

A guide for travel vaccines – compiled by Jane Chiodini

Always use this table in conjunction with information from the SmPC at www.medicines.org.uk the BNF at www.bnf.org and the 'Green Book' (GB) at <http://tinyurl.com/nqbpvr5>. See the THT Ltd. [disclaimer](#)

| VACCINE NAME | | AGE GROUPS | WHEN TO BOOST- general principles and comments |
|---|--|---|--|
| HEPATITIS A vaccine (and schedules) | | | |
| ● Hep A vaccine SmPCs have different timings - note Ch. 4, 1 paragraph in GB | | | Ideally, follow the summary of product characteristics but in late - presenting travellers, a course does not need to be restarted. Protection is expected for 25 years from the second dose, then a further booster is generally not needed, except for those at ongoing risk (UKHSA 2024). Also see NaTHNaC & info on Hepatitis A ** plus detail below within the 'Key' section regarding GSK 'Havrix' vaccines***. |
| VAQTA® Paediatric | 2 dose schedule of hepatitis. A vaccine should be given at day 0 and then 6 to 12 months after the initial dose as recommended in Green Book for hep A vaccines. | 1-17 years | |
| VAQTA® Adult | | 18 years and over | |
| Avaxim® | | 16 years and over | |
| Avaxim® Junior | | 1-15 years | |
| Havrix Junior Monodose® | | 1-15 years | |
| Havrix Monodose® | Regimes may vary in SmPCs, see above ● & key | 16 years and over | |
| TYPHOID vaccine | | | |
| Typhim Vi® Single dose | | 2 years and over (but see GB for off-license use from 12mths) | 3 years |
| Vivotif® (Ty21a) Oral vaccine (LIVE) Taken on days 0, 2 & 4 | | 5 years and over | 3 years (Take with cold or luke warm drink 1 hr before meal, swallow capsule whole) |
| HEPATITIS B vaccine (and schedules) Important – Hep B now in the childhood programme not included here | | | |
| Engerix B® - 0, 1 and 6 months | | Over 16 years | Note: 0, 1, 2 month schedule - Green Book now advises a 4 th dose at 12 months in the 2024 edition, see Ch.18 pages 16/17. Green Book policy for hepatitis B for all who have received a primary course (which would include travellers) also children vaccinated according to the routine childhood schedule and individuals at high risk of exposure do not require a reinforcing dose of hep B containing vaccine. This advice now includes healthcare workers (certain groups not included i.e. people with kidney failure, at the time of a significant exposure & healthcare and laboratory workers who have not responded to the primary course). Read Ch. 18, page 17 in GB |
| Engerix B® - 0, 1, 2 and 12 months | | Over 16 years | |
| Engerix B® - 0, 7, 21 days & 12 months | | Over 18 years in SmPC – But also 16 -18 years in Green Book | |
| Engerix B® Paediatric 0, 1, 6 months | | 0 to 15 years | |
| Engerix B® Paediatric 0, 1, 2 and 12 months | | 0 to 15 years | |
| Engerix B® Option of two doses of 1 ml (20mcg) for low-compliance adolescents given 6 months apart when the risk of hepatitis B is low and completion of course can be assured before risk is high | | 11 – 15 years | |
| HBvaxPRO® 0, 1, and 6 months | | 16 years and over | |
| HBvaxPRO® 0, 1, 2 and 12 months | | 16 years and over | |
| HBvaxPRO® Paediatric 0, 1 & 6 months | | 0 – 15 years | |
| HBvaxPRO Paediatric 0, 1, 2 and 12 months | | 0 – 15 years | |
| PreHevBri® ▼ 0, 1, and 6 months | | 18 years and over | |
| Heplisav B® ▼ 0 and 1 month | | 18 years and over | |
| COMBINED vaccines (and schedules) | | | |
| Twinrix Adult® (Hepatitis A and B) 0, 1, 6 months | | 16 years and over | See information about hepatitis A and hepatitis B regarding boosters above. Twinrix Adult rapid schedule could be given from 16 yrs where rapid protection required – see GB page 16, but also national PGD from UKHSA |
| Twinrix Adult® 0, 7, 21, days and 12 months | | 18 years and over | |
| Twinrix Paediatric® 0, 1, 6 months | | 1 – 15 years | |
| Ambirix® (Hepatitis A and B) 0 & 6-12 months | | 1 – 15 years | |
| Discontinued combined Hep A & Typhoid – important to be aware of incase these vaccines are documented in records. These were Hepatyrrix and VIATIM® used only for adults. Both contained an adult dose of hepatitis A and a dose of typhoid. | | | |
| Tetanus, polio & low dose diphtheria (for travel purposes) | | | |
| Revaxis® 1 dose if risk at destination and UK schedule completed more than 10 years ago – see Green Book p372 | | From 6 years - for travel purposes expect to give older than this | 10 years if risk at destination and risk of immunoglobulin not being available |

