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President's Message: June 2019

Congratulations to those installed into office over the past few months, including NYSCHP Board of Directors, Chapter Presidents, and Chapter Boards of Directors.

To those who completed their terms, thank you so much. We look forward to your continued presence and involvement in the NYSCHP.

June has been a very busy month for the NYSCHP.

NYSCHP continuing education (CE) webinars, implemented in July 2017 and provided via the efforts of the Education and Professional Development Committee, continue to be very successful. June marked a new and exciting endeavor—the Critical Care Webinar Series. Not only was this a “series,” it was held in the evening, to further meet the needs of our diverse membership. The program—coordinated by program chair Karen Berger—consisted of 4 hours of CE over two evenings and boasted nearly 150 people in attendance. The upcoming regularly scheduled monthly webinar will be held on July 30, 2019. If you have not had the opportunity to join a webinar, we invite you to do so. Be sure to check your email and the NYSCHP calendar for updates.

June also marked another first! The first NYSCHP podcast, “Indispensable”, has been released, thanks to the efforts of Angela Cheng and the Communications Com-

mittee. The podcast highlighted a New Drug Update: Baloxavir (from the February 2019 Newsbrief) and conversations with members of the NYC New Practitioners Committee. Please read about this on page 3 and be sure to add it to your “to-do” list!

On the legislative front, a huge shout out and thank you to Executive Director Shaun Flynn and VP of Public Policy Andrew Kaplan. They have worked tirelessly and have persevered to move forward with the Pharmacy Technician Bill legislation. An update is provided on page 2 of this news brief.

NYSCHP ASHP Delegates Lisa Voigt, Heide Christensen, Joe Pinto, Leigh Ann Briscoe-Dwyer, and Kim Zammit participated in the ASHP Summer Meeting 2019 House of Delegates (HOD), held in Boston, Massachusetts on June 9 and June 11. It was a productive HOD with 18 policies passed in this session. Stay tuned for further updates in the next edition of the news brief.

Lastly, there are two important opportunities to vote that we would like to share with members:

• NYSCHP Ballot: Board of Directors

We would like to remind all members to cast your vote for candidates for the NYSCHP Board of Director offices that will be vacated in April 2020, including Presi-

dent Elect, Director of Education and Professional Development, Director of Pharmacy Practice, and Director of Industry Affairs. Your vote is important!

• ASHP Ballot

Two of our own NYSCHP members—Karen Berger and Leigh Ann Briscoe-Dwyer—are on the ASHP ballot for 2020 to 2022. Leigh Ann Briscoe-Dwyer is a candidate for the Board of Directors and Karen Berger is a candidate for Director-at-Large, Section of Clinical Specialists and Scientists. Election information and the entire 2019 slate can be found here: <https://www.ashp.org/About-ASHP/Our-Leadership/Nominations-and-Elections>

In closing we would like to wish everyone a happy and safe summer.

Respectfully,
Heide Christensen, MS, RPh
President Elect

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Legislative Update: Pharmacy Technician Bill Passed by the NYS Legislature

On June 20, 2019, the NYS Legislature approved S6517/A8319, which defines the practice of registered pharmacy technicians in hospitals/health-systems. This bill will improve medication safety by creating competency and training standards and eliminates the ambiguity of the previous regulatory framework. It will eventually require licensure/registration for technicians who compound in hospitals/health-systems.

In September 2018, the NYS Education Department (NYSED) stopped recognizing long-standing guidance and practice regarding the use of pharmacy technicians in sterile and non-sterile admixture (e.g. compounding). Their interpretation of the regulation was based on a plain language reading, which states that unlicensed persons cannot "measure, weigh, compound, or mix ingredients." This caused a crisis for many institutions—many of which were forced to remove technicians from sterile compounding and replace them with pharmacists.

In response, NYSCHP worked with GNYHA, HANYS, 1199 and PTCB crafted and refined a piece of legislation defining technician duties in statute. Discussions with NYSED included the proper way a pharmacist

supervises technicians, education and training requirements, legislation scope, and what to do during the 18 months of implementation time.

NYSCHP supports the certification of all pharmacy technicians with certification being a requirement for a new hire within Article 28 facilities. Unfortunately, NYSED stated they were unable to effectuate this requirement at this time.

Since the crisis focused on hospitals and health-systems, community pharmacy practice was not fully addressed.

Therefore, pharmacy technicians in community practice will for now remain unlicensed. In the hospitals and health-systems, any technician who engages in compounding must be certified and must eventually be licensed by NYSED.

