

NOTES

Influenza

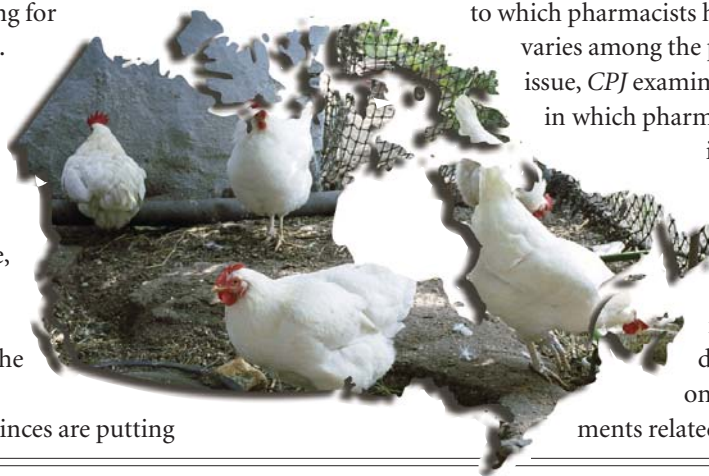
BY KATHIE LYNAS

Planning for a predicted pandemic

As pharmacists, other health professionals, and governments gear up for the regular influenza season, they're increasingly thinking about and planning for a serious flu outbreak that's yet to come.

While avian flu is causing major concern worldwide, none of the experts can say for certain whether the H5N1 strain will mutate into a human-to-human transmissible form and become the next pandemic — a massive, global outbreak of disease. But history has shown that a flu pandemic will occur at some point soon, and around the world, the planning is in high gear.

The federal government and all provinces are putting



pandemic plans into place. In many cases, pharmacists are playing an important role in the planning, although the degree to which pharmacists have been involved varies among the provinces. In this issue, *CPJ* examines some of the ways in which pharmacists are engaged in pandemic plan development, the pharmacy issues that are being considered and, in some cases, debated, and reports on the latest developments related to avian flu. ■

Alert system works through PharmaNet BC college can reach every pharmacist at same time

The College of Pharmacists of British Columbia (CPBC) and the British Columbia Pharmacy Association (BCPhA) are both playing a role in pandemic planning in the province, and discussions have included the feasibility of giving pharmacists the authority to vaccinate, to help in the massive effort that would be required to immunize BC residents in a flu pandemic.

Also under discussion is a plan whereby the College would use its instant-alert “fan-out system” to inform pharmacists across the province when a flu pandemic has been declared.

“Vaccination authority for pharmacists could be very important in a flu pandemic,” says Dr. Fawziah Marra, Director of Vaccine and Pharmacy Services at the British Columbia Centre for Disease Control (BCCDC). “The more capacity we have in terms of

personnel who can administer the vaccines, the better.”

The BCCDC is the body coordinating the province’s pandemic plan. High-level planning has been going on for several years and, more recently, the five health authorities in the province

have begun developing detailed operational plans. The CPBC and the BCPhA both sit on the committee overseeing the on-the-ground planning. Several sub-committees are now being established to deal with such issues as human resource challenges,

Change proposed in Alberta

The College of Pharmacists in Alberta is proposing legislative and regulatory change to allow pharmacists to be certified to administer vaccines and intravenous injections on an ongoing basis, not just during a public health emergency.

In an October 6 news release, the Alberta Pharmacists Association emphasized that the threat of an influenza pandemic makes it all

the more critical to give pharmacists this authority.

“The time is now, not during a panic, or an influenza pandemic, for pharmacy to plan for this eventuality. The time is also now, for the government to grant pharmacists the authority to administer drugs by injection to help with the current and the potential vaccination needs,” said the Association.

risk communications, and the logistics of antiviral and vaccine distribution, and this latter sub-committee is chaired by a pharmacist.

Right providers for vaccination support

Regional health authorities are planning the logistics for setting up mass vaccination clinics that can be operated as efficiently as possible during a pandemic. There would be a large and immediate need to immunize health professionals, other essential personnel (for example, police and fire department personnel), and members of the population at high risk of influenza complications.

Training of pharmacists and other health professionals to deliver vaccines is under serious consideration. It's a role that is supported by both the CPBC and the BCPhA.

