

Disease Prevention and Travel Health Services Policy and Framework for Saskatchewan Pharmacists

Introduction

Council has added prescribing for preventable diseases to the "Minor Ailments and Self-care" prescriptive authority category for pharmacists. The enabling regulatory bylaws in force as of April 5, 2019 are attached as Appendix A. This means pharmacists are allowed to prescribe vaccines and drugs for disease prevention in Canada and for international travel according to the training requirements specified by Council and evidence based medSask guidelines approved by Council.

The following policy was originally developed for vaccines and medications for prophylactic or pre-emptive treatment for international travel, but where the context requires, it applies to disease prevention in Canada.

Policy

 Except for influenza, vaccines are Schedule I – prescription only that pharmacists are authorized to prescribe according to section 9 of Part K of the SCPP regulatory bylaws (Appendix A). This is based upon our interpretation of the Saskatchewan Immunization Manual and the National Association of Pharmacy Regulatory Authorities drug schedule listings.

The vaccines in Appendix A are either listed specifically as Schedule I or when listed under the broader Vaccine category are Schedule I when they are not part of a routine or publicly funded immunization program in Saskatchewan. Under the SIM, private providers of publicly funded or accessible vaccines are not considered to be part of such routine programs. While some discrepancies exist due to variances in interpretation, this prescription only policy prevails. This means that regardless of variances in drug scheduling interpretation pharmacists are expected to follow the same standards in assessing and meeting the needs of patients.

Clarification Regarding Vaccine Scheduling

In situations where pharmacists, as private providers, are authorized (see Part L Section 9(a)) to provide publicly funded vaccines then the vaccine will be considered Schedule II (e.g., COVID-19 vaccine).

2) For the publicly funded flu vaccine pharmacists are expected to follow the protocols under the Saskatchewan Influenza Immunization Program and its revisions from time to time, as is expected for any publicly funded vaccine (e.g., COVID-19).

- 3) Pharmacists must firstly determine the patient's immunization history. When a patient is eligible for a publicly funded vaccine, pharmacists must provide the patient with the option to access the vaccine free of charge from the proper public health authority and refer the patient accordingly.
- 4) Before pharmacists can prescribe vaccines or other Schedule I drugs for Cholera (except the oral, inactivated vaccine), European Tick-Borne Encephalitis, Japanese Encephalitis, Rabies, Typhoid, Malaria, Altitude Illness and Yellow Fever, they must successfully complete The International Society of Travel Medicine (ISTM) Certification in Travel Health.

The ISTM Certification in Travel Health is currently the only program approved by Council for this purpose. A training program in travel medicine should provide the knowledge base sufficient for an understanding of treatment need, the need for tools that provide current information and a requirement for ongoing education. There are a number of programs available however many do not provide the depth of knowledge relative to others. A few provide depth but of these few only the ISTM certification has a requirement for continued competency. As other programs develop methods of continued competency, they may be considered by Council for approval.

- 5) Subject to the training requirements in paragraphs 6) and 7) herein, pharmacists may prescribe vaccines or medications for the prevention of the following diseases:
 - Cholera (pharmacists may prescribe the oral, inactivated vaccine)
 - Diphtheria*
 - Haemophilus influenza Type B*
 - Hepatitis A*
 - Hepatitis B*
 - Herpes zoster (Shingles)
 - Human Papillomavirus (HPV)*
 - Measles*
 - Meningococcal disease*
 - Mumps*
 - Pertussis*
 - Pneumococcal disease*
 - Polio*
 - Rubella*
 - Seasonal Influenza
 - Tetanus*
 - Traveler's diarrhea (pharmacists may prescribe prophylactic or pre-emptive treatment such as the oral, inactivated vaccine and/or antibiotics according to Council approved protocols)
 - Varicella zoster (chickenpox)*
- 6) Pharmacists are expected to be competent to prescribe for the diseases listed in paragraph 5 by following the medSask guidelines approved by Council. While the training as approved by Council is optional for these diseases, Council strongly recommends that pharmacists undertake this training to support them when they identify patient need to assure their competence or confidence to prescribe. Advanced Method Certification for administering drugs by injection is strongly recommended for this training. Further details can be found in Appendix B, the medSask summary of the guidelines and training requirements.

