

**Position Statement on the provision of Travel Vaccines and Malaria Prophylaxis on the NHS in the Bristol, North Somerset and South Gloucestershire (BNSSG) Integrated Care Board**

The Bristol, North Somerset and South Gloucestershire Integrated Care Board (BNSSG ICB) does not support the prescribing of any vaccine listed under point two (below) **exclusively** for travel or the prescribing of medicine for malaria prophylaxis. Provision of these vaccines or medications and any associated administration costs should be through private arrangements.

- There is confusion regarding the provision and charging for vaccinations for patients in at-risk groups, prior to travel and for occupational reasons.
- The [NHS England guidance](#) on 'Items which should not routinely be prescribed in primary care' lists products that are regarded as low priority for funding, poor value for money or for which there are safer alternatives. Travel vaccines feature on the list as items that are clinically effective, however due to the nature of their use are not deemed appropriate for NHS funding if given solely for the purposes of travel.
- NHS patients are entitled to receive free advice on travel vaccinations and malaria prophylaxis requirements, however only some vaccinations required for travel, are available on the NHS. The individual traveler will need to bear the cost of the vaccination if it cannot be administered free on the NHS exclusively for the purposes of travel.
- If vaccines are given as part of a national immunisation programme or for purposes other than travel, they may continue to be provided on the NHS.

**1. Travel vaccinations that can be given as part of NHS provision**

The following immunisations for travel are part of additional services under General Medical Services (GMS) and Personal Medical Services (PMS). Patients should not be charged a fee for these specific travel vaccinations if the service is provided to registered patients. However, GP Practices can opt out of this provision and refer patients to a travel clinic.

Hepatitis A
Typhoid
Combined hepatitis A and typhoid
Tetanus, diphtheria and polio combined vaccine
Cholera

All travelers to epidemic or endemic areas of measles, mumps or rubella should ensure that they are fully immunised according to the UK schedule with the MMR vaccine, which consists of two doses at the recommended interval. Where vaccination is incomplete, this is available on the NHS via GP practices.

**Reimbursement to GP Practice**

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

- Purchased by the practice and personally administered, payment is claimed through the normal channels such as FP34PD
- OR**
- 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.

In England and Wales, not all GP practices are signed up to provide vaccinations for travel. If a GP practice does not provide this service people should be directed to a private travel clinic and/or community pharmacies that offer travel healthcare services. These services will incur a charge.

## **2. Vaccinations that CANNOT be given exclusively for an indication of travel as an NHS service**

The NHS does not provide the following immunisations solely for travel purposes:

Hepatitis B (single agent)
Meningitis ACWY (quadrivalent meningococcal meningitis vaccine; A, C, Y and W135)
Yellow Fever
Japanese B encephalitis
Tick borne encephalitis
Rabies
BCG Tuberculosis (TB)

- These vaccines should continue to be recommended for travel, but the individual traveller will need to bear the cost of the vaccination. Practices may therefore offer the vaccination at the practice but charge a registered patient for the immunisation if requested for travel. If the practice does not offer the vaccinations, the person will need to seek vaccination elsewhere (e.g; Travel clinic, Community pharmacy)
- The patient may 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 vaccine is also chargeable.
- Practices should provide written information on the immunisation schedule proposed and the charges invoiced at the outset.
- An FP10 (or equivalent NHS prescription) must not be used to provide these vaccines for the purposes of travel.
- Hepatitis B (single agent) and Meningitis ACWY vaccines are not routinely commissioned under the NHS for travel purposes but are allowed on the NHS for clinical reasons as specified in the [Department of Health, Green Book](#).

The combined hepatitis A/hepatitis B vaccine is prescribable on the NHS because it contains hepatitis A. However, because hepatitis B is not commissioned by the NHS as a travel vaccine the BNSSG ICB **does not support** the prescribing of this item for travel.

### **2.1 Charges**

For travel vaccines not available on the NHS, a charge may be levied for;

- The vaccine
- Administration of the vaccine
- Writing the private prescription
- Post vaccination serological testing in the case of hepatitis B administration, if performed exclusively for travel reasons.
- Provision of certification of immunisation (for example confirmation of the Meningitis ACWY135 vaccine administration or yellow fever)

The level of charges should be determined by the practice; it is advisable to have a practice leaflet, notice or section of practice website for patients that sets out these charges.

### **3. Malaria prophylaxis**

Antimalarial medication should not be prescribed on the NHS for prophylaxis.

Guidance relating to this was issued by the Department of Health in February 1995 (FHSL [95] 7) and is still current. The guidance recommends that when a prescription only antimalarial is required for prophylaxis (Mefloquine, Malarone™ or Doxycycline), the prescriber may supply these malaria medications privately or issue a private prescription. GP practices may charge the patient for issuing the prescription if they wish. The charge should be made in line with the practice's standard charge for issuing a private prescription. FP10 prescription forms should not be used.

Some antimalarial medication (e.g. Chloroquine, Proguanil and a combination of atovaquone plus proguanil) may be bought over the counter in pharmacies. If the recommended antimalarial medication is available for the patient to purchase over the counter at a community pharmacy, the general practitioner need not write a prescription.

Recommendations for antimalarial medication should take into consideration other medication taken and any potential interactions as well as the countries requirements and type of holiday. Up to date information on interactions for individual products can be found at: [www.medicines.org.uk](http://www.medicines.org.uk) Information on country requirements can be found at: <https://travelhealthpro.org.uk/countries>

Patients should be advised of the measures they can take to avoid mosquito bites such as wearing long sleeves and trousers after sunset, using a DEET based insect repellent on skin and clothes and using recently treated mosquito nets at night.

#### **References:**

1. [PrescQIPP:Bulletin](#) 316: Travel vaccines, December 2022
2. British Medical Association: [Travel vaccinations](#), updated November 2022
3. Department of Health: The [Green Book](#), Accessed July 2023
4. British Medical Association: [Focus on hepatitis B immunisations](#), updated September 2020
5. British Medical Association: [Focus on private practice](#), updated October 2021
6. NICE, CKS, [Are antimalarial drugs available on the NHS?](#), August 2022