/accine	Circumstances in which NHS prescription may be issued	Can GP charge for vaccine administration?	Additional notes
Cholera - Oral raccine (<i>Dukoral</i> ®)	WHO no longer recommends routine use of this vaccine Available on NHS prescription for those unable to take effective precautions e.g. when wars occur, when working in refugee camps or when outbreaks of cholera have been reported	• No	Advice from TRAVAX is that most authorities consider care to avoid contaminated water and foods is more important than cholera vaccination. TRAVAX also suggests a sample letter stating vaccination is not recommende when certificates/vaccination is demanded by employers- (example available a https://www.the-stationery-office.co.uk/doh/hinfo/travel33.htm).
Diphtheria (low dose), tetanus and nactivated polio combined Revaxis ®)	Available on NHS prescription Individual prescription should be written for the patient (i.e. not taken from childhood immunisation supply)	• No	Yellow book states that all individuals should have completed primary tetanus/ diphtheria and polio (5 doses of each). When more than 10 years has elapsed since the primary course and travel is to a developing area a tetanus booster should be given; a diphtheria booster should also be given if travel is for more than one month. Green book further qualifies this by stating "where tetanus, polio and diphtheri protection is required and the final dose of relevant antigen is more than 10 years ago, Td/IPV should be given".
Hepatitis A Avaxim® Epaxal® Havrix Mono ®) Vaqta Paediatric ®)	Available on NHS prescription (both initial dose and booster dose)	• No	Protection against hepatitis A is recommended for travellers to areas of high or moderate Hepatitis A virus (HAV) endemicity, particularly if sanitation and foo hygiene are likely to be poor (as "red book"). If booster dose given 6-12 months after initial dose, immunity is conferred for years.
Hepatitis B Engerix B ® Hbvaxpro ®)	Not available on the NHS for travel. Private prescription to be issued	Yes for travel - patient can be charged for Hep B vaccine administration	Immunisation is recommended for groups who are at increased risk of hepatit B because of their lifestyle, occupation or other factors (see Green Book for further details). Short term tourists or business travellers are not generally at increased risk of infection unless they place themselves at risk by their sexual behaviour when abroad.
Hepatitis B combined with hepatitis A (Twinrix ®)	Available on NHS prescription	• No	See notes under hepatitis A and hepatitis B.
Japanese Encephalitis	Not available on the NHS. Private prescription to be issued Not licensed in UK for travel	• Yes	Prescribers should be familiar with the efficacy and safety concerns with this vaccine. (reference "green book" www.dh.gov.uk). Supplied on a Named Patient Basis and available from - Sanofi Pasteur MSD (08000855511) and MASTA (0113 238 7500)
Malaria prophylaxis	Not available on the NHS	• N/A	Comprehensive advice for malaria prophylaxis should be given. Some regimens may be purchased directly from the community pharmacist e. chloroquine (Avloclor®, Nivaquine®) and proguanil (Paludrine®). POM medications e.g. Vibramycin® (Doxycycline), Malarone® (Proguanil +
Meningococcal vaccine (Acwy Vax ®)	Not available on the NHS. Private prescription to be issued	• Yes	huals travelling to countries of risk should be immunised with a vaccine should be immunised. W135 and Y. Should be immunised even if they have received Meningococcal graduates.
Polio Dral vaccine is no onger available Department of Health recommend use of triple vaccine Revaxis ®)	Available on NHS prescription Individual prescription should be written for the patient (i.e. not taken from childhood immunisation supply)	• No	the bidemic or endemic areas should ensure that they are fully scorring to UK schedule. Additional doses of vaccines may be stricted in the destination and the nature of travel intended (see the for more information). If it fealth guidance now recommends that if polio is necessary for triple vaccine Revaxis® is given. Patients should be advised that the notate of risk of local reaction if they have received one of the other. Let anus or diptheria) within the last 5 years.
Rabies Rabipur ®)	Not available on the NHS for travel. Private prescription to be issued	• Yes	Green book specifies which countries are at "no risk" "low risk" and "high risk" rables and advises accordingly. N.B. Immunisation against rables does not prevent rables- it gives patient an extra 24 hours to seek urgent medical assistance.
Tetanus, low dose liphtheria and nactivated polio combined Revaxis ®)	Available on NHS prescription Individual prescriptions should be written for the patient (i.e. not taken from childhood immunisation supply)	• No	Yellow book states that all individuals should have completed primary tetanus diphtheria and polio (5 doses of each). When more than 10 years has elapse since the primary course and travel is to a developing area a tetanus booster should be given; a diphtheria booster should also be given if travel is for more than one month. Green book further qualifies this by stating "where tetanus, polio and diphther protection is required and the final dose of relevant antigen is more than 10 years ago, Td/IPV should be given".
Typhoid/ paratyphoid Typherix ® Typhim VI ® Vivotif ®)	Available on NHS prescription	• No	
depatitis A in combination with yphoid (Hepalyrix ®, Hatim ®)	Available on NHS prescription	• No	See notes on Hepatitis A and typhoid.
ick Borne Encephalitis	Not available on the NHS. Private prescription to be issued Not licensed in the UK for travel	• Yes	Prescribers should be familiar with the efficacy and safety concerns with this vaccine (reference "green book" www.dh.gov.uk). Supplied on a Named Patient Basis and available from - MASTA (0113 238 7500)
fellow fever Stamaril ®)	Only available at designated centres. This is to ensure vaccine storage, administration and certification is carried out correctly	• Yes	The following should be immunised: persons aged 9 months or older travelling through or living in infected an and those travelling outside urban areas of countries in the yellow fever endemic zone. travellers requiring an International Certificate of Vaccination for entry in
	Board Public Health Departments can advise of local designated		country. Yellow fever is now the only disease for which an international vaccination certificate may be required for entry into a country. The International Certificate is valid for 10 years beginning 10 days after the