

## The Practice of Travel Health for Pharmacists

Joint California Pharmacists Association and California Society of Health-System Pharmacists Sub-Committee on SB493 Travel Medicine Provision

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### Background

The practice of travel medicine includes both pre-travel, known as travel health, and the ill returned traveler. The returned traveler is often seen by a medical provider who can provide diagnostic services. Travel Health requires providers skilled in risk communication, destination risk assessment, patient assessment, immunizations, medications and travel-related equipment. Physicians, nurses and more recently, pharmacists fulfill this role. Prior to January 2014, pharmacists could provide risk communication, limited patient assessment, immunization by physician protocol, and medications by patient-physician specific collaborative practice agreement and travel-related equipment. With the passage of SB493, pharmacists are now able to provide enhanced patient assessment, referrals to specialists, routine immunizations without a protocol, and furnish prescription medications for international travelers for conditions not requiring a diagnosis. Pharmacists are now able to nearly independently provide the full range of pre-travel medicine services. The traveling population already numbers in the millions and will likely only grow in the future. Most international travelers do not access travel medicine services. The expansion of pharmacists' ability to provide Travel Health services and to raise consumer awareness of the risks involved with international travel will have a tremendously positive impact on access and the health of the traveling population.

### Senate Bill 493 (Chaptered 10/1/2013) Travel Medicine and Immunization Language

Section B&P 4052 (a)(10)(A)(3) and (B), (11)

*Prescription medications not requiring a diagnosis that are recommended by the federal Centers for Disease Control and Prevention for individuals traveling outside of the United States.*

*The pharmacist shall notify the patient's primary care provider of any drugs or devices furnished to the patient, or enter the appropriate information in a patient record system shared with the primary care provider, as permitted by that primary care provider. If the patient does not have a primary care provider, the pharmacist shall provide the patient with a written record of the drugs or devices furnished and advise the patient to consult a physician of the patient's choice.*

*Administer immunizations pursuant to a protocol with a prescriber.*

*4052.8.(a) In addition to the authority provided in paragraph (11) of subdivision (a) of Section 4052, a pharmacist may independently initiate and administer vaccines listed on the routine immunization schedules recommended by the federal Advisory Committee on Immunization Practices (ACIP), in compliance with individual ACIP vaccine recommendations, and published by the federal Centers for Disease Control and Prevention (CDC) for persons three years of age and older.*

## **Practice Standard**

The Infectious Diseases Society of America has published guidelines to help travel medicine professionals understand the full spectrum of the specialty.<sup>1</sup> Pharmacists are being entrusted with new professional responsibilities that necessitate optimal practice standards to ensure the safety and quality of the services they provide to their patients. The law requires pharmacists to follow the Centers for Disease Control and Prevention's Health Information for International Travel ([The Yellow Book](#)) when determining what medications may be furnished. The following recommendations should serve as the peer standard for a pharmacist practicing Travel Health in California.

- **Training and Credentials**
  - Pharmacy School or accredited Post-graduate educational program that, at a minimum, encompasses the International Society of Travel Medicine's [Body of Knowledge](#)
  - Meets qualifications to administer vaccines in California (requires separate training)
  - Recommended credential: Certificate of Travel Health (from the International Society of Travel Medicine)
  - Ongoing annual post-graduate education
- **Setting**
  - Community pharmacy
    - Suitable patient care area for education and vaccination
    - All vaccines available and able to administer on site
      - Those vaccines not on the CDC routinely recommended vaccine list require a physician signed protocol
      - Yellow Fever vaccine requires special approval from the Department of Public Health (the Yellow Fever stamp requires a physician's license number)
    - Appropriate selection of non-prescription, prescription and equipment for travel
  - Ambulatory Care
    - Must be able to direct the care of the traveler, understanding some functions may be delegated
    - Offer all immunizations as part of coordinated care
      - Vaccines may be administered by other qualified healthcare professionals

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<sup>1</sup> Hill D, et al. [The Practice of Travel Medicine: Guidelines by the Infectious Diseases Society of America](#). CID 2006; 43:1499–539

