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Paper Poster Session

Vaccines in public health

Overcoming barriers in adult vaccination

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Background: The National Immunization Program in Argentina recommends tetanus and diphtheria vaccine [Td] and hepatitis B for all healthy adults and influenza and pneumococcal vaccines for special populations. Despite the fact that these vaccines are free and without requirement for prescription, rates of vaccination remain low in adults. Barriers observed in adult immunization include pediatric bias, lack of physician recommendations and limited access. Improving vaccination coverage among adults remains a major challenge. This study assesses a vaccination strategy in order to enhance compliance in a single institution.

Material/methods: Prospective, interventional study performed in a single hospital at La Plata, Buenos Aires, Argentina, from March 1st to August 30th 2015. The strategy was based on: institutional requirement of Td vaccine for all elective surgery plus medical counseling provided by a trained physician at the Vaccination Room. All patients and accompanying persons assisting to the vaccination center were evaluated for and offered immediate access to vaccination. Reasons for vaccination visits and gained opportunities were recorded.

Results: A total of 1669 adults attended to the Vaccination Center and received 2773 doses; The majority (65%) were women, and the mean age was 47 ± 18 years. The reasons for visits were: Td vaccination for elective surgery 643 (38%), continuation of vaccination schedule recommended at our Vaccination Center 253 (15.2%), pregnancy 188 (11.3%), medical indication 168 (10%), influenza vaccine 155 (9.3%), parents bringing their children for vaccines of National Vaccination Schedule 97 (5.8%), spontaneous demand for vaccines of National Vaccination Schedule 87 (5.2%), others 78 (4.7%). As a result of this strategy, 1841 extra doses of vaccines were given (775 hepatitis B vaccines, 146 pneumococcal, 133 influenza and 787 doses of Td). This doses represent an increase of 197,5% from the doses estimated without our intervention.

Conclusions: A restrictive policy for elective surgery and medical counseling at the Vaccination Center with access to vaccination during the initial visit allowed us to achieve new vaccination opportunities in an adult population. This simple strategy may be easily replicated in other centers.