# A Guide to Travel Vaccines

This set of notes was designed as an educational tool and a reference point for common questions that revolves around travel vaccines, such as safety in pregnancy, time taken for the vaccine to be effective after administration, and etc. All of the information below were drawn from both the latest versions of the Australian Immunisation Handbook, and also the Australian Medicines Handbook.

If there is a ‘?,’ it means that I could not find any information on it. However, if you manage to find something on it, do let me know what you’ve found and also the source so that I can update these notes. Also, if you notice any errors, feel free to contact me as well so I can rectify it.

Created by Kw  
Last updated: 18/02/2017

<table>
<thead>
<tr>
<th>Common Travel Vaccines</th>
<th>Minimum Age for Use</th>
<th>Safety in Pregnancy</th>
<th>Time Taken for the Vaccine to be Effective</th>
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<tbody>
<tr>
<td><strong>Cholera (Oral)</strong></td>
<td>Child &gt;2 yo</td>
<td>• Limited data</td>
<td>Complete course at least <strong>two weeks</strong></td>
<td>Adults: 2 years</td>
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<td></td>
<td>Note: Dose for children aged 2-6yo and &gt;6 yo is different</td>
<td>• Not routinely recommended</td>
<td>before potential exposure</td>
<td>Child &lt;6 yo: 6 months</td>
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<tr>
<td><strong>Hepatitis A</strong></td>
<td>Minimum age for use of the hepatitis A vaccine varies with brands. Please check manufacturer’s recommendations</td>
<td>• Limited data</td>
<td>1) Hepatitis A Vaccine (Havrix or VAQTA)</td>
<td>The duration of immunity, and therefore protection is <strong>not certain</strong>. However, vaccine-induced anti-HAV probably persists for many years. There is no current evidence that booster doses are required. In healthy individuals, it is quite possible that they will never be required i.e. <strong>long lasting protection</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Not routinely recommended</td>
<td>• <strong>Four</strong> weeks after a single dose</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>• Should only be given if the person has no immunity to Hepatitis A and are at increased risk of acquiring it</td>
<td>2) Hepatitis A Vaccine (Avaxim)</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>• <strong>Two</strong> weeks after a single dose</td>
<td>Note: Most Australians would have completed the primary schedule at 6 months of age</td>
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Note: Most Australians would have completed the primary schedule at 6 months of age

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| Hepatitis B [Inactivated Viral Vaccine] | 1) Engerix B Paediatric; H-B-Vax II Paediatric  
• From Birth  
2) Engerix B Adult; H-B-Vax II Adult  
• Adult >20 yo | • Limited data  
• Not routinely recommended  
• Should only be given if the person has no immunity to Hepatitis B and are at increased risk of acquiring it | ?  
Note: Most Australians would have completed the primary schedule at 18 months of age | After completion of a primary course, booster doses are not recommended for immunocompetent persons (children and adults). This is because there is good evidence that a completed primary course of hepatitis B vaccination provides long lasting protection |
| Influenza [Inactivated Vaccine]         | Minimum age for use of the influenza vaccine varies with brands. Please check manufacturer’s recommendations  
Note: Vaccination is best given in Autumn in anticipation of influenza outbreaks during winter | • Safe to use  
• Recommended during pregnancy | Full immunity is achieved around 10–14 days after vaccination | One year |
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| **Japanese Encaphelitis (JE)** | 1) Inactivated Viral Vaccine (Jespect)  
   • Child >2 months  
   Note: The dose for children <3 yo is different to that of children >3 yo  
2) Live attenuated Viral Vaccine (Imojev)  
   • Child >9 months | 1) Inactivated Viral Vaccine (Jespect)  
   • **Limited data**  
   • Not routinely recommended  
   • Should only be given if the risk of acquiring JE is high because JE infection is associated with miscarriage  
   • If the risk of JE infection is high, the person should be vaccinated with the inactivated vaccine (Jespect) instead of the live attenuated vaccine (Imojev)  
2) Live attenuated Viral Vaccine (Imojev)  
   • **Contraindicated** as there is a hypothetical risk of acquiring the infection  
   • **No data** available  
   • Women of child-bearing age should avoid pregnancy for 28 days after vaccination | 1) Inactivated Viral Vaccine (Jespect)  
   • Last dose should be given at least **seven days** before potential exposure  
2) Live attenuated Viral Vaccine (Imojev)  
   **Adult: 28 days**  
   **Children: 14 days** | 1) Inactivated Viral Vaccine (Jespect)  
   • Duration of immunity following the booster dose is at least **12 months**  
2) Live attenuated Viral Vaccine (Imojev)  
   • **Five years** following a single dose |
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| Meningococcal [Inactivated Bacterial Vaccine] | Minimum age for use of the meningococcal vaccine varies with different forms. Please check manufacturer’s recommendations | 1) Conjugate & Polysaccharide Forms (4vMenCV & 4vMenPV & MenCCV)  
- Both conjugate and polysaccharide versions have **limited data**  
- Not routinely recommended  
- Can be given if clinically indicated | 4vMenCV: **4 weeks**  
4vMenPV: ?  
MenCCV: ?  
MenBV: ? | 1) 4vMenCV & 4vMenPV  
- Give a booster every **five years**  
2) MenCCV  
- Booster requirements are currently **unknown**  
3) Meningococcal B Form (MenBV)  
- Duration of protection is **unknown** |

