Moving Pharmacists’ Immunization Activities Beyond Flu: 
Every Patient Encounter Provides an Immunization Opportunity

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Disclosures

- Dennis D. Stanley, RPh, declares he is on the speakers bureau for Merck Vaccines and Cardinal Health.
- APhA’s editorial staff declares no conflicts of interest or financial interests in any product or service mentioned in this activity, including grants, employment, gifts, stock holdings, and honoraria. For complete staff disclosures, please see the Education and Accreditation Information section at www.pharmacist.com/education.
Accreditation Information

The American Pharmacists Association is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education (CPE). This activity, Moving Pharmacists’ Immunization Activities Beyond Flu: Every Patient Encounter Provides an Immunization Opportunity, is approved for 1.5 hours of CPE credit (0.15 CEUs). The ACPE Universal Activity Number assigned by the accredited provider is: 202-000-12-133-L04-P.

To obtain CPE credit for this activity, participants will be required to actively participate in the entire webinar and complete an online evaluation and CPE recording form located at www.pharmacist.com/education by June 30, 2012.

Target Audience: Pharmacists
ACPE Activity Type: Knowledge-Based
Learning Level: 2
Initial Release Date: May 31, 2012

Learning Objectives

• Discuss the various opportunities for pharmacists to contribute to increased immunization rates within their communities
• Describe best practice models of pharmacists who have expanded beyond flu vaccine administration
• Identify barriers to pharmacists’ ability to expand their immunization activities and discuss strategies for overcoming those barriers

Self-Assessment Questions

• Patients at risk for meningococcal disease include:
  A. College freshmen and military recruits
  B. Those with a damaged or no spleen
  C. Those traveling to an “at risk” area of the world
  D. All of the above
Self-Assessment Questions

• What should you do if a patient’s immunization record cannot be located?
  A. Take the patient’s word on his or her immunization status
  B. Booster every vaccine with one dose only
  C. Look again and if the record cannot be found it is recommended to provide all indicated vaccines
  D. None of the above

Self-Assessment Questions

• Which of the following are effective ways to market to another health care professional?
  A. Take the entire office out to lunch
  B. Provide an easy-to-reference marketing package that describes your service
  C. Only market to the physicians in the practice, ignoring the nurses and other office staff
  D. All of the above

Roles of Pharmacists in Immunization Advocacy

• Pharmacist as advocate
  — Educating and motivating patients
• Pharmacist as facilitator
  — Hosting others who vaccinate
• Pharmacist as immunizer
  — Giving vaccinations yourself

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Hepler and Strand’s Definition of Pharmaceutical Care:
- The provision of drug therapy to achieve outcomes that improve a patient’s quality of life through:
  - Cure of a disease
  - Elimination or reduction of symptoms
  - Arresting or slowing of a disease process
  - Preventing a disease or symptoms

Where is prevention in your practice?

Partners in Health Care
- As health care providers, pharmacists must interact with other providers
- Any vaccination administered to a patient is essential information that the primary care physician needs
- Pharmacists must be an active health care provider with the patient’s medical/health home
- Pharmacists are in the perfect position to correct missed opportunities
- Pharmacists’ immunizing activities help other HCPs and institutions achieve quality measures

Immunizations Change the Face of Your Practice
- Traditional Pharmacy
  - Patient gets sick – sees physician – goes to pharmacy for meds
- Immunizing Pharmacy
  - Pharmacist vaccinates - patient is protected from disease
- Now we are a partner in public health
- Slipping through the cracks
  - The physician always has the first opportunity to vaccinate but may not
Healthy People 2020 Goals
Immunization Opportunities

• Reduce chronic hepatitis B infections in infants and young children
  — Goal: 0 cases, we are at 0.06/100,000
• Reduce hepatitis A infections
  — Goal: 0.3/100,000, we are at 1/100,000
• Reduce meningococcal disease
  — Goal: 10% improvement of 0.3/100,000
• Reduce or eliminate cases of vaccine-preventable diseases
• Reduce hepatitis B infections in adults
  — Goal: 1.5/100,000, we are at 2/100,000
• Reduce disease, increase immunizations, increase awareness...across the life span

Disease Outbreaks

• 2010: Chickenpox in Delaware, Florida, California
• 2010: to current-Pertussis deaths in California
• 2009–2010: Influenza deaths
• 2009: Mumps in New Jersey
• 2008: Measles in multiple areas due to importation from travelers

What Is the Medical/Health Home?

