

BE WISE: IMMUNISE

IMPROVING VACCINATION UPTAKE IN THE HIV COHORT OF THE ILLAWARRA AND SHOALHAVEN LOCAL HEALTH DISTRICT THROUGH THE DEVELOPMENT OF RESOURCES AND EDUCATION.

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BACKGROUND

Vaccinations in the Human Immunodeficiency Virus (HIV) cohort are often overlooked by clinicians due to the prioritisation of treatment management, comorbidities, side effects as well as social and emotional issues. The varying recommendations and schedules for HIV clients can also cause confusion and under administration for example, people living with HIV (PLHIV) are recommended 4 double doses of Hepatitis B vaccinations, where as the standard community schedule is 3 single doses of Hepatitis B vaccinations.

Figure 1. The Be Wise-Immunise card for PLHIV

BE WISE: IMMUNISE				
VACCINE	DOSE 1	DOSE 2	DOSE 3	DOSE 4
Hepatitis A (if at risk) 0, 6 months				
Hepatitis B 0, 1, 2, 6 months Double Dose				
Prevenar13 Once Off				
Pneumovax23 2 months after Prevenar13 Every 5 years 'til max 3				
Influenza Annually				

VACCINE	DOSE 1	DOSE 2	DOSE 3	DOSE 4
Human Papilloma Virus 0, 2, 6 months \$				
Meningococcal ACWY 0, 2 months \$				
Measles, Mumps & Rubella CD4 >200 ONLY 0, 1 months \$				
Varicella CD4 >200 ONLY 0, 3 months \$				

Vaccines marked with \$ would need to be purchased with a prescription.
MMR and Varicella are live vaccines which can be beneficial to people with no serological evidence of immunity. The vaccines can be co-administered, but if not co-administered they must be given at least 1 month apart. NOT to be given to patients with CD4 <200.
Developed by ISLHD Sexual Health Service.

APPROACH

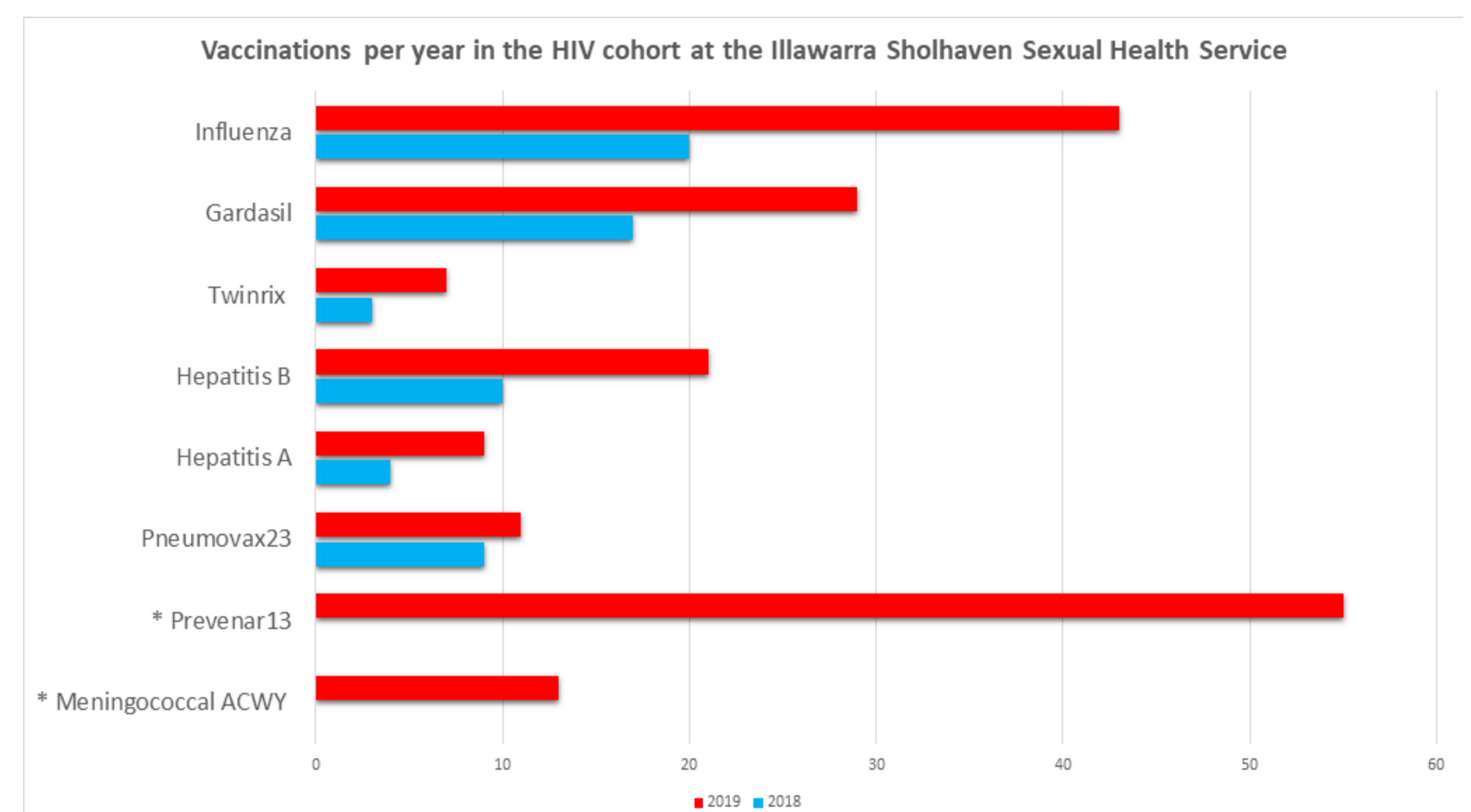
In an effort to improve the vaccinations among the 146 HIV clients managed by the Illawarra and Shoalhaven Sexual Health Service, a review of current practices and stock was performed. It was identified that there were problems of under administration attributed to lack of education and clinicians also seem less likely to offer prescriptions for vaccines which were not free or kept in stock.

