Vaccination Delivery by Chain Pharmacies in California:
Results of a 2007 Survey

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California Department of Public Health
Immunization Branch

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Vaccination Delivery in California Chain Pharmacies: Results of a 2007 Survey

Executive Summary

In 1996 the American Pharmacists Association (APhA) launched a national initiative to include vaccination in expanded pharmacist services. Subsequently, a number of states including California have permitted pharmacists to vaccinate. This expanded role for pharmacists, coupled with a rising consumer demand for convenience, may impact vaccination market share at pharmacies over time.

In 2007, the California Department of Public Health (CDPH) Immunization Branch administered a telephone survey to representatives of eight pharmacy chains operating in California to determine the nature and extent of vaccination activity. Key findings include:

- All eight pharmacy chains offered seasonal influenza vaccine at their pharmacies. Seven chains had the pharmacist administering vaccines and one offered facilitated vaccination through a mass vaccinator. The only chain not providing pharmacist-administered vaccinations in 2007 planned to begin doing so by 2008.

- An estimated 1,000 California chain pharmacists working at more than 500 pharmacies have already been trained to vaccinate. The percent of each chain's pharmacists trained ranged from 8% to 61%.

- All chains that currently vaccinate required their pharmacist vaccinators to complete training in the American Pharmacists Association (APhA) Pharmacy-based Immunization Training Program and complete annual or biannual Basic Life Support (BLS).

- At least half the chains offered vaccines against pneumococcal pneumonia, tetanus, diphtheria, pertussis, Hepatitis A, and Hepatitis B. Fewer offered vaccines against human papillomavirus (HPV), meningococcal disease (MCV4/MPSV4), measles, mumps, rubella (MMR), shingles, or travel vaccines. Several had plans to add more vaccines to their offerings in the next 12 months.

- Most patients must pay out-of-pocket for vaccinations at chain pharmacies. All chains billed Medicare, but fewer billed Medi-Cal or private insurance.

- Chains differed in the age of the patients they are allowed to vaccinate per protocol. While all seven chains immunized adults, only four immunized adolescents or preteens, and none immunized children younger than age nine.

- All chains had procedures for communicating medical information about the vaccination to the patient's primary care physician, although methods varied and this was not always performed automatically. Only half the chains required that the vaccinating pharmacist update the patient's vaccination record card, but all gave printed information to the patient as a record of their vaccination.

- All chains operated under signed protocol from a licensed California physician, used a standardized screening form, obtained consent prior to vaccinating, gave Vaccine Information Statements to patients, and maintained a vaccine administration record. Protocols were reviewed and guidelines were consistent with ACIP recommendations.

- Pharmacy chains expressed interest in improving communication about vaccinations with the medical community, partnering with local health jurisdictions to increase public awareness about vaccinations, and assisting with emergency preparedness for mass vaccination.

Background

Vaccination at pharmacies is an emerging trend in the U.S. The American Pharmacists Association (APhA) first launched their National Certificate Training Program for Pharmacists on Immunization Delivery in 1996 (Hogue et al. 2006). A 2006 survey found that 41 states had formal laws permitting vaccination by pharmacists, and several others were working on legislation (Kim et al. 2006). As of April 2008, 48 states now allow pharmacists to vaccinate. In 2006, APhA, together with the Academy of Managed Care Pharmacy (AMCP) and the National Association of Chain Drug Stores (NACDS) held a national *Pharmacy-Based Vaccination Summit* bringing together speakers from pharmacy, health insurance, and public health.

Despite these measures, the acceptance and awareness of pharmacy vaccination services remains low among physicians. Health care providers may not be aware of pharmacy vaccinators in their communities. Some providers remain uneasy about pharmacists providing vaccinations due in part to the concern that medical care best resides with a patient's primary care physician (PCP) (Szilagyi, 2008, American Academy of Pediatrics 2006, Welch et al. 2003, Blake et al. 2003). However, there appears to be more acknowledgment by public health. The National Vaccine Advisory Committee and Director of the National Center for Immunization and. Respiratory Diseases have indicated support for pharmacy delivery of vaccination (Poland et al. 2003; Schuchat 2006).