I am so thankful to the work and support of Shaun Flynn, NYSCHP's Executive Director, who has taken a leadership role for us in Albany and did a masterful job coordinating with the other organizations. Our Grassroots Leaders who created this movement—including Chair Karen Berger and the local leaders Jamie, Mike, Grace, Peter, Leslie, Abbi, Amanda, and Brooke—have all done so much

to foster member engagement, create the advocacy infrastructure we were sorely lacking and growing this into a movement that is now nationally recognized.

While this fight is over, the technician issue is not closed yet. The next 18 months will be a very intriguing time. We will be working with our coalition partners and NYSED on how to effectively implement this legislation. For example, job descriptions may have to change and training programs may have to be developed. NYSCHP will try to serve as a resource to connect our members during this time. We expect that sites that follow the legislative intent will not be held to account by the Office of Professional Discipline during inspections.

Thanks to everyone for your hard work and dedication!

Andrew Kaplan, PharmD, BCPS,
BCGP
Vice President of Public Policy

Technician Bill Quick Points (goes into effect in 18 months)

Create professional title/license of Registered Pharmacy Technician

- Definition and title to exist under the Department of Education and bill defines in statute what a Registered Pharmacy Technician can do, including compounding, which will resolve ambiguity of previous guidance vs. regulation
- "Assist pharmacist, as directed, in compounding, preparing, labeling, or dispensing of drugs used to fill valid prescriptions or medication orders or in compounding, preparing, and labeling in anticipation of a valid prescription or medication order for a patient to be served by the facility... where such tasks require no professional judgment."
- Registered Pharmacy Technician will be able to do the above plus what unlicensed persons can currently do

Requirements for Registered Pharmacy Technician

- 18 years or older; high school degree or equivalent
- National certification (NHA, PTCB)
- Have undergone site-specific training; supervision by a pharmacist and all compounds must be checked by a pharmacist

Defines Registered Pharmacy Technician practice solely in Article 28's (hospitals and health-systems)

- Community pharmacy technicians would still unlicensed persons for now; cannot "compound"

Sets new ratio of 1 Registered Pharmacy Technician

- Up to 4 total individuals, of which no more than 2 may be Registered Pharmacy Technicians
- This is applicable for all locations; Registered Pharmacy Technician would only apply to article 28's

Requirements for Registered Pharmacy Technician licensure

- High School Diploma/equivalent, national certification (NHA/PTCB), 18 years old, fee; no grand parenting

Board of Pharmacy changes

- Two Registered Pharmacy Technicians will join the Board of Pharmacy; some other technical changes

Western Grassroots Advocacy Committee

We in the Western chapter have formed a Grassroots Advocacy Committee (GAC) and we couldn't be more excited about it!

Last fall our chapter started with a letter-writing campaign to Andrew Cuomo urging his signing of the Intern Immunization bill into law. Letters also went out to our representatives regarding technician certification and registration. Dozens of letters went out, as the chapter got its feet wet advocating for the pharmacy profession.

Stepping up the efforts from letter-writing, our Director of Public Policy, Michael Milazzo, commenced the legislative visits by meeting with Assembly member Crystal Peoples-Stokes office regarding technician certification and registration. While Peoples-Stokes was unexpectedly called to another meeting, her legal counsel Lisa Yaeger was available. She had already received the letters we had written a few weeks prior and was well versed in the legislation itself, but not in the importance of pharmacy technicians. It was an outstanding opportunity to enlighten the Assembly member's office to hos-

pital pharmacy practice.

The spring is when the chapter kicked it into high gear. We started off with a meeting with Senator Chris Jacob's office discussing CDTM and immunization expansion—both of which were referred to as “no brainers,” followed by a meeting with Senator Michael Ranzenhofer's office led by our Chapter President, Nicole Cieri-Hutcherson.

Senator Ranzenhofer's office was very receptive to the technician certification and immunization expansion. They were already aware of a wide variety of pharmacy issues thanks to previous outreach from the SUNY at Buffalo School of Pharmacy and Pharmaceutical Sciences.

Leading up to the NYS budget, WNYSHP led a group consisting of the directors of pharmacy for several local hospitals on another visit to Assembly member Peoples-Stokes' office, this time with the now-Assembly Majority Leader's Senior Health Advisor. We had a very constructive meeting, discussing technician job-loss numbers and financial impact estimates for each of our hospitals if technicians were to



be pulled from the vital roles they currently fill. Leaving that meeting, we were assured of Assembly member Peoples-Stokes's support. No doubt that will help propel us during this legislative session.

With several future legislative visits planned, we look forward to the progress that we can help bring forth in health-systems pharmacy.

