SCIENTIFIC STUDY GROUP ON TRAVEL MEDICINE

WETENSCHAPPELIJKE STUDIEGROEP REISGENEESKUNDE/GROUPE D'ETUDE SCIENTIFIQUE DE LA MEDECINE DES VOYAGES

12th National seminar on travel medicine

Neder-over-Heembeek, 25th January 2018

Presided by Ula Maniewksi-Kelner and Patrick Soentjens
Report by Rembert Mertens

INTRODUCTION.

At the 12th national seminar on travel medicine in January 2018 (where a varied and interesting program was presented) in the late afternoon, Ula and Patrick presented addenda and short headlines regarding the Belgian consensus guidelines, as well as future recommendations on rabies vaccine schedules.

ADDENDA TO THE SUMMARY OF THE CONSENSUS MEETING IN 2017

YELLOW FEVER

Based on data from the outbreak of yellow fever in Brazil (with several cases of YF in the metropole of Sao Paulo), the 'yellow fever map' of South America (former version 2014) was updated in 2018, and is now available at the website of ITM.

In the Belgian guidelines of 2017, an attempt was made to further clarify the eventual need for booster dose/repeated vaccination against YF. (since of 07/2016, the recommendation by WHO stated that no booster doses could be required as a condition of entry in to a country). The guidelines of 2017 stated that *"a single booster (when primary vaccination was given more than ten years earlier) is offered in case of "high risk of exposure" (eg lab workers handling wild type yellow fever, staying for extended period in endemic region or travelling to high risk region such as rural Western Africa or an epidemic region).*
Since there is no clear definition of 'high risk region' nor a clear definition of 'an extended period', we suggest a low threshold for revaccinating with a second dose: every traveler who travels to a country 'marked in red' on the YF map (sub-saharan Africa or South America), who presents at a travel consultation clinic with a first dose administered more than 10 years earlier, can be offered a single booster dose of YF vaccination.
No changes were suggested concerning the administrative part ("lifelong" for the majority of vaccinated travelers, "1year' in specific situations eg. pregnancy, children < 24 months, "10 years" in immunocompromised eg. hiv-infection). Explanation should be given to travelers

regarding the difference between 'administrative life-long' and the possible need for a single booster dose in the future.

MALARIA

No major changes in malaria prevention strategies were discussed. May we remind you that the 'malaria world map' was updated; it is available at the ITG website (http://www.itg.be/Files/docs/Reisgeneeskunde/Malaria-World.jpg)

QUID 'CHOLERA-STAMP'

Since cholera vaccination induces a very low immune respons and is considered to be inefficacious, it is a vaccination that is rarely offered at the travel clinics (with maybe the exception of health-care providers travelling to refugee camps in epidemic regions). In 1995 the Belgian consensus started the concept of the 'cholera stamp', that clearly stated that 'cholera vaccination was not indicated, with an indefinite validity'. The idea of this stamp was to avoid travelers encountering problems at border crossings in African countries. When we compared to other national guidelines, apparently (except the Netherlands) no other guidelines suggest using such a 'no-cholera vaccination indicated' stamp. Over the years this stamp in the yellow booklet has become more of an administrative routine, than a legal requirement. For this reason we no longer recommend the systematic use of such a stamp.

TYPHOID FEVER

A (first) conjugated vaccine against typhoid fever was prequalified by WHO in January 2018 - TYPBAR TCV®. The vaccine was developed by Bharat biotech, an Indian farmaceutical company. This vaccine will be recommended for infants and children living in endemic countries; what the role of the vaccine might be in travelers (especially travelers with children) is not clear yet.
May we remind you that the polysaccharide vaccine Typherix® is no longer available (vaccination with Typhim Vi (SC or IM), or Vivotif (PO) is suggested as an alternative)

TRAVELLERS DIARREA

No major changes in the strategy towards travellers diarrhea. Since 2016 there has been a shift towards (neo)macrolides, and *quinolones are no longer recommended* as a stand-by emergency treatment. The prescription of stand-by emergency treatment has become more restricted: no longer recommended for travelers to South-America, limitation to the duration of travel (longer than 16 days), or in situations of 'vulnerability'.

The use of the stand-by emergency antibiotic should be reserved for cases of 'severe diarrea' (with alarming signs such as fever, or bloody stools); we should explain to the traveler that, when possible, medical advice is still preferred to 'self-administered' antibiotics.

RABIES

The rabies pre-exposure prophylaxis (Rabies PrEP) will be changed in Belgium from **the 1st of May 2018,** in accordance with the two recent WHO publications (1,2). The official WHO guideline on rabies vaccination will be published in the Weekly Epidemiological Record in April 2018.

The new introduced first line rabies pre-exposure vaccination schedules will be shortened, and simpler and are compliant with the WHO requirements on immunogenicity and safety. There will be a recommendation for two first line schedules and also for some alternative schedules. A routine booster 1 year after PrEP is not required: once primed, individuals will be long-term boostable after risk.
Rabies vaccines can be administered by two different routes, intradermal (ID) or intramuscular (IM), and according to different schedules.
One ID dose is 0.1 ml of vaccine and one IM dose is an entire vial of vaccine, irrespective of the vial size (1 ml for Rabipur® or 1 ml for HDCV Mérieux®).

The first-line rabies **PrEP regimens for all ages** are the following two-visit schedules:

- **ID: 2x 0,1 ml in 2 different sites on day 0 and day 7 (= 4 injections in total)**
- **IM: 1 vial of 1.0 ml day 0 and day 7**

Alternative regimens for all ages are:

- three visit regimens: single dose 1.0IM or 0.1ID on day 0, 7, 28
- single visit regimen: double dose 0.1ID or single dose 1.0 IM on day 0

After completion of two pre-exposure rabies vaccine doses an additional stamp in the vaccination certificate is recommended: **'Rabies PreP completed: additional vaccinations needed after risk'.**

The principle 'every dose counts' in Rabies PrEP will be more accepted in last-minute travellers. Two rabies vaccine doses are at least needed for a full PrEP regimen. Individuals who receive only a single dose of PrEP should be managed with full PEP in the case of potential rabies exposure prior to the second PrEP dose.

The new Belgian PEP guidelines, introduced in July 2017, were not changed (3,4).
The **PEP regimen** after full two-dose PrEP remains unchanged in Belgium:

- **1-site 1.0 IM PEP on days 0 and 3.**

All Belgian travel centers or health practionizers, that feel experienced enough to carry out intradermal route injections, can start to use this technique.

References:

1.Rabies vaccines and immunoglobulins: WHO position: summary report of 2017 updates. Jan 2018. http://apps.who.int/iris/bitstream/10665/259855/1/WHO-CDS-NTD-NZD-2018.04-eng.pdf?ua=1

2.WHO Background Paper: proposed revision of the policy on rabies vaccines and rabies immunoglobulins: prepared by the SAGE Working Group on Rabies vaccines and immunoglobulins and the WHO Secretariat. Sep 2017.
http://www.who.int/immunization/sage/meetings/2017/october/1_Background_paper_WG_RABIES_final.pdf

3.Rabies PEP guideline 2017: Dutch and French version
http://www.itg.be/Files/docs/Reisgeneeskunde/PEP_Rabies_NL.pdf
http://www.itg.be/Files/docs/Reisgeneeskunde/PEP_Rabies_FR.pdf