



FOR TRAVELLERS

Pre-travel checklist

A printable countdown to keep on your fridge in the weeks leading up to an international trip. Some travel vaccines need a defined lead time, and a few — including rabies and the three-dose hepatitis schedule — work best when started 4–6 weeks before departure. The earlier you start, the more options you have.

When to start: 6–8 weeks before you fly

For most international trips, book a pre-travel consult 6–8 weeks before departure. This gives time for any multi-dose schedule (hepatitis A + B, Japanese encephalitis, rabies) to complete, and for protective antibody levels to develop. Last-minute bookings are still useful — accelerated schedules and single doses provide partial protection within 7–14 days.

8+ weeks before departure

- Book a pre-travel consult — at our pharmacy or with your GP. Bring your itinerary.
- Decide whether you need yellow fever (required for entry to several African and South American countries) — you must be vaccinated at an authorised Yellow Fever Vaccination Centre at least 10 days before arrival in a yellow-fever country.
- Check current Smartraveller advice for your destination (smartraveller.gov.au) and any DFAT travel advisories.
- Confirm your routine vaccinations are up to date — especially MMR, dTpa (whooping cough/tetanus), and seasonal flu.
- Confirm passport validity (most countries require 6 months beyond your return date).

6 weeks before

- Start any 3-dose hepatitis A + B course (combined vaccine, 3 doses at 0, 1 and 6 months).
- Start the 3-dose pre-exposure rabies course (0, 7, 21–28 days) — strongly recommended for cyclists, hikers, animal handlers and long-stay travellers to South-East Asia, India, Africa and South/Central America.
- Start the 2-dose Japanese encephalitis course if travelling to rural Asia (28 days apart for the inactivated vaccine).
- Confirm any prescription medication you need for the trip (asthma, diabetes, contraception,



anti-malarials).

4 weeks before

- Single-dose typhoid vaccine if travelling to the Indian subcontinent, parts of South-East Asia, sub-Saharan Africa, or Central/South America. Stays effective for 3 years.
- Cholera oral vaccine if travelling to high-risk areas with limited access to safe water (2 doses, 1 week apart).
- Meningococcal ACWY (single dose) — required for Hajj and Umrah pilgrims; recommended for travel to the African meningitis belt.
- Top up any influenza or COVID-19 booster if you are due — particularly if heading into a northern-hemisphere winter.
- Check whether your destination has any current outbreaks (measles, mpox, polio, dengue) that might shift your vaccine recommendations.

2 weeks before

- Final hepatitis A dose if you are doing the accelerated single-dose option (provides good short-term cover for last-minute trips).
- Travel insurance arranged — confirm it covers medical evacuation, pre-existing conditions and any high-risk activities.
- Pack a basic medical kit: paracetamol, antihistamine, oral rehydration sachets, plasters, antiseptic, insect repellent (DEET 20–50% or picaridin 20%), sunscreen.
- If you take regular medication, get a printed list of generic names + dosages; keep medications in original packaging in your carry-on.
- Take a photo or paper copy of your passport, travel insurance and Immunisation History Statement (downloadable from myGov).

1 week before

- Download your Immunisation History Statement from myGov — accepted internationally as proof of vaccination.
- If you needed a yellow fever vaccine, ensure you have your International Certificate of Vaccination (the "yellow card").
- Confirm any anti-malarial prescription (start dosing the day before departure for most regimens; doxycycline starts 1–2 days before).
- Notify your bank of travel dates to avoid card blocks.
- Print a copy of your itinerary, accommodation and your Australian embassy/consulate contact



details.

Day of departure

- First dose of any anti-malarial regimen (per your prescriber's instructions).
- Carry your medical kit, prescriptions and Immunisation History Statement in your carry-on.
- Hand sanitiser in your carry-on; refill water bottle after security.
- Passport, visa documentation and yellow card (if required) in an easy-to-reach pocket.

On the trip

- Drink only sealed bottled or boiled water in any country with food-and-water-borne illness risk.
- "If you can't boil it, peel it or cook it — forget it." Avoid raw or undercooked seafood, salads washed in tap water, ice cubes, and roadside food kept at room temperature.
- Apply insect repellent at dusk and dawn in mosquito-borne disease areas. Sleep under treated nets where appropriate.
- Wash hands frequently. Carry hand sanitiser for between handwashes.
- Avoid contact with stray dogs and other animals — rabies post-exposure prophylaxis is hard to access in many destinations.

When you return

- See a GP if you develop fever, persistent diarrhoea, jaundice, an unusual rash, or a wound that is not healing — even months after you return. Tell them where you travelled.
- Mosquito-transmitted infections (dengue, malaria, Japanese encephalitis) can present 1–4 weeks after exposure. Some malaria types can present months later.
- Save your Immunisation History Statement — many travel vaccines provide multi-year protection that you can carry forward to future trips.

References

Australian Immunisation Handbook — Vaccination for international travellers chapter.
immunisationhandbook.health.gov.au

Smartraveller (DFAT). smartraveller.gov.au

CDC Yellow Book: Health Information for International Travel. cdc.gov/yellowbook

World Health Organization International Travel and Health. who.int/travel-advice

NCIRS travel-related vaccines fact sheets. ncirs.org.au