

THE Tablet

WINTER 2020 | ADVOCATING FOR BRITISH COLUMBIA



Travel Medicine

Victoria pharmacy becomes the go-to travel clinic for many snowbirds PAGE 16



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ON THE COVER

Pharmacists Lin Ma and Daniel Hong speak about the best approaches to travel medicine.





Keith Shaw

What it takes to succeed in pharmacy

The pharmacy profession in Canada, and indeed B.C., has been challenged recently and many of our colleagues have been swept up by the change, feeling more like passengers than drivers of their figurative career “bus.” Owners and community pharmacists are trying to keep up to date, stay profitable and ensure patients receive the care and medicine they need.

Despite the challenges our industry faces, there is economic viability and a rewarding career available to those who are able to see these challenges as an opportunity to stand out and grow within the profession.

What does it take to succeed? The first fundamental is curiosity. In my role on the Board I've learned that the BC Pharmacy Association staff advocates and provides training for new ways pharmacists can benefit patients. Additionally, I've found that we can look to our 2019 award recipients for evidence of this curiosity in action. What areas of practice are you most wanting to change and get curious about? The less we as pharmacists and owners take our current state as fixed for granted, and the more capable of influence we see ourselves, the greater the impact we can make.

Second, we need to be prospective. Looking ahead does not require a crystal ball. For a pharmacy team, it could mean a review of tasks and process to find ways to improve workflow. Use the BCPhA's Professional Practice Support team members, who are most up to date with current legislation in B.C. and can support members making changes to their practice.

All the curiosity and forward thinking in the world does nothing without the third requirement: Action! As pharmacists, we default to safety, and that's important for patient care. For some this default is strong and can get in the way of building a rewarding practice.

Pharmacies all over B.C. have built reputations for excellence in various areas of practice, one patient at a time. Whether providing travel services, compounding, or opiate agonist treatment expertise and care, the pharmacists that are finding satisfaction and growth are taking action to grow and become better care providers. New practice does not have to start with an expensive renovation or preparation. Action can be the decision to delegate more junior work to a support staff member in order to free yourself to do your first therapeutic adaptation or injection. Whatever the case, we can paralyze ourselves in analysis and hamper our own ability to progress. Lead by example to encourage others to see what's possible.

You have the opportunity to share your challenges and feelings about the profession and add your perspective to the conversation, and find ways to be inspired and take action.

All industries are affected by external threats. How the members of that profession perceive their issues, and the action they take determines what happens next. This bus needs a driver; take the wheel! 🚗



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Geraldine Vance

Manners still matter

I know it is 2020, the start of a new decade and we are all encouraged to look towards the future that embraces more technology. But I have to say, it may be in order to take a little look in the rearview mirror back to times when *what* you said, and *how* you said things, mattered.

From my perspective, the explosion of social media by-and -large has been a good thing. The ability for people in all corners of the world to know the same things at the same time is a levelling of the playing field that I think is positive. And platforms such as Facebook and Instagram allow millions of people to stay in touch and reconnect with people they have lost contact with. I am a self-confessed Facebook fan. I love it and am a regular user.

But the dark side is that all this social media allows some people to be anything but social or civil. The ability to create anonymous social media accounts and post hostile messages is something that I would argue is out of control. It makes us a much less civil society.

Online comments can have devastating consequences. The cases of online bullying that has led to people taking their own lives is well recorded. And the Twitter Commander in Chief is a daily reminder of just how nasty people can be when they are interacting with their phone screen and not a real person.

Why, you may be asking yourself, am I raising this issue?

B.C. community pharmacists have every right to feel under-valued and under-utilized in the health-care system. All across the country pharmacists are doing more to help their patients. Their expertise is being recognized and being harnessed to address primary care access issues and to fill other gaps in the health-care system. But here in B.C., it is easy to feel like nothing is happening and that our elected officials aren't listening or aren't interested in what pharmacists have to say. That is pretty much the truth. It has been since I took on the position of CEO eight years ago.

Time after time, to this and the previous administration, we and many of you across the province have made the case for how pharmacists can and should be doing more. Have we been embraced with open arms? No. Is this a reason to feel annoyed and confused? For sure. I feel the same way.

But, I am genuinely troubled by some of the things I see in social media. Taking pot shots at the Minister of Health or any other elected or unelected official is off-side. It is also ineffective. Do we need to be strong advocates for the profession and for patients, while pushing hard to be included? Absolutely. But doing so respectfully and engaging in one-on-one conversations is the only way to make things happen.

So I encourage us all to remember that genuine respect and engagement is what brings about change—not insults and barbs. **■**

The Tablet asks our contributors:

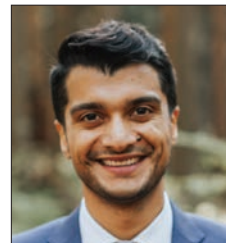
“What are you most looking forward to for pharmacy in 2020?”



Daniel Hong

is a pharmacist at Victoria Travel Clinic and Heart Pharmacy. “I’m curious to see further discussions

in expanding the current scope of practice, specifically in the field of travel medicine. Pharmacists have the capability to prescribe antimalarials. We have the backbone training to conduct TB testing. Our profession is full of potential, and we need to keep pushing towards change to make it happen.”



Aly Karamali is a

pharmacist with the BC Drug and Poison Information Centre. “I am looking forward to continuing the con-

versation about pharmacists’ right to prescribe for minor ailments in B.C. Advocating for our profession and practicing to the full scope of our abilities is always a priority and I am optimistic pharmacists will continue to make strides towards this goal in 2020.”



Michael Mui is a

communications specialist at the BC Pharmacy Association and managing editor of *The Tablet*. “I’m looking

forward to pharmacists providing more clinical services in 2020, particularly for services such as adaptations.”

Member Updates

Member News

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

New BCPhA president & VP President Keith Shaw

Pharmacy District Manager, Sobeys
Keith Shaw has been a leader in the pharmacy profession for more than a decade, starting as an Associate with Shoppers Drug Mart then moving to his current position as Pharmacy District Manager with Sobeys, where he helps oversee many Safeway and Thrifty Foods pharmacies across the province.

Vice-President Annette Robinson

*Regional Pharmacy Manager,
Pharmasave Pacific*

Annette Robinson joined the BCPhA Board of Directors in September 2017 and serves as the BCPhA representative for the Canadian Pharmacists Association. Annette is Regional Pharmacy Manager with Pharmasave's Pacific Regional office. Additionally, she serves on the College of Pharmacists of BC Discipline Committee.

In memoriam

London Drugs #50 pharmacy assistant Firouzeh Madani and her husband, Naser Pourshabanoshibi, were both aboard Ukraine International Airlines Flight 752 when it was shot down on Jan. 8. They were both physicians in Iran. The couple is survived by their 19-year-old daughter, Kimia.

Your BC Pharmacy Board Election Results



Derek Desrosiers

Desson Consulting Ltd., Principal
Vancouver, B.C.
Elected 2020-2022

"I'm always striving to inspire other people to do better, to find where their strengths and passion lies and get the right people in the right jobs. That is something that's been with me my whole life."

Pharmacy consultant Derek Desrosiers is excited about what lies ahead for pharmacy in B.C.

"I hear all of this doom and gloom, with what's happening with generic drug prices, for example, but I see a lot of opportunity," says Desrosiers. "It's time to get re-energized, to be innovative. I want to be part of the next phase of the pharmacy industry and where



Jamie Wigston

West End Medicine Centre,
Pharmacist
New Westminster, B.C.
Elected 2020-2022

"Over the past five to seven years, pharmacists' scope of practice has increased quite a bit, but salaries haven't kept up. They're asked to do more with less and I don't feel that they're getting compensated for the increased amount of work."

