

Vaccination in Community Pharmacies THE PORTUGUESE EXPERIENCE

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Lyon, 30th September 2017 *Rencontres sur la grippe et sa prevention*

AGENDA

Portuguese Community Pharmacies



Advantages of Pharmacy-Based Immunization Delivery



International Overview



The Portuguese Experience



Barriers



Opportunities



Final Remarks





Portuguese Community Pharmacies



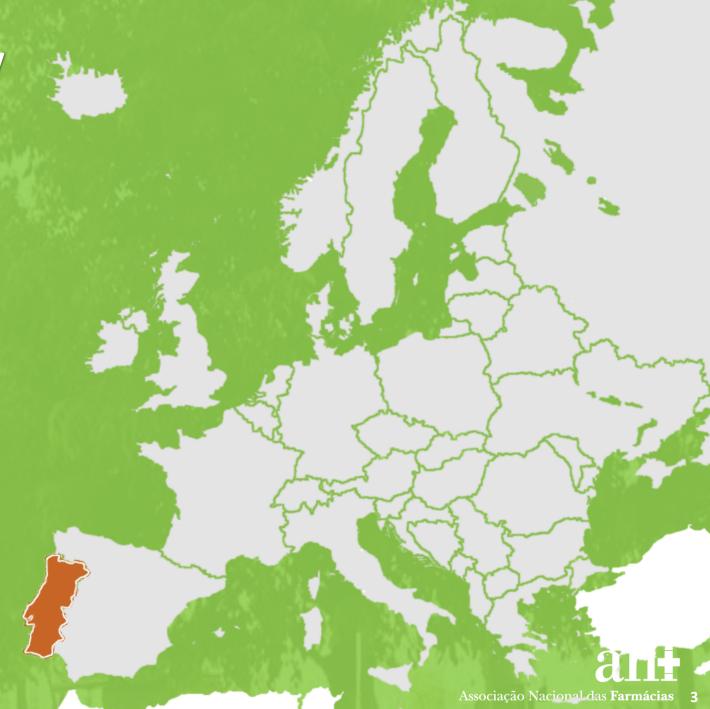
≈ 10 million inhabitants



2 900 pharmacies

anf

95%
pharmacies
voluntary
affiliated to
ANF



Portuguese Community Pharmacies



CESOP Population-based door-to-door survey in Portugal, 2016



visited the pharmacy during the previous year



satisfied or very satisfied



pharmacy was the FIRST SOURCE OF INFORMATION for a MINOR AILMENT

54%

pharmacy was the FIRST SOURCE OF INFORMATION for questions about MEDICINES

Advantages of Pharmacy-Based Immunization





- Convenience
- **Extended hours of operation**
- **Qualified immunization providers**



International Overview

Vaccination in Europe



Pharmacists have an increasing role in advising on, and administering vaccines for 'flu and other vaccine-preventable illnesses.

In some countries shingles, pneumococcal and travel vaccines are already available from a **pharmacy**.

In 10 countries in Europe pharmacists contribute to a significant advancement towards the EU target of vaccinating 75% of at risk groups against influenza.







Portugal















Finland



International Overview

An overview of current pharmacy impact on immunization



940 million people

193,000 communitypharmacies

Potencially offer access to vaccination services

Vaccination policies vary across the world

Several countries authorize vaccination in pharmacies and/or by pharmacists

Initiated, with pharmacy-based vaccinations against influenza

Expanded to include other vaccines

Associated with specific requirements



2007

New legislation allowing pharmacies to **expand their** scope of activity onto new áreas such as immunization

Pharmacies can admnister vaccines vaccines not covered by National Vaccination Plan

2008

Study on Patients' Satisfaction with the first Pharmacy-Based Influenza Immunization Campaign by CEFAR

1st Nationwide Pharmacy-Based **Influenza Immunization Campaign** **Training programme** based on the **APhA Certificate Training** Programme, intervention model and recommendations developed by ANF

2009-2016

Annual Nationwide Pharmacy-Based Influenza Immunization Campaign

2017

10th Nationwide Pharmacy-Based Influenza Immunization Campaign





2017



Administration

Vaccination record data registered on the pharmacy informatic system automatically integrated on the e-VACCINATION BULLETIN of the Patient Health Data Platform

General Context





- > 2,260 Portuguese pharmacies are providing vaccination services
- > 78% of all pharmacies
- > 3,700 Pharmacists are certified by the Portuguese Pharmaceutical Society

Requirements





Who executes?

