

# THE Tablet

FALL 2021 | ADVOCATING

MBIA PHARMACY

## Direct Distribution

Public flu vaccines now shipped to pharmacies

PAGE 16



British Columbia  
**Pharmacy Association**  
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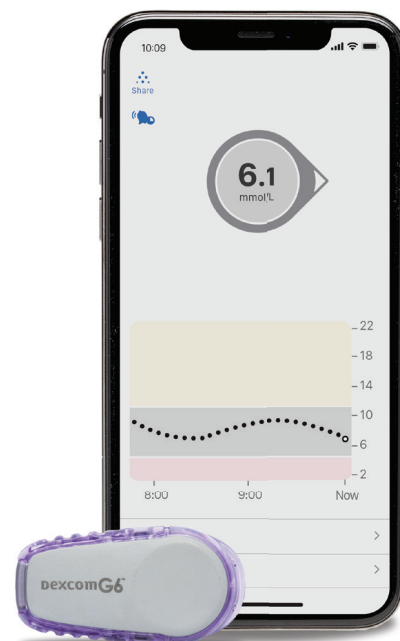
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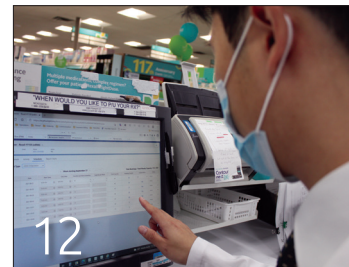
1. Shah VN, et al. Diabetes Technol Ther. 2018;20(6):428-33.

2. Beck, RW, et al. JAMA. 2017;317(4):371-378.

3. Welsh JB, et al. Diabetes Technol Ther. 2019;21(3):128-32.

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### ON THE COVER

Direct flu vaccine distribution has come to pharmacies. We take a look at how distributors are embracing the change of bringing publicly funded influenza vaccines directly to pharmacies.





Annette Robinson

## Thank you for a year of many firsts

With 2021 coming to an end, it is time for me to reflect on my term as president of the Board of the BC Pharmacy Association. A year of working during a pandemic has presented us with many firsts.

In March there was an urgent request from the B.C. government to begin a COVID-19 vaccine campaign in community pharmacies. The BCPhA Board, along with pharmacy companies, agreed to step up. We began administering COVID-19 vaccines within a very short timeline. This was a historic decision. Since then, BCPhA has continued to work directly with the provincial government vaccination team to advocate for pharmacy involvement in COVID-19 vaccine administration.

We have just completed our first COVID-19 vaccine pilot program. We are now prepared for the involvement of all pharmacies in B.C. These pharmacists will be able to provide booster shots and if asked, provide immunizations to children aged 5-11 years old. This campaign will be unlike anything we have been involved with previously, and could not have been possible without the effort of our pharmacists and the work that was done by BCPhA staff.

This year I also had the honour of administering the one of the first COVID-19 vaccines in a community pharmacy. I felt a sense of pride for all pharmacists of B.C., knowing that patients receiving this vaccine were truly grateful, excited, and relieved.

Over 400 members attended our first Virtual Conference, featuring Dr. Martin Lavoie, Deputy Provincial Health Officer, Dr. Abdu Sharkawy, Assistant Professor of Medicine at the University of Toronto, Mitch Moneo, Assistant Deputy Minister, Pharmaceutical, Laboratory and Blood Services Division and Trish Tutton, public speaker and Mindfulness Teacher.

Our Town Halls were extremely well attended. The July Town Hall began with a message from Minister Adrian Dix, stating that the BCPhA has stepped up every time they have asked, and that he wanted to say thank pharmacists for all you have done, and for the continuing work you do.

By the time of publishing, we will be in full swing of the 2021/2022 Flu campaign, which for the first time will have a co-ordinated launch date. This year, we will see direct distribution of flu vaccines to all pharmacies in B.C. from all pharmacy wholesalers. These new initiatives will improve efficiencies, access, and allow fair and equitable distribution.

In the next few weeks, I look forward to welcoming the incoming board members: pharmacists who will lend their voice, beliefs, and experience to the profession of pharmacy.

Thank you to my fellow BCPhA Board members, pharmacist members and the BCPhA team for working through all these firsts. This exceptional work will allow us to advance the practice of pharmacy for community pharmacists and pharmacies across B.C. **T**



British Columbia  
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Geraldine Vance

## When things get tough, pharmacies step up

In a blink, the summer is gone and we are hunkering down for a winter with the continued twists and turns of COVID-19 and an unpredictable flu season.

As you are reading this, you are no doubt knee-deep in the 2021/2022 flu season. All indications point to demand this year outstripping the previous. Public health suggestions that this year's flu bug could be bad has many people looking for the added protection a flu shot provides — especially with many things unknown about where COVID-19 goes next.

This year's flu season has a particular significance: it is the first flu campaign where direct distribution is in place. This represents a huge milestone for pharmacy in B.C. It is something that everyone has advocated for — the Association, the distributors and the companies. So it was very good news to have this proceed as a follow-up to the direct distribution of the COVID-19 vaccines. Direct distribution will enable greater flexibility in getting the vaccines to where they are needed most and when and this ensures that British Columbians get their shots as early as possible.

The Association is very happy to support the BCCDC in this year's campaign by working with pharmacies to determine their capacity and to get them the right amounts of vaccines to meet their patients' needs. We appreciate the opportunity to work with the BCCDC team and all of the pharmacies involved in this year's program. We are all partners in getting the job done.

You will know, we have been working with the Province's vaccine team and BCCDC to get ready for the COVID-19 booster shot program. I want to give a special thanks to all the pharmacies that participated in the Pilot Project in August and September. The program provided invaluable input on what is needed to have pharmacies integrate into the provincial booking system — ImmsBC — and to get on-boarded and trained to use the system. There is a lot of work ahead for community pharmacy to work with the Province to provide COVID-19 booster shots. This critical work will help B.C. continue to manage the pandemic that has lingered much longer than any of us had hoped.

I have been so encouraged by the positive response our team has received from pharmacies big and small, across the province, to our inquiries about participating in the booster program. With all the pressure of the flu campaign, pharmacists raised their hands and said 'count us in' on the COVID-19 boosters. Just as pharmacists did last March when asked to help use 18,000 Astra Zeneca shots that were about to expire, you are once again showing that pharmacy can be counted on when things get tough. This is something I have learned over the years in working with the Association and in getting to know so many pharmacists across the province.

When the need is urgent, pharmacists can be counted on to pitch in and get the job done. So thank you all for the work you are doing to make the flu campaign a success and for continuing to support B.C.'s COVID 19 response. **T**

*The Tablet* asks our contributors:

With nearly 90% of eligible British Columbians vaccinated against COVID-19, how do you think the pandemic has impacted vaccine acceptance for seasonal vaccines such as for influenza?



**Derek Desrosiers** is President and Principal Consultant at Desson Consulting Ltd. "The COVID pandemic has dramatically

increased overall vaccine awareness. The sheer volume of information and media attention given to vaccines, whether positive or negative, has never been greater. Furthermore, the tremendous effectiveness of the COVID vaccines, I believe, will translate into a higher level of acceptance for all vaccines including seasonal vaccines such as influenza."



**Jarred Aasen** is the founder of Lantern Services, Canada's first federally exempted drug checking service. "I

think those who regularly get the seasonal influenza vaccine will continue to do so. Those who are not comfortable with the COVID-19 vaccine have likely been pushed away from other vaccines as well. Overall, I expect a high uptake of the seasonal influenza vaccine."



**Angie Gaddy** is Director of Communications for the BC Pharmacy Association and Editor-in-Chief of *The*

*Tablet*. "The fact that the vast majority of British Columbians have chosen to get vaccinated against COVID-19 is a great sign for vaccine acceptance as we head into a new flu season. Pharmacists administered more than 1 million flu vaccines last year, and this year, we hope to exceed that number."



## Member News

Do you have a professional or personal update you want to share in *The Tablet*? Email [editor@bcpharmacy.ca](mailto:editor@bcpharmacy.ca) to share your member news.

## Award winners to be announced in December!

Thank you for all our members who nominated a pharmacist or who were nominated themselves for consideration of a BC Pharmacy Association Pharmacy Excellence Award.

The BCPhA Awards Committee met on Oct. 13, 2021 and has issued 2021 awards in the following categories.

- › New Practitioner Award
- › Collaborative Care Award
- › Ben Gant Innovative Practice Award
- › Excellence in Patient Care Award
- › Lifetime Achievement Award
- › Friend of Pharmacy Award

Award winners have already been contacted and we are in the process of planning a virtual awards ceremony in early December, when the winners will be announced to the rest of the membership.



