



Shipston Medical Centre Travel Vaccine Clinic

Travel vaccines will now be given at a dedicated Thursday evening clinic, held every three weeks at the Medical Centre. This will allow travellers to be given a planned, comprehensive service without encroaching on other routine and urgent appointments.

Last minute vaccinations cannot be accommodated by the travel clinic, thus only travellers who have left ample time to complete their schedules can be vaccinated. Depending on the destination travellers may require up to 6 weeks to complete their schedules. If you have less time than this before travelling or would find it more convenient to have your vaccinations elsewhere we suggest that you contact MASTA at www.masta-travel-health.com

We regret that we cannot meet your needs if your travel date is less than 3 weeks from the date that you return your documentation.

What to do next:-

1. Read the contents of this travel pack carefully
2. Complete the enclosed risk assessment form
3. Either:-
 - **Print off a “Fit for Travel” brief for EACH country that you are visiting from www.fitfortravel.nhs.uk OR**
 - Obtain a MASTA Health brief from www.masta-travel-health.com
4. Return the completed **Risk Assessment Form** and **Fit for Travel** or MASTA Health Brief to the Medical Centre **as soon as possible**.

A Practice Nurse will then contact you to make an appointment within one week.

Not all travel vaccines are available on the NHS and some are costly. A schedule of current prices is enclosed. The Practice Nurse will ask you to pay by cheque when you attend your first appointment, before administering your vaccinations. Sorry but credit and debit cards are not accepted.

Some longhaul or complex itineraries will require more than one appointment.

Malaria prevention tablets are available on Private Prescription. A separate appointment may be required with your doctor to obtain this prescription. **Please do not make this appointment until the Practice Nurse has advised you that it is necessary.**



**SHIPSTON MEDICAL CENTRE
TRAVEL RISK ASSESSMENT FORM**

Please complete this form prior to your travel appointment and return to Reception

Personal details						
Name:			Date of birth:			
			Male <input type="checkbox"/> Female <input type="checkbox"/> (please tick)			
<i>It is really important that we are able to contact you to arrange a mutually convenient appointment. We will need to speak to you personally.</i>						
Easiest contact telephone number:						
E mail:						
Dates of trip						
Date of Departure:						
Return date or overall length of trip:						
Itinerary and purpose of visit						
Country and destination to be visited eg India – Agra & Delhi	Length of stay	Time away / distance from medical help / how remote?				
1.						
2.						
3.						
Please tick as appropriate below to best describe your trip						
1. Type of trip	Business		Pleasure		Other	
2. Holiday type	Package		Self organised		Backpacking	
	Camping		Cruise ship		Trekking or Cycling	
3. Accommodation	Hotel		Relatives / family home/ guesthouse		Other	
4. Travelling	Alone		With family / friend		In a group	
5. Staying in area which is	Urban		Rural		Altitude	
6. Planned activities	Safari		Adventure		Other	
	Diving/ Scuba diving					

Personal medical history
Do you have any recent or past medical history of note? (including diabetes, heart or lung conditions)
List any current or repeat medications?
Do you have any allergies for example to eggs, antibiotics, nuts?
Have you ever had a serious reaction to a vaccine or malaria medication given to you before?
Does having an injection make you feel faint?
Do you or any close family members have epilepsy?
Do you have any history or mental illness including depression or anxiety?
Have you recently undergone radiotherapy, chemotherapy or steroid treatment?
<i>Women only:</i> Are you pregnant or planning pregnancy or breast feeding? What method of contraception do you use?
Have you taken out travel insurance and if you have a medical condition, informed the insurance company about his?
Please write below any further information which may be relevant

Vaccination History					
Have you ever had any of the following vaccinations / malaria tablets and if so when?					
Tetanus		Polio		Diphtheria	
Typhoid		Hepatitis A		Hepatitis B	
Meningitis		Yellow Fever		Influenza	
Rabies		Jap B Enceph		Tick Borne	
Other		Cholera			
Malaria tablets					

I have no reason to think that I might be pregnant (women only).

