



CANADIAN
PHARMACISTS
ASSOCIATION

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DU CANADA

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RE: CONSULTATION ON A PROPOSED PATHOGENS OF INTEREST LIST

On behalf of the Canadian Pharmacists Association (CPhA), we would like to thank you for the opportunity to comment on Health Canada's Proposed Pathogens of Interest List to help inform sponsors of the bacterial pathogens in most urgent need of innovative drugs and/or devices and guide the development of new tools and policy approaches.

As the national voice of Canada's 41,000 pharmacists, CPhA shares the concerns of governments and health care providers worldwide about the threat of antimicrobial resistance (AMR). Our participation in the interdisciplinary AMS Canada steering committee and the Canadian Roundtable on AMS demonstrates our commitment to enhancing the role pharmacists play in antimicrobial stewardship (AMS). We are, therefore, pleased that the federal government is taking action to promote research and development of innovative therapeutics for priority pathogens to combat antimicrobial resistance (AMR). We are also encouraged to know that this will be coupled with facilitated and accelerated regulatory pathways in order to bring these products to the Canadian market as quickly as possible.

We recognize that AMR is a complex problem, requiring a multifaceted and cross-sectoral response. The creation of a proposed pathogens list, adapted from the World Health Organization's Global Priority List of Antibiotic-Resistant Bacteria for the Canadian context, is an important piece within Health Canada's commitment to respond to AMR in the areas of surveillance, infection prevention and control, stewardship and research and innovation. On behalf of Canada's medication experts, however, CPhA must remind Health Canada that more must be done on the frontlines of primary care to help pharmacists increase appropriate antimicrobial use (AMU) and address AMR.



Pharmacists and Antimicrobial Stewardship

Pharmacists are medication experts and the last point of defense against AMR in primary care settings. Therefore, pharmacists are central to AMS within community health care and have demonstrated this in four key areas:

Public education and counseling

Part of a pharmacist's core practice includes counseling patients on their health, their medication and the appropriate use of this medication. Pharmacists can therefore play a key role in educating the public about the impact and risks of inappropriate antibiotic use. Pharmacists have also participated in the development of educational campaigns, such as the community-based education program "Do Bugs Need Drugs?" and Choosing Wisely campaigns, and are relaying the messages to their patients each and every day.

Immunization

For several years, Canadians have been able to receive their flu shot and other viral and bacterial vaccines from their community pharmacy (in all provinces except Quebec). This service is an important tool in AMS as vaccines help to prevent infection and, therefore, antibiotic use. Pharmacists also use this service as an opportunity to talk to patients about infection prevention, managing symptoms of viral infections, and even patients' hesitancy to receive vaccinations. Pharmacist messaging includes that vaccinations don't just prevent primary infections, but they can also prevent secondary infections from antibiotic-resistant bacteria – for example, pneumonias that can follow influenza infections.

Optimizing prescribing practices

In certain provinces, pharmacists can substitute one antibiotic for another – for example, if a patient is allergic to the antibiotic prescribed or if the initial antibiotic prescribed does not resolve an infection and a more appropriate antibiotic is needed. Pharmacists can also support physicians in the use of delayed prescribing. If a patient receives a prescription and is instructed to start antibiotics only if symptoms do not improve after a specified time, pharmacists can reinforce this with patients to ensure that they do not begin a course of antibiotics to quickly or unnecessarily.

Prescribing for minor ailments

In most provinces, pharmacists have the authority to assess and prescribe for minor ailments, such as for urinary tract infections and strep throat. Pharmacists are guideline-oriented practitioners and have invested in campaigns like Choosing Wisely Canada and the philosophy that more is not always better. As drug experts, pharmacists understand that the most critical part of this authority is the ability to "assess," to avoid prescribing if it is not required, and to help educate patients about why they did not receive a prescription along with counseling to address symptom management.



A recent study published in the *Canadian Pharmacists Journal* evidences the success of pharmacist-led prescribing for uncomplicated urinary tract infections. The study took place in New Brunswick where pharmacists performed patient assessments and either prescribed medication, provided education only, or referred patients to a physician if appropriate. The results showed that, with pharmacist prescribing, symptoms were resolved in 89% of patients, and pharmacists successfully identified complicating factors and referred patients to physicians where appropriate. Patients were able to access a pharmacist for this service sooner than they would have been able to see a physician. This was reflected in a survey where patients indicated high levels of satisfaction with the care received from pharmacists, the thoroughness of the assessment, and the fast and efficient access to treatment.

Recommendations to Enhance Pharmacists' Role in Antimicrobial Stewardship

According to the Public Health Agency of Canada and the National Collaborating Centre for Infectious Diseases, in 2014 it was estimated that over 23 million antimicrobial prescriptions were written for human consumption in Canada. Ninety three percent of these prescriptions were dispensed by community pharmacists and it is estimated that 30–50% were unnecessary. We recognize that in community health, where there are few formal AMS programs in place, all primary care practitioners, including pharmacists, must work harder to achieve appropriate antimicrobial dispensing and use by patients in order to help combat AMR. However, we require supports from Health Canada and provincial governments to achieve this goal.

- 1) Most critically, we recommend that all Canadian jurisdictions, including those that fall under the federal government as a provider of health services, promote **harmonization of pharmacists' expanded scope of practice and associated remuneration**. Pharmacists can make a significant impact on AMR through immunization services, assessing and prescribing for minor ailments as well as therapeutic substitution. It is a disservice to patients and a barrier to appropriate AMU that some provinces still do not allow pharmacists to work within their scopes of practice.
- 2) The implementation of a fully **integrated Drug Information System, and Electronic Health Record** in every province and territory would ensure that pharmacists have access to the information they need (such as medication profiles and culture and sensitivity reports) to help them care for patients and work more effectively with primary care colleagues to ensure safe and effective antibiotic use.
- 3) CPhA, through our work with the AMS steering committee, supports the development of **national prescribing guidelines** in order to improve and harmonize prescribing practices across the country. With the availability of prescribing guidelines, we would commit to leading the development of knowledge mobilization tools and mentorship networks for pharmacists to ensure they are armed with the most current knowledge and skills to act as antimicrobial stewards in the interest of public safety.



- 4) We recommend that all antibiotic prescriptions include the **clinical indication for the medication being prescribed**. Especially in the age of AMR, it is important that the entire health care team have knowledge of the intended indication of prescribed medications so as to understand what is being treated, the goals of treatment and what to communicate to the patient. This information would help pharmacists promote optimal and safe antibiotic use ensuring that the patient receives the correct drug, dose and duration of therapy for that indication.

In conclusion, we fully support Health Canada's proposed pathogens of interest list. We believe it represents the pathogens most in need of new therapeutics and those that are most relevant to the Canadian context. And while we hope this list will encourage the development of innovative drugs to combat these pathogens, we urge Health Canada to increase its efforts in other areas, such as in support for pharmacists through federal policy and among provincial health ministries, and provide pharmacists the opportunity to make a larger impact against AMR.

Pharmacists must have the authority to make an impactful difference on this important issue. Our skills, scope and accessibility for patients have enabled us to improve outcomes in chronic disease, smoking cessation and minor ailments, and we require the supports to be even more effective as antimicrobial stewards. CPhA looks forward to working with Health Canada and provincial governments to further demonstrate pharmacists' commitment to this cause and our shared responsibility towards antimicrobial stewardship. Should you have any questions related to this submission, please contact me at 613-523-7877 or by email at ikrawchenko@pharmacists.ca.

Yours sincerely,

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