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President's Message: October 2019

Happy American Pharmacists Month! Take some time to celebrate—celebrate our profession, celebrate our accomplishments and successes, and promote the valuable role of pharmacists as integral members of the healthcare team.

On behalf of the NYSCHP Board of Directors, thank you to all who participated in the membership and leadership surveys that were recently conducted. Your input is valued and is integral as we move forward in development of our 2020-2022 Strategic Plan.

As we would like for everyone to get to know our Board of Directors, a new section highlighting a member of the Board of Directors will be included in the Newsbrief. We encourage you all to reach out to any board member with questions and suggestions at any time.

It's been a busy fall for our committees and for the board of directors. The Education and Professional Development Committee under the guidance of Director Karen Berger and chair Jamie Chin, continues to provide outstanding webinars, with our 3rd NYSCHP/ACCP Joint Webinar, Getting Involved at Every Level: State and Federal Legislative Updates, was held on October 10, 2019. Our first technician webinar will be held on Tuesday, November 5th at 12pm. Membership is not required for this webinar and we encourage all members to forward the invitation to their technicians. Stay tuned for updates and registration links for the November and December webinars. An infectious disease webinar series is being planned for January 8th and 22nd 2020 from

7 to 9pm. This promises to be an excellent program, so be sure to save the dates. The Tri-state Health-System Pharmacy Summit was held on September 21st. Now in its 7th year, this is a wonderful collaboration between New York, New Jersey, and Connecticut, providing a day complete with educational programming, networking, exhibits and an exhibitor forum, student programming, and a residency showcase. Further details can be found later in this Newsbrief.

The Communications Committee, under the guidance of Director Angela Cheng, was excited to launch NYSCHP podcasts entitled "Indispensable". The first and second podcasts were released in June and August, respectively, and can be found on the NYSCHP website by clicking on "Council News and Communication" under Quick Links on the home page. Topics for upcoming podcasts include advocacy, influenza, and the chemotherapy robot. Further details will soon be available.

Karen Berger and Andrew Kaplan continue expanding the NYSCHP grassroots advocacy efforts. They have developed and held a workshop entitled "The Grass(roots) is always Greener: NY State Advocacy Workshop" with several chapters, with a goal of holding this for all chapters. It is critical for our members across the state to actively engage in advocating for the future of pharmacy practice.

Heide Christensen, MS, RPH
President-Elect, NYSCHP

*Happy American
Pharmacists Month!*



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ASHP Legislative Day 2019

More than 100 ASHP members arrived to Capitol Hill on September 11, 2019 to personally engage with our congressional representatives. We urged them to support legislation that helps pharmacists meet critical patient care needs. According to ASHP, 159 Legislative Day face-to-face visits were held discussing policies that directly impact the pharmacy profession. The Keynote Speaker, Rep. Brett Guthrie from Kentucky kicked off the day stating that members of Congress want advice from knowledgeable constituents. Topics discussed were Drug Pricing, Drug Shortages, opioid practitioner X-waivers, and CMS pharmacy residency funding.

Increase Competition, Transparency to Address Rising Drug Costs

Encouraged Congress to incorporate the following bills in final drug pricing legislation:

- The FAIR Drug Pricing Act of 2019 (H.R.2296, S.1391), which requires drug manufacturers to report publicly and provide justification for price increases
- The Creating and Restoring Equal Access to Equivalent Samples (CREATES) Act of 2019 (H.R. 965, S.340), which prohibits manufacturers from using safety requirements to prevent generic competitors from accessing samples of brand name products
- The Protecting Consumer Access to Generic Drugs Act of 2019 (H.R. 1499) which prohibits paying generic competitors to delay entering the market
- The REMEDY Act of 2019 (H.R. 3812, S.1209), which prohibits the unfair extension of patents to maintain market exclusivity
- The PHAIR Pricing Act (H.R.1034, S.640), which will require PBMs to make DIR fees transparent at the point of sale

Strengthen Reporting, Quality Requirements to Address Drug Shortages

We encouraged Congress to pass legislation that will require manufacturers to provide the FDA with more information on the causes of shortages and expected durations, disclose manufacturing sites and sources of active pharmaceutical ingredients (APIs) to the FDA, establish contingency plans, and establish incentives to encourage manufacturers to produce drugs in shortage or at risk of shortage. We also discussed requiring the Department of Health and Human Services and the Department of Homeland Security to conduct a risk assessment of national security threats associated with manufacturing and distribution of critical drugs, APIs, and associated medical devices used for preparation or administration.