For more information about participating in the Pharmacy Excellence Awards process, or to nominate a deserving pharmacist for the 2022 awards, please visit [bcpharmacy.ca/awards](http://bcpharmacy.ca/awards).



Pharmacy owner Nelli Jakac and staff pharmacist Kenji Nakajima at Pheonix Pharmasave #37.

## Like a pheonix, risen from the ashes

On Oct. 15, 2020, pharmacy owner **Nelli Jakac**'s Pharmasave Pharmacy at 4054 Cambie St. in Vancouver caught fire along with other businesses on the block. Nothing could be saved. Less than a year later, Jakac has risen from the ashes to build a new pharmacy at 990 W. Broadway, Phoenix Pharmasave #37.

**You experienced something devastating last October, something no pharmacist or business owner should have to go through. What happened?**

It was the middle of the night on Oct. 15, 2020 when I got the first "ding" on my cell phone that morning.

I didn't answer. I thought, oh, it's just the alarm system. Another mouse. Then my home phone rang. It's Kenji, my staff pharmacist, and he says, "Nelli, you know if I have to phone you at this time, we got a problem."

I was thinking, oh Kenji, it's just a mouse. And it's four in the morning.

But I needed to show leadership, mouse or not. So I'm in my pajamas, driving to my pharmacy, thinking by the time I get home again it'll be just about time to go back to open the pharmacy for the day.



Then I get to 33rd Avenue in Vancouver, and all I can see is the inferno.

There were three firetrucks. You can see the fire on the roof, and I can see a part of it just cave in, and there was this big gust. An inferno. I went home. Both my children were home because of COVID-19 and I had to tell them, our pharmacy is burning down.

I spent 15 years of my life building my pharmacy at Cambie Street and King Edward and suddenly, it just went into an inferno. It's something nobody can understand unless you're in these shoes.

A lot of people will say they understand, and they'll say time heals all wounds, but there are still triggers that hit me now and then. To all of a sudden wake up one morning and have nothing — I wouldn't wish that on my worst enemy.

### The pharmacy clearly meant a lot to you. How did it start?

The location was a tea shop and there was already a medical clinic next door. At the time, all the tenants in that block were leaving because this was during the time the Canada Line was starting to get built on Cambie Street. Something just told me to go inside.

I talked to the tea shop owner and apparently, the landlord wouldn't let them go until they had finished their lease. So I took it over instead.

I guess what drew me in was the medical clinic. In school, they always taught us: pharmacy-medical clinic — it's a good way to source patients and customers. Another consideration was that the location was close to my kids' school. My kids at that time were in elementary school — grade 4 and 3 — and they would walk to the pharmacy after school, and I would have a little consultation room where I had crayons and everything so they could do their homework.

I remember the first day I opened was January 3 or 4th of 2006. First thing in the New Year. I was happy but I was also scared all at one time. I had just come from an online pharmacy where we were 10 pharmacists in a warehouse with 20 technicians and packagers.

And all of a sudden, it was just myself.

In the beginning, I was working seven days a week to match the clinic next door. I would open every hour with the clinic and I even stayed half an hour longer after they closed. After the first year, it started getting better. It's kind of like having a baby. When you first have a baby, you don't know what to do and you're mixing up your left hand with your right hand. But all of a sudden, things start to fall in place.



### How did you first build your business up?

Back in university in one of my economics classes, they always said, “whoever walks through your door is your customer.” Because of the Canada Line construction going on at the time, nobody could come in through the front door. I just thought, what the hell had I gotten into.

In the first couple of years, probably 70% of the people coming into my pharmacy were construction workers from the Cambie Line. I befriended everybody. The rebar workers came in at 9:30 a.m., construction came in at 10 a.m. and the others came in at 10:30 a.m. and I would have coffee ready for them.

I'd have banana bread, muffins, and I was making 22 sandwiches a day for almost two and a half years. I probably made the best sandwiches on Cambie. I didn't use sliced bread, it was roast beef, corned beef on onion buns, Kaiser buns, hearty sandwiches. I think I was selling them at that time for \$6.99.

I will never forget it. It was maybe 2010, and it was so hot that summer that half of my Coca Cola machine was stuffed with watermelon in Ziploc bags. When you're a worker doing rebar and you're underground and it's just scorching, they'll come back up, covered with sawdust and they wanted to cool down with some watermelon. I've never cut so many watermelon slices in my life.

I'd stock extra safety goggles, gloves and first aid kits because sometimes the workers would lose their equipment. I even set up a bench near where the TV was, so all the workers on their break would sit there and have lunch with a smile on their face.

Those days were not so bad for me. While other business owners complained about the Canada Line, I was doing good. The rest of my customers came from the doctor's office next door.

As the Line started to finish, all of a sudden it was the Olympics and the King Edward Station was open. A lot of the wives and the partners of these construction workers actually came down to see me

An image from CityNews, which provided news coverage of the block fire on Oct. 15, 2020. Jakac's Pharmasave can be seen in the image.





Nelli Jakac's new location at 990 W. Broadway officially opened on Aug. 11, 2021.

afterwards because they knew I was feeding their partners.

That's the beginning. As time went on, I got to know the people who live around there and business grew through word of mouth. Over the 15 years I've known the community from people telling me they're pregnant to when they're taking their kids to school and everything in between. I've had people come out of the closet with me. I've had people tell me everything.

The little store, 1,000 square foot, was a good engine. We've been able to travel the world. I put my daughter through the London School of Economics through that store. My son is now doing his masters at UBC.

#### After the fire, what did you do?

I went home and had a shower and took my kids back to the pharmacy with me. There was nothing we could do and nothing we could save. We just watched it burn.

I remembered all of Pharmasave was down there. Greg Shephard, Christine, Dominic, my colleague Willis Mah and Rudy from Pharmasave 80 and 82. I remember Willis telling me to come set up remotely at his store, so I can continue to take care of my customers.

At this point, I was in fight mode. I knew I had to get a new computer with the Kroll software. I knew I needed to answer the phones, and I also wanted to transfer the fax lines so we could get faxes through to an email account.

I remember grabbing my son's old cell phone, running to the Telus store and transferring my phone lines to the cell phone. Pharmasave was trying to get me a computer to set up on Kroll, but it would be about 10 days before I would receive the computer. Fortunately, we managed to find a computer that met all the specifications that same day, I paid \$2,500 for it, and called my staff pharmacist Kenji to report to Willis's store at Main and 30th the next day at 9 a.m.

So at 9 a.m. the next day, we answered every voice message that was left with us. Anybody who needed their refill prescription, we went in and started phoning, telling our customers that we're still here, we're over at Main Street and we have your refills. This was during COVID-19, so a lot of people wanted things delivered anyway.

And you know what? I got all my patients back. I did. It just gave me affirmation that whatever I was doing in the last 15 years had made my patients and my customers feel good enough, that they would follow me anywhere.

There are still some things I can't remember, or that my brain doesn't want to remember.

A couple months later, I asked Willis, the pharmacy owner who let me set up remotely, "how did this all get set up? How did we ever get to your store? Because I can't remember."

### What was your strategy to rebuild your pharmacy?

My saving grace? It was having proper insurance and offsite backup of the Kroll system.

After the fire, I went right away to one of my customers and friends over the last 15 years, Peter Toigo. He connected me with his son who is in commercial real estate and I went from there.

It's amazing what you learn. The people who you thought were going to help didn't help, and the strangers are the ones who help. I never thought I would have a colleague say to my ear, come work remotely at my pharmacy. Some patients went to other pharmacies, but when the pharmacists found out I was still around, they transferred the patients right back to me.

The cause of the fire was undetermined. The damage was so bad. I had interruption insurance and that's what I lived on, and I was able to keep Kenji on the payroll the

whole time. I'm still right now out of pocket \$125,000 to build my new pharmacy, but my accountant tells me, Nelli, you basically got a brand new store for \$125,000. So I look at it that way.

Our first day open at the new Broadway and Cambie location was on Aug. 11, 2021. I'm elated. I'm truly happy and I feel I will be able to finish my discipline and retire the way I wanted to be able to. There is hope. I received my first Pharmacare cheque last Friday and I almost went to Pluto and back again, I couldn't believe it. Kenji is also happy so that makes me happy. Our customers are coming in, and I've got my home base that have started to come back again through word of mouth.

To be able to turn around and bring my new store to fruition in less than a year? I'm really happy. I protected my family. Now I can breathe a little bit lighter.

Now I am the phoenix that has risen from the ashes. **T**



A mural of a phoenix along with the phrase "Risen from the Ashes" now adorns one of Phoenix Pharmasave's walls.

