

An Audit of Documentation of Influenza Vaccine Receipt in the Outpatient Department of Genitourinary Medicine and Infectious Diseases in St. James's Hospital during the 2023/2024 Influenza Season

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Background:

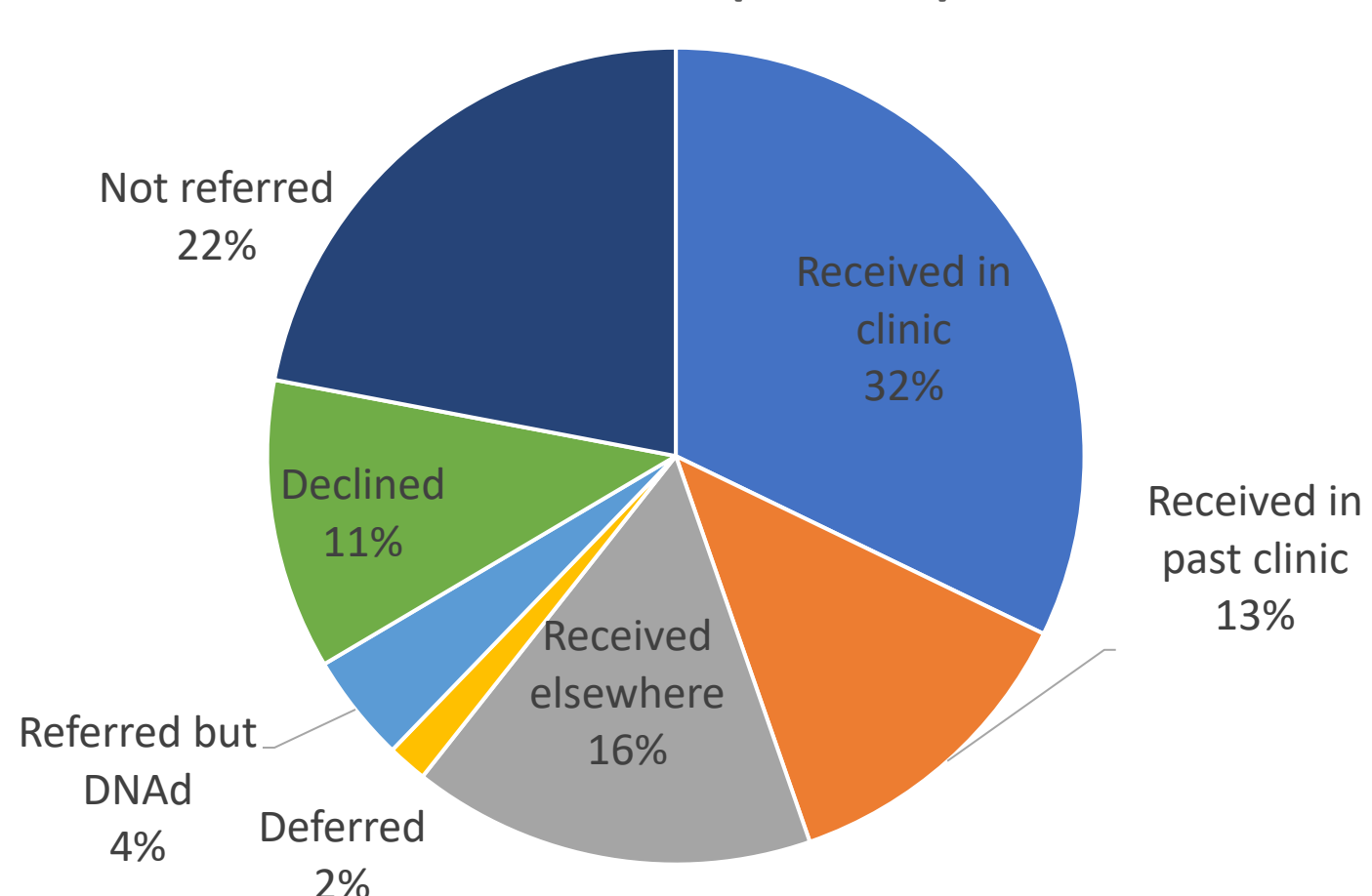
There are approximately 4000 outpatient visits to the Department of GU Medicine and Infectious Diseases (GUIDe), St James's Hospital, between October to March each year for treatment of HIV and viral hepatitis infection. Given increased risk of morbidity and mortality among these cohorts, annual influenza vaccination is recommended by the National Immunization Advisory Committee. Our aim was to examine the documentation of referral for vaccination to designated in-house vaccine unit and receipt during the 2023/24 influenza season.

