



## **ZOSTAVAX RECALL TOOLKIT GUIDE**

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Tools and strategies to implement  
patient recall programs in your practice

**For use by Healthcare Professionals only.**

## Welcome

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# TO THE ZOSTAVAX RECALL TOOLKIT GUIDE

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This guide offers tools and strategies your practice may find useful when implementing a patient recall initiative for vaccination against shingles.

You may find many of the tools and strategies covered in this guide can also be used more broadly to support practice efforts to improve uptake of all immunisations.

You can personalise the resources included in this kit to find what works best for your practice.

## KEY INFORMATION

- ZOSTAVAX will be provided free for eligible people aged 70–79 years on the NIP from 1st November 2016.<sup>1</sup>
- ZOSTAVAX will be available for people aged 70 years old, with a 5 year catch up program in place for people aged 71–79 years.<sup>1</sup>
- This guide provides practical information and helpful tips for patient recall programs and when planning immunisation clinics for your practice.

## WHAT'S IN IT FOR YOU?

- Help improve efficiencies within your practice for patient recall and immunisation by personalising the resources and finding what works best for your practice.
- Immunisation rates can significantly improve when recall and reminder systems are in place.<sup>2</sup>

# ABOUT SHINGLES

Shingles is a common condition that can have serious complications, especially in people over 70 years of age.<sup>3,4</sup> One in three people will develop shingles in their lifetime with 97% of adults having the virus that causes shingles within them.<sup>3,5</sup>



Shingles is a painful, unilateral rash caused by reactivation of the varicella-zoster virus (VZV).<sup>6</sup>

Shingles significantly affects quality of life for months or even years.<sup>5,7</sup> People who have shingles often say the pain is excruciating, making it hard to sleep, walk or enjoy everyday life.<sup>5,8</sup> The most common symptom of shingles is a painful, blistering rash, usually on one side of the body. Sometimes, the shingles rash can occur around one of the eyes, and can cause facial scarring and loss of vision.<sup>5,6,9</sup>

Up to one in five people will also develop post-herpetic neuralgia (PHN) – pain that continues after the rash has healed.<sup>6,7</sup> People with PHN report experiencing pain in the area of their shingles rash for an average of 3.5 years.<sup>10</sup>

# ABOUT ZOSTAVAX

ZOSTAVAX will be provided free for eligible people aged 70–79 years on the NIP from 1st November 2016.<sup>1</sup>

ZOSTAVAX will be available for people aged 70 years old, with a 5 year catch up program in place for people aged 71–79 years.<sup>1</sup>

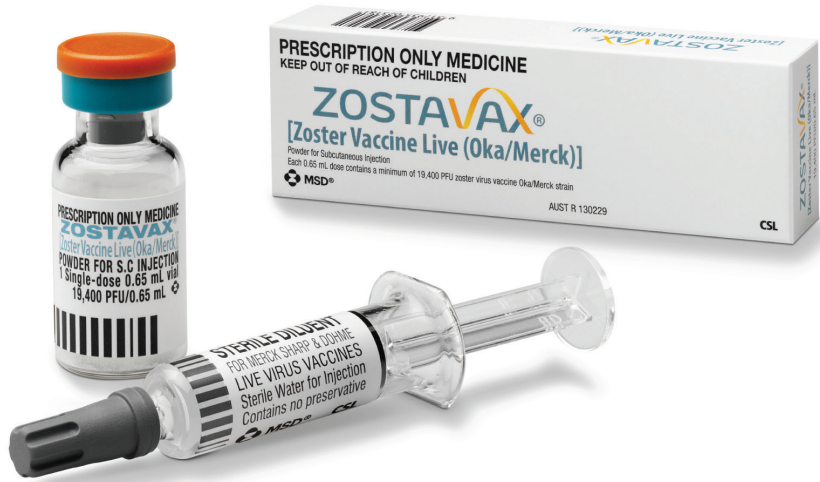
This is the first funded adult immunisation program in Australia in 10 years and presents an important opportunity to recall your eligible patients for immunisation.