Meningococcal Conjugate & Polysaccharide Forms (4vMenCV & 4vMenPV & MenCCV)  
- Both conjugate and polysaccharide versions have limited data  
- Not routinely recommended  
- Can be given if clinically indicated  

Meningococcal B Form (MenBV)  
- No data  
- Unlikely to result in adverse outcomes of the pregnancy.  
- Not routinely recommended  
- Can be given if clinically indicated
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| Rabies [Inactivated Viral Vaccine] | From Infancy | • Limited data  
• Not routinely recommended  
• Unlikely to result in adverse outcomes of the pregnancy  
• Should be given if there is an increased risk of exposure or where there has been a risk of potential exposure | ? | • Long term immunity of at least 10 years  
• Booster doses are not required for persons who are travelling to, or living in, an area of high rabies risk and who have completed a primary course  
• Booster doses of rabies vaccine are recommended for immunised persons who have ongoing occupational exposure to lyssaviruses in Australia or overseas. The frequency of booster doses may vary depending on a couple of factors, such as serology results |
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| Polysaccharide IM: Inactivated Bacterial Vaccine | 1) Typhoid Polysaccharide IM  
   - Child >2 yo  
2) Oral Typhoid  
   - Child >6 yo | 1) Typhoid Polysaccharide IM  
   - No data  
   - unlikely to result in adverse outcomes of the pregnancy  
   - Not routinely recommended  
   - Should only be given if travelling to endemic countries where the sanitisation and water quality is poor  
2) Oral Typhoid  
   - Contraindicated  
   - Typhoid polysaccharide IM is preferred  
   - Limited data suggests that there are no increased occurrence of foetal damage with oral live attenuated vaccine | 1) Typhoid Polysaccharide IM  
   - Give IM vaccine at least 14 days before potential exposure to S. typhi  
2) Oral Typhoid  
   - Ideally, complete the course of oral typhoid vaccine at least one week before potential exposure to S. typhi | 1) Typhoid Polysaccharide IM  
   - 3 years |
| Oral: Live attenuated bacterial vaccine |                     |                     |                                           |                        |
| **Yellow Fever**       |                     |                     |                                           |                        |
| [Live attenuated Viral Vaccine] | 1) Yellow Fever  
   - Child >9 months  
Note: It can be given from as young as six months but there is an increased risk of adverse effects. Therefore it is best to only give this vaccine if the child is above nine months of age | 1) Not recommended  
   - If travel to endemic countries of yellow fever is unavoidable, pregnant women should be vaccinated  
   - A large number of pregnant women have been given the vaccine with no adverse outcomes | Immunity is acquired approximately 14–28 days after vaccination | Lifelong immunity after a single dose |
|                         |                     |                     |                                           |                        |

Note: Revaccination is required after 10 years under International Health Regulations for a valid International Certificate of Vaccination or Prophylaxis (ICVP) against yellow fever.