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NIA Submission on the Proposed Ontario
Pharmacy Act Regulatory Amendments to
Expand Vaccine Administration Practices of
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The National Institute on Ageing (NIA) appreciates the work of the Ministry of Health and the Ontario College of Pharmacists in advancing updates to the scope of practice of pharmacy professionals. These pertain to the proposed regulatory amendments to Ontario Regulation 256/24 under the Pharmacy Act, 1991. The amendments focus on authorizing pharmacists to assess and prescribe for 14 additional minor ailments and to administer specific products. They also expand the vaccine administration practices of pharmacy technicians and intern technicians.

These regulatory amendments build on several legislative and regulatory changes that have already strengthened the role of pharmacists and pharmacy technicians in delivering essential care across Ontario. We thank the College for undertaking this consultation and for seeking input from community stakeholders, including the NIA, on the proposed amendments.

The NIA is Canada's leading public policy and research centre on ageing. The NIA improves the lives of older adults and the systems that support them by convening stakeholders, conducting research, advancing policy solutions and practice innovations, sharing information and shifting attitudes. Our vision is a Canada where older adults feel valued, included, supported, and better prepared to age with confidence.

An important aspect of the NIA's work focuses on promoting the value of immunizations that enable healthy ageing. The NIA achieves this through conducting research, including surveys; producing commentaries, position papers, and national white papers with policy recommendations; developing public guides and resources; hosting webinars; and engaging with media. Across these activities, we have consistently recommended improving vaccine access and administration across Canada's provinces and territories by leveraging various appropriate healthcare providers, such as pharmacists and pharmacy technicians.

As such, the NIA strongly supports the proposed vaccine-related expansions to the scope of practice for pharmacists and pharmacy technicians. This submission highlights the potential impact of these regulatory amendments on older Ontarians and outlines several factors that must be considered for safe and effective implementation, including training and competency standards, workflow and

operations, the increased need for an immunization registry, and public awareness and education.

The Importance of Vaccination for Older Adults

Vaccines are an essential public health tool that protect individuals and communities by preventing infection, reducing transmission, and lowering the severity of illness-related infections.¹⁻³ This is particularly important for older adults, who are at higher risk of complications due to the natural waning of immune systems, reduced strength of respiratory systems, and the higher prevalence of chronic conditions associated with ageing.^{4,5}

Generally across multiple indicators, such as incidence, health care use and mortality, the burden of vaccine-preventable diseases disproportionately affects older adults. Over two-thirds of shingles cases occur among adults aged older than 50 years.³ In Canada, 76% of hospitalizations from COVID-19 occurred among older adults.⁶ COVID-19, influenza, and pneumonia were among the leading causes of death in 2023, and 92% of these deaths (over 13,100) were among Canadians aged 65 years and older.⁷ These complications also increase with age. An Ontario study found that annual respiratory syncytial virus (RSV)-associated hospitalizations were twice as high among adults aged 70 to 79 years and eight times higher among adults aged 80 years and older than the overall RSV-associated hospitalization rate among adults during the 2018/2019 RSV season.⁸

The impact of vaccine-preventable diseases is even more prominent among specific groups of older adults, including those with chronic conditions, weakened immune systems, or those living in long-term care (LTC) homes. For example, older adults with lung diseases have twice the risk of developing community-acquired pneumonia, and those with severe lung disease have an eight-fold risk.⁹ Individuals with weakened immune systems face greater complications from shingles.^{10,11} An Ontario-based study found that residing in an LTC home was a predictor of mortality within 30 days of RSV-associated hospitalization.¹²

Ontario's Current Vaccine Coverage Programs Do Not Translate Into Sufficient Vaccine Uptake

Ontario currently provides some of the most comprehensive vaccine coverage in Canada, particularly for older adults. As a result, the uptake of several adult

vaccines is higher than the national average.¹³ However, in comparison to the 80% national target set by the Public Health Agency of Canada (PHAC) for influenza and pneumococcal vaccine uptake among older adults,¹⁴ uptake rates among older Ontarians are underwhelming.^{13,15}

Recent PHAC Survey Data on Vaccine Uptake Among Older Ontarians

Influenza Vaccine Uptake (Adults 65 years and older) ¹⁵	73.5%
Shingles Vaccine Uptake (Adults 50 years and older) ¹³	47.3%
Pneumococcal Vaccine Uptake (Adults aged 18 to 64 years with at least one chronic condition, all adults aged 65 and older, and all adult smokers) ¹³	42.1%

While vaccine uptake is expected to be lower for more recently approved vaccines, the Canadian 2023/2024 National Influenza and Respiratory Viruses Survey, conducted in collaboration with the NIA and Seqirus, still found that only 13% of eligible older adults had reported receiving the RSV vaccine.¹⁶

Taken together, these findings indicate that more attention needs to be given to improving vaccine uptake throughout the province.

