The Outbound Traveller



A simplified approach to making vaccine recommendations

Learning objectives

At the conclusion of this activity, participants will be able to:

- Describe current recommendations for travel vaccinations pertaining to commonly encountered travel consultations in general practice
- Counsel patients regarding the utility of travel vaccines and the diseases against which they provide protection
- Assist patients to assess the risk versus benefit profiles of vaccinating against seasonally affected infectious diseases
- Reflect on their current travel medicine approaches and identify opportunities for practice improvement



Outline of today's session

- Part 1: A vacation to Bali
- Part 2: A trip home to India to visit family
- Consider
 - Explaining the infectious disease to patients
 - The role of vaccination and vaccination schedule
 - Rational risk assessments to inform vaccine use

- How to meet Reviewing Performance requirements:
 - Participate in the online discussion via the chat function
 - Post questions in the Q&A
 - Record your answers to the discussion prompts
 - At the end of each section, outline up to 3 changes you intend to make to your practice, or summarise new knowledge you intend to use

The Singh Family: Vacation in Bali

- •The Singh family comes to see you regarding a trip to Bali in 6 weeks' time. They will spend 3 weeks away including time in a beachside resort and time in the Balinese mountains. The Balinese rainy season finished 2 months ago. They seek advice on travel vaccinations.
 - Nikitha, aged 34, insulin requiring diabetes
 - Priya, aged 33, well, Implanon in situ. Dengue fever 8 yrs ago (Not breast feeding)
 - Bindiya aged 6, well
 - Prasanth aged 1, well
- •The Singh family have lived in Australia for 4 years and are originally from India.



The Singh Family: Vacation in Bali

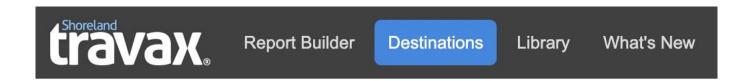
- Both parents have been vaccinated against COVID-19 a year ago (Priya 3 doses and Nikitha, 4 doses).
- The children are also up to date with their COVID-19 vaccination.
- Prior to this, the vaccine history is uncertain, and the family cannot remember what they have been vaccinated against and when.
- They are travelling in 6 week's time.



What resources do you use in travel medicine consults?









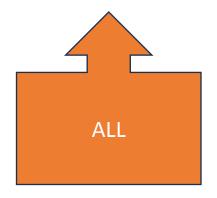


What vaccine-preventa ble diseases will you discuss for the family's trip to Bali?



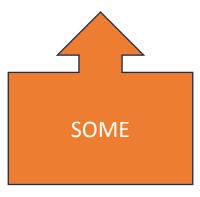
Vaccine preventable illnesses in Bali

- Hepatitis A
- Typhoid
- Influenza



- Hepatitis B
- Measles, Mumps, Rubella
- Rabies
- Japanese encephalitis
- Dengue

COVID



Who gets what?

Bindiya aged 6, well but very needle phobic Came to AUS age 2

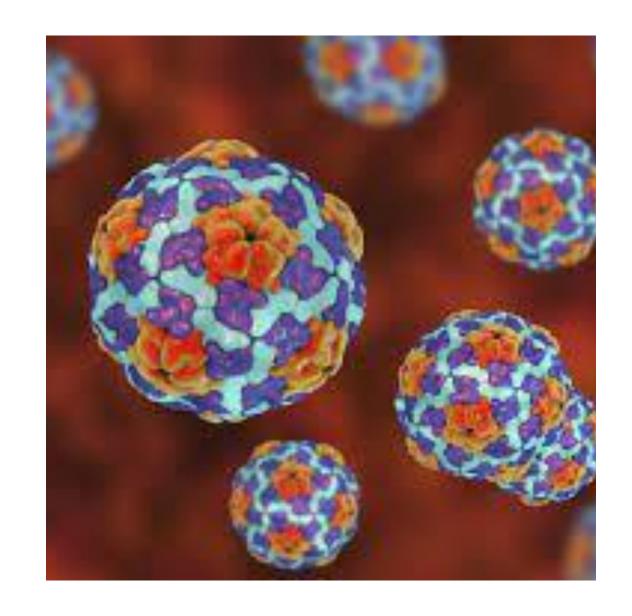
Priya, aged 33, well, Implanon in situ. Dengue fever 8 yrs ago Came to AUS aged 29



