



Canadian  
Pharmacists  
Association  
Association des  
pharmaciens  
du Canada

# The Weekly

Bringing the world of pharmacy together

July 7, 2021

## CPhA

### ***Updated chart: Pharmacy involvement in COVID-19 vaccination***

As COVID-19 vaccination rollouts continue, CPhA is making bi-weekly updates to our Pharmacy Involvement in COVID Vaccination map, staying on top of the role pharmacists are playing in the vaccination effort. The graphic is available in [English](#) and [French](#).

CPhA's COVID-19 web pages are being updated regularly at [www.pharmacists.ca/covid19](http://www.pharmacists.ca/covid19) and [www.pharmacists.ca/covid19fr](http://www.pharmacists.ca/covid19fr).

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## Pharmacy on the front line

### ***U of Waterloo Pharmacy student creates local vaccine tracker***

If you're still on the hunt for a COVID-19 vaccine appointment, the Waterloo Vaccine Tracker might be able to help, [reports CBC](#). The tracker, which launched recently, posts information on social media about upcoming vaccine appointments through the Region of Waterloo and local pharmacies. "The whole purpose of this project is just to make people of this region more aware of the appointments that are available," says Lilian Toma, 23, the University of Waterloo Pharmacy graduate student who's behind the tracker. The Waterloo Vaccine Tracker was inspired by Vaccine Hunters Canada, Toma says. When Toma realized there was no local

version of the national Vaccine Hunter's account, she decided to make one. She hopes the tracker will help people save time and find appointments quickly.

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## Provincial

### ***Anti-vaccine 'cease and desist' order sent to pharmacy prompts complaints to police***

When she first read the letter, pharmacist Kristen Watt was inclined to simply laugh it off. Delivered to Watt's pharmacy in Southampton, ON, the letter claims to be written by Romana Didulo, a Victoria, BC, woman who has falsely proclaimed herself in online videos to be "our newly appointed head of state, commander-in-chief" and the "head of the government of Canada." The letter, [reports CBC](#), includes the false statement that all "former COVID-19 measures" are "null and void." It also makes further outlandish claims and requests, including a demand for an immediate end to the distribution of COVID-19 vaccines and other measures aimed at curtailing the pandemic. The same or similar letters have been delivered to businesses, police stations and health-care providers across southwestern Ontario and in other parts of Canada. The letters say anyone who doesn't comply with the demands is committing "crimes against humanity." While the letter Watt received clearly has no authority, she consulted anti-hate experts who implored her to file a complaint about it to police.

### ***U of T creates video for preparing Pfizer vaccine for immunization***

A [video](#) created by the Leslie Dan Faculty of Pharmacy at the University of Toronto provides a virtual demonstration on preparing the Pfizer-BioNTech vaccine for health-care providers, including physicians, nurses and pharmacists.

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## National

### ***At least 1.3 million Canadians opted to mix COVID-19 vaccines by the end of June***

Health Canada's latest weekly report on vaccinations shows at least 1.3 million Canadians opted for a mixed-dose finish to their COVID-19 vaccination schedule in June, [according to the Canadian Press](#). The report, published July 5, shows that of the 6.5 million people who got their second shot between May 31 and June 26, 1 in 5 got a different vaccine than their first. Some provinces began mixing the 2 mRNA vaccines from Pfizer-BioNTech and Moderna as early as April, depending on which supplies were on hand. The practice became more common in the third week of June, when a delayed shipment from Pfizer-BioNTech pushed many provinces to turn to Moderna. Mixing the two types of vaccines — an mRNA with the viral vector vaccine from AstraZeneca — only started in early June after the National Advisory Committee on Immunization (NACI) said that people who got AstraZeneca for their first dose could safely get an mRNA vaccine for their second.

### ***Ottawa spent nearly \$20 million on COVID-19 tracking app with inconclusive results***

The federal government spent \$20 million on a smartphone application designed to alert users to possible COVID-19 exposures, but new [data obtained by the Canadian Press](#) shows the results

didn't live up to expectations. Ottawa's COVID Alert app, introduced late last year in several provinces, uses Bluetooth to detect proximity to others who have installed the app on their mobile devices, and notifies users when they've been in close contact with a person who has tested positive for COVID-19. The data indicate that about 6.6 million people downloaded the app, representing about 1 in 5 Canadians. There are more than 30 million cellphone users across the country. The relatively low number of Canadians who have used the app has led to disappointing results, according to Dr. Esli Osmanliu of the McGill University Health Centre. "We have to admit that, in retrospect, it did not meet expectations at all — far from it," Osmanliu, an expert in digital health initiatives, said in a recent interview.