In regards to the FDA, we asked that they publish quality ratings for drug manufacturers and 503B outsourcing facilities preparing copies of drug products under the exemption for products on FDA's shortage list, or allow purchasers to assess the relative quality of 503B outsourcing facilities based on public information. The last ask was to require the Federal Trade Commission to evaluate the potential for drug product supply chain interruptions when considering manufacturer consolidations.

Expand Pharmacists' Ability to Treat Opioid Addiction:

Pharmacists are not eligible for an X-waiver from the Substance Abuse and Mental Health Services Administration (SAMHSA). We encouraged Congress to pass the Mainstreaming Addiction Treatment (MAT) Act of 2019 (H.R. 2482, S. 2074), which eliminates X-waivers and will increase the number of providers who can prescribe MAT or pass legislation to modify the X-waiver system to allow pharmacists to prescribe and manage MAT as part of an integrated care team.

Requests for Improvements to Pharmacy Residency Program Oversight

A number of recent audits of pharmacy residency programs have resulted in significant cost disallowances, some over a number of years and in amounts that threaten program viability. Many of these cases involve arbitrary and inconsistent application of cost-reporting requirements as well as substandard and poorly organized audit processes.

We discussed with Congress to write or sign on to a letter that requests Centers for Medicare & Medicaid Services (CMS) to cease disallowances until program technical assistance (TA) has been provided and audit processes have been standardized. Specifically, we ask that the agency strengthen auditor training and provide TA specific to pharmacy residency programs, including a comprehensive overview of what CMS deems to be optimal cost accounting processes and procedures. See the full letter example from [ASHP here](#).

NYSCHP was represented by Leigh Briscoe-Dwyer, Shaun Flynn, Wes Kufel, Liz Shlom, and Lisa Voigt. We would like to thank ASHP for arranging opportunities to talk with our Representatives and Senators from New York: (Sen. Kirsten Gillibrand, Sen. Charles Schumer, Rep. Antonio Delgado, Rep. Chris Collins, Representative Paul Tonko, Representative John Katko, and Rep. Eliot Engel).

Respectfully,
Lisa Voigt, PharmD, BCPS, BCCCP
President, NYSCHP



Photos

Left: Wes Kufel, Leigh Briscoe-Dwyer, Lisa Voigt, Liz Shlom

Right: New York State Affiliates meet with Rep. Brett Guthrie (R-KY, third from left), Kentucky, after his Keynote address to ASHP members attending Legislative Day

2019 Tri-State Health System Pharmacy Summit

The tri-state health-system pharmacy summit that took place this past September 20th had a huge turnout with over 200 pharmacists, students and technicians. The event started off with key note speaker, William A. Zellmer, BSPHarm, MPH who has dedicated his career to pharmacy foresight consulting and is also the founding editor of the annual Pharmacy Forecast report published by the ASHP Foundation. During his talk on CREATING Pharmacy's Future, he shared with us 3 secrets to success: having a vision, learning from history and avoiding complacency. He inspired us to overcome today's challenges by persistently working not towards our job, but towards our career.

Following the key note speech, Rebecca Pulk, Pharm.D., MS Clinical Coordinator at Yale New Haven Health presented on Incorporating Pharmacogenomics into Pharmacy Practice and explored scenarios where precision medicine can be implemented. Next, we had Genevieve Kumapley, Pharm.D., BCOP Clinical Pharmacy Specialist, Oncology/ Pain & Palliative Care from St. Peter's University Hospital speak on End of Life Care. Dr. Kumapley presented protocols she instituted for titrating opioids and other pain medications to avoid an ambiguous prn, or as needed, regimen. Lastly, Grace Shyh, Pharm.D., BCPS, BCACP Clinical Pharmacy Manager, Internal Medicine Director, PGY2 Internal Medicine Pharmacy Residency Program from NewYork-Presbyterian/Lower Manhattan presented on Opioid Stewardship focusing on a multimodal approach to optimizing pain treatment and shared her insights on the role of pharmacists in provider and patient education. These leaders are paving the path for the future of pharmacotherapy and pharmacy practice.