- Those vaccines not on the CDC routinely recommended vaccine list require a physician signed protocol
  - Yellow Fever vaccine requires special approval from the Department of Public Health (the Yellow Fever stamp requires the protocol physicians license number)
- **Operation of the Travel Health Clinic**
  - Collect pertinent patient and destination specific information in paper or electronic format (See [CDC Yellow Book table 2-01](#))
  - Develop a plan for the patient that must include patient and destination specific education and when and what appropriate vaccination(s), medication and equipment are necessary
  - Provide or direct the implementation of the plan
    - Pharmacists must make appropriate vaccine selection, whether directly administering or indirectly by ordering it
    - Pharmacists must make appropriate prescription medicine selection, whether directly furnishing or indirectly by ordering it
    - Pharmacists must make appropriate recommendations for non-prescription products
  - For returned travelers, triage and refer as appropriate
  - Documentation
    - Patient encounters must be documented in an appropriate paper or electronic information management system
      - Standard patient care documentation should be used
      - When prescriptions are furnished, this documentation must be provided to the patient's primary care physician or document within an electronic health or medical record
    - Immunizations must also be documented in the California Immunization Registry (CAIR)
    - Patient documentation should, at a minimum, contain
      - Destination and destination-specific risks
      - Pertinent patient history
      - Patient specific risk assessment
      - Travel health plan for education and necessary medications, vaccinations and equipment
- **Proposed conditions and prescription medication allowed to be furnished by pharmacists (appendix A)**
- **Vaccines that may be initiated without protocol and those that need a physician signed protocol (Appendix B)**
- **Laboratory tests for travel medicine-related medications (Appendix C)**

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## Appendix A. Conditions for Pharmacist Medication Furnishing

Condition	Considerations	Exclusions to Pharmacist Furnishing*	Medications
<b>Altitude illness</b>	<ul style="list-style-type: none"> <li>• Ultimate altitude</li> <li>• Rate of ascent</li> <li>• <a href="#">CDC Table 2-07</a></li> </ul>	<ul style="list-style-type: none"> <li>• Treatment or prevention of HAPE or HACE</li> </ul>	<b>Typical medications used (<a href="#">CDC Table 2-08</a>):</b> Acetazolamide Dexamethasone
<b>Hepatitis A</b>	<ul style="list-style-type: none"> <li>• Hepatitis A protection when Hepatitis A vaccine is not indicated or is not expected to be effective</li> <li>• Short term protection</li> </ul>	<ul style="list-style-type: none"> <li>• 1-40 years with hepatic dysfunction</li> <li>• &gt; 2 weeks before departure</li> <li>• Known isolated immunoglobulin A deficiency</li> <li>• Known severe thrombocytopenia</li> </ul>	IGIM
<b>Influenza Prophylaxis</b>	<ul style="list-style-type: none"> <li>• Short term protection for those in whom the influenza vaccine is contraindicated</li> <li>• Hemisphere and time of year</li> </ul>	<ul style="list-style-type: none"> <li>• Use greater than 10 days</li> </ul>	<b>Typical medications used:</b> Oseltamivir Zanamivir
<b>Jet lag</b>	<ul style="list-style-type: none"> <li>• Time zones crossed</li> <li>• Patient specific factors</li> </ul>	<ul style="list-style-type: none"> <li>• Pharmacist must register with DEA to furnish controlled substances</li> </ul>	<b>Typical medications used</b> Non-prescription: Melatonin Rx: Zolpidem
<b>Leptospirosis</b>	<ul style="list-style-type: none"> <li>• Potential mucocutaneous exposure to contaminated water</li> </ul>	<ul style="list-style-type: none"> <li>• Children &lt; 8 years and pregnant women</li> </ul>	<b>Typical medications used</b> Doxycycline

