



CANADIAN
PHARMACISTS
ASSOCIATION

ASSOCIATION DES
PHARMACIENS
DU CANADA

**Report to the Senate Social Affairs, Science, and Technology
Committee**

**Examination into the response regarding the 2009-10 H1N1
pandemic**

Submitted by Canadian Pharmacists Association

October 6, 2010

The Canadian Pharmacists Association (CPhA) appreciates the opportunity to offer its observations and experiences with respect to the response following the outbreak of the 2009-10 H1N1 pandemic, and to offer its recommendations on how governments can work more closely with the pharmacist community to better respond to future pandemic outbreaks.

CPhA is the national organization of pharmacists, committed to providing leadership for the profession and improving the health of Canadians. CPhA works closely with stakeholders such as Health Canada, the Public Health Agency of Canada, other government bodies, and external non-governmental organizations in a variety of ways in order to provide pharmacists with the tools necessary to protect and improve the health of Canadians. As experts in Medication Therapy Management (MTM), pharmacists are uniquely positioned within the health care field to deliver quality medication related care and service to patients.

The Senate Social Affairs, Science, and Technology Committee is currently undertaking a review of Canada's preparedness and reaction to the 2009-10 H1N1 outbreak. CPhA played a leading role during the pandemic period. This paper will outline the role that pharmacists and CPhA played during the pandemic, identify the strengths and the weaknesses inherent within the Canadian response to the pandemic, and offer recommendations on how future pandemic responses can be improved.

The Role of Pharmacists and CPhA During the H1N1 Pandemic

Community pharmacists are the most accessible front line health care provider and are often the first point of contact for the public – in person or over the phone. This was particularly true during the H1N1 outbreak period, when pharmacists were often the first health care professional that many Canadians consulted. Interactions between patients and pharmacists included responding to questions and concerns from the public about H1N1, as well as managing patients presenting with potential H1N1 symptoms. One of the most important roles of the community pharmacist was to assess and manage patients with mild illness so they did not have to access overburdened acute care settings. Additional services provided by pharmacists included:

- Made available for purchase masks, hand sanitizer, and other supplies
- Extended refills without a physician's authorization
- Dispensed antivirals from the national stockpile
- In several provinces, pharmacists were also able to prescribe medications and vaccinate patients for H1N1. For instance, in British Columbia, 400 pharmacists were authorized to administer vaccines.

In addition to community pharmacists, hospital pharmacists provided pharmaceutical care services within a very stressed acute care system.

CPhA's key role during the pandemic period was primarily one of communications and providing resources to community and hospital pharmacists. CPhA accomplished this via the following means:

- CPhA had worked previously with the Public Health Agency of Canada (PHAC) to develop a Pharmacist's Guide to Pandemic Preparedness; this was updated for the H1N1 pandemic, and included patient care and business continuity resources.
- Provided current information on the CPhA website, which included the pandemic preparedness guide, content developed specific to pharmacy practice issues, links to PHAC, the World Health Organization, and provincial resources and guidelines.
- Regularly communicated with our members and pharmacy organizations by broadcast emails and directed them to further pandemic resources on our website. Many pharmacy organizations and chain pharmacy head offices forwarded CPhA emails to their members.

- Participated in regular teleconferences with PHAC, Health Canada, and other health care associations; a CPhA-specific teleconference with PHAC and Health Canada was held in the summer of 2009 to discuss particular challenges and concerns facing pharmacists.
- Added a session to the CPhA national conference in early June 2009 in Halifax.
- Surveyed our members in early June 2009 to find out how effective our pandemic communications and website resources had been in order to optimize our communications, and prepare for a possible second wave in the fall of 2009.
- Surveyed national and provincial pharmacy organizations twice to identify their key activities and particular challenges across the country.
- Worked closely with Health Canada and Roche to address the shortage of paediatric supplies of Tamiflu as well as the compounding medium Ora-Sweet. We provided pharmacists with emergency compounding instructions using alternative mediums based on approved methods from the European Union.

In short, individual front line pharmacists were a key health care resource in the response to H1N1; CPhA played a key role in managing and communicating necessary information to pharmacists in order to provide them with the most up to date status of the pandemic.

What Worked Well, What Needs to be Improved

Overall, CPhA feels that Canada's response to H1N1 was a success. Governments, health care organizations, and frontline practitioners mobilized quickly to respond, with PHAC providing leadership and coordination. There was regular and frequent communication from PHAC regarding when new information was available. These communications were in both email and teleconference format.

However, the H1N1 experience brought to light a number of areas where better planning and organization could occur for future pandemic responses. Based on the experience of CPhA and comments received from our provincial counterparts, the following bullets represent CPhA's views on how the coordinated response was lacking:

- Although there was a great deal of information provided by PHAC, WHO, provincial governments, and other health organizations, the information was often inconsistent and caused confusion. It became CPhA's role to sift through and synthesize many sources of information into a useable format for pharmacists.
- There was a lack of clinical guidelines specific to pharmacy practice, especially with regard to community pharmacists. This is vital given that pharmacists are often face-to-face with sick patients as the first point of contact.
- Inconsistent guidelines for use of antivirals and how to deal with the inappropriate prescribing of antivirals by some physicians and dentists.
- The lack of, or inconsistent information on plans for antiviral distribution from the national stockpile and role of community pharmacy in distributing (and reimbursement for such). There was also inconsistent information regarding availability and safety of antivirals.
- Better information on the protection of staff in pharmacy (gowning and masks are not appropriate in this setting, in the same way as a hospital or medical clinic).
- The exact role of the pharmacist in the vaccination program (some jurisdictions authorized pharmacists to immunize, requiring training programs to be quickly established).
- Better information on how to deal with the shortages of paediatric antiviral Tamiflu.
- More concise information about how H1N1 vaccinations would be complimented by annual influenza immunization.

Recommendations

Based on the observations above, and reflecting on real life experiences, CPhA offers the following specific recommendations on how pandemic planning and preparedness can be improved:

- CPhA and pharmacists must be more involved in planning for public health events.
- Pharmacists should be included among the first wave of vaccinations.
- There needs to be one primary source of information, with clear, consistent messaging, and ideally on a pan-Canadian level.
- There needs to be a clear understanding and description of the role that pharmacists play in frontline patient assessment and management, and in communicating health information.
- There needs to be more consistent and reliable information provided about the supply, safety, and availability of vaccines and antivirals.
- The role of pharmacists could be more fully optimized. Pharmacists could relieve a great deal of pressure off the health care system by:
 - assessing / triaging patients
 - extending prescribing authority for antivirals and other medications based on protocol for assessment and appropriate use
 - immunization authority for trained pharmacists to administer vaccines.

Public health officials must never become complacent with respect to pandemic planning. Planning must be an ongoing activity, with ongoing efforts designed to ensure that the proper processes and tools are in place to respond quickly and effectively to future pandemics. Ongoing communication with stakeholders is a key requirement of such a process.

CPhA appreciates this opportunity to summarize its experiences and observations with the Senate Social Affairs, Science, and Technology Committee, and looks forward to working with Health Canada, PHAC, and provincial governments to improve pandemic planning in Canada.