ZOSTAVAX is indicated for the prevention of herpes zoster (shingles) in individuals 50 years of age and older. ZOSTAVAX is indicated for the prevention of postherpetic neuralgia (PHN) and for reduction of acute and chronic zoster-associated pain in individuals 60 years of age and older.<sup>1</sup>

In a trial of 38,546 adults 60 years and over, ZOSTAVAX reduced the incidence of shingles by 51% compared with placebo [95% CI 44-58%].<sup>11</sup>

ZOSTAVAX reduced the incidence of PHN by 67% compared with placebo [95% CI 48-79%].<sup>11</sup>

ZOSTAVAX is generally well tolerated. The most common side effects include erythema, pain/tenderness, swelling and pruritus at the injection site.<sup>6</sup>



SEE SECTION 1 OF THIS TOOLKIT FOR MORE INFORMATION ABOUT ZOSTAVAX

# PLANNING A RECALL STRATEGY FOR YOUR PRACTICE

## Shingles vaccination recall checklist

– Use the version of this graphic on the inside cover of your folder and the accompanying checklist in your folder to plan and record the recall strategy for your practice.

For use by Healthcare  
Professionals only.

## STEP 5

### Ongoing recalls and reminders

Recall any missed or new eligible patients at appropriate intervals

## STEP 4

### Administer vaccine and document

Administer vaccine and complete appropriate documentation

## STEP 1

### Identify eligible patients

Use your practice software to run a practice search and create a list of eligible patients. You may wish to use a staged approach

## STEP 2

### Select an immunisation model

Decide if patients will be vaccinated during standard GP appointments or if there are enough eligible patients to organise a shingles vaccination clinic

## STEP 3

### Recall patients

Use one or a combination of notification/reminder methods to recall eligible patients

If running a  
vaccination clinic,  
begin planning  
session days/  
times

# 1. IDENTIFY ELIGIBLE PATIENTS

Planning your patient recall.

– Use your practice software to search for eligible patients using specific demographic criteria.

Perform a search of all patients who are between 70 to 79 years of age.

Your software may have a feature that allows you to further filter results to show only ‘active patients’.

If your software does not have an ‘active patients’ feature, then you may be able to restrict the search to those patients who have attended the clinic in the past 12 to 24 months.

Please refer to any privacy policies that are relevant to your practice.

As part of this toolkit you will find step-by-step instructions on how to perform a patient search within the following common practice software packages in Australia:

- Medical Director
- Best Practice
- Zedmed
- Genie



## SCREENING THE RECALL LIST

It is recommended that either the usual GP, or another clinician who is familiar with the patients in your practice, reviews the recall list to determine patient eligibility.

Please review the Product Information including contraindications, precautions and interactions with other medicines.

The Product Information can be found at [www.seqirus.com.au/PI](http://www.seqirus.com.au/PI)

# 2. SELECT AN IMMUNISATION MODEL

Every practice has different needs. Below you will find a variety of immunisation models ranging from planned immunisation clinics to opportunistic vaccination.

– Choose one or a combination of models that best suit your practice needs.

## IMMUNISATION MODELS

Regular vaccine clinics	Opportunistic vaccination	Standard appointment	Out of surgery clinics
<p>With this model, practices allocate set days and times to run dedicated immunisation-only sessions, usually with a designated clinician (eg nurse immuniser or GP).</p> <p>Recalled patients are encouraged to attend one of these sessions to confirm eligibility and be vaccinated.</p> <p>Best suited for practices with large numbers of eligible patients to vaccinate.</p> <p>May be coordinated to coincide with another immunisation session at the practice, such as a flu vaccination clinic.</p>	<p>With this model the practice or clinicians would identify and offer vaccination to eligible patients as they present to the practice for other reasons.</p> <p>Eligible patients may also be identified beforehand with a practice software search (see STEP 1 of this guide for details).</p> <p>Eligible patient files may also be “flagged” with an “Action” or a “Recall” to remind clinicians to offer the vaccine when the patient next attends the practice.</p>	<p>With this model, recalled patients are encouraged to book a standard appointment with their GP to be vaccinated.</p> <p>Best suited for practices with a low to moderate number of eligible patients.</p> <p>This model is relatively easy to implement as it requires few logistical changes and closely matches the usual appointment booking process of most practices.</p>	<p>This model may be appropriate for providers who offer immunisation sessions outside of the practice.</p> <p>Examples of this might be clinics for eligible patients who reside in nursing homes or residential aged care facilities, retirement villages, workplaces or community associations with people who are eligible.</p>

As part of this toolkit you will find various immunisation model checklists to help you set up and implement your chosen types of clinics.



