ADVANCING LIFE-COURSE IMMUNISATION THROUGH PHARMACY-BASED VACCINATION

Vaccination is a key public health intervention and a pillar of primary healthcare and universal health coverage.

A successful life-course vaccination programme can improve the health of the whole population through both direct and indirect impacts such as improving productivity, increasing healthy life expectancy and reducing long-term disability.

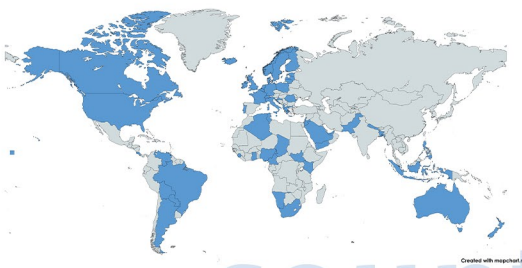
Vaccination can help reduce healthcare costs, allow health budgets to be spent in other areas, and promote the economic success of countries by resulting in a population that is more active and productive. It reduces expenditures on direct disease care, antimicrobial resistance and absenteeism, and improves overall productivity.

PHARMACY-BASED VACCINATION ENHANCES ACCESS BY ALLOWING PHARMACISTS TO PLAY A KEY ROLE IN:[2]

- **Advocating vaccination and vaccination programmes** through campaigns and interactions with patients.
- **Promoting equity of access to vaccination services** by targeting hard-to-reach or special-risk population groups.
- **Prescribing vaccines** based on agreed protocols and eligibility criteria.
- **Building vaccine confidence** and reducing vaccine hesitancy and complacency, and the spread of misinformation.
- **Dispensing vaccines.**
- **Administering vaccines** and managing any potential adverse reactions, including anaphylaxis.
- **Performing vaccine safety surveillance** (pharmacovigilance).
- **Recording and keeping vaccination records** and counselling on vaccination status.
- **Managing the vaccine supply chain,** including cold chain management.
- **Conducting vaccine research,** development, production, quality control, pre-clinical and clinical studies and regulatory activities pre- and post-market.

THE PROGRESS OF PHARMACY-BASED VACCINATION AROUND THE WORLD:

According to FIP data[3], in **2016,** only **19 countries** and territories had pharmacy-based vaccination.
In **2024,** this number had increased to at least **56 countries.**



56 countries

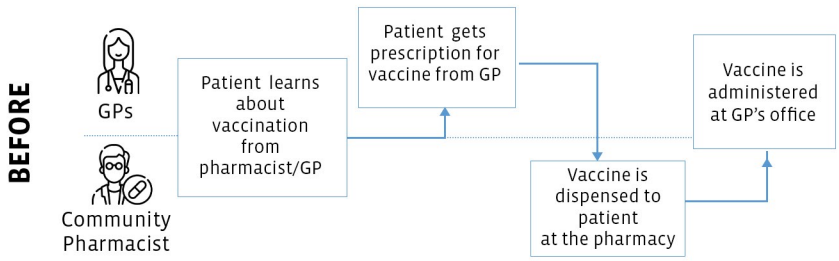
LEVERAGING AND SUPPORTING THE ROLES THAT PHARMACISTS CAN PLAY IN VACCINATION IS KEY TO INCREASING VACCINATION COVERAGE RATES.

KEY POLICY ENABLERS:

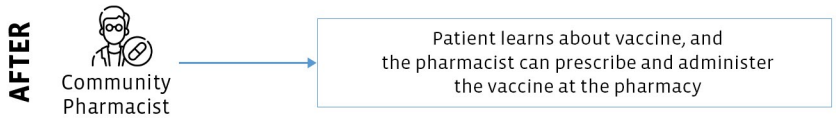
1. Collaborating with policymakers and healthcare professionals to **develop or update legislation and regulations** to provide a framework that supports pharmacy-based vaccination.
2. Enhancing pharmacy education curricula to include **education and training on vaccination** while supporting trained pharmacists to stay up-to-date with the latest advancements in vaccination.
3. Providing **technical and professional guidelines** and standard operating procedures to empower pharmacists to provide the best services.
4. Empowering pharmacists to become key stakeholders in **national vaccination policies and technical advisory groups.**
5. Providing appropriate infrastructure that enhances **interprofessional collaboration** to ensure the effectiveness of vaccination strategies across all providers, namely through access to vaccination records.
6. Having strong **supply chain management** for vaccine orders and procurement as well as appropriate storage conditions and equipment for vaccine administration and disposal and timely anaphylaxis management.
7. Providing **appropriate funding and sustainable remuneration** models for the provision of pharmacy-based vaccination services.

