Travel Immunization and Travel Health Card—
ROUTINE VACCINATIONS

ROUTINE VACCINATIONS		
These routine vaccines warrant special attention when a patient plans to travel: Ensure that all patients are up to date on routine adult or age-appropriate pediatric vaccines (e.g., influenza (annual), polio, varicella, MMR (measles, mumps & rubella), & others). To access the age-appropriate schedule for routine vaccines, please visit the Centers for Disease Control & Prevention (CDC) website: https://www.cdc.gov/vaccines/schedules/index.html. Routine vaccines with travel-specific indications or considerations are discussed next. Use of CDC catch-up immunization schedule may be necessary for pediatric patients who are un/under-vaccinated.		
	VACCINE	**INDICATION OR WHEN TO CONSIDER USING & DESCRIPTION**
1	**HEPATITIS A VACCINE**	For all susceptible persons traveling to or working in countries that have high or intermediate rates of hepatitis A before traveling. ● The vaccine is given in two doses. If travel plans don't allow the individual to get all doses before the trip, give at least 1 dose, as soon as possible (ASAP) before travel. ● Children 6 to 11 months should be protected when traveling outside the US to an area of risk. Give one-dose when traveling outside of the US to an area of high risk. ○ Revaccinate these patients with the routine two-dose schedule recommended at 12 to 23 months of age. ● Unvaccinated children ages ≥ 1 year can receive the age-appropriate dose of hepatitis A vaccine as soon as travel is considered. ● The initial dose of vaccine along with IM immune globulin at a separate injection site is recommended for the following travelers who are planning to depart to an area of risk in < 2 weeks: adults aged > 40 years, immunocompromised people, people with chronic liver disease, & people with other chronic medical conditions. ● Persons who cannot to receive the hepatitis A vaccine, including those who are allergic to the vaccine & children < 6 months, should receive a single dose of immune globulin, which provides up to two months of protection.
2	**HEPATITIS B VACCINE**	For all unvaccinated people traveling to areas with intermediate to high prevalence of chronic hepatitis B (HBsAg prevalence ≥ to 2%). ● Recombinant hepatitis B vaccination should begin ≥ 6 months before travel so full three-dose vaccine series can be completed before departure. ○ An accelerated dosing schedule may be considered for patients at significant risk if there is not sufficient time to complete the series prior to departure. ○ For lower-risk patients, one or two doses may be administered prior to departure, but optimal protection is reliable only after complete series. ○ Adult patients receiving hemodialysis or with other immunocompromising conditions: consult package insert for dosing. ● Adjuvanted hepatitis B vaccine is only for adults ≥18 years of age. ○ Two-dose series if ≥ 4 weeks apart (*both doses must be adjuvant formulation, if not, a three-dose series may be necessary*). ○ There may be diminished immune response in immunocompromised patients.

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Travel Immunization and Travel Health Card—
ROUTINE VACCINATIONS *(continued)*

