HPV vaccine uptake in ID/STI clinics

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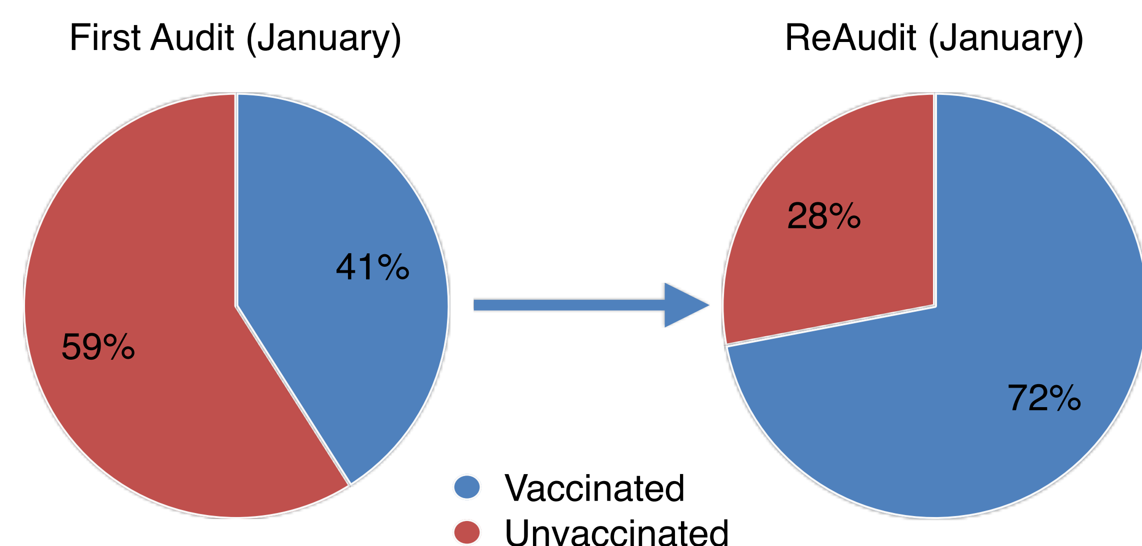
Introduction

Human papilloma virus (HPV) infection is known to be associated with anogenital, and head and neck cancers. People living with HIV (PLHIV) are not only more likely to be positive for more than one HPV serotypes, but also to be infected with high-risk serotypes (Sadlier et al., 2014). Incidence of anal cancer among men who have sex with men (MSM) has been shown to be higher than in general population (Colon-Lopez et al., 2018). Vaccination with Gardasil® 9 provides protection against serotypes causing genital warts (6, 11) and anogenital cancers (16,18, 31,33). HPV vaccination service targeting this high-risk group have been available since 2017. Our previous audit showed a low uptake amongst patients attending ID/STI clinics, but this subsequently improved following the appointment of a dedicated vaccination nurse. An ongoing review of vaccination practice in our clinic is important to ensure that we are maintaining a high level of vaccine uptake amongst this high-risk cohort.

Methods

Data was collected retrospectively from electronic medical records (EMR), medical notes and pharmacy records of patients who attended the ID/STI clinic over 4 weeks in June 2021. The chosen time period marks 6 months after our initial audit. Number of eligible patients and their vaccination status was assessed and compiled in a spreadsheet. Eligibility criteria includes MSM <45 years old, and any PLWHIV <26 years old. In total there were 785 patients who attended the ID/STI clinics during the time period. 108 patients fulfilled the eligibility criteria and was included in the audit. The reason for patients being unvaccinated was noted. Data from previous audit cohort was also re-examined to determine if they have subsequently received HPV vaccination



