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Canadian
Pharmacists
Association
Association des
pharmaciens
du Canada

The Weekly

Bringing the world of pharmacy together

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CPhA

Strong response to CPhA Workforce Wellness Survey

Close to 1400 pharmacists completed CPhA's Canadian Pharmacy Mental Health and Workforce Wellness Survey, which closed on February 7. "We are very pleased with the response. It tells us just how important the areas of mental health and wellness are to the pharmacy community," said Danielle Paes, chief pharmacist officer at CPhA. "The results will help us understand the situation on a deeper level, so we can advocate for more supports and resources. We'll be able to use our findings to better communicate the realities of pharmacy mental health and wellness to government, key stakeholders and the public." The survey is the first step in the recently launched [Pharmacy Workforce Wellness initiative](#) to understand and highlight the profession's state of mental health and the pressures being felt by pharmacists and pharmacy teams during this challenging time. Results will be released in the coming weeks.

Provincial

Vancouver pharmacist sues London Drugs for wrongful dismissal over COVID-19 vaccination order

A Vancouver pharmacist is suing London Drugs, alleging the company wrongfully dismissed her after she refused to get a COVID-19 vaccination, [the Vancouver Sun reports](#). Lina Reid, who worked as a staff pharmacist at the store for 16 years, was told in August that her employer was

introducing a policy requiring all of its employees to be fully vaccinated. On November 1, after refusing to be fully vaccinated, she was placed on unpaid leave for an undetermined length of time, according to her lawsuit filed in the BC Supreme Court. Reid claims there is no agreement or term of employment between herself and London Drugs that allowed the vaccine mandate to be imposed and that by putting her on unpaid leave, the company effectively wrongfully dismissed her. In an emailed statement, London Drugs said that while it would not comment on an outstanding legal dispute with a specific employee, the company has numerous policies and procedures in place intended to protect the health and safety of their employees and customers. "All employees, including pharmacists, are currently required to show evidence of full vaccination or demonstrate negative COVID status through ongoing screening," the statement said. "We are confident our health and safety measures are appropriate, justified and strike a fair and measured balance protecting the rights of our employees and creating a safe work and retail environment for all. London Drugs is confident its workplace safety policies would be upheld in any court proceedings."

Pharmacists raising awareness for heart health

With February being "heart month," the Heart and Stroke Foundation and local Kitchener, Ontario, pharmacists are using the opportunity to raise awareness about the importance of monitoring your heart health, [CTV reports](#). Elevated blood pressure can be an early sign of heart problems, but a recent study by Shoppers Drug Mart found that many Canadians haven't had theirs checked in 18 months, or ever. Bryan Langel, a Cambridge, Ontario, pharmacist, said it's important to have your blood pressure checked regularly to prioritize heart health. He said there are also preventative things you can do to help with high blood pressure. "Something as simple as walking 30 minutes a day can see a dramatic decrease in blood pressure," said Langel. "Something as simple as reducing your salt intake."

National

NACI's new guidance: Get fully vaccinated, even if previously infected with COVID-19

With hundreds of thousands of Canadians infected with the Omicron variant over the last 2 months, the National Advisory Committee on Immunization (NACI) issued new guidance on February 4 that emphasized the importance of still being up to date on the COVID-19 vaccination, even with a previous infection. [According to CTV](#), individuals who were infected before starting or completing their first 2 doses should get their next dose 8 weeks after symptoms began, or after testing positive if they were asymptomatic, NACI says. Those who were infected after receiving their first 2 doses can get a booster shot 3 months after the onset of symptoms or after testing positive, the committee recommended, as long as it is at least 6 months after having received their second shot.