Michael Milazzo, PharmD
Director of Public Policy and
Chair of the Grassroots
Advocacy Committee for the
Western Chapter

GAC Chair and Captains

Mike Milazzo (Chair), Brian Kersten, Aubrey Defayette, Nichole Cieri-Hutcherson.
Missing: Emma Studlack, Lindsay Feuz

NYSCHP has a New Podcast!

This summer the NYSCHP Communications Committee is launching “**Indispensable**”—a podcast by the New York State Council of Health-system Pharmacists.” We hope that our podcast will help our listeners to stay on the cutting edge of pharmacy and thus become “indispensable.” Each of our podcast episodes will feature a clinical pearl and/or an interview with our fellow pharmacists or pharmacy technicians covering

topics advancing our profession. In order for our podcast to be successful, we need as much involvement from our members (Yes, that's you) as possible. An email with a link to our podcast will be sent to our members each time when a new episode is released. You can also find the links to our podcast episodes on our website at NYSCHP.org. In addition, please subscribe to our podcast using the Podbean app. We also

welcome your participation in our podcast by being a presenter or an editor. We are always looking for Clinical Pearl presenters and podcast editors. We hope that you will contact us with ideas/comments via the email address listed below regarding our podcast.

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**Bejoy Maniara,
PharmD, BCPS**

Clinical Coordinator of
Infectious Diseases
Pharmacotherapy
Kingsbrook Jewish Medical
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New Practitioner Spotlight

Path to Becoming a New Practitioner

When I was at New Hyde Park Memorial High School, I did not know what type of career path I should pursue. I originally took college accounting classes in the Academy of Finance program during high school. Despite graduating as valedictorian of the Academy of Finance, I was no longer interested in accounting. My high school chemistry teacher, Mr. Alan Zarchy, was my inspiration to enter pharmacy school. He worked as a community pharmacist for 20 years before earning a master's degree and working full-time as a high school chemistry teacher, riflery coach, and part-time community pharmacist. I spoke to him about my passion for medicine, chemistry, and education, and he explained that pharmacy would be a good path for me to pursue.

As I progressed through pharmacy school, my career goals evolved. For the first three years of pharmacy school, I thought I would work as a community pharmacist upon graduation. I worked as a pharmacy intern at CVS Health and Aureus Health Services (formerly Town Total Health), a medication therapy management office. Due to my interest in computer science, I also maintained a job as an information technology specialist for a real estate firm and for an independent cruise planning company. Over time, I decided that I wanted to pursue residency to gain more clinical knowledge. In order to become a strong and knowledgeable candidate, I decided to pursue a "mini-residency" in my final year in pharmacy school by participating in NewYork-Presbyterian's five-month advanced pharmacy practice experience program. As adjunct faculty at St. John's University, I also tu-

tored professional and pre-professional student pharmacists in their respective coursework and provided education to unlicensed pharmacists in preparation for their New York State pharmacy licensure exams.

Upon graduation from St. John's University as salutatorian, I proceeded to complete my postgraduate-year 1 (PGY-1) at Northwell Health – Long Island Jewish Medical Center. Thereafter, I completed my PGY-2 in infectious diseases at the James J. Peters VA Medical Center (Bronx VA). During these two years, I was awarded The Infectious Diseases Pharmacy Research Award from the New York State Council of Health-System Pharmacists (NYSCHP) Research and Education Foundation twice for my research on the nephrotoxic risk assessment of non-renal adjusted intravenous polymyxin B, and for the use of dual-carbapenem therapy for treatment of infections caused by *Enterobacteriaceae* and *Pseudomonas aeruginosa*. After graduating, I sought a job as infectious diseases pharmacotherapy specialist.

Practice Site

I currently practice as Clinical Coordinator of Infectious Diseases Pharmacotherapy at Kingsbrook Jewish Medical Center. My responsibilities include facilitating antimicrobial stewardship, rounding with both the ventilator unit and intensive care unit, coordinating antimicrobial transitions of care, and responding to "code sepsis" and the on-call infectious diseases pager. Additionally, I conduct infectious diseases research projects, educate clinicians, and precept 10 resident pharmacists. I also serve as Chair of the Infectious Diseases Subcommittee and the Vancomycin Committee, and as a member of the

Sepsis, Infection Control, and Pharmacy and Therapeutics Committees.

My areas of interest within infectious diseases include antimicrobial stewardship, multi-drug-resistance (particularly Gram-negative resistance), and pharmacokinetics. My passions also include precepting and conducting infectious disease research. I am currently working on six infectious diseases research projects. These include *Candida auris* decolonization efforts, efficacy of various therapies against carbapenem-resistant organisms, appropriate use of procalcitonin, utility of methicillin-resistant *Staphylococcus aureus* nasal swabs, and evaluation of vancomycin loading doses. I am also collaborating with the New York State Department of Health for their "Collaboration to Launch Antibiotic Stewardship Programs" in New York State long-term care facilities.

