

HOSTING THE WORLD

A Practical Guide
for Community Pharmacies During
International Sporting Events

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CONTRIBUTORS

Amanda Applegate, PharmD, BCACP
Kansas Pharmacists Association

Jacqueline Estes, PharmD
NCPA Executive Resident 2025-2026

Rachel Helbling
2026 PharmD candidate
University of Texas at Austin College of Pharmacy

Stephanie Stephenson
2026 PharmD candidate
Washington State University College of Pharmacy

CREATIVE

Tyler Poirier
NCPA Associate Art Director

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PURPOSE

WHY DID WE CREATE THIS BOOKLET?

International sporting events bring millions of visitors from around the world into communities across the United States. This influx in travel creates unique public health and medication-related challenges for local pharmacies. Community pharmacists often serve as the most accessible health care professionals for not only their patients, but also travelers seeking guidance on travel-related concerns, treatment for acute conditions, and assistance navigating the U.S. health care system. Preparations for these encounters are essential to ensure pharmacists and pharmacy staff serve as effective and reliable resources in their communities.

We hope you find this guide helpful in providing context for your pharmacy's role during periods of increased international travel. This resource includes information on international travel, regulation recommendations, a refresher on recommendations for management of common acute illnesses, and key considerations to ensure patient safety and community health.

While this booklet was designed for pharmacists practicing in communities hosting international sporting events, it may also serve as a valuable reference for any pharmacy owner as a refresher on over-the-counter recommendations and important tools such as translation services.

INTERNATIONAL SOCCER CHAMPIONSHIP SCHEDULE

Dates: June 11 – July 19, 2026

Co-hosted by 16 cities, the 11 cities in the United States include Dallas, Texas; East Rutherford, N.J.; Atlanta, Ga.; Kansas City, Mo.; Houston, Texas; Santa Clara, Calif.; Los Angeles, Calif.; Philadelphia, Pa.; Seattle, Wash.; Boston, Mass.; and Miami, Fla. Other host cities are located in Mexico and Canada.

Group Stages:

- Matchday 1 (June 11-17, 2026)
- Matchday 2 (June 18-23, 2026)
- Matchday 3 (June 24-27, 2026)

Knockout Stages:

- Round of 32 (June 28-July 3, 2026)
- Round of 16 (July 4-7, 2026)
- Quarterfinals (July 9-11, 2026)
- Semifinals (July 14-15, 2026)
- Match for third place (July 18, 2026)
- Final (July 19, 2026)*

*Hosted in East Rutherford, N.J.

The tournament will include 48 teams, and the United States will host 78 matches. According to the U.S. Travel Association, 6 million people are projected to travel to the U.S. throughout the duration of the tournament.



INSIGHT INTO INTERNATIONAL VIEWS ON PHARMACY

Pharmacies around the world differ in many aspects. Some countries have stricter regulations with their medications, with less medications available to purchase OTC without a pharmacist's recommendation or physician's prescription. In contrast, many countries treat community pharmacies as primary care hub spots. Pharmacists are able to independently consult with patients and dispense therapy for both acute and chronic conditions. This is important to consider when helping patients traveling abroad, as they may not be aware of the different state and federal pharmacy regulations within the United States.



REGULATIONS SNAPSHOT

This section provides an overview of key regulatory issues that may arise more frequently while working with international tourists. It's intended to call attention to common risk areas, reinforce awareness of federal requirements, and support appropriate decision-making during times of international travel.

Federal requirements represent minimum standards for practice. Pharmacy owners should always review and comply with applicable state laws and board of pharmacy regulations, which may differ from or exceed federal requirements. This section is not intended to substitute for legal or regulatory guidance.

