

CONVENTION 2021

Giving it your best shot:

COVID-19 AND MENTAL HEALTH ISSUES IN PHARMACY PRACTICE

COVID-19, THE TOLL ON LONG-TERM CARE FACILITY RESIDENTS

COVID-19 VACCINES: WHO, WHAT, WHEN, AND WHERE

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Georgia Pharmacy The Journal of the Georgia Pharmacy Association

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From the CEO

The Best Ships are Friendships



BOB COLEMAN

Tom Menighan, former CEO of APhA, once opened a meeting I attended with an old Irish proverb. It went something like this:

“There are good ships, and wood ships, and ships that sail the sea, but the best ships are friendships,

may they always be.”

I believe that proverb best sums up GPhA's 2021 Georgia Pharmacy Convention. While engagement has always been a part of convention, in the past, education has seemed to take center stage with convention participants anxious to obtain their CE credits.

This year, it was clear that engagement far exceeded any of GPhA's other pillars! Over and over, members told me how great it was to be back together again with friends and family. In between CE programs, the hallways were full of members greeting each other with smiles and hugs. It was a scene that played out many times during the four days of convention.

In between engagement and education, members found time to have some fun too! From the Pharm-a Sea sand castle building contest (congratulations Mercer Bears), to Bid at the Beach (silent auction) (did you get outbid?), to listening and dancing to a great 10 piece band (who knew pharmacists were great dancers?), the opportunity to leave work and COVID-19 behind for a few days was appreciated by all.

Student pharmacists from all four Georgia colleges/schools attended. If you ever have any doubts about the future of the profession, just spend five minutes with one of these student pharmacists and watch your doubts turn to wonder. Rest assured the future is in good hands.

Congratulations to all our award recipients, but especially to the winners of our three new awards. Liddy Cronin received the Jim Bartling Student Pharmacist of the Year,

Lindsey Welch of UGA, Faculty Member of the Year, and Melissa Ellington, Pharmacy Technician of the Year.

Keynote speaker Kevin Brown taught us that heroes are not ordinary people doing extraordinary things, but rather extraordinary people that choose not to be ordinary. It was such an honor to sit in a room with over 200 pharmacist, pharmacy technician, and student pharmacist heroes. I encourage you to read his book, *The Hero Effect*.

And occasionally, I was asked if I was disappointed that not all our members came to convention. That answer is simple, “No, I'm not disappointed at all. I'm actually a little sad.” I'm sad that those members missed an opportunity to be refreshed and uplifted as the last 18 months or so has surely created that need. I hope that if you haven't come to convention in the past, you'll come. If you've come, but not recently, give it another try. I think you'll find it to be very different than you remember.

To all in attendance, and especially our sponsors and exhibitors, our sincere thanks for taking a leap of faith and coming to convention this year. My sincere thanks to the GPhA Board of Directors and staff, who once again showed what an extraordinary group of people I am fortunate to work with.

The convention issue is primarily a picture essay of what happened over the four days of convention. We hope you enjoy it. If you liked convention as much as I did, please encourage your friends who didn't attend this year to come next year. Enjoy! 📺

Bob Coleman is Chief Executive Officer of the Georgia Pharmacy Association.

WELCOME NEW MEMBERS

By **Mary Ritchie, GPhA Director of Membership**

Gholam Bakhtiari, Atlanta
Yamma Brown, Savannah
Paige Clark, Wilsonville, OR
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Carolyn Lunsford, Greenboro
Blake Sears, Monroe
Lindsey Whitworth, Suwanee

Academy of Employee Pharmacists

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Lindsay Boatright, Thomaston
David Bowling, Dalton
Lewis Clark, Waycross
Dustin Cooper, Senoia
Amber Dietrich, Savannah
Ukoshobera Gbenedio, Atlanta
Sydnee Hewitt, Flowery Branch
Patrick Holt, Kathleen
Nnenna Kalu, Sandy Springs
Jordan Khail, Atlanta

Shawn Konwick, Ringgold
Cheryl Odom, Ooltewah, TN
Carrie-Anne Wester, Savannah
Julius Williams III, Smyrna
Brian Yardman, Ellabell

APT-Academy of Pharmacy Technicians

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Jenny Benavides, Woodstock
Que'Erris Cave, Austell
Carol Coleman, Atlanta
Charita Cummings, Milledgeville
Amy Dewberry, Villa Rica
Sara Kate Helton, Oxford
Kameron Hicks, Macon
Elisa Johnson, Powder Springs
Jeanclia Joseph, Woodstock
Dytra Kennebrew, Bonaire
Kelly Kishpaugh, Buford
Shalanda Mathis, Valdosta
Jennifer Minis, Ellabell
Katrina Nelson, Union City
Liliane Noundjio, Hiram
Iyabode Oyebeade, Douglasville
Christeena Platt, Dudley
Devon Spires, Quitman
Monica Suhendra, Atlanta
Olivia Vattelana, Roswell
Paula Webb, Commerce



These are the newest members of GPhA's President's Circle — people who recruit their fellow pharmacists, technicians, academics, and others to become part of the association. Recruit a member and join!



