



# HEALTHY TRAVEL PRO

## Travel medicine recommendations for health professionals

[www.healthytravel.ch](http://www.healthytravel.ch)

### WHAT WE OFFER

HealthyTravel.ch provides basic travel medicine recommendations for the public. As a health professional, you can get access to a fee-based site where you will benefit from more in-depth country-specific information, vaccination recommendations, detailed maps (including malaria recommendations), fact sheets, standard operational procedures (SOP) for vaccinations and other important travel medicine content that you can use for counselling. All information can be individually compiled, stored with bookmarks and a report can be printed out or sent electronically to your customers.

The recommendations and content on the website reflect the recommendations of the Swiss Expert Committee for Travel Medicine (ECTM) - an organ of the Swiss Society of Tropical and Travel Medicine (FMH). They are developed in collaboration with the Federal Office of Public Health (FOPH). Please note that all content available on the website HealthyTravel.ch is protected by copyright and may not be passed on to third parties. The website is under construction and will be continuously expanded with additional content and updates.

### YOUR FIRST INSIGHT

We are pleased to give you some examples and insights on what you will find on our website with the additional information for health professionals marked in green:

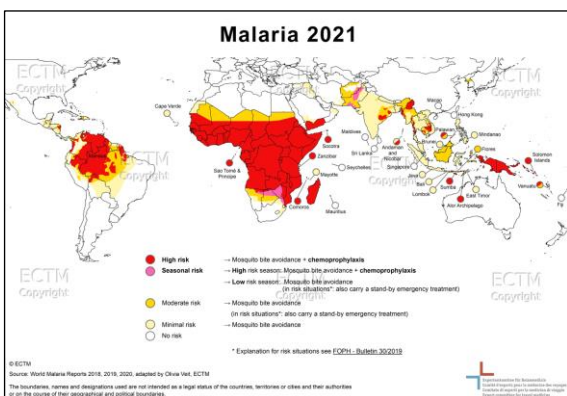
The screenshot shows a navigation menu for 'Polio myelitis'. At the top, there are tabs for 'Factsheet', 'Flyer', 'Infosheet', 'MAP', and 'Bookmark'. Below these are four main menu items, each with a corresponding icon and a star icon on the right:

- Key aspects** (document icon, star)
- Polio myelitis - Map for Health Professionals** (map icon, star) - This item is highlighted in green.
- Polio myelitis - Fact sheet** (document icon, star)
- Documents for health professionals** (document icon, star) - This item is highlighted in green.

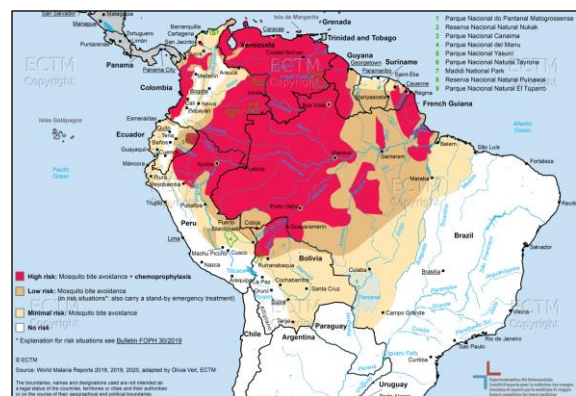
### Maps

Among other maps, use our 7 regional malaria maps in your consultation! The HealthyTravel PRO version offers detailed maps with malaria prevention recommendations which include landmarks such as cities, rivers and national parks that facilitate your travel medicine advice.

Worldmap for public use:



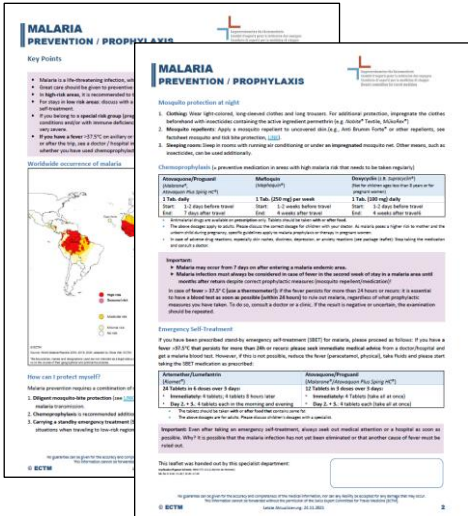
Example of a detailed regional map:





## Flyer, Infosheets and SOP for vaccinations

Find factsheets that are available in layperson language for the public. In addition, we provide flyer, infosheets and SOP for vaccinations with additional information for our health professionals that can be used during consultation.