- 
- 1. Foreign prescription validity and prescriber credentials**

Prescriptions issued by foreign prescribers are generally not valid for dispensing in the United States. Pharmacy owners and managers should ensure staff understand when foreign prescriptions cannot be filled and when referral to a U.S.-licensed prescriber is required.
 - 2. Traveling with medications**

International travelers may arrive with medications obtained outside the United States, including products that are not Food and Drug Administration-approved. Under FDA personal importation policies, limited quantities of certain medications may be allowed for personal use, but many products remain restricted or prohibited. Be prepared to answer questions about non-FDA approved products and appropriate counseling.
 - 3. Controlled substances**

Foreign prescriptions for controlled substances are not valid in the United States. Pharmacy owners should ensure staff are familiar with Drug Enforcement Administration requirements, emergency dispensing limitations, and documentation standards to prevent diversion and noncompliance.

4. **Vaccination authority**

Federal guidance from the Centers for Disease Control and Prevention informs vaccine recommendations for international travelers, while pharmacist authority is governed by both federal and state law. Owners should ensure protocols are in place for appropriate vaccine selection, screening, documentation, and reporting during periods of increased demand.

5. **Documentation and record keeping**

International travelers may present unfamiliar forms of identification, incomplete medical records, or language barriers. Accurate documentation, verification of patient identity, and maintenance of dispensing records remain essential for regulatory compliance.

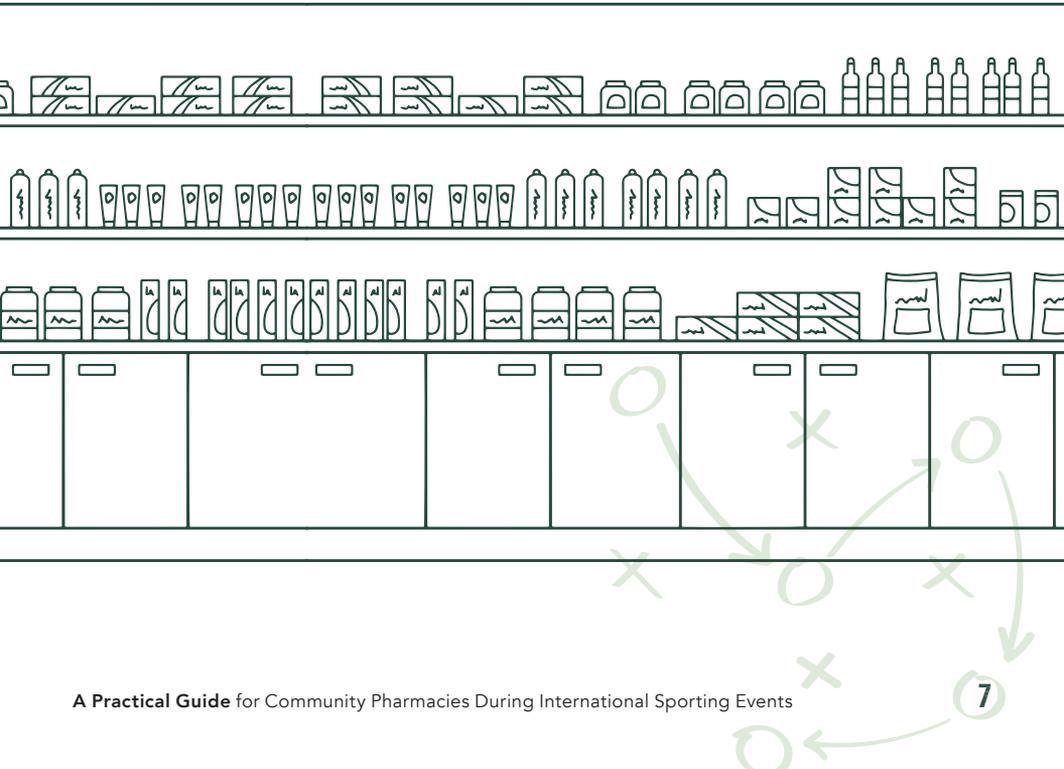


ADDITIONAL RESOURCES

Many modern smartphones come with a live translation app. These apps allow you to type in words or use your phone's camera for live translations of printed text. Newer smartphones also have basic verbal translation to assist with oral communication.

