

Background

- The Advisory Committee on Immunization Practices (ACIP) recommends that immunocompromised patients ages 19 years or older receive 2 doses of the recombinant herpes zoster vaccine (RZV) to prevent herpes zoster infections.
- Based on data previously collected at WVUH Specialty Pharmacy (WVUHSP), only 23.3% of patients on JAKi are appropriately vaccinated against herpes zoster per ACIP guidelines.

Objectives

Primary Endpoint

- Determine the number of patients that have started the two-dose RZV series while being on JAKi treatment for an inflammatory disorder at time of data collection

Secondary Endpoints

- Characterize patients based on age, gender, inflammatory disorder, prescribing provider and insurance coverage
- Compare patient reported barriers to receiving the vaccination series

Methods

Intervention:

Conducted via phone call and documented in the patient management program (PMP)

Pharmacist Assessment:

- Current RZV vaccination status
- Recommended by prescribing provider or any other provider
- Barriers to receiving vaccine
- Vaccination counseling
- Likelihood to receiving vaccine in next month

Post-Intervention:

30-days after intervention, collected number of patients who started the RZV series

Data Source: retrospective chart review including electronic health record and the West Virginia Statewide Immunization Information System (WVSIIS) was completed one month minimum after pharmacist assessment was completed

Inclusion Criteria:

- Inflammatory disorder
- Eligible for the two-dose RZV per ACIP guidelines
- Taking a JAKi at time of data collection
- Filling medication through WVUHSP while enrolled in the PMP during the 2023 calendar year

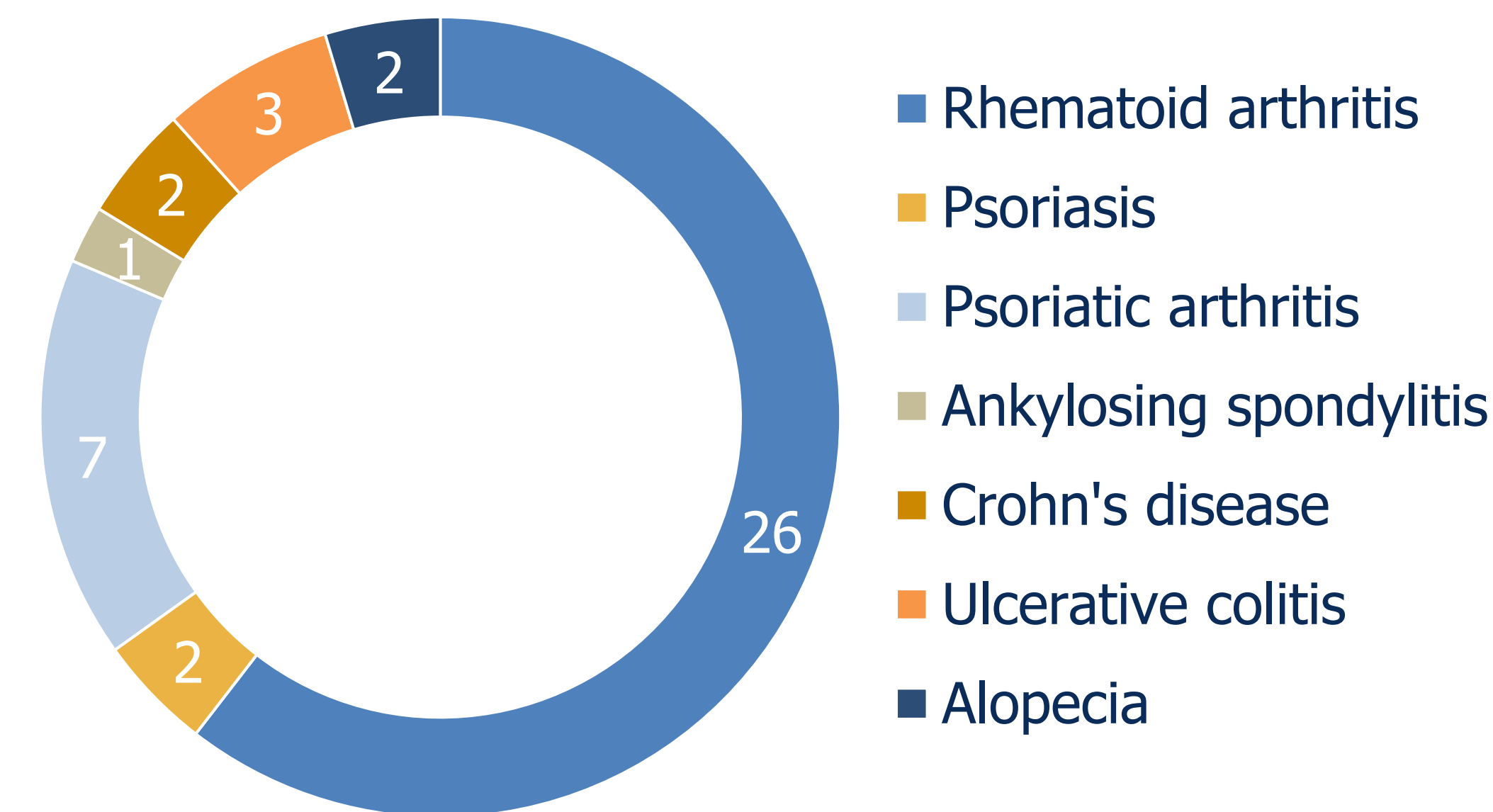
Exclusion Criteria:

- Patients < 19 years of age
- No longer taking a JAKi at time of data collection
- Previously started or finished the RZV series
- Not filling medication through WVUHSP or enrolled in the PMP during the 2023 calendar year

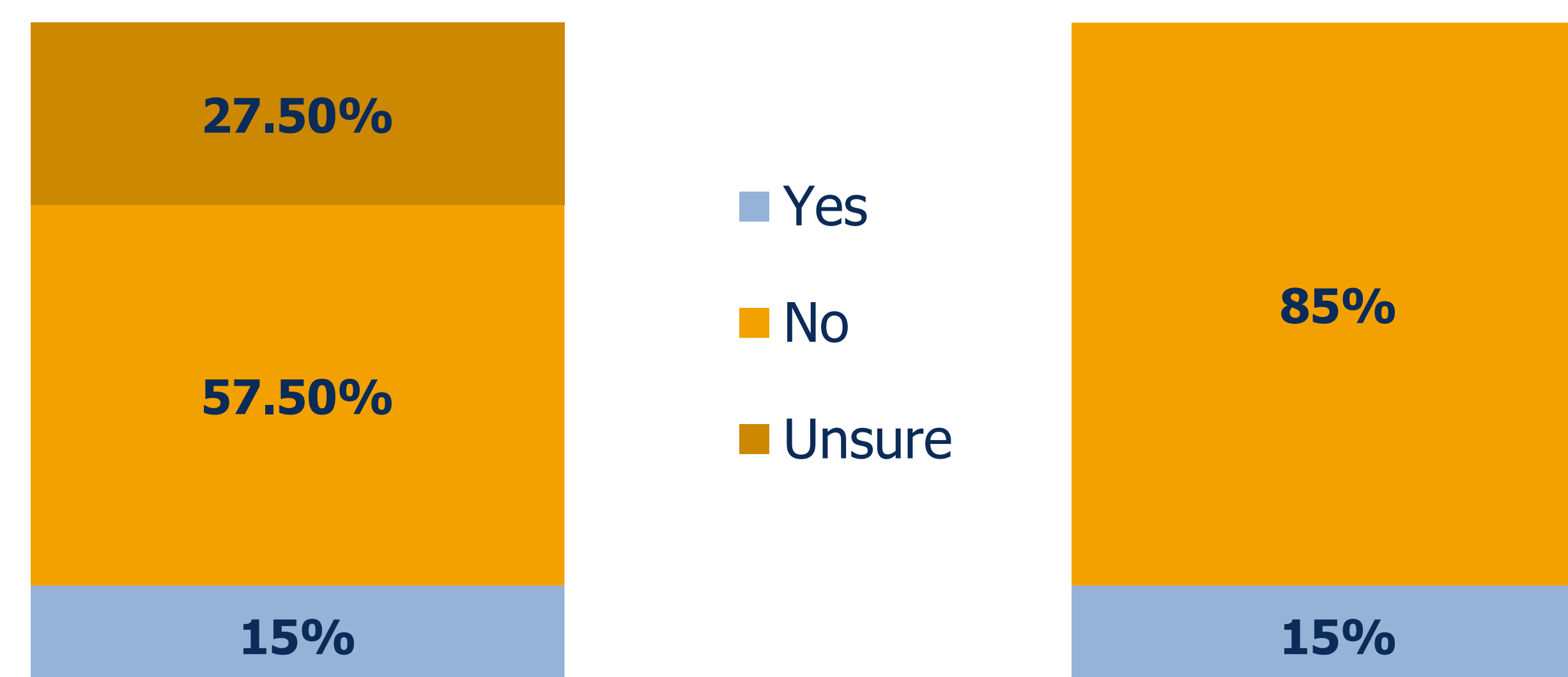
Results

Patient Characteristics, n = 40:

