

TRAVEL VACCINES (Part 1 of 2)

Vaccine recommendations or requirements for international travel are dependent on the country of destination. Travelers must refer to each destination's embassy or consulate for country-specific travel and entry requirements before departure. Country requirements and CDC recommendations are subject to change at any time. Please consult each vaccine's drug monograph for more detailed dosing.

Transmission	Vaccine	Age	Number of doses	Administration Schedule	Recommendations/ Requirements
CHOLERA					
Contaminated food and water	Vaxchora	2–64yrs	1 dose	Give as oral susp ≥10 days before travel. Avoid eating or drinking for 60mins before and after administration.	Recommended for travelers in countries with areas of active cholera transmission (eg, parts of Africa and Asia)
COVID-19					
Person to person through oral and respiratory secretions, surface contact, and possibly airborne particles	Janssen/ J&J vaccine	≥18yrs	1 dose	<i>Emergency Use Authorization (EUA):</i> give by IM inj once. Vaccination must be completed ≥14 days before travel to be considered fully vaccinated.	Recommendations and entry requirements are dependent on the country of destination
	Comirnaty	≥16yrs	2 doses	Give by IM inj 3wks apart. Vaccination series must be completed ≥14 days before travel to be considered fully vaccinated.	
	Spikevax	≥18yrs	2 doses	Give by IM inj 1 month apart. Vaccination series must be completed ≥14 days before travel to be considered fully vaccinated.	
HEPATITIS A					
Person to person through fecal-oral routes or contaminated food and water	Havrix	≥1yr	2 doses	Give by IM inj 6–12mos apart for Havrix or 6–18mos apart for Vaqta. Begin vaccination ≥2wks before travel. At least 1 dose should be given before travel.	Recommended for travelers to highly endemic areas (eg, Africa, Asia)
	Vaqta				
	Twintrix (HepA and HepB combined)	≥18yrs	3 doses	Give by IM inj at day 0, months 1 and 6. Begin vaccination ≥2wks before travel. At least 1 dose should be given before travel.	
			4 doses	<i>Accelerated schedule:</i> give by IM inj at days 0, 7, 21–30, and booster at month 12	
HEPATITIS B					
Contact with contaminated blood, blood products and body fluids (eg, semen)	Hepelisav-B	≥18yrs	2 doses	Give by IM inj 1 month apart. Begin vaccination ≥1 month before travel.	Recommended for all unvaccinated travelers, esp. those traveling to a country with HepB prevalence ≥2% (eg, western Pacific, Africa)
			Engerix-B	All ages	
		4 doses		<i>Accelerated schedule:</i> give by IM inj at day 0, months 1 and 2, and a booster at month 12	
	Recombivax HB	All ages	3 doses	Give by IM inj at day 0, months 1 and 6. Begin vaccination ≥6mos before travel. ¹	
			2 doses	<i>Accelerated schedule:</i> give by IM inj 4–6mos apart	
	Twintrix (HepA and HepB combined)	≥18yrs	3 doses	Give by IM inj at day 0, months 1 and 6. Begin vaccination ≥6mos before travel. ¹	
4 doses			<i>Accelerated schedule:</i> give by IM inj at days 0, 7, 21–30, and booster at month 12		
JAPANESE ENCEPHALITIS					
Mosquito bite	Ixiaro	≥2mos	2 doses	Give by IM inj 28 days ² apart. Complete series ≥1wk before travel. Booster dose may be given ≥11mos after primary series if risk remains.	Recommended for travelers to endemic areas (eg, Asia) ³
MENINGOCOCCAL MENINGITIS⁴					
Person to person through oral and respiratory secretions	Menveo	2mos	4 doses	Give by IM inj at age 2mos, 4mos, 6mos and 12mos. Booster every 5yrs ⁵ if risk remains.	<ul style="list-style-type: none"> • Required when performing Hajj in Saudi Arabia⁶ • Recommended for travelers to Sub-Saharan Africa⁷
		7–23mos	2 doses	Give by IM inj 3mos apart (can be as early as 8wks to precede travel). 2nd dose should be given at age ≥12mos. Booster every 5yrs ⁵ if risk remains.	
		≥2yrs	1 dose ⁸	Give by IM inj before travel. Booster every 5yrs ⁵ if risk remains.	
	Menactra	9–23mos	2 doses	Give by IM inj 3mos apart (can be as early as 8wks to precede travel). Booster every 5yrs ⁵ if risk remains.	
		≥2yrs	1 dose ⁸	Give by IM inj before travel. Booster every 5yrs ⁵ if risk remains.	
POLIO					
Person to person through fecal-oral routes	IPOL	2mos	4 doses	<i>Routine vaccination for infants and children:</i> give by IM or SC inj at age 2mos, 4mos, 6–18mos, and 4–6yrs. Give final dose at age ≥4yrs and ≥6mos after previous dose ⁹	Recommended for long-term travelers (>4wks stay) and residents departing from countries with wild poliovirus (WPV) and vaccine-derived poliovirus (VDPV) transmission ¹⁰ (eg, Afghanistan, Pakistan)
		≥18yrs	3 doses	<i>Unvaccinated, incompletely vaccinated, or unknown vaccination status:</i> give 2 doses by IM or SC inj 1–2mos apart, then a 3rd dose 6–12mos later ⁹ <i>Completely vaccinated:</i> should receive a one-time booster dose if traveling to high risk areas	
		≥18yrs (alternative schedule)	3 doses	Give if >8wks before travel with doses 4wks apart ⁹	
			2 doses	Give if 4–8wks before travel with doses 4wks apart ⁹	
	1 dose	Give if <4wks before travel ⁹			