Prasanth aged 1, well Born in AUS

Hepatitis A

- Acute viral infection of the liver
- Ranges from mild to severe
- Transmitted by faecal-oral route by contaminated food or water or contact with infected person
- Highly contagious
- Survives well outside its host



Who gets what?: Hepatitis A vaccine

Bindiya aged 6, well but very needle phobic Came to AUS age 2

Priya, aged 33, well, Implanon in situ. Dengue fever 8 yrs ago Came to AUS aged 29



Prasanth aged 1, well Born in AUS

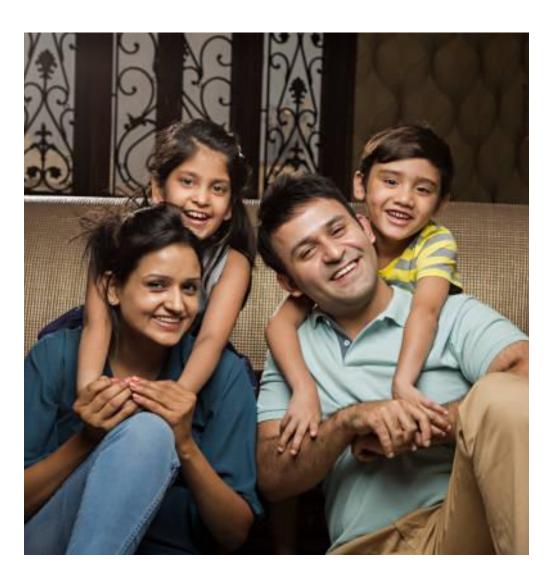
Who gets what?: Hepatitis A vaccine

Bindiya aged 6, well but very needle phobic Came to AUS age 2

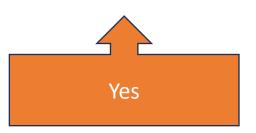
Yes, unlikely immune Can test immunity

Priya, aged 33, well, Implanon in situ. Dengue fever 8 yrs ago Came to AUS aged 29

> Likely immune Yes if not



Prasanth aged 1, well Born in AUS



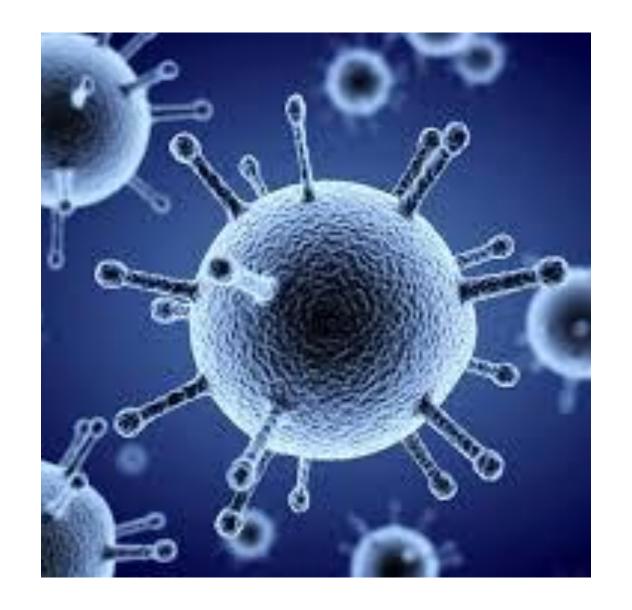


Hepatitis A dosing schedule

Product	Age group	No of doses	Dosing interval
Avaxim	2+	2	6-36 months
Havrix Junior	2-16	2	6-36 months
Havrix 1440	16+	2	6-36 months
Vaqta Paediatric	1-17	2	6-18 months
Vaqta Adult	18+	2	6-18 months