Pharmacists (specific training endorsed by the Portuguese Pharmaceutical Society)
Nurses (exclusive and specifically hired to perform this task)



Certification

In 2013, Guidelines issued by the Portuguese Pharmaceutical Society, establish minimum requirements for accreditation of initial training and also for recertification training To provide the service:

- 1. Complete initial training
- 2. Complete recertification training every 5 years
- 3. Evidence of continued activity
- 4. Certification on Basic Life Support also necessary

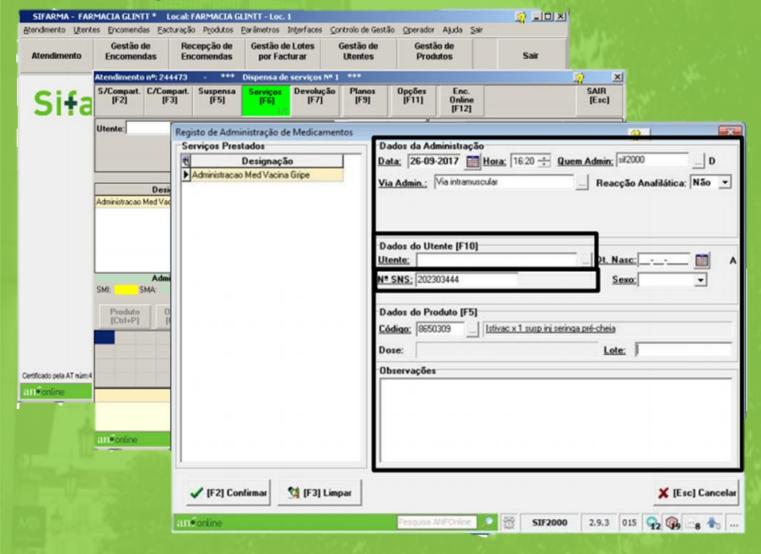
ANF training model fulfilled all the new requirements for Pharmaceutical Society certification



Equipment and materials

Materials to professional support and to treat an anaphylactic event

Requirements





Vaccination records Mandatory

Pharmacists do electronic records on the informatic system - SIFARMA

- 1 Patient name, age and sex
- 2 Number of the national health system
- 3 Trade name vaccine
- 4 Vaccine Lot
- 5 Route of administration
- **6** Date of administration
- 7 Name who administered

Comunication Tools

TV spot



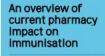






Publications















7 SEASONS OF INFLUENZA IMMUNIZATION CAMPAIGNS IN PORTUGUESE PHADMACIES

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in 2007, the Portuguese legislation extended gharmacies' role, by allowing the provision of immunication services. At that time was defined a complimentary role for pharmacies in immunication without overlap with golds and mandatory National Necessities Plans. Pharmacies were entitled to proude immunication services with vaccines not covered



2006/09	2002/10	2010
1.555 (57.5%)	1.622 (55.7%)	1.70
775	1.033	1.03
91%	92.2%	921
206	284	218
36.4%	49.7%	44.2
50.4%	53.7%	45.0
	1,585 (57,5%) 775 91% 206 36,4% 50,4%	1.565 1.622 (37.5%) (30.7%) 775 1.033 91% 92.2% 206 284 36.4% 49.7%

The first dissected demonstrates in records in responsibilities 2012-12-13, for concerning any extremised for first in this relation is included any 60 days with increase for a great-critical for production of the contract and greater days not concern any extremised for the contract and produced days not occur for proteometer. Yet less Government Append (2015/14) for influence coverage of 400 fit in the 65 and over subgroup, lowest them in 2005k, in 10-13, for so through of feath and APP Append an agreement which fromesses greating and the contract of the contract and the contract and the contract of the con

Poster, 7 Seasons of Influenza

SERVICO DE VACINAÇÃO NAS FARMÁCIAS **PORTUGUESAS**

VACCINATION SERVICE IN THE PORTUGUESE PH.