GOLD
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SILVER
Nikki Bryant, Preston
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August 29

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September 24

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SEPTEMBER

September 19

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September 25

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OCTOBER

October 3

Pharmacy-based Point-of-Care Testing Certificate Program

October 22-24

Leadership GPhA

October 24

AIP Fall Meeting

OCTOBER/NOVEMBER

Region Meetings

DECEMBER

December 5

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GIVING IT YOUR BEST SHOT: COVID-19 and Mental Health Issues in Pharmacy Practice

BY MERRILL NORTON, PharmD, CMAC, Clinical Associate Professor Emeritus, University of Georgia College of Pharmacy (Courtesy of PharmWell, a Georgia Pharmacy Foundation Professional Health and Wellness Program)



THE TALE OF TWO EPIDEMICS

The two current public health epidemics in America today are COVID-19 and opioid overdoses, with the increased development of substance use disorders and suicidality. Most Americans (80%) have a basic understand-

ing of COVID-19, but less than 30% understand the diseases of substance use. Prevention measures were provided daily in your community about COVID-19 (wash your hands, wear a mask, social distancing, etc.). We regularly track COVID-19 stats, from cases to deaths to recovery. Much less is being tracked for substance use disorders.

GRIM STATISTICS FROM NIH

One recent analysis of nationwide surveillance data, collected by the federal National Institute of Health (NIH) Overdose Detection Mapping and Application Program, found that suspected drug overdoses rose by:

- 18 percent in March 2020
- 29 percent in April 2020, and
- 42 percent in May 2020, as compared to the same months in 2019.

Another analysis of state and local mortality data showed that drug-related deaths have increased about 13 percent so far this year, compared to the prior year, with over 80,000 overdose deaths reported over the last 12 months. The grim national statistic reports 435 people successfully commit suicide daily in the United States.

STRESS IS COMMON

If we look at the psychosocial stressors and COVID-19 from a world view (from the World

Health Organization), it is common and normal for individuals to feel stressed and worried in response to any disease outbreak. It's true for previous flu epidemics and it's true for COVID-19. People feel stress when diagnosed with diabetes or heart disease.

There are specific stressors particular to the COVID-19 pandemic.

- Rumors and misinformation (especially on social media sites) add to the stress load.
- School closures and restrictions of children's activities have greatly impacted parents.
- Travel restrictions: We are a society on the move, especially in the last 20 years, and travel restrictions have taken a toll. To be told you can't travel or visit your relatives is extremely stressful.
- Physical isolation and quarantine, causing people to stop what they are doing and quarantine for a minimum of 14 to 21 days can be costly and create separation anxiety.
- Deterioration of trust in government agencies and social networks is ongoing, as we are left unsure of whether to wear a mask or not, for example.
- Avoidance of health facilities because of fear of contracting COVID. Many have not seen their regular physicians for more than a year, not kept up with routine check-ups and their medications, and have put off surgeries.
- Risk of relapse in pre-existing health conditions (including mental health) is a factor.
- Weight gain, because people are at home, bored, and eating more. They call it the COVID 15 phenomena, where the average American gained 15 pounds.

COMMUNITY PHARMACIST CONTRIBUTIONS

According to an American Pharmacists Association (APhA) study, community pharmacists have

made significant contributions in dealing with the pandemic. One of the biggest contributions is preventive care, taking measures to reduce the health risks posed by the pandemic. The first thing is to provide factual and reliable information on the disease and associated symptoms.

Another is to educate the public on infection control and preventive measures to reduce transmission (e.g. hand hygiene, social distancing, self-isolation), and now that we have the vaccine, to step up and vaccinate. They also implemented infection control measures in their physical spaces, such as cleaning and disinfection of the pharmacy environment, limiting public access to the pharmacy, and providing contact barriers such as plastic shields at their counters.

Community pharmacists have been the first in their local areas to mount a pandemic response, making changes to keep their doors open. Pharmacists are a critical referral pathway for patients suspected of COVID, passing them along to get the critical care they need.

Meanwhile, pharmacists continue to supply over the counter and prescription medications to patients (including emergency supply of repeat medications). Pharmacists were nimble and adjusted with dexterity to supply shortages, such as sourcing therapeutic alternatives, preparing alcohol-based hand sanitizer formulations, etc.

Pharmacists can also help with the recovery, as we return to normal activities post-pandemic.

Pharmacists can re-establish normal services and stock levels, identify and prioritize the case of vulnerable patient populations, and ensure patients have valid prescriptions on file.

PHARMACISTS AS A TRUSTED INFORMATION SOURCE

Patients continued to rely on their trusted, local pharmacists, deemed “essential businesses” during the pandemic. A May 2021 survey from the Alliance of Community Health Plans found that 49% of respondents said they felt “very comfortable” picking up prescriptions at their pharmacy and speaking with a pharmacist. Pharmacists are one of the most respected professions and through this pandemic, this has continued and even been enhanced. The lack of in-person access to physicians during this time has led to an increased reliance on pharmacists, especially to answer questions in an appropriate time frame.

WHAT PHARMACISTS CAN DO ABOUT MENTAL HEALTH CONCERNS

Mental Health America provides public mental health screening for a variety of issues, such as depression, anxiety, bipolar disorder, PTSD, alcohol and substance use, youth and parent issues, psychosis, eating disorders, and postpartum depression. The depression and anxiety screenings are also offered in Spanish. The online screening



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reflects the experience of a help-seeking population that access screening through a website, <https://screening.mhanational.org/screening-tools>. It should be noted that the numbers are under reported because it reflects only those individuals seeking help and only those who utilized the screening tool.

From February to August 2020, 388,961 people screened moderate to severe for depression or anxiety, over and above what we would have expected prior to the pandemic. Additionally, 60,233 people screened at risk for psychosis, over what we would have expected pre-COVID. Since March, 131,122 depression screeners reported suicidal or self-harm thinking on more than half of the days. This is a big issue, causing us to ask ourselves, what can we do to make sure our patients live until tomorrow?

The numbers are staggering.