Influenza

- Common disease of the respiratory tract
- Ranges from mild to severe
- Can cause hospitalization and death
- Commonest vaccine preventable disease in Australia



Who gets what?: Influenza vaccine

Bindiya aged 6, well but very needle phobic Came to AUS age 2

Priya, aged 33, well, Implanon in situ. Dengue fever 8 yrs ago Came to AUS aged 29



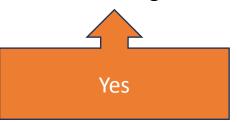
Prasanth aged 1, well Born in AUS

Who gets what?: Influenza vaccine

Bindiya aged 6, well but very needle phobic Came to AUS age 2

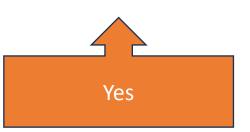


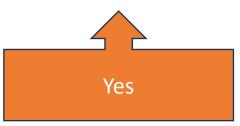
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Prasanth aged 1, well Born in AUS





Typhoid

- Caused by Salmonella typhi via contaminated food or water
- 90% typhoid in Australia due to travel
- Causes fever and diarrhoea
- 10-15% develop complications (bleeding, perforation, encephalitis)



Who gets what?: Typhoid vaccine

Bindiya aged 6, well but very needle phobic Came to AUS age 2

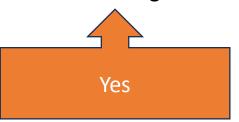
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Prasanth aged 1, well Born in AUS

Who gets what?: Typhoid vaccine

Bindiya aged 6, well but very needle phobic Came to AUS age 2



Priya, aged 33, well, Implanon in situ. Dengue fever 8 yrs ago Came to AUS aged 29

Yes if not vaccinated in last 3 yrs



Prasanth aged 1, well Born in AUS



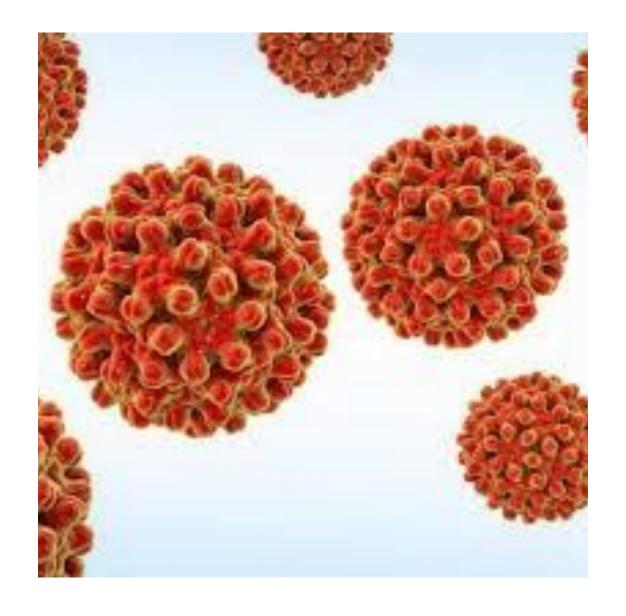


Typhoid dosing schedule

Product	Age group	No of doses	Dosing interval
Typhim VI	2+	1	3 yearly
Vivotif Oral Capsules	6+	Day 1, 3, 5 (+/- day 7)	3 years after 3 dose course; 5 years after 4 dose course
Vivaxim (Hep A + Typhoid)	16+	1	2 nd Hep A dose required 6-36 months later 3 yearly for typhoid

Hepatitis B

- Hepatitis B causes inflammation of the liver
- Transmitted via broken skin or mucosal contact with infected blood or bodily fluids
- Acute hepatitis B occurs in 30-50% infections
- Chronic hepatitis B occurs in 1-10% adults and >90% infants
- Chronic hepatitis B leads to HCC in 25% cases