As a reminder, federal regulations require pharmacies that participate in federally funded plans, including Medicare and Medicaid, to have meaningful access to language resources. The following resources may be helpful:

- Pharmacy dispensing software: Numerous platforms include integrated language translation and interpretation features.
- Other options
 - Community interpreters
 - **LanguageLine-24/7**: interpreters available in 240+ languages 24 hours a day, seven days a week, year-round.
 - **CyraCom**: available by phone or video in hundreds of languages.



OTC RECOMMENDATIONS REFRESH

This booklet will outline some common acute conditions that travelers or patients in the community may experience. Each section will cover a condition and outline signs/symptoms, possible recommendations, counseling points, and when to escalate care.



Due to the large number of people traveling to host cities, anticipate a higher demand for common OTC items and ensure these items are stocked.



ACUTE RESPIRATORY CONDITIONS

Allergic rhinitis symptoms can often be confused with colds as they both present with rhinorrhea, congestion, and/or itchy throat/nose. Several key differences can help determine if the symptoms are due to viral pathogens or allergens. Colds may have darker mucus production, body aches, and can last up to a week whereas allergies are often accompanied by red/watery eyes, wheezing, and thin/clear mucus, with rapid onset upon exposure to the trigger such as traveling to a new location. Treatments for both allergies and colds are often based on symptom presentation, and the medications are used as needed.

Allergic Rhinitis

For allergies, while it is best to remove or avoid the trigger and reduce dust, pollen, dander, and mold, this may not be possible when traveling. Nasal irrigations using an isotonic or hypertonic solution can reduce nasal congestion. Saline packets can be prepared at home but use distilled, sterile, or boiled water as tap water can cause infections. If the pharmacy carries saline packets, consider stocking distilled water next to them for the patient's ease, especially since it may be difficult to boil water while traveling.

OTC recommendations:

- Intranasal steroids, such as fluticasone (Flonase), reduce nasal congestion, watery eyes, rhinorrhea, and sneezing. Typical dosing instructions are 1-2 sprays per nostril per day.
- Antihistamines, such as diphenhydramine (Benadryl) or fexofenadine (Allegra), reduce itching, sneezing, and rhinorrhea, but not nasal congestion.
- Decongestants, such as pseudoephedrine (Sudafed), reduce nasal and sinus congestion. Needs a valid government-issued photo identification, like a driver's license, to purchase. Review federal regulations at bit.ly/4cVm6ju.
- Intranasal cromolyn decreases inflammation in the nasal passageways and should be used routinely at the start of allergy season. It may be used after exposure to allergen, but it may take up to 1-2 weeks for symptom relief.

Counseling:

- Teach patients the correct way to use intranasal medications (priming, cleaning, etc.).
- Common side effects with intranasal sprays include bitter taste, nose bleeds, and nasal irritation.
- Antihistamines can cause anticholinergic effects.
- Antihistamines should be avoided with recent monoamine oxidase inhibitor use, which may be prescribed more commonly in other countries.
- First versus second generation antihistamine use should be recommended based on age, pregnancy, lactation, and renal status.

Cold

Cold transmission can occur by air and through using mutual surfaces. Pain relievers can be used for sore throat, body aches, and fevers. Consult the Pain section on page 16 for more information.

OTC recommendations:

- Expectorants, such as guaifenesin (Mucinex), thin mucus to clear airways for productive coughs.
- Cough suppressants, such as dextromethorphan (Robafen), reduce the cough reflex for non-productive coughs.
- OTC recommendations within the Allergic Rhinitis section on page 9 could also apply for colds.

Counseling:

- Dosing varies by form and age.
- Some products can contain multiple medications. Make sure to look at the active ingredient list to avoid duplication and overdosing.
- Common side effects include nausea, vomiting, drowsiness, and headaches.