	VACCINE	INDICATION OR WHEN TO CONSIDER USING & DESCRIPTION
3	**MENINGOCOCCAL VACCINE**	For all patients who travel to countries where the disease is endemic or epidemic, including the sub-Saharan Africa meningitis belt during dry season (December to June). Travelers who spend a lot of time with local populations, especially during outbreaks, have the greatest risk. Proof of vaccination within three years or no less than ten days (conjugated vaccine preferred) is required to enter into Saudi Arabia when traveling to Mecca during Hajj & Umrah pilgrimages. ● Administer a single dose of MenACWY vaccine, then revaccinate with MenACWY vaccine every five years if increased risk of infection remains. ● Infants & children who received Hib-MenCY-TT are not protected against serogroups A & W & should receive the quadrivalent vaccine before travel to highly endemic areas. ● Children who received the last dose at < 7 years of age should receive an additional dose of MenACWY three years after their last dose. ● MenACWY dosing schedule and number of doses are dependent on age and the product administered; consult package insert. ● MenB vaccine is not recommended as a travel vaccine due to the low risk of meningococcal disease caused by serogroup B in these countries, unless the patient is believed to be at high risk for another reason (e.g., international exchange students in dorms/hostels or military barracks), in which case ACIP recommends shared clinical decision making to determine if the vaccine is warranted.
4	**SARS-CoV-2 VACCINE**	The CDC recommends all travelers be up to date with the COVID-19 vaccine. Please check updates as recommendations are changing frequently. • Coronavirus disease (COVID-19) is an infectious disease caused by the SARS-CoV-2 virus. It can spread from person to person, and the severity of the disease varies by individual and their underlying health conditions. • Refer to the CDC COVID-19 Immunizations Website: https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html#All. **Please check for most recent updates)** ● 2023 CDC Recommended COVID-19 vaccine information (for all recommendations including storage and handling, refer to https://www.cdc.gov/cornoavirus/2019-ncov/vaccines/recommendations/immuno.html) ● Recommended vaccines: Pfizer-BioNTech, Moderna, or Novavax, to protect against serious illness from COVID-19. ● Recommended dosing for ages ≥ 5: One dose of a 2023 updated COVID-19 vaccine to protect against serious illness from COVID-19. ● Recommended dosing for children 6 months to 4 years in age: Multiple doses are required of COVID-19 vaccines to be up to date, including at least 1 dose of updated 2023 COVID-19 vaccine. ● Patients who are moderately or severely immunocompromised: If receiving a Moderna or Pfizer/BioNTech (mRNA) product, these patients should receive one to three doses depending on previous vaccination status.
5	**TETANUS-CONTAINING VACCINATIONS**	For all patients who do not have documentation of at least one dose within the last 10 years. • Indicated for adults every 10 years following final pediatric dose at 11 to 12 years. Adults should receive a single dose of Tdap then Td every 10 years, with all adults receiving at least one dose of Tdap. • Vaccine providers can give Tdap to an adult who has never received it at any time, regardless of when they last got Td.

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Travel Immunization and Travel Health Card—
ROUTINE VACCINATIONS *(continued)*

VACCINE	INDICATION OR WHEN TO CONSIDER USING & DESCRIPTION
CHOLERA VACCINE	Vaxchora® (lyophilized CVD 103-HgR): An oral live attenuated vaccine FDA approved for persons ages 2 to 64 years traveling to areas of active cholera transmission. • Active cholera transmission is defined as an area within a country with endemic or epidemic cholera caused by *V. cholerae* O1 & has had activity within the last year. Does not include areas of rare imported or sporadic cases. • Approved for persons 2 to 64 years of age. Single dose must be administered 10 days prior to potential exposure. • No data exists on safety and efficacy in pregnant or breastfeeding women & immunocompromised patients. • Not recommended for travelers not visiting areas of active cholera transmission. Pregnant women and clinicians must consider risks associated with travel to active cholera area. • Should not be given to patients who have taken antibiotics (oral or parenteral) in preceding 14 days. • If chloroquine is indicated, chloroquine must be started ≥ 10 days after cholera vaccination. • Buffer of cholera vaccine may interfere with enteric-coated Ty21a vaccine. Taking first Ty21a dose > 8 hours after cholera vaccine might ↓ potential interference. • May shed virus in stool for ≥ 7 days, potentially may transmit to close contacts. • Requires special mixing (with supplied buffer) & consumed by patient within 15 minutes after reconstitution. Follow medical waste disposal procedures. • Patients must avoid eating or drinking 60 minutes before & after ingestion of vaccine. • Vaccine efficacy has been established at three months after vaccination. Safety & efficacy beyond three months or need for booster doses has not been established.
DENGUE VACCINE	Dengvaxia® (Dengue tetravalent live vaccine) is FDA approved in the US for children (9 to 16 years of age) who live in areas where dengue is common (e.g., US territories of American Samoa, Puerto Rico, US Virgin Islands https://www.cdc.gov/dengue/areaswithrisk/index.html) & who have had laboratory-confirmed prior dengue virus infection. ● Dosage & Administration: ○ 0.5 mL by subcutaneous route at 0, 6, & 12 months (3-dose series) ○ Protects against all serotypes of the dengue virus (1, 2, 3, & 4) ● When to NOT use: ○ In individuals who do NOT live in endemic areas and have NOT been previously infected by any dengue virus or if previous infection history is unknown, the risk for severe dengue disease increases if subsequently infected with the virus. ○ Contraindicated in immunosuppressed individuals. ● Preparation: ○ Reconstitute with 0.6 mL of 0.4% NaCl diluent (included with lyophilized vaccine antigen). Swirl gently without removing the needle. The resulting suspension should be colorless, with potentially trace amounts of white/translucent particles. If the vial contains more than trace particles, it should be discarded. ○ After reconstitution, it should be administered immediately or can be refrigerated (2°C to 8°C) for no more than 30 minutes. ○ After reconstitution, it should be given immediately or can be refrigerated (2°C to 8°C) for no > 30 minutes.