A survey commissioned in 2003 by the California Department of Public Health Immunization Branch indicated that the practice of administering seasonal influenza vaccine in California chain pharmacies was widespread, but other routine vaccines were rarely available (Tootlian 2003). With the recent introduction of several new vaccines, vaccination practice has been undergoing a paradigm shift. What used to be primarily an activity targeted toward children and seniors has now has broadened to include all ages.

Preteens and adolescents are among the hardest-to-reach health care consumers (Middleman 2007, Fishbein 2006). According to one study, 20% of adolescents have no medical home and the same percentage have forgone medical care over the past year (Yeh 2005). For those that do receive medical care, missed opportunities to vaccinate represent an ongoing challenge (Society for Adolescent Medicine, 2006). An expert panel recommended including pharmacies among complimentary vaccination sites to better reach adolescents. (Schaffer et al., 2008)

Vaccinating adults also has been difficult. Lack of health coverage or a stable medical home may be one reason—especially for younger adults. Young adults age 19 to 29 are among the least covered by health insurance, and non-elderly insurance coverage appears to be decreasing overall (Collins et al. 2007, Fronstin 2007). Despite Medicare coverage, older adults also tend to be under-immunized. Recent data indicate that pneumococcal vaccination rates among seniors are suboptimal: more than three in ten adults age 65 or over reported that they had not received their recommended pneumococcal vaccination (Klabunde et al. 2007).

Consumer convenience is an important factor contributing to the expansion of health care services in retail settings (Malvey & Fottler 2006). Pharmacy-based vaccination may offer both convenience and access advantages to adult and adolescent hard-to-reach groups (Sokos 2005, Rust et al. 2005, Neuhauser et al. 2004, Babb & Babb 2003, Gatewood et al 2003, Kamal et al. 2003, Marquess 2003, Grabenstein 1998). The rise of retail clinics entering the market also suggests offering convenience is a way to reach some health care consumers (Scott 2007). Uninsured adults may pay less for a single vaccination at the local drug store than at the doctor's office, where an additional visit charge would also be assessed (Postemia & Brieman 2000). Nonetheless, convenience may not offset out-of-pocket costs for price-conscious consumers, especially as newer vaccines rise in cost.

In June 2007, the CDPH Immunization Branch collaborated with the University of Southern California (USC) School of Pharmacy to design and conduct a survey of California's chain pharmacies. The objectives of this survey were to:

- Define the scope and geographic distribution of vaccination services at California chain pharmacies.
- Learn which vaccines are being offered and what operational protocols are in place including minimum ages served, training requirements, patient screening and other practice standards.
- Establish contact with these large corporate entities, gauge their interest in receiving additional vaccine-related information from the State, and in collaborating on various outreach and policy or practice issues in the future.

Methods

A telephone survey instrument was developed (Appendix 1) and used to interview key respondents in June and July of 2007 at eight pharmacy chains with stores in California: Albertson's/Supervalu, CVS/Pharmacy, Long's Drugs, Ralphs, Raley's, Rite Aid, Safeway, and Walgreens . Respondents were state-level corporate managers with responsibility for overseeing their company vaccination programs and serving as liaison to pharmacist vaccinators. Respondents were also asked to supply additional information on vaccine usage, pharmacy store locations, and screening and protocol documents. Responses and supplemental information were compiled and summarized in a collaborative effort between CDPH and USC. Analysis of data is intended to show trends and to give an overview of pharmacy-based vaccinations in California. No chains are identified by name.

Results

Locations and Vaccination Availability

Eight California pharmacy chains, representing over 2,500 store locations statewide, were surveyed. All eight chains offered influenza vaccination from either staff pharmacists or outside contractors, typically from October to December.

Staff pharmacists at seven of the eight chains offered additional vaccinations year-round at 538 (22%) store locations. The remaining chain planned to begin vaccination services within the next year. (It was subsequently confirmed that vaccination services began at this last chain in Fall 2008.) Each of the seven chains providing vaccinations allowed clients to either walk-in or make appointments for shots. Two chains also provided in-store clinics where nurse practitioners provide routine health care services that include vaccination.

Ages Served

All chains offered vaccinations to adults, whereas only four offered them to teens or preteens. Minimum ages served varied from nine to 18, depending on the chain.

