

Revisiting the Zoster Vaccine Immunization Rate in the Family Health Center:
A project in collaboration with Bexar TAB & South Central Texas AHEC

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INTRODUCTION

In the US, currently 1 million people get shingles every year. More than 99% of those over 50 years old are infected with VZV, and one in three Americans will develop shingles in their lifetime. The previous Zoster vaccine (Zostavax) reduces the risk of developing shingles by 51% and post-herpetic neuralgia by 67%. The new 2-dose Shingrix vaccine reduces the risk of developing shingles by more than 90% in people 50 and older and post-herpetic neuralgia by more than 88%. Despite this evidence, people do not get vaccinated.

A previous QI project performed at the Family Health Center (FHC) in 2012-2013 assessed the Zoster vaccination rate and the barriers to receiving vaccine:

- Phase 1 (2012) showed interventions increased the Zoster vaccination rate from 3% to 13%.
- Phase 2 (2013) showed an initial increase of 31%, but the intervention had no significant impact as the rate was maintained at 30% post-intervention.

OBJECTIVE

To reassess the rate of zoster vaccination at the FHC and to identify causes of decline and/or improvement and implement new strategies to address these issues and improve future rates at the FHC.

MATERIALS & METHODS

Setting: Family medicine resident clinic serving low income, urban Hispanic population in San Antonio, TX.

Procedure: 194 patient charts were reviewed from July 2015 and 200 from June 2016. An additional 174 charts will be reviewed from July 2016-June 2017. Investigators reviewed the following: age, gender, insurance type, Zoster vaccination status, date of vaccination, and contraindications, if any.

Inclusion criteria for chart review:

- Age ≥ 60
- Established care at the FHC with at least one visit in the last 12 months

RESULTS

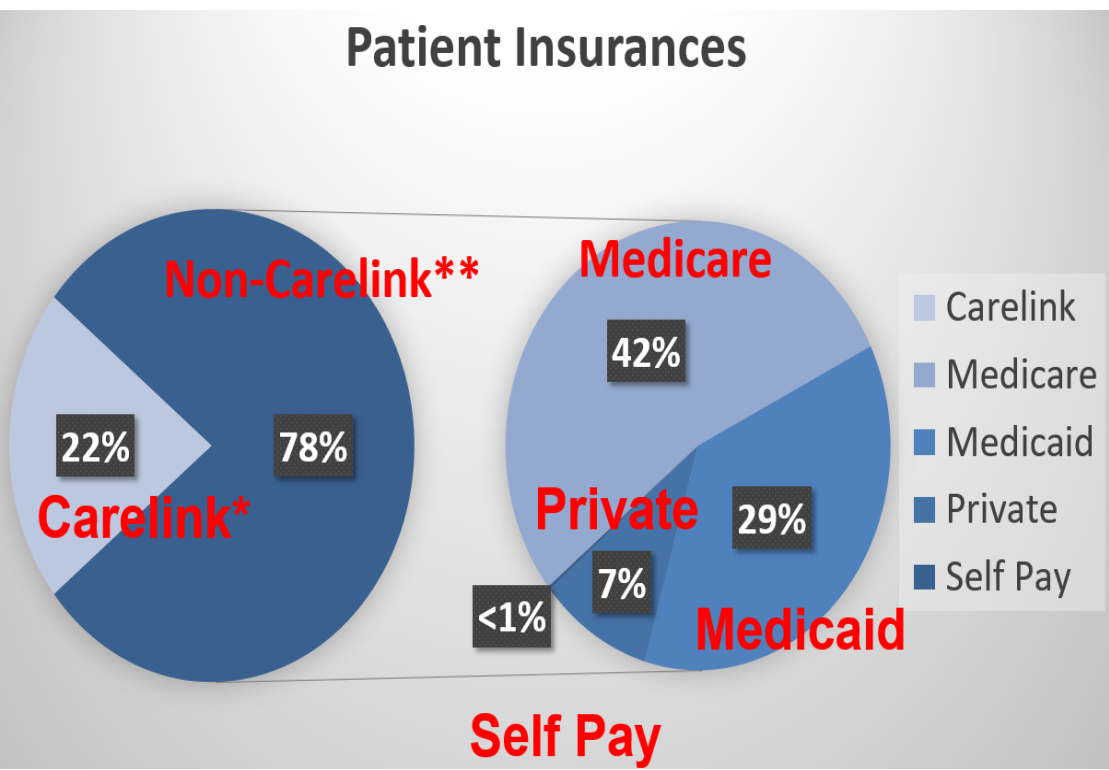


Figure 4: Distribution of the payment type and insurances of the patients reviewed in the study.
*Carelink = Bexar County Payment plan provided to patients that qualify
**Non-Carelink= combination of Medicare, Medicaid, Private pay and self pay

