

## VACCINE SCHEDULES

The vaccine schedules detailed below are those recommended by the vaccine manufacturers. Many vaccines can be given at short notice or schedules shortened to accommodate your travel plans. Vaccines are listed **A-Z** and **not** in any order of importance or priority. Please see [www.medicines.org.uk](http://www.medicines.org.uk) for detailed information.

Vaccination	Vaccine Type	Contraindications	Schedule	Other information
<b>BCG</b> (including Mantoux testing)	BCG is normally into the left upper arm	<p>Those who have already had a BCG vaccine.</p> <p>Those with a past history of TB.</p> <p>Severe allergic reaction (anaphylaxis) to previous dose of the vaccine or its constituents.</p> <p>Those whose immune systems are compromised.</p> <p>Young babies in a household where an active case of TB is suspected or confirmed.</p>	Mantoux testing is used as a screening test for tuberculosis infection or disease. It is not a vaccine. It can be performed for those requiring Mantoux testing for occupational purposes. The Mantoux test is read 48 - 72 hours later.	<p>Should be given at the same time as other live vaccines (e.g. MMR and yellow fever). If not, should be given at an interval of four weeks.</p> <p>Mantoux testing is not usually performed if a live vaccine has been given in the preceding four weeks</p> <p>Mantoux testing is not performed in the clinic on a Thursday, as it would need to be read on a Sunday, when we are closed.</p>
<b>Cholera</b> (Dukoral)	Vaccine is given orally	Severe allergic reaction (anaphylaxis) to previous dose of the vaccine or its constituents	<p><b>Aged 6 and over:</b> First dose on day 0. Second dose between one and six weeks after first dose</p> <p><b>For children aged 2- 6 years:</b> First dose on day 0. Second dose between 1- 6 weeks after first dose. Third dose between 1- 6 weeks after second dose</p> <p><b>Booster:</b> For continuous protection against cholera, a single booster dose is recommended two years after completing the primary course for adults and children over six years of age. For children aged 2- 6 years a booster after six months is required.</p> <p>If more than 2 years have elapsed the primary course should be repeated.</p>	Those receiving vaccine should not eat or drink one hour pre and post administration of this vaccine.

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<b>Diphtheria/Polio/Tetanus (DPT)</b> (Revaxis)	Injection into the upper arm or outer thigh	Severe allergic reaction (anaphylaxis) to previous dose of the vaccine or its constituents	<b>For adults:</b> Initial course 3 injections at 4 week intervals. <b>Booster:</b> Single booster doses every 10 years.	Those who have completed five doses of vaccine in their lifetime should continue to have vaccine every 10 years if at continued risk and travelling.
<b>Hepatitis A</b> (Havrix Monodose)	Injection into the upper arm or outer thigh	Severe allergic reaction (anaphylaxis) to previous dose of the vaccine or its constituents	<b>Adults:</b> Course of 2 injections ideally 6 to 12 months apart. <b>Timing:</b> Ideally 2 weeks before travel although may be worth giving for those travelling at short notice e.g. within days of travel. <b>Booster:</b> One injection gives protection for 12 months and a 2 <sup>nd</sup> injection gives at least 20 years protection in a healthy individual.	
<b>Hepatitis A Junior</b> (Havrix Junior Monodose)	Injection into the upper arm or outer thigh	Severe allergic reaction (anaphylaxis) to previous dose of the vaccine or its constituents	<b>Children:</b> Aged 1-16 years of age, 2 injections as per adult schedule. <b>Timing:</b> Ideally 2 weeks before travel, although may be worth giving for those travelling at short notice e.g. within days of travel. <b>Booster:</b> One injection gives protection for 12 months and a 2 <sup>nd</sup> injection gives at least 20 years protection in a healthy individual.	Hepatitis A vaccine is not usually required in those under two years of age.
<b>Hepatitis B</b> (Engerix B) (Engerix B Paediatric)	Injection into the upper arm or outer thigh	Severe allergic reaction (anaphylaxis) to previous dose of the vaccine or its constituents	<b>Adults and Children:</b> Course of 3 injections given at 0, 1 and 6 months. Can be given from birth. <b>Timing:</b> Other rapid schedules (adults over 18 yrs only) for those travelling at short notice include days 0, 1 month and 2 months or, days 0, 7 and 21-28. Both these schedules should have a booster at one year. <b>Booster:</b> Boost at 1 year. Full duration of protection for Hep B has yet to be established. It is therefore recommended that individuals at continuing risk of infection should be offered a single booster dose of vaccine once only around five years after primary immunization.	Hepatitis B vaccine can be given to those requiring it for occupational health purposes, as well as for travel.

