

Public Health Committee Testimony – March 1, 2010

**HB 5290: An Act Concerning the Administration of Vaccines By Licensed Pharmacists**

Good afternoon Representative Ritter, Senator Harris and the Public Health Committee. My name is Thomas Buckley, and I am an Assistant Clinical Professor of Pharmacy Practice at the University of Connecticut School of Pharmacy. I am here to speak in strong support of HB 5290: An Act Concerning the Administration of Vaccines By Licensed Pharmacists.

This bill will amend current authorization of pharmacist administration of influenza vaccine to include all adult vaccines. In my faculty role at UCONN, I teach public health and healthcare policy, which includes the public health impact curriculum of the immunization certification course for both students and licensed pharmacists. This 20-hour certification course is a requirement for pharmacists to currently provide influenza immunization, however the course also includes an exhaustive study of all vaccines and their administration.

What would be the public health impact of enacting this legislation? Since pharmacists are one of the most accessible health care professionals, the troubling issue of low adult vaccination rates would be addressed. Influenza and pneumonia combined is the 8<sup>th</sup> leading cause of death, 5<sup>th</sup> in adults 65 and older. Of those who die, **65%** saw a physician in the previous year but were **not** vaccinated. The Healthy People 2010 goal for adults 65+ is for 90% vaccine coverage of influenza and pneumonia. The last data available for the 2008 season nationally for adults 65+ was 60% coverage, in Connecticut it was 67%. For high-risk adults age 18-64 in Connecticut, it was a meager 41%. In addition, there is a wide health disparity in vaccine rates among ethnic groups, as Whites received flu and pneumonia vaccine on average 25% greater than Blacks and Hispanics, and 50% greater than some Asian American communities.

A 2009 CDC study revealed that <7% of adults 60+ received shingles (herpes zoster) vaccine, 9% of adults age 19-49 received Hepatitis A, 32% adults 19-49 received all doses of Hepatitis B, and 11% of women 19-26 received human papillomavirus (HPV). Reasons for low adult vaccine rates vary from lack of awareness, to lack of a primary care provider, to the lack of experience of just how severe these diseases can be due to a successful childhood vaccination program. A 2009 survey found that an overwhelming majority of adults were unaware of the need to protect themselves from vaccine-preventable diseases. Only 20% of adults were familiar with pneumococcal disease, <40% familiar with Hepatitis B, meningitis, pertussis, HPV, or shingles. And yet, adults are much more likely to die from vaccine-preventable diseases than children.

As we've seen with the highly successful influenza vaccine programs this past season, pharmacists are in an excellent position to be public health advocates for the importance of immunization. In addition to their high public trust and accessibility, pharmacists can identify

the need for specific vaccines through review of disease and medication histories. Recent studies have shown that up to 94% of patients responded to pharmacists' recommendations to be vaccinated.

Vaccination is considered to be one of the most cost-effective health interventions we have available. Given the large vaccination gap in adults, the extensive pharmacist training certification required, and the high public acceptance of pharmacist vaccine education and administration, I strongly urge you to consider passage of this immunization bill to improve the public health of our citizens.