



Pharmacists and Pharmacies: Complementary Vaccination Sites

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<h2>Pharmacists & Immunizations</h2>	
Challenges	Approach
Legal authority (antigens; patients; procedures; etc)	H1N1: emergency orders; rulings; law changes Future: vaccination in accordance to CDC guidelines
Obtaining protocol authority	H1N1: emergency orders; health dept Future: Health department or within law
Access to vaccine	H1N1: varied on supply and willingness of health dept Future: equity between providers
Recognition as vaccine provider and compensation for services	H1N1: challenge; developed roster bill Future: obtain recognition across providers
Documentation of vaccines administered	H1N1: pt cards, registries (where able), phys notification Future: EHR





immunization through the years

Roles of Pharmacists in Immunization Advocacy

- Pharmacist as advocate
 - Educating and motivating patients
- Pharmacist as facilitator
 - Hosting others who vaccinate
- Pharmacist as immunizer
 - Giving vaccinations yourself

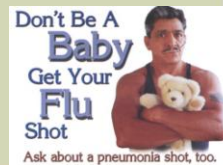
1996, APhA House of Delegates



Pharmacy's Unique Contribution

Improving medication use... Advancing patient care

- Access, proximity, extended hours
 - especially when others are closed
- Ability to identify high-risk patients easily based upon their medications
- Public's trust - Gallup Poll / enthusiastic acceptance
- Message dissemination vehicles
- Support completion of multi-dose vaccines (ie: HPV, etc)
- Knowledgeable vaccine resource
 - Education / training
- Ability to handle storage issues



APhA Focus on Immunizations

- Educate the public about vaccine-preventable diseases and the value of immunizations;
- Be accessible to the public for immunization information and administration of vaccine
- Increase pharmacist knowledge regarding immunizations, vaccine schedules and opportunities to improve public health
- Maximize opportunities for pharmacists to remind or encourage patients to be immunized

Serving Communities' Immunization Needs Across the Lifespan



States Where Pharmacists Can Immunize



As of January 2010: All states, District of Columbia and Puerto Rico authorize pharmacists to administer vaccines : Over 100,000 pharmacists trained

07-208



GUIDELINES FOR PHARMACY-BASED IMMUNIZATION ADVOCACY

- **Guideline 1 - Prevention**
Pharmacists should protect their patients' health by being vaccine advocates.
- **Guideline 2 - Partnership**
Pharmacists who administer immunizations do so in partnership with their community.
- **Guideline 3 - Quality**
Pharmacists must achieve and maintain competence to administer immunizations. (*note: 20 hr Training Program*)
- **Guideline 4 - Documentation**
Pharmacists should document immunizations fully and report clinically significant events appropriately.
- **Guideline 5 - Empowerment**
Pharmacists should educate patients about immunizations and respect patients' rights.

Adopted by APHA, 1996



A PHARMACIST'S GUIDE TO PANDEMIC PREPAREDNESS

Developed By:



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APHA

- Recognizes the role and value of pharmacists
- Guides health departments in working with pharmacists



Operational Framework for Partnering with Pharmacies for Administration of 2009 H1N1 Vaccine

September 16, 2009

Pharmacies are in a unique position to reach mass numbers of people.

***BENEFITS TO PARTNERING WITH PHARMACIES:** There are more than 56,000 community retail pharmacy outlets, including chain drug stores, mass merchants, supermarkets, and independent drug stores in the United States. Pharmacies offer convenience, accessibility, and extended hours of operation.*

created in consultation with APhA., CDC, NASPA, NACDS, NACCHO, ASTHO, NCPA, HHS, Department of Homeland Security, and Rx Response.

Operational Framework for Partnering with Pharmacies for Administration of 2009 H1N1 is available for download from the Pharmacist Immunization Center at www.pharmacist.com.



