

Prescribing guidelines for patients travelling abroad

1. Immunisations for travel abroad

Only certain travel vaccines are funded by the NHS and these are listed below. Historically, these vaccines were chosen for public health reasons; the provision of other travel vaccines that are given to protect against diseases unlikely to be transmitted to others on return is a private service. Practices may charge their NHS registered patients for the issue of a private prescription and for vaccine administration.

- Travel vaccines that may be provided at NHS expense are:

Diphtheria	Hepatitis A
Tetanus	Polio
Typhoid	Cholera

For travel immunisation, NHS funded vaccines may be purchased by the practice separately and personally administered dispensed fees claimed via the PPD (Prescription Pricing Division). Alternatively an FP10 prescription may be issued; in this case no personally administration fee should be claimed. Patients must not be charged for administration of NHS funded travel vaccinations but will be required to pay the prescription charge, where eligible, if supplied on an FP10. NB Revaxis® (diphtheria, tetanus and polio vaccine) is supplied to the NHS free of charge via ImmForm for the national immunisation programme only.

- All other travel vaccines should be administered as a private service including:

Meningococcal ACWY
Tuberculosis (BCG)
Rabies*
Japanese encephalitis
Tick borne encephalitis
Yellow fever

*Exception: rabies immunisation to specific groups of people who are special risk due to their employment.

These vaccines should either be prescribed on a private prescription or the practice may keep a stock and charge the patient directly. Vaccines provided as a private service cannot be administered under an NHS patient group direction.

- Hepatitis B is not included on the list of travel vaccines that may be given at NHS expense; the GP practice may therefore charge for administration as a private service to those solely at risk due to travel. However, Sheffield CCG has agreed that hepatitis B vaccine may be given as an NHS service to the group of travellers who place themselves at risk when abroad due to behaviours or other factors or as a result of medical or dental procedures carried out in countries where unsafe therapeutic injections are a risk factor for hepatitis B. These groups are defined in the DH Green Book [Hepatitis B chapter](#). Practices should note that provision of hepatitis B vaccine for travel is not a local commissioned service.
- Combined hepatitis A and hepatitis B vaccine. This vaccine should not be used for travel vaccination as hepatitis B is not routinely required. Where the traveller

meets the criteria for NHS funded hepatitis B vaccine (as above), the combined vaccine may be used if the administration schedule is suitable.

2. Travel advice

No charge may be made to any NHS registered patient for providing travel advice. Travel advice represents appropriate health promotion for patients wishing to travel abroad and is therefore classed as an essential service within the GMS contract.

3. Malaria Prophylaxis

Prescription only anti-malarial medicines for prophylaxis must not be prescribed on an FP10. A private prescription should be issued and the practice may charge the patient for the service. Private prescriptions should not be written for anti-malarials available for purchase over the counter.

4. Other prophylactic medicines

Medication should not be prescribed at NHS expense for conditions that **may** arise whilst travelling abroad e.g. travel sickness, diarrhoea. A private prescription should be given if the prescriber deems this to be appropriate. The practice may charge for issuing the prescription.

Emergency travel kits (containing items such as disposable needles, syringes, IV cannulae, plasma substitutes etc) should not be prescribed at the NHS expense.

5. Long Term Medication Abroad

Regular medication for a pre-existing condition may be provided at NHS expense for journeys of up to 3 months duration. For periods over three months, the patient should only be provided with sufficient quantities to cover them until they can make alternative arrangements when they reach their destination. For intermittent medication, no more than 1 month's supply should be made at NHS expense. For controlled drugs, refer to the detailed guidance in the [CCG Medicines Code](#) section 17.4.

6. References

- BMA guidance '[Prescribing in General Practice](#)' June 15
- NHSE / NHSCC '[Items which should not routinely be prescribed in primary care: Guidance for CCGs](#)' November 2017
- BMA '[Focus on travel immunisation](#)' October 2016

Prepared by: Hilde Storke, Medicines Governance Pharmacist

Approved by: Area Prescribing Group

Date: 18/01/18

Review date: January 2021