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CE JUST FOR TECHNICIANS

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CE FACULTY

CE Coordinator:

Margaret Woodruff, R.Ph., B.Sc.Pharm., MBA
Humber College

Clinical Editor:

Lu-Ann Murdoch, B.Sc.Pharm.

Author:

Susan Halasi, M.Sc.Pharm.

Reviewer:

Ravjit Majhel

Travel Medicine

A look at common health concerns for travellers

by Susan Halasi, M.Sc.Pharm.

Learning Objectives:

Upon completion of this lesson, the pharmacy technician will understand:

1. Health concerns of travellers when journeying abroad
2. Special populations with particular concerns: patients with diabetes, cardiovascular illness, pregnancy, infants and children, and those who are immunocompromised
3. Nonpharmacological approaches to helping with travel issues
4. Pharmacological approaches to helping with travel issues
5. The role of the pharmacy technician to support managing these issues

Introduction

Canadians go on more than 100 million trips abroad each year, either for business or pleasure. Most return home safe and healthy, but a number do become ill or are injured because they:

- do not protect themselves against diseases by foregoing vaccination
- drink contaminated water or eat tainted food
- do not take preventive medications such as malaria prophylaxis
- engage in risky behaviours (getting tattooed, having unsafe sex or drinking excessively).¹

This CE will focus on the major reasons for travel illnesses, the populations particularly at risk, recommended nonpharmacological and pharmacological approaches to staying healthy and how the pharmacy technician can assist in accomplishing these goals.

General Travel Health Concerns

The most frequent complaint travellers seem to develop is diarrhea, which is usually caused by poor water quality at their destination. Often, this condition is seen if the patient drinks the local water or eats certain foods prepared in water

which hasn't been boiled.¹

In addition, travellers not keeping up to date with routine immunizations are at risk for developing childhood illnesses such as diphtheria, tetanus or polio. A list of routine and travel vaccinations with approximate onset of protective effect is found in Table 1.

When travelling to countries where sanitary conditions are poor, it is recommended that the individual be vaccinated against typhoid and hepatitis A. If the destination is exotic, patients should investigate endemic conditions to decide whether a trip to a travel clinic to see a specialist is needed. A physician at the clinic can advise them on the need for vaccinations against meningitis, Japanese encephalitis, European tick-borne encephalitis, hepatitis B or dengue fever. Immigration officials may require a certificate documenting yellow fever vaccination before a person may enter that country.²

When travelling to an area where there is a malaria risk, the patient must ensure they take their antimalarial medication exactly as directed. Since chemoprophylaxis doesn't guarantee absolute protection, use of mosquito repellents,

TABLE 1 – Available vaccines for travellers^{2,3}

Vaccine	Description	Onset of protective effect
Cholera/ETEC traveller's diarrhea (Dukoral)	Oral, inactivated <i>Vibrio cholerae</i> ; recombinant, non-toxic cholera toxin B	1 week after the second dose (ETEC)
Hepatitis A (various)	Formaldehyde-inactivated hepatitis A adsorbed onto aluminum hydroxide	Maximum effect four weeks after a single dose
Hepatitis B (various)	Surface antigen, inactive adsorbed onto aluminum hydroxide using recombinant DNA technology	Full immunity granted after 3 doses; refer patient to pharmacist for accelerated schedule
Japanese Encephalitis (JE-vax)	Freeze-dried formaldehyde-inactivated virus	Full effect after third dose; to be completed ten days before travel
Meningitis A and C (various)	Purified extract meningococcal polysaccharide	10 to 14 days
Measles, Mumps, Rubella (MMR)	Live, attenuated lyophilized viral strains	6 weeks; booster dose 3 to 5 years later
Polio (various)	Formaldehyde-inactivated virus	Effective after third dose of primary course; immediate on receipt of booster
Tetanus (various)	Tetanus toxoid adsorbed onto aluminum phosphate	Effective after third dose of primary course; immediate on receipt of booster
Typhoid oral (Vivotif)	Live, attenuated <i>Salmonella typhi</i>	Effective seven to 10 days after last dose
Typhoid intramuscular (various)	<i>Salmonella typhi</i> extracted from bacteria capsule formulated as a polysaccharide vaccine	Effective after 10 days; booster dose every 2 years if re-exposure expected
Tick-borne encephalitis (FSME-IMMUN)	Killed virus	Effective approximately one week after second dose
Yellow fever (YF-Vax)	Live attenuated	10 days (not available to community pharmacies; must be ordered by designated Travel Clinics)