Pharmacist Jamie Wigston hopes to enter his second term on the BC Pharmacy Association Board of Directors with a renewed vigour to improve the working conditions of front-line pharmacists.

"Advocating for pharmacy business, it's a lot simpler in terms of what to do," says the 32-year-old.

it's going.”

Proud of his past professional achievements, as pharmacy owner, CEO of uniPHARM Wholesale Drugs, two-time BC Pharmacy Association director, as well as two-time president with the BCPhA Board of Directors, Desrosiers feels a duty to call upon his wealth of experience to give back to the next generation of pharmacy advocates.

Desrosiers retired from his role as Director of Pharmacy Practice Support with the BCPhA in 2018. Since then, in addition to his consulting work with Desson Consulting Ltd. and rxownership.ca, Desrosiers has been closely monitoring the political climate within the pharmacy sector, and gauging feedback from the next generation of pharmacists, as a guest lecturer at the University of British Columbia.

“I feel like I can provide some guidance and direction to help others understand how things work with the Association and the College and how it has arrived at the position it is in today. It takes so much advocacy work over many, many years to change our scope of practice perspective.

“What is hard is figuring out how to advocate properly for the small pharmacists.”

Wigston is currently the pharmacy manager at West End Medicine Centre in New Westminster. Through the last six years of practicing on the frontlines, he's heard numerous stories of pharmacist and technician hours being cut down, while fewer staff are asked to do increasing amounts of work.

Wishing to have a bigger voice in advocating for his profession, Wigston decided to run for the BC Pharmacy Association Board of Directors. He first ran in 2016, and at the time, was keen to uncover the inner workings of how the profession was currently advocating for itself. Since then, he's gained many insights on the work that takes place behind the scenes.

“I wanted to get in there and start doing something,” Wigston says. “Once you're in there you learn there's a lot more than meets

This is a long game here that we're playing.”

Desrosiers is excited to return to his role as Board member in 2020, and will draw upon his unique and varied career to help work towards finding new opportunities for pharmacists to not only assert their skill sets for the benefit of patients, but also create new revenue avenues to ensure that pharmacists and pharmacies are being remunerated for their expanded scope of practice.

“One of the common themes people will hear me talk about is the idea of pharmacists not valuing themselves or their services very well,” he says. “Free is the four-letter ‘F’ word in pharmacy. We need to realize the tools and resources we have available to not only offer increased services for patients, but to be adequately paid for those services as well.”

When not working, Desrosiers can often be found planning his next travel destination with his wife Bertha Johnson; at his favourite neighbourhood restaurant, Maria's Taverna; on the golf course; or spending quality time with his four grandchildren and one great-granddaughter.

the eye. There's a lot of interaction with key stakeholders, either with government or with different pharmacy chains.

“But again, you only hear about it if there's a positive finish to it all. Let's say something is in the making for two or three years but falls apart at the end, you never hear about all the work that was done in the interim. I've learned a lot.”

Wigston first decided he wanted to be a pharmacist in high school, when he realized he excelled in the sciences, particularly biology. The next logical step for him was to move into a career in health care. Throughout his career, he has worked as a pharmacist in both B.C.'s Interior and the Lower Mainland. And despite his dedication to patients, Wigston maintains his work-life balance by regularly participating in a soccer league on weekends.

One thing he's particularly looking forward to in 2020 is his upcoming wedding in Whistler—just one week before the BCPhA conference! 📍

New Board Appointees



Gary Go

Regional Manager of Pharmacy Operations, Save-On-Foods

Appointed 2020-2022

Gary Go completed a Bachelor of Science in Biology before completing a Bachelor of Science in Pharmacy in 1995, both from the University of British Columbia. He has been a BCPhA member since he graduated and is a participant of the Neighbourhood Pharmacy Association of Canada.

Go worked as a pharmacist in the Lower Mainland and in Victoria before becoming a regional manager, pharmacy operations with Save-on-Foods Pharmacy. He has been in his current role for over 17 years.



Colleen Hogg

Owner and Pharmacy Manager, Cove Pharmacy and Gold River Pharmacy

Appointed 2020-2022

Colleen Hogg became an entrepreneur in 1999 when she purchased Cove Pharmacy on Quadra Island, then known as the People's Drug Mart, the first pharmacy established on the rural island community.

As an advocate for not only the pharmacy profession but also access to health-care services for remote communities, Hogg believes success in pharmacy is strongly tied to a passion for helping her community.



Diabetes Educator of the Year winner found inspiration within her own family

How did you get your start in pharmacy?

I received my degree in 1974 from the University of British Columbia. My first employer owned two pharmacies in Port Coquitlam, my hometown. Working at an independent pharmacy, especially four years later when I started managing one of the locations, you were not just the pharmacist, but the postmistress, front store manager, responsible for cash reconciliation and doing bank deposits. I learned a lot about running a business during my time there.

You were a pharmacist with Safeway for nearly 30 years. What were some of the biggest changes in pharmacy that you saw during your time with the company?

I started working for Safeway when their Abbotsford store opened in 1987 and became the pharmacy manager in 1988. I then managed the Maple Ridge location when it opened in 1999. Grocery stores were just starting to have pharmacies in the 80's, and I remember kidding from other pharmacies, asking if we sold lettuce with a prescription. To me, I was now able to practice pharmacy as I learned it at university—no front store or cashing up to deal with.

The Abbotsford pharmacy piloted multiple new computer programs and the start of the online BC PharmaCare system. Pharmacy computer programs grew over the years, from just filling and billing the script to having drug interaction checks, access to online references, automatic inventory management and ordering and more. Pill counting machines for high movers became available, then large complicated machines could prepare the prescription and label it. We went from training our own assistants to having assistants that had gone through recognized training programs then to registered pharmacy technicians.

Safeway supported my work in diabetes, and when I became a CDE in 2002 they provided me with eight hours a week to work on diabetes projects and patient clinics. I became a presenter for diabetes and other disease states for patients and staff. In 2012, I stepped down from management and focused on staff training

Recently honoured by Diabetes Canada as the Diabetes Educator of the Year in 2019, Elaine Cooke has made a meaningful impact on diabetes education over the course of her career as pharmacist and Certified Diabetes Educator (CDE).

In addition to her work with patients as a long-time employee of Safeway, where she travelled across B.C. to provide diabetes clinics for Safeway patients, Cooke was Editor-in-Chief of the *Diabetes Communicator*, Diabetes Canada's professional publication, and creator of the BC Pharmacy Association's Diabetes Health Coaching program.

A nationally recognized speaker and Canadian Pharmacists Association's 2005 Pharmacist Diabetes Educator of the Year, Cooke's career-defining specialization was originally inspired by her mother, who suffered from diabetes.

"From my mother having diabetes, I focused on learning as much as I could to help my diabetes patients," says Cooke. "I feel that pharmacists, as the most accessible health-care professional, have a lot to offer in disease management. With one in three Canadians affected by diabetes, it is a great place to start."



around diabetes, medication reviews and other programs with minimal dispensing, in addition to performing clinical services for patients.

Since leaving Safeway in 2016, what have you been working on?

I have my own business, Elaine Cooke Consulting. I have consulted with pharmaceutical companies, created forms and continuing education programs, provided clinical services, presentations to pharmacists, physicians and other health-care professionals. In 2016, I started working at Fraser Medical Clinic in Maple Ridge. Twice monthly, I provided diabetes education to their patients, with the work being paid for by pharmaceutical companies. Since 2017, I have given a lecture on diabetes three times yearly for UBC's Canadian Pharmacy Practice Program.

