



*Advising Travellers Living with HIV - Enquiries to the UK National Travel Advice Line
between 2019 and 2024*

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Abstract

Background: People living with HIV and AIDS (PLWHA), form an important subset of international travellers. In order to understand the challenges faced by health professionals advising travellers living with HIV, this survey reviewed calls to NaTHNaC's advice line regarding PLWHA, between 1 January 2019 and 31 December 2024.

Methods: Telephone advice line data relating to PLWHA, between 1 January 2019 and 31 December 2024, were extracted from the online data entry system (Formic Healthcare). The extracted information was analysed using Microsoft excel; summary statistics were produced for all relevant variables.

Results: During the 5 years analysis period a total of 15416 phone calls were made to the telephone advice line, 167 were related to PLWHA (1.08%); 48 calls during 2019 (28.74%), 13 during 2020 (7.78%), 9 during 2021 (5.39%), 24 during 2022 (14.37%), 34 during 2023 (20.36%) and 39 during 2024 (23.35%). There was a marked reduction in calls during the COVID-19 pandemic (see figure 1). 119 calls (71.18%) were about yellow fever vaccine and vaccines in general, 20% were about drug interactions between ART and malaria prophylaxis, and 8.23% of the phone calls were about malaria prophylaxis.

Conclusion: The findings reveal a need for better education and resources for healthcare professionals advising this group of travellers. The types and frequency, of enquiries while limited suggest a lack of confidence or need for reassurance among healthcare professionals when advising PLWHA travellers particularly regarding yellow fever vaccination and drug interactions with ART.

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Introduction

To safeguard the health of travellers and to reduce the spread of diseases internationally, travel health services in England, Wales, and Northern Ireland are supported by a national travel health advice service; the National Travel Health Network and Centre (NaTHNaC). NaTHNaC's website, TravelHealthPro provides information for healthcare professionals advising travellers, as well as travellers themselves. This includes country specific information on vaccine and malaria prevention recommendations, international disease outbreak reports, and evidence-based fact sheets on travel-related risks, diseases, and special risk travellers.

Many queries can be answered by consulting the website, however for travellers with special health needs or complex itineraries NaTHNaC provides a health professional telephone advice line. All queries to this nurse led service are recorded and data is also entered on an online database. Information recorded included traveller demographics, planned destination, and the reason for the call.

People living with HIV and AIDS (PLWHA), form an important subset of international travellers; many travel-related infections, including malaria, can be much more severe particularly if the traveller is immunosuppressed, inactivated vaccines while safe, may be less effective, certain live vaccines are contraindicated, and antiretroviral (ART) medication may interaction with malaria prophylaxis. There can also be logistical challenges related to medication transport, and in a small number of countries, country testing and disclosure requirements [1]. In order to understand the challenges faced by health professionals advising travellers living with HIV, this survey reviewed calls to NaTHNaC's advice line regarding PLWHA, between 1 January 2019 and 31 December 2024.

Methods

Telephone advice line data relating to PLWHA, between 1 January 2019 and 31 December 2024, were extracted from the online data entry system (Formic Healthcare). The extracted in

formation was analysed using Microsoft excel; summary statistics were produced for all relevant variables.

Results

During the 5 years analysis period a total of 15416 phone calls were made to the telephone advice line, 167 were related to PLWHA (1.08%); 48 calls during 2019 (28.74%), 13 during 2020 (7.78%), 9 during 2021 (5.39%), 24 during 2022 (14.37%), 34 during 2023 (20.36%) and 39 during 2024 (23.35%). There was a marked reduction in calls during the COVID-19 pandemic (see figure 1). 119 calls (71.18%) were about yellow fever vaccine and vaccines in general, 20% were about drug interactions between ART and malaria prophylaxis, and 8.23% of the phone calls were about malaria prophylaxis.

The majority of calls (96) phone calls were from general practices and pharmacies (45) 1 provides a breakdown of the caller's workplace. 129 were yellow fever vaccination centers.

In terms of traveller demographics, gender was recorded in 97.6% of calls; with male travellers predominating (87, 52.1%). The median age was 48 years in adults (no data in 13 calls) and 2 were in children below 1 year old (9 and 11 months). Two calls related to pregnant women (first and second trimester of pregnancy), see table 2.

The majority of travellers (75, 44.91%) were visiting friends and relatives (VFR), 47 (28.14%) were travelling for leisure purposes, 10 (5.99%) for business, with other reason for travel accounting for a minority of calls, see table 2.

5 were last minute travellers and 7 long stay travellers.

