

# Memorandum of Understanding (MOU) Toolkit for Public Health and Pharmacies

Guidance and Templates for State and  
Territorial Health Agencies When Establishing  
MOUs With Pharmacies to Support a  
Coordinated and Resourceful Public Health  
Response to Influenza Pandemics and Other  
Vaccine-Related Emergencies

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# TABLE OF CONTENTS

INTRODUCTION	1
What is an MOU?	1
Why Should Public Health Agencies and Pharmacies have an MOU?	1
How Can a Public Health Agency Establish an MOU with Pharmacies?	2
Overview of the Guide	2
STEPS TO ESTABLISH AN MOU	5
Step 1: Internal State Health Department Alignment	5
Step 2: Identify Community Pharmacy Partners	6
Step 3: Complete a Community Pharmacy Review Process for the MOU and Revise As Appropriate	7
Step 4: Publicize and Celebrate the Achievement of A Signed MOU — and/or Interim Accomplishments	8
Step 5: Keep Up the Momentum	8
CONCLUSION	11
ADDITIONAL RESOURCES	13
APPENDIX A: TOOLS	15
ENDNOTES	17



# INTRODUCTION

Increasing the number of eligible health professionals who can administer vaccine is an important step to achieving a coordinated and resourceful public health response to influenza pandemics and other vaccine-related public health emergencies. With more than 60,000 community pharmacies in the United States, including chain drug stores, mass merchants, supermarkets, and independent drug stores, pharmacies offer convenience, accessibility, and extended hours for a wide population seeking vaccine.<sup>1</sup>

In recent years, there has been a widespread effort on behalf of pharmacists to offer vaccination services at U.S. pharmacies, and pharmacists are being recognized as valued members within the immunization neighborhood. According to the American Pharmacists Association (APhA), the number of pharmacists trained to administer vaccines has increased from 40,000 in 2007 to more than 280,000 in 2016.<sup>2</sup> In 2015, one in four seasonal influenza vaccinations given to adults were administered in a pharmacy or retail setting.<sup>3</sup>

Because pharmacies are already major providers of routine vaccinations, they could significantly expand their existing role by providing immunizations to the public during a pandemic. For example, if half the current community pharmacies (30,000 pharmacies) provided pandemic vaccinations at a volume of seven doses per hour, 10 hours per day, and six days per week, then 12.6 million additional vaccines could be administered weekly throughout the United States. This would represent a significant boost in capacity—more immunizations than are currently delivered nationwide during the peak week of vaccinations during any season.

However, state and territorial health departments, pharmacists, and pharmacies often face legal and administrative challenges that can hinder expanded access to pharmacist vaccinators. These challenges can be mitigated by using standardized agreements that set forth the terms and conditions between the state and their pharmacist vaccinators.

The Memorandum of Understanding (MOU) Toolkit for Public Health and Pharmacies presents a standardized template that was extensively reviewed by national public health and pharmacy associations, as well as pilot-tested in three states. It provides guidance and templates for state and territorial health agencies to use when establishing agreements with pharmacies to support a strong public health response to influenza pandemics and other vaccine-related public health emergencies.

None of the information contained in this document should be considered legal advice. State health agencies should consult with their legal departments about the feasibility of using the tools and resources included in this toolkit, including the MOU template, to facilitate a formal agreement with their pharmacy partners.

## What is an MOU?

An MOU is a formal agreement that sets forth the terms between two or more parties. Organizations, including public health agencies and pharmacies, can use an MOU to establish official partnerships. MOUs are not legally binding, but they are often used as the first step toward a legal contract. Some MOU users have referred to them as a handshake that sets forth the parameters for agreement and action ahead of time so they do not have to be explored and vetted in the midst of an emergency.

## Why Should Public Health Agencies and Pharmacies Have MOUs?

MOUs offer benefits to both public health agencies and pharmacies. For public health agencies, MOUs make it easier to leverage all potential partners' strengths and promote synergies that can be useful for additional services, even beyond immunizations. In particular, public health can extend the public's access to vaccines

through community pharmacies' infrastructure, both for pandemics and more routine immunizations. Pharmacies engage with people of all ages across the lifespan, and are often a trusted source of information and assistance in communities. As pharmacies become more involved in providing immunizations to the public, an MOU also can help ensure that all pandemic vaccinators have appropriate access to vaccine, information, and supplies.

