

Travel Vaccine Schedule



This table acts as a quick guide to vaccine schedules. The Summary of Product Characteristics should always be referred to for more detailed information.

Vaccine	Trade Name (Vaccine Type)	Adult Schedule	Booster or Revaccination	Children	Comments
Cholera	Dukoral® (Inactivated bacterial)	2 doses oral (150ml): 1-6 weeks apart	Boost at 2 yrs adults and children > 6 yrs Children 2-6 yrs boost at 6 months If > 2 yrs restart schedule	2-6 yrs 3 doses (75ml) >6 yrs 2 doses (150ml): 1-6 weeks apart	Nil by mouth for 1 hr before and after Dukoral® If > 6 weeks between doses, restart schedule. Protects 1 week after final dose
Diphtheria	Revaxis® (Inactivated viral and toxoid)	3 doses 0.5ml IM 1 month apart	Boost at 5 yrs then 10 yrs later	Can be used from 10 yrs of age (see UK schedule)	
Hepatitis A	Avaxim® Epaxal® Havrix monodose® VAQTA Adult® (Inactivated viral)	1 dose 0.5ml IM or 1 dose 1.0ml IM	Boost between 6 months – 1 year. It is however unnecessary to restart the primary course.	Epaxal only, from 1 yr same dose as adults	Protects for 1 year 2-4 weeks after first dose. Until further evidence is available on persistence of immunity, a further booster at 25 yrs is indicated for those at ongoing risk. Epaxal is contraindicated if confirmed anaphylaxis hypersensitivity to egg.
Hepatitis A (Paediatric)	Havrix Junior monodose® VAQTA® Paediatric (Inactivated viral)	1 dose 0.5ml IM	Boost between 6 months – 1 year.	Havrix 1-15yrs VAQTA 1-17yrs	Protects for 1 year 2-4 weeks after first dose. Until further evidence is available on persistence of immunity, a further booster at 25 yrs is indicated for those at ongoing risk.

Vaccine	Trade Name (Vaccine Type)	Adult Schedule	Booster or Revaccination	Children	Comments
Hepatitis A Typhoid	Hepatyrix® Viatim® (Inactivated/Polysaccharide)	1 dose 1.0ml IM	Boost hepatitis A between 6 months – 1 year Boost typhoid at 3 yrs	Hepatyrix® 15+ yrs Viatim® 16+ yrs	Protective levels from 2 weeks
Hepatitis B	Engerix B® HBVAXPRO® 10mcg (Recombinant viral)	3 doses 1.0ml IM at 0, 1, 6 months or 0, 1, 2 months	The full duration of protection has yet to be established. Individuals at continuing risk should be offered a single booster dose at 5 years (once only).	No 16+ yrs	Engerix B® has a more rapid schedule of day 0, 7, 21 with a 4th dose at 1 year.
Hepatitis B (Paediatric)	Engerix B® HBVAXPRO® 5mcg (Recombinant viral)	3 doses 0.5ml IM at 0, 1, 6 months or 0, 1, 2 months Infants at continued risk should have a 4 th dose at 12 months	Children born to HBV positive mothers should have a booster dose at school entry.	Birth to 15 yrs	
Hepatitis A/B	Twinrix® (Inactivated and recombinant viral)	3 doses 1.0ml IM at 0, 1, 6 months	See hepatitis A and hepatitis B	No 16+ yrs	If time is short a rapid schedule of day 0, 7, 21 may be used with a fourth dose at 1 year (licensed from 18yrs only).