Table 1: Phone Calls Received

Setting	Number of calls (%)
General Practitioners	96 (57.49)
Pharmacies	45 (26.95)
Private Travel Clinics	15 (8.98)
Occupational Health Centres	4 (2.40)
Military Centres	3 (1.80)
Other	4 (2.40)

Table 2: Purpose of Visit

	Number (%)
Visiting Friends and Relatives	75 (44.91)
Tourism	47 (28.14)
Business	10 (5.99)
Cruise	6 (3.59)
Pilgrim	2 (1.98)
Expatriates	2 (1.98)
Unknown	17 (10.18)
Other purpose	8 (4.79)

The most queried countries were: Uganda, Kenya, Brazil, and Ghana (see figure 2); with 6 calls relating to worldwide travellers.

Most calls were about safety of giving the yellow fever vaccine to PLWHA, some other were about medical interactions between ART and malaria prophylaxis.

Figure 1: Numbers of phone calls related to PLWHA to the telephone advise line service by year.

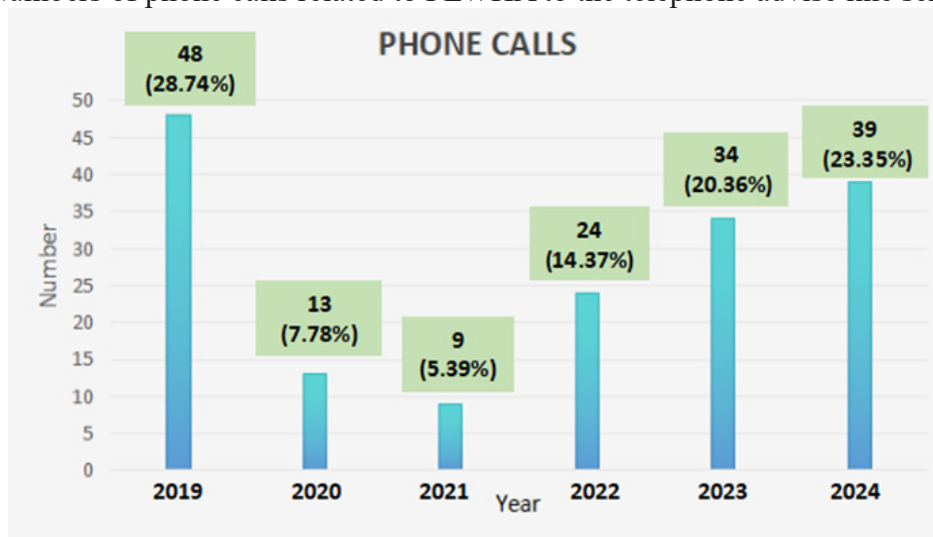
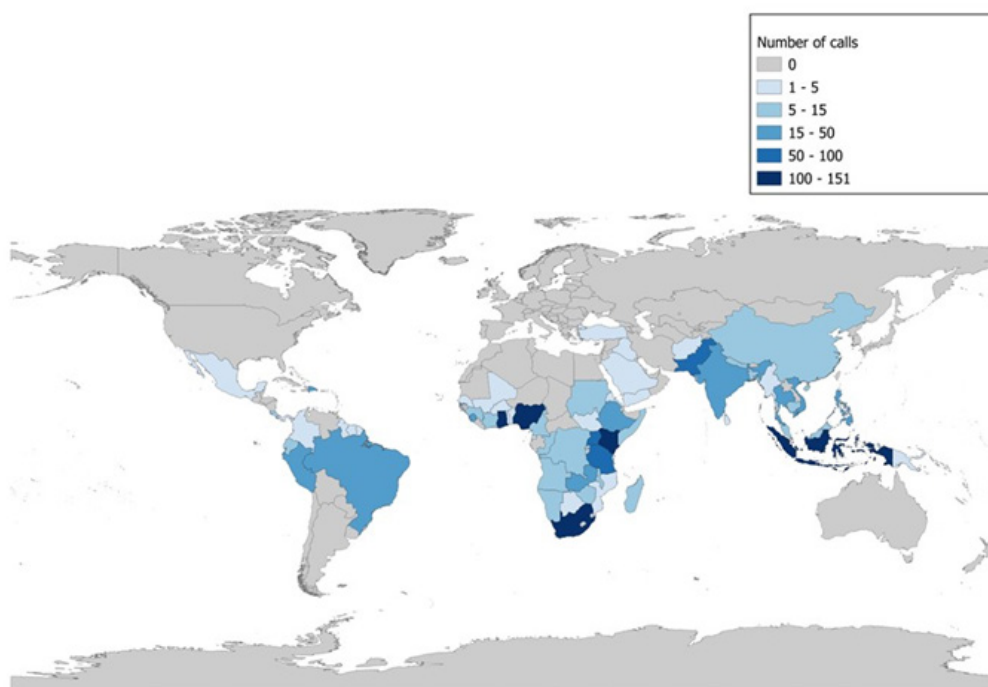


