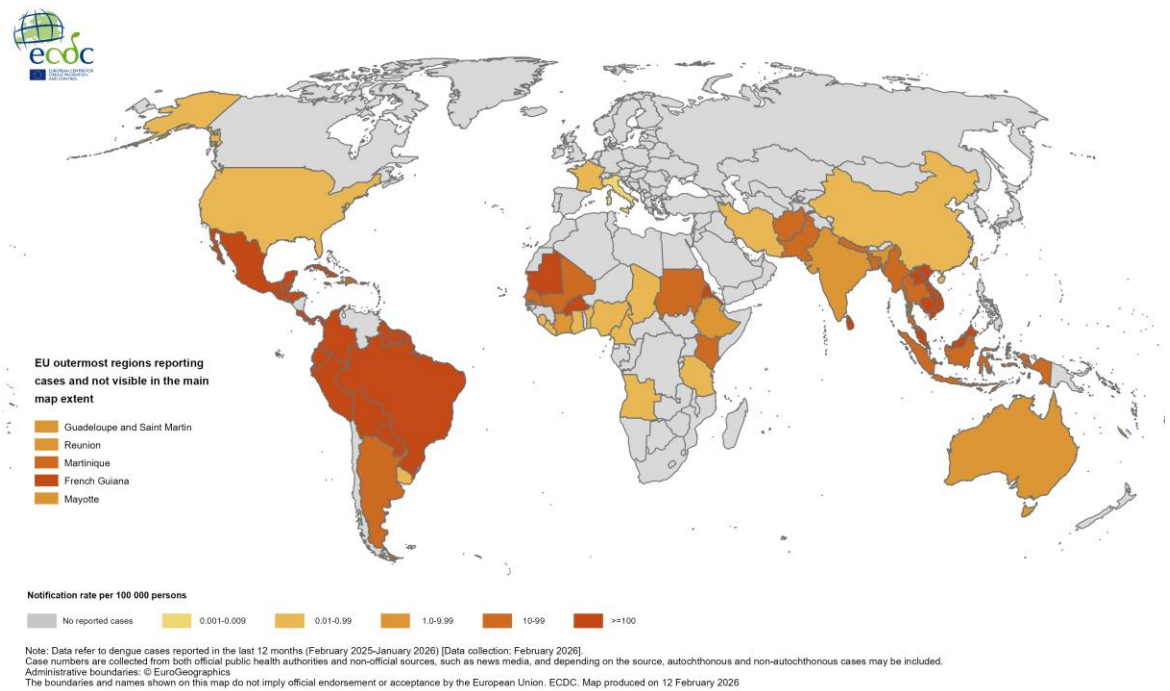
** Bite precautions should be maintained during daylight hours both indoors and outdoors

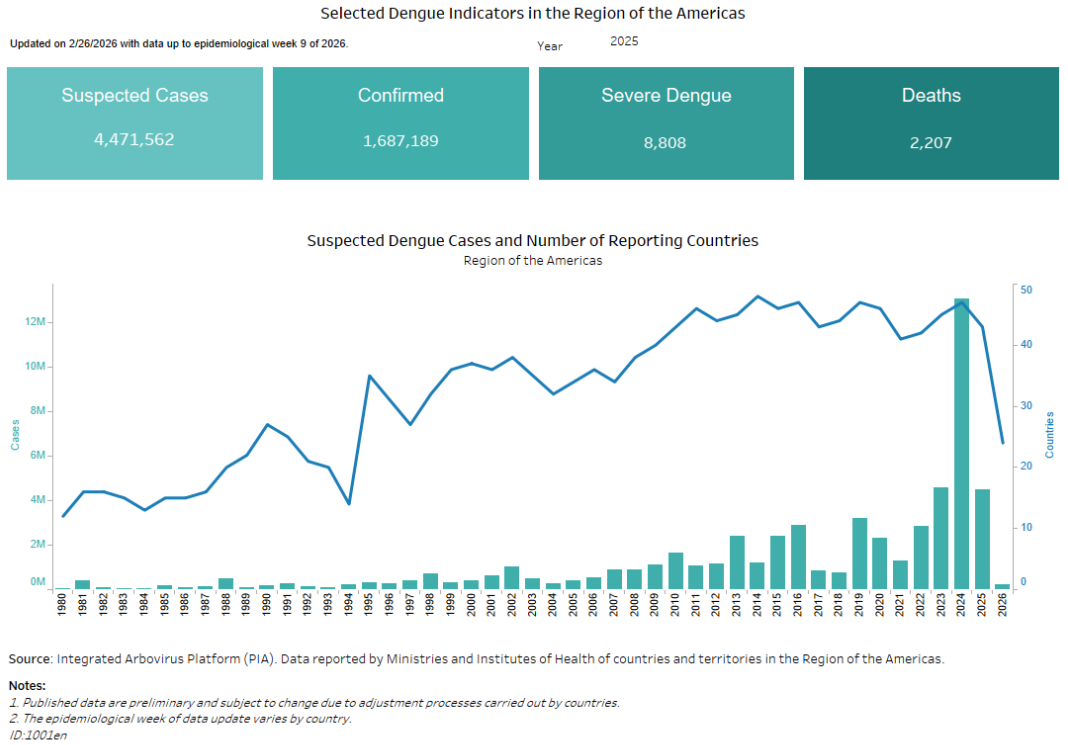
Predominantly dusk to dawn*	Insect species
Malaria	Anopheles spp.
Japanese encephalitis	Culex spp.
West Nile Virus	Culex spp.

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





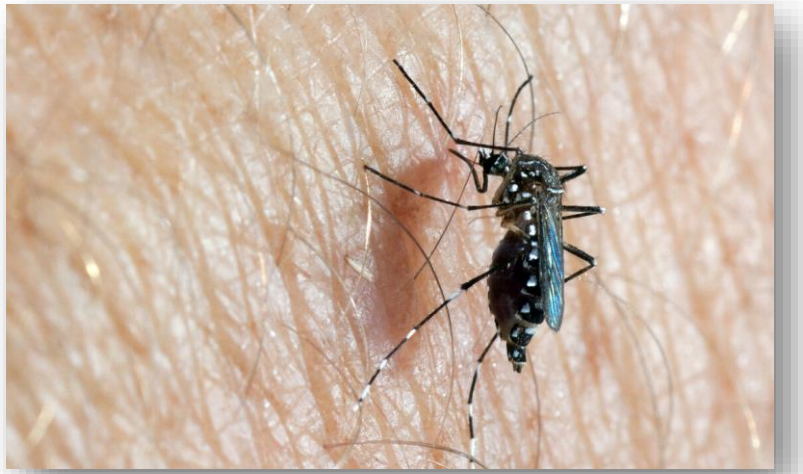
In 2025 countries in Europe have reported cases of dengue: **France** (29), **Italy** (four), and **Portugal** (two).