ETEC = enterotoxigenic *Escherichia coli*

bed netting and appropriate clothing is mandatory when outdoors between dusk and dawn.¹ Specific nonpharmacologic and pharmacologic treatment recommendations are listed in Tables 2 and 3, respectively. Finally, travellers who have visited an area where malaria occurs, and become ill in the first few months to one year after their trip, should be advised to see a doctor immediately, since malaria can be fatal if not treated promptly.¹

Health Concerns for Special Populations

Patients with Diabetes Mellitus

Patients with type 1 or type 2 diabetes

represent a large segment of a pharmacy's clientele. Those travelling on a north-south route should expect little or no change in monitoring or medication dosage, unless they encounter significant alterations in meal schedules, types of food consumed or physical activity.^{8,9}

When travelling by air in an east-west direction, people with type 2 diabetes should take their oral hypoglycemic agents based on local time, and in accordance with meals eaten.⁸ Since there are many different formulas to calculate dosing changes, patients taking insulin must consult a physician or diabetes educator to

determine the plan before travelling through time zones involving differences of three or more hours. The treatment goal for such patients is to switch to the new time zone as soon as possible. Frequent blood glucose monitoring is very important, initially, and the patient can err on the side of higher sugar levels (hyperglycemia) for the first 24-hour period.^{9,10}

Patients with diabetes are advised to carry all medications, blood glucose meter, test strips, lancets, syringes, needles and snacks with them in their carry-on luggage. They should keep a note from their physician handy, in order to satisfy security personnel that they are entitled to carry such items. Patients with diabetes should wear a Medic-Alert bracelet or necklace.⁸

Travellers with Cardiovascular Disease

Several issues should be considered when a traveller has a cardiovascular illness. All medications, in sufficient amounts for the duration of the trip should be kept in the carry-on luggage. A valid prescription is advisable in the event the medications are lost or stolen. If applicable, a copy of the most recent electrocardiogram (ECG) should also accompany the traveller. Most pacemakers and implants are not affected by airport security devices, but if the item has been very recently inserted, then the patient should call the manufacturer to confirm whether the product is destroyed by scanners or x-ray equipment.

Contacting the airline to provide supplemental oxygen if needed during the flight is advised for patients suffering from angina or heart failure. Patients with circulatory problems, those having a history of venous disease or trauma, or pregnant patients are at risk for developing a deep vein thrombosis (DVT) on extended flights. These medical conditions are further exacerbated by cramped seating, blood pooling from a lack of movement and dehydration from excessive alcohol intake.⁸ For such patients, flight socks, which provide compression level 14–17 mm Hg are suggested. Those individuals designated as high risk might consider low-dose acetylsalicylic acid (ASA) prior to the flight.⁸

Pregnant Patients/Infants and Children

The guidelines set out for the general population on safe travel also apply to

TABLE 2 – Nonpharmacologic preventive recommendations for travellers^{1, 4}

Concern	Minimizing risk
Malaria	<ul style="list-style-type: none"> • use up to 30% DEET insect repellents between dusk and dawn when outdoors • sleep protected by bed net treated with pyrethroids (permethrins) • wear light-coloured trousers and long-sleeved shirts at dusk
Traveller's Diarrhea	<ul style="list-style-type: none"> • "Boil it, cook it, peel it or leave it" • Drink purified water or commercially bottled beverages • Avoid ice, salads, re-heated foods, uncooked shellfish, street vendors • Wash hands frequently, especially before eating or drinking • Drink plenty of liquids to prevent dehydration should you become ill
Safety Risks	<ul style="list-style-type: none"> • Apply sunblock with a minimum SPF of 15; apply half an hour prior to using an insect repellent • Always practice safe sex (e.g., use a condom) to prevent sexually transmitted diseases • Avoid swimming in fresh water as it may contain a parasite causing schistosomiasis • Wear a body belt (rather than carry a wallet or purse) and leave valuables and traveller's cheques in a hotel safe • Keep essential medications and supplies in your carry-on luggage; a copy of a doctor's prescription and/or certificate to possess needles and syringes is highly recommended