- **+709%:** The daily number of depression screenings was 709% higher in August 2020, than in January of the same year.
- **+535%:** The daily number of anxiety screenings in August 2020 was 535% higher than in January, before the pandemic stress began.
- **79%:** There were more than 48,000 severe anxiety screens (79%).
- **85%:** There were more than 94,000 moderate-to-severe depressions screens (85%).

The impact on mental health is more pronounced in young people (under 25 years of age). This population is highest at risk.

- **90%:** 9/10 screenings are moderate to severe depressions
- **80%:** 8/10 screenings are moderate to severe anxiety
- Loneliness and isolation are cited as the number one cause of moderate to severe depression (74%) and anxiety contributed (64%) to the majority of mental health problems “right now.”

THOUGHTS OF SUICIDE AND SELF-HARM ARE AT EPIDEMIC LEVELS

In August 2020, more than 41,000 screenings reported thinking of suicide or self-harm on more than half of the days to nearly every day, with over 24,000 reporting daily thoughts. Despite an increase in screenings, severity continued to track higher than pre-pandemic baselines. Special populations, including LGBTQ, caregivers, students, veterans/active duty, and trauma survivors experienced high levels of anxiety and depression. The problem is not just with depression and anxiety, other health conditions have

skyrocketed. As an example, psychosis screenings increased by 76%.

MENTAL HEALTH FIRST AID

According to Express Scripts, anti-anxiety prescriptions jumped 34% and anti-depressants rose 19% in the one month between February 16 and March 15, 2020. In response, pharmacists are being trained to address mental health concerns using a program called Mental Health First Aid. It is a public education program that teaches risk factors and warning signs of mental illness and builds an understanding of the impact. This 8-hour course uses role-playing and simulations that demonstrate how to offer initial help in a mental health crisis and connect persons to the appropriate professional, peer, social, and self-help care. The program also teaches the common risk factors and warning signs of specific types of illnesses, like anxiety, depression, substance use, bipolar disorder, eating disorders, and schizophrenia. www.MentalHealthFirstAid.org.

COVID-19 AND MENTAL HEALTH

The Covid-19 pandemic and the resulting economic recession have negatively affected many people’s mental health and created new barriers for people already suffering from mental illness and substance use disorders. In July 2020, Mental Health America found that many adults are reporting specific negative impacts on their mental health and well-being, such as difficulty sleeping (36%) or eating (32%), increases in alcohol consumption or substance use (12%), and worsening chronic conditions (12%), due to worry and stress over the coronavirus.

SIGNS AND SYMPTOMS

The transformation of normal grief and distress into prolonged grief and major depressive disorder and symptoms of post-traumatic stress disorder is concerning. Prolonged grief disorder is characterized by at least six months of intense longing, preoccupation, or both, with emotional pain, loneliness, difficulty re-engaging in life, avoidance, feeling life is meaningless, and increased suicide risk. Each COVID-19 death leaves an estimated nine family members bereaved, which projects to an estimated two million bereaved individuals in the USA. Thus, the effect of COVID-19 deaths on mental health is profound.

COMMUNITIES OF COLOR

The pandemic’s mental health impact has been pronounced among the communities of color also experiencing disproportionately high rates

of COVID-19 cases and deaths. Black and Hispanic adults have been more likely than White adults to report symptoms of anxiety and/or depressive disorder during the pandemic. This disparate mental health impact comes in addition to Black and Hispanic communities experiencing disproportionately high rates of coronavirus cases and deaths (overall as well as among health care workers and in nursing homes), and negative financial impacts.

IMPACT ON PHARMACISTS

Last July, APhA launched the Pharmacist Well-Being Index (WBI), a validated screening tool invented by the Mayo Clinic, for the pharmacy profession. At last count, 5,927 pharmacy personnel have taken the WBI. Of these, 34.6% overall were at risk of high distress. Since COVID-19, this number has not changed; however, more individuals are reassessing, as well as accessing the WBI resources. Take the Well-Being Index. <https://www.pharmacist.com/Practice/COVID-19/Well-being>. Invitation Code: APhA.

PRACTICAL TIPS FOR PHARMACIST WELL BEING

Start with appreciation. Be kind to yourself! At the start of your day, write down what you are grateful for. When you get really stressed at work, take a glance at what you wrote. Make time to unwind. Try to do some other activities you enjoy. Connect with others. Talk to people you trust about your concerns and how you are feeling. Connect with your community- or faith-based organizations. While social distancing measures are in place, try connecting online, through social media, or by phone or mail. If you are struggling to cope, there are many

ways to get help. Call your healthcare provider if stress gets in the way of your daily activities for several days in a row. [!\[\]\(339a16584d5da0f0a3ca4e9ec17bf6a1_img.jpg\)](#)

Dr. Merrill Norton is a Clinical Associate Professor Emeritus from the University of Georgia College of Pharmacy with his specialty areas to include psychopharmacology and addiction pharmacy. He has also been a faculty member of the Fairleigh-Dickinson University Postdoctoral Training Program in the Masters of Psychopharmacology, Alliant International University of San Francisco College of Psychology, University of Georgia School of Continuing Education, and Berry College in the areas of Psychopharmacology and Addiction Pharmacy. His area of specialty in addiction pharmacy is the management of chronic pain in the addicted patient.



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COVID-19, The Toll on Long-Term Care Facility Residents

BY JOE ED HOLT, RPH



IN FEBRUARY 2020, a Life Care Center in Washington state ushered in the start of two pandemics that would soon rapidly spread throughout long term care facilities nationwide. Overnight, residents of the Life Care

Center of Kirkland, Washington started to have temperatures spike to dangerous levels. Numerous residents started to complain about not being able to breathe. Then, on February 26, two residents died. It would be days before the cause was finally revealed as COVID-19.

