

Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/focus-on-pharmacy/how-to-counsel-your-vaccine-hesitant-patients/13552/>

ReachMD

www.reachmd.com
info@reachmd.com
(866) 423-7849

How to Counsel Your Vaccine-Hesitant Patients

Dr. Caudle:

Welcome to ReachMD. I'm your host, Dr. Jennifer Caudle, and today I'm with pharmacist, Dr. Christopher Altman, Director of Immunization and Clinical Programs. Dr. Altman, thank you for joining us today.

Dr. Altman:

Thank you for having me.

Dr. Caudle:

Now, Dr. Altman, let's dive right in. When we consider vaccine hesitancy, what does that mean exactly to you and your patients?

Dr. Altman:

Vaccine hesitancy is a state of indecision and uncertainty about vaccination that your patients have before they decide to receive a vaccine. Now this indecision can be caused by many things, including a decline in public's trust of experts, preference for alternative health, and even political issues. For our Black and Hispanic patients, they may have additional reasons to be hesitant, including the mistrust of the healthcare system.^{1,2}

Dr. Caudle:

And based on your experience, what kind of role do pharmacists play in addressing vaccine hesitancy?

Dr. Altman:

Pharmacists are among the most trusted figures when it comes to healthcare advice.³ We're also one of the most important sources for healthcare information for our patients, due to the number of encounters our pharmacists have with patients each year. Most patients see their pharmacists more than they see their doctor.^{3,4} So when you put those together, pharmacists have a power to influence a patient's willingness to consider shingles vaccination.³

Dr. Caudle:

With that in mind, how do you approach a conversation with a patient 50 years or older who is hesitant about receiving the shingles vaccine?

Dr. Altman:

It's important to find the time to have an open and frank conversation with your appropriate patients about the risk of shingles and the importance of vaccination. Take time to listen to their reasons for hesitancy, and acknowledge their concerns. Mention how 1 in 3 people will get shingles in their lifetime, and explain how debilitating the effects of shingles can be.^{5,6}

Then advise your patients that the risk of getting shingles can be reduced by getting vaccinated.⁷

Dr. Caudle:

For those of you who are just tuning in, you're listening to ReachMD. I'm your host, Dr. Jennifer Caudle, and today I'm speaking with Dr. Christopher Altman. Before we continue our conversation about talking to your vaccine-hesitant patients, let's review some information about SHINGRIX.

ReachMD Announcer:

Indication: SHINGRIX (Zoster Vaccine Recombinant, Adjuvanted) is a vaccine indicated for prevention of herpes zoster (shingles) in adults aged 50 years and older.

SHINGRIX is not indicated for prevention of primary varicella infection (chickenpox).

Important Safety Information: SHINGRIX is contraindicated in anyone with a history of a severe allergic reaction, for example, anaphylaxis, to any component of the vaccine or after a previous dose of SHINGRIX. There's additional Important Safety Information at the end of this video and at SHINGRIXhcp.com. Please see the full Prescribing Information for SHINGRIX on this website.

Dr. Caudle:

Dr. Altman, for patients who tell you they either don't want or don't need a shingles vaccine, are there specific behavioral techniques you use when speaking with them?

Dr. Altman:

Be compassionate and show empathy. Be genuinely curious about the reasons why the patients feel the way they do. Arguing and debating don't work. Taking a strong initial stance may also backfire, especially with people who have serious concerns about vaccines. And keep in mind, it may take more than one conversation to build trust.

Dr. Caudle:

And before we close, do you have any final advice for your fellow pharmacists?

Dr. Altman:

I do. Start by asking your patients who are 50 years and older if they're comfortable discussing shingles vaccinations with you. Say something like, 'If it's okay with you, I'd like to spend a minute talking to you about the risk of shingles and how to help prevent it.' If the patient says no, respect that; offer to have the conversation at a future date, or explore the reasons why the patient doesn't want to talk about it. The goal is to understand, not change their mind. Remember, these conversations may take time and they may continue over multiple visits.

ReachMD Announcer:

Here's additional Important Safety Information for SHINGRIX.

Review immunization history for possible vaccine sensitivity and previous vaccination-related adverse reactions. Appropriate medical treatment and supervision must be available to manage possible anaphylactic reactions following administration of SHINGRIX.

In a postmarketing observational study, an increased risk of Guillain-Barré syndrome was observed during the 42 days following vaccination with SHINGRIX.

Syncope, or fainting, can be associated with the administration of injectable vaccines, including SHINGRIX. Procedures should be in place to avoid falling injury and to restore cerebral perfusion following syncope.

Solicited local adverse reactions reported in individuals aged 50 years and older were pain (78%), redness (38%), and swelling (26%).

Solicited general adverse reactions reported in individuals aged 50 years and older were myalgia (45%), fatigue (45%), headache (38%), shivering (27%), fever (21%), and gastrointestinal symptoms (17%).

The data are insufficient to establish if there is vaccine-associated risk with SHINGRIX in pregnant women.

It is not known whether SHINGRIX is excreted in human milk. Data are not available to assess the effects of SHINGRIX on the breastfed infant or on milk production and/or excretion.

Vaccination with SHINGRIX may not result in protection of all vaccine recipients.

Dr. Caudle:

I'd like to thank my guest, Dr. Christopher Altman, for insights on talking to our vaccine-hesitant patients who are 50 years and older, and telling them about SHINGRIX.

Dr. Altman:

Thank you for having me.

References:

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hesitancy. *J Am Pharm Assoc.* 2022;62(1):305-308. doi:10.1016/j.japh.2021.10.001

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5. Kawai K, Gebremeskel BG, Acosta CJ. Systematic review of incidence and complications of herpes zoster: towards a global perspective. *BMJ Open.* 2014;4(6):e004833. doi:10.1136/bmjopen-2014-004833

6. Harpaz R, Ortega-Sanchez IR, Seward JF. Prevention of herpes zoster: recommendations of the Advisory Committee on Immunization Practices (ACIP). *MMWR.* 2008;57(RR-5):1-30.

7. Prescribing Information for SHINGRIX.

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