

Appendix 1 Travel Health resources

1/ Examples of documentation

- Example of patient-completed Travel Risk Assessment form
https://www2.rcn.org.uk/_data/assets/pdf_file/0006/78747/003146.pdf
p30 and 31
- Example of clinician-completed Travel Risk Management form
https://www2.rcn.org.uk/_data/assets/pdf_file/0006/78747/003146.pdf
p32 and 33

2/ Key travel health internet clinical resources <http://www.fitfortravel.nhs.uk/home.aspx> (information for patients/general information)

TRAVAX – main online Travel Health resource for Health Professionals in Scotland

www.travax.nhs.uk - required registration and log-in

- Fever travel website – diagnostic aid for assessing returning travellers with a fever
www.fevertravel.ch

3/ Travel Health Courses

- Foundation (6 months) and Diploma (12 months) level course in Travel Medicine through Royal College of Physicians and Surgeons of Glasgow
<https://rcpsg.ac.uk/travel-medicine/education>
- TREC (Travel Health Related Education and Care course) – 2 day Basic Requirements course and TREC further courses for introduction to Travel Health
<http://www.trectravelhealth.co.uk/course-information/>
- Diploma in Tropical Medicine and Hygiene
The DTM&H course can be undertaken in Glasgow. See the following link for details:
<http://www.gla.ac.uk/researchinstitutes/iii/wtcmp/postgraduatecoursesandtraining/dtmh/>
Completing the course fulfils the requirements for taking the DTM&H exam in London and the cost of the exam is included in the fee – useful if you wish to work for Medecins Sans Frontieres or Medecins Du Monde

4/ Other websites:

- British Infection Society UK guidelines: www.britishinfectionsociety.org
- WHO outbreak data: www.who.int/csr/don/en/
- Health Protection Agency (HPA): www.hpa.org.uk
- Centers for Disease Control and Prevention: www.cdc.gov
- NaTHNaC (travel advice): www.nathnac.org
- Promed: www.promedmail.org
- the Imported fever service (RIPL) <https://www.gov.uk/guidance/imported-fever-service-ifs> 0844 778 8990

5/ UK specialist tropical disease units (24 h specialist telephone advice):

- Hospital for Tropical Diseases, London www.thehtd.org Tel (24 h: ask for tropical/infectious diseases physician on call) 0845 155 5000.
- Liverpool School of Tropical Medicine. www.liv.ac.uk/lstm/index.htm Tel: (0900e1700 h) 0151 705 3100. Out of hours ask for tropical/infectious diseases physician on call 0151 706 2000

6/ UK high-security infectious diseases units (Viral Haemorrhagic Fever)

- Royal Free Hampstead NHS Trust, London Tel.: (24 h: ask for infectious diseases physician on call) 020 7794 0500 or 0844 8480700 www.royalfree.nhs.uk
- The Newcastle upon Tyne Hospitals NHS Foundation Trust, Newcastle Tel: (24 h: ask for infectious diseases physician on call) 0191 233 6161. www.newcastle-hospitals.org.uk

7/ Scottish Infectious Diseases Units: There are 4 units in Scotland with 24 hr consultant cover:

- Gartnavel Hospital, Glasgow Tel: [0141 211 3000](tel:01412113000)
- Western General Hospital, Edinburgh Tel: 0131 537 1000
- NHS Grampian – Aberdeen Royal Infirmary 0345 456 6000
- NHS Lanarkshire 01236 748748

(In all cases, ask for infectious diseases physician on call.)

Appendix 2 Malaria prophylaxis, and links to patient information leaflets (adapted from <http://www.nhs.uk/Conditions/Malaria/Pages/Treatment.aspx> <http://www.fitfortravel.nhs.uk/advice/malaria/>)

Atovaquone/Proguanil (Malarone) ([Patient Information Leaflet for atovaquone/proguanil](#))

Adult dose is one tablet daily - each tablet contains 250mg atovaquone plus 100mg proguanil. It is licensed for children over 11kg of weight at a lower dosage and a children's tablet is available.

Should be taken to 1 or 2 days before entering the malarious area, throughout exposure, and continued for 7 days after leaving the infected area. Licensed for stays in malarious areas for periods of up to 28 days but can be used safely for up to 1 year (and possibly longer).

Side effects may include: rashes, abdominal pain, headache, anorexia, nausea, diarrhoea, dizziness, change in sleep pattern, coughing and mouth ulcers. Absorption may be reduced by diarrhoea and vomiting.

Interactions include: tetracyclines, metoclopramide, rifampicin, rifabutin or indinavir. Proguanil can affect, warfarin, increasing the INR. Caution in CKD and avoid in pregnancy and breast feeding unless there is no suitable alternative.