The long-term care setting, unfortunately, provided the perfect environment for the rapid spread of the COVID-19 virus. A large percentage of the residents were elderly, sick, and frail, and whose immune systems were already compromised. They reside in close quarters with roommates and others during congregating dining and activities. The nurses, certified nursing assistants, therapists, etc., live outside of the centers in the community, many with young children, who then come into the facility and interact with the residents. In addition, family members and friends enter the buildings daily to visit. Add all these factors up, allow for a single lapse in infection control, and you have the recipe for a disaster. It's estimated that by November 2020, more than 100,000 long term care residents and staff had died from COVID-19, which accounted for 40% of all deaths from the virus.

Even as COVID-19 raged through the facilities, the second pandemic began to spread. This one was more insidious and, at times, more threatening: loneliness. Even before COVID-19 started its reign of terror, the prevalence of severe loneliness among older people living in care homes is at least double that of community-dwelling populations: 22% to 42% for the resident popu-



lation compared with 10% for the community population. One study found that more than half of nursing home residents without cognitive impairment reported feeling lonely. A study in Malaysian nursing homes using the UCLA loneliness scale found that all residents felt lonely: 25% moderately and 75% severely.

As COVID-19 spread, the tools that are normally used to combat isolation and loneliness were suddenly brought to a halt. The Centers for Medicare and Medicaid Services issued guidance on March 13, 2020, that would restrict visitation of all visitors and non-essential health care workers, except in certain compassionate care circumstances such as end-of-life. In addition, all communal dining and group activities were cancelled as well, to curb the spread of COVID-19. Now, in a population that is prone to isolation and loneliness, all contact with the outside world was cut off and all resident interactions were put on pause. What contact they did have was with staff, who were now dressed in full PPE with masks covering their face. To protect them from the effects of COVID-19, they had become confined to their rooms, dealing with faceless workers.

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Can loneliness be detrimental to health? The answer, of course, is yes. Research by Dr. John Cacioppo and Dr. Stephanie Cacioppo, from the Center for Cognitive and Social Neuroscience at the University of Chicago, has linked social isolation and loneliness to higher risks for a variety of physical and mental conditions such as hypertension, cardiovascular disease, obesity, a weakened immune system, anxiety, depression, cognitive decline, Alzheimer's disease, and even death. According to a study published in the Journal Heart in April 2016, researchers examined 23 studies that encompassed 181,000 adults and found the risk of high-blood pressure caused by loneliness was the same as light smoking and obesity.

Even though the deck was stacked against them, the long-term care industry rose to the occasion in attempts to combat loneliness in their buildings. Video calls with family and friends became the norm during the middle of the pandemic as the centers tried to help loved ones keep in touch with their elderly loved ones. Some buildings allowed family members to come up to the windows of their loved ones so they could be seen and heard "in person." Snail mail became important again as cards, letters, and pictures came rushing in and tried

to keep the residents up to date with all the important family information. As restrictions were loosened, activity departments began to host social distanced bingo, Bible studies, and church services in order to engage. Anything that could be done, the facilities tried in an attempt to give the residents some semblance of normalcy.

Due to COVID-19, the long-term care industry reputation has taken a beating as news reports continued to blast the COVID-19 deaths in long-term care facilities, the lack of visitation, and the overall quality of care in the industry. While there were a minority of buildings that indeed experienced a drop in standards, the majority of the buildings that I have personally worked in, have really done all they could possibly do to protect the lives of the residents, while also trying to combat the risk of loneliness. Nursing staff and certified nursing assistants continued to show up for work knowing they were risking catching COVID-19, in order to take care of their residents and at least give them a little human contact. Staff also had to do their best while dealing with a PPE shortage and decrease in funding in long-term care facilities. It was often an impossible situation, but one that the majority of long-term care facilities met with hard work, perseverance, and love. 📺

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CHRISTINA GREEN TAKES GOLD!



IF YOU HAVE EVER MET CHRISTINA “CHRISSEY” GREEN, you know immediately she is someone special. She’s enthusiastic and charming. She speaks

with an endearing New Orleans’ accent. She wears many hats: pharmacy tech, Mercer Student, pharmacy tech instructor, travel tech for Walgreens, mother, grandmother, and more. She’s GPhA’s newest Gold Level President’s Club Member. She was recently recognized at the Georgia Pharmacy Convention.

The President’s Circle recognizes the men and women who have helped the association expand its membership. GPhA members who recruit their fellow pharmacists, technicians, academics, and others to become part of the association are eligible to be recognized as part of the President’s Circle. To be recognized

as a member of the President’s Circle for a given year, you must recruit pharmacists, technicians, or student pharmacists to join GPhA. Chrissy recruited 11 pharmacy technicians in 2021. That is quite an accomplishment. She has earned up to \$225 value toward convention registration or membership dues.

We asked her how she achieved such a high status and she said, “I believe in the mission of GPhA.” She loves that the association involves all facets of pharmacy, from pharmacists to techs to students, in all practice settings. “It’s bigger than I initially thought,” Green said. She’s delighted GPhA’s Academy of Pharmacy Techs created Tech U, training and networking events geared specifically toward pharmacy techs.

She also likes the association’s diversity. She told us about her family. Her father’s mother is


from Hong Kong and her mother’s father is Cajun French. She has several grandchildren that are of mixed race. Green said, “When I first came to Tech U, it was very diverse, and I was happy to see it. I can see the diversity at the convention. I see the students, engaged and active because they were included.”

She would like to see pharmacy techs get more involved. She asked Bob Coleman, GPhA

CEO, “Where are the techs?” He told her that we need to get the word out there. “That’s something I’d like to do. Pharmacists and techs should be aware there’s someone out there, looking out for you and working on legislative issues to improve the work/life balance. Membership becomes infectious.”