Upon the conclusion of these continuing education programs, it was time for the residency showcase – the event I was personally looking forward to the most. We got a glimpse of what to expect at Midyear, although at a smaller scale. The aisles were still saturated with eager and inquisitive students learning about different programs and what they have to offer. The best part was speaking to current residents and stepping into their shoes to envision a day in their life. It was in that moment that I realized what I am looking for in a residency program. I want to be surrounded by people who are like my family, by preceptors who care about my professional growth, and by co-residents supporting me side by side. At the end of the day, I know I will have a great experience doing any residency, but it is the environment and the people I am surrounded by that matter to me the most.

At the end of the program, we had about 40 students and residents – the most we have had in all years, attend the CV/interview workshop along with tips on



networking! Although I was overwhelmed at first, this workshop boosted my confidence moving forward to help me achieve my near term goals. It was incredible to be surrounded by such passionate and driven peers actively participating in this question and answer structured workshop. When asked about her favorite part of the meeting, Tamara PharmD Candidate 2020 from LIU said, "It was great to be able to network with different levels of people and meeting new programs that I have never heard of before." Gabriella PharmD PGY 1 resident from Huntington Hospital said what she had been looking forward to the most was "Attending the presentations because as residents, we are always trying to develop and supplement our knowledge. This was also our first time being in a showcase so it was exciting being able to meet prospective students."

Overall, this tri-state health-system pharmacy summit was a huge success and I am confident everyone who attended took something valuable away from it. I would highly encourage everyone to attend this event in the future, whether it is to expand their clinical knowledge or develop their networking skills.

Krishna Daiya
PharmD Candidate | Class of 2020
University at Buffalo, School of Pharmacy and
Pharmaceutical Sciences
CPNP Membership Chair



TOP: Students had an opportunity to mingle with residency program directors and coordinators to learn about what they have to offer.

BOTTOM: Pharmacy residents met prospective students and shared their professional experiences and accomplishments.



**Angela Cheng-Lai,
PharmD, BCPS**

Clinical Pharmacy Manager
Montefiore Health System
Associate Professor of Medicine
Albert Einstein College of
Medicine
Director of Communications
New York State Council of
Health-system Pharmacists

Board of Directors Member Highlight

My work as a Pharmacist

My journey as a pharmacist began 27 years ago as a pharmacy practice resident at Montefiore Medical Center. During my residency, I learned that pharmacists can be advocates for patients by promoting safe and effective use of medications. I also realized that pharmacists are a vital part of the healthcare team and can enhance the well-being of every patient. These ideals were deeply ingrained in me and I have embraced them as a part of my daily practice ever since.

As a Clinical Pharmacy Manager, some of my responsibilities include rounding in the Coronary Care Unit, monitoring patient medication profiles to ensure optimal therapy, evaluating medications for the hospital's formulary, precepting pharmacy residents and students, and contributing to research and publications. I helped to spearhead a Collaborative Drug Therapy Management clinic for heart failure patients and I am currently working there as a clinical pharmacist.

During my many years at Montefiore Medical Center, I have developed a strong interest in cardiology and focused many of my publications in this area. I co-edited the book, *Current Cardiovascular Drugs*, 3rd and 4th editions. I also had the opportunity to publish in a number of journals including *Pharmacotherapy*, *Annals of Pharmacotherapy*, *American Heart Journal*, and *American Journal of Health-System Pharmacy*. In order to keep myself current with publications in the cardiology arena, I serve as a pharmacology section editor for the journal *Cardiology in Review*. In addition to my duties at Montefiore, I teach pharmacology to medical students at the Albert Einstein College of Medicine.

Journey to becoming the Director of Communications

NYSCHP was first introduced to me by my preceptor, Dr. John Manzo, during my pharmacy practice residency. I remember being in awe of how well NYSCHP promoted the role of pharmacists in the health care system and I knew that I would somehow be involved with this organization for the rest of my career. As a young pharmacist, I spent much of my time pursuing my passion in medical writing (and other extracurricular activities). While I was proud of my publication accomplishments, I longed to be more involved with NYSCHP activities.

