



Identifying missed opportunities for the pneumococcal conjugate vaccine (PCV13) in outpatient Veterans 65 years and older

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Introduction

- Most pneumococcal deaths in the United States occur in adults. The most effective way to prevent pneumococcal disease is vaccination.^{1,2}
- In August 2014, the Advisory Committee on Immunization Practices (ACIP) expanded their recommendation for PCV13 to include all adults 65 years or older.³
- The use of PCV13 in adults 65 years or older does not replace the pneumococcal polysaccharide vaccine (PPSV23) and the two vaccines cannot be co-administered.
- The recommendation for use of PCV13 in adults 65 years and older is recent, and the dosing schedule of PCV13 and PPSV23 can be complex in this population.⁴
- The purpose of this research was to assess the rate of PCV13 immunization in patients 65 years of age and older and identify barriers that contribute to missed opportunities for PCV13.

Methods

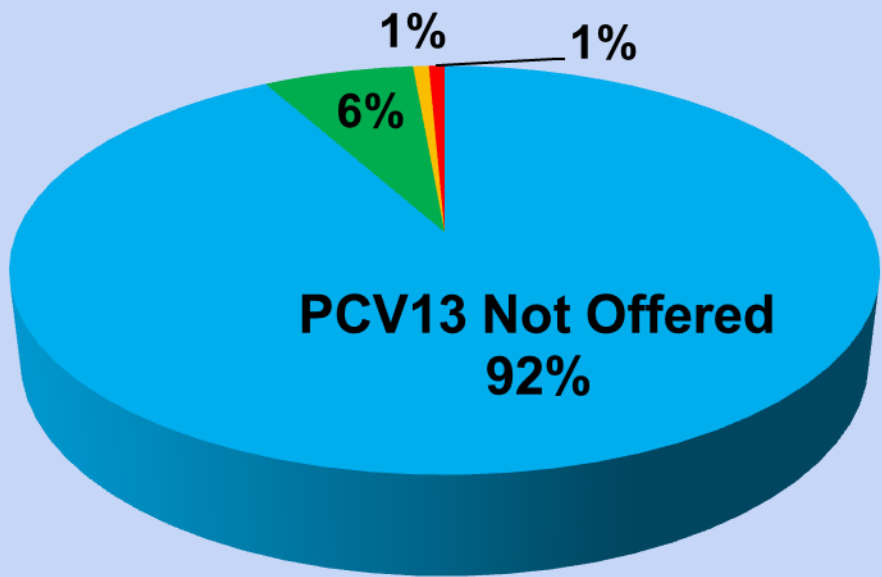
- Retrospective chart review of 150 outpatient Veterans age 65 years or older scheduled in their Primary Care clinic in March 2015 who had not yet received PCV13.
- Computerized patient records were used to determine if a patient had received either PCV13 or PPSV23 previously.
 - If a patient had received either vaccination, it was determined if the patient received the vaccination appropriately (i.e. correct interval and age).
 - If a patient had not received vaccination, investigators documented reasons for patients not receiving PCV13 which included: patient declined PCV13, medication not offered, not recommended due to time of last PPSV23, contraindication/allergy to PCV13, or other reason.

Results

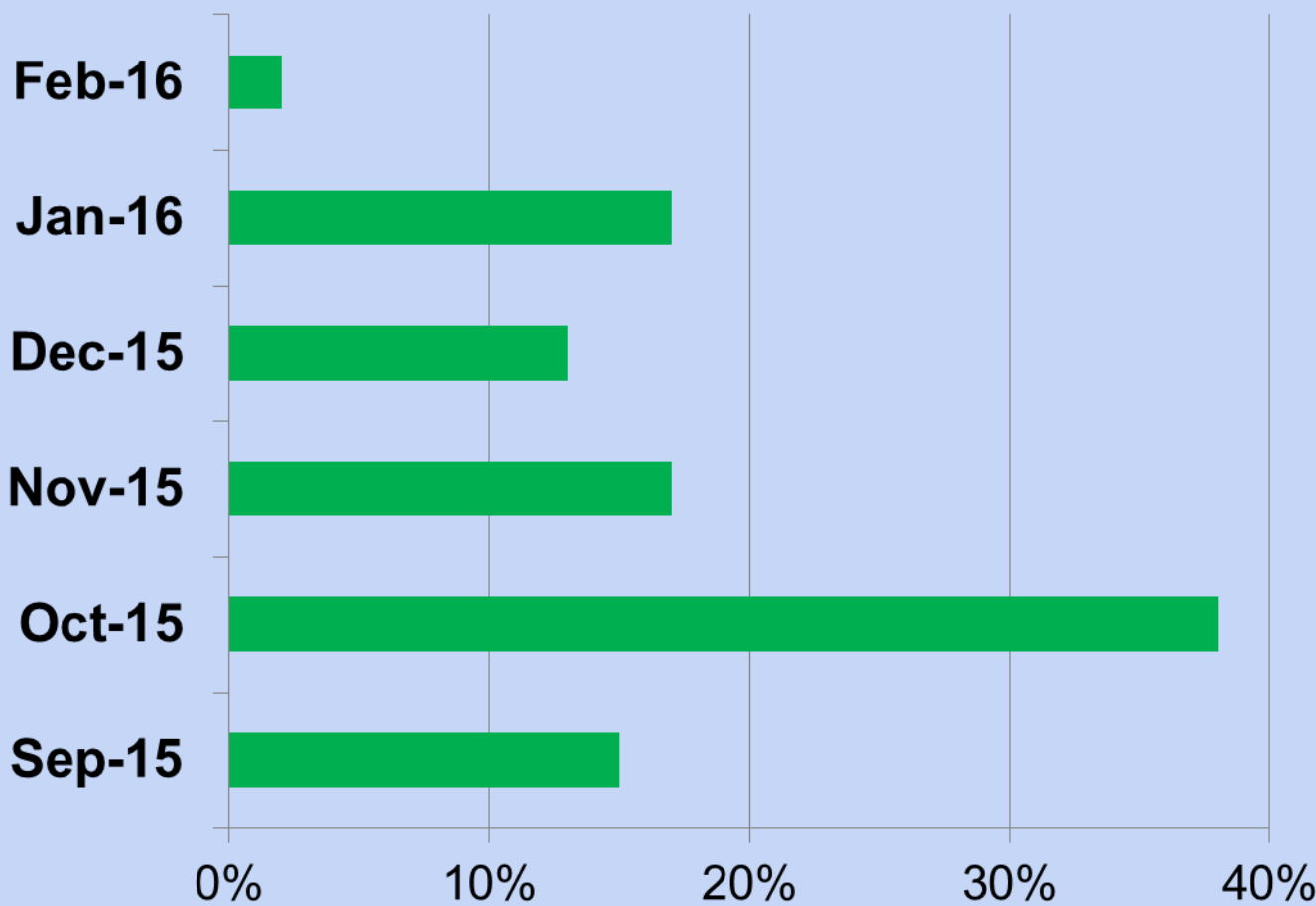
- The rate of PCV13 immunizations administered during the study period of March 2015 was 37% (89 out of 239 PCV13 eligible patients).
- The remaining 150 patients who did not receive PCV13 were randomly selected for chart review.
 - 97% were male Veterans
 - Mean age: 74
 - 85% had PPSV23 administered previously and all were given >1 year in the past
 - 48 patients received PCV13 after the study period (Note: no patients received PCV13 in March through August)

