

## Vaccinating the traveller with special risk factors

See Chapter 2.3, *Groups with special vaccination requirements* and the specific vaccine chapters for recommendations for travellers who are either pregnant or have impaired immunity. Children should receive the relevant travel vaccines, according to age (see Table 2.2.2). Particular effort should be made to encourage the families of recent migrants to Australia to seek health advice before travelling to their country of origin to visit relatives and friends.<sup>11</sup>

**Table 2.2.2: Recommended lower age limits of travel vaccines for children**

Vaccine	Lower age limit	Dose/route	Primary schedule	Comments
<b>Hepatitis A</b>				
Avaxim	2 years	0.5 mL IM	0, 6 to 12 months	Recommended for travel to developing countries.
Havrix Junior	2 years	0.5 mL IM	0, 6 to 12 months	
VAQTA Paediatric/ Adolescent	1 year	0.5 mL IM	0, 6 to 18 months	
<b>Hepatitis A/B combined</b>				
Twinrix Junior (360/10)	1 year	0.5 mL IM	0, 1, 6 months	Recommended for travel to developing countries.
Twinrix (720/20)	1 year	1.0 mL IM	*0, 6 to 12 months	
<b>Japanese encephalitis</b>				
JE-VAX	1 year	1–3 years of age: 0.5 mL SC	0, 7, 28 days	Recommended for travellers spending more than 4 weeks in rural areas of Asia and Papua New Guinea, or those staying in urban areas of Asia for more than 1 year.
		>3 years of age: 1.0 mL SC	0, 7, 28 days	
<b>Meningococcal ACW<sub>135</sub> Y</b>				
Mencevax ACWY or Menomune	2 years	0.5 mL SC	Single dose	Revaccinate 3–5-yearly if at continuing risk. Should be preceded by MenCCV by at least 2 weeks.
<b>Rabies</b>				
Mérieux	No lower age limit	1.0 mL IM/SC	Pre-exposure: 0, 7, 28 days	The doses of rabies vaccines for pre-exposure are the same for both children and adults (1.0 mL).
Rabipur			0, 7, 28 days	

Vaccine	Lower age limit	Dose/route	Primary schedule	Comments
<b>Typhoid</b>				
Vivotif Oral (oral live vaccine)	6 years	Oral capsule	One capsule on days 1, 3, and 5 (+/- day 7) <sup>†</sup>	Recommended for travel to developing countries. Do not give live oral vaccine with antibiotics or anti-malarials. Do not give within 8 hours of inactivated oral cholera vaccine.
Typherix or Typhim Vi (parenteral vaccine)	2 years	0.5 mL IM	Single dose	
<b>Yellow fever</b>				
Stamaril	9 months	0.5 mL IM/SC	Single dose	Yellow fever vaccine is contraindicated in infants <9 months of age.

\* This schedule is not recommended if prompt protection against hepatitis B is required.

† A fourth capsule of oral typhoid vaccine can be given on day 7 (see Chapter 3.23, *Typhoid*).

## Further information

It should be noted that information on travellers' risks is changing constantly. Up-to-date knowledge requires an understanding of the changing epidemiology of a variety of infectious and emerging diseases. The World Health Organization's comprehensive publication *International Travel and Health* is available at [www.who.int/ith](http://www.who.int/ith) and the CDC's publication *Health Information for International Travel, 2005–2006 (the 'Yellow Book')* is available at [www.cdc.gov/travel/index.htm](http://www.cdc.gov/travel/index.htm). As recommendations for specific countries change frequently, such sources should be checked regularly.

## References

Full reference list available on the electronic *Handbook* or website <http://immunise.health.gov.au>.