Table 1. Minimum Age at Vaccination, California Pharmacy Chains, 2007

Minimum age to receive Vaccine at pharmacy	No. of chains
9 years	1
11 years	2
14 years	1

Workforce and Training

Approximately 1,000 pharmacists at chain pharmacies in California have been trained to administer vaccinations. The proportion of each chain's pharmacists who received vaccination training varied from 8% to 61%. All chains required their vaccinators to complete the APhA "Pharmacy-based Immunization Program" and Basic Life Support (BSL). Six of seven chains also required annual training in blood-borne pathogen exposure precautions.

All California pharmacists are required to complete 30 units of continuing education (CE) every two years, although there is no CE requirement related to vaccination. Four chains reported offering in-house vaccination-related training opportunities to their pharmacists. Only one chain *required* its

vaccinating pharmacists to complete annual CE units related to vaccination. Four chains said they announced training opportunities to their pharmacist workforce; two chains offered incentives for CE.

All chains said that their corporate offices provided vaccine-related information to their pharmacist vaccinators. Information sources were not identified. Four chains have developed intranet communications on vaccination. When asked, six chains indicated they would be interested in receiving and distributing routine updates from CDPH.

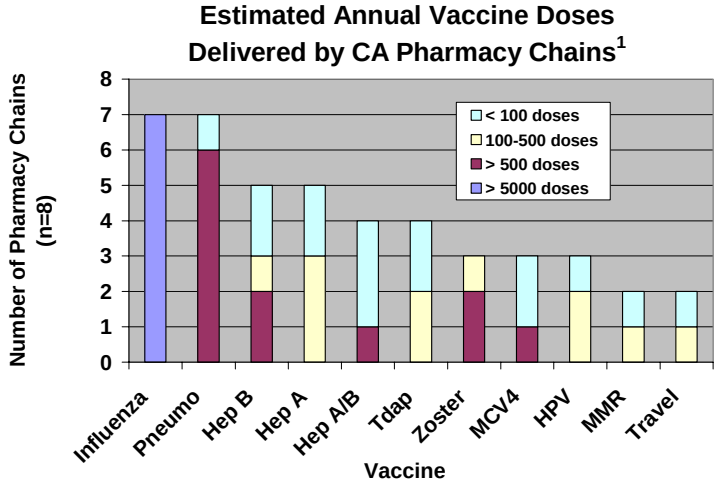
▸ Ability to Pay

Specific estimates on self-pay customers were not available from our survey respondents. Survey respondents provided the observation that pharmacy-delivered vaccinations are given primarily to consumers who pay out-of-pocket. Some noted that a major contributing factor appears to be the limited reimbursement infrastructure available from private health insurers. While all eight chains said that they billed Medicare, five billed Medi-Cal, and just three billed private insurance. Medi-Cal and private insurance reimbursement included fee-for-service plans only, thus excluding public and private managed care networks. Some respondents also mentioned that without reimbursement for vaccine administration fees, these costs must also be passed along to the consumer—creating an additional cost barrier for some patients.

▸ Vaccines Offered

We asked respondents to roughly estimate the number of doses of each vaccine their chain administered during the previous year (Figure 1). Pharmacy sites offering vaccinations varied by chain from a low of 30 to a high of 180. All chains reported using more than 5,000 doses of influenza vaccine. After influenza, pneumococcal vaccine was most often given, with six of seven chains reporting that they administered more than 500 doses in the past year. Two chains each reported administering greater than 500 doses of Hepatitis B and Zoster (Shingles) vaccines, while for all other vaccines, chains reported administering fewer than 500 doses.

Figure 1



▸ Documenting and Sharing Vaccination Records

Sharing information with the patient's medical home remains one of the biggest challenges for non-traditional vaccination venues. All chains reported that they informed a patient's primary care physician about shots given, but the method varied among the chains. Some had more than one way to communicate with the patient's primary care physician. Four chains faxed the record to the primary care physician—with one other chain doing this only "upon patient request." Two chains said they send a letter to the patient's doctor (again, one other chain performed this service only "upon request"). One chain made a routine phone call to the patient's doctor and one said they advise their patients to tell their doctor they got shots. All chains reported that they give the patient a printed record of vaccination.