Methods:

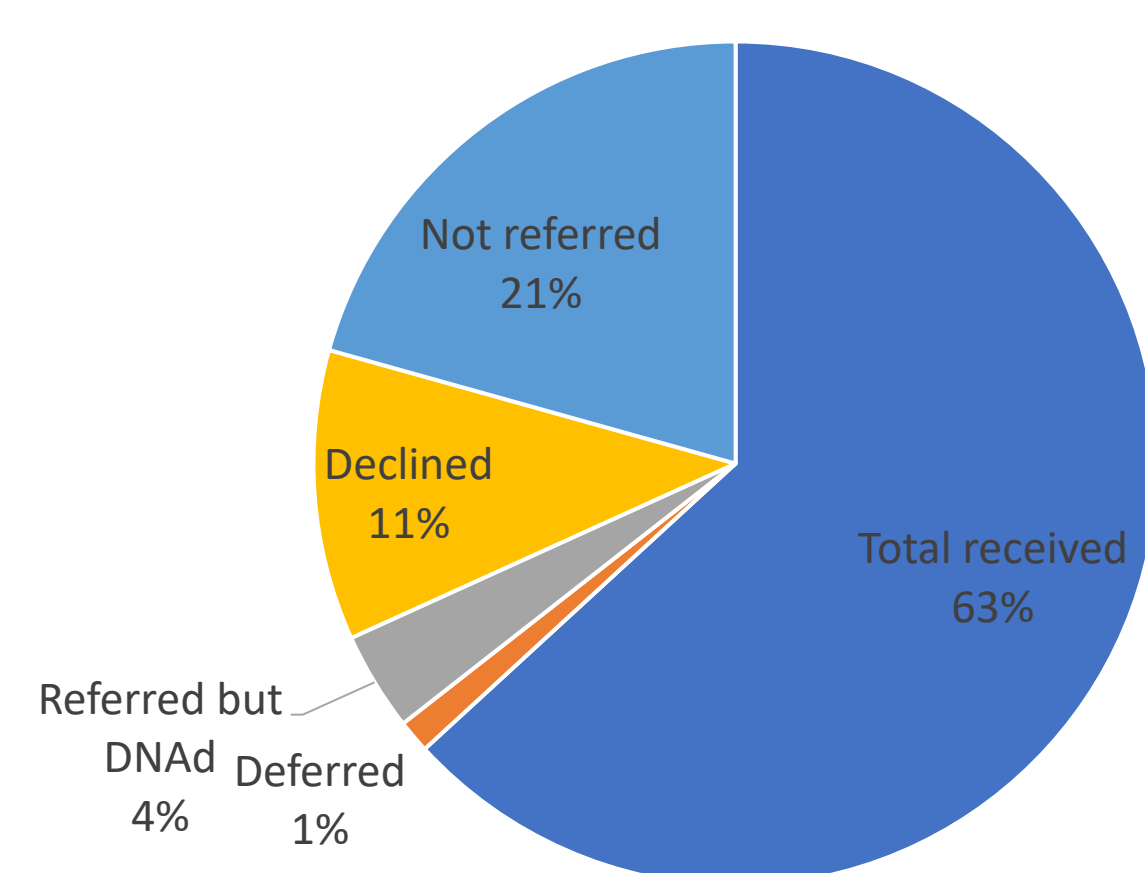
Vaccination status of each patient was recorded in the electronic patient record at each clinic visit between 2nd of October and 22nd of March. Data was collected and analysed in an Excel spreadsheet. Results were compared between clinics and with previous influenza seasons.

