BRINGING CLINICIANS TOGETHER TO DISCUSS CURRENT DRUG THERAPY

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MEASLES

You’re on the front lines to ensure patients are vaccinated against measles...especially with the recent outbreaks.

It’s a big problem in areas with low immunization rates. Explain that 9 out of 10 nonimmune patients will get measles when exposed.

A common scenario is when an unprotected traveler picks up measles while abroad...then spreads it to nonimmune people back home.

Explore vaccine concerns. Remain open to questions...be prepared with answers...and put benefits and risks into perspective.

Reassure that numerous studies show MMR and other vaccines DON’T cause autism. And about one in 1,000 patients who get measles will die.

Discourage delaying vaccines. Educate that giving multiple vaccines according to the recommended schedule can’t overwhelm the immune system.

Give clear, strong recommendations...and share positive experiences.

For example, saying “I’m fully vaccinated and so are my kids” helps build trust. Use our conversation starter, Vaccine Adherence: Addressing Myths and Hesitancy, to support your discussions and tackle barriers.

Promote appropriate vaccination. Continue to recommend two doses of MMR or MMRV for kids...at 12 to 15 months, then at 4 to 6 years.

Make sure kids are protected before traveling to an outbreak area or anywhere outside the U.S. Recommend kids 12 months or older have two MMR doses at least 4 weeks apart...or one MMR dose for infants 6 to 11 months.

But point out that infants who get MMR before one year of age still need two MORE doses per the usual schedule...instead of two doses total.

Ensure adults have had at least ONE dose of MMR if born in 1957 or later. Or give TWO doses at least 4 weeks apart for adults at higher risk of exposure...college students, healthcare workers, and international travelers. If patients don’t have a record of getting MMR, vaccinate.

Don’t give MMR to severely immunocompromised or pregnant patients... since it’s a live vaccine. Ensure household contacts are vaccinated.

Explain MMR boosters aren’t recommended during a measles outbreak. About 97% of people develop lifelong immunity after two doses of a measles vaccine. This differs from mumps, where waning immunity is a concern.

Be alert for measles symptoms, such as fever, the “three Cs”...cough, coryza (runny nose), and conjunctivitis...and a rash starting on the face.

See our chart, Measles FAQs, for answers to common questions.

(For more on this topic, see Clinical Resource #350401 at PharmacistsLetter.com.)

DISCUSSION QUESTIONS

OVERVIEW OF CURRENT THERAPY

1. What is known about the MMR vaccine and autism?

ANALYSIS OF NEW STUDY

2. What type of study was this? How were the patients selected for inclusion?

3. How were the study groups defined?

4. How were the outcomes evaluated?

5. What were the outcomes of the cohort study?

6. What were the strengths and weaknesses of this study?

7. Were the results expressed in terms we care about and can use?

HOW SHOULD THE NEW FINDINGS CHANGE CURRENT THERAPY?

8. Do the results change your practice? How?

APPLY THE NEW FINDINGS TO THE FOLLOWING CASE

J.B. is a 65-year-old male patient who presents for his “Welcome to Medicare” annual exam. He has hypertension and diabetes, and is well-controlled with lisinopril 40 mg daily and metformin 1,000 mg twice daily. He is also taking simvastatin 40 mg daily and aspirin 81 mg daily. He currently smokes ½ pack per day and has been smoking since the age of 22. He has seen recent commercials on TV stating that hepatitis C is common in “baby boomers,” and that many patients don’t know that they have it. He states he has never been tested for hepatitis C, and wonders if he should be tested even though he has never used illicit drugs.

9. What should you recommend about screening J.B. for HCV?
6. What were the strengths and weaknesses of the cohort study?

7. Were the results expressed in terms we care about and can use?

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APPLY THE NEW FINDINGS TO THE FOLLOWING CASE

A.H. presents with her six-month old daughter for her well-child checkup. The child is meeting all of her developmental milestones and A.H. has no concerns.

The child is currently up-to-date on her vaccinations and is due for vaccinations today. She’s scheduled to receive the following vaccines: hepatitis B, diphtheria/tetanus/pertussis, haemophilus influenza type B, pneumococcal, polio, and influenza.

A.H. states that she has done a lot of research regarding vaccine safety in the setting of the recent measles outbreak and the child diagnosed with tetanus, and has several concerns she would like addressed. She’s read that giving so many vaccinations at once may be associated with adverse effects, including autism, and she would like for her child to only receive one vaccine today. She brought several alternative vaccine schedules with her that she found online and asks your advice on which vaccine you think is most important for her daughter to receive today.

See LEADER NOTES for answers to discussion questions.
9. What can you discuss with A.H. to address her hesitancy about vaccinations?

A.H. is grateful for your explanation and agrees to give her baby all recommended vaccines today. She is planning on traveling to Seattle to visit family in the coming weeks, and asks if there is anything she should do to protect her child from contracting measles during their visit.

10. What should you consider to decrease the baby’s risk of measles?

A.H. and her daughter return several months later for her one-year well-child checkup. Mom is receptive to the child receiving all her vaccinations, but does have questions about the necessity of the varicella vaccine. She remembers having chicken pox as a child and hearing stories from her parents about “pox parties”. She asks why the varicella vaccine is really necessary, since getting chickenpox as a child “really wasn’t that bad”. How do you respond?

11. How might you address the benefit versus the risk of the varicella vaccine?
REFERENCES


