Improving Recombinant Zoster Vacciination Rates in Patients Receiving Biologic Therapy in the Rheumatology Clinics at the Orlando VA Healthcare System.

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Problem Statement/ Background

- Herpes zoster is a painful rash that involves one to three adjacent dermatomes, secondary to reactivation of latent varicella-zoster virus (VZV).
- About 95% of the U.S. population has been exposed to VZV, and therefore are at risk of developing herpes zoster.
- Many patients with rheumatologic conditions are at higher risk for herpes zoster and related complications because of their immunocompromised state.
- Since 2017, The Centers for Disease Control and Prevention has recommended the 2-dose series recombinant zoster vaccination (RZV) in all immunocompetent adults aged ≥50 years.
- In 2021, this recommendation was expanded to include adults aged ≥18 years who are or will be immunodeficient or immunosuppressed because of disease or therapy.
Current Condition

• Scope: Patients seen in the Rheumatology clinic at the Orlando VA Healthcare System on biologic medications or targeted synthetic DMARDs (JAK inhibitors)

• 808 patients aged ≥18 years who were prescribed biologics or JAK inhibitors in the past year (2/25/2021 – 2/25/2022)

• 67% (n=540) had not received RZV vaccination

• 418 of these patients were ≥50 years of age

• Only 33% of our patients on biologic therapy have been appropriately vaccinated against VZV
Aim Statement

• Increase the number of biologic or JAK inhibitor treated patients who receive at least the first dose of the RZV vaccine to 50% by 10/1/22
Root Cause Analysis

- Why do we miss Shingrix vaccines?
  - We focus on COVID vaccines first
  - We do not address it if age <50
  - Other priorities for rheumatology patients
Interventions

- Pre-visit planning done by the rheumatology nurses and providers which includes screening for RZV vaccination
- Visual aid displayed in exam rooms encouraging patients to ask about RZV vaccination
- Providing education and counseling on the RZV vaccine at each clinic visit
- Presentation to rheumatology faculty about our baseline metrics and discussion about immunization recommendations for immunocompromised patients

Are you up to date with your vaccines?

Shingles can be a VERY painful re-activation of the Chicken pox virus.

Your rheumatology medications or age may put you at risk!

Ask about the Shingrix vaccine!
Ideal Process Map

Nurses review next week schedule of patients and screen for RZV vaccination

Provider prescreens patients day before or day of appointment including vaccination status

Patient roomed for appointment

Patient may see flyers educating about RZV purpose and eligibility

Provider discusses vaccine recommendation and risks/benefits if patient eligible

If patient agrees, provider orders both doses of RZV

Provider notifies nurse

*Vaccination may be deferred if more pressing vaccines needed first, or patient in acute flare or on high dose steroids, or siming with Rituximab infusion

Pharmacy reviews order and process it

Most patients seen for follow up in 2-6 mo and 2nd dose administered then

Patient scheduled for follow up appointment

Nurse administers vaccine

Nurse pulls from rheumatology clinic pyxis

*Other processes may need to be utilized for patients seen by VVC or phone for appointments

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Next Steps

• Will continue to bring up topic at section meetings

• Collect data again 10/1/22 about RZV vaccination for patients on biologics seen in our clinic in the last year
  o Outcome metric: % of patients with RZV vaccination
  o Balancing metric: Patient and provider satisfaction
References

