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Canadian  
Pharmacists  
Association  
Association des  
pharmaciens  
du Canada

# The Weekly

Bringing the world of pharmacy together

**November 10, 2021**

## **CPhA**

### ***CPhA welcomes Danielle Paes as Chief Pharmacist Officer***

CPhA is thrilled to welcome Dr. Danielle Paes to the role of Chief Pharmacist Officer—a new, full-time senior management position that will provide leadership and guidance on issues facing pharmacy and health care in Canada. As CPO, Danielle will spearhead a range of CPhA's strategic priorities, with particular emphasis on enhancing engagement with pharmacists across the country, mental health and well-being, and developing a vision for the future of pharmacy.

[Read the official announcement](#) for more information about Danielle and her role as CPO.

### ***ShiftPosts announces collaboration with CPhA***

ShiftPosts and CPhA [announced a strategic initiative](#) expanding ShiftPosts' national network of pharmacists to ensure sufficient staffing for pharmacy operators, community and pop-up clinics, and neighbourhood vaccination hubs across Canada. "More than ever, pharmacists and pharmacy operators have been instrumental in ensuring Canadians have access to care close to home in their communities," said Glen Doucet, CEO of CPhA. "As we enter flu season—an extremely busy time at community pharmacies—we are pleased to collaborate with ShiftPosts to offer a solution that helps match pharmacists with pharmacy operators from across Canada, ensuring fully staffed pharmacy teams are available to deliver the care and services patients need without disruptions." ShiftPosts is a software platform connecting a network of pre-verified pharmacy professionals with pharmacy operators who seek relief, part-time or full-time shift

coverage.

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## Pharmacists on the front line

### ***More people filling diabetes medication prescriptions: pharmacists***

November is National Diabetes Awareness Month and pharmacists are shining a light on an increase in diabetic prescriptions and complications since the pandemic began, [CTV reports](#). According to Shoppers Drug Mart, pharmacists have seen a 17% increase in new patients filling diabetes prescriptions since 2019. Experts say complications could be due to delays in accessing diabetes care and services, as well as inactivity and a change in dietary patterns. The pharmacy owner at the Shoppers Drug Mart at Waterloo Town Square in Waterloo, Ontario, said they have been busier than ever with diabetic customers. “We have also seen a higher amount of complications like diabetic ketoacidosis, hypoglycemia, foot ulcers,” said pharmacist Navneet Randhawa.

### ***Alberta’s supply of high-dose flu vaccine running low, pharmacists say***

For the first time, all Alberta seniors are being offered a high-dose flu vaccine, but distribution problems are making it tricky for pharmacists to get their hands on it, [says CBC](#). This year, pharmacists say the demand is there, but the stock isn’t. “We ordered 10 boxes, we got one,” said pharmacist Zicki Eludin, who owns a pharmacy in Lac La Biche, Alberta. “We’re probably getting 10% of what we order.” Eludin said his orders for the high-dose vaccine were initially filled, but the number of available doses has recently dwindled. He ordered 50 doses for last week but was given only a single box of 5 shots. Randy Howden, the owner of a pharmacy in Calgary, is frustrated by the ongoing supply issues. He said the vaccine was distributed to the warehouses based on “market share” and then allocated to individual sites. Alberta Health is “micromanaging” the situation to the detriment of some smaller operators, he said. Alberta Health said the province has ordered more than 400 000 high-dose vaccines this season.

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## Provincial

### ***Manitoba pharmacists call for change of regulation that allows them to immunize only people 7 and up***

Ahead of the anticipated approval of the Pfizer-BioNTech COVID-19 vaccine for children age 5 and older, the organization representing Manitoba pharmacists is calling on the province to change a regulation that allows them to immunize people only age 7 and older, [CBC reports](#). Pharmacists Manitoba is calling on Health Minister Audrey Gordon to sign off on an order of council that will lower the age minimum to 5 from 7. “We envision many families being frustrated by the fact that their 7-year-old can get vaccinated at a pharmacy, but the 5-year-old cannot,” said Tanjit Nagra, CEO of Pharmacists Manitoba. “Being that pharmacies and pharmacists are the most accessible health-care professionals in our province, I think it’s vital that they’re able to offer this service to the community and ultimately to help ensure a successful rollout of the COVID-19 vaccines to pediatric patients and children.”