Insurance	Percentage (%)
Commercial	77.5
Medicaid	20
Medicare	2.5



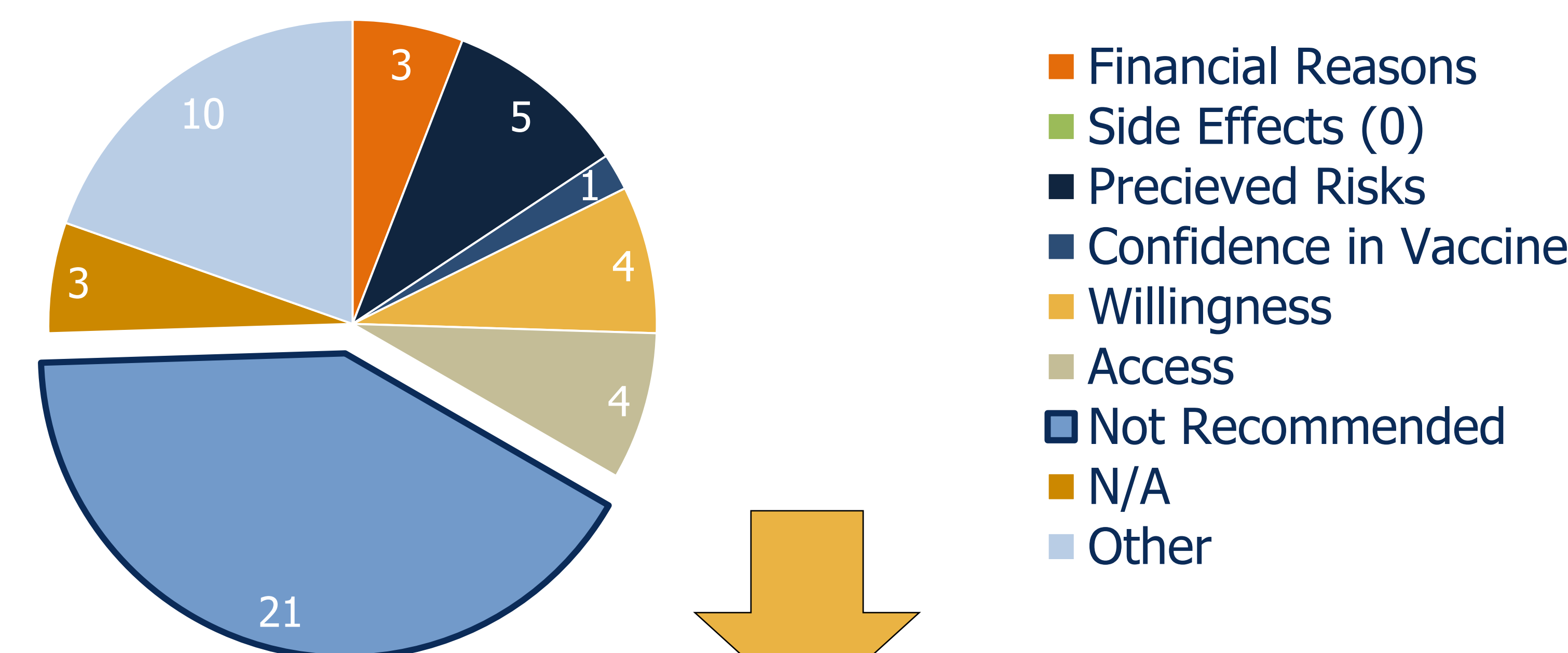
Reported Patient Knowledge of Vaccine Recommendation Before Pharmacist Intervention



Did your prescriber talk to you about receiving the RZV?