I have received information on the risks and benefits of the vaccines recommended and have had the opportunity to ask questions. I consent to the vaccines being given.

Signed _____ Date _____

TRAVEL ADVICE LEAFLET

SHIPSTON MEDICAL CENTRE

This leaflet is designed to remind you of some of the information the nurse gave you when you attended your travel appointment. **PLEASE READ IT!** The information will help you to stay healthy on your trip. We will ask you to sign to say you have read and understood it.

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 **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 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 it by following these guidelines:

- **ONLY EAT WELL COOKED FRESH FOOD**
- **AVOID LEFTOVERS and REHEATED FOODS**
- **ENSURE MEAT IS THOROUGHLY COOKED**
- **EAT COOKED VEGETABLES, AVOID SALADS**
- **ONLY EAT FRUIT YOU CAN PEEL**
- **NEVER DRINK UNPASTEURISED MILK**
- **AVOID ICE-CREAM and SHELLFISH**
- **AVOID BUYING FOOD FROM STREET VENDOR'S STALLS**

Another source of calories is **ALCOHOL!** If you drink to excess, alcohol could lead you to become carefree and ignore these precautions.

Two phrases to help you remember

1. **COOK IT, PEEL IT, OR LEAVE IT!**
2. **WHEN IN DOUBT, LEAVE IT OUT!**

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.

TRAVELLERS' DIARRHOEA

This is the **MOST COMMON ILLNESS** that you will be exposed to abroad and there is **NO VACCINE AGAINST IT!** Travellers' diarrhoea is caused by eating and/or drinking food and water contaminated by bacteria, viruses or parasites. Risk of illness is higher in some countries than others.

High risk areas include North Africa, sub-Saharan Africa, the Indian Subcontinent, S.E. Asia, South America, Mexico and the Middle East.

Medium risk areas include the northern Mediterranean, Canary Islands and the Caribbean Islands.

Low risk areas include North America, Western Europe and Australia

You can certainly help **PREVENT** travellers' diarrhoea in the way you **BEHAVE** - make sure you follow the food, water and personal hygiene guidelines already given. Travellers' diarrhoea is 4 or more loose stools in a 24 hour period often accompanied by stomach pain, cramps and vomiting. It usually lasts 2-4 days and whilst it is not a life threatening illness, it can disrupt your trip for several days. The main danger if the illness is **DEHYDRATION**, and this, if very severe, can kill if it is not treated. **TREATMENT** is therefore **REHYDRATION**.

In severe cases and particularly in young children and the elderly, commercially prepared rehydration solution is extremely useful. This can be bought in tablet or sachet form at a chemist shop e.g. DIORALYTE® or ELECTROLADE®.

(Dioralyte Relief® is a new formula containing rice powder which also helps to relieve the diarrhoea and is particularly useful in children). Prepare according to instructions. You can obtain these from a pharmacy.

ANTI DIARRHOEAL TABLETS can be used for adults but should NEVER be USED in children under 4 years of age, and only on prescription for children aged 4 to 12 years. Commonly used tablets are IMODIUM® and LOMOTIL®. You can obtain these from a pharmacy.

None of these tablets should ever be used if the person has a temperature or blood in the stool.

CONTACT MEDICAL HELP IF THE AFFECTED PERSON HAS:-

- A temperature
- Blood in the diarrhoea
- Diarrhoea for more than 48 hours (or 24 hours in children)
- Becomes confused

In very special circumstances, antibiotics are used for diarrhoea, but this decision should only be made by a doctor.

(A woman taking the oral contraceptive pill may not have full contraceptive protection if she has had diarrhoea and vomiting. Extra precautions must be used - refer to your 'pill' information leaflet. If using condoms, use products with the British Kite Mark.)

HEPATITIS B, C and HIV INFECTION

These diseases can be transmitted by:-

1. Blood transfusions
2. Medical procedures with non sterile equipment
3. Sharing of needles (e.g. tattooing, body piercing, acupuncture and drug abuse)
4. Sexual contact. Sexually transmitted diseases are also transmitted by sexual contact

WAYS TO PROTECT YOURSELF

- Only accept a blood transfusion when essential
- If travelling to a developing country, take a sterile medical kit
- Avoid procedures e.g. ear, body piercing, tattooing and acupuncture
- Avoid casual sex, especially without using condoms

REMEMBER - excessive alcohol can make you carefree and lead you to take risks you otherwise would not consider.