7) Training to prescribe that is approved by Council is available from Continuing Professional Development for Pharmacy Professionals, University of Saskatchewan. Training from other providers may be approved by Council where their training is mapped by a competent and recognized authority to meet the minimum competency standards stated herein.

* These vaccines are publicly funded for some populations. However, they may not be funded for all populations, particularly for travel, in which case the pharmacist could provide the service and charge for it.

Competency Standards

Although the following competency standards were originally designed from a survey of immunization authorities specific to travel health, where the context is appropriate the travel health competency can also apply to preventable diseases in Canada (e.g. where no travel is expected).

The pharmacist is able to:

- 1. Assess pre-travel health needs:
 - Consider: destination, length of stay, accommodations, activities, time of the year, previous immunizations, underlying conditions, medications, allergies, previous Adverse Events Following Immunization;
 - Determine the patient's immunization history.
- 2. Identify the required travel vaccine(s).
- 3. Assess clinical suitability for the travel vaccine.
- 4. Prescribe the required travel vaccine.
- 5. Dispense the required travel vaccine(s).
- 6. Administer required travel vaccine(s) by injection if granted Advanced Method Certification for the administration of drugs by injection by SCPP. For routes of administration other than by injection, SCPP policy is to rely upon pharmacists' ethical obligations to be competent before offering such services. This means using selfdirected learning strategies to assure competency and confidence in the relevant route of administration. Pharmacists who are not confident in their abilities are expected to use their learning portfolios to identify and meet their learning needs.
- 7. Document the administration of travel vaccine(s) according to recognized vaccination data quality standards, and provide the patient with a record of their vaccination. Provide the patient with instructions on how they may have their vaccinations recorded on their public health vaccination record when such services become available from public health authorities.
- 8. Provide post-travel health services if a travel-related issue occurs.
- 9. For travel medications for malaria, altitude illness or traveler's diarrhea:
 - a) Assess risk of the disease and need for prophylaxis;
 - b) Assess clinical suitability for prophylaxis;
 - c) Prescribe, dispense and/or administer the recommended medication for prophylaxis; and,
 - d) Provide post-travel health services if a travel medication or disease-related issue occurs.

- 10. For travel health counseling:
 - a) Provide health information and counseling on general travel health related issues (e.g., food and water precautions, insect precautions, sun safety, sexual health precautions, etc.);
 - Consider: destination, length of stay, accommodations, activities, time of the year and specific health related concerns while travelling such as pregnancy, diabetes, and heart disease; and,
 - b) Provide current country specific printed travel reports and travel advisories for ongoing worldwide health concerns:
 - Subscription to a service such as Travax and Promed, and access to travel advisories for ongoing worldwide health concerns is required.
- 11. Recognize when their competency (training and knowledge) is insufficient to meet the needs of the patient and under those circumstances refer the patient to a reputable and recognized provider of the service.
- 12. Recognize when a patient may prefer publicly funded vaccines and under those circumstances, refer the patient to the proper public health authority.
- 13. When referring the patient to another service provider, document the reasons or rationale for the referral and provide the patient with such documentation to in turn provide to the other service provider.
- 14. Recognize and report adverse events following immunization to the proper authorities and take responsibility for following up with the patient as expected under the authority's protocols. This includes providing the patient with instructions on what to do should an adverse event following immunization occur.
- 15. Recognize and report medication incidents and relevant quality related events to the proper authorities and take responsibility for following up as expected under the authority's protocols.
- 16. Recognize and report cold chain breaks to the proper authorities and take responsibility for following up as expected under the authority's protocols.
- 17. Recognize when medical laboratory tests are needed, order or conduct such tests as authorized, and access and interpret the results. When not authorized to order or conduct such tests, have systems and relationships in place with others who are so authorized to order or conduct such tests on their behalf. This could mean referring the patient to their primary care provider (family physician, RN(NP).

Conclusion

This policy and framework describes the requirements for pharmacists to prescribe vaccines and medications for prophylactic or pre-emptive treatment for preventable diseases in Canada and for international travel. Council approved the attached documents that outline the bylaw, guideline and training requirements that will be supported by medSask and Continuing Professional Development for Pharmacy Professionals from the University of Saskatchewan.