When to escalate care:

- Shortness of breath
- Fever $\geq 103^{\circ}\text{F}$
- Oxygen saturation below 90 percent

GI COMPLICATIONS

Constipation

Constipation can be a result of diet, lifestyle, pregnancy, preexisting medical conditions, or medications. Since traveling often brings exposure to new foods and unfamiliar environments, it may also contribute to constipation. Symptoms include less than three bowel movements per week and/or difficulty passing stool. Lifestyle changes are typically the first recommendations, such as increasing fluid intake (64 oz daily), decreasing caffeine use, increasing physical activity, and increasing dietary fiber (beans, whole grain, vegetables, fruits, etc.).

OTC recommendations:

- Bulk-forming laxatives, such as psyllium husk (Metamucil), are considered a first-line option for adults.
- Osmotic laxatives, such as polyethylene glycol 3350 (Miralax), are a first-line option for most adults, often taken once daily. For a powder formulation, stir in powder with 4-8 ounces of water, juice, coffee, or tea until dissolved.
- Stimulant laxatives, such as bisacodyl (Dulcolax), can be taken at bedtime, the next morning, or 30 minutes after a meal to induce bowel movements.
- Stool softener laxatives, such as docusate sodium (Colace), are best when avoiding strain and can be used for iron-induced constipation.
- Lubricant laxatives, such as mineral oil, reduce the absorption of water to help soften the stool.

Counseling:

- Bulk-forming and osmotic drugs may take 2-3 days for onset and need to be separated from other prescribed drugs due to calcium and magnesium binding interactions.
- Do not take stool softeners with mineral oil as it can increase mineral oil absorption.
- Common side effects include nausea, vomiting, abdominal cramps, and diarrhea.

When to escalate care:

- If symptoms do not improve in one week
- History of GI obstruction or fecal impaction

Diarrhea

Diarrhea occurs when the intestines do not reabsorb water as stools pass through and can be defined as an increase in bowel movements to more than three per day. There can be many causes such as lactose intolerance, bacterial, viral, or idiopathic diarrhea. Modifications to manage or determine causes are limited. For lactose intolerance, dairy products can be eliminated from the patient's diet. If the cause is viral, the onset of diarrhea is typically quick and resolves on its own after several days. If the diarrhea is recurrent, it may be idiopathic.

OTC recommendations:

- All causes should be treated first with fluid and electrolyte replacement.
- Loperamide (Imodium): 4 mg after first loose stool followed by 2 mg after each subsequent loose stool, not to exceed 8 mg/day.
- Bismuth subsalicylate (Pepto): Taken as needed, not to exceed 4.2 grams a day and up to two days.

Counseling:

- Common side effects include nausea, abdominal cramps, and constipation.
- Medication recommendations should be considered with age, concurrent medication use, and medical conditions.
- Emphasize the importance of rehydration as diarrhea causes an increased loss of fluids.

When to escalate care:

- If symptoms do not improve in one week
- Fever $\geq 103^{\circ}\text{F}$
- Severe abdominal pain
- Dark, tarry stools which may indicate a GI bleed

INSOMNIA AND JET LAG

Travel-related insomnia can be triggered by schedule changes, unfamiliar environments, stress, or anticipation. Symptoms may include difficulty falling asleep, frequent awakenings, or non-restorative sleep. Jet lag results from disruption of the circadian rhythm after crossing time zones. Common symptoms include insomnia, daytime fatigue, impaired concentration, and GI upset.

OTC recommendations:

- Melatonin 0.3-5 mg at local bedtime of destination.
- Sedating antihistamines, such as diphenhydramine (Benadryl) and doxylamine (Unisom), should only be used short term and have increased risks associated with use.
- Strategic use of caffeine for daytime drowsiness, if appropriate.

Counseling:

- Appropriate sleep hygiene, light exposure, and using a gradual schedule adjustment.
- Encourage hydration and gradual schedule adjustment.
- Avoid melatonin in pregnancy or lactation.
- Sedating antihistamines can cause next-day drowsiness and anticholinergic side effects.
- Avoid excessive caffeine, especially late in the day and before bedtime.