"Pharmacists are highly trained and have the background knowledge to manage this type of direct patient care and to manage the possible outcomes," says Dr. Brenda Osmond, Deputy Registrar of the CPBC. "And because they are accessible in every community, they need to be included in the pandemic planning, including administering vaccines when that is required."

"The principle is a solid one — using community pharmacies to broaden the places where people can go to get protection, including potentially vaccination," says Marnie Mitchell, CEO of the BCPhA.

Pharmacists in 44 US



"National guidelines will dictate drug distribution across Canada."

— Dr. Fawziah Marra

states have this expanded scope of practice in public health emergencies, Ms. Mitchell points out. "It's an interesting precedent and there is a training program that we are familiar with in Washington State that could easily be adapted for use in BC" (see p. 18).

Potential roles

"For pharmacy, the main focus so far has been on the fact that pharmacists would be needed both at the hospital and community level to dispense medications, specifically antivirals and vaccines, when they become available," says Dr. Marra.

Pharmacists' top concerns regarding a possible pandemic:

- Running out of inventory
- Dealing with a massive influx of patients due to hospital backlogs and public panic
- Personal or family health concerns (of primary concern to pharmacists in SK, NS, PEI, NL, YK)

— from recent CPJ survey of CPhA members

This is where the College's alert system could come in, disseminating instant messages upon declaration of a pandemic. "Pharmacists would first be told they should not distribute Tamiflu until they get more specific guidelines. During a pandemic, we have specific high-risk groups who will get the drug first, those priority groups established at the national level," Dr. Marra says.

The College's fan-out messaging capability, which goes through the province's PharmaNet computer system, is unique in Canada, according to Dr. Osmond. "We have the capability to reach every pharmacist in the province at the same time. It could also be used to provide updates during a pandemic and to direct pharmacists to other sources of information."

Scope of practice

More work is required to spell out the details of many aspects of the pharmacy role, including the mechanism whereby vaccination authority could be granted. Changing pharmacists' scope of practice under provincial regulations is an option but would be a lengthy process. "Currently, it

is legislated in BC that pharmacists cannot inject under the skin and they would have to change that legislation to expand pharmacists' scope of practice," explains Dr. Marra.

If the scope of practice were changed, there would also be a requirement to develop a certification program for pharmacists who wanted to immunize. "I would also like to see a component on immunization included in the pharmacy undergraduate program," adds Dr. Marra, who is also an associate professor at the Faculty of Pharmaceutical Sciences at UBC. ■

New cardiovascular research awards

The new Pfizer Cardiovascular Research Awards aim to fund and support independent cardiovascular research in the areas of basic biomedical, clinical, health services and systems, and health populations. Eligibility includes MDs, PhDs, and PharmDs.

Submissions will be entertained twice yearly.

Deadline for the first round of applications is January 31, 2006.

An independent committee of Canadian medical researchers will review the research proposals and select the award recipients.

Award recipient(s) for the first round will be announced June 2006.

Additional information can be found at www.PfizerCV.ca

SARS helped to shape pharmacist role

Ontario's drug information centre could play national role

As in BC, Ontario's pandemic planning is quite advanced and pharmacists are strongly involved. Ontario has a provincial planning task force that is working with the different public health units, each of which is doing its own local planning, and all of the work is integrated with the national planning effort.

Pharmacists have been involved in several Ontario working groups, dealing with such issues as medication distribution and communications. Both the Ontario Pharmacists' Association (OPA) and the Ontario College of Pharmacists (OCP) are actively engaged with these committees. *CPJ* spoke to Deb Saltmarche, OPA vice-president of policy.

CPJ: What would be a prime role for pharmacists in Ontario should a flu pandemic be declared?

Deb Saltmarche: Key to pharmacists' involvement is the responsible distribution of medications and ensuring an adequate supply is provided to those who have been categorized as high risk.

Ontario has issued a "Request for Information" specifically for the distribution system that will be needed. I think what the province is looking for is the back-end logistics, so we will be supporting groups that propose to use the regular distribution channels to pharmacy. Key to pharmacy and to public health and safety throughout this pandemic planning period is ensuring that we use existing systems wherever possible, as these systems developed through pharmacy and through wholesale groups are very mature.

CPJ: How do you see pharmacists being involved in communications during a pandemic?