What have been some of your proudest accomplishments as a CDE?

Mostly that I have been able to help so many people with diabetes. One gentleman took the time to come and tell me what a difference I had made to his life with his type 1 diabetes over the 30 years—since he was four years old. I have also helped many pharmacists gain more knowledge about diabetes. The positive feedback from patients and pharmacists and other health-care professionals

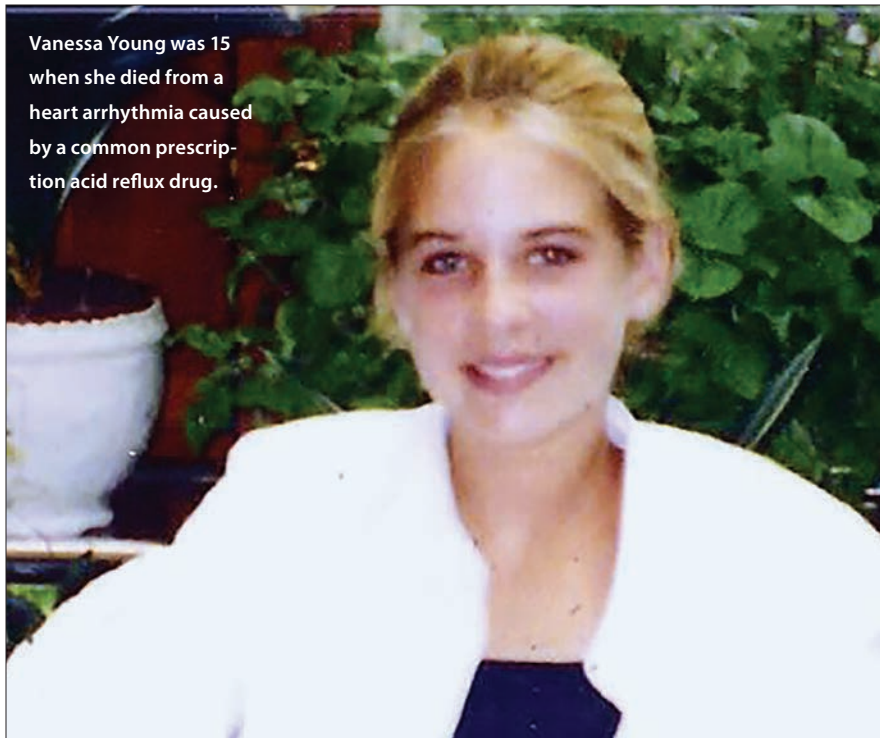
has provided me with a lot of personal satisfaction over the years.

I have been invited to speak at three Diabetes Canada (formerly Canadian Diabetes Association) conferences. In 2007, I became an editorial board member of *Diabetes Communicator*, a professional publication of Diabetes Canada, and from 2012 to 2018 I was the Editor-in-Chief and guided the publication to become even more useful to professional members of the organization. I am currently the editor emeritus in an advisory role. I was very proud when I was recognized as Diabetes Canada's Diabetes Educator of the Year for 2019. The award is based on all that you have accomplished as a CDE over the years.

Now semi-retired, what are your future goals, both professional and personal?

I will continue to provide diabetes education at medical clinics, lecture at UBC and work with pharmaceutical companies when opportunities arise. On a personal front I have been taking art classes and travel with my daughter to take art classes in the U.S. My husband and I have been married for 48 years and he has a passion for building hot rods. One of his current projects is a 1948 Chevy pick-up that he is building specifically for me. It is getting so many bells and whistles I will have to drive it everywhere this year! **T**

From left to right:
David Parolin, National Field Sales Director for LifeScan, Elaine Cooke, Diabetes Educator Award Winner, Shelley L Jones RN, BScN, CDE, and Peter A. Senior MBBS, PhD, FRCP.



Vanessa Young was 15 when she died from a heart arrhythmia caused by a common prescription acid reflux drug.

Vanessa's Law introduces mandatory reporting to hospitals in Canada

BY ANGELA POON AND MICHAEL MUI

Nearly two decades after 15-year-old Vanessa Young of Oakville, Ontario died from an arrhythmia caused by a common prescription acid reflux drug (which was later removed from the market), an eponymous law has come into full effect at hospitals across Canada.

The *Protecting Canadians from Unsafe Drugs Act*, more commonly known as Vanessa's Law, was introduced as new legislation in 2013, by former MP Terence Young—Vanessa's father. It became law on Nov. 6, 2014, and is intended to increase drug and medical device safety in Canada through various measures, including strengthening Health Canada's ability to better monitor the safety of products being used by Canadians by requiring hospitals to report serious adverse drug reactions (ADRs) and medical device incidents (MDIs). Vanessa's Law also empow-

What are ADRs and MDIs?

A serious adverse drug reaction (ADR) is defined as a noxious, unintended response to a drug at any dose that required inpatient hospitalization or prolongation of existing hospitalization; caused congenital malformation; resulted in persistent or significant disability or incapacity; was life-threatening, or resulted in death; or led to other important medical events.

A medical device incident (MDI) is defined as an incident related to the failure of a medical device, a deterioration in its effectiveness, or inadequacy in its labeling or directions that led to the death or serious deterioration in health of a patient, user or other person OR could do so were it to recur.

Source: *BC Patient Safety & Learning System*

ers Health Canada to order recalls, impose tougher penalties for unsafe products and compel drug companies to review labels or do further testing on products.

Five years later, on Dec. 16, 2019, regulations under Vanessa's Law came into full effect and it became mandatory for hospitals to report serious ADRs and MDIs to Health Canada in writing within 30 days of the reaction or incident being documented.

Reached at his Oakville home, Young says he was disappointed the law enacted after his daughter's death did not include a requirement that ADR and MDI records be published publicly.

"I was shocked how long Health Canada officials took and government took to prepare and pass these regulations," says Young. "Nevertheless, they are finally approved. I am hopeful that the hospitals will ensure that health-care professionals report all serious adverse drug reactions, and that Health Canada publishes the information and uses it wisely as an early warning system."

By focusing on hospitals, it is anticipated that serious ADRs and MDIs that occur in other settings, such as long-term care facilities, will be captured when patients are transferred to hospitals and emergency rooms for treatment. In fact, according to the Canadian Institute for Health Information, it is estimated that ADRs account for up to two-thirds of all drug-related hospital admissions and emergency department visits.

"Patient safety is a fundamental cornerstone of health care," says Dr. Thanh Vu, regional coordinator with Health Canada. "However, serious ADRs and MDIs are significantly under-reported, both in Canada and internationally. These regulations are therefore designed to improve the reporting of a valuable source of information about the 'real world' experiences of patients and health care professionals using drugs and devices on the Canadian market."

Mandatory reporting is required for:

- › prescription and non-prescription drugs
- › medical devices
- › disinfectants
- › biologic drugs, such as:
- › vaccines (except for those administered under a routine immunization program of a province or territory)
- › manufactured blood products that have been assigned a Drug Identification Number (e.g. plasma proteins)
- › biotechnology products
- › radiopharmaceutical drugs
- › drugs for an urgent public health need

Hospitals are not required to report on:

- › semen and ova
- › cells, tissues and organs
- › blood and blood components
- › vaccines administered under a routine immunization program of a province or territory
- › natural health products
- › drugs and devices used under the Special Access Program
- › drugs used in clinical trials or medical devices used in investigational testing

When in doubt, Health Canada encourages hospitals to report.