### ***Pharmacists urge people to book ahead to avoid delays in testing, vaccinations***

Some pharmacies may have to limit what they can offer to meet an increased demand for flu shots, third doses of the COVID-19 vaccine and COVID-19 testing, [CBC reports](#). The fall is always a busy time for pharmacies, according to Jen Baker, a pharmacist-owner who is also the former chair of the board of directors of the Ontario Pharmacists Association (OPA). But this is the first fall with the COVID-19 vaccine, the annual flu shot, the COVID-19 tests that were around last fall, and the typical increase in demand during the cold weather season due to illness. “Phones need to be answered, medications need to be filled, prescriptions need to be reviewed, patients need to be counselled. They need to get their flu shots and their COVID shots in a timely manner, and there are many people who have upcoming travel who need timely COVID testing,” she said. Justin Bates, CEO of OPA, said pharmacies have stepped up during the pandemic, including to administer COVID-19 vaccines, which will work parallel to flu vaccine programs. Bates said regulated pharmacy technicians who administer COVID-19 vaccines—a system which he expects will be “imminently” expanded to include flu shots—have been a big help, and online booking systems have created a “well-oiled machine” for meeting vaccine needs.

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## **National**

### ***Pfizer COVID-19 booster dose authorized by Health Canada for all adults 18+***

Health Canada has authorized a booster dose of the Pfizer-BioNTech COVID-19 vaccine for all adults 18 and older, [Global News reports](#). A third dose of the vaccine, also known as Comirnaty, is authorized to be administered at least 6 months after the second dose, according to information posted to [Health Canada's website](#) on November 9. This change makes official what some provinces were already doing and what the National Advisory Committee on Immunization had recommended: administering booster shots to certain groups, like adults 70 and older and front-line health-care workers. “Provincial and territorial jurisdictions may have already chosen to offer an additional vaccine dose to specific populations to enhance their protection against COVID-19,” Health Canada said in a statement. “This would have been considered off-label use since Health Canada had not, until now, authorized a three-dose regimen for any of the vaccines authorized in Canada.”

### ***Pandemic has led to decreased high blood pressure diagnosis and treatment: SDM***

New [Shoppers Drug Mart data](#) suggests the COVID-19 pandemic has led to a reduction in hypertension diagnoses and treatment—an early warning sign for potential longer-term risks, like higher rates of heart attack, stroke and kidney failure. The data indicates in-person physician visits have decreased by up to 79% since March 2020, as Canadians stayed home or avoided health-care settings. At the same time, data showed up to 30% fewer new patients starting medications generally used to treat hypertension than in the previous years. This trend has improved slightly with relaxing COVID-19 restrictions. However, a comparison of 2021 and 2019 data suggests nearly 1 in 5 expected hypertension patients are either not seeking treatment or

unaware that they need it. Left undetected or uncontrolled, hypertension can cause serious long-term health consequences and can place significant burden on the health-care system as a result.

### ***HealthCareCAN urges provincial governments to mandate vaccination***

HealthCareCAN, whose member institutions provide health care and conduct health research throughout Canada, [says it's unfortunate](#) that provincial governments are reluctant to send a clear public health message by mandating vaccination of all health-care workers against COVID-19. "Ontario and Quebec have changed their position out of fear that the system does not have enough personnel to replace unvaccinated healthcare workers. This is a direct result of the failure of governments of all levels to properly resource Canada's healthcare system," the organization says in a statement. HealthCareCAN urges provincial governments to mandate vaccination to protect not only the health workforce that keeps Canada's health-care system functioning, but all Canadians. "Beating COVID requires us all to do our parts. As discussions about easing of public health restrictions to battle the pandemic are ramping up, and Canadians are understandably weary after 20 months of battling COVID, the fight is far from over. Vaccination remains our best chance to truly end this pandemic and it is vital that we all do our part."

