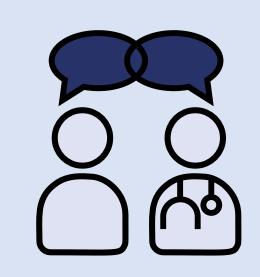
## Patient-Provider Herpes Zoster Vaccination Discussion: Insights from Observed Primary Care Visits in the United States

Nikita Stempniewicz<sup>1</sup>, Zachary N. Hebert<sup>2</sup>, Rita Campos<sup>1</sup>, Daniel Verdi<sup>1\*</sup>, Justin Gatwood<sup>1</sup> <sup>1</sup>GSK, Philadelphia, PA, US; <sup>2</sup>Verilogue, Philadelphia, PA, US; \*Affiliation during study

### Conclusions



While most patients accepted HZ vaccination, related discussions were typically brief and initiated by PCPs

PCP recommendation regarding HZ vaccination



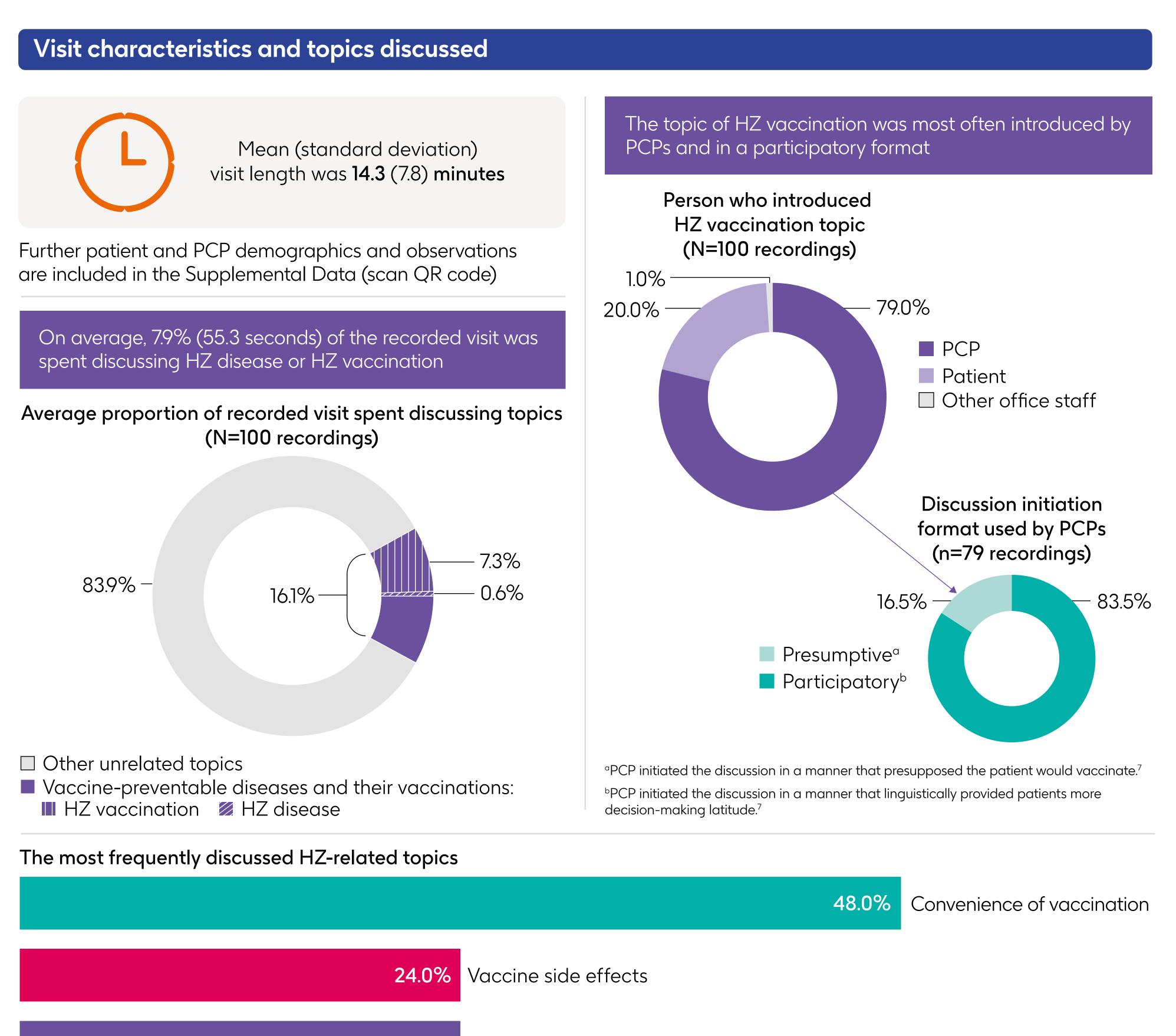
Variability in how PCPs introduced the topic and the strength of vaccination recommendation highlights opportunities to enhance patient-PCP communication to improve HZ prevention

