Risk Assessment in the Travel Health Consultation

Adverse events should be reported. Reporting forms and information can be found at www.mhra.gov.uk/yellowcard. Adverse events should also be reported to PaxVax on pharmacovigilance@paxvax.com
International travel
International tourist arrivals

Growth in tourism measured by international arrivals

Source: http://www.bbc.co.uk/schools/gcsebitesize/geography/tourism/tourism_trends_rev1.shtml - see screen shot
Destinations

Reason for Travel – UK citizens

Figure 4: Overseas residents visits by purpose, 1993 to 2013

Source Travel Trends 2013 ONS 8 May 2014
Cause of death in British travellers
Causes of illness in overseas travellers

Minor illness
- infections (e.g. traveller’s diarrhoea)
- minor injuries
- climatic issues

Major illness
- trauma
- exacerbation of pre-existing disease
- rarely infections
Vaccine preventable diseases

A large Geo Sentinel study showed that of all reported illness in travellers from industrialised countries –

1.5% was vaccine preventable

Vaccine preventable diseases in returned international travelers: Results from the GeoSentinel Surveillance Network  A.K. Boggild et al. / Vaccine 28 (2010) 7389–7395
Vaccine preventable diseases in returned international travelers:
Results from the GeoSentinel Surveillance Network  A.K. Boggild et al. / Vaccine 28 (2010) 7389–7395
Risk assessment in travel health

- A travel health consultation should be a health promotion activity - individually tailored to the specific traveller and their journey

- No two people are the same and many risks associated with travel cannot be avoided - but need to be managed

- People differ in their perception of and attitude to risk
Hazard and Risk

- A **hazard** is anything that may cause harm to the traveller

- A **risk** is the chance, high or low, that they could be harmed by the hazard, together with an indication of how serious the harm could be

*Essentially risk is assessed as a combination of likelihood and consequences*

Examples:

**Travellers’ Diarrhoea**
- high chance for many travellers – usually self limiting

**Rabies**
- low risk that most travellers may be exposed
- immense consequences if they are
Risk assessment

• Pinpoint those which represent a real risk to the individual traveller
  - rather than the ones they may be worried about

• This requires a detailed history and evaluation of the traveller, their journey, purpose of travel and the **exact** destination

  e.g. Traveller to Brazil where Malaria and Yellow Fever are potential hazards
  – Going to Rio de Janeiro only, neither are a problem
  – Going to Manaus, both are a problem
  – Going to Brasilia, Yellow fever is a problem, but not malaria
Yellow Fever Vaccination Recommendations in the Americas, 2013

Venezuela (Bolivarian Republic of)
Trinidad and Tobago
Guyana
Suriname
French Guyana

Brazil
Peru
Paraguay
Uruguay
Argentina
Bolivia (Plurinominal State of)

Colombia
Panama
Ecuador


*Yellow Fever (YF) is generally not recommended in areas where there is low potential for YF exposure. However, vaccination might be considered for a small subset of travelers to these areas who are at increased risk for exposure to YF virus because of prolonged travel, heavy exposure to mosquitoes, or inability to avoid mosquito bites. Consideration for vaccination of any traveler must take into account the traveler's risk of being infected with YF virus, country entry requirements, and individual risk factors for serious vaccine-associated adverse events (e.g., age, immune status).

0 205 410 810 kilometers

The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

Date Sources: World Health Organization
Yellow Fever Working Group

In association with:

Programme initiated and funded by PaxVax
Risk management

Once risks have been identified they need to be managed by:

• Vaccination
• Prophylaxis
• Education - regarding avoidance or reduction of risk
• Management of illness
  - travellers’ diarrhoea
  - self management plan in case of exacerbation of chronic condition
  - guidance on when to seek medical advice
Best practice in travel medicine

Recommendations for the practice of travel medicine


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Summary Travel Medicine has emerged as a distinct entity over the last two decades in response to a very substantial increase in international travel and to now forming its own identity, remit and objectives for care of the traveller. Crucial to the formation of any specialty is the definition of recommendations for its practice. This is particularly important and needed for travel medicine as it overlaps with and forms part of day-to-day work in a number of different medical specialties. This document defines a set of recommendations for the practice of travel medicine from the Faculty of Travel Medicine of the Royal College of Physicians and Surgeons of Glasgow. Their objective is to help raise standards of practice and achieve greater uniformity in provision of services, better to protect those who travel. As travel medicine moves towards applying for specialty status, these standards will also contribute to that process.

