Uptake and reasons for refusal of travel vaccine recommendations

in 1329 new attendances at the Sheffield Travel Health Clinic

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BACKGROUND

- Recommending vaccines to protect travellers against infectious diseases forms a key component of the pre-travel health consultation. When vaccines are taken up, this generally offers a highly effective, safe way of providing long-lasting protection for the individual and can reduce healthcare-associated costs relating to the management of unwell or concerned returning travellers.
- Sheffield Travel Health Clinic (STHC) is a private clinic run within the NHS by the Infectious Diseases Department at the Royal Hallamshire Hospital in Sheffield.
- In this project we performed a retrospective analysis of 1329 patients seen in STHC.

Questions Raised:

Who is attending travel clinic?

What is the age distribution of clinic users?

What are the travel patterns? ——— Where are clinic users going and why are they going there?

Of those who are recommended vaccine, how many users decline? What is our vaccine uptake?

What are the reasons for vaccine decline? ———— How should this shape our practice?

METHODS

Clinic users self-refer to STHC



Consultations performed by Specialist Nurses and Doctors



1329 new clinic attendances recorded over 41 months (April 2015 – August 2018)



Details of user demographics, itinerary and advice given recorded in Microsoft Excel Database

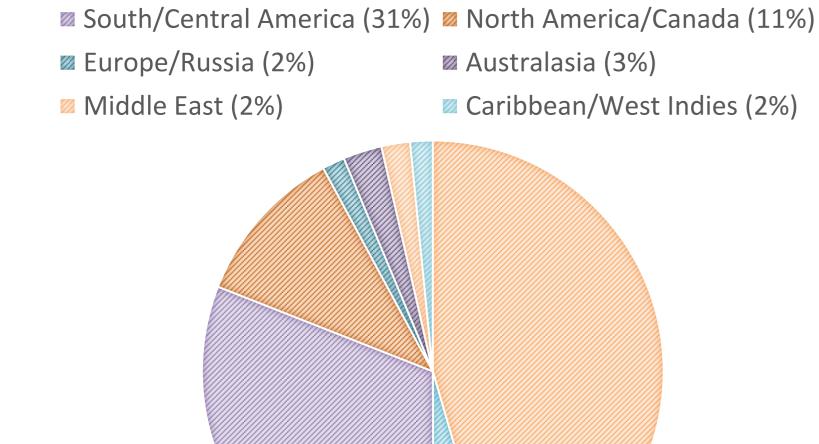
RESULTS

- Most clinic users attended only a single visit (1145)
- 81 clinic users attended more than once (range 2-5 visits). Reasons included: further travel, reconsideration of vaccination or receipt of booster vaccination
- The median age of travellers was 36 with a bimodal distribution peaks at ~25 and ~62 years
- Most users were members of the public (84%), others were NHS employees (15%) or their relatives (1%)
- Most common activities were: backpacking (25%), trekking and camping (24%) and package holidays (20%)
- Single region itineraries were the most common
- 3468 vaccines recommended, 2151 taken up (62%)

RESULTS

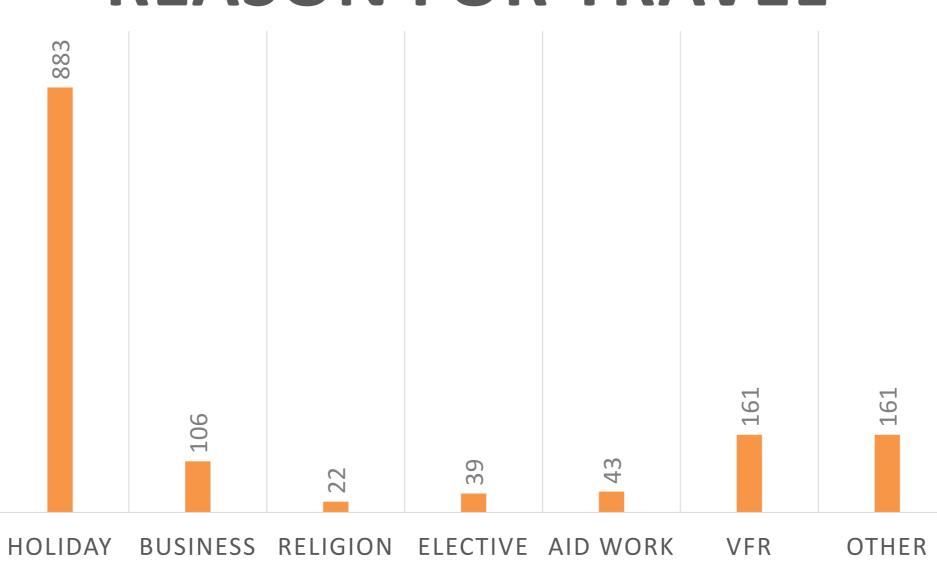
DESTINATIONS

Asia (4%)