PLEASE MAKE SURE YOU ARE ALWAYS USING THE LATEST VERSION OF THIS CHART

| VACCINE NAME | AGE GROUPS | WHEN TO BOOST - general principles and comments |
|---|--|--|
| MENINGOCOCCAL vaccine | | |
| Menveo® Single dose (conjugate vaccine) | 2 years | 5-yearly for Hajj, Umrah certificate purposes as per KSA in 2017 ⁺ For travel, boost every 5 yrs until more data available. See NaTHNaC at <i>reinforcing immunisation</i> https://goo.gl/6eSWmu N.B. Children under 1 year need different dosing – see Green Book and NaTHNaC & note SmPC differs |
| Nimenrix Single dose (conjugate vaccine) | 6 weeks of age | |
| MenQuadfi Single dose (conjugate vaccine) | 12 months of age and older | |
| RABIES vaccine 2.5IU; one vial (and schedules) | | |
| Rabipur® 0, 7, 21 or 28 days Accelerated primary course given IM on days 0, 3, 7 and 365 when there is insufficient time to complete the 0, 7, 21-28 day course. Important to note: <ul style="list-style-type: none"> Rabies Vaccine BP made by Sanofi Pasteur was discontinued in 2022. Verorab® is now licensed in the UK, but is not in the Green Book as yet, so for now see news item on TravelHealthPro here | Any age but careful risk assessment under 1 year | Many travellers may not need a booster but one single booster dose of vaccine can be considered following thorough risk assessment, in those who completed a primary course over a year ago. This may be most effective if offered 5 years or more after the primary course if travel is assessed as high risk. See Vaccine Update page 5 in issue 282 . |
| YELLOW FEVER vaccine | | |
| Stamaril® Single dose (LIVE) | Over 9 months | Lifelong in most. See resources for latest details. Certificate valid 10 days post vaccination |
| CHOLERA vaccine | | |
| Important: the Green Book states 'the two vaccines have different precautions, contraindications and administration instructions, healthcare professionals must check prescribing information carefully. See Chapter 14 of Green Book | | |
| Dukoral® Oral vaccine. 2 doses, minimum 1 wk. and maximum 6 weeks apart, given to those from 6yrs of age. 3 doses given in those 2 – 6 yrs old. If more than 6 weeks have elapsed between doses, the primary immunisation course should be re-started. | 2 years and over for both vaccines. Note: children 2 – 6 years, the buffer solution volume is reduced and amount is different between products | 6 months when given to those aged 2 – 6 yrs 2 yrs in those aged 6 yrs to adult age NBM 1 hr before & after vaccine |
| Vaxchora® Oral vaccine (LIVE) Single dose | | NBM 1 hr before & after vaccine No data available on booster interval. Contraindicated for immunosuppressed individuals. Advise careful handwashing after visiting the toilet and preparing food for at least 14 days after taking the vaccine |
| JAPANESE ENCEPHALITIS vaccine | | |
| IXIARO® 0 and 28 days for all age groups. 0.5ml dose for adults & 3 yr to < 18 yr age group 0.25ml for 2 months to < 3yr age group (See SPC for specific instructions) Note: SPC & GB change for new 0 & 7 days schedule in 18-64 yrs & <u>off license</u> in children from 2 months and over 65 yrs when genuinely no time to complete standard schedule | From 2 months | 1 year if at continuous/further risk All others, boost at 12-24 months but see GB for those 65 years and older. Second booster in 18-64 years offer at 10 years. Please see GB for children and those over 65 years for more specific information. Note: primary immunisation should ideally be completed at least one wk prior to JEV exposure |
| TICK BORNE ENCEPHALITIS vaccine | | |
| Tico-Vac® 3 doses of 0.5ml on day 0, 1-3 months after 1 st dose, 5-12 months after 2 nd dose <i>For rapid short-term protection</i> – 2 nd dose can be given 2 weeks after 1 st dose – see 'Green Book' | 16 years and over | Booster at 3 years after initial 3 dose course is completed if individual continues to be at risk. After this, boosters can be given every 5 years but in those aged > 60 years, booster intervals should not exceed three years |
| Tico-Vac® Junior (0.25ml) 3 doses – same dosing schedule as adult Tico-Vac® | 1 year to below 16 years of age | |