Introduction

Travel Medicine focuses on the health and well-being of international travelers. Also known as Travel Health or Travel Medicine, Travel Medicine has emerged as a distinct entity over the last two decades in response to a very substantial increase in international travel. Most

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Travel consultation

• Pre Travel Questionnaire – traveller needs to see this before the consultation

• Appointment time should be a minimum of 20 minutes
  - preferably 30 for a complex traveller

• Access to online resources:
  – [www.travax.nhs.uk](http://www.travax.nhs.uk)
  – [www.maps.google.co.uk](http://www.maps.google.co.uk)
Information required for a risk assessment

• Characteristics of traveller
• Previous history (medical & immunisation)
• Departure date & length of stay
• Destination, season & full itinerary
• Mode of travel
• Budget & accommodation
• All planned activities
Additional resources


Help for Advisors

NaTHNaC telephone advice line: 0845 602 712

Mon, Tues, Thurs, Fri  Time: 08.30-11.45 & 13.00-15.15
Wed  Time: 08.30-11.45

- Fax query service - Malaria Reference Laboratory –

Resources for the traveller

- www.fitfortravel.nhs.uk
- www.nathnac.org
- https://www.gov.uk/foreign-travel-advice
Vivotif® (Salmonella enterica serovar Typhi).

Please consult the full Summary of Product Characteristics, SmPC, before prescribing.

**Active ingredients:** A single dose of Vivotif® contains at least 2x 10⁹ Salmonella typhi Ty21a in a lyophilised form. Quantities expressed per capsule.

**Pharmaceutical form:** Enteric-coated capsule.

**Therapeutic indications:** For active oral immunisation against typhoid fever in children aged 6 years and over, adults and elderly.

**Dosage and administration:** One dose of Vivotif is to be taken on days 1, 3 and 5, with cold or lukewarm water approximately one hour before meals. The protection becomes effective 7–10 days after ingestion of the third dose of vaccine. Under conditions of repeated or continuous exposure to S. typhi protection persists for at least 3 years. In the case of travel from a non-endemic area to an area where typhoid fever is endemic, an annual booster consisting of 3 doses is recommended.

**Contraindications:** Vivotif must not be administered: to persons known to be hypersensitive to any component of the vaccine or the enteric-coated capsule, to persons with congenital or acquired immune deficiency (including patients receiving immunosuppressive or antimitotic drugs), during an acute febrile illness or during an acute gastrointestinal illness. Vaccination should be postponed until after recovery.

**Special warnings and precautions:** None known.

**Side effects:** Abdominal pain, nausea, diarrhea, vomiting, fever, influenza-like illness, headache, rash. Consult SmPC in relation to very rare adverse reactions.

**Pregnancy:** Vivotif should be given to a pregnant woman only if clearly needed.

**Lactation:** It is not known if Vivotif is excreted in human milk.

**Interactions with other medicinal products and other forms of interaction:** An interval of 3 days should be allowed between the treatment with any antibacterial agents and Vivotif vaccination. If malaria prophylaxis is also required, the fixed combination of atovaquone and proguanil can be given concomitantly with Vivotif. Doses of mefloquine and Vivotif should be separated by at least 12 hours. For other antimalarials, there should be an interval of at least 3 days. Vivotif may be administered concomitantly with the live attenuated vaccines: yellow fever vaccine and oral polio vaccine.

**Special precautions for storage:** Store at 2°C – 8°C. Protect from light.

**Package quantities:** 3 x 1 dose.

**Basic NHS cost:** £14.77.

**Legal category:** POM.

**Marketing authorisation number:** 43552/0002

**Marketing authorisation holder:** PaxVax ltd. Orion House, Bessemer Road, Welwyn Garden City, Herts, AL7 1HH

**Date of last revision of Prescribing Information:** April 2015.

VIV/004/2015 April 2015

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