

During Flu Season, Get Information and Vaccines from Your Pharmacist

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With the recent passing of Maine Public Law Chapter 308, An Act to Allow Pharmacists to Administer Certain Immunizations, all states now allow pharmacists to provide influenza vaccinations.¹ Michigan allows both pharmacists and student pharmacists to immunize, and with all 50 states now on board, pharmacist-delivered immunization programs are being recognized for their benefits to individual patients and to overall public health. Due to the primary care gap and the fact that pharmacists are the most accessible health care providers, being seen on average four times more per year than physicians,² pharmacists are in an ideal position to advocate for their patients' annual influenza vaccinations. And as of February 2010, the Advisory Committee on Immunization Practices (ACIP) and the Center for Disease Control and Prevention (CDC) have made the decision to recommend that everyone six months and older should get an annual influenza vaccination.³ This recommendation will take effect for the 2010-2011 influenza season, amounting to almost 300,000,000 people⁴ who will need to be immunized. To come anywhere close to achieving "universal immunization," pharmacists will need to be active in both the function of providing immunizations and in educating patients about the importance of immunizations.

As the profession moves away from technical and medication distribution functions, the cognitive aspects of pharmacy practice are brought to the forefront. Annual influenza vaccinations provide a great opportunity for patients. Being the most accessible health care providers allows pharmacists to better inform patients about influenza and influenza vaccinations. In fact, with disease state guidelines ranging from congestive heart failure to diabetes recommending annual influenza vaccination, pharmacists are in a position to not only educate patients about influenza, but any underlying disease states requiring chronic medications. More information can be found on the CDC Web site and flu.gov.

It is a common patient misconception that the influenza vaccine causes the flu. This is just not true. The only reason why a patient

would get the flu after being immunized is because they were already exposed to the virus. The influenza vaccine contains either inactivated ("dead") or live-attenuated ("weakened") viral particles and in either case the seasonal influenza vaccines are a safe and easy way to prevent spreading the flu and to prevent influenza-related complications in high-risk patients. Since influenza is spread through a virus, asking a physician for antibiotics will be useless. It cannot be stressed enough that the influenza virus is constantly changing, so influenza immunizations from previous flu seasons do not guarantee immunity to future strains.⁵

Even though it would be ideal to immunize everyone, according to ACIP recommendations, the reality is that not everyone will be immunized. Pharmacists can address this by focusing their efforts on high-risk patients, which includes those at risk of developing influenza-related complications, such as patients with pneumonia, or those at risk of exacerbating an underlying condition, such as patients with asthma or congestive heart failure. Those at highest risk include children less than five years of age, patients older than 65, pregnant women and those with multiple medical conditions. Unlike other medications, such as those for hypertension or diabetes, a patient's immunization status has an effect on the population in which they live. So even if the patient is not at risk, if they live or work in close contact with others who are, they should be immunized.⁶

The CDC also publishes Vaccine Information Statements, or VIS forms,⁶ that can be used to help educate patients. They are one page, double-sided documents that provide information about why it is important to get vaccinated, the type of vaccination a patient is receiving (live-attenuated versus inactive) and any associated risks, as well as a variety of other important information. Pharmacists should review these forms annually and use them in a distributive manner with patients.

Your pharmacist is here to advance your well-being, and educate you about influenza. As flu season approaches,

pharmacists in pharmacies and health-systems will have a huge positive impact on America's health and will likely be talking with you about this very important topic.

Figure 1: Vaccine Information Statement

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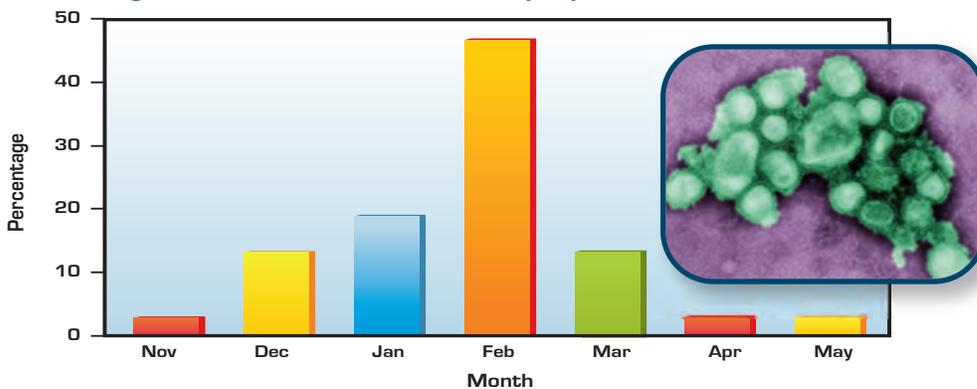
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For more information, ask your pharmacist!

