

A GUIDE TO LISENSED TRAVEL VACCINES ADMINISTRATION

© G. Kassianos

Reference: Kassianos G. *Paediatric-Adult Immunisations & Travel Health*
Blackwell Science – 5th edition [in preparation]

Use this guide in conjunction with up-to-date information on vaccines and immunisations. This can be found among other sources in the following:

- **Electronic Medicines Compendium** www.medicines.org.uk/EMC
- **The Green Book**
<http://www.dh.gov.uk/en/Publichealth/Healthprotection/Immunisation/Greenbook/index.htm>
- **The National Travel Health Network & Centre (NaTHNaC)**
<http://www.nathnac.org/travel/index.htm>
- **Fit for Travel website** <http://www.fitfortravel.scot.nhs.uk/home.aspx>
- **British National Formulary** <http://bnf.org/bnf/>

Cholera	Schedule	Age	Boosters
Dukoral [®] inactivated oral	2 doses at least one week apart 3 doses at least one week apart	≥6 years & Adults 2 to 6 years	2 years (1 dose) Repeat course if >2 years 6 months (1 dose) Repeat course if >6 m
Hepatitis A	Schedule	Age	Boosters
Avaxim [®]	0, 6-12 months [second dose up to 3 years]	16 years & over	10+ years 30+ years for immunocompetent No need for boosters for immunocompetent No need for boosters for immunocompetent 10+ years
Epaxal [®]	0, 6-12 months [second dose up to 10 years]	1 year & over	
Havrix Junior Monodose [®]	0, 6-12 months [second dose up to 3 years]	1 to 15 years	
Havrix Monodose [®]	0, 6-12 months [second dose up to 5 years]	16 years & over	
Vaqta Paediatric [®]	0, 6-18 months	1 to 17 years	

Vaqta Adult	0, 6-18 months HIV infected: 0, 6m	18 years and over	Need for a booster not established
Hepatitis B			
	Schedule	Age	Boosters
Engerix B [®] 10 µg	0, 1, 6 months 0, 1, 2, & 12 m	0 to 15 years	If remaining at risk, one single booster dose at 5 years for immunocompetent individuals
Engerix B [®] 20 µg	0, 1, 6 months 0, 1, 2, & 12 m 0, 7, 21 days & 12 m 0 & 6 m (if compliance is a problem)	16 years & over 18 years & over 11 to 15 years	
HBvaxPro [®] 5 µg	0, 1, 6 months 0, 1, 2, & 12 m	0 to 15 years	
HBvaxPro [®] 10 µg	0, 1, 6 months 0, 1, 2, & 12 m	16 years & over	
Influenza (Pandemic)			
	Schedule	Age	Boosters
Celvapan [®]	0, 3 weeks (2 doses)	≥6 months & Adults	One influenza season
Pandemrix [®]	One 0.25ml dose One 0.5ml dose 0, 3 weeks (2 doses)	≥6 m to 10 y 10 y & Adults Immunocompromised	
Japanese b encephalitis			
	Schedule	Age	Boosters
Ixiaro [®] 0.5ml	0, 28 days	18 years & over	3 rd booster dose: 12-24 months if remaining at risk of exposure Further Booster doses: Timing is currently under investigation
0.5ml	0, 28 days	3 to 18 years	Data on the timing of, and response to, a booster dose in children and adolescents (<18 years of age) are not available
0.25ml Push the plunger stopper up to the edge of the red line on the syringe barrel, indicated by a red arrow	0, 28 days	2 m to < 3 years	
Meningococcal infection			
	Schedule	Age	Boosters
ACWY vax [®]	Single dose (SC)	2 years & Adults 3 m to 2 years for pilgrims to Hajj or Umrah only, two doses. 3 months	3 – 5 years

		apart - “off-label”	
Menveo® <i>Green Book</i> “off-label” recommendations:	Single dose (IM) 0.5 ml Two doses 1 month apart** Single dose 0.5 ml	2 years & over and adults Infants under 2 to 12 months	The need for, and timing of, a booster dose has not yet been determined
Nimenrix®	Single dose (IM) 0.5 ml	12 months & above	The need for, and timing of, a booster dose has not yet been determined

