

Are we following practice-based guidelines for standard immunizations in Rheumatoid Arthritis [RA] patients?

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Background: Rheumatoid arthritis (RA) is the most common autoimmune inflammatory arthritis in adults. Patients with rheumatoid arthritis have an increased burden of infections, attributed to the underlying autoimmune disease, other comorbidities, and immunosuppressive therapy¹. Vaccinations are recommended by international guidelines among infection control strategies, but vaccination rates are still reported to be suboptimal in the United States and Europe².

Pneumococcal and injectable influenza are the two essential vaccines recommended in all immune-compromised patients. Guidelines recommend a vaccination scheme with pneumococcal conjugate vaccine (PCV13) then pneumococcal polysaccharide vaccine (PPSV23) at least eight weeks after the first dose. Influenza vaccination is recommended for immune compromised patients in all guidelines as well. Incidence of Influenza in immunosuppressed patients is nearly twice than the general population. Previously, the live-attenuated Herpes Zoster (HZ) vaccine was considered in certain RA patients³. A new non-live recombinant subunit adjuvant zoster vaccine, Shingrix, was licensed in 2017. The vaccine is recommended for adults 50 years and older, including immunosuppressed patients, and administered in two intramuscular doses. Shingrix has been shown to be safe and more efficacious compared with live-attenuated vaccine in elderly adults⁴.

Methods: We conducted a retrospective quality assurance study of adult immunizations received and documented in rheumatoid arthritis patients over the past one year. This was an IRB determined non-human subject study.

Results: We randomly selected 52 charts and found that the PCV13 and PPSV23 were given 64% of the time (95% CI 0.52-0.77). However, Herpes Zoster vaccine was given 33% of the time (CI 0.22-0.46) and Influenza vaccine 50% (CI 0.33-.59).

Conclusion: Our data shows that there is a greater need to increase the rate of vaccinations in rheumatoid arthritis patients, specifically the HZ and Influenza vaccines. Using this data as a quality assessment, we will aim to provide interventions that will improve the rate of vaccinations in our clinic.