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Travel vaccinations

Travel vaccinations are an essential part of holiday and travel planning, particularly if your journey takes you to an exotic destination or 'off the beaten track'. The risks are not restricted to tropical travel, although most travel vaccines are targeted at diseases which are more common in the tropics.

[For more general information about travel see the separate leaflet called Health Advice for Travel Abroad.](#)

This leaflet discusses the vaccinations that are available and gives some idea of the time you need to allow to complete a full protective course of vaccination. Further information specific to your destination can be obtained from your surgery (if they have the resources to offer this service), from specialist travel clinics and from a number of websites. You will find a selection of these listed at the bottom of this leaflet and under references.

Why do I need travel vaccinations?

The rise in worldwide and adventurous tourism has seen a massive increase in people travelling to exotic destinations. This leads to exposure to diseases that are less likely to occur at home. These are diseases against which we have no natural immunity and against which we are not routinely immunised in the UK. They include:

- Insect-borne conditions such as malaria, dengue, yellow fever and Zika virus.
- Diseases acquired from eating and drinking, such as hepatitis A and traveller's diarrhoea.
- Diseases acquired from others or conditions of poor hygiene, such as hepatitis B and Ebola virus.

- Diseases acquired directly from animals, such as rabies.

These are illnesses which might not only spoil your holiday but might also pose a risk to your life. For specific advice on travelling to more remote places: [see the separate leaflet called Travelling to Remote Locations](#).

What travel vaccinations do I need?

Before travelling outside the UK it is important to check whether there are any vaccinations available which could protect you. You can do this by making a travel planning appointment at your GP surgery. During your consultation a specialist travel nurse will complete a risk assessment to determine which vaccines are right for you. If your GP does not offer this service, or does not have an appointment available before you travel, then you will need to seek this advice from a private travel clinic.

There are also several websites which aim to offer up-to-date, country-specific advice on vaccinations and on disease patterns.

You can find out if travel vaccines are recommended for any countries you are planning to visit from the **Travel Health Pro website** or **NHS website Fitfortravel if you are in Scotland**.

Vaccination courses need to be planned well in advance. Some vaccinations involve a course of injections at specified intervals and it can take up to six months to complete a course. Some vaccinations can't be given together.

The following table lists the travel vaccinations which are available and in common use in the UK. Always check with your surgery or online before travelling, particularly to unusual destinations, for local outbreaks of disease which mean other specific vaccinations are advised.

Travel vaccinations (adults)

VACCINE	VACCINATION SCHEDULE	
CHOLERA (ORAL)	First dose: Second dose: Third dose:	Day 0 Day 7- 42 2 years
<p><i>Cholera (oral) notes</i></p> <p>:</p> <p>a booster can be given two years after the primary course. If more than two years have elapsed since cholera vaccination the primary course must be repeated.</p>		
DIPHTHERIA	Part of UK schedule	
<p><i>Diphtheria notes</i></p> <p>:</p> <p>5 doses of the combined diphtheria, tetanus and polio vaccine are enough to provide long-term protection through adulthood.</p>		
ENCEPHALITIS (JAPANESE)	First dose: Second dose:	Day 0 Day 28
<p><i>Encephalitis (Japanese) notes</i></p> <p>:</p> <p>usually only recommended for travellers to affected rural areas for over 30 days, or during outbreaks. Boost at 2-5 years if needed.</p>		
ENCEPHALITIS (TICK-BORNE)	First dose: Second dose: Third dose:	Day 0 1-3 months 5-12 months

Encephalitis (tick-borne) notes

:

dose 2 on Day 14 if travelling immediately. Risk is generally low unless walking, camping or working in heavily forested regions of affected countries between April and October when the ticks are most active.

HEPATITIS A

First dose:
Second dose:
Third dose:

Day 0
6-12
months
20-25
years

Hepatitis A notes

:

if late with the second dose, 20-year protection can still be relied upon.

HEPATITIS B

First dose:
Second dose:
Third dose:

Day 0
1 month
6
months

Hepatitis B notes:

Booster at 5 years or when antibody levels fall.

Fast course: Day 0, then 1 month, 2 months, 12 months.

Accelerated course: Day 0, 7, 21, then 12 months.

HEPATITIS A/B COMBINED

First dose:
Second dose:
Third dose:

Day 0
1 month
6
months

Hepatitis A/B combined notes

:

as for hepatitis B, fast or accelerated courses available.

MENINGITIS ACWY	First dose:	Day 0
<p><i>Meningitis ACWY notes</i> : a certificate of vaccination is required from all visitors arriving in Saudi Arabia for the purpose of Umrah or Hajj.</p>		
POLIO	P art of UK schedule	
<p><i>Polio notes</i> : almost eradicated worldwide. 5 doses of the combined diphtheria, tetanus and polio vaccine are enough to provide long-term protection through adulthood.</p>		
RABIES	First dose: Second dose: Third dose:	Day 0 1 month 2 months
<p><i>Rabies notes</i> : boost at 2-5 years if needed.</p>		
TETANUS	Part of UK schedule	
<p><i>Tetanus notes</i> : total of 5 doses needed for lifelong immunity but boosted in the case of high-risk injuries.</p>		
TUBERCULOSIS	May be given at birth	

Tuberculosis notes

:
offered at birth to higher-risk children. Also offered to close contacts of cases and to health workers under the age of 35 years. Poorly effective in adults over the age of 35 years. Negative Mantoux test is needed prior to vaccination.

TYPHOID

First dose:
Second dose:
Third dose:

Day 0
3 years
3 years

Typhoid notes

:
every 3 years if needed.