### Background

- HZ, commonly known as shingles, results from reactivation of latent varicella zoster virus and occurs most frequently in older adults. In the US, 1 in 3 people will have HZ in their lifetime<sup>2</sup>
- In the US, ACIP recommends HZ vaccination for all adults aged ≥50 years and immunocompromised or immunosuppressed adults aged ≥19 years<sup>3,4</sup>
- However, HZ vaccine uptake is low compared to other adult vaccines for adults aged ≥50 years. PCP recommendations have been recognized as an important factor in vaccine decision-making<sup>5,6</sup>
- The objective of this study was to summarize observations from discussions of HZ vaccination between adults aged ≥50 years and PCPs in the US

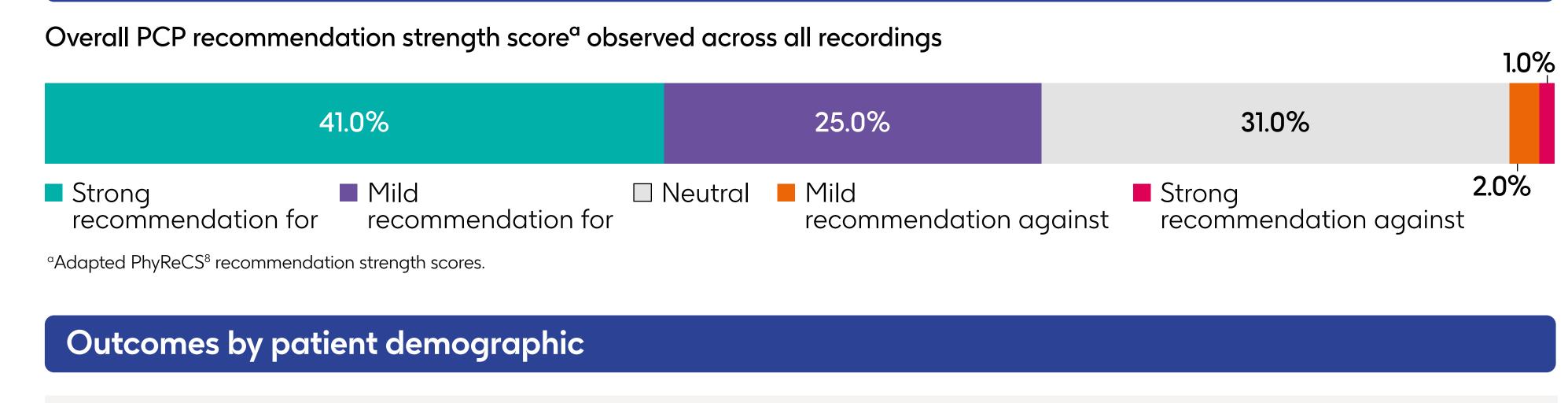
Study design

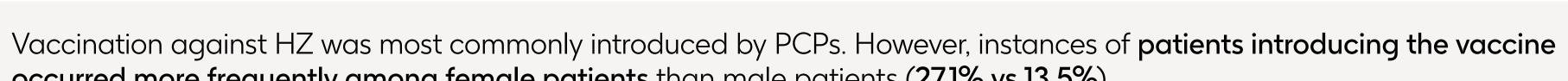
### Results

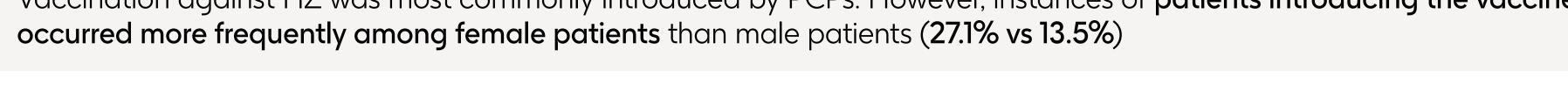


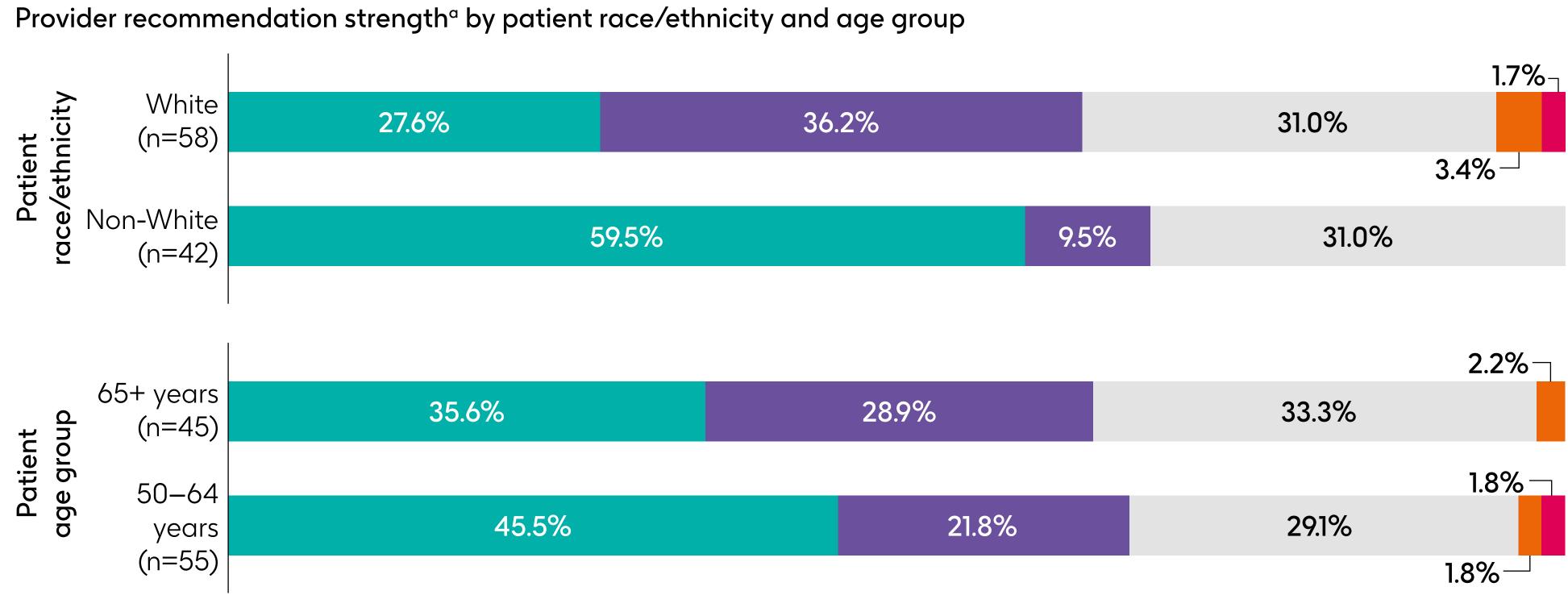
24.0% History of varicella

 $\square$  Other<sup>d</sup> (n=22)