She has the perfect job to be a GPhA ambassador. She is a travel pharmacy technician for Walgreens, and her work takes her to many different locations

and in several states. When she’s filling in, she shares her experience about being a member. She has the GPhA website on her phone ready to go. When she’s talking about GPhA, she opens the website to membership. And before you know it, she’s convinced someone new to join forces with GPhA. She should really be in sales!

She’s her own brand of Energizer Bunny. She has five children, 15 grandchildren, and finds the time to be a student, a teacher, a traveler, and a GPhA ambassador. She recently lost her mother prior to COVID-19 and 21 friends and family members in New Orleans, due to COVID-19. She came to Atlanta to attend Mercer University and a fresh start. She is passionate about what she does and believes in being involved and engaged in community. She believes in the power of positive energy and it shows. 



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Wes Chapman to George Chapman



NASPA Excellence in Innovation: Presented by
Mahlon Davidson to Lindsay McCoy



Faculty Member of the Year: Presented by
Kelly Smith to Lindsey Welch



Bowl of Hygeia: Presented by
Wes Chapman to Laird Miller



50 Years of Pharmacy: Claude Bates, Ed Hackney,
Jeff Lurey, Bill Prather, and Harry Shurley



Legislative Service Award: Presented by Greg
Reybold to Ryan Loke, Ben Watson, David Knight



President's Circle Gold Recognition:
Presented by Bob Coleman to Christina Green



Pharmacists Mutual Insurance Distinguished Young Phar-
macist: Presented by Hutton Madden to Thomas Sherrer



President's Pin: Presented by
Chris Thurmond to Wes Chapman



President's Mate Award: Presented by
Deborah Thurmond to Abigail Embry



Jim Bartling Student Pharmacist of the Year:
Presented by Brian Crabtree to Liddy Cronan

And the Winner is...



Larry Braden Award: Presented by Chris Thurmond to Linda Bartling on behalf of Jim Bartling



Pharmacy Technician of the Year: Presented by Chris Thurmond to Melissa Ellington



GPhA Service Awards: Presented by Wes Chapman to Amy Miller, Ashley London, and Chris Thurmond



NCPA Leadership Award: Presented by Brian Caswell to Mahlon Davidson



Smith Drug Visionary Award: Presented by Sal Graziano to Mahlon Davidson



McKesson Leadership Award: Presented by Bob Coleman to Mahlon Davidson



Joe Mengoni, AIP Pharmacist of the Year: Presented by Ira Katz to Jonathan Sinyard



AEP Member of the Year Award: Tracy Dabbs, Georgia DPH



GPhF Service Award: Presented by Liza Chapman to Tina Chancy. Also receiving awards but not present Michael Azzolin, Mike Crooks, and Renee Smith



20 Years GPhA Service Award: Presented by Ira Katz and Jeff Lurey to Verouschka Bentancourt-Whigham



5 Years GPhA Service Award: Presented by Bob Coleman to Greg Reybold



5 Years GPhA Service Award: Presented by Bob Coleman to Mary Ritchie

Pharm-a-Sea Contest



MANY THANKS!

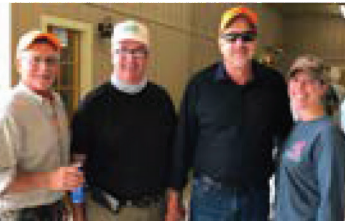
TERESA TATUM, Director of Education and the Georgia Pharmacy Foundation

THANKS TO YOUR GENEROSITY, the Georgia Pharmacy Foundation hosted two successful events at the Georgia Pharmacy Convention, in Amelia Island.

Back by popular demand, Pharm-a-Sea, a sandcastle/pharmacy building contest, featured five teams: Mercer, PCOM, South, UGA, and the Sand Scrapers. The teams toiled in the hot summer sun and sand. The Mercer Bears heavily promoted their creation, a caffeine molecule, with “will dance for ducks,” and came through for first place. The second-place team, Sand Scrapers stole the show with an elegantly carved octo-pharmacist, with eight arms multi-tasking in all directions. Congrats

to April Adams and her engineer hubby, Bryan Adams. The event is mostly about the competition and fun, but also raised \$500 towards Foundation initiatives.

The inaugural Bid at the Beach, a silent auction, was filled with wonderful items, like a weekend at Chez Chapman and a 10-hour deep sea fishing trip with first mate, Mahlon Davidson. Other items included a \$300 bottle of Joseph Phelps Insignia wine, many beautiful gift baskets, pharmacy memorabilia, and more. An anonymous donor donated \$1,000 at the end of the auction to cover the cost of the bidding software and allowed the Foundation to meet its goal of raising \$10,000!



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COVID-19 VACCINES: The Who, What, When, and Where

JANN JOHNSON, PharmD, RPh, J³ Consulting President and Scientific Content Expert



VACCINE OVERVIEW

In the United States alone as of May 28, 2021, there are more than 33 million cases of COVID-19 (SARS-CoV-2) with greater than 590,000 dying from the infection.

Even though currently there are no COVID-19 vaccines approved for use, there is hope in that Emergency Use Authorization (EUA) allows the availability of vaccines. An Emergency Use Authorization (EUA) is a mechanism to facilitate the availability and use of medical countermeasures, including vaccines, during public health emergencies such as the current COVID-19 pandemic. Under an EUA, the FDA may allow the use of unap-

proved medical products or unapproved uses of approved medical products in an emergency. This will serve to diagnose, treat, or prevent serious or life-threatening diseases or conditions when certain statutory criteria have been met, including that there are no adequate, approved, and available alternatives. Taking into consideration input from the FDA, manufacturers decide whether and when to submit an EUA request to the FDA.

