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Department of Medicine

Practice-Based Education Program to Increase Vaccination Rate in Patients on Immunotherapeutic Agents

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Practice-Based Education Program to Increase Vaccination Rate in Patients on Immunotherapeutic Agents Andrea Soliman, DO, Soorya Aggarwal, DO, Kyle Kreitman, DO, Kourtney Erickson, DO, Abdul Aleem, MD and Marie O'Brien, DO

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Problem

- Immunosuppressive agents have changed the course of debilitating autoimmune conditions, but come with an increased risk of vaccine preventable infections¹
- Vaccine indications and dosing recommendations are not being adhered to regularly by primary and speciality practices

Background

- Multiple organizations recommend scheduled influenza and pneumococcal vaccinations in all patients on chronic immunosuppression^{2,3}
- According to the Center for Disease Control (CDC) in 2014, vaccination adherence remains low amongst high-risk persons aged 19–64 years⁴

- Aim

 Implement a protocolized vaccination program for patients on immunosuppressive medications to increase influenza and pneumococcal vaccination adherence by at least 15% for each vaccine

Measures

• Retrospective chart analysis of 756 patients on biologic agents in a primary care setting

 Patients were evaluated for compliance with CDC guidelines for immunocompromised individuals for the 3 vaccines listed below:

1 Influenza

2 Prevnar 13 **3** Pneumovax 23

Intervention

 Educational outreach sessions were performed for all providers of internal medicine and rheumatology practices biannually Information sheets were

displayed in all involved practices

Pneumonia Vaccination Schedule

latrogenic Immunosuppression (19–64 years old)

Pneumococcal 13-Valent Conjugate

Pneumococcal Polyvalent 1st Dose

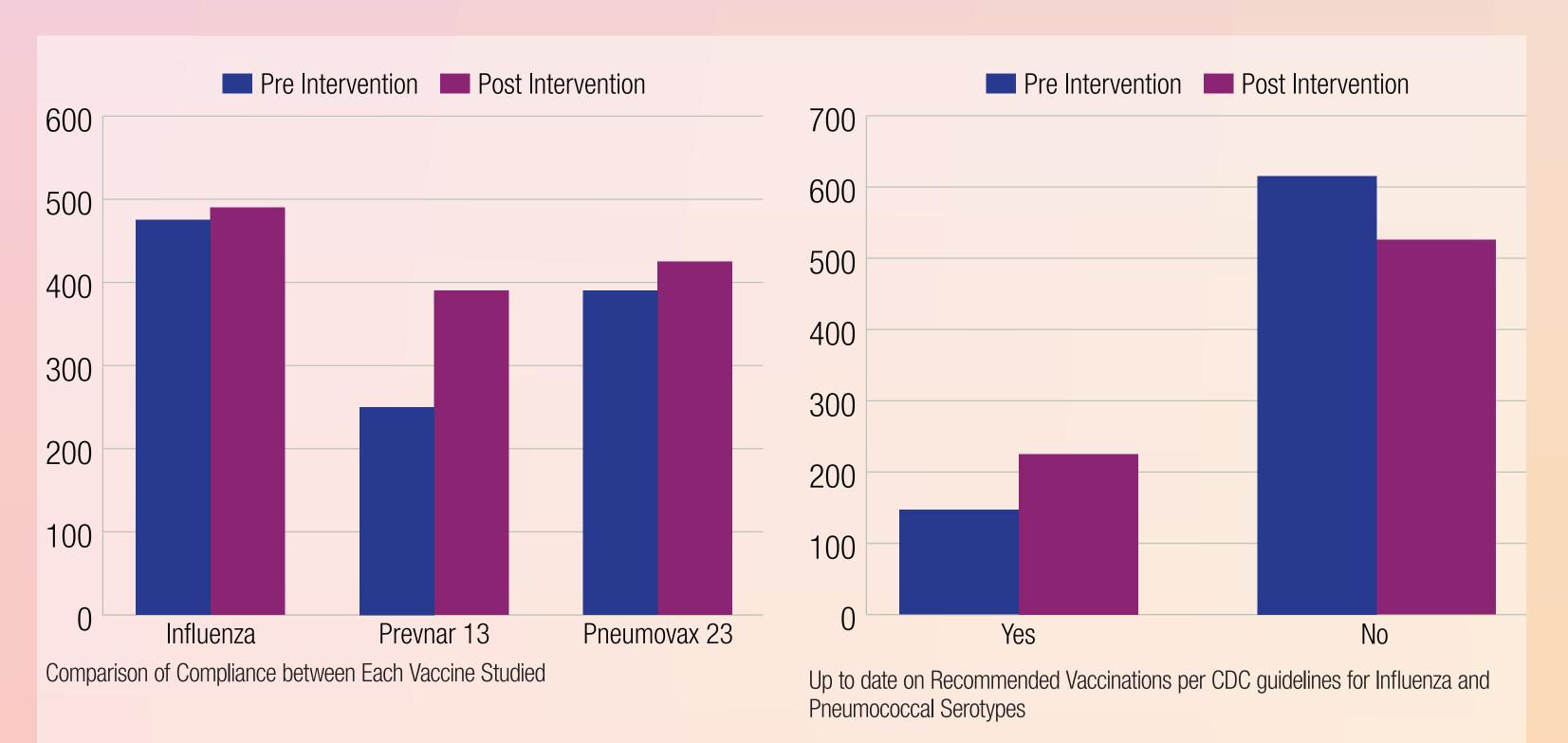
5 YEARS LATER

Pneumococcal Polyvalent 2nd Dose

8 WEEKS LATER

Current Results

(n=81) in an at risk patient population



Future Steps

- A vaccination clinic is being developed in order to improve access to patients requiring vaccinations
- We will optimize our best practice alert advisory through electronic medical record to notify providers of vaccine schedules for our at risk population

REFERENCES

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• There was an increase in overall vaccination adherence by 11%

⁴Williams, W, et. al. "Surveillance of Vaccination Coverage Among Adult Populations—United States, 2014." Surveillance Summaries. (2016). 65(1); 1-36. ⁵Centers for Disease Control and Prevention (CDC). Reasons reported by Medicare beneficiaries for not receiving influenza and pneumococcal vaccinations—United States 1996. MMWR Morb Mortal Wkly Rep. 1999;48(39):886-890.