Source: Health Canada

In B.C., while it's only mandatory for hospitals to report serious ADRs and MDIs, all health-care providers, including physicians, nurses and pharmacists, are encouraged to report ADRs and MDIs via the BC Patient Safety & Learning System (BCPSLS), which receives, reviews and forwards ADR and MDI reports to Health Canada on behalf of the health authorities.

Young says that he is still advocating for long-term care facilities to have similar reporting requirements considering the significant number of medications many seniors are prescribed.

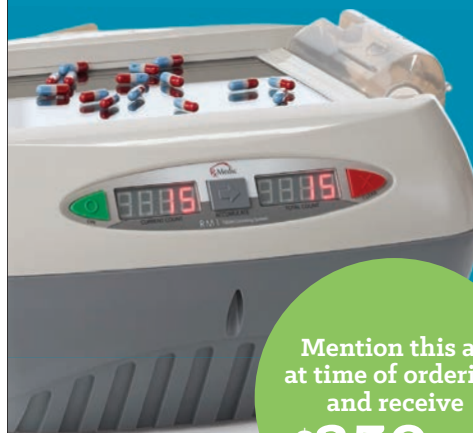
"The place where probably the most common adverse drug reactions happen is in long-term care facilities," he says. "If you have a patient on 10 drugs and you try to calculate the number of potential unknown contraindications or harmful combinations, it's exponential. There are patients who are on 15 or more drugs." **T**

To report an ADR or MDI, visit your health authority's PSLS landing page, or report by phone at 1-877-789-PSLS (7757).

For more information on how best to report serious ADRs and MDIs, visit bcpslscentral.ca/vanessas-law/.

Or to complete a 20-minute learning module online, visit learninghub.phsa.ca/Courses/22072/vanessas-law-advancing-mandatory-reporting (provincial) or <https://ilearn.interiorhealth.ca/my.logout.php3?errorcode=19> (Interior Health). Pharmacists may include the time spent on this module in their required Learning Records, claimed as non-accredited hours.

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Flu season spreads opportunity to advocate for pharmacy

BY MICHAEL MUI

Left: Pharmacy manager Mario Linaksita of University Pharmacy poses for a photo with B.C. Attorney General David Eby.

Top right: B.C. Minister of Environment George Heyman with Macdonald's Prescriptions pharmacy manager Jeffrey Curtis and his team during a tour.

Bottom right: B.C. Labour Minister Harry Bains prepares to receive a flu shot at Naz's Pharmacy Newton.

For pharmacist Mario Linaksita, the fact that even politicians choose to step into a community pharmacy for their flu shots is a testament to the convenience and accessibility of pharmacists above other types of health-care providers.

The BC Pharmacy Association has revamped its MLA Outreach Program and has given nearly two dozen pharmacy tours to MLAs since March, when the Association launched the “Take your MLA to work” program.

In late October, the Association began its outreach to MLAs, advocating for government officials to have their flu shots administered at a community pharmacy. So far, the BCPhA has heard from more than 20 MLAs, including four cabinet ministers, who chose a pharmacy for their flu shot. This is the third year all MLAs in British Columbia have been invited to visit community

pharmacies for their flu vaccine and the numbers continue to be extremely positive.

For Linaksita, a second-generation pharmacist and pharmacy manager at University Pharmacy at the University of British Columbia, this year was his second time hosting B.C. Attorney General David Eby for his flu shot.

“We talked about the potential future of pharmacy. The expanded scope. Obviously, he knows about vaccinations, so I told him about medication reviews, and that there were some rumours of expanding injection authority,” Linaksita says. “He knew quite a bit about the health field.”

The progress being made through the MLA program is substantial. Several of the MLAs expressed interest in attending the same pharmacies they received flu shots from in previous years due to the connections they have

made with the pharmacists.

Many of them, who previously admitted to having no knowledge of pharmacy practice in the past, have now received opportunities to be educated in the one-on-one interactions with pharmacists generated by these visits.

This participation in hosting provincial MLAs to pharmacies continues to offer excellent government relations opportunities, in addition to offering beneficial learning experiences to educate pharmacists on how legislative decision makers think.

“I hope the MLAs that visited the pharmacies can walk away with a better appreciation of what pharmacy can do for the public,” says Gary Go, regional manager, pharmacy operations at Save-On-Foods, who recently hosted Minister

“

I think it's great to spread the word about what's happening in pharmacy, especially to politicians who are interested in what's happening in the health field.

”

— Mario Linaksita
PHARMACIST

of Tourism, Arts and Culture Lisa Beare on a tour. “Educating the MLAs on what can be done in a pharmacy can only pay dividends because they have a say in the government and how health care is delivered to the public.”

Pharmacists have been authorized to provide flu vaccines since 2009, following the H1N1 outbreak. Community pharmacists are B.C.'s most accessible health-care professionals, present in 153 of 160 communities across the province.

Last year, pharmacists in B.C. administered 707,573 flu shots, representing 47 per cent of all publicly funded flu shots administered across all health professions in B.C. **T**

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Measles outbreak a wake-up call on importance of travel vaccinations

BY MICHAEL MUI

For weeks in early 2019, École secondaire Jules-Verne, a francophone school in Vancouver, was the subject of headlines across B.C. as a measles outbreak began spreading among students. Students and staff were sent home and told to stay away unless they could provide proof of a measles vaccination.

What began as the detection of a single measles infection quickly turned into a flurry of activity. Medical personnel were brought in. Free vaccination clinics were held for parents and their children. Outside, television cameras swept the property. For the next five weeks, the school was in crisis, even as additional outbreaks spread across B.C., with the BC Centre for Disease Control eventually identifying returning travellers from abroad as responsible for the majority of detected cases.

Even so, some parents of students at Jules-Verne remained opposed to vaccinations, even if that meant their child was quarantined from school for more than a month.

“There was a parent who thought if they vaccinate their children when they were little, they would catch autism. Others believed you get the disease if you get the vaccine,” recalls Eric

Leclerc, principal at Jules-Verne.

Despite having a relatively low population of about 700 pupils—split between Jules-Verne and attached elementary school Rose-des-vents, also the site of a measles outbreak—the francophone schools have a significant international population of students with as many as 26 home countries.

“Francophones are all over the world. At Christmas, a big percentage of my students will go to Lebanon, francophone Africa, Europe, Arabic countries. We noticed that lots of people from Europe, they have a hard time with vaccination. More so than people who were born here, or raised in Canada,” Leclerc says. “They were really aggressive. It was a tough time.”

By July 2019, six months after the outbreak at the francophone schools, nearly another dozen cases were reported by the BCCDC. Measles infection was linked to travellers arriving from the Philippines, the United States, Japan and Vietnam.

For some parents, however, the news of the outbreak had a profound effect. One of those parents is Katie Clunn, a Maple Ridge mother of three who launched an online petition calling



Sayed Atthari, owner of Medlandia Pharmacy in Maple Ridge, recently met with patient-safety advocate Katie Clunn, her husband Dan Clunn and their daughter Jessika to discuss the importance of vaccines.

for mandatory vaccinations for children in school. Since launching her petition, her call has been answered with nearly 60,000 signatures.

Coincidentally, in September, the B.C. Ministry of Health created a new requirement that all students in B.C. schools must report their immunization status. While vaccination remains optional, these records would allow the provincial government to identify who has, and who hasn't, received vaccines.

Clunn says the new requirements are not enough, especially since immunization records are not made available to parents, who can decide whether or not to send a child to school based on each school population's vaccination status.

"Thank you Minister Dix for doing this, but it's just the tip of the iceberg. There needs to be more than just records," she says. "An immunocompromised student should be able to ask, what's the vaccination rate in that class? If there are six kids unvaccinated in there, she can then decide whether or not she wants to be in the class."

