



Overseas Travel Prescribing Guidance

Introduction:

This guidance has been produced to help clarify which vaccines and medicines may be prescribed at NHS expense and those that should be prescribed privately for the purpose of travel. Further advice on issues that may arise when prescribing for travellers is also included.

Contents:

- Travel advice
- Malaria prophylaxis
- Medication that may be needed when travelling
- Vaccines for the purpose of travel
- Prescribing of medication for existing long term conditions
- Taking syringes and needles on flights
- Taking controlled drugs abroad
- Prevention of Deep Vein Thrombosis (DVT) during long distance travel
- Jetlag
- Sources of information

Travel advice:

The provision of advice in connection with the patient's health (including health promotion advice) is classed as an essential service within the GMS contract. NHS patients are therefore entitled to receive travel advice on recommended immunisations and malaria prophylaxis free of charge.

Malaria prophylaxis:

Malaria prophylaxis is not to be prescribed at NHS expense under any circumstances and patients should be advised to purchase prophylaxis over the counter from community pharmacies where possible. If the medication required is a Prescription Only Medicine (POM) then this should be prescribed on a private prescription (the practice is able to charge for the provision of a private prescription).

Guidance on malaria prevention in travellers from the UK can be accessed via:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/660051/Guidelines_for_malaria_prevention_in_travellers_from_the_UK_2017.pdf

Medication that may be needed when travelling:

A person is not entitled to medication at NHS expense where there is no existing condition. The prescribing of medicines or appliances (e.g. medicines for altitude sickness, antibiotics, oral rehydration sachets) which the patient requests in case they develop an ailment whilst travelling will require a private prescription, if the item cannot be purchased over the counter (e.g. from a community pharmacy).

Vaccines for the purpose of travel:

Travel immunisations that can be given as part of NHS provision

The following immunisations for travel are part of additional services under General Medical Services (GMS). Patients should not be charged a fee for these specified travel immunisations if the service is provided to registered patients. Practices can opt out of this provision by opting out of the 'vaccines and immunisations' additional service (NB: to opt out, due process must be followed (as outlined in the Primary Medical Care Policy and Guidance Manual) and contractors should be aware that there are financial implications). If after following due process a practice has opted out of the 'vaccines and immunisations' additional service, patients can be referred to a travel clinic for vaccination.

Vaccination against these conditions is available at NHS expense as they are thought to pose the greatest risk to public health if brought back into the UK:

- Diphtheria, tetanus and polio (combined booster)
- Cholera (see below)
- Hepatitis A
- Typhoid

The vaccines for these are available at NHS expense in one of two ways:

- Purchased by the practice and personally administered payment claimed through FP34PD.
- Obtained by the patient on FP10 prescription. A prescription charge is payable to the pharmacy unless the patient is exempt. In this situation no claim for personal administration fees should be made through FP34PD.

The cholera vaccine may be given at NHS expense for persons travelling to an area where they may risk exposure to infection as a consequence of being in that area or if it is a condition of entry for the country being visited that the person is immunised. The cholera vaccine can be considered for travellers with remote itineraries in areas with cholera outbreaks and with limited access to medical care, travellers visiting potential cholera risk areas for whom vaccination is considered potentially beneficial, travellers visiting areas with cholera of *V. cholerae* serogroup O1 strain specifically, and for aid workers assisting in disaster relief or refugee camps.

Travel immunisations that cannot be given as an NHS service

The following immunisations are not remunerated by the NHS as part of additional services:

- Hepatitis B (single agent)
- Meningitis ACWY (quadrivalent meningococcal meningitis vaccine; A, C, Y and W135)
- Yellow fever (only available from designated yellow fever vaccination centres:
<https://nathnac.net/>)
- Japanese B encephalitis
- Tick borne encephalitis
- Rabies
- Bacillus Calmette-Guérin (BCG)

The practice may therefore charge a registered patient for the immunisation if requested for travel. The patient may either be given a private prescription to obtain the vaccines, or they may be charged for stock purchased and held by the practice. The process of administration of the immunisation is also chargeable. Practices should give the patient written information on the immunisation schedule proposed and the charges involved at the outset of the process. An FP10 (or equivalent NHS prescription) must not be used to provide these vaccines.

Where both Hepatitis A and Hepatitis B vaccinations are required for travel purposes, they should be prescribed as separate components with the hepatitis A prescribed on an FP10 prescription and hepatitis B prescribed privately.

Prescribing of medication for existing long term conditions:

The NHS accepts responsibility for supplying on-going medication for existing medical needs, for temporary periods abroad of up to 3 months. If a person is going abroad then they are entitled to receive sufficient supply of their medications to get to the destination and find an alternative supply of that medication. No more than 3 months' supply of medication should be issued. Please note that the clinician signing the prescription takes medico legal responsibility for the duration of supply. Patients should be advised to check the rules for all the countries they are visiting and travelling through, as different countries have different rules and regulations regarding maximum quantity and the type of medication allowed to be taken into the country. [The individual embassies can be contacted for this information.](#)

People travelling in Europe are advised to carry an authorised European Health Insurance Card (EHIC) at all times. This allows access to State provided healthcare in the European Economic Area (EEA) at a reduced cost or sometimes for free. Patients should be advised to check specific entitlements prior to travel.