# 3. RECALL PATIENTS

Once eligible patients have been identified (**STEP 1**) and an immunisation model(s) is selected for your practice (**STEP 2**), you may decide to proactively recall patients using one or a combination of the notification methods discussed overleaf. There is no single 'best' way to notify patients, and what works well for one practice may be different from another practice.

Here is a summary of the most common notification methods used by practices to recall patients, along with some of the advantages and disadvantages of each approach.

**It is a good idea for the practice team to discuss what approach is best suited for your patient population and clinic.**



Examples of templates are included within this toolkit and on the USB.

If you are using a recall letter, you may wish to copy and paste the template text directly onto your practice letterhead to start your mail merge.

## NOTIFICATION METHODS

Recall letters
<p>Most practice software packages offer a mail merge feature which allows bulk printing of letters for all identified eligible patients.</p> <p><b>Advantages:</b></p> <ul style="list-style-type: none"><li>- Easy to set up and print all letters at the same time.</li><li>- Copy of letter automatically saved in the patient file.</li><li>- Many patients are already familiar with this way of receiving notifications.</li></ul> <p><b>Disadvantages:</b></p> <ul style="list-style-type: none"><li>- The cost of printing letters and stamps may be prohibitive for practices recalling a large number of patients.</li><li>- Requires staff time to print, fold and post letters.</li><li>- Standard post may take 2 to 6 days to reach the patient.</li></ul>

Phone calls	Emails	SMS or mobile notifications
<p>Some practices may decide to phone eligible patients to book an appointment.</p> <p><b>Advantages:</b></p> <ul style="list-style-type: none"><li>- This method can be used to quickly and effectively book patients for vaccination.</li><li>- Phone calls can also be a good way to follow up patients who have not responded to letter or SMS recalls.</li><li>- The cost of a phone call may be lower than that of sending a letter or an SMS.</li></ul> <p><b>Disadvantages:</b></p> <ul style="list-style-type: none"><li>- Requires staff time to make the phone calls.</li><li>- May be unable to reach patients, requiring multiple attempts.</li></ul>	<p>Depending on your demographic, emails can be an effective way to contact a large proportion of people.</p> <p><b>Advantages:</b></p> <ul style="list-style-type: none"><li>- Quick, easy and inexpensive to set up and send.</li><li>- Reaches multiple patients at the same time (remember to blind copy the recipients).</li><li>- Many patients already familiar with this way of being contacted.</li><li>- Received by patients on the same day the email is sent.</li></ul> <p><b>Disadvantages:</b></p> <ul style="list-style-type: none"><li>- Requires regular and timely checking of email inbox as patients are likely to reply directly to the original email.</li><li>- Depending on practice demographics, some older patients may not have an email address or would prefer not to receive communications via email.</li></ul>	<p>Some practices have begun using SMS or mobile notifications to inform patients of services they are eligible or due for. For example: immunisations, routine pap smears and health assessments.</p> <p><b>Advantages:</b></p> <ul style="list-style-type: none"><li>- An SMS can be a quick and easy way to reach your patients.</li><li>- The cost of an SMS is considerably lower than the cost of printing and posting letters.</li><li>- Practice software and 3rd party providers may offer integrated SMS services which are sent directly from the system, saving staff time.</li><li>- SMS messages are received by patients on the same day they are sent.</li><li>- Could be used in addition to, or in place of, recall letters depending on the needs of your patients.</li></ul> <p><b>Disadvantages:</b></p> <ul style="list-style-type: none"><li>- Depending on practice demographics, some patients may not have a mobile phone.</li><li>- May require an alternative notification method for patients without a mobile phone number on record.</li></ul>

# RECALL TIPS

Awareness of recall initiatives could be communicated through:



PRACTICE  
NEWSLETTER



PRACTICE  
WEBSITE



WAITING  
ROOM  
AREA



ON-HOLD  
TELEPHONE  
MESSAGE



## IMPORTANT

Remember to include in your recall notification any special instructions your patients may need to follow when booking their appointment, such as the specific immunisation session or clinic that they would like to attend.

