Shingrix: Educating Patients on the New Shingles Vaccine

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Shingrix: the new shingles vaccine

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Mentor: Dr. Robert Mascia
2a: Problem identification and description of need

• Herpes zoster (‘shingles’) is a viral infection that results in a painful rash. (5)

• Post-herpetic neuralgia is a long-term complication of shingles that cannot be treated by antiviral medications. (2)

• Over the last 20 years, incidence of shingles has increased by nearly 50%. (1)

• Zostavax, the first shingles-prevention vaccine, was approved by the FDA in 2006. (6)
  • Approved for patients 60 years and older

• Shingrix, a new vaccine, was approved in 2017 and is now the preferred shingles vaccine per the CDC. (5)
  • Approved for patients 50 years and older
2b: Problem identification and need, cont.

• Shingrix has shown to have better outcomes than Zostavax, reducing incidence of shingles and post-herpetic neuralgia. (5)

• Patients are only beginning to become aware of and curious about Shingrix.

• To address improving patient education, I developed a brochure that gives patients information about shingles, Shingrix, and answers some frequently asked questions.
3. Public health cost

• Total annual costs of Shingles in the US
  • 2011-2012: $1,997,183. (1)

• Total costs have held relatively constant over last 20 years.
  • Increasing incidence and rising medical and prescription costs.
    • Medical costs increased from $57.98/episode in 1997/98 to $78.84/episode in 2013/14.
    • Decreasing rates of hospitalization over this time.

• Shingles incidence increases with age- and an aging population increases likelihood that costs will increase in the future. (3)
4. Community Perspective on Shingrix

- Kathy McCoy, APRN- Brookfield Family Practice
  - States that this vaccine is revolutionizing the response to shingles, as it is so much more effective and is safe, even for immunosuppressed patients, since it is not a live vaccine.
  - Notes patients may feel unwell after receiving Shingrix- more fatigue and myalgias- but says this is a sign that the body is producing a robust immune response. It is actually a good thing, and it will resolve quickly.

- Maggie Litwin, MPH- Program Coordinator, Immunization & Community Health Worker Initiative, Southwestern CT AHEC
  - Agency covers Bridgeport area, works with the Department of Public Health, and does provider education and public outreach. Majority of work with older populations happens during community health fairs.
  - States that patients are very interested in Shingles vaccination and have many questions on whether or not they should receive the vaccine. AHEC provides general information and points them towards their PCPs for specifics.
  - Shingrix is now being purchased for uninsured populations in the local communities, starting in March, 2018. Providers are able to order the vaccine for those without insurance at no cost.
  - Twice a year, there is an IAP advisory committee meeting which educates providers on a variety of topics. A GSK Pharmaceuticals spokesperson is speaking at this meeting in May 2018, to answer questions about Shingrix.
5. Intervention and Methodology

• Produced a patient information brochure using evidence-based sources.
• Distributed to office managers at both Brookfield and Newtown Family Practice clinics for use in waiting rooms.
• Goal is to increase patient awareness of the new vaccine and to encourage conversation between patient and provider.
6. Results/Response Data

• Positive response from providers.
  • There is great support for Shingrix already, despite its newness.
  • Having informed patients is an important step to having successful shared decision making.

• Patients are interested in learning more.
  • The majority of patients are interested in vaccination, as many have had friends or family who have suffered from shingles, and they do not want to have that experience themselves.
  • Common concerns included coverage by individual insurance plans, and reservations about receiving Shingrix if they have had Shingles, received Zostavax, are feeling sick, etc.
7. Evaluation of effectiveness and limitations

• Assessing effectiveness of this project was difficult due to time constraints.

• To evaluate this intervention, assessment of the following would be interesting:
  • Monitoring the number of conversations regarding shingles vaccination and Shingrix that are initiated by the patient.
  • Assessing patient knowledge of the available preventive measures.
  • Comparing rates of vaccination with Shingrix in Newtown and Brookfield vs. national data.

• Limitations include:
  • Newness of the vaccine and limited insurance coverage by Medicaid and private insurers at this time.
  • Short appointment lengths limit ability to have in-depth conversations on just this single topic.
8. Recommendations for future interventions/projects

• Assess the rates of vaccination with Shingrix in the eligible population as awareness of Shingrix increases.
• Compare rates of vaccination with Shingrix to historical data from Zostavax.
• Look at vaccination rates with Shingrix in patients who have already received Zostavax or who have had shingles in the past.
9. References


Additional Brochure References

7. Kim DK, Riley LE, Hunter P, on behalf of the Advisory Committee on Immunization Practices. Recommended Immunization Schedule for Adults Aged 19 Years or Older, United States, 2018*. Ann Intern Med. 2018; 168, Pages 210–220. [https://doi.org/10.7326/M17-3439](https://doi.org/10.7326/M17-3439)

Images in Brochure

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