Saltmarche: We have a couple



'Pharmacists are the right provider to appropriately manage access and distribution of medications in the community'

— Deb Saltmarche

of roles there. First of all, the communication that the pharmacist is providing to the public needs to be well coordinated. We also have the OPA's Drug Information and Research Centre (DIRC). We believe it has a critical role.

DIRC provides services not just to pharmacists but

also to patients in Ontario through the Telehealth Ontario service. So by utilizing DIRC in a pandemic, we could monitor the types of questions that are coming in to pharmacists from the public, and ensure that we get consistent messaging out to both groups, so that the patients are hearing the same thing from community pharmacy as they will if they call the Telehealth line.

This is certainly information that can be made more widely known outside Ontario. It is the only service of its kind in Canada and the largest drug information centre in North America, so we have had discussions about how we can best share that information. So we would see that as a key role for the OPA.

CPJ: So it could take on a national role?

Ms. Saltmarche: Yes. [OPA] does provide some national services already, but in the best interests of public health and pharmacist education, we would need to expand the information that is available nationally.

CPJ: What is the value of having pharmacists involved in the long-term planning?

Saltmarche: I think the pharmacist's role in public health has really emerged over the past two to three years. Pharmacists have always been involved in public health issues in such areas as tobacco cessation education, but it is increasingly recognized that pharmacists can help enhance the delivery of public health services.

The provincial government is very supportive of the role of pharmacists and I think ongoing discussions with the government have fostered an environment where pharmacists are starting to be seen as a key player in public health issues. I think the example of SARS in Ontario really brought that to the forefront, as well as a greater recognition of the need to involve pharmacists upfront in the planning.

Of course, pharmacists are the right provider to appropriately manage access and distribution of medications in the community. The systems that we have built around the management and distribution of medication and the education around medication have been done to protect public safety. Particularly in the case of a pandemic situation where there is a high degree of public concern, we need to ensure appropriate access of treatment to high-risk groups such as people in long-term care and the elderly, as well as provide appropriate public education. ■

Planning is in early stages

A review of pandemic planning activities in several provinces reveals that the level of pharmacist involvement outside British Columbia and Ontario is comparatively limited.



Manitoba

Detailed planning at the level of regional health authorities is getting underway in Manitoba, says Alfred Gin, a clinical pharmacist in infectious diseases at the Health Sciences Centre in Winnipeg, and a participant in both provincial and national pandemic planning processes. The work is still in its initial stages, but “everyone involved in planning is aware that pharmacy will be an important part of the system for distribution of Tamiflu and other medications,” according to Dr. Gin.



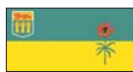
Nova Scotia

Recent focus testing with seniors has highlighted the need to step up pandemic planning with pharmacists in Nova Scotia. Dr. Robert Strang, Medical Officer of Health for Capital Health, IWK Health Centre, the district health authority in the Halifax area, was scheduled to meet representatives from the Pharmacy Association of Nova Scotia (PANS) in December to explore some new collaborative initiatives. Dr. Strang is also the lead on the province’s annual flu immunization program.

“Seniors indicated that pharmacists

would be a key source they would turn to for information on pandemic flu,” says Dr. Strang. “We need to discuss how we can work with the pharmacist community to make sure they have the skills and knowledge to fulfill that role.”

Pharmacists would be an important information source during a flu pandemic, says Dr. Strang, but they can also help inform the public in advance of any such outbreak. “We need to start working with them now. There is already tremendous demand for information on avian flu. We need to provide accurate information and reassure the public at this time, when there is a huge potential for panic.”



Saskatchewan

Saskatchewan community pharmacists have not been involved in provincial flu pandemic planning in a major way to date, according to Brett Filson, executive director of the Representative Board of Saskatchewan Pharmacists (RBSP). He says most of the planning has dealt with the role of hospital pharmacists. The RBSP is developing its own plan on the potential role of community pharmacists and will present it to the provincial government in the near future. “Our

main message is that community pharmacy has a unique distribution system for getting Tamiflu to the public and we want to make sure we have that system and the full supply chain lined up to ensure we can do it effectively.”



New Brunswick

Pharmacists have been consulted as part of flu pandemic planning in New Brunswick, says Paul Blanchard, executive director of the New Brunswick Pharmacists’ Association (NBPA), and have participated in working groups. However, this engagement needs to be deepened, he says. “I think it’s fair to say that we’ve been included, but that it is evident that we need to remind decision makers (especially in government) of the fact that pharmacists are a tremendous resource in ‘first contact’ scenarios.”



