

PANDEMIC INFLUENZA IN THE 2009/2010 SEASON - SURVEILLANCE OF LABORATORY CONFIRMED CASES IN CENTRAL POLAND

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Background: Splenectomy significantly increases the risk of severe invasive infections caused by capsular bacteria as sepsis and meningitis. Immunizations before splenectomy reduce the risk and are routinely recommended. Aim: Analysis of the state of knowledge of splenectomized patients concerning recommended immunizations before and after splenectomy and their vaccination coverage against hepatitis B, Streptococcus pneumoniae, N. meningitidis group C, Haemophilus influenzae type b before and after splenectomy to work out successful intervention improving the vaccination coverage.

Methods: 85 adult patients (49 women, 57.6%) from the Department of General and Hematologic Surgery in the Institute of the Haematology and Transfusiology in Warsaw splenectomized in years 2009-2010. All patients were examined with standard questionnaire and their medical files, including medical certificates containing immunizations data were analyzed. Some patients were also questioned via telephone.

Results: The majority of respondents (59/85, 69.4%) regarded information about recommended immunizