A cross-sectional audit of the uptake of seasonal and H1N1 influenza vaccination amongst patients with rheumatoid arthritis in a London hospital

Sirs,

Patients with rheumatoid arthritis are significantly more likely to develop infection, due to both immunosuppressive therapy and the effects of the disease itself (1). Both seasonal influenza and the emergence of pandemic strains such as H1N1 pose significant risk for the immunocompromised, and the UK Department of Health (DH) recommends that these patients receive vaccination annually (2). Previous studies have indicated a low influenza immunisation rate in patients with autoimmune rheumatic disease (3-5).

An audit was therefore conducted to evaluate uptake in a cross-section of patients with rheumatoid arthritis at Charing Cross Hospital in London, covering the 2009/10 influenza season.

Data was collected using a physician-administered questionnaire in 71 consecutive patients attending routine outpatient appointments. In addition to demographics and medication details, patients were categorised as belonging to the DH target group (age 65 years or older, chronic respiratory, heart, kidney, liver or neurological disease, care home resident, or carer for an elderly or disabled person), or as immunosuppressed only (also a DH target criterion), if they were on a DMARD or had active rheumatoid arthritis (physician assessment). The uptake of seasonal and pandemic H1N1 vaccination was recorded for the 2009/10 season, and if vaccination had not been received, the reason was established. In a random validation set, patients' recollection of immunisation was checked with records held by their general practitioner.

Of the 71 patients questioned, 61 (86%) were female and 31 (43%) were aged 65 years or over, representing the most common reason (75%) for inclusion in the DH target group, which consisted of 41 patients (58% of the total sample). Thirty (42%) patients were classified as immunosuppressed as their only reason for vaccination. All the patients in the validation subset (10) correctly recalled their vaccination status.

The uptake of influenza vaccination, both seasonal and pandemic H1N1 strain, was better in our cohort than the London average, but still well below full coverage.

Reasons for not receiving vaccination varied between the groups, and were also different for the two vaccines. All the patients in the target group were offered seasonal influenza vaccination, but outside this, more than half of patients were not offered vaccination.

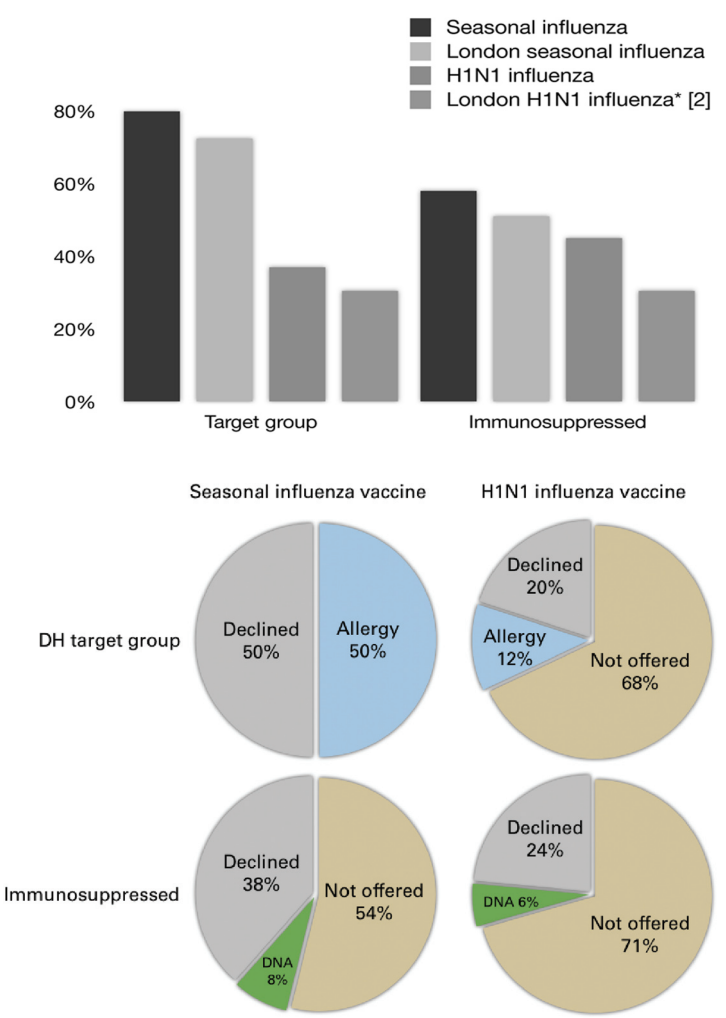

Fig. 1. Uptake of influenza vaccination. *DH vaccination figures do not subdivide the target group.

Our audit demonstrates that there is still potential for improvement in the uptake for seasonal influenza vaccination in immunosuppressed rheumatoid arthritis patients who otherwise do not meet other DH criteria. H1N1 vaccine uptake is limited in both groups, despite extensive publicity. A combination of patient education and modification of the primary care incentives for vaccination could begin to address this shortfall.

Key message:

In a representative cross section of patients with RA the uptake of vaccination for H1N1 variant influenza was poor; this must be addressed as the current season approaches.

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References

1. DORAN MF *et al*.: Frequency of infection in patients with rheumatoid arthritis compared with controls: a population-based study. *Arthritis Rheum* 2002; 46: 2287-93.
2. Seasonal influenza vaccine uptake among the 65 years and over and under 65 years at risk in England. Available from: http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_118645.pdf.
3. PRADEEP J, WATTS R, CLUNIE G: Audit on the uptake of influenza and pneumococcal vaccination in patients with rheumatoid arthritis. *Ann Rheum Dis* 2007; 66: 837-8.
4. KOUTSOGEORGOPOULOU L *et al*.: Preventive influenza vaccination for patients with rheumatoid arthritis. A need for an international campaign. *Clin Rheumatol* 2009; 28: 103-4.
5. GLUCK T: Vaccinate your immunocompromised patients! *Rheumatology* (Oxford) 2006; 45: 9-10.