The Important Role Pharmacists and Pharmacies Provide in Vaccine Delivery

The NIA’s policy work on improving vaccine uptake has consistently focused on addressing vaccine hesitancy, defined as the “delay in acceptance or refusal of vaccination despite availability of vaccination services.”¹⁷ One of the key factors contributing to vaccine hesitancy is convenience, which relates to the ease of obtaining a vaccine.¹⁷

Pharmacists play a critical role in addressing this barrier. Pharmacies are widely accessible across communities and offer extended hours. In fact, 95% of Canadians live within five kilometres of a pharmacy in the community.¹⁸ This is especially important in a province where only one-third of Ontarians aged 16 years and older were able to see their primary care provider on the same or next day for a health concern in the past year.¹⁹

Pharmacy-based vaccine delivery has already demonstrated significant success. Across recent national surveys, pharmacies were the most commonly reported

location for receiving the influenza vaccine, significantly higher than other locations such as health care provider offices or vaccination centres.^{15,16} Another national survey found that pharmacist consultations about influenza vaccines were more commonly noted among older adults than among younger adults.²⁰ In terms of impact, Canadian studies have indicated that pharmacist administration of influenza vaccines has led to an increase in immunizations,^{21,22} resulting in potential savings in terms of direct health care costs and productivity.²³

Expanding the list of vaccines pharmacists are authorized to administer will undoubtedly support higher vaccine uptake, especially among older adults who may face mobility, transportation, or access challenges.

The Importance of Expanding Vaccine Administration to Pharmacy Technicians

The enablement of pharmacy technicians to administer more vaccines will additionally provide another evidence-informed avenue to improve vaccine uptake and workflow. Research conducted in pharmacies where pharmacy technicians administered recommended vaccines found that pharmacists felt immunizing technicians were capable and well-trained.^{24,25} Additionally, pharmacists noted this allowed them more time to focus on other duties, while most patients were comfortable with these allied health care providers taking part in vaccine administration.²⁴

Implementation Considerations to Enable a Safe and Effective Rollout of Expanded Scope of Practice

With this expanded scope of practice, various factors must be considered to ensure a safe and effective rollout that benefits all stakeholders, from providers to the public.

A. Training and Competency Standards

It is essential that there are clear training requirements for pharmacists and pharmacy technicians. This is particularly important as pharmacy technicians expand their skills from administering three to nineteen vaccines. The Ontario College of Pharmacists should consider requirements for monitoring ongoing competency assessments to ensure that pharmacy professionals remain informed about newly approved vaccines and updated recommendations from the National Advisory Committee on Immunization.

B. Workflow and Operations

There should be appropriate guidance given to pharmacies on how to integrate the expanded scope of practice into their day-to-day operations. This includes ensuring adequate space for safe vaccine storage, designated immunization areas, and appropriate post-vaccination observation space. Another aspect is ensuring roles are clearly defined amongst pharmacy teams to support efficient workflow and maintain team cohesion. Research indicates that factors such as staffing levels, stress, and limited time can affect pharmacy technicians' ability to take on new responsibilities.²⁶ Providing guidance and supportive tools will help pharmacies assess their operational capacity and integrate these expanded activities safely and effectively. Doing so will encourage greater adoption of the expanded scope among pharmacy professionals.

C. The Increased Need for an Immunization Registry

The expansion of vaccine administration by pharmacy professionals highlights the need to strengthen Ontario's immunization documentation systems. Currently, vaccine administration data is fragmented across multiple programs and systems. Individuals are often responsible for compiling and maintaining their own records.²⁷ This limits timely access to complete vaccination histories and reduces the ability of individuals, care providers, and the government to make informed vaccination decisions.

Numerous provincial and national organizations, including the NIA, have recommended the importance of implementing a provincial immunization registry that will capture all vaccines received by individuals. This would allow authorized health care providers, regardless of their location, to quickly verify a patient's vaccination status and support their overall continuity of care. It would help individuals better track their immunization history and reduce the burden of compiling this information themselves. It would also enable government and public health officials to more accurately assess coverage, evaluate immunization initiatives, and make better use of resources.^{27,28}

D. Public Awareness and Education

Public awareness is essential to ensure residents understand where and how they can access vaccines. The Ontario College of Pharmacists should partner with a broad range of stakeholders (e.g., the Ministry of Health, public health units, health care provider associations, health care organizations and settings, and community centers) to help promote these changes across the province. Partner organizations should be selected based on their ability to reach diverse populations effectively.

The NIA would welcome opportunities to collaborate and leverage its national networks to reach older adults, caregivers, and organizations across Ontario.

Conclusion

The NIA strongly supports the proposed expanded scope of practice for pharmacists and pharmacy technicians. These changes will improve access to vaccines for Ontario residents, including older adults, and help address critical gaps in vaccine uptake more effectively. They will strengthen Ontario's vaccination infrastructure, reduce the burden of vaccine-preventable diseases, and improve equity in access to vaccines.

The NIA remains committed to supporting the Ministry of Health and the Ontario College of Pharmacists and would welcome the opportunity to provide further expertise to enable these regulatory changes.

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