Clunn and her husband, Dan Clunn, recently sat down with Maple Ridge pharmacist Sayed Atthari, owner of Medlandia Pharmacy, to discuss solutions to encourage more of the public to welcome vaccines.

Atthari says pharmacists do have one advantage when it comes to educating patients who may be reluctant about getting vaccinated, in large part due to the long-term relationships and trust that many pharmacists share with their patients.

But still, there are some patients who will always stand their

ground.

"It always reminds me of a patient who refused 30 years of medical science. By 30 years of science, I mean they have seen their family physician for at least 10 years, they have seen a specialist for at least 10 years and they have seen a pharmacist for at least 10 years. Yet they still refuse to vaccinate," Atthari says.

"When talking to the public, a lot of times I get the sense that successful immunization efforts from previous decades has given the public a false sense of security through herd immunity. So some people will say, I'm sending my kids to school without any immunization and they're not getting sick. It's a false argument."

Atthari says educating the public often comes down to one-on-one consultations with patients, or by speaking to public groups. He's already planned one such visit to a public school in January, by partnering with a student and their parent, to speak about measles and meningitis.

Meanwhile, additional challenges for pharmacists range from a lack of access to centralized immunization records, the absence of direct-distribution for publicly funded vaccines, to the perception that the fee-for-service for pharmacist-administered immunizations is too low.

"With all the resources we have in Canada, we're still having trouble with documentation. Imagine somebody coming from abroad where the public record is even worse? So I think presenting this documentation is the most crucial thing," Atthari says.

"We need to coordinate." 

Marketing, education and collaboration with a prescriber is key to a successful travel clinic

BY MICHAEL MUI

For the pharmacists at Heart Pharmacy's Victoria Travel Clinic, it starts with wanderlust. It's something in a shared passion for exploration that invites a level of trust between the pharmacist and patient that would otherwise be missing.

It's a connection that sparks instant acceptance. As pharmacists Daniel Hong and Lin Ma have discovered, patients coming to their travel clinic have specifically sought them out. They are here to see Hong and Ma, who together function as the travel clinic team at the pharmacy banner's 1594 Fairfield Rd. location in Victoria, and have crafted such a beloved reputation that their positive online reviews are the source of a regular stream of new customers.

"These guys had all the stars. So I said, 'Oh, I'm going there!'" says patient Terry Guise, after concluding a one-hour travel consult with Ma for an upcoming trip to Mexico. "Who wouldn't go to a travel clinic before travelling? You talk to so many people who had these terrible experiences, where they've missed a week of their holidays because they've been so sick. It's better to be proactive and do everything you can, then you can enjoy your holiday."

Initially founded in 2012, Heart Pharmacy's travel clinic was originally run by a nurse before it was integrated into the pharmacy team in 2015. These days, Hong and Ma take turns running the travel clinic. It's hosted three times a week—with the travel clinic open eight hours each clinic day.

For Ma, the key qualification any pharmacist who wants to open a travel clinic should have is education. Though not a regulatory requirement, nearly every pharmacist serious about offering travel medicine services will have obtained certification from the International Society of Travel Medicines, considered the gold standard in recognizing health professionals for their travel knowhow.

"Travel medicine is quite complicated. Between the schedules of the vaccines and the medications to recommend patients, there's quite a lot of knowledge to learn. You have to be prepared for these consultations first before you make any recommendations," says Ma, who pointed to additional training courses offered through the University of B.C. and the BC Pharmacy Association as further recommended learning resources.

Meanwhile, Hong notes the greatest determinant of success for a travel clinic is demographics. Travel clinics should be in an area with a population that routinely travels to destinations where preventative health measures may be a strong consideration, he says. But having found such a location, there will likely be competition—other travel clinics, be they run by nurses, doctors or pharmacists, which will also be marketing to your audience.

In an area of heavy competition, one of the biggest factors to find the edge amongst your competitors is the type of service you provide, Hong says.

"Show that you care about their travels," says Hong. "Make the experience memorable for the client. Or as Lin says, 'from the heart.'"

"A lot of times, someone planning to travel will come in and they'll ask, 'Oh, what do I need for Cuba?' What they're really asking is what diseases are at risk, and what is relevant for them based on their medical history, their travel destinations and any medications they may be taking," Hong says.

And quite often, patients leave a travel consultation armed with more than just medical knowledge and relevant vaccines. The consultation is also an opportunity to educate patients on non-prescription means of staying healthy while abroad.

For Ma's patient, Guise, that meant remembering to also pack mosquito repellent and hand sanitizer.

"As travellers we owe it to others around us to take every precaution to keep everyone safe," she says. "If you contract any disease while travelling you put everyone in jeopardy when you board your flight home as well as when you return to your own country."

Finally, says Hong, an indispensable component at the Victoria Travel Clinic is the presence of a connected doctor's office, which has partnered with Heart Pharmacy to ensure a prescriber is available to sign off on the recommended medicines and vaccines for travellers.

"If you don't have a relationship with a doctor, you're just recommending that they go to their doctor, but that doctor does not know what you discussed. Coming from that doctor's perspective, how can he or she trust you?" Hong says. "Having that collaboration with a doctor is ideal." **T**



Pharmacists Lin Ma (left) and Daniel Hong (right) make up the travel medicine team at Victoria Travel Clinic.



Top 4 Travel Destinations OF CANADIANS

Health Canada recommended vaccines to consider:

For all travel destinations: Be sure that your patients' routine vaccines, as per your province or territory, are up-to-date regardless of their travel destinations. Some of these vaccines include:

- › Measles-mumps-rubella (MMR)
- › Diphtheria
- › Tetanus
- › Pertussis
- › Polio
- › Varicella (chickenpox)
- › Influenza
- › and others.

1

The Caribbean

Mexico

- › Hepatitis A
- › Hepatitis B
- › Influenza
- › Measles
- › Rabies

Cuba

- › Hepatitis A
- › Hepatitis B
- › Influenza
- › Measles
- › Rabies

Dominican Republic

- › Hepatitis A
- › Hepatitis B
- › Influenza
- › Measles
- › Rabies

2

The United Kingdom

- › Hepatitis B
- › Influenza
- › Measles

3

France

- › Hepatitis B
- › Influenza
- › Measles
- › Tick-borne encephalitis

U.S. CDC recommended vaccines to consider for most travellers:

Mexico

- › Measles
- › Hepatitis A
- › Typhoid

Cuba

- › Measles
- › Hepatitis A
- › Typhoid

Dominican Republic

- › Measles
- › Hepatitis A
- › Typhoid

U.K.

- › Measles

France

- › Measles

China

- › Measles
- › Hepatitis A
- › Typhoid



China

- › Hepatitis A
- › Hepatitis B
- › Influenza
- › Japanese encephalitis
- › Measles
- › Polio*
- › Rabies
- › Tick-borne encephalitis

*If you are staying more than four weeks in China, you may need to show proof of polio vaccination when you leave the country.

4

Additionally, HealthLinkBC recommends:

Caribbean Traveller's diarrhea and cholera vaccine

Southeast Asia Traveller's diarrhea and cholera vaccine **T**

The BC Pharmacy Association Travel Medicine course helps you prepare for the ISTM certification exam by equipping you to:

- › conduct pre-travel risk assessments
- › provide travel advice on prevention, immunization, chemoprophylaxis and self-treatment
- › recognize post-travel infections
- › know when to refer patients to specialists or emergency care

Register at bcpharmacy.ca/travel

Extending a life line

Pharmacist overcomes addiction to found peer-support network for recovering professionals

BY MICHAEL MUI

For years, pharmacist Nathan McLean avoided the corner of East 1st and Commercial Drive in Vancouver. In the northeast corner of the intersection is a century-old building, home to The Drive Pharmacy, a small, but busy, pharmacy in the heart of the city's "Little Italy" neighbourhood.