That opportunity came in 2015, when I was elected to the position of President-elect of the Westchester County Society of Health-System Pharmacists (WCSHP). I became a board member of WCSHP and served members of this chapter for the next three years. As the President-elect, I was the Chair of the Continuing Education Program Committee and helped to bring top-quality educational programs to WCSHP members on a monthly basis. I was also actively engaged with members to learn about their goals and interests. During my presidency, I was able to introduce many activities to the chapter including professional community events such as participating in a breast cancer walk, volunteering at soup kitchens, and speaking to members of AARP regarding medication safety, as well as fun events such as hiking, bowling, and eating dim sum.

After I completed my term as president of the Westchester chapter, I stayed involved with NYSCHP through the Education and Professional Development Committee and the Research & Education Foundation. I am also a member of the Student Subcommittee which helps to promote NYSCHP to our future pharmacists. I am especially proud of the student clinical competition which the Education and Professional Development Committee initiated at the NYSCHP annual assembly in 2018. This event was extremely well received and was a great way to get pharmacy students involved in NYSCHP. As a board member of the Research and Education foundation, I help to foster innovative research within the profession of pharmacy by reviewing research protocols and approving research grants. In 2018, I was appointed as Chair of the Communications Committee and was elected Director of Communication Services. I am truly excited about this opportunity and I look forward to continuing serving members of NYSCHP through promoting our society on state and national levels.

Value of NYSCHP

If I were to give my younger self some advice, it would definitely be to stay involved with a professional organization such as NYSCHP. There was a time in my career when I devoted my free time to other extracurricular activities (such as dancing, painting, or just being a couch potato) and not to any professional organizations. When I finally rejoined NYSCHP as an active member in 2012, I realized how much I missed being an active member of this organization. Being an active member of NYSCHP helps me to be more engaged with my profession and my colleagues. I feel more empowered as a pharmacist because NYSCHP advocates for issues such as collaborative drug therapy management and pharmacist immunization that help to advance the profession of pharmacy.

As a NYSCHP member, I also have the opportunity to learn the most updated pharmacy information from my colleagues through multiple monthly CE programs. Moreover, I was given a number of opportunities to give CE lectures to a wide audience through NYSCHP. I especially enjoy giving CE programs since I find that I always learn a great deal whenever I have to teach a subject (not to mention that I get the chance to briefly try out my joke-telling skills before each lecture). Having the opportunity to give presentations helped me to build up my curriculum vitae, which ultimately played a part in helping me to receive a promotion to the position of Associate Professor of Medicine at the Albert Einstein College of Medicine.

Fun Facts about Me

As a teenager, my favorite activity on Saturday afternoons was watching Kung Fu movies. I was especially fascinated with sword fights and I dreamt of sparring and moving as elegantly as heroines on the big screen. I knew that this wish was a long shot since I was only 4'11" and had arms that were skinny as twigs. Nonetheless, I kept this fantasy alive in the back of my mind and hoped that I might encounter an opportunity to learn swordplay someday. My dream came true when I met a Tai Chi teacher in New York City in my late twenties. I learned a number of sword routines from her which led me to join a Chinese dance company where I had the opportunity to learn and perform a number of sword routines. Although I was far from being a champion swordswoman, this experience taught me to never give up on a dream. I am grateful that I was able to enrich my life by pursuing this dream of mine.

Like many teenagers, I also dreamt of being a big star (Yes, that same 4'11" girl with skinny arms like twigs). I majored in voice (singing) at the LaGuardia High School of Music & Art and Performing Arts located near Lincoln Center. You probably know by now that I never made it to Broadway. However, I am grateful that the skills that I learned as a voice major helped me tremendously in my career to become a more grounded (and hopefully, more entertaining) presenter when speaking in front of an audience.

