IMMUNIZATIONS NEWSLETTER

PROVIDING GSA MEMBERS WITH UPDATES ON ADULT IMMUNIZATIONS

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FEATURES

News

• Recently published articles provide insights into safe and effective use of the new recombinant zoster (shingles) vaccine (RZV). In one study by Grupping et al. (J Infect Dis. 2017;216:1343–51), RZV was safe while inducing a strong immune response in people who previously received the older live zoster vaccine. Schwarz et al. found no interference in immune responses and no safety concerns when RZV was coadministered with seasonal influenza vaccine in adults aged 50 years or older (J Infect Dis. 2017;216:1352–61). An accompanying editorial commentary provides a short summary of shingles and analyzes the implications of the findings in these two studies (Oxman et al. J Infect Dis. 2017;216:1329–33).

Resources

• The Centers for Disease Control and Prevention (CDC) has released a vaccine information statement (VIS) for the new RZV. A revised VIS is available for the older product, live zoster (shingles) vaccine (ZVL).
• If you’re looking for material to use in discussions with community partners or policy makers on ways to improve adult immunization rates, a PowerPoint file on the GSA website could help. The slides are from a roundtable discussion on the status of federal legislation to increase adult vaccination rates, the current status of adult vaccinations, and summaries of successful efforts in Wisconsin (through community pharmacies), Louisiana (in a large health system), and California (at the state level).
It’s been an intense influenza season, with high morbidity and mortality and concerns about low vaccine effectiveness. Despite record levels of influenza cases and hospitalizations in the current season, some people are hesitant to get the vaccine, citing low effectiveness as a reason to do nothing. This hesitancy can carry over into the next season.

Using reminder/recall systems—described in the main article in this issue—coupled with public health messaging can help increase vaccination rates. For example, when sending messages about flu vaccine availability, remind patients that even if immunized people catch the flu, they usually have less severe disease. The CDC offers social media messages that are short enough to use via text or email when providers are sending bulk reminders. The right messages can motivate patients to take positive actions to improve their health!

Using Reminder/Recall and Immunization Information Systems in Vaccine Programs

As 21st century texts, tweets, and beeps provide inexpensive and (relatively) unobtrusive means for people to communicate, new technologies are being adapted to remind patients or target audiences that vaccinations are due (reminders) or overdue (recalls). Reminder/recall systems can be crucial in maximizing vaccination rates for adults, especially when combined with effective health promotion messages. Technology is also playing a big role to support vaccine advocacy by providers at the point of care.

A great source of evidence-based information on such technologies is The Community Guide website, which presents findings of the Community Preventive Services Task Force (CPSTF), an independent group of experts that receives administrative, research, and technical support from the CDC. Let’s take a look at available tools useful in vaccine reminder/recall systems and at the point of care.

Biological Sciences

Today’s communications options are useful for compensating for some of the biologic realities of currently available vaccines. A new shingles vaccine is becoming available, and its two-dose series will necessitate getting older adults back after a 2-month gap. Similarly, patients receiving their first pneumococcal vaccination (13-valent conjugate vaccine; Prevnar 13)—usually at age 65—need to return for the second vaccination (23-valent pneumococcal polysaccharide vaccine; Pneumovax 23) a year later. Reminder/recall systems are vital for dealing with these challenges.
Physicians, pharmacists, dentists, and other health professionals have incorporated robocalls, email messages, and texts into their reminder/recall systems. According to a 2015 CPSTF statement, “Evidence indicates that client reminder and recall systems can be an effective strategy to reach a large number of clients and achieve vaccinations with relatively few economic resources.”

In 24 studies conducted in the United States and four other countries between 1997 and 2012, CPSTF found that the median cost of interventions was $2.13 per person per year, or $15 per additional person vaccinated. In addition to newer technologies, interventions included personal telephone calls, letters, and postcards. The task force concluded that newer technologies need to be studied in future research.

Once a patient is with a health professional, the next challenge is often confirming which vaccines are due. For that, immunization information systems (IISs) are needed.

In a statement last updated in 2014, CPSTF describes IISs as “confidential, population-based, computerized databases that record all immunization doses administered by participating providers to persons residing within a given geopolitical area.” The systems are operational in all states except one, CPSTF said, and evidence from 108 published studies and 132 conference abstracts shows that vaccination rates are increased when IISs are available.

When IIS records are connected to specific patient histories in electronic health records, health professionals can receive alerts for needed vaccines during patient visits. In a study of pediatric and adolescent patients, Stockwell et al. found that up-to-date vaccination status increased significantly when records were connected, and overimmunizations decreased. Such systems can be used to perform reminder/recall functions; if the data are available, they can be used to send messages to those needing vaccines.

Public health officials also rely on IISs to contain outbreaks of vaccine-preventable diseases, the CPSTF report explains. The systems have also been useful in public health emergencies such as Hurricane Katrina, when online vaccination records helped health professionals determine the immunization needs of displaced individuals.
A look at the vaccine resources reviewed on The Community Guide website reminds us that an intervention we tend to turn to—education of providers or patients—has rarely been shown in well-designed studies to improve vaccination rates. In fact, the Guide notes, evidence is insufficient to recommend either type of educational programs.

The availability of targeted vaccine messaging using reminder/recall technologies offers an active intervention that is proven effective in raising immunization rates. These systems can be supported through broader health promotion messages, or such messages can be incorporated into reminder/recall texts and emails that both motivate and provide an action path for recipients.

Online and downloadable health promotion tools available on The Community Guide website emphasize messages such as the following:

- Undervaccination leaves vulnerable populations in communities.
- Vaccines have proven track records of protection.

With today’s technology, vaccine advocates and immunizers combine tools to more effectively work toward the common goal of defeating vaccine-preventable diseases. Find the ones that will best work in your situation and community and put them to work!

**BEHAVIORAL/SOCIAL SCIENCES**

**SOURCES AND RESOURCES**

- The Community Guide website