Vaccine	Trade Name (Vaccine Type)	Adult Schedule	Booster or Revaccination	Children	Comments
Hepatitis A/B (Paediatric)	Twinrix® Paediatric Vaccine Ambirix® (Inactivated and recombinant viral)	3 doses 0.5ml IM at 0, 1, 6 months (Twinrix®) or 2 doses 1.0ml day 0 and 6-12 months (Ambirix®)	See hepatitis A and hepatitis B	From 1-15yrs	Ambirix® should only be used when the risk from hepatitis B is relatively low during the vaccination course and where completion of the course can be assured.
Influenza	Fluarix® Fluviron® (Inactivated split viron) FLUENZ® (live attenuated intranasal)	1 dose 0.5ml IM/SC Single application in each nostril of 0.1ml	Annually	Children 6-35 months a 0.5ml dose is recommended by the JCVI. Children aged 2 to less than 18 years.	Children 6 months - <9 yrs having influenza vaccine for the first time should have a second dose at least 4 weeks later.
Japanese Encephalitis	IXIARO® (Inactivated viral)	2 doses 0.5ml IM on day 0, 28 Rapid schedule 2 doses on day 0, 7 Initial studies have shown that protection lasts up to day 56 post vaccination. Refer to JE FAQs for further details.	Booster at 12 months if at continuous risk. All others, boost between 12-24 months.	Children from 2 months <3yrs 0.25ml Children 3yrs and over 0.5ml 2 doses on day 0, 28	Licensed for children from 2 months and over, March 2013. Under exceptional circumstances, IXIARO® may be given off license up to 4 days early (i.e. day 24). Data is lacking to support giving the 2nd dose any earlier.

Vaccine	Trade Name (Vaccine Type)	Adult Schedule	Booster or Revaccination	Children	Comments
Japanese Encephalitis	Japanese encephalitis (JE) Vaccine – GCVC® (Inactivated viral)	3 doses 1.0ml SC on day 0, 7, 28	After 1 yr then every 3 yrs	Children under 3 yrs – 3 doses 0.5ml SC	A 2 dose schedule on day 0, 7-14 can be given but results in limited seroconversion and protection of shorter duration. Caution in those with unstable neurological conditions, particularly seizures within last year (JE Vaccine). **
Measles/ Mumps/ Rubella	M-M-R™ II (Live attenuated viral)	1 dose 0.5ml SC/IM	Unimmunised adults should receive a 2 nd dose after 1 month	Children should receive 2 doses at 13 months & 3 ½ yrs	Pregnancy should be avoided for 1 month after MMR If high risk children are vaccinated before 1 yr they should receive a 2 nd dose at 15 months and a further dose given at the usual time.†
Meningococcal ACWY	Menveo® Group A, C, W135 and Y (Conjugate bacterial) Nimenrix® Group A, C, W135 and Y (Conjugate bacterial)	1 dose 0.5ml IM	The need for, and timing of, a booster dose for children over 1 year and adults has not yet been determined.	Children over 2 months of age and under 1 year: First dose of 0.5ml Second dose of 0.5ml - at least one month after the first. (Menveo only) Children over 1 year: Single dose of 0.5ml	Menveo® is licensed from 2 years of age. Nimenrix® is licensed from 1 year of age.

Vaccine	Trade Name (Vaccine Type)	Adult Schedule	Booster or Revaccination	Children	Comments
Meningococcal ACWY Discontinued in the UK February 2014	ACWY Vax Vaccine® (Polysaccharide bacterial)	1 dose 0.5ml SC	Boost at 5 yrs (or 3 yrs for certificate purposes)	Consider booster at 2-3 yrs in children under 5 yrs	Not to be used in infants under 2 months. Immune response under 2 yrs-serogroup C unreliable protection, serogroup AWY, response may be achieved but short lived. ††
Poliomyelitis	Revaxis® (Inactivated viral and toxoid)	3 doses 0.5 ml IM 1 month apart	Boost at 5 yrs then 10 yrs later	Can be used from 10 yrs of age (see UK schedule)	
Rabies	Rabipur® Rabies Vaccine BP (Inactivated viral)	3 doses 1.0ml on day 0, 7 and 28 (can be given on day 21 if time is short)	if at continuous risk*** For travellers at intermittent risk of exposure, booster doses may be given in line with official recommendations.	Same as for adults, no lower age limit stated.	Rabipur® is contraindicated if hypersensitive to egg. Caution in bleeding disorders.
Tetanus	Revaxis® (Inactivated viral and toxoid)	3 doses 0.5 ml IM 1 month apart	Boost at 5 yrs then 10 yrs later	Can be used from 10 yrs of age (see UK schedule)	