An MOU's benefits to community pharmacies include early allocation of federal pandemic vaccine supply, the ability to develop a distribution approach in advance, opportunities to educate public health about how pharmacies plan and respond to emergencies, and opportunities to reduce waste, improve efficiency, clarify expectations, and strengthen partnerships with public health for both pandemic and routine healthcare situations. MOUs can be incorporated into organizational continuity of operations planning that helps public and private agencies function more smoothly during a crisis because MOUs help standardize operations and streamline points of contact across individual jurisdictions or organizations. MOUs also support the concept of an immunization neighborhood, a term coined by APhA to denote the collaboration, coordination, and communication among all immunization stakeholders with the shared goal of meeting patients' immunization needs and protecting everyone from vaccine-preventable diseases.<sup>4</sup> In short, an MOU between public health agencies and pharmacies helps pharmacies better serve their patients and customers, and helps public health agencies reach the public more efficiently—a true win-win.

## How Can a Public Health Agency Establish an MOU with Pharmacies?

This toolkit has been designed to help public health agencies and pharmacies establish MOUs to support the public health response to influenza pandemics and other vaccine-related public health emergencies. Following the recommendations outlined in this guide will help public health agencies identify and work with key internal and external stakeholders to develop a plan or road map for establishing an MOU. Although it assumes that state public health agencies will take the lead in initiating an MOU with pharmacy partners, the pharmacy groups could initiate the same process.

The steps outlined in this toolkit are meant to help public health agencies achieve key milestones, such as:

- Conducting the initial planning required to establish an MOU.
- Developing and implementing an MOU.
- Publicizing and celebrating an MOU's signing.
- Ensuring that the MOU remains in effect as an important tool for dispensing vaccines during pandemics and other public health emergencies.
- Strengthening ongoing partnerships and collaborative work between public health and pharmacies beyond the MOU.

Although the steps outlined in this toolkit might not apply equally to all states, the steps cover a mix of populations, governmental public health structures, pharmacy types, and geographic areas around the country.

## Guide Overview

This toolkit has been developed by the Association of State and Territorial Health Officials (ASTHO), in partnership with CDC, APhA, the National Association of Chain Drug Stores (NACDS), and National Alliance of State Pharmacy Associations (NASPA). The idea for developing this toolkit arose out of increasing recognition of the important role that pharmacists can play in expanding access to vaccines. It also acknowledges the need for public health agencies to engage with pharmacy partners to outline how they would work together during an influenza pandemic or other vaccine-related public health emergency well before such an event occurs.

Input used to develop this guide was obtained in the following ways:

- Interviews with state health department staff involved in efforts to pilot ASTHO's MOU template (Arkansas, Georgia, and Tennessee) from 2015–2016. Although ASTHO prepared this guide, the three pilot states worked steadily to obtain signatures from both public health and community pharmacy organizations.

- Interviews with national pharmacy association representatives (e.g., APhA, NACDS, and NASPA).
- Interviews with state pharmacy association and state health department staff in states that have developed public health/community pharmacy MOUs on their own (i.e., Kentucky, Michigan, and Washington).
- Presentations and discussions at a stakeholder meeting at the APhA annual meeting in March 2016.
- Feedback from state health department and community pharmacy representatives at a meeting convened by ASTHO and NACDS in June 2016.

#### **NOTE:**

Although this toolkit and materials focus on establishing an MOU, many of those interviewed emphasized that pursuing an MOU is an important opportunity for increased partnership and communication between public health and community pharmacies, even if legal or other obstacles ultimately prevent signing or implementing the MOU. The benefits of enhanced interaction and coordination between public health agencies and pharmacies that occur as part of the MOU process should still make the effort a worthwhile journey.

## Influenza Only, or All Hazards?

This toolkit focuses on an influenza pandemic—a specific crisis scenario with unique roles for public health and pharmacies—but it is just one of many emergencies that states and communities may face. In addition to the influenza-specific MOU described in this guide, CDC and other agencies also support preparedness and planning for an all-hazards approach that addresses natural, biological, chemical, and radiological events.

Some health departments and pharmacies already rely on MOUs that utilize an all-hazards approach, while others have focused on influenza either instead of, or in addition to, an all-hazards approach. For states and communities that do not already have an all-hazards MOU in place, an influenza-focused MOU could serve as a first step toward a more comprehensive all-hazards MOU, allowing partners to explore MOU implementation on a smaller scale with a smaller universe of stakeholders. Because an influenza-specific MOU is more focused, it may be easier to negotiate than a broader, all-hazards MOU. On the other hand, natural and other disasters may feel more familiar or likely, so in some cases, that may offer a better starting point.