### Tip: Too many patients to recall? Try sending notifications in stages

If you have a large practice or large number of eligible patients in the 70–79 year age group, it may be more efficient to recall and immunise your patients in stages e.g.:

**Stage 1:** Recall and immunise patients aged 78–79 years

**Stage 2:** Recall and immunise patients aged 70–77 years

**Stage 3:** Continued recall and immunisation of patients aged 70–79 years. Also consider targeting patients receiving other vaccines such as the flu vaccine.

### Tip: Using patient alerts activated in practice software

Ensuring patient alerts in your practice software are up-to-date enables GPs to quickly identify patients who are due for vaccinations once they have presented to the clinic. GPs may be able to vaccinate the patient then and there, or can ask the patient to make a return appointment for the vaccination.

# CASE STUDY:

## WHAT A TAILORED NOTIFICATION APPROACH MAY LOOK LIKE



Sandra is a practice nurse at a busy 7-GP clinic in a metropolitan suburb.

When Sandra performed a search of the practice software she found they had 500 active patients who were between 70 and 79 years of age.

After reviewing the patient list with the main GPs, the practice decided they would stage the recall process and start by notifying the 50 eligible patients on the list aged 78 to 79 years.

Since most of their patients in this age group had mobile numbers recorded with the practice, they decided to send the first recall notification via SMS.

For 12 of the targeted patients who did not have a mobile phone, a recall letter was sent instead.

After 2 weeks, many patients had booked and attended the practice for their shingles vaccination. At this stage, Sandra made follow-up phone calls to the remaining five patients who had not responded to previous notification attempts.

Once the practice felt comfortable with the process, they decided to send notifications to the remaining eligible patients aged 70 to 77 years on their list.

They started with an SMS for all patients with a recorded mobile number on file, followed by letters to those without a mobile.

The practice decided they would review the list of eligible patients monthly thereafter to identify and recall any new or missed eligible patients.

*This is an example only.  
Please refer to any privacy  
policies that are relevant  
to your practice.*

## 4. ADMINISTER VACCINE

Perform a pre-vaccination screening and administer the vaccine as per the Product Information. Complete appropriate documentation.

## 5. ONGOING RECALLS AND REMINDERS

Recall any new or missed eligible patients at appropriate intervals.

*– Use Section 6 of this toolkit to store your working files and track notifications.*



**Disclaimer:** This recall guide is for use as a guide only, with the information based on published literature in addition to clinical experience gained from primary healthcare nurses and may not reflect the procedures followed in your practice. There may be other procedures and/or considerations relevant to this recall guide that may not have been taken into account. Any use of this recall guide is at the user's own risk and Seqirus (Australia) Pty Ltd will not be responsible for any actions taken based on the use of this recall guide. To the extent permitted by law, Seqirus (Australia) Pty Ltd excludes all liability arising howsoever from the use of this recall guide.

Before prescribing, please review the Product Information available at [www.seqirus.com.au/PI](http://www.seqirus.com.au/PI)