Vaccine	Trade Name (Vaccine Type)	Adult Schedule	Booster or Revaccination	Children	Comments
Tick-borne encephalitis	TicoVac® (Inactivated viral)	3 doses 0.5 ml IM on day 0, 1-3 months and 5-12 months	Booster within 3 yrs of 3 rd dose, then 3-5 yrly if at continuous risk	Children 1-16 yrs TicoVac® Junior, 3 doses 0.25 ml same schedule as adults.	TicoVac® is contraindicated if hypersensitive to egg. Green Book – For rapid short- term protection the 2 nd dose may be given 2 weeks after the 1 st dose and gives at least 90% protection (Plotkin and Orenstein, 2004)
Tuberculosis (BCG)	BCG Vaccine SSI (Live attenuated bacterial)	1 dose 0.1ml ID	Boosters not recommended	Children under 1 yr, 1 dose 0.05ml ID	No further vaccinations in the BCG arm for 3 months. Green Book - Children under 6 yrs do not require skin testing prior to BCG unless exposure is suspected.
Typhoid	Typhim Vi® Typherix® (Polysaccharide bacterial) Vivotif® (live attenuated, oral)	1 dose 0.5ml IM 3 oral capsules on day 1/3/5	Booster after 3 yrs Under review by the JCVI	Typhim Vi® and Typherix® can be given from 2 yrs. 6 yrs to adult only	Protective levels from 2 weeks Protective level 7-10 days after 3 rd dose.

Vaccine	Trade Name (Vaccine Type)	Adult Schedule	Booster or Revaccination	Children	Comments
Yellow Fever	Stamaril® (Live attenuated viral)	1 dose 0.5ml SC	Booster after 10 yrs if certificate required.* (see note below)	Children from 9 months same as adult dose	The vaccines should not be given to children under 6 months. Children from 6-9 months should only be immunised under special circumstances. Caution in those aged over 60 yrs. Certificate valid from 10 days; booster valid same day.

Notes:

† Green Book states that infants from 6 months of age travelling to endemic areas or areas with current outbreak, should receive MMR™ II vaccine with a further 2 doses given at the recommended ages. Children who are travelling who have received 1 dose at the routine age should have the 2nd dose brought forward to at least 1 month after the 1st. If the child is under 18 months of age and the 2nd dose is given within 3 months of the 1st dose, then the pre-school dose (3rd) should be given to ensure full protection.

†† Green Book states that primary immunisation in children over 3 months and under 2 yrs of age consists of 2 doses with an interval of 3 months between doses.

** Green Book – Anecdotal reports suggest that JE vaccine should not be used in individuals who have recovered from acute disseminated encephalomyelitis or Guillain-Barre syndrome or who have multiple sclerosis or other demyelinating disorders (Plotkin and Orenstein, 2004)

*** Green Book – For those at continuous, regular risk, a single booster at 1 yr after primary course, then 3-5 yrly. For those at intermittent risk or travelling again to rabies-enzootic areas without access to safe, medical care, a booster may be given 10 yrs after primary course.

Scottish guidance advises that routine boosters are not required for those with infrequent exposure to rabies e.g. travellers. Most individuals who receive a 3 dose IM course of cell-cultured rabies vaccine will still have detectable neutralising antibody many years later, without any boosting (Health Protection Network Scottish Guidance December 2010).

* In May 2013, the Strategic Advisory Group of Experts on immunization (SAGE) has reviewed the latest evidence and concluded that a single dose of vaccination is sufficient to confer life-long immunity against yellow fever virus infection. SAGE has requested that WHO review the IHR provisions relating to the period of validity for international certificates for vaccination against yellow fever.