PAHO Pan American Health Organization World Health Organization Americas Region

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

NaTHNaC – Dengue Factsheet

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.

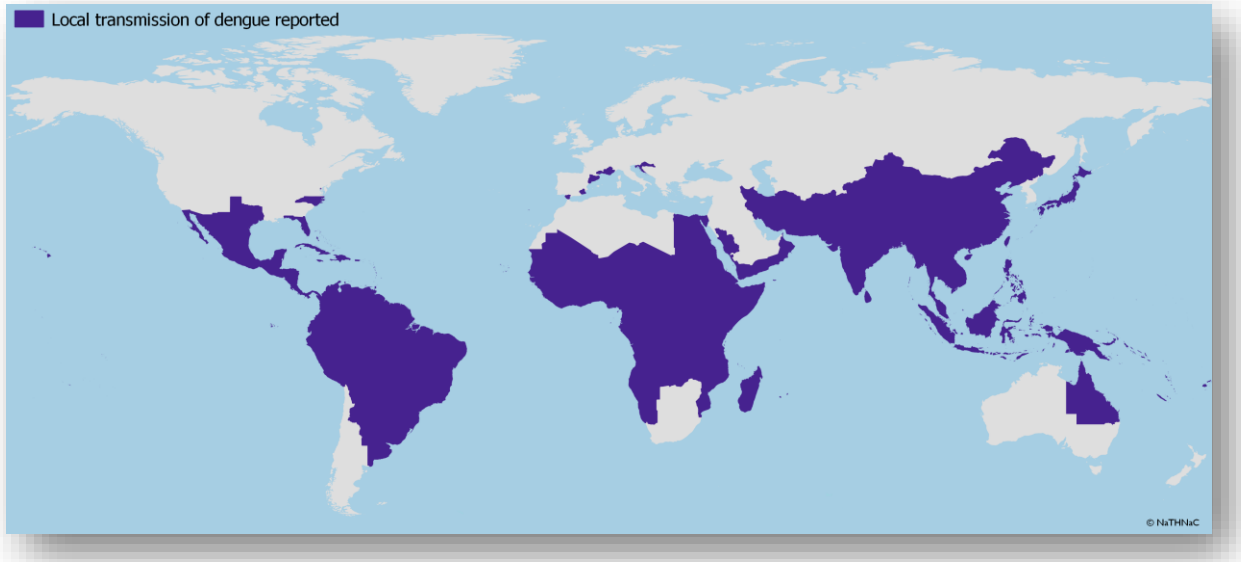
- **For severe dengue, medical care by physicians and nurses experienced with the effects and progression of the disease can save lives – decreasing mortality rates from more than 20% to less than 1%.**
- Maintenance of the patient's body fluid volume is critical to severe dengue care.

Who is this vaccine recommended for?

Primary immunisation

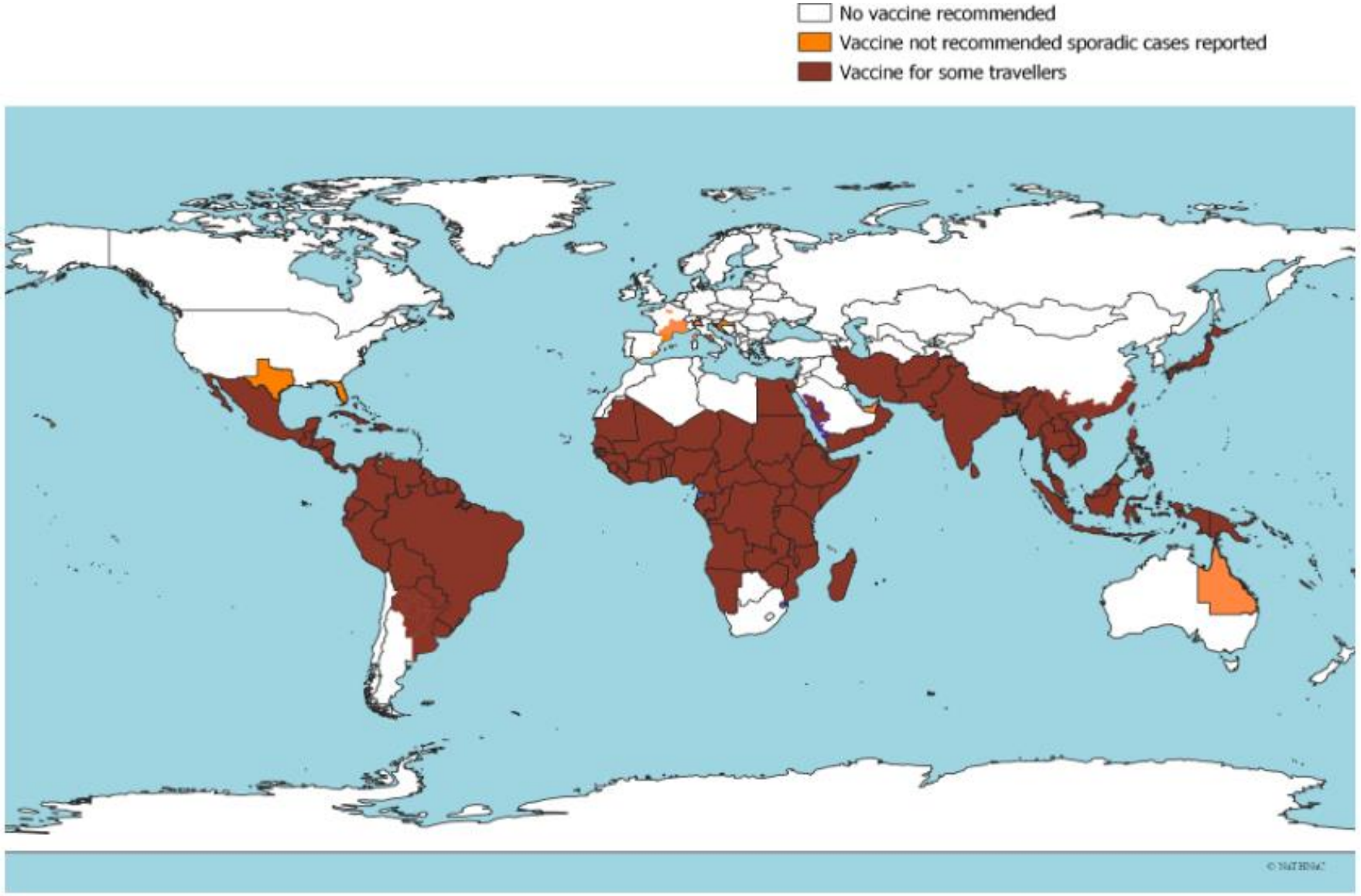
Vaccination can be considered for:

- 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



Dengue Green Book chapter 15a

Map from NaTHNaC indicating where vaccine recommended



NaTHNaC Factsheet on Dengue

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 against[1] serotypes DENV 1 and 2
- Qdenga may not confer protection against DENV 3 and 4 [1]
- 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 dengue[2]

1. Lancet dengue article

2. Dengue Green Book chapter 15a

An explanation – the use of Qdenga®▼

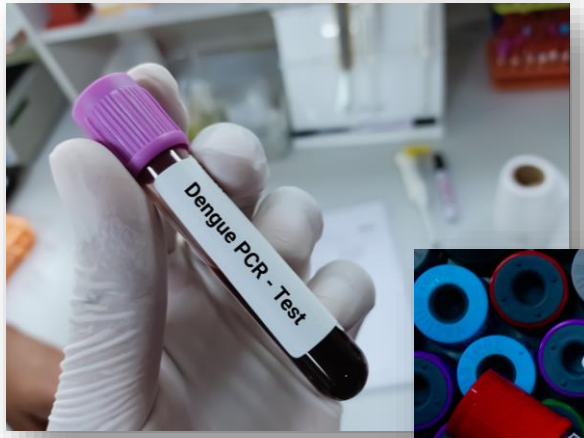
Individuals with no evidence of previous dengue infection (seronegative) continued

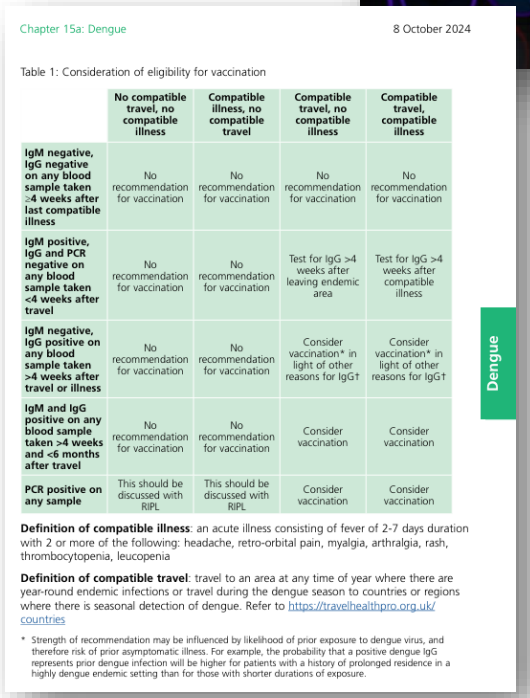
- The vaccine is not recommended in the Green Book guidance
- The trial data are currently insufficient to make a recommendation in these individuals
- JCVI has taken a precautionary approach to its advice for UK travellers, because of a theoretical risk of severe dengue if a seronegative individual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

Dengue Green Book chapter 15a

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 RIPL	This should be discussed with RIPL	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.

Dengue

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

Dengue Green Book chapter 15a

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)

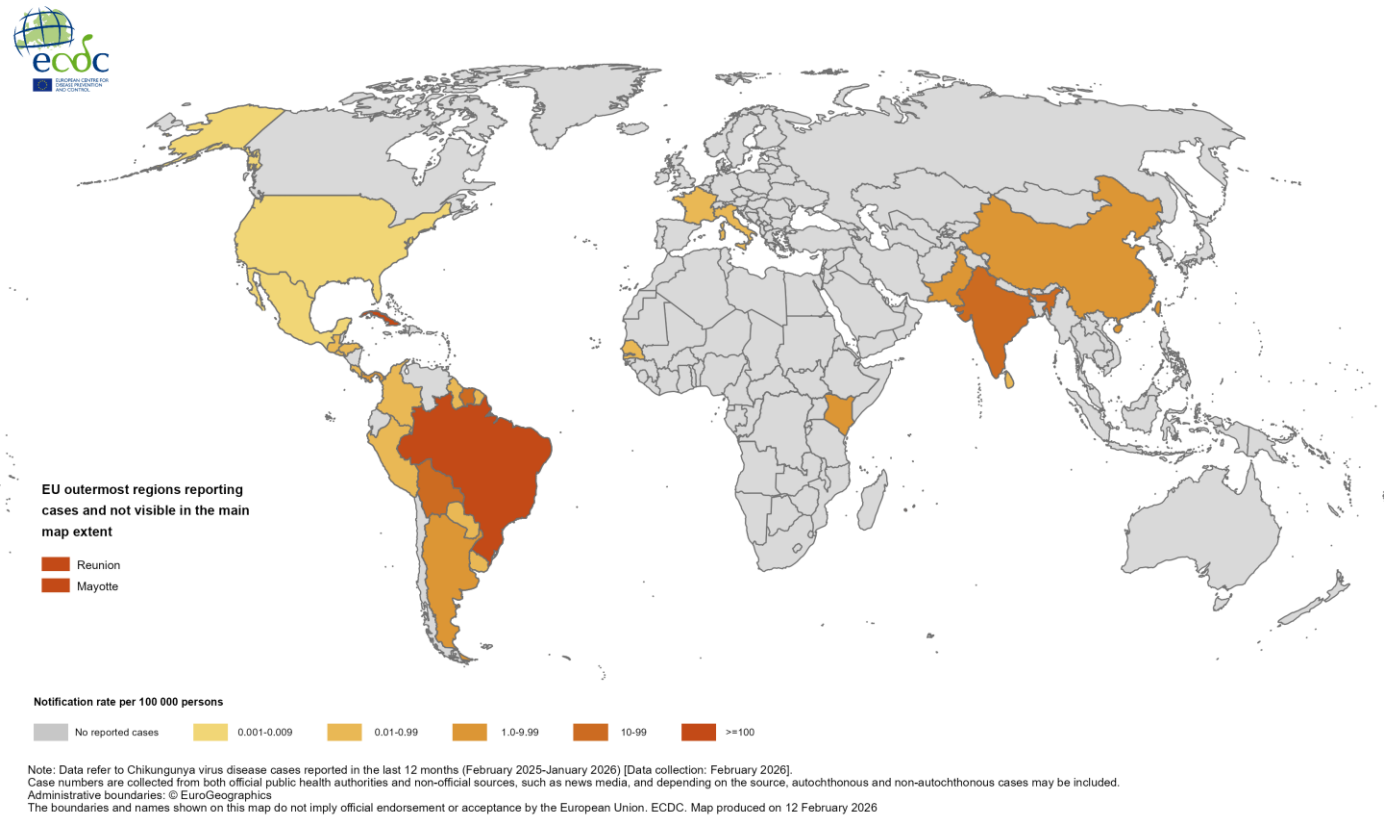
- Severe dengue - an increased risk has also been described in older individuals and those with co-morbidities including asthma, diabetes, obesity, hypertension, renal disease, bleeding disorders, and in those taking anticoagulants. (page 1)

