

Study finds many gastroenterologists unaware of appropriate immunizations for IBD patients

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Researchers from Boston University School of Medicine (BUSM), along with clinicians from Boston Medical Center (BMC), have found gastroenterologist knowledge of the appropriate immunizations to recommend to the inflammatory bowel disease (IBD) patient is limited. These findings, which currently appear on-line in *Inflammatory Bowel Diseases*, may be the primary reason why the majority of gastroenterologists believe that the primary care provider (PCP) should be responsible for vaccinations.

Current therapy for IBD patients often involves agents that suppress the [immune system](#), placing patients at an increased risk for developing infections, of which several are potentially [vaccine](#) preventable. According to the studies' authors, many IBD patients are not being vaccinated appropriately.

One thousand gastroenterologists, randomly selected from the membership of the American College of Gastroenterology, were asked to complete a 19-question electronic survey regarding suitable vaccines for the immune-competent and immunosuppressed IBD patient and the barriers to recommending the vaccines. The researchers also assessed the perceived role of the gastroenterologist versus the PCP.

The researchers analyzed 108 responses and found only 56 (52 percent) of the gastroenterologists took an immunization history most or all of the

time. There was no significant difference between gastroenterologists with smaller practices (less than 40 IBD patients) compared with those with larger practices (greater than 40 IBD patients) in how often they asked their patients about immunization history. In contrast, more academic physicians (67.5 percent) asked their patients about immunization history most or all of the time compared to 42.4 percent of private physicians. Sixty-nine (64 percent) of the respondents thought the PCP was responsible for determining which vaccinations to administer to the IBD patient and ninety (83 percent) believed the PCP was responsible for administering the vaccine. Sixteen of the 108 surveyed gastroenterologists did not regularly recommend immunization against influenza. The most common reasons included "too busy/forgot," "no specific reason," and "did not know my patient needed it".

In addition, the researchers found 20 to 30 percent of gastroenterologists would erroneously recommend any of the three queried live, attenuated vaccines (MMR, herpes zoster, varicella) to their immune-suppressed IBD patient. In addition, 24 to 35 percent of gastroenterologists would incorrectly not give the three queried live, attenuated vaccinations to their immune-competent patients. Of the inactivated vaccines, knowledge regarding the HPV vaccine was particularly poor, with only 71 (66 percent) recommending the vaccine to their immune-competent patients and only 51 (47 percent) recommending the vaccine to their immune-suppressed patients).

In general, gastroenterologists were more likely to make the correct vaccine recommendations for their immunocompetent IBD patients. "Gastroenterologist knowledge of the appropriate immunizations to recommend to the IBD patient is limited and may be the primary reason why the majority of gastroenterologists believe that the PCP should be responsible for vaccinations," said primary author Sharmeel Wasan, MD, MSc, an assistant professor of medicine at BUSM and a gastroenterologist at BMC.

Over the last five years, the problem of [vaccine](#) preventable illnesses in patients with IBD have been described, including case reports of fulminant hepatitis and fatal varicella. "Despite an increased risk for infections on these agents, many IBD patients are not being appropriately vaccinated. Barriers to vaccination described by patients include a lack of awareness and concern for side effects, suggesting that providers are not adequately educating and recommending vaccinations to their immunosuppressed [patients](#)," said Francis Farraye, MD, MSc, a professor of medicine at BUSM and a gastroenterologist at BMC.

The authors recommend educational programs on vaccinations directed to gastroenterologists who prescribe immunosuppressive agents.

Provided by Boston University Medical Center

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