For a complete list by country go the CDC website.

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Travel Immunization and Travel Health Card—
TRAVEL-SPECIFIC VACCINES

VACCINE	INDICATION OR WHEN TO CONSIDER USING & DESCRIPTION
EBOLA VACCINE	Ervebo® (*Zaire ebolavirus vaccine*) is not commonly available in the US. It can be made available for pre-exposure vaccination to eligible people by the Assistant Secretary of Preparedness. Approved by FDA in ages ≥ 18 as a single dose. Eligibility categories are: • Ebola virus disease responders – individuals responding to an outbreak of *Zaire ebolavirus* • Laboratorians & support staff working at Biosafety Level 4 facilities who work with the replication component Zaire ebolavirus • Health-care personnel at federally designated Ebola Treatment Centers involved in the transport and care of patients known or suspected to be infected with *Zaire ebolavirus*
JAPANESE ENCEPHALITIS (JE) VACCINE	Ixiaro® (inactivated Japanese encephalitis vaccine) is for long-term & recurrent travelers who plan to spend ≥ 1 month in endemic areas (Asia & parts of Western Pacific) during JE virus transmission season or expatriates traveling to rural or agricultural areas during high-risk period of JE virus transmission. ● When to consider: ○ For short-term travelers (< 1 month) to endemic areas if traveling during the peak transmission season, when travel is not limited to urban areas & activities will increase the risk of JE virus exposure. ○ Also consider for those traveling to areas with ongoing JE outbreaks, with unknown specific destinations, activities, or travel duration. ● When to NOT recommend: ○ For short-term travelers whose visits will be restricted to urban areas or times outside a well-defined JE virus transmission season. ● Primary Schedule and Dosing for JE (by age): ○ Primary Schedule Dosing: ■ **2 months to < 3 years:** Administer doses (0.25 mL each) intramuscularly (IM) on days 0 & 28.* ■ **3 to < 18 years:** Administer two doses (0.5 mL each) administered IM on days 0 & 28. ■ **18 to 65 years:** Administer two doses (0.5 mL each) administered IM on days 0 & 7 to 28. ■ **> 65 years:** Administer doses (0.5 mL each) administered IM on days 0 & 28. ■ **All age groups:** The two-dose series should be completed at least one week before potential exposure to JE virus. □ *NOTE: to administer a 0.25 mL dose, expel & discard half of the volume from the 0.5 mL pre-filled syringe by pushing the plunger stopper up to the edge of the red line on the syringe barrel before injecting. □ **NOTE: this is the only age group approved for an accelerated schedule. **Booster Doses for JE**: ● A third (booster dose) should be administered ≥ one year after the completion of the primary series if the patient will have continued exposure. ○ Booster Dosing: ■ 14 months to < 3 years: Administer one booster dose of 0.25 mL. ■ Children & Adults: dminister one booster dose of 0.5 mL. ● Websites: ○ CDC JE Vaccine Decision Tree: https://www.cdc.gov/japaneseencephalitis/vaccine/InfographicsOutline-508.pdf ○ Risk Factors for JE Among Travelers: https://www.cdc.gov/japaneseencephalitis/vaccine/InfographicsRiskFactors-508.pdf

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Travel Immunization and Travel Health Card—
TRAVEL-SPECIFIC VACCINES *(continued)*

For a complete list by country go the CDC website.