Taking syringes and needles on flights:

People treated with medication that is administered by injection will need a letter from their GP to allow syringes and other equipment to be carried in the hand luggage. Items should be in the original correctly labelled packaging and a copy of the prescription should be carried in the hand luggage. The patient should be advised to check the exact requirements with their individual airline(s).

Taking controlled drugs (CD) (schedule 2, 3 or 4) abroad:

Please note that in line with best practice, no more than 30 days' supply of a controlled drug should be issued on an NHS prescription at any one time.

The Home Office advises that a letter issued by the prescribing doctor or drug worker, on headed note paper, should be carried by the patient which contains the following information:

- Patients name, address and date of birth
- Travel itinerary (the country being visited, outward and return dates of travel)
- List of medication being carried, including name, strength, formulation, prescribed dose and total quantity prescribed for travel
- The signature of the prescriber

Patients should be advised that controlled drugs should be:

- Carried in original, correctly labelled packaging
- Carried in hand luggage (the individual airline(s) should be contacted for exact requirements)
- Carried with a valid personal import/export licence (if necessary)
- Carried with a letter from the prescribing doctor (see above)

A personal import or export licence is required if the patient is travelling for three calendar months or more and carrying three months' supply or more of medication. The application form can be downloaded from [here](#).

The application needs to be submitted at least 10 working days in advance of the date of travel and be accompanied by a letter from the prescribing doctor or drug worker which confirms the patient's name, travel itinerary, name of prescribed controlled drugs, dosages and total amount of each to be carried. NB: The Home Office recommends that travel arrangements are not made before the licence is received) The personal licence has no legal standing outside the UK and is intended to assist travellers passing through UK Customs controls with their prescribed controlled drugs.

All patients should be advised to contact the Embassy/Consulate/High Commission of the country of destination (or any country through which they may be travelling) regarding the policy on the importation of controlled drugs. Embassy contact details can be accessed [here](#).

Prevention of Deep Vein Thrombosis (DVT) during long distance travel:

Full guidance can be found [here](#)

Compression stockings:

Travellers at increased risk of DVT (moderate and high risk as defined by the [NICE CKS guideline](#)) are advised to use graduated compression stockings. The use of below the knee graduated stocking with appropriate compression should be advised. The ankle-brachial pressure index should be measured if the person has symptoms of arterial disease and if the value is <0.5, compression stocking should not be worn. Compression stocking should not be issued on the NHS for the sole indication of preventing travel-related DVT and are available on the NHS only for certain indications.

Proprietary flight socks are widely available from pharmacies, airports and many retail outlets.

Low molecular weight heparins (LMWH):

It is uncertain how LMWH should be used in the prevention of travel related DVT in high risk groups. Specialist advice should be sought when considering prescribing LMWH as the use to prevent travel related DVT is unlicensed and there is not good evidence of their use for this indication. Patients will require a letter from the prescriber to allow them to carry syringes and needles in hand luggage.

Aspirin prophylaxis:

The clinical knowledge summary (CKS) does not recommend the use of low dose aspirin for travel as there is no evidence to support this. Aspirin is not recommended for the prevention of travel related DVT and people already taking aspirin should not increase their dose. If a LMWH is prescribed, aspirin should not be discontinued without specialist advice.

Jetlag

Jet lag is usually a benign self-limiting short-term problem that may occur after crossing time zones too rapidly for the body clock to adjust. Symptoms include poor sleep, reduced mental performance, increased tiredness, and gastrointestinal disturbances.

The effect of jet lag usually wears off within a few days. Jet lag cannot be prevented, but there are things the traveller can do to reduce its effects. Ways to reduce jetlag can be found on the [NHS website](#).

Melatonin, a hormone produced in the pineal gland, is thought to act on receptors that are involved in the regulation of sleep and circadian rhythms. It is secreted during the hours of darkness with serum concentrations reaching a peak between 2am and 4am. Exposure to light inhibits melatonin secretion in a dose-dependent manner. Melatonin's endogenous role in the circadian system is to reinforce night-time physiology.

There are currently two UK melatonin products licensed for jetlag, both are Prescription Only Medicines (POM); 1mg/ml oral solution and 3mg film coated tablets (Colonis Pharma Ltd).

A person is not entitled to medication at NHS expense where there is no existing condition. Requests for either of these products will require a private prescription (the practice is able to charge for the provision of a private prescription).

Sources of information:

For healthcare professionals:

- Health professionals are advised to access up to date information from the [National Travel Health Network and Centre \(NaTHNaC\)](#) website.
- General information on immunisation, vaccine safety and information on individual diseases and vaccination is available from [The Green book](#)
- Up to date information on the necessary vaccines for overseas travel can be obtained from [Travax](#) . Registration and annual payment is required to access this database.
- [MIMS](#) provides information on malaria prophylaxis and immunisations on a country by country basis. Free registration is required
- [MASTA](#) provides information on preventing illness or injury while travelling, including specific disease information and fact sheets for patients. There is a charge to register.

For patients (these patient resources are not a substitute for travel advice by the practice):

- [Foreign travel advice](#)
- [Fit for travel](#)
- [NHS choices](#)