PLHIV are also often unaware of what vaccines are recommended for them or confused when they need to return for further vaccinations. Ultimately three interventions were implemented, firstly two new government funded vaccines were added to the service's current stock. Secondly, education of clinicians took place and lastly, a HIV vaccine card was developed following a thorough review of the Australian Immunisation Handbook (AIH).

The two new vaccines implemented were Meningococcal ACWY and Prevenar13. Similar to Gardasil, Menactra was available for a limited time from the NSW Vaccine Centre for men who have sex with men (MSM) and was administered to our HIV MSM cohort. Education was also provided by the Clinical Nurse Consultant Naomi Hoffman to staff during clinical team meetings and resources were developed, distributed and displayed for staff reference. The main focus of the education was to update practice to move from community schedules to the recommended schedules for PLHIV, to eliminate misconceptions around the price of certain private vaccinations and work to involve the client in the decision making surrounding their care.

A HIV vaccine card 'Be Wise: Immunise' was developed specifically for PLHIV displaying recommended vaccines and their schedules in alignment with the AIH as shown in Figure 1. In consideration of the client's privacy, the words HIV were not displayed on the card, rather a symbolic red was used as a predominant colour. The card is two sided with the first side being vaccines that are stocked at the service and free to the client, whilst the alternate side displays vaccines which may be private depending on the circumstances. The card is the size of a standard business card to allow clients to easily carry it with them in their wallet and present it at future appointments.

Figure 2. Improvement of vaccination rates among our HIV cohort



* Prevenar13 and Meningococcal ACWY vaccines were newly implemented in 2019. To avoid confusion, although the Hepatitis B vaccine schedule was changed to double doses in 2019, they have been recorded as one episode of vaccination.

RESULTS

The HIV vaccine card has only been implemented for 8 months and has already been a useful quick reference tool for clinicians, as well as assisting the patients in understanding their vaccine schedules and when they need to return. Significant improvements in vaccination rates are displayed in Figure 2. The greatest improvements can be seen in Influenza with a 115% increase, Hepatitis B with a 110% increase and Gardasil with a 71% increase in administration.

In regards to the interpretation of results, the 2019 data set only represents data until August 2019. Secondly, there is some potential for lower vaccination coverage in 2018 based on the decreased staffing levels experienced during that year. Additionally, some PLHIV choose to get their vaccinations provided by their GP or are already fully immunised so this data set does not represent the vaccine coverage of this cohort. Finally, the service experienced 4 new diagnoses of HIV thus far in 2019 and 4 transfers so the data is not significantly skewed by an influx of new PLHIV.

A short qualitative survey of 10 HIV clients was also performed with results displayed in Figure 3.

Figure 3. Short qualitative survey of HIV clients on the Be Wise-Immunise card

Questions	Answers
Were you aware of all the recommended vaccines for someone living with HIV?	100% No
Did you find the vaccine card helpful?	90% Yes
Optional comments	"The card clearly and concisely outlines what vaccines are required" "This makes it easy to keep track of my vaccinations" "It helps remind me" "I needed something like this" "The card is nice, but I expect my doctor to keep track of my things" "It is easy to read and understand" "I can see something like this being beneficial to other people with conditions who are recommended a swath of vaccinations"

INNOVATION AND SIGNIFICANCE

Currently, there is no known resource for clinicians to quick reference for vaccinations among PLHIV, with the only option to spend time reviewing various pages of the AIH online. The Be Wise: Immunise vaccine card improves vaccination rates and clarity of vaccines in the HIV cohort and is a useful tool for the future. This is also a demonstration of providing high quality health care to the HIV cohort.

CONCLUSION

The education performed and HIV vaccine card resulted in great improvement to vaccination in the Illawarra and Shoalhaven Sexual Health Service HIV cohort. This card has the ability to be adopted by services across the country to the benefit of all PLHIV.

CONTACT DETAILS

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