Professional Goals

My short-term goals include obtaining board certification in infectious diseases pharmacotherapy. Over the next few years, I want to gain as much clinical infectious diseases knowledge as I can so that I may overcome any pertinent obstacles and challenges that come my way. I also want to continue to research and publish my findings from various infectious diseases projects. In the long term, I would like to become a residency program director for a PGY-2 in infectious diseases. I truly enjoy educating the next generation of pharmacists so that we can induce an iterative positive-feedback cycle to progress knowledge and benefit society as a whole. I also want to utilize my experience in information technology to one day develop smartphone applications that can facilitate comprehension and application

Spotlight (cont.)

of infectious diseases knowledge in a meaningful way.

Organizational Involvement and Value of NYSCHP

I am currently the President of the Royal Counties Society of Health-System Pharmacists, a local chapter of NYSCHP. We serve pharmacists, student pharmacists, and pharmacy technicians in Brooklyn, Queens, and Staten Island. I genuinely believe that working with Royal Counties and NYSCHP has permitted me to positively serve our community while simultaneously bolstering my leadership skills and enabling me to network with a society of professionals devoted to our wonderful profession. I am also actively involved with several other organizations including the Infectious Diseases

Society of America, the Society of Infectious Diseases Pharmacists, Dead Bug Society, Metro Microbe, the American Society of Health-System Pharmacists, and Phi Delta Chi.

Advice for New Practitioners

The best advice I can give to newly graduating pharmacists is to get involved in some form or another and to remain diversified. Pharmacy organizations, such as NYSCHP, provide numerous opportunities for education, leadership, community service, and networking. As we all know, pharmacy is a very small world; everyone knows someone important in our profession. Involving yourself with pharmacy organizations allows you to become diversified in our profession and to continue to develop your CV. You comprehend the paramount nature of

organizations and diversity when looking for new jobs and attempting to differentiate yourself.

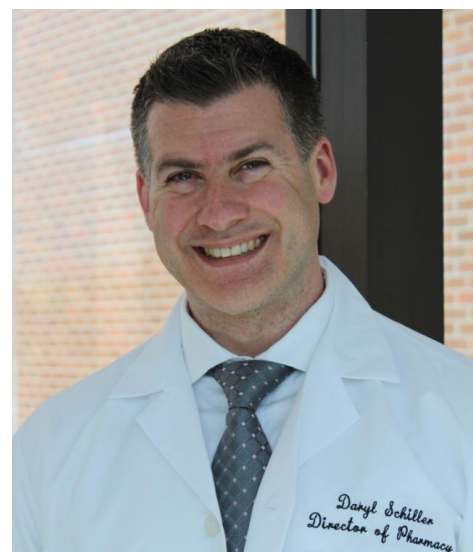
Healthcare is a constantly-expanding field; you might get lost if you do not keep up with changes that occur on a daily basis. Diversifying yourself does not just mean variety in pharmacy. It also means you should have hobbies outside of your profession since you will inevitably become stressed or overwhelmed by pharmacy at some point. Hobbies provide you with a vital means for relaxation and rejuvenation, ultimately helping prevent untimely burnout. Pharmacy organization involvement and overall diversification will help you maintain passion for your profession, permitting you to continually advocate for your profession and positively influence the next generation.

Fun Facts

My favorite hobby of all time is tennis. I started playing tennis in 10th grade and have been passionate about it ever since. My favorite tennis player is Roger Federer. I also enjoy playing basketball and running. Apart from sports, I enjoy writing short stories and novels. I also enjoy hanging out with my friends and trying new foods from various restaurants. My favorite thing about New York would have to be the vast opportunities we are provided with, particularly with regard to food and activities. You can try something new every day and never get bored.

