

Vaccines Shouldn't Wait



American Disease Prevention Coalition (ADPC) calls on state policymakers to permit pharmacists, pharmacy interns, and pharmacy technicians to provide and administer all CDC ACIP-recommended or FDA-approved or authorized vaccines.

Vaccination is one of the most effective public health interventions in the world after clean water.¹

Every year, thousands of people in the United States become seriously ill or die of some of the world's most deadly communicable diseases, such as measles, influenza (flu), herpes zoster (shingles), meningitis, pneumonia, whooping cough, tetanus, hepatitis A, hepatitis B, human papillomavirus (HPV), and COVID-19.

Vaccines protect children, adolescents, and adults from vaccine-preventable diseases like these. They also result in lower overall health care costs to both patients and the health care system. For example:

- + An estimated \$3 in direct payer savings and \$10 in societal savings for every dollar spent on childhood vaccinations.²
- + A study found that, in 2015 in the U.S., the economic burden associated with 10 vaccines recommended for adults for vaccine-preventable diseases, was \$9 billion. Nearly 80% of those costs were attributable to unvaccinated individuals.³

Allowing pharmacists, pharmacy interns, and pharmacy technicians to administer vaccines will increase immunization rates, reduce overall health care costs, and save lives.

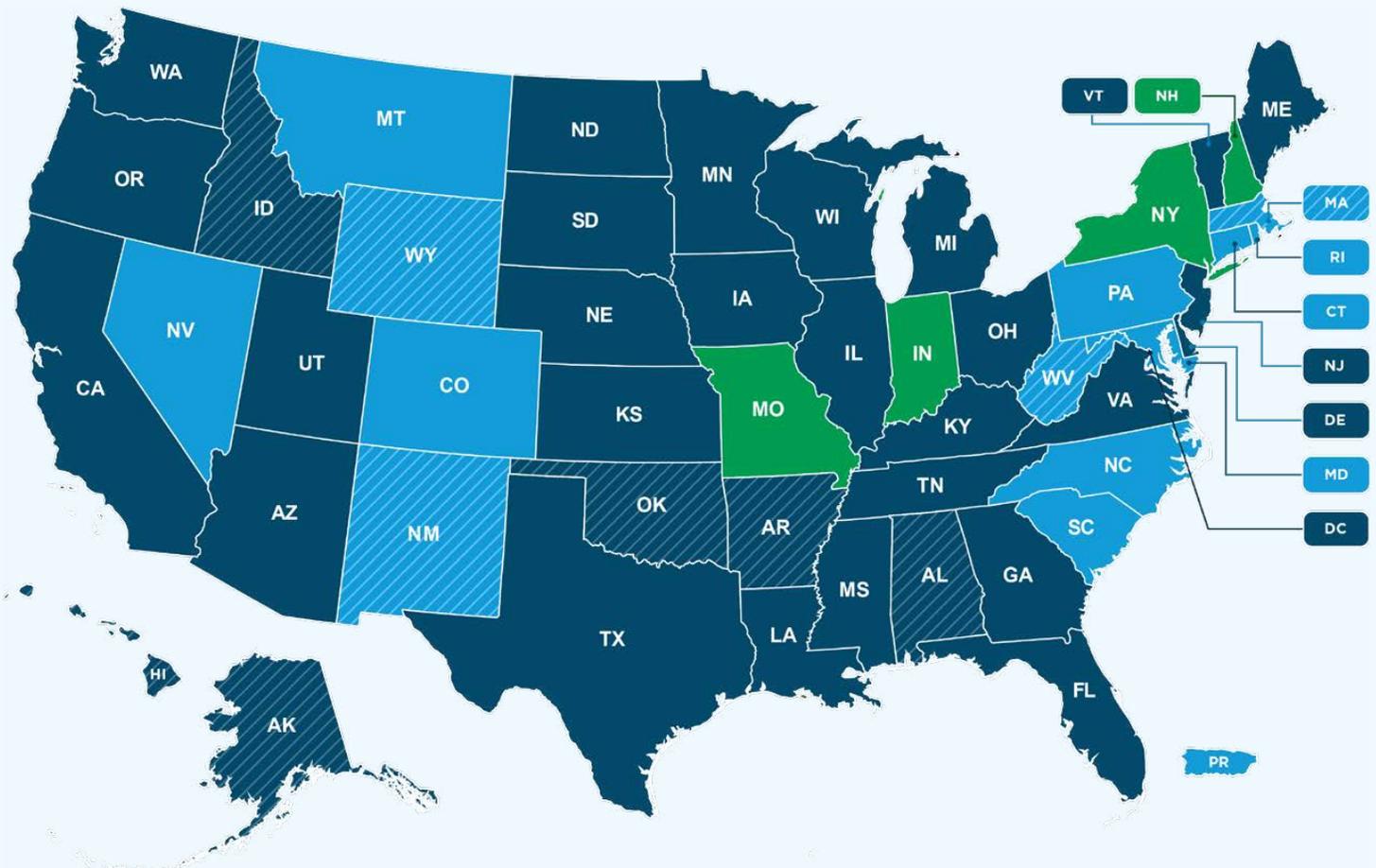
Pharmacist-Administered Vaccines Are Critical to the Nation's COVID-19 Response