Approved by Council: September 26, 2019

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The Pharmacy and Pharmacy Disciplines Act [clause 14(2)(i), subsection 15(1) and clause 23(3)(a)]

SASKATCHEWAN COLLEGE OF PHARMACY PROFESSIONALS — REGULATORY BYLAW AMENDMENTS

Under authority of clauses 14(2)(i) and 23(3)(a), and in accordance with subsection 15(1) of *The Pharmacy and Pharmacy Disciplines Act*, the regulatory bylaws of the Saskatchewan College of Pharmacy Professionals are amended as follows:

(1) That the title of section 9 of Part K of the regulatory bylaws be amended to read "Prescribing for Minor Ailments, Self-care and Preventable Diseases," and

(2) That the following be added to section 9 of Part K of the regulatory bylaws to read:

"(3) Subject to:

(a) meeting the competency standards and training requirements of Council as specified in these bylaws and through policies as Council may issue from time to time; and

(b) having been granted authority by the Minister of Health for the province of Saskatchewan, a licensed pharmacist may prescribe vaccines and/or drug products for the prevention of the following diseases:

(i) Cholera (except the oral, inactivated vaccine), European Tick-Borne Encephalitis, Japanese Encephalitis, Rabies, Typhoid, Malaria, Altitude Illness, and Yellow Fever upon having successfully completed The International Society of Travel Medicine (ISTM) Certification in Travel Health, or other certification deemed by Council to be equivalent; and

(ii) subject to the training requirements in clause (c) of this subsection, a licensed pharmacist may prescribe vaccines or drug products for the prevention of the following diseases:

- · Cholera (pharmacist may prescribe the oral, inactivated vaccine only);
- Diphtheria;
- · Haemophilus influenza Type B;
- Hepatitis A;
- · Hepatitis B;
- · Herpes zoster (Shingles);
- · Human Papillomavirus (HPV);
- Measles;
- Meningococcal disease;
- Mumps;
- · Pertussis;
- Pneumococcal disease;
- Polio;
- Rubella;
- Seasonal Influenza;
- · Tetanus;

• Traveler's diarrhea (pharmacist may prescribe prophylactic or pre-emptive treatment such as the oral, inactivated vaccine and/or antibiotics according to Council approved protocols);

· Varicella zoster (chickenpox);

(c) for the preventable diseases in subclause (ii) above of this subsection, a licensed pharmacist is expected to be competent to prescribe for these diseases by following the protocols as may be determined by Council from time to time and by taking training that is approved by Council and available from Continuing Professional Development for Pharmacy Professionals (CPDPP), University of Saskatchewan, or other provider recognized by CPDPP, where such training is expected to meet the competency standards as may be determined by Council from time to time".

CERTIFIED TRUE COPY:

Jeana Wendel, Registrar, Saskatchewan College of Pharmacy Professionals. Date: January 4, 2019.

APPROVED BY:

Honourable Jim Reiter, Minister of Health. Date: March 27, 2019.

medSask Guidelines and CPDPP Training Pharmacist Prescribing For Disease Prevention At Home and Abroad

medSask Guidelines and CPDPP Training Pharmacist Prescribing For Disease Prevention At Home and Abroad SCPP council has added prescribing for preventable diseases to "Minor Ailments and Self-care" prescriptive authority for pharmacists and requested that medSask provide guidelines for these services. (SCPP Travel Health Services Framework for Saskatchewan Pharmacists) There are comprehensive, regularly updated, expert immunization and travel health guidelines currently available (listed in Appendix) so our goal in building the medSask guidelines was not to rewrite content guidelines but rather to direct users to client-specific information in existing guidelines and relevant literature.

The medSask guidelines will consist of three modules. The first is Vaccine Preventable Disease: Routine Immunizations which addresses routine immunizations recommended for everyone, the second module is Low Risk Travel for travellers to low-risk destinations, and the third module is High Risk Travel Health for travellers to high-risk destinations and/or planning high-risk activities.

