Participant Survey Information Letter
Pharmacists as Immunizers Survey
June 20, 2006

Principal Investigators:

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- Shelly McNeil, MD, Division of Infectious Diseases, Centre for Vaccinology, QEII Health Sciences Centre

Sponsor:

- Dalhousie Medical Research Foundation Music-in-Medicine Summer Studentship
- Capital Health Research Fund

Study Title:
Pharmacists as Immunizers: Key Determinants of Community Pharmacists’ Willingness to Administer Immunizations to Adults.

Pharmacists as Immunizers Survey

Introduction
You are being invited to take part in a web-based survey examining the determinants of pharmacists’ willingness to become potential immunizers of adults. Before you complete the survey, we ask that you review this information letter outlining the purpose of the survey, how it may affect you, the time commitment required and the risks and benefits to completing the survey. Taking part in this study is entirely voluntary, and whether or not you participate will not impact on your employment, your involvement with the Canadian Pharmacists Association, or your membership in any regulatory /professional organization.

Purpose of the Study
The Canadian Centre for Vaccinology is interested in exploring opportunities for immunization outside of physician’s offices and other traditional health care settings. There is interest in making better use of pharmacists as potential immunizers, as ways to improve the proportion of adults who receive recommended vaccines (coverage rates) and for emergency preparedness. Pharmacy stakeholders have also discussed the following ideas regarding Canadian pharmacists and vaccine administration:
1. Maintaining a status quo position (i.e. pharmacists dispense vaccine product to be administered by another health professional);
2. Authorizing and training pharmacists to vaccinate;
3. Training pharmacists as emergency immunizers.

However, the acceptability and implications of these options for frontline community pharmacists has not been well explored. Prior to regulatory organizations or educators embarking on a program expanding the scope of pharmacy practice to include the administration of immunizations, it is important to understand the desire of the average Canadian pharmacist to become an immunization provider, as well as their knowledge, attitudes, and beliefs about immunization.
**Important Background**

Immunization is one of the most cost-effective strategies for disease prevention. Despite the known benefits of immunization, immunization programs are not well used. Also, immunization coverage rates, or the proportion of the adult population within any given region who receive recommended vaccines, are not being achieved in Canada. Medical and allied health professional literature has suggested that some of the barriers to achievement of target immunization coverage rates barriers include lack of access to immunizers and convenience.

The 2002 Romonow Report of the Commission on the Future of Health Care in Canada identified community-based pharmacists as an underutilized health care professional. According to the Canadian Pharmacists Association, pharmacists are highly accessible health care professionals, with approximately 21,000 pharmacists working in 7500 community-based pharmacies across Canada, with an estimated 55% of people over 18 years of age visiting a pharmacy in any given week. Furthermore, 49% of Canadian adults receive one or more chronic medications per year, providing an average of 26 opportunities in a given year for interaction with a pharmacist. Thus, expanding the scope of practice of community-based pharmacists to provide adult immunizations may increase accessibility to immunization programs. In the United States, 44 states have programs where pharmacists are able to act as licensed immunizers within their scope of practice. States in which pharmacists administer immunizations have higher rates of adult immunization compared to those that do not.

Presently, pharmacists in Canada do not administer vaccines. However, it is well known that Canadian pharmacists are actively involved in public education and facilitate adult immunization programs by hosting clinics in the pharmacy setting, with immunization provided by other health professionals. Such programs are well-received by the public, with one Nova Scotia based program finding that over 80% of individuals who received their flu shot in a pharmacy-based clinic stated it was their preferred site for immunization. Based on the US experience, there is considerable interest within public health and pharmacy organizations to explore the potential for Canadian pharmacists to be trained and certified as immunization providers. Prior to embarking on a program expanding the scope of pharmacy practice to include the provision of immunizations, it is important to understand the desire of the average Canadian pharmacist to become an immunization provider, as well as their knowledge, attitudes and beliefs about immunization. Such information may inform policy development and statutory reform around expanding the scope of pharmacy practice.

**Study Design**

Community based pharmacists across Canada will be asked to take part in the study. Up to 20,800 community based pharmacists could participate.

**What Participation Involves**

You will have been sent an email from the Canadian Pharmacists Association inviting you to participate in this survey study, linking you to this information letter. If you agree to take part in this survey study, you will be then prompted to proceed to a web-based link to a secure survey server housed at the Canadian Centre for Vaccinology. The online survey takes 20-30 minutes to complete. You will not be asked to identify yourself on the survey. All information collected is kept strictly confidential.