| DENGUE vaccine | | |
|---|---------------------|--|
| <p>Qdenga[®] ▼ (LIVE)</p> <p>Use in those 4 years and above. Two doses of 0.5mL on a 0 and 3 months schedule.</p> <p>Note: Qdenga[®] ▼ should be administered by subcutaneous injection, preferably in the upper arm in the region of the deltoid. There are currently no data available on co-administration with other live vaccines such as MMR.</p> | <p>From 4 years</p> | <p>The need for a booster has not been established.</p> <p>Of importance: In the UK, according to guidance in the Green Book, Qdenga[®] ▼ vaccine is currently recommended only for those with previous dengue infection. See Chapter 15a, page 4 on ‘Determining previous infection’. This is very important to read, including information that says ‘Where there is any uncertainty about the previous history, the potential risk of vaccination should be clearly explained’. Figure 1 on page 6 is a useful tool to use and Table 1 illustrates consideration of eligibility for vaccination.</p> |
| <p>KEY</p> <p>+ KSA = Kingdom of Saudi Arabia guidance, see NaTHNaC - Hajj and Umrah (travelhealthpro.org.uk)</p> <p>* Within the Summary of Product Characteristics (SmPC)</p> <p>** The Green Book Ch. 17 Hepatitis A (2024) refers to all hepatitis A products, so the 25 year protection also applies to the combined products and paediatric hepatitis A vaccines. Until further evidence is available on persistence of protective immunity, a further booster at 25 years is generally not needed except for those at ongoing risk. See the Green Book chapter (page 9) and NaTHNaC document at https://travelhealthpro.org.uk/factsheet/21/hepatitis-a</p> <p>***SmPCs for GSK vaccines Havrix Monodose & Havrix Junior Monodose (2022) and Avaxim Junior (2023) states ‘Current data do not support the need for further booster vaccination among immune-competent subjects after 2 dose vaccination course’ but we continue to follow UKHSA guidance as previously described, even in this situation.</p> <p>▼ Black triangle scheme - drug subject to additional monitoring - see here</p> <p>From August 2024,</p> <ul style="list-style-type: none"> • LIVE vaccines were indicated on this chart. For further information regarding types of vaccines see Types of vaccine Vaccine Knowledge Project (ox.ac.uk) • When it comes to the need to give more than one live travel vaccine make sure you are aware of the guidance within the individual disease chapters and also Contraindications and special considerations: the green book, chapter 6 - GOV.UK (www.gov.uk) to ensure you have the correct timing intervals | | |
| <p>Sources of Information for this chart taken from:</p> <ul style="list-style-type: none"> • UK Health Security Agency (2021) Immunisation Against Infectious Diseases – The Green Book with subsequent updates and revised chapters found on this website. Immunisation against infectious disease - GOV.UK (www.gov.uk) • Green Book ‘travel only’ chapters also found on TravelHealthPro at NaTHNaC - The green book travel chapters (travelhealthpro.org.uk) • Electronic Medicines Compendium www.medicines.org.uk/emc/ • National websites www.travelhealthpro.org.uk and www.travax.nhs.uk <p>IMPORTANT – Where there is a difference between the Green Book and the SmPC, the Green Book should be followed – see first paragraph of Immunisation procedures: the green book, chapter 4 - GOV.UK (www.gov.uk)</p> | | |

This chart was designed & created by Jane Chiodini © www.janechiodini.co.uk **Updated 15.10.24**