Alberta

Alberta’s flu pandemic strategy identifies the need to engage pharmacists, but the process of detailed discussions at the community pharmacy level have not begun. “We want to engage the associations of all health professionals as well as personnel at the local and regional levels, on the ground,” says Michele Zielinski, project manager, Pandemic Planning, with the provincial government. The province plans to intensify efforts to get several professions more involved in operational planning and “pharmacists are high on that list,” she says. ■

Washington State tests emergency response

State's immunization rate has doubled

Pharmacy organizations in British Columbia are looking to the Washington State Pharmacy Association model for emergency preparedness as part of the pandemic planning process. It has a well-established system for mobilizing pharmacy resources in all types of public health emergencies and is one of 44 US states that have given pharmacists the authority to immunize. In fact, Washington State was the first to change pharmacists' scope of practice to include immunization, well ahead of other states, back in 1979.

CPJ spoke to CEO Rod Shafer about the Association's emergency preparedness system and about the benefits that have been realized by giving pharmacists immunization authority.

CPJ: How long has your emergency preparedness system been in place?

Rod Shafer: The process didn't start until after 9/11 and at that point, all levels of government across the United States started looking at emergency response. In pharmacy, we asked the question: How do people maintain a viable pharmaceutical supply in the event of emergencies? The issue of a potential terrorist attack with biological or chemical agents spawned the initiative, but it expanded to emergency preparedness in general. We looked at what the response team should look like in cases of earthquakes or other natural disasters, examining how we would vaccinate for cholera, diphtheria, and tetanus. This relates to our concern today about the flu pandemic, where we are going to need every available health care provider to vaccinate people.

CPJ: What have you done to set up this system of response?

Shafer: In Washington, we started getting calls from city,

county, and state governments, asking us how we could help. It was clear we needed a central process whereby governments could access a cadre of pharmacists who would be willing to mobilize. So, we put together an Emergency Preparedness Committee and brought in our community partners.



These included pharmacists from the hospitals, which are the prime repositories of emergency drug packs, as well as our chain pharmacy partners and independent pharmacists. The chain pharmacists are particularly important because of the number of individuals they can commit.

Next, we built a registry of pharmacists who have agreed to be contacted and mobilized in the event of any kind of emergency and we've constructed a mechanism by

which we could contact them. There are actually two systems. As soon as we get word there may be a need, we communicate by electronic messaging to all the individuals who have agreed to be contacted and they may be recruited to go on-site to an emergency centre or undertake other activities in their community.

'We have about 40% of our registered members trained to immunize'

— Rod Shafer

We can also send a broadcast fax to every pharmacy in the state and we have also included the wholesalers in that group. For example, you might have to alert all pharmacies to hold on to a particular medication in case it needs to be shipped in large quantities to another area.

Recently, we were able to test the system during an emergency response exercise to see if it worked, and it did.

We have also connected some of the first-responder pharmacists in our registry

to their local health officers, so that they can communicate with each other during an emergency and keep everyone in the loop.

CPJ: Pharmacists in your state have had immunization authority for many years. What has that experience been like?

Shafer: Pharmacists in Washington have had the ability to administer drugs by injection since we changed our practice act in 1979. To be honest about it, we didn't have pharmacists administering vaccines on a regular basis until 1994. At that point, public health initiatives were expanding and immunization was very big on everybody's radar screen. We already had the authority in our practice act and so we developed a training program which has now been picked up by the schools of pharmacy, and most of our pharmacists are now graduating with that ability. Giving a vaccination is not "rocket science," but the training covers the indications and counterindications, vaccination techniques, and adverse reactions.

We have close to 2000 pharmacists, about 40% of the total number of our registered members, trained to immunize. During the regular flu season, we will provide 200,000 to 250,000 vaccinations at pharmacies. Year-round, pharmacists provide pneumococcal, tetanus, and meningococcal vaccinations, Hepatitis A and B vaccines, and some travel vaccines.

CPJ: In Alberta, for example, the medical profession does not support giving pharmacists the authority to vaccinate. Did that happen in your state?

