**Travel Vaccinations**

**Practice Responsibilities:**

1. To increase travellers’ awareness of the diseases and other health risks related to   
foreign travel, particularly in higher risk countries.

2. To obtain accurate and up to date information to determine the appropriate travel health advice and vaccination(s) for the travellers’ personal health profile and travel itinerary.

3. To use up to date travel health resources including national guidelines and online databases to help decide the appropriate risk management for the individual traveller

4. To deliver appropriate risk management advice on the prevention of disease (including malaria prevention advice where indicated) and also the non-disease health risks related to such travel

5. To administer appropriate travel vaccinations in a safe manner, having made the patient aware of any side effects and obtained the patient’s consent.

6. To work within ‘The code: Professional standards of practice and behaviour for nurses and midwives’ from the Nursing and Midwifery Council (<http://www.nmc.org.uk/standards/code/> ) at all times and other relevant documents.

**Specified books and references**

1. **The Green Book**

Salisbury D, Ramsey M. eds. *Immunisation against Infectious Disease*. First published in 2006 as Immunisation against infectious disease by The Stationery Office, and popularly known as the ‘Green Book’, this publication is now available as individual chapters via the Immunisation section of the GOV.UK website and not in printed form. Updates available at <https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book> (Please note, the paper copy of the Green Book should no longer be used).

1. The Yellow Book (please be aware this book was published in 2010 and is no longer available to purchaseand some sections may be out of date, however a lot of the information remains very useful. )

Field VK, Ford L, Hill DR, eds. (2010) *Health Information for Overseas Travel*. National Travel Health Network and Centre, London, UK. [www.nathnac.org](http://www.nathnac.org)

1. **The UK Malaria Guidelines**

Chiodini PL, Patel D, Whitty CJM and Lalloo DG. Guidelines for malaria prevention in travellers from the United Kingdom, 2015. London: Public Health England, September 2015. <https://www.gov.uk/government/publications/malaria-prevention-guidelines-for-travellers-from-the-uk>

1. **The RCN Travel Health Forum Competency document**

Chiodini J. Boyne L. Stillwell A. Grieve S. Travel health nursing career and competence development, RCN guidance. RCN: London 2012  <http://www.rcn.org.uk/__data/assets/pdf_file/0006/78747/003146.pdf>

1. **British National Formulary** (latest edition!) [www.bnf.org](http://www.bnf.org)
2. **Online computer database** e.g. TRAVAX - www.travax.nhs.uk and or NaTHNaC <http://travelhealthpro.org.uk/> (please note, the use of charts published in journals is no longer for the preferable way for providing up to date advice within a consultation, online databases are updated far more regularly and are the recommended option)
3. **A good atlas or online atlas** e.g. [www.maps.google.co.uk](http://www.maps.google.co.uk)
4. **Recommended websites** for up to date information for health care professionals but some useful ones also for travellers e.g.

* **Health Protection Scotland - TRAVAX for Health Care Professional** [www.travax.nhs.uk](http://www.travax.nhs.uk) and their public site [www.fitfortravel.nhs.uk](http://www.fitfortravel.nhs.uk)

**TRAVEL RISK ASSESSMENT FORM** – to be completed by traveller prior to appointment.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name: | | Your country of origin: | | | | | |
| Date of birth: | | | | | |
| Male □ Female □ | | | | | |
| E mail: | | Telephone number:  Mobile number: | | | | | |
| **PLEASE SUPPLY INFORMATION ABOUT YOUR TRIP IN THE SECTIONS BELOW** | | | | | | | |
| Date of departure: | | Total length of trip: | | | | | |
| **COUNTRY TO BE VISITED** | **EXACT LOCATION OR REGION** | | | | **CITY OR RURAL** | | **LENGTH OF STAY** |
| 1. |  | | | |  | |  |
| 2. |  | | | |  | |  |
| 3. |  | | | |  | |  |
| Have you taken out travel insurance for this trip? Do you plan to travel abroad again in the future? | | | | | | | |
| **TYPE OF TRAVEL AND PURPOSE OF TRIP - PLEASE TICK ALL THAT APPLY** | | | | | | | |
| * Holiday □ Staying in hotel □ Backpacking Additional information * Business trip □ Cruise ship trip □ Camping/hostels * Expatriate □ Safari □ Adventure * Volunteer work □ Pilgrimage □ Diving * Healthcare worker □ Medical tourism □ Visiting friends/family | | | | | | | |
| **PLEASE SUPPLY DETAILS OF YOUR PERSONAL MEDICAL HISTORY** | | | | | | | |
|  | | | **YES** | **NO** | | **DETAILS** | |
| Are you fit and well today | | |  |  | |  | |
| Any allergies including food, latex, medication | | |  |  | |  | |
| Severe reaction to a vaccine before | | |  |  | |  | |
| Tendency to faint with injections | | |  |  | |  | |
| Any surgical operations in the past, including e.g. your spleen or thymus gland removed | | |  |  | |  | |
| Recent chemotherapy/radiotherapy/organ transplant | | |  |  | |  | |
| Anaemia | | |  |  | |  | |
| Bleeding /clotting disorders (including history of DVT) | | |  |  | |  | |
| Heart disease (e.g. angina, high blood pressure) | | |  |  | |  | |
| Diabetes | | |  |  | |  | |
| Disability | | |  |  | |  | |
| Epilepsy/seizures | | |  |  | |  | |
| Gastrointestinal (stomach) complaints | | |  |  | |  | |
| Liver and or kidney problems | | |  |  | |  | |
| HIV/AIDS | | |  |  | |  | |
| Immune system condition | | |  |  | |  | |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **YES** | **NO** | **DETAILS** |
| Mental health issues (including anxiety, depression) |  |  |  |
| Neurological (nervous system) illness |  |  |  |
| Respiratory (lung) disease |  |  |  |
| Rheumatology (joint) conditions |  |  |  |
| Spleen problems |  |  |  |
| Any other conditions? |  |  |  |
| **Women only** | | | |
| Are you pregnant? |  |  |  |
| Are you breast feeding? |  |  |  |
| Are you planning pregnancy while away? |  |  |  |
| Have you undergone FGM / been cut / circumcised |  |  |  |

**Are you currently taking any medication** (including prescribed, purchased or a contraceptive pill)?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **PLEASE SUPPLY INFORMATION ON ANY VACCINES OR MALARIA TABLETS TAKEN IN THE PAST** | | | | | |
| Tetanus/polio/diphtheria |  | MMR |  | Influenza |  |
| Typhoid |  | Hepatitis A |  | Pneumococcal |  |
| Cholera |  | Hepatitis B |  | Meningitis |  |
| Rabies |  | Japanese  encephalitis |  | Tick borne  encephalitis |  |
| Yellow fever |  | BCG |  | Other | |
| Malaria Tablets | | | | | |

**Any additional information**