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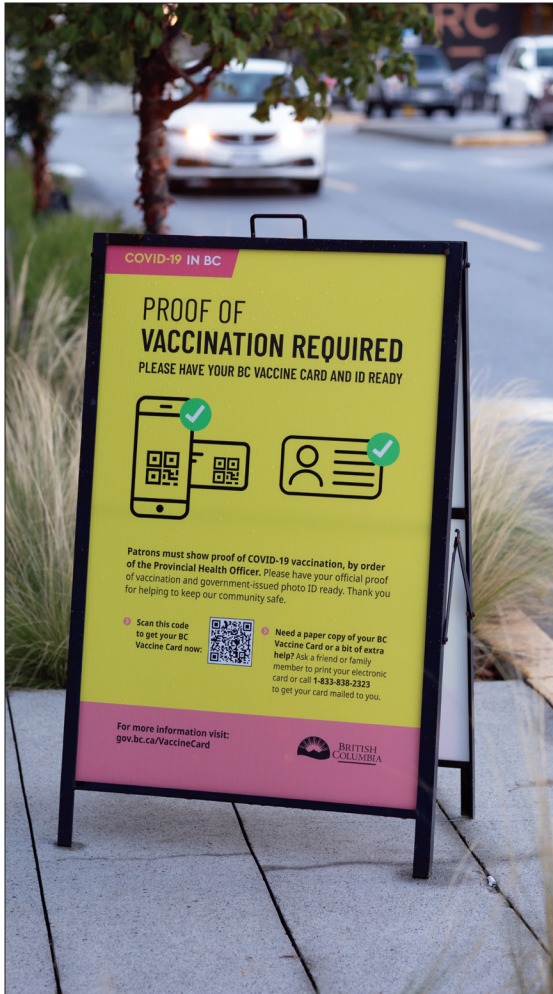
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## B.C. Vaccine Card in effect, some regulated pharmacy professionals must be vaccinated

As of Oct. 24, 2021, full vaccination is required for anyone 12 years and older in British Columbia to access some events, services and businesses. Those who have not yet obtained their Vaccine Card can get one at [gov.bc.ca/vaccinecard](http://gov.bc.ca/vaccinecard). The changes are part of B.C.'s Vaccine Card program that began on Sept. 13 when British Columbians were required to prove that they have received a first dose of a COVID-19 vaccine to access some businesses.

On Oct. 14, 2021, B.C.'s Provincial Health Officer made an order requiring health professionals to be vaccinated against COVID-19. There have been a number of conversations since that date to determine exactly who needs to be vaccinated as it relates to the operation of community pharmacies.

### On Oct. 22, 2021, the College of Pharmacists of BC issued this clarification:

The Office of the Provincial Health Officer has clarified that the mandatory vaccine requirements in the Order of the Provincial Health Officer - Hospital and Community (Health Care and Other Services) COVID-19 Vaccination Status Information and Preventive Measures do not apply to all regulated pharmacists and pharmacy technicians in community pharmacies. If you are in community-based practice, it is important to review the Order to confirm how it applies to you. While the Order is largely directed at employees of certain organizations, such as health authorities, **pharmacists and pharmacy technicians in community pharmacies under contract with those organizations** may fall under the requirements of the Order.

### On Oct. 25, 2021, the Association provided some additional clarification for members:

In general, this order does not apply to the work that happens on a daily basis by staff in a community pharmacy setting. For example, pharmacy assistants receiving prescriptions, retail clerks/cashiers ringing up customers, or even pharmacists or pharmacy technicians working in their pharmacy location, do not need to be vaccinated against COVID-19 according to Dr. Henry's order.

"The intent of this new order is to ... ensure that people employed by health authorities or contracted to deliver health care or services as defined in the order need to be vaccinated. There is not an intent to impose obligations for vaccination on people more distant from health care, such as retail cashiers or drivers, at this time," Dr. Brian Emerson, acting Deputy Provincial Health Officer, wrote to the BCPhA.

While this order does not generally require pharmacists working in community settings to be vaccinated against COVID-19, the BC Pharmacy Association supports the decision of Health Minister Adrian Dix and Dr. Bonnie Henry in the need for health care workers to be double vaccinated against COVID-19 when providing care to patients.

### Some of the places where a Vaccine Card is needed for access include:

- › Indoor ticketed sporting events
- › Indoor concerts, theatre, dance and symphony events
- › Licensed restaurants and those that offer table service
- › Pubs, bars and lounges
- › Night clubs, casinos and movie theatres
- › Fitness centres/gyms/indoor adult sports
- › Indoor group exercise activities
- › Organized indoor events with 50 or more people

## BC Pharmacy Association files proposal to adapt safe supply prescriptions, add minor ailment prescribing

On Sept. 2, 2021, BC Pharmacy Association CEO Geraldine Vance presented to the B.C. Government's Select Standing Committee on Finance and Governance Services to advocate for community pharmacists.

Vance pointed to the success community pharmacists have had to provide immunization services for the public since 2009, and our ongoing work to serve patients with opioid use disorder through the Association's opioid agonist treatment (OAT) compliance and management program.

"We're now happy to be in discussions with Minister of Mental Health and Addictions Sheila Malcolmson about an opportunity to provide more support to patients with opioid use disorder. It's important, because sometimes patients can't see their physicians, leaving them without a supply of their medications, which keeps them safe. Our proposal would allow patients to see their pharmacists when they need a supply of medications, rather than to be exposed to toxic street drugs," Vance told the committee.

"When it comes to prescribing, we have seen the impact COVID has had on the demand for health care

services. This is especially so in rural areas. There's an opportunity to allow pharmacists to prescribe in certain circumstances to help meet these growing needs. Many provinces allow pharmacists to prescribe medications for ailments such as cold sores or acne."

On Sept. 28, the Association followed up with a formal proposal for government, in which we elaborated on our requests. First, the Association hopes pharmacists will be able to adapt prescriptions for OAT patients to ensure there is no disruption in access to their medications. Secondly, our proposal calls for a collaborative approach to increasing patient access to safe supply through pharmacist-initiated prescribing.

"We propose allowing pharmacists to fill the gaps in care and help reduce unnecessary exposure to the toxic supply of street drugs. Pharmacists already have the knowledge, training and authority to adapt and renew many medications," reads an excerpt from the letter.

The Association also requested that the provincial government utilizes the potential of pharmacists to help expand the primary care network for British Columbians by providing a new scope of practice for pharmacists.

"In other provinces and around the globe, community pharmacists have prescribing authority for a range of self-diagnosable, limited conditions. Often referred to as "minor" or "common" ailments, the conditions pharmacists in a number of other provinces can prescribe for would otherwise require a patient to visit their family doctor," we wrote.

Alberta, for example, was the first province in Canada to enable pharmacist-prescribing. Since 2016, there has been a 50% increase in the number of pharmacists in that province with additional prescribing authority. Allowing pharmacists to prescribe is especially important in rural and remote communities where access to physicians may be limited.

Locally in B.C., a 2019 survey conducted by Ipsos found that 83% of British Columbians supported the idea of allowing pharmacists to consult and prescribe in some limited situations. When asked to elaborate, survey respondents supported pharmacist-prescribing in 13 conditions, ranging from cold sores to urinary tract infections to child vaccinations.

A copy of our submissions can be found at [bcpharmacy.ca/advocacy/submissions](https://bcpharmacy.ca/advocacy/submissions)





This page: Nathan Tsai, Pharmacy Manager for London Drugs' Ladner location, holds up a vial of Pfizer COVID-19 vaccine. His pharmacy was one of about 50 pharmacies in the Lower Mainland to participate in the ImmsBC pilot project.

Opposite: Patient Robert Blair receives his COVID-19 vaccine from pharmacist Nathan Tsai on Friday, Oct. 8, 2021.

## Pilot links pharmacies with B.C.'s Get Vaccinated booking system

In late August, 55 pharmacies in the Lower Mainland began participating in a pilot project to test how community pharmacies can use the provincial government's central booking system, known as ImmsBC.

The pilot project connected this group of pharmacies to the province's "Get Vaccinated" program for COVID-19. This meant that when a patient registered through the government to get vaccinated, they were given options to book their dose at participating pharmacies, in addition to the existing public health clinics.

A range of pharmacies were selected to participate, including independent pharmacies, chains, banners and in-grocery pharmacies. Additional factors were considered such as including pharmacies that traditionally administered high, average and low amounts of vaccines.

Approximately 10,000 doses of Pfizer vaccine was made available to the participating pilot pharmacies during this initiative. The Association spoke with two different pharmacy groups to inquire how they felt the pilot went.