Who gets what?: Hepatitis B vaccine

Bindiya aged 6, well but very needle phobic Came to AUS age 2

Priya, aged 33, well, Implanon in situ. Dengue fever 8 yrs ago Came to AUS aged 29



Prasanth aged 1, well Born in AUS

Who gets what?: Hepatitis B vaccine

Bindiya aged 6, well but very needle phobic Came to AUS age 2

Check immunity only if doubt exists

Priya, aged 33, well, Implanon in situ. Dengue fever 8 yrs ago Came to AUS aged 29

Check immunity only if doubt exists



Prasanth aged 1, well Born in AUS

Up to date



Who gets what?: MMR vaccine

Bindiya aged 6, well but very needle phobic Came to AUS age 2

Priya, aged 33, well, Implanon in situ. Dengue fever 8 yrs ago Came to AUS aged 29



Prasanth aged 1, well Born in AUS

Who gets what?: MMR vaccine

Bindiya aged 6, well but very needle phobic Came to AUS age 2

Check immunity only if doubt exists

Priya, aged 33, well, Implanon in situ. Dengue fever 8 yrs ago Came to AUS aged 29

Check immunity only if doubt exists



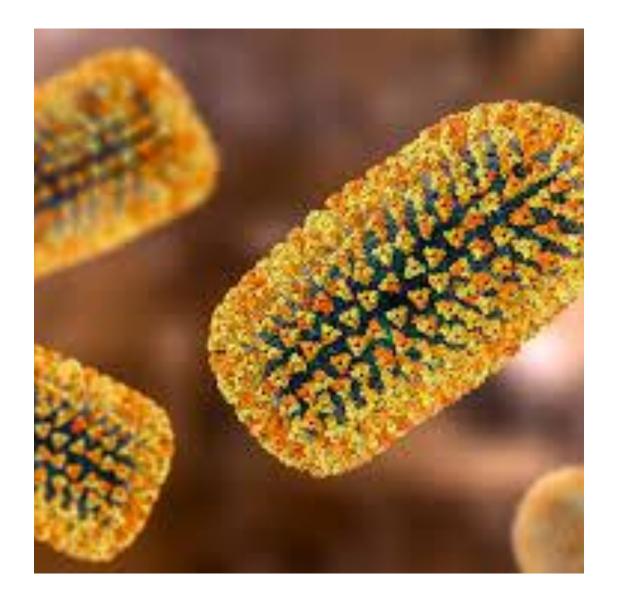
Prasanth aged 1, well Born in AUS

Up to date



Rabies

- Caused by exposure to saliva or neural tissue from an animal infected with rabies <u>virus</u> or other lyssaviruses
- Human exposure via animal scratch/bite that breaks skin, or direct contact of the <u>virus</u> with the mucosal surface, such as nose, eye or mouth.
- Almost always fatal
- All bats
- Rabies-enzootic country animals



Who gets what?: Rabies vaccine

Bindiya aged 6, well but very needle phobic Came to AUS age 2

Priya, aged 33, well, Implanon in situ. Dengue fever 8 yrs ago Came to AUS aged 29



Prasanth aged 1, well Born in AUS

Rational rabies advice



What are the chances of exposure to a rabid bite/scratch?



Children are unpredictable around animals- is vaccination or animal avoidance better?



Pre-exposure vaccination gives additional 24 hours to seek post-exposure care and precludes need for rabies immunoglobulin, reduces number post-exposure rabies vaccines



Pre-exposure prophylaxis does not preclude the need for post-exposure managementpreferably received in Australia

Rabies dosing schedule

Product	Age group	No of doses	Dosing interval
Merieux Inactivated Rabies	Any age	3	Days 0, 7, 21-28
			Boosters for persons with occupational exposures
Rabipur Inactivated Rabies	Any age	3	Days 0, 7, 21-28
			Boosters for persons with occupational exposures

Japanese Encephalitis

- JE is spread by mosquito bites
- Causes inflammation of central nervous system
- Virus comes from pigs & birds
- Case fatality 30%; 50% survivors have neurological sequelae
- No specific treatment exists



Who gets what?: Japanese Encephalitis vaccine

Bindiya aged 6, well but very needle phobic Came to AUS age 2

Priya, aged 33, well, Implanon in situ. Dengue fever 8 yrs ago Came to AUS aged 29



Prasanth aged 1, well Born in AUS

Rational Japanese Encephalitis advice



What are the chances of exposure to a JE infected mosquito?