Results

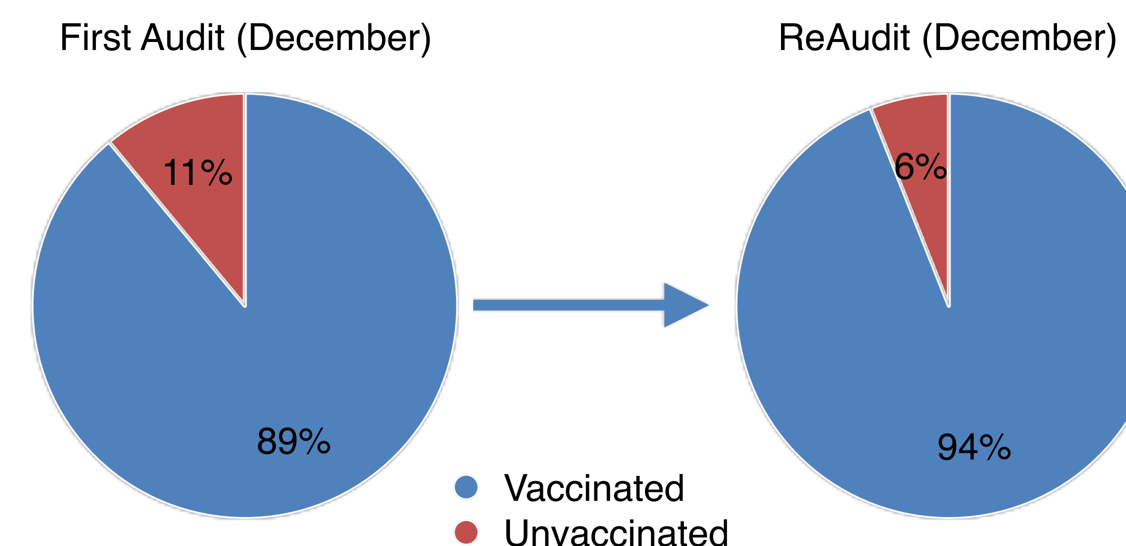
Data from our previous audit showed that in January 2020, 33 patients (41%) out of 81 eligible patients who attended the ID/STI service received HPV vaccination. After reaudit, the number of eligible patients was revised to 74, of these 53 (72 %) have now received vaccination, an increase of 31% from the first audit. Of those 21 unvaccinated patients, 4 are unreachable, 1 refused HPV vaccine and the remaining await appointments.

In December 2020, 152 patients (89%) out of 171 eligible individuals attending MMUH ID/STI OPD received vaccination. These data have been re-audited and 1 patient was subsequently excluded as non MSM. The reaudit showed 160 (94 %) of eligible patients are now vaccinated, an increase of 5%. Of the remaining 10 patients, 6 were unreachable, 1 refused and the remaining await booking.

To evaluate continuity of vaccine delivery, another date was reviewed 6 months after the first audit. In June 2021, a total of 785 patients attended the service (STI=141, ID=644). Of these, 108 patients were eligible for HPV vaccine. 92 patients (85%) have received vaccination while 16 (14.8%) were not vaccinated. Of the unvaccinated, 5 refused, 1 unreachable, 1 had multiple episodes of DNA and 9 patients need follow up for future vaccination.

Conclusions

The audit showed an increase in number of patients who are subsequently vaccinated (41% to 72% in January 2020, 89% to 94% in December 2020). The availability of a vaccine nurse specialist ensures a high proportion of eligible patients receive their vaccination. Multiple factors probably contribute to the lower percentage in June 2021 compared to December 2020. More patients were seen in clinic in June, which led to increase in workload in terms of screening for suitability for HPV and other vaccines. This also means a growing backlog of those awaiting their appointments. This is shown by the fact that 56% of unvaccinated patients still await an appointment.
This audit not only highlights the ongoing need for a VNS, but also the increasing demand for the service especially from patients attending the STI service.
Future audits are recommended to ensure adequate vaccine delivery to patients attending the service.



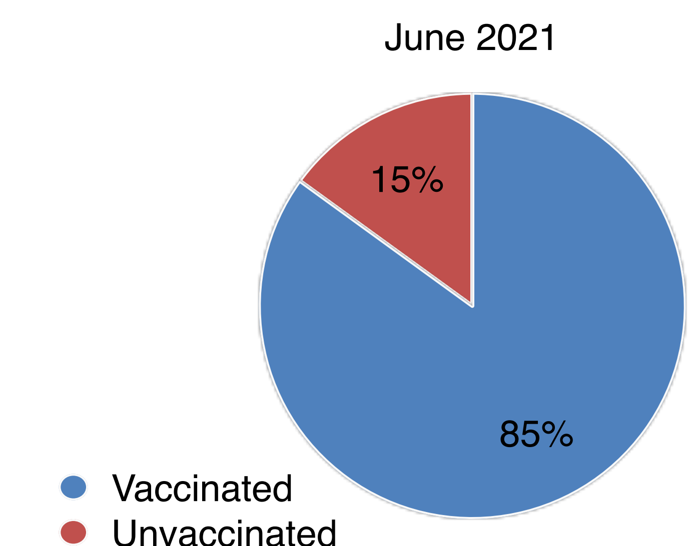
Recommendations

1. Vaccine and clinic appointment availability could be increased to address the backlog in patients currently waiting appointment.

2. Other targeted vaccination program to include other recommended vaccinations for patients who regularly attend ID clinics can be considered.

3. The awareness of importance of vaccinations amongst NCHDs who rotate through ID department could be improved, so more patients can be highlighted to get vaccinated.

4. Vaccination status of patients attending ID/STI clinic needs to be regularly audited to identify further gaps in service.



References

1.Guidance Document on HPV Vaccine in Public HIV and STI Clinics (pages 5-6).
2.National Immunisation Advisory Committee Guidelines, Chapter 10 Human Papiloma Virus, pg. 3.