**MINIMUM PRODUCT INFORMATION**

**ZOSTAVAX® Zoster Virus Vaccine Live (Oka/Merck), Refrigerator stable**

**Indications:** Prevention of herpes zoster (shingles) in individuals 50 years of age and older. Prevention of postherpetic neuralgia (PHN) and reduction of acute and chronic zoster-associated pain in individuals 60 years of age and older. **\*Contraindications:** History of hypersensitivity to any component of the vaccine, including gelatin. History of anaphylactic/anaphylactoid reaction to neomycin. Primary and acquired immunodeficiency states due to conditions such as: acute and chronic leukaemias; lymphoma; other conditions affecting the bone marrow or lymphatic system; immunosuppression due to HIV/AIDS; cellular immune deficiencies. Immunosuppressive therapy including high-dose corticosteroids, but not topical/inhaled corticosteroids. ZOSTAVAX is a live, attenuated varicella-zoster vaccine and administration may result in disseminated disease in immunosuppressed or immunodeficient patients. Active untreated tuberculosis. Pregnancy (see PRECAUTIONS). **Precautions:** Adequate treatment provisions, including adrenalin injection (1:1000), should be available for immediate use should an anaphylactic/anaphylactoid reaction occur. Consider deferral of vaccination in the presence of fever >38.5°C. Safety and efficacy not established in adults known to be infected with HIV. **Use in Pregnancy (Category B2)** Do not administer to pregnant females; pregnancy should be avoided for 3 months after vaccination. **Use in Lactation** It is not known whether VZV is secreted in human milk. **Use in the elderly** The mean age of subjects enrolled in the largest (N=38,546) clinical study of ZOSTAVAX was 69 years (range 59-99 years). ZOSTAVAX was demonstrated to be generally safe and effective in this population. **\*Interactions with other medicines:** ZOSTAVAX can be administered concurrently with inactivated influenza vaccine. ZOSTAVAX and PNEUMOVAX 23 should not be given concomitantly because concomitant use resulted in reduced immunogenicity of ZOSTAVAX. Consider administration of the two vaccines separated by at least 4 weeks. **Adverse Effects:** headache, erythema, pain/tenderness, swelling, pruritus, fatigue, haematoma, warmth, induration, pain in extremity. **Post-marketing experience:** varicella, zoster, nausea, arthralgia, myalgia, injection-site rash, injection-site urticaria, pyrexia, transient injection-site lymphadenopathy, hypersensitivity reactions including anaphylactic reactions, rash, necrotizing retinitis. **Dosage and Administration:** A single dose (0.65mL) administered subcutaneously. Administer vaccine immediately after reconstitution to minimise loss of potency. ZOSTAVAX is not a treatment for zoster or PHN. Based on Approved Product Information dated 26 April 2016. Date of preparation May 2016.

\*Please see change(s) in Product Information

**PBS information:** This product is not listed on the PBS or the National Immunisation Program (NIP)

**References:** 1. Australian Government Department of Health. Immunise Australia Program. [www.immunise.health.gov.au](http://www.immunise.health.gov.au) [Accessed May 2016]. 2. Szilagyi PG *et al.* JAMA 2000; 284(14):1820–27. 3. Stein AN *et al.* Vaccine 2009; 24:520–29. 4. National Centre for Immunisation Research and Surveillance. Herpes Zoster fact sheet, July 2015. [www.ncirs.edu.au/assets/provider\\_resources/fact-sheets/herpes-zoster-vaccine-fact-sheet.pdf](http://www.ncirs.edu.au/assets/provider_resources/fact-sheets/herpes-zoster-vaccine-fact-sheet.pdf) [Accessed July 2016]. 5. Harpaz R *et al.* MMRW Recomm Rep 2008; 57(RR-5):1–30 6. Zostavax® Product Information, April 2016 7. National Health and Medical Research Council. The Australian Immunisation Handbook. 10th Edition 2013. 8. Oxman MN. Clinical manifestations of herpes zoster. In: Arvin AM, Gershon AA (eds). Varicella-Zoster Virus. Cambridge: Cambridge University Press, 2000; 246–75. 9. Yawn BP *et al.* Mayo Clin Proc 2013; 88:562–70. 10. Serpell M *et al.* Health Qual Life Outcomes 2014; 12:92. 11. Oxman MN *et al.* NEJM. 2005; 352:2271–84.

Product Information is available from Seqirus (Australia) Pty Ltd ABN: 66 120 398 067 63 Poplar Road, Parkville VIC 3052 [www.seqirus.com.au](http://www.seqirus.com.au); distributor for Merck, Sharp and Dohme (Australia) Pty Ltd. Seqirus Medical Information: 1800 642 865. ®ZOSTAVAX is a registered trademark of Merck & Co. Inc Whitehouse Station, NJ, USA. Seqirus™ is a trademark of Seqirus UK Limited or its affiliates. SEQZ007 Date of preparation: July 2016 AUS/ZOST/0616/0132

