

Background



In relation to the Irish context there is evidence that we are not optimizing our care in this regard.



A survey of Irish rheumatologist in 2012 demonstrated that vaccination history was only assessed by half of respondents and a significant minority performed no screening prior to therapy.



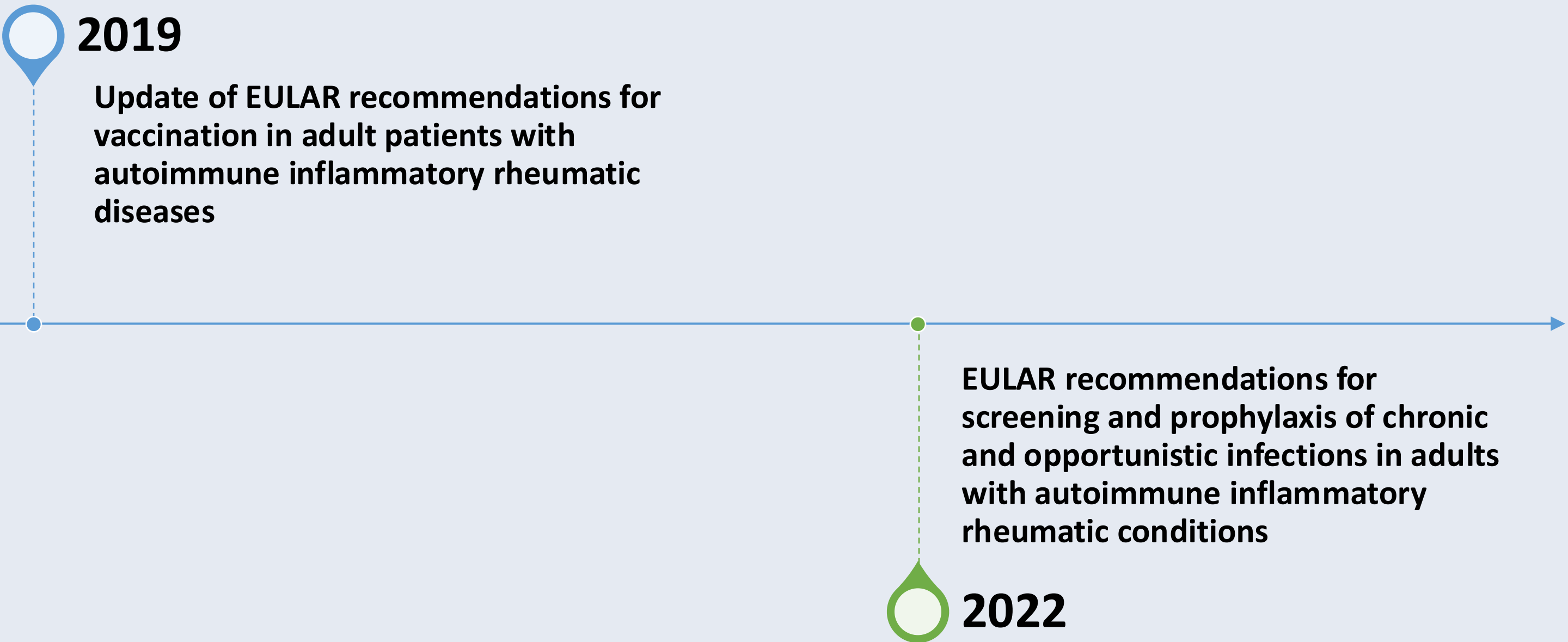
Another Irish study, published in 2020 demonstrated that recommended vaccination rates for flu and pneumococcal were both less than 62% and the leading reason was lack of awareness amongst patients.

Aims

To assess if patients commencing biologic therapies are:

- Screened for current and latent infections
- Educated and referred for appropriate vaccines

Guidelines used:



Methods

An audit form was created based on the EULAR guidelines. Approval was received from the Mater Audit Committee. Excel was used for data collection. Lab results and correspondence are available through The Mater electronic system.

We reviewed patients who were referred for pre-biologic counselling to the rheumatology specialist nurses and were either starting on biologics or due to change from one biologic to another over the last 6 months.

Electronic records and correspondence with GPs were reviewed. Vaccines were marked as included if they were mentioned in correspondence to the GPs at the time of biologic screening or in the last two years. It was assumed that GPs were the designated vaccinators.

Results

Patients included (N=51)	
Median age, years	53
Female Sex (%)	24 (42%)
Irish	45(86%)
Diagnosis	
Rheumatoid Arthritis	22 (33.5%)
Psoriatic Arthritis	6 (11.7%)
GCA	5 (9.8%)
AS	5 (9.8%)
Bechet's	1 (1.9%)
Vexas	3 (5.8%)
Anca Vasculitis	2 (3.9%)
Other	13 (25.5%)
Current therapy	
Abatacept	3 (5.3%)
Adalimumab	8 (14%)
Azathioprine	1 (1.8%)
Etanercept	2 (3.5%)
Golimumab	3 (5.3%)
Infliximab	3 (5.3%)
Methotrexate	8 (14%)
Nil	3 (5.3%)
Rituximab	3 (5.3%)
Salazopyrin	1 (1.8%)
Secukinumab	2 (3.5%)
Tocilizumab	10 (17.5%)
Tofacitinib	2 (3.5%)
Upadacitinib	1 (1.8%)

Adults n (%)	Varicella (IgG)	HIV Serology	Hepatitis A (IgG)	Hepatitis B (HbsAB)	Hepatitis B Surface antigen	Hepatitis B (HbcAB)	Hepatitis C AB	IGRA	Xray performed
Yes	37 (72.5)	40 (78.5)	44 (86.2)	26 (50.9)	48 (94.1)	22 (43.1)	47 (92.2)	44 (86.2)	43 (84.1)
No	14 (27.5)	11 (21.5)	7 (13.8)	25 (49.1)	3 (5.9)	29 (56.9)	4 (7.8)	7 (13.8)	8 (15.9)



97% of patients had documented specific education in relation to vaccines



Less than 10% of patients had correspondence to the GPs mentioning vaccination

Recommendations

There is definite scope to increase compliance with the EULAR guidelines.

1. Standardised ordering panel on the Mater electronic system with specific emphasis on improving HIV and Hepatitis B screening

2. Introduce a routine communication relating to vaccinations to GPs

3. Development of a screening tool/questionnaire to identify high risk patients for referral for Infectious Diseases review

4. Discussion of results in n MDT setting and plan to re-audit post-intervention