# Virtual Travel Clinic

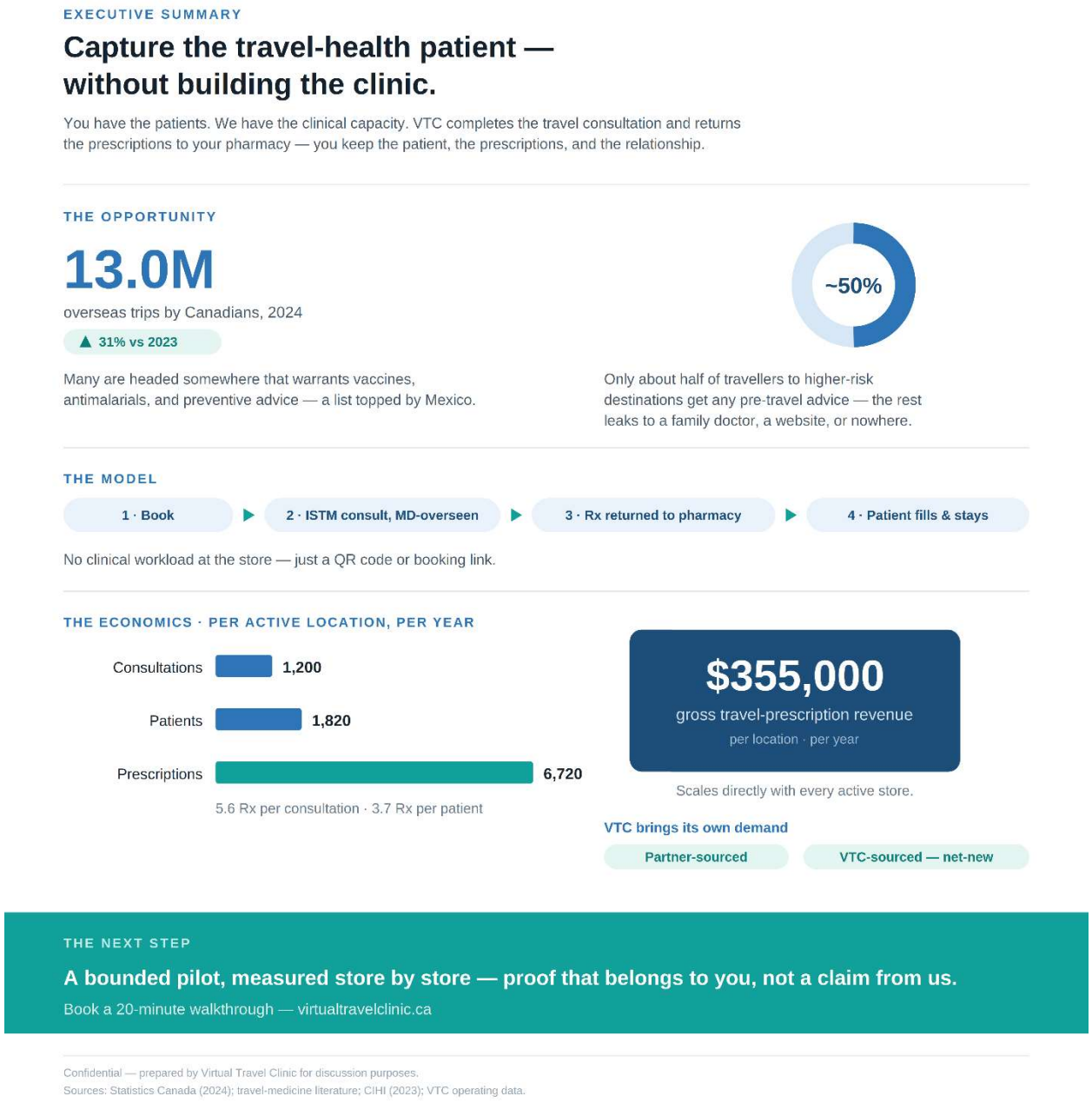
## Pharmacy Partnership Overview

*Preventive travel-health infrastructure for pharmacy partners.*

[virtualtravelclinic.ca](virtualtravelclinic.ca)

*The size of Canada's travel-health opportunity -- and how a pharmacy captures it without building the clinical operation itself.*

## Visual Executive Summary



## Executive Summary

**You have the patients. We have the clinical capacity. Virtual Travel Clinic completes the travel consultation and sends the prescriptions back to your pharmacy -- so you capture the travel-health customer without building, staffing, or licensing a travel clinic of your own.**

The division of labour is simple: **you don't build or operate a travel clinic -- VTC does the clinical work.** A patient you refer completes an ISTM-certified travel consultation with us, **the prescriptions are returned to your pharmacy**, and **the customer stays yours.** VTC supplies the entire certified clinical operation as turnkey infrastructure; you supply the counter and the relationship.

