

A Three-Month Service Evaluation of Pneumococcal Vaccine Uptake Amongst an HIV Positive Cohort

Luzviminda Magalona¹, Jeffrey Harte¹, Mairead O'Connor¹, Carlos Mejia Chew¹, Pdraig McGettrick¹, James Woo¹, Aoife Cotter¹, Tara McGinty¹, Christine Kelly¹, Eavan Muldoon¹, John Lambert¹
¹ Mater Misericordiae University Hospital – Dublin (Ireland)



Mater Hospital Dublin



Introduction

Invasive pneumococcal infections, such as pneumonia, bacteraemia and meningitis have been major causes of morbidity and mortality since the beginning of the Human Immunodeficiency Virus (HIV) epidemic. As a result, many experts endorse the use of the Pneumococcal vaccine for primary prevention in patients with HIV. Local and international guidelines recommend that people living with HIV should receive a single dose of the Pneumococcal Conjugate Vaccine (PCV 13) followed by a booster vaccination of the Pneumococcal Polysaccharide vaccine (PPV 23). It is important to continually review our vaccine practices in the infectious disease department to evaluate Pneumococcal vaccine uptake in our HIV patients, review our unvaccinated population to examine barriers to vaccination in the future and to increase awareness amongst non-consultant hospital doctors (NCHD) to prescribe and advocate pneumococcal vaccines as required.

Methods

- Data was collected during patient visits from the 3rd of October until the 22nd of December 2023.
- HIV positive patients' vaccination histories were reviewed retrospectively from electronic and written medical records in those who attended the clinic over that time. Data was compiled in a password protected excel.

Results

- 804 HIV patients were included in this study.
- 679 were up to date and fully vaccinated with Pneumococcal vaccines with both PPV 23 and PCV 13 (Figure 1).
- 125 had an incomplete course of Pneumococcal vaccines, which included those who received only one vaccine (95) and those not vaccinated (30) (Figure 2).

Conclusions

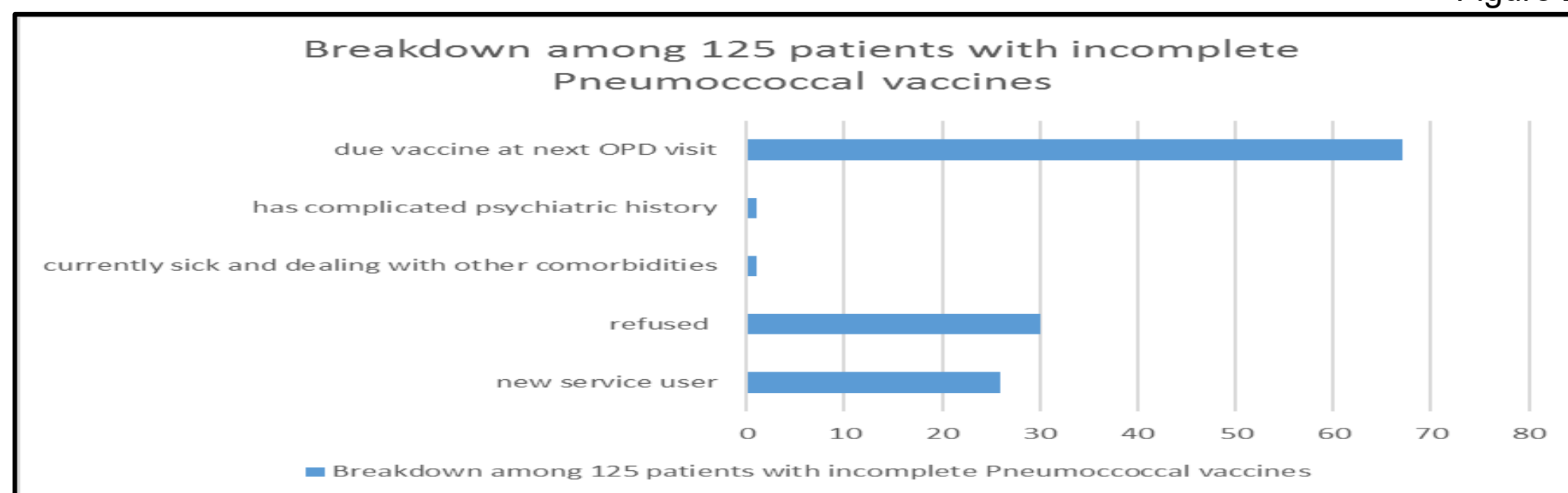
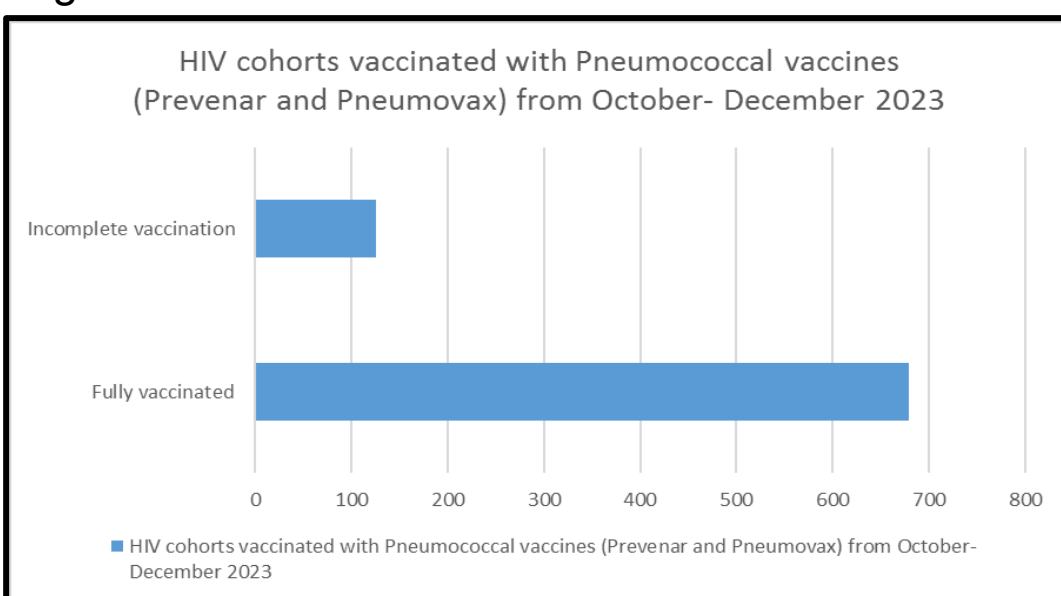
- 15.5% had an incomplete vaccination
- The reasons for an incomplete vaccination status include the vaccine not yet being due, first-time attenders (20%), refusal (24%) and being unwell (1%).
- Future studies are needed to understand the reasons behind vaccine refusal.

Recommendations

- Highlighting the importance of vaccinations amongst NCHDs who rotate through the ID department could be improved. This will result in more vaccine awareness for patients.
- Vaccination status of patients attending ID and sexually transmitted infection clinics needs to be regularly audited to identify further gaps in service.
- Vaccination nurse specialists should be utilised to ensure patients are up to date with all required vaccinations.

Figure 2

Figure 1



References

- National Immunisation Advisory Committee Guidelines
- British HIV Association Guidelines