

## Information and Guidance on Prescribing Vaccinations and Medicines for Travel Abroad in General Practice

### Key Points

- This document is intended to assist GP member practices of Cambridgeshire and Peterborough CCG receiving requests from patients for immunisation prior to travel abroad.
- There is national guidance detailing which immunisations may be prescribed at NHS expense, and which immunisations should be provided privately.
- Guidance is also included regarding the suitability of NHS provision of other medicines that may be requested for travel or when a patient is planning to spend an extended period of time outside of the UK.

### TRAVEL VACCINES

Travel vaccinations for diseases that can be transmitted on return of the traveller to the UK are available free of charge on the NHS for public health reasons. They can be provided on the NHS only when patients are travelling to areas of specific risk.

#### 1) NHS FUNDED VACCINES

Travel immunisations that must be given as part of NHS provision when a patient is travelling to a known infected area are:

Hepatitis A [infectious hepatitis] - first and second/booster dose\*

Typhoid - first and any booster doses

Combined hepatitis A and typhoid - first dose (second dose is hepatitis A alone)

*Note: separate vaccinations are cheaper and more appropriate as they have different booster dosage schedules.*

Tetanus, diphtheria and polio combined vaccine

Cholera

*\*To be eligible for NHS provision of Hepatitis A - Persons must be travelling to areas, as defined by NaTHNaC, where the degree of exposure to infection is believed "high"*

The lowest cost product or combination vaccine preparation should always be supplied unless there is a clinical reason not to do so to ensure best use of NHS resources.

GPs are paid from the Global Sum to provide these vaccinations

Vaccines for administration on the NHS may be obtained by the practice, in which case a 'personally administered' (PA) claim should be made via the FP10/FP34D route, **or** by issuing an FP10 to the patient for dispensing by a pharmacy (in this case no PA claim may be made, and the patient may have to pay a prescription charge).

Public Health England maintains PGDs (patient-group directions) for the administration of vaccinations on the NHS

**Centrally supplied vaccines must not be used for travel-only purposes.**

## 2) VACCINES NOT ROUTINELY FUNDED BY THE NHS FOR TRAVEL

The practice may provide travel vaccinations not routinely funded by the NHS as a private service to their registered patients and charge them for the immunisation. In this situation the vaccine can either be provided on a private prescription or the patient charged for the supply from practice stock. In this situation a charge may be made for the administration of the vaccine.

GPs should not charge a fee for the advice provided to patients

The following immunisations are not remunerated by the NHS as part of additional services:

Hepatitis B (single agent)\*\*  
Meningitis ACWY (quadrivalent meningococcal meningitis vaccine; A, C, Y and W135)  
Yellow fever  
Japanese B encephalitis  
Tick borne encephalitis  
Rabies\*\*

*\*\*Unless the patient falls into an at risk group for a GMS service.*

Further information about the circumstances when a patient would be considered to fall into an at risk group can be found on the CKS webpage <http://cks.nice.org.uk/immunizations-travel>

### **Combined hepatitis A and B vaccine**

Cambridgeshire and Peterborough Joint prescribing group do not support prescribing of the combined hepatitis A/hepatitis B vaccine.

Hepatitis B is not commissioned by the NHS for the purposes of travel and patients requiring both hepatitis A and hepatitis B vaccines for the purposes of travel (unless they fall into the at risk group as defined by CKS) should receive hepatitis B **privately**.

Privately administered vaccinations should be given via a PSD (patient-specific direction).

Details of privately administered vaccines must not be entered on the FP34D form, submitted to the PPD.

- No vaccine offers 100% protection and a small proportion of individuals get infected despite vaccination.
- If the patient does not receive the full licensed recommended dose schedule for vaccinations it is recommended that practices obtain signed acknowledgement from the patient that they have been made aware of the possible risks

**PRESCRIBING FOR PATIENTS GOING ON EXTENDED HOLIDAYS OR WHO LIVE PART OF YEAR OVERSEAS**

The GMS and PMS contract regulations states that if a patient leaves the UK for a period of more than three months, they will be removed from the practice list, as they are no longer a permanent resident of the UK. They will be able to reregister with the practice on their return.

Under these circumstances, clinicians **cannot** monitor the patient's condition nor their response to therapy, and the accepted view is that 3 months supply should be sufficient to allow the patient to register with a doctor in their new place of residence and arrange the continued supply of medicines.

Cambridgeshire and Peterborough CCG does not support the provision of ongoing medication supplies for patients who spend periods abroad of longer than 3 months.

