



Mater Misericordiae University Hospital

HPV Vaccination Uptake Audit

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Sláinte Ghnéis &
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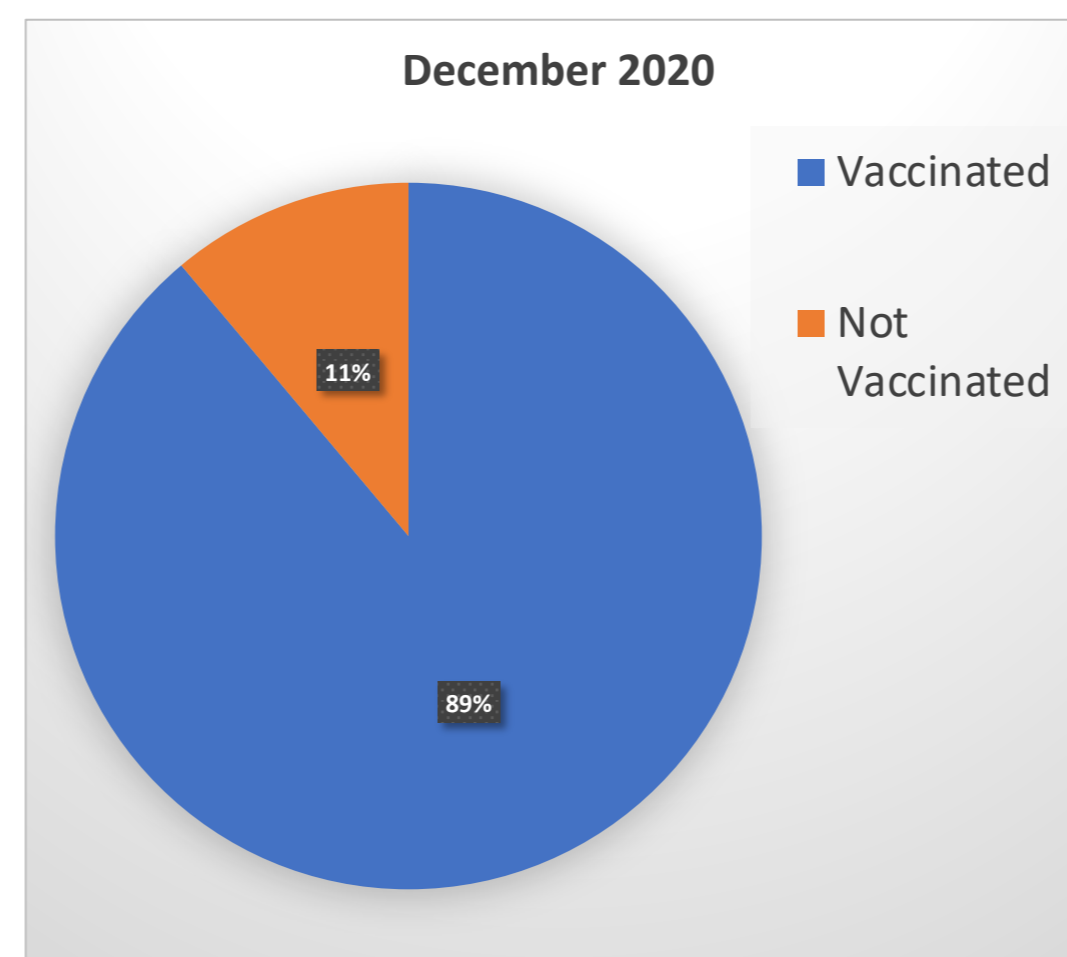
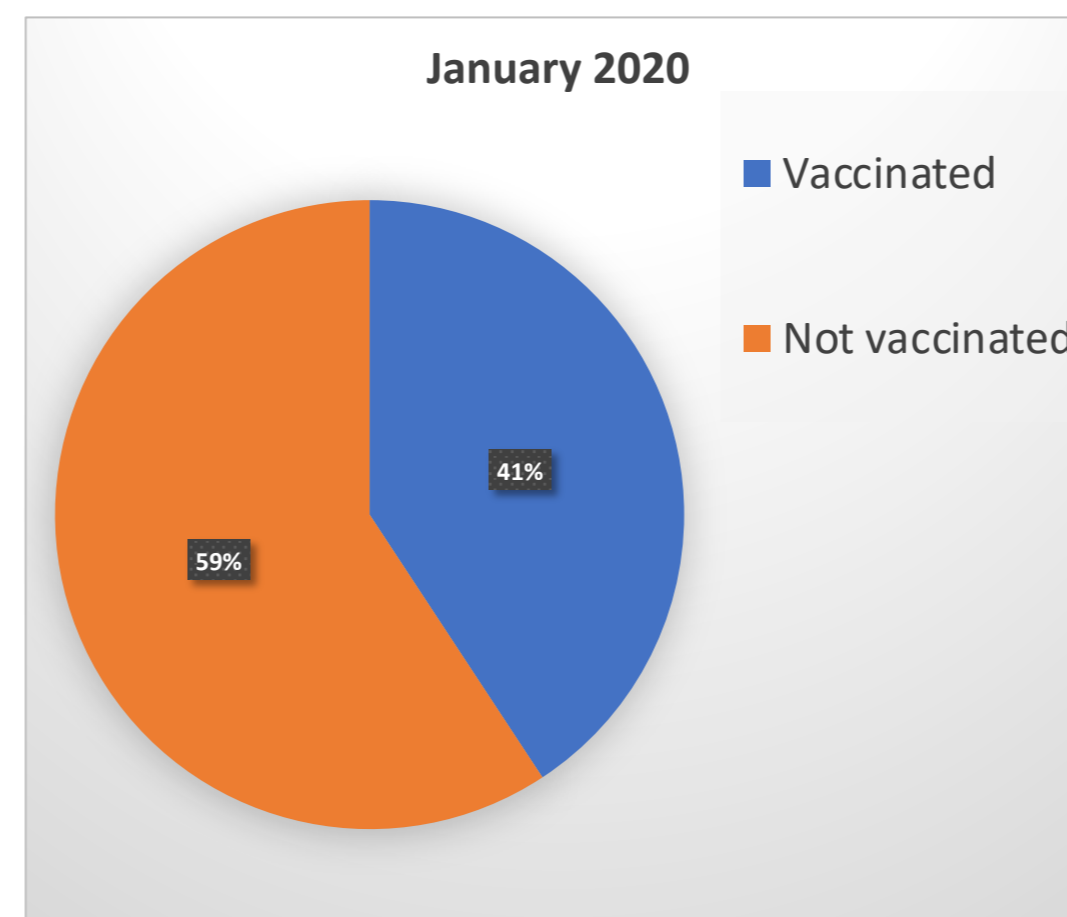
Sexual Health &
Crisis Pregnancy Programme