Figure 2: Most frequent countries

Discussion

Only 1.08% (167) of all calls to the NaTHNaC advice line were related to PLWHA, over a 5 year period. Clinicians from general practices made up the majority of enquiries although other settings such as pharmacies, private travel clinics and occupational health also required support. The most common questions related to yellow fever vaccine.

In terms of traveller demographics, most were adult VFR travellers with a slightly higher number of male travellers. The most frequently queried destinations were Uganda, Kenya, Brazil, and Ghana; all destinations where there is a risk of yellow fever and malaria, which correlates with the fact that most questions related to vaccines particularly to yellow fever vaccines and interactions with malaria prophylaxis.

Many of the queries available could have been answered with currently available resources, in the UK, there are a number of national resources available on drug interactions with ART and vaccination of PLWHA, for example the British HIV Association guidelines on the use of vaccines in HIV-positive adults states that adults with CD4 cell counts <200 cells/ μ L, pregnant women living with HIV positive or those aged 60 years and over, should not receive

YF vaccine until further data on vaccine safety is available [2, 3, 4]. These individuals should be discouraged from travel to destinations that present a true risk of infection.

Similarly information on interactions with ART is available from Liverpool university's drug interaction checker [5] and UK malaria prevention guidelines [6].

While these guidelines cannot cover every travel scenario related to PLWHA, from the range of queries and the setting of the caller, it is likely that the callers may have little experience or lack of confidence when advising on this group of travellers [5, 6]. It may also be that some healthcare professionals are calling for reassurance even though they are familiar with the relevant guidelines. Preparing PLWHA on travel related risks requires the healthcare professional to be confident and comfortable with their decisions in situations they encounter infrequently. The fact that a large proportion are VFR travellers further complicates matters as we know that VFR travellers are a heterogeneous and complex group who are often at increased risk of illness or injury [7, 8, 9].

Female travellers with a special health need were more common in the 21–59 years age group, but this

is likely to be due to the fact that within this age group 25% of women were pregnant or breastfeeding ($p < 0.0001$).

Overall, the findings of this survey are similar to other studies; a survey of calls to the NaTHNaC advice line concerning immunocompromised travellers (including PLWHA) suggested that reasons for calling were likely to be multifactorial and establishing the reasons for these required further investigation [10]. In 2013, the UK Malaria Reference Laboratory published a retrospective observational study of enquiries to their specialist advisory service for queries from healthcare professionals [11]. This study also reflected the difficulty in balancing comprehensive guidelines whilst ensuring they are still 'user-friendly' and accessible.

The limitations of this study are its retrospective nature and the dependence on a nurse-advisor entering data and coding call records; not all call records have completed clinical information. This is an observational study and due to the specialist nature of the service, the findings do not necessarily reflect the concerns of practitioners who seek no advice or travellers who do not seek pre-travel advice. However, strengths of this study include the large dataset and national coverage. Telephone calls were documented for research purposes therefore allowing for greater consistency in data collection.

Conclusion

This survey presents a comprehensive analysis of enquiries to the UK National Travel Advice Line regarding PLWHA between 2019 and 2024. The findings reveal a need for better education and resources for healthcare professionals advising this group of travellers. The types and frequency, of enquiries while limited suggest a lack of confidence or need for reassurance among healthcare professionals when advising PLWHA travellers particularly regarding yellow fever vaccination and drug interactions with ART.

Unique to this survey is its identification of specific knowledge gaps and the challenges faced by healthcare professionals. It also highlights the importance of awareness and utilisation of existing guidelines and resources, such as the BHIVA guidance on the

use of vaccines in HIV-positive adults and the Liverpool University's drug interaction checker. The survey underscores the need for healthcare professionals to be confident and comfortable with their decisions, especially when advising travellers with complex health needs. The findings also emphasise the importance of individualized risk assessments and pre-travel consultations for PLWHA.

In conclusion, this survey has identified potential gaps in knowledge and confidence in healthcare professionals advising PLWHA. Future research includes evaluating interventions that can bridge these knowledge gaps and support healthcare professionals in their advisory roles.

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