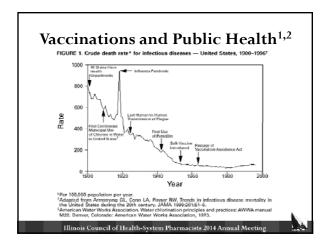
Don't Procrastinate — Vaccinate! Roger Wilcox, PharmD, BCPS The speaker has no actual or potential conflict of interest in relation to this presentation

Objectives

- Pharmacists
 - Discuss the impact of vaccination rate changes on public health
 - Identify counseling strategies to improve vaccination schedule compliance
- Pharmacy Technicians
 - Discuss the impact of vaccination rate changes on public health
 - Identify how pharmacy technicians can help promote vaccination in the community

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Benefits of Vaccines³

- Each birth cohort receiving routine immunizations:
 - Prevent 14 million illnesses
 - Saves 33,000 lives
 - Reduces direct health care costs \$9.9 billion dollars
 - Eliminates \$33.4 billion dollars of indirect health care

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Vaccinations Decrease Vaccine Preventable Diseases⁴⁻⁶

Disease	Vaccine Available	Peak Cases (Year)	2010	2011	2012	2013
Diphtheria	1928	30, 508 (1938)	0	0	1	0
Hib Type B	1985	20,000 (1980s)	23	14	30	31
Measles	1963	763,094 (1958)	63	220	55	187
Pertussis	1914	265,269 (1934)	27,550	18,719	48,277	24,231
Polio	1955	42,033 (1949)	0	0	0	0
Rubella	1969	488,796 (1964)	5	4	9	9
Tetanus	1933	601 (1948)	26	36	37	26

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L. Tertussi

Among 13-17 year olds which vaccine has the lowest vaccination rate?

- A. Influenza
- B. Human papillomavirus (HPV)
- C. Measles
- D. Varicella
- E. Pertussis

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Vaccination Rates in Children 19-35 Months in 2012⁷

Vaccine (Population)	US Vaccination Rate (%)	IL Vaccination Rate (%)
DTaP (>=4 doses)	82.5	85.3
Polio (>=3 doses)	92.8	93.2
MMR (>=1 doses)	90.8	91.6
Hib Type B (Primary Series)	93.3	93.3
Hepatitis B (Birth Dose)	71.6	71.3
Hepatitis B (>=3 doses)	89.7	89.9
Hepatitis A (>=2 doses)	53	48.2
Pneumococcal (>=4 doses)	81.9	81.9
Rotavirus (Complete Series)	68.6	67.2
Varicella (>=1 doses)	90.2	90.6

Vaccination Rates in Adolescents 13-17 Years in 2013⁸

Vaccine (Population)	US Vaccination Rate (%)	IL Vaccination Rate (%)	
Hepatitis B (>=3 doses)	93.2	95.7	
HPV (>=1 dose, female)	57.3	53.2	
HPV (>=3 doses, female)	37.6	33.8	
HPV (>=1 dose, male)	34.6	34.8	
HPV (>=3 doses, male)	13.9	16.5	
Influenza (>=1 dose, 2012-2013 season)	42.5	36.9	
Meningococcal (>=1 dose)	77.8	78	
MMR (>=2 doses)	91.8	93.5	
Tdap (>=1 dose after 10 years of age)	86	87.3	
Varicella (Hx of disease or >=2 doses)	84	86.2	

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Vaccination Rates in Adults in 2012^{9,10}

Vaccine (Population)	US Vaccination Rate (%)
Hepatitis A (>=2 doses, 19-49 years)	12.2
Hepatitis B (>= 3 doses, 19-49 years)	35.3
Hepatitis B (>= 3 doses, >= 60 years)	15.1
Hepatitis B (>= 3 doses, diabetes)	28.6
Herpes Zoster (>=1 dose, >= 60 years)	20.1
HPV (>=1 dose, 19-26 years, female)	34.5
HPV (>=1 dose, 19-26 years, male)	2.3
Influenza (>=1 dose, >= 18 years, 2012-2013 season)	41.5
Pneumococcal (>=1 dose, 19-64 years, high risk)	20
Pneumococcal (>=1 dose, >65 years)	59.9
Tetanus, Past 10 years (>=1 dose, 19-49 years)	64.2
Tdap, Past 7 years (>= 1 dose, >= 19 years)	14.2

Vaccine Preventable Disease Risks³

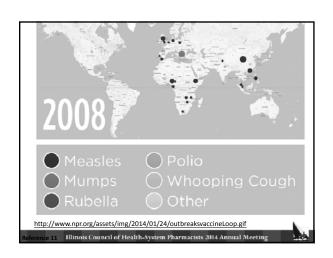
- Preventable disease
- Outbreaks
- Annual deaths in the US
 - 42,000 adults
 - 300 children

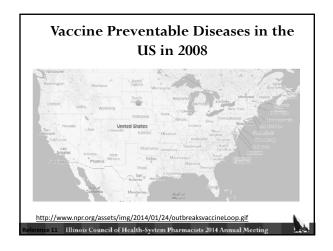
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In 2014, despite high vaccination rates, this disease is at its highest level in 20 years:

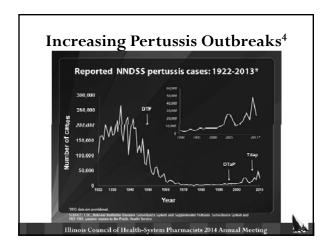
- A. Pertussis
- B. Varicella
- C. Measles
- D. Polio

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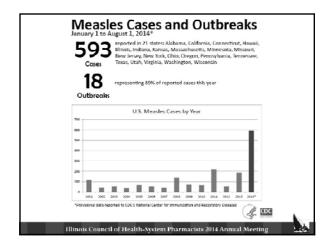