With three COVID-19 vaccines available through EUA in the U.S., what is the latest regarding additional vaccine approvals? The chart below encapsulates five products providing information on type, name, manufacturer, dose, storage, EUA availability, efficacy (symptomatic), and efficacy (severe).

Type	Product Name	Manufacturer	Doses Required (Schedule)	Storage	Earliest Potential U.S. Availability	Efficacy (symptomatic)	Efficacy (severe)
Adenovirus Vector Vaccine	Ad26 COV2 S	Johnson & Johnson/Janssen	1 dose	Upward of 3 months in the 36-46° F range	Available	60%	85-100%
RNA Vaccine	mRNA-1273	Moderna/NIAID	2 doses (0, 28 days)	Freeze: Ship and store up to 6 months at -4° F Refrigerate: Up to 30 days at 36-46° F Room temperature: 12 hours	Available	94%	100%
RNA Vaccine	BNT162	Pfizer/BioNTech	2 doses (0, 21 days)	Freeze: Ship and store up to 6 months at -94 to -112° F Refrigerate: Up to 5 days at 36-46° F Room temperature: 2 hours Phase	Available	95%	89%
Adenovirus Vector Vaccine	AZD1222	AstraZeneca	2 doses (0, 28-42 days)	6 months at 36-46° F	Earliest date of EUA approval late March or early April 2021	62-70%	pending
Protein-based Vaccine	NVX-CoV2373	Novavax	2 doses (0, 21 days)	Liquid formation that can be stored at 36-46 F up to 3 months	Potential of an approved EUA by May or June 2021	89.3%	100%

Credit: COVID-19 Vaccine Update, Confidio Insights Article Series, 2020
Note: The AstraZeneca vaccine is available (EUA) in Europe and other parts of the world (April 2021)

MECHANISM OF ACTION: UNDERSTANDING HOW COVID-19 VACCINES WORK

There are three types of COVID-19 vaccines:

- mRNA vaccines
- Protein subunit vaccines
- Vector vaccines

WHAT IS ON THE HORIZON?

1) Covid-19 Vaccines and Children

As adults around the world scramble to get vaccinated against COVID-19, pharmaceutical companies are turning their attention toward one quarter of the population that still has no available shots: children.

In March 2021, both companies began trials in children aged six months to 11 years. Johnson & Johnson recently described plans to test its vaccine in young children and adolescents too.

Given that most kids are at low risk for complications from COVID-19 the need for a pediatric vaccine for the disease may not seem pressing. However, scientists say that the pandemic may never be fully controlled until children are inoculated. When we only vaccinate adults we leave vulnerable “an enormous, immunologically naive population,” says James H. Conway, a pediatrician and associate director for health sciences at the Global Health Institute at the University of Wisconsin School of Medicine and Public Health. Without a pediatric vaccine, “the disease, even if our kids don’t get super sick with it, is going to be there and continue to circulate routinely.”

Researchers are not sure when vaccines for children will be widely available. That will depend on the results of the clinical trials and the Food and Drug Administration’s approval process. Conway says he expects them to be ready for five- to 11-year-olds by early 2022, and for babies and toddlers sometime after that. Perhaps the vaccine for the youngest group will also be available in early 2022.

2) Booster Doses – A Reality?

As of May 28, 2021, over 292 million doses of COVID-19 vaccine have been administered in the U.S. As COVID-19 vaccinations increase drastically in the U.S. experts are keeping a wary eye on the rising number of coronavirus variants. A recent survey of epidemiologists, virologists, and infectious disease specialists found that many worry new mutations of the coronavirus could render current vaccines useless within a year. With the inevitable rise of variants, COVID vaccinations

will need to be continually updated such that an annual booster shot may be required in the foreseeable future.

3) Alternative Modalities

a. Intranasal

All of the COVID-19 vaccines authorized to date are delivered via intramuscular injection. The intranasal vaccines that are now in development could lead to a more diverse vaccine landscape.

Intranasal vaccines could offer key advantages over intramuscular vaccines. First, an intranasal vaccine could trigger a broad immune response that includes both systemic immunity and local immunity in the respiratory tract. Biologically, it makes sense to have a great deal of immunity at the actual site of where an infection starts. Respiratory viruses such as COVID-19 typically first gain a foothold in the nose and in the throat. Generating mucosal immunity would be an advantage of the intranasal approval.

Altimmune recently launched a Phase 1 clinical trial to test its single-dose COVID-19 intranasal vaccine in 180 adult volunteers. Bharat Biotech and Rokote Laboratories are launching their own tests.

b. Oral

Pfizer has initiated a Phase 1 study of a novel oral antiviral therapeutic agent against SARS-CoV-2. In-vitro studies conducted to date show that the clinical candidate PF-07321332 is a potent protease inhibitor with potent anti-viral activity against SARS-CoV-2. This is the first orally administered coronavirus-specific investigational protease inhibitor to be evaluated in clinical studies.

THE PHARMACIST ROLE

Pharmacists play an essential and unique role within the health care team to optimize patient care during this COVID-19 pandemic.

The coronavirus disease 2019 (COVID-19) pandemic has stretched the capacity of the U.S. health care system, increased demand for life-saving medications and exposed disturbing cracks in patient access to care. Over the years pharmacists have worked hard to establish themselves as core members of a patient’s care team. Today, amid the pandemic, how effectively they embrace their role as frontline care providers could change the profession forever.

