

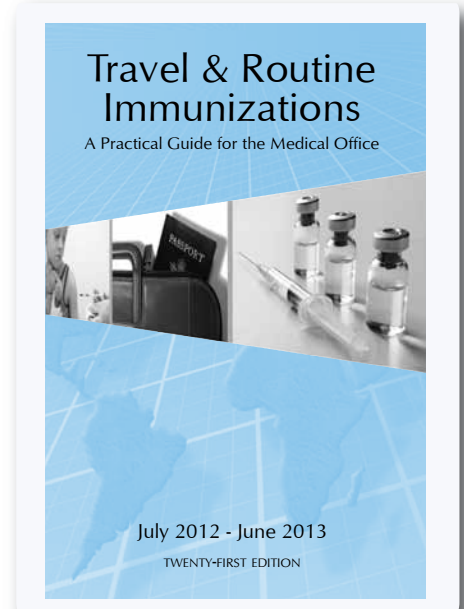
Travel & Routine Immunizations

This annually published reference guide, known as “the blue book,” is designed to keep the medical professional up-to-date on vaccine recommendations for travelers and non-travelers alike.

Detailed information is summarized in convenient outline format and includes indications for vaccination, administration schedules, precautions and contraindications, side effects, special considerations (e.g., entry requirements), minimum intervals, and accelerated schedules. General information on immunization practices (e.g., storage and handling) and practical information on traveler preparation are also included.

Each vaccine article begins with a concise summary of Shoreland’s immunization recommendations for travelers. These recommendations are synchronized with those in Shoreland’s country reports in Travax®. Shoreland’s vaccine recommendations reflect a synthesis and reconciliation of advice from CDC, ACIP, AAP, and WHO, as well as ongoing global surveillance and published literature. CDC, ACIP, and AAP (when its advice varies from ACIP) guidelines continue to be included as part of the vaccine articles.

You can download a sample section of *Travel & Routine Immunizations* in PDF format when you visit our website at www.shoreland.com.



Now in its 21st edition, this 370-page book pulls together current immunization guidelines from ACIP, AAP, and CDC.

128 Influenza • Japanese Encephalitis SECTION TWO

JAPANESE ENCEPHALITIS

SHORELAND VACCINE RECOMMENDATIONS FOR TRAVELERS

Indications for Travelers

Shoreland recommendations take into account destination, duration of stay, frequency of travel to risk areas, activities, level of risk of Japanese encephalitis (JE) in the country, and transmission season. Depending on these variables, JE vaccine may be considered in the following travel situations:

- prolonged stays or frequent short stays in rural farming areas of countries at risk
- travel to specific areas with a current known epidemic
- shorter rural visits by persons with extensive outdoor exposure (e.g., hikers, bikers, adventure travelers)
- long-stay urban expatriates, due to likelihood of occasional rural travel or repeated short visits to endemic areas of the country
- risk-averse travelers desiring maximum pre-travel protection and traveling for short stays in risk areas, because very occasional sporadic cases have occurred in this situation

Regardless of vaccination status, travelers should be counseled to take precautions against insects, especially at dusk and dawn.

Note: Shoreland’s vaccine recommendations, which focus primarily on the risk to the individual traveler, reflect a synthesis and reconciliation of available advice from CDC, ACIP, AAP, and WHO, as well as ongoing global surveillance and the published literature. These recommendations may differ from those of individual countries’ public health authorities.

WHAT’S NEW

An updated Vaccine Information Statement (VIS) dated 12/7/11 has been issued for Japanese encephalitis (JE) vaccine. The updated VIS reflects the fact that Ixiaro is now the only JE vaccine available in the U.S. and briefly mentions booster doses and options for vaccinating persons younger than 17 years of age, for whom Ixiaro is not licensed. (See below for CDC booster recommendations and options for vaccinating persons younger than age 17 years.)

Other Recent Items of Note: IMOJEV® (formerly ChimeriVax[JE; sanofi pasteur]) has been licensed in Australia; the launch date has not yet been announced. IMOJEV is a live attenuated Vero cell, chimeric, recombinant vaccine SA14-142 using YF vaccine virus vector. It is given subcutaneously as a single dose (0.5 mL) to individuals aged a 12 months. There are no plans to license this vaccine in the U.S. See “Vaccines - Available outside the U.S.” for further information.

CDC recommendations for Ixiaro booster doses (MMWR 60, No. 20: 661-663; May 27, 2011).

Table RAB-1: Criteria for Rabies Preexposure Immunization

Risk category	Nature of risk	Typical populations	Preexposure regimen
Continuous	Virus present continuously, often in high concentrations. Specific exposures likely to go unrecognized. Aerosol, bite, or nonbite exposure.	Rabies research lab workers, rabies biologics production workers.	Primary preexposure immunization course. Serologic testing every 6 months. Booster immunization if antibody titer is below acceptable level. ¹
Frequent	Exposure usually episodic with source recognized, but exposure might also be unrecognized. Bite, nonbite, or aerosol exposure possible.	Rabies diagnostic lab workers, spelunkers, veterinarians and staff, and animal control and wildlife workers in rabies enzootic areas.	Primary preexposure immunization course. Serologic testing every 2 years. Booster immunization if antibody titer is below acceptable level. ¹
Infrequent (greater than general population)	Exposure nearly always episodic, with source recognized. Bite or nonbite exposure.	Veterinarians, veterinary students, and animal control and wildlife workers in areas of low rabies rates. Travelers visiting areas where rabies is enzootic and immediate access to appropriate medical care (including biologics) is limited.	Primary preexposure immunization course. No serology or booster immunization.
Rare (general population)	Exposure always episodic, with source recognized.	U.S. population-at-large, including individuals in rabies-enzootic areas.	No preexposure immunization necessary.

1. Judgment of relative risk and extra monitoring of immunization status of laboratory workers is the responsibility of the laboratory supervisor; see www.cdc.gov/od/oc/ohrt/publications/ohrt.pdf.

2. Minimum acceptable antibody level is complete virus neutralization at a 1:5 serum dilution by the rapid fluorescent focus inhibition test. A booster should be given if the titer falls below this level. Preexposure booster immunization consists of 1 dose of human diploid cell (rabies) vaccine (HDCV) or purified chick embryo vaccine (PCECV), 1.0 mL dose, IM, deltoid area.

* Per WHO, intradermal (ID) administration of rabies vaccine may be considered as an acceptable alternative to the standard IM route for preexposure prophylaxis. This is an off-label use in the U.S.

Warning: Only individuals who are highly trained and experienced with ID injections should administer vaccine by this route. Inadvertent subcutaneous infiltration of the vaccine will produce an ineffective immune response.

BASED ON: CDC. Health Information for International Travel, 2012. DHHS, Atlanta, GA, p. 275; WHO. WER 8(82), 2/23/07; CDC. MMWR 57: 1-28, 5/7/08.

Vaccine articles begin with a concise summary of Shoreland’s immunization recommendations for travelers.

More than 28 concise tables help make complex information easy to access.