Choosing whether to pursue an influenza-specific MOU, an all-hazards MOU, or both is an early decision for public health agencies, pharmacies, and other stakeholders. This toolkit assumes that a decision has been made to proceed with an influenza-specific MOU. Based on this assumption, an example of an influenza-specific MOU is included in this toolkit.

For an example of an all-hazards MOU from Washington state, please see the [Washington Statewide Pharmacy-Local Health Jurisdiction Memorandum of Understanding](#).



# STEPS TO ESTABLISH AN MOU

## Step 1: Internal State Health Department Alignment

### Ia: Identify Internal Partners

A number of departments or divisions within the state health department are likely to be involved in a pandemic preparedness MOU. Before enlisting pharmacy partners' support, ensure that the following internal departments support establishing an MOU:

- The state health official or other champion within the department's senior management team.
- The department's legal counsel.
- The immunization program manager.
- The emergency preparedness director.

Additional state or local government partners to contact may include the state board of pharmacy, which is the state regulatory body of pharmacists, and local public health departments.

Every state health department contends with many urgent public health issues at once, from AIDS to Zika virus. As new crises unfold, an MOU covering a future event may be pushed to the back burner. To counter this natural tendency, identify one or more internal champions within the senior management team, as well as establish a timeline to keep the process moving.

### Ib: Establish a Timeline

The timeline will depend on factors both inside and outside of the state health department's control, such as the time required for pharmacy review. Internally, however, the team should establish target dates for the following:

- **Internal Review of the MOU**  
Review or vet the MOU with the health department's legal team to ensure that the MOU has been approved internally before it is shared with others.

- **Outreach**

If appropriate, reach out to the state pharmacy association and other stakeholders.

- **Explore Existing Relationships**

Explore existing pharmacy partnerships to build upon and identify knowledge gaps about pharmacy presence in the state (e.g., community pharmacy chains or independent pharmacies; regional or national chains; coverage of geographic areas).

- **Material Development**

Prepare state-specific materials (e.g., introductory letters or e-mails, one-page flyer, slide decks, FAQs, etc.) using the materials in this toolkit as a starting point.

Based on the interviewed states' experiences, it would be wise to allow several months to complete this first step and at least six to eight months for the full process, including pharmacy vetting and sign-off.

### Ic. Coordinate State and Local Efforts

It is important to determine if there are existing partnerships between local health departments and pharmacies and, if so, build upon them before starting state-level agreements. In some states, local health departments already have MOUs or the equivalent, such as collaborative practice agreements, with local pharmacies. During a pandemic, state health agencies coordinate vaccine allocation and distribution, so it would be duplicative to have additional MOUs between local public health and pharmacies.

### Id: State Health Agency to Review the MOU

Pilot states noted that their internal review processes could cause delays due to competing priorities and perceived lack of urgency to establish an MOU with pharmacy partners. As noted above, an MOU covering a future event may not receive the same urgency or priority as other topics. It is crucial to have the support of an internal champion within the senior management

team. An effective internal champion is someone who can help identify and communicate with relevant stakeholders, be persistent in overcoming challenges with developing or implementing the MOU, and spread enthusiasm for the MOU. Legal teams may also need to be reassured that similar MOUs have been vetted and signed in multiple states.

The initial internal state health agency review should occur prior to sharing the MOU with pharmacy and other partners. This will allow for state health agency feedback to be incorporated into the MOU prior to the time it is reviewed by pharmacy and other partners.

### TOOLS RELATED TO STEP 1:

- A. Template for MOU between state health agency and pharmacy
- B. Stakeholder contact list
- C. Timeline template with tasks and milestones

## Step 2: Identify Community Pharmacy Partners

### 2a: Start With the State Pharmacy Association

If the state health department does not already have a contact person or liaison within the state pharmacy association, this is the time to consider establishing contact. The state pharmacy association representative will know the members and be able to answer questions about who might be most interested initially, or whether it makes sense to approach national or regional chains or independent pharmacies first. To identify and connect with a specific state pharmacy association, contact the [National Alliance of State Pharmacy Associations](#).