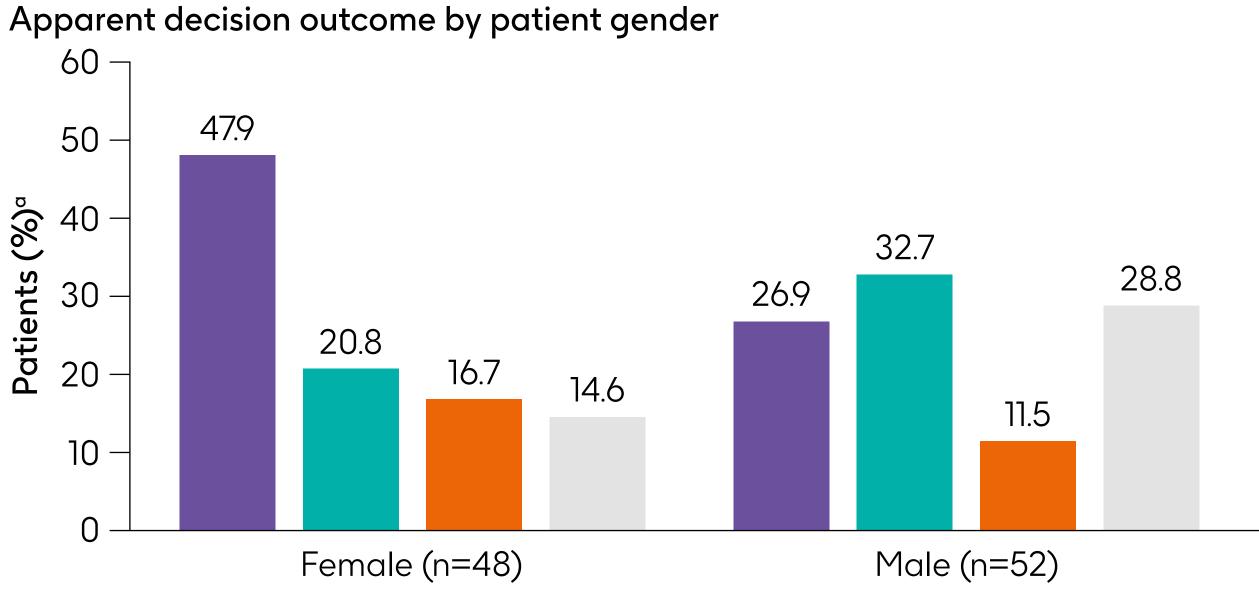












receive vaccination<sup>b</sup> Patient accepts recommendation/ plan to receive vaccination<sup>c</sup>

Patient verbalizes intent to

Plan is for patient not to vaccinate<sup>d</sup> □ Unclear<sup>e</sup> <sup>b</sup>Patient verbalizes intent to receive vaccination: Patient

verbalizes intent to receive (female: n=23; male: n=14). <sup>c</sup>Patient accepts recommendation/plan to receive vaccination: Patient accepts recommendation/plan to receive vaccination, with minimal verbal response(s) (female: n=10; male: n=17). dPlan is for patient not to vaccinate: Patient successfully declines (female: n=6; male: n=6), or PCP successfully recommends against vaccination (female: n=2; male: n=0). eOther: Patient successfully defers decision (female: n=3; male: n=1), patient to consider vaccination (female: n=3; male: n=8), unable to establish an outcome/decision (female: n=0; male: n=3), cost/coverage issue (female: n=0; male: n=3), or patient

directed to consult with pharmacist (female: n=1; male: n=0). Additional outcomes by patient demographic are included in the Supplementary Data (scan QR code)

Analysis: Qualitative and quantitative analyses to describe the behavior of participants and discussion dynamics

Design: Retrospective, cross-sectional

analysis of data from de-identified

visits between patients and PCPs

Population: Adults aged ≥50 years

recordings (involving 19 unique PCPs

vaccination was verbally considered

and 100 unique patients) where HZ

By design, the distribution of visits

was balanced<sup>a</sup> across influenza

vaccination season and patient

gender, age (50-60; ≥65 years),

and race (White; non-White)

and PCPs in a community setting

audio recordings of medical

(01/01/2022 - 07/31/2024)

from a sample of 100 audio



Outcomes: Topics discussed, observed vaccination recommendation, and patient acceptance of vaccination

<sup>a</sup>Defined as the inclusion of at least 40 recordings (unique patients) for each of the 8 groups.



#### **Abbreviations**

ACIP, Advisory Committee on Immunization Practices; HZ, herpes zoster; PCP, primary care provider; PhyReCS, Physician Recommendation Coding System; **US**, United States.

#### References

(7) Opel DJ, et al. Pediatrics. 2013;132(6):1037–1046.

(8) Scherr KA, et al. Med Decis Making. 2017;37(1):46-55.

