Easier Vaccination Options Boost Coverage for Health Care Staff

Making it easier for employees to get free flu vaccinations on site—and requiring those vaccinations—has helped bump up coverage, according to an online survey conducted for the Centers for Disease Control and Prevention (CDC).

Of the 2,316 health care personnel who responded, 79% reported having gotten a flu shot for the 2015–2016 season, up 15.5 percentage points from the 2010–2011 estimate but similar to the 77.3% coverage for 2014–2015.

Physicians continued to be most likely to get vaccinated (95.6%). Assistants and aides had the lowest coverage, although it was well above half (64.1%).

Where vaccination was required, coverage was nearly total (96.5%). But only 61% of health care personnel work in hospitals with vaccination requirements—and that’s at least 27 percentage points higher than the proportion in any other work setting, the researchers said. Aides and assistants reported the lowest prevalence of vaccination requirements (22.5%).

Next to requirements, another factor that significantly influenced vaccination response was cost. The majority of vaccinated health care staff got the shots at their workplace. Coverage was highest when free vaccination was available on site for a day or more.

To boost vaccination among long-term-care staff, the CDC and the National Vaccine Program Office offer a Web-based toolkit that includes access to resources, strategies, and educational material (www.cdc.gov/flu/toolkit/long-term-care/index.htm). Employers and health care administrators can also check out the Guide to Community Preventive Services, which presents evidence to support on-site vaccination at no or low cost.


Protein May Predict Risk for Paclitaxel-Induced Neuropathy

A promising biomarker strategy may help identify patients at risk for severe paclitaxel-induced peripheral neuropathy.

Paclitaxel administered weekly is more effective than treatment once every three weeks, but it comes at the price of more severe sensory peripheral neuropathy. As yet, treatment for chemotherapy-induced peripheral neuropathy is only symptomatic, said researchers from Singapore.

Their previous research, however, suggested that a protein—N-myc downstream regulated gene 1 (NDRG1)—might be useful in predicting paclitaxel-induced peripheral neuropathy. NDRG1 is “ubiquitously” expressed in human tissues and tumors, the researchers noted, particularly in peripheral nerve tissue. It has also been implicated in degrading myelin in Charcot-Marie-Tooth disease, a hereditary motor and sensory neuropathy.

To expand on their earlier research, the researchers conducted another study in 111 patients with early-stage breast cancer. Of those patients, 41% had human epidermal growth factor receptor 2–positive breast cancer and received adjuvant trastuzumab along with paclitaxel. Over a median of 12 weeks, 77 patients (69%) developed all-grade peripheral neuropathy; in 17, the neuropathy was severe enough to mandate reducing or delaying doses, or stopping paclitaxel. Peripheral neuropathy occurred before cycle 6 in 48%. Not surprisingly, patients with diabetes had more severe neuropathy (44% versus 11%).

The mean NDRG1 score of patients without severe neuropathy was 7.7, compared with 5.4 for patients with severe neuropathy. Fifty-four patients had an NDRG1 score of less than 7; of those, 13 (24%) developed severe neuropathy, compared with only four of 57 (7%) patients with a score above 7.

The researchers are performing a larger prospective study to explore the mechanisms of NDRG1 regulation to support their findings.

Source: PLOS One, October 2016

Ebola Treatment Is “Promising,” But Not Definitively Better

The experimental Ebola treatment ZMapp, which is composed of three monoclonal antibodies, prevents progression of Ebola virus disease by targeting the main surface protein of the virus. According to findings from the clinical trial PREVAIL II, ZMapp is safe and well tolerated. But because the Ebola epidemic is “waning,” the National Institutes of Health said, the study enrolled too few people to determine definitively whether it is a better treatment than the best available standard of care.

The study involved 72 men and women with confirmed infection. However, the researchers closed the study early because they could not enroll the target number of 200 participants due to the decline in cases. All patients received the optimized standard of care—intravenous (IV) fluids, electrolyte balance, maintaining oxygen and blood pressure levels—and half also received three IV infusions of ZMapp three days apart.

At 28 days, 13 of the 35 patients (37%) in the standard-care group had died, compared with eight of 36 (22%) in the ZMapp group. That difference, a 40% lower risk of death with ZMapp, still did not reach statistical significance.

The findings are “promising and provide valuable scientific data,” said Anthony Fauci, MD, Director of the National Institute of Allergy and Infectious Diseases. “Importantly, the study establishes that it is feasible to conduct a randomized, controlled trial during a major public health emergency in a scientifically and ethically sound manner.”