Results:

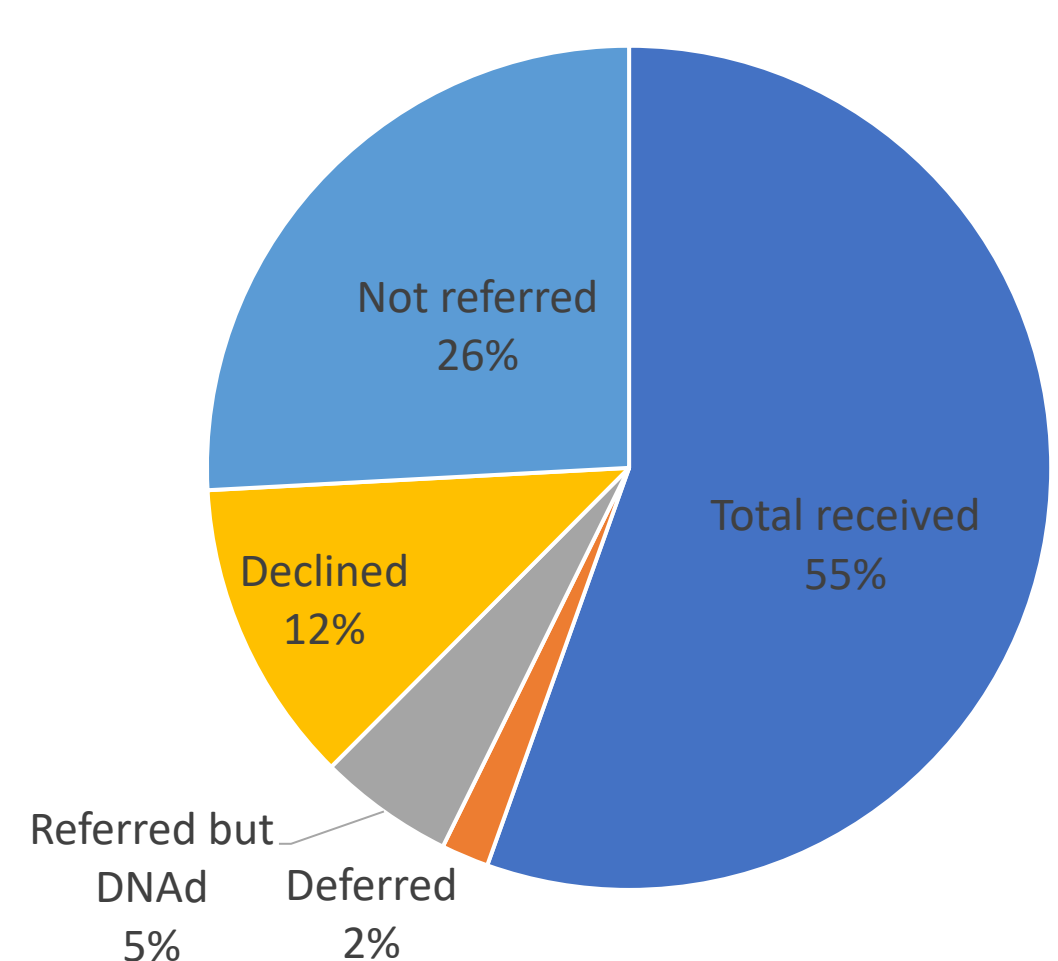
Total outpatient visits during the 2023/24 influenza season (n=3948)