Goals at NYSCHP

Words cannot describe how honored I am to have the opportunity to serve you as the Director of Communications at NYSCHP. This summer the Communications Committee has launched "**Indispensable**—a podcast by the New York State Council of Health-system Pharmacists". It is my hope that this podcast will get more of our members to be engaged with and informed of the missions and activities at NYSCHP. Furthermore, I hope that our podcast will help our listeners to stay on the cutting edge of pharmacy and thus become "indispensable."

If you are reading this article right now, you have already made me very happy because you are engaged with our publications. The newsletter is one of the main ways that the Council communicates with our members regarding updates on pharmacy legislation and activities of our members. The Communications Committee will continue to work hard to bring you the most updated news regarding our members and our profession through this newsletter and social media such as Facebook, Instagram, and Twitter. Because our organization will only be successful with your involvement, we welcome your participation with our podcast and publications. Please email me at Acheng.nyschp@gmail.com if you have any news that you would like to share regarding your chapter or if you have an idea for a clinical pearl or a podcast. I am always happy to hear from you!

Chinese Sword Dancing



Pharmacy Advocacy: Binghamton University School of Pharmacy and Pharmaceutical Sciences

As a representative of NYSCHP, I was invited to give a collaborative lecture on September 13, 2019 at Binghamton University School of Pharmacy and Pharmaceutical Sciences. The lecture, titled "Leadership and Advocacy for Pharmacy," was part of a Professional Communications and Medical Information elective. I want to thank Angela C. Riley, BS, PharmD, Binghamton's Executive Director of Experiential Education and Assistant Dean, for the invitation, as well as for working with us on content and delivery since I gave the lecture remotely.



My co-lecturer was Roxanne Richardson, past president of the Pharmacists Society of the State of New York, Inc. (PSSNY). PSSNY and NYSCHP agree on most legislative priorities so we were able to work together to tell the story of how pharmacy advocacy in New York State has gotten us pharmacist immunization and collaborative practice authority, the ability to dispense life-saving naloxone without a prescription and—coming soon—pharmacy technician licensure and certification.

Many, if not all, of the students in the elective also participated in a letter-writing campaign earlier this year to urge Governor Cuomo to sign the Pharmacy Technician Bill (S6517/A8319). The bill passed the Assembly and the Senate in June 2019. We are currently waiting for the governor to sign the bill into law.

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

Pharmacy School Highlight: D'Youville College of Pharmacy



Members of SSHP joined by fellow classmates to support the Light the Night Walk

Front: SSHP President Stephen Olson, SSHP President Elect Cameron Abbey-Mott
Back: Minahil Malik, Heba Ibrahim, Princess Okoronkwo, Cherish Adesola, Mariam Ahmed, and Lauren Powers

On Friday, September 20th, the Student Society of Health-System Pharmacists from D'Youville College was honored to attend the annual Light the Night walk hosted by the Leukemia and Lymphoma Society. This is an event that SSHP members choose to take part in every year in support of the organization, survivors, and for the members of our community who have lost loved ones due to cancer. I can speak on behalf of the organization and say that it was truly awe-inspiring; seeing so many people come together in support of the members of the community who are or have suffered from the devastating impacts of cancer.

During the event, people joined together around the center of the stage to represent the togetherness of everyone present. There were red lanterns for supporters, yellow for those who have lost loved ones, and white for the survivors of the community, and each lantern was held high to "shine the light on cancer." It was truly an experience none can forget - to hear everyone's stories and to see that some affected by these cancers are even working in research and in hospitals to find new therapies for treatment. It showed that even those who are suffering great deals are putting forth the efforts to help their community, so we should do the same.

As an organization, we raised money and donated it in support of the Leukemia and Lymphoma Society to show our support. We would like to thank everyone who gave a donation and to those who came to walk with us as it was a great way to give back to an important cause.

Cameron Abbey-Mott
D'Youville College School of Pharmacy
PharmD. Candidate, Class of 2022
SSHP President Elect

Clinical Pearl: Flu Vaccine Update

The flu is a highly contagious respiratory illness caused by influenza viruses that can infect the nose, throat, and lungs. The United States experiences annual epidemics of seasonal flu between October and May. The timing of flu, however, is unpredictable and may vary in different parts of the country and from year to year.¹ The Center for Disease Control (CDC) estimates that for the 2018-2019 flu season alone, there were 37.4 to 42.9 million flu illnesses, 17.3 to 20.1 million flu medical visits, 531,000 to 647,000 flu hospitalizations, and 36,400 to 61,200 flu deaths.² Anyone can become infected with the flu, but it is more dangerous in certain populations, such as infants, people age 65 years and older, pregnant women, and people with a weakened immune system.³ In order to combat the flu, it is recommended that anyone above 6 months of age receive a flu shot.

