







A systematic and evidence-based approach in vaccination of people living with HIV: the Notebook of Clinical Vaccinology

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Introduction/Summary

- According to the WHO1, globally 39 million people were living with HIV at the end of 2022 and about 630.000 people died of HIV-related illnesses worldwide in 2022.
- Still according to the WHO², vaccinations prevent approximately 3.5-5 deaths per year.
- The importance of vaccinations is even more relevant in frail subjects, such as People living with HIV (PLWH), who are at greater risk of contracting infectious diseases and developing related complications³.
- However, vaccination coverage for these patients is still very low4.
- One of the reasons might be the absence of operational tools, apart from the European AIDS clinical society (EACS) guidelines, that can guide clinicians other than infectious disease specialists in promoting active vaccinations in these patients.

Study Design

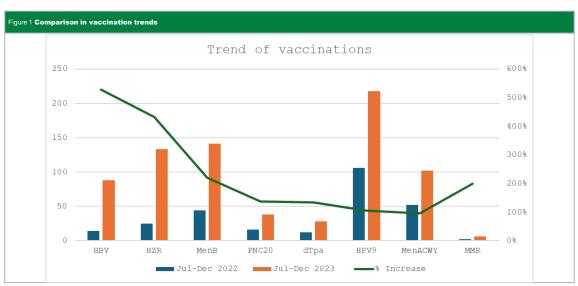
Giving these data, the ASLRM2 Vaccinations UOC has produced the Notebook of Clinical Vaccinology, a document that summarizes the main indications on vaccinations in frail patients, which was distributed to hospitals and to general practitioners.

Methods

- Given the National Vaccine Prevention Plan in force⁵, we analyzed the guidelines of the main scientific societies (EACS, CDC, WHO) and we performed a literature review on vaccinations for PLWH.
- We defined four groups homogeneous for vaccination strategies, based on higher risks to contract an infectious disease.

Results

- Since the introduction of the Notebook of Clinical Vaccinology in June 2023, we observed a significant increase of the vaccination rate in PLWH, based on the data collected by our vaccine register (ClicVaccino-AVR).
- In the period from July to December 2023, a total amount of 1020 doses were administered compared to the 455 doses administered in the same period of 2022 (+124.18%) (Figure 1).
- A relevant percentage increase was observed in measles-mumps-rubella vaccine (MMR, DT+200%, n=2 vs 6) and in diphteria-tetanus-pertussis vaccine (dTpa. +133.33%, n=12 vs 28), however the total amount of doses administered is still very low.



- The greatest increase was observed in the hepatitis B virus (HBV) vaccination which increased by 528.57% (14 vs 88 doses) followed by the recombinant zoster vaccine (RZV) which increased by 432% (25 vs 133 doses administered).
- Other important increases observed in the В serogroup meningococcal vaccines (MenB, +220.45%, n=44 vs 141), in the pneumococcal 20-valent polysaccharide conjugate vaccine (PNC 20, +137.5%, 38), in the VS papillomavirus 9-valent vaccine (HPV9, +105.66%, n=106 vs 218), and in the meningococcal conjugate vaccines (MenACWY, +96.15%, n=52 vs 102).
- No significant variations were observed for all types of flu vaccines.

Conclusion

Despite the short period of observation, these data show that the Notebook of Clinical Vaccinology is a useful and innovative tool that facilitates the care of chronic patients, such as PLWH, optimizing the vaccination offer and increasing the awareness of clinicians and patients in different care settings.

References

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