INSECT BITES

Mosquitoes, certain types of flies, ticks and bugs can cause many different diseases e.g. malaria, dengue fever, yellow fever. Some bite at night, but some during daytime.

AVOID BEING BITTEN BY:

- Covering up skin as much as possible if going out at night, (mosquitoes that transmit malaria bite from dusk until dawn). Wear light coloured clothes, long sleeves, trousers or long skirts.
- Use insect repellents on exposed skin. (Choose those containing DEET or eucalyptus oil base. A content of approximately 35% DEET is recommended for tropical destinations.) Clothes can be sprayed with repellents too. Impregnated wrist and ankle bands are also available. Check suitability for children on the individual products.
- If room is not air conditioned, but screened, close shutters early evening and spray room with knockdown insecticide spray. In malarious regions, if camping or sleeping in unprotected accommodation, always sleep under a mosquito net (impregnated with permethrin). Avoid camping near areas of stagnant water; these are common breeding areas for mosquitoes etc.
- Electric insecticide vaporisers are very effective as long as there are no power failures!
- Electric buzzers, garlic and vitamin B are ineffective.

MALARIA

If you are travelling to a malarious country, the travel nurse will have given you a separate leaflet with more details, please read it.

REMEMBER, malaria is a serious and sometimes fatal disease.

ANIMAL BITES

Rabies is present in many parts of the world. If a person develops rabies, death is 100% certain. There are 3 **RULES REGARDING RABIES**

1. Do not touch any animal, even dogs and cats
2. If you are licked on broken skin or bitten in a country which has rabies, wash the wound thoroughly with soap and running water for 5 minutes.
3. Seek medical advice IMMEDIATELY, even if you have been previously immunised.

ACCIDENTS

Major leading causes of death in travellers are due to swimming and traffic accidents. You can help prevent them by taking the following

PRECAUTIONARY GUIDELINES

- Avoid alcohol and food before swimming
- Never dive into water where the depth is uncertain
- Only swim in safe water. Check currents, sharks, jellyfish etc.
- Avoid alcohol when driving, especially at night
- Avoid hiring motorcycles and mopeds
- If hiring a car, rent a large one if possible, ensure the tyres, brakes and seat belts are in good condition
- Use reliable taxi firms, know where emergency facilities are.

INSURANCE COVER

- Take out adequate insurance cover for your trip. This should possibly include medical repatriation as without it, this service if needed is extremely expensive.
- If you have any pre existing medical conditions, make sure you inform the insurance company of these details and check the small print of the policy thoroughly.
- European Health Insurance Card (EHIC) - If you are a UK resident, you are entitled to medical treatment that becomes necessary, at reduced cost or sometimes free, when temporarily visiting a European Union (EU) country, Iceland, Liechtenstein, Norway or Switzerland. Only treatment provided under the state scheme is covered. However, to obtain treatment you will need to take a European Health Insurance Card (EHIC) with you. Please note: Not all UK residents are covered in Denmark, Iceland, Liechtenstein, Norway or Switzerland. Click on the 'Health Advice for Travellers' link below, if you are unsure whether you are covered.
- Remember if accidents are caused by alcohol or illegal drugs your insurance policy may be void.

You can apply for an EHIC, free of charge by:-

- Logging online to: www.ehic.org.uk
- by calling 0845 606 2030; or
- by picking up an application form from the Post Office.

AIR TRAVEL

It is sensible on any long haul flight to

- Be comfortable in your seat
- Exercise your legs, feet and toes while sitting every half an hour or so and take short walks whenever feasible. Upper body and breathing exercises can further improve circulation
- Drink plenty of water and be sensible about alcohol intake which in excess leads to dehydration

Further information can be obtained from the Department of Health website detailed below with more specific advice and information on travel-related deep vein thrombosis.