Announcement: NYSCHP Congratulates Daryl Schiller

NYSCHP would like to congratulate Daryl Schiller, PharmD, BCPS (AQ ID) Director of Pharmacy Services, Montefiore Nyack Hospital, Nyack, NY for being named Fellow of the American Society of Health-system Pharmacists (ASHP). All of the Fellows were honored on Tuesday, June 11th during the ASHP Summer Meetings in Boston, Massachusetts. Daryl previously held the position of Assistant Director for Clinical Services and PGY-1 Residency Program Director at Saint Barnabas Medical Center in Livingston, NJ where he was also the Clinical Pharmacy Specialist in Infectious Diseases and Burn Trauma. He has been involved with numerous organizations including serving as President of the New Jersey Society of Health-System Pharmacists, Secretary and President-elect for the Westchester chapter of the New York State Council of Health-System Pharmacists, a member of the ASHP Council on Therapeutics, a delegate in the ASHP and NYSCHP House of Delegates, a member on the ASHP Student Forum and New Practitioner Executive Committees, a question writer for the Board of Pharmacy Specialists BCPS exam, and a member of the ACCP Pharmacotherapy Recertification standards setting panel. Dr. Schiller has nearly 50 publications or presentations in peer-reviewed journals and conferences. Numerous posters of his have finished in the top 3 during NJSHP Annual Meeting research competitions, his VTE team received the ASHP Foundation VTE Mentorship award in 2011, and he was the recipient of the New Jersey Pharmacist of the Year Leadership Award in 2014.



Congratulations Daryl on this outstanding Achievement!



**Lysandra Wickham,
CPHT**

Pharmacy Technician

New York-Presbyterian
Hospital – Lower Manhattan,
New York, NY

Pharmacy Technician Corner

Why I Do What I Do:

What first sparked my interest in pursuing a career in pharmacy was a general fascination with medicine and health care. It started early on in my life after getting sick around Halloween resulting in an extensive hospital stay. This happened 6 years in a row. Coincidentally, each time in the hospital, I was cared for by the same nurse. It amazed me how this mysterious lady in the white nurse's outfit would come to my room and give me this nasty pink stuff to drink and connect a bag of water into my hands. How did she know that pink nasty medicine would make me feel better? How did she know that putting the water in my arm would make me strong again? This mysterious woman—who I referred to as "Nurse G"—inspired me to pursue a career in the healthcare field. I wanted to be her. From then on, through high school and the beginning of college, I tailored my education towards becoming a nurse. Unfortunately, due to some financial difficulties, my dreams of becoming a nurse fell short. This was not, however, the end of my quest to get involved in the healthcare field. Instead, I found another way to help others. I decided to become a pharmacy technician.

I started working at a retail pharmacy. I was typing and filling prescriptions for 8 hours with the occasional break to help a customer find something within the store. I enjoyed my work because at the end of the day I was helping someone feel

better. I worked in a retail pharmacy for 9 years. One day, a patient suggested that I consider working in hospital pharmacy. She said "you need a change, Sandra. You are talented. Why don't you look into working in a hospital as a pharmacy technician?" I never thought about working in a hospital as a pharmacy technician, so I told myself that I would give it a try. It didn't take long before I found a job at a hospital. Since working as a hospital pharmacy technician, I have learned so much more—especially when it comes to helping others.

Latest Accomplishment:

My latest accomplishment was winning the 2018 Pharmacy Excellence Award from NewYork-Presbyterian Hospital in Lower Manhattan. This award recognizes an employee who demonstrates excellence at work, fosters collaborative working relationships, and makes a positive difference for patients. I was nominated by my colleagues and honored amongst my family and colleagues. It was great to see all of my hard work acknowledged and appreciated by my department.

Most Memorable Experience as a Pharmacy Technician:

I have so many memorable moments working as a pharmacy technician. The one moment that stands out the most for me was helping the nurse who helped me get better when I was younger. "Nurse G" became ill and sought treatment at the hospital where I work and was

admitted. It was my time to give back to the nurse who had helped me, so many years ago.

Why I Became Certified:

I chose to become certified, so that I could be more directly involved in patient care.

My Passion Outside of Work:

Outside of work my passions are cooking and wine tasting. Recently I have become a pescatarian, so I have been cooking and trying out a lot of new recipes. As for the wine tasting, I am in a wine tasting club where we talk and sample wine from all over the world.

My Favorite Movie:

My favorite movie is [The Color Purple](#) and I found it was very odd that I never read the book. So I recently downloaded it to my Kindle. I must say the book by Alice Walker is way better than the movie.

Advice to Up-and-Coming Technicians:

My advice to any up and coming pharmacy technicians, is to have patience. Additionally, take notes. Always pay attention. Absorb as much as you can by watching others. Walk with a little notebook so you can always reference back to what was told to you. Most importantly, always ask questions if you have any doubts, even if your colleagues or pharmacists are busy. Patient safety is always first.