Diversifying vaccination providers, leveraging the accessibility and convenience of community pharmacies, and simplifying vaccination pathways leads to improved access to vaccination.

Granting pharmacists the authority to vaccinate eligible individuals without the need for a medical prescription greatly simplifies the individuals' immunisation journey and incentivises vaccination uptake.



When pharmacists are not able to vaccinate, the patient journey is complicated and slow, leaving room for patient complacency and error. Barriers to vaccination are greater when pharmacists are not able to vaccinate.



When pharmacists can prescribe and administer vaccines, the patient journey to vaccination is simplified and shortened, making vaccination more convenient for the patient. The patient does not need to schedule and attend multiple appointments to get vaccinated.

DATA ON VACCINE PRESCRIBING AND ADMINISTRATION[3]

Pharmacists can prescribe:

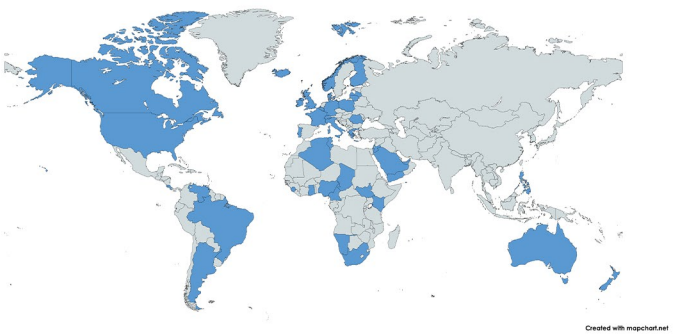
25 **Influenza** vaccines in 25 countries

21 **COVID-19** vaccines in 21 countries

19 **Pneumococcal** vaccines in 19 countries

4 **Respiratory syncytial virus (RSV)** vaccines in 4 countries

In **44 countries**, pharmacists have the authority to administer vaccines.



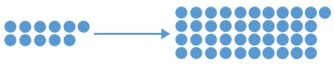
PHARMACY EDUCATION AND TRAINING ON VACCINATION

Incorporating vaccination education and training into pharmacy undergraduate curricula helps prepare and expand the number of pharmacists that can offer vaccination services.

Increase in pharmacy education in the past 8 years (2016- 2024)[3]:

From 12 to 64 countries providing **some level of vaccination training** for pharmacists.

From 6 to 19 countries providing **vaccination training at the undergraduate level.**



From 11 to 41 countries providing **post-registration, postgraduate, or continuous professional development training.**

In several countries, pharmacists play a role in the education of the local community about vaccines, even if they cannot administer or prescribe them.
Some countries have started educating pharmacists to deliver vaccination services as they prepare for legislative changes.

IMPACT OF PHARMACY-BASED VACCINATION ON IMMUNISATION COVERAGE RATES

52%

In France, between January 2021 and January 2023, pharmacists **administered over 26.3 million doses of COVID-19 vaccines - more than 52% of all doses in the country.**[4]

67.7%

By September 2023, **pharmacists had administered 67.7% of all COVID-19 vaccine doses in the USA.**[5]

In Canada, pharmacist involvement in vaccination programmes has helped reduce healthcare wait times, improve patient access to vaccines and enhance public trust.[10]

50%

In Australia, the integration of pharmacy-based COVID-19 vaccination services has bolstered overall vaccine uptake, with **community pharmacies administering approximately 50% of ongoing COVID-19 vaccinations in certain regions.** In 2023, community pharmacists administered approximately **22% of all influenza vaccines.** [7]

22%

In the UK, the **vaccinations administered by pharmacies to people over 65 years of age increased by 8.15 times** between 2015 and 2022, resulting in a **vaccination rate of 82.3%** in the 2021/22 season.[8]