TABLE 3 – Pharmacologic treatment recommendations⁴⁻⁷

Concern	Action
Malaria	Since advice is destination dependent, adhere to information provided by Health Canada on prevention and treatment of malaria at: www.phac-aspc.gc.ca/publicat/ccdr-rmtc/09pdf/35s1-eng.pdf
Diarrhea	Follow recommendations on Health Canada website for cholera and traveller's diarrhea: www.phac-aspc.gc.ca/publicat/ccdr-rmtc/05pdf/acs-dcc3107.pdf <ul style="list-style-type: none"> • Oral inactivated cholera and ETEC (enterotoxigenic <i>E.coli</i>) vaccine (Dukoral)
Jet Lag	<ul style="list-style-type: none"> • Minimize caffeine and alcohol intake to avoid dehydration • Short-acting hypnotics may be used during a long flight and for the first few nights of the trip, but don't reset the circadian rhythm • No gold standard studies have demonstrated effectiveness of melatonin in modulating jet lag and it is not recommended
Motion sickness	Doses for the following agents are listed at: www.phac-aspc.gc.ca/publicat/ccdr-rmtc/03vol29/acs-dcc-11/index.html <ul style="list-style-type: none"> • Over-the-counter products suggested include: dimenhydrinate, scopolamine patch, meclizine, promethazine • Prescription agent recommended: dextroamphetamine

patients who are pregnant.¹ It is wise to check an airline's policy regarding pregnant individuals travelling by air. For example, Air Canada allows a woman with a normal pregnancy, and no previous history of premature labour to travel up to and including the 36th week.¹¹ American Airlines requires a medical certificate of fitness to travel up until the 36th week, and will not board a person seven days prior to, or after a delivery (unless a person can provide a letter from a physician).¹² Furthermore, a multiple pregnancy, cervical incompetence,

evidence of bleeding or increased uterine activity are signs that air travel should be avoided.¹³

Patients concerned about airport x-ray screening of their carry-on items can be reassured that these machines are well shielded and emit radiation similar to those used in hospitals and medical clinics, at almost immeasurable levels. Passing through the metal detector portal poses no risk to a pregnant patient or her unborn child.¹⁴ For more detailed information on travel for this population, patients should be advised to check the

Public Health Agency of Canada's recommendations at www.phac-aspc.gc.ca/publicat/ccdr-rmtc/10vol36/acs-2/index-eng.php.¹⁵

Travel with infants and children can be challenging. Parents should ensure their infants and children have up to date immunizations. Chemoprophylaxis for malaria and travellers' diarrhea are weight dependent, and outlined in detail on the Health Canada website, www.phac-aspc.gc.ca/publicat/ccdr-rmtc/10vol36/acs-3/june-juin-2010-eng.php.¹⁶ Infants should not travel by air until they are at least two days old (and preferably 7 days old) because their lungs are not sufficiently developed, and significant oxygen debt can occur at high altitude.¹³

Immunocompromised Patients

Prior to travel, it is essential for immunocompromised patients to be sure their required vaccinations are updated, they have a plan for prevention and treatment of enteric infections and other diseases. The Centers for Disease Control and Prevention (CDC) has prepared a statement on travel for patients who are immunocompromised. The CDC has outlined those situations where medical conditions are without significant impact on travel. Patients receiving short- or long-term daily doses of prednisone of less than 20 mg or other short-acting corticosteroid products, and those on steroid inhalers or topical steroid agents, should not expect any serious travel limitations.

Other circumstances which do not excessively impact on travel include patients with HIV having a greater than 500 CD4 lymphocyte count, cancer patients who have received their last chemotherapy treatment, bone marrow transplant recipients who are more than two years post transplant and travellers with autoimmune diseases not receiving immunosuppressive agents.