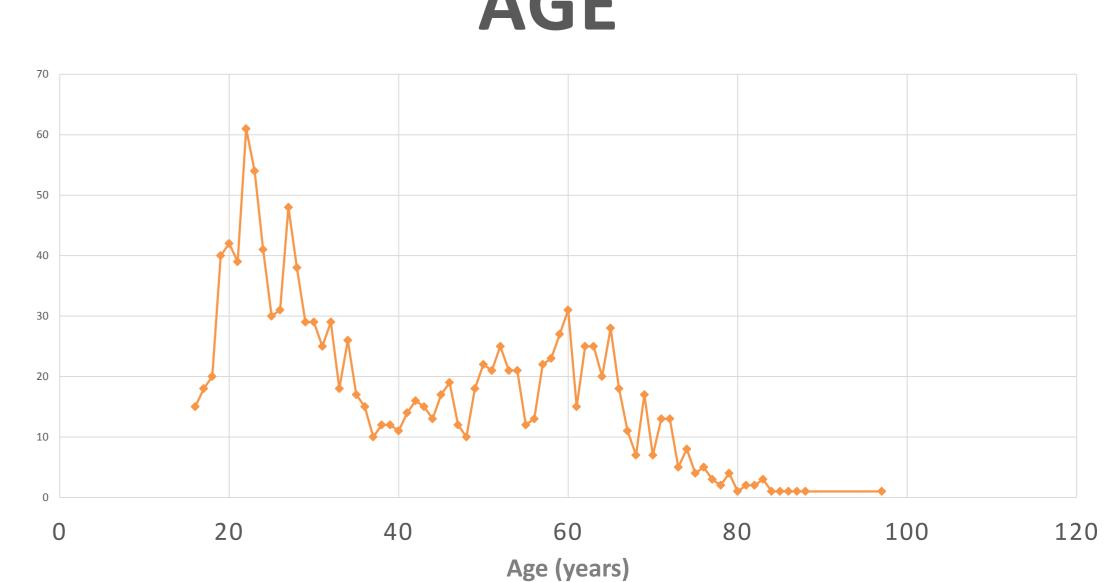


Africa (45%)

