Medicines which may be required during travel

Patients are not entitled to the NHS provision of medicines where there is no pre-existing condition. Patients who request medicines to be prescribed in case of any illnesses contracted whilst away can instead purchase non-POM items from their local community pharmacy. For POM items, these may be prescribed privately and any charges are at the GP’s discretion.

Emergency medical treatment while abroad

The European Health Insurance Card (EHIC) entitles patients to gain access to emergency treatment from state-provided healthcare in EEA countries (including Switzerland) at a reduced or free cost. Applying for the EHIC card is free of charge. Patients can apply for this on the official website https://www.ehic.org.uk/Internet/startApplication.do

This covers treatment of pre-existing medical conditions and routine maternity care, providing the reason for the visit is not in relation to seeking medical treatment or specifically to give birth. Please note the EHIC is not an alternative to travel insurance.

If patients are travelling for the express purpose of obtaining medical treatment in Europe, please visit http://www.nhs.uk/NHSEngland/Healthcareabroad/plannedtreatment/Pages/Introduction.aspx for more information.

Travelling with controlled drugs abroad

Patients who wish to travel outside the UK for greater than 3 months with a controlled drug will need to apply for a personal import/export license from the Home Office. They must apply for this at least 10 working days before travel, using the application form available online on the Home Office website. They must also have a covering letter from their GP which states:

- Patient’s name
- Travel itinerary
- List of their prescribed controlled drugs
- Total quantities and dosages for each drug

If the patient is travelling for less than 3 months with a prescribed controlled drug, a personal license is not required. However, it is advised they should still obtain a covering letter from their GP which states the information listed above. It would also be prudent for patients to check with the embassies of their destination countries and their travel/airline operator to ensure any additional import and export requirements are complied with. Further information can be found on https://www.gov.uk/travelling-controlled-drugs

Travelling with syringes and needles

Patients on insulin or other medication requiring injection will need a letter from their GP to allow syringes and other equipment to be carried in their hand luggage. Patients often use the repeat prescription request slip which has all the relevant details; however they should be advised to check the exact requirements with their individual airline operator(s).
Malaria prophylaxis

Non-chemoprophylaxis

One of the main reasons that UK travellers contract malaria is a result of not having taken adequate or appropriate antimalarials for the country they are travelling to. This highlights the need for increased awareness amongst travellers of taking the right precautions to protect themselves against malaria. Patients should be advised about the importance of mosquito nets, suitable clothing and insect repellents to protect against being bitten. There is no evidence to suggest that homeopathic remedies, electronic buzzers, vitamins B1 or B12, garlic, yeast extract spread e.g. Marmite, tea tree oils or bath oils offer any protection against mosquito bites or malaria. It is also important for travellers to be aware of the symptoms of malaria, which can include fever and other flu-like symptoms, even months after they have returned.

Chemoprophylaxis

Please note antimalarials are not available to be prescribed on the NHS. Patients can obtain a supply on private prescription or purchase over the counter from community pharmacies for non-POM antimalarial medicines. The quantity needed must cover the patient starting their treatment regime before travelling, whilst they are away, as well as completing treatment upon return from destination. Please refer to MIMS for chemoprophylactic regimes for individual countries - http://www.mims.co.uk/travel.

Antimalarials that are available to purchase from community pharmacies without an FP10 include chloroquine and proguanil. Examples of POM antimalarials that are not available on the NHS, but can be issued on a private prescription include mefloquine (Lariam) and proguanil/atovaquone (Malarone). For more information please visit https://www.gov.uk/government/publications/malaria-prevention-guidelines-for-travellers-from-the-uk

Travel vaccinations

As part of the Additional Services under GMS and PMS, GPs can provide the following travel immunisations to patients travelling abroad where vaccination is recommended:
- Hepatitis A
- Combined hepatitis A and B
- Typhoid
- Combined hepatitis A and typhoid
- Tetanus, diphtheria and polio as given in the combined Td/IPV vaccine
- Cholera (as defined by NaTHNaC, for persons travelling to an area where they may risk exposure as a consequence of being in that area; or where it is a condition of entry to that country).

However, the following immunisations listed below are not remunerated by the NHS as part of additional services:
- Yellow Fever
- Japanese B encephalitis
- Tick borne encephalitis
- Rabies for travel purposes (except for occupational risk)
An FP10 (or equivalent NHS prescription) must not be used to provide these vaccines. 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 administration process 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

Rabies

Pre-exposure immunisation is recommended for those living / travelling in enzootic areas that may be exposed in areas where medical treatment may not be immediately available. This is not considered an NHS service; a fee may be charged for the vaccine and administration.