Source: National Institutes of Health, October 2016

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**Overweight Patients Aren’t Getting Needed Weight Advice**

About two-thirds of overweight and obese patients are not getting the advice they need about weight management from their health care providers, according to a recent study.

The researchers conducted a phone survey of 1,109 overweight or obese adults, asking them whether a health care provider had given them advice about their weight in the previous 12 months. A “concerning” finding, the researchers said: Only 35% of the respondents reported such advice.

As body mass index (BMI) increased, so did the likelihood of receiving weight-loss advice: 22% of those with a BMI of 25.0 to 29.9 received advice versus 63% of those with a BMI of 40.0 or higher. Hispanics were the most likely of the three racial/ethnic groups to report receiving advice from a health care provider. The researchers said other studies have suggested that a higher prevalence of weight problems among blacks and Hispanics draws more attention from health care providers when counseling.

High-risk patients, such as the extremely obese or those with comorbidities, are most likely to receive weight-loss advice, the researchers said. But demographic factors also come into play: People with high levels of education are more likely than those with low levels to receive advice, and middle-aged people are more likely to get advice than younger or older patients.

Patients in the lowest income groups had significantly lower odds of receiving weight-loss advice, compared with those in higher income groups. Adjusting for health insurance did not change the results. That finding is “problematic,” the researchers said, because people with the lowest incomes tend to have poorer health outcomes than those with higher incomes.

Source: *Preventing Chronic Disease*, October 2016

**Cutting Down on Dialysis-Related Infections**

Each year about 37,000 people get potentially deadly bloodstream infections related to dialysis. But those infections could be cut dramatically by implementing evidence-based recommendations, the Centers for Disease Control and Prevention (CDC) says. For several years, facilities that have followed CDC recommendations have successfully reduced bloodstream infections in dialysis patients.

“Making evidence-based safety steps a routine part of patient care is a proven strategy to keep dialysis patients safe from bloodstream infections,” says CDC Director Tom Frieden, MD, MPH.

Now the CDC is teaming up with a coalition of health care and patient advocacy organizations and other public health partners in the Making Dialysis Safer for Patients Coalition, an initiative to expand the use of the recommendations and tools to improve dialysis patient safety.

The coalition will promote the use of the CDC’s Core Interventions and provide facilities with resources, including patient and staff education materials with tips to prevent infection; protocols for dialysis facilities; dialysis audit tools and checklists; and videos and DVDs on best practices.

“Dialysis patients are particularly vulnerable to infections,” says Priti R. Patel, MD, MPH, Medical Director of the Coalition. “We want to get lifesaving tools into the right hands to make a real impact on patients’ lives.”

Source: *Preventing Chronic Disease*, October 2016

**Patients Know About Diabetic Retinopathy Risk—But Don’t Get Screened**

Patients may understand that diabetes can lead to eye disease, and they may receive a recommendation for screening for diabetic retinopathy—but that doesn’t mean they’ll get screened. Researchers from Harbor-UCLA Medical Center in Torrance, California, surveyed 101 patients with diabetes and 44 providers and staffers at a clinic where annual screening rates for diabetic retinopathy were low. They found that 93% of patients understood the potential risk, but only 55% were getting screened.

The study goal, however, wasn’t to measure understanding of risk, but to find out what patients considered barriers to screening, and whether health care providers understood those barriers. And the researchers found quite a gap between the two groups.

The patients were mostly low-income Hispanics and African-Americans. The survey asked them to rate any given barrier that would delay or prevent them from getting screened. Health care providers and staff were asked to rate the importance of addressing the barriers.

Most of the patients (70%) reported at least one barrier to screening, most commonly depression (22%) and financial problems (26%); others reported language issues, lack of transportation, and lack of time.

When surveying the health care providers, though, the researchers found “markedly divergent perceptions” between the two groups. For instance, only small numbers of patients said transportation, language issues, denial, fear, or cultural beliefs were barriers—yet most providers and staff thought those were “very” or “extremely important.”

In contrast, the barriers that the patients did think were important—financial burdens and depression—were rated as less important than other barriers by the health care providers and staff.

The differences in opinion suggest “a lack of high-quality patient–provider communication,” the researchers said. They suggest that more effective patient education, as well as heightened awareness of depression and its impact, are key to getting more patients screened.

Source: *Preventing Chronic Disease*, October 2016

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