• Reinvention of a “classic” idea
• Primary Care or Family Physician will:
  — Provide medical care
  — Provide or coordinate screenings and preventive care
    • Pharmacists provide both screenings and immunizations
  — Coordinate specialist care
  — Coordinate hospitalizations
  — Be the reservoir for all of the patient’s information
• More coordinated and less fragmented care

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Pharmacists’ Role in the Medical/Home

Medication Experts
- Counsel on correct use of medications
- Request clarification of therapy
- MTM and related services
- Discuss side effects
- Counsel patient and physician on drug-drug interactions
- Counsel on optimal use

Offer Preventive Health Care
- **Immunizations**
- Anticoagulation clinics
- Asthma care
- Diabetes education and clinics
- Adherence to therapy counseling
- Day-to-day counseling on endless subjects
- Screenings

Pharmacists’ Role in the Medical/Home

- Triage patients
  - Disease management referrals
  - Injury referrals
  - Advance effect referrals
  - Drug interaction referrals
  - We correct lack of effective therapy counseling
- Provide immunizations and information
  - Influenza
  - Pneumococcal
  - Shingles
  - Hepatitis B vaccine for diabetics
  - Routine adult vaccines
  - Adolescent vaccines – HPV, meningococcal
  - Tdap – cocoon of protection for infants
  - HPV for female and male adolescents and young adults
  - Meningococcal vaccines for college-aged students
  - Travel-related vaccines
  - Injection services

A Rational Year-Round Program?

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<th>Influenza</th>
<th>Pneumococcal</th>
<th>Meningococcal</th>
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How About This?

January  April  June  September  December

Influenza, pneumococcal, hepatitis A, hepatitis B, Td/Tdap, meningococcal, MMR, varicella, HPV, shingles, rabies, travel vaccines

If Influenza and Pneumococcal Vaccines Are the Starting Point, When Will You Add...

- Shingles
- Td/Tdap
- Meningococcal
- Human papillomavirus
- Rabies
- Pre-travel health and related vaccines
- Vaccines for specific populations

Herpes Zoster (Shingles)

- Zoster vaccine is FDA-approved for all persons ≥50 years old who have no contraindications to vaccination
  - Estimated that >90% of adults >50 years old are at risk for shingles
  - 1 million new cases every year
  - Advisory Committee on Immunization Practices (ACIP) recommendation remains ≥60 years old
- This includes:
  - Those who have had chickenpox or exposed to chickenpox
  - Those who have had a previous case of shingles
  - It is NOT indicated to treat acute zoster

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Tdap

- Sources estimate that 30%–50% of the population may be at risk of tetanus
- Cases of pertussis (whooping cough) — some fatal — have been on the rise
- Recommendations include
  - 7 years and older especially if a dose of DTaP was missed
  - 19–65 years old every 10 years
  - 65 years and older may get a dose of Tdap
  - Unvaccinated pregnant women should get a dose, preferably in the 3rd trimester
  - Anyone in contact with babies <12 months old
- A dose of vaccine is needed every 10 years

CDC. Vaccine Information Statement: Td/Tdap vaccines. www.cdc.gov/vaccines/pubs/vis/Tdap-Cocooning

Tdap-Cocooning

"Maternal vaccination. ACIP recommends that women's health-care personnel implement a Tdap vaccination program for pregnant women who previously have not received Tdap. Health-care personnel should administer Tdap during pregnancy, preferably during the third or late second trimester (after 20 weeks’ gestation). If not administered during pregnancy, Tdap should be administered immediately postpartum.

