Improving Influenza Vaccination Rates in the HIV Population at an Academic Clinic

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Introduction
Influenza-related illness is a significant cause of morbidity and mortality, especially in vulnerable patient populations. Patients infected with HIV (human immunodeficiency virus) similarly face increased rates of morbidity and mortality paralleling those of patients aged 65 years and older. Studies conducted prior to the widespread use of HAART (highly active antiretroviral therapy) showed an increased risk of cardiac and pulmonary complications including bronchopneumonia and sepsis, in HIV-infected patients who contracted influenza1. While reduced in number, such complications still arise in the post-HAART era1, 2.

- 2001: Multiple Cause-of-Death data determined excess death rates due to pneumonia or influenza in HIV-infected patients were up to 150 times greater in HIV-infected patients than in age-matched healthy adults2.
- 2008: A meta-analysis determined the efficacy of influenza vaccination in preventing disease in HIV-infected patients and found a relative risk reduction between 41% and 66%3.
- 2011: The HIV Outpatient Study (HOPS), conducted from 1999 to 2008, calculated that 25%-44% of HIV patients had been vaccinated against influenza. Most vaccinations occurred between October and November with a decline in vaccination rates in the subsequent months of influenza season4.

This information prompted current Centers for Disease Control and Infectious Diseases Society of America guidelines recommending early vaccination with inactivated influenza vaccine in HIV-infected patients. At Thomas Jefferson University Hospital, HIV-infected patients are seen by the Jefferson Infectious Diseases clinic. Data from 2012 to 2014 demonstrates a vaccination rate of 50-55% in this population (Figure A).

2014-2015 Influenza Season
Interventions and Description of Work Flow:
- Physicians were reminded of CDC and IDSA guidelines at the beginning of the influenza season and encouraged to vaccinate patients.
- A dedicated form regarding influenza vaccination status was created to be filled out by a Medical Assistant (MA) during each patient’s pre-visit check-in. This form was left in the patient’s chart for the physician to review prior to the visit to determine if a vaccine should be ordered.
- Electronic documentation of each patient’s vaccination status was assigned to be completed by the MA at the end of each visit.

Barriers to higher vaccination rates included inadequate documentation of vaccine status for patients who receive the influenza vaccine elsewhere and those who did not have scheduled follow-up appointments between November 2014 and March 2015.

Aim
Performance measure: Percentage of HIV-infected patients with documentation of influenza vaccination in Allscripts
Numerator: Number of HIV-infected patients who have obtained an influenza vaccine during influenza season
Denominator: Total number of HIV-infected patients at the Jefferson Infectious Disease (ID) clinic
Patient exclusions: Those who are allergic to eggs or have had allergic reactions to the influenza vaccine in the past.
Goal: “75% of HIV-infected patients at the Jefferson ID clinic will be vaccinated against influenza and documented in Allscripts during influenza season.”

References