

Workshop 3 - Online



The outbound traveller: Making decisions on patients with underlying diseases, medical conditions and Rx medications

Dr Jennifer Sisson

Chief Medical Officer of The Travel Doctor TMVC,
Canberra. Chair of Travel Medicine Guidelines for ANZ.

13:45



Of the gladdest moments in human life, methinks, is the departure upon a distant journey into unknown lands. Shaking off with one mighty effort the fetters of Habit, the leaden weight of Routine, the cloak of many Cares, and the slavery of Home, man feels once more happy.

Sir Richard Francis Burton
(1821 –1890)



The Outbound Traveler. Making decisions on patients with underlying diseases, medical conditions and Rx medications

Dr Jennifer Sisson
(thank you Dr Deborah Mills for provision of slides)



- **DORIS 59 PRESENTS FOR A REPEAT SCRIPT FOR HER BP PILLS.**
- **WHILE SHE IS THERE.....**
- **MENTIONS SHE & HUSBAND FRED 69 ARE**
 - **GOING ON A LUXURY CRUISE**
 - **IN A FEW MONTHS TIME**

- **PANAMA CANAL**
- **A FEW DAYS IN IGUACU**
- **4 DAY SIDE TRIP TO MACHU PICCHU**



- **FRED WANTS TO HAVE A NICE CRUISE BEFORE HE COMES BACK AND HAS PROSTATE SURGERY.**
- **THEY BOTH SEE THEMSELVES AS BEING IN GREAT HEALTH**
- **AND THAT THIS IS A 'SAFE TRIP'**

HOW WOULD YOU APPROACH THIS ?

IMPORTANT PARTS OF THE HISTORY

HOW TO FIND OUT VACCINE HISTORY

INVESTIGATIONS?

WHICH VACCINES TO RECOMMEND ?

HOW TO SCHEDULE?

HOW TO PRIORITISE ?

OTHER ISSUES TO DISCUSS



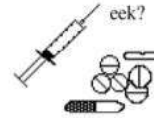
HOW VACCINES ARE GIVEN

POLIO	IPV / Adacel Polio / Boostrix IPV injection One dose of IPV if the original course was given in childhood/school. Available combined with Adacel and Boostrix. (Oral Sabin has been discontinued in Australia.)
TETANUS DIPHTHERIA WHOOPING COUGH	Adacel / Boostrix / ADT / Tetanus Toxoid Tetanus booster is one injection if the original course was given in childhood. Usually given combined e.g. Adacel or Boostrix = Tetanus, Diphtheria, Whooping cough (Pertussis) ADT = Adult Diphtheria & Tetanus
HUMAN PAPILLOMA	Gardasil 9 injection Dose depends on age. 9-14 years age: two injections 0, 6 months. Over 15 years age: three injections 0, 1-2 months, 6 months
MEASLES MUMPS RUBELLA	Priorix* / MMR II* injection (Rubella is also known as German measles). Two injections give lifetime protection.
CHICKENPOX	Varivax* / Varilrix* injection Two injections: 0, 1-2 months. Zostavax* injection One injection protects against shingles.
INFLUENZA	Fluvax / Vaxigrip / Intanza / Fluarix injection Adult: one injection. Child: 6mth-9yrs: two injections 0, 1mth
PNEUMONIA	Prevenar injection Adult: one injection. Pneumovax injection Adult: one injection.
TYPHOID	Typhim Vi / Typherix injection / Vivotif* Oral One injection, or 4 capsules taken Day 1, 3, 5, & 7. Preferably given at least 2 weeks before departure.
TYPHOID + HEPATITIS A	Vivaxim = Typhim Vi + Avaxim One injection protects against Typhoid and Hepatitis A. Booster for Hepatitis A in 6 - 12 mths for lifetime protection.
HEPATITIS A	Avaxim / Vaqta / Havrix injection One initial dose, then a booster at 6-12 months.
HEPATITIS A+B	Twinrix injection Three injections: 0, 1 month and 6 months.
HEPATITIS B	HBVax II / Engerix B injection Usually three injections: 0, 1 month and 6 months. Rapid course: 0, 1, 2, 12 months or 0, 1 wk, 4 wks, 12 months.