- **The opportunity --** Canadians took 13.0 million overseas trips in 2024, a meaningful share to destinations that warrant vaccines, antimalarials, and preventive advice -- yet only about half of travellers to less-developed countries obtain any pre-travel advice. That intent leaks today to a family doctor, a website, or nowhere at all.
- **The model --** A patient is referred to VTC, completes an ISTM-certified travel consultation with physician oversight, and the prescriptions are returned to the referring pharmacy for fulfillment. No clinical workload is added at the store -- just a QR code or booking link.
- **The economics --** At annualized run-rate, an active location generates roughly 1,200 consultations, 1,820 patients, and 6,720 prescriptions a year -- about $355,000 in gross travel-prescription revenue per active location per year, scaling directly with active store count. VTC also generates its own demand, routing new travel-health patients into the network rather than only monetizing existing foot traffic.
- **The next step --** A bounded pilot in a defined set of stores, with store-level tracking so the prescription impact is measured directly -- proof that belongs to you, not a claim from us.

**Bottom line: the pre-travel moment is among the cheapest ways to acquire a premium, repeat household -- and VTC makes it operational at the locations where the foot traffic already is.**

## The travel-health customer

A pharmacy evaluating travel health usually measures it as a service line -- so many consultations, so many scripts, a margin per visit. That understates what is on the table.

A pre-travel interaction is a **patient-acquisition event**, and the patient it acquires is unusually valuable: affluent, travelling as a household, travelling repeatedly, and arriving already intending to spend on health. The question worth costing is not *"what does one travel consult earn?"* It is ***"what is a travel-health customer worth to this pharmacy over time?"***

## A large, growing, higher-risk travel market

International travel by Canadians is large, growing, and recurring -- and a meaningful share is headed somewhere that warrants vaccines, antimalarials, and preventive advice.

- Canadians made **13.0 million overseas trips** (beyond the United States) in 2024 -- a post-pandemic high, up roughly 31% from 2023 and above 2019 levels for the first time. (Statistics Canada)
- Across all international travel, they took 38.7 million trips abroad and spent **$52.9 billion**, averaging about **$2,300 per overseas trip** over roughly 13 nights. (Statistics Canada, National Travel Survey)
- Mexico is the most-visited overseas destination, followed by sun destinations such as the **Dominican Republic**; **China** and **India** are significant for visiting friends and relatives -- precisely the destinations that call for pre-travel preparation. (Statistics Canada)
- 67% of Canadians hold a passport, and they travel internationally for leisure at roughly **twice the per-capita rate of Americans**. (Destinations International)

## The customers pharmacies want

Three traits make this segment worth acquiring well beyond the value of a single visit.

| Trait | Why it matters to a pharmacy |
|---|---|
| **Affluent** | Canadian travellers earning over $200K spend 38% more on international trips than the average traveller; globally, affluent households drive roughly one in four travel dollars. (Destinations International; Visa) |
| **Households, not individuals** | Family vacations are the most popular type of international leisure trip -- so one pre-travel interaction frequently brings a spouse, children, and travel companions into the pharmacy together. (Destinations International) |
| **Repeat** | Higher-income travellers take about 4.3 leisure trips a year. International travel is a habit, not a one-off -- the acquisition recurs. (Resonance Consultancy) |

**A travel-health touchpoint is, in effect, a low-cost door to a high-income, multi-person, repeat-visit relationship.**

## Demand that already exists -- and is largely unmet

The need is real and common; what is missing is reliable preparation -- which is exactly the gap a pharmacy is positioned to close.

- Travellers' diarrhoea is the most predictable travel illness, with attack rates of **30–70% over a two-week trip** to higher-risk destinations -- a list that includes Mexico, the Dominican Republic, and most of Latin America, Africa, and South and Southeast Asia. (CDC Yellow Book)
- Yet only about **half of travellers** to less-developed countries obtain any pre-travel advice; in airport surveys only ~35% got it from a health professional, and just **~12% received a pre-travel vaccine**. (travel-medicine literature)
- Roughly **half of travellers report a health problem** during their trip. The need is real, common, and largely unmet. (GeoSentinel surveillance network)

**The pharmacy that owns the pre-travel moment is not manufacturing demand -- it is capturing intent that today leaks to a family doctor, a website, or nowhere at all.**

## From one trip to a lifetime

The value compounds across four tiers. Most analyses stop at the first; the real prize sits in the last two.