Nacional dat Familiciat (ANF)

American Pharmacitat' Actociation (APhA), meture em Salaie Comunitária pela Faculdasie de Clênciat Médicat di Salaie Pública, na especialidade Economia da Salaie, pela Escola Nacional de Salaie Pública da Univertidade No

Maria Rute Horta

Zilda Mendes Edades e Espelisios pela Faculdade de Clências da Universidade de Lisboa, messre em Pro

Licenciada em Ciênciat Farmacéusicat pela Faculdade de Farmácia da Univertidade de Litiboa, pôt-graduada em pela Faculdade de Direko da Univercidade de Colmbra, metare em Epidemiología pela Faculdade de Medicina da consideratologia nala Escultinda da Esculcia da Universidada da Urbos. CESAS da AME

José Pedro Guerreiro Ucenclado em Maremérica Aplicado de Utbox, CEFAR da AMF

Sónia Isabel Queirós

O regime jurídico das farmácias de oficina, previsto no Decreto-Lei n.8 307/2 a possibilidade de as farmacias prestarem serviços farmaceuticos de promo; utentes.

As farmánias, nelas suas naranterísticas em termos de anessibilidade e distr de saude que nodem contribuir para o aumento da cobertura vacinal da pomos de saúde pública.

No presente artigo faz-se o enquadramento internacional e nacional da in otnação das farmácias e seus resultados, bem como reflexões sobre o reforcontributo para promover o alinhamento entre a intervenção de proximida com os objetivos nacionais de cobertura vacinal e de saúde pública. Palayras-chave: Parmácias, administração de vacinas, gripe, cobertura vaci

Community Pharmaotes' legal framework (regulated by the decree-law n2 30' the possibility of provision of pharmaceutical services to promote health an Due to its characteristics in terms of access and geographical distribution, p which can contribute to increase the immunization coverage with benefits In this article, it is described the national and international framework of the services in pharmacies and the results of its implementation. It is also conducted role of pharmacies and its contribution to the national targets for immunization Keywords: Pharmacies, vaccines' administration, flu, immunization covera-

Article, Vaccination Service in the Portuguese Ph





Vaccine

SPI Track

Putting flu on the agend

Patient protection

At the Fifth ESWI Influenza Conference, the debate among sci-entists was not limited to talking about new developments in flu science. There are still other gaps that need to be filled. Reducing the flu burden also comes down to more funding and better vaccine and antiviral delivery, as well as broader messaging, gaining more support and, finally, achieving higher-performance flu prevention and care among those at risk, all over the world. Therefore, science

should extend its traditional stakeholder scope and engage with more and new actors. A dedicated SPI session brought this topic

To keep flu on society's agenda, scientists need to not only listen to their target audience and spread their message as efficiently as possible, translating scientific data into impactful, captivating stories containing all the arguments needed to convince the public, but also expand cooperation with a variety of partner actors who share a common interest, in this case reducing flu burden, and who also have the power to bridge funding, delivery and communicacan also be involved in bringing real and tangible change in build-ing social consensus and help with the creation of a broader level of support. Therefore, more interaction and collaboration across borders is of the utmost importance.