2009 US Pharmacist Administered Vaccinations

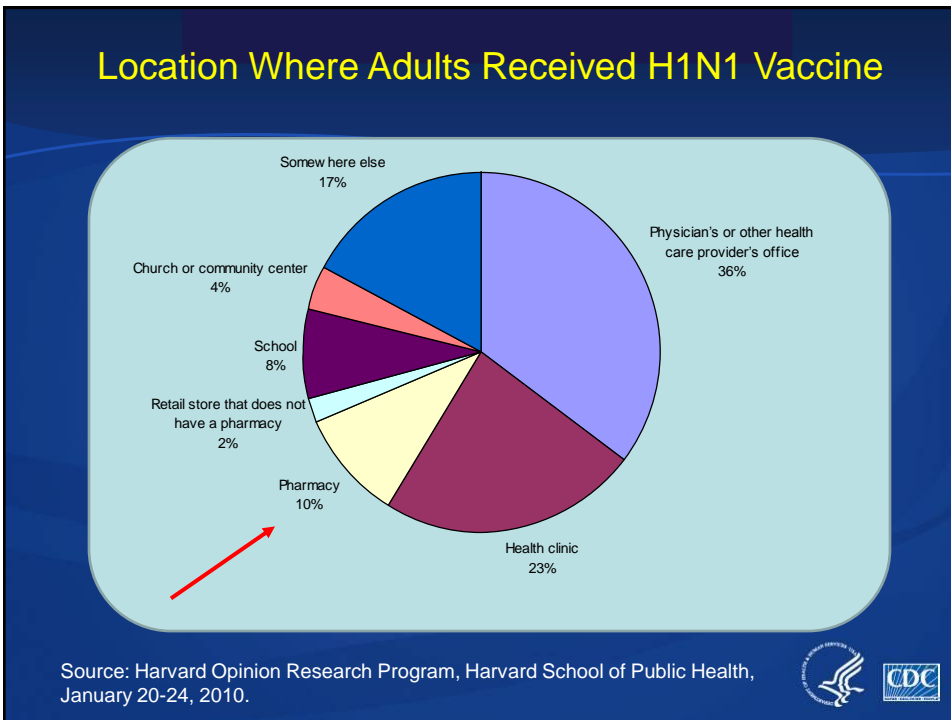
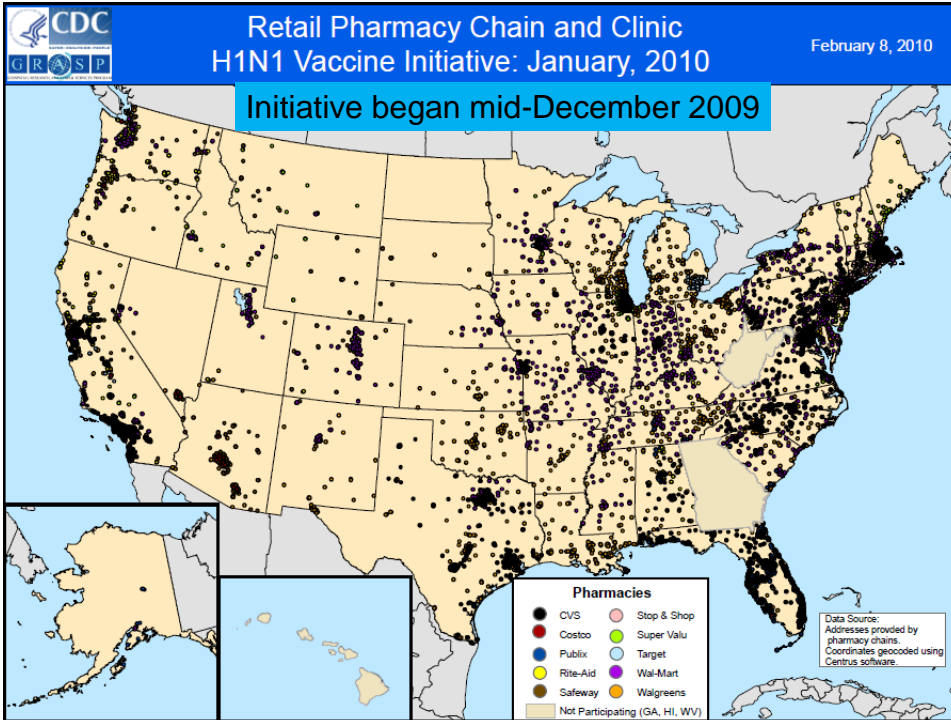
- Almost 16 million doses of vaccine administered
 - 14,148,656 were influenza vaccines
 - 6.3 million were H1N1 (limited supply access)

Children
Adolescents
Adults

*Influenza,
Pneumococcal, Zoster,
Tetanus, Hep B, Hep A,
HPV, Meningococcal,
MMR, Travel, others...*

Source: Wolters Kluwer Health Source Pharmaceutical Audit Suite and is for CY 2009



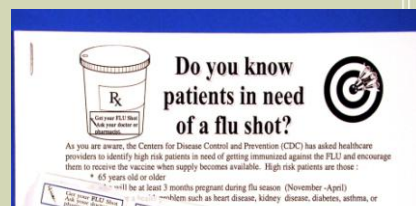


Components of an Immunization Protocol

(similar to one used for nurses and PAs)

- Identify individual who has delegated activity
- Identify pharmacist authorized to administer vaccine
- Types of vaccines pharmacist is authorized to administer
- Procedures, decision criteria or plan pharmacist should follow, including when to refer patient
- Procedure for emergency situations
- Record keeping and documentation procedures

Targeting Messages: Prescription Vial Auxiliary Labels



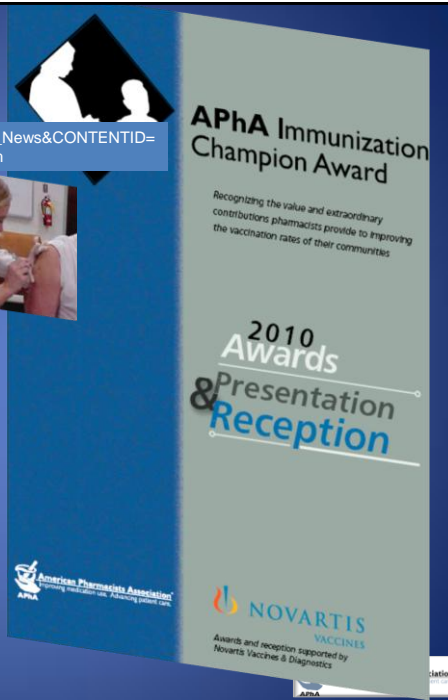
- **Need for influenza & pneumococcal vaccines:**
 - **Heart Disease** Digoxin, warfarin, nitrates
 - **Lung Disease** Theophylline, zafirlukast, steroids, chronic inhaler use
 - **Diabetes** Insulin, oral hypoglycemics
 - All \geq 65 y/o Any or none
 - **Other vaccines?**

Practice Examples

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- “Remove the “U” from “Flu”
- Screen prescriptions for targeted messaging
- Overcame payment barriers
- Provided info to physicians in timely manner
- MOU with public health
- Use of pharmacy residents, interns and students



This says it for all of us...

Goal: getting patients vaccinated

“ An 82 yo female with CHF has been hospitalized for 6 months earlier in the year and had seen her physician multiple times over the last several months. She was never offered an influenza vaccination during any of her visits nor was she directed to get one. The pharmacist identified that she was a high-risk patient and educated her about the pros and cons of getting a seasonal flu shot. The patient elected to get vaccinated and was very grateful that our pharmacist cared enough and took the time to ensure she would remain as healthy as possible during the flu season.”



Questions?

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