As a practicing Ontario pharmacist, I would like to offer feedback in regards to the proposed changes to the Pharmacy Act Regulations. For the most part, I am in favour of the proposed regulation changes; however, I feel the changes do not go far enough in terms of utilizing pharmacist skills to improve our health care system and patient experiences within the pharmacy.

I believe there are several achievable goals that should be strived for in terms of making changes to the pharmacist administered vaccine program in Ontario:

- Advancing the profession of pharmacy in terms of what we can offer to patients and the health-care system as a whole.
- Improving vaccination rates among Ontarians.
- Reducing vaccination related costs to the health care system.
- Providing new business opportunities for pharmacists (eg. Travel clinics etc.)

In order to achieve these goals, there are two main considerations I believe should be addressed before moving forward with the proposed regulations.

1. There are some key vaccines currently missing from the list of vaccines for pharmacists to administer. Of note: Tetanus, Diphtheria, Polio, Pertussis, Measles, Mumps and Rubella are all part of the publicly funded vaccination program in Ontario and are not on the proposed list. In particular, Tetanus and Diphtheria require boosters every 10 years throughout adulthood. One study of Toronto Blood Donors found that 17.5% did not have adequate protection from tetanus. I believe this is an opportunity for pharmacists to get involved and improve the vaccination status of Ontario residents. Pertussis is also a key vaccination as pertussis outbreaks occur cyclically. Infants are at highest risk of infection and the Canadian Immunization Guide recommends a single dose of pertussis vaccine for adults who expect to come into contact with infants and have not had a dose in adulthood. Community pharmacists are often in contact, not only with mothers of new infants but other family members or close contacts who are supporting them and likely to be in contact with the infant. Again, this is a great opportunity for pharmacists to accomplish some of the goals mentioned above. There is also the question of vaccines yet to come and the process for adding newly developed vaccines to the regulations. We don't want to miss out on opportunities with vaccines currently in various stages of the development process.

   I question the need for an explicit list and would suggest a more general statement allowing pharmacists to administer “vaccines approved in Canada” or “vaccines available in Ontario”. If there are specific vaccines it is felt that pharmacists should not administer perhaps those could be listed as exceptions instead. Examples of jurisdictions in Canada where pharmacists are permitted to administer “all vaccines” are New Brunswick and Manitoba.

2. A second key issue key to making vaccination by pharmacist programs successful in Ontario in my opinion is the ability of pharmacists to prescribe the vaccines. One of the main premises behind pharmacists improving vaccine accessibility and increasing vaccination rates is that vaccination is more convenient at the community pharmacy. This convenience is eliminated when patients must either first visit the physician for a prescription or have the pharmacist request a prescription then return to the pharmacy once the prescription is received. The cost to the health care system is also higher with unnecessary physician visits. In reading the feedback already submitted, I observed some pharmacists had concern regarding prescribing without access to the patient chart. Availability
of vaccination history varies in the physician’s office or public health unit as well but vaccination
decisions are still made. A simple phone call could generally access any available vaccination history
that is available from the primary provider’s office and there is a requirement to notify the
physicians office following the vaccination already built in to the amendment for maintenance of
accurate records. There is also very little risk, if any, to receiving an extra dose of vaccinations that
have already been administered and contraindications are such that most patients could report any
contraindications to vaccines if asked. Therefore, if a decision of whether or not to vaccinate must
be made without a full history the risk of any negative outcomes is low. Pharmacists could always
refer patients to their physician if they have concerns regarding vaccine eligibility or
appropriateness. Again, there are many examples in Canada of pharmacists “prescribing” vaccines.
In British Columbia all vaccines “which are part of a routine immunization program” whether
publicly funded or just recommended may be administered by a pharmacist without a physician’s
prescription. In New Brunswick pharmacists are permitted to prescribe both routine and travel
vaccines.

In conclusion, I believe vaccination is a service many pharmacists could offer efficiently and effectively.
This is also something our patients want from us. A study done in Hamilton Ontario focussing on
influenza vaccination found that most patients viewed receiving the vaccine at a pharmacy as pleasant
and 70% were interested in receiving other vaccines from their pharmacist. This same study found that
18% of those responding following vaccination in the Hamilton pharmacy had not received the
vaccination the previous year suggesting an impact on vaccination rates. In addition, a Canadian survey
of attitudes toward vaccinations in adults uncovered some gaps in routine vaccinations being offered or
recommended to patients by healthcare providers. I believe pharmacists are well suited to fill this gap
and if given the opportunity to prescribe and administer both routine and travel vaccinations will do just
that. An article published in March 2016 reported that 65% of Canadians supported vaccination by
pharmacists and 75% believed pharmacists to be a trusted source of vaccine information. This shows
that the public is also looking to us to fill this gap and with implementation of well designed pharmacist
vaccination programs these numbers are sure to grow.

Thank you for considering this feedback.

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