## London Drugs

London Drugs had six of its pharmacies participate in the pilot project for Pfizer vaccines and due to its success and the company's commitment to provide COVID-19 vaccinations to the public, all six locations are continuing beyond the pilot, said Penny Lehoux, Manager of Pharmacy Managed Care at London Drugs. One of her roles is overseeing the Pfizer COVID-19 vaccine pilot program.

Lehoux described the vaccine ordering and administration process, and said London Drugs' individual stores place orders with the BC Centre for Disease, then orders are shipped to the group's distributor, where the vaccine is stored at fridge temperatures of 2 to 5 C. The Pfizer vaccines are then delivered to individual pharmacy locations the next day — a very efficient system is necessary for a product that is only stable at fridge temperatures for 31 days.

Due to the additional procedures, her teams began the pilot project by administering six doses per day initially.

"After the first day, the pharmacy teams were more comfortable with the ImmsBC booking system and procedures, and they opened up availability to every 10 minutes. To minimize wastage, only six doses are prepared at a time and stores have been keeping manual waitlists of walk-in customers to help fill in empty or cancelled appointment times," Lehoux said.

While using the ImmsBC system, appointment blocks are interspersed with other clinical services like travel consultations and influenza vaccinations. When possible, COVID-19 vaccinations are combined into one visit with other immunizations. Once the appointment blocks become active, the pharmacy location becomes visible to the public in the provincial government's booking system.

"The demand has been surprising," Lehoux said. "Even our locations that are close to large vaccination centres are filling most of their appointments. Some people prefer to trust their local pharmacist with all of their vaccination needs."

Nathan Tsai, Pharmacy Manager at London Drugs' Ladner location, said demand particularly increased after B.C.'s vaccine passport requirement took effect. He said the process of adminis-



tration was similar to that of other vaccines, with the exception of following the 31-day fridge storage and six-hour post-dilution requirements. As one way of minimizing wastage, vaccines were diluted one vial at a time, he said.

The average booking looks like this: the patient arrives at the pharmacy and checks in with staff to confirm their appointment time and identification. Next, they are directed to a consultation room where the pharmacist is waiting. The pharmacist confirms the patient's ID, obtains consent, and provides counselling on the vaccine and aftercare information.

The shot is given, recorded in the ImmsBC system, and the prescription is processed in Kroll where the arm that received the injection and lot number of the vaccine are noted. Finally, a vaccination electronic record is printed from the ImmsBC system, the patient's paper vaccination card is filled out, and the patient is asked to wait for 15 minutes to check if there are adverse effects.

Lehoux said some of the benefits of using the ImmsBC system compared to traditional booking by individual pharmacies is the larger outreach to patients and the ability to ensure appointment spots are filled.

"It is also very convenient to have a call centre to answer questions about booking procedures. Centralized booking attracts new customers to our stores, and the support provided by the BCPhA has been wonderful," Lehoux said.

In terms of challenges, the additional steps involved in working with ImmsBC did have a learning curve, she said.

"Lots of training is involved at all levels in learning a new system that is not specific to pharmacy needs," Lehoux said. "It is the same system used by large vaccination centres so there are many functions that we do not utilize. The extra step of confirming user identity with the authenticator app for all staff is time consuming, but necessary given the level of access to patient information."



## Rexall

Rexall's Eric Lin, Pharmacy Practice Lead for B.C., said four Rexall Pharmacies participated in the pilot program.

"Our pharmacy teams have been eager to help the immunization efforts during this unprecedented time to protect our communities," he said. "Over the past year, Rexall pharmacists have administered over 700,000 COVID-19 vaccines. When access to healthcare has been difficult, our pharmacists' time and careful recommendations have brought comfort and a sense of relief to many."

"My role is to support Rexall pharmacies participating in this pilot by utilizing internal resources, knowledge, and best practice experience for administering the Pfizer vaccine in other provinces," Lin said.

While Pfizer's mRNA vaccine must be stored at ultra-low temperatures of -90 C to -60 C for longer-term storage, thawed vials prior to dilution can be kept at fridge temperatures of +2 C to +8 C for up to 31 days. It is at these fridge temperatures that Rexall pharmacies keep their Pfizer vaccines.

Each vial holds six doses, and pharmacists must dilute the vaccine with sodium chloride prior to use. Another thing to keep in mind is the short amount of time a vial may be kept following dilution. Following dilution, the vaccine must be used within six hours.

"There are several handling considerations that our pharmacy teams must take into account, leveraging best practices and learnings from provinces already immunizing Pfizer," Lin said. "While the vaccine is stable in our fridges for 31 days, this usually isn't an issue as there is significant demand. Our teams must group patients together because once we dilute and reconstitute the vaccine, we have six hours to use all six doses in that vial."

Lin said his pharmacists are conscientious to avoid wastage at all costs.

"Should there be a patient who misses their appointment, we actively reach out to upcoming patients requesting they come in earlier, to avoid wastage," he said. "If there are no patients available through these means, we offer walk-in vaccina-



tions to minimize wastage. Taking into account the importance of having every patient immunized, we continue to prioritize patients actively seeking to be immunized and implement these mitigation tactics to reduce wastage to the best of our ability.”

Lin said pharmacies participating in the pilot can select clinics days on ImmsBC with a start and end time, and after selecting these options, the pharmacy becomes available as an option for patients when they book either online at [getvaccinated.gov.bc.ca](http://getvaccinated.gov.bc.ca), or by phone. Since patients usually book by selecting a geographic area, Lin’s stores would show up as options if a patient is close to the locations.

Lin said his pharmacies continue to see additional patients wishing to get immunized, in part due to factors such as mandatory vaccination policies, provincial vaccine passports, and the progression of the pandemic itself.

“Our pharmacists continue to be there to advocate immunization, answer questions and provide information ensuring patients can make an

informed decision to get vaccinated,” Lin said.

Lin also provided feedback on the ImmsBC system, where he noted the benefits of having pharmacies be able to customize booking slots during different times of day, and also the ability for the

pharmacy to receive and report vaccine wastage and injection records directly to the Provincial Immunization Record (PIR).

“That said, it is more ‘complex’ than a traditional pharmacy-managed booking system,” Lin said, pointing to how searching for patient information uses different steps, depending on the patient’s registration status with ImmsBC and their method of booking. Additionally, if a mistake is made when entering infor-

mation on ImmsBC, the resulting incorrect record on the PIR cannot be reversed without sending an email to the Association.

“With this initial complexity, we hope that the additional administrative tasks and time on the system will be addressed in future releases of the platform,” Lin said. **11**

“ Our pharmacy teams have been eager to help the immunization efforts during this unprecedented time to protect our communities

— Eric Lin  
PHARMACIST

Opposite: Pharmacist David Bae prepares a dose of the Pfizer COVID-19 vaccine on Oct. 1, 2021 at Rexall #7159 in Vancouver.

Above: Patient Stan Chernishov receives his COVID-19 vaccine at Rexall #7159 in Vancouver.





# Direct flu vaccine distribution kicks off in B.C.

Direct flu vaccine distribution has come to pharmacies.  
We take a look at how distributors are embracing the  
change of bringing publicly funded influenza vaccines  
directly to pharmacies.

Travis Carnahan, a supervisor at Gamma  
Wholesale Drugs Ltd., is seen here moving a  
pallet of pharmacy supplies on Oct. 14, 2021.





Judy Zhu, Qualified Person in Charge at the Imperial Distributors warehouse, demonstrates how vaccines would be packed for pharmacies.

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The National Advisory Committee on Immunization (NACI) provides additional guidance on the use of the influenza vaccine in Canada. Please refer to the published Statement on Seasonal Influenza Vaccine for the current season.\*

### Relevant warnings and precautions:

- As with all injectable vaccines, appropriate medical treatment and supervision should always be readily available in case of a rare anaphylactic event
- Postpone in patients with febrile illness
- In patients with clinically significant bleeding disorders
- In patients with endogenous or iatrogenic immunosuppression
- Guillain-Barré syndrome
- Pregnant and nursing women
- A protective immune response may not be elicited in all vaccine recipients

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At community pharmacies and pharmacy distribution centres, thousands of workers have been gearing up for the first year of publicly funded flu vaccines in British Columbia being directly distributed to pharmacies using the existing pharmacy supply chain.

For the vast majority of British Columbians, the only notable difference about accessing flu vaccines for the 2021/2022 influenza season in B.C. may be hearing the announcement that all vaccine providers will start vaccinations on the same date, Oct. 18.

But for those providing vaccines, this change stands in contrast to how B.C.'s community pharmacists had traditionally visited their local public health units, cooler in hand, while following a wide variety of procedures that can differ depending on your location in B.C. and public health unit team.

Behind the scenes, the BC Pharmacy Association, the BC Centre for Disease Control, regional health authorities, distributors, the Ministry of Health and of course, community pharmacies, have all been working together to meet the mid-October start date.

