

Iowa-AAP Position on Pharmacy Administration of Childhood Vaccines

[SF 2322](#) will permit pharmacists to administer the second and third doses of HPV vaccines to children 11 years or older (see page 5, lines 18-22). Any pharmacist administering this vaccine shall consult the state immunization registry, report any immunization to the patient's primary health provider, and register the immunization. An anticipated amendment, not yet filed, will give pharmacies authority to administer other vaccines.

The Iowa Chapter of the American Academy of Pediatrics opposes this expansion of pharmacy administration of immunizations for several reasons:

1. Patient visits to receive vaccines provide pediatricians with the opportunity to discuss potential health concerns and behaviors, as well as complications from the vaccine. This opportunity is especially important with teen patients, who visit doctors less frequently but face significant health risks on which pediatricians can provide counseling.
2. Missing well visits may compromise a pediatrician's ability to address patient mental, as well as physical, health. Recent American Academy of Pediatrics guidelines stress the importance of attending to the mental health of teens and recommend routine screening for depression.¹
3. Pharmacy staff are not trained to do full care around immunizations, such as counseling or caring for complications. Pharmacies also often fail to register the immunization or contact health providers.
4. If the legislature enacts current anti-opioid legislation (see [HF 2377](#)), pharmacists will have substantial additional responsibilities for registering the dispensing of controlled substances. These additional responsibilities may compromise their ability to comply with vaccine registration.
5. There is no evidence that expanding pharmacy administration of vaccines increases the overall rate of immunization. Indeed, a 2016 study published in *Vaccine* found no increase in adult influenza immunization rates.²
6. Primary care physicians are held accountable for immunization rates, not pharmacies. This legislation would compromise the ability of physicians to meet their obligations.

¹ See <http://pediatrics.aappublications.org/content/pediatrics/early/2018/02/22/peds.2017-4081.full.pdf>.

² See <http://www.sciencedirect.com/science/article/pii/S0264410X16302419>.