The last time the world witnessed a novel viral strain was the H1N1 virus, or “swine flu”, pandemic

of 2009. Pharmacists in all 50 states were called upon and granted emergency authorization to administer vaccines. Highly trained pharmacists were empowered to help meet a public health need and demonstrate their ability to serve patients safely and effectively at the point of care. In the years that followed, state legislators took notice and began expanding the pharmacist scope of practice for other public health initiatives. For example, today pharmacists play a critical role in curbing the nation's opioid epidemic by providing naloxone directly to patients at risk for opioid overdose.

History has shown that, when given the opportunity to meet patients where they are in their communities, pharmacists can and do move the needle on patient outcomes. Pharmacists possess deep clinical skills and are highly accessible within the community at thousands of retail locations and across inpatient, outpatient, and emergency treatment settings in hospitals and health systems. This combination puts them in a unique position to help ease the strain on an exhausted health care workforce and overwhelmed delivery system.

Contributions to the health care system during the time of the COVID-19 pandemic include:

- Nationwide administration of COVID-19 tests and vaccines
- Facilitation of investigational drug studies and helping obtain medication through compassionate use protocols
- Education of patients and the public on effective strategies to prevent acquisition and further spread of infection (e.g., optimal hand hygiene, social distancing, staying home if having respiratory symptoms), symptomatic relief, and the best resources for current COVID-19 information (e.g., CDC, local public health departments)
- Serving as drug information experts in evaluating literature related to new or repurposed therapies
- Disease prevention and infection control
- Adequate storage and drug supply
- Patient care and patient counseling
- Support for healthcare professionals, e.g., provision of drug information


A survey (December 2020) by the American Society of Health-System Pharmacists (ASHP) demonstrates the pivotal role that pharmacy is playing in vaccinating Americans against SARS-CoV-2. Through health systems, community pharmacies,

“Leveraging a highly qualified and empowered pharmacy workforce in all care settings is a vital step to expanding patient access to the COVID-19 vaccine.”

long-term care facilities, health departments and on college campuses around the country, pharmacists, pharmacy technicians and student pharmacists are working to vaccinate more Americans. Just under 1,000 members responded. Here are some of the findings:

- Health systems are looking to the pharmacy workforce to expand their pool of immunizers, with nearly 40% of respondents reporting vaccine administration as one of their primary roles during the vaccine rollout
- In more than one-third of facilities, the pharmacy is involved in decisions about prioritizing vaccination, serving as a hub for vaccine distribution to other locations in the state or health system (30%), and data entry into immunization databases (27%)
- 88% of health-system pharmacists and other pharmacy staff are overseeing receipt, storage and handling of vaccines (88%)
- 54% are overseeing coordination and administration of the vaccine to staff (54%)
- 41% are monitoring adverse events and submitting Vaccine Adverse Event Reporting System reports (41%)

As a leader and executive of ASHP summarized, “Leveraging a highly qualified and empowered pharmacy workforce in all care settings is a vital step to expanding patient access to the COVID-19 vaccine.” Additionally, “Pharmacists, pharmacy technicians and student pharmacists serve as knowledgeable and accessible immunization providers in their communities, successfully collaborating with public health officials and other providers to ensure that there is broad protection from worsening and future outbreaks of the disease.”

In essence the pharmacy profession continues to be a trusted and accessible resource for patients, the public and health care professionals during this public health emergency. 

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Oh, What a Night!



Say, You Can Really Dance!



Oh, the Places You Will Go!

ANNA GREEN, PharmD 2021 GRADUATE MERCER

A common question has followed me the last four years through pharmacy school, “What are you going to do when you graduate?”. The answer to that question has changed multiple times since my first year of pharmacy school as I explored different areas of pharmacy and discovered where my passions and interests lie.

Going into my final year as a student pharmacist, I still was unsure of the path I wanted to follow in pharmacy, though I knew that it would involve



pursuing a residency. Having the opportunity to experience a psychiatric pharmacy rotation with the Carl Vinson Veteran’s Administration (VA) Medical Center in Dublin, Georgia, helped to give direction to my plans for the future. During that rotation, I discovered my passion for mental health, and particularly caring for patients with PTSD and substance use disorder.

Now that I have graduated, I will be completing a PGY-1 Residency with the Atlanta VA. I am excited to take on this opportunity to learn and gain confidence as a practicing pharmacist. After the completion of my PGY-1 Residency Program, I hope

to complete a PGY-2 in psychiatric pharmacy. My ultimate goal is to practice as a psychiatric pharmacist within the VA Healthcare System.

During pharmacy school, I also came to understand the importance of advocacy for our patients and for the profession of pharmacy. As a new pharmacist, I plan to maintain my involvement with GPhA and other professional organizations and to serve as an advocate for my patients and our profession.

NAKOASHA “NIKKI” DILLARD, PharmD 2021 GRADUATE PCOM

I am elated to say that I matched with the University of North Carolina – Chapel Hill, a PGY1 community-based pharmacy residency program. This is an amazing opportunity as I will be the FIRST resident with their new site – Carolina Care Pharmacy Network & Transitions of Care. My inspiration to become a pharmacist and to ultimately pursue a residency, came from a combination of my life experiences and relentless passion for patient advocacy. I also had (and still have) amazing women in pharmacy who I called my SHERoes.

As a pharmacist, especially a minority woman, I have the power to be an advocate not only for



my patients, but for many who are coming after me. Continuing my training through a residency will allow me to have experiences in my areas of interests including ambulatory care, infectious diseases and transitions of care. I will gain exposure to pharmacy operations and management, medication safety, implementation of clinical services (including point of care testing, MTM, and pharmacogenomics), specialty pharmacy, population health and so much more. I have confidence that these rotational experiences will adequately equip me to become a well-rounded pharmacist. I strive to make an impact in rural communities and find joy in improving health disparities by educating others on issues that directly affect them. Remember to always stay true to yourself. Find your passion and purpose and go for it; because without purpose, there is no journey.

