

Speaking Notes for Jeff Poston
Senate Committee on Social Affairs, Science and Technology
October 6, 2010

Pandemic Planning and the Role of the Pharmacist

- Good evening. My name is Jeff Poston, I am the Executive Director of the Canadian Pharmacists Association. With me is Janet Cooper, Senior Director, Membership and Professional Affairs.

- CPhA thanks the Committee for the invitation to appear before you this evening. For those who are not familiar with our organization, CPhA is the national organization representing pharmacists. Our commitment is to provide leadership to the profession in order to improve the health of Canadians.

- Pharmacists played a pivotal role in the response to the H1N1 pandemic in 2009-10. My remarks today are intended to use the H1N1 response as a case study to highlight the role that pharmacists played in a pandemic response, but also to use the H1N1 experience as an opportunity for governments to learn how to better respond to future pandemics, and how pharmacists can be better utilized in future pandemic responses.

THE ROLE OF PHARMACISTS DURING THE PANDEMIC PERIOD

- For most Canadians, pharmacists are the most accessible front line health care provider that they can access. Pharmacists are located in communities

throughout Canada – community pharmacists are highly trusted and highly valued by patients. This was proven during the H1N1 crisis, when pharmacists were often the first point of contact with the health care system by Canadians.

- The patient-health provider communication role is key. The 2010 Community Health Survey asked people who had not received the vaccine why they had not, 74% of those surveyed stated “they did not think it was necessary”. Clearly the communication function provided by pharmacists was a key role.
- Pharmacists provided information about the H1N1 outbreak to Canadians, answered questions, and managed patients who presented symptoms. In that respect, pharmacists relieved a great deal of pressure off the primary care system by preventing unnecessary visits to primary care or acute care settings.
- In some provinces, pharmacists were also responsible for dispensing antivirals from the national stockpile, and were able to extend refills of a prescribed drug without a physician’s authorization.
- In some provinces, pharmacists were authorized to prescribe medications and vaccinate patients. British Columbia, for example, extended immunization authority to pharmacists who received proper training – over 400 pharmacists in BC alone received the training and were able to provide

vaccinations. Over 7,800 British Columbians received vaccinations from pharmacists during the pandemic.

- I should add that during the pandemic period, our association acted as a conduit of information between the various public health authorities, notably the Public Health Agency of Canada, and frontline pharmacists. Janet Cooper who is with me today led those efforts on our behalf. I also want to acknowledge the strong working relationship between CPhA and Roche in developing an oral form of Tamiflu specifically for children.

LESSONS LEARNED

- Overall, CPhA feels that the response to the H1N1 pandemic was well coordinated, however communications between the public health agencies and health providers could have been better coordinated. However, there were areas where the response was lacking, and where pharmacists could have been better utilized to respond more effectively. We believe the response to future pandemics could be improved by taking the following measures:
 1. There were very few clinical guidelines provided for community pharmacy practice. Clinical guidelines developed explicitly for community pharmacists would be a useful tool to educate pharmacists as to how to deal with potential and real pandemic sufferers.
 2. There was also little information available to staff in pharmacies on proper protection measures. Measures that are acceptable in a hospital setting,

such as provision of gowns and masks, do not necessarily apply to a pharmacy setting.

3. The distribution of antivirals and vaccines should use well established, existing supply chains. Current supply chains to pharmacy already works well and is effective – those same chains should remain in place during any pandemic period.
4. The role of pharmacists should be expanded. Given the accessibility that pharmacists represent, greater responsibilities should be extended to pharmacists during pandemic periods. These responsibilities should include prescribing antivirals. The fact that only 41% of Canadians received vaccinations could have been improved if pharmacists were provided with greater scope of responsibilities.
5. Although information provision was good, there were many competing sources of information that it required our association to sift through and synthesize the most relevant pieces of information for our members. A more coordinated approach to information provision would be useful.
6. Like other health care providers, pharmacists were often poorly informed on the supply of antivirals, timing of delivery, and received inconsistent information on priority vaccination lists. There needs to be a consistent, pan-Canadian strategy put in place regarding the supply of antivirals.

CONCLUSION

- As the H1N1 pandemic response demonstrated, pharmacists played a leading role in pandemic responses. However, there are a number of steps

that public health officials can, and should take to make better use of pharmacists as frontline health care providers.

- We would encourage the Senate Committee to send a strong recommendation to the Minister and public health agencies to expand the role of pharmacists in future pandemic planning, and to ensure that the information they receive to maximize the benefits to their patients is clear and timely.
- Thank you for the opportunity to present.

NOTES:

According to a study conducted by the Ontario Agency of Health Protection and Promotion, and published in Vaccine in July 2010, the Ontario H1N1 program averted:

- nearly one million cases
- 50 deaths
- 420 hospitalizations
- 28,000 visits to hospital emergency departments
- 100,000 visits to doctors offices