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To Whom It May Concern,

Thank you for offering the opportunity to comment on the proposed amendments to the Pharmacy Act (Proposal #16-HLTC005).

In order to decide whether patients will benefit from receiving vaccines in a pharmacy setting, two categories of vaccines must be considered separately. First, publicly funded vaccines according to a provincial schedule are currently provided by health care providers (including pharmacists) and public health. These include annual influenza immunization, a number of childhood vaccinations and some adolescent and adult vaccinations. The second category is vaccinations that are approved for administration but are not publicly funded, so people who wish to have these vaccines must pay for them. This category includes most travel vaccines and some others, such as (at the time of writing) herpes zoster vaccine.

As a Public Health Physician, the idea of offering more publicly funded vaccines at pharmacies has the potential to improve vaccine coverage and access in the general population. Pharmacies are located within many of our smallest communities, and they offer services with hours that are more convenient for the general population than standard clinic office hours. With influenza immunization, for example, we have seen the numbers of vaccines given in pharmacies almost double in each year since the influenza immunization program was expanded to pharmacies. Although the overall coverage has not increased, certainly people experience greater access to the vaccine than they did before. So, in principle, routine publicly funded vaccines, for which many people are eligible, should be offered through pharmacies that meet criteria (such as cold-chain requirements) for greater access and convenience.

When a publicly funded vaccine is delivered in a setting that is exclusively for health care, such as a public health clinic or a primary care practice, the only incentive to recommend a vaccine is the benefit to the patient. When a publicly funded vaccine is offered in a commercial setting, there is an incentive to offer vaccine in order to bring people into the store in the hopes that they will purchase other goods and services.

When a vaccine that is not publicly funded is offered in a commercial setting, there are strong incentives to offer vaccines to patients that, though they may be safe, would not routinely be indicated or recommended by a clinician. There are strong incentives to "up-sell" on the basis of perceived protection against multiple strains of a disease (from HPV-4 to HPV-9). And there are strong incentives to offer vaccines that may not benefit the patient based on his or her risk profile. For example, a traveler may be offered Japanese encephalitis vaccine even though her itinerary does not indicate a high risk of exposure. These are clinical decisions that should be confined to a non-commercial setting where profit is not a part of the overall objective of the interaction.

The decision to administer a vaccine involves knowledge of a patient's medical history, current medications and conditions, travel exposures (if indicated), pregnancy status and allergies. It requires the ability to follow-up to ensure completion of dosing schedules, and it may involve a high degree of complexity when recommending multiple vaccines with different administration schedules. So, this proposal would be most effective for vaccines that are publicly funded, with general eligibility and simple dosing schedules.

The table below (Appendix A) outlines the recommendations for use of vaccines (according to the Canadian Immunization Guide), the eligibility criteria for publicly funded vaccines (according to the Ontario Immunization Schedule), the degree of complexity involved in each vaccine (my opinion) and the risks of inappropriate immunization (my opinion). Based on the degree of complexity and the degree of risk, I believe vaccines should not be offered in pharmacies when either the complexity or the risk is high, or where both risk and complexity are moderate.

Based on this assessment, I agree that the following vaccines should be offered in pharmacies: Hepatitis A, Hepatitis B, HPV-4, Typhoid, Shingles and Varicella.

And, based on this assessment, the following vaccines *should not* be offered in pharmacies: BCG, Hib, Japanese encephalitis, Meningococcal disease, Pneumococcal disease, Rabies, and Yellow Fever.

I recommend that a risk-benefit analysis be performed by the Ministry of Health and Long-Term Care prior to expanding the scope of immunizations available at pharmacies, especially for those vaccines that are available but not publicly funded.

Regards,

Original signed by

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APPENDIX A - TABLE OF VACCINE RECOMMENDATIONS

Vaccine	Recommended for Use In General Population (based on the Canadian Immunization Guide)	Population Eligible For Publicly Funded Vaccine in Ontario (based on the Ontario Immunization Schedule)	Degree of complexity	Risks of Inappropriate Immunization	Recommendation
BCG	NO	None	Low	High	Do Not Allow
Haemophilus Influenzae type b (Hib)	Routine: 2 months to 59 months Special: 5+ with specific medical conditions	Routine: 2 mo, 4 mo, 6 mo, 18 mo Special: 5+ with specific conditions	Moderate	Moderate	Do Not Allow
Hepatitis A	Over 1 yr of age	High-risk adults	Low	Low	Allow
Hepatitis B	Yes	Grade 7/8 students + High risk	Low	Low	Allow
HPV-4	Females and Males aged 9-26 + Females and Males aged 27+ "at ongoing risk of exposure"	Females (and now Males) in Grade 8 (now Grade 7)	Low	Low	Allow
Japanese Encephalitis	Adults 18+ with high exposure risk to endemic/epidemic areas during transmission season	None	Moderate	Moderate	Do Not Allow

Meningococcal Disease	Routine infant immunization with Men-C-C + Routine adolescent (12-24 yr) immunization with Men-C-C or Men-C-ACYW + Men-C-ACYW and 4CMenB for high risk	Men-C-C at 12 months + Men-C-ACYW in Grade 7 + Men-C-ACYW + Men-P-ACYW for high risk	High	Low	Do Not Allow
Pneumococcal Disease	Routine infant Pneu-C-13 High risk Pneu-C-13 followed by Pneu-P-23 Pneu-P-23 to all adults 65+	Routine at ages 6 weeks to 4 years High risk Pneu-C-13 followed by Pneu-P-23	High	Moderate	Do Not Allow
Rabies	Pre-exposure for high-risk Post-exposure management when indicated	Post-exposure when indicated	High	High	Do Not Allow
Shingles	Recommended for people aged 60+ May be used in adults 50+	Soon to be for eligible people ages 65-70	Low	Moderate	Allow

Typhoid	<p>Recommended for most people travelling to South Asia</p> <p>Not routinely recommended for travel outside of South Asia, but may be considered</p>	None	Moderate	Low	Allow
Varicella	<p>Routine immunization of children 12 months to 12 years</p> <p>Immunization of susceptible adults ages 18-49 years</p>	Routine infant immunization at 15 months	Low	Moderate	Allow
Yellow Fever	<p>Recommended for health persons 9 months to less than 60 years. May be considered in infants 6-8 months and in people 60+ travelling to highest risk areas</p> <p>*requires maintenance of certification from Public Health Agency of Canada</p>	None	High	High	Do Not Allow

References:

[Canadian Immunization Guide](#)

[Ontario Immunization Schedule](#)