

PHARMACEUTICAL INTERVIEWS DEDICATED TO VACCINATION: WHAT ROLE FOR THE CLINICAL PHARMACIST IN MONITORING THE VACCINATION COVERAGE OF AT-RISK PATIENTS ?

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BACKGROUND AND IMPORTANCE

- ✓ **Specific vaccination guidelines are required for**
 - * Immunocompromised (IC) or asplenic people
 - * Patients with chronic diseases



- ✓ **An immunization assistance tool integrated into the computerized patient record (CPR) has been developed in our institution – M-Crossway® (Maincare)**

- * Track of immunizations
- * Identify those indicated in case of comorbidities



Its impact has been evaluated in patients receiving injectable anticancer drugs (IAD) in an oncological indication

AIM AND OBJECTIVES

Propose pharmaceutical interviews (PI) dedicated to vaccination integrating the filling of the immunization assistance tool and analyze the place of the clinical pharmacist in the monitoring of the vaccination coverage of at-risk patients

Insufficient vaccination coverage

- Cohort of 562.134 french IC adults
 - Influenza : 31%
 - Pneumococcus : < 18%

COVARISQ study (2017)

Main causes of non-vaccination according to patients

- 68% : lack of proposal of vaccination by a physician
- 17% : lack of medical follow-up
- 4% : patient refusal

Risso et al. (2010)

MATERIALS AND METHODS

- ✓ **130 day patients receiving IAD included over a 2-month period**



From 13/10/2020 to 11/12/2020



PI conducted by a pharmacist or pharmacy student
→ Use of **motivational techniques**



Patient flyer

- ✓ **4-steps interviews**



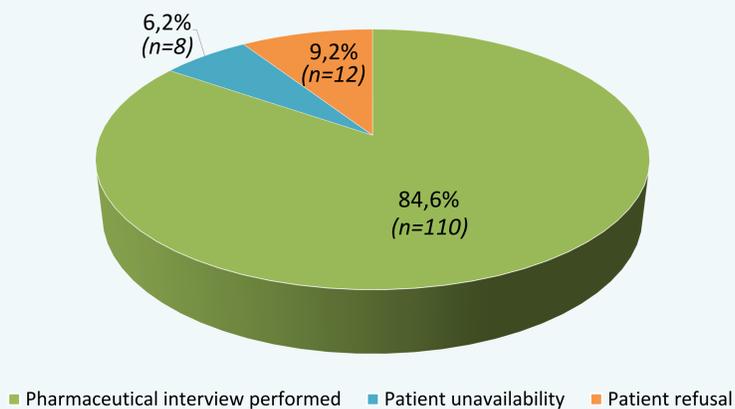
Intervention conducted with prescribers at the end of the PI
→ report incorporated into the CPR



RESULTS

- ✓ **130 patients were eligible**

Completion rate of pharmaceutical interviews (n=130)



- ✓ **Median duration of a PI = 10 min [5 min ; 30 min]**



Mobilization of half a full time equivalent per day

Only **20,9% (n=23)** of patients presented a vaccination record

The attending physician was contacted for **24,5% (n=27)** of patients and the pharmacy for **20,0% (n=22)**

Of the patients who received a PI, **60,9% (n=67)** were not aware of specific vaccination guidelines applicable to AID treatment

CONCLUSION AND RELEVANCE



As the creation of a vaccination history is time-consuming, the physician needs to rely on pharmacists as partners in patient management

CONTRIBUTION OF THE CLINICAL HOSPITAL PHARMACIST

LIMITATIONS OF PHARMACEUTICAL INTERVIEWS

Facilitating role

- Cross-references sources (cf medication reconciliation)
- Solicits the attending physician and relies on the corresponding pharmacist

Educational role

- Helps to meet patients' need for information
- In face of growing vaccine hesitancy and misinformation, the use of motivational interviewing techniques encourages constructive dialogue and helps to reinforce the acceptability of vaccination

Intervention conducted with prescribers (report into the CPR)

- No verification of its consultation by the physician in charge of the patient

Persistent problem of access to information

- Low rate of presentation of a vaccination record
- Attending physician/corresponding pharmacist do not always have informations

Mobilization of half a full time equivalent per day

- Maintenance of this activity depends on the presence of a dedicated pharmaceutical resource

¹ B. Wyplosz et al. COVARISQ (estimation de la COverture Vaccinale des adultes à RISques) : taux de vaccination des immunodéprimés en France en 2017. In Poitiers: Médecine et maladies infectieuses; 2020. p. 50:S31-S199.

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