When to escalate care:

- If symptoms persist beyond several days to weeks
- Severe fatigue interfering with daily functioning
- Underlying sleep disorders are suspected





PAIN

Pain is subjective to the patient and is often treated with OTC medications such as nonsteroidal anti-inflammatory drugs (NSAIDs) or acetaminophen. Drug and dosing recommendations can vary based on onset, quality, location, severity, and age, as well as pre-existing conditions.

OTC recommendations:

- Acetaminophen (Tylenol) is used as both a pain and fever reducer.
 - Adults should not exceed 4 grams per day.
 - Children under 12 years are dosed based on weight and not to exceed 5 doses/day. Consult a doctor about use.
 - Typically effective for 6-8 hours.
- Ibuprofen (Advil) decreases pain, fever, and inflammation, and dosing will vary based on product.
 - Adults should not exceed 1,200 grams per day.
 - Children over six months are dosed based on weight and not to exceed 40 mg/kg/day or 2,400 mg/day, whichever is less. Avoid NSAIDs for children < 6 months.
 - Typically effective for 4-6 hours.
- Naproxen (Aleve) is an alternative NSAID which has a longer duration of action than ibuprofen. Typically effective for 8-12 hours.
- Diclofenac gel (Voltaren) is also an NSAID that's applied topically.

Counseling:

- Acetaminophen is metabolized through the liver, and patients should avoid alcohol use.
- Oral NSAIDs should be avoided in patients with coronary artery bypass surgery, renal impairment, and pregnancy.
- NSAIDs can increase the risk of cardiovascular events.
- Oral NSAIDs can increase the risks of GI ulcerations. Monitor for signs of dark, tarry stools indicating a GI bleed.
- Oral NSAIDs should be taken with a meal to reduce nausea.
- Some medications may be used in combination products and contain pain relievers. Instruct patients to read the ingredients list of all their medications to avoid overdosing.
- Educate patients about the risks of continuous and long-term use of pain relievers.

When to escalate care:

- Broken, fractured bones not already being treated
- Punctures/wounds with profuse bleeding displaying signs of infection
- Experiencing severe pain and pain lasting longer than 10 days
- Fever worsens or lasts longer than three days

HANGOVER AND HEADACHE

Both hangovers and headaches display symptoms of sensory sensitivity and nausea and may take hours to a full day to recover depending on the severity.

OTC recommendations:

- Drink water and electrolytes both before and after alcohol consumption.
- Avoid known headache triggers such as bright lights or loud sounds.
- Oral analgesics, like acetaminophen, aspirin, and caffeine combination (Excedrin), can alleviate headache pain. Consult the Pain section on page 16 for more information.
- Non-pharmacological options include adequate sleep and utilizing a cold compress.

Counseling:

- Avoid overuse of pain relievers as they could cause rebound headaches.
- Proper sleep hygiene and stress mediation can reduce the frequency of headaches.

When to escalate care:

- Headaches accompanied by fever, stiff neck, seizures, shortness of breath, aura, double vision, chest pains, numbness, or difficulty breathing could be signs of underlying condition and need medical attention.
- Severe pain or persistent difficulty in performing daily function.

STRAINS AND SPRAINS

Strains involve injury to muscles or tendons, while sprains involve stretching or tearing of ligaments. Common features of these injuries include localized pain, swelling, bruising, and limited range of motion.

OTC recommendations:

- First-line recommendation is **RICE** therapy:
 - Rest
 - Ice
 - Compression
 - Elevation
- Other recommendations include oral analgesics. Consult the Pain section on page 16 for more information.
- Topical agents that may provide relief include menthol, methyl salicylate, capsaicin, and diclofenac gel.

Counseling:

- Ice injury for 15 minutes, 3-4 times per day for acute inflammation.
- Avoid heat during the inflammatory phase.
- Do not combine topical counterirritants with heat.
- Limit NSAID use and duration.