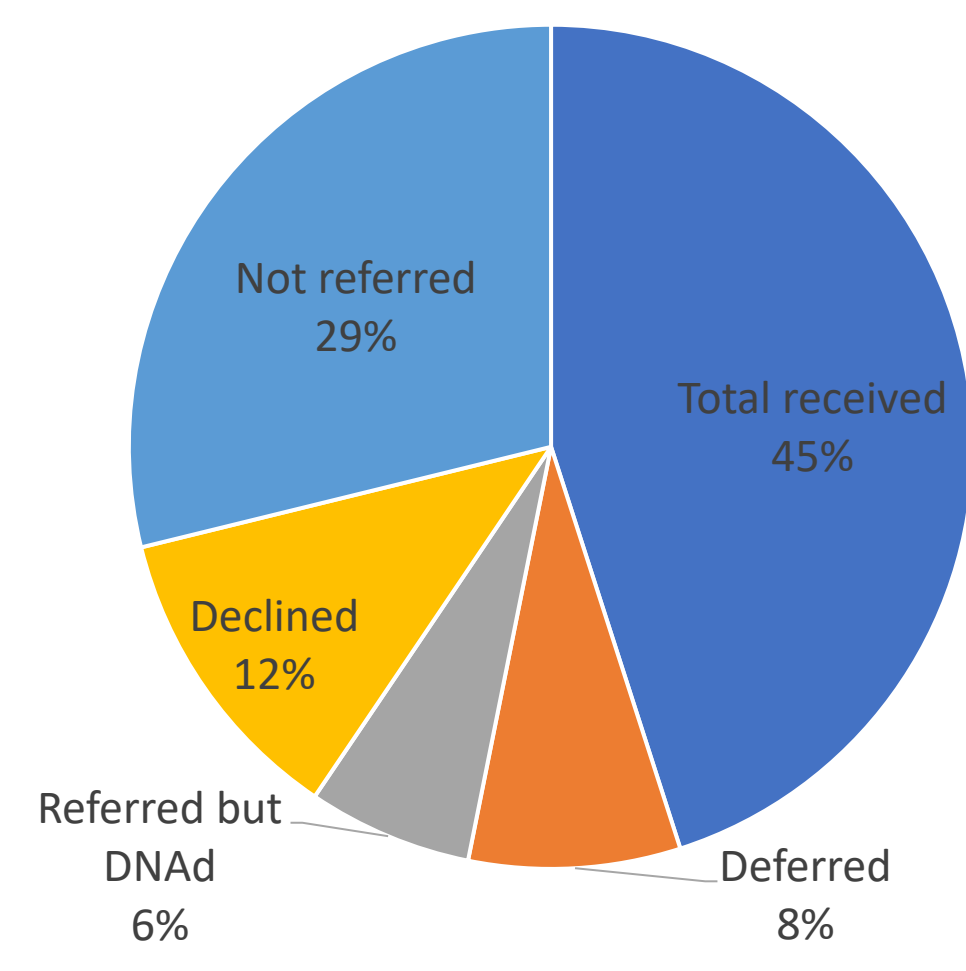
Visits to HIV clinics (n=2618)