(continued)

TRAVEL VACCINES (Part 2 of 2)

Transmission	Vaccine	Age	Number of doses	Administration Schedule	Recommendations/ Requirements
RABIES					
Saliva of infected mammal	Imovax RabAvert	All ages	3 doses	Give by IM inj at days 0, 7, and 21 or 28 for preexposure prophylaxis. Complete series before travel; do not start series if all 3 doses cannot be completed before travel. Booster dose may be needed to maintain antibody titer if risk remains.	May be recommended for certain international travelers ¹¹
TICK-BORNE ENCEPHALITIS					
Tick bite	Ticovac	≥1yr	3 doses	Give by IM inj at elected date, then 14days–3mos after the 1st dose (1–3mos after for aged 1–15yrs), and 5–12mos after the 2nd dose. Complete series ≥1wk before travel. Booster dose may be given ≥3yrs after primary series if risk remains.	Recommended for travelers to Europe and Asia with extensive outdoor exposure to ticks
TYPHOID FEVER					
Contaminated food and water	Typhim Vi (inactivated)	≥2yrs	1 dose	Give by IM inj ≥2wks before travel. Booster every 2yrs if risk remains.	Recommended for travelers to South Asia esp. India, Pakistan or Bangladesh, Southeast Asia, Africa
	Vivotif (live)	≥6yrs	4 doses	Give 1 capsule every other day (Days 1, 3, 5, and 7) for total of 4 doses. Complete series ≥1wk before travel. Booster every 5yrs if risk remains.	
YELLOW FEVER					
Mosquito bite	YF-VAX ¹²	≥9mos	1 dose	Give by SC inj ≥10 days before travel. Booster every 10yrs if risk remains.	<ul style="list-style-type: none"> • Required for all travelers entering certain countries in Africa¹³ • Recommended for many countries in Africa and South America (eg, Brazil)