Is the country affected year-round or in the summer/wet season?



Is the stay short or prolonged?



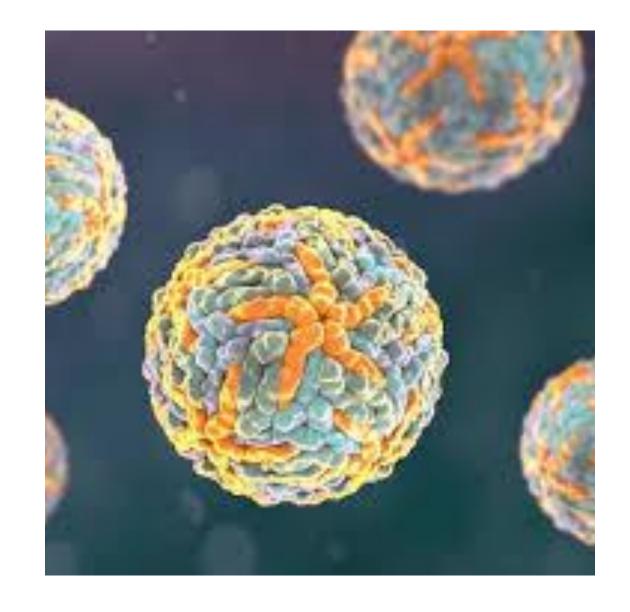
How long will the traveller be in in the at-risk rural area?

Japanese Encephalitis dosing schedule

Product	Age group	No of doses	Dosing interval
Imojev Live Attenuated Japanese Encephalitis	9 months – 17 years	1	Booster at 1-2 years if ongoing exposure to JE
	18+ years	1	NA
JEspect Inactivated Japanese Encephalitis	2 months – 3 years (0.25ml only)	2	28 days
	3 years – 17 years	2	28 days
	18+ years	2	28 days
			Booster 1-2 years if ongoing exposure to JE

Dengue Fever

- Mosquito borne infection
- Tropical & subtropical areas
- Usually year long with peaks in wet seasons
- High fever, myalgias, arthralgias, back pain, nausea, vomiting, retroorbital pain, weakness +/rash
- "Breakbone fever"



Who gets what?: Dengue Fever vaccine

Bindiya aged 6, well but very needle phobic Came to AUS age 2

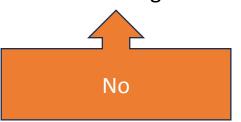
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Prasanth aged 1, well Born in AUS

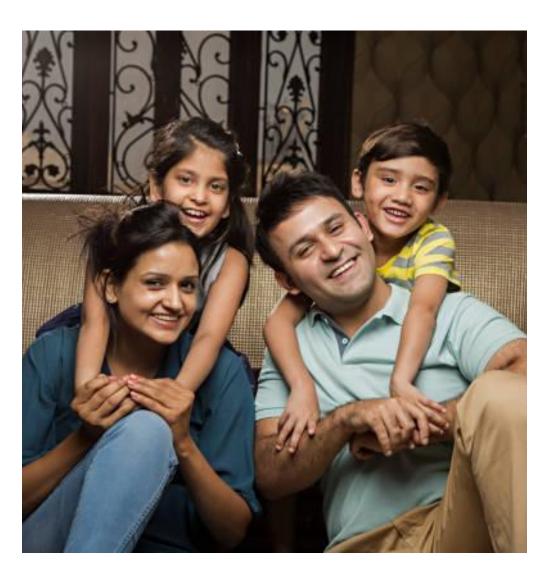
Who gets what?: Dengue Fever vaccine

Bindiya aged 6, well but very needle phobic Came to AUS age 2

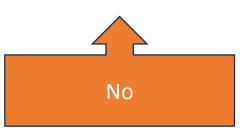


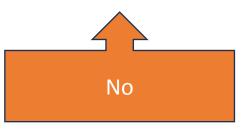
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Prasanth aged 1, well Born in AUS