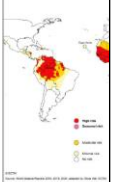


**MALARIA PREVENTION / PROPHYLAXIS**

Key Points:

- Malaria is a life-threatening infection...
- Travelers should take steps to prevent malaria...
- Use of prophylactic drugs...
- Use of mosquito nets and repellents...
- Seek medical attention if symptoms occur...


Beneficial occurrence of malaria:



How can I protect myself?

1. Malaria prevention requires a combination of:

- Chemoprophylaxis (medication)
- Personal protection (mosquito nets, repellents)
- Accommodation protection (screened windows)
- Carrying a standby emergency treatment (standby)



**INFORMATIONSBLETT HEPATITIS A**

**Erreger:** Hepatitis A-Virus, ein kolonialisierendes RNA-Virus, welches nur Menschen und die meisten Säugetiere infizieren kann, und gut von Tieren übertragen.

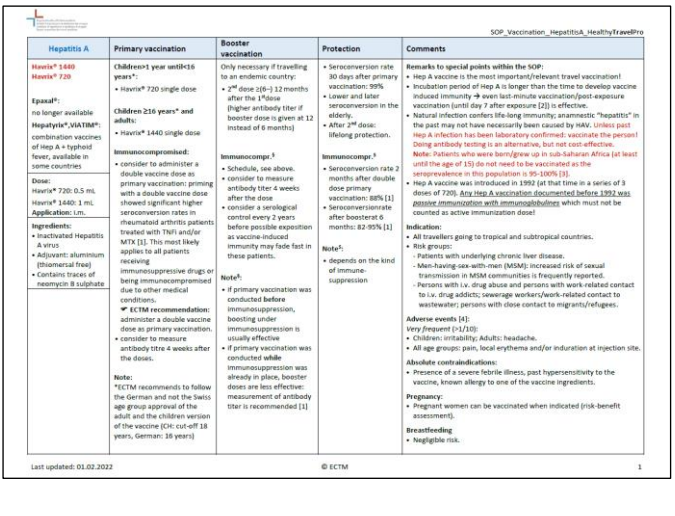
**Übertragungsmodus:** Unter anderem abhängig von der Infektionsroute, 15 bis 50 Tage im Mittel 28 bis 30 Tage.

**Klinik:** Die Inkubationszeit reicht von insgesamt Infektion bis zu klinischen Hepatitis: Bei Erwachsenen verläuft die Mehrheit der Infektionen symptomlos (50-70% der Infektionen). Bei Kleinkindern können fast nur symptomatische Verläufe vorliegen (70% mindestens eine akute Hepatitis).

**Diagnose:** Serologisch: Nachweis von Antikörpern gegen das Hepatitis A-Virus (Anti-HAV IgG, Anti-HAV IgM) und/oder Nachweis des Hepatitis A-Virus (HAV) im Blut, Urin oder Stuhl. Bei Verdacht auf eine akute Hepatitis: Bestimmung von Leberenzymen (ALT, AST) und Bilirubin im Blut. Bei Verdacht auf eine chronische Hepatitis: Bestimmung von Leberenzymen (ALT, AST) und Bilirubin im Blut. Bei Verdacht auf eine chronische Hepatitis: Bestimmung von Leberenzymen (ALT, AST) und Bilirubin im Blut.

**Vorbeugung:** Serologisch: Nachweis von Antikörpern gegen das Hepatitis A-Virus (Anti-HAV IgG, Anti-HAV IgM) und/oder Nachweis des Hepatitis A-Virus (HAV) im Blut, Urin oder Stuhl. Bei Verdacht auf eine akute Hepatitis: Bestimmung von Leberenzymen (ALT, AST) und Bilirubin im Blut. Bei Verdacht auf eine chronische Hepatitis: Bestimmung von Leberenzymen (ALT, AST) und Bilirubin im Blut.