(1) John AR, et al. Infect Dis Clin North Am. 2017;31(4):811–826. (2) CDC. Shingles Vaccination. 2024. (3) Dooling KL, et al. MMWR Morb Mortal Wkly Rep. 2018;67:103–108. (4) Anderson TC, et al. MMWR Morb Mortal Wkly Rep. 2022;71:80–84. (5) CDC AdultVaxView. Vaccination Coverage among Adults in the United States, National Health Survey, 2022. 2024. **(6)** Eilers R, et al. Prev Med. 2014;69:224–234

22.0%

#### Acknowledgments

■ Plan is for patient not to vaccinate<sup>c</sup> (n=14)

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■ Patient verbalizes intent to receive vaccination $^{\circ}$  (n=37)

■ Patient accepts recommendation/plan to receive vaccination<sup>b</sup> (n=27)

an outcome/decision (n=3), cost/coverage issue (n=3), or patient directed to consult with pharmacist (n=1).

<sup>a</sup>Patient verbalizes intent to receive vaccination: Patient verbalizes intent to receive (n=37). <sup>b</sup>Patient accepts recommendation/

plan to receive vaccination: Patient accepts recommendation/plan to receive vaccination, with minimal verbal response(s)

vaccination (n=2). Other: Patient successfully defers decision (n=4), patient to consider vaccination (n=11), unable to establish

(n=27). °Plan is for patient not to vaccinate: Patient successfully declines (n=12) or PCP successfully recommends against

#### Disclosures

Funding: This study was funded by GSK (GSK study identifier: VEO-000985). Conflicts of interest: NS is employed by GSK and holds financial equities in GSK. ZNH is employed by Verilogue, which was paid by GSK to conduct this study. **RC** is employed by GSK, reported payments and support for attending meetings and/or travel from Neurelis Inc., and holds financial equities in GSK and UCB Inc. DV is employed by Shionogi Inc. and was formerly employed by GSK. JG is employed by GSK and holds financial equities in GSK and reported grants from Merck & Co. and AstraZeneca, consulting fees from Merck & Co. and Janssen, and support for attending meetings and/or travel from Genentech.

<sup>a</sup>Percentages may not sum to 100% due to rounding.

Reported as the proportion of HZ vaccination discussions where presence of these topics was observed.

Apparent decision outcome of HZ vaccination

Outcomes observed across all recordings (N=100)

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## Supplement

Table S1: Patient demographics by year				
	n	2022	2023	2024
Overall sample	100	9	57	34
Patient age				
50-64	55	3	36	16
65+	45	6	21	18
Patient gender				
Female	48	5	30	13
Male	52	4	27	21
Patient race/ethnicity				
Non-White	42	2	26	14
White	58	7	31	20
Time of year				
During US flu vaccination season	53	9	38	6
Outside of US flu vaccination season	47	0	19	28

Table S2: US Census region of practice					
	n	Midwest	Northeast	South	West
Overall sample	100	1	36	43	20

Table S3: USDA	RUCC associ	ated with loca	tion of practice	Э	
	n	1: Metro - Counties in metro areas of 1 million population or more	2: Metro - Counties in metro areas of 250,000 to 1 million population	3: Metro - Counties in metro areas of fewer than 250,000 population	6: Nonmetro - Urban population of 5,000 to 20,000, adjacent to a metro area
Overall sample	100	82	15	2	1

Table S4: PCP	years of practice			
	n	11–20 years	21–30 years	31+ years
Overall sample	100	42	30	28

Table S5: PCP o	gender		
	n	Female	Male
Overall sample	100	26	74
<b>Table S6:</b> Mean	percent of overall record	ling time spent discussinc	these topics

	VPD°	HZ vaccine	HZ disease
Patient age			
50-64	15.1%	7.8%	0.5%
65+	17.3%	6.6%	0.6%
Patient gender			
Female	16.5%	8.4%	0.4%
Male	15.7%	6.2%	0.7%
Patient race/ethnicity			
Non-White	17.5%	8.4%	0.6%
White	15.1%	6.4%	0.5%
Time of year			
During US flu vaccination season	16.7%	7.3%	0.4%
Outside of US flu vaccination season	15.4%	7.3%	0.7%