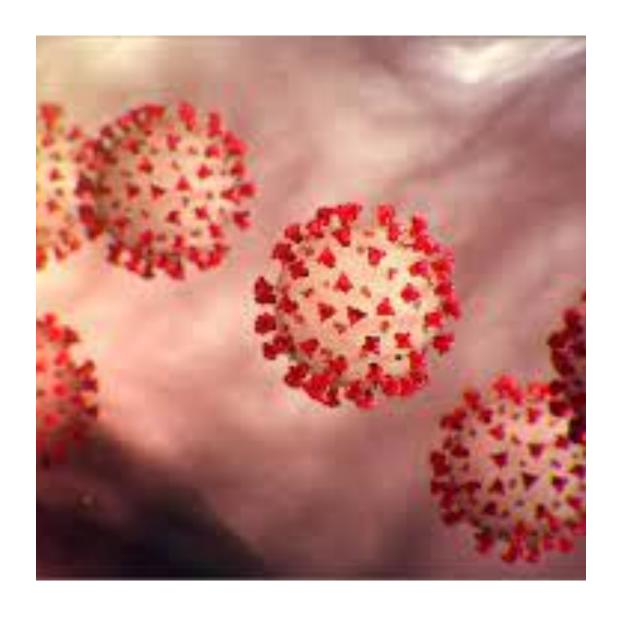


Dengvaxia

The ATAGI advice indicates:

- Dengvaxia® is NEVER indicated for primary prevention of initial dengue infection
- Dengvaxia® is potentially harmful and should not be used in people who have never had a dengue infection
- Dengvaxia® should only be used to prevent subsequent, more serious secondary infections in specific groups
- Vaccination in individuals without evidence of previous dengue infection appears to increase the risk of hospitalisation and serious disease
- Dengvaxia® not recommended for short-term stays in dengue-endemic areas, even in people who have had previous dengue infection, as the risks outweigh any potential benefits
- Dengvaxia® should only be considered when all of the following conditions are met:
 - aged 9-45 years; AND
 - have had previous dengue infections; AND
 - are intending to reside in highly dengue-endemic regions for an extended period; AND
 - only if the potential benefits are deemed to outweigh the risks.
- 3 doses at 0, 6 and 12 months, \$700-800 per shot

COVID-19



Who gets what?: COVID-19 vaccine

Bindiya aged 6, well but very needle phobic Came to AUS age 2

Priya, aged 33, well, Implanon in situ. Dengue fever 8 yrs ago Came to AUS aged 29



Prasanth aged 1, well Born in AUS

Who gets what?: COVID-19 vaccine

Bindiya aged 6, well but very needle phobic Came to AUS age 2



Priya, aged 33, well, Implanon in situ. Dengue fever 8 yrs ago Came to AUS aged 29





Prasanth aged 1, well Born in AUS





The Singh Family: Family Visit to India

- •The Singh family return after their trip to Bali to discuss spending 3 months in India with their extended family in the Indian wet season
- •The family owns a rice farm in rural Uttar Pradesh
- •What vaccines does the family need now?