Dengue Green Book chapter 15a

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

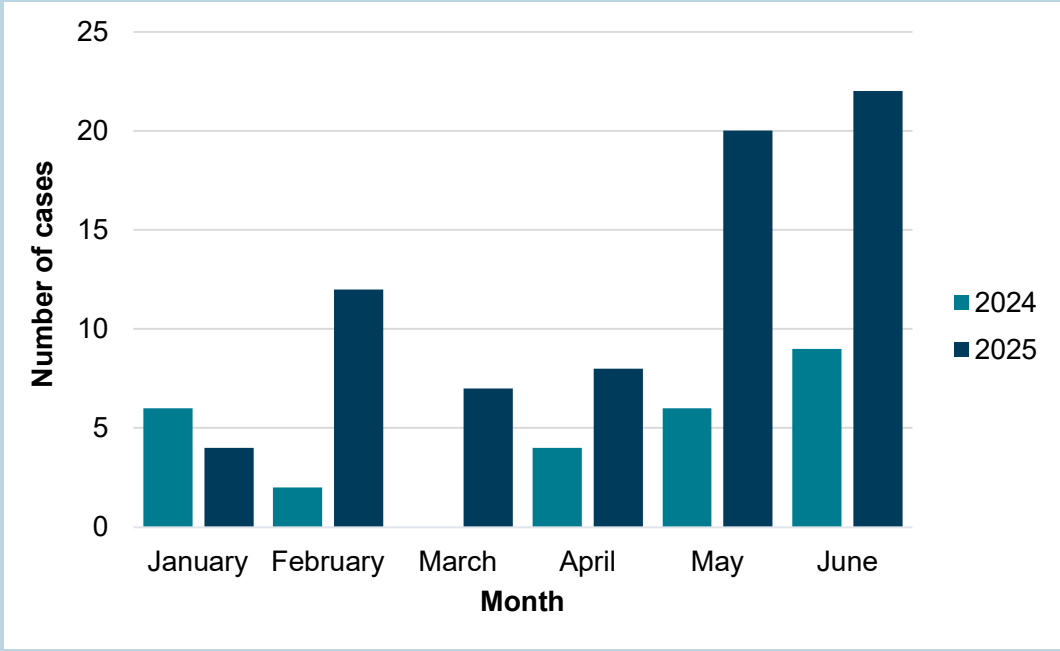
From: UK Health Security Agency

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

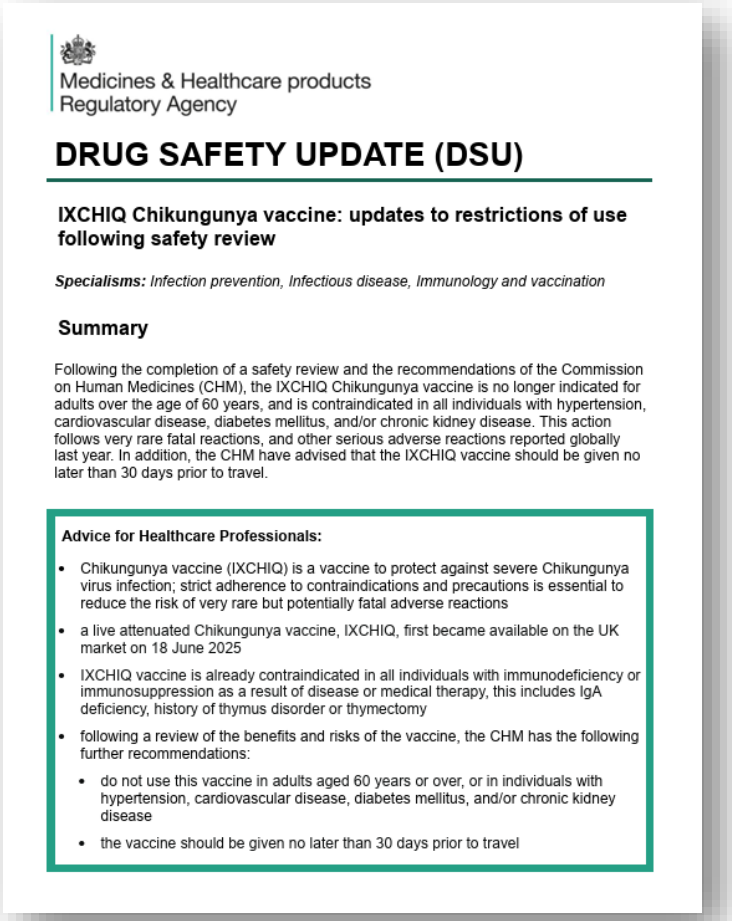
- Europe recommended vaccine to be used only when there is a significant chikungunya risk and after careful consideration of the benefits and risks
- August 2025 FDA suspended the license for IXCHIQ
- So, a safety review was undertaken and in February 2026, the findings were published
- NaTHNaC published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


12 February 2026

Take extra precautions Share

IXCHIQ chikungunya vaccine: updates to restrictions of use

Following a safety review, the MHRA has published details of new precautions and contraindications for IXCHIQ


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

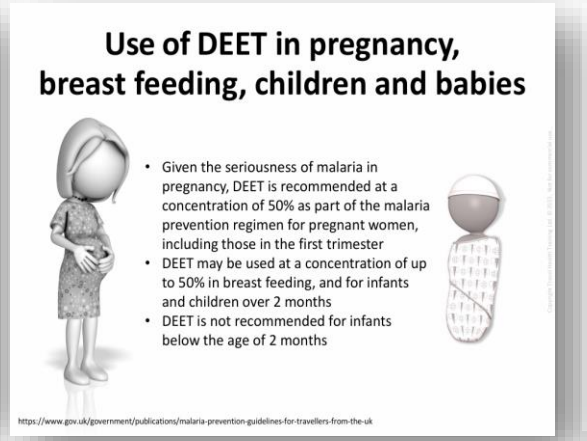
Detailed advice about the use and contraindications of the available vaccines will be available in the green book chikungunya chapter in the coming months. For now, please see the JCVI news item and chikungunya in brief for details.