Cocooning. ACIP recommends that adolescents and adults (e.g., parents, siblings, grandparents, child-care providers, and health-care personnel) who have or anticipate having close contact with an infant aged <12 months should receive a single dose of Tdap to protect against pertussis if they have not previously received Tdap. Ideally, these adolescents and adults should receive Tdap at least 2 weeks before beginning close contact with the infant.”


Meningococcal Vaccine

- >1,000 cases of meningococcal disease annually
- 10–15% die from the infection, even with treatment
- Up to 20% have amputations, seizures, strokes, deafness, or other CNS problems
- Recommendations include:
  - Adolescents at 11–12 year visit + 18 years old
  - If first dose at age 16 years or later, only 1 dose is recommended
- Others at risk
  - College freshmen and military recruits
  - Those with a damaged or no spleen
  - Those traveling to an “at risk” area of the world
  - Those with persistent complement component deficiency

CDC. Vaccine Information Statement: Meningococcal vaccines. www.cdc.gov/vaccines/pubs/vis/
Human Papillomavirus

- 20 million persons infected
- 6 million new cases annually
- HPV causes cervical cancer, vulvar and vaginal cancers in women; anal and oropharyngeal cancers in both men and women as well as genital and oral warts
- HPV causes
  - 12,000 cases of cervical cancer each year
  - 4,000 deaths from cervical cancer
  - >5,000 cases of anal cancer in men and women

CDC. Vaccine Information Statement: HPV vaccine. www.cdc.gov/vaccines/pubs/vis/


Rabies

- Acute, fatal viral disease
  - Symptoms range from flu-like illness to severe CNS effects to death
  - Hypersalivation
  - Hydrophobia
  - Once symptoms occur, survival is very rare
- Almost always infected through bite or scratch of a rabid animal
  - Bats, dogs, cats, raccoons, opossums, skunks, foxes, jackals, mongooses
  - Spread via saliva or CNS material
- Rabies virus exists in some animals on every continent except Antarctica

Rabies Vaccine

- Inactivated vaccine, 1 mL IM deltoid
  - Human Diploid Cell Vaccine – Imovax
  - Purified Chick Embryo Vaccine – Rabavert
- Pre-exposure series 0,7,21-28 days
- Post-exposure in previously vaccinated person – 0 and 3 days
  - No HRIG is administered
- Post-exposure series in non-vaccinated person – 0,3,7 and 14 days
  - Plus HRIG
    - Imogam or HyperRAB
- Precautions
  - Allergy to component (egg)
- Adverse effects
  - Usually mild effects as expected with an inactivated vaccine
Does Pharmacist’s Involvement in Pre-Travel Health Make Sense?

- Accessibility
- Low immunization rates
- Vaccine-preventable disease outbreaks
- Pharmacist’s drug knowledge
- Pharmacist’s comfort with online billing
- Pharmacist’s comfort with patient counseling
- Potential lack of competent local services
- Alternate revenue source
- Differentiate your practice
- Patient’s comfort with pharmacist vaccination activities
  - Knowledge
  - Convenience
  - Speed of service
  - No office full of sick people
  - Comfort of vaccination

U.S. Airport Survey - 2003

- Only 36% sought travel health advice
  - Most booked trip >1 month before departure
- 73% traveling to malaria risk area
  - 60% had anti-malarial medication with them
- Most were traveling to places where hepatitis A is a risk
  - Only 17% thought they were at risk
- Vaccination rates were low throughout
  - 11% had Td vaccine
  - 14% had hepatitis A vaccine
  - 13% had hepatitis B vaccine
  - 5% had yellow fever vaccine


Yellow Fever - Indications

- WHO – traveling outside urban areas in endemic zone
- CDC – reported in Health Information for International Travel
Yellow Fever Vaccine