Shafer: There was a concern on the part of the medical

community. I think that it was a knee-jerk reaction that had more to do with turf than protecting public health. We took the high road and said: "You can't argue with the fact that only 35% of people who are high risk for flu complications are actually getting vaccinated and there is an access problem." What pharmacy brings to the table is improved access and it is hard for the medical community to argue with it.

I don't see how anyone could say that we should not use a highly trained, highly educated health professional who is accessible in every corner of every community. It's important to remember the

amount of knowledge that pharmacists have about drugs and their actions.

CPJ: What has been the impact of expanding flu vaccination by pharmacists?

Shafer: We certainly know that we've gone from a 35% rate of flu immunization in 1994 to about a 68% or 70% rate today, and I believe one of the reasons is that we have an additional group of health professionals with the ability to provide it. And pharmacists are accessible. If getting immunized isn't convenient, people don't do it. If the only way they can get vaccinated is to make an appointment with

a physician they often won't bother, but if they can walk into their pharmacy, often at any time of night or day, it becomes easier. ■

What pharmacists want from their professional organizations for pandemic preparedness:

- Patient handouts
 - Tool kits
 - Communication networks
 - Appropriate training for pharmacists
 - Medical supplies
 - Reinforcement of appropriate messages for the media
- from recent CPJ survey of CPhA members

Tamiflu suspension inflames Internet pharmacy drug supply issue

One-day sales surpass those during last year's entire flu season



Photo Credit: Jeff McClintock

Unparalleled demand for Tamiflu, fuelled by fear of an avian flu pandemic, led Roche Canada to take an unprecedented step on October 24, temporarily suspending shipments of the antiviral to Canadian pharmacies.

The rush to stockpile

Tamiflu was a potential threat to adequate supply for the upcoming influenza season, says Paul Brown, vice-president of sales and marketing at Roche Canada.

"I can't think of us ever having done this before in Canada. To put it in context,

we saw more demand for Tamiflu in one day, in the week prior to suspension, than we had seen in the whole of the previous flu season," Mr. Brown told *CPJ*. "We decided to take the responsible position and make sure that we temporarily halted shipment of Tamiflu until the flu season starts."

Tamiflu is the antiviral considered most effective against H5N1 avian influenza, the strain feared to have the most potential to spawn a global pandemic.

The company sent letters and faxes to pharmacists, physicians, public health authorities, and other stakeholders and customers,

informing them of the suspension and explaining that when the seasonal flu outbreak occurs, shipments of the medication would be prioritized, sent first to long-term care facilities and hospitals. "We want to make sure the drug gets to those patients most at risk of developing serious complications," says Mr. Brown.

Stockpiling

The suspension immediately sparked renewed debate about Internet pharmacies, with some evidence that much of the stockpiling was being done by Americans and Europeans buying from Canadian Internet pharmacies.

Canadians were also purchasing the drug in record numbers through retail pharmacies, according to IMS Canada, which reported that Canadian

pharmacies filled more than 4000 prescriptions for Tamiflu in September, ten times the number for the same month in 2004.

At the same time, Internet pharmacy company Canada-medicineshop.com, based in British Columbia, said it has been filling about 400 Tamiflu orders a day from the US. Another Internet company, LePharmacy.com of Montreal, had issued news releases promoting its Tamiflu stocks to Americans. In one of the releases, the company said it had been "...inundated with Tamiflu prescriptions from US residents fearful of shortages and a pandemic of avian flu."

The Tamiflu case is a clear

demonstration that the Canadian government has no power to prevent Internet pharmacy sales from creating drug shortages, says the Canadian Pharmacists Association (CPhA). "This is an excellent example of the kind of thing that can happen when Internet pharmacies are sending drugs to the US in such high numbers," says CPhA executive director Jeff Poston. "Far more Americans than Canadians are buying our Tamiflu supply and at more than double the price.

"This situation reinforces the need to keep Canadian drugs for Canadians."

On the same day that Roche Canada suspended Tamiflu shipments, Health

Canada had begun a two-day round of consultations with pharmacists and other health care stakeholders, to get feedback on its proposed measures to protect the Canadian drug supply from excessive Internet sales. Under the proposals, the government will step in to curb cross-border sales when there is a threat or perceived threat to Canada's supply.

This approach is clearly inadequate, says Jeff Poston. "Health Canada's proposals do not address the issue of whether Canadian drugs should be exported, through personal or bulk trade, at all — not just when a shortage is identified. It has long been CPhA's position that all

forms of the cross border drug trade should be stopped via export restrictions."