Table 2. How Pharmacy-based vaccination Information is exchanged with PCP, CA Chain Pharmacies 2007.

Method	# Chains
Fax record to PCP	4*
Send a letter to PCP	2*
Call patient's PCP	1
Tell patient to contact PCP	1

*Excludes 1 doing this only "upon request."

All but one chain reported maintaining paper records of their vaccinations, but all chains maintain electronic records. Four chains had their pharmacists routinely update the patient's vaccination record. All issued a special receipt for the vaccination. In an acknowledgement of the inherent challenges of information sharing, four chains said they were interested in working to build communication bridges with medical providers.

▸ Practice Protocols

Survey respondents also provided their chains' protocols for vaccination services. All included basic support such as screening eligible patients for indications and contraindications, giving a copy of the Vaccine Information Statement (VIS) to each patient, reporting vaccine reactions to the Vaccine Adverse Events Reporting System (VAERS), and having standing orders for epinephrine in case of an anaphylactic reaction. All pharmacies vaccinating patients younger than age 18 had a consent procedure for minors. All protocols are signed by a California licensed physician and were consistent with ACIP guidelines for indications and contraindications. All pharmacies complied with OSHA guidelines on use of engineered sharps, bio-hazardous waste disposal, hepatitis B vaccination of employees, and annual blood borne pathogens training.

▸ Partnership Opportunities

All chains were interested in exploring opportunities to communicate with State public health on a variety of issues. Six chains expressed interest in distributing Immunization Branch information to their pharmacist staff. Six chains were interested in partnering with public health departments to learn more about emergency planning for mass vaccination clinics. Five chains were interested in collaborating on consumer awareness campaigns, either for vaccination in general or for pharmacy-based vaccination services in particular. Five chains were interested in sharing information about their vaccination services on a statewide website. Five chains stated that they would be interested in joining the California Immunization Registry, and two others might be interested if they understood more about the program. Lastly, four chains were interested in "building communication" between vaccinating pharmacies and the medical community to foster greater mutual understanding.

Table 3. Interest in Partnering, CA Chain Pharmacies, 2007.

Partnership Activity	No. of Chains
◆ Receive IZ information from the State	6
◆ Prepare for mass vaccination clinics	6
◆ Assist with consumer awareness on IZ topics	5
◆ Expand consumer awareness of pharmacy IZ	5
◆ Contribute to a statewide website on pharmacy IZ	5
◆ Join the vaccination registry	5
◆ Improving communication with medical providers	4

Discussion

Our 2007 survey of chain pharmacies indicate that vaccination services available at California chain pharmacies have expanded since a prior survey in 2003. Nearly 1,000 trained pharmacists working at over 500 outlets of these chains offer vaccination services. As indicated by the number of vaccinations currently offered at pharmacies compared with 2003, pharmacies are positioning themselves to meet consumers' growing demand for convenience.

While all eight chains continue to offer seasonal influenza vaccine, seven of eight California pharmacy chains had begun to offer many or all of the ACIP-recommended adult and adolescent vaccines. Most doses provided in 2006-07 were adult formulations such as pneumococcal and influenza vaccines. Many chains also offer vaccinations to adolescents, but they currently receive only a small proportion of total doses given at chain pharmacies. No chains vaccinated children under nine years of age.

The survey also indicated that chain pharmacies have the appropriate procedures to support vaccination. All used necessary patient screening forms, required consent for minors, distributed Vaccine Information Statements (VIS), and had procedures for handling and documenting vaccine adverse reactions. All chains also maintained their own record systems for recording patient shots administered and had methods to send vaccination or vaccine-related updates to their pharmacist employees. Additionally, key contacts were interested in receiving additional vaccine-related information from the State that could be distributed to their pharmacist networks.

Key issues regarding cost to the patient and communication of vaccination to the primary care provider need to be addressed. Despite the expansion of pharmacy-based vaccination services, cost remains a potential barrier to greater patient utilization. Only a few of the chains billed private health plans or sought Medi-Cal reimbursement for vaccination services. This suggests that, for most customers, pharmacy vaccinations are paid for 'out-of-pocket'. Such costs may dissuade some potential customers from seeking shots at pharmacies if they are available for free or for at their co-pay amount at their physician's office. Increasingly expensive vaccines may add to the disincentive if consumers have to shoulder more of the cost. It is important that patients be able to use their private insurance where they receive the vaccination.