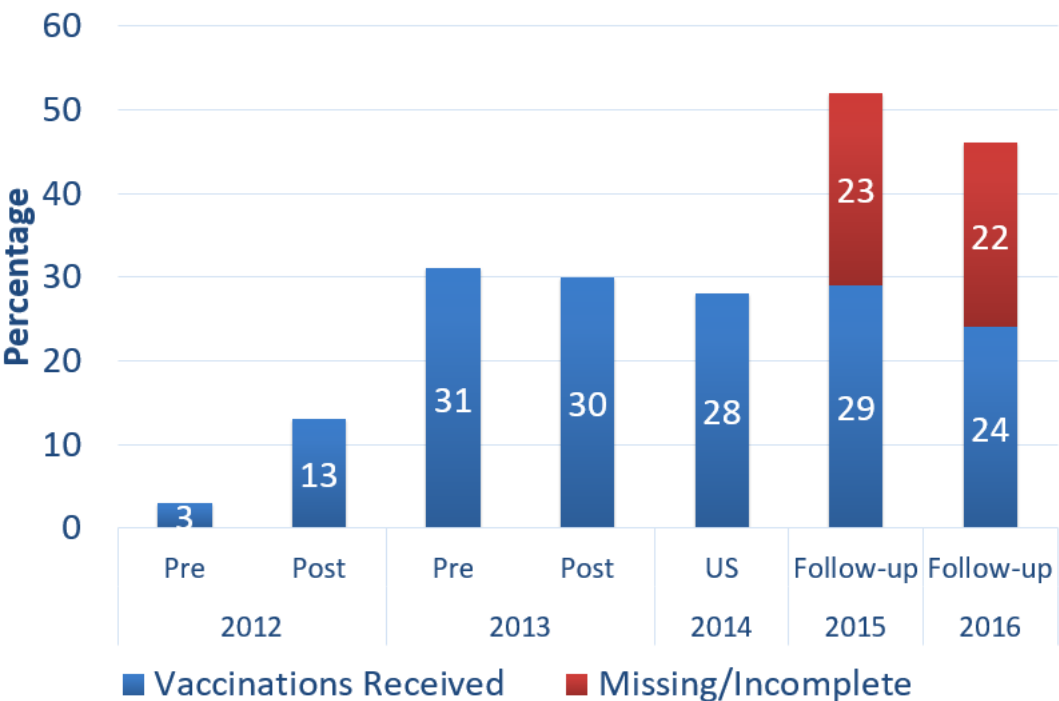


Figure 1: Zoster immunization rates and documentation at the FHC between 2012 and 2016.