Cold versus Flu

The common cold and the flu are both respiratory infections caused by different viruses. They can have similar presentations and may be difficult to differentiate based on symptoms alone. Flu symptoms are often much more severe than those of the common cold. Flu typically presents with fever, body aches, fatigue, cough, and headache. Someone infected with the common cold is more likely to have a runny or stuffy nose. The common cold will generally not result in any serious health problems. Symptoms will appear abruptly with the flu whereas cold symptom onset will be more gradual.⁴

Benefits of Receiving the Flu Vaccine

Vaccination aids in the prevention of severe medical events associated with certain chronic conditions, such as lowering rates of cardiac events with people who have heart disease. It is also shown in several studies that routine flu vaccinations decrease hospitalizations in those with diabetes and chronic lung disease. Vaccination during pregnancy protects women during and after pregnancy from the risk of flu-associated respiratory infections by up to 50%. Not only does it protect the mother, but prevents the baby from contracting the flu after birth.⁵ In the past few years, the risk of adult hospitalizations related to the flu have been reduced by an average of 40%. The risk of being admitted into the ICU for adults with the flu from 2012-2015 reduced to 82% according to a study in 2018. Flu-related doctor's visits have been reduced by 40-60% when vaccinated.⁶

Mechanism of Action

After being vaccinated, the host responds by producing antibodies to the specific virus. The host will be protected approximately two weeks after being vaccinated. When a flu virus enters the body, antibodies that were formed due to vaccination, intercept the flu virus by latching onto the virus' antigens, block the virus from attaching to a healthy

cell and deactivate the virus. If antibodies for a flu strain have not formed, the host is left vulnerable to the flu and the host becomes infected. Each year different flu viruses circulate and have the ability to mutate, therefore it is recommended to get a flu vaccine annually. Based on continuous surveillance of influenza viruses, health experts determine which strains will be most likely to circulate in the upcoming season and select three or four new strains to be included in an updated flu vaccine.⁷ This year according to the World Health Organization, it is recommended that egg based quadrivalent vaccines for use in the 2019-2020 northern hemisphere flu season contain the following:

- an A/Brisbane/02/2018 (H1N1)pdm09-like virus;
- an A/Kansas/14/2017 (H3N2)-like virus;
- a B/Colorado/06/2017-like virus (B/Victoria/2/87 lineage); and
- a B/Phuket/3073/2013-like virus (B/Yamagata/16/88 lineage)

For trivalent vaccines, it is recommended that for the influenza B virus component, B/Colorado/06/2017-like virus (B/Victoria/2/87-lineage) should be used.⁸

Flu Vaccination for Children

Several studies show that administration of the flu vaccine reduced the severity of the illness in those who were vaccinated, but still got the flu. The risk of children's flu-related admissions to the pediatric intensive care unit decreased by 74% according to a 2014 study.⁹ In a 2017 study, the flu vaccine significantly decreased the risk of influenza-associated pediatric death.¹⁰ For the 2019-2020 flu season, the American Academy of Pediatrics (AAP) advises families to vaccinate their children against the flu with either the flu shot, or Flumist, the live attenuated nasal spray vaccine. This recommendation differs from prior year recommendations when the AAP cited that the injectable vaccine was preferred, except in cases where a child refused the shot. Furthermore for the 2016-2017 and 2017-2018 flu seasons, the AAP did not recommend using Flumist due to poor effectiveness against influenza A/H1N1 strain.¹¹

The CDC states two doses of the influenza vaccine are required for children from 6 months of age to 8 years of age who have not previously received 2 doses. They should receive their first dose as soon as the vaccine is available and the second dose 4 weeks after. The first dose primes the immune system while the second dose provides immune protection.¹² One dose is required for children 6 months to 8 years who have already received two doses of trivalent or quadrivalent influenza vaccine prior to the start of the new flu season.¹³

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Influenza Vaccines Available for 2019-2020

There are a total of nine influenza vaccines available for the 2019-2020 season. The table below summarizes all available formulations.