This information is provided by Michigan Pharmacists Association and:

Pharmacists and Influenza Immunizations

Figure 1: Peak influenza activity, by month - United States



1976/77 - 2007/08 from *Morbidity and Mortality Weekly Report*

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According to the Centers for Disease Control and Prevention (CDC), influenza is the leading cause of vaccine-preventable death in the United States.¹ Considering that peak influenza season is just around the corner, it's time for community pharmacies and health-systems to start preparing. We, as pharmacists, have a professional and ethical responsibility to serve our patients as best we can, and that involves being active members in the immunization process. Whether being an immunization advocate and educator, helping direct patients to immunizers, or actually being an immunizer, pharmacists can play a key role and have a positive impact with respect to influenza immunizations.¹ As such, pharmacists need to be educated about influenza, the vaccines available and who should get them. And since the emergence of H1N1 in 2009, there is not only a focus on seasonal influenza, now it is important for pharmacists to recognize the impact this strain will have on public health in the years to come.

If you are currently not an active member of the influenza immunization process, there are a variety of resources to help get you up-to-date and informed. Flu.gov is a great starting point. It is a CDC Web site that provides timely and practical information for all levels of health care knowledge, including professionals. The American Pharmacists Association (APhA) has an immunization listserv that provides current information directly to your inbox. This listserv details information about all types of immunizations, so its value extends beyond influenza. At a state level, the Michigan Department of Community Health and Michigan Pharmacists Association (MPA) are

excellent resources. MPA provides training sessions if you are not immunization certified, and MDCH hosts regional conferences in October and November for those who are. Certification only needs to occur once and the training is done in collaboration with APhA. Between national and local information services, there are many useful resources to help pharmacists care for their patients. In addition, much of this information is constantly changing, so remaining current is another important consideration.

Flu season typically peaks in fall and winter months, but it can occur as late as spring.² Flu clinics typically start in the fall months and are the best time for patients to be immunized. It is also important to know who should be vaccinated. As of February 2010, the CDC and the Advisory Committee on Immunization Practices (ACIP) recommend that everyone be immunized.³ "Universal immunization" is ideal, although it is unlikely to occur, so it may be more effective to focus on specific patient populations. Patients with conditions such as asthma, cancer, congestive heart failure, HIV/AIDS and diabetes are at a higher risk of developing life-threatening complications due to influenza infection.⁴ At-risk patients can easily be identified through their prescription drug history,¹ so during flu season it is especially important to be aware of every patient's medication history to facilitate appropriate immunizations.

Of importance for the upcoming year is the development of a combination seasonal influenza/H1N1 vaccine. Influenza vaccines usually have three strains contained in each vaccination. Each year, experts make the decision regarding which strains to include. For the 2010 to 2011 season, the Food and Drug Administration's Vaccines and Related Biological Products Advisory Committee has decided to include two strains of seasonal

influenza and the 2009 H1N1 influenza strain. The World Health Organization has made the same recommendation. Therefore, it would put an end to having to administer them separately and lead to a more traditional and efficient immunization schedule for patients. Last year this did not occur because H1N1 emerged in April, after production of the influenza vaccination.⁵

Since almost half of all adults do not get influenza immunizations,⁶ pharmacists have taken advantage of this opportunity to increase immunization rates in America. Furthermore, pharmacists who frequently interact with patients, such as community pharmacists, are in an ideal position to advocate for the immunization process. To patients, their interactions with their local community pharmacy can be invaluable, and as pharmacists we have a fiduciary duty with respect to our patients. It only seems appropriate that we fulfill our duties by protecting our patients' well-being, which includes recommending vaccinations. This obligation extends beyond flu season but can take on a critical importance during this time of the year. For our patients' welfare, we need to be involved in the immunization process one way or another. Whether it is through being an active immunizer or advocating for patient immunization, pharmacists are fundamental to improved patient care during flu season.

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