The investigators will not know the identity of participants, nor who has completed a survey. To help with survey response rate, follow-up reminder emails will be sent by the Canadian Pharmacists Association to all pharmacists who were initially invited to participate, 2 weeks after the initial survey release.
Participants completing the survey will have the opportunity to submit an electronic post-
card which can be mailed back to the Canadian Center for Vaccinology to be included in 1 of
2 draws for a $100 gift certificate to a business of the winner's choice.

Print this letter in case you have any study questions.

**Potential Harms and Benefits**
There are no anticipated harms or benefits to participating in this study. The potential
benefits may include future evidence-based continuing education that specifically meets the
needs of Canadian pharmacists, as well as statutory reform and policy change which may
enhance the ability of pharmacists to increase access to vaccines for adults. Pharmacists
will receive a reminder email to complete the survey if they have not already done so which
means some pharmacists who completed the study may receive an unnecessary email.

**Voluntary Participation**
You do not have to take part in this study. It is entirely voluntary. The survey does not ask
any personal questions that would tell us who you are. There is no link between you and the
completed survey. Therefore, withdrawal of your information is not possible once we receive
the completed survey.

**Costs and Reimbursements**
Participation in this survey will not result in any expenses for you. In appreciation of the
time spent for completing this survey you may enter your name in 1 of 2 draw for a $100
gift certificate to a business of your choice. Two random draws will take place following the
completion of survey collection. At the end of the web based questionnaire, you will have
the opportunity to submit your name and email address to the Canadian Center for
Vaccinology to be included in 1 of 2 draws for a $100 gift certificate to a business of the
winner's choice. There will be no link between your completed survey and your name and
email address available to the researchers, should you choose to enter the draw. Results of
the random draws will be communicated through the Canadian Pharmacists Association.

**Communication of Study Results**
When the study is finished and all the questionnaires have been reviewed, the results will be
made available through the Canadian Pharmacists Association.

**Confidentiality**
Any information you provide will be kept private. Study staff will only have access to the
completed surveys. Completed surveys will not contain any information that can identify
you. In addition, the anonymous surveys may be shown to Capital Health Research Fund
Committee, the regulatory authorities for research in Canada, and the Research Ethics
Board of the Capital District Health Authority. If the results of the survey are published, the
publication will not contain any information that could identify you. Completed surveys will
be housed on a secure computer server in the Canadian Centre for Vaccinology and will be
kept for 7 years post publication. For pharmacists who choose to return a ballot for the
draw, all contact information will be kept strictly confidential. The information will not be
used for any purpose other than to notify the winner of the gift certificate.
Research Rights
If you would like an independent opinion about the survey, or about research in general, you may contact the Capital District Health Authority Research Ethics Office at 902-473-8426, Monday to Friday between 9 am and 4 pm.

Contact Person
Please feel free to contact the following research staff below at any time during this study if you have any comments, questions, or concerns:

Erin Corsten, Investigator - 902 473-5977
Dr. Susan Bowles, Co-Investigator and Supervisor - 902 473-1552 or 902-473-2222 and ask for her to be paged.
Dr. Shelly McNeil, Co-Investigator and Supervisor - 902 473 2222 and ask for her to be paged.

Please read the following instructions before starting the survey:

Note: You may use any web browser when completing this survey, however it is best viewed using the Microsoft Internet Explorer (version 5.0 or above). Your browser does not need to support cookies, but it should have Javascript enabled for the contest entry form. The survey is divided into sections. At the beginning of a new section, there is a brief explanation of how you should proceed. Note that some questions allow you to choose multiple answers while others require only a single choice.

Please read each question carefully. Your answers are completely anonymous. Please do not use your "BACK" button on your browser, use the buttons at the bottom of the screen (ie. "previous", "next", "pause") to move through the survey.

If you are unable to complete the survey in one sitting, you may pause it at any time by clicking the "Pause Survey" button at the bottom of the page. A page will be displayed where you can enter your email address. After submitting your email address, an email will be generated and sent to you with a link back to the survey. Clicking this link will allow you to continue with the survey with all previously answered questions filled in. You will need to log back into the survey when you return, so please have your password on hand. The password is: pharmacists

Your survey is not completed until you click the "Submit Survey" button on the final page. You may choose to withdraw your participation in the survey by stopping at any time before it is submitted. Submitting your survey is your consent to take part in the study.