Every pharmacy in British Columbia is eligible to participate in the flu vaccination campaign and would have been contacted by the Association in the weeks and months leading up to the launch date.

To calculate flu vaccine allocation for individual pharmacies, pharmacies are offered amounts based on their total flu vaccine throughput in the 2020/2021 flu season, or if data for that year is not available, then the year previous, said Bryce Wong, Director of Pharmacy Practice Support and Special Projects with the BCPhA.

"Every pharmacy will basically receive at least what their 2020 throughput was, plus a percentage increase," Wong said. "On top of that, this allocation is somewhat flexible in that if you provide more vaccine over the course of the season, you will be able to potentially access more vaccine than the total allocation that you've been notified of."

The first initial allocation of vaccines was distributed to pharmacies in early October. A second shipment is expected to be delivered to pharmacies by early November.

The intention, Wong said, is that later in the flu season community pharmacies will be able to place orders for additional vaccines directly from their distributors.

"Following these two shipments, in early November, there should be enough vaccine in the system to open up and allow pharmacies to draw down supply as they need it from their distributors," Wong said. "At this point, the system would transition from a 'push' to a 'pull' model, basically for the rest of the campaign."

Last flu season, more than 1 million British Columbians received their flu shots from





Clockwise, starting from left: Board Director Pindy Janda poses for a photo at Imperial Distributors' Richmond warehouse; the Imperial Distribution call centre; Gamma Wholesale's workers package deliveries for pharmacies; and Gamma Wholesale's "carousel" distribution system for pharmacies.



B.C.'s pharmacists and only a single case of flu was recorded by the BC Centre for Disease Control. This year, said the Ministry of Health's Bernard Achampong, Executive Director, Public Health Prevention and Planning Branch, there are expected to be 2.5 publicly funded million flu vaccines available in B.C.

"We're really counting on pharmacies to keep helping us like you did last year," Achampong said. "We want to increase coverage, at the very least, to administer two million doses this year. Pharmacies will have a majority of that."

Pindy Janda, Board Director at the BCPhA and General Manager, Clinical and Specialty Division, at Imperial Distributors Canada Inc., said having the centralized start-date for British Columbians to access publicly funded flu vaccines helps even the playing field for all pharmacies.

"Sure you might have received your doses on Sept. 30, but if you can't bill until Oct. 18, it takes away that concern or pressure from independent or smaller pharmacies who might be worried that the bigger groups got it first and have already immunized all the patients in their community," Janda said.

"On the distributors' side, the process has been proactive in that receiving vaccines in advance from the Ministry and then distributing them to pharmacies is efficient and timely, as Imperial does same-day and weekend delivery. Hence, equitable distribution to pharmacies before the official date."

One of Janda's roles at Imperial Distributors is to communicate with the British Columbia provincial government to provide them insights on how other provinces, such as Alberta, have handled direct distribution. Here in B.C., Imperial will be distributing flu vaccines to all pharmacies that have Imperial as their primary distributor.

"In the past, we've always said Alberta had a better system than B.C. because pharmacies could access publicly funded vaccines directly from their wholesaler. It just streamlines everything," she said. "For B.C., direct distribution is definitely a positive move."

Things aren't exactly the same in the two provinces, however.

While the Alberta Health Service directly oversees the administration of the distribution to pharmacies by making themselves the point of contact between community pharmacies and distributors, meaning that community pharmacists still place their vaccine orders through a central contact within the Alberta provincial government.

In British Columbia, it is the BCPhA that has taken on that intermediary role. Because of this,

## Publicly funded vaccines for Long-Term Care and Assisted-Living Facilities

Care facilities will work together with their pharmacy providers to coordinate influenza clinics for their residents. Vaccine orders for these facilities will be placed with their local health unit.

distributors in British Columbia, along with the Association, are asked to take on the role of making sure there is accountability in distributing publicly funded vaccines. Or in other words, ensuring that doses being delivered are actually being put into arms.

“It’s actually accounted for down to the individual dose,” Janda said. “It adds extra steps into our distribution workflow, but we understand it helps with accountability and tracing all the way through. The provincial government is able to follow the lot number and will know which lot came into the distributor, and which lot ended up at each pharmacy.”

As for the physical challenge, Janda said Imperial has sufficient existing capacity to accommodate the storage and shipments of this year’s supply. Many distributors will already be able to meet the fridge temperature storage supply requirements – the physical work itself is very similar to how other medications requiring cold-chain management are already handled.

“The extra step is just making sure when the orders are coming in that they are properly keyed into the system. When vaccines arrive from the BCCDC, there’s a temperature tracker that it arrives with, and our receivers here will record the data and continue to track the temperature of the supply while it is in storage in the coolers,” Janda said.

Joey Minhas, Pharmacy Operations Manager at London Drugs Ltd., said Gamma Wholesale, one of London Drugs’ pharmaceutical distributors in B.C., had recently invested in a larger walk-in cooler for vaccines and other cold-chain products, in addition to ultra-cold freezers in case they are needed for COVID-19 vaccines.

“Distribution of medications to pharmacies is not new to Gamma Wholesale. Gamma Wholesale has been around since 2008,” Minhas said. “We have processes in place already to handle large volumes of supply and will distribute supply out to the stores using Gamma’s delivery drivers and trucks, or using third party couriers if we need product(s) shipped quickly to certain stores.”

For Minhas’ pharmacies, at least for the initial allocations, the supply has already been predetermined and Gamma will auto-ship these predetermined amounts to stores, where local pharmacy managers will ensure their staff are aware of cold-chain requirements and understand the process for updating individual-store inventories.

Ralph Lai, General Manager, uniPHARM Wholesale Drugs Ltd., said he’s looking forward to working with community pharmacists, pharmacies and the Ministry of Health on this program.

“I am glad to see the community pharmacies are getting a more prominent role in flu vaccination in B.C.,” Lai said. “Our B.C. government has made a wise decision to use the efficient pharmaceutical wholesale system to distribute the flu vaccines to community pharmacies.”

Pharmacies who are administering flu shots will be able to list their locations on the BCPhA website, where pharmacies have the option of indicating whether they are accepting bookings online, by phone, or by walk-ins.

A flu clinic locator page has been created at [bcpharmacy.ca/flu](http://bcpharmacy.ca/flu) and is promoted to British Columbians as their one-stop shop for pharmacy flu vaccine appointment bookings. The Association has also created a regularly updated Influenza Immunization Guidance For B.C. Pharmacies page at [bcpharmacy.ca/resource-centre/pharmacists/flu](http://bcpharmacy.ca/resource-centre/pharmacists/flu). **11**



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# Pharmacists' guide to navigating through the influenza season in the era of COVID-19 pandemic

By Sandy Lu, BSc (Hons), BSc (Pharm), MScPH, RPh.

Reviewed by Joyce Seto, Pharmacy Manager, Vaccine and Pharmacy Services, BC Centre for Disease Control.

The term “twindemic”, first coined by Jan Hoffman in The New York Times in August 2020, refers to the influenza epidemic occurring alongside the COVID-19 pandemic. A twindemic did not occur during the 2020/21 season much to everyone's relief. In fact, seasonal influenza cases were at historic lows worldwide. The WHO Global Influenza Surveillance and Response System (GISRS) laboratories tested more than 5,173,255 samples from up to 102 countries during the period of September 28, 2020 to August 29, 2021. Of which, only 14,395 (0.28%) were positive for influenza virus, with 4,912 cases being influenza A and 9483 cases being influenza B. In British Columbia, a total of 18 cases were detected from almost 90,000 tests between September 27, 2020 to August 28, 2021. The lower positivity rates were attributed to containment measures for COVID-19 globally and locally — latter, such as school closures, travel restrictions, masks, physical distancing, hand hygiene and influenza vaccinations.

British Columbia is currently in Phase 3 of BC's Restart Plan for COVID-19. As public health takes a measured approach to lifting restrictions, this relaxation and complacency could have implications for the transmission of respiratory diseases. Many health experts are revisiting their concerns of the possible twindemic for the 2021/22 influenza season. Children, a cohort

of concern, are highly susceptible to serious complications from respiratory infections, and as children under 12 years of age are currently unvaccinated due to age ineligibility for COVID-19 vaccines, these concerns may be warranted. Since July 2021, there has been an increased proportion of BC Children's Hospital visits attributed to influenza-like illness (ILI). During the week of August 22, 2021 alone, ILI cases rose 7.8% above the historical 5-year average of 5.1% as the pandemic and detection of other respiratory viruses are contributing significantly to these findings. It is important for all children to be protected against influenza in recognition of the ongoing pandemic, the increase in other detected respiratory pathogens (enterovirus, rhinovirus, respiratory syncytial virus, and pneumococcal bacteria), and factoring co-morbidities. Moreover, it is important for everyone 6 months of age and older to receive their influenza vaccines.