Chloroquine ([Patient Information Leaflet for chloroquine](#))

The adult dose is 2 tablets taken once a week, starting one week before exposure, throughout exposure and for 4 weeks afterwards.

Side effects may include: nausea, diarrhoea, headache, rashes, skin itch, blurred vision, hair loss, dizziness, mood change, sun sensitivity or seizures. Long-term use of chloroquine can affect the eyes, leading to patchy vision. Eye examinations and blood tests may be necessary for those on very long term chloroquine.

Interactions include antacids which may reduce the absorption of chloroquine – these should be taken at least two hours before or after taking chloroquine.

Cation in CKD and it can aggravate psoriasis and very occasionally causes convulsions - so should not normally be used in those with epilepsy or when first degree relatives have a history of idiopathic epilepsy.

Chloroquine is very toxic in overdose - parents must take special care to store the tablets safely away from children. It is generally accepted, as a result of long usage, to be safe in pregnancy.

Doxycycline ([Patient Information Leaflet for doxycycline](#))

Adult dose is 100mg daily and one or two doses should be taken before departure. It should be continued throughout exposure and for 4 weeks afterwards.

Side-effects include heartburn (common if capsules release their contents into the gullet so they should be taken with a full glass of water and preferably while standing upright and not just before going to lie down in bed.) Other side-effects include anorexia, nausea, diarrhoea, thrush, glossitis, headaches, blurred vision or tinnitus. Sunburn is a problem and sunscreens are important – if this is severe alternative antimalarials should be used.

No guidance is given by the manufacturers on prolonged usage for malaria prevention but has been used for periods of up to 2 years for acne without an increased risk of side effects.

Interactions include indigestion remedies, iron or zinc tablets, retinoids and cyclosporine. Anti-epileptic drugs (phenytoin, barbiturates and carbamazepine) may reduce the efficacy of the doxycycline.

Contraindicated in pregnancy (including for one week after completing the course), breast feeding, in those with systemic lupus erythematosus, porphyria and children under 12 years because permanent tooth discolouration and/or delayed bone development can occur.

Mefloquine (Larium) ([Patient Information Leaflet for mefloquine](#))

Adult dose is 250mg/week. One dose should be taken a week before departure and it should be continued throughout exposure and for 4 weeks afterwards, however three doses at weekly intervals prior to departure are advised if the drug has not been used before - this can detect in advance those likely to get side effects so that an alternative can be prescribed.

Licensed for one year's continuous use in the UK but there is no evidence that use for periods of up to 3 years carries any greater risk of side effects.

Mefloquine is unsuitable for those who have a history of severe liver disease, depression, generalized anxiety disorder, psychosis, schizophrenia, suicide attempts, suicidal thoughts, self-endangering behaviour or any other psychiatric disorder, epilepsy or convulsions.

Caution with CKD and cardiac conduction disorders.

Side effects may include: nausea, diarrhoea, dizziness, abdominal pain, rashes, itch, headache, dizziness, convulsions, sleep disturbances (insomnia, vivid dreams) and psychotic reactions such as depression.

Although there is no evidence to suggest that mefloquine has caused harm to the foetus it should normally be avoided during the first trimester of pregnancy or if pregnancy is considered possible within 3 months of stopping prophylaxis. Where the risk of severe malaria is high, mefloquine may be used with caution in the first trimester after careful risk assessment.

Emergency standby treatment

In some cases, if patients are travelling in a remote area with little or no access to medical care, they may carry treatment in case they are infected. Examples of emergency standby medications include:

- atovaquone with proguanil

- artemether with lumefantrine
- quinine plus doxycycline
- quinine plus clindamycin

The exact medication issued usually needs advice from a travel health website.

Antimalarials in pregnancy

Pregnant women have an increased risk of developing severe malaria, and both the baby and mother could experience serious complications. They should be advised not to travel to these regions of the world.

As mentioned above some antimalarials are unsuitable in pregnancy. In summary:

- **mefloquine** – not usually prescribed in the first trimester, or if pregnancy is a possibility during the first three months after it is stopped. This is a precaution, as there's no evidence to suggest it is harmful to the foetus.
- **doxycycline** – never recommended for pregnant or breastfeeding women
- **atovaquone plus proguanil** – not generally recommended during pregnancy or breastfeeding because research is limited. However, if the risk of malaria is high, they may be recommended if there's no suitable alternative
- **Chloroquine combined with proguanil** is suitable during pregnancy, but it is rarely used as it's not very effective against *Pl falciparum*.