

Case study: Call and re-call in shingles

Suffolk Primary Care

Executive Summary

- Herpes zoster, often referred to as ‘shingles’ is a viral condition. It can result in a painful rash that can last for several weeks¹
- There is strong evidence to suggest that sending invites and reminders to eligible people is the most effective intervention for increasing vaccine uptake²
- A range of reminder measures (including telephone call and re-call) for eligible patients for the shingles vaccination were introduced by a group of surgeries in Suffolk
- As a result, uptake in the eligible population within Suffolk Primary Care increased by 27 percent on average, meaning a greater proportion of the local community are now protected

MSD is a pharmaceutical company with a strong heritage in public health, and the manufacturer of the shingles vaccine used for the shingles national immunisation programme (NIP) for the prevention of shingles (HZ) and shingles-related post-herpetic neuralgia.

Introducing shingles

Herpes zoster, often referred to as ‘shingles,’ is a viral condition resulting from the reactivation of varicella zoster – which is responsible for chickenpox³. Shingles can result in a painful blistering rash¹ – and one in four people will develop shingles in their lifetime⁴. A national immunisation programme for shingles was introduced in 2013.

The pilot – Why Suffolk?

Suffolk Primary Care (SPC) was initially selected as a suitable site due to low vaccination coverage rates compared with the national average. The pilot ran from August 2018 – March 2019 and involved 11 surgeries across the Suffolk area.

Measures undertaken in this pilot included:

- Text message reminders
- Writing letters
- Phone calls
- Additional practice training
- Shingles clinics

Our pilot area: Suffolk Primary Care, East of England



“The pilot has been a real success story. We did our research and knew that there was a strong justification for using call and reminder methods, but our results have exceeded expectations. From an individual practice perspective, we can see the **impact of call and re-call** with reduced cases of shingles, and are proud to be doing our bit to safeguard at-risk groups and **contribute to the prevention agenda.**”

Paul Brown, Chief Executive of SPC

Prescribing information is available at the end of this document

What did the surgeries do?

Participating general practices employed a range of different call and re-call methods for the shingles vaccination programme. Call/re-call refers to proactively contacting eligible patients to invite them to attend a vaccination appointment.

Studies that encourage primary care to implement call/re-call systems are cited as one of the most cost-effective ways to improve uptake of vaccination services^{2,5,6}. The primary goal of this pilot was to determine whether introducing a call/re-call approach would improve their vaccine coverage rates for this programme.

Results

During 2018/19 Suffolk Primary Care conducted a call/recall pilot for the shingles vaccination programme. Participating general practices employed a range of different call/recall methods. Across the full year of the pilot:

- The total number of vaccinations provided to eligible patients increased by an average of 27% from 2017/18 to 2018/19, with results ranging from a decrease of 35.2% to an increase of 553.8%⁷
- Out of 3,793 eligible patients 1,933 received the vaccine, 400 more patients than the preceding year (2017/18)⁷

Total shingles vaccinations given – year by year comparison

2017/2018 **1522**

2018/2019 **1933**

Conclusions

The pilot indicates that call/re-call had a positive impact on uptake, increasing the amount of vaccinations given in every practice. Inaccurate recording of information can be a problem for accurately capturing the benefits of call/re-call approaches. For future pilots, advanced planning and a template structure to ensure a cohesive capturing of results would be advised.

There was a discernible difference between the practices which did not engage in the pilot and those that were adequately resourced to effectively offer call and re-call methods to the eligible patients.

The study found that phone call and re-call and dedicated clinics were more effective than postal call and re-call.

How to use this information

Suffolk Primary Care has demonstrated that call and re-call approaches are highly effective. If you are keen to explore how you can boost uptake of the shingles vaccine and protect more of the eligible population in your area, we would be delighted to support you. MSD has a range of materials which can be used, including posters, discussion aids, and other hints and tips for both clinical and non-clinical staff in practices. To hear more please get in contact with your local vaccination implementation lead.

MSD involvement

MSD supported in the delivery of this pilot programme following a meeting between MSD and Suffolk Primary Care in which shingles vaccine coverage rate was discussed as an opportunity for improvement. MSD then provided Suffolk Primary Care with guidance and materials to assist with introducing call and re-call.

Methodology

The data shown is for the eligible population (aged 70 and 78) as a whole but is not broken down by age.

There is some variation in the data. For example, one surgery experienced an exceptionally large increase in uptake, as the surgery did little or no vaccination activity in 2017 but then increased vaccination focus across the board in 2018.

References

- ¹ NHS inform Scotland, Shingles, Symptoms of shingles. Available from: <https://www.nhsinform.scot/illnesses-and-conditions/infections-and-poisoning/shingles>. [Accessed July 2019]
- ² Kassianos, G and Ramsay, M. 2019. Public Health Matters. Increasing vaccine uptake: Strategies for addressing barriers in primary care. Available at: <https://publichealthmatters.blog.gov.uk/2019/05/16/increasing-vaccine-uptake-strategies-for-addressing-barriers-in-primary-care/> [Accessed July 2019]
- ³ Informed Health Online, Shingles: Overview. November 2014. Available at: <https://www.ncbi.nlm.nih.gov/books/NBK279624/>. [Accessed July 2019]
- ⁴ NHS England: Shingles: Good practice guide. 2017. Available online: <https://www.england.nhs.uk/south/wp-content/uploads/sites/6/2017/08/good-practice-guide.pdf>. [Accessed July 2019]
- ⁵ NIHR DC DISCOVER, NIHR Signal: Sending patient reminders improves immunisation uptake. Available at: <https://discover.dc.nihr.ac.uk/content/signal-00588/sending-patient-reminders-improves-immunisation-uptake> [Accessed July 2019]
- ⁶ Lonergan K, latif A, Beaney, T et al; Implementing the evidence: Are call/re-call systems for immunisation feasible in general practice? Vaccine Immunol Open Access J. (2018);1(1):11-15, DOI:10.30881/vioaj.00004 [Accessed July 2019]
- ⁷ Project data on file. REF-40095

ZOSTAVAX® shingles (herpes zoster) vaccine (live) is currently used for the shingles national immunisation programme. Prescribing information for ZOSTAVAX® is available via the following link: <http://msdproduct.co.uk/api/zostavax.pdf>

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