Recommendations on immunization, malaria chemoprophylaxis and enteric infection treatments are detailed at wwwnc.cdc.gov/travel/yellowbook/2010/chapter-8/immunocompromised-traveler.aspx.¹⁷

Medical Kits for Travellers

When recommending a travel kit containing miscellaneous items and over the counter products, technicians can

TABLE 4 – Checklist of items for travel kits¹⁸**Over-the-Counter Products**

- pain or fever symptoms: acetaminophen, acetylsalicylic acid, ibuprofen
- stomach upset or diarrhea symptoms: loperamide, oral rehydration packets, laxative, antacid
- throat or respiratory symptoms: antihistamine, decongestant, cough suppressant, throat lozenges
- skin irritation symptoms: antifungal/antibacterial ointment or cream, aloe gel, mild corticosteroid
- eye irritation symptoms: saline or hydrocolloid eye drops

Basic First Aid Products

- adhesive band-aid assortment
- disposable gloves
- sterile gauze and adhesive tape
- elastic bandages for sprains
- moleskin for blisters
- skin closure strips
- antiseptics
- cotton swabs
- digital thermometer

refer patients to the CDC website for suggestions on items to be included found at wwwnc.cdc.gov/travel/yellowbook/2010/chapter-2/travel-health-kits.aspx. A helpful checklist is provided in Table 4.¹⁸

Role of the Technician

Pharmacy technicians have an active role to play in helping patients enjoy their vacations by preventing health problems which might arise during a trip. By sourcing, ordering and storing vaccines appropriately and ensuring the cold chain is not disrupted, they can ensure that supplies of vaccine are readily available when the client comes into the pharmacy, as outlined in *Tech Talk: The Vaccine Cold Chain* accessible at www.canadianhealthcarenetwork.ca/files/2009/10/tt_ce_e_jan_feb07.pdf.

They should refer patients to the pharmacist for counselling on pharmacological and nonpharmacological measures which can protect them while abroad. They can direct people filling prescriptions for malaria protection who have Internet access to the Health Canada website to educate and provide more details on safe travel at www.phac-aspc.gc.ca/publicat/ccdr-rmtc/09pdf/35s1-

eng.pdf. They can ensure the pharmacy stocks copies of the Health Canada booklet: *Well on Your Way—A Canadian's Guide to Healthy Travel Abroad*. Free copies are available by either calling 1-800-267-8376 or sending a request to engserv@international.gc.ca. This booklet provides general information on avoiding accidents and injuries while travelling, information on travel insurance and what to do in medical emergencies.

People who inquire about vaccines can be referred to the pharmacist, who may in turn refer the patient to an appropriate travel clinic for a more detailed consultation. A list of Canadian travel clinics is available at www.phac-aspc.gc.ca/tmp-pmv/travel/clinic-eng.php. For patients whose medication profile indicates a chronic illness, technicians can direct them to the pharmacist for counselling about special considerations before and during travel. Finally, pharmacy technicians can be helpful by assisting with the gathering of products to make up a medical kit for travel.

References are available at www.CanadianHealthcareNetwork.ca, CE section, Quick search CCCEP # 1065-2010-114-I-T

QUESTIONS

Please select the best answer for each question or answer online at www.CanadianHealthcareNetwork.ca for instant results.

1. People run into health problems when travelling because:

- they sample the local food from street vendors.
- they pack their medication in checked luggage.
- they leave without receiving appropriate vaccines.
- all of the above

2. Yellow fever vaccine may be ordered by the pharmacy directly from the wholesaler or manufacturer.

- true
- false

3. To prevent traveller's diarrhea:

- drink purified water or commercially bottled beverages.
- sample cold food prepared by a street vendor such as salads.
- eat meat and raw vegetables.
- berries and nuts generally are safe to eat.

4. For patients travelling to areas where malaria is endemic:

- medication to prevent the disease must be taken exactly as directed.
- medication will give complete protection against catching the disease.
- illness upon returning home need not necessarily require seeing a doctor.
- preventing diarrhea will also help prevent the development of malaria.

5. Mr. W. is travelling to China in a month on business. He is in good health and not on any chronic medication. He asks if there are any pre-trip preparations needed to remain healthy while he is there.