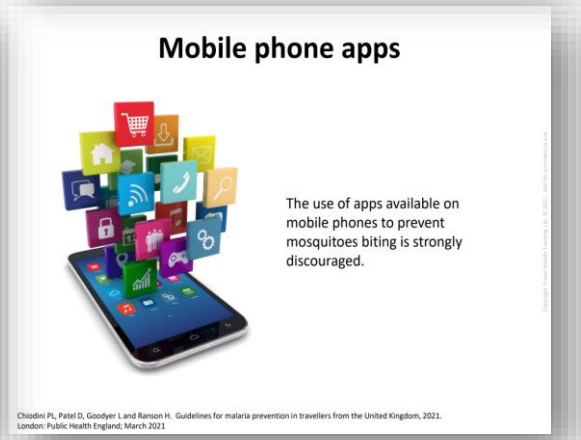
Chikungunya in brief

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.





Item 23 at Tools - Jane Chiodini

What should you be doing in General Practice?

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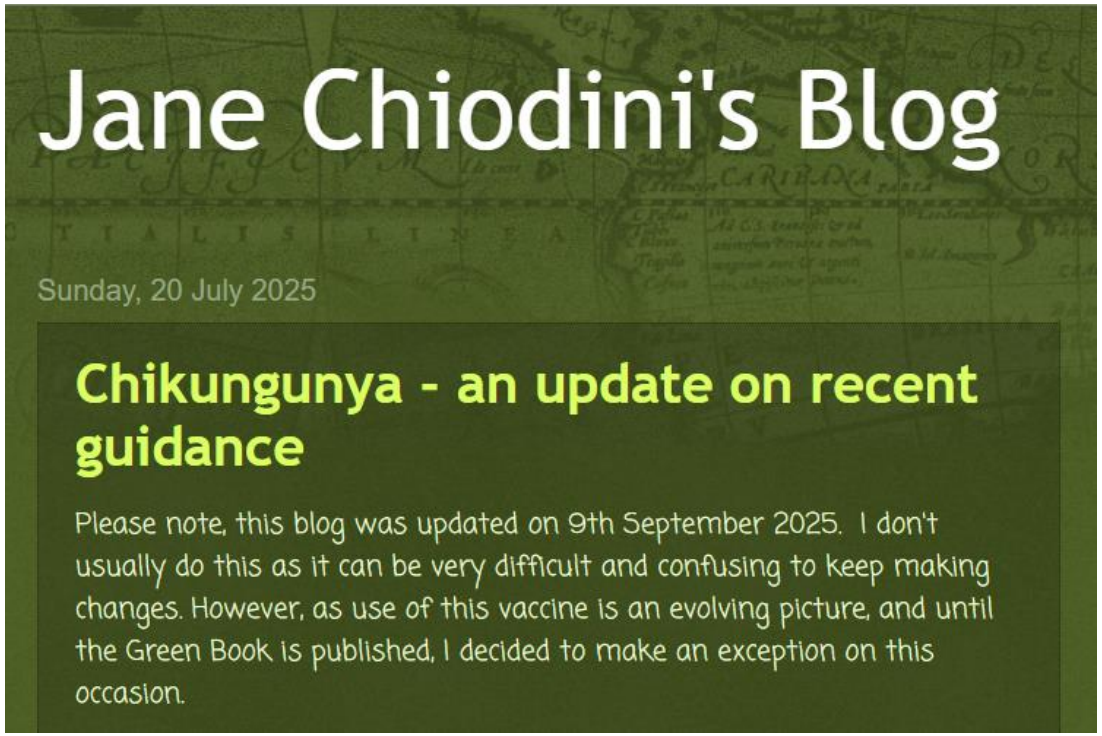
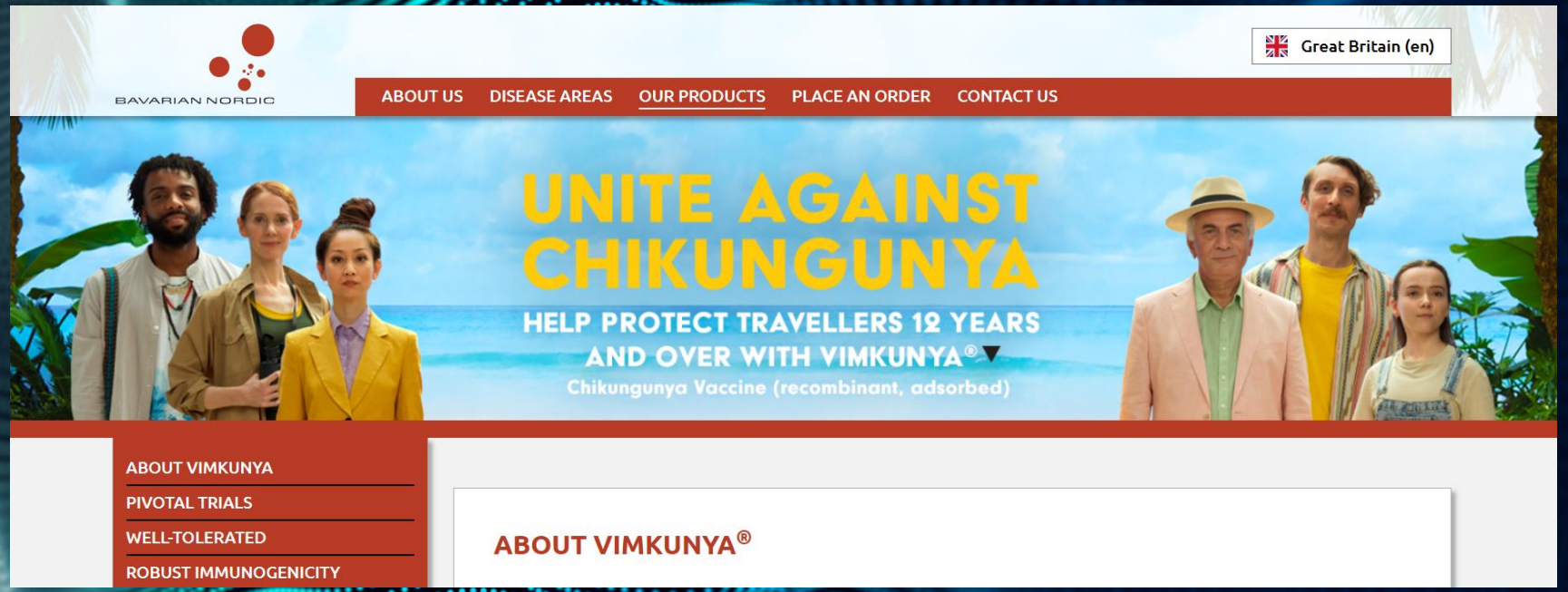
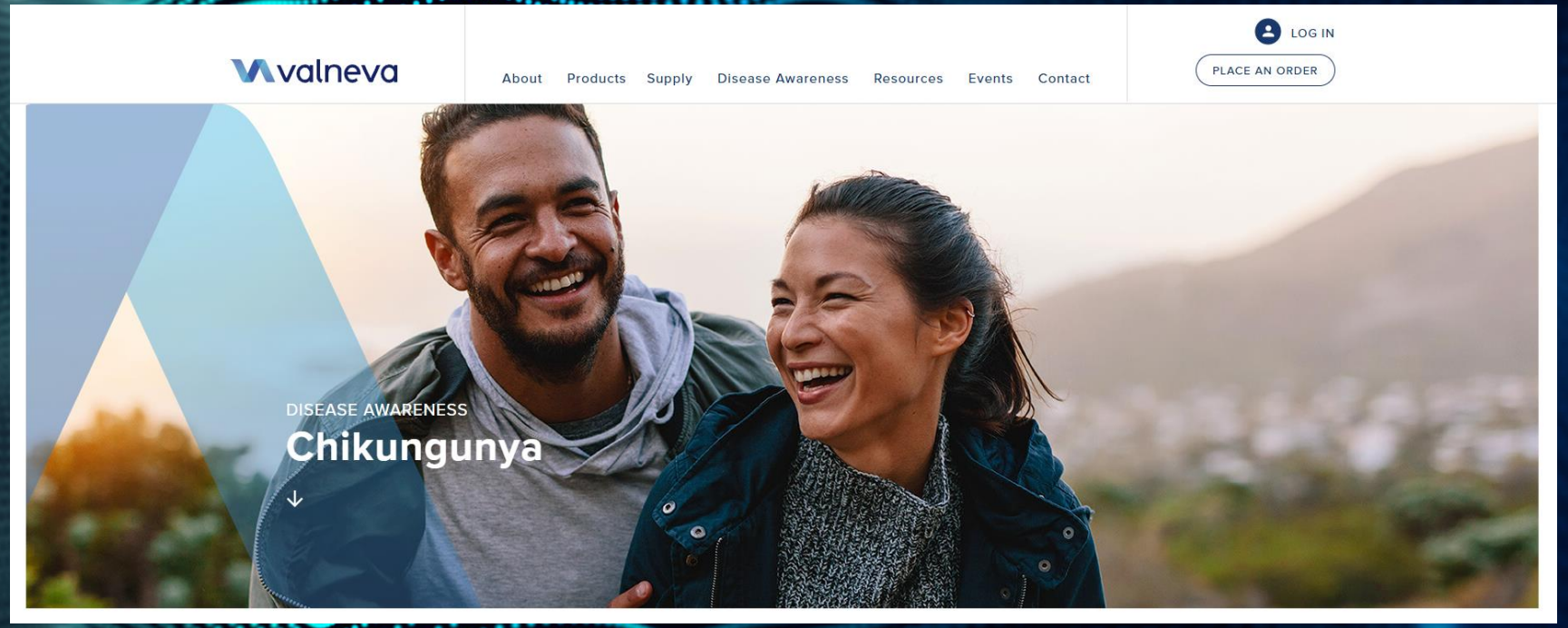


