Travel Medicine and Vaccines – Practical Summary

Travel medicine starts with the itinerary and the traveller, not a standard vaccine list.

Nurses play a central role by collecting accurate information, checking records, identifying urgent or complex cases, administering vaccines safely, and reinforcing the prevention plan agreed with the GP.

The travel consultation at a glance

1 Assess	2 Plan with GP	3 Vaccinate safely	4 Prepare traveller
Itinerary, dates, purpose, accommodation, activities and access to care	Routine vaccines, destination risks, required certificates, malaria and other prevention	Screen, consent, cold chain, correct product and route, observation and documentation	Insurance, medication supply, illness plan, food and water, insects, animals, transport and medical kit

Information to collect

- Ideally collect the information before the consult.
- Departure date, trip duration and every country, including stopovers and transit points. An itinerary would be great!
- Exact regions and settings: urban or rural, altitude, wet or dry season, cruise, resort, camping, remote travel or visiting friends and relatives.
- Purpose and activities: work, healthcare, volunteering, animal contact, trekking, freshwater exposure, diving or mass gatherings such as Hajj or Umrah.
- Age, pregnancy plans or pregnancy, breastfeeding, immune suppression, splenectomy, chronic disease, allergies, previous vaccine reactions and current medicines.
- Vaccination history and evidence, including AIR, old records, yellow fever certificate and prior travel vaccines.
- Access to care overseas, evacuation options, travel insurance, cover for pre-existing conditions and planned activities.
- Prioritise: A late presentation still warrants assessment. Prioritise entry requirements, routine vaccines, high-consequence risks, vaccines that offer useful protection after one dose, malaria prevention and a clear plan for any remaining doses.

Vaccine summary for practice nurses

Recommendations depend on destination, season, duration, activities, age and medical history. The schedule below is to prompt discussion, not a substitute for the current Australian Immunisation Handbook.

Vaccine	Consider for	Key nursing points
Routine vaccines	All travellers	Check influenza, COVID-19, MMR, diphtheria tetanus pertussis, polio and other age or risk based vaccines. Confirm the primary course and boosters.
Hepatitis A	Common for travel where hepatitis A is endemic	A first dose can provide useful pre-travel protection. Complete the age and product appropriate course for long-term protection.
Typhoid	Endemic areas, especially visiting friends and relatives or where food and water hygiene may be poor	Injectable and oral schedules differ. Protection is incomplete, so food and water precautions remain essential. Booster timing depends on product and ongoing risk.
Diphtheria tetanus pertussis	Routine review, remote travel, wound risk or destination risk	Check the full history. A booster may be recommended based on time since the last dose, destination and access to healthcare.
Polio	Countries with circulation or outbreak risk	Confirm a complete primary course. Some travellers need a booster and some destinations may require documented recent vaccination.
MMR	Anyone without evidence of two doses or immunity, especially during outbreaks	Live vaccine. Contraindicated in pregnancy and generally in significant immune suppression. Travel may justify an early dose for infants, but routine doses are still required later.
Hepatitis B	Sexual exposure, medical care, tattooing or piercing, healthcare work, long stays or frequent travel	Use the standard or approved accelerated schedule where appropriate. Arrange completion after travel if needed.

Vaccine summary continued

Vaccine	Consider for	Key nursing points
Yellow fever	Travel to a yellow fever risk area or when a certificate is required	Give only through an approved yellow fever vaccination centre after individual risk assessment. A certificate becomes valid 10 days after vaccination and is generally valid for life. Extra caution applies to pregnancy, immune suppression, severe allergy and older age.
Meningococcal ACWY	Hajj or Umrah, meningitis belt travel, outbreaks or other risk based indications	Entry requirements can change. Check current Saudi and destination rules, vaccine type, certificate wording and timing.
Rabies	Animal work, remote travel, long stays, children, cyclists or travellers with limited access to post-exposure care	Pre-exposure vaccination simplifies but does not replace post-exposure treatment. Any mammal bite, scratch or saliva exposure to broken skin requires immediate washing and urgent medical advice.
Japanese encephalitis	Risk areas with rural, outdoor, agricultural or prolonged exposure, and some outbreak settings	Product, age, pregnancy and immune status affect vaccine choice and schedule. Complete the course early enough for protection.
Cholera	Selected travellers with high exposure risk or limited access to safe water and care	Oral vaccine schedules vary by product and age. Maintain cold chain, reconstitute exactly as directed and check timing around food, drink and other oral medicines or vaccines.
Influenza	All travellers, especially group travel, cruises, mass gatherings and people at higher risk of complications	Consider both destination season and current Australian formulations. Vaccination does not remove the need for respiratory hygiene.

** **Required vaccines** relate to entry rules or certificates. **Recommended vaccines** protect the traveller according to their actual exposure risk. A traveller may need one, both or neither. Always check the full route, including transit and the country they return to.