Special Considerations

Afluria, Fluarix, FluLaval, and Fluzone are all egg-grown viruses. Guidelines have stated that vaccinations may still be administered despite any egg-based allergy, regardless of the severity of the reaction¹⁴ Inactivated influenza vaccines (IIVs) for infants and younger children should be administered in the anterolateral thigh. The preferred site of administration for older children and adults is the deltoid.¹⁵

Nasal Spray Flu Vaccine

The Live Attenuated Influenza Vaccine, LAIV4, is the nasal spray flu vaccine. It is an option for healthy, non-pregnant 2 to 49 year olds without contraindications or precautions.¹⁶ LAIV should not be used in the following:

- Children under 2 years old
- Adults > 50 years old
- Children ages 2 to 17 who take aspirin or products containing aspirin
- Those who are severely allergic to the vaccine

- Children 2 to 4 years old who have asthma or a medical record of wheezing episodes within the past 12 months
- People who have taken influenza antiviral drugs within 48 hours
- People who care for severely immunocompromised that require a protected environment

Updates in Recommendations for 2019-2020

All persons greater than 6 months of age should be routinely vaccinated, so long as they do not have contraindications. No influenza vaccine is preferred over another. Two updates to product-specific vaccine dosing for specific patient populations were made in the past year:¹⁷

- Afluria Quadrivalent (IIV4) is now approved for persons ≥ 6 months. Its dose is 0.25 mL for patients 6 – 35 months or 0.5 mL for patients ≥ 36 months.
- Fluzone Quadrivalent (IIV4) previously required that patients 6 – 35 months receive 0.25 mL. Updated recommendations allow for either 0.25 mL or 0.5 mL in that age group while retaining the 0.5 mL recommendation for patients ≥ 36 months. This allows for easier dosing since all patients ≥ 6 months can receive the same dose.

Available Flu Vaccines¹⁶⁻²⁶

| Brand Name | Indicated Ages | Trivalent/ Quadrivalent | Route | Egg-grown virus, Cell culture-grown virus, or Recombinant HA | Adjuvanted |
|-------------------|-----------------|----------------------------|-------|---|------------|
| Afluria | ≥ 6 months | Quadrivalent | IM | Egg | No |
| Flucelvax | ≥ 4 years | Quadrivalent | IM | Cell | No |
| Fluarix | ≥ 6 months | Quadrivalent | IM | Egg | No |
| Fluzone | ≥ 6 months | Quadrivalent | IM | Egg | No |
| FluLaval | ≥ 6 months | Quadrivalent | IM | Egg | No |
| FluBlok | ≥ 18 years | Quadrivalent | IM | Recombinant | No |
| Fluzone High-Dose | ≥ 65 years | Trivalent | IM | Egg | No |
| Fluad | ≥ 65 years | Trivalent | IM | Egg | Yes |
| Flumist | 2-49 years | Quadrivalent | IN | Egg | No |

IM = intramuscular; IN = intranasal; HA = hemagglutinin

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Upcoming Webinar

Technician Webinar: Pharmacy Technician Certification and Training to Perform Tuesday, November 5 at 12:00 PM

Ryan Burke, PharmD and Mark Shen, PharmD,
BCPS

Objectives for pharmacists:

- List topics pharmacy technicians should be trained in to perform medication history collection
- Evaluate pharmacy technician competency in collecting medication history
- Identify the advanced credentials available to pharmacy technicians and understand the training required to obtain them

Objectives for technicians:

- Identify barriers to collecting a best possible medication history
- Describe how to collect a best possible medication history
- List the steps to becoming an Advanced Certified Pharmacy Technician (CPhT-Adv)

Save the Date!

NYSCHP Infectious Disease Webinar Series (4.0 CE Credits)

Wednesday, Jan 8th, 7-9pm and

Wednesday, Jan 22nd, 7-9pm

NYSCHP Annual Assembly 2020

April 23- 26, 2020