This stand was echoed by the Ontario Pharmacists' Association (OPA), which in October called on the Canadian government to ban all exports of prescription drugs.

Roche Canada has no way of tracking what channel is used to sell Tamiflu, says Paul Brown. However, company policy does not permit sales to Internet pharmacies and forbids its customers from doing the same. "If there has been a significant demand for material through Internet pharmacy, it is occurring outside of any approved distribution channel from Roche," he adds. ■

PR campaign promotes best self-care

Alberta aims to reduce flu's burden on system

The Alberta government has launched a campaign designed to encourage Albertans to keep themselves healthy during this year's influenza season.

Self-care information could decrease burden of flu season

The "It's in Your Hands" campaign includes self-care informational materials with advice on how to prevent and recognize the flu, and on when it's time to seek help from a health care professional.

In an October news release launching the campaign,

Minister of Health and Wellness Iris Evans says one goal is to reduce the burden of influenza on the economy and the health system: "Each year influenza-related illnesses have a major effect on school and work absenteeism and productivity. Teaching Albertans how to avoid getting sick and what to do if they become ill will help to decrease the effect of influenza on the public and on the health care system."

Helping Albertans to better understand their role in flu prevention and self-care will help prepare them for a possible pandemic, according to deputy provincial health officer Dr. Karen Grimsrud.

"If people know how to

care for themselves during the annual flu season we'll be in a good position for pandemic influenza," said Dr. Grimsrud at the campaign launch.

Pharmacists and physicians can order the materials

for distribution to patients and the public. They are also available in public health centres where immunizations are being given and on the provincial ministry's website at www.health.gov.ab.ca. ■

A problem easily solved

If you are reading this and you are not a member of CPhA, it is important for you to know that advertising pages alone do not fund this publication. They are substantially supplemented through CPhA general revenues. If you are not a CPhA member, you are allowing your colleagues to pay the shot for each and every issue of your *CPI*.

When it comes to advancing the cause of progressive pharmacy practice in Canada, CPhA offers leadership and support on behalf of all Canadian pharmacists. Supporting this publication as a service to all Canadian pharmacists, members or not, is just one of its programs. Membership is something to think about.

— Polly Thompson, Editor

Flu preparedness: the unfolding story

November 13 — Authorities in Thailand report that an 18-month-old child who tested positive for the H5N1 virus in Bangkok does not appear to have been in direct contact with infected birds, raising new fears about human transmission of the virus.

November 9 — More than 100 international health experts at a Geneva meeting hosted by the World Health Organization (WHO) unveil a \$1 billion plan designed to halt the spread of bird flu in poultry and prevent it from spreading to humans. The WHO also calls on nations to start rehearsing and running simulations of their pandemic plans to identify hidden obstacles and weaknesses.

November 9 — Indonesia confirms another person in the country has died from H5N1 bird flu virus, bringing the reported human death toll to 65 since 2003.

November 7 — Roche announces plans to increase its own production capability to produce 300 million treatments of Tamiflu a year by 2007, a ten-fold increase over 2004 capacity. The Swiss company also reports initial discussions with eight third-party companies and the governments of Taiwan and Vietnam, on potential licenses to produce additional Tamiflu.

November 2 — Ron Lewis, the chief veterinarian of British Columbia, reveals that signs of a form of H5 avian flu were recently discovered

in wild ducks in the province.

November 1 — The US government announces a \$7.1 billion plan to strengthen American defenses against an outbreak of avian flu.

October 31 — The Canadian Food Inspection Agency announces that several waterfowl in Quebec and Manitoba have tested positive for H5 flu viruses, but says the chances of the strain being H5N1 are remote.

October 26 — Australia lifts its ban on live bird imports from Canada, saying it is now satisfied that Canada is “free of highly pathogenic avian influenza” and will meet Australia’s new testing requirements.

October 26 — Canada’s Chief Public Health Officer David Butler-Jones urges Canadians to stop hoarding Tamiflu and says the Public Health Agency has ordered another five million pills to add to its existing stockpile of 35 million pills.

October 25 — Roche Canada temporarily suspends sales of Tamiflu in Canada to conserve stocks as the regular flu season approaches.

October 25 — Canadian Health Minister Ujjal Dosanjh says it might be morally defensible for some countries to violate Roche’s Tamiflu patent and start making generic versions without a licensing agreement, “...if people were dying in countries where they don’t have the antivirals and they have the resources.”

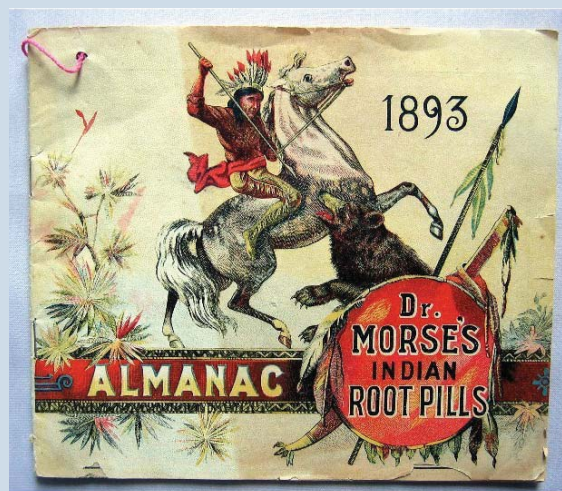
October 24–25 — Canada hosts ministers of health and officials from 30 countries in Ottawa to discuss international efforts to prevent, prepare for and respond to an influenza pandemic. Ministers agreed the immediate priority is to prevent and contain the spread of the virus among animals and from animals to humans, given that it is not demonstrated that the virus can spread easily between humans. Other immediate policy priorities identified in their final communiqué: strengthen surveillance, early detection and diagnosis, and rapid response to a variety

of infectious diseases; develop a global approach to vaccine and antiviral policy; and coordinate risk communications.

October 24 — The European Union bans imports of captive live birds and poultry from other countries.

October 21 — The Australian government imposes a temporary ban on live bird imports from Canada, after discovering bird flu antibodies in three racing pigeons from Canada. Canadian authorities say they followed correct procedures, testing only for the live virus, not for antibodies. ■

Backward glance



In 19th century advertising, native peoples were often used to lend an air of the exotic. The fact that they had been using herbs for thousands of years lent an air of legitimacy to certain patent medicines. While the native herbal tradition gave the world recognized medicines such as echinacea, the efficacy of Dr. Morse’s Indian Root Pills is open to question. Produced in Brockville, Ontario, the medicine was advertised as originally having saved Dr. Morse’s father from certain death in a mere 16 “small doses.”

— Scott Jordan

Pandemic planning and you

Highlights of the Canadian Pandemic Influenza Plan

By Barry Power, PharmD, Director of Practice Development, CPhA

The Canadian Pandemic Influenza Plan¹ was released in February 2004 to minimal fanfare. There was a bit of routine criticism but domestically, it caused very few waves. Internationally, it has been recognized as one of the most complete plans to address pandemic situations in the world.²

At over 400 pages, the Plan is a weighty document, so it is unlikely that many front-line health care providers, including pharmacists, have waded through it to find out what their role is. Here, in a nutshell, is what the Plan expects of you as a front-line pharmacist:

- **Host immunization clinics**
 - Many pharmacies already participate.
 - **Receive the vaccine as a member of Group 1** (along with paramedics, hospital employees, and laboratory employees).
 - This group is considered essential to maintain health and public services.
 - **Participate in the development of infection control and occupational health plans.**
 - Many pharmacists in institutions have done so.
 - In the community setting, this will require links to local public health offices.
 - **Provide routine advice and counselling for medication-related issues for members of the public.**
 - During a pandemic or other health emergency, such as

SARS, people will be instructed to avoid their doctors' offices and urgent care centres if they are symptomatic. Pharmacists will see increased demand for their advice.

- **Provide information on thermometer selection and use.**

- This may seem basic, but many people do not have a thermometer or do not know how to use one properly.

- **Act as a triage centre.**

- Pharmacies may be the first point of contact for people with respiratory symptoms.

- **Provide services to a satellite or free-standing nontraditional site** (e.g., community centre, school gymnasium).

- Pharmacists will be needed to ensure appropriate use and distribution of medications to makeshift health care centres.

- **Re-enter active practice from administrative or non-health care related fields.**

- Not only pharmacists, but all other health care professions will be strained. Re-enlisting retired or non-clinical pharmacists can help to ease the burden.

- **Students may be asked to enter practice.**

- Similar to those out of active clinical practice, students may be an invaluable source of support to an exhausted workforce.

Make links

How will all of this be implemented? There is still considerable work to be completed to translate the plan into an operations manual. Pharmacists are going to play a key role in their communities and institutions. The best way to step up to that role is to be prepared as a practi-

tioner. Pharmacists need to make links within their communities and institutions to make sure they are included in planning and all plans. The public will seek out the advice of pharmacists. During a crisis, the worst place to be is alone and disconnected.

Some say that pandemic planning is a waste of time, and that the pandemic is overdue and will not be coming. Nobody knows for sure what will happen in the future, but we do know what has happened in the past and how pharmacists were affected. During the Walkerton, Ontario, water crisis, the community turned to pharmacists as a source of information. The pharmacists tried to alert public health officials, but the relationships were not solid, so their warnings of a diarrhea outbreak were not acknowledged. During SARS, community pharmacists were deluged by panicked members of the public. The public was being told not to go to their doctor's office or to the emergency department, so they turned to the pharmacist. So no, the planning put into a pandemic scheme is not wasted time. Strategies and knowledge will be used somehow, often in ways we did not foresee. ■

References

1. Canadian Influenza Pandemic Plan. Ottawa: Health Canada; 2004. Available: www.phac-aspc.gc.ca/cpip-pclcpi/index.html (accessed November 15, 2005).
2. Galloway G. World health officials to meet in Ottawa to discuss flu. *The Globe and Mail*, October 20, 2005.

What can the front-line pharmacist do?

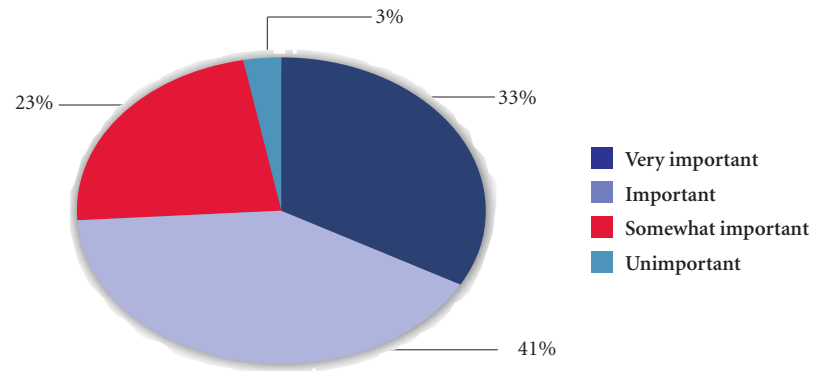
1. Find out what the plan is for your pharmacy or pharmacy department.
2. Establish and test an emergency protocol.
3. Make connections with local public health and emergency preparedness planners, either directly or through your local pharmacy association.
4. Establish or strengthen connections between hospital and community pharmacists.
5. Emergency-proof your practice's business side. Visit Public Safety and Emergency Preparedness Canada's business page and start your plan: www.psepc.gc.ca/prg/em/gds/bcp-en.asp (French site: www.psepc.gc.ca/prg/em/gds/bcp-fr.asp?lang_update=1)

CPhA members surveyed about pandemic preparedness

CPJ recently polled CPhA members for their opinions on the state of pandemic preparedness in Canada. Results will appear throughout this and future issues of CPJ. We would like to thank the 545 (English *n* = 507, French *n* = 38) respondents for their participation in our online survey.

- 84% of English-speaking respondents and 91% of French-speaking respondents indicated that their pharmacy does NOT have an adequate flu pandemic preparedness plan in place.
- 84% of English-speaking respondents and 94% of French-speaking respondents have not participated in any meetings with other health care providers regarding pandemic preparedness. Alberta and Ontario pharmacists were the most likely to have participated in such meetings.
- Pharmacists across the country (58%

Pharmacists rank pandemic preparedness vs other practice issues



of all respondents) are not confident that they understand their role in emergency preparedness.

- 40% of pharmacists across the country indicated that the Federal government is doing a “fair” job of providing pandemic education and services.
- Pharmacists in Manitoba were the

most satisfied with their provincial pharmacy organization’s efforts on flu pandemic-related issues, while those in Prince Edward Island and New Brunswick indicated that their provincial organizations’ efforts were virtually non-existent.

— Rosemary Killeen