## Similarities and differences between influenza and other respiratory conditions

COVID-19, influenza, common cold, seasonal allergies and asthma share many similar signs and symptoms (Table 1). It is important to understand key differences in symptoms that these conditions cause for effective response measures. Note that diagnosis cannot be made based on clinical presentations alone.

**Table 1** Signs and symptoms of common respiratory conditions

Symptoms	COVID-19	Influenza	Common Cold	Seasonal Allergies	Asthma
Onset	2-14 days after exposure, gradual	1-4 days after exposure, sudden	1-3 days after exposure, gradual	Sudden	Gradual or sudden
Duration of symptoms	7-25 days	7-14 days	Less than 14 days	Several weeks	Several hours or longer
Runny or stuffy nose	Common	Common	Common	Common	Never
Sneezing	Rare	Never	Common	Common	Never
Sore throat	Common	Common	Common	Rarely	Never
Loss of taste or smell	Common (early – often without runny or stuffy nose)	Rare	Sometimes (especially with a stuffy nose)	Sometimes	Never
Cough	Common (dry)	Common	Common	Sometimes	Common
Shortness of breath or difficulty breathing	Common	Common	Never	Never	Common
Diarrhea, nausea or vomiting	Sometimes	Sometimes (more common in children)	Rare	Never	Never
Fever	Common	Common (not always)	Sometimes	Never	Never
Headaches	Common	Rare	Rare	Sometimes (sinus pain)	Rare
Body aches and pain	Common	Common	Common	Never	Never
Tiredness	Common	Common	Sometimes	Sometimes	Sometimes

## Influenza vaccines for the 2021/22 season

Influenza viruses undergo constant mutation via antigenic drift, and to a lesser extent, antigenic shift. This is why vaccines are updated annually. The WHO provides recommendations on the strain components for the northern and southern hemispheres annually in February based on influenza surveillance. The 2021-2022 strains were based on much fewer cases globally than normal.

The strain components for the 2021/22 Northern Hemisphere influenza vaccines are:

A/Victoria/2570/2019 (H1N1)pdm09-like virus \*new this year\*

A/Cambodia/e0826360/2020 (H3N2)-like virus \*new this year\*

B/Washington/02/2019 (B/Victoria lineage)-like virus

B/Phuket/3073/2013 (B/Yamagata lineage)-like virus

**Table 2** lists the available influenza vaccines in Canada for 2021/22. There was no data on vaccine efficacy due to minimal influenza circulation in 2020/21 season.

Vaccine	Manufacture	Format	Intended age group	Funding
AFLURIA® TETRA	Seqirus	QIV (multi-dose)	5 years of age and older	Public (BC)
FLUAD®	Seqirus	TIV (pre-filled syringe)	65 years of age and older	Private
FLUAD Pediatric®	Seqirus	TIV (pre-filled syringe)	6 to 23 months of age	Private
FLULAVAL® TETRA	GlaxoSmithKline	QIV (multi-dose)	6 months of age and older	Public (BC)
FLUZONE® QUADRIVALENT	Sanofi Pasteur	QIV (pre-filled syringe and multi-dose)	6 months of age and older	Public (BC)
FLUMIST® QUADRIVALENT	AstraZeneca	LAIV-Q (intranasal spray)	2 to 59 years of age	Public (limited to 2 to 17 years of age) (BC)
FLUZONE® HIGH DOSE QUADRIVALENT	Sanofi Pasteur	QIV (pre-filled syringe)	65 years of age and older	Public (limited to 65 years of age and older who are residents of long-term care, assisted living facilities and First Nations communities) (BC)
FLUCELVAX® QUAD	Seqirus	QIV (multi-dose)	9 years of age and older	Private
INFLUVAC® TETRA	Mylan	QIV (pre-filled syringe)	3 years of age and older	Private

TIV: trivalent inactivated vaccine QIV: quadrivalent inactivated vaccine LAIV-Q: quadrivalent live attenuated influenza vaccine

## Coadministration of influenza and COVID-19 vaccines

In the UK, one sub-study examined the safety and immunogenicity of influenza vaccine co-administered with a COVID-19 vaccine (NVX-CoV2373) as part of the phase 3 clinical trial. Adverse effects, such as tenderness/pain at injection site, fatigue and muscle pain, were reported to be greater in the co-administration group compared to the main study group. There was no change to the influenza vaccine immune response. Results of the sub-study is limited by several factors, such as: (1) reduced statistical power in subgroup analysis, (2) participants in sub-study are younger and have less co-morbid conditions, (3) funding bias.

As of September 28, 2021, Canada's National Advisory Committee on Immunization (NACI) recommends that all influenza vaccines (inactivated, live, or adjuvanted) can be given at the same time as, or at any time before or after, administration of any other live attenuated or inactivated vaccines. This recommendation for influenza vaccinations applies also to the co-administration of COVID-19 vaccines. The precautionary approach of spacing non-COVID-19 and COVID-19 vaccines during the early stages of COVID-19 vaccine rollout no longer applies as Canada continues to gain evidence on the immunogenicity, safety, and effectiveness for COVID-19 vaccines. This updated recommendation enhances practices and opportunities with the concomitant administration of vaccines at the same visit and at different injection sites.

## Creating safe and effective vaccine delivery in the community

Pharmacists play an even greater role this year in the provision of vaccine administration as distribution from pharmaceutical distributors will enable conventional access flows. With the upcoming influenza season and the recommendation for a third COVID-19 vaccine dose in specific at risk populations demand for influenza vaccine is expected to be high as pharmacists continue to be valued immunizations providers.

Here are some tips to ensure safe and effective vaccine delivery at your pharmacy:

- » Make strong vaccine recommendations using the **SHARE** approach as this may help with vaccine hesitancy:
  - S**hare the reasons why an influenza vaccine is right for the patient
  - H**ighlight positive experiences with the vaccine (personal or in practice)
  - A**ddress patient questions
  - R**emind patients that the vaccine helps to protect them and those around them
  - E**xplain the potential cost of getting influenza, including health effects, time lost from missed work and family obligations, financial costs, spread to family and friends
- » Provide enough physical space in and outside the pharmacy, for example, utilizing parking lots, community halls
- » Create designated times for vulnerable and high-risk populations to come in for vaccinations
- » Schedule appointments and limit walk-in's
- » Provide quiet space for post-immunization observation
- » Offer other vaccines as indicated (ie. pneumococcal 23-valent polysaccharide vaccine)
- » Check expiration dates and post-puncture periods of use
- » Maintain good cold chain practice policies (PPP-68)
- » Ensure epinephrine and anaphylactic kits are available and have not expired
- » Pre-screen individuals for COVID-19 prior to their scheduled influenza vaccine appointments
- » Maintain mask mandates, as per public health orders





# Drug Checking

## Shedding Light on Substance Use Issues

How technologies and conversations are informing the discussion concerning substance use

BY JARRED AASEN, RPH   jaasen@uvic.ca   TWITTER @JarredAasen

### Toxic Drug Supply Crisis

Everybody has an opinion surrounding substances, and many people use substances in one form or another acquired from pharmacies, dispensaries, convenience stores, vitamin shops, cafes or street corners. Pharmacies dispense legal and regulated substances on a daily basis. However, there is a growing issue regarding illicit substances.

For the context of this article, the term 'drug' will refer to illegal psychoactive substances that people use for a variety of reasons, both recreationally and therapeutically. Drugs include substances such as MDMA, ketamine, methamphetamine, cocaine, LSD, Xanax\* and down/opioids/fentanyl.

\* Xanax bars are commonly tested, and shown not pharmaceutically prepared. The ones tested are illicitly made with an active ingredient other than expected alprazolam.

Across Canada and beyond, the toxic drug supply crisis is growing and has claimed the lives of tens of thousands. In British Columbia six people die every day. The illicit supply, especially *down*, is highly variable in both unexpected additives and concentration of active ingredients. ‘Down’ is an umbrella term for street-derived opioids. Historically, the active ingredient was heroin (diacetylmorphine) but now it is fentanyl. The fact that illegal substances are involved with a major health crisis creates barriers to care. From a patient perspective, asking for help with illicit substance use is admitting guilt in participating in the black market. It is time governments lift the burden of criminalization from issues concerning substance use, and allow science and health-care services — which include the voices of people who use drugs — to help implement novel solutions. One such application is drug checking.