### ***Study charts Canada's 20-year journey toward opioid crisis***

A [new study looking at national opioid mortality](#), hospitalization and emergency department visits in Canada has found a nearly 6-fold increase in opioid-related deaths between 2000 and 2017. The study, conducted by University of Waterloo researchers, is the first publication to assess the growth of Canadian opioid-related deaths during this time period at a national level. Researchers used comprehensive national databases and discovered 2 distinct trends in opioid-related mortality. First, the number of Canadians dying because of opioid use steadily increased from 2000 to 2015. Second, after 2015, opioid-related mortality increased rapidly. "In 2016, the Public Health Agency of Canada began collating data on opioid-related mortality," said Wasem Alsabbagh, a pharmacy professor at Waterloo and lead author of the study. "We had some understanding of trends at the provincial level prior to 2016, but no comprehensive picture of trends across the country. Our research fills this gap in Canada's opioid mortality reporting by examining trends nationally from 2000 to 2017."

### ***New diabetes law requires national framework within a year***

Liberal MP Sonia Sidhu celebrated a win this past week as her private member's bill, Bill C-237, An Act to Establish a National Framework for Diabetes, became law on June 29, [reports iPolitics](#). The bill requires the Minister of Health to meet with provincial and territorial counterparts, Indigenous communities and stakeholders, and within 1 year develop a national framework designed to improve access to diabetes prevention and treatment to ensure better health outcomes for Canadians. A report must be tabled by next July, and within 5 years, the Minister must submit a report on the plan's effectiveness. Nationally, 11 million Canadians live with diabetes and prediabetes. In 2019, [Diabetes Canada reported](#) that costs to treat diabetes were increasing, and the cost to taxpayers in 2019 alone was about \$30 billion.

### ***Canada delays new drug-pricing regulations until January 2022***

The first big overhaul of Canada's patented medicines pricing regime in 3 decades is being delayed again, [reports the Canadian Press](#). The Patented Medicine Pricing Review Board (PMPRB) is supposed to ensure that prices for new pharmaceuticals in Canada aren't excessive. In 2019, the government published new regulations to guide the board's work, adjusting the countries used for comparison purposes and introducing new economic conditions to help determine whether proposed prices are unreasonable. The government said then that the

changes could cut drug prices by \$13 billion over the next decade, and they were set to take effect July 1, 2020. Health Minister Patty Hajdu agreed to delay them by 6 months because of the pandemic and then days before the January 1 implementation date, she delayed them again until July 1, 2021. On June 29, she delayed them further until January 2022. “In consideration of the impact of the third wave of the COVID-19 pandemic and the ongoing efforts related to the pandemic response, this delay will provide industry with additional time to adapt to the new reporting obligations,” claimed a Health Canada statement. Innovative Medicines Canada (IMC), a pharmaceutical industry group, welcomed the latest delay if it means the government is open to starting over. “This news is good news for Canadians, as the current reforms will have a significant negative impact on access to potentially life-saving medication,” said IMC president Pamela Fralick.

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## International

### ***Ireland: Pharmacists begin administering J&J shots to 18- to 34-year-olds***

More than 750 pharmacies around Ireland have begun administering the single-dose Janssen (Johnson & Johnson) vaccine to those in the 18-34 cohort who have opted to receive it, [reports Raidió Teilifís Éireann](#), Ireland's National Public Service Media. The accelerated rollout for younger people in pharmacies is part of a multitrack approach to speed up the pace of adult vaccination to counter the threat of the Delta variant. Co Waterford, a pharmacist in Dungarvan, where COVID-19 incidence is the second highest in the country, said there is “huge capacity” within community pharmacies to administer the Janssen dose. Pharmacist Daragh Connolly said it was a “very exciting day” for pharmacists who were “delighted” to be at the heart of fighting COVID-19. He said his own pharmacy had to close off its registration list for the 18-34 cohort, as over 150 people had already registered. “There’s a fantastic enthusiasm from this cohort to get vaccinated,” Connolly said.

### ***UK: NHS to add 1000 pharmacy-led sites to COVID-19 vaccination program ahead of booster campaign***

Some 1000 additional community pharmacy sites will be added to the COVID-19 vaccination program in England ahead of a revaccination campaign in September 2021, the National Health Service (NHS) has said. In a [letter](#) sent to all community pharmacies on July 1, NHS England said the additional sites will contribute to the delivery of 3.5 million vaccinations per week. This comes after [interim advice published by the Joint Committee on Vaccination and Immunisation](#) (JCVI) on June 30 outlined proposals for a potential 2-stage COVID-19 booster vaccine program, which it said “should begin in September 2021.” As part of the first stage, particularly vulnerable people should receive a COVID-19 booster vaccine, with all adults aged 50 years and over being offered both vaccines as part of a second stage that will start as soon as possible after stage one.

### ***UK: People over 60 could be hit by prescription changes under new government plans; RPS ‘deeply concerned’***

People over 60 are currently able to avoid prescription charges in England, with exemptions also applying to anyone under 16 or teenagers in higher education, [reports the Mirror](#). But the government has launched a consultation on whether to raise the cut-off point to 66, in line with the state pension age. The Royal Pharmaceutical Society (RPS) says it is “deeply concerned” by the plan and warns that it could leave people without the medication they need. According to Thorrun Govind, RPS chair in England, “The proposal to raise the age at which people can access free prescriptions from 60 to 66 means that many more people will be affected by this tax on the sick at exactly the time at which they may be needing more medicines. It is unacceptable to raise the cost of prescriptions in the current economic situation when many have been disadvantaged by the pandemic. Every day pharmacists are asked by patients who are unable to afford all the items on their prescription which ones they could ‘do without.’ Patients shouldn’t have to make choices which involve rationing their medicines. No-one should be faced with a financial barrier to getting the medicines they need.”