If a person is going to be abroad for more than 3 months then the locally agreed policy is provision of a sufficient supply of their regular medication to get to their travel destination and find an alternative supply of that medication

**TAKING CONTROLLED DRUGS ABROAD**

**Any person travelling for less than three months and carrying less than three month supply of controlled drugs will not need a personal import or export licence to enter or leave the UK**

The Home Office does however advise patients travelling abroad with controlled drugs, irrespective of the duration of travel, to carry a letter, issued by the prescribing doctor or drug worker, containing the following information:-

- The patients name, address and date of birth
- The outward and return dates of travel
- The country being visited
- List of drugs being carried, including dosages and total amounts

Practices may wish to charge patients for a letter provided in this regard

Patients should be advised that controlled drugs should be:

- Carried in original packaging
- Carried in hand luggage
- Carried with a valid personal import/export licence (if necessary)
- Carried with a letter from the prescribing doctor (see above)

But patients should be advised to check with their carrier in advance of their travel date that carrying the entire amount of your medication in hand luggage is allowed.

**Travellers will require a personal import or export licence if:**

- they are travelling for three calendar months or more
- are carrying more than three months' supply

#### Travelling with controlled drugs

- Patients must get a licence if entering or leaving the UK for 3 months or more with medication containing a controlled drug.  
<https://www.gov.uk/government/publications/personal-import-export-licence-application-form>
- Patients should also check the regulations for controlled drugs with each country they are travelling to by contacting the relevant embassy in the UK  
<https://www.gov.uk/government/publications/foreign-embassies-in-the-uk>

#### **MALARIA PROPHYLAXIS**

The Department of Health has directed that GPs must NOT prescribe medicines to prevent malaria on the NHS.

- Patients should be advised to contact their local community pharmacist to ascertain the malaria prophylaxis recommended for their travel destination and purchase over the counter where clinically acceptable ((Chloroquine and proguanil are available for purchase over the counter)
- Prescription only medicines, including mefloquine, doxycycline and Malarone, should be prescribed on a private prescription (The practice is able to charge for the provision of a private prescription).

- Patients should be advised of the potential risk of infection, even if prophylaxis is prescribed
- Patients should also be advised of the measures they can take to avoid mosquito bites, such as wearing long sleeves and trousers after sunset, using a DEET based insect repellent on skin and clothes and using recently treated mosquito nets at night.
- No prophylaxis regime is 100% effective. Prescribers should therefore consider malaria in any patient with a fever who has visited an endemic area within the last 12 months

#### **PRESCRIBING OF PROPHYLACTIC MEDICINES**

If a patient requests medication solely in anticipation of the onset of an ailment whilst they are outside of the UK, but for which they do not require treatment at the time of consultation, the patient should be given a private prescription. Practices may wish to charge patients for the issue of a private prescription on such occasions. No charge may be made to any patient for the provision of advice.

Requests for acetazolamide to prevent/treat altitude (mountain) sickness should also be treated privately. Note that patients should be informed that this is an off license use for this drug. Potential adverse effects and drug interactions (see SPC) should be discussed with the patient before prescribing

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### **TAKING SYRINGES AND NEEDLES ON FLIGHTS**

People treated with insulin or other medication requiring injection will need a letter from their GP to allow syringes and other equipment to be carried in hand luggage. Patients often use the repeat prescription request slip which has all the relevant details. A charge may be made to the patient by the GP for writing a letter. The patient should be advised to check the exact requirements with their individual airline(s).

### **PREVENTION OF DVT DURING LONG DISTANCE TRAVEL**

#### **1) Socks / stockings**

Travellers at an increased risk of DVT are advised to consider the use of compression stockings, which may reduce the risk of DVT. There are various commercially available socks and stocking intended to prevent oedema and DVT during travel. These have different compression levels from the elastic hosiery listed in the Drug Tariff, and are not available on the NHS. GPs should not prescribe flight socks / stockings for this purpose on FP10 but advise the patient to self-care

#### **2) Aspirin prophylaxis**

Aspirin is not included in the Clinical Knowledge Summaries as there is no evidence that aspirin is effective in preventing travel-related deep vein thrombosis.

[http://cks.library.nhs.uk/dvt\\_advice\\_for\\_travellers](http://cks.library.nhs.uk/dvt_advice_for_travellers)

#### **3) Low molecular weight heparin**

The use of low molecular weight heparin in the prevention of DVT in higher risk groups (including those who have previously had a DVT) is well established. However, it is not clear how it should be used in the prevention of travel-related DVT. Most authorities opt for an empirical regime of dosages on the day before travel, the day of travel and the day after travel. It should be remembered that this is an unlicensed indication. Patients will require a letter from the prescriber to allow them to carry syringes or needles in hand luggage. Practices may wish to charge for the provision of a letter.

[http://cks.library.nhs.uk/dvt\\_advice\\_for\\_travellers](http://cks.library.nhs.uk/dvt_advice_for_travellers)