Vaccination	Vaccine Type	Contraindications	Schedule	Other information
<p><b>Hepatitis A and B Combined</b> (Twinrix)</p>	<p>Injection into the upper arm or outer thigh.</p>	<p>Severe allergic reaction (anaphylaxis) to previous dose of the vaccine or its constituents.</p>	<p><b>Adults:</b> Protection against Hepatitis A and Hepatitis B. Course of 3 injections given at 0, 1 and 6 months. Rapid schedule on days 0, 7 and 21 for adults travelling at short notice (Primary immunization requires a booster at 1 year).</p> <p><b>Children:</b> (1-15 years of age): Course of 3 injections given at 0, 1 and 6 months.</p> <p><b>Booster:</b> Full duration of protection for Hep B has yet to be established. It is therefore recommended that individuals at continuing risk of infection should be offered a single booster dose of vaccine once only around five years after primary immunization. Hepatitis A booster may be considered 20 years after primary immunization in healthy individuals.</p>	
<p><b>Hepatitis A and Typhoid Combined</b> (Viatim or Hepatyrix)</p>	<p>Injection into the upper arm or outer thigh.</p>	<p>Severe allergic reaction (anaphylaxis) to previous dose of the vaccine or its constituents.</p>	<p><b>Adults:</b> One dose protects for 1 year for Hepatitis A and 3 years for Typhoid.</p> <p><b>Children:</b> Viatim and Hepatyrix cannot be given to those aged less than 16 or 15 years respectively.</p> <p><b>Timing:</b> Ideally at least 10 days before travelling to high risk areas, although may be worth giving for those travelling at short notice e.g. within days of travel.</p> <p><b>Booster:</b> A single dose of Hepatitis A given 6-12 months later gives protection for 20 years in healthy individuals.</p>	

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<p><b>Japanese Encephalitis (Ixiaro)</b></p>	<p>Injection into the upper arm or outer thigh.</p>	<p>Severe allergic reaction (anaphylaxis) to previous dose of the vaccine or its constituents.</p>	<p><b>Schedule:</b> 2 doses day 0 and day 28.</p> <p><b>Timing:</b> There is no requirement for 10 day interval before travelling following administration of this vaccine.</p> <p><b>Booster:</b> Following a primary course a booster dose should be considered after 1year if at risk.</p>	<p>Licensed in adults aged 18 years or over.</p>
<p><b>Japanese Encephalitis (Korean Green Cross)</b></p>	<p>Injection into the upper arm or outer thigh.</p>	<p>Severe allergic reaction (anaphylaxis) to previous dose of the vaccine or its constituents.</p>	<p><b>Children aged over 3 years and adults:</b> Course of 2 or 3 injections, day 0, 7-14 days and 28-30 days. Full immunity takes up to a month to develop. Under exceptional circumstances, a two dose schedule at 0 and 7-14 days or three doses at 0, 7 and 14 days can be given, but result in lower antibody responses or shorter duration.</p> <p><b>Children under three years:</b> three half doses, day 0, 7-14 days and 28-30 days. Full immunity takes up to a month to develop.</p> <p><b>Timing:</b> Last dose should ideally be completed 10 days before travel</p> <p><b>Booster:</b> At one year after completion of the primary course, then at three yearly intervals may be considered.</p>	<p>Individuals with unstable neurological conditions, including convulsions may be at higher risk of adverse events from vaccination.</p> <p>Specialist advice is available in the clinic. Those individuals with multiple allergies or history of anaphylaxis may be at increased risk of allergic type reactions to this vaccine.</p> <p>After receiving this vaccine, patients must sit and rest for at least 30 minutes before leaving the clinic</p>
<p><b>Measles, Mumps and Rubella (MMR) (Priorix)</b></p>	<p>Injection into the upper arm or outer thigh.</p>	<p>Severe allergic reaction (anaphylaxis) to previous dose of the vaccine or its constituents.</p>	<p><b>Adults:</b> One or two injections one month apart.</p> <p><b>Children:</b> Two doses. UK immunization programme usually given over the age of one and pre-school.</p> <p><b>Booster:</b> Two doses as per schedule, no further boosters required.</p>	<p>May be given to those under the age of one. Seek specialist advice in the clinic.</p> <p>Should be given at the same time as other live vaccines (e.g. Yellow fever and BCG). If not, should be given at an interval of less than four weeks.</p>

