Transcript Details
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How to Talk About Pneumococcal Disease With Your Adult Patients at Increased Risk

Announcer Opening:
You're listening to ReachMD.

This industry feature, titled "How to talk to your patients at increased risk about pneumococcal disease" is paid for and brought to you by Merck. This is not a certified continuing medical education program. This program is intended for health care professionals in the United States, its territories and Puerto Rico.

The references for the information discussed today are available in the transcript which can be accessed on the site where you have listened to this podcast.

Here's your host, Margo Trueblood.

Host:
Welcome. Today, we'll be talking about pneumococcal disease and how to have conversations with your adult patients under age 65 who have certain chronic conditions.

With us is Dr. Vincent Hsu, an internal medicine, infectious diseases and preventive medicine physician at AdventHealth Medical Group in Orlando, Florida.

Dr. Hsu:
Happy to be here.

Host:
So, let's jump right in. Many adult patients under age 65 may visit your office because of a chronic condition.[1] And with the limited time[2,3] of an office visit, how do you make them aware of their increased risk of pneumococcal disease?

Dr. Hsu:
We can all make an impact by considering these 4 steps: Assess, Recommend, Administer or Refer, and Document to help ensure our patients are up to date on vaccines recommended by the Centers for Disease Control and Prevention, or CDC, including vaccination for pneumococcal disease.[4]

Host:
We'll be taking a closer look at how we can carry out these steps. But first, let's take a moment to discuss Indications and Select Safety Information for PNEUMOVAX 23, pneumococcal vaccine polyvalent, before we go deeper into the individual steps.

Announcer:
PNEUMOVAX 23 is a vaccine indicated for active immunization for the prevention of pneumococcal disease caused by the 23 serotypes contained in the vaccine. The serotypes included are 1, 2, 3, 4, 5, 6B, 7F, 8, 9N, 9V, 10A, 11A, 12F, 14, 15B, 17F, 18C, 19F, 19A, 20, 22F, 23F, and 33F.

PNEUMOVAX 23 is approved for use in persons 50 years of age or older and persons aged ≥2 years who are at increased risk for pneumococcal disease.

PNEUMOVAX 23 will not prevent disease caused by capsular types of pneumococcus other than those contained in the vaccine.

Host:
Can we take a closer look at how health care providers can carry out the 4 steps of Assess, Recommend, Administer or Refer, and Document?

Dr. Hsu:
Sure. The first step is Assess.[4,5] To help maximize the time with your patients, assess their vaccination status as a routine part of their office visit. For appropriate adults under age 65 years with diabetes, chronic heart disease, or chronic lung disease, such as COPD, the CDC recommends 1 dose of PNEUMOVAX 23 at the time of diagnosis.[6]

Host:
Now, let's discuss some Select Safety Information for PNEUMOVAX 23, which you'll hear more of throughout this podcast.

Announcer:
Do not administer PNEUMOVAX 23 to individuals with a history of a hypersensitivity reaction to any component of the vaccine. Defer vaccination with PNEUMOVAX 23 in persons with moderate or severe acute illness. Use caution and appropriate care in administering PNEUMOVAX 23 to individuals with severely compromised cardiovascular and/or pulmonary function in whom a systemic reaction would pose a significant risk.

Host:
As you recall, we were talking about how to assess a patient's vaccination status.

Dr. Hsu:
Trained staff or an office Immunization Champion can also help minimize missed opportunities for vaccination and maximize your time to discuss vaccination by assessing eligibility as part of a routine assessment at every office encounter. If an eligible patient with diabetes, chronic heart disease, or COPD did not receive PNEUMOVAX 23 at diagnosis per CDC recommendations, these routine assessments can determine if vaccination is appropriate.[4,6,7]

Host:
There are also ways to remind physicians and staff of vaccination eligibility.

Dr Hsu:
That's right. Automatic reminders may also be useful.[8]

Standing orders and Best Practice Alerts, or BPAs, that can assist in identifying appropriate patients may be particularly effective in improving vaccination rates.[9,10] For example, a retrospective study that evaluated the impact of pneumococcal-specific BPAs, in addition to updated workflow processes, showed that when implemented, vaccination rates for PNEUMOVAX 23 improved by approximately 13% in eligible patients under age 65 with certain chronic conditions.[9]

Host:
Can you tell us about the design of the study?

Dr. Hsu:
This was a retrospective study using data from August 1, 2013 to July 31, 2017 from 4 family clinics that received the BPA tool, health maintenance notifications, and updated workflow. It included patients ages 19 to 64 years with increased risk for pneumococcal disease from certain chronic conditions per criteria from the Advisory Committee on Immunization Practices, or ACIP. In this study, vaccination rates were measured by assessing whether adults were up to date with PNEUMOVAX 23 vaccination by the end of the study period.[9]

Now, let me get back to the topic of standing orders and BPAs.

Resources on how to implement standing orders in your practice are readily available from organizations supported by the CDC, such as the Immunization Action Coalition.[11] In addition, many electronic medical record systems have modules available for BPAs, which can be set up to provide prompts when a patient is due to receive vaccines.[10]

Host:
That's helpful. Here is some additional safety information for PNEUMOVAX 23.

Announcer:
Available human data from clinical trials of PNEUMOVAX 23 in pregnancy have not established the presence or absence of a vaccine-associated risk.

Host (Mid-Tag):
As a reminder, you're listening to an industry feature titled, "How to talk to your patients at increased risk about pneumococcal disease."

I'm Margo Trueblood, and today, we're talking about pneumococcal disease and how to have conversations with your adult patients under age 65 who have certain chronic conditions. Dr. Hsu has walked us through some ways to assess patient eligibility for vaccination. Now we move on to the next step, Recommendation.[4] What can you tell us here doctor?

