



Identification of barriers and impact of education for herpes zoster vaccination acceptance in older adults

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BACKGROUND

- ❖ Shingles (herpes zoster) is a reactivation of the virus that causes chickenpox, and about half who live to 85 years may experience shingles.
- ❖ Shingles causes extremely painful rashes and up to 10% will suffer from post-herpetic neuralgia (PHN).¹
- ❖ Over 40% of people describe the pain from shingles as “excruciating” or “horrible” with a lasting impact on their quality of life.¹
- ❖ The live shingles vaccine prevents shingles 50% of the time and reduces PHN by 67% as a single dose for people over 60 years. The new inactivated shingles vaccine is 97% effective as a 2-dose series given to people over 50 years.^{1,2}
- ❖ A high rate of acceptance is essential to making vaccine campaigns a success. The 2020 Healthy People goal for shingles vaccination is 30%; as of 2015, the rate is 30.6%, but achieving a vaccination rate of 60%, comparable to the pneumonia vaccination rate, could significantly reduce health care demands – up to 1.2 million doctor visits and 1.2 million prescriptions over target patients’ lifetimes.³

OBJECTIVES

- ❖ Determine the barriers that lead to shingles vaccination non-compliance.
- ❖ Determine the impact of education and financial counseling on the rate of vaccination in older adults with Medicare drug coverage.

METHODS

Identification of Participants	<ul style="list-style-type: none"> • Patients who contact Pharmacy Outreach for financial and medication counseling • Attendees at community outreach events • 271 participants identified
Vaccine Counseling	<ul style="list-style-type: none"> • Participants are screened for shingles vaccination status and barriers to receiving existing shingles vaccine • Counseling and education are provided on new shingles vaccine and risks of developing shingles and cost issues
Post-counseling Follow-up	<ul style="list-style-type: none"> • Patients are contacted 2-3 months after counseling to determine vaccination status

Pre-Counseling Survey*

Have you received the shingles vaccine?
 Yes
 No
 Don't know

If you **HAVE received** the shingles vaccine, what was the main reason for receiving the vaccine?
 My doctor or pharmacist recommended it (circle one)
 My family recommended it
 I have had the shingles rash before
 Other _____

If you **HAVE NOT received** the shingles vaccine, which best describes the reason(s) you have **not** received the vaccine?
 I don't know what shingles is
 I didn't know I needed a vaccine for shingles
 My doctor/pharmacist has not recommended the vaccine to me
 My doctor/pharmacist told me not to get the vaccine (allergy, other medications)
 My doctor/pharmacist recommended the vaccine, but I don't think it is important
 I don't think I am at risk of contracting shingles
 I don't think the pain from shingles is severe or will last
 I am generally opposed to vaccinations
 I think there are side effects to the shingles vaccine
 I have had shingles and didn't think I could get it again
 My insurance does not cover shingles vaccines or copay is high
 Other _____

Are you aware of the **new** shingles vaccine that will soon be available?
 Yes
 No

If you **HAVE NOT yet received** a shingles vaccine, are you waiting for the new vaccine to be available to receive your vaccination?
 Yes
 Not necessarily

If you **HAVE received** the current shingles vaccine, would you consider receiving a booster vaccination with the new if recommended?
 Yes
 No

*Copies of full survey available

Post-Counseling Survey*

Follow up questions 2-3 months AFTER counseling:

Have you now received your shingles vaccine?
 Yes (which one _____)
 No

If you **received** your vaccine, was the counseling helpful in encouraging you to do so?
 Yes (reason _____)
 No (reason _____)
 No, I didn't understand all of the information provided

If you have **not yet received** your vaccine, as a result of the health and financial counseling, are you **more likely** to get your shingles vaccine in the near future?
 Yes
 No

Would you recommend this counseling/education to others?
 Yes
 No



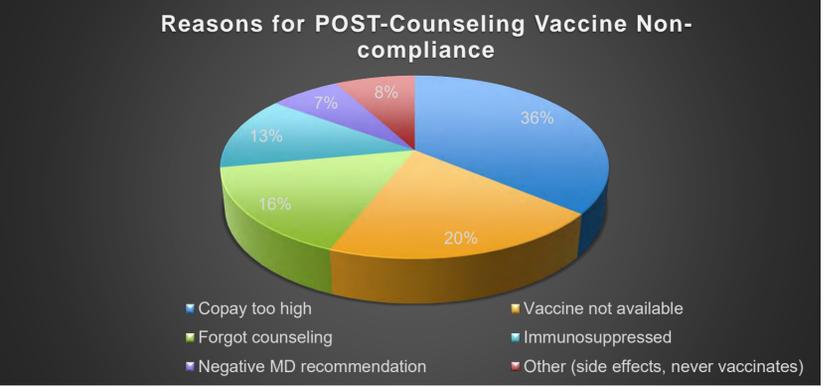
RESULTS (Pre-Counseling)

Barriers identified for patients NEVER receiving a shingles vaccine during PRE-counseling survey

Reason	Percent (%)
I didn't know I needed a vaccine for shingles	30
My doctor or pharmacist has not recommended it to me	22
I was told NOT to get one (drugs/disease contraindicate)	16
The copay is too high or it is not covered by insurance	12.5
I am generally opposed to all vaccinations	10
I thought I could only get shingles once	8
Other (side effect concerns, not a priority to me, etc.)	1.5

RESULTS (Post-Counseling)

Vaccination Results 2-3 months POST-counseling	Percent (%)
Received shingles vaccine	21
Did not receive vaccine	74
Unable to contact	5



CONCLUSIONS

- ❖ Although only 21% received a shingles vaccine post-counseling, 80% of those who did not stated they were more likely to seek the vaccine at a later date.
- ❖ 95% of patients who received the vaccine stated the counseling was the primary reason they sought the vaccine.
- ❖ Acceptance of the new vaccine **after** counseling was not affected by education barriers but by delayed availability (20%) and higher Medicare Part D copays (36%), indicating the counseling did lead to inquiries about the vaccine.
- ❖ Very recent studies have shown that while provider education and recommendation increases acceptance for those with a favorable intention to vaccinate, those who need more persuasion require additional primes, prompts, or incentives.⁴
- ❖ The most successful strategy will likely incorporate provider recommendations, community pharmacist prompts or appointments, and financial interventions.

REFERENCES

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DISCLOSURE

The authors have nothing to disclose