Vaccine preventable illnesses in India

Already Given

- Hepatitis A + B
- Typhoid
- Influenza + COVID
- MMR

Need to Consider

- Japanese Encephalitis
- Rabies
- Cholera
- Tuberculosis
- Varicella

Vaccine preventable illnesses in India

Already Given

- Hepatitis A + B
- Typhoid
- Influenza + COVID
- MMR

Need to Consider

Japanese Encephalitis



- Rabies
- Cholera
- Tuberculosis
- Varicella

Risk profile has now changed significantly: prolonged stay with family in high-risk areas at high-risk times

Cholera

- Caused by contaminated food and water
- Severe diarrhoea and dehydration and metabolic acidosis, NOT gut inflammation
- If severe (rare), death can occur in 6-12 hours if untreated
- Death rates of 2-10% if untreated



Who gets what?: Cholera vaccine

Bindiya aged 6, well but very needle phobic Came to AUS age 2

Priya, aged 33, well, Implanon in situ. Dengue fever 8 yrs ago Came to AUS aged 29



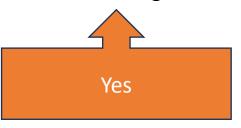
Prasanth aged 1, well Born in AUS

Who gets what?: Cholera vaccine

Bindiya aged 6, well but very needle phobic Came to AUS age 2

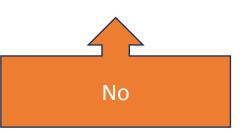


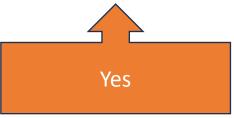
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Prasanth aged 1, well Born in AUS





Cholera dosing schedule

Product	Age group	No of doses	Dosing interval
Dukoral	2-6 years Dissolve vaccine in 150ml & only administer 75ml	3	1-6 weeks
	7+ years Dissolve vaccine in 150ml water	3	1-6 weeks

Tuberculosis

- M. tuberculosis can cause both latent (not ill, not infectious) and active disease (ill and infectious)
- Usually inhaled, can be ingested in unpasteurised milk
- Lung disease is 60% active TB, followed by lymphadenitis TB
- Children at risk of miliary and meningeal TB



Who gets what?: BCG vaccine

Bindiya aged 6, well but very needle phobic Came to AUS age 2

Priya, aged 33, well, Implanon in situ. Dengue fever 8 yrs ago Came to AUS aged 29



Prasanth aged 1, well Born in AUS

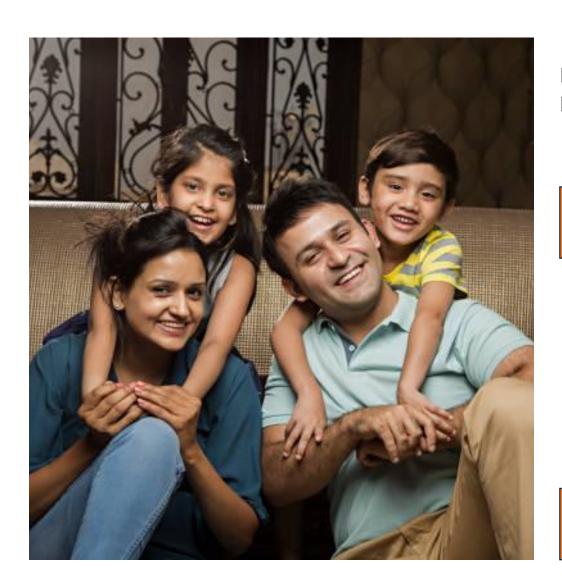
Who gets what?: BCG vaccine

Bindiya aged 6, well but very needle phobic Came to AUS age 2

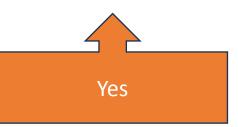
No, immune

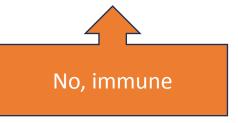
Priya, aged 33, well, Implanon in situ. Dengue fever 8 yrs ago Came to AUS aged 29

No, immune



Prasanth aged 1, well Born in AUS





BCG dosing schedule

Product	Age group	No of doses	Dosing interval
BCG	<12 months 0.05ml	1	NA
	>12 months	1	NA

