Located in the Claremont Village, Hendricks Pharmacy is your local independent pharmacy. We accept most insurance plans and offer FREE delivery. We also have a solution for you if you need help remembering to order your medications; it’s the AUTOREFILL system. Hendricks Pharmacy also has an International Travel Health Clinic headed by our certified travel pharmacist, Dr. Karl Hess. The clinic is providing this newsletter as a way to keep you up-to-date on the latest travel news and to answer questions that are frequently asked by our patients. In addition, our travel clinic also provides comprehensive pre-travel consultations, during which, we will review your travel plans as well as your medical and vaccination history to determine the best pre-travel recommendations for you. This is extremely important to ensure that you are properly protected from various diseases and to give you peace of mind, allowing you to enjoy and make the most of your trip. Our personalized consultations will include all necessary vaccines as well as medications for malaria, altitude sickness, and traveler’s diarrhea. We will also include specific travel advisories associated with your destination.

To set up your personalized consultation today, please fill out our pre-travel form online at www.HendricksPharmacy.com or call us at (909) 624-1611 or email us at Travel@HendricksPharmacy.com. We can also be found on Twitter @HendricksTravel

New Screening Recommendations

Hepatitis C Virus (HCV) Screening for All Baby Boomers

What is hepatitis C?
Hepatitis C is a common blood-borne infection of the liver which infects 3.2 million Americans and causes liver inflammation. Serious liver problems, such as scarring and liver cancer may also occur years after the initial infection. Currently, there are no vaccines available for hepatitis C.

What is the new recommendation for HCV screening?
The US Centers for Disease Control and Prevention is currently working on a proposal to recommend one-time HCV screening in all baby boomers.

How do you screen for HCV?
A simple blood sample can be used to detect the presence of antibodies specific for HCV. When hepatitis C infects your liver, the body responds by making these antibodies.

Why is CDC recommending HCV testing for all baby boomers now?
Baby boomers, individuals born from 1945 through 1965, make up more than 75% of all patients with HCV. Prior to this, only at risk individuals were recommended to test and many were not treated.

What are the benefits of testing for HCV?
Recently, breakthrough treatments for HCV (boceprevir and telaprevir) became available and the cure rates are estimated to be about 75%. The new medications are taken orally in conjunction to injectable HCV treatments.

Azithromycin and Sudden Death

Recently, there have been some concerns raised over a possible link between azithromycin and irregular rhythms of the heart called arrhythmias. Currently, a short-term course of azithromycin is sometimes prescribed for travelers’ diarrhea due to its ease of use, effectiveness, and limited side effects. A recent study however showed that in patients with pre-existing conditions such as heart failure, heart attack, and/or stroke; azithromycin may minutely increase the risk for death due to arrhythmia. This study reported an increase of 2.8 times more risk for death related to arrhythmia in those patients taking azithromycin as compared to those that did not take any antibiotics. However, the FDA recently announced that the current recommendation for the use of azithromycin will remain the same and the agency is currently reviewing the evidence for this medication. Until further data or recommendations become available, it may be safer to avoid azithromycin in those individuals that have been previously diagnosed with arrhythmia or are taking anti-arrhythmic medications such as amiodarone, sotalol, or procainamide or are on warfarin or Coumadin as a blood thinner. If you fall into these groups, you may be offered other alternative medications, which are just as effective for travelers’ diarrhea.

Focus on Vaccines: DTaP, Td, Tdap Confusion Clarification

What is a DTaP vaccine? This is given as part of the routine childhood vaccination schedule as a five dose primary series at ages 2, 4, 6, and 15-18 months of age and then again at 4-6 years of age. The uppercase letters (D and T) indicate that there are higher amounts of tetanus, diphtheria, and pertussis (i.e. whooping cough) components in the vaccine compared to similar adult vaccinations.

What is a Tdap vaccine? For children aged 11 to 12 who have completed a full primary series of DTaP, a one time dose of Tdap is recommended. It is also used as a one-time booster in patients 11 through 64 years of age who have not previously received the vaccine and for any adult older than 65 who has not received Tdap in the past. As immunity to pertussis wanes over time, this vaccine offers additional immunity against a severe childhood disease which adults may transmit to young children.

What is a Td vaccine? Immunity to diphtheria and tetanus also wanes over time and a booster is routinely needed every 10 years. Td vaccine contains only tetanus and diphtheria components, but lacks the protection against pertussis (i.e. whooping cough). If you have previously received the Tdap vaccine, then only Td is recommended every 10 years.
Fact or Fiction? 11,12,13,14,15,18

1. Water filtration devices will protect against ALL water borne diseases.

**FICTION:** Although these devices may filter larger sized “bugs” such as bacteria or parasites, viruses are much smaller and may not be removed by the filter. Double check the label for the exact filter size/specifications to determine the filter’s capacity and protection.


2. Patient’s that have already had an episode of shingles gain minimal additional benefit from receiving the vaccine.

**FACT:** Data from a recent study suggests that the risk of shingles recurrence following a recent episode is similar between those that have and have not been vaccinated. Therefore, otherwise healthy individuals that would be candidates to receive the shingles vaccine, but that have had a recent episode of shingles, may want to wait between 1.5 to 3 years after the outbreak before vaccination.

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Quick Tips! 7,8,10,12

- Travel health kits should include: prescription medicines in their original containers, antibiotic for travelers’ diarrhea, pain relievers, anti-diarrhea medicine, minimum of 60% alcohol based hand gel, broad spectrum sunscreen with a minimum SPF 15, insect repellent, first aid items, and a thermometer.

- Insect repellants may need to be applied around the clock. Check travel destination ahead of time to see if day and night time insect precaution is needed. Nighttime application of insect repellants offers protection against mosquitoes that transmit malaria and Japanese encephalitis and daytime application protects against mosquitoes that transmit yellow and dengue fever.

- Avoid getting beverages with ice. A single drop of contaminated water is enough cause sickness.

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Ask the Expert 9,16

**Q:** What changes has the FDA recently made to sunscreen labels?

In general, UVA rays cause skin aging and UVB rays cause skin burning. Sunscreens may **ONLY** be labeled “broad spectrum” if they provide protection against both UVA and UVB rays.

**ONLY** broad-spectrum sunscreens with a minimum SPF of 15 may state that they protect against skin cancer if used as directed with other sun protection measures.

Terms such as “sun block/sweat proof & waterproof” have been replaced by “water resistant”. Products must specify whether they protect the skin for 40 or 80 minutes of swimming or sweating.

Products that have SPF values >50 will be labeled “SPF 50+” because the FDA does not have adequate data demonstrating any additional protection above SPF 50.

Final verdict: The FDA recommends a broad spectrum sunscreen with an SPF of at least 15.

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Have a question for our Travel Clinic? E-mail them to: travel@hendrickspharmacy.com or on Twitter @HendricksTravel

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References


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