Exchange of vaccination information poses another potential challenge, since getting records of vaccination back to the patient's primary care provider (PCP) is important for optimal care. Keeping the PCP fully informed, helps HEDIS performance measures, and reduces missed opportunities to vaccinate and avoids redundant shots. While all chains reported that they utilized systems to document vaccination and transferred this information to the patient's PCP, the effectiveness of their methods is not known and should be examined. The respondents reported interest in improving communication with the medical community or joining California's immunization registry, either of which might improve flow of information to primary providers.

Pharmacies also indicated an interest in collaborative efforts to promote vaccination. Many respondents expressed an interest in working on consumer awareness campaigns, as well as on contributing service information to a collective statewide website. Nearly all were interested in assisting with mass vaccination in the case of a public health emergency.

With their convenient neighborhood locations, extended hours, and high consumer traffic, pharmacies provide the public with a convenient location for vaccination. While this report does not provide detailed data on chain pharmacy vaccine utilization or costs, it does provide an overview of vaccination services available at chain pharmacies in California. Ability to maintain a high-volume vaccination practice is likely to necessitate some business practice changes at already busy pharmacies. Continued monitoring of the volume, type, practice protocols, and reimbursement of vaccinations provided by chain pharmacies is warranted. Opportunities for collaboration and information-sharing with chain pharmacy vaccination services are great. Public health can play a key role in recognizing pharmacies as an important emerging player in vaccinating California adolescents and adults. This is a timely issue that merits our attention.

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TELEPHONE SURVEY

CALIFORNIA PHARMACY CHAINS AND VACCINATION PRACTICES

Survey Goals

- To learn what vaccines (besides flu) are being administered at California chain pharmacies and to which age groups
- Determine the magnitude of chain pharmacy delivery of vaccinations in California, including geographical dispersion
- Assess current practices (and barriers) to sharing and updating patient vaccination records between a pharmacy and the patient's medical home
- Develop a communication structure with pharmacy chains delivering vaccinations to enable the Vaccination Branch to distribute up-to-date information and training materials to vaccinators
- Foster relationships with pharmacy chains to partner in delivering consumer vaccination messages and assess opportunities to increase public awareness of pharmacy vaccination services

SURVEY QUESTIONNAIRE

I. Screening Questions

1. How many pharmacy locations does your chain have in California?

2. Does your pharmacy chain currently offer vaccination services in any of your California locations? (*Check all that apply; If b, c or d proceed to question # 3 then end; If a, then proceed to question #4))*
   - ☐ a) Staff pharmacists administer vaccinations (*If yes, proceed to question #4)*
   - ☐ b) Contract vaccination services or flu shot clinics (e.g., Maxim)
   - ☐ c) Other
   - ☐ d) No vaccination services offered

3. If no vaccination services are offered by STAFF PHARMACISTS, do you intend to offer this service within the next 12 months to them?
   - ☐ Yes *(Thank you, skip to question 10-15 rephrasing for future tense and 25-27)*
   - ☐ No *(Thank you, end of survey)*

II. Magnitude/Geographic Distribution of Services

4. Are vaccination services (beyond flu vaccine) offered in <u>all</u> your California pharmacy locations?
   - ☐ Yes
   - ☐ No

5. Is the selection of vaccines offered the same at all your pharmacy locations?
☐ Yes
☐ No

6. Are vaccination services (aside from flu shots) offered year round?
☐ Yes
☐ No

7. How are vaccinations delivered at your pharmacies? (*check all that apply*)
☐ By appointment only
☐ Walk-in on designated days
☐ Walk-in any time the pharmacy is open
☐ Other_____

8. Are your vaccination services provided in an in-store clinic setting where other medical services are also provided?
☐ No
☐ Yes *If yes, who vaccinates?* MD ☐ PA or NP ☐ MA under supervision ☐ Pharmacist ☐

9. Do you bill for pharmacist-administered vaccinations?
☐ No
☐ Yes (*if yes, check which of the following*)
☐ Medicare
☐ Medi-Cal
☐ Private insurance

III. Pharmacist Training Protocols

10. How many pharmacists employed by your chain have received training to administer vaccinations?_____ What percentage is this of your chain's pharmacist workforce in California?_____.