It was the memories that kept him away. The last time he stepped foot in the building was during the early years of its opening. Back then, he was the store's first pharmacy manager. But it was a position he quickly found himself unfit for, as a growing opiate addiction began stealing his life.

McLean tried to seek help. He knew the addiction would cost him his job and likely the relationships he had with his colleagues, but he didn't really know where to turn. He didn't know anyone who had gone through addiction, never mind trying to seek advice from a colleague in health care who had gone through the same.

That was seven years ago.

"What I wanted most was to be able to talk to somebody from the beginning who had been through the process and had successfully made it through, come out the other side and was in good shape. Because I didn't believe at the time it could be done," says McLean.

In the end, he learned it could be done. After recovering from his addiction, he founded Obsidian Support Services B.C., a peer-support network for professionals with safety sensitive jobs, like pharmacists, who are recovering from addiction.

This past July, McLean found himself back at the steps of the Commercial Drive pharmacy he had avoided for so long. As he explored the familiar setting and met with The Drive Pharmacy's current pharmacy manager, Elizier Chin, McLean realized his anxiety at returning to the location was perhaps unwarranted. In many ways, he has more than succeeded. He even became the voice he was searching for during those initial years of recovery.

His business is a peer-support based program. Common among safety sensitive professions such as law enforcement, health care and heavy equipment operators are strictly regulated processes for rehabilitating employees who struggled with substance abuse. Typically, this involves monitoring over an extended period to ensure there are no relapses, with routine drug tests, meetings, and penalties should the

recovering patient relapse. For pharmacists, the monitoring period during recovery is three to five years, and McLean and his team help conduct that monitoring using regular online Caduceus sessions—recovery groups for health-care professionals—where he checks in with his clients.

Dr. Mandy Manak, a physician specializing in addiction medicine, works with McLean and refers clients to the Caduceus groups. The advantage of having someone such as McLean lead the groups, she says, is how the recovering patients are less likely to be stigmatized by someone who has also been through addiction themselves. All of Obsidian's sessions are led by a health-care professional who has been in recovery for at least three years.

"I think Nathan's twist on it is: nobody knows how hard it is when you go back to work," Manak says. "I'd be lying to you if I said, if you were a pharmacist in recovery from opiate-use disorder, that it was going to be easy for you to find a job.

"For the first year, you can't handle narcotics. They can't be in the store by themselves. They can't open and close. They can't receive shipments of narcotics. It's going to be hard to practice. So you really have to put those supports in place."

Chin, the current pharmacy manager at The Drive Pharmacy, agrees that many pharmacists, despite familiarity with medications, have little firsthand experience with addiction. But like other health professions, the risk, and the access to narcotics, is there.

"As a pharmacist, we understand the pharmacokinetics behind addiction, but it's a very personal struggle so I think it's very difficult to truly say that you understand firsthand about this condition," Chin says. "You hear about physicians or ER doctors who have addictions to pain medications, but also pharmacists do have potential opportunities where you could easily fall into addiction."

For McLean, it's essential he continues to try to reach those health professionals who are trying to seek help, but don't have anyone else to talk to.

"I didn't know how to reach out, and that was a big problem," he says. "It was a hard road, but hopefully, if there's some people out there who are on the fence, or they're looking for help and they're not sure where to go, maybe I can help." **T**

To learn more about Obsidian, visit their website obsidiansupport.ca



Pharmacist Nathan McLean founded Obsidian Support Services B.C., a peer-support network for professionals with safety sensitive jobs, like pharmacists, who are recovering from addiction.



Pharmacy 2.0

How one pharmacist is using technology to improve patient care

BY ANGELA POON

Above: Pharmacist Anthony Chiam has developed drugsearch.ca, a free online search engine to allow physicians, pharmacists and patients to quickly look up medications.

North Vancouver pharmacist Anthony Chiam wants to make it simpler for physicians, pharmacists and patients to keep up to date with drug prices and provincial drug coverage plans.

In partnership with a Vancouver-based software engineer, Chiam has developed a free, online search engine at drugsearch.ca to allow physicians and patients to quickly find drug prices, see if they are covered or not by PharmaCare, and if there are any Special Authority application forms needed for coverage.

“Another pharmacist had taught me how to use

the PharmaCare downloadable database—a large Excel file—to quickly find drugs and sometimes specific DINs that were covered and under which PharmaCare plan,” says Chiam. “It was a pain to run Excel filters though, and I had always thought there should be a faster way for everyone to find out which drugs were covered by PharmaCare, and under which plans. I was also inundated by physician friends and colleagues who would text me regularly to ask which drugs were covered and also what the retail prices were for different medications as the PharmaCare formulary

website did not show physicians the full retail price.”

Regularly encountering experiences with patients that were both frustrating and frightening, Chiam decided to act upon his conviction that there ought to be a better way for helping patients receive affordable drugs in a timely manner.

“The first clinical situation that impacted my opinion

occurred several years ago before adaptations, when a child presented with severe asthma,” he says. “The parents were there for a Ventolin® refill and I saw that they had never filled a steroid inhaler because they could not afford to pay \$100 even though there was a covered option available for free. Had the doctor known this or a previous pharmacist requested the switch, the child’s situation could have been averted.”

Over the next several years at various other pharmacies, Chiam also encountered repeated issues where prescriptions were left unfilled due to affordability issues or when low income (Plan C) or psychiatric (Plan G) patients were prescribed drugs that were not covered.

“Patients would go without medications or we would need to

fax the doctor to switch to alternatives. If the doctor had left for the day or was even on vacation, there would often be waits of several days before we received a reply, and then filled the prescription. For patients needing drugs urgently, this would present really long delays in treatment.”

Chiam also found that many prescribers were not aware of how Special Authority coverage worked through PharmaCare—that only covered medication costs went towards satisfying annual deductibles while non-covered items did

not count, potentially preventing a patient from receiving any financial assistance for their medications. He also continually saw patients who should have long met their Fair PharmaCare deductibles, but because both their physicians and pharmacists had missed submitting Special Authority forms, PharmaCare didn’t pay for their medications.


Furthermore, Chiam was frustrated with wasting countless hours on hold with insurance companies to get intervention codes needed for patient drug coverage when doses changed and he decided to put the most common codes on the website.