YELLOW FEVER

First dose:

Day 0

Yellow fever notes

:
every 10 years if needed following an informed risk-assessment. Lifelong immunity may be given from a single dose. Only available from accredited centres. Some countries require a certificate of vaccination before allowing entry (in some cases, if travelling from an affected area; in other cases, for entry from anywhere).

The protection offered by vaccination is not always 100%. Vaccination will greatly reduce your chances of acquiring the disease and in many cases the protection level offered is extremely high. The protection will also not be lifelong. However, there isn't a vaccine available for every disease - for example, there is none at present against malaria.

Even where a vaccine is available, vaccination should not be the only thing you rely on for protection against illness. It is important to know the risks; taking sensible steps to avoid exposing yourself to disease is by far the most useful thing you can do.

Pregnant women

It is important that pregnant women also receive the necessary vaccinations before travelling. Some vaccines, however, are not safe to use in pregnancy – see table below. In some cases your doctor or nurse may ask you to consider whether the journey could wait until after the birth of your baby, as the risks of disease may be very real and you may be unable to fully protect yourself and your baby.

There is currently no vaccine or medicine to prevent Zika virus, which is transmitted by *Aedes* mosquitoes and which is of particular concern to pregnant women due to its link to birth defects. The recent outbreak of the virus is currently considered a Public Health Emergency of International Concern. [See the separate leaflet called Zika Virus.](#)

Vaccine	Recommendation (pregnancy)
Anthrax	Recommended ONLY IF there is a high risk of exposure
BCG	Contra-indicated
DTaP	Recommended if indicated
Hepatitis A	Recommended if indicated
Hepatitis B	Recommended in some circumstances
HPV	Not recommended
Influenza (inactivated)	Recommended if indicated
Influenza (LAIV)	Contra-indicated
Japanese encephalitis	Inadequate data for specific recommendation
Meningococcal ACWY	May be used if indicated
MMR	Contra-indicated
Polio	May be used if indicated
Rabies	May be used if indicated
Typhoid	Inadequate data for specific recommendation
Varicella	Contra-indicated
Yellow fever	May be used if exposure risk is high

Malaria prevention

No vaccination is available against malaria. People who live permanently in malarial zones have partial protection but they lose this swiftly when they move away. Protection against malaria is through a combination of avoidance of mosquito bites and the use of malaria tablets.

Tablets have to be started before entering the malarial zone and continued for some days or weeks after leaving it. The recommended tablet regime varies by area. Your practice nurse will have access to up-to-date advice on recommendations for your journey. [See the separate leaflet called Malaria Prevention for more details.](#)

Diseases for which no vaccine is yet available

There are many tropical diseases for which no vaccination is yet available. These include:

- Insect (arthropod)-borne viruses such as dengue, [Zika](#) and [chikungunya](#).
- Infections carried by water-dwelling organisms such as bilharzia and flukes
- Parasitic diseases such as leishmaniasis, onchocerciasis, trypanosomiasis and hydatid disease. Parasites are living things (organisms) that live within, or on, another organism.

[There is also as yet no vaccine against HIV.](#)

Most of these conditions can be avoided by travellers taking reasonable precautions around:

- Hygiene.
- Food and drink.
- Swimming in water known to be infested with parasitic organisms.
- Exposure to biting insects.

- Unprotected sexual encounters.

Who should be vaccinated?

People often at greatest risk when travelling are those visiting a country which they think of as their place of origin, where members of their family live and roots may be. People often believe – falsely – that as one-time residents who may have been born and raised there, they have a natural immunity. They feel that they are not on holiday but visiting home and that vaccinations aren't needed.

Unfortunately this is not true. We acquire natural immunity by living in a place and being constantly exposed to the diseases that are present. When we leave the area for distant shores that protection is rapidly lost and we need the protection of vaccination, together with the other precautions listed above.

This is particularly true of malaria, where visitors 'going back home' may find their relatives puzzled and even amused that they are taking anti-malarial medication. Even so, it's very important to do so. It's only by living there all the time that you acquire your resident relatives' level of immunity. Your immune system has a short memory for this sort of partial immunity.

Where can I get travel vaccinations?

Many NHS surgeries offer a full range of travel vaccinations. However, your surgery may not have the resources to fit you in before you travel. Alternatively, you can visit private specialist travel clinics.

Free travel vaccinations

The NHS does not usually cover travellers for vaccinations relating to exotic travel, although some vaccinations such as hepatitis A are usually free. Aid workers and healthcare workers are often offered free vaccinations against occupational risks but others have to pay.

Anti-malarial tablets are never free and can add a substantial sum to the cost of your trip. Whilst this may seem expensive, it is usually a small sum relative to the costs of your travel. Safeguarding your health should be considered an essential part of any trip.

If a vaccination certificate is issued keep it and update it over the years so that you have a full record. Your NHS surgery will have a record of vaccines they have administered to you and can often issue a copy. However, the yellow fever vaccination certificate needs to be saved, as this cannot be re-issued.

Further reading

There are many excellent websites offering detailed advice for travellers by country and region. You will find a selection under 'Further Reading and References', below.

Dr Mary Lowth is an author or the original author of this leaflet.

Further reading

- [Travax](#)
- [Travel Health Pro](#); National Travel Health Network and Centre (NaTHNaC)
- [Travelling if you have a medical condition](#); British Airways (includes downloadable MEDIF forms)
- [Immunisation against infectious disease - the Green Book \(latest edition\)](#); UK Health Security Agency.
- [Travellers' Health](#); US Centers for Disease Control and Prevention

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