If you already have completed this specific survey in a focus group or to assist with piloting, we thank you for your help, but please do not complete the survey for submission at this time. If you are not certain whether you should complete this survey please contact: ecorsten@dal.ca
PART A: GENERAL IMMUNIZATION ATTITUDES

For each of the following statements, please indicate how much you agree or disagree by marking the box that best describes your attitude.

1. Pharmacists' opinions should be sought when the scope-of-practice of pharmacists is expanded to include the administration of vaccines to adults.

2. Provision of immunizations to adults, as is currently done, is adequate.

3. It is important that adults receive all vaccines recommended by Canadian guidelines.

PART B: SPECIFIC IMMUNIZATION ATTITUDES

For each of the following statements, please indicate how much you agree or disagree by selecting the item that best describes your attitude.

4. It is prudent to avoid all vaccines during the first trimester of pregnancy.

5. Increasing the proportion of adults who receive recommended immunizations is important.
6. Media coverage regarding vaccines and chronic diseases has increased my concerns about the safety of vaccines.

7. Natural infection or a healthy lifestyle are effective alternatives to vaccines.

8. Patients should be immunized by a physician the first time they receive a specific vaccine.

9. If I do not receive the influenza vaccine each year, I am at risk of contracting influenza and then can spread it to my patients.

10. Uncertainty regarding the safety of a vaccine is a common reason for not being vaccinated.

11. Getting my annual influenza vaccine is important.

12. Getting tetanus diphtheria toxoid (Td) vaccine (every 10 years) is important.
### PART B CONTINUED

For each of the following statements, please indicate how much you agree or disagree by selecting the item that best describes your attitude.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Disagree</th>
<th>Somewhat Disagree</th>
<th>Neither Agree nor Disagree</th>
<th>Somewhat Agree</th>
<th>Strongly Agree</th>
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<tbody>
<tr>
<td>13. Vaccines produce more health benefits than health risks.</td>
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<td>14. Vaccines are adequately tested for safety.</td>
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<td>15. Serious adverse reactions to vaccines are rare.</td>
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<td>16. I am frequently asked by patients to provide information or advice about vaccines.</td>
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<td>17. I am comfortable responding to my patients' questions about vaccine side effects.</td>
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<td>18. If pharmacists were permitted to administer vaccines to adults, the proportion of adults who receive recommended immunizations would increase.</td>
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<td>19. Patient access to adult immunization services would be improved by permitting pharmacists to</td>
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<tr>
<td>Question</td>
<td>Responses</td>
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<td>administer recommended vaccines.</td>
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<td>20. I received adequate teaching/training about vaccine indications and contraindications during my pharmacy training.</td>
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<td>21. Pharmacists should be permitted to expand their practice to include administration of recommended adult vaccines.</td>
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<td>22. Formal certification in vaccine administration should be required for pharmacists.</td>
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<td>23. Administration of vaccines is an easily learned technical skill.</td>
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<td>24. Pharmacists require additional training/education to be able to administer vaccines safely.</td>
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<td>25. If pharmacists were permitted to immunize, most adults would feel comfortable receiving their recommended vaccinations from a pharmacist.</td>
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26. With no additional training or education, I would feel comfortable administering adult vaccinations.

PART C: PRACTICAL IMPLICATIONS OF VACCINE ADMINISTRATION FOR PHARMACISTS

We are interested in your opinions regarding the practical implications of vaccine administration by community pharmacists.

Please mark the appropriate box to answer the following questions.

27. At this time, if you were legally permitted by your province’s or territory’s legislation to administer vaccines to adults, would you choose to incorporate this service into your practice/business?

☐ Yes
☐ No
☐ Unsure

28. What are your concerns about incorporating vaccine administration into your practice at this time? Please mark the boxes next to ANY of the answers you feel apply to you. (You may mark more than one).

☐ Too costly
☐ Reimbursement concerns
☐ Lack of pharmacy space to store vaccines
☐ Lack of pharmacy space to administer vaccines
☐ Uncomfortable with seeing/using needles and blood
☐ Sharp safety concerns
☐ Needle disposal concerns
☐ Uncomfortable performing procedures in general
☐ Time needed for professional development and training
☐ Costs associated with professional development and training
☐ Liability and malpractice concerns
☐ Do not feel it will serve the public
☐ Insufficient staff or resources to implement
Lack of knowledge of vaccine indications and contraindications.
Lack of knowledge of how to administer vaccines safely
Lack of knowledge of adverse events after immunizing
Lack of knowledge of how to manage adverse events after immunization.
Record keeping
Benefits do not outweigh the risks
Other

If you indicated other, please describe:

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29. If an immunization training or certification program was available to you, please mark the box next to ANY of the situations below you feel would apply to you. (You may mark more than one).