### ***WHO recommends Roche, Sanofi drugs for COVID-19 to cut death risk***

On July 6, the World Health Organization (WHO) recommended using arthritis drugs Actemra from Roche and Kevzara from Sanofi with corticosteroids for COVID-19 patients after data from some 11,000 patients showed they cut the risk of death, [says Reuters](#). A WHO group evaluating therapies concluded that treating severe and critical COVID-19 patients with these interleukin-6 antagonists that block inflammation “reduces the risk of death and the need for mechanical ventilation.” According to the WHO analysis, the risk of dying within 28 days for patients getting one of the arthritis drugs with corticosteroids such as dexamethasone is 21%, compared with an assumed 25% risk among those who receive standard care. For every 100 such patients, 4 more will survive, the WHO said.

### ***As COVID-19 vaccinations slow, parts of the US remain far behind 70% goal***

When it comes to protecting more Americans with the COVID-19 vaccine, July 4 was not the celebration President Biden had hoped for, [according to NPR](#). The nation as a whole fell just short of the White House’s goal, which was to give at least a first dose to 70% of adults by Independence Day. Currently, 67% of adult Americans have gotten either the first shot of the Moderna or Pfizer-BioNTech vaccine, or the 1-shot Johnson & Johnson vaccine. If you include teenagers aged 12-17, who are now eligible for Pfizer-BioNTech, the national percentage of those who have gotten at least 1 shot is 64%. But drilling down from national rates, the picture varies widely at the regional level and from state to state. For example, Massachusetts and most states in the northeast reached or exceeded 70% (for adults 18 and older) in June. Tennessee and most southern states have vaccination rates between 50% and 60%, and administration rates are slowing down.

### ***Carcinogens still vex drug industry years after recalls began***

Years after millions of blood-pressure pills were recalled for containing potentially cancer-causing chemicals, US regulators are still grappling with curbing contaminants that keep turning up in tainted drugs, [reports Bloomberg](#). A task force of FDA chemists, toxicologists and analytical

lab staff have been meeting regularly to find out how the chemicals, called nitrosamines, get into drugs, how widespread the issue is and how to eliminate the chemicals from medicines. So far, that target has proved elusive. “Despite the nearly 2 and a half years into this contamination issue, we have, still, many ongoing challenges,” said Sruthi King, associate director of pharmacology and toxicology in the FDA’s generic drugs office. While the recalls have slowed, contamination episodes persist. In recent weeks, a nitrosamine was found in a popular smoking-cessation drug and a widely used diabetes treatment. Two tuberculosis therapies were found to be tainted with nitrosamines last year.

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## In-depth

### ***The Lambda COVID-19 variant: What do we know about it?***

A recently designated COVID-19 variant of interest by the WHO is coming under scrutiny as more cases are being detected in multiple countries, and amid concerns that it carries mutations that could potentially make it more resistant to neutralizing antibodies, [reports CTV](#). The newly labelled Lambda variant, or C.37, was first detected as early as last August 2020 in Peru and was being monitored as an alert for some time prior to its new designation. As of mid-June, the variant had been detected in 29 countries or territories with a particularly high prevalence in South America. As of July 5, there are [no known reported cases](#) of the Lambda variant in Canada, though publicly available data focuses on variants of concern.

### ***Informed pharmacists are key for drug users. A new program will train them***

While there are many areas where medicine to treat addiction needs improvement, especially in the midst of a deadly toxic drug emergency, a new partnership between the BC Centre on Substance Use, the University of British Columbia (UBC) and Shoppers Drug Mart aims to improve pharmacist-patient relationships, [reports the Tyee](#). In June, the BC Centre on Substance Use announced that a \$2 million gift from Shoppers Drug Mart to UBC will establish a new fellowship, the first of its kind in Canada, to support pharmacist-focused addiction treatment education at the centre. Starting this year, the program will host 2 people annually in hopes that participants will take their knowledge back into the field to train others. With pharmacists now getting a seat at the table, communication between different areas of health care will improve, says Mona Kwong, director of the new fellowship. “Often times, we never know what each other’s profession does until we sit down and work together,” she says, adding that as addiction medicine expands, it will become even more important for different specialties to get connected to improve both research and the experiences of patients.

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## Worth repeating

“Instead of doffing our masks *en masse*, we should be thinking about how to use them more effectively. Pandemic rules have resulted in a dramatic drop in respiratory conditions such as common colds, pneumonia and exacerbations of COPD (chronic obstructive pulmonary disease). In the past 18 months, deaths from influenza have essentially disappeared. So why

would we go back to accepting thousands of annual deaths as normal? Mask-wearing could remain mandatory during flu season for staff and visitors in high-risk settings, including hospitals and nursing homes.” — The *Globe and Mail*’s André Picard asks whether to mask or not to mask?

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This weekly COVID-19 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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