- Attenuated live virus
- 0.5 mL subcutaneous
  - Revaccinate at 10 years
  - Pediatric dosing >9 months
  - Cautions >40 years old
- Almost 100% effective
- Available only at federal centers or state health dept. designated locations
- Must issue "International Certificate of Vaccination or Prophylaxis" (ICVP)
  - Signed by MD or designee
  - Must be fully completed
- Waiver may be appropriate in those who have a medical reason preventing vaccination

Yellow Fever Vaccine – Side Effects

- Generally mild
  - Pain, redness, swelling at the injection site
  - Headache, muscle aches, fever, etc.
- Fever, headache in 7–14 days (10%)
  - Live vaccines may produce disease-like side effects
  - Obviously much less severe than disease
- Severe but rare side effects
  - YEL-AVD – viscerotropic disease
  - YEL-AND – neurologic disease

Yellow Fever Vaccine Side Effects – Possible, Severe, Rare

- YEL-AVD
  - Multiple system organ failure
  - Progression from expected side effects to febrile illness to respiratory failure to renal failure
  - VIS lists 24 cases/13 fatal post-vaccine
  - Most were >60 years old
  - No definitive causal relation but data support causality
- YEL-AND
  - Post vaccine encephalitis
  - Occurs in infants <9 months old
  - No definitive causal relation but data support causality
Japanese Encephalitis Vaccine

- Travelers to certain areas in Asia with >1 month in endemic areas or multiple short visits, during the season
  - Mosquito borne
  - Rural areas are most risky
- Travelers whose itinerary will cause high risk of exposure
- Lab workers
- Not recommended for all travelers
- Current vaccine is approved for persons >17 years old
  - Use in children is being studied

International Adoption – Parents and Children

- Adoptive Parents
  - All routine vaccines
  - Travel-related vaccines specific to itinerary
- Children
  - Often records are incomplete or completely missing
  - Requirements in other countries are often completely different from U.S. requirements
  - Catch up on all known childhood vaccine needs
  - Bring up to date on U.S. childhood vaccine recommendations
  - Hepatitis B 3 doses, hepatitis A 2 doses, MMR 2 doses, varicella 2 doses, etc.

Patients With Diabetes

- As any other patient, patients with diabetes should be fully vaccinated with routine vaccines
- Other important vaccines include:
  - Td/Tdap – risk of unknown injury
  - Pneumococcal vaccine
  - Annual influenza vaccine
  - Persons up to 60 years old (or older if requested)
Immunocompromised Patients

- Up to date on all routine vaccines
- Annual influenza vaccines
- Pneumococcal vaccine at diagnosis + 1 dose 5 years later
- Caution with any live vaccines
  - Vaccination may be indicated because infection from a vaccine-preventable source may be severe
  - Consultation with the physician is essential
  - Generally if CD4+ T-lymphocyte count is ≥200 units/µL, vaccination may be appropriate
- Inactivated vaccines are generally considered safe

Long-Term Care Facility Patients and Staff

- Patients
  - All routine adult vaccines
  - Annual influenza vaccine
  - Pneumococcal vaccine with a second dose if appropriate
  - Shingles vaccine (herpes zoster)
- Staff
  - All routine vaccines
  - Hepatitis B
  - Hepatitis A
  - Annual influenza
  - Td/Tdap

“There are no secrets to success. It is the result of preparation, hard work, and learning from failure.”

Colin Powell
Create Your Immunization Space

- Huge investment of money is not needed
  - Privacy curtains, a desk, and chairs will suffice
  - Create a comfortable and efficient space for you to administer vaccines
- Creative use of space
  - Look for unused space
  - Proximity to pharmacy
  - Establish a vaccine prep area if needed
- Provide a waiting area
  - An area for pre- and post-vaccination patients
  - May help calm nervous patients and a convenient area to monitor patients
- Privacy is a must
  - Your patients expect privacy and attention
  - Be prepared for adverse reactions or vasovagal syncope

