

Acyclovir-loaded chitosan nanoparticles

Sir,

I read the recent publication by Rajendran *et al.*^[1] on acyclovir-loaded chitosan nanoparticles with a great interest. It is concluded that “acyclovir-loaded chitosan nanoparticle suspension appears to be promising enough for effective management of ocular viral infections.” I agree that the mentioned nanoparticle can be an effective pharmaceutical technique. However, whether this new preparation is actually effective in actual clinical situation requires further pharmacokinetic assessment and real clinical trial. Finally, it should be noted that the improved penetration of drug in such preparation is mainly observed in high chitosan content form.^[2]

Viroj Wiwanitkit

Wiwanitkit House, Bangkhuae,
Bangkok, Thailand

Address for correspondence:

Prof. Viroj Wiwanitkit,
Wiwanitkit House, Bangkhuae, Bangkok, Thailand 10160.
E-mail: wviroj@yahoo.com

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proposed that “if pharmacists want to expand their adolescent immunization roles, they should ensure the availability of adolescent vaccine and address clarification related to consent for vaccines in the case of minors.^[1]” I would like to share the idea of this interesting report. Indeed, having the pharmacists as a medical worker in the immunization process adding to general public health worker can help solve the problem in vaccine coverage. However, a concern on how to control and manage the cases of vaccination complication should be raised. An easy access to vaccine in the retail pharmacy can result in both negative and positive in the public health system. Providing adolescent vaccinations in retail pharmacies can decrease the workload for reaching vaccine coverage aim. This can be very useful for situations such as vaccination to correspond to pandemic influenza.^[2] Retail pharmacies can be very active for vaccine distribution. Of interest, it has been reported that vaccines were available at retail pharmacies before the primary care physician’s practice did.^[3] Hence, providing adolescent vaccinations in retail pharmacies can help resolve the problem of delay in vaccine delivery.^[3] However, the control of the vaccination practice in retail pharmacies is a topic to be discussed. As demonstrated in this work, the problem of practice according the consent corresponding to regulation in each state is a good example, but can be the tip of iceberg of others. Present, consent in vaccination is still required in some setting^[4] and practitioners should keep in mind the role of the retail pharmacies in education, facilitating, and immunizing.^[5] Some retail pharmacies do not practice according to the guideline and might also not review immunization records.^[5] In addition, the problem of “out-of-pocket fees” which may be a barrier to some patients should also be concerned.^[6]

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Viroj Wiwanitkit

Wiwanitkit House, Bangkhuae,
Bangkok, Thailand

Address for correspondence:

Prof. Viroj Wiwanitkit,
Wiwanitkit House, Bangkhuae, Bangkok, Thailand 10160.
E-mail: wviroj@yahoo.com