LETTER TO THE EDITOR

Toward reducing the burden of pneumococcal disease in the Gulf States

Dear Editor,

In an article titled "Pneumococcal disease in the Arabian Gulf: Recognizing the challenge and moving toward a solution" [1], Feldman et al. highlighted the seriousness of the threat of invasive pneumococcal disease for the populations of the gulf region. As the authors determined, the primary driving forces for the increased susceptibility of these nations are the increasing numbers of vulnerable older individuals and the escalating prevalence of chronic diseases, such as diabetes mellitus. On behalf of the Gulf Advocacy Group, the authors called on healthcare providers and policy makers in the Gulf States "to take steps toward addressing unmet needs to ease the burden of pneumococcal disease in adults". The authors suggested several interventions to achieve better implementation of the CDC guidelines [2] on the use of polyvalent pneumococcal vaccination including unifying vaccination policies across the region, improving disease epidemiological surveillance and increasing awareness among healthcare providers and the public.

During a recent "one-day" surveillance exercise, the Knowledge Translation Committee of the Department of Medicine at King Abdul-Aziz Medical City (a tertiary care center in Riyadh, Kingdom of Saudi Arabia) attempted to gauge patients' knowledge of the pneumococcal vaccine and determine whether any patient has ever been offered or received the vaccine. Participants were all acutely admitted internal medicine patients who were available on the day of the exercise and who agreed to participate. Seventy-five (75) patients from four medical wards were surveyed. The average age was 69.8 years (range 17–99) and 44 (58.7%) were male.

As per the CDC guidelines, 67 individuals (89.3%) had an indication for receiving the vaccine (Table 1). Age was the only indication in 18 participants (26.9%). Twenty-five individuals (37.3%) had one risk factor, 18 (26.9%) had two risk factors, 5 (7.5%) had three risk factors and one (1.5%) had four risk factors. None of the participants has ever had the vaccine or heard of it.

Despite the limitations of our exercise (e.g., tertiary care center, highly selected population, recall concerns, educational levels), our findings highlight the same issues that were raised by Feldman et al. in their article, especially regarding the vaccination of adults, and emphasizes the need for concerted action to raise awareness (and uptake) of vaccination against pneumococcal disease among healthcare professionals and the public.

Taking a step toward a solution, the knowledge transmission committee in King Abdul-Aziz Medical City has set plans for education about the pneumococcal vaccine and intervention to improve vaccination compliance in hospitals.

**Table 1** Indications for pneumococcal vaccination.

<table>
<thead>
<tr>
<th>Risk factor/indication</th>
<th>No. (percentage)</th>
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<tbody>
<tr>
<td>Diabetes mellitus</td>
<td>40 (53.3%)</td>
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<tr>
<td>Chronic heart failure</td>
<td>19 (25.3%)</td>
</tr>
<tr>
<td>Chronic renal failure</td>
<td>12 (16%)</td>
</tr>
<tr>
<td>Chronic lung disease</td>
<td>8 (10.7%)</td>
</tr>
<tr>
<td>Immunocompromised</td>
<td>8 (10.7%)</td>
</tr>
<tr>
<td>Smoker</td>
<td>3 (4%)</td>
</tr>
<tr>
<td>Alcohol</td>
<td>1 (1.3%)</td>
</tr>
<tr>
<td>Asplenism</td>
<td>1 (1.3%)</td>
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<tr>
<td></td>
<td>100%</td>
</tr>
</tbody>
</table>

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Competing interests

None declared.

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References


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