NOTES

Key: IM = intramuscular; SC = subcutaneous

- ¹ Because some protection is provided by 1 or 2 doses, the vaccine series should be initiated, if indicated, even if it cannot be completed before departure. An approved accelerated vaccination schedule can be used for people traveling on short notice who face imminent exposure or for emergency responders to disaster areas.
- ² Adults aged 18–65yrs can receive the 2nd dose as early as 7 days after the 1st dose.
- ³ Recommended for persons moving to JE-endemic country to live longer-term (1 month or longer), frequent travelers, and shorter-term travelers with an increased risk based on travel duration, season, location, activities, and accommodations. Consider vaccination for travelers to endemic areas with uncertain travel plans.
- ⁴ Meningitis serogroup B disease is extremely rare in “meningitis belt” countries, therefore, MenB vaccine (Trumenba, Bexsero) is not recommended for travelers.
- ⁵ Children who completed the primary dose or series before 7yrs old should receive a booster dose after 3yrs and repeated every 5yrs thereafter if living or traveling to a hyperendemic area. If received the primary dose or series at ≥7 years of age, a booster dose should be given after 5yrs and every 5yrs thereafter.
- ⁶ Travelers to the Kingdom of Saudi Arabia for Umrah or Hajj must provide evidence of vaccination ≥10 days and no more than 3yrs (polysaccharide vaccine) or 5yrs (conjugate vaccine) before arrival.
- ⁷ Countries in the “meningitis belt” include Ethiopia, Sudan, Chad, Nigeria, Burkina Faso, Mali, Guinea, Senegal, Gambia, etc. Travelers to these areas should be vaccinated with MenACWY vaccine before travel esp. during the dry season (December-June).
- ⁸ Travelers with HIV, anatomic or functional asplenia, persistent complement component deficiencies (C3, C5-9, properdin, factor D or H), or on eculizumab therapy should receive 2-dose series 8–12wks apart. Although not indicated for use above age 55yrs, Menveo and Menactra are the recommended vaccines for this age group since Menomune is no longer available in the US.
- ⁹ If the age-appropriate series is not completed before travel, the remaining IPV doses to complete the series should be given when feasible, at the following intervals: for children, 1st dose at age ≥6wks; 2nd and 3rd doses should be ≥4wks after the previous doses; 3rd and 4th doses should be ≥6mos apart. For children completing the accelerated schedule, a dose at age ≥4yrs should still be given, as long as it has been ≥6mos after the previous dose.
- ¹⁰ Long-term travelers and residents may be required to show proof of polio vaccination (International Certificate of Vaccination or Prophylaxis) when departing from these countries. Polio vaccine must be received between 4wks and 12mos before the date of departure from the polio-affected country.
- ¹¹ Travelers visiting areas where rabies is enzootic and immediate access to medical care (eg, biologics) is limited. Preexposure vaccination may be recommended based on the occurrence of rabies in the country of destination, the intended activities of the traveler (eg, veterinarians, research workers, animal control) esp. in remote areas, duration of stay, and the likelihood of repeat travel to at-risk destinations or long-term travel to a high risk destination.
- ¹² Due to the risk of serious adverse events after vaccination, clinicians should only vaccinate those who are at risk of exposure to YF virus or who require proof of vaccination to enter a country. Contraindications to the vaccine include: acute hypersensitivity to egg or chick embryo protein, or any component of the formulation (eg, gelatin), infants <9mos, severe immunosuppression (eg, HIV, leukemia, lymphoma, thymic disease, generalized malignancy, or drug- or radiation-induced immunosuppression), breastfeeding to infants <9mos.
- ¹³ A proof of yellow fever vaccination (International Certificate of Vaccination or Prophylaxis) is required to enter the following African countries: Angola, Benin, Burkina Faso, Burundi, Cameroon, Central African Republic, Republic of the Congo, Côte d’Ivoire, Democratic Republic of Congo, French Guiana, Gabon, Ghana, Guinea-Bissau, Mali, Niger, Sierra Leone, South Sudan, Sudan, Togo, Uganda. Some countries require vaccination if traveling from a country with risk of YF virus transmission, including transit >12hrs in an airport located in a country with risk of YF virus transmission (eg, South Africa, Australia, Bahamas). For a list of country-specific entry requirements and recommendations, refer to the CDC Yellow Book.

Not an inclusive list of medications and/or official indications. Please see drug monograph at www.eMPR.com and/or contact company for full drug labeling.

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