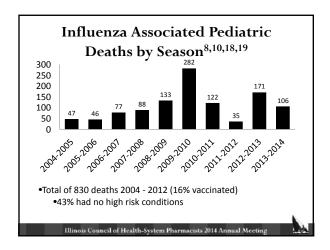


2014 Pertussis Epidemic in California 12,13 • 6930 cases - 352 (7%) were < 6 months - 3,629 (71%) in children 7-16 years • 11% never received pertussis vaccine • 199 cases hospitalized - 37 (19%) required intensive care - 122 (62%) were infants < 4 months • 12% mothers vaccinated with Tdap in 3rd trimester • 3 total deaths in 2014 - All < 2 months of age at disease onset



Measles Outbreak 8,14-17 • 2014 Philippines outbreak - 47,000 cases - 77 deaths - 22 US travelers returned with measles and initiated outbreaks • 2014 Ohio outbreak - 377 Cases - Ohio vaccination rate for measles 92.9% - Outbreak source was unvaccinated travelers to the Philippines - Measles spreads throughout pocket of unvaccinated people • Outbreak in Illinois? - IL vaccination rate for measles 93.5% - Overall IL school religious 0.53% and medical 0.17% measles vaccine exemption rates are low - 76 IL schools have greater than 10x this rate of exemption - Highest exemption rate in IL 35%

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Chickenpox in a Healthy Child²⁰

- 15 yo with no PMH was admitted to the hospital
 - 3 day history of rash
 - 1 day history of fever and shortness of breath
 - Vaccines were incomplete DTaP x 4, HiB x 1, MMR x 2
 - She had a fever of 101.1, dyspnea, facial edema, petechiae rash, hypotension
 - She developed pneumonia, UTI, sepsis and multi-organ dysfunction
 - Vesicular fluid was positive for varicella-zoster virus
 - She died on day 21 of hospitalization

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A Call to Vaccinate²¹

- June 26, 2012 Center for Disease Control (CDC) and the Department of Health and Human Services (DHHS) request pharmacists to
 - Increase awareness about vaccines among adults and adolescents
 - Vaccinate appropriate patients
 - Partner with local health departments, immunization coalitions and medical providers to increase collaboration and outreach to those who need vaccines

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Who can answer the DHHS/CDC's call to vaccinate and administer vaccines in the state of Illinois?

- A. Pharmacy Technicians Only
- B. Pharmacists Only
- C. Pharmacists and Pharmacy Technicians
- D. Pharmacists and Pharmacy students

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Pharmacist Roles in Vaccination²²

- Education
- Screening
- Immunizer
- Documentation
- Role Model
- Collaborate

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Pharmacy Technician Roles in Vaccination²²

- Screen patients
- Advocate for vaccination
- Assemble pre-vaccination paperwork
- Prepare and store vaccine doses
- Assist with documentation and transmission
- Complete billing for vaccines
- Role Model
- Disseminate immunization awareness materials

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Pharmacy Student Roles in Vaccination²²

- Technician roles plus
 - Administer vaccines under the supervision of a qualified pharmacist
 - Contribute to the establishment of pharmacy-based vaccine programs
 - Organize vaccine events

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Who are Under and Unvaccinated Children²³

- Under vaccinated
 - Black
 - Young unmarried mother
 - No parental college degree
 - Live near poverty level in a central city
- Unvaccinated
 - White
 - Married mother
 - Parental College degree
 - Household Income > \$75,000
 - Parents express concerns about safety of vaccines

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Guiding Style to Counsel a Vaccine Hesitant Parent²⁴

- Show care with body language
- Acknowledge relationship
- Ask them to share their concerns
- Acknowledge their concerns and empathize
- Ask for permission to share information
- Share pertinent scientific information related to concerns (benefits and risks)
- Share appropriate resources

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What Messages are Effective in Overcoming Parental Reluctance to Vaccinate²⁵

- · Survey about child, vaccine attitudes and health care beliefs
- Randomized intervention using CDC messages
 - Correcting misinformation
 - Presenting information on disease risks
- Using dramatic narratives
- Displaying visuals to make risks more accessible
- Follow up survey
- Results
 - Correcting misinformation did reduce misperceptions
 - None of the interventions increased intent to vaccinate
 - Visuals and dramatic narratives increased serious vaccine side effect beliefs

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Good Resources

- CDC's
 - Vaccine web section
 - http://www.cdc.gov/vaccines
 - Morbidity and mortality weekly report
 - http://www.cdc.gov/mmwr
- Immunization Action Coalition
 - Vaccine concerns web section
 - http://www.immunize.org/concerns
 - Talking with parents web section
 - http://www.immunize.org/concerns/comm_talk.asp
 - Immunization action coalition's quick Answers to tough questions http://www.immunize.org/catg.d/s8030.pdf

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Good Resources

• AAP's immunization website

http://www.aap.org/immunization

• National Network for Immunization Information

http://www.immunizationinfo.org

• APhA Immunization Center

http://www.pharmacist.com/immunization-center

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Pharmacy technicians can promote vaccination in the community by

- A. Administering Tdap Vaccine to 12 year olds
- B. Screening patients for annual influenza vaccine
- C. Administering vaccines under the supervision of a pharmacist
- D. Picking and choosing which vaccines they will

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When communicating with a vaccine hesitant parent to improve vaccine schedule compliance a pharmacist should?

- A. Provide the pharmacists beliefs about vaccines to the parents
- B. Use scare tactics to ensure compliance
- C. Acknowledge the parents concerns and empathize
- D. Provide parents with only the benefits of vaccines

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