



APhA

AMERICAN PHARMACISTS ASSOCIATION

Guidelines for Pharmacy-based Immunization Advocacy and Administration

At the 1996 APhA Annual Meeting held in Nashville, Tennessee, the House of Delegates adopted policy encouraging pharmacists to take an active role in increasing the rate of immunizations among vulnerable patient populations. This role could be fulfilled by pharmacists' becoming educators, facilitators, or immunizers of the public.

APhA has invested many resources in the development of education, advocacy, practice support, and scientific programs related to the role of pharmacists in increasing the rate of immunizations. These activities have assisted the profession to develop collaborative relationships with other health professionals and to highlight the pharmacist's position within the health care system.

In response to a call by pharmacists and other entities for assistance in developing these expanded roles, a set of draft guidelines were developed. These proposed guidelines were presented as a New Business Item to the APhA House of Delegates at the 1997 Annual Meeting held in Los Angeles, California. The House referred the guidelines to the Board for the solicitation of further input and the adoption of a set of guidelines that would assist pharmacists in incorporating immunization activities into their practice. After receiving input from pharmacists, and other health care providers and organizations, the APhA Board of Trustees approved the following guidelines. The guidelines are a dynamic document and will be periodically reviewed as the health care arena changes. The guidelines were reviewed in 2012 and reviewed and revised through the APhA-APPM Immunizing Pharmacists SIG and public comment period in 2018. Final approval of the revised document was made by the APhA Board of Trustees on January 26, 2019.

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Guidelines for Pharmacy-based Immunization Advocacy American Pharmacists Association

Guideline 1 – Prevention – Pharmacists should protect their patients' health by being vaccine advocates.

- (a) Pharmacists should adopt at least one of three levels of involvement in vaccine advocacy:
 - (1) Pharmacist as educator (educate patients, caregivers, and other health care professionals about vaccines, and both serious communicable and preventable diseases; serve as immunization champions);
 - (2) Pharmacist as facilitator (host others who immunize);
 - (3) Pharmacist as immunizer (protect vulnerable patients, consistent with state law).
- (b) Pharmacists should focus their immunization efforts to meet the immunization and disease prevention needs of the patient and protect the public from vaccine-preventable diseases.
- (c) Pharmacists should utilize the Joint Commission of Pharmacy Practitioners (JCPP) Pharmacist's Patient Care Process, NVAC, and CDC established standards, and available immunization history to routinely determine the immunization status of patients, make appropriate recommendations, administer the indicated immunization or refer patients to an appropriate provider for immunization, and document the vaccination.
- (d) Pharmacists should protect themselves and prevent infection of their patients by being appropriately immunized themselves.

Guideline 2 – Partnership – Pharmacists will be a member of the immunization neighborhood by collaborating, coordinating, and communicating with immunization stakeholders to protect the community from vaccine-preventable diseases.

- (a) Pharmacists should support the immunization advocacy goals and other educational programs of health departments in their city, county, and state, in addition to the nation's vaccine plan.
- (b) Pharmacists should collaborate with prescribers and health departments within their communities.
- (c) Pharmacists should assist their patients in maintaining a medical home, including care such as immunization administration. Pharmacists should identify gaps in immunization history, administer indicated immunizations when appropriate, and communicate vaccinations to identified medical homes.
- (d) Pharmacists should consult with and report immunization delivery, as appropriate, to primary care providers; local, state, and/or multijurisdictional immunization information systems (IIS); and other relevant parties.
- (e) Pharmacists should identify high-risk patients in hospitals and other institutions and ensure that appropriate vaccinations are administered before discharge. If administration is not appropriate before discharge, the pharmacist should develop and implement a plan for vaccination post-discharge.
- (f) Pharmacists should identify high-risk patients in nursing homes and other facilities and ensure that needed vaccinations are administered either upon admission or in drug regimen reviews.
- (g) Pharmacists should collaborate with local health departments, universities, faith-based organizations, and businesses to identify patients traveling to destinations where administration of vaccines are recommended (e.g., yellow fever vaccine) and facilitate the administration of needed vaccines and other services.

Guideline 3 – Quality – Pharmacists must achieve and maintain competence to administer immunizations.

- (a) Pharmacists should administer vaccines only after being properly trained and evaluated in disease epidemiology, vaccine characteristics, injection technique, and related topics.
- (b) Pharmacists should administer vaccines only after being properly trained in emergency response to and reporting of adverse events and should provide this service only in settings equipped with epinephrine and related supplies.
- (c) Before immunization, pharmacists should review the vaccine screening questionnaire with patients and/or their families/caregivers about contraindications and inform them about the vaccine, and its risks and benefits.
- (d) Pharmacists should maintain ongoing processes and receive continuing education and training on current immunization recommendations, schedules, and techniques at least annually, and meet all state regulations for licensure.

Guideline 4 – Documentation – Pharmacists should document immunizations fully and report clinically significant events appropriately.

- (a) Pharmacists should maintain perpetual immunization records and offer a personal immunization record to each patient and their primary care provider whenever possible.
- (b) Pharmacists should send the immunization record information to the proper immunization information system (IIS) and assess patient's immunization status from IIS and other appropriate resources.
- (c) Pharmacists should report adverse events following immunization to appropriate primary care providers and to the Vaccine Adverse Event Reporting System (VAERS).
- (d) Pharmacists should report vaccine administration errors using the Institute for Safe Medication Practices (ISMP) National Vaccine Errors Reporting Program (VERP).

Guideline 5 – Empowerment – Pharmacists should educate patients about immunizations and respect patients' rights.

- (a) Pharmacists should advocate for appropriate vaccine use through information campaigns for health care practitioners, employers, and the public about the benefits of immunizations.
- (b) Pharmacists should respect individual patient autonomy and beliefs, as well as educate patients and their caregivers about the benefits of, and risks from, vaccines in language that is culturally sensitive and at an appropriate educational level.
- (c) Pharmacists should act as an immunization resource in an effort to clarify misinformation related to immunizations.
- (d) Before immunizing, pharmacists should document any patient education provided and informed consent obtained, consistent with state law.

References

Orenstein, W. A., Gellin, B. G., Beigi, R. H., Despres, S., LaRussa, P. S., Lynfield, R., National Vaccine Advisory Committee. (2014). Recommendations from the national vaccine advisory committee: Standards for adult immunization practice. *Public Health Reports (1974-), 129(2)*

CDC. Standards for pediatric immunization practices. *MMWR*. 1993;42 (RR-5): 1-13.
National Coalition for Adult Immunization. Bethesda, MD: *NCAI* 1995.

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