

Disease	Number of Doses	Interval Between 1 st & 2 nd Dose	Interval between 2 nd & 3 rd Dose	Duration of Protection/Additional Booster Information
BCG+	1	-	-	10 to 15 years or more (Repeat vaccination not recommended)
Cholera	2 (Oral)	1 to 6 weeks	-	2 years (Repeat primary course if longer than 2 years)
Diphtheria*	1	-	-	10 years (All 3 given together in one combined vaccine: Td/IPV)
Tetanus*	1	-	-	
Polio*	1	-	-	
Hepatitis A (available in combined vaccine with Hep B or Typhoid)	1, ideally at least 2 weeks before travel (3 doses if combined with Hep B: see below)	-	-	1 year. A booster at 6 to 12 months will provide 10 years protection. Further single booster after 20 years advised if at continued risk.
Hepatitis B	3	Various schedules available (see below)	Various schedules available (see below)	12 months for accelerated and very rapid courses and/or otherwise 5 years (see below)
Japanese Encephalitis (IXIARO)	2	28 days	-	12 to 24 months. 12 months if at continuous risk/long-term traveller
Malaria	-	-	-	Continue prophylaxis until 4 weeks after return (For Malarone, 7 days after leaving endemic area)
Meningitis (ACWY)	1	-	-	-
Rabies	3	7 days	28 days (or after 21 days if limited time)	For travellers a single booster at anytime 1 year after primary course if needed (see below if at frequent or continuous risk)
Tick Borne Encephalitis	3 (or 2 doses for rapid short term protection)	1 to 3 months (2 weeks for rapid short term protection)	5 to 12 months	2 years
Typhoid Vi (vaccine)	1	-	-	3 years
Typhoid Ty21a (oral)	3	2 days	2 days	3 years
Yellow Fever+	1	-	-	Single dose only recommended. Check any local requirements for each destination

* Primary immunisation is required beforehand. Primary immunization consists of a course of three injections given over 8 weeks.

+ Live vaccines should be given on the same day at different sites. If live vaccines cannot be given simultaneously they should be given 4 weeks apart and in the opposite arm if BCG administered in the past 3 months.

Hepatitis B immunisations from different manufacturers are available in various schedules depending on manufacturer guidance/licence. These include: standard (All makes): 0, 1 month, 6 months; accelerated (HBvaxPro and Engerix B): 0, 1 month, 2 months and very rapid (Engerix B and Twinrix (Combined Hep A and Hep B)): 0, 7 days, 21 days.

Single Hepatitis B booster doses are recommended after completion of primary immunisation if at continued risk: for standard schedule at 5 years; and for accelerated and very rapid schedules at 12 months and again 5 years later. No further boosters should then be required.

Malaria – you should discuss appropriate malaria prophylaxis at your travel clinic or GP surgery. Further information and advice regarding Malaria is available from the above travel vaccination web-sites and from: <http://cks.nice.org.uk/malaria-prophylaxis>.

Rabies booster doses of vaccine for those at continuous or frequent occupational risk: first booster after primary course at 1 year, then every 3 to 5 years depending on serology.