11. Does your chain have a policy to have a minimum number of pharmacist vaccinators in each store location?
☐ No
☐ Yes *If yes*, ☐ 1 per store ☐ 2 or more per store

12. What type of training does your chain require pharmacists to complete in order to provide vaccinations?
☐ APhA Pharmacy-based Vaccination Program
☐ Other ACPE **spell out** approved certificate program
☐ Class/elective in pharmacy school
☐ other (please specify)_____

13. Does your organization require pharmacists to maintain current Basic Life Support (BLS) provider certification to provide vaccinations?
☐ Yes

☐ No

14. Do you provide an annual blood borne pathogens training to your immunizing pharmacists?
    ☐ Yes
    ☐ No

15. Do you require your pharmacists to obtain continuing education related to vaccination practice?
    ☐ Yes. If yes, how many hours per year?_____
    ☐ No

16. Do you offer any support for pharmacist vaccinators to get CEs?
    ☐ Announce training opportunities to pharmacists
    ☐ Offer incentives to complete training (e.g., paid time off work, or reimbursement for attending a training course)
    ☐ Provide an in-house training curriculum or CE programs for pharmacist employees
    ☐ None of the above

IV. Vaccination Services Practice Protocols

17. Do you have age restrictions to vaccination in your protocol?
    ☐ No
    ☐ Yes *If yes, what is the age restriction?*
    _____

18. Do you use a screening form before administering vaccinations?
    ☐ Yes. *If yes, do you maintain it as documentation?* ☐ Yes ☐ No
    ☐ No

19. Do your procedural guidelines for pharmacy vaccinations include any of the following?
    ☐ Giving a Vaccine Information Statement (VIS) to every patient immunized
    ☐ Standing orders for Epinephrine
    ☐ How to respond if patient calls in hours or days after the vaccination to report a vaccine reaction
    ☐ Reporting adverse events using the VAERS system

20. How are vaccine administration records maintained at the pharmacy?
(*Check all that apply*)
    ☐ Vaccine Administration Record (VAR) entered into the pharmacy computer
    (*if yes, can this information be accessed by pharmacists at other stores?*) ☐ Yes ☐ No
    ☐ Paper records are maintained in the pharmacy
    ☐ Pharmacist updates patient's personal vaccination record (e.g. yellow card) or issues a new one.
    ☐ Pharmacist issues a receipt documenting patient vaccination(s) given.

Does the pharmacy staff notify the patient's primary care physician after each vaccination?

☐ No. If no, why not? _____

☐ Yes. If yes, which of the following are used to communicate with the PCP? (*check all that apply*)

- ☐ fax
- ☐ phone call
- ☐ letter
- ☐ patient is told to notify his/her primary care provider
- ☐ electronic transmission
- ☐ other (please specify)_____

21. Do you have a minor consent procedure for immunizing individuals 18 or under?

☐ No

☐ Yes (*If yes, can you send a sample copy of your consent form?*) ☐ Yes ☐ No

22. Do you offer free or discounted influenza vaccination to your pharmacists?

- ☐ Yes
- ☐ No

V. Marketing and Ongoing Communication

23. Does your chain promote your pharmacy vaccination services to consumers?

- ☐ No, nothing from the corporate office
- ☐ Marketing is left up to the local stores
- ☐ Yes (*if yes, please specify*)
  - ☐ ads in newspaper
  - ☐ website URL:_____
  - ☐ direct mail to consumers
  - ☐ in-store signage
  - ☐ pharmacy-area window sign
  - ☐ other (please specify)_____

24. Does your corporate office include vaccine updates or other vaccination-related information in communications to your pharmacist vaccinators?

- ☐ No
- ☐ Yes (*If yes, how?)*
  - ☐ Email
  - ☐ Mass mailing
  - ☐ Individual phone contacts
  - ☐ Other_____

25. If the California Department of Public Health wanted to send timely vaccination information out to pharmacist vaccinators in your chain, who would be the best point of contact?