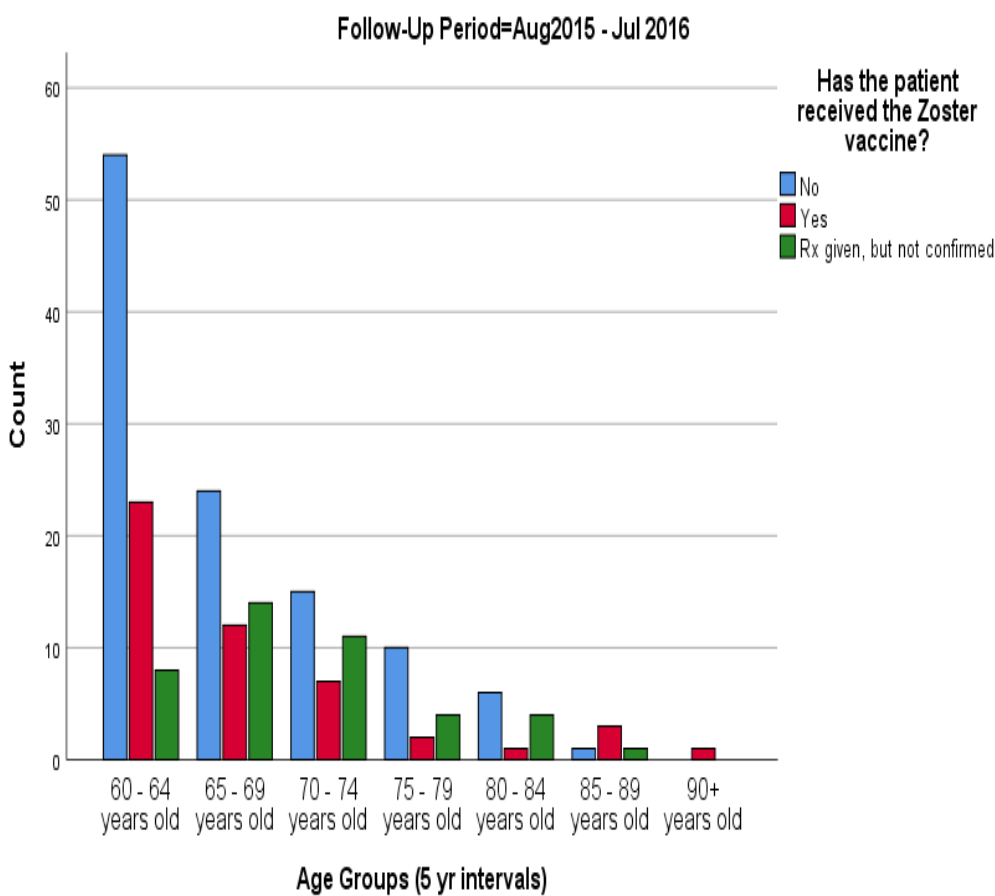


Figure 2: Distribution of age groups in follow-up period from from August 2015 – July 2016

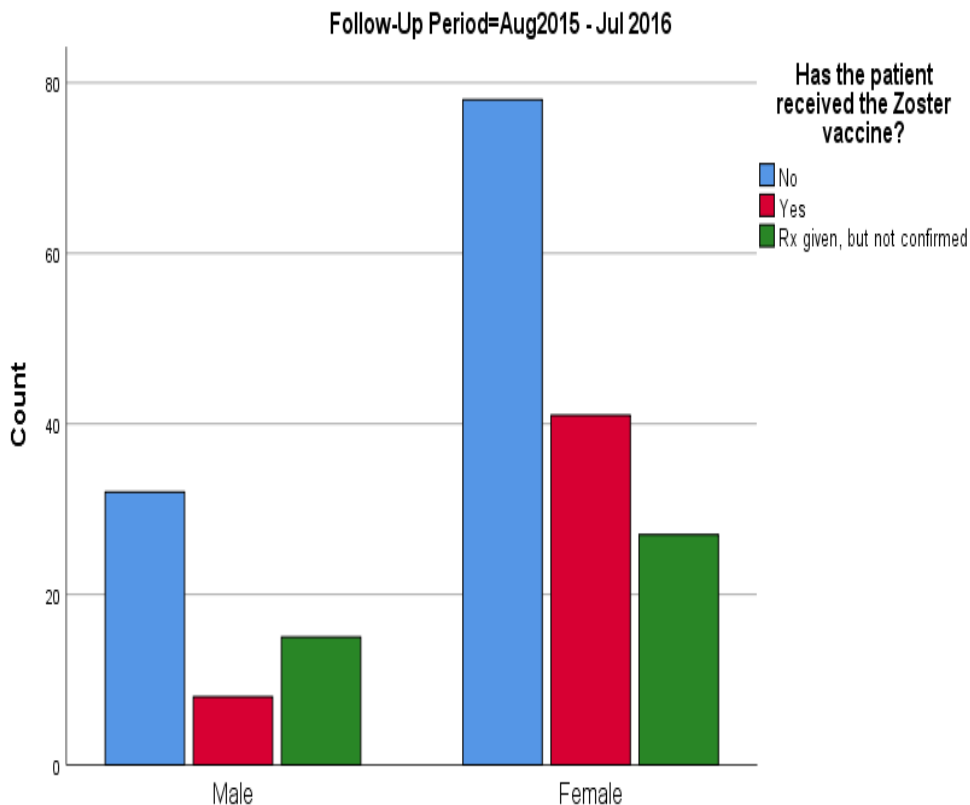


Figure 3: Distribution of patients by sex and if they received the vaccine, prescription was given, but patient has not yet received vaccine, or patient has not received prescription or vaccine.

CONCLUSION

The changing rate of vaccine administration (initial increase followed by decline in vaccination rate) post intervention demonstrates the significant impact of barriers to vaccination on vaccination rates. The retrospective chart review of extraction criteria performed at the FHC to identify zostavax vaccination rate will be applied to the new shingles vaccination, Shingrix. FHC plans to identify new barriers and interventions to improve future Shingrix vaccination rates. In collaboration with Bexar TAB & South Central Texas Area Health and Education Center, a dissemination plan will be developed to the community as a model..

REFERENCES

1. Williams WW, Lu P, O'Halloran A, et al. Surveillance of Vaccination Coverage Among Adult Populations — United States, 2014. MMWR Surveill Summ 2016;65(No. SS-1):1–36. DOI: <http://dx.doi.org/10.15585/mmwr.ss6501a1>

2. <https://www.cdc.gov/vaccines/vpd/shingles/index.html>