Safe vaccine administration

Before vaccination	After vaccination
Confirm identity, indication, destination and departure date. Match the product to age, dose, route and schedule.	Observe according to practice policy and the Australian Immunisation Handbook.
Screen for acute illness, pregnancy, immune suppression, allergy, previous adverse events and relevant medicines.	Document date, brand, antigen, batch, expiry, dose, route, site, provider, indication and any certificate issued.
Check minimum intervals, prior doses, live vaccine spacing, co-administration rules, expiry and cold chain history.	Record on AIR where required or appropriate and update the practice record.
Explain expected reactions, important risks, the limits of protection and the need to complete the course.	Give written advice about expected reactions, when to seek help and the date of the next dose.
Obtain valid consent.	Book the next appointment before the traveller leaves.
Ensure emergency equipment and anaphylaxis procedures are ready.	Add recalls for doses due after travel.

Cold chain and oral vaccines

Travel vaccines can be expensive and some have product-specific preparation requirements. Keep vaccines at the recommended temperature, protect them from freezing or light where specified, and follow the product instructions exactly. For oral cholera vaccine, confirm the product, age-based course, reconstitution method, dose intervals and timing around food and drink before administration.

Special situations

Situation	Nursing focus
Pregnancy or planning pregnancy	Identify live vaccines and malaria or Zika concerns. Escalate for individual risk and benefit assessment. Record pregnancy advice clearly.
Immune suppression	Live vaccines may be contraindicated and response to inactivated vaccines may be reduced. Clarify the condition, therapy and timing with the GP.
Children	Use age-specific indications, doses and schedules. Ask about school and routine records. Consider behaviour, animal exposure and ability to report bites.
Older travellers	Review frailty, falls, comorbidity, interactions, immune response, access to care and higher risk from some vaccines or infections.
No records	Do not rely on memory alone for certificate-dependent vaccines. Check AIR and available records, then discuss safe catch-up or revaccination with the GP.

Travel health beyond vaccines

Risk	Advice to reinforce
Mosquito-borne disease	Use an effective repellent, long loose clothing, screened or air-conditioned rooms and bed nets when indicated. Malaria tablets must be taken exactly as prescribed. Fever during or after travel requires prompt medical review and disclosure of the travel history.
Food and water	Choose safe water and freshly cooked food. Use careful hand hygiene. Oral rehydration is central for diarrhoea. Seek care for severe dehydration, persistent fever, blood in stool, severe pain or prolonged symptoms.
Animal exposure	Avoid touching or feeding dogs, monkeys, bats and other mammals. After a bite or scratch, wash thoroughly with soap and running water for about 15 minutes, apply antiseptic if available and obtain urgent expert care.
DVT and long journeys	Assess individual risk. Encourage regular movement, calf exercises, hydration and avoidance of prolonged immobility. Compression or medication requires individual clinical advice.
Sun heat and altitude	Use sun protection and gradual acclimatisation. Do not ascend further with symptoms of altitude illness. Severe headache, confusion, breathlessness at rest or poor coordination requires urgent descent and care.
Road water and activity safety	Road trauma and drowning are major travel risks. Discuss helmets, restraints, alcohol, night driving, swimming conditions, diving fitness and insurance for planned activities.
Medication and medical kit	Carry regular medicines in original packaging, sufficient supply plus contingency, prescriptions or a doctor letter when needed, and a kit matched to the itinerary. Check medicine legality at the destination.
Insurance and access to care	Confirm comprehensive insurance, pre-existing condition cover, evacuation arrangements and how to contact the insurer. Identify reliable care for remote or complex travel.

Urgent advice after travel

Advise travellers to seek prompt medical care for fever, severe diarrhoea or dehydration, jaundice, rash with fever, breathing difficulty, neurological symptoms, significant animal exposure, a swollen painful leg, chest pain or sudden breathlessness. They should state where and when they travelled, even if the trip was weeks or months earlier.

Rabies exposure response

- Wash and flush the wound immediately and thoroughly for about 15 minutes.
- Apply an antiseptic if available. Do not tightly close the wound without medical advice.
- Seek urgent expert medical care and contact the travel insurer. Do not wait for symptoms.
- Post-exposure treatment is still required after pre-exposure vaccination. The regimen differs according to prior vaccination and immune status.

Current clinical resources

Resource	Website
Australian Immunisation Handbook	immunisationhandbook.health.gov.au
Smartraveller destination advice	smartraveller.gov.au
Australian Government immunisation for travel	health.gov.au/topics/immunisation/when-to-get-vaccinated/immunisation-for-travel
World Health Organization travel health and country requirements	who.int/health-topics/travel-and-health

Important: Entry requirements, outbreaks, malaria recommendations and vaccine guidance change. Check current official advice for the complete itinerary each time. Follow the Australian Immunisation Handbook and product information where they differ from older teaching material.