However, rabies immunisation may be provided on the NHS only to patients who are at risk due to their employment. This includes workers at risk of contact with rabid animals during their course of work abroad. Requests should be made in writing by email or fax to Virus Reference Department, PHE Colindale (VRDRabies@PHE.gov.uk or 0208 200 1569).

For patients who may have been exposed to rabies whilst travelling abroad, contact Public Health England, Colindale 9-5pm on 0208-327-6204 (out of hours 0208-200-4400). Additional information can be found on the Public Health England website.

Acute mountain sickness (AMS)

There are no medicines that are licensed in the UK for altitude sickness prevention. Furthermore, as it is not considered to be a pre-existing condition it should not be prescribed on the NHS. Whilst pharmacological prophylaxis is not routinely recommended, if a GP considers that prophylaxis is warranted, acetazolamide is the most frequently used drug for this indication. Patients can be advised to obtain this privately via a private travel clinic. In view of it’s unlicensed nature, unfamiliar condition and the fact that the GP will not be able to monitor response to treatment prescribed, where relevant – patients may be advised that they should obtain this treatment from medical staff responsible for the expedition since they will be clinically responsible for patient whilst away.

For further information, visit: http://www.nathnac.org/travel/factsheets/altitude.htm
http://www.nhs.uk/Conditions/Altitude-sickness/Pages/Treatment.aspx
Prevention of Deep Vein Thrombosis (DVT) on long journeys

Whilst DVT can be associated with any form of long distance travel e.g. car or train, it is a particular risk on long–haul air flight (>4hours) where passengers remain immobile in the seated position for long periods of time. Travellers with an increased risk of DVT should consider the use of compression stockings. These are available to purchase commercially (including pharmacies), which reduce both oedema and DVT risk during travel. These have different compression levels (listed in the Drug Tariff) – but are not available on an NHS prescription.

Aspirin in DVT prevention on long journeys

The use of aspirin in the prevention of DVT is not recommended due to insufficient evidence and the potential for adverse effects outweighing the benefits.

Low molecular weight heparin (LMWH) for the prevention of travel-related DVT is not well-established and is not a licensed indication for this use. Patients at high risk of developing DVT may benefit from LMWH use e.g. history of previous DVT or if pregnant with additional risk factors. A suitable regimen should be discussed with a haematologist and the patient adequately trained on its administration. For more information, please visit http://cks.nice.org.uk/dvt-prevention-for-travellers#iscenariorecommendation:

Prescribing for overseas visitors

When overseas visitors (i.e. those not ordinarily resident in the UK) require the provision of emergency or immediately necessary medical treatment only (including bilateral agreement countries), they should be offered this free of charge. When an overseas visitor from an EEA country requests treatment that is not an emergency, it is for the GP to decide whether it is medically necessary. Elective treatments or treatment of pre-existing conditions, (which in the GP’s professional opinion can wait until they return to their home state) are excluded. For visitors who do not fall under either of these categories, the GP can decide whether to treat privately.

Where appropriate, charges for accessing NHS services for which a UK ordinary resident must also apply e.g. NHS prescription charges and dentistry will also apply in the same way (e.g. patients over 60 will be exempt). For further information please refer to: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/418634/implementing_overseas_charging_regulations_2015.pdf

Ebola update

A reminder has been issued by the Department of Health to all healthcare professionals who are receiving regular updates of the need to remain vigilant for Ebola cases imported to the UK (although the likelihood is very low). It is imperative to document a full travel history in patients presenting with a fever (or other symptoms compatible with Ebola) who have recently returned from Guinea, Liberia and Sierra Leone. Public Health England (PHE) has produced a number of resources on https://www.gov.uk/government/collections/ebola-virus-disease-clinical-management-and-guidance

Further information:

National Travel Health Network and Centre website www.nathnac.org

Official advice on travel vaccinations and malaria prophylaxis, supplied by the National Travel Health Network and Centre (NaTHNaC) http://www.mims.co.uk/mims-launches-new-travel-health-guidance/infections-and-infestations/article/1151472


Travel health information for people travelling abroad from the UK - lists risks and precautions associated with each country http://www.fitfortravel.nhs.uk/destinations.aspx

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