During COVID-19, pharmacies are providing direct access to health care professionals and accelerating COVID-19 vaccination and testing, all while ensuring continued access to essential medications and preventive services such as routinely recommended vaccines.

Ensuring pharmacists can administer vaccines has been especially important during the pandemic because an efficient, accessible infrastructure was needed to deliver vaccines to millions of people. First, the U.S. Department of Health and Human Services (HHS) recognized pharmacies' ability to expand access by extending universal authority for pharmacy staff to administer COVID-19 vaccines and all CDC-recommended and FDA-authorized vaccines for individuals ages 3 years and older. Then, when the COVID-19 vaccines became available, pharmacists were able to leverage their knowledge, experience, and public access to help our nation respond quickly.

However, this authority will expire whenever the public health emergency designation is lifted, which will limit pharmacists' ability to provide accessible and convenient care beyond the COVID-19 pandemic.

Current Snapshot of Restrictions on Pharmacists' Rights to Administer Vaccines



All 50 states and the District of Columbia currently allow pharmacists to administer vaccines; however, state laws may have limitations based on age, vaccine, parental consent, or physician authorization.⁴ This map was updated in January 2022 and does not reflect the temporary universal authority as an emergency response to COVID-19.

MAP LEGEND

-  Pharmacists can administer all FDA-approved vaccines to adult patients. Individual prescriptions are required.
-  Pharmacists can administer all FDA-approved vaccines to adult patients. Individual prescriptions are not required.
-  Pharmacists can administer all CDC ACIP-recommended vaccines to adult patients. Individual prescriptions are required.
-  Pharmacists can administer all CDC ACIP-recommended vaccines to adult patients. Individual prescriptions are not required.
-  Pharmacists can administer a pre-set list of vaccines to adult patients without requiring individual prescriptions.



Why Pharmacists Should Administer Vaccines

Pharmacists, like other health care providers under their own authority, should be able to administer vaccines. With rigorous professional education and training around medications and vaccines, vaccine practice management, vaccine guidance and recommendations, and vaccine and medication administration, pharmacists play an important role in preventing and treating disease.



Increased Vaccination Rates. Allowing more pharmacists to administer more vaccines can increase vaccination rates, as has been found for the H1N1 flu and COVID-19 pandemics.

A Johns Hopkins University study found that allowing pharmacists to administer flu vaccinations during a severe flu pandemic would avert up to 23.7 million symptomatic cases, preventing up to 210,228 deaths, and saving \$2.8 billion in direct medical costs. In fact, during the 2009 H1N1 flu pandemic, pharmacists played a critical role in improving access to the vaccine developed to help stop the further spread of the disease.⁶

Data have been collected regarding pharmacist-administered vaccines and vaccination rates as far back as 1995. A 2004 study to determine whether influenza vaccine rates increased in states where pharmacists can give vaccines (from 1995 to 1999) concluded “allowing pharmacists to provide vaccinations is associated with higher influenza vaccination rates for individuals aged 65 years and older.” Overall, as states moved to allow pharmacists to administer influenza immunizations, the odds that an adult resident received an influenza immunization rose, with the effect increasing over time.⁷



Broader Population Reached. Pharmacists may increase equity in immunization. Evidence suggests that pharmacies have the capacity to provide health care services to populations like those living in rural areas and the medically underserved. Allowing pharmacists to administer vaccines can also help other underserved or under-resourced populations, including communities of color, people with chronic illnesses, and people with limited proficiency in English.⁸ For example, one study found that, in one year, 21% of high-risk patients would not have been immunized if pharmacy-based vaccination were not available.⁹

The U.S. Centers for Disease Control and Prevention (CDC) reports that people who hadn't been to the doctor for a routine checkup in more than a year were more likely to receive vaccinations in a pharmacy than those who had been more recently (53.5% versus 38.8%). The study suggests that pharmacists can successfully identify new, previously unvaccinated populations for immunization.¹⁰ Pharmacies can serve as entry sites to health care and referrals to providers accepting new patients for needed follow-up.

