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Vaccination Practice for Pediatric Inflammatory Disease Patients Receiving Immuno-suppressive Therapy

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Purpose:

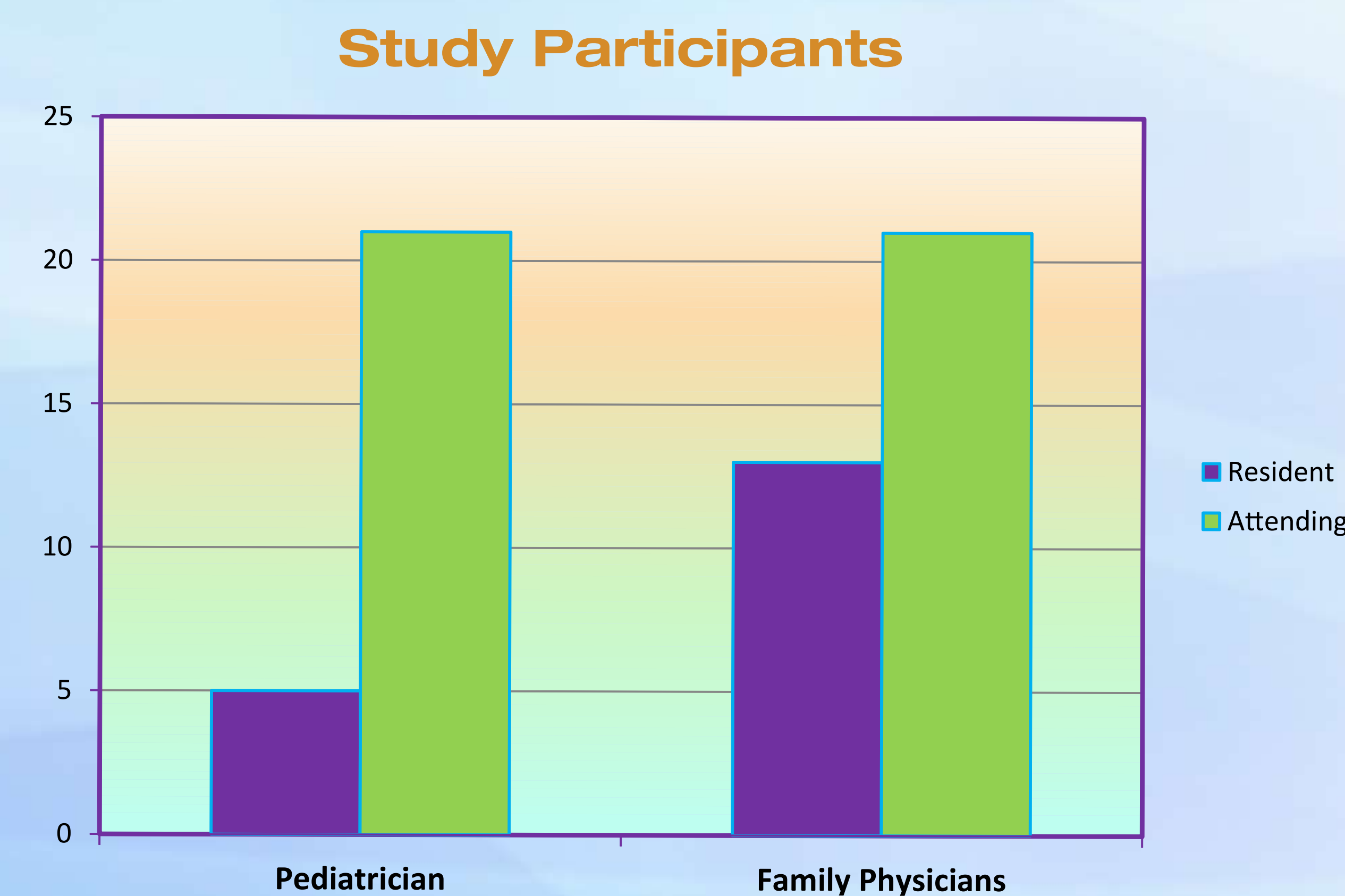
The number of pediatric inflammatory bowel disease (IBD) patients receiving long-term Immuno-suppressive therapy (IS) has increased in the past several years. The administration of live attenuated vaccines (LAV) should be avoided in these patients.¹ Our needs assessment survey examined current vaccination practices and related knowledge of primary care physicians regarding vaccination of IBD patients receiving IS therapy.

Method:

Online close-ended, 13-item questionnaires were sent to primary care physicians including residents and attendings from pediatrics and family practice at the local institution. Descriptive statistics are reported and comparisons of responses between pediatric and family medicine providers were made using chi-square.

Results:

- Sixty primary care physicians completed questionnaires.
- Responses represented residents (30%, N=18) and practicing physicians (70%, N=42) and encompassed both pediatric (43%, N=26) and family medicine (57%, N=34) specialties.



- 83% of responders reported having patients on IS.
- Most respondents (53%, N=32) have treated pediatric patients on IS therapy;
- Thirty-nine percent of responders (N=23) review vaccination history at every visit.
- Nearly all providers identified non-live attenuated vaccines as safe (94%-100% depending on vaccine type) and recommend administration to IS patients.
- However, survey responses identified challenges in provider knowledge and perception of safety surrounding live attenuated vaccines.
- Providers have recommended live attenuated vaccines to IS pediatric patients. Intranasal Flu 5% (N=3), varicella 12% (N=7) and MMR 17% (N=10).
- Intranasal influenza was considered a safe vaccine by 18% of respondents (N=11), varicella by 17% (N=10) and MMR by 32% (N=19).

	Recommended	Considered Safe
Intranasal Flu	5%	18%
Varicella	12%	17%
MMR	17%	32%

- A greater proportion of family medicine physicians considered varicella and MMR vaccines safe to administer to IS patients than did pediatricians (varicella, 24% versus 8%, p=0.2; MMR, 41% versus 19%, P=0.126).

	Family Physicians	Pediatricians	P-value
Varicella	24%	8%	0.2
MMR	41%	19%	0.126

- Further, fewer family medicine providers (35%, N=12) than pediatricians (69%, N=18) correctly identified all three live attenuated vaccines as unsafe to administer to IS patients (p=0.019).

Conclusion:

There is significant misconception among primary care physicians regarding safe vaccination practices for pediatric patients receiving IS therapy. More education is necessary for pediatric and family medicine providers to improve physician knowledge and ensure safe immunization administration for pediatric IBD patients receiving long-term Immuno-suppressive therapy.

Source	Percent	N
Printed document in the office	61.70%	37
Flyer on office wall	16.70%	10
Grand Rounds presentation	21.70%	13
Intranet reference	56.70%	34
Reference within EMR/powerchart	18.30%	11
AAP's Red Book	11.70%	7
Other	6.70%	4

Reference:

1. AAP Red Book, 2012, pages 74-90

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