Condition	Considerations	Exclusions to Pharmacist Furnishing*	Medications
<b>Malaria</b>	<ul style="list-style-type: none"> <li>Prophylaxis</li> <li>Presumptive Self-treatment</li> <li>Resistance patterns at destination</li> <li>Patient specific factors</li> </ul>	<ul style="list-style-type: none"> <li>Not having G6PD results for primaquine</li> </ul>	<p><b>Typical medications used</b></p> <p>Chloroquine            Doxycycline            Atovaquone/Proguanil            Mefloquine</p> <p><a href="#">Choosing a drug for chemoprophylaxis</a>  <a href="#">Presumptive Self-Treatment</a></p>
<b>Motion sickness</b>	<ul style="list-style-type: none"> <li>Previous patient experience</li> <li>Duration of exposure</li> <li>OTC drug of choice for short duration</li> </ul>		<p><b>Typical medications used:</b></p> <p>Scopolamine (primarily patch)            Promethazine (oral and suppository)            antidopaminergic drugs (such as prochlorperazine)            Multiple non-prescription (meclizine, dimenhydrinate, cyclizine)</p>
<b>HIV: Occupational exposure</b>	<ul style="list-style-type: none"> <li>Destination with elevated rates of HIV</li> <li>Potential contact with blood or bodily fluids in a medical clinic setting</li> <li>Medical professionals</li> </ul>		<p><b>Use current recommended regimen:</b></p> <p><a href="http://aidsinfo.nih.gov/contentfiles/HealthCareOccupExpoGL.pdf">http://aidsinfo.nih.gov/contentfiles/HealthCareOccupExpoGL.pdf</a></p>
<b>Travelers' diarrhea (TD)</b>	<ul style="list-style-type: none"> <li>Bacterial resistance patterns at destination</li> <li>Patient specific factors</li> <li>Self-treatment or prophylaxis</li> </ul>	<ul style="list-style-type: none"> <li>Developed countries with safe food and water</li> </ul>	<p><b>Typical medications used:</b></p> <p>Ciprofloxacin            Azithromycin            Levofloxacin            Rifaximin</p>

Condition	Considerations	Exclusions to Pharmacist Furnishing*	Medications
	<ul style="list-style-type: none"> <li>Agents that increase gastric pH</li> </ul>		
<b>Urinary tract infections (UTI)</b>	<ul style="list-style-type: none"> <li>For patients previously diagnosed with frequent uncomplicated UTIs and who can determine when to self-treat</li> </ul>	<ul style="list-style-type: none"> <li>Not previously diagnosed</li> </ul>	<b>Typical medications used:</b> Macrochantin Ciprofloxacin Sulfamethoxazole/trimethoprim DS Pyridium (for associated pain)
<b>Vaginal yeast infections</b>	<ul style="list-style-type: none"> <li>Female in whom a vaginal yeast infection has been previously diagnosed</li> <li>Long-term use of certain antimicrobials</li> </ul>	<ul style="list-style-type: none"> <li>A co-morbid conditions that would make self-recognition unreliable</li> <li>Complicated VVC (e.g. comorbid DM, immune suppression, hx of systemic azole therapy)</li> </ul>	<b>Typical medications used:</b> Fluconazole OTC/Rx Topical/suppository antifungals

\* Exclusions to Pharmacist Furnishing is in addition to medical or pharmacologic precautions or contraindications for individual medications

## Appendix B. Vaccines

Routine (no protocol necessary) – 3 years of age and older	Travel Only (per protocol)
Td, DT, Tdap, DTaP	Typhoid
Hepatitis A	Japanese Encephalitis
Hepatitis B	Rabies
MCV4 and MPSV4	Yellow Fever
PPSV23 and PCV13	Hepatitis A/Hepatitis B
Influenza	
HPV2 and HPV4	
Polio	
MMR	

## Appendix C

Travel-Related Product	Laboratory Test	Considerations
Primaquine	G6PD	Must be ordered prior to medication initiation
Hepatitis A	Hep A Ab Total	Most appropriate for those born in developing countries who may already be immune to Hepatitis A
Hepatitis B	Hep B Surface Ag Ab Titer	For healthcare providers or others who need to know if they are immune to Hepatitis B. Further analysis of antigens or core antibodies should be done in consultation with a specialist
Rabies	Rabies Titer (Rabies Vaccine Response Endpoint Titer)	Used to determine need for booster doses of vaccine
Measles and Mumps	Rubeola Antibody IgG Mumps Antibody IgG	For those with uncertain vaccination or disease history to determine need for vaccination
Varicella	Varicella IgG Ab	For those with uncertain vaccination or disease history to determine need for vaccination