More Space

- Don’t hide your service
  - Signage – in-store and elsewhere
    - In-Store = be creative, attention getting, innovative
    - Elsewhere = MD’s office, schools, sporting goods store, hardware store, etc.
  - Attitude = word-of-mouth is important
    - Honestly express interest in your patient
    - Be willing to share your knowledge
    - Feel comfortable “upselling” vaccines during patient interactions
- Make it a comforting atmosphere
  - Patient comfort is essential
  - Waiting areas before and after the shot are appreciated as well as necessary
  - Influenza clinics require special preparations
- Provide for document/inventory/supplies storage
  - Desks, file cabinets, refrigerator, freezer, etc.

Barriers - Physician

- Possible lack of knowledge of pharmacist’s capabilities
- Possible lack of knowledge of pharmacist’s training
- Threatened by pharmacist as competition for $$$$%
- Lack of information from pharmacist about vaccines to the physician regarding the patient
- May think lick-stick-pour are pharmacists’ only capabilities
- Concerns of increased liability
- Simply may not know that pharmacists are trained and capable of providing vaccines
Barriers - Pharmacist

- Pharmacist’s lack of time to add this activity to the practice
- Pharmacist’s attitude that he/she is already doing enough so don’t add this new activity
- Pharmacist’s low comfort level
- One more thing to distract me
- Fear of hurting a patient
- Fear of providing an immunization incorrectly
- Lack of knowledge of vaccines and administration

Barriers - Patient

- Fear of shots/needle
- Fear of side effects
- “Will it make me sick?”
- Unsure of pharmacist’s competence
- “I didn’t know you did this”
- Cost of vaccines
- Varying coverage of vaccines by managed care

The Answers to All of These Concerns:

- Training
  - For pharmacists and technicians
- Education
  - For pharmacists, technicians, patients, and physicians
- Mentoring
  - For pharmacists
- Define a “champion” or “guru” to lead your efforts
  - Look to your practice leaders or become a leader yourself
- Define “go-to” people and sources for answers
  - Look to experts in the area – State and Local Health Departments, immunization coalitions, physicians, experienced pharmacists, APhA, etc.
  - Constantly review the literature and appropriate list serves and disseminate the information to your pharmacists
Communication Is a Solution

- Physician Notification
  - Imperative to complete patient records
  - Aids physician's efforts to achieve performance and quality standards
  - Influenza
  - Pneumococcal
  - Pre-school/pre-college
  - Shingles
  - Determine the best way to interact with your physicians
    - Letters, faxes, phone notifications, e-mails, registries, electronic health records

Communication Is a Solution

- Immunization Registries
  - Comprehensive list of vaccine recipients
    - Some may offer inventory management, patient notification, missed dose notification, etc.
    - Information is downloaded or transmitted periodically
    - Instruction is usually offered
  - May be related to a specific institution
  - The number of states employing registries is growing
  - Often created to record pediatric patients but adult information is included

Build Immunization Partnerships

- Local and State Health Departments
  - Set the standard for immunization services
  - Can be great partners and sources of information
- Immunization Coalitions
  - Learn the players in your area
  - Be a player in your area
  - Connect with immunizers, suppliers, and opinion makers
- Physician Organizations
  - Share vaccine if appropriate
  - Be their knowledge and information source
- Manufacturers
  - A tremendous source of information
  - Source of many forms of support
Partner With Local Physicians

• Together we can protect our patients
• Become their information source
• Inform the physicians whenever you vaccinate a patient
• Work together to ensure that patients are fully vaccinated
  – HPV vaccine – physician provides dose #1 at office visit
  – Pharmacist provides doses #2 and #3 as follow-up to initial dose
• Support physician’s efforts to vaccinate patients then fill in any missed opportunities

Partnering Is a Solution

• Hospital discharge and other opportunities
  – Numerous examples of pharmacists influencing hospital policy
  – Pneumococcal vaccination at discharge
  – Influenza vaccines according to CDC guidelines
  – Other vaccine programs often driven by pharmacist input
    • Td/Tdap - cocooning
    • HPV

