



GREY BRUCE HEALTH UNIT

Owen Sound
519-376-9420 or 1-800-263-3456

Walkerton
519-881-1920

GUIDE TO VACCINES

DISEASES SUBJECT TO INTERNATIONAL HEALTH REGULATIONS

Cholera

Two forms of cholera vaccine are available: oral and injectable. Neither is currently recommended for travellers. The risk of cholera to travellers is low and the International Health Regulations abolished the requirement of a cholera vaccination certificate in June 1973. No country should require a certificate from travellers arriving from Canada.

***Not available at Health Unit**

Yellow Fever

Yellow fever inoculation is recommended to all travellers in transit or going to the yellow fever endemic zones of Africa and Central and South America. In many cases, it is required. There are no yellow fever endemic areas in Asia and travellers to these areas do not require yellow fever vaccine unless they go through Africa or South America. Yellow fever vaccine must be administered in a **WHO approved vaccination centre**. Yellow fever vaccine is a live vaccine grown in eggs. It should not be given to those with decreased immunity. It should not be given during pregnancy unless the risk of yellow fever is very high. It should be avoided in patients with a known severe allergy to eggs.

After a single dose of yellow fever vaccine, an International Certificate of Vaccination is issued and is valid 10 days after vaccination to meet entry and exit requirements for all countries. The certificate is good for 10 years. Those travellers with contraindications to use or infants under 4 months of age should be given a certificate of exemption.

***Not available at Health Unit**

OTHER VACCINES

Tetanus, Diphtheria, Polio

Travelers to both high and low risk areas should have these immunizations up-to-date. Tetanus vaccine should be updated every 10 years.

Measles, Mumps, Rubella

In developing countries, measles causes significant mortality. Most persons born before 1957 are likely to have been infected naturally and can be considered immune. It is advisable that travellers be immune to measles. In Canada, measles vaccine is administered as measles, mumps, rubella (MMR) to children at 12 months of age and again at 18 months. Children 6-12 months old may be immunized with measles vaccine if they will be in contact with young children in the country being visited. Children vaccinated before 12 months of age should be revaccinated at about 15 months of age. Rubella vaccination should be given to all women of child-bearing age who are not immune, and mumps vaccination is recommended for adults born in 1970 or later with no history of mumps or prior immunization. These are live attenuated vaccines and should not be used in pregnancy or in persons who have suppressed immune systems.

Typhoid

Typhoid occurrences are worldwide and unique to man. There are no known animal carriers of typhoid. It is prevalent in Africa, Asia, Central and South America and in Eastern Europe. Typhoid vaccine is recommended when the traveller is exposed to unsafe food or water (the high-risk traveller). Typhoid immunization provides protection against moderate amounts of ingested bacteria. There are now 2 typhoid vaccines: an oral vaccine (in capsule or liquid form) and an injectable vaccine.

Meningococcal Vaccine

This vaccine is of benefit to travellers to countries recognized as having an epidemic of meningococcal meningitis. There is an area of sub-Sahara Africa that has a high risk of meningococcal disease known as the meningitis belt, including Chad, Ethiopia, Sudan, Niger, Nigeria, Ghana, Togo, and Upper Volta. Consideration should be given to vaccinating those going to live or work in these areas for more than 3-4 weeks. This vaccine is required for religious pilgrimages to Saudi Arabia.

Tuberculosis

Medical personnel, missionaries, teachers and some children staying in endemic areas for prolonged periods of time in particular, are at risk. A traveller at high risk should have a TB skin test done prior to departure. When this is negative, the traveller should be advised to have a repeat tuberculin test every 1-2 years. If the skin test turns positive, treatment may be considered, depending on age and circumstances.

***Not available at Health Unit**

Pre-Exposure Rabies

Rabies is a viral disease that is worldwide. Only those who are likely to come in close contact with wildlife (veterinarians, wildlife conservation personnel, biologists, etc.) are at high risk and should be immunized. It is administered in three doses on day 0, 7, and 21 or 28. If a previously immunized person is exposed to rabies, two post-exposure doses should be given, one immediately and one three days later.

***Not available at Health Unit**

Hepatitis B

Hepatitis B is a worldwide disease. Transmission can be by inoculation with a contaminated needle, blood transfusion, sexual contact, and indirect routes such as shared razors. Vaccination is recommended for at-risk persons 3 months of age and older. The risk depends on destination and on occupation. Health care workers should be immunized if they are likely to come in contact with blood. Missionaries, diplomats and military personnel travelling in North Africa, sub-Saharan Africa, and South East Asia should be immunized if they plan to reside for more than 6 months in areas with high levels of endemic hepatitis B and who will have close contact with the local population. Immunization of adults usually consists of 3 injections given on day 0, at 1 month and 6 months. Alternate schedules are sometimes used if a more rapid response is needed. At the present time, booster doses are thought to be unnecessary.

Hepatitis A

Hepatitis A is worldwide in distribution and is especially prevalent in the developing countries. The infection is spread by contaminated food, water and shellfish. Hepatitis A can be prevented by ensuring the use of safe food and water; with hepatitis A vaccines; and by passive immunization with immune globulin. Immune globulin is only given to travellers who must leave right away and who are travelling for short periods of time. It is rarely used.

Hepatitis A vaccine (in adult and pediatric preparations) is given in a single injection as little as two weeks before departure. A booster dose 6-12 months later (depending on age and vaccine used) offers long term protection.

Japanese Encephalitis Vaccine

This is a mosquito-borne encephalitis that may occur in epidemics in late summer and autumn in the temperate areas of Bangladesh, Burma, Kampuchea, China, India, Japan, Korea, Laos, Nepal, Thailand and eastern areas of the USSR. In endemic areas (tropical areas of Philippines, Singapore, Sri Lanka, Taiwan, Malaysia, Indonesia, southern India and southern Thailand) where there is no seasonal pattern, the risk is lower but occasional outbreaks occur.

The vaccine is recommended for persons planning long term residence in countries experiencing epidemic Japanese Encephalitis, especially when travel is in rural areas (particularly rice and pig farming) and during the months of risk. Short-term travellers (less than 1 month) especially those in urban centres are at negligible risk.

The vaccine is given in a series of 3 doses. Booster doses may be considered every 1-3 years.

***Not available at Health Unit**

Influenza

Influenza occurs worldwide and year-round in tropical climates. Those travelling to risk areas who have not been immunized the previous fall should be immunized prior to departure, especially anyone 65 years of age or older or adults and children with chronic heart, lung or kidney disease, cancer, diabetes, anemia or immune-suppression. Persons remaining at risk should get this vaccine every year as the vaccine formulation changes annually.

Hepatitis A and B Vaccine

Combined Hepatitis A and Hepatitis B vaccine is often used with individuals wishing to have both vaccinations for travel or occupation. Standard dosing for adults and children consists of 3 injections. Alternate rapid dosing is available and may be advised for adults leaving for travel/occupation in one month. Booster doses are not necessary at the present time.

Hepatitis A and Typhoid Vaccine

Combined Hepatitis A and Typhoid vaccine offers protection against both Hepatitis A and Typhoid. One injection of the vaccine provides protection towards typhoid fever for two to three years, whereas the protection towards Hepatitis A will require an additional booster dose in 6 – 12 months for continued protection.