Immunization for vaccine-preventable diseases is one of the most effective and safe interventions available to prevent and control infectious diseases. The National Advisory Committee on Immunization (NACI) recommends routine vaccination of children, adolescents and adults against seventeen vaccine-preventable diseases. All health care providers are strongly encouraged to review patients' immunization status regularly to ensure they receive all recommended vaccinations. Pharmacists with their status as most accessible healthcare provider and with the enhanced authority to provide these immunizations have the opportunity to take the lead initiatives to increase immunization rates.

NACI also recommends immunization services be readily available at a time convenient for vaccine recipients and parents (e.g., weekends, evenings, early mornings or lunch hours), making pharmacies particularly attractive as sites for these services. In addition, NACI suggests that when possible vaccines should be offered and administered at the same time the need for additional immunization is identified (i.e., try to avoid asking the patient to make an additional trip to the clinic or pharmacy).¹ The authority for pharmacists to prescribe as well as administer vaccines makes it possible for this to occur in the pharmacy. The Vaccine Preventable Disease module outlines the process for client assessment, prescribing and administering vaccines in the community pharmacy setting.

Canadians are travelling internationally in ever-increasing numbers. These travellers are at risk of contracting a variety of infections such as diarrhea, hepatitis, malaria, etc. Not only does becoming ill while travelling impact on enjoyment of the trip, some of these conditions can pose serious health threats to the traveller and in some cases to their contacts when they return home. There is evidence that pre-travel advice from a healthcare professional reduces the incidence of travel-related diseases², however only a limited number of travellers request this information³. With the appropriate education and training in addition to the authority to prescribe immunizations and drugs for prophylaxis of travel-related illnesses, pharmacists can help to fill this healthcare gap.

¹ NACI. National guidelines for Immunization Practices. Canadian Immunization Guide Part 1, Page 4. Availablet at https://www.canada.ca/en/public-health/services/publications/healthy-living/canadian-immunization-guide-part-1-keyimmunization-information/page-4-national-guidelines-immunization-practices.html

^{2.} Schlagenhauf P et al. Travel-associated infection presenting in Europe (2008-12): an analysis of EuroTravNet longitudinal, surveillance data, and evaluation of the effect of the pre-travel

consultation. Lancet Infect Dis. 2015;15:55-64.

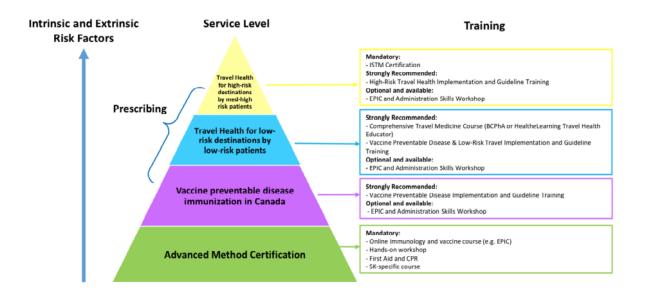
^{3.} Boggild AK et al. Vaccine preventable diseases in returned international travelers: results from the GeoSentinel Surveillance Network. Vaccine 2010;28:7389-95.

Pharmacists who decide to provide travel health services must be confident in their knowledge of travel- related health and safety risks, and in their ability to apply this knowledge to individual clients. Travel health pharmacists will be required to do thorough pre-travel client assessments, prescribe and provide immunizations and prophylactic medications as required, provide travel health kits and comprehensive counselling on safety and security measures. Pharmacists will also be expected to follow-up with clients post-travel to ensure at-risk or symptomatic patients are referred for appropriate tests and treatment. Low Risk Travel Health and High Risk Travel Health modules outline the process for providing Travel Health consultations and prophylactic vaccines and medication for low and high risk travellers.

