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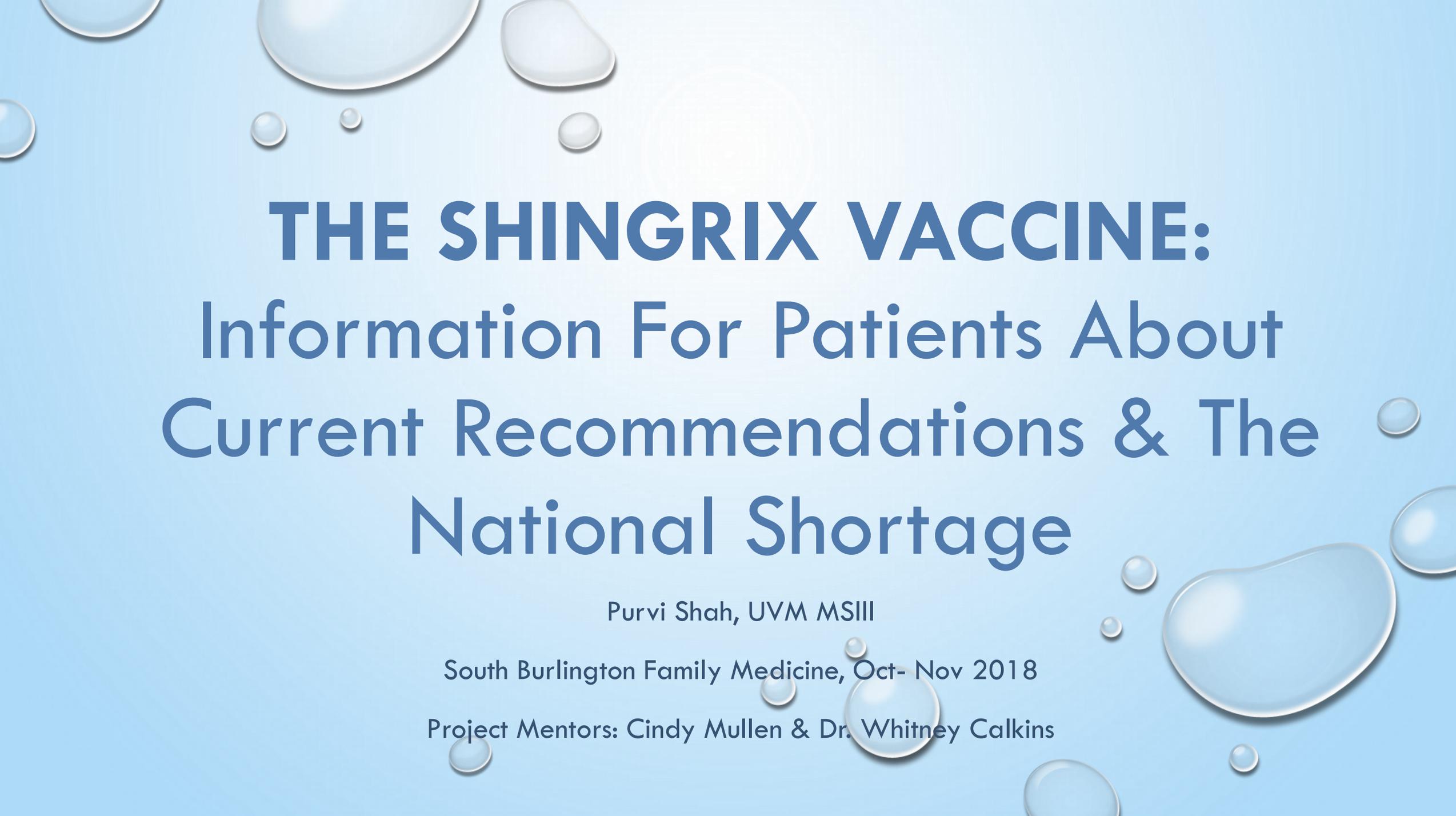


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THE SHINGRIX VACCINE: Information For Patients About Current Recommendations & The National Shortage