Barrier to Not Receiving PCV13 at Primary Care Appointment

■ PCV13 Not Offered ■ Patient Declined ■ Patient Allergy ■ Other

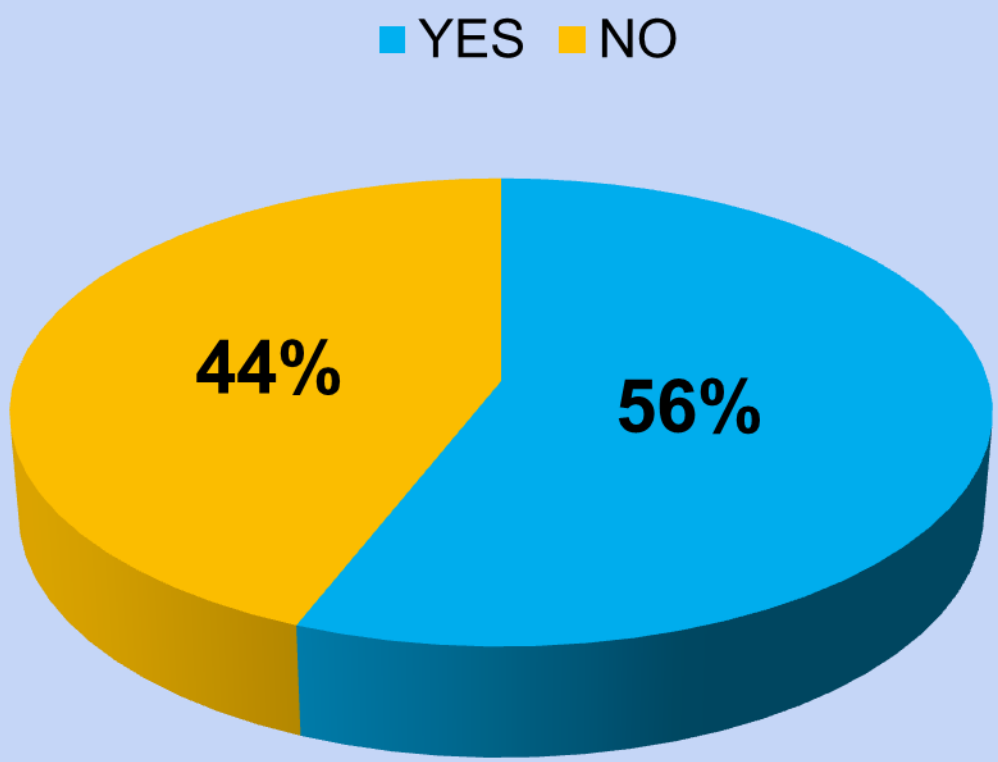


Month PCV13 was Given After the Study Period (Before Data Collection Ended on 2/11/16)



PCV13 Given on the Same Day as the Influenza Vaccine

■ YES ■ NO



Conclusions

- The main barrier to patients receiving PCV13 was lack of offering the vaccination during primary care visits throughout the study period.
- The timing of PCV13 given at later visits appears to correlate with influenza season and influenza vaccinations suggesting a potential knowledge gap that contributed to missed opportunities for PCV13 administration.
- It should not be ignored that this correlation resulted in numerous patients remaining unvaccinated for months.
- Potential process improvement for the future should include education regarding the appropriate timing of PCV13 administration, emphasizing that PCV13 is not a seasonal vaccine like the influenza vaccine.

References

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4. Kobayashi M, Bennett NM, Gierke R, Almendares O, Moore MR, et al. Intervals between PCV13 and PPSV23 Vaccines: Recommendations of the Advisory Committee on Immunizations Practices (ACIP). MMRW. 2015 Sep 4; 64(34):944-947.

Disclosure

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- The views expressed on this poster are those of the authors and do not necessarily reflect the position of policy of the Department of Veterans Affairs or the United States government.