

P306

## P306 -Uptake of the pneumococcal and influenza vaccine in patients with ANCA-associated vasculitis

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### Aim

Patients with systemic ANCA-associated vasculitis (AAV) have a higher mortality risk than the general population. Infection is one of the most common causes of death, with infections of the respiratory tract found most frequently. Increased risk of infection is due largely to the immunosuppressant method of treatment for systemic vasculitis. Current guidelines suggest that patients with AAV should have annual influenza vaccinations as well as 5 yearly pneumococcal vaccinations in order to reduce the risk of potentially fatal respiratory tract infections. This audit aimed to ascertain the level of uptake of influenza and pneumococcal vaccine among a population of AAV patients.

### Method

Information regarding vaccine status, including dates of last vaccination and any record of declining vaccination was obtained from the registered GP practice of patients. The data was gathered in the middle of the 2018/2019 influenza vaccine administration period. It was therefore decided that patients who had had their influenza vaccine after September 2017 were considered up-to-date. Patients who had their pneumococcal vaccine from October 2013 were considered up-to-date.

### Results

A total of 112 patients with a diagnosis of AAV were included in this audit. The patient sample consisted of 51 females (46%) and 61 males (54%) with a mean age of 63 years. 86 patients (77%) were up-to-date with influenza vaccination. 14 patients (12.5%) were recorded as having declined the influenza vaccine. 45 patients (40%) were up-to-date with pneumococcal vaccination. 6 patients (5%) were recorded as having declined the pneumococcal vaccine, all 6 of whom had also declined the influenza vaccine. 41 patients (37%) were up-to-date with both influenza and pneumococcal vaccinations.

95 patients (85%) were on some form of immunosuppressive drug. This included 30 patients on azathioprine +/- prednisolone, 8 patients on mycophenolate mofetil +/- prednisolone, 2 patients on hydroxychloroquine +/- prednisolone, 1 patient on methotrexate, 50 patients on prednisolone alone. 44 patients had had a course of rituximab or cyclophosphamide infusions within the last year in addition to regular immunosuppressive drugs already detailed. 34 of these 95 patients (36%) taking immunosuppressive medication were up-to-date with both influenza and pneumococcal vaccinations.

### Conclusion

There is some discrepancy between uptake of influenza and pneumococcal vaccines among AAV patients with relatively good uptake of influenza vaccine (77% of patients) but relatively poor uptake of pneumococcal vaccine (40%). Overall, adherence to public health recommendations to be up-to-date with both is relatively poor (37%).

There was no difference between uptake of both vaccines between those on immunosuppressive medication versus those not on current immunosuppression.

Our findings suggest that there is significant room for improvement in ensuring that patients with AAV are adequately vaccinated against influenza and pneumococcus. We recommend that the importance of vaccine uptake is reinforced through both primary and secondary care as well as relevant patient support groups such as Vasculitis UK.