



Improving Shingrix Vaccination Rate Among Veterans on a Resident PCP Panel

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Background

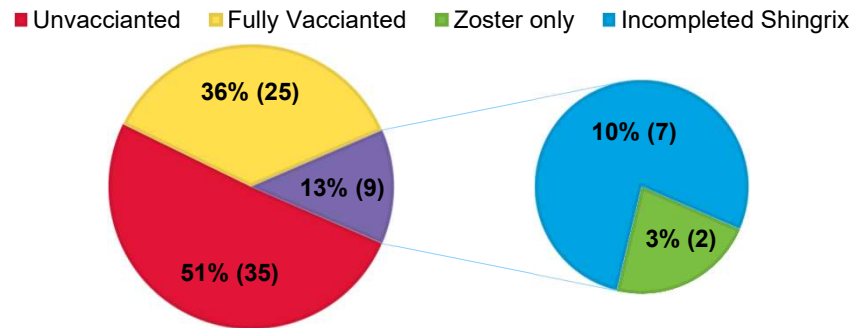
- Herpes zoster, commonly known as shingles, typically presents as a painful rash in people previously infected with the varicella zoster virus.
- It is estimated that one out of three people in the United States will develop shingles in their lifetime.
- Two vaccines, the Zostavax and Shingrix, have been approved to prevent shingles. However, Shingrix is more efficacious in preventing disease, offers longer-lasting protection, and can be administered to a wider population base.

Methods

- This project targets patients on a resident PCP panel at the Rocky Mountain Regional VA Medical Center who have received either the first Shingrix or only Zostavax and aims to have 50% of the patients receive another shot before June 2022.
- Vaccination data was obtained through Almanac, a proprietary VA panel management tool.
- Patients under 50 years old or unvaccinated were excluded from the study.
- Fully vaccinated patients were also excluded.
- Over the course of a month, patients were contacted through direct-phone call or a letter. Results were followed up in 2 months.

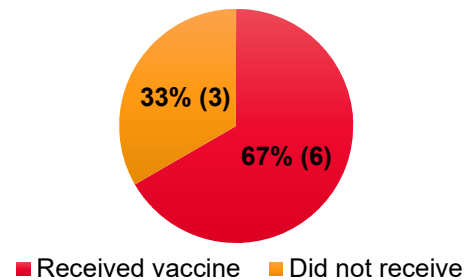
Results

BASELINE FOR VACCINE ELIGIBLE PATIENTS



- **Fig.1.** On a panel of 90 patients, 68 patients were eligible for the Shingrix vaccination. For this study 35 were excluded for having no vaccination records. Another 25 patients were further excluded for being fully vaccinated. A total of 9 patients were partially vaccinated, 2 of which received only the zoster vaccine.

VACCINATION STATUS AFTER INTERVENTION



- **Fig.2.** Results were followed up 2 months after initial contact with patients through phone/mail. Six patients received an additional Shingrix shot, and three patients did not.

Conclusions

- This QI project was feasible due to patient panel size.
- Multiple systems issues discovered during project.
- While completing the Shingrix series is important, aiming to revaccinate Zostavax patients is potentially more beneficial.
- Zostavax is only moderately effective in preventing shingles (~50%), and its effectiveness substantially decreases five years after administration.

Implications

- CPRS lacks shingles vaccination as clinical reminder and requires manually scheduling for follow-up shingles appointments.
- Future projects to modify clinical reminders and scheduling and potentially improve overall vaccination rates.
- The biggest risk factor for shingles is age, and Zostavax weans with age; all patients that received Zostavax should get revaccinated with Shingrix when possible.

References

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- Maltz and Fidler, *New Herpes Zoster Vaccine*, 406-409, 433
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