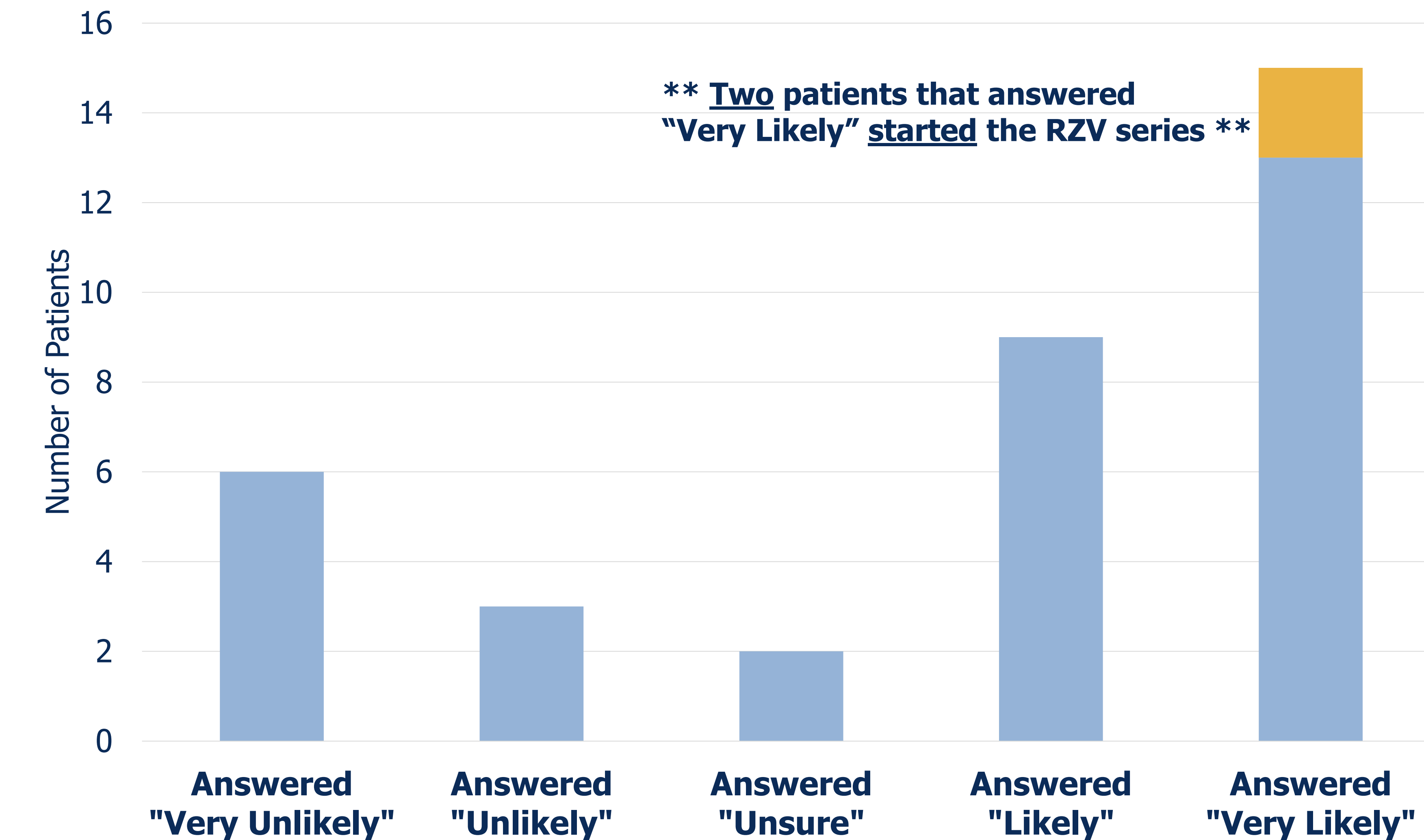
Did any other provider talk to you about receiving RZV?

Reported Barriers Before Pharmacist Intervention



70% of patients reported the RZV was not recommended to them prior to the pharmacist intervention

Patient Responses to "Based on our conversation over RZV today, how likely are you to get the RZV in the next month?"



Discussion

- Both the American College of Rheumatology and American College of Gastroenterology fail to address the RZV in their guidelines of vaccination care and both refer to the ACIP for guidance on vaccinations not included.
- Both prescribing providers and primary care providers can be unaware of this recommendation leading to the majority of patients not being properly vaccinated against herpes zoster.
- Limitations of this intervention include a short time frame in between pharmacist call and data collection and a small study population.

Conclusions

- Two of the forty patients contacted started the RZV series within 30 days of pharmacist intervention.
- Patient education was the most common reported barrier to patients not receiving the herpes zoster vaccination.
- Further evaluations looking at provider education status and providing education for these providers is the next step in getting more of this population appropriately vaccinated against herpes zoster.

References

- Anderson TC, Masters NB, Guo A, et al. Use of Recombinant Zoster Vaccine in Immunocompromised Adults Aged ≥19 Years: Recommendations of the Advisory Committee on Immunization Practices — United States, 2022. MMWR Morb Mortal Wkly Rep 2022;71:80–84. DOI: <http://dx.doi.org/10.15585/mmwr.mm7103a2externalicon>
- Bass, A.R., Chakravarty, E., Aki, E.A., Bingham, C.O., Calabrese, L., Cappelli, L.C., et al. 2022 American College of Rheumatology Guideline for Vaccinations in Patients with Rheumatic and Musculoskeletal Diseases. Arthritis Care Res, 75: 449-464. <https://doi.org/10.1002/acr.25045>
- Farraye, Francis A MD, MSc, FAGC1; Melmed, Gil Y MD, MS, FAGC2; Lichtenstein, Gary R MD, FAGC3; Kane, Sunanda V MD, MSPH, FAGC4. ACG Clinical Guideline: Preventive Care in Inflammatory Bowel Disease. American Journal of Gastroenterology 112(2):p 241-258, February 2017. | DOI: 10.1038/ajg.2016.537