VACCINE	INDICATION OR WHEN TO CONSIDER USING & DESCRIPTION	
MALARIA VACCINE	• October 2021: ○ Mosquirix® (RTS,S/AS01) vaccine is approved by the WHO to prevent malaria in children.	• October 2023: ○ R21/Matrix-M vaccine is approved by the WHO Strategic Advisory Group of Experts (SAGE) & the Malaria Policy Advisory Group (MPAG) (undergoing WHO prequalification).
	• Vaccine Selection: ○ Both vaccines have been proven to be safe and effective in children.	
	Vaccine Approved for Use In:	
	• RTS,S/AS01: ○ Approved for use in children. ○ Approved for use in sub-Saharan Africa and other regions with moderate to high malaria transmission.	• R21/Matrix-M: ○ Licensed in Ghana, Nigeria, & Burkina Faso.
RABIES VACCINE	Per CDC recommendations, consider pre-exposure vaccine Imovax Rabies® or RabAvert®: For Risk Categories one to four those who plan to or may come in contact with potentially rabid animals (e.g., biologist, veterinarians, agriculture specialist, etc.) &/or with prolonged travel or shorter stays in high-risk areas (e.g., epidemic outbreaks) or with extensive outdoor stays in remote areas where medical care may be delayed or difficult. • Pre-Exposure Prophylaxis: ○ **Current recommendations for immunocompetent person are two 1-mL doses on days 0 & 7.** ○ Note: Exposure still needs to be managed, even if pre-exposure prophylaxis has been provided. ○ Imovax Rabies® (HDCV vaccine) or RabAvert® (PCECV)	
TYPHOID VACCINE	For all persons traveling to increased risk areas of exposure to Salmonella Typhi. Formulation choice based on age, patient preference, & departure time • Typhim Vi® (ViCPS, Sanofi Pasteur): ○ Inactivated vaccine ○ Dosing for patients ages ≥ 2 years: ○ Single IM dose administered ≥ 2 weeks prior to possible exposure for optimal protection (may be re-dosed every two years if at continued risk). ○ May be considered for last-minute travelers. • Vivotif® (Ty21a, Emergent Bio Solutions): ○ Live-attenuated oral vaccine (Ty21a) ○ Dosing for patients ages ≥ 2 years: • Vivotif® (Ty21a, Emergent Bio Solutions): ○ Dosed as 4 oral capsules: ○ One capsule taken every other day one hour before a meal with cold or lukewarm drink; Complete the four-dose one week prior to possible exposure. May be re-dosed every five years if risk continues.	

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Travel Immunization and Travel Health Card—
TRAVEL-SPECIFIC VACCINES *(continued)*

VACCINE	INDICATION OR WHEN TO CONSIDER USING & DESCRIPTION
TYPHOID VACCINE (continued)	○ Storage: ■ Keep capsules refrigerated. ○ Co-Administration with other vaccines, conditions, and agents: ■ Antibiotics: □ Avoid combination & delay the vaccine series until > 3 days after antibiotics course is complete, or complete the series > 7 days before first antibiotic dose. ■ Antimalarial agents (e.g., mefloquine, chloroquine, atovaquone/proguanil, pyrimethamine/sulfadoxine): □ May be taken when used at prophylaxis doses with administration of the live-attenuated oral vaccine. □ The manufacturer recommends other antimalarials agents be administered at least three days after the last vaccine dose. ■ Pregnancy: □ Avoid pregnancy by using effective contraception for four weeks after vaccination in female patients with childbearing potential.
YELLOW FEVER VACCINE	Consider use in those who are traveling to or through yellow fever endemic areas or when proof of vaccination is required for entry. Consult the CDC for destination-specific recommendations. ● Duration of Protection/Dosing: ○ WHO/CDC: Considers a single dose to be protective for life. ● The International Health Regulations (IHR) state that completed International Certificate of Vaccination or Prophylaxis ("yellow card") is valid for a lifetime. ● ACIP: Recommends a booster under certain conditions & travel practitioners should review the country entry requirements of the destination. ● Administration: at least 10 days before travel. ● When to avoid use: ○ In children < 6 months, those allergic to gelatin, latex, or egg proteins, or in those who are severely immunocompromised. HIV infection with CD4 count 200 to 499/mm3 is a precaution for yellow fever vaccine. ○ A waiver of vaccination may be offered instead of vaccination when benefit does not outweigh risk.) ● Risk/Benefit Consideration: ○ Women who are pregnant: Only vaccinate if travel to the endemic area is unavoidable & the benefit of administration outweighs the risk. ○ Consider especially in ages six to eight months & patients over 60 years of age who have never been previously received the vaccine. ***Due to a current vaccine shortage in the US, patients may need to locate yellow fever vaccination clinics on the CDC website.***