Partnering Is a Solution

• University Student Health
  – Extensive international studies program
  – Standing Orders/Protocols allowing vaccinating/counseling students
  – Student health physician is notified of medications dispensed and vaccine administered after visit is completed
  – Student’s physician is notified by student health
**Partnering Is a Solution**

- Pre-Travel Health
  - Standing Orders/Protocols allow all routine adult vaccines as well as some travel-specific vaccines
  - Some travel vaccines require prescription
  - Allows multiple opportunities for pharmacist/patient/physician interaction
    - Seeking prescription authorization from physician
    - Discussions of chosen vaccines, medications, and counseling
    - Physician notification of final therapy

**Partnering Is a Solution**

- Local, State, and National Pharmacy Associations
  - Collaborative ideas
  - Sources of up-to-date information
  - Idea sharing
  - Local “go-to” contacts
  - National and state level thought leaders
  - Legislative awareness
  - Representatives from multiple clinical backgrounds, patient-focused groups, industry, etc.
  - Education opportunities
  - “Cutting edge” ideas
  - Showcase “best practices”

**Immunization Coalitions**

- An immunization coalition brings together practitioners, industry, concerned citizens and immunization experts combining their expertise to increase immunization rates at local, state, and national levels. A coalition may include:
  - Health department physicians, nurses, and executives
  - Health care providers
  - Hospitals and long-term care professionals
  - Managed care representatives
  - Vaccine manufacturers
  - Other interested persons
Public Health Departments

- Promote preventive care, healthy lifestyles, and disease prevention
- Set the standard of care for health in their county or state
- Information source for state and local legislatures
- Some of the most knowledgeable health care and preventive care experts in the area
- Often may partner with other providers to aid the public health
- Can be a very productive referral source

Partnering With Schools of Pharmacy

- Resource for:
  - Knowledge
  - Medical professionals
  - Residents
  - Students
  - Information technology
  - Collaboration opportunities with educators and other preceptors
  - An opportunity to share your knowledge with students

Partner With Industry

- Easy source of information for both patients and health care providers
- Marketing assistance
- Source of patient handouts and DTC information
- Support and advocacy for immunizing pharmacists
And Maybe Most Importantly... Partner With Your PATIENT

- Patients like and trust our services
- Provide documentation to your patients after vaccination
- Patients are less likely to become ill from vaccine-preventable diseases
- Immunization rates are improved in our community
- Educate your patients to the benefits of vaccines
- Become an information source about vaccines in your community
- Satisfied patients create more demand for your services

Legal and Regulatory Challenges

- Know your state practice act
  - Varies significantly from state to state
- Understand CDC/ACIP recommendations
- Understand FDA vaccine approvals
- Understand why FDA and ACIP may differ
- Know the requirements for protection under the National Childhood Vaccine Injury Compensation Act

Legal and Regulatory Requirements

- The National Vaccine Injury Compensation Program requires documentation for all vaccines covered by the childhood schedule
  - Date of administration
  - Vaccine manufacturer, and lot number
  - Name, address, title of person administering the vaccine
  - Vaccine Information Statement (VIS) date or version
  - Date the VIS is given to the patient or patient’s legal representative
  - As needed, supplement this in any way to help the patient understand the information on the VIS
- Signature is not required by federal law
  - Some data suggest that collecting signatures may be a barrier to increasing vaccination rates
Vaccine Knowledge

- Specific vaccine-related training is essential to:
  - Screen the patient
    - Allergy to previous dose
    - Allergy to a vaccine component (eggs, neomycin, gelatin, etc.)
    - Receiving antibodies (IGIM, blood transfusion)
    - Compromised immune system
    - Appropriate vaccine, dosage, site, etc.
  - Educate the patient
    - Benefits of vaccine
    - Possible side effects
    - Expectations

Vaccine Knowledge

- Keeping abreast of immunization changes is essential
  - Newest influenza recommendations - annually
  - Change in nasal influenza vaccine storage
  - Change in shingles vaccine shipping procedures
  - New hepatitis B and Twinrix abbreviated schedules
  - New Tdap age approval
- Vaccine information changes almost daily
  - List serves update information weekly
    - Utilize multiple list serves
    - Reinforces new information and less likely to miss any important information
  - ACIP meets quarterly making changes and new recommendations

Keeping Up...

