

Vaccination and antimicrobial prophylaxis in post splenectomy patients

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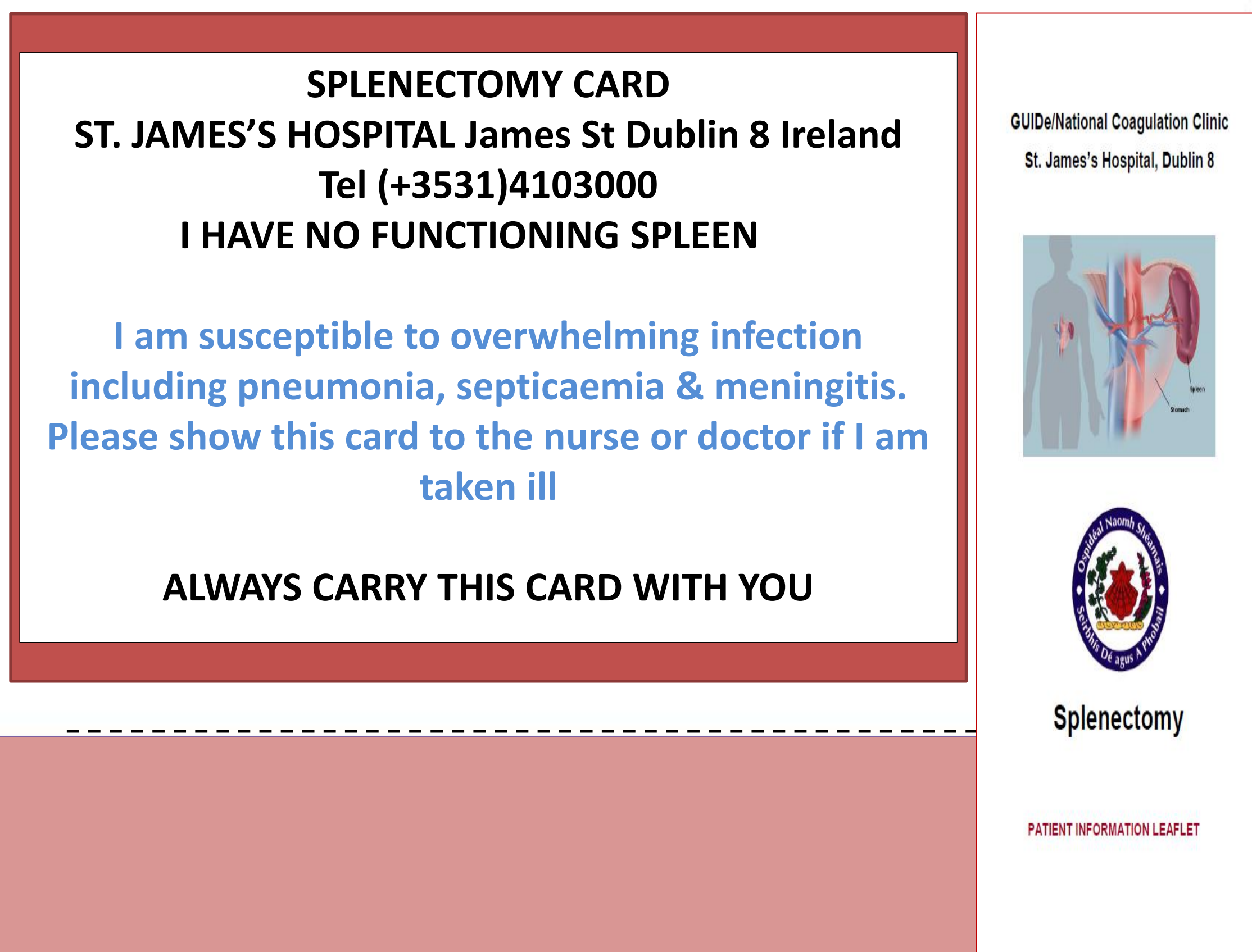
Introduction

Individuals with asplenia or hyposplenia are at increased risk of fulminant sepsis from encapsulated polysaccharide bacteria, particularly *Strep. pneumoniae* but also *H. influenza* and *N.meningitidis*.¹

For these reasons, additional vaccination and patient education is extremely important. In St. James's Hospital a multidisciplinary service was developed. Patients were referred to the Infectious Diseases (ID) team for vaccination advice, antimicrobial prophylaxis review and education by the ID pharmacist and nurse specialist [see Figure A].

Patients are advised regarding follow-up vaccinations required and an information letter is sent to their General Practitioner (GP) on discharge.

A Figure A: Splenectomy Card & information leaflet



Aim & Methods

To determine the rate of appropriate vaccination and antibiotic prophylaxis in this cohort over a one year period.

Electronic health records of patients who underwent a splenectomy in St James's Hospital referred to ID service from October 2018 to October 2019 were reviewed. GPs were contacted where required to check vaccination status.