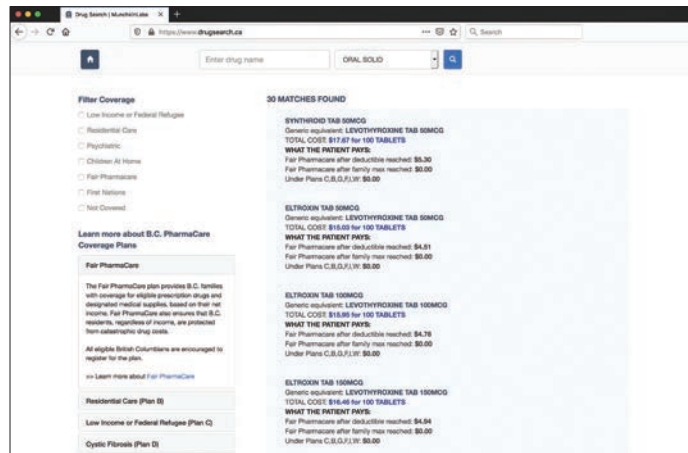
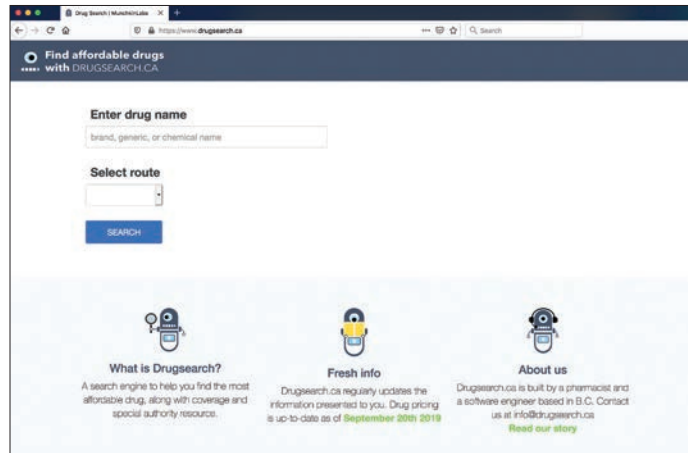
After partnering with a software engineer, Chiam worked on the program on weekends and nights for three years before he was ready to launch the tool, consulting with family physicians adjacent to his pharmacy for feedback and receiving suggestions along the way.

News spread and now there are about 400 daily users and the Special Authority links provided are accessed more than 100 times a day, Chiam says.

“The idea is that patients and prescribers can use it

together during the appointment to find the most affordable—or even free—medication, and to help pharmacists make sure no Special Authority applications are missed. On the whole, our long-term goal aims to reduce financial barriers to treatment, as well as reduce unnecessary work for both pharmacists, prescribers and medical clinic staff.”

Chiam encourages all pharmacists to visit drugsearch.ca and consider sharing with their colleagues and professional networks. 



Drugsearch.ca enables physicians and patients to look up drug prices and coverage information quickly.

Software being developed to simplify complex medication reviews

BY MICHAEL MUI

As a pharmacist serving a large elderly population at Gray's Compounding Pharmacy in Kimberley, B.C., the amount of medications Peter Wu's patients take is staggering. In the two years he's spent working there, the 28-year-old quickly noticed that even though medication reviews often helped reduce the amount of inappropriate medications patients are on, many things are missed.

The long-term care patient medication reviews Wu participates in are highly complex and detailed matters. Generally, there's a doctor, nurse, pharmacist and the patient's family present, but often only minutes are allotted for that patient's review when hours are needed to properly research appropriate guidelines for each of the patient's medications and conditions.

"Nobody knows all the guidelines off the top of their head. Even geriatric pharmacists do not know all of the contents of the various guidelines," he says. "To look up all that information that would take two to three hours for a complex case, but they usually allocate about 15 minutes per medication review."

About one year ago, Wu decided he'd had enough. Taking advantage of his background in software design, Wu was determined to develop a program that would link up with his patients' electronic medical records (EMR) and flag appropriate considerations for each of those drugs.

"Any pharmacy in long term care who runs the Catalyst EMR system for nursing homes would be able to use this," Wu says. "You can upload a file that contains all the medications someone is on, and it automatically cross references with standard guidelines that are relevant to the geriatric population."

This allows the health-care team to jump right



into discussion and to immediately consider adjustments to medications without wasting time reading individual guidelines for each patient.

"For example, someone's renal function is 40 and they're on ramipril 10 mg a day, the guideline tells you, you need to adjust it down to a maximum of 5 mg a day," Wu says. "Often, things like this get missed in a med review, but if these potential problems are brought up in the software, it's brought to the attention of the clinician, it results in a discussion and a resolution."

Wu's software is currently still in development. He's seeking \$5,000 in funding to pay for professional software development services. With the funding secured, he estimates it would take another six months to complete the program. **■**

Gray's Compounding Pharmacy manager Michelle Gray and pharmacist Peter Wu.



Travel Medicine and Vaccines

Answers to Frequently Asked Questions from the Drug and Poison Information Centre

BY ALY KARAMALI, RPH AND SHELINEA RAYANI, RPH, CSPI, BC DRUG AND POISON INFORMATION CENTRE

REVIEWED BY DR ROY PURSSELL, MD, FRCPC AND HANIF RAYANI, RPH

Can all travel vaccines be administered at the same time?

Taking into account site restrictions for parenteral vaccines and patient tolerance, there is no limit to the number of vaccines that can be administered on the same day

- › Inactive vaccines can be administered at the same time, or any time before/after other inactive or live vaccines
- › Live parenteral vaccines can be administered together on the same day. If two live parenteral vaccines are not administered on the same day, they should be spaced at least 4 weeks apart
- › Live oral or intranasal vaccines can be administered at the same time, or any time before/after other live or inactive vaccines, regardless of route. **Note:** Oral cholera (inactive) and oral typhoid (live) are exceptions and should be spaced 8 hours apart

Can different hepatitis A or hepatitis B vaccines be used interchangeably to complete immunization series?

- › Any age appropriate single entity hepatitis A vaccine (e.g. Avaxim, Havrix) can be used interchangeably to complete a hepatitis A series following the Canadian Immunization Guideline schedule
- › Any age appropriate single entity hepatitis B vaccine (e.g. Engerix, Recombivax) can be used interchangeably to complete a hepatitis B series following the Canadian Immunization Guideline schedule
- › If a combination hepatitis A and B vaccine is required to complete a series started with a single entity product:
 - › Complete the hepatitis A series by administering 2 additional doses of the combination vaccine 6 months apart
 - › Complete the hepatitis B series by administering 2 additional doses of the combination vaccine following the 0, 1, 6 month regimen



Is there a minimum interval required between Td (tetanus-diphtheria) and Tdap (tetanus-diphtheria-pertussis) vaccinations?

No minimum interval between Td and Tdap when Tdap is given for pertussis protection

Do interruptions or delays in a vaccination series require the series to be restarted?

- › In general, interruption of a multi-dose vaccine series does not require restarting the series as the final antibody concentration would not be affected
- › An exception to this rule is the oral typhoid vaccine which needs to be restarted if there is a longer interval (more than 1 week) between doses

Is malaria prophylaxis required in those who previously lived in malaria endemic areas or have had a malaria infection?

- › Previous malaria infection does not confer long term immunity. Natural

acquired immunity to malaria is lost once an individual moves away and lives in a non-malaria endemic country for a period of 6 months or longer

- › An individual revisiting a malaria endemic country is susceptible to malaria and chemical prophylaxis is required

Is there a “travel checklist” for patients who are planning on travelling?

A comprehensive checklist for travellers can be located at the CDC website (USA) wwwnc.cdc.gov/travel/page/pack-smart

What are the most current guidelines for traveller’s diarrhea?

Guidelines were developed and published in a 2017 supplement to the *Journal of Travel Medicine*. These are summarized in the *Canadian Pharmacists Journal* and available at the following link: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6610510/#>.

Guidelines review:

- › Classification of traveller’s diarrhea as mild, moderate, severe and persistent
- › Prophylaxis not routinely indicated; it may be considered for certain populations (e.g. immunocompromised, chronic illness)
- › Antibiotic of choice (based on global resistance patterns) indicated for treatment of moderate to severe cases and diarrhea with presence of blood
- › Loperamide indicated for treatment of mild, moderate or severe cases. NOT to be used for management of diarrhea with presence of blood
- › Bismuth Subsalicylate indicated for treatment of mild cases and for prophylaxis when indicated
- › What are current recommendations for treatment of traveller’s diarrhea in children?
- › Oral rehydration salts, bland diet, supportive care
- › Loperamide contraindicated in <2yrs age. Some references do not recommend for <3yrs as it has been reported to cause sedation, respiratory depression and paralytic ileus
- › Bismuth Subsalicylate indicated for >12yrs: 524mg qid. Concern: potential for salicylate toxicity, Reye’s Syndrome
- › Bismuth subsalicylate: 262 mg (in 15 mL of liquid Pepto Bismol® or one tablet) is approximately equivalent to 131 mg ASA

Is DUKORAL® recommended for prevention of traveller’s diarrhea in Canada?