- your first concern is informing him about safety risks and lifestyle restrictions.
- you provide him with suggestions to prevent jet lag and to facilitate business activities.

- you mention non-drug options to prevent traveller's diarrhea.
- all of the above

6. Mr. W. wants information about onset of the protection afforded by the hepatitis B vaccine. You tell him:

- immunity is granted one month after a single dose.
- full immunity is granted one week after a single dose.
- full immunity is granted after three doses.
- he should not be vaccinated, it is too late to develop immunity as he is leaving in a month.

7. Miss A., a patient with type 2 diabetes, is travelling to India from Toronto and needs travel advice. She is on glyburide, atorvastatin, ramipril, insulin (two daily doses), lorazepam, and vitamin E. What is the

QUESTIONS (Continued)

- recommendation on dosing insulin?
- continue dosing insulin as usual, but double dose.
 - inject usual morning and evening dose on first morning at destination.
 - both a and b are correct.
 - contact physician to prepare a plan to minimize hyperglycemia.

8. When travelling from the far north of India to the very south of the country, Miss A. needs to take an additional dose of insulin during the flight.
- true
 - false

9. An additional suggestion for Miss A. to make her trip less stressful is:
- take melatonin to prevent jet lag.
 - pack all medications in checked luggage to ease transit/prevent loss.
 - obtain valid prescriptions/doctor's note to carry syringes and needles to show security personnel.
 - carrying a snack is not needed as airlines will provide them when necessary.

10. Pregnant patients should be aware:
- they can travel up to the fifth month of pregnancy.
 - they should not stand near the x-ray

Please select the best answer for EACH question or answer online at www.CanadianHealthcareNetwork.ca for instant results.

- screening device at the airport as there is risk to the unborn fetus.
- they are at risk for developing a deep vein thrombosis on extended flights.
 - passing through the metal detectors can adversely affect the fetus.

11. Mr. RD has planned a trip to be at his granddaughter's wedding, but is concerned about air travel and having a heart condition. To reassure him, you advise:

- most pacemakers and implants are not harmed by airport security devices.
- he could bring along/purchase his own supply of oxygen if he has angina or heart failure.
- flight socks and low dose acetylsalicylic acid (ASA) can prevent deep vein thrombosis on extended flights.
- both a and c are correct.

12. When travelling with children, it is recommended that:

- their immunizations be up to date.
- if needed, they receive a pediatric dose of malaria prophylaxis calculated by weight.
- if needed, they receive prophylaxis against traveller's diarrhea
- all of the above

13. Immunocompromised travellers who are receiving steroids:
- should not consider being immunized for hepatitis B vaccine as it can cause encephalitis.
 - should ensure their immunizations are up to date
 - need to take extra precautions if their dose of prednisone is less than 20 mg
 - should receive a three dose regimen of inactivated polio vaccine.

14. Cancer patients who have completed their last chemotherapy treatment should expect no significant impact on their travel preparations.
- true
 - false

15. Pharmacy technicians play a role in preparing patients for travel by:
- directing people to websites to educate and provide information on safety.
 - referring people to the pharmacist for a travel consultation.
 - referring people with chronic illnesses to the pharmacist so they can be counseled appropriately on their vaccine and medication needs.
 - all of the above

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Travel Medicine

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Type of practice <input type="checkbox"/> Drug chain or franchise <input type="checkbox"/> Banner <input type="checkbox"/> Independent <input type="checkbox"/> Mass merchandiser		<input type="checkbox"/> Grocery store pharmacy <input type="checkbox"/> Hospital pharmacy <input type="checkbox"/> Other (specify): _____	
		<input type="checkbox"/> Full-time technician <input type="checkbox"/> Part-time technician Are you a certified technician? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Please help ensure this program continues to be useful to you by answering these questions.

- Do you now feel more informed about travel medicine? Yes No
- Was the information in this lesson relevant to you as a technician?
 Yes No
- Will you be able to incorporate the information from this lesson into your job as a technician? Yes No N/A
- Was the information in this lesson... Too basic Appropriate Too difficult
- How satisfied overall are you with this lesson?
 Very Somewhat Not at all
- What topic would you like to see covered in a future issue? _____

ANSWERING OPTIONS:

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