**Quellen / Referenzen:** WHO, ECDC, Swiss Agency for Disease Control and Prevention (BFS), Swiss Agency for Food Safety and Food Quality (OFELIS), Swiss Agency for Environmental Protection (BAFU), Swiss Agency for Consumer Protection (SCN), Swiss Agency for Health and Consumer Protection (BASG), Swiss Agency for Health and Consumer Protection (BASG), Swiss Agency for Health and Consumer Protection (BASG).



Hepatitis A	Primary vaccination	Booster vaccination	Protection	Comments
<b>Heptaxin® 1440</b> <b>Heptaxin® 720</b>	Children 1 year and older 6 years* • Heptaxin® 720 single dose	Only necessary if travelling to an endemic country! • 2 <sup>nd</sup> dose (see table) 12 months after the 1 <sup>st</sup> dose [higher antibody titer if booster dose is given at 12 instead of 6 months]	• Seroprotection rate 30 days after primary vaccination: 95% • Lower and later seroconversion in the elderly. • After 2 <sup>nd</sup> dose: lifelong protection.	Remarks to special points within the SOP: • Hep A vaccine is the most important/relevant travel vaccination! • Incubation period of Hep A is longer than the time to develop vaccine-induced immunity → even last-minute vaccination/post-exposure vaccination (until day 7 after exposure [2]) is effective. • National infection control: 100% long-term immunity, anamnestic "boosters" in the past may not have necessarily been caused by HAV, (unless post-Hep A infection has been laboratory confirmed: vaccinate the person!) • Doing antibody testing is an alternative, but not cost-effective. Note: Patients who were born/grew up in sub-Saharan Africa (at least until the age of 15) do not need to be vaccinated as the seroprevalence in this population is 90-100% [3]. • Hep A vaccine was introduced in 1992 (at that time in a series of 3 doses of 720). Any Hep A vaccination documented before 1992 was positive immunisation with immunoglobulins which must not be counted as active immunization dose! • All travellers going to tropical and subtropical countries. • Risk groups: • Patients with underlying chronic liver disease. • Men having sex with men (MSM): increased risk of sexual transmission in MSM communities is frequently reported. • Persons with i.v. drug addiction; overnight workers/work-related contact to wastewater; persons with close contact to drug users/whoregates.
<b>Epaxin®</b> no longer available <b>Heptaxin®/VIATIM®</b> combination vaccines of Hep A + typhoid fever, available in some countries	Children 2/6 years* and adults: • Heptaxin® 1440 single dose	Immunocomp.† • consider to administer a double vaccine dose as primary vaccination; priming with a double vaccine dose showed significant higher seroconversion rates in rheumatoid arthritis patients treated with TNFi and/or MTX [3]. This most likely applies to all patients receiving immunosuppressive drugs or being immunocompromised due to other medical conditions. * ECDC recommends: administer a double vaccine dose as primary vaccination. • consider to measure antibody titre 4 weeks after the doses.	Immunocomp.† • Schedule, see above. • consider to measure antibody titer 4 weeks after the dose. • consider a serological control every 2 years before possible repatriation as vaccine-induced immunity may fade fast in these patients. Note‡ • if primary vaccination was conducted before immunosuppression, booster/under immunosuppression is usually effective. • if primary vaccination was conducted while immunosuppression was already in place, booster doses are less effective: measurement of antibody titer is recommended [1]	• Seroprotection rate 2 months after double dose primary vaccination: 88% [1] • Seroprotection rate after booster 6 months: 83-99% [1] Note‡ • depends on the kind of immune suppression

## HOW TO REGISTER

To use HealthyTravel PRO, we kindly ask you to register on the website (<https://www.healthytravel.ch/registration/>). After registering, please select your subscription plan. Once the payment has been made, the content is immediately accessible.

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## ANY QUESTIONS?

If you have any questions or remarks please do not hesitate to contact us [info@healthytravel.ch](mailto:info@healthytravel.ch) ! We are looking forward to your registration!

With our best wishes,  
 Your HealthyTravel Team

Powered by:  
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