- › DUKORAL® is an inactive oral vaccine indicated for the prevention of cholera caused by *V. cholerae* and for traveller’s diarrhea caused by enterotoxigenic *E. coli* (ETEC)
- › Due to limited evidence demonstrating


benefit, Committee to Advise on Tropical Medicine and Travel (CATMAT) does not routinely recommend DUKORAL® for the prevention of traveller's diarrhea

- › Certain travellers at risk of complications (e.g. immunosuppressed, cannot risk period of illness during travel) may still consider DUKORAL® prior to travel

If a dose of DUKORAL® is taken without mixing in the bicarbonate buffer powder, is the dose still effective?

- › The vaccine component is acid labile. The bicarbonate buffer protects vaccine from gastric acid
- › If administered without the buffer, vaccine efficacy may be impacted and dose should be readministered

Any additional resources for vaccine-related questions?

- › BCCDC Immunization Manual
- › Canadian Immunization Manual
- › Public Health Unit Immunization Nurse
- › <https://immunizebc.ca/ask-us> 

Disclaimer: FAQs derived from travel-related questions received at the BC DPIC Information Line. It does not address all travel-related vaccine information. The responses are not comprehensive due to article space restrictions. It is encouraged to review specific vaccine information further.

References are available at bcpharmacy.ca

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A Potpourri of Tips for Your Travel Medicine Business

BY DEREK DESROSIERS, BSC(PHARM), RPH

Travel medicine is a lucrative business regardless of location or the service provider. This can be particularly true for pharmacists because the public holds pharmacists in high esteem and has a considerable level of trust for pharmacists. Furthermore, pharmacists often already have well-developed and long-standing relationships with patients who may also be travel medicine clients.

Having a travel medicine business as part of your pharmacy practice can be very rewarding, both professionally and financially—if you do it right. The first tip is that you have to be passionate about what you are doing. I've said this in previous articles about professional services in general. If you don't have a passion for travel and travel medicine, your clients will detect that, and it could have negative consequences for your business overall. Do not do it just for the sake of trying something new and chasing dollars.

There are a few somewhat obvious tasks that need to be done to get started. First, make sure that you and other pharmacists

who will be providing the service are injection-certified and have a considerable comfort level in administering vaccines. It is difficult to recommend vaccines if you cannot administer them. Next, make sure you have access to appropriate resources.

There are many excellent websites that you can use for reference. Some of the better ones are:

- › **International Society of Travel Medicine (ISTM)**
<https://www.istm.org>
- › **Government of Canada Travel and Tourism**
<https://travel.gc.ca>
- › **Public Health Agency of Canada**
<https://www.canada.ca/en/public-health/services/travel-health.html>
- › **Centers for Disease Control and Prevention**
<https://wwwnc.cdc.gov/travel>

While resources are important, it is equally important that you have a relatively substantial level of knowledge regarding various travel medicine prophylactic ther-

apies, vaccines, illnesses, treatments and the like. Recommending management/prophylaxis of everything from yellow fever and Japanese encephalitis to sunburn, diarrhea and mosquito/insect bites are all part of travel medicine.

Keep unique products that you will recommend on hand in your pharmacy, so you do not have to send clients elsewhere to purchase the products they will need. If a particular product is not available in your jurisdiction, you should know where it can be purchased so you can refer clients. For example, permethrin spray designed for use on clothing (0.5 per cent strength), is not available in Canada, but can be purchased in the U.S. for those living near the border, or can be purchased online and shipped to Canada.

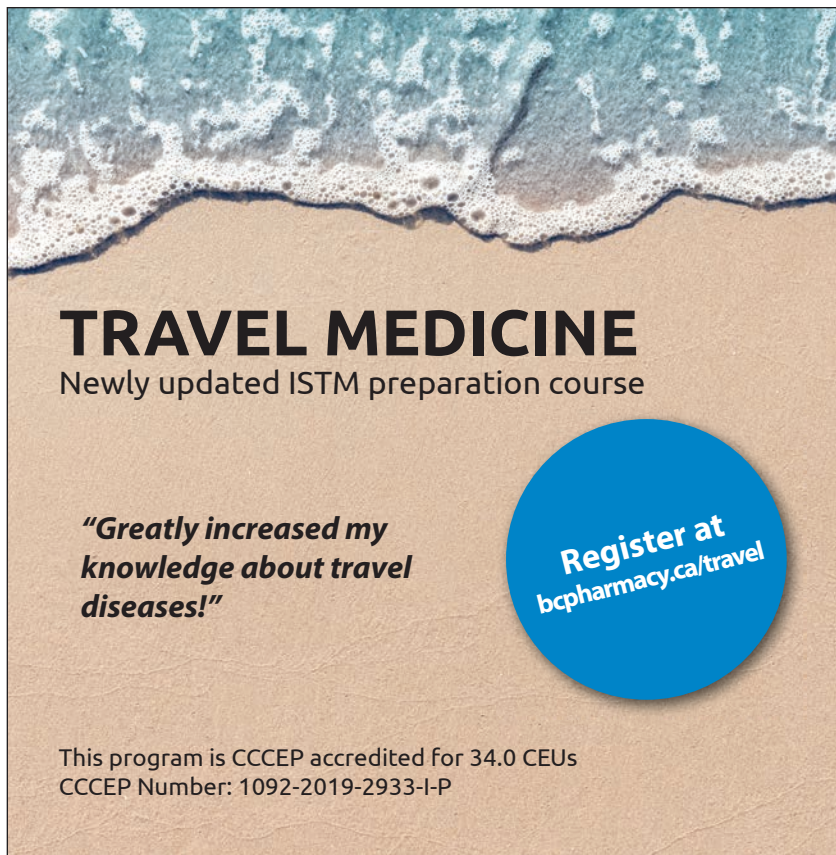
I suggest conducting travel medicine consultations on an appointment-basis only. They can be time consuming, and you will want to give yourself appropriate time to prepare for the unique travel circumstances of each client. To that end, you should have well-developed proper intake

forms for your clients to complete before coming in for their travel medicine consultation. These completed forms will give you significant information that you can use in preparation for the consultations, such as destination(s), time at each destination, time of year for travel, specific places that will be visited such as farms and jungles. You will also have access to important demographic information including age, gender and perhaps even weight. Various helpful examples of such intake forms can be found online by searching "travel medicine intake form."

If you are not sure how to conduct a travel medicine consultation, I suggest that the next time you are taking a trip you access the services of a well-established travel medicine specialist for yourself. This might be another pharmacist, nurse or even a physician. Take note as to how the service is provided and what resources the specialist uses and provides to you. When establishing your own service, use the aspects of the service that impress you most and develop your own to complement them. Focus your efforts on destinations that are most common for the population you serve. For example, if your pharmacy is located in a neighbourhood with a large South Asian population, then you should make sure you have a high level of knowledge of the locations in South Asia that they are most likely to travel to.

Finally let's address the issue of certification. Being a "certified" travel medicine specialist is not a specific requirement for offering travel medicine services, but it can add considerable credibility to your business. The most widely recognized certification is through ISTM. More information on ISTM certification can be found at <https://www.istm.org/certificateof-knowledge>. **■**

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