Examining the Key Role of Community Pharmacies in Bolstering Acceptance of Vaccines

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***AJMC®*: How would you assess the significance of vaccines within the broader economy of healthcare and their role in the clinical armamentarium?**

GALLAGHER: Vaccines should make other therapies jealous. There are few 'one and done' interventions in healthcare that are both noninvasive and prevent disease. I believe that our internal programming that tells us to vaccinate certain populations has become so automatic that, while this is a good thing, we under-appreciate just how much morbidity and mortality is prevented through vaccination.

***AJMC®*: Can you reflect on general unmet needs in the vaccination landscape for influenza and pneumococcal disease and how those needs can be addressed?**

GALLAGHER: Pneumococcal vaccination has come a long way and the quality of our vaccines has improved. I wish I could say the same about influenza vaccines. While new technologies have improved the ways that vaccines can be developed and manufactured, the old-school methods of egg-based vaccine cultivation still predominates, and we still make best guesses on which strains should be vaccinated against too early to reactive to evolving threats.

***AJMC®*: As a separate matter, how would you assess the state of "preventive" immunization when it comes to zoster, HPV, and other non-life-threatening conditions?**

GALLAGHER: To me, HPV vaccination is the single most exciting development in vaccine development. It is a shame that misinterpretation and social issues have derailed the excitement that should be present to administer a vaccine that prevents cancer. If there was a vaccine that could prevent prostate cancer, I'd take it tomorrow. I hope to see more development on virus-linked cancers and the potential to prevent them.

In a way, zoster vaccination can be successful through the visibility of patients who develop pain from shingles—it's kind of the opposite of giving vaccines to prevent once-common conditions from coming back. Hopefully discussions around the water cooler about the pain of zoster can encourage people to become vaccinated against it from occurring.

***AJMC®*: Can you discuss at-risk populations for vaccine-preventable disease, and how outreach efforts from community pharmacists have assisted individuals in these populations?**

GALLAGHER: Whenever I hear of at-risk populations for vaccine-preventable diseases, I always balk a little as the gut reaction of "that's everyone!" takes hold. But looking more specifically at the population that you are referring to—the elderly, immunosuppressed, etc—identifying them is of course key. Hopefully they are identified and approached by prescribers, but pharmacists seeing these patients should be triggered to inquire about their vaccination status and offer vaccination where appropriate. Pharmacists are very visible caregivers and seeing a prescription for an immunosuppressant, targeted oncological therapy, or other key medication, can and should trigger this discussion.

***AJMC®*: What are the current obstacles to immunization access?**
GALLAGHER: Access is an issue, but acceptance is an ever bigger one.

***AJMC®*: With immunization rates broadly lower than recommended, can you reflect on that state of awareness and education, both for patients and pharmacists?**
GALLAGHER: I find it disappointing and wonder whether it reflects on the status of science education, the power of social groups over medical knowledge, the distant removal of modern society from historical plagues, or a combination of them all. I also wonder if we in pharmacy and medical education have become victims of our own complacency. Do lecturers on vaccines talk about the enormous impact and role that they have in society? Do we teach messages of what society was like before public health interventions, vaccines, and antibiotics lowered infection rates and increased life expectancy? Do we go through research on what leads to vaccine hesitancy, and work to address it? Combinations of all these things are probably necessary, but it would nice to know what is most impactful.

***AJMC®*: Who needs education and who should be delivering it?**
GALLAGHER: We all do! Healthcare providers need education about how to deliver the education. Patients need education that addresses their concerns and doesn't assume that data will win them over.

[Regarding delivery of education,] it is cliché, but we all need to be doing it. People respond differently to different approaches, and different personalities. Nobody in the healthcare system should assume that patients have already heard and decided against vaccination unless they hear it directly, and even then, it could still work coming from the right person. It could be as simple as hearing a message from a less intimidating personality, a more peer-like provider, or "someone who used to think that way."

***AJMC®*: With insurers now offering free preventive care, why are coverage rates for preventable infections still below the recommended target?**
GALLAGHER: The issue is about more than access. I'd argue that it isn't primarily about access, it is about understanding. All the free preventable care in the world may not be enough to overcome a social media post from a trusted friend.

***AJMC®*: In recent years, how have you seen community pharmacists boost their efforts in the services they provide regarding immunizations? What have been some of the innovations operationalized, and what do you see yet to come?**
GALLAGHER: Community pharmacies have made vaccination a priority. This is 1 of those areas that can benefit both parties—the pharmacy receives the revenue associated with vaccination, and the community benefits from a larger pool of immunized patients.

One key innovation that would add to our ability to immunize appropriately would be a shared database between providers that tracked immunization status. Community pharmacists (and others) often run into the issue where they ask patients about their immunization history but the patients do not know it. Moreover, some patients only learn that they were previously immunized when a claim is denied. That is more of an annoyance that a hindrance, but the reverse issue is a bigger concern; that assumptions about vaccine history are made when they are not correct. ◆