Purvi Shah, UVM MSIII

South Burlington Family Medicine, Oct- Nov 2018

Project Mentors: Cindy Mullen & Dr. Whitney Calkins

2A: Problem Identification & Description of Need

- In 2006, the FDA approved Zostavax, a live attenuated vaccine for the prevention of herpes zoster and its sequelae. Since 2008, the Advisory Committee on Immunization Practices has recommended the vaccine for adults ages 60 and up. ¹
- In 2017, the FDA approved an adjuvanted recombinant zoster vaccine called Shingrix. ²
- Compared to Zostavax, which has an efficacy of preventing herpes zoster in patients 50-59 years old of 69.8% Shingrix has an efficacy of 97.2% in subjects 50+. ²
- As a result, Shingrix has now been recommended for healthy adults 50 years or older, as long as they do not meet any of the contraindications. ³

2b: Description Of Need (continued)

- Given the improved efficacy compared to the previously existing Zostavax, Shingrix has been adopted by healthcare professionals at an unprecedented level, and patients are being vaccinated for shingles at a higher rate than previous years.⁴
- As a result, the demand for Shingrix has exceeded supply. In order to make sure the available supply is allocated appropriately, GSK has put limits on the number of vaccines individual providers can order.⁴
- Many primary care centers and pharmacies do not currently have any doses of the vaccine available. Others have only a few doses. Yet a select few seem to have a significantly greater supply.
- This inconsistency of supply, in combination with changing recommendations for vaccination has generated confusion and frustration amongst patients at South Burlington Family Medicine.
- A patient-centered brochure that addresses these concerns, available in the waiting room, may serve to alleviate some of these sources of stress.

3: Public Health Costs

- In the US, herpes zoster and related complications have been estimated to result in 1.3 billion dollars of medical costs alone annually.⁵
- According to the 2010 US census, 39.4 % of the US population is over 45 years.⁶
- 99.5% of the population 40 and older has been infected with varicella zoster virus at some point in their lives and are therefore at risk of developing herpes zoster.⁷

4: COMMUNITY PERSPECTIVE ON ISSUE

- The variable impact of the shortage
 - There is no waitlist (as of 10/19/18), and patients are receiving the vaccine on a first come, first serve basis. It's unpredictable how often we get it – we occasionally go dry for a day or two, but the distributor and wholesaler are sending it to us regularly (Rite Aid in Winooski).
 - We have a waitlist of 115 people. Our last shipment was about 1 month ago (Price Chopper in Shelburne).
 - We are only offering the vaccine to patients who need the 2nd dose and are near the 6 month window. We have 11 doses in stock (10/20/18). This will last another week or to (Shaws in Colchester).
- Patient's awareness of the shortage
 - I think generally patients understand that the doctors are starting to make the recommendations now that it's been out for a bit and the demand has gone up a bit....I think on occasion they are a little discouraged that they have to travel out of their doctors office, due to comfort level. But generally, I think the response has been fine (Rite Aid in Winooski).
 - They hear some of it over the internet or news, but they don't realize the extent of it, more often or not (South Burlington Family Medicine, LPN).
 - People don't get upset when I tell them there's a shortage... a lot more people are coming asking for it, especially if they have the MyHealth online. Others are confused because they have already had Zostavax... I don't think there has been enough information in the community about why we are recommending patients get Shingrix (South Burlington Family Medicine, MD).
- Physician's understanding of the issue
 - They usually come to the staff and ask us what's going on. They prescribe it to everyone who needs it and we [the nurses] are responsible for keeping it on hand (LPN).
 - I think the commercial success and the demand exceeded what they expected it to be (MD).
- Physician's level of comfort discussing the issue
 - It's more often than not than its us [ancillary staff] that go in and talk with the patients about it. I've been recommending physicians put it in as a future order and then we'll contact them when he get it [Shingrix] (LPN).
 - I'm comfortable [talking to patients]... I think I have time for that conversation with most people (MD).

5: INTERVENTION & METHODOLOGY

- A brochure was created and distributed at South Burlington Family Medicine

What does this mean for me?

The vaccine may be currently unavailable at your primary care provider's office. It may not even be available at your local pharmacy. As of late October, only 33.3% of pharmacies within a 10 mile radius of Burlington had any vaccines available. Within this same radius, waitlists range from 10-115 people. **However, you still have options!**

The following pharmacies have been identified as having the vaccine available:

Rite Aid 158 Cherry St, Burlington
(802) 862-1562

Rite Aid 321 Main St, Winooski
(802) 655-2444

Walgreens 514 Farrell St, Burlington
(802) 651-0597

Shaws 66 Mountain View, Colchester
(802) 655-2536

Rite Aid 1024 North Avenue, Burlington
(802) 865

Please note: this data was collected in Oct 2018 and availabilities may differ.

