

UNIVERSITY Addressing Educational and Coordination Barriers for Adult Pneumococcal Disease Prevention in Rhode Island



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Overarching Goal:

[&]quot;To provide adult pneumococcal immunization education, and coordinate vaccination efforts among Health Care Professionals"

[&]quot;To improve the pneumococcal vaccination rate and subsequently, decrease the burden of pneumococcal disease in Rhode Island's adult population"

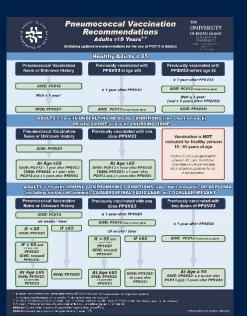
Impact to Rhode Island



Education:

- As of December 2015 our academic detailers have visited 121 out of 177 pharmacies in the state of RI.
- We have attended 27 public health events impacting an estimated 6,047 Rhode Islanders.
- We have distributed our materials to 6 out of 12 RI hospitals.
- The URI College of Pharmacy Outreach Program has distributed our materials at 89 public health events, impacting approximately 3,368 seniors in RI.
- •We have redesigned all of our educational materials to reflect the updated ACIP adult pneumococcal vaccination recommendations. (September 2015)

Educational Materials





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Pneumococcal Vaccination

Pneumococcal Vaccination Information Sheet occus pneumonise bacteria (i.e., pneumococci) are usually found in the upper respiratory tract of Pneumococcal disease most often occurs in older people as well as in people with a predisposing condit (e.g., immunosuppression, pulmonary disease, heart disease, disbetels). The disease rates for adults in these groups can be more than 20 times those for adults without high-risk medical conditions. Question: Can I get the influenza and pneumococcal vaccines at the same time? Yes. These vaccines can be given at the same time. If giving two IM vaccinations, separate by one inch in the body muscle to reduce likelihood of local reactions overlapping. Question: If patients who are in a recommended risk group for PPSVI3 or PCVI3 aren't sure if they have previously received these vaccines, should healthcare providers vaccinate them? Yes, if patients do not have a documented vaccination history for these two vaccines and their records are not readily obtainable, you should administent the recommended doses. Edia doses will not cause harm to the Question: Is an egg allergy a contraindication for PCV13 or PPSV23? No. Both vaccinations are safe for persons with egg allergies. Yes, Patient-hold cards are an extremely important part of a person's medical history. The person may move to an area without a registry, and a personal record may be the only vaccination record available. In addition even within a state, all healthcare providers may not participate in the registry, and the personal record card would be needed. Question: My patient has had laboratory-confirmed pneumococcal pneumonia. Does he/she still need to be vaccinated with PPSV23? Yes. There are more than 90 known serotypes of pneumococcus (23 serotypes are in the current vaccine infection with one serotype does not necessarily produce immunity to other serotypes. As a result, if the person is a candidate for vaccination, he/she should receive if even after one or more episodes of invasis. Coestion, may a presummence and extension reconstruction and a strainment of the control of the coestion of th

Pneumococcal Vaccination Information Sheet

How Supplied:

Storage and Handling:

Special instructions:

Route of Administration:

Storage and Handling: Store at 2°C to 8°C

Special instructions: Route of Administration

BCBS of RI www.bcbsri.com/providers 401-274-4848 1-800-230-9056 UnitedHealthCare www.unitedhealthcareonline.com 1-877-842-3210

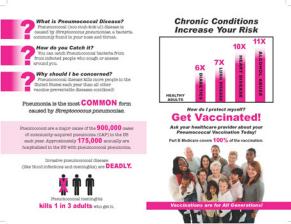
RI Department of Health State Supplied Vaccination Program www.health.rl.gov/resources/immunization/

- Do not give PPSV23 or PCV13 to patients who have a history of a serious reaction (e.g., anaphylaxis) after
- Do not give PPSV23 and PCV13 simultaneously. For vaccine naive patients, give PCV13 first, followed by a dose of PPSV23 ≥ 1 yeard (unless patient in a population specified by ACIP to require shorter interval, see page 1). For patients who have already received PPSV23, give PCV13 12 months after the most recent dose of PPSV23.
- Nacion Co-definitiation (1) all succises used for routine vaccination in the United States can be given on the same day (2) and insolvated vaccine on the administration of the same day (3) and y 2 LME vaccines that are not place no the before or after another inscribed or a like vaccine; and (3) any 2 LME vaccines that are not place on the same day must be spood at least 4 vector apart. Total revaccine is a live, attenuated vaccine; injectable influenza vaccine and presumptionical polysaccinariate vaccine are inactivated vaccines. So these 3 vaccines are not be given on the same day or at lay form before or after earlied. They should be given as separated

Most common side effects from either PPSV23 or PCV13 are soreness and redness at the injection site,

Drug Information Services 401-874-9188 Monday-Friday 8:30 am - 4:00 pm EST



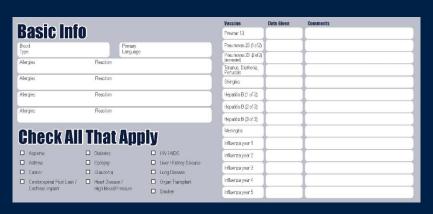


Coordination and Communication

- We designed a vaccination wallet card to help improve coordination of care. Our wallet card sleeve and patient handout have been translated into 5 different languages.
- We developed a 30 second PSA about pneumococcal vaccination which aired 227 times on 6 radio stations throughout RI to an estimated audience of 368,895.





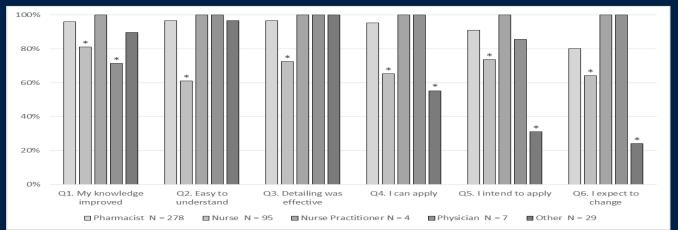


Results

 Our statewide pharmacist-driven campaign to increase adult pneumococcal vaccination through academic detailing to immunization providers and community outreach efforts resulted in increased provider knowledge regarding the pneumococcal vaccine, as well as decreases in pneumococcal pneumonia in RI.

	Pre-intervention	Intervention	Post-intervention
Rhode Island, pneumococcal disease per 10,000 discharges	12.8	10.8	3.6
Pneumonia	10.6	8.1 ^a	3.6 ^b
Bacteremia	2.0	2.0	0
Rhode Island, pneumococcal disease per 10,000 bed days	2.6	2.2	0.8 ^b
Pneumonia	2.1	1.6ª	0.8 ^b
Bacteremia	0.4	0.4	0
Rhode Island, monthly incidence of invasive pneumococcal	0.53	0.59	0.15
disease per 100,000 population			
New England, monthly incidence of invasive pneumococcal	0.34	0.80ª	0.54 ^b
disease per 100,000 population			
United States, monthly incidence of invasive pneumococcal	0.37	0.42ª	0.39
disease per 100,000 population			

Periods: pre-intervention January-October 2013, intervention November 2013-July 2015, post-intervention for discharges August-September 2015, post-intervention for invasive disease August 2015-May 2016. Indicates significantly (p<0.05) different from pre-intervention period different from intervention period



^{*} Significant (p<0.05) differences as compared to pharmacists.