- I would vaccinate in emergency situations (e.g. influenza pandemic).
- I would vaccinate in a collaborative framework were a physician recommends a vaccine first and then I administer the vaccine.
- I would vaccinate in a collaborative framework where a physician vaccinated the first time and I could provide all subsequent vaccinations of the same vaccine.
- I would be comfortable administering influenza vaccine only.
- I would administer travel vaccines.
- I would not vaccinate under any circumstances.

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PART D: PHARMACIST RELATED FACTORS IMPACTING IMMUNIZATION PRACTICE

If pharmacists were permitted through legislation to administer vaccines in your province or territory, please indicate the degree to which you feel the following factors would be problematic in the beginning phases of such a practice shift.

Mark the box for each statement which you feel most accurately reflects your belief.

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30. Concern about legal liability

- Not problematic
- Mildly Problematic
- Moderately Problematic
- Very Problematic

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31. Reimbursement Issues (pharmacists' and staff time, vaccines and supplies, etc.)

- Not problematic
- Mildly Problematic
- Moderately Problematic
- Very Problematic
<table>
<thead>
<tr>
<th>Question</th>
<th>Not problematic</th>
<th>Mildly Problematic</th>
<th>Moderately Problematic</th>
<th>Very Problematic</th>
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<tbody>
<tr>
<td>32. Availability of staff support</td>
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<td>33. Owner or management support for needed training, education, practice change</td>
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<td>34. Support of physicians</td>
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<td>35. Pharmacists' current level of knowledge (before extra training) of indications and contraindications to immunization</td>
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<tr>
<td>36. Pharmacists' current level of training to administer vaccines</td>
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<td>37. Availability of pharmacy space to administer vaccines</td>
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<tr>
<td>38. Availability of pharmacy space to store vaccines</td>
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<tr>
<td>39. Level of customer interest in pharmacy-based immunization services</td>
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<td>40. Availability of a physician who would agree to give standing orders or provide protocol oversight</td>
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</table>
### PART E: PATIENT RELATED FACTORS IMPACTING PHARMACISTS AS POTENTIAL IMMUNIZERS

If legislation were passed allowing pharmacists to administer vaccines to adults, please indicate the degree to which you feel the following factors would be problematic for your customers or patients.

Mark the box that most accurately reflects your belief.

<table>
<thead>
<tr>
<th>Question</th>
<th>Not problematic</th>
<th>Mildly Problematic</th>
<th>Moderately Problematic</th>
<th>Very Problematic</th>
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</thead>
<tbody>
<tr>
<td>44. Distance to travel to pharmacy</td>
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<td>45. Average wait time for immunization services in the pharmacy</td>
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<td>46. Professional image of pharmacy</td>
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<tr>
<td>47. Confidence in pharmacist’s ability to administer vaccines</td>
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</table>
PART F: OPINIONS ABOUT IMMUNIZATIONS

We are interested in knowing pharmacists’ opinions about immunizations in general. Please indicate how important each statement is to you by marking the box that most accurately reflects your opinion.

As a vaccine provider, how important is it to...

<table>
<thead>
<tr>
<th>Statement</th>
<th>not at all important</th>
<th>somewhat unimportant</th>
<th>neither important nor unimportant</th>
<th>somewhat important</th>
<th>very important</th>
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<tr>
<td>53. ...provide information to an individual or family on the diseases against which vaccines are designed to protect.</td>
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or family on the risks and benefits of vaccines prior to vaccination.

55. ...know the requirements for reporting of adverse events following vaccination.

56. ...instruct patients to inform you of adverse events following vaccination.

57. ...encourage all health care workers to be immunized annually with influenza vaccine.

58. ...continue to vaccinate even if some diseases have disappeared in Canada.

59. ...document the name, date, route, and lot number of the vaccine.
60. ...encourage adults to maintain a copy of their personal vaccination record and present it at each vaccination visit.

61. ...ensure that your adult patients have received all of their required adult vaccines.

PART G: IMMUNIZATION KNOWLEDGE

Given the ever-increasing knowledge and scope of practice of pharmacists, it is important to accurately assess future training needs of Canadian community pharmacists. The following questions are asked of you to aid educators in identifying the training needs of pharmacists, if any, should their scope of practice be broadened to include administration of vaccines to adults. Of the following statements, please indicate true or false, or don't know by marking the appropriate box.