Sample References:

- Advisory Committee on Immunization Practices (ACIP): Vaccines for Children Program Vaccines to Prevent Hepatitis A. Resolution No. 6/19-6. Adopted June 2019.
- Centers for Disease Control & Prevention (CDC). CDC Health Info for International Travel 2020. Oxford University Press, 2019.
- CDC. Recommended Adult Immunization Schedule by Medical Condition & Other Indications, US, 2020.
- CDC. COVID-19. Last reviewed December 2023.
- Jackson BR, Iqbal S, Mahon B. Updated Recommendations for the Use of Typhoid Vaccine. ACIP, US, 2015. *MMWR Morb Mortal Wkly Rep* 2015; 64(11): 305–8.
- Schillie S, Vellozzi C, Reingold A, et al. Prevention of Hepatitis B Virus Infection in the United States. Recommendations of ACIP for Use of Hepatitis B Vaccine with a Novel Adjuvant. *MMWR Morb Mortal Wkly Rep* 2018; 67: 455–8.

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Travel Immunization and Travel Health Card—
NON-VACCINE TRAVEL CONSIDERATIONS

For a complete list of vaccinations recommended by country go the CDC Traveler's Health website.

<table>
<tr><th></th><th>VACCINE</th><th>INDICATION OR WHEN TO CONSIDER USING & DESCRIPTION</th></tr>
<tr><td>1</td><td>TUBERCULOSIS (TB) TESTING</td><td>Only for patients at increased risk of exposure during travel, including health-care workers, those who will have contact with prison or homeless populations, & expatriates to countries with high TB prevalence.
● Interferon-gamma release assays (IGRA) pre-screening:
○ Is preferred by the CDC for those traveling to at risk destinations or for a long period of time.
● Two-step Tuberculin Skin Testing (TST):
○ General use: Use if IGRA is not available before travel for those that have never tested.
○ Patient with a previous negative test within the past two years: Do not use.
○ Anyone with a negative baseline test result: Re-tested in one to three weeks after the initial test.
○ Results interpretation: Two negative test results indicate not infected.
○ A positive result indicates the individual is classified as having skin test boosting, which may be from a previous infection.
● Testing after travel with negative pre-travel test result (IGRA or 2 step TST):
○ The traveler should have the same type of test repeated eight to ten weeks after travel.</td></tr>
<tr><td>2</td><td>MALARIA CHEMO-PROPHYLAXIS</td><td>For use in combination with mosquito avoidance and personal protective measures (i.e., insect repellent, long sleeves/pants, sleeping in mosquito-free setting, or using insecticide-treated bed net) for all travelers to areas where malaria transmission occurs. Assess itinerary to determine risk for exposure & other specific factors in choice of chemoprophylaxis regimen.

Resistance Considerations
● When deciding on chemoprophylaxis regimen, consider drug resistance in area of travel, length of travel, traveler's medical conditions, renal clearance, allergy history, concomitant medications, & potential side effects.
● For comprehensive dosing guidelines & side effects see: https://www.cdc.gov/malaria/travelers/drugs.html.
● Resistance factors:
○ Chloroquine & primaquine usefulness are limited to Central America; resistance exists in all other areas.
○ Avoid mefloquine in parts of Southeast Asia (e.g., Thailand) due to resistance.
○ Krintafel® (Tafenoquine) is effective prophylaxis for P. vivax & P. falciparum.

Health Considerations
● If resistance is present:
○ Avoid the resitant drug
■ Pregnant patients:
□ Avoid malarone® (atovaquone/proguanil), doxycycline, primaquine, & tafenoquine.
■ Patients with personal or family history of psychiatric conditions:
□ Avoid mefloquine & tafenoquine in patients with personal or family history of psychiatric conditions.
■ Patients with depression & anxiety:
□ Avoid mefloquine.
■ Patients who do not have documented normal G6PD levels due to risk of death due to hemolysis in G6PD-deficient patients:
□ Avoid primaquine & tafenoquine</td></tr>
</table>

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Travel Immunization and Travel Health Card—
NON-VACCINE TRAVEL CONSIDERATIONS

For a complete list of vaccinations recommended by country go the CDC Traveler's Health website.

