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Introduction: In the last years we have been facing and increase in Hepatitis A infection incidence among travellers over 40 years old. Therefore, we found that a revision of the Hepatitis A vaccine guidelines was necessary.

Objectives: To study the prevalence of Hepatitis A antibodies (AntiVHA) in travellers older than 40 years and to assess the most efficient preventive action in different age groups according to a costs analysis.

Methodology: A serological exam was done in 427 travellers to endemic areas (>40 years) in order to determine the prevalence of protected individuals in the whole group and in different age ranges. The costs of two different preventive actions were compared: vaccination of all travellers (independently of their immune status) and vaccination of travellers which had previously been determined as susceptible. The prevalence critical value was then assessed as the prevalence value for which both strategies would have the same cost.

Results: Prevalence of Anti-VHA was 78.9% (CI 95%: 79.7–78.1), 80.0% (CI 95%: 80.8–79.2) for men and 77.9% (CI 95%: 78.7–77.1) for women. A positive relation with age was observed. In the 40–49, 50–59, 60–69 and 70–95 age ranges the prevalence was: 62.6%, 76.8%, 91.7%, and 97.5%, respectively. The critical prevalence value resulted to be 61.57% for one vaccine dose and 38.48% for two doses.

Conclusion: The critical prevalence value obtained is smaller than real prevalence numbers of protection in our travellers population. Therefore, a systematic Anti-VHA detection screening is highly recommended to travellers to endemic areas older than 40 years, attending to our travel medicine center.

KEYWORDS

Hepatitis A; Prevalence; Travellers; Costs

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Health literacy in native Spanish-speaking immigrants in Minneapolis

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Introduction: Health literacy is the degree to which individuals have the capacity to obtain, process and understand basic health information for appropriate health decisions.

The growing population of immigrants to the United States, particularly those from developing countries, has contributed to the changing nature and, frequently, to the

increasing incidence of infectious diseases in the US. Understanding the distribution of health literacy skills among this population is critical for improving their health status and reducing the risk for emerging and re-emerging communicable disease in developing countries.

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Preliminary results of a pilot study in health literacy in native Spanish speakers show an association between level of pre-immigration education and level of health literacy in a population in which one out of every four pharmacy prescriptions were for anti-infective medications.

Methods: We studied 118 native Spanish speakers filling their prescriptions at HCMC Pharmacy. Inclusion criteria: 18 years or older; native Spanish speaker; new prescription medication; and receiving oral or written Spanish medication instructions.

Results: About 41.5% reported receiving 6 years or less of education before immigrating to the US. The REALM (Rapid Estimate of Adult Literacy in Medicine), that measures health literacy in English, showed inadequate health literacy in 91.8% of immigrants with six years or less and in 73.9% of immigrants with more than 6 years of pre-immigration education. The STOFHLA-S (Short Test of Functional Health Literacy in Adults-Spanish), that measures health literacy in Spanish, demonstrated inadequate functional health literacy levels in 51% of immigrants with 6 years or less and in 8.7% of immigrants with more than six years of education prior to immigration.

Conclusion: Six years or less of education may be an indicator of poor health literacy in native Spanish-speaking immigrants and may help to identify those patients who need extra help in daily clinical practice.

KEYWORDS

Immigrants; Health literacy

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The royal college of nursing travel health forum competencies: An integrated career and competency framework for nurses in travel health medicine

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Introduction: Travel Medicine is a newly emergent speciality in the UK and until now there have been no formally defined nursing standards for travel health practice or competencies matched to career progression. Travel health consultations are predominantly undertaken within a primary care setting in the UK. General Practitioners receive financial rewards for the provision of a travel service but there is no regulation to audit the standard of care provided.