One state health department funded a part-time public health/community pharmacy liaison position, with the staff member based at the pharmacy association for 20 hours per month. According to the pharmacy association representative, this role has been key, not only for securing the MOU, but also to maintaining contacts and educating pharmacies about their role in a pandemic.

Although this toolkit assumes that state public health agencies will initiate contact with pharmacies and share the MOU template with them, pharmacies may be interested in making initial contact with the state health agencies' immunization program managers or preparedness coordinators. The Association of Immunization Managers maintains the most up-to-date source of [contact information](#) for immunization program managers working in states, territories, and some of the country's largest metropolitan areas. ASTHO's [Preparedness Program](#) is a good resource for obtaining up-to-date contact information for preparedness coordinators (e-mail: [preparedness@astho.org](mailto:preparedness@astho.org)).

Many regional and national community pharmacy chains cross state borders, or have a regional presence. While pursuing an MOU, it is helpful to determine if neighboring states have an MOU in place with a chain operating across multiple states.

### 2b. Host a Meeting to Explain the MOU Rationale, Components, and Process

Once pharmacy representatives have been identified by the state health department, it will be helpful to have one or more meetings to present the MOU components and answer initial questions. The purpose of this meeting is to explain the concept and identify those interested in exploring an MOU through their own organizations, as well as individuals who would be willing to serve on a small steering committee representing both community pharmacy chains and independent pharmacies in the state.

The initial request for participation could range from reviewing the MOU within their own organizations, serving on a small steering committee, becoming a first signer of the MOU, or helping identify other interested pharmacy representatives and promoting the MOU to colleagues. After this meeting, follow up with participants to collect concerns or questions so they can be promptly addressed without delaying the MOU's progress. (See below for more ideas on addressing concerns, issues, or "red flags.")

For tools to start these meetings, please see the appendices for a one-page flyer describing the MOU, sample text for an introductory letter or e-mail, and slide deck that can be adapted for different audiences.

An emergency preparedness director recommends recruiting pharmacy allies to join meetings with other pharmacy representatives to help make the case for an MOU, especially if health agency and pharmacy representatives are not yet familiar with one another's work or teams. "Without them, we would have had no agreement," he said, referring to representatives from the state pharmacy association and a school of pharmacy.

## 2c. Form a Joint Public Health/Community Pharmacy Steering Committee

Based on the outcome of the initial meetings, it may be helpful to form a small committee with representation from both public health and community pharmacies. This can keep the process moving and allow the committee to effectively troubleshoot problems or concerns as they arise.

This group or state pharmacy association representative also can help determine the best format for the MOU. For example, some states have developed local MOUs with signatories who are city- or county-level local health departments and individual pharmacies or chains, while others prefer to have a single state jurisdiction performing this function to streamline interactions with community pharmacy chains. Others have developed a more generic sign-on format in which an MOU is offered to various community pharmacies, which then choose whether or not to sign on (instead of developing a customized MOU for each signer).

The three pilot states each selected different strategies based on their unique circumstances. One initially worked with a regional chain and then added others; another worked with independent community pharmacies through its board of pharmacy, but organized the MOUs by different geographic regions to account for urban and rural differences; and another developed a no-cost contract (the state's equivalent of an MOU) with three national community pharmacy chains. In the final state's case, the department may also pursue contracts with independent pharmacies at a later date, targeting those parts of the state with the least coverage from national chains.

## TOOLS RELATED TO STEP 2:

- D. Example of one-page flyer
- E. Sample introductory letter or e-mail from state health department to pharmacy
- F. Implementing a Public Health/Community Pharmacy Pandemic Response Memorandum of Understanding (MOU) (slide deck)

A state health agency partnered with the pharmacy association and a local school of pharmacy to jointly sponsor two statewide pharmacy summits that brought together public health and pharmacy partners to explore pandemic and other scenarios and hear from CDC speakers. The summits helped both public health and pharmacy representatives learn about each other's values, challenges, and common commitments to protecting and serving the public. The summits also were an opportunity to address misconceptions or misunderstandings. For example, many public health participants knew little about pharmacy distribution networks and how they could be deployed during a pandemic after the health agency determines allocations of vaccine.

