

## Flu Fighters: Pharmacists Are a Key Ingredient



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**THIS RECENT NEWS FROM** the Centers for Disease Control and Prevention (CDC) confirmed what circulating news reports were predicting: an early-onset flu season. What remains to be seen is how severe the season will be and how long it will last. Flu season in the United States usually ramps up in the fall and peaks most often between December and March. The flu season can continue as late as May. With the flu season officially underway, the CDC reported the virus in 1.7 million individuals —16,000 who have been hospitalized and 900 who have died from influenza in December.

The most influenza activity is concentrated in the southern states so far this season. Notably, the CDC reports heightened activity of the B strain of the influenza virus. Typically, this strain of the virus does not show up until the spring. Specifically, the CDC reports that nationally influenza B/Victoria viruses have been reported more frequently than other influenza viruses, followed by A(H1N1)pdm09 and A(H3N2) viruses, with the predominant virus varying by region and age. Influenza B/Victoria viruses are the most commonly reported influenza viruses among children under 5 years of age (46% of reported viruses) and 5 to 24 years (60% of reported viruses), while A(H3N2) viruses are the most commonly reported influenza viruses among persons 65 years of age and older (54% of reported viruses). Among adults aged 25 to 64 years, approximately equal proportions of influenza A(H1N1)

pdm09 and B/Victoria viruses (35% and 34%, respectively) have been reported. Flu activity is reported weekly by the CDC and accessible at <https://www.cdc.gov/flu/weekly/index.htm>.

### ENCOURAGING YOUR PATIENTS

**Pharmacists and other vaccine** providers should continue to tell patients to get vaccinated, a message featured prominently on the CDC flu website at <https://www.cdc.gov/flu/index.htm>. The importance of being vaccinated should not be understated. Flu vaccination is the best way to reduce the risk from flu and its potentially serious complications and prevent flu and flu-related doctor's visits. During 2017-2018, flu vaccination prevented an estimated 6.2 million influenza illnesses, 3.2 million influenza-associated medical visits, 91,000 influenza-associated hospitalizations, and 5,700 influenza-associated deaths (<https://www.cdc.gov/flu/resource-center/nivw/about.htm>). The CDC says that during seasons when the flu vaccine viruses are similar to circulating flu viruses, flu vaccine has been shown to reduce the risk of having to go to the doctor with flu by 40% to 60%.

Yet in spite of this compelling evidence of the value of influenza vaccination, 37% of U.S. adults say they do not plan to get vaccinated, according to the survey from NORC (National Opinion Research Center) at the University of Chicago (see [\[thehill.com/policy/healthcare/472803-survey-37-percent-of-americans-plan-to-skip-flu-vaccine-this-season\]\(https://thehill.com/policy/healthcare/472803-survey-37-percent-of-americans-plan-to-skip-flu-vaccine-this-season\)\). Those saying they did not plan to get vaccinated cited concerns about vaccine side effects or said they did not think the vaccine works very well. Others said they do not get the flu, were afraid of needles, or thought the vaccine could cause the flu. "Widespread misconceptions exist regarding the safety and efficacy of flu shots," says Caitlin Openheimer, senior vice president of public health research at NORC. "Because of the way the flu spreads in a community, failing to get a vaccination not only puts you at risk but also others for whom the consequences of the flu can be severe."](https://</a></p></div><div data-bbox=)

The good news is that the CDC reports as of early November 2019, 44% of adults said they have received a flu shot while another 18% said they still plan to get vaccinated.

### PHARMACY'S ROLE

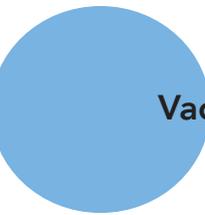
**Providing vaccinations against a flu** variety of 15 years ago involved training all the pharmacists in the regional grocery chain where I practiced to provide vaccines. I had partnered with a colleague who had a closed-door pharmacy, and we jointly invested in the purchase of 1,000 influenza doses. He had the licenses, so we could create and set up billing and flu clinics at assisted-living facilities. I wanted to

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experiment with hosting scheduled walk-in clinics at the pharmacy office. We planned well, were organized, and had schedules and supplies set and back-end operations in order. Then a vaccine shortage hit. The Minnesota Department of Public Health was identifying providers with the vaccine to match to high-priority patient needs. We began adapting our practice plan to accommodate a different walk-in patient population and the waiting lines at each of our scheduled clinics. We brought in hot coffee and soup to support patients while they waited. All told, what we had planned to be a three-month clinic/walk-in vaccination schedule was reduced to 45 days when all of the vaccine we had purchased was used.

That early innovative effort was motivated by my desire to “walk the walk and talk the talk.” I had been actively involved in moving the concept of pharmaceutical care forward, encouraging colleagues to implement new clinical services. I was part of the team among our national organizations that helped craft the strategic plan to make immunization services the first widespread clinical offering in pharmacy. It was no small feat, but a solid plan that encompassed the necessary legislation and regulation, education and training, stakeholder outreach, and technology interfaces for reporting to immunization information systems made this possible over the course of a decade or so. In 1995, around the time we began discussing immunizations as a widespread clinical service, only nine states allowed pharmacists to immunize. In 2009, Maine became the last state to pass enabling legislation allowing pharmacists to provide influenza vaccination.

The reporting to immunization information systems is an important component for



## Vaccination Resources and Information

find the links at [computertalk.com](http://computertalk.com)

### Centers for Disease Control and Prevention

<https://www.cdc.gov/flu/index.htm>

### NORC (National Opinion Research Center)

<https://thehill.com/policy/healthcare/472803-survey-37-percent-of-americans-plan-to-skip-flu-vaccine-this-season>

pharmacist-provided vaccinations. While interfaces were developed to allow more seamless reporting from pharmacy systems to the immunization information systems, work remains to be done to fully integrate reporting and standardize reporting across different state systems. The American Pharmacists Association (APhA) Foundation’s Ben Bluml has spoken eloquently on this topic at a number of ASAP (American Society for Automation in Pharmacy) conferences. I was reminded of the importance of reporting during a recent incident. A female patient came to the pharmacy to see if we could give her the second shingles vaccine dose, although she had received the first at a different pharmacy in our state. I assured her that this was not an issue but I would check to see when she had received the first dose. I signed into our state’s immunization information system only to discover that she had received a complete set of shingles vaccines the year prior in addition to having another, third dose, at the other pharmacy she mentioned. She had also received the Zostavax vaccine years earlier. That led to an interesting conversation about why the other pharmacy had not checked the immunization information system and discovered she did not need to have further shingles vaccinations.

Flash forward to this season. Many associations and pharmacy organizations have been actively engaged in proactive

outreach, with even more emphasis during National Influenza Vaccination Week, December 1–7, encouraging families to get their influenza vaccine. The CDC reported through the end of November that 169 million doses of vaccine had been distributed. As a practicing pharmacist, I witness firsthand the importance of suggesting flu vaccine to each patient at the pharmacy and how effective that outreach is in getting people to make the decision to be vaccinated. Having pharmacy-specific vaccination goals is a useful way to encourage this outreach, and special campaign days also are effective, especially with a little friendly competition among teammates. System tools can also provide support during the prescription-filling process, triggering the “ask” of a patient if he or she would like to receive the flu shot and proactively processing the claim, and making the vaccination conveniently ready when the patient decides to come in to receive it.

With the flu season upon us, now is the time for pharmacy to help. **CT**

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