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996. The Potential for Reducing Opioid and Analgesic Prescriptions Via Herpes Zoster Vaccination

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Session: P-46. HIV: Prevention

Background. Herpes zoster (HZ), or shingles, is a common neurocutaneous disease caused by the reactivation of latent varicella zoster virus that often includes rash and neuropathic pain that may last for months. Opioids and other analgesics may be prescribed. Recombinant zoster vaccine (RZV) is preferentially recommended for the prevention of HZ in adults aged 50 years and older. This study aimed to assess the impact of RZV vaccination on opioid and other analgesic prescription-related outcomes.

Methods. Estimates of analgesic prescription rates (opioids, benzodiazepines, and other analgesics) among HZ cases were established using Truven claims data from 2012-2018 for adults aged 50 years and older. HZ case avoidance with RZV vaccination was calculated using a previously published cost-effectiveness model. This data was included in a calculator assessing the impact of RZV vaccination on analgesic prescription-related outcomes (compared to no vaccination).

Results. Between 24.4% and 28.0% of HZ cases in the observed claims had at least one opioid prescription, dependent on age group (4.5%-6.5% and 8.6%-19.6% for benzodiazepines and other analgesics, respectively). The mean number of opioid prescriptions per person in each age group with at least one opioid prescription was between 1.7 and 1.9 (1.7-2.3 and 1.7-2.0 prescriptions for benzodiazepines and other analgesics, respectively). Assuming a 1-million-person population and 65% RZV coverage, the calculator predicts RZV vaccination will prevent 75,002 cases of HZ and will prevent 19,311 people from being prescribed at least 1 HZ-related opioid, 4,502 people from being prescribed benzodiazepines, and 12,201 people from being prescribed other analgesics. Additionally, 34,520 HZ-related opioid prescriptions will be avoided (9,413 benzodiazepine prescriptions; 22,406 other analgesic prescriptions).

Conclusion. HZ is associated with high levels of opioid, benzodiazepine, and other analgesic use. Primary prevention of HZ by vaccination could potentially reduce opioid and other medication exposure.

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997. The Purview Paradox: PrEP Utilization at a Major Southern California County Teaching Hospital and Affiliated Clinics

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Background. According to the Centers for Disease Control (CDC), PrEP coverage in the United States was approximately 18% in 2018 and 21.9% in California. We predict that PrEP prescription is lower at Harbor-UCLA Medical Center (HUMC) and affiliated clinics within Los Angeles County Department of Health Services.

Methods. A retrospective chart review of HIV-negative patients with ICD-10 coded diagnoses of sexually transmitted infections (STIs) or high-risk sexual behavior was performed across various medical specialties at HUMC and affiliated clinics in 2018. Documentation of sexual behavior risk reduction counseling, PrEP discussion and prescription was reviewed from electronic medical records for each encounter. Descriptive statistics and analysis were completed in STATA Version 16.1, StataCorp LLC.

Results. The sample included 250 individual patients, all with indications for PrEP. Of those, 47.2% identified as Latinx and 27.2% Black. Table 1 shows 74% of patients identified as heterosexual whereas 9.2% identified as gay, and 4.4% bisexual. Of the 250 individual patients, 87 (34.8%) returned for a 2nd visit, 35 (14.0%) for a third, and 9 (3.6%) for a 4th visit, for a total of 381 encounters. Of the total encounters, 49.3% had sexual behavior risk reduction counseling, 7.3% had discussions about PrEP with their provider, and only 2.1% were newly prescribed PrEP (Table 2). Of the 2.1% new PrEP prescriptions, 1.8% were prescribed by family medicine providers with no new prescriptions by OB/GYN or acute care providers. Only 25% of new PrEP prescriptions were female patients. A positive test for an STI occurred in 45.1% of total encounters while high risk sexual behavior was identified in 54.9% of encounters (Table 3).

Table 1: First Encounter Demographics (N=250 Individual Patients)

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|--|------------------------------------|
| | Individual Patients (N=250) |
| Mean Age | 32.4 |
| Gender | |
| Male | 101 (40.4%) |
| Female | 147 (58.8%) |
| Non-Binary | 2 (0.8%) |
| Race/ Ethnicity | |
| Asian/ PI | 15 (6.0%) |
| Black | 68 (27.2%) |
| European | 19 (7.6%) |
| Latinx | 118 (47.2%) |
| Mixed Race | 7 (2.8%) |
| Other | 23 (9.2%) |
| Sexual Orientation | |
| Bisexual | 11 (4.4%) |
| Heterosexual | 185 (74.0%) |
| Gay | 23 (9.2%) |
| Unspecified | 31 (12.4%) |
| Provider Type | |
| Physician | 120 (48.0%) |
| Nurse Practitioner | 116 (46.4%) |
| Physician Assistant | 3 (1.2%) |
| Medical Student | 9 (3.6%) |
| Other | 2 (0.8%) |
| Specialty | |
| Family Medicine | 88 (35.2%) |
| Internal Medicine | 16 (6.4%) |
| Ob/Gyn | 89 (35.6%) |
| Emergency Medicine | 32 (12.8%) |
| Urgent Care | 25 (10.0%) |
| Insurance | |
| Self-Pay | 40 (16.0%) |
| Medicaid | 168 (67.2%) |