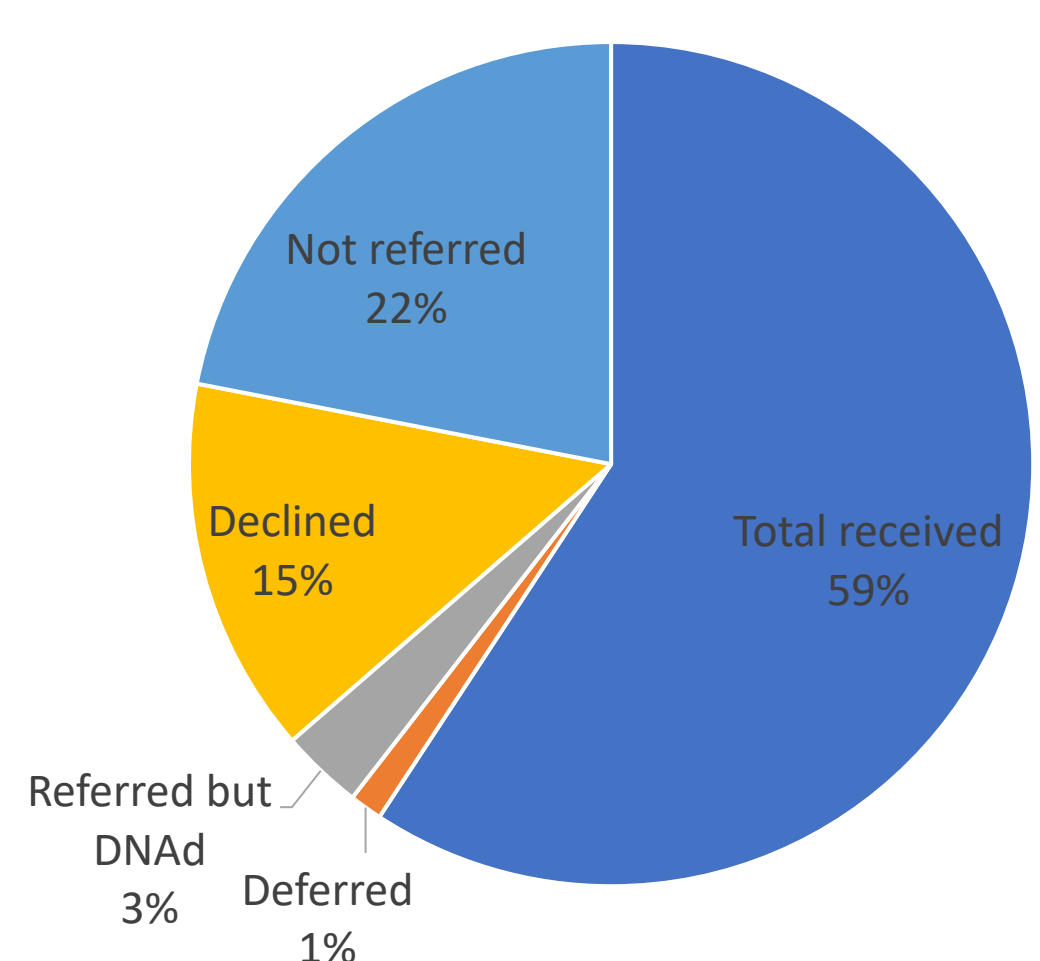
Visits to the Viral Hepatitis clinics (n=770)



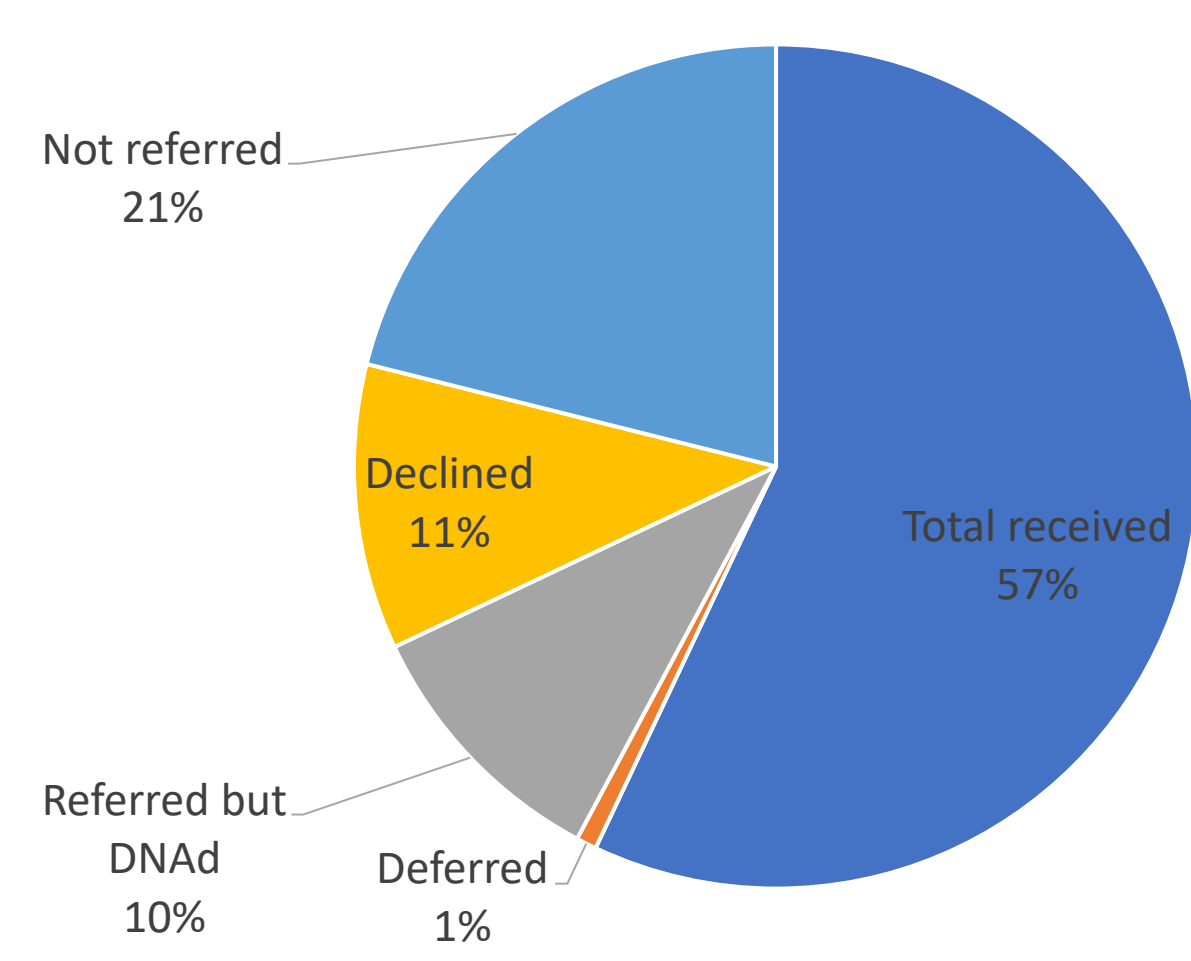
Visits to the New Person's clinic (n=111)