Dr. Hsu:
Patients look to you for guidance on their health care and vaccination is no exception. Adult patients with diabetes, chronic heart disease, or COPD may be most receptive to discuss vaccination as part of a healthy lifestyle and can be encouraged to incorporate pneumococcal vaccination into their ongoing wellness program.[12]

It is important to review benefits and risks of vaccination and then provide a clear recommendation.[4,8]

Host:
So how would you say the recommendation?

Dr. Hsu:
Something like "Pneumococcal disease can be serious, the CDC recommends 1 dose of PNEUMOVAX 23 for adults your age and with your condition[6], and I strongly recommend that you get this vaccine."

Remember, a provider recommendation for vaccination is crucial. One of the leading reasons why adults do not receive a vaccine is the lack of a recommendation from their provider. In fact, your recommendation for vaccination is one of the most important interventions to improve patient acceptance of a vaccine.[10]

Host:
Let's again discuss some safety information for PNEUMOVAX 23.

Announcer:
Persons who are immunocompromised, including persons receiving immunosuppressive therapy, may have a diminished immune response to PNEUMOVAX 23. PNEUMOVAX 23 may not be effective in preventing pneumococcal meningitis in patients who have chronic cerebrospinal fluid leakage resulting from congenital lesions, skull fractures, or neurosurgical procedures.

Host:
Another way to recommend vaccination is to highlight your personal or professional experiences, right?

Dr. Hsu:
That's right. Highlighting your experience may also help reinforce the importance of vaccination.[4]

The American College of Physicians also proposes that all physicians, including specialists, recommend vaccination for patients with certain chronic conditions to help prevent pneumococcal disease.[13] This is important because many patients with chronic conditions, such as those with chronic heart disease, see their specialist as their main physician.[13]

Host:
Are there other ways to recommend pneumococcal vaccination?

Dr. Hsu:
Yes. You may also consider tailoring your recommendation based on your patient's condition and providing education on the interplay between their condition and increased risk of pneumococcal infection.[12]

For instance, patients with COPD may be interested to know that their condition contributes to chronic inflammation and reduced clearance of bacteria, thus increasing the risk for pneumococcal infection.[14]

Patients with diabetes may also want to know that impaired glycemic control can put them at increased risk for pneumococcal infection.[15]

And patients with heart disease may want to know that the heart's diminished capacity to pump blood causes lung congestion that can result in increased risk of pneumococcal infection.[16,17]

Host:
I'm sure that explaining the pathophysiology will lead to some patient questions.

Dr. Hsu:
That's right. It is important to answer your patient's questions in understandable language. For example, when discussing PNEUMOVAX 23, you may consider saying, "PNEUMOVAX 23 helps to protect against 23 types of pneumococcal bacteria that can cause pneumococcal disease." [4]

Host:
Let's take a moment to review more safety information for PNEUMOVAX 23.

Announcer:
The most common adverse reactions, reported in greater than 10% of subjects vaccinated with PNEUMOVAX 23 for the first time in a clinical trial, were: injection-site pain/soreness/tenderness, injection-site swelling/induration, headache, injection-site erythema, asthenia and fatigue, and myalgia. Vaccination with PNEUMOVAX 23 may not offer 100% protection from pneumococcal infection.

Host:
And now we should talk about the third step. Administer or Refer.[4]

Dr. Hsu:
As you recall, the CDC recommends vaccination with PNEUMOVAX 23 at the time of diagnosis for adult patients under age 65 with diabetes, chronic heart disease, or COPD. If your office does not stock or administer vaccines, referral to another vaccine provider, such as a pharmacist, may be helpful.[3,4,6]

Pharmacy vaccination laws and regulations vary by state. Consult the appropriate resources, including the relevant state pharmacy board, for more information.

Host:
And now for the last step. Document.[4]

Dr. Hsu:
That's right. Document the vaccines received by your patients to help your office, your patients, and other providers, so they know which vaccines they have received. It is important to report it to your state's immunization registry consistent with applicable requirements.[4]

Host:
And that's the 4 steps to having a conversation with your at-risk adult patients. Assess, Recommend, Administer or Refer, and Document to help ensure patients are up-to-date with CDC recommended vaccines, including vaccination for pneumococcal disease.[4,6] Any final thoughts?

Dr. Hsu:
Yes. I'd just like to remind health care professionals that the time to help protect your adult patients with diabetes, chronic heart disease, or COPD from pneumococcal disease is now, by maximizing our time to discuss and prioritize vaccination with PNEUMOVAX 23, the only pneumococcal vaccine recommended by the CDC for immunocompetent adults under age 65 with these conditions.[4,6]

Host:
I want to thank my guest, Dr. Vincent Hsu, for talking with us about pneumococcal disease and how to have conversations with your adult patients under age 65 who have certain chronic conditions. Dr. Hsu, it was great speaking with you today.

Dr. Hsu:
My pleasure.

Host:
I'm Margo Trueblood. Thanks for listening.

Announcer Close:
Before administering PNEUMOVAX 23, Pneumococcal Vaccine Polyvalent, please read the Prescribing Information, which can be accessed on the site where you have listened to this podcast. The Patient Information also is available.

The references for the information discussed today are available in the transcript, which also can be accessed on that site.

The preceding program was brought to you by Merck. If you are interested in learning more about this topic, please visit merckvaccines.com/pneumovax23.

And if you missed any part of this discussion, please visit reachmd.com.

This is ReachMD. Be part of the knowledge.

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