The introduction of dengue vaccination at the Hospital for Tropical Diseases travel clinic

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Background:

In the United Kingdom, the Qdenga vaccine has been approved for prevention of severe dengue in travellers to endemic regions with evidence of prior dengue infection. Data describing real-world use in travel medicine services are limited.

Methods:

We evaluated Qdenga vaccination delivered through our specialist travel medicine service. Patients vaccinated between 1 January 2024 and 31 January 2026 were identified. Individuals aged >4 years with confirmed or probable prior dengue infection and anticipated future exposure risk were eligible. Those with possible prior infection were also eligible if dengue IgG testing was positive. Vaccination comprised two doses administered three months apart, given ≥1 year after dengue infection.

Results:

Among 64 vaccine recipients, 58% were female and the median age was 48 years (IQR 32–57; range 16–84). Ninety-seven doses were administered, with 52% completing two doses. Previous dengue infection was confirmed or probable in 95%, occurring a median of 12 months prior (IQR 5–52), most frequently acquired in South-East Asia (55%). Fifty-eight (91%) planned future travel with dengue exposure risk, departing a median of 7 weeks (IQR 4–14) after their initial appointment. All received bite-avoidance advice. Adverse effects occurred in 5 patients (8%), most commonly flu-like illness; no anaphylaxis was reported.

Conclusion:

In this real-world travel medicine cohort, Qdenga uptake has been steady since introduction and the vaccine appears safe and well tolerated. However, time constraints before travel often limit completion of the two-dose schedule, highlighting an important implementation challenge for pre-travel vaccination services.