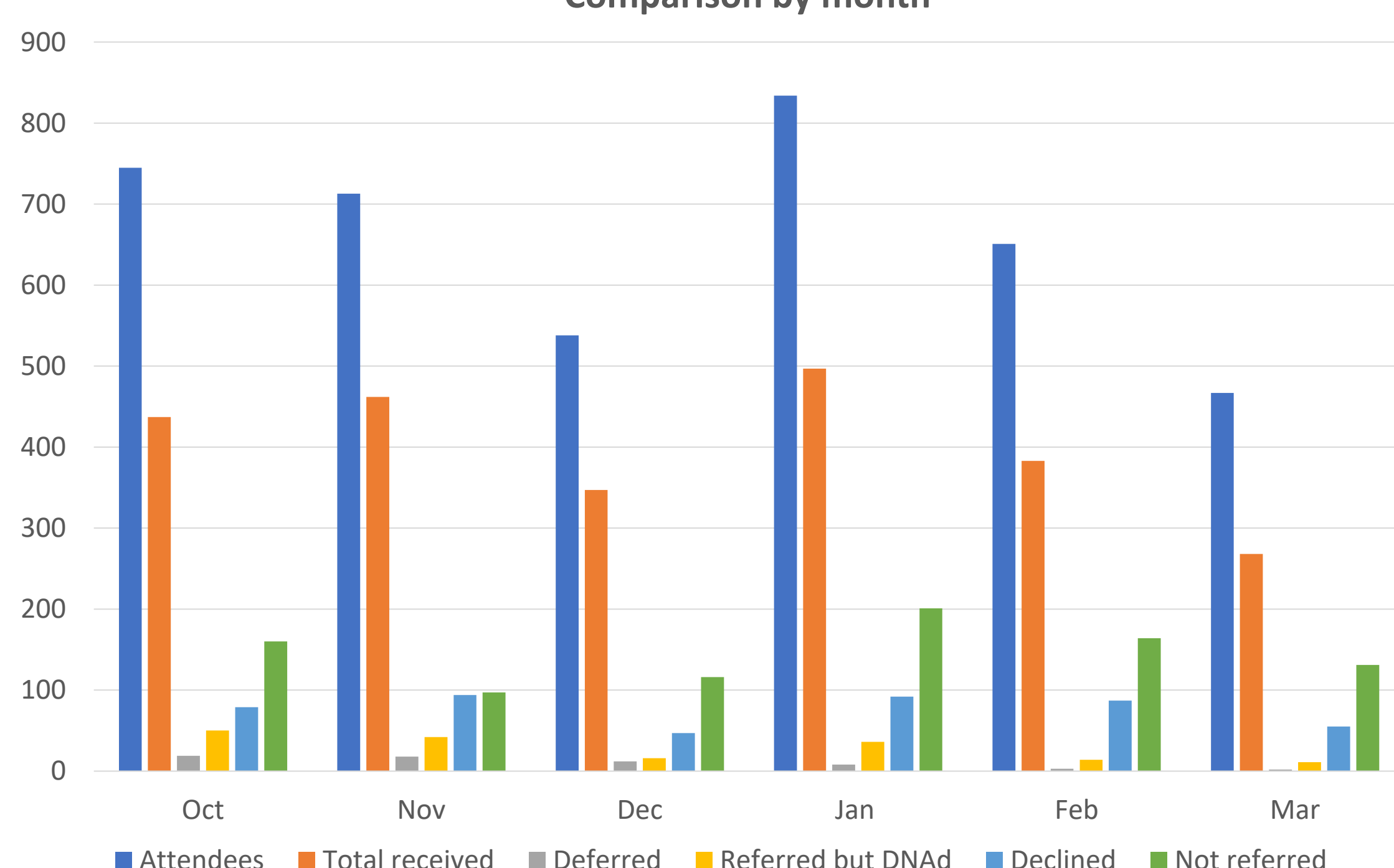
Visits to the Nurse Led clinics (n=319)