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<b>Meningococcal (ACWY-Vax)</b>	Injection into the upper arm or outer thigh.	Severe allergic reaction (anaphylaxis) to previous dose of the vaccine or its constituents.	<p><b>Children from two years of age and adults:</b> Single dose</p> <p><b>Children over 3 months and under two years:</b> two doses with an interval of three months between doses</p> <p><b>Timing:</b> Ideally 10 days before travel.</p> <p><b>Booster:</b> A reinforcing dose should be given every five years to those at continued risk.</p>	<p>Visa entry requirements should be checked for travel to individual countries.</p> <p>Large epidemics have occurred in association with Hajj pilgrimages to Saudi Arabia and vaccination is now a visa entry requirement. Saudi authorities require boosters for visa purposes every 3 years.</p>
<b>Meningococcal conjugate vaccine (Menveo)</b>	Injection into the upper arm or outer thigh.	Severe allergic reaction (anaphylaxis) to previous dose of the vaccine or its constituents.	<p>Single dose.</p> <p>It is expected that the conjugated vaccine will be more immunogenic in young children. It is therefore the preferred meningitis ACWY vaccine for infants aged 1 to 4 years.</p> <p><b>Timing:</b> Ideally 10 days before travel.</p> <p><b>Booster:</b> Currently uncertain</p>	<p>Use of this vaccine under the age of 11 is unlicensed.</p> <p>Visa entry requirements should be checked for travel to individual countries.</p> <p>Large epidemics have occurred in association with Hajj pilgrimages to Saudi Arabia and vaccination is now a visa entry requirement. Saudi authorities require boosters for visa purposes every 3 years.</p>
<b>Rabies (Human Diploid Cell Vaccine or Rabipur)</b>	Injection into the upper arm or outer thigh.	Severe allergic reaction (anaphylaxis) to previous dose of the vaccine or its constituents.	<p><b>Adults:</b> Course of 3 injections over a 3 or 4 week period, days 0, 7 and 21 or 28.</p> <p><b>Timing:</b> Ideally one month before travelling to complete schedule.</p> <p><b>Booster:</b> For those at regular and continuous risk, a single reinforcing dose of vaccine should be given one year after the primary course. Further doses should be given at 3-5 year intervals thereafter.</p>	<p>If you are bitten, licked or scratched by a mammal you still need to seek immediate medical advice, even if you have been vaccinated.</p> <p>However, vaccination prior to travel simplifies post exposure treatment.</p>

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<b>Tick Borne Encephalitis</b> (Tic-O-Vac)	Injection into the upper arm or outer thigh.	Severe allergic reaction (anaphylaxis) to previous dose of the vaccine or its constituents, <b>including egg.</b>	<p><b>Adults and children:</b> Course of 3 injections, day 0, 1-3 months and 5-12 months after the second dose. For rapid short-term protection of children and adults the second dose may be given two weeks after the first dose and gives at least 90% protection by day 14 after the second dose.</p> <p><b>Timing:</b> at least two weeks before travelling to complete rapid two dose short-term protection.</p> <p><b>Booster:</b> Recommended every three-five years after an initial three dose schedule if the individual continues to be at risk.</p>	
<b>Typhoid</b> (Typhim Vi)	Injection into the upper arm or outer thigh.	Severe allergic reaction (anaphylaxis) to previous dose of the vaccine or its constituents.	<p><b>Adults and children aged 2 years or over:</b> Single dose.</p> <p><b>Timing:</b> Ideally at least 10 days before travelling.</p> <p><b>Booster:</b> A reinforcing dose is necessary after 3 years if at continued risk.</p>	
<b>Yellow Fever</b> (Stamaril)	Injection into the upper arm or outer thigh.	Severe allergic reaction (anaphylaxis) to previous dose of the vaccine or its constituent, <b>including egg.</b>  Those with thymus disorder.	<p><b>Adults:</b> Single dose.</p> <p><b>Timing:</b> Ideally 10 days before travel.</p> <p><b>Booster:</b> for a reinforcing dose should be considered after 10 years.</p>	Should be given at the same time as other live vaccines (e.g. MMR and BCG). If not, should be given at an interval of four weeks.