

Flu vaccine uptake slightly higher in provinces that allow vaccination by pharmacists

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People who live in provinces with policies that allow pharmacists to administer influenza vaccines are more likely to be vaccinated, according to a new study in *CMAJ (Canadian Medical Association Journal)*

"Individuals living in provinces with a policy allowing administration of publicly funded influenza vaccines by pharmacists were more likely to report receipt of a seasonal influenza vaccine in the year before survey participation than those living in jurisdictions without a pharmacy policy," writes Dr. Jeffrey Kwong, Public Health Ontario and Institute for Clinical Evaluative Sciences (ICES), with coauthors.

Researchers looked at data on 481 526 people aged 12 years and over from the 2007-2014 cycles of the Canadian Community Health Survey. Over the 7-year study period, uptake of [influenza vaccines](#) declined, but in provinces with policies allowing vaccination by pharmacists, the proportion of people vaccinated was slightly higher (30.4%) v. than in those that did not (28.2%). People were more likely to be vaccinated if they were over age 50 years, female, lived in cities, had higher education and income levels, and had chronic conditions, among other factors. Immigrants, people in excellent health and daily smokers were less likely to be vaccinated against influenza.

"While the results of our study suggest a small impact associated with

[pharmacist](#) policies, at least during the initial years of implementation, there may be other potential benefits Because 80% of Canadians consult with pharmacists, those who seek nonvaccination services from pharmacists may also receive reminders for annual influenza vaccination," write the authors.

They suggest that education by pharmacists and exposure through pharmacy visits may increase vaccine coverage, although they urge additional promotion and broader school-based vaccination programs to increase coverage in the population.

More information: *Canadian Medical Association Journal*,
www.cmaj.ca/lookup/doi/10.1503/cmaj.151027

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