2. New funding principle

During the dedicated SPI track session, Keith Klugman, Director for Pneumonia in the Bill and Melinda Gates Foundation's Global Health Division, presented the interest of the Gates Foundation in influenza protection. It is the Gates Foundation's vision that every person deserves the chance to live a healthy and productive life. "We focus on the areas of greatest need and areas where we can have the greatest impact", Klugman said. He explained the Pneumo-nia Department's focus on children at risk in the weakest segment of the international community, the developing countries. "A sub-stantial fraction of pneumonia cases in children and parents is due to secondary infection. Our main goal is to reduce the burden of seasonal influenza by increasing access to vaccines. For example, with regard to the adoption of the Strategic Advisory Group of Experts

0264-4103/\$ - see front matter

(SACE) recommendation for maters the key challenges is that current va round for programmes in developin selection and manufacturing are no selection and manufacturing are no developing countries", Klugman said. in randomised controlled trials to eva flu immunisation. The Foundation al-immunisation platforms integrating countries. "We discovered that nearly countries. "We discovered that nearly developed influenza during pregnant cination has an enormous risk-mitig its efficacy is 70%. And vaccination al to 6 months of age." With regard to p Foundation explores better ways to 6 to 24 months of age. "The question the attenuated vaccine below the ag Gates Foundation funds, among othe and evaluation trials. In respect of un Foundation looks at a number of tecthe development of stalked-oriente isation systems in Low and Middle The same goes for the nandemic th

Advocacy is a critical part of the mending vaccination is a two-way studies in Low and Middle Income we will help to fund your studies in vided you make your vaccine available tiered pricing, and make it happen : and non-developed countries."

the threat. Reaching the at-risk popplays a key role in informing the p single spokesman underpins the pro talked about his experience as Belgiu and tricks. "The most important day i And you should not shy away from I caises (2017) 75, 9-16



Vaccine

ScienceDirect

EM consulte



Implementation of flu vaccination in community pharmacies: Understanding the barriers and enablers



Déploiement de la vaccination antigrippale en officine : partage d'expériences

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KEYWORDS pharmacist

Summary Improving influenza vaccination coverage has been, and still remains a challenge internationally. There are now many examples where countries have pursued a pharmacist-less influenza vaccination service in order to enhance vaccination coverage of at-risk populations England, Portugal and the United States are successful examples where their experience implimenting this service can now be explored retrospectively and learnt from. This review aims to provide evidence to help overcome barriers to commissioning and implementation of such services in countries new to the experience. Implementation is influenced by differing regula tory frameworks underpinning the provision of pharmacist-led influenza vaccination, methods of remuneration, training, and operating procedures. Practical aspects such as the facilities required, how patient records are maintained and how patients and other healthcare profes sionals are engaged also have an impact. These examples illustrate how community pharmacists can be trained to deliver influenza vaccinations safely, and coupled with their accessibility and convenience, can provide a complementary service to that already provided by family doctor and nurses to deliver influenza vaccinations for the benefit of patients

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Article, Implementation of flu vaccination in community pharmacies: Understanding the barriers and enablers





Where Do We Stand now?





> 78% of all pharmacies involved in flu vaccinations

≈ 600.000 flu vaccines delivered annually by pharmacies

40% of the Portuguese Citizens prefer to be immunized in pharmacies



Estimated that pharmacies contributed with 1/3 in flu vaccination coverage

Significant number of patients prefer pharmacies over public services, despite uneven conditions

from the pharmacy informatic system

automatically registered on the e-Vaccination

Bulletin of the Patient
Health Data Platform





Barriers



Inequalities regarding patient preferences

Government decided to provide free vaccines and administration, without prescription, at public services for 65-year-old patients since 2012/13 season and for diabetics since 2017/18

Patients have to get a prescription and to co-pay flu vaccine and full pay administration at pharmacies

Lack of coordination

between public services and pharmacies undermines efforts to larger coverage

Proper share of knowledge and information

Vaccines shortages



Opportunities



Pharmacies are available to cooperate in Public Health needs, namely vaccination

Pharmacists are health professionals with appropriate skills and can reinforce their competencies

New technologies can leverage closer cooperation between health professionals and allow achievement of shared goals

Vaccination against influenza among people aged 65+ has fallen in many countries

Final Remarks

Why community pharmacies?



Valuable healthcare resource



Acessibility



Patient's preference for Pharmacies



Convenience and proximity



Highly Qualified Professionals



Safe and high-quality primary care services meeting the needs of the population and to improve health outcomes



Adequate premises and equipment



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Merci pour votre attention!

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