AMANDA BASS, PharmD **2021 GRADUATE SOUTH UNIVERSITY**

As I close one chapter and begin another, I find myself full of emotions...excited, nervous, scared, hopeful and many more. With my previous experiences as a registered nurse, I knew upon graduating that I wanted to go back to the hospital setting. I am excited to start my new adventure as a PGY-1 resident with the St. Joseph's/Candler Health System, Savannah, as I continue on my path to becoming a clinical pharmacist.



I am eager to continue learning from many of the preceptors who have already taught me so much as a student pharmacist and to begin to find my niche in the clinical pharmacy world. While in pharmacy school and completing rotations, several specialty

areas of pharmacy have piqued my interest, such as pediatrics, emergency medicine, and oncology. Throughout this next year as a resident, I'm hoping to narrow down my area of interest and ultimately pursue a PGY-2 residency in one of these areas.

KYLER MILLER, PharmD **2021 GRADUATE UGA**

In 2019, I attended my first GPhA convention. I was excited to be at the beach with friends while having the opportunity to network with pharmacists and other students. Little did I know, I was soon to meet my future employer.

At the time, I was on an institutional rotation with a pharmacist who worked for PharmD on Demand. This was my first time in a hospital pharmacy, and after a few days, I knew that this was the career path that I wanted to take. While at convention, I had the opportunity to network with Michael Azzolin, the CEO of PharmD on Demand. A couple of months later, I was brought on as an intern with the company. I am now excited to continue to work for PharmD on Demand under my new title, Kyler Miller, PharmD.



As we go through school, it's easy to get overwhelmed with the intense curriculum and push extra-curricular activities to the back burner. These activities, however, are critical for our growth as professionals. I am so thankful for the opportunities that I was granted as a student and for all the people that I have met along my journey to becoming a PharmD. Without these experiences, I would not be where I am today. I am so grateful to have found a company that I love, and I'm excited to begin my career as a pharmacist with PharmD on Demand! [📍](#)

From the GPhA President

The Tip of the Healthcare Spear



MAHLON DAVIDSON

I want to express how grateful I am having been a part of our extraordinary organization, about how much it has meant to me for the past 36 years, and now, about what it will mean as president for the coming year.

From my early days growing up and working for my family's pharmacy in Camilla, to the very different profession we find ourselves in these days, I have been inspired to make a difference in our profession through activism in this organization.

I have had the opportunity to serve with dynamic principals in my three and a half decades as a GPhA member. In the last four years, Liza Chapman, Tim Short, Chris Thurman, and Wes Chapman have provided clear direction and commitment for me to follow. During my presidency, if I continue to walk in their footsteps, I cannot err.

In Chris' remarks here on Amelia Island, he challenged us all to move forward out of our comfort zones, to become more active, both professionally and within this organization. He urged us to reach out to students and younger pharmacists and counsel them to become more involved.

Wes' remarks came to us through our computer screens — in the most extraordinary year we've experienced — to remind us of our responsibilities to our patients, and to promote inclusion of all practice settings into our association.

These recent presidents showed us how:

- To take care of our patients and our profession.
- To take care of, nurture, and mentor our colleagues to make our profession strong and viable.
- To take care of and involve ourselves in our communities.

This has been an extraordinary year indeed. We witnessed global economic shutdown. In the most extraordinary year we've seen, our

“HAVING ADAPTED AND ADJUSTED OUR PRACTICES TO CARE FOR OUR PATIENTS, GEORGIA PHARMACISTS WILL CONTINUE TO BE THE TIP OF THE HEALTHCARE SPEAR FOR OUR COMMUNITIES.”

—MAHLON DAVIDSON

churches, our schools, gatherings, even our sports and our restaurants come to a stop. Georgia pharmacies kept their doors open. While the world's virologists and epidemiologists worked to produce vaccines, Georgia Pharmacies continued to care for our patients and communities.

When vaccines became available, and the issue became how to best get them into the arms of our nation's most vulnerable, Georgia pharmacists were there. Having adapted and adjusted our practices to care for our patients, Georgia pharmacists will continue to be the tip of the healthcare spear for our communities.

In this most unprecedented year, filled with Zoom-meetings and a virtual convention, we have seen the end of perhaps the longest and the beginning of the shortest terms of presidency our organization has experienced.

I want to say to President Chapman, as a fellow boater, “You have been that number one buoy at the mouth of the harbor we always watched for. You've been a great leader of our organization and I've been honored to learn from you.”

Mahlon Davidson is the Georgia Pharmacy Association President/Board Chair.

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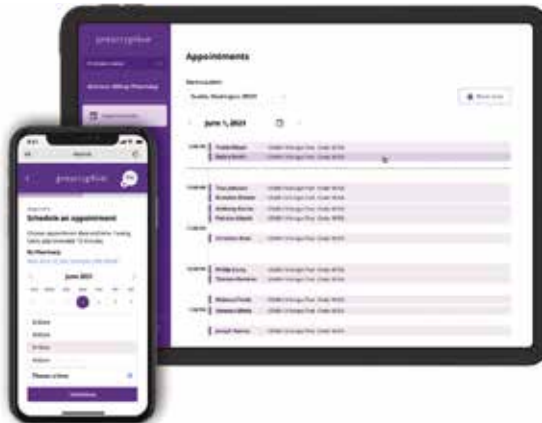


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