

Doctors Surveyed Would Collaborate on Vaccines

BY ROXANNA
GUILFORD-BLAKE

FROM THE NATIONAL
IMMUNIZATION CONFERENCE

ATLANTA — Although they would rather vaccinate children in their own offices, pediatricians and family physicians appear willing to collaborate with other practices and public health clinics to facilitate influenza vaccine delivery, based on a national survey.

They have significant concerns, however, including potential records-transfer problems and being left with surplus vaccine, reported Dr. Allison Kempe, director of the children's outcomes research program at the University of Colorado at Denver.

In the survey of pediatricians and family physicians conducted July through October 2009, a majority (78%) of the 628 physicians responded strongly or somewhat agreed that having multiple delivery sites increased vaccination rates among their patients.

The physicians reported being very or somewhat willing to:

- ▶ Participate with public health organizations to set up community clinics where their patients could be vaccinated: 77%.
- ▶ Refer certain patients to public clinics or pharmacies: 76%.
- ▶ Refer patients to other practices for vaccines: 50%.
- ▶ Vaccinate patients from other practices: 49%.

In addition, almost all indicated a willingness to sell vaccine to public health clinics (92%) or buy extra vaccine from them (90%).

This reflects the frustrations physicians have with vaccine supply and delivery problems, she said.

Among the frequently cited barriers are:

- ▶ Concerns about transfer of records of vaccines ("record scatter"): 57% (25% identified it as significant).
- ▶ Difficulty estimating the amount of vaccine to order: 56% (23% called it significant).
- ▶ Time and effort required: 31% (23% called it significant).
- ▶ Reluctance of families to use another site: 45% (11% called it significant).

In general, the responses of the pediatricians and family physicians were similar, Dr. Kempe said at the conference sponsored by the Centers for Disease Control and Prevention.

But she pointed out two important differences: Pediatricians were more likely to believe strongly that infants should be vaccinated in their medical home, and family physicians indicated a greater willingness to collaborate.

She noted the findings correspond with her observation that the willingness to collaborate on vaccine delivery has increased since the 2009 H1N1 flu outbreak.

Dr. Kempe cited a growing need for collaboration.

The CDC Advisory Committee on Immunization Practices's recommenda-

VITALS

Major Finding: Seventy-seven percent of pediatricians and family physicians reported being very or somewhat willing to participate with public health organizations to set up community clinics where their patients could be vaccinated, and 76% reported being very or somewhat willing to refer certain patients to public clinics or pharmacies.

Data Source: A national survey of 628 pediatricians and family physicians conducted July through October 2009.

Disclosures: None was reported.

tions have been rapidly expanding over the last 5 years, which has been "somewhat difficult for primary care physicians to deal with," she said, and noted, "If all the influenza vaccinations were given in the medical home, it is estimated that 42-49 million additional visits might be needed in a given year."

Moreover, most primary care physicians are not actively re-calling all children, and if they did, they might be unable to handle the increased volume, she said.

"Clearly, collaboration between the different vaccine sectors may be very advantageous to this process," Dr. Kempe said. ■

PREVNAR 13™ NOW RECOMMENDED BY ACIP*1



THE CPT® CODE IS 90670†

Prevnar 13™ provides coverage against 13 serotypes, including 19A, which is the leading cause of invasive pneumococcal disease in children less than 5 years of age in the United States^{2,3}

- The ACIP recommends Prevnar 13™ for routine vaccination of children 2 months through 59 months of age¹

For the full ACIP recommendation, please visit www.cdc.gov/mmwr.

*Advisory Committee on Immunization Practices.

†CPT is a registered trademark of the American Medical Association (AMA).

INDICATION FOR PREVNAR 13™

- Prevnar 13™ is a vaccine approved for use in children 6 weeks through 5 years of age (prior to the 6th birthday)
- Prevnar 13™ is indicated for active immunization for the prevention of invasive disease caused by *Streptococcus pneumoniae* serotypes 1, 3, 4, 5, 6A, 6B, 7F, 9V, 14, 18C, 19A, 19F, and 23F

IMPORTANT SAFETY INFORMATION FOR PREVNAR 13™

- Severe allergic reaction (eg, anaphylaxis) to any component of Prevnar 13™, Prevnar® (Pneumococcal 7-valent Conjugate Vaccine [Diphtheria CRM₁₉₇ Protein]), or any diphtheria toxoid-containing vaccine is a contraindication to the use of Prevnar 13™
- Prevnar 13™ does not provide 100% protection against vaccine serotypes or protect against nonvaccine serotypes
- Immunocompromised children or children with impaired immune responsiveness due to the use of immunosuppressive therapy may have reduced antibody response to active immunization
- Apnea following intramuscular vaccination has been observed in some infants born prematurely. Decisions about when to administer an intramuscular vaccine, including Prevnar 13™, to infants born prematurely should be based on consideration of the individual infant's medical status and the potential benefits and possible risks of vaccination
- The most commonly reported serious adverse events were bronchiolitis (0.9%, 1.1%), gastroenteritis (0.9%, 0.9%), and pneumonia (0.9%, 0.5%) for Prevnar 13™ and Prevnar®, respectively
- The most commonly reported solicited adverse reactions (≥20%) in US clinical trials with Prevnar 13™ were redness, swelling and tenderness at the injection site, fever, decreased appetite, irritability, increased sleep, and decreased sleep

Please see Brief Summary of Prescribing Information on reverse side.

For more information about Prevnar 13™, please visit www.prevnar13hcp.com, or call 1-800-666-7248.

References: 1. Centers for Disease Control and Prevention. Licensure of a 13-valent pneumococcal conjugate vaccine (PCV13) and recommendations for use among children — Advisory Committee on Immunization Practices (ACIP), 2010. *MMWR*. 2010;59:258-261. 2. Prevnar 13™ (Pneumococcal 13-valent Conjugate Vaccine [Diphtheria CRM₁₉₇ Protein]) Prescribing Information, Wyeth Pharmaceuticals Inc. 3. Hicks LA, Harrison LH, Flannery B, et al, for Active Bacterial Core Surveillance Program of the Emerging Infections Program Network. Incidence of pneumococcal disease due to non-pneumococcal conjugate vaccine (PCV7) serotypes in the United States during the era of widespread PCV7 vaccination, 1998–2004. *J Infect Dis*. 2007;196:1346-1354.

Wyeth® Manufactured by Wyeth Pharmaceuticals Inc.

266704-02

© 2010 Pfizer Inc.

NOW

Prevnar 13™
Pneumococcal 13-valent Conjugate Vaccine
(Diphtheria CRM₁₉₇ Protein)

Marketed by Pfizer Inc.

All rights reserved. April 2010