MENINGITIS	ACWY – Menveo / Menactra / Nimenrix One injection, given at least 2 weeks before travel. B – Bexsero Two injections, spaced 1-2 months apart.												
YELLOW FEVER	Stamaril* injection One injection, given at least 10 days before travel.												
CHOLERA/ETEC	Dukoral oral Over 6 years of age: two doses of drink, given one week apart. Usually given 3 weeks before travel. Vaccine gives some protection against ETEC diarrhoea for three months.												
JAPANESE B ENCEPHALITIS	Jespect / Ixiaro injection Two injections, spaced a month apart. Imojev* injection One dose for adults.												
TICK-BORNE ENCEPHALITIS	Encepur / FSME-IMMUN injection Regular course: three injections: 0, 1-3 months, 5-12 months Rapid course: two injections: 0, 14 days.												
RABIES	HDCV / Rabipur / Verorab injection <table border="1"> <thead> <tr> <th>Options</th> <th>Before bite</th> <th></th> <th>After bite</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Nothing</td> <td>Bite</td> <td>RIG+ 0, 3, 7, 14, (28) days</td> </tr> <tr> <td>2</td> <td>0, 7, (28) days</td> <td>Bite</td> <td>0, 3 days</td> </tr> </tbody> </table>	Options	Before bite		After bite	1	Nothing	Bite	RIG+ 0, 3, 7, 14, (28) days	2	0, 7, (28) days	Bite	0, 3 days
Options	Before bite		After bite										
1	Nothing	Bite	RIG+ 0, 3, 7, 14, (28) days										
2	0, 7, (28) days	Bite	0, 3 days										
	After rabies risk exposure <ol style="list-style-type: none"> If you are NOT pre-immunised, when bitten – you need Rabies Immune Globulin (RIG) injected into the bite wound on the day of the bite. RIG is a blood product and not available in many countries. Plus you need four to five doses of vaccine in the arm over the next month. If you ARE pre-immunised before exposure, you have more time to seek help and you only need two further doses of vaccine and no RIG. 												
TUBERCULOSIS	BCG* injection One injection, usually given in childhood. BCG vaccine does not work well in adults. A tuberculosis test (Quantiferon or Mantoux) may be recommended before travel, to document immunity. If necessary, the test is repeated 3 months after return home.												
Q FEVER	Q-VAX injection One injection, given at least 2 weeks before exposure. A skin test and blood test must be done prior to vaccination.												

* Live vaccines

PERSONAL VACCINATION SCHEDULE
(TO BE FILLED IN BY YOUR DOCTOR)



DATE:

Polio					
Tetanus / Diphtheria / Wh.cough					
HIB					
Rotavirus					
HPV (Human papilloma)					
Measles / Mumps / Rubella					
Chickenpox or Shingles					
Influenza					
Pneumonia					
Typhoid					
Hepatitis A					
Hepatitis B					
Meningitis ACWY					
Meningitis B					
Yellow Fever					
Cholera / ETEC Diarrhoea					
Japanese B Encephalitis					
Tick-borne encephalitis					
Rabies					
Tuberculosis					
Q fever					
COVID-19					
Malaria Tablets					

Don't forget your **travellers' medical kit** and a **letter of authorisation** for any tablets, medications or drugs you will be carrying overseas.

HOW WOULD YOU APPROACH THIS ?

IF 70 IS THE NEW 40,
SOMEONE FORGOT
TO TELL MY IMMUNE
SYSTEM.



HOW WOULD YOU APPROACH THIS ?