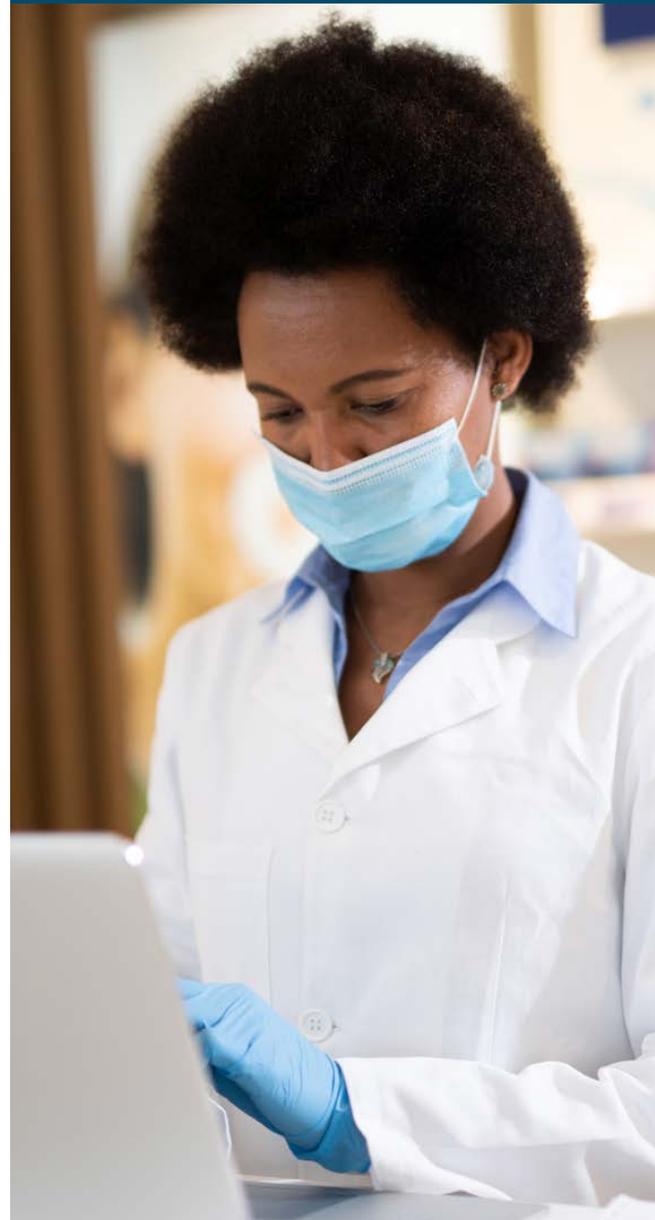
Pharmacist-Administered Vaccines Can Improve Access and Convenience¹¹

A 2017 survey found 62% of Americans prefer receiving immunizations in the pharmacy over other health care settings, due mostly to convenience.¹² Roughly nine out of 10 Americans live within five miles of a pharmacy with the capacity to provide vaccinations during extended business hours and without an appointment.¹³

“

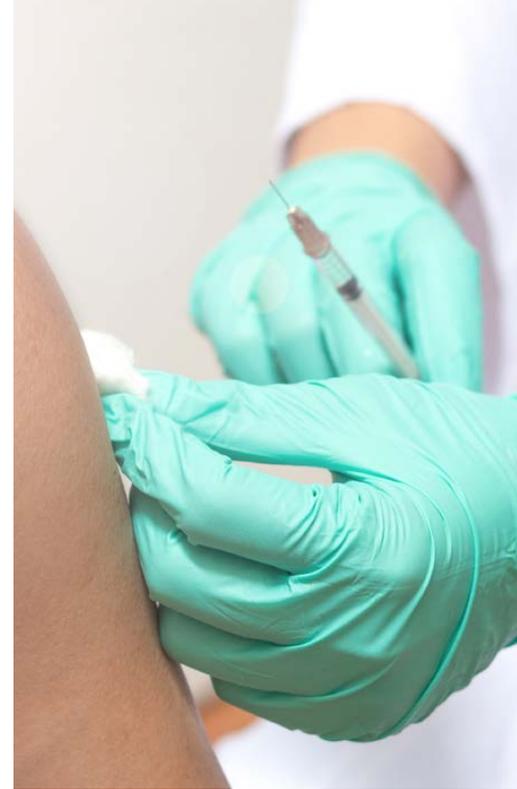
Pharmacies are an important setting through which access to vaccines has been greatly expanded ... Pharmacists who administer vaccines can also link patients to or coordinate with their patient-centered medical home or primary care provider and are critical members of the local health care community.”⁵

- Excerpt from the *National Vaccines Strategic Plan for the United States 2021-2025*



We must ensure pharmacists' rights to provide and administer vaccines. Benefits include:

- ✓ Access for patients with no or limited access to primary or routine medical care
- ✓ Access for communities of need, especially low-income communities, underserved communities, or communities of color, where vaccination is less common or less accessible
- ✓ Access for people who cannot get vaccinations during their physicians' or clinics' business hours
- ✓ Convenience for people who live far from or lack transportation to their physicians' offices
- ✓ Encouragement and access for those who wouldn't otherwise get vaccinated
- ✓ Protection for acutely and chronically ill patients
- ✓ Fewer outbreaks across society as a whole
- ✓ Improved management of patient care activities because physicians' time is freed up to focus on patients' complex and urgent medical issues
- ✓ Documentation of vaccines into Immunization Information Systems (IIS)



About the American Disease Prevention Coalition

ADPC advocates for state legislation that enables pharmacists to administer immunizations recommended by the CDC within Recommended Immunization Schedules; immunizations or vaccines recommended in the CDC's Health Information for International Travel; and those approved or authorized by the United States FDA for Use in the United States—under pharmacist's own authority, similar to how other vaccine providers initiate and administer vaccines.

ADPC Steering Committee: AmerisourceBergen, Good Neighbor Pharmacy, GlaxoSmithKline, Merck, McKesson Corporation, National Association of Chain Drug Stores, Pfizer, Walgreen Co.

Supporting Members: Alliance for Patient Access, American Pharmacists Association, Americans for Tax Reform, Global Healthy Living Foundation, The National Alliance of State Pharmacy Associations, National Community Pharmacists Association

Sources

- 1 World Health Organization. "Immunization." December 5, 2019. <https://www.who.int/news-room/facts-in-pictures/detail/immunization>
- 2 Rémy V, Zöllner Y, Heckmann U. Vaccination: the cornerstone of an efficient healthcare system. *J Mark Access Health Policy*. 2015;3:10.3402/jmahp.v3.27041. Published 2015 Aug 12. doi:10.3402/jmahp.v3.27041
- 3 Ozawa S, Portnoy A, Getaneh H, Clark S, Knoll M, Bishai D, Yang H Ker, and Patwardhan P. Modeling The Economic Burden Of Adult Vaccine-Preventable Diseases In The United States. *Health Affairs (Project Hope)* 35, no. 11 (November 1, 2016): 2124–2132. 2
- 4 "Pharmacist-Administered Vaccines." Based on APhA/NASPA Survey of State IZ Laws/Rules. June 2020. <https://naspa.us/wp-content/uploads/2019/04/Pharmacist-Administered-Vaccines-June-2020-Final.pdf>
- 5 U.S. Department of Health and Human Services. 2021. Vaccines National Strategic Plan 2021–2025. Washington, DC. <https://www.hhs.gov/sites/default/files/HHS-Vaccines-Report.pdf>
- 6 Bartsch SM, Taitel MS, DePasse JV, et al. Epidemiologic and economic impact of pharmacies as vaccination locations during an influenza epidemic. *Vaccine*. 2018;36(46):7054-7063. doi:10.1016/j.vaccine.2018.09.040.
- 7 Steyer TE, Ragucci KR, Pearson WS, Mainous AG 3rd. The role of pharmacists in the delivery of influenza vaccinations. *Vaccine*. 2004;22(8):1001-1006. doi:10.1016/j.vaccine.2003.08.045
- 8 Drozd EM, Miller L, Johnsrud M. Impact of Pharmacist Immunization Authority on Seasonal Influenza Immunization Rates Across States. *Clin Ther*. 2017;39(8):1563-1580.e17. doi:10.1016/j.clinthera.2017.07.004
- 9 Papastergiou J, Folkins C, Li W, Zervas J. Community pharmacist-administered influenza immunization improves patient access to vaccination. *Can Pharm J (Ott)*. 2014;147(6):359-365. doi:10.1177/1715163514552557
- 10 Centers for Disease Control and Prevention. Place of influenza vaccination among adults—United States, 2010–11 influenza season. *MMWR Morb Mortal Wkly Rep*. 2011;60(23):781-785.
- 11 Goad JA, Taitel MS, Fensterheim LE, Cannon AE. Vaccinations administered during off-clinic hours at a national community pharmacy: implications for increasing patient access and convenience. *Ann Fam Med*. 2013;11(5):429-436. doi:10.1370/afm.1542
- 12 PrescribeWellness 2017 Vaccination and Preventive Care Survey. Published March 2017.
- 13 Qato DM, Zenk S, Wilder J, Harrington R, Gaskin D, et al. (2017) The availability of pharmacies in the United States: 2007–2015. *PLOS ONE* 12(8): e0183172. <https://doi.org/10.1371/journal.pone.0183172>



 @ADPCVaccines

 @AmericanDiseasePreventionCoalition

#VACCINES SHOULDN'T WAIT
www.VaccinesShouldntWait.org