| Tier | What it captures | Why it compounds |
|---|---|---|
| **1 -- The trip** | Vaccines, antimalarials, travellers' diarrhoea kit, repellent, OTC, pre-trip refills | The immediate basket |
| **2 -- The household** | Spouse, children, travelling companions | Multiplies the basket per trip |
| **3 -- The year** | Multiple international trips annually | Recurring, not one-time |
| **4 -- The relationship** | Ongoing prescriptions and front-store visits | The bulk of lifetime value |

## An illustrative lifetime value

Canadians spend, on average, more than $1,000 per person per year on prescription drugs ($42.1 billion across roughly 41 million people). Converting a travelling household into a retained pharmacy relationship is therefore worth, on a public-average basis:

| Input (illustrative) | Value | Basis |
|---|---|---|
| Prescription spend per person, per year | ~$1,000 | $42.1B ÷ ~41M (CIHI, 2023) |
| Household size | 4 | Family travel most common |
| Retention horizon | 5–10 years | Illustrative |
| **Prescription throughput per household** | **~$20,000–$40,000** | Calculated |
| + Per-trip travel-health basket | Additive | Per trip, per member |
| + Front-store / OTC on every visit | Additive | 55% of Canadians visit weekly |

***Illustrative and top-line.*** *Figures show prescription throughput, not pharmacy margin -- a partner captures dispensing and markup economics on that volume plus full front-store margin, and should substitute its own retention, basket, and margin assumptions. Because this segment skews affluent and ages over the retention window (per-person fills rise from ~5.4 a year at ages 18–24 to ~8.3 at 65+), these public averages are likely conservative for travel-health customers.*

And the relationship anchors into the highest-frequency touchpoint in Canadian healthcare:

- Canada's prescribed-drug spend reached **$42.1 billion in 2023**; public spending alone hit $20.1 billion in 2024 and is growing about 9% a year. (CIHI)
- **55% of Canadians visit a community pharmacy weekly** and see a pharmacist up to ten times more often than their family doctor. (Canadian Pharmacists Association)
- Per-person prescription use rises steadily with age, so a household's value **grows over the years it is retained**. (Canada Health Infoway)

**The strategic implication is straightforward:** the pre-travel moment is among the cheapest, highest-intent ways for a pharmacy to acquire a premium, multi-person, repeat household -- provided the pharmacy can reliably deliver the clinical side of travel medicine at the locations where the foot traffic already is. That is what Virtual Travel Clinic provides.

## What Virtual Travel Clinic is

Virtual Travel Clinic (VTC) is best understood as preventive travel-health infrastructure -- a national clinical capability that can be embedded into an existing pharmacy and patient journey, without a pharmacy partner having to build, staff, license, and maintain the clinical operation itself.

The infrastructure already exists on our side: virtual travel-medicine consultations, certified travel-medicine clinicians, physician oversight, prescribing workflows, patient support, compliance, and national operating capacity. The partner supplies fulfillment and the local patient relationship; VTC supplies the certified clinical layer behind it.

## A pharmacy-connected pathway

The opportunity is not simply to offer travel consults. It is to give patients a clear, pharmacy-connected pathway when they need travel-health advice, vaccine planning, or travel-related prescriptions -- while keeping the operational lift low at the store level.

In practice, many locations are already fielding these questions from travelling patients, but without a simple national pathway to support them consistently. VTC provides that pathway.

## How it works

The patient journey is consistent end to end:

1. The patient is referred to VTC.
2. The patient completes an ISTM-certified travel consultation, based on the planned itinerary and personal health history, with travel-medicine physician oversight.
3. The prescriptions are returned to the referring pharmacy.
4. The patient fills the prescriptions and becomes -- or remains -- the pharmacy's customer.

The patient is acquired, prepared, and returned to the referring pharmacy.

**Fulfillment, vaccines, and the local relationship remain with the partner -- the model keeps the patient, it does not send them away.**

## Per active location -- annualized run-rate

The figures below reflect a single active location's annualized run-rate, once the referral pathway is established.

| Metric | Per year |
|---|---|
| Travel consultations completed per location | **1,200** |
| Patients served | **1,820** |
| Prescriptions generated | **6,720** |
| Average Rx per patient | **3.7** |
| Average Rx per consultation / group | **5.6** |

Travel medicine is high-yield per visit. A single consultation often covers a family or travelling group, so prescriptions generated typically exceed the number of consultations -- an average of **5.6 prescriptions per consultation**.

At an estimated gross revenue of roughly **$195 per travel patient** (inclusive of a flat $20 injection fee), this volume represents approximately **$355,000 in gross travel-prescription revenue per active location** per year -- and it scales directly with the number of stores actively participating.

**That $355,000 is travel-prescription revenue only** -- the first of three revenue streams a retained travel-health customer opens: (1) travel-health prescriptions, the run-rate above; (2) ongoing, non-travel prescriptions once the customer stays with the pharmacy; and (3) front-store and non-prescription purchases on each visit. Streams (2) and (3) are not included in the run-rate; their compounding value is set out in *From one trip to a lifetime* above.