Pharmacists can choose the levels of service they wish to provide: routine immunizations only, routine immunization plus low risk travel health consultation or routine immunization plus low risk and high risk travel health consultation. (See figure) The education and training requirements for the different levels are outlined below. (See Table)

Appendix: Online Immunization and Travel Health Guidelines

- Canadian Immunization Guide https://www.canada.ca/en/public-health/services/canadian-immunizationguide.html
- Saskatchewan Immunization Manual https://www.ehealthsask.ca/services/Manuals/Pages/SIM.aspx
- CDC Health Information for International Travel (Yellow Book) https://wwwnc.cdc.gov/travel/page/yellowbook-home
- CDC Traveller's Health Clinician Resources https://wwwnc.cdc.gov/travel/page/clinician-information-center
- World Health Organization International travel and health https://www.who.int/ith/en/
- Travel and Tourism, Gov't of Canada https://travel.gc.ca/
- CATMAT Information for Travel Health Professionals https://www.canada.ca/en/public-health/services/travel-health/information-travel-health-professionals.html
- International Association for Medical Assistance for Travellers (IAMAT) https://www.iamat.org/



Service Level	Pharmacist authorized to:	Guidelines and Training	Provision protocols
Advanced Method Certification (AMC)	 Dispense and administer vaccines pursuant to a prescription Provide and administer influenza vaccine 	No Guidelines Mandatory Training: - Designated didactic course on immunology, pathophysiology, vaccine pharmacology (e.g., EPIC) - Live training workshop	 Administration of vaccine pursuant to a prescription (prescription not needed for influenza) Vaccination record *
Vaccine-preventable disease immunization in Canada	Prescribe vaccines recommended for disease prevention in Canada	Guidelines: - Access to guidelines is mandatory for prescribing vaccines for domestic disease prevention Optional and available training: - Review of didactic vaccine course (e.g., EPIC) Strongly recommended training: - CPDPP Vaccine Preventable Disease Implementation and Guideline Training	 Vaccines that may be publicly funded (other than influenza)- clients should be directed to Public Health unless client requests the pharmacist prescribe the vaccine**, administer the vaccine, and the client is willing to pay for vaccine/administration Non-publicly funded vaccines: Vaccine prescribed by pharmacist**; vaccine dispensed in pharmacy and administered by a pharmacist Vaccination record *
Travel Health for Low- Risk Destinations by Low-Risk Patients	As above plus Prescribe vaccines and drugs for prevention of disease in low-risk international destinations and for low-risk patients	Guidelines: - Access to guidelines is mandatory for prescribing vaccines for Vaccine Preventable Disease and Low-Risk travel. Optional and available training: - Review of didactic vaccine course (e.g. EPIC) Strongly recommended training: - Comprehensive Travel Med course designated by CPDPP (BCPhA or HealtheLearning Travel Health Educator) - CPDPP Vaccine Preventable Disease and Low-risk Travel Implementation and Guideline Training	 In-depth pre-travel consultation and assessment by appointment with pharmacist As above for publicly funded vaccines where the pharmacist provides client with an assessment notification to take to Public Health Update routine vaccinations, prescribe* travel vaccines and travel-related Schedule 1 drugs recommended for low- risk destinations and low-risk patients (e.g. hepatitis A, hepatitis B vaccines) - Provide travel health kits and comprehensive counselling on safety and security measures Post-travel assessment for clients with symptoms or concerns Vaccination record *
Travel Health for high- risk activities and/or destinations by Medium to High-Risk Patients	As above plus Prescribe vaccines and drugs for prevention of disease in high-risk international destinations and/or medium to high risk patients	Guidelines: - Access to guidelines is mandatory for prescribing vaccines for Vaccine Preventable Disease, Low-Risk travel and High-Risk Travel Optional and available training: - Review of didactic vaccine course (e.g., EPIC) Strongly recommended training: - CPDPP High-Risk Travel Implementation and Guideline Training Mandatory: - ISTM Certification dministration to the patient that meets Pa	 In-depth pre-travel consultation and assessment by appointment with pharmacist As above for publicly funded vaccines where the pharmacist provides patient with an assessment notification to take to Public Health Update routine vaccinations, prescribe* travel vaccines and travel-related Schedule 1 drugs recommended for highrisk destinations, high risk activities and medium to high risk patients (e.g. yellow fever vaccine, Japanese encephalitis vaccine, antimalarial drugs, altitude sickness prevention drugs) - Provide travel health kits and comprehensive counselling on safety and security measures Post-travel assessment for clients with symptoms or concerns Vaccination record *

* Pharmacist to provide a copy of their record of vaccine administration to the patient that meets Panorama data quality standards (as

described in the guidelines and training). The patient is to retain this record. ** Clients must be informed that prescriptions can be filled at the pharmacy of their choice