Pharmacists and pharmacies: Lessons learned for improving vaccine access and vaccine equity for vulnerable populations

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CDC Guidance on Maintaining Routine Immunizations during COVID-19

Recommendations for Adults

- Older adults and adults with underlying medical conditions are particularly at increased risk for preventable disease and complications if vaccination is deferred.
- Healthcare providers, whether they administer vaccines or not, should take steps to ensure that their patients continue to receive vaccines according to the Standards for Adult Immunization Practice.

Guidance also includes recommendations on the safe delivery of vaccines (e.g., use of personal protective equipment, physical distancing)

Because patients may be receiving vaccines outside their medical home, it is critical all vaccines are documented for accurate and timely information on patient vaccination status.

PLUS
- Unified, coordinated messages, engaged multiple stakeholders
- Alternative delivery approaches
- Strong recommendation
Immunization Neighborhood

Collaboration, Coordination, and Communication among immunization stakeholders dedicated to meeting the immunization needs of the patient and protecting the community from vaccine-preventable diseases.

Coined by APhA in 2012

- Patient and community centric
- An entire community can invest in assessing, administering, and/or referring patients to receive appropriate vaccines.
- Supports the sharing and exchanging of immunization data
Pharmacies increase Access to Vaccines Across the Lifespan

• More than 400,000 pharmacists, student pharmacists, and 100,000 pharmacy techs trained to administer vaccines
• More than 40,000 pharmacies in network to provide vaccinations
  • Trusted health care providers
  • Vaccinations reported to Immunization Registries

FACT SHEET: President Biden Announces 90% of the Adult U.S. Population will be Eligible for Vaccination and 90% will have a Vaccination Site Within 5 Miles of Home by April 19
Older adults and people with disabilities who may need additional support to get vaccinated

- Homebound
- Living with cognitive impairment or decline
- Living with mobility challenges, vision or hearing loss, or other disabilities
- Living in congregate or crowded settings, such as group homes and independent living facilities for older adults
- Living in remote, rural, or tribal areas
- Without family or community support to help them find out about vaccines
- Without access to the internet or unable to use online scheduling systems
- In an ethnic, racial, or other group at higher risk for COVID-19
- Not native English speakers

Areas pharmacists can IMPACT!
# Provision of Pharmacy Services During COVID-19

*Ready, Willing and Able BUT Stressed & Stretched*

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<tr>
<th>Month</th>
<th>Services</th>
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<td>January</td>
<td>Year-round offering of vaccinations</td>
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<td>Flu-vaccination</td>
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<td>Healthcare provider shortages, well-being, etc.</td>
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<td>Additional COVID-19 vaccine doses / COVID-19 vaccine Boosters</td>
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Continuity of Patient Care (medications, MTM and other services)
Relaunching of Routine Vaccination Efforts

When is the right time to focus on routine adult vaccinations?

Co-administration and vaccine timing

COVID-19 Post-Vaccination Time

Observation and Education

Will the public have a heightened interest / appreciation to obtain recommended vaccines (full protection against vaccine-preventable disease)
Opportunity Knocks

VaccineConfident

Things You Can Do...

Protect yourself, your family, and your community by being
Up-to-Date on your immunizations and ensure your vaccination record is up-to-date.

After YOU receive any immunization:
- Ask your pharmacist and other health care providers to
  - UPDATE your Immunization Record Card
- Ask your pharmacist and other health care providers to
  - REPORT the vaccination to the Immunization Registry
- CARRY and SHARE your updated Immunization Record Card with every member of your health care team
- SECURE your Immunization record cards
  - Use an app to track your vaccinations OR
  - Take a picture of your card(s) and securely store on your cell

Check the CDC Immunization recommendations below!

You do not have to wait before or after getting a COVID-19 vaccination to receive another recommended vaccine.

Recommended to All Adults (During your lifetime; Talk to your healthcare provider to find out if you need these recommended vaccines)
- Flu
- Tdap (Tetanus, Diphtheria, Whooping Cough)
- Human Papilloma Virus (HPV)
- Measles, Mumps, Rubella (MMR)
- Meningitis
- Chickenpox

Recommended for Older Adults
- Shingles (> 50 years)
- Pneumococcal (> 65 years)

Special Recommendations (People with certain health conditions may need these vaccines) Pneumococcal
- Hepatitis A or B
- Meningitis

Talk to your Pharmacist or other Healthcare Provider if you have any questions or concerns related to immunizations, your health and to schedule a vaccination.
• Point of care access to immunization data can increase opportunity for immunization discussion and delivery.
Coadministration with COVID-19 Vaccines

• Clarification to providers that it is OK to co-administer
  • Considerations
    • Reactogenicity potential, especially for adjuvanted and other vaccines (Td/tdap)
      • Informing patient of potential reactions and management
      • Administering vaccines in different arms, etc,
    • Not missing opportunities

2021-22 Influenza
• Current guidance concerning administration of COVID-19 vaccines with other vaccines
  (https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html) indicates that these vaccines may be given with other vaccines, including influenza vaccines. No data are currently available concerning coadministration of currently authorized COVID-19 vaccines and influenza vaccines. Providers should be aware of the potential for increased reactogenicity with coadministration, and should consult CDC guidance at the referenced link for updated guidance as more information becomes available. If coadministered, COVID-19 vaccines and vaccines that might be more likely to cause a local reaction (e.g., allV4 or HD-IIV4) should be administered in different limbs, if possible.
Timing of Vaccination - Influenza