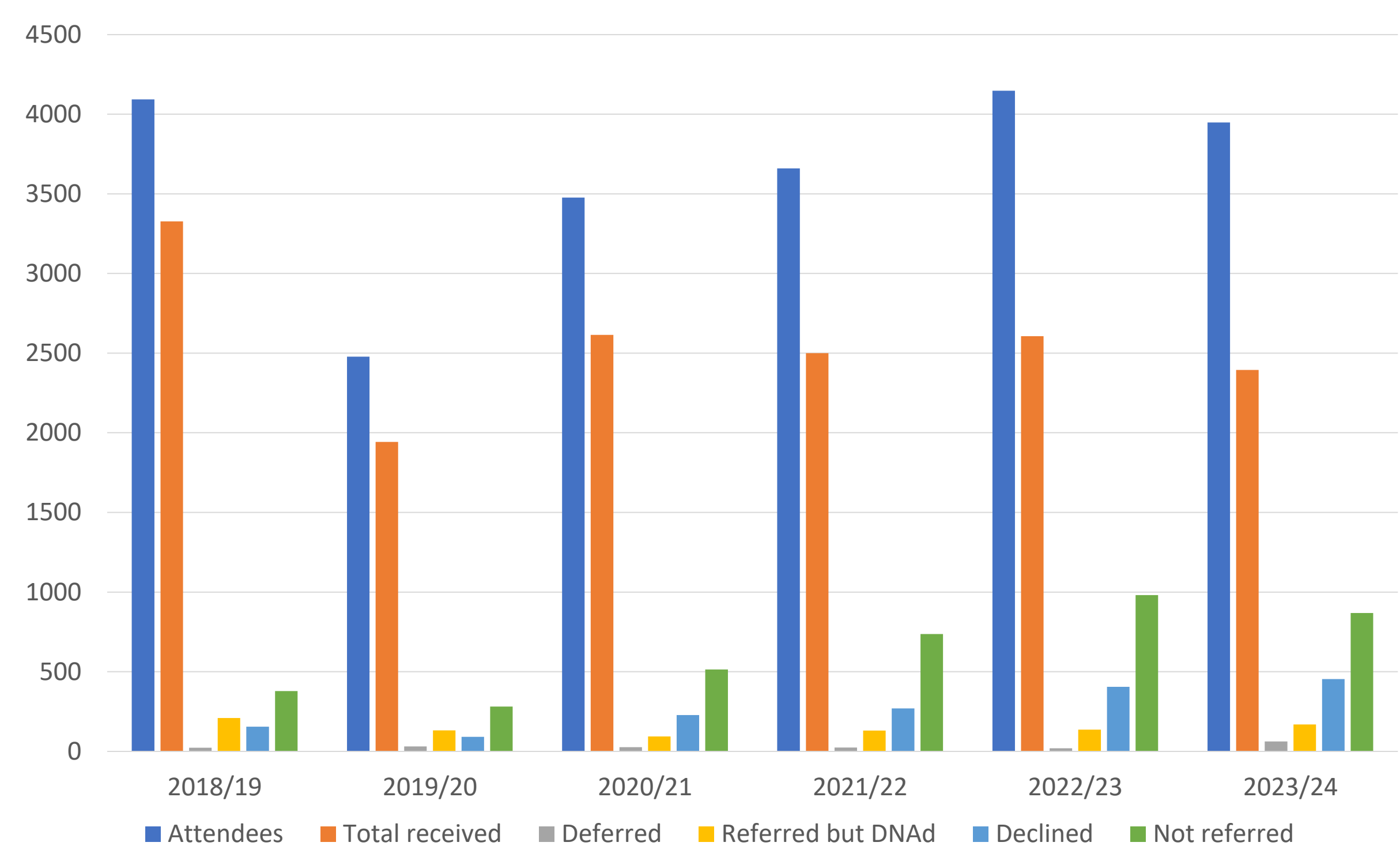
Visits to the Medication clinics (n=128)