62. Mild illness, with fever, is a reason to withhold vaccinations.

63. Pneumococcal vaccination is contraindicated for asplenic (without a spleen) patients.

64. If a mother is breastfeeding, she should not be vaccinated.

65. Pregnant women who are expected to deliver during influenza season should receive influenza vaccine.
<table>
<thead>
<tr>
<th>Question</th>
<th>True</th>
<th>False</th>
<th>Don't Know</th>
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<tbody>
<tr>
<td>66. Anaphylactic reaction to a previous dose of vaccine is a contraindication to further doses of the same vaccine.</td>
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<tr>
<td>67. Unvaccinated people with mild symptoms of influenza can spread the disease to others.</td>
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<td>68. Current scientific evidence supports an association between vaccines and multiple sclerosis.</td>
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<td>69. One tetanus-diphtheria booster in adults should be replaced with one dose of tetanus, diphtheria, acellular pertussis (Tdap) vaccine.</td>
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<td>70. Adults ≥ 65 years may receive either polysaccharide or conjugate pneumococcal vaccine.</td>
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<td>71. Persons receiving immunosuppressive medications should not receive influenza vaccine.</td>
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<td>72. Improper storage of vaccines may affect the immune response of the vaccine recipient.</td>
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<tr>
<td>73. Influenza vaccine should not be given during the first trimester of pregnancy.</td>
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<td>74. Routine immunization should be delayed in individuals with moderate to severe illness, with or without fever.</td>
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<td>75. Annual influenza immunization is recommended for all health care professionals in contact with individuals in high risk groups.</td>
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</table>
PART G CONTINUED:

For each of the following questions, please mark the boxes next to your response(s), for ALL that you feel apply. YOU MAY MARK MORE THAN ONE RESPONSE FOR EACH QUESTION IF YOU FEEL THERE IS MORE THAN ONE CORRECT ANSWER. IF YOU ARE UNSURE OF THE ANSWER AND DO NOT WISH TO GUESS, PLEASE LEAVE THE RESPONSE BLANK.

76. Which of the following are live vaccines?
- measles-mumps-rubella
- pneumococcal
- hepatitis B
- varicella
- oral polio

77. Which of the following statements are true regarding immunosuppression and immunization?
- It is safe to administer inactivated vaccines to persons receiving large doses of systemic corticosteroids (i.e.- greater or equal to 1mg per kg)
- High -dose inhaled steroids are a contradiction to live vaccines
- Persons with congenital immunodeficiency, leukemia, or generalized malignancy should not receive live vaccines
- An immunosuppressed person may not be protected even if a vaccine has been given.

78. Which of the following vaccine-associated adverse events, reported after immunization with influenza vaccine are contraindications to subsequent immunization?
- oculorespiratory syndrome (ORS)
- anaphylaxis
- generalized rash
- fainting spells

79. Which of the following vaccines should not be given to individuals with an anaphylactic reaction to eggs?
- measles-mumps-rubella
- pneumococcal
- meningococcal
- influenza
- hepatitis B
80. Which of the following statements are true regarding pregnancy and vaccination?

- Live vaccines are contraindicated in pregnancy.
- Inactivated vaccines and toxoids are generally considered safe in pregnancy.
- Pregnant women have an increased risk of allergic reactions after immunization.
- Influenza vaccination is considered safe in pregnancy.

81. Which of the following statements are true about anaphylaxis following vaccination?

- Anaphylaxis occurs following approximately 1/10 000 vaccine doses administered.
- The development of an urticarial skin rash (hives) at the site of vaccine administration may occur as an early sign of anaphylaxis and should be managed as anaphylaxis.
- Prompt administration of subcutaneous or intramuscular epinephrine is the most important step in the management of anaphylaxis.
- Epinephrine should be administered in the same limb as the vaccine.

82. Which of the following is true concerning additives used in vaccines in Canada?

- Thimerosal, a preservative in some vaccines, has been shown to be toxic and has been removed from all vaccines in Canada.
- Trace amounts of antibiotics, such as neomycin, are present in some vaccines to prevent bacterial contamination during manufacturing.
- Aluminum hydroxide is sometimes added to vaccines to increase their effectiveness.
- Formaldehyde is present in some vaccines to render the bacteria or virus inactive.

PART H: CURRENT IMMUNIZATION-RELATED PRACTICES

83. Canadian pharmacists do not currently administer vaccines, but may still provide some vaccine-related services. What ADULT vaccine-related services do you or does your pharmacy provide? Check all that apply.