## Step 3: Complete a Community Pharmacy Review Process and Revise

### 3a. Identify Potential Issues, Concerns, and Red Flags

After the state health agency shares the MOU with pharmacy partners, the steering committee members may want to identify potential issues or red flags. For example, the steering committee or state pharmacy association representatives can review the MOU section-by-section, and identify questions that may arise. If either of these groups can anticipate some concerns or issues based on the state's unique context, it could help streamline the process of responding to them and save considerable time. Examples of potential issue areas include:

- Allocation of vaccine product.
- Distribution of vaccine product and supplies.
- Reporting inventory data.

- Documentation of vaccine administration.
- Assessment of vaccination dose status.
- Submitting doses-administered data to the state immunization information system (IIS).
- Vaccine cost and payment.

The questions in Tool G (“Sample MOU Review Questions”) are examples of the many issues that could be raised and addressed by bringing the right people around a table to discuss an MOU. A message map can also be a useful tool to assist state health departments to anticipate and respond to questions that are likely to arise about MOUs. A sample message map is included as Tool H in the appendices.

### 3b. Respond to Comments from Community Pharmacy Representatives

Depending on how the state health department partners with pharmacies and how many MOUs it requires, it may take some time to respond to individual feedback. One advantage of using the MOU template included in the appendices of this toolkit is that it has already been shared and vetted by ASTHO with national public health and pharmacy groups, so it may already be familiar to legal teams on both sides. It also helps that partnerships between public health and community pharmacies are more common now than they were prior to 2009 when the H1N1 pandemic served as an impetus for public health and pharmacy groups to work together to effectively respond to the event.

### 3c. Work With State Health Agency Legal Counsel to Revise MOU Based on Pharmacy Feedback

After pharmacy representatives have identified concerns, the state health department team or steering committee will have to work to resolve them to the mutual satisfaction of both parties. Ideally, this will be a relatively straightforward process. Pilot states did not encounter significant roadblocks, but noted that each change of language required yet another round of review and approval, which took more time than they anticipated.

#### TOOLS RELATED TO STEP 3:

- G. Sample MOU review questions
- H. Sample message map (slide deck)

## Step 4: : Publicize and Celebrate Signing an MOU and Interim Accomplishments

### 4a. Schedule a Signing Event

If the parties agree, develop a press release and schedule an event to publicize the MOU’s significance and potential impact. This will help recognize those who became first signers, as well as encourage others to sign MOUs in the future. A sample press release and thank-you letter to the pharmacies signing the MOU are available in the appendices.

### 4b. Acknowledge Interim Accomplishments

Signing an MOU is an important goal, but it is not the only one. Has the MOU process brought new partners to the joint public health immunization, emergency preparedness, or community pharmacy table? Are more pharmacies enrolled in the state’s IIS? Has an emergency declaration process been launched or strengthened? Are public health and community pharmacy representatives now routinely presenting at each other’s training events and conferences, or jointly authoring journal articles? These are all examples of stronger links between public health and community pharmacies and deserve to be recognized and celebrated.

#### TOOLS RELATED TO STEP 4:

- I. Sample press release announcing MOU signing or implementation
- J. Sample thank-you letter to pharmacy partners

## Step 5: Keep Up the Momentum!

### 5a. Continue To Recruit Community Pharmacies

Once an initial MOU is in process or has been signed, the public health agency should continue to work with the pharmacy association to recruit other pharmacies, such as community pharmacy chains (national or regional), independent pharmacies, or groups of these by region or urban area. Use the MOU signing event, as described in Step 4, to ensure that other pharmacies are aware of the MOU and understand the benefits associated with having an MOU in place. It might also be possible to work with the pharmacy association

to develop communication and promotional materials that can be shared with pharmacies via the pharmacy association website, email distribution lists, and newsletters. Whenever possible, these communication and promotional materials should feature “testimonials” from both the public health agency and the pharmacies already participating in the MOU to attest to the benefits of the MOU and address anticipated concerns from those pharmacies who are not yet participating in the MOU.