Measles Outbreak: What Pharmacists Need to Know

By Julie Mandel PharmD, PGY1 Pharmacy Resident and
Samantha Paone PharmD, PGY2 Pharmacotherapy Resident

The United States (US) was able to declare measles elimination in 2000.¹ As of June 6, 2019, however, there have been 1,022 reported cases of measles in the US, making it the largest outbreak since 1992.¹ Measles is still prevalent in many parts of the world, and travelers continue to bring the virus to the US. Issues arise when the virus reaches parts of unvaccinated communities in the US, as the majority of patients who contract the virus are unvaccinated.¹ New York has been an epicenter of these outbreaks, especially in Orthodox Jewish communities in Brooklyn and Rockland County. Several schools have been closed in New York City (NYC) for failure to comply with vaccination orders.²

Measles

Measles is a viral disease with symptoms presenting 7 to 14 days after infection. Early symptoms include high-grade fever up to more than 104 degrees Fahrenheit, cough, runny nose, and watery eyes. A couple of days later, tiny white spots known as Koplik spots begin to appear inside the mouth. This is followed by a rash 3 to 5 days later. The rash typically begins as flat red dots on the face that spreads down the body from the

neck to the feet. Small raised bumps may appear and join together when spreading across the body.³

The virus is extremely contagious, and spreads from an infected person through coughing and sneezing. It is only spread from human to human—not by any other animal species. The Center for Disease Control and Prevention (CDC) reports that it is so contagious that if one person has measles, up to 90% of unimmunized people close to that person will also become infected. The window for transmission is 4 days before through 4 days after the appearance of the rash.³

Complications from measles are common among all age groups, but are more likely to occur in children under 5 years of age and adults older than 20 years of age. Ear infections and diarrhea are 2 common complications. Other complications, such as pneumonia and encephalitis, are serious and can result in hospitalization and death.³

Vaccination

The CDC started the measles vaccination program in 1963. Prior to that, it is estimated that 3 to 4 million people got the measles each year.⁴ Today the

MMR vaccine provides protection against measles, as well as other viral diseases mumps and rubella. The vaccine is very effective, with one dose having 93% efficacy, and 2 doses having 97% efficacy. There are 2 commercially available vaccines in the United States- M-M-R II® and ProQuad®. Both vaccines contain live, attenuated measles, mumps and rubella virus, and ProQuad® also contains varicella-zoster virus.^{5,6}

Laboratory Testing

The CDC recommends collection of virologic and serologic specimens for every suspected measles case, however there is currently no single serologic test capable of confirming with 100% confidence every true case of measles.⁶ Common methods for measles virus confirmation is detection of measles-specific IgM antibody and measles RNA by real-time RT-PCR.⁶ In an unvaccinated individual, measles IgM antibodies appear within the first few days of rash onset (1 to 4 days), but are rarely detected after 6 to 8 weeks.⁶ Occasionally, patients who were vaccinated may have a suspected case of measles. In these patients, if serology tests are performed, RT-PCR testing may be the best method to use

CDC= Center for Disease Control and Prevention; HIV= Human Immunodeficiency Virus; MMR= Measles, Mumps, Rubella
*Evidence of Immunity: having laboratory evidence of immunity, laboratory confirmation of measles, birth before 1957, and/or written documentation of adequate vaccination

CDC MMR Vaccine Recommendations⁷

Children	Adults with No Evidence of Immunity*
2 doses of MMR 28 days apart <ul style="list-style-type: none"> • First dose at 12-15 months of age • Second dose at 4-6 years of age 	Specific Groups Patients to receive 2 doses of MMR 28 days apart: <ul style="list-style-type: none"> • Healthcare personnel • International travelers • Students at post-high school educational institutions • Patients with HIV Patients to receive 1 dose of MMR: <ul style="list-style-type: none"> • All other adults including women of childbearing age

as vaccinated persons may not have an IgM response.⁶

Laboratory tests should be restricted to patients who most likely have measles—including being unvaccinated—recent travel history, with risk factors for measles, without other explanations for symptoms, or with generalized maculopapular rash with strong measles suspicion.⁸ All suspected measles cases should be reported to health departments within 24 hours.

Post-Exposure Prophylaxis

Due to the recent measles outbreak, it is important for healthcare providers to understand post-exposure prophylaxis (PEP) protocols. According to the CDC, those with measles exposure who do not have evidence of immunity should receive PEP to prevent infection or limit the severity of disease, or be excluded from public settings. Evidence of immunity can be defined as having laboratory evidence of immunity, laboratory confirmation of measles, birth before 1957, and/or written documentation of adequate vaccination. In this setting, serologic testing is not necessary as it might present a barrier to timely vaccination.⁷