When to escalate care:

- Severe pain, deformity, suspected fracture, or inability to bear weight or use the limb
- If symptoms and pain do not improve in one week
- Any neurologic symptoms, such as numbness or weakness

SUNBURN

Sunburn is an acute inflammatory skin injury caused by excessive ultraviolet radiation exposure. Presentation ranges from mild redness and tenderness to more severe pain, edema, blistering, and systemic symptoms in extensive burns. Travelers may be at increased risk due to prolonged outdoor exposure, unfamiliar climates, and lack of protective measures.

OTC recommendations:

- Topical therapies for sunburn relief include moisturizing lotions and soothing agents.
 - For broken skin, use lotions. Ointments will make a barrier and prevent pus from clearing the wound.
 - Apply gently and avoid benzocaine/lidocaine on broken skin.
- Oral analgesics may be indicated for more severe burns. Consult the Pain section on page 16 for more information.
- Low-potency corticosteroids, such as hydrocortisone 0.5-1 percent (Cortizone-10), may be recommended for inflammation.

Counseling:

- Emphasize the importance of hydration and the use of cool (not cold) showers for relief.
- Avoid picking and peeling the skin.
- Avoid further sun exposure until healing occurs.
- Encourage protective clothing and regular use of sunscreen (SPF \geq 30).
- Reapply sunscreen every 2 hours and after swimming and sweating.

When to escalate care:

- Extensive blistering
- Severe pain
- Signs of infection (increased redness, warmth, drainage, fever)
- Systemic symptoms (fever, chills, nausea, dehydration)



BUG BITES, BUG STINGS, AND POISON IVY

The severity of stings and bites will depend on what organism caused the injury. Common bites that cause red bumps and itching will be mosquitoes, especially in warm/humid regions, areas with stagnant water, and in the evening as the day cools. Other bites that would be severe are caused by spiders. Most spiders stay hidden, are nonaggressive, and can be avoided by inspecting and shaking out equipment before use.

OTC recommendations:

- Topical steroids, such as hydrocortisone (Cortizone-10), and oral antihistamines, such as cetirizine (Zyrtec), reduce itching for harmless insect stings and bites as well as contact with poison ivy.
- For poison ivy, wash affected skin with mild soap and cool water, and remove and wash clothes that were in contact.

Counseling:

- For antihistamine use, consult the Allergic Rhinitis section on page 9.
- Avoid using topical applications on thin, broken skin or locations where skin would fold such as eyes, face, armpits, etc., as this effects absorption rate.
- Do not use topical steroids for longer than 2 weeks.

When to escalate care:

- All spider and animal bites
- Signs of an anaphylactic reaction

SPECIAL POPULATION CONSIDERATIONS

Elderly	<ul style="list-style-type: none">• Avoid sedating medications (such as first-generation antihistamines) when possible.• Prefer acetaminophen over NSAIDs when appropriate.• Always recommend the lowest effective dose for the shortest duration possible.
Pregnancy	<ul style="list-style-type: none">• Prefer non-pharmacological measures as first-line therapy when possible.• Acetaminophen is the generally preferred pain reliever during pregnancy.• Avoid NSAIDs, especially during the third trimester.• Avoid melatonin, unless advised by a provider.• Always escalate if symptoms persist in pregnancy.
Infants and Children	<ul style="list-style-type: none">• Use weight-based dosing and calibrated devices.• Avoid sedating antihistamines in young children.• Avoid aspirin due to the risk of Reye's syndrome.• Escalate if under the age of 2.

General counseling points:

- Always verify age, weight, pregnancy status, and comorbidities before making any medication recommendations.
- Review current medications to avoid duplication of therapy.
- Emphasize the correct dosing and frequency.





The *voice* of the
community
pharmacist.

100 Daingerfield Road, Alexandria, VA 22314 | 800.544.7447 | www.ncpa.org