Results

A total of 13 patients were referred to the ID service post splenectomy during this study period; all of whom received splenectomy education and were discharged on prophylactic antibiotics; majority of whom received phenoxymethicillin (n=12); one patient received amoxicillin 500mg OD.

Nine patients (69%) were followed up in the ID outpatient clinic for vaccination, the remaining 4 patients were followed up by their GPs.

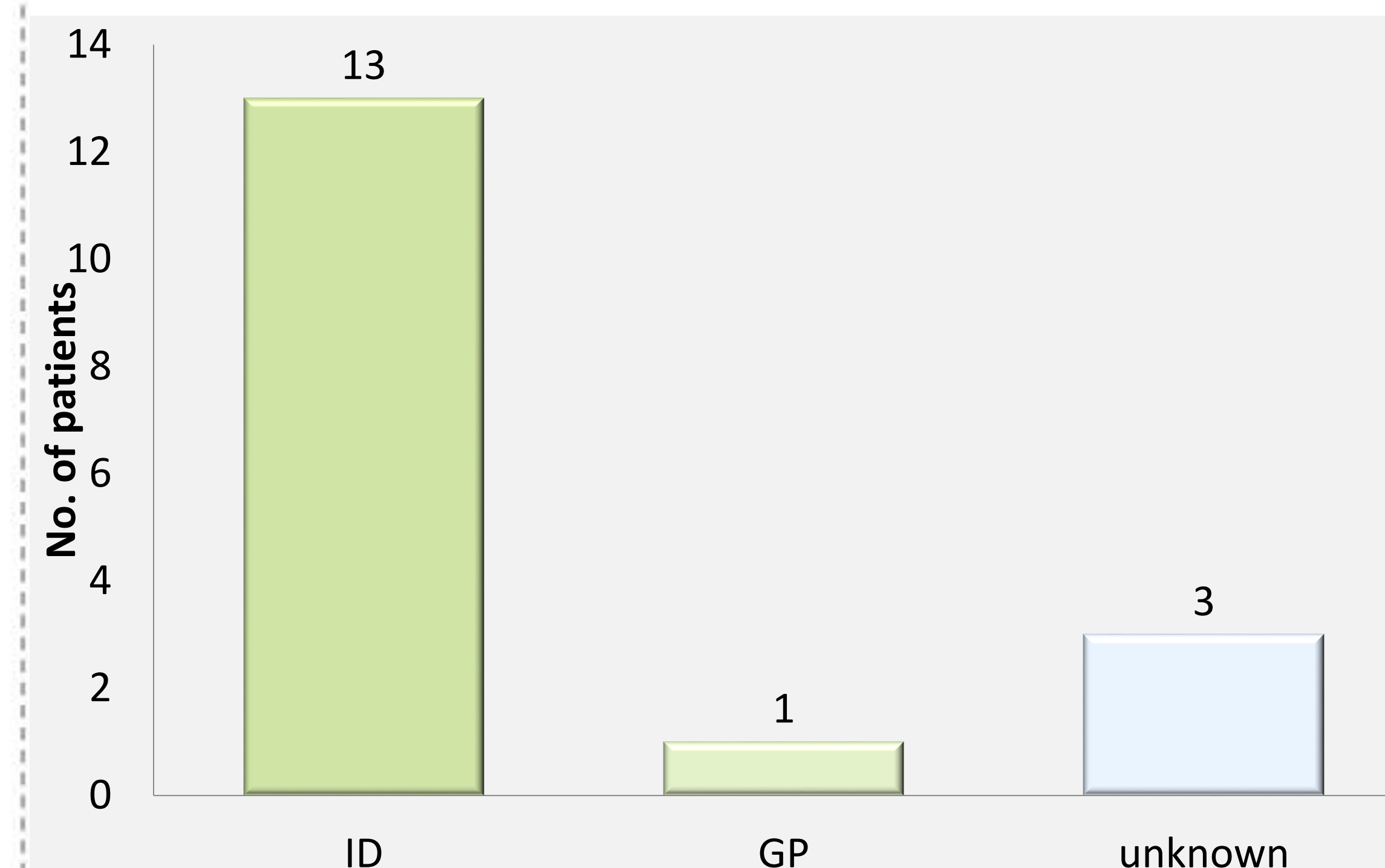
All patients that attended the ID clinic received the appropriate vaccination course [Figure B]. For the four patients referred to GPs follow-up information was only available for one patient who received all follow up vaccinations.

References:

1. Immunisation Guidelines for Ireland 2015 edition. National Immunisation Advisory Committee, Royal College of Physicians of Ireland.. Updated Feb 2019.

Results

B Figure B: Patients who received complete vaccination & location of follow-up



Conclusion

All patients who received vaccination in the ID clinic were appropriately followed up. Re-education regarding the importance of emergency antibiotics in addition to collaboration with primary care to improve documentation and communication is required to further reduce infection risk in these immunocompromised patients. A national splenectomy register would be a useful tool to identify patients who require follow up with regard to vaccination and/or antibiotic prophylaxis.

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