Protection wanes over season – more pronounced in older adults, less evidence in children

Adults:
“For non-pregnant adults, influenza vaccination during July and August should be avoided unless there is concern that later vaccination might not be possible.”
- Uncertainty of what post September 20 looks like
- Individuals coming in asking for 3rd dose / booster of COVID vaccine but not in alignment with current recommendation
  - opportunity to offer other vaccines
Additional Stress…
Boosters: Yes, No, Who, What, When & Why?
Public Confusion…

Questions about who can receive a booster dose
- Can people who received the J&J/Janssen vaccine get a booster dose made by another manufacturer?
- Can people receive the J&J/Janssen vaccine as a booster dose?
- What conditions make a person eligible to receive an additional or a booster dose?
- Will people with compromised immune systems need a booster dose eight months after their third dose?
- Should antibody testing be used to determine if a person should get a booster dose?
- Do people who previously had COVID-19 need a booster dose?

Questions about the safety of booster doses
- What are the side effects of the booster dose?
- How do we know booster doses are safe?

Question about why a booster dose is needed
- If a person has enough antibodies to COVID-19, do they still need a booster dose?
- Other vaccines don’t require a booster dose; why will COVID-19 vaccines require booster doses?
- What evidence supports the decision to wait eight months after the previous dose before getting a booster dose?
- Will administering booster doses help us reach herd immunity?

Other Questions
- Should a person receive the same brand of COVID-19 vaccine for their booster dose as the primary series they received?
- When can people start getting the booster doses?
- Will people who receive a booster dose need to continue to wear masks?
- Would not having the booster dose mean you are not fully vaccinated in instances where you need to prove your vaccination status?
- What is the difference between the primary series, the additional dose, and the booster dose?
- Are the booster doses going to be free, and if not, what is the cost?
- How many booster doses will people need to get?
- Will a booster dose decrease the chance of someone getting or becoming sick with COVID-19?
**Additional Dose**

Administered when the immune response following an original vaccine series is **likely insufficient**.

Certain immunocompromised individuals **should** receive an additional dose of mRNA COVID-19 vaccine to achieve a sufficient level of protection.

Updated **three-dose** mRNA vaccine series for severely or moderately immunocompromised individuals:

Dose 1 ➔ Dose 2 ➔ Dose 3

**Booster Dose**

Administered when the immune response following an original vaccine series is sufficient, but likely to have **waned over time**.

Vaccinated individuals **may** be recommended to receive a booster dose of mRNA COVID-19 vaccine to maintain a sufficient level of protection.

Example of the potential **two-dose** vaccine series, followed by a booster:

Dose 1 ➔ Dose 2 ➔ Booster

*Booster doses are not recommended at this time.*

There are currently not enough data to support a recommendation for additional doses or boosters in individuals who received the Johnson & Johnson COVID-19 vaccine. FDA and CDC are working to provide guidance to these individuals.
Self Attestation Statement for COVID-19 Vaccine Recipient

Please indicate your eligibility to receive an additional dose of COVID-19 vaccine:

☐ I am an individual whose immune system is moderately or severely compromised due to a medical condition or the effects of a medication or treatment, as identified by the Centers for Disease Control and Prevention (CDC). * I request a third dose of an mRNA COVID-19 vaccine.

*Please check the appropriate box below:

☐ Been receiving active cancer treatment for tumors or cancers of the blood
☐ Received an organ transplant and are taking medicine to suppress the immune system
☐ Received a stem cell transplant within the last 2 years or are taking medicine to suppress the immune system
☐ Moderate or severe primary immunodeficiency (such as DiGeorge syndrome, Wiskott-Aldrich syndrome)
☐ Advanced or untreated HIV infection
☐ Active treatment with high-dose corticosteroids or other drugs that may suppress your immune response

Date of second COVID-19 mRNA dose:
Note: Third dose should be administered at least 28 days after second dose.

Vaccine product received:

Print name: ____________________________
Signature: ____________________________
Date: ____________________________

https://www.pharmacist.com/Practice/COVID-19/Know-the-Facts

Self Attestation Statement for COVID-19 Vaccine Recipient

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Visit APhA’s **Vaccine Confident** website to access resources, talking points, and other information to empower pharmacists to build vaccine confidence.

[https://vaccineconfident.pharmacist.com/](https://vaccineconfident.pharmacist.com/)

**Visit the COVID-19 Practice Resource Library**
Making a Difference

Pharmacist Leads by Example and Uses Social Media to Educate Her Community

Putting People at Ease by Providing Vaccines at Familiar Community Locations

Helping Underserved People Overcome Fear and Logistics Problems to Get Vaccinated

Pharmacist Leverages Trust to Improve Vaccine Confidence Among Black Community Members

Independent Pharmacist Brings Vaccines to Immigrant Communities

Pharmacist Gives Patients the Time They Need to Feel Confident About Vaccination

Pharmacist Counters Vaccine Hesitancy in Vietnamese American Community and Beyond

Represent Your Community, Show Them They Matter, and Meet Them Where They Are

Read these and other stories at: https://vaccineconfident.pharmacist.com/Share/Success-Stories/Articles
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