Uptake of COVID-19 vaccine boosters slows in Canada despite Omicron's risks

Canada's COVID-19 booster drive is slowing despite mounting evidence that an additional vaccine dose is needed to maintain strong protection from severe illness caused by COVID-19,

according to an analysis of uptake across the country [in the Globe and Mail](#). While the dominant Omicron variant has been shown to cause less severe disease than the Delta variant, its hypertransmissibility has challenged Canada's health-care system, pushing the daily national patient count above 11 000 for the first time in January. Three large studies from the US Centers for Disease Control and Prevention (CDC) underscore the importance of boosters in preventing severe illness from Omicron and future variants, but as of February 1, only 41% of Canadians had received an additional dose.

Novavax could be alternative for COVID-19 vaccine hesitant, if approved

A Hamilton, Ontario-based infectious diseases specialist says that the Novavax COVID-19 vaccine could be an alternative for those who are skeptical about getting the jab, [CHCH reports](#). Novavax is a protein-based vaccine that uses different technology than mRNA vaccines, such as the Moderna and Pfizer shots. "Many people with their hesitations toward mRNA technology could be considered for this vaccine," said Dr. Zain Chagla. "People who have reactions to mRNA vaccines could be considered for this vaccine." Novavax received temporary approval on February 3 to use its vaccine in those above 18 years old in Britain and New Zealand. On February 1, Novavax formally requested the Food and Drug Administration (FDA) to give emergency use authorization for its vaccine in the US. Officials with the biotech company say 2 late-stage trials in the US, Mexico and the UK show a roughly 90% overall efficacy rate. If approved, it would be given in 2 doses, 3 weeks apart. Novavax completed its submission to Health Canada for authorization in this country in November 2021.

New study calls for action to protect Canada's supply of prescription medicines

A [new study](#) released on February 7 calls on governments in Canada to take measures to help ensure Canadians' access to prescription medicines by strengthening its domestic generic pharmaceutical manufacturing and the international supply chain. "Generic prescription medicines are dispensed to fill nearly three quarters of all prescriptions in Canada," said Jim Keon, president of the Canadian Generic Pharmaceutical Association (CGPA). "The COVID-19 pandemic has demonstrated that the security of Canadians' supply of needed medicines can no longer be taken for granted by governments and policy makers. We need action to ensure that we put our industry and the nation's drug supply on a more stable footing." The study, by consulting firm EY Canada and commissioned by CGPA, reports that global supply chains have become increasingly complex, introducing risks, disruptions and shortages of prescription medicines. These risks, such as export restrictions, interruptions to international transportation, and reliance on foreign partners, highlight the importance of measures to support the manufacture of prescription drugs in Canada and secure channels of import for medicines and inputs needed to produce them.

Canada must invest in life sciences ecosystem to prepare for future health threats

COVID-19 led Canada to invest in biomanufacturing and domestic vaccine development, but a concerted national bio-innovation strategy is needed to ensure the country's prosperity and health security, says Christine Allen, [according to U of T News](#). Allen, the University of Toronto's

associate vice-president and vice-provost, strategic initiatives, and a professor in the Leslie Dan Faculty of Pharmacy, wrote [an op-ed in the Hill Times](#) (subscription access only) calling for sustained investment in the bio-innovation sector to protect against future health threats. “New investments in our life sciences ecosystem will improve health care beyond the immediate needs of the pandemic,” she says. “Canada must catch up on preventative cancer screenings, deploy regenerative medicine to tackle the acute pressure on our health-care system from diseases like diabetes and heart failure, and grow the workforce across the health-care system.”

International

US: Rural Oregonians struggle to get medications as pharmacies close

Last year, Oregon lost nearly 60 pharmacies at once after the Pacific Northwest retailer Bi-Mart got out of the pharmacy business, [reports OPB](#). The company’s decision left thousands of Oregonians with prescriptions that needed to be transferred elsewhere. Some people went to other nearby pharmacies without much issue. But in rural areas where options were already limited, remaining pharmacies struggled to take on the extra workload. During the COVID-19 pandemic, Americans started going to their local pharmacy for more than just prescriptions; they went for masks, COVID-19 tests and vaccines. But even with that increased business, pharmacies big and small are closing their doors—a national trend that’s been accelerated by the pandemic. A Bi-Mart spokesperson said several factors went into the decision to close its pharmacies. “We were really forced to make a decision we never wanted to make.” One factor was Oregon’s Corporate Activity Tax, which taxes companies based on their revenues, not their profits. Pharmacies have high revenues, but when they subtract the high costs of drugs and overhead, they end up with low profits. Then there’s another, nationwide issue: increasing fees associated with insurance plans, which have risen substantially recently.