## What is drug checking?

Drug checking is a novel health service where a service user submits a small amount of their drug to be chemically analyzed. The results along with appropriate messaging are disclosed back to the service user. The results are useful on an individual level — i.e. for the service user to find out whether the drug they have is what they believed they purchased. The aggregated results are useful on a societal level to inform the greater discussion surrounding substance use, and allows for early detection of trends within the drug market. Drug checking is one of the harm reduction initiatives to address this crisis — alongside opioid agonist therapy (OAT), safe supply and supervised consumption sites.

Pharmaceutical quality control is not a new concept. Health Canada outlines standards and acceptable amounts of variation for medication produced in Canada. Consumer protections available for regulated substances — which include pharmaceuticals, health products, tobacco, cannabis and alcohol — are not available within the unregulated market. This means that the illicit supply can be highly variable with potentially unknown and dangerous additives. It is for this reason that the overdose crisis is now being called the toxic drug supply crisis. There are calls nationally for decriminalization, legalization and regulation of illicit psychoactive substances. These important discussions, however, are beyond the scope of this article.

In this article I will share my story as a pharmacist in drug checking, founder of Lantern Services — Canada’s first federally exempted drug checking



site as told by Health Canada — and speak to the utility of drug checking and how pharmacists could further adopt this service into their practice.

It was through providing care through an OAT focused harm reduction style pharmacy where we identified an unanswered question: *is there fentanyl in my drugs?*

## Reacting to Emerging Health Issues

The year was 2017, and I was a starry eyed graduate from the University of Saskatchewan class of 2015 living in Victoria, British Columbia. I worked at an independent pharmacy called STS Pharmacy which had a unique harm reduction focus. Our main patient base was people experiencing homelessness and people who use drugs (PWUD). STS Pharmacy recognized that people used drugs, and provided care to lessen the harms associated with their use. If people wanted to stop using the street supply, or wanted to taper off their prescribed replacement therapy — to abstain from using — then we supported them to do so.

At STS Pharmacy there was always a warm pot of coffee brewing, and on the walls hung various artwork that patients had submitted for display. Patients had access to storage lockers for their personal items. For people experiencing homelessness, having a safe place to offload some items was appreciated. The tireless care for this community was made possible by pharmacy owner and manager, Alain Vincent — a man of great virtue and patience — along with his wife Sandy — a woman of unending positivity and compassion.

As a health-care worker and pharmacist, my

Opposite: From left: Sandy Angus-Vincent (The Daily Dose Society), Jarred Aasen, Alain Vincent (STS Pharmacy Owner) and Lucy Hagos (Harm Reduction Coordinator).

Above: The outside of Substance, a visible and publicly accessible drug checking site in Victoria, B.C.





Left + Top: Jarred Aasen operating an Fourier Transformed Infrared (FTIR) spectrometer.

Right: STS Pharmacy owner Alain Vincent behind the counter of his pharmacy at 820 Cormorant Street in Victoria.

goal is to improve the health outcomes of those I am serving. To support the primary pharmaceutical focus of the specialized provision of OAT, STS Pharmacy had no over-the-counter area, no raised dispensary and pharmacy staff were easily accessible for questions. Through daily conversations and check-ins, we got to know each and every patient. As they spoke to us regarding their health concerns, one of the issues that consistently came up was the question: what was in their substances?

In 2017, fentanyl was still a mysterious substance to the general public. There were worries that it was present in all illicit drugs, or that simply touching it would be fatal. There was uncertainty and fear within the drug using community, and overdose rates were steadily climbing. It is one thing to read about overdoses in the newspaper and see the figures. The experience is quite different to hear from your patients that their roommate or friend had passed away. Sometimes a patient would not show up for days before word got to us that they had passed away due to drug poisoning. It was grim.

Many patients were interested in taking action to protect themselves. They asked questions about fentanyl, and inquired whether it was in the substances they were using. Alain proposed the idea of using fentanyl strip tests — originally intended for urinalysis — to test street substances. These strips are an immunoassay test strip that are highly sensitive to the presence of fentanyl.

We began testing our patients' substances with these strip tests, and as we collected more test results, we began to tabulate and post them on social media. This got the interest of the local news outlet. Following the

exposure, we began receiving people coming through the pharmacy doors that were not our typical patients. We began having working professionals, students and concerned parents coming through.

It was clear this service was in demand and it felt good to be providing a service that people were actively seeking to protect their well-being. The pharmacy began to provide more naloxone training, drug education and answering of questions than ever before.

In spring of 2017, we were providing naloxone training to a group of teenage girls when midway through they all began to cry. Through tears, they told us they recently lost a friend to an overdose, and that was the reason why they were receiving this training. It was a heavy moment, and a grim reminder of the seriousness of this area. This is only one such story.

In July 2017, three months into providing this service and in the midst of this crisis, the College of Pharmacists of British Columbia sent a letter to stop testing illicit substances in the pharmacy. The College suggested we pursue a Section 56 exemption to the *Controlled Drugs and Substances Act*. Despite feeling unsupported by the College, Alain, myself and Lucy Hagos — a local harm reductionist — began assembling our exemption application.

I began researching other drug checking programs in Canada and found out this service was mainly undertaken in an event setting. In the summer of 2017, I reached out to Chlöe Sage, the coordinator of ANKORS' Shambhala Music Festival's world renowned drug checking program. Lucy and I volunteered on her team that summer, and learned more about drug checking in a festival context. This invaluable experi-

Conversation and education is an important aspect of drug checking to properly convey nuanced results.



ence helped strengthen our application.

We spent much of 2018 communicating with Health Canada for this Section 56 exemption. Lucy and I approached organizations for letters of support, and to our pleasant surprise, we had many letters forwarded to Health Canada, which helped keep our application relevant and urgent.

In early 2019, the newly renovated space located in the basement of STS Pharmacy was inspected by Health Canada and formally approved for Canada's first Section 56 Exemption for Drug Checking Purposes. And thus Lantern Services was founded.

## Drug Checking in Victoria, BC

Concurrently, in early 2019 it was announced that the University of Victoria would be receiving a substantial Substance Use and Addiction Program grant to study the effectiveness of drug checking as a novel service, as well as evaluating how various technologies performed. This became the Vancouver Island Drug Checking Project.

The Project is a service-based research project seeking to study drug checking and evaluate the performance of various technologies. It is led by two co-investigators, Dr. Dennis Hore (Chemistry) and Dr. Bruce Wallace (Social Work). Lantern Services has been a site with the Project since the beginning, and it has been a pleasure to be a part of such a multidisciplinary team involving students and staff from various backgrounds and areas of study.

The red tape involved with carrying out research in the area of illicit substances is substantial. A federal exemption like the one Lantern Services possess

makes it easier to get further exemptions to acquire pharmaceutical standards to create mixtures to be systematically studied by various instruments. Lantern Services has enabled research in this area, leading to multiple publications. While Lantern is primarily used for research purposes these days, public drug checking services are offered at the Drug Checking Project's new location: Substance.

Substance is on a busy intersection in the city there is a lot of foot traffic, with people stopping in to ask questions, or to receive naloxone training. A visible site like Substance acts to break down stigma and facilitate conversation and dialogue within the community. In August, 245 service users checked 229 samples; in September, 160 service users checked 262. This highlights the popularity of this emerging service.

An important function of drug checking is identifying when there is a baggie mixup. An example is when a service user checks what they thought was a non-opioid sample (i.e. ketamine, MDMA or cocaine) when it was in fact down. This means a potentially opioid naive substance user was about to consume an appreciable amount of fentanyl, and would have led to a potentially fatal overdose.

Another important detail is gauging the potency of fentanyl. The fentanyl strip tests give a binary result — a "yes" or "no" indicator of whether fentanyl is present in a sample. This information is very impactful in a non-opioid sample, however when testing down, a positive fentanyl strip test does not mean much. The more important question is *how much* fentanyl is present? This question is now being answered, thanks to an ongoing collaboration with Dr. Chris Gill and his team at





## What does the purple lantern symbolize?

In an area fraught with hearsay and misinformation, drug checking served to be a source of objective information to shed light on this growing societal issue. Other than looking online for articles, news prints and forum posts, there is not a comfortable place to learn about and ask questions surrounding illicit substances.

The symbol of this purple lantern is also a discreet way of letting people know you offer drug checking services. Having a sign that says 'Drug Checking' outside the door can further stigmatize those who come in the doors. The purple lantern lets people know drug checking services are available, and that the staff are trained accordingly.

Vancouver Island University. As of October, the paper spray mass spectrometer is now housed at Substance. This instrument can provide point of care quantitative results to service users, and the aggregated results are informing the prescribing patterns of the addiction medicine community in Victoria.

Please visit [substance.uvic.ca](http://substance.uvic.ca) to learn more about the Vancouver Island Drug Checking Project, including access to monthly reports and to subscribe to the mailing list. In the blog section there is a review on Victoria's drug supply which goes into detail about the project, technologies and current findings.