Age (years)	Vaccine suggested by the <i>Green Book</i> for particular age travellers
Infants under one year**	Menveo® First dose of 0.5 ml Second dose of 0.5ml one month after the first dose
1 - 4	Menveo® or Nimenrix® Single dose of 0.5ml
5 – 10	Either Menveo® or Nimenrix® (preferred to polysaccharide vaccine) Single dose of 0.5ml OR ACWYVax Single dose of 0.5ml
≥11	Either Menveo® or Nimenrix® (preferred to polysaccharide vaccine) Single dose of 0.5ml OR ACWYVax Single dose of 0.5ml

** MenACWY for under 1-year olds: Replace the MenC vaccine with MenACWY conjugate vaccine if the infant requires MenACWY conjugate vaccine at the same time as the routine MenC vaccinations. If the infant has already had two MenC vaccinations then two MenACWY conjugate vaccines should also be given.

Pneumococcal	Schedule	Age	Boosters
Pneumovax II®	Single dose	2 years & Adults	No boosters. For asplenia & chronic renal disease 5 years
Rabies	Schedule	Age	Boosters
Rabies Vaccine BP®	0, 7, 28 days 4 th dose at one year if at regular & continuous risk 0, 7, 21-28 if travel time pressures	Any age (assess risk carefully if under 1 year)	2 to 3 years Travellers: booster dose at 10 years after the primary course

Rabipur [®]	0, 7, 21-28 days	Any age (assess risk carefully if under 1 year)	2 to 5 years Travellers: booster dose at 10 years after the primary course
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Tick-borne encephalitis			
	Schedule	Age	Boosters
TicoVac Junior®	0, 1-3 m (earliest 2 weeks), 5-12 m (after 2 nd dose) (3 doses)	1 to <16 years	3 years
TicoVac®	0, 1-3 m (earliest 2 weeks), 5-12 m (after 2 nd dose) (3 doses)	16 years & over	
Typhoid			
	Schedule	Age	Boosters
Typherix®	Single dose	2 years & over	3 years
Typhim Vi®	Single dose	2 years & over	3 years
Vivotif® (oral live)	0, 2, 4 days (3 oral doses)	6 years & over	Annually (3 oral doses)
Yellow Fever			
	Schedule	Age	Boosters
Stamaril® (live)	Single dose	9 months & over (6 -8 months: seek specialist's advice)	10 years for certification

COMBINED VACCINES			
Diphtheria/Tetanus/Polio			
	Schedule	Age	Boosters
Revaxis [®]	≥10 years & Adults	1 st : 5 y after primary course 2 nd : 10 y after 1 st booster	
Hepatitis A & B			
	Schedule	Age	Boosters
Ambirix [®]	0, 6-12 months (2 doses)	1 to 15 years	<i>With monovalent vaccines:</i> Hepatitis A 10+ years, possibly 20+ years for immunocompetent Hepatitis B
Twinrix Paediatric [®]	0, 1, 6 months	1 to 15 years	
Twinrix Adult [®]	0, 1, 6 months	16 years & over	

	0, 7, 21 days & 12 months	18 years & over	If remaining at risk, one single booster dose at 5 years for immunocompetent
Hepatitis A & Typhoid			
	Schedule	Age	Boosters
Hepatyrix®	Single dose One further dose of Hepatitis A vaccine (if no previous dose of Hep A) at 6-12 months	15 years & over	<i>With monovalent vaccines:</i> <i>Hepatitis A</i> 10+ years Possibly 20+ years for immunocompetent <i>Typhoid</i> 3 years
Viatim®	Single dose One further dose of Hepatitis A vaccine (if no previous dose of Hep A) at 6-12 months and up to 3 years	16 years & over	

Ψ (MenACWY): Replace the MenC vaccine with MenACWY conjugate vaccine if the infant requires MenACWY conjugate vaccine at the same time as the routine MenC vaccinations. If the infant has already had two MenC vaccinations then two MenACWY conjugate vaccines should also be given.