US: ‘Prescheduled and uninterrupted’ lunch break policy begins at CVS this month

CVS, the largest pharmacy operator in the US, announced it will begin rolling out “pre-scheduled, uninterrupted” lunch breaks between 1:30 and 2 pm local time for pharmacy workers at most CVS locations, starting February 28. “We want to make sure our pharmacists and pharmacy technicians are at their best, which means supporting their schedules accordingly,” a spokesperson [explained to WGRZ-TV](#). “This break gives our pharmacy teams a predictable and consistent daily pause while minimizing disruption to our patients.” CVS is currently in the process of proactively notifying patients about these upcoming hour changes, the spokesperson added. Some CVS locations have already introduced lunch breaks because of state laws, but this new corporate policy will guarantee breaks for employees living in states where there are no lunch break mandates.

Europe: Pandemic, practice and policymaking: European-wide review of community pharmacies

A European-wide research project has examined 31 pharmacy interventions on COVID-19 in 32 European countries, [reports Pharma Times](#). The comprehensive paper was published in

Research in Social and Administrative Pharmacy. The interventions include prevention, response and recovery measures. One of the recommendations outlines that a network of community pharmacies is needed in future national preparedness plans during public health emergencies, such as those presented by the COVID-19 pandemic. These emergencies present a need for rapid responses to a massive population. The paper also covers improved access to medicines, expanded powers granted to pharmacies, rapid antigen testing and vaccination.

Australia: Pharmacists ‘dropping like flies’ due to COVID-19, pressure

Workforce shortages that already existed in the pharmacy profession have been magnified by the COVID-19 pandemic, says Sue Muller, CEO and founder of LocumCo. She [told the Australian Journal of Pharmacy](#) that her team has been working 12-hour days trying to fill locum [temporary replacement] jobs, with pharmacists in “high demand” all over the country. “We’ve never been as busy as we are now,” said Muller, who has been running the pharmacy recruitment company for more than 3 decades. “It’s because of COVID-19, a lot of pharmacists are dropping like flies and a lot of the workforce is also taken up by the vaccination rollout.” Pharmacies with staff impacted by COVID-19 have needed locums urgently to fill these spots, driving up demand for the role. Pharmacists had also been leaving the profession even before COVID-19, she suggested. “Pharmacists have been disillusioned, particularly in community pharmacy. If you speak to the students, community pharmacy is rarely their first choice once they finish,” added Muller. “I think also because [community pharmacists] have been harassed so much during COVID-19 and under so much pressure . . . some have just had enough of it.”

In Depth

Making sense of the numbers: Greater proportion of unvaccinated are being hospitalized

Nearly [80% of the Canadian population](#) is vaccinated with at least 2 doses of the COVID-19 vaccine. But with studies pointing to the protective benefits of these vaccines, it may be puzzling to see that the majority of virus-related hospitalizations in most provinces involve people who are fully vaccinated against the disease. [CTV explains](#).

Worth Repeating

“Connected two orphaned patients to primary care providers today. #pharmacists are much more than pill counters. We are also care managers... among many, many other things :-)” —[Tweet](#) from Heather Foley, PharmD (@HeatherFoleyRPH) on the many roles a pharmacist plays in the lives of their patients

This weekly update is compiled by the Canadian Pharmacists Association. Please note that this publication is meant to inform and is not a comprehensive list of information available. Be sure to check with your provincial regulatory authority or advocacy association for province-specific information. While we aim to ensure all information contained in this update is accurate, the situation is evolving rapidly and CPhA does not take responsibility for the content provided by other organizations and sources.

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