PEP consists of administration of MMR or immune globulin (IG). Because giving both IG and the MMR vaccine will cause the inactivation of the vaccine, do not

give both simultaneously. Patients who receive PEP should be monitored for signs and symptoms of the virus for one incubation period defined as 21 days with the vaccine, and 28 with IG.⁷ The Advisory Committee on Immunization Practices (ACIP) recommends MMR to be administered within 72 hours of a person's initial exposure to measles for vaccine-eligible, exposed persons aged ≥6 months who are not immune to measles. The ACIP also recommends IG can be given within 6 days of exposure to measles for exposed patients aged <12 months who did not receive MMR, severely immunocompromised individuals regardless of immunologic or vaccination status, and pregnant women without evidence of immunity.⁹ Intravenous IG at a dose of 400 mg/kg should be given to pregnant woman and severely immunocompromised patients, while intramuscular IG at a dose of 0.5mL/kg (maximum dose 15mL) should be given to infants younger than 12 months.⁷ Of note, GamaSTAN® and GamaSTAN S/D® are IG preparations that can be given IM only.^{10,11} IG works by allowing antibodies to enhance the entry of measles virus into monocytes and macrophages, along with helping block virus attachment to host membrane cells.¹² The medication should not be used to control an outbreak, but rather to reduce the risk of infection and complications.⁷

Treatment

Unfortunately, there is no current antiviral therapy to treat measles. Current recommendations include providing supportive care to decrease symptoms and prevent further complications. Oral vitamin A should be given to severe measles cases in children including those requiring hospitalization on the day of diagnosis, and the day after.⁷ Daily dosing of vitamin A is age specific: 50,000 units for infants younger < 6 months, 100,000 units for infants 6-11 months, and 200,000 units for children 12 months of age and older.⁷

Patients diagnosed should be isolated for four days after rash development.¹³ Those excused from the MMR vaccine should be excluded from affected areas and institutions until 21 days after the rash in the last measles case.¹³

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CDC MMR Contraindications and Precautions⁷

Contraindications	Precautions
<ul style="list-style-type: none"> • Severe allergic reaction (anaphylaxis) after a previous dose or vaccine component (including neomycin) • Has known severe immunodeficiency (i.e. hematologic and solid tumors, long-term immunosuppressive therapy or patients with HIV who are severely immunocompromised, current chemotherapy) • Pregnancy 	<ul style="list-style-type: none"> • Moderate or severe acute illness • Recent (within 11 months) receipt of antibody-containing blood product • History of thrombocytopenia or thrombocytopenic purpura • Need for tuberculin skin testing • Personal or family history of seizure

CDC= Center for Disease Control and Prevention; HIV= Human Immunodeficiency Virus; MMR= Measles, Mumps, Rubella

NYSCHP House of Delegates

The House of Delegates of the New York State Council of Health-system Pharmacists held their 46th annual meeting in Saratoga, New York, on April 11, 2019. Approximately 50 delegates representing nine chapters from New York State, NYSCHP Board of Directors and Past Presidents reviewed and approved the following:

- End-of-the-year reports from members of NYSCHP Board of Directors
- Sunsetting of three position statements regarding pharmacy technicians
- Amendments to NYSCHP Constitution and Bylaws
- Ten resolutions submitted by chapters and committees

Noteworthy amendments to NYSCHP Constitution and Bylaws included the addition of two student delegates as voting members of the House of Delegates beginning in 2020; changing the nomination and election of the Treasurer and Vice President for Public Policy to a full membership election as with the other Board of Director positions; and changing the title of the Director of Education and Workforce Development to the Director of Education and Professional Development.

Of the 11 resolutions that were submitted, 10 were adopted as new Position Statements of the NYSCHP:

- NYSCHP supports the development and implementation of a common National electronic health information network accessible to pharmacists and healthcare providers that allows pharmacists to update a patient's medication list when appropriate.

- NYSCHP supports the incorporation of the education on transgender patient care into New York State pharmacy school curricula.
- NYSCHP supports the expansion of basic healthcare access in medically underserved regions of the United States through utilization of pharmacists.
- NYSCHP supports inclusion of pharmacy technicians in pharmacist-led medication reconciliation services to improve patient safety and transitions of care.
- NYSCHP supports the establishment of Medication Safety Officer position or equivalent position, a dedicated pharmacist who is directly responsible for and leads health system strategies to prevent, manage, and improve medication-use practices.
- NYSCHP supports that the NY State Board of Pharmacy require the use and implementation of USP <795> pharmaceutical compounding non-sterile products, USP <797> compounding of sterile preparations and USP <800> for hazardous drug handling.
- NYSCHP supports development of a penicillin skin testing program that includes pharmacist administration, with oversight by the Board of Pharmacy with a goal of updating the definition of the practice of pharmacy.
- NYSCHP supports promoting "tech check tech" programs in institutional settings, which involve a highly-

trained pharmacy technician performing the checking of another technician's order-filling accuracy. Furthermore, NYSCHP supports the employing institution validating the technician's ability to perform "tech check tech" though formal competency assessments, as well as specific requirements for education, registration, and/or certification.