### **5b. Find Additional Ways To Build On The Public Health/Community Pharmacy Partnership**

Regardless of the MOU’s status, stronger partnerships between public health and community pharmacies could include joint training exercises, roles in emergency operations centers or planning meetings, inclusion in e-mail or listserv blasts with relevant information, joint presentations at conferences or meetings, or participating in coalitions. Academic pharmacy partners are another resource that may be overlooked—many college and university pharmacy programs have a public health focus and some offer joint public health and pharmacy degree programs. These programs could be sources of students or interns interested in emergency preparedness and public health, and also could add public health content to their existing pharmacy curricula.<sup>5</sup>

One state health agency representative described how one of their largest local health departments began collaborating with pharmacies for emergency medication dispensing prior to H1N1, with a focus on antiviral distribution for pandemic flu scenarios. When the 2009 influenza outbreak arrived, it provided the opportunity to leverage the public health and pharmacy collaboration to distribute influenza vaccine. This collaboration’s success increased interest in partnerships between local health departments and pharmacies. Although pharmacy partners were enthusiastic about partnering to respond during future events and disease outbreaks, they expressed trepidation about entering into multiple, often different, MOUs for each county or local health jurisdiction in the state. In response, the state health department and pharmacies developed and signed a statewide MOU geared toward mass vaccination and dispensing.





## CONCLUSION

A signed MOU between state public health agencies and pharmacy partners is part of a broader effort to strengthen mutually beneficial partnerships between these important sectors involved in protecting and maintaining the public's health. These partnerships are helpful not only during an influenza pandemic or other vaccine-related public health emergency, but also during the non-emergency, day-to-day routines of preventing disease and promoting health and well-being.

Although this toolkit is focused on the steps that support successful completion of an MOU, it is also true that the MOU itself is not the only or ultimate goal. Regardless of what an MOU contains or is ultimately signed, the process of exploring an MOU should help public health and pharmacy representatives understand their shared goals and create more opportunities for partnerships.





## ADDITIONAL RESOURCES

### **American Pharmacists Association**

The American Pharmacists Association (APhA) is the largest association of pharmacists in the United States with more than 62,000 members.

<http://www.pharmacist.com/>

### **National Alliance of State Pharmacy Associations**

The National Alliance of State Pharmacy Associations promotes leadership, sharing, learning, and policy exchange among state pharmacy associations and pharmacy leaders nationwide, and provides education and advocacy to support pharmacists, patients, and communities working together to improve public health.

<http://naspa.us>

### **National Association of Boards of Pharmacy**

The National Association of Boards of Pharmacy supports the state boards of pharmacy in creating uniform regulations to protect public health.

<http://www.nabp.net/boards-of-pharmacy>

### **National Association of Chain Drug Stores**

The mission of the National Association of Chain Drug Stores is to advance the interests and objectives of the chain community pharmacy industry by fostering its growth and promoting its role as a provider of healthcare services and consumer products.

<http://www.nacds.org/>



## APPENDIX A: TOOLS

All of the tools below can be downloaded via this link, in Word or PowerPoint formats suitable for adaptation to individual agencies: <http://www.astho.org/Programs/Infectious-Disease/Pandemic-Influenza/>

Tool A: Template for MOU Between Public Health Agency and Pharmacy

Tool B: Stakeholder Contact List

Tool C: Timeline Template with Tasks and Milestones

Tool D: Example of One-Page Flyer

Tool E: Sample Introductory Letter or Email

Tool F: Implementing a Public Health/Community Pharmacy Pandemic Response Memorandum of Understanding

Tool G: Sample MOU Review Questions

Tool H: Sample Message Map

Tool I: Sample Press Release Announcing MOU Signing or Implementation

Tool J: Sample Thank You Letter to Pharmacy Partners



## ENDNOTES

- <sup>1</sup> Klepser ME, Dering-Anderson AM, Klepser SA, et al. "The Pharmacist Will Screen You Now." Medscape. 2014. Available at: <http://www.medscape.com/viewarticle/819981>
- <sup>2</sup> American Pharmacists Association: <https://www.pharmacist.com/nation-s-pharmacists-ready-administer-seasonal-flu-vaccines>
- <sup>3</sup> FluVax View: <http://www.cdc.gov/flu/fluvoxview/nifs-estimates-nov2015.htm>
- <sup>4</sup> Tanzi MG. It takes a village: NVAC standards emphasize importance of immunization neighborhood. *Pharmacy Today*. 2014. Available at: <http://www.pharmacist.com/it-takes-village-nvac-standards-emphasize-importance-immunization-neighborhood>.
- <sup>5</sup> Rubin SE, Schulman RM, Roszak AR, Herrman J, Patel A, Koonin LM. 2014. Leveraging partnerships among community pharmacists, pharmacies, and health departments to improve pandemic influenza response. *Biosecurity and Bioterrorism: Biodefense Strategy, Practice, and Science* 12(2); 1–9.