- WHERE GOING
- WHAT DOING
- MEDICAL HISTORY
- MEDICATIONS
- WHAT CAN GO WRONG
- VACCINE HISTORY
- WHICH VACCINES / & WHEN / PRIORITISE
- MEDICAL SUPPLIES / LETTER AUTHORIZATION
- DOCUMENTATION IN CASE SICK
- OTHER ISSUES

IMPORTANT PARTS OF HISTORY

BEEN BEFORE? *WHERE* ? *WHEN*?

PROBLEMS WHILE AWAY?

MEDICAL HISTORY / MEDICATIONS

THIS TRIP

- *WHERE*
- *WHEN*
- *WHY*
- *HOW LONG*
- *WHAT ACTIVITIES / ACCOMMODATION/ FOOD*
- *WITH WHO*

HOW TO FIND OUT VACCINE HISTORY

- AIR
- VACCINE BOOKS
- SEROLOGY
- CURE??

INVESTIGATIONS?

- **OUTSTANDING PROBLEMS?**
- **SEROLOGY FOR MMRV HEP A/B RABIES ?**
- **WHAT IF NOT SURE AND GIVE EXTRA?**

WHICH VACCINES TO RECOMMEND ?

	NEED				
Polio					
Tet/Dip/Pert					
Chickenpox					
Influenza					
Pneumonia					
Typhoid					
Hepatitis A					
Yellow Fever					
Cholera					
Rabies					
COVID					

HOW TO SCHEDULE?

	NEED	0		2 wks before	6mths
Polio	? Ipv				
Tet/Dip/Pert	Adacel				
Chickenpox	Shingrix				
Influenza	Flu? Extra? which				
Pneumonia	Prevenar				
Typhoid	?				
Hepatitis A	?				
Yellow Fever	?				
Cholera	?				
Rabies	?				
COVID	?				

	NEED	0		2 wks before	6mths
Polio	? Ipv	*			
Tet/Dip/Pert	Adacel	*			
Chickenpox	Shingrix	*			*
Influenza	Flu? Extra? which		*		
Pneumonia	Prevenar		*		
Typhoid	?				
Hepatitis A	?	*			*
Yellow Fever	?				
Cholera	?				
Rabies	?				
COVID	?			?	

? EXEMPTION?

MEDICAL CONTRAINDICATION TO VACCINATION Contre-indication médicale à la vaccination

This is to certify that immunization against
Je soussigné(e) certifie que la vaccination contre

_____ for
(Name of disease – Nom de la maladie) pour

_____ is medically
(Name of traveler – Nom du voyageur) est médicalement

contraindicated because of the following conditions:
contre-indiquée pour les raisons suivantes :

(Signature and address of physician)
(Signature et adresse du médecin)

HOW TO PRIORITISE ?

HOW TO PRIORITISE ?

- **SIDE EFFECTS?**
- **COST VS VALUE**
- **HOW MUCH IS TRIP COSTING ?**

OTHER ISSUES TO DISCUSS

OTHER ISSUES TO DISCUSS

- **USUAL MEDICAL PROBLEMS DETERIORATING?**
- **DVT**
- **JETLAG**
- **ALTITUDE / DIAMOX**
- **SEASICKNESS**
- **TRAVELLERS DIARRHOEA ESP CRUISES — PREVENTION/ TREATMENT**
- **MULTIDRUG RESISTANT GERMS ON RETURN**
- **MASKS / COVID TEST KITS / ? PAXLOVID /**
- **MOSQUITO DISEASES**
- **FALLS/ INJURIES**
- **ASPIRIN FOR MI**
- **STI?**

Flying to Cusco

- 35-50% develop AMS
 - 10-15% severe, 5% are bedridden
 - 10% change travel plans, 6% quit
- AZ reduces AMS by 40-60%
 - Only used by 20% of tourists, often not used correctly
- This a major opportunity for travel medicine practitioners!

DO IT FOR DENMARK

DO IT FOREVER



doitforever.dk

**Travel
medicine is
more than just
vaccines**





**"I may not have gone
where I intended to go,
but I think I have ended up
where I needed to be."**

Douglas Adams