- The NYSCHP supports a standardized curriculum for the training of pharmacy technicians pursuing certification. Training programs should be accredited by a nationally recognized accreditation body. Certified pharmacy technicians should maintain this certification through nationally-accredited continuing education.
- The NYSCHP supports the recommendation to request that all New York State schools of pharmacy offer the opportunity to obtain a Bachelors in Professional Studies Degree to the students enrolled in their professional program with additional areas of study and opportunities in the career of pharmacy.

The meeting of NYSCHP House of Delegates concluded after the submission of recommendations by delegates for action to be taken in the coming year and an address by the outgoing President, Dr. Anthony Longo. The House of Delegates was chaired by Elizabeth Shlom, with Shaun Flynn as the Executive Secretary and Thomas Lombardi as Parliamentarian.

The updated list of all NYSCHP Position Statements can be found on NYSCHP website: <https://www.nyschp.org/position-statements>

Elizabeth Shlom, PharmD, BCPS
Chair, House of Delegates

Pharmacy School Highlights

Touro Graduation

Touro College of Pharmacy (TCOP) in Harlem awarded 82 graduates their Doctor of Pharmacy (PharmD) degrees during commencement ceremonies at the Boone Arledge Auditorium-Alfred Lerner Hall at Columbia University.

TCOP Dean Henry Cohen, PharmD thanked graduates for “making the College of Pharmacy the very special place it has become” and charged them to “always remember your highest obligation is to use your gifts and the education and training you have received to live out the mission of the school and your responsibilities as a healer and patient advocate: to make life better for others.”

Keynote speaker Henri Manasse Jr., Ph.D., Sc.D., FFIP, was awarded an honorary doctorate of science. Currently dean and professor emeritus of the University Of Illinois Chicago College Of Pharmacy, Dr. Manasse formerly served as executive vice president and CEO of the American Society of Health-System Pharmacists (ASHP), the national organization representing pharmacists who work in acute and ambulatory care settings. Dr. Manasse urged the graduates to “embrace the biological and genetic revolution” taking place in the understanding and treatment of disease and drug action, safety and effectiveness. “

The Class of 2019 will be spreading out across the country in pursuit of a variety of careers, including retail or hospital pharmacies, clinics, pharmaceutical companies, public health organizations and government agencies. Students have also accepted prestigious postgraduate residencies or fellowships.

Barbara Franklin
Touro College of Pharmacy



Photos: Sana Shafi
(top), Graduates at
Commencement
(bottom)

New Pharm Path Agreement

TCOP and Lehman College, a 4-year college in the Bronx that is part of The City University of New York (CUNY), have created a new pre-pharmacy program for Lehman students. The program will allow qualified students to earn both bachelors and Doctor of Pharmacy (PharmD) degrees in a year less than usually needed to complete both.

Interested students can apply to the Program through Lehman beginning July 2019, the start of the 2019-2020 application cycle.

UB Brain Bowl

On April 30, 2019 the University at Buffalo (UB) School of Pharmacy and Pharmaceutical (SoPP) SSHP/NYSCHP chapter hosted its first ever "UB Pharmacy and Medicine Brain Bowl" in collaboration with the UB School of Medicine. This inter-professional event was held at the Jacob School of Medicine, in Downtown Buffalo. Dinner and networking started at 6:30 pm, and the Brain Bowl started at 7 pm. Jenna Betz (M1), the President of the medical student body and Frencina Monteiro (P3), President of UB SSHP, coordinated the event with the help of their E-Boards. The event was catered by Wegmans and emceed by Dr. Joshua Sawyer, a Clinical Assistant Professor at UBSOPP. Dr. Alan Lesse, an Associate Professor at the School of Medicine and the Senior Associate Dean for the medical curriculum was also present to spectate the event and help with the judging process.

The Brain Bowl consisted of three rounds, the first and second round each had 10 multiple choice questions and the final round consisted of a patient case with 3 questions. Each question was worth 5 points in the first round and 10 points in the second round. Lastly, teams had to wager points in the final round after the topic of the case was revealed. A penalty of negative 5 or 10 was given if a team answered incorrectly. Each round was also timed 30 seconds, 45 seconds and 6 minutes were allotted respectively. There were 5 teams of 5 students, and each team was made up of 3 pharmacy students (P1-P3) and 2 medical students (M1-M3). The top 3 teams received prizes and certificates.

Frencina Monteiro
2018-2019 SSHP president