	VACCINE	INDICATION OR WHEN TO CONSIDER USING & DESCRIPTION
3	**STAND-BY EMERGENCY SELF-TREATEMENT OF TRAVELER'S DIARRHEA (TD)**	For all travelers to developing countries. ● Prophylactic antibiotics: ○ Should not be recommended for most travelers. ○ Use may be considered for short-term travelers at high risk (e.g., immunocompromised or with significant comorbidities). ● First-line treatment options: ○ Azithromycin (preferred), ciprofloxacin, levofloxacin, rifaximin, & loperamide ● Fluroquinolones: ○ Limit use due to increasing resistance among strains of *Camphylobacter* & *Shigella* species globally, particularly in South & SE Asia. ● Other Dosing Considerations: ○ Single-dose regimens: May be more convenient for the traveler & are equivalent to multi-dose regimens, but the side effects may limit the acceptability of use. ○ Antimotility agents (e.g., bismuth subsalicylate & loperamide): May be recommended as adjunct symptomatic therapy but not for those with bloody diarrhea or fever. ○ Loperamide: May be used alone for mild or moderate TD. ● When to Give Preventative Education: ○ All travelers should receive this education (e.g., food/drink selection, washing hands, > 60% alcohol-based hand sanitizer, etc.).
4	**ACETAZOLAMIDE ALTITUDE ILLNESS PROPHYLAXIS**	For use in all travelers at moderate to high risk for altitude illness, including those planning rapid ascents of > 1,600 ft (sleeping altitude) above 9,800ft with/without extra acclimatization days every 3,300 ft or those with history of altitude illness. ● Diamox® (Acetazolamide): ○ Prevention dosing: 125 mg (or 250 mg if > 100 kg) twice daily beginning 1 day prior to ascent, during ascent, & for 2 days at destination altitude. ● Dexamethasone, nifedipine, tadalafil, and/or sildenafil: ○ May be used if a patient has a contraindication to acetazolamide. ● Ibuprofen: ○ Dosing of 600 mg every 8 hours may help with prevention of Acute Mountain Sickness but not as effective as acetazolamide. ○ During the first 48 hours, avoid alcohol, perform mild exercise only, & only continue caffeine if a regular caffeine user. ○ Refer to High Elevation Travel and Altitude Illness Section 4- 2024 CDC Yellow Book for guidance on preexisting medical conditions. ● During first 48 hours, avoid alcohol, perform mild exercise only, & only continue caffeine if regular caffeine user. ● Refer to High-Altitude Travel & Altitude Illness, Chapter 3, 2020 Yellow Book/Travelers' Health/CDC for guidance on preexisting medical conditions.

Note: Motion Sickness, Deep Vein Thrombosis/Pulmonary Embolism, Sun Exposure, & Insect/Tick Prevention should be discussed with every traveler as it pertains to their itinerary.

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2024 Recommended Immunizations for Children from Birth Through 6 Years Old

Vaccine	Birth	1 Month	2 Months	4 Months	6 Months	12 Months	15 Months	18 Months	19 to 23 Months	2 to 3 Years	4 to 6 Years
Hep B	Hep B	Hep B			Hep B						
RV			RV	RV	RV						
DTaP			DTap	DTap	DTap		DTap				DTaP
Hib			Hib	Hib	Hib	Hib					
PCV13, PCV15			PCV	PCV	PCV	PCV					
IPV			IPV	IPV	IPV						
COVID-19					COVID-19						
Flu					Flu						
MMR						MMR					MMR
Varicella						Varicella					Varicella
Hep A						Hep A		Hep A			

Key -- DTaP = Diphtheria, Pertusis & Tetanus; Hib = Haemophilus influenzae type b; PCV13 & PCV15 = Pneumococcal disease; IPV = Polio; COVID-19 = Coronavirus disease 19; Flu = Influenza; MMR = Measles, Mumps & Rubella; Varicella = Chickenpox; Hep A = Hepatitis A

Content source: National Center for Immunization and Respiratory Diseases.
Reference: https://www.cdc.gov/vaccines/parents/downloads/parent-ver-sch-0-6yrs.pdf (Accessed January 2023)
Card prepared by Jeanine P. Abrons