- List serves
  - APhA – www.pharmacist.com
  - CDC/MMWR – www.cdc.gov
  - Immunization Action Coalition – www.immunize.org
- Webinars
  - CDC
  - APhA
  - Multiple vendors/providers
- Online CPE: multiple sources
- Journals: most have immunization information and updates regularly
- Association meetings
  - APhA Annual Meeting always has multiple immunization offerings
  - State association meetings often have immunization information
  - Manufacturer-sponsored programs
Now That I Have All of This Knowledge
How Do I Market It?

- Mass media
  - Expensive
  - Choose areas and recipients carefully
- Direct mail services
  - Expensive
  - Choose recipients carefully
  - Patient privacy issues may be a problem
- In-store advertising
  - Inexpensive
  - Banners, posters, bag stuffers, buttons, etc.
  - Flag prescriptions for discussion at pick-up
  - Public announcements
  - Indoor and outdoor signage
  - Use you dispensing software to define appropriate vaccine recipients
    - Age – HPV, shingles, pneumococcal
    - Medications – chronic diseases, diabetes, COPD, international travel

More Marketing

- Physicians
  - Referral source
  - Inform them of your service and your expertise
  - Notify them of vaccines administered to their patients
  - Be their information source
- Health Departments
  - Partner with them
  - Seek their expertise
  - Take advantage of educational opportunities
- Word-of-Mouth
  - Very effective
  - Entry in larger groups

What Do I Need to Succeed?

- Training
  - Pharmacists
  - Technicians
  - Store management
- Commitment
  - Pharmacists
  - Technicians
  - Management
- Partners
  - Professional
  - Community
  - Industry
- A Plan
So...What is Your Plan?

- Decide which vaccines you will offer
  - Create the year-round program
- Determine where you will enhance your vaccine knowledge
- Define a guru or go-to person when you have questions
- Update your protocol in accordance with your state regulations
  - Additional vaccines, adverse events, contraindications, appropriate recipients
- Include vaccination evaluation in your MTM services
  - Disease prevention

So...What is Your Plan?

- Train your staff
  - Question and educate patients at points of contact
    - “Have you had your shingles/influenza/pneumococcal/Tdap vaccine?”
- Define a marketing plan
- Partner with your community
  - Physicians, public health, coalitions, community groups, and more
- Do not doubt, do not wait, do not give up
- **Be a force to protect your patients**

Self-Assessment Questions

- Patients at risk for meningococcal disease include:
  A. College freshmen and military recruits
  B. Those with a damaged or no spleen
  C. Those traveling to an “at risk” area of the world
  D. All of the above
Self-Assessment Questions

• What should you do if a patient’s immunization record cannot be located?
A. Take the patient’s word on his or her immunization status
B. Booster every vaccine with one dose only
C. Look again and if the record cannot be found it is recommended to provide for all indicated vaccines
D. None of the above

Self-Assessment Questions

• Which of the following are effective ways to market to another health care professional?
A. Take the entire office out to lunch
B. Provide an easy-to-reference marketing package that describes your service
C. Only market to the physicians in the practice, ignoring the nurses and other office staff
D. All of the above

How to Obtain CPE Credit

• Note the voucher code: IMZ2012
• Go to www.pharmacist.com/education
• Go to Online CPE Quick List and click on “Moving Pharmacists’ Immunization Activities Beyond Flu: Every Patient Encounter Provides an Immunization Opportunity”
• Log in using your Pharmacist.com user name and password
• Complete the evaluation to gain immediate access to your Statement of Credit