Where can I find more information?

The Center for Disease Control and Prevention website:
<https://www.cdc.gov/vaccines/yd/shingles/public/shingrix/>

To find more information about pharmacies near you that may have the vaccine, use CDC's vaccine finder:
<https://vaccinefinder.org/>

The Shingrix Vaccine

An informational packet designed for South Burlington Family Medicine

What is Shingrix?

Shingrix is a vaccine that prevents shingles (herpes zoster), a disease caused by the varicella zoster virus. This is the same virus that causes chickenpox. Even after recovering from chickenpox, the virus stays inactive in your body and can reactivate years later. The risk of getting shingles increases as you get older or if you develop medical conditions that prevent your immune system from working properly.

At some point, you may have heard of (or received) another Shingles vaccine, called Zostavax. This is a slightly different vaccine that used to be recommended to adults 60 and older. The new vaccine, Shingrix, is a lot more effective at preventing Shingles, and so we are recommending you get Shingrix even if you've already gotten Zostavax.

Why do we recommend getting the vaccine?

Shingles is a painful rash that develops in a single area on your face or body. Before developing the rash, you can have itching, tingling, or pain in that region.

The most common complication from shingles is postherpetic neuralgia, which is a severe pain in the areas where the rash was. This can be extremely debilitating for a few weeks or even months. Some people may continue to experience this pain for years after the initial infection.

We recommend getting the vaccine in order to prevent developing shingles and the to prevent the complications, such as postherpetic neuralgia.

Who should get Shingrix?

The CDC recommends that healthy adults ages 50 and older get two doses of Shingrix, separated by 2-6 months. You should get the vaccine even if you've had Shingles in the past, you've already gotten the older Shingles vaccine (Zostavax), or even if you are not you've ever had chickenpox.

Who should not get shingrix?

You should NOT get Shingrix if you currently have shingles, have ever had a severe allergic reaction to a component of the vaccine, have tested negative for immunity to varicella zoster in the past, or are currently pregnant or breastfeeding.

If you are pregnant or breastfeeding, you should wait to get Shingrix until you are no longer doing so.

What about the shortage?

If you haven't heard already, there's a national shortage of the vaccine.

According to GSK, the manufacturers of the Shingrix vaccine, healthcare professionals are vaccinating against shingles at a higher rate than ever before. Because of this, the demand has exceeded the supply of vaccine on the market. In order to make sure the available supply is allocated appropriately, GSK has put limits on the number of vaccines individual providers can order.

GSK has planned to increase shipments, starting October 29th 2018. However, it may still take 2-4 weeks from then to fill the pipeline.

6: RESULTS/ RESPONSES

- Results were interpreted using direct feedback from the providers and staff at South Burlington Family Medicine
- FROM THE PROVIDERS
 - I think the brochure could be helpful for people... then they could sit with it, understand why they need a second one, instead of just the Zostavax (MD).
- FROM ANCILLARY STAFF
 - I think it will be really great information for the lay person (LPN).
 - I think it's super informative....but I'm seeing a lot of text blocks, which may be a problem for patients who don't want to or like to read. Overall, I think that having the information of where they can get the vaccine is very important (LNA).

7: PROPOSED EVALUATION OF EFFECTIVENESS

- A brief questionnaire would be provided to patients in the waiting room, along with pre-visit paperwork, with the following questions:
 - Have you heard of the Shingrix vaccine? (Y/N)
 - Have you heard of the vaccine shortage? (Y/N)
 - Do you feel like you know where you can get the vaccine? (Y/N)
 - Did you find the brochures in the waiting room about Shingrix to be helpful? (Y/N/I didn't see them)
- This would be used to assess patients' understanding of the vaccine and whether or not the brochure is making a difference
- Information from this questionnaire would be used to tailor future approaches

7B: LIMITATIONS

- Limited dispersal to one clinic in Burlington
- Unable to update list of pharmacies in brochure in real time
- Unable to release brochures with enough time to receive feedback directly from patients

8: RECOMMENDATIONS FOR FUTURE INTERVENTIONS/PROJECTS

- Feedback from patients about the usefulness of brochures or alternative more effective ways of sharing information
 - Ex) Using the MyHealth Portal
- Collaboration with local pharmacies to bring the vaccine into the clinic
- Creating a condensed version of the brochure with less information to make it more accessible

9: REFERENCES

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