BACKGROUND

Human Papilloma Virus (HPV) is the most common sexually transmitted infection worldwide. Gardasil is a vaccine directed against HPV serotypes that causes genital warts (serotypes 6 and 11) and cervical, anal and penile cancer (serotypes 16 and 18). Gardasil is currently offered by national guidelines to high-risk groups such as Men who have sex with Men (MSM) < 45 years of age and both men and women living with HIV <25 years of age in order to reduce the burden of HPV related disease. Despite availability, vaccine uptake within our Infectious diseases (ID) and sexual health (STI) clinics has traditionally been low. We aimed to assess HPV vaccine uptake before and after the appointment of a vaccine nurse specialist to assess the benefit of a dedicated nurse specialist in vaccinating high risk groups .

METHODS

Retrospective data was collected from electronic medical records (EMR), medical notes and pharmacy records. Numbers of eligible individuals presenting to and receiving Gardasil vaccine in the ID and STI clinics in the Mater Misericordiae University hospital (MMUH) was assessed for 4 weeks prior to, and after the appointment of a dedicated nurse specialist. Time periods were selected in which there was no limitation to Gardasil supply and when services were running at maximum capacity and not affected by Covid 19 restrictions .



Results

In January 2020, 11.2% of patients attending the ID services were eligible for HPV vaccine [eligibility: STI clinic n=8 (11.3%); HIV clinic n= 73 (11.2%)]. 98.7% were MSM. 33 (41%) individuals received HPV vaccination. Following appointment of vaccine nurse specialist (December 2020) this was re-audited. 171 individuals (27.6%) who attended the MMUH ID services were eligible for HPV vaccine [eligibility: STI clinic n= 42 (44.3%); HIV clinic n=89 (18.4%), Prep clinic n=40 (100%)]. Of those eligible, 151 (89%) received HPV vaccination resulting in a 48% increase in HPV vaccine uptake following appointment of Vaccine nurse specialist.

CONCLUSION

This audit of vaccine services in the MMUH ID clinics shows the benefit of a dedicated vaccine nurse to increase the vaccine administration and uptake in a vulnerable population attending the MMUH ID services. Future targeted vaccination programs should be arranged to ensure adequate vaccine provision to attendees of the MMUH ID services.