SUN AND HEAT

Sunburn and heat-stroke cause serious problems in travellers, but in the long term can be a serious cause of skin cancer. Long term damage to the skin due to sun exposure can lead to skin cancer. There is no such thing as a safe suntan but the following advice should be taken

PRECAUTIONARY GUIDELINES.

- Increase sun exposure gradually, 20 minutes limit initially.
- Use sun blocks of appropriate adequate 'SPF' strength but a minimum of SPF 15. Children under 3 years should have a minimum SPF 25 and babies under 6 months should be kept out of the sun at all times. Reapply often and always after swimming and washing. Read manufacturer instructions
- Wear protective clothing – sunhats, T shirts and sunglasses etc.
- Avoid going out between 11am - 3pm, when the sun's rays are strongest.
- TAKE SPECIAL CARE of CHILDREN and those with pale skin/red hair.
- Drink extra fluids in a hot climate.
- Be aware that alcohol can make you dehydrated

AVIAN INFUENZA (BIRD FLU) AND SWINE FLU

If you think that you may be travelling to an affected area please ask us for information.

USEFUL INFORMATION

Foreign Office

So they are aware of your whereabouts abroad, register with **locate.fco** and keep up to date. Very useful in times of natural or man created disaster.

Interesting web site addresses:

Scottish NHS public travel site - www.fitfortravel.scot.nhs.uk

Department of Health - www.dh.gov.uk

National Travel Health Network and Centre www.nathnac.org

Foreign and Commonwealth Office – www.fco.gov.uk/knowbeforeyougo

Immunisation issues – www.immunisation.nhs.uk

Malaria for the general public – www.malariahotspots.co.uk

Gap year travel – www.gogapyear.com

The Foreign Office provide a travel advice information service on CEEFAX page 470 (BBC 2).

HAVE A VERY HAPPY AND HEALTHY TRIP !

References:

- Travel Health Training: *Jane Chiodini 2005*
- Royal College of Nursing: Competencies: an integrated career and competency framework for nurses in travel health medicine 2007
- Department of Health: Immunisation against infectious disease - the Green Book Published: 21/12/2006
- Health Protection Agency, London: Guidelines for malaria prevention in travellers from the UK. 2007



Shipston Medical Centre

Schedule of Costs of Non-NHS Travel Vaccines

Vaccine	Cost	Notes
Hepatitis B	£25.00	Per dose, patients may require up to 3 doses
Rabies	Approx £46.00	Per dose, patients may require up to 3 doses
Japanese Encephalitis	£70.30	Per dose, patients may require up to 3 doses
Tick Borne Encephalitis	£61.00	Per dose, patients may require up to 3 doses
Yellow Fever (including certificate)	£56.00	Per dose
ACWY (Meningococcal)	£38.00	Per dose
Hepatitis B Paed	£18.00	Per dose, patients may require up to 3 doses
Cholera	£35.00	Per treatment pack of 2

The following vaccines are available free of charge on the NHS:-

1. Hepatitis A (adults and children)
2. Typhoid
3. Revaxis (vaccination against Diphtheria, Tetanus and Polio)

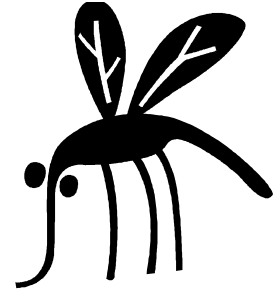
Malaria Prophylaxis

Malaria prevention tablets are available on Private Prescription. Travellers may need a separate appointment with their doctor to obtain a prescription.

There is a charge of £10 plus VAT for the prescription if the tablets are not dispensed by the Practice.

Vaccine	£	Notes
Lariam	30.60	For 8 tablets
Malarone	50.00	For 12 tablets
Malarone Paed	18.49	For 12 tablets
Doxycycline	25.00	For 50 capsules

Malaria Prevention



Introduction

Malaria is widespread in many tropical and subtropical countries and is a serious and sometimes fatal disease. You cannot be vaccinated against malaria, but you can protect yourself in three ways:

Avoidance of Bites

Mosquitoes cause much inconvenience because of local reactions to the bites themselves and from the infections they transmit. Mosquitoes spread malaria, yellow fever, dengue and Japanese B encephalitis.