82.3%

In Ireland, where flu vaccination has been allowed in pharmacies since 2011, the **service showed that 23% of those vaccinated at a pharmacy were receiving the vaccination for the first time, and of those, 83% were at-risk patients.**[9]

23%

FUNDING AND REIMBURSEMENT MODELS FOR PHARMACY-BASED VACCINATION

According to a recent report by the Office of Health Economics, adult **vaccination against four diseases** (seasonal influenza, pneumococcal disease, herpes zoster, and RSV), **can return up to 19 times their initial investment to society,** when their benefits beyond the healthcare system are monetised.[11]

x19

This study was conducted in 10 countries from different regions and income levels, and with different health system models: Australia, Brazil, France, Germany, Italy, Japan, Poland, South Africa, Thailand, and the USA.

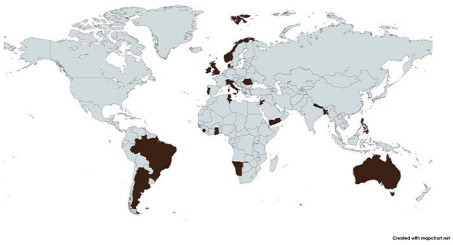
In Portugal, when adults over 65 years could access flu vaccination on the same terms as in National Health Service primary care units, without the need for a prescription and with no administration fee, vaccination coverage rates increased by 32%.[12]

It is essential to provide robust funding for vaccination strategies and su**stainable remuneration models for all vaccination providers, inc**luding pharmacies. This will contribute to equitable access to vaccinations, incentivise service delivery and recognise the investments made by pharmacies and pharmacists to provide this highly cost-effective care.

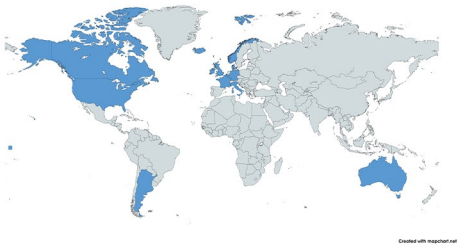
REMUNERATION MODELS[3]

There are four different funding models for pharmacy-based vaccination:
PAID FOR BY THE INDIVIDUAL, **FUNDED BY THE PHARMACY**, **REIMBURSEMENT BY PUBLIC (STATE-RUN) HEALTH SYSTEMS OR INSURERS**, **REIMBURSEMENT BY PRIVATE HEALTH SYSTEMS OR INSURERS**

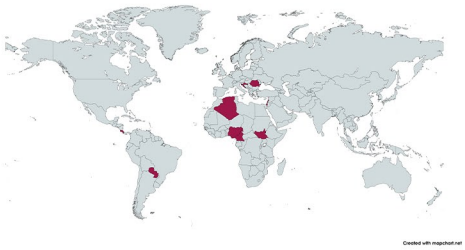
In 21 countries: Paid for by the individual



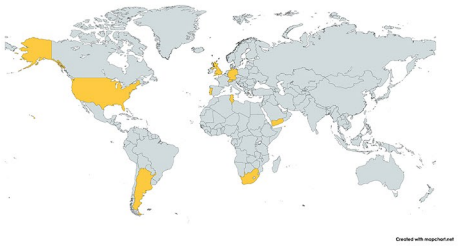
In 13 countries: Reimbursement by public (state-run) health systems or insurers



In 10 countries: Funded by the pharmacy



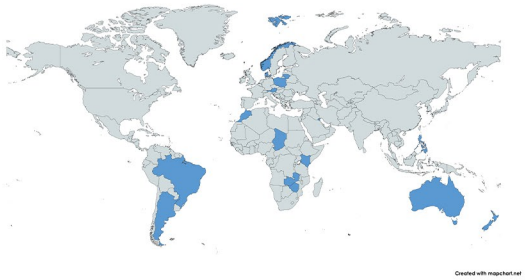
In 9countries: Reimbursement by private health systems or insurersmacy



ACCESS TO DATA AND VACCINATION RECORDS[3]

Governments should foster the full integration of community and hospital pharmacies in healthcare systems by creating the regulatory and operational conditions for interprofessional collaboration, including read and write access to shared patient health records and vaccination records by all healthcare professionals, including pharmacists.