## Role of Pharmacists

PWUD are in our communities and are deserving of interventions to help reduce their risks. Drug checking, alongside other harm reduction interventions, is a life saving service that is ready to implement today. One challenge of providing this service is receiving the proper exemption or designation to allow for such work. In late October, the province of British Columbia approved regulatory pathways for a distributed model of drug checking, which allows for the collection, storage and transport of small samples of illicit drugs for the purposes of drug checking or laboratory analysis.

Pharmacists are well positioned to play a role within drug checking. We are trained to handle sensitive information, to disclose results and, as a profession, provide capacity for rural reach. Using the discrete symbol of the purple lantern, participating pharmacies could collect samples, help fill out an accompanying survey and ensure the sample is couriered off to a central laboratory for testing. The results could then be accessed by the service user remotely, or disclosed by the pharmacist. Pharmacists could opt in for a training module specific to drug checking considerations.

The toxic drug supply crisis is not new, and the numbers are not slowing down. Expanding the scope of practice of pharmacists to include drug checking would require advocacy from the College of Pharmacists of British Columbia, including allowances for billing of services. This would require the Ministry of Health to determine a fee for service structure that incentivizes pharmacies to take up drug checking. My experience has taught me the importance of drug checking and the utility it can provide for my patients and the community at large. For this reason, I urge pharmacists to consider this critical service.

## Lantern Services

The idea of Lantern Services is not a proprietary concept. It represents the idea that knowledge can and must be shed in this area, as stigmatization and misinformation can be curbed. As per the website: *"Lantern Services aims to be a safe, comfortable place where people can have open non-judgmental conversations about substance use. Our hope is to reduce the stigma involved with substance use, allowing people to ask questions and receive help if needed. This initiative will give individuals the information they need to make informed decisions regarding their health."* This goal is not unique to Lantern Services, rather it is an informal mission of many drug-checking services.

Results of individual drug checks should be delivered in a manner that is objective and neither condones nor condemns substance use. This environment can lead to a fruitful exchange of information — between both service users and service providers — or to important referrals to others services. The goal of drug checking is to have the service user leave feeling more empowered in their decisions. **T**

For a full list of references, visit [bcpharmacy.ca](http://bcpharmacy.ca).



## Community pharmacy steps in to help wildfire evacuees

Less than two weeks after pharmacists Elke Groening and Jason Huber purchased their pharmacy, they received a call from one of the long-term care homes that needed their urgent help.

Groening was told that three dozen long-term care wildfire evacuees are imminently arriving in the Lower Mainland, and all of them needed access to their medications. It was mid-August, and she only started her new role as pharmacy owner on the first of the month.

"We basically got the call, were told they were coming today and here is a list of their medications," Groening said. "It was 37 new admissions, which is kind of a small care home, and usually it would take a couple of weeks to prepare for and get ready for."

Groening oversees approximately 17 staff members at Apex Pharmacy, formerly an Abbotsford Rexall location that had exclusively serviced long-term care and assisted-living facilities, about 1,200 patients in total.

The wildfire evacuees had come in from Kelowna and ended up staying in the Lower Mainland, at a long-term care home in Richmond, for approximately two weeks.

"I had actually worked at the Rexall for about 14

years. When they were deciding to close our store, myself and my co-owner, Jason, we partnered together and bought the pharmacy. We renamed it Apex and we were able to offer jobs to all the staff and keep our care homes," Groening said.

"To get the evacuees their medications, our staff, they all stayed late and were supportive. We picked up all the orders, got them ready and got them out. By then, it was already late in the evening. Our deliveries had left with our regular orders so one of our pharmacists went to drop it off on the way home. It was a lot of work in a short period of time!"

Part of the reason things went so smoothly, Groening said, was the level of co-ordination between everyone involved. The residents were coming from an Interior Health home, which had to work with Vancouver Coastal Health and Fraser Health, as well as getting the patients' physicians involved, in addition to the director of care at the Lower Mainland home, and Groening's team.

"COVID-19 really highlighted a lot of long-term care homes and how the homes have handled the pandemic, but what you don't often hear is how the pharmacy is supporting homes during COVID-19, during wildfire evacuations, and we have been doing this all this time," Groening said. **T**

The Apex Pharmacy team received an urgent call to provide medications to several dozen wildfire evacuees in August, 2021. The pharmacy is owned by Elke Groening (third from right, in glasses) and Jason Huber (back row, centre).





## Overcoming Vaccine Hesitancy

BY DEREK DESROSIERS, BSC(PHARM), RPH

The fall flu season is the perfect time to address vaccine hesitancy with your patients, especially those who are unsure about getting any vaccine, be it flu, COVID-19 vaccine or some other vaccine. The real key to addressing vaccine hesitancy is to understand the reason for the hesitancy in the first place. That means that you must be a good listener. Not all vaccine hesitancy is rooted in an antivaxxer mentality. There are many reasons people are often leery about vaccines.

The COVID-19 pandemic and the rapid development and deployment of COVID-19 vaccines has only heightened vaccine awareness overall, including hesitancy, for a variety of reasons. Let's explore a few of the more common reasons for vaccine hesitancy and how you might address them with patients.

There are those patients who just generally feel they are healthy and active and believe they do not need a vaccine or won't benefit from a vaccine. They usually have active lives and often cite being too busy as a reason for not getting a vaccine (especially flu and/or COVID-19). Often, appealing to their sense of family and community can sway them. When they realize that a vaccine not only protects them but their loved ones and others around them, they may come around. Of course, the convenience of being able to get the vaccine right away in the pharmacy will also be a big plus for these patients.

A difficult group of patients to convince are those who are anti-big pharma. They generally believe that big pharma companies are raking in billions of dollars of profit, and they aren't about to contribute anymore to that by getting a vaccine. The one effective technique I have found to work with some of these patients is to point out that these companies invest profits into research and development (R&D). It can take up to a billion dollars to bring a new drug to market and there can be thousands of product failures along the way in the development or clinical trial stages. The argument becomes even more effective if the patient or a loved one is taking a chronic medication that may be life-altering or saving. Then you can leverage that information by pointing out that the drug may not even exist without the R&D investment of big pharma.

There exist a small cohort of patients who are just generally contrarians and live with the attitude that "I'm not going to have government or 'the man' tell me what to put in my body." I have not had much success convincing this type of patient. They sometime respond better if you agree with them that it is their choice not to get vaccinated but point out that they are also putting their family and loved ones around them at risk. Sometimes they have never looked at it from that perspective.

The true anti-vaxxers are a difficult group. They believe in false information like "vaccines cause autism". Their major source of information often seems to be Facebook and YouTube. I try to make the point that they should consider reading some appropriate scientific information from reputable researchers who publish their data and findings in peer-reviewed journals and not on Facebook.

Specifically, regarding COVID-19 vaccines, there are those patients who believe that the vaccines were developed too quickly and are "untested". These same patients are also often concerned about potential long-term adverse effects of the vaccine. It is often helpful to point out to these patients that mRNA vaccine technology has been in the works for years and it was not some-

thing just developed for the COVID-19 vaccine. As of Oct. 7, 2021, 46.1% of the world population has received at least one dose of a COVID-19 vaccine. About 6.41 billion doses have been administered globally, and 22.81 million are now administered each day. So yes, the vaccine has been "tested" in the real world. I also find it effective to point out that the rapid development of the COVID-19 vaccines came about because researchers around the world dropped everything they were working on to focus their attention on developing a COVID-19 vaccine and that they shared data and collaborated like never before. That is what led to the relatively rapid development and clinical trial testing of the COVID-19 vaccines we have approved today.

Overcoming vaccine hesitancy is difficult regardless of the argument the hesitancy is grounded in. However, it is always worth trying and changing even one mind is worth the effort. I believe that it is a most appropriate task for a pharmacist. **T**

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*Derek Desrosiers, BSc(Pharm), RPEBC, RPh is President and Principal Consultant at Desson Consulting Ltd.*

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**References:** 1. Kröger J, Fasching P, Hanaire H. Three European retrospective real-world chart review studies to determine the effectiveness of flash glucose monitoring on HbA1c in adults with type 2 diabetes. *Diabetes Ther.* 2020;11(1):279-291. 2. Data on file, Abbott Diabetes Care Inc. 3. Haak T, Hanaire H, Aijan R, Hermanns N, Riveline JP, Rayman G. Flash glucose-sensing technology as a replacement for blood glucose monitoring for the management of insulin-treated type 2 diabetes: a multicenter, open-label randomized controlled trial. *Diabetes Ther.* 2017;8(1):55-73.

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