Mosquitoes bite at any time of day but most bites occur in the evening.

Malaria Prevention tablets

The following tablets may be prescribed for prevention of malaria. Often there are a number of suitable preparations for a given destination. The information below may help you to choose the one most suitable for you.

Mefloquine

- Preparations available: Lariam
- Adult dose is 250mg once a week.
- One dose should be taken a week before departure and then it should be continued weekly throughout exposure and for 4 weeks afterwards.
- If you have not used mefloquine before, your doctor may advise you to start it early, and take three doses at weekly intervals - this can often detect, in advance, those likely to get side effects so that an alternative can be prescribed.
- Not licensed in Britain for use for more than 1 year (in countries where it is licensed for more than 1 year, additional side-effects are rare).
- Common and mild side effects are: Nausea, diarrhoea, dizziness, abdominal pain, rashes and itching, insomnia or vivid dreams
- Some more serious side effects such as convulsions, severe anxiety, or depression, or other mental health problems have been reported. These reactions most commonly begin within 2-3 weeks of starting the drug and may be worse if alcohol is taken around the same time as the mefloquine. They are more likely to happen if the patient has previously suffered from these problems.
- You should avoid mefloquine if you have epilepsy, if there is a close family history of epilepsy (e.g. parents or siblings) or if there is a history of psychiatric illness.
- Your doctor may also suggest a different alternative if you have kidney or liver failure or heart rhythm defects, or if you are taking certain medications such as digoxin or beta or calcium channel blockers
- Although there is no evidence to suggest that mefloquine has caused harm to the foetus it should normally be avoided during the first three months of pregnancy or if pregnancy is considered possible within 3 months of stopping prophylaxis.

F:Travel Health:PACK
Malaria 0506

Doxycycline

- Preparations available: Doxycycline , Vibramycin
- Adult dose is 100mg daily.
- Can normally be used continuously for a period of at least 6 months - be guided by your doctor.
- Commence 2 days before exposure; take daily throughout exposure and for 4 weeks afterwards.
- When other tetracyclines are already being used for acne this will provide protection against malaria as long as an adequate dose is taken (you can change to 100mg doxycycline per day if your doctor agrees).
- Increased sensitivity to sunlight can occur. Use of sunscreens is especially important and if severe, alternative prophylaxis should be used.
- Heartburn is common so the capsule should be taken with a full glass of water or with a meal, and preferably while standing upright.
- Contraindicated in pregnancy (including one week after completing the course), while breast feeding and for children under 12 years of age because permanent tooth discoloration can occur.
- It may reduce the effectiveness of the oral contraceptive pill. ***If you are on the pill you should discuss this with your family planning advisor.***
- Occasionally nausea, diarrhoea, thrush infection and sore tongue have been reported and rarely hepatitis, colitis and blood disorders.

Malarone

- Adult dose is one tablet daily - each tablet contains 250mg atovaquone plus 100mg proguanil.
- Should be taken for 1 or 2 days before entering the malarial area, throughout exposure, and for 7 days after leaving the infected area. Licensed for trips of up to 28 days but there is no evidence of increased side-effects if used for longer.
- Abdominal pain, headache, anorexia, nausea, diarrhoea, coughing and mouth ulcers can occur.
- Absorption may be reduced in diarrhoea and vomiting, and effectiveness may be significantly reduced if taken together with tetracyclines, metoclopramide and especially rifampicin or rifabutin
- Malarone may interact with warfarin . if you are taking warfarin please tell your travel advisor
- If you have kidney failure malarone may not be suitable for you
- Lack of experience in pregnancy and during breast feeding means that it should be avoided in these circumstances unless there is no suitable alternative.
- The significantly higher cost makes it more popular for short trips.

Prompt Treatment

Following these guidelines faithfully might not guarantee complete protection. If you get a fever between one week after first exposure and up to two years after your return, you should seek medical attention and tell the doctor that you have been in a malarious area.