### ***Increased use of higher-cost medicines continues to put pressure on Canadian public drug plans***

A new Patented Medicine Prices Review Board [report](#) finds prescription drug expenditures by Canadian public drug plans increased by 3.7% in the 2019-20 fiscal year, bringing annual spending to \$12.5 billion. The use of higher-cost medicines has been the primary factor behind rising costs for the public plans over the past 5 years, and this pressure continues to build. For the first time in the report's history, the 10 highest-cost drugs reimbursed by the public drug plans were all rare disease treatments with annual treatment costs of over \$100,000. As a result, nearly 60% of overall drug costs for the public plans in 2019-20 were spent on just 5% of beneficiaries.

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## **International**

### ***Australia: Pharmacy Guild says COVID-19 boosters are likely for years to come***

Australians will be getting booster shots to combat COVID-19 for years to come, with annual injections to become an integral part of the national vaccination program, according to the Pharmacy Guild of Australia. Pharmacy Guild president Trent Twomey [told the Brisbane Times](#) there would be a need for booster shots "for the foreseeable future" to protect Australians against the coronavirus. "The question is what booster and what interval we need to get that booster, whether its every 6, 9 or 12 months," he said. Twomey added "it will probably take until 2023 until we reach some sort of steady state vaccination program" that would involve 1 annual booster shot for the population, much as the flu shot has become annual. "In time we will treat COVID like many other viruses that have been around for decades, and a COVID-19 shot will

just be another element of the Australian vaccination program.”

### ***Australia: Canberra pharmacies expect slow start to booster rollout***

Canberra's pharmacies are gearing up to administer COVID-19 vaccine booster doses, but expect a slower start to the next stage of the rollout, [says the Canberra Times](#). Sandra Ferrington, managing partner of Capital Chemist Kingston, said only about 30 people had flagged their interest in a Pfizer-BioNTech booster so far. “Part of it is because there [are] some people [who] are a little bit uncertain about whether they qualify for a booster or not,” Ferrington said. Meanwhile, some Canberra pharmacists said last week they would downscale their rollouts of the booster doses due to inadequate federal funding. “Pharmacists around Australia have really stepped up over the past 18 months during the vaccine program and when you already have a fatigued workforce, it doesn't help when what you're getting paid to administer the booster doesn't cover costs,” said Simon Blacker, the Pharmacy Guild Australian Capital Territory branch president.

### ***UK: RPS welcomes training investment from Health Education England***

The Royal Pharmaceutical Society (RPS) [has welcomed the announcement](#) from Health Education England that an investment of up to the equivalent of C\$26.6 million will be made in training and workforce development for pharmacists and pharmacy technicians over the next 4 years. “Access to training for independent prescribing is vital if pharmacists in England are to work routinely as part of multi-disciplinary teams across primary care to extend the provision of clinical services, especially in community pharmacy,” said Thorrun Govind, the chair of RPS in England. “To make this happen, services need to be put in place as soon as possible so that existing and future prescribers can use their qualifications to benefit patients.”

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## **In-Depth**

### ***Are pharmacists really the most accessible health-care providers?***

Pharmacists claim to be the most accessible health-care providers, but are they truly accessible for all? An article from [Healthy Debate](#) explains that accessing the pharmacy comes with its own barriers for those with mobility issues.

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## **Worth Repeating**

“Vaccination mandates are exceptional measures: they constrain individual choice about vaccination more than is typically accepted. But SARS-CoV-2 remains an exceptional threat to patients and the public.” — [Editorial](#) from the *Canadian Medical Association Journal* that says vaccination should be required to practise medicine in Canada

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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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