17 countries allow pharmacists to access all vaccination records:



References

1. World Health Organization. Immunization Agenda 2030: A Global Strategy to Leave No One Behind [Internet]. www.who.int. 2020. Available from: https://www.who.int/publications/m/item/immunization-agenda-2030-a-global-strategy-to-leave-no-one-behind
2. International Pharmaceutical Federation (FIP). FIP Statement of Policy: the role of pharmacy in life-course vaccination. The Hague [Internet]. 2023. [Cited: 10 August 2024]. Available at: https://www.fip.org/file/5638
3. International Pharmaceutical Federation (FIP). Leveraging pharmacy to deliver life-course vaccination: An FIP global intelligence report. The Hague: International Pharmaceutical Federation; 2024. Available from: https://www.fip.org/file/5851
4. L'Assurance Maladie (2022). Vaccination data by injector category, https://datavaccin-covid.ameli.fr/explore/dataset/donnees-de-vaccination-type-dinjecteur/export/?sort=-date Accessed 15 May 2023
5. CDC (2024) Federal Retail Pharmacy Program Contributions to Bivalent mRNA COVID-19 Vaccinations Across Sociodemographic Characteristics — United States, September 1, 2022–September 30, 2023 Available at: https://www.cdc.gov/mmwr/volumes/73/wr/mm7313a2.html Accessed May 2024
6. Van Amburgh, J.A., Waite, N.M., Hobson, E.H. and Migden, H. (2001), Improved Influenza Vaccination Rates in a Rural Population as a Result of a Pharmacist-Managed Immunization Campaign. Pharmacotherapy: The Journal of Human Pharmacology and Drug Therapy, 21: 1115-1122. https://doi.org/10.1592/phco.21.13.1115.34624
7. International Pharmaceutical Federation (FIP). Pharmacy-based vaccination: Recent developments, success stories and implementation challenges. The Netherlands: International Pharmaceutical Federation [Internet]. 2023. [Cited: Available at: www.fip.org/file/5704.
8. Sayyed SA, Kinny FA, Sharkas AR, Schwender H, Woltersdorf R, Ritter C, Laeer S. Vaccination Training for Pharmacy Undergraduates as a Compulsory Part of the Curriculum?-A Multicentric Observation. Pharmacy (Basel). 2024 Jan 11;12(1):12. doi: 10.3390/pharmacy12010012. PMID: 38251406; PMCID: PMC10801567.
9. Ecarnot F, Crepaldi G, Juvin P, Grabenstein J, Del Giudice G, Tan L, O'Dwyer S, Esposito S, Bosch X, Gavazzi G, Papastergiou J, Gaillat J, Johnson R, Fonzo M, Rossanese A, Suitner C, Barratt J, di Pasquale A, Maggi S, Michel JP. Pharmacy-based interventions to increase vaccine uptake: report of a multidisciplinary stakeholders meeting. BMC Public Health. 2019 Dec 18;19(1):1698. doi: 10.1186/s12889-019-8044-y. PMID: 31852470; PMCID: PMC6921486.
10. Duncan IG, Taitel MS, Zhang J, Kirkham HS. Planning influenza vaccination programs: a cost benefit model. Cost Eff Resour Alloc. 2012 Jul 26;10(1):10. doi: 10.1186/1478-7547-10-10. PMID: 22835081; PMCID: PMC3453509.
11. El Banhawi H., Chowdhury S., Neri M., Radu P., Besley S., Bell E., Brassel S., Steuten L., 2024. The Socioeconomic Value of Adult Immunisation Programmes. OHE Contract Research Report: Office of Health Economics. Available at: https://www.ohe.org/publications/the-socio-economic-value-ofadult-immunisation-programmes/
12. Finnegan, G. Pharmacy pilot project increases flu vaccination by 32%. In Vaccines Today, April 19, 2019. Available at: https://www.vaccinestoday.eu/stories/pharmacy-pilot-praject-increases-flu-vaccination-by-32/

This campaign was supported by unrestricted funding by Pfizer.

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