Name
Title
Mailing address
Email
Phone
Fax

26. If the opportunity arose, would your chain be interested in participating in the California vaccination registry? <*may need to explain what a registry is*>
    - ☐ Yes
    - ☐ No
    - ☐ Maybe, would like to learn more

27. Would you be interested in collaborating with the California Department of Public Health's Vaccination Branch and the California Pharmacist Association Foundation on future projects?
    - ☐ No
    - ☐ Yes (*If yes, are you interested in any of the following issues?)*
        - ☐ increasing consumer awareness of vaccinations in general
        - ☐ increasing consumer awareness of pharmacy-delivered vaccinations
        - ☐ building communication between pharmacies with vaccination services and the medical community;
        - ☐ distributing education and training materials to pharmacist vaccinators
        - ☐ sharing information about your chain's vaccination services on a statewide webpage
        - ☐ partnering with public health to prepare for mass vaccination clinics during a public health emergency
        - ☐ Other_____

TO BE SENT AFTER THE PHONE SURVEY AS FOLLOW-UP

- o "Survey Follow-up Questions" regarding aggregate vaccine usage (*Stress that individual companies will not be linked to data. All data will be presented in aggregate*)

REQUESTED ITEMS FOLLOWING THE SURVEY

- o Completed written questions
- o List in EXCEL (preferably) of pharmacies with addresses
- o Copy of their minor consent procedure
- o Copy of their vaccination protocol (not the signed copy)

SURVEY FOLLOW-UP QUESTIONS

CALIFORNIA PHARMACY CHAINS AND VACCINATION PRACTICES

California Dept of Public Health, Vaccination Branch,
850 Marina Bay Parkway, Bldg. P, 2nd Floor, Richmond CA 94804

Are you the primary contact for vaccination activities in CA? If yes, complete line #1 below. If no, Complete line#1 with your information and line #2 with the primary contact information.

Name & Degree	Affiliation	Title	Address	Phone and Fax#	Email

Which ***pharmacist-administered*** vaccines does your pharmacy chain offer in California?

Vaccine type		**Doses (last 12 mos – aggregate for all locations)**		
Offer now	**Plan to offer in next 12 months**	**<100 doses**	101 – 500 doses	**> 500 doses**
☐	☐ **Pneumococcal**			
☐	☐ **MMR** (measles, mumps, rubella)			
☐	☐ **Dtap (**pediatric diptheria, tentanus & pertussis)			
☐	☐ **Tdap** (adolescent/adult tetanus, diphtheria & pertussis)			
☐	☐ **Td** (tetanus)			
☐	☐ **Hepatitis A**			
☐	☐ **Hepatitis B**			
☐	☐ **Twinrix** (Hep A & B combo)			
☐	☐ **HPV** (Human Papillomavirus)			
☐	☐ **MCV4 (**meningococcal)			
☐	☐ **Zoster** (shingles)			
☐	☐ **Travel vaccines**** **Do you give Yellow Fever vaccine: ☐ Yes ☐ No**			

*** Travel vaccines include: Yellow fever, Japanese Encephalitis, polio, typhoid, and rabies*

Influenza Vaccine. *Check*: (We offer: ☐ Injectable ☐Nasal Spray)		***Last Influenza Season***		
Offer now	**Plan to offer in next 12 months**	**<500 doses**	501 - 4,999 doses	**> 5000 doses**
☐	☐ **Influenza**			

Please return this questionnaire by email (goad@usc.edu), fax (323-442-3431) or mail (Tammy Pilisuk, California Dept of Public Health, Vaccination Branch, 850 Marina Bay Parkway, Bldg. P, 2nd Floor, Richmond CA 94804)

- ☐ A list (EXCEL spreadsheet preferred) of your California pharmacy locations (with addresses). Please indicate in the last column if vaccination services are available or will be available in the next 12 months
- ☐ A copy of your vaccination services screening form
- ☐ A copy of your consent for vaccination form
- ☐ Unsigned copy of your vaccination protocol

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Thank you for your participation in this survey! If you have any questions, please call Jeff Goad at (323) 442-1907.

Please return this form and requested attachments by July 20, 2007