

**Are the Patients with Inflammatory Bowel Disease Being Appropriately Vaccinated Against Pneumonia at VA East Orange Campus?**

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**Introduction:**

Inflammatory bowel disease (IBD) is comprised of ulcerative colitis and Crohn's disease. IBD patients treated with immunosuppressive therapy (i.e., corticosteroids, thiopurines, biologics) have an increased risk of developing vaccine preventable illnesses, therefore vaccination recommendations are unique to these individuals. The Advisory Committee on Immunization Practices (ACIP) recommends that patients with IBD on immunosuppression should receive the PCV13 vaccine followed by PPSV23 after 8 weeks. We examined pneumococcal vaccination practices at the East Orange Veterans Affairs Hospital (EOVA) for immunosuppressed patients with IBD.

**Methods:**

Using data from the EOVA Healthcare system from October 2018 to November 2019, we collected information on IBD patients visiting primary care clinics at EOVA. The patient's age, diagnosis, modalities of treatments, and vaccination status were also collected.

**Results:**

From the data collected, 268 patients were assessed in our study. 72 patients (26.8%) were between ages 18-64, while 196 (73.2%) patients were older than 65 years. Between the different modalities of treatments analyzed, 24.7% patients were considered immunosuppressed. In this group, 65% of patients 65 years and older were properly vaccinated with both PPSV23 and PCV 13. In immunosuppressed younger than 65, only 27% were adequately vaccinated.

**Discussion:**

IBD patients are at higher risk than the general population for developing illnesses preventable by vaccines, especially when started on immunosuppressive agents. Our study shows low vaccination rates amongst those considered immunosuppressed and under 65, while those over 65 had higher vaccination rates. This may be explained by widespread clinical practice of vaccinating patients 65 and older against pneumococcal pneumonia. Moreover, there is a lack of widespread clinical implementation practices regarding vaccination of IBD patients. Further studies can be done to rectify this by generating "Clinical Reminders" that populate in the patient's chart at the start of the encounter, reminding clinicians to screen their IBD patient for vaccination.