If after reading the answers you feel you do not provide any vaccine related services check 'I do not provide vaccine related services' only.

- Actively counsel* adults about immunization
- Actively promote routine and recommended immunizations of any type (of any type) for adults through advertisements, flyers, seminars, etc.
- Nurse/physician administered vaccine clinics for adults
- Other

**If Other, please explain**

(* Active counseling may involve an assessment of the patient’s immunization history, recommendations for immunizations, and advising the patient on the risks/benefits and importance of immunizations.)*

If you or the pharmacy where you work provide any immunization services please answer the following questions:

<table>
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<tr>
<th>Question</th>
<th>Never</th>
<th>Rarely</th>
<th>Often</th>
<th>Frequently</th>
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<tbody>
<tr>
<td>84. Please indicate to what degree you spend time performing any immunization related activity (including counselling, educating, promoting, etc.) <strong>during flu season:</strong></td>
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<td>85. Please indicate to what degree you spend time performing any immunization related activity (including counselling, educating, promoting, etc.) <strong>during non-flu season:</strong></td>
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<tr>
<th>Question</th>
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<th>No</th>
<th>Unsure</th>
</tr>
</thead>
<tbody>
<tr>
<td>86. Does the pharmacy where you primarily work have a private patient counseling area?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Unsure</th>
</tr>
</thead>
<tbody>
<tr>
<td>87. Does the pharmacy where you primarily work have a private immunization area where other professionals can administer vaccines?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Unsure</th>
</tr>
</thead>
<tbody>
<tr>
<td>88. Have you ever had a nurse or physician administer vaccines in your pharmacy?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**If YES, in question 88, please indicate the year(s) this occurred.**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Unsure</th>
</tr>
</thead>
<tbody>
<tr>
<td>89. Are you aware of any adverse event or reaction after the administration of a vaccination in your pharmacy?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
90. Please indicate the different types of LOCALIZED adverse events that have occurred in your pharmacy (Mark all that apply)

☐ Redness
☐ Swelling
☐ Rash or Hives
☐ Pain
☐ Other

If other please describe: 

91. Please indicate the different types of SYSTEMIC adverse events that have occurred in your pharmacy? (Mark all that apply)

☐ Immediate hypersensitivity/anaphylaxis
☐ Fever
☐ Muscle Aches
☐ Nausea/Vomiting
☐ Fainting
☐ Other

If other please describe: 

92. Please indicate which of the following ADULT vaccines are administered in your pharmacy by a designated immunizer:

☐ Pneumococcal
☐ Influenza
☐ Tetanus/Diptheria (adultTd)
☐ Tetanus/Diptheria, acellular pertussis (dTap)
☐ Hepatitis A and/or Hepatitis B
☐ Other

If other please describe: 

PART I: DEMOGRAPHICS

The following parts of the survey address demographic information about you and your current practice setting. This information is important so that we can determine how representative the sample of pharmacists returning the survey is
of all Canadian pharmacists. Please answer by marking the most appropriate box.

93. What is your highest level of pharmacy education?

- Bachelor Degree
- Masters
- PhD
- PharmD
- Other

If you chose Other, please explain: *

94. What is your gender?

- Male
- Female

95. In which province or territory do you primarily practice?

- Newfoundland and Labrador
- Prince Edward Island
- New Brunswick
- Nova Scotia
- Quebec
- Ontario
- Manitoba
- Saskatchewan
- Alberta
- British Columbia
- Nunavut Territory
- Yukon Territory
- Northwest Territory
- I am not currently licensed.

96. Where do you primarily practice pharmacy?

- Independently Owned Pharmacy
- Pharmacy franchise
97. Are you a:
- [ ] Owner
- [ ] Manager
- [ ] Staff Pharmacist
- [ ] Relief Pharmacist
- [ ] Clinical Pharmacist

If you chose Other, please explain: 

98. How many years have you worked as a pharmacist?
- [ ] Less than one year
- [ ] 1 to 5 years
- [ ] 6 to 10 years
- [ ] 11 to 20 years
- [ ] 21 to 30 years
- [ ] More than 30 years

99. How many hours per week do you work:
- [ ] Less than 10 hours
- [ ] 11 to 24 hours
- [ ] 25 to 40 hours
- [ ] More than 40 hours

100. For the following questions, please provide the following statistics about your pharmacy. If you do not know, please leave the field blank.

a. Number of staff pharmacists employed (Full-time equivalents) 

b. Number of FTE pharmacy technicians employed

c. Average prescription volume per day:

d. Number of hours per week your pharmacy is open?