REASON FOR TRAVEL

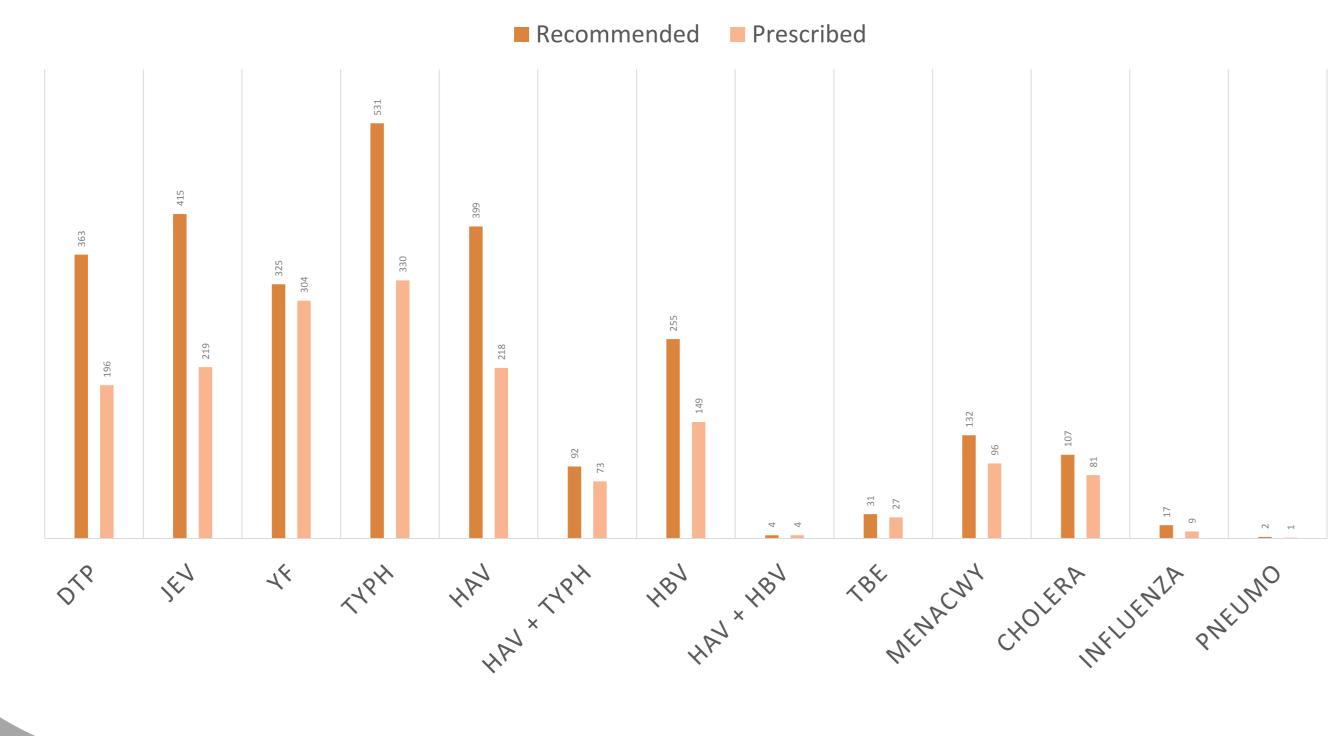


AGE

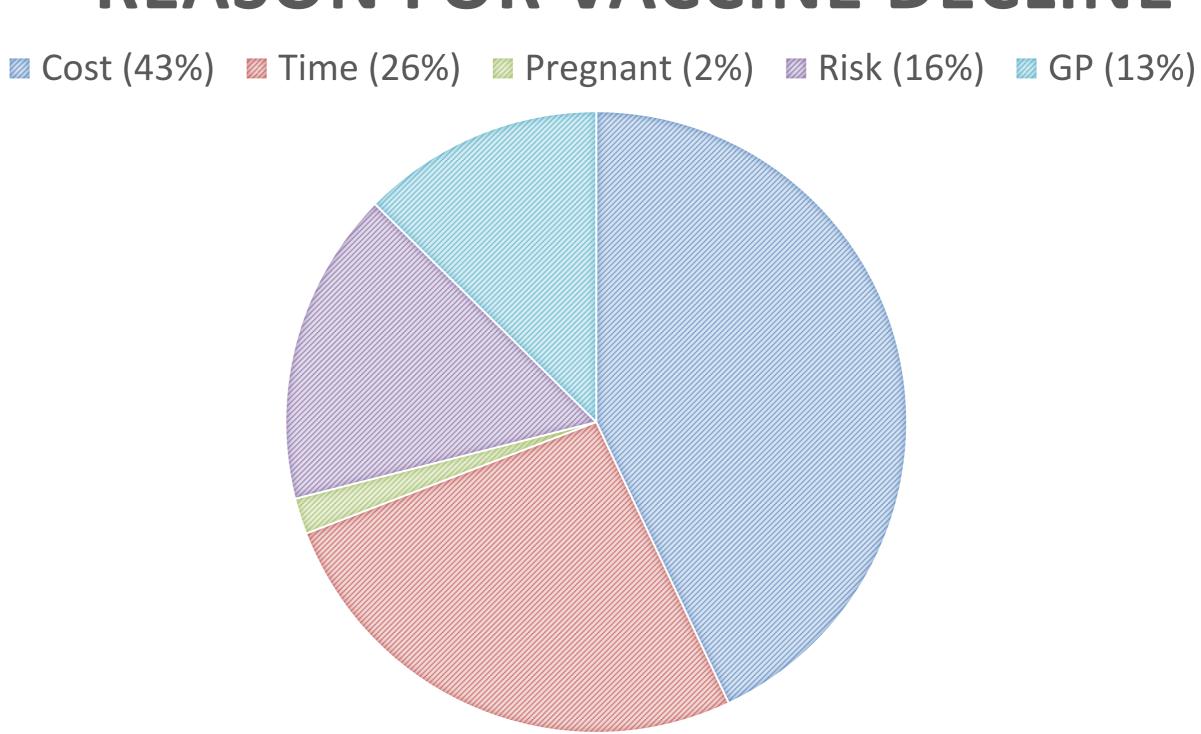


* Bimodal distribution in age of clinic users

VACCINE UPTAKE



REASON FOR VACCINE DECLINE



CONCLUSIONS

- Reassuringly high rate of vaccine uptake in many cases
- Most common reasons for vaccine decline:
 - Available without cost within NHS (DTP, hepatitis A, typhoid)
 - Relatively more expensive and less of a concern to travellers (Japanese Encephalitis (JEV), Tick Borne Encephalitis (TBE)
- Further work is required to:
 - Investigate how many patient do go on to receive vaccine from other sources e.g. GP
 - Optimise consultations where discussion of more esoteric and unquantified infections (TBE, JEV) is required to enable accurate discussion of the risk/benefit of vaccine uptake in these cases