Oral Presentation
Ten years of experience with zoster vaccine live in primary care -- how perceptions and practices have changed
Angela Guo, Kathleen Dooling, Laura Hurley, Jessica Allen, Mandy Allison, Sean O'Leary, Lori Crane, Michaela Brtnikova, Brenda Beaty, Allison Kempe

Background:
In 2008, ACIP recommended zoster vaccine live (ZVL [Zostavax]) for the prevention of herpes zoster (HZ) among immunocompetent adults ≥60 years. LZV coverage has slowly increased in U.S., from 6.7% in 2008 to 30.6% in 2015.

Objectives:
We examined changes in physicians’ perceptions and practices related to HZ disease and vaccination between 2005 and 2016.

Methods:
In 2005, 2008, and 2016, we administered surveys via mail and Internet to national networks of general internal and family medicine physicians (members of the American College of Physicians and American Academy of Family Physicians). Respondents were asked about perceptions of HZ disease and vaccination practices. We compared responses of the 2016 survey to responses of the same questions in the 2005 or 2008 survey, using Mantel-Haenszel chi-square tests.

Results:
Overall response rates in 2005, 2008, and 2016 were 68%, 72%, and 65%, respectively. In 2016, compared to 2005, more physicians strongly agreed HZ and post-herpetic neuralgia caused significant burden of disease among elderly patients (59.8% vs 35.1%, p<.0001), and the burden was sufficient to make the vaccine important (68.0% vs 34.0%, p<.0001). In 2016, compared to 2008, respondents were more likely to strongly recommend ZVL to eligible patients ≥60 years (77.4% vs 41.4%, p<.0001). Similar proportions of physicians reported stocking and administering ZVL in their offices in 2016 and 2008 (55.1% vs. 51.2% p=0.19), but more reported referring patients to pharmacies for vaccine administration (76.9 %, vs. 32.6% p<.0001). In 2016, physicians were less likely to categorize cost, vaccine safety and effectiveness concerns, and pressing medical issues as “major barriers” to administering or recommending ZVL.

Conclusion:
In 2016, more physicians perceived HZ as a serious disease and more strongly recommended ZVL. Physicians were less likely to report some major barriers to administering ZVL, although more likely to refer patients to pharmacies compared to earlier surveys.
Oral Presentation
Experiences and Beliefs Related to Zoster Vaccine: Lessons for the Future
Sarah Clark, Preeti Malani, Dianne Singer

Background:
Zoster vaccination rates are lower than national targets. Understanding current experiences and beliefs may be useful in planning for effective public health campaigns around the new zoster vaccine.

Objectives:
To measure the experiences and beliefs of US adults related to zoster vaccine.

Methods:
Data were collected in April 2017 via web survey of older adults from the KnowledgePanel® (GfK, LLC), a national panel of US households drawn via address-based probability sampling; households are provided internet access and hardware if needed. The survey included multiple health-related topics; respondents were not told the nature of the topics. GfK provided survey data and Census-based weights to adjust for the probability of selection and non-response. Survey response rate was 77%; 1774 respondents age 50-70 answered questions about zoster vaccine.

Results:
Only 12% of adults reported knowing “a lot” about zoster vaccine, while 23% know “almost nothing”. Main ways adults learned about zoster vaccine included TV or magazine ads (57%), doctor or nurse (40%), family/friends (32%), pharmacist (9%), or internet searching (9%). Only 25% reported their doctor recommended they get zoster vaccine; 4% said the doctor recommended against it, 18% said the doctor gave no recommendation one way or the other, and 49% haven’t discussed it. Overall, 21% had gotten zoster vaccine. Among those not vaccinated, only 20% think they will get zoster vaccine within the next year. Reasons to not get shingles vaccine included “think I don’t need it” (54%), concern about safety/side effects (20%), cost (10%), think the vaccine will cause shingles (8%), and already had shingles (7%). Five percent of unvaccinated adults had previously tried to get the vaccine but faced cost/insurance barriers.

Conclusion:
Advertisements, not health care providers, have been adults’ primary source of zoster vaccine information. Negative beliefs about the necessity and safety of zoster vaccine are likely barriers to vaccination.
Oral Presentation
Primary Care Physicians’ Experience with Zoster Vaccine Live (ZVL) and Awareness and Attitudes Regarding the New Recombinant Zoster Vaccine (RZV)
Laura Hurley, Mandy Allison, Kathleen Dooling, Sean O’Leary, Lori Crane, Michaela Brtnikova, Brenda Beaty, Jessica Allen, Angela Guo, Megan Lindley, Allison Kempe

Background:
ACIP has routinely recommended zoster vaccine live (ZVL) for adults ≥60 years since 2008; only 31% of eligible adults received it by 2015. A new recombinant zoster vaccine (RZV) was licensed in 2017 and ACIP recommended in January 2018.

Objectives:
To assess among general internists (GIM) and family physicians (FP) 1) practices and attitudes regarding ZVL and 2) awareness and likelihood of recommending RZV.

Methods:
We administered an Internet and mail survey from July to September 2016 to national networks of 475 GIMs and 478 FMs representative of the American College of Physicians and the American Academy of Family Physicians.

Results:
Response rate was 65% (603/923). Ninety-three % recommended ZVL to adults ≥60, but fewer recommended it to adults ≥60 with a prior history of zoster (88%), adults >85 (62%) and adults ≥60 on low-dose methotrexate (42%). Several recommended ZVL in ways that are not recommended by ACIP including to adults 50-59 (50%), adults ≥60 with HIV (33%), and adults ≥60 on high dose prednisone (≥20mg/day) (27%). Nineteen percent stocked and administered ZVL and did not refer patients elsewhere for vaccination, 37% did not stock and only referred patients to receive it, and 44% both stocked/administered and referred elsewhere. Twenty-three % (n=115) of those who had ever administered ZVL in the office (n=490) had stopped, citing primarily financial issues (90%). Only 5% were ‘very aware’ of RZV. Fifty-nine %, 70% and 68% reported they would be very likely to recommend RZV to immunocompetent patients 50-59, 60-69 and ≥ 70, respectively.

Conclusion:
Physicians report not recommending ZVL to certain ACIP-recommended groups, but report recommending it to some groups for which the vaccine should be avoided under certain conditions. Implementation of recommendations for RZV will need to consider financial barriers and the complex patchwork of office-based and pharmacy delivery ZVL has encountered.