1. Follow the current guidance for use of the vaccines as listed on TravelHealthPro
2. Look out for updates, particularly the Green Book chapter and further NaTHNaC news
3. Document you have advised your traveller
4. Direct them to TravelHealthPro to learn more


BAVARIAN NORDIC
Great Britain (en)
ABOUT US
DISEASE AREAS
OUR PRODUCTS
PLACE AN ORDER
CONTACT US
UNITE AGAINST CHIKUNGUNYA
HELP PROTECT TRAVELLERS 12 YEARS AND OVER WITH VIMKUNYA®▼
Chikungunya Vaccine (recombinant, adsorbed)
ABOUT VIMKUNYA
PIVOTAL TRIALS
WELL-TOLERATED
ROBUST IMMUNOGENICITY
ABOUT VIMKUNYA®


valneva
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Products
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Disease Awareness
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Chikungunya


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

Keeping up to date & Resources

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

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)

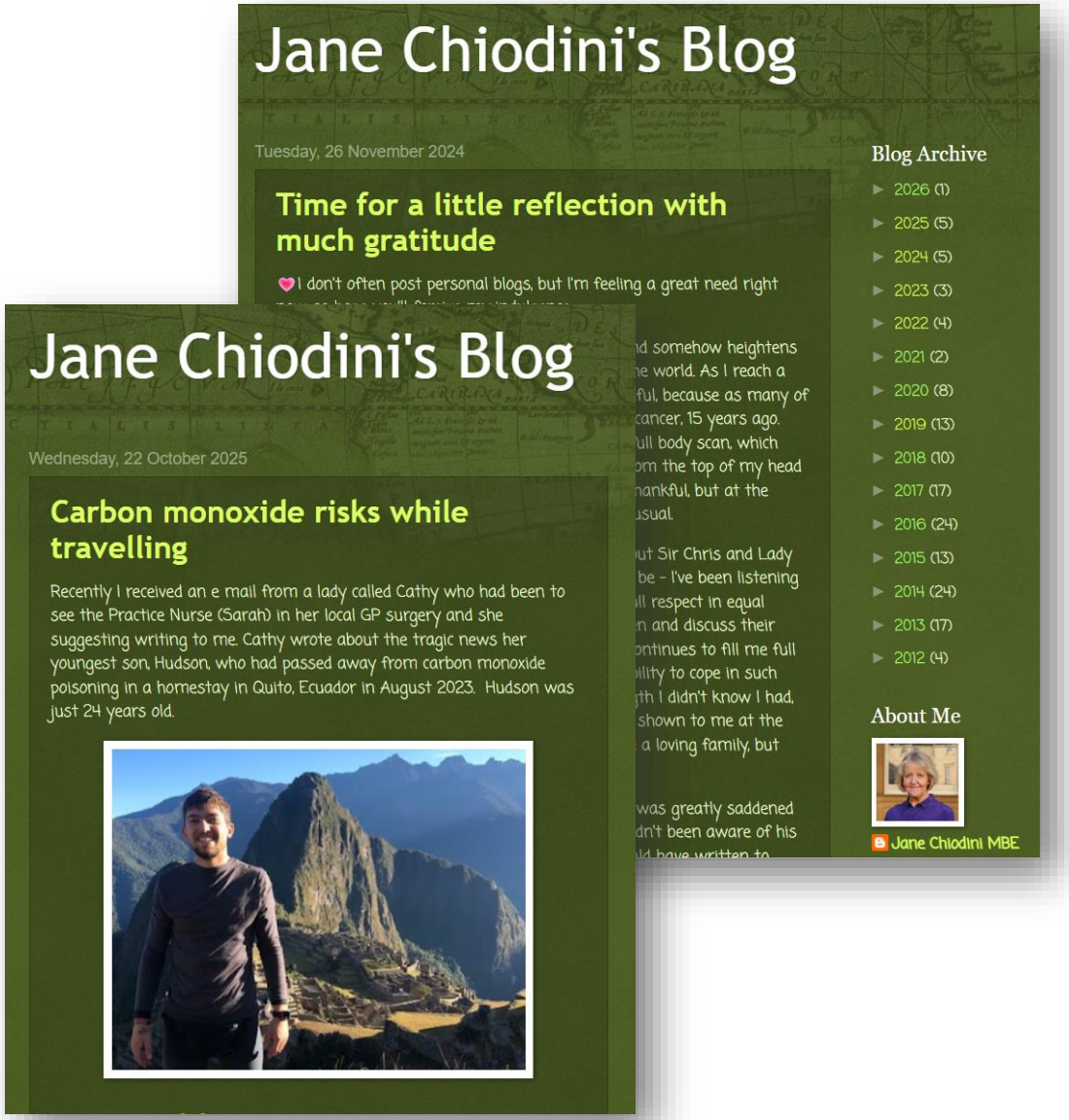
Other resources

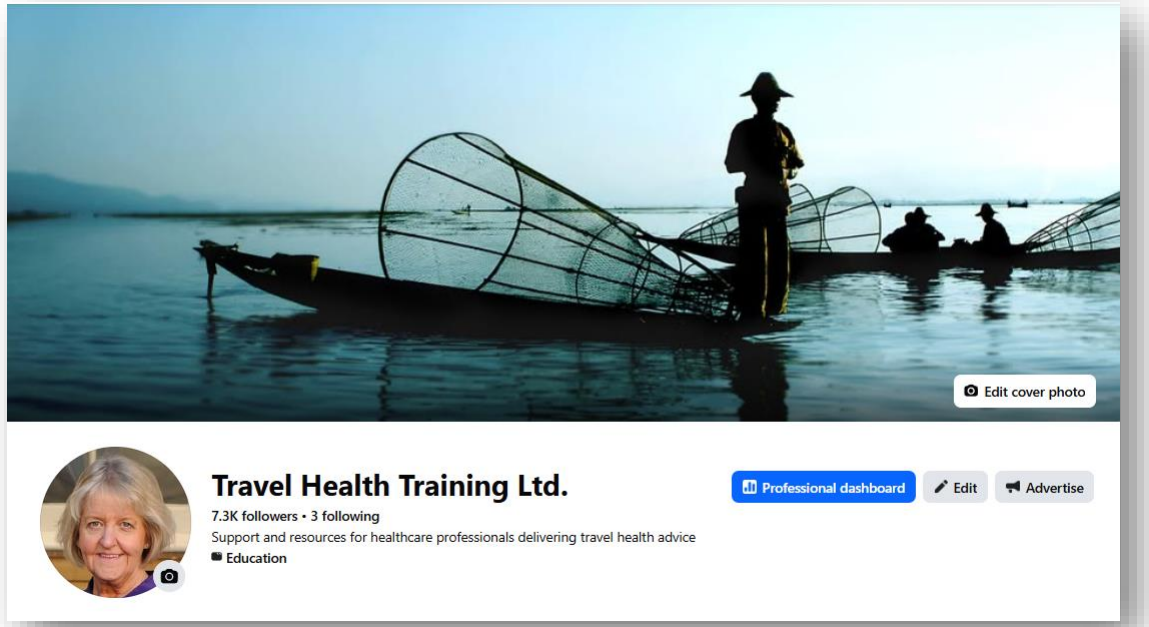
In addition to our own resources, we recommend the following resources that are free to access:

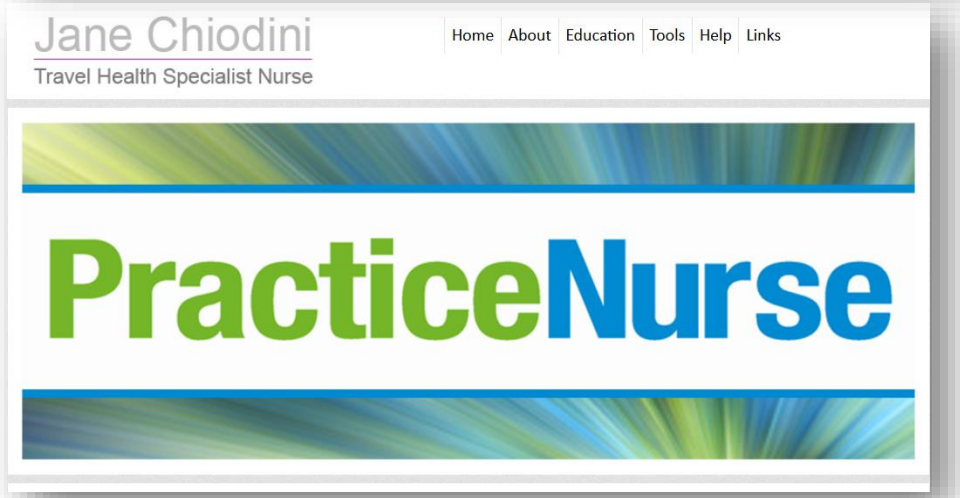
Local formulary or guidelines

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



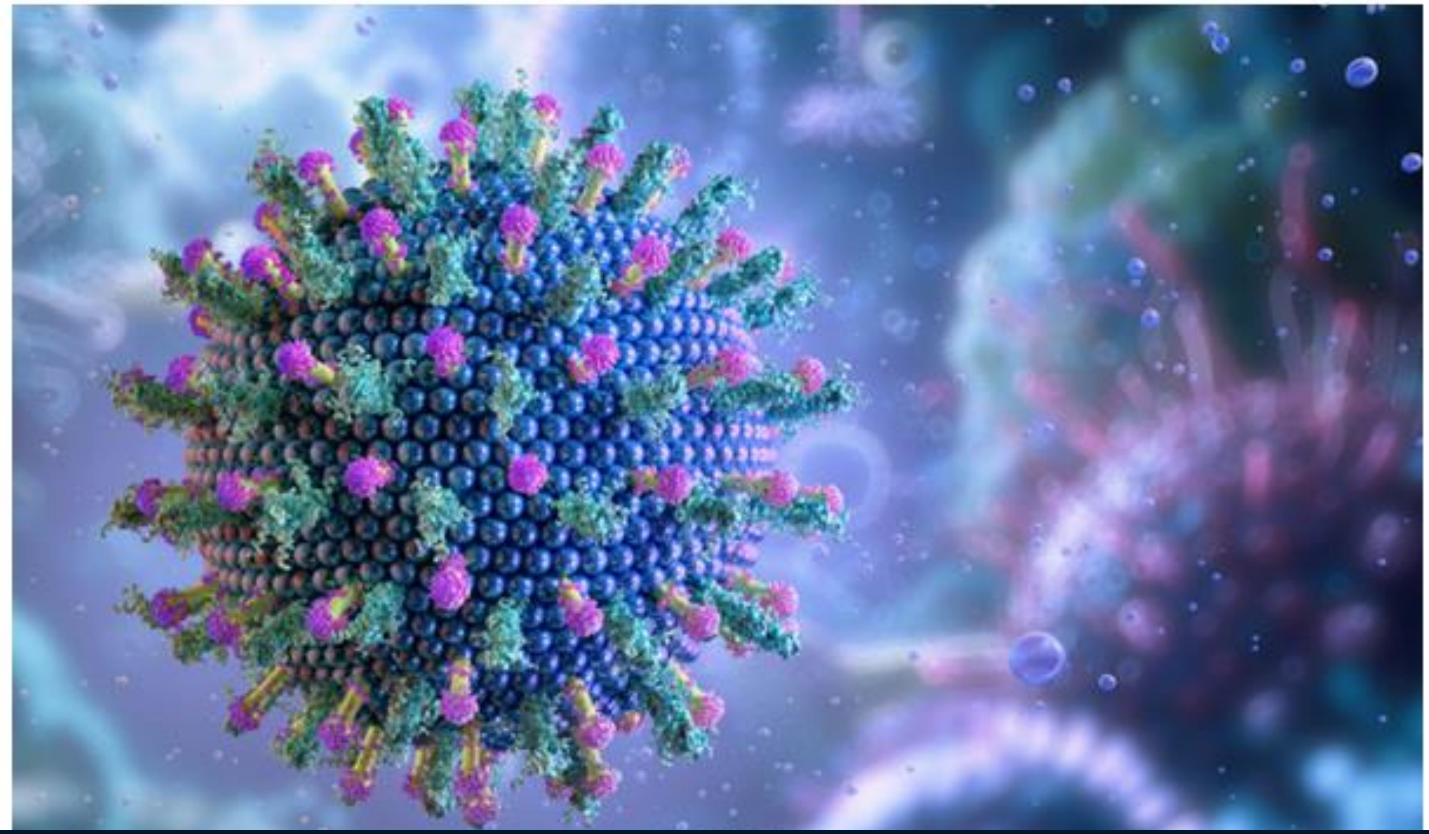




Description | Content | Reviews

Content	2 modules
Rating	★★★★★
Course length	1 hour
Instructor	Jane Chiodini
Price	Free + VAT

Add to Cart

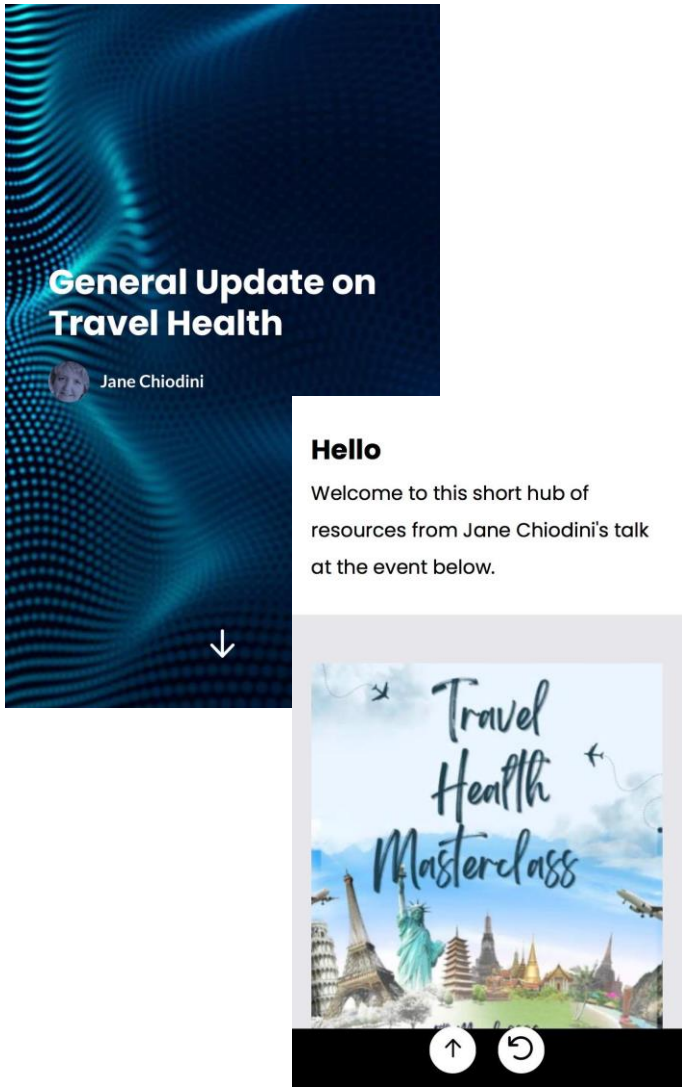


Nuggets of Knowledge – Hepatitis A Vaccines (and A+B products)

Thank you!

Remember the handout for this session

https://bit.ly/3OSYtOh



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