	By patie	ent age	
Speaker	50–64 years	65+ years	
	n (%)	n (%)	
otal	55 (100.0%)	45 (100.0%)	
Patient	10 (18.2%)	10 (22.2%)	
Physician	44 (80.0%)	35 (77.8%)	
Patient's care partner	0 (0.0%)	0 (0.0%)	
Other office staff	1 (1.8%)	0 (0.0%)	
	By patient gender		
Speaker	Female	Male	
	n (%)	n (%)	
Total	48 (100.0%)	52 (100.0%)	
Patient	13 (27.1%)	7 (13.5%)	
Physician	34 (70.8%)	45 (86.5%)	
Patient's care partner	0 (0.0%)	0 (0.0%)	
Other office staff	1 (2.1%)	0 (0.0%)	
	By patient race/ethnicity		
Speaker	Non-White	White	
	n (%)	n (%)	
Total	42 (100.0%)	58 (100.0%)	
Patient	7 (16.7%)	13 (22.4%)	
Physician	34 (81.0%)	45 (77.6%)	
Patient's care partner	0 (0.0%)	0 (0.0%)	
Other office staff	1 (2.4%)	0 (0.0%)	
	By time	of year	
Speaker	In season	Out of season	
	n (%)	n (%)	
otal	53 (100.0%)	47 (100.0%)	
Patient	11 (20.8%)	9 (19.1%)	
Physician	41 (77.4%)	38 (80.9%)	
Patient's care partner	0 (0.0%)	0 (0.0%)	
	1 (1.9%)	0 (0.0%)	

**Abbreviations** 

HZ, herpes zoster; PCP, primary care provider; US, United States; USDA RUCC, United States Department of Agriculture Rural-Urban Continuum Codes; VPD, vaccine-preventable diseases.

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## Supplement

<b>Table S8:</b> Adapted Opel (2013) initiation format (stratified) <sup>1</sup>					
	By observed outcome				
Initiation format	Patient accepts rec/plan	Patient verbalizes intent to receive	Plan is not for patient to vaccinate	Other	
	n (%)	n (%)	n (%)	n (%)	
Total	25 (100.0%)	23 (100.0%)	11 (100.0%)	20 (100.0%)	
Participatory	18 (72.0%)	18 (78.3%)	11 (100.0%)	19 (95.0%)	
Presumptive	7 (28.0%)	5 (21.7%)	0 (0.0%)	1 (5.0%)	

	By patient age		
Initiation format	50–64 years	65+ years	
	n (%)	n (%)	
Total	44 (100.0%)	35 (100.0%)	
Participatory	36 (81.8%)	30 (85.7%)	
resumptive	8 (18.2%)	5 (14.3%)	
	By patien	t gender	
Initiation format	Female	Male	
	n (%)	n (%)	
otal	34 (100.0%)	45 (100.0%)	
articipatory	28 (82.4%)	38 (84.4%)	
resumptive	6 (17.6%)	7 (15.6%)	
	By patient race/ethnicity		
Initiation format	Non-White	White	
	n (%)	n (%)	
otal	34 (100.0%)	45 (100.0%)	
articipatory	29 (85.3%)	37 (82.2%)	
Presumptive	5 (14.7%)	8 (17.8%)	
	By time	of year	
Initiation format	In season	Out of season	
	n (%)	n (%)	
otal	41 (100.0%)	38 (100.0%)	
articipatory	36 (87.8%)	30 (78.9%)	
Presumptive	5 (12.2%)	8 (21.1%)	

		By observe	ed outcome	
Score	Patient accepts rec/plan	Patient verbalizes intent to receive	Plan is not for patient to vaccinate	Other
	n (%)	n (%)	n (%)	n (%)
otal	27 (100.0%)	37 (100.0%)	14 (100.0%)	22 (100.0%)
: Strong recommendation against	0 (0.0%)	0 (0.0%)	1 (7.1%)	0 (0.0%)
Mild recommendation against	0 (0.0%)	0 (0.0%)	2 (14.3%)	0 (0.0%)
Neutral	6 (22.2%)	11 (29.7%)	9 (64.3%)	5 (22.7%)
Mild recommendation for	8 (29.6%)	7 (18.9%)	1 (7.1%)	9 (40.9%)
Strong recommendation for	13 (48.1%)	19 (51.4%)	1 (7.1%)	8 (36.4%)
verage score	1.3	1.2	-0.1	1.1

