

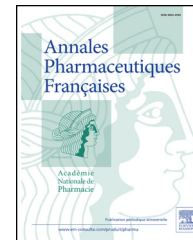


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GENERAL REVIEW

Benefits of pharmacist-led flu vaccination services in community pharmacy



Vaccination antigrippale par le pharmacien en officine : quel apport ?

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Summary Seasonal influenza is a major cause of excess winter deaths and increased hospital admissions. There is a high level of economic burden associated with the infection. Although vaccination targets have been set to tackle this international issue, many countries struggle to reach these coverage targets for their at-risk populations using traditional delivery methods. Traditional providers include family doctors and nurses; however, pharmacist-led influenza vaccination has become a more commonly utilised aid to support vaccination targets. Community pharmacies are convenient and widely accessible and evaluations consistently demonstrate that patients are satisfied with pharmacist-led vaccinations. Allowing community pharmacists to administer influenza vaccination as an alternative option for delivery helps to increase the coverage rate of vaccination. In addition, commissioning community pharmacists to provide this service has been shown to contribute to achieving targets for those at-risk. Pharmacist-led influenza vaccination services can create value for payors and reduce pressure on health systems. This review aims to demonstrate the success of pharmacy-led influenza vaccinations, and the impact it has had in driving up immunisation rates within other countries. Experiences of countries such as England, Portugal and the United States provide evidence to demonstrate the benefit to both the patient and the health system.

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MOTS CLÉS

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Résumé La grippe saisonnière est une maladie aux complications parfois graves, source de drames humains et de coûts importants pour nos sociétés. De nombreux pays rencontrent des difficultés pour atteindre leurs objectifs de couverture vaccinale en la matière. Ces objectifs sont la protection des personnes vulnérables et l'enrayement des épidémies, par l'atteinte du seuil d'immunité de groupe en délai utile. Les acteurs traditionnels comprennent les médecins de famille et les infirmières, mais les parcours sont parfois complexes et ne répondent pas toujours, dans le temps et l'espace, aux besoins de populations non malades. Dans plusieurs pays, le pharmacien est devenu de ce fait une aide complémentaire pour atteindre ces objectifs de santé publique, les officines étant généralement proches des patients et accessibles à tous. Les enquêtes montrent que, dans les pays où elle est désormais pratiquée, les patients sont satisfaits de la vaccination antigrippale par le pharmacien formé à cette fin. Ce complément aux actuels parcours apparaît une source de satisfaction sociale, de complémentarité interprofessionnelle, et de valeur pour les payeurs. Cet article documente l'apport de la vaccination antigrippale par le pharmacien en Angleterre, au Portugal et aux États-Unis.

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Introduction

Seasonal influenza (flu) is a common and costly problem across the world, with 5–10% of adults being infected globally each year [1]. The World Health Organisation (WHO) estimates that there are three to five million severe cases of flu worldwide each year, with higher levels of mortality in those over 65 years of age [2]. Effects range from patients requiring time off work (impacting work productivity) to hospitalisation and even death in complex cases. Seasonal flu is a major cause of excess winter deaths and increases hospital admissions during these periods. In England and Wales alone, an estimated 31,100 excess winter deaths were recorded for the 2012/13 season [3]. In unvaccinated 50–64 year olds, flu-like illness was found to be responsible for up to 39% of all illness-related work days lost and 49% of reduced on-the-job productivity [4]. In France, doctor fees, medication and compensation for time off work alone cost €220 million for the 2012/13 flu season [5].

At-risk groups for flu include individuals who have an increased risk of contracting the disease, such as healthcare workers, and those who may develop severe or complicated disease. Such complications are more likely in elderly patients and those who have long-term conditions or underlying conditions, such as those with asthma, chronic heart or lung conditions, or who are immunocompromised. The EU Council have issued a target of 75% vaccination coverage in these groups which countries should try to achieve in order to improve the level of immunity in the population and protect the most vulnerable patients. In most countries, these targets are rarely met. For 2012/13 season in France, only 53.1% of the over 65 age group were vaccinated, and an even lower rate of coverage was achieved in those with chronic conditions (39.1%) [6]. However, if all at-risk patients in France, Germany, Italy, Spain and the United Kingdom (UK) were vaccinated, an estimated €1.59 billion could be saved from the reduction in hospitalisations and €39.45 million in reduced primary care visits [7]. If full implementation of EU vaccine targets could be achieved in all 27 EU countries, €190–226 million in flu-related costs could be saved annually [5]. Vaccination can also help to

support the internationally recognised antimicrobial resistance agenda, as viral infections can increase the likelihood of bacterial secondary infection, which accounts for a substantial proportion of all antibiotic consumption [8]. Recent evidence suggests that antibiotic use decreases in association with increased uptake of available vaccines such as the flu vaccine, and therefore vaccination programmes should be considered as part of any antimicrobial stewardship programmes [9].

Some countries have managed to approach or reach the EU target, for example parts of the United Kingdom (UK) and the Netherlands [6] (Fig. 1). It has been recognised that additional providers, such as community pharmacy, have been supporting such work [10]. Indeed, in areas where flu vaccinations were commissioned through community pharmacies in England there was a higher uptake of flu vaccination among under 65's in at-risk groups than in four similar areas that did not commission the service [11]. Community pharmacies are ideally suited to help support flu vaccination as they are usually open for longer and often situated in more deprived areas and in medically underserved locations [12,13]. In addition, at-risk patients are likely to be on medication regimens that mean they access pharmacies regularly, providing an ideal opportunity for patients to receive their vaccination as part of a routine visit.

France has made steps towards improving the national vaccination programme. For example in 2012 the Haut conseil de la santé publique (HCSP) advocated simplifying the vaccination schedule and access to vaccination records; improving monitoring and evaluation; and promoting research. In 2008, changes were made to enable patients to receive subsequent vaccinations from a nurse without a prescription after they had received their first from their family doctor. With recent developments in France these changes appear to have lost momentum, so it is important to remember why continuing to strive towards the EU flu vaccination targets is still important and why pharmacy can support this agenda.

Community pharmacy-delivered flu vaccination is now seen as an integral part of the health system and recognised for its benefits in countries such as Canada, England,

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