## VTC brings its own demand

Prescription volume is produced through two channels:

- **Partner-sourced --** patients referred at the counter, via in-store QR codes, or booking links.
- **VTC-sourced --** patients who found VTC independently through paid and organic search, content, travel agents, tour operators, and family-physician referrals, and chose the partner pharmacy for fulfillment.

The second channel matters: VTC does not simply monetize existing pharmacy foot traffic. It generates demand and routes new travel-health patients into the partner network.

## Why it matters to a pharmacy chain

Travel medicine naturally creates prescription and vaccine volume -- but the model does not depend on pharmacists becoming a sales force. The stronger opportunity is to capture travel-health intent that already exists and route those patients through a reliable clinical pathway.

- **Incremental prescription and vaccine volume --** the primary, measurable benefit, and one of the key drivers of overall pharmacy performance.
- **Ancillary retail --** travel patients frequently purchase complementary items in the same visit (sunscreen, insect repellent, first-aid, passport photos, currency, luggage).
- **Loyalty and retention --** keeps travel customers from churning to standalone travel clinics or competing pharmacies, positioning the partner as the destination for all of their travel-health needs.

## Clinical credibility

VTC is built to give a pharmacy partner full clinical confidence:

- Care delivered to ISTM-aligned travel-medicine standards, with travel-medicine physician oversight.
- Registered nurses with 100+ hours of travel-specific training.
- Capability for Yellow Fever and complex travel-medicine cases.
- Canadian-owned, with no offshore call centres.

*Virtual Travel Clinic is operated by Rockdoc, a Canadian healthcare services company established in 2008.*

## Low-friction implementation

The lift at the store level is intentionally light. VTC provides:

- Refreshed in-store promotional materials and signage.
- Pharmacy-manager and staff briefings on the referral pathway.
- A simple handoff -- a QR code or booking link, with no clinical workload added at the store.
- Store-level performance reporting and visibility.
- A Customer Success team to support managers and patients by phone.

## Suggested next step

The lowest-risk way to evaluate the model is a bounded pilot in a defined set of stores, with store-level tracking so the prescription impact is measured directly -- proof that belongs to you, not a claim from us.

VTC supports activation throughout; the partner's role is simply ensuring the referral pathway is understood and used at participating locations.

**As a next step, we would welcome a short Zoom meeting to assess fit -- a chance to walk through the model, answer your questions, and determine together whether a pilot makes sense for your network.**

## Sources

*Market figures in the opening section are drawn from public and industry sources; the run-rate and per-unit economics are Virtual Travel Clinic's own operating data. Two Statistics Canada programs are cited (the National Travel Survey, a household survey, and Travel Between Canada and Other Countries / Frontier Counts, a border-crossing count); they use different methods and are not added together.*


1. Overseas trips (13.0M, 2024; +31% YoY; first time above 2019). *Statistics Canada, "Travel between Canada and other countries, December 2024" (The Daily, Feb 2025).*
2. Trips abroad (38.7M), international travel spend ($52.9B), ~$2,300 per overseas trip, top destinations. *Statistics Canada, National Travel Survey, Q1–Q4 2024 (The Daily).*
3. Passport ownership (67%); per-capita international leisure travel vs. U.S.; affluent travellers (>$200K) spend 38% more. *Destinations International, "Five Ways to Woo More Canadian Travelers."*
4. Affluent households drive ~25% of travel spend; ~4.3 leisure trips/year among higher-income travellers. *Visa Business & Economic Insights (2025); Resonance Consultancy, reported in Travel Market Report (2026).*
5. Travellers' diarrhoea attack rate (30–70%) and high-risk destination list. *CDC Yellow Book: Health Information for International Travel, "Travelers' Diarrhea."*
6. ~50% of travellers seek pre-travel advice; ~35% from a health professional; ~12% vaccinated; ~50% report illness while travelling. *Peer-reviewed travel-medicine literature (PMC/NIH reviews; BMC Public Health airport survey; GeoSentinel surveillance network).*
7. Prescribed-drug spend ($42.1B, 2023); public spend ($20.1B, 2024, +9.3%); per-capita derivation. *Canadian Institute for Health Information (CIHI); PMPRB/NPDUIS; National Health Expenditure Trends 2024.*
8. Prescriptions per person by age (~5.4 at 18–24 to ~8.3 at 65+, among those prescribed medication). *Canada Health Infoway (via Statista).*
9. 55% of Canadians visit a pharmacy weekly; pharmacist visit frequency vs. physician. *Canadian Pharmacists Association; Canadian Pharmacists Journal (2020).*