Comparison by month



Comparison by year



Out of 3948 total clinic visits between October 2023 and March 2024, 61% of visits (n=2394) resulted in documentation of influenza vaccine receipt either in our clinic, at a previous clinic or elsewhere. Vaccination was recorded as declined at 11% of visits (n=423) or was not recorded as offered at 22% of visits (n=869). November had the highest record of vaccine receipt (65% of visits, n=462), with a steady decline in documentation over the following months (57% of visits in March, n=268). The highest recorded vaccine receipt was in our HIV clinics at 65% of visits (n=1654), while the lowest documented vaccine receipt was in our New Person's clinic at 55% of visits (n=50).

In comparison to previous years, there is a gradual decrease in documentation of vaccine receipt since the 2018/2019 influenza season, when vaccine receipt was recorded in over 81% of patient visits (n=3327). Importantly, rate of patient declining vaccination is increasing when compared to the 2018/2019 season (4% of visits, n=155). Our data also demonstrates that more patients are receiving their influenza vaccine elsewhere (16% of visits in 2023/2024 vs 9% in 2018/2019).

Conclusion:

Despite weekly email reminders sent to providers, there has been a gradual decline in documented referrals over the years since the 2018/2019 influenza season. Our data relies on accurate recording of vaccine receipt/offer which can vary among providers. Some providers administer vaccines themselves in order to decrease the attrition between the referral to vaccine unit and patient attendance. While our lowest documented vaccine receipt was at our New Person's Clinic, this may be attributed to either provider deferring vaccination until viral suppression or patients deferring vaccination to the following visit while adjusting to their diagnosis. The rise in rate of patient declining vaccination may reflect an increased proportion of patients from countries with higher rates of historic vaccine hesitancy, as well as vaccine fatigue following the COVID-19 pandemic. Our results also highlight an increase in the number of alternative sites for patients to access vaccines.

In order to improve our documentation of influenza vaccine referral rates, several methods will be employed:

- Reminders will continue to be sent to providers to refer for vaccination and document vaccine receipt
- Pop-up notifications will be enabled on a patient's record if influenza vaccine receipt has not been documented
- Surveys will be administered to determine barriers to vaccination and to inform how this can be addressed
- Dedicated time to patient engagement and education during clinic is required

Continued surveillance of vaccination rates will allow us to capture trends and identify impact of interventions introduced to increase vaccination rates.