	By pati	ent age
Score	50–64 years	65+ years
	n (%)	n (%)
otal	55 (100.0%)	45 (100.0%)
2: Strong recommendation against	1 (1.8%)	0 (0.0%)
: Mild recommendation against	1 (1.8%)	1 (2.2%)
: Neutral	16 (29.1%)	15 (33.3%)
Mild recommendation for	12 (21.8%)	13 (28.9%)
Strong recommendation for	25 (45.5%)	16 (35.6%)
verage score	1.1	1.0
	By patie	nt gender
Score	Female	Male
	n (%)	n (%)
otal	48 (100.0%)	52 (100.0%)
2: Strong recommendation against	1 (2.1%)	0 (0.0%)
l: Mild recommendation against	2 (4.2%)	0 (0.0%)
: Neutral	15 (31.3%)	16 (30.8%)
Mild recommendation for	11 (22.9%)	14 (26.9%)
Strong recommendation for	19 (39.6%)	22 (42.3%)
verage score	0.9	1.1
		ace/ethnicity
Score	Non-White	White
	n (%)	n (%)
otal	42 (100.0%)	58 (100.0%)
2: Strong recommendation against	0 (0.0%)	1 (1.7%)
: Mild recommendation against	0 (0.0%)	2 (3.4%)
: Neutral	13 (31.0%)	18 (31.0%)
Mild recommendation for	4 (9.5%)	21 (36.2%)
: Strong recommendation for	25 (59.5%)	16 (27.6%)
verage score	1.3	0.8
relage score		e of year
Score		Out of season
Score	In season	
	n (%)	n (%)
otal	53 (100.0%)	47 (100.0%)
2: Strong recommendation against	1 (1.9%)	0 (0.0%)
: Mild recommendation against	2 (3.8%)	0 (0.0%)
: Neutral	16 (30.2%)	15 (31.9%)
Mild recommendation for	14 (26.4%)	11 (23.4%)
: Strong recommendation for	20 (37.7%) <b>0.9</b>	21 (44.7%)
		1.1

Abbreviations
PhyReCS, Physician Recommendation Coding System.

References
(1) Opel DJ, et al. Pediatrics. 2013;132(6):1037-1046.
(2) Scherr KA, et al. Med Decis Making. 2017;37(1):46–55.

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## Supplement

	By patient age		
Outcome Outcome	50–64 years	65+ years	
	 n (%)	n (%)	
Total	55 (100.0%)	45 (100.0%)	
Patient accepts recommendation/plan to receive vaccination	15 (27.3%)	12 (26.7%)	
Patient verbalizes intent to receive vaccination	19 (34.5%)	18 (40.0%)	
Plan is for patient not to vaccinate	7 (12.7%)	7 (15.6%)	
Other	14 (25.5%)	8 (17.8%)	
	By patier	nt gender	
Outcome	Female	Male	
	n (%)	n (%)	
Total	48 (100.0%)	52 (100.0%)	
Patient accepts recommendation/plan to receive vaccination	10 (20.8%)	17 (32.7%)	
Patient verbalizes intent to receive vaccination	23 (47.9%)	14 (26.9%)	
Plan is for patient not to vaccinate	8 (16.7%)	6 (11.5%)	
Other	7 (14.6%)	15 (28.8%)	
	By patient ro	ace/ethnicity	
Outcome	Non-White	White	
	n (%)	n (%)	
Total	42 (100.0%)	58 (100.0%)	
Patient accepts recommendation/plan to receive vaccination	12 (28.6%)	15 (25.9%)	
Patient verbalizes intent to receive vaccination	15 (35.7%)	22 (37.9%)	
Plan is for patient not to vaccinate	6 (14.3%)	8 (13.8%)	
Other	9 (21.4%)	13 (22.4%)	
	By time	of year	
Outcome	In season	Out of seasor	
	n (%)	n (%)	
Total	53 (100.0%)	47 (100.0%)	
Patient accepts recommendation/plan to receive vaccination	13 (24.5%)	14 (29.8%)	
Patient verbalizes intent to receive vaccination	20 (37.7%)	17 (36.2%)	
Plan is for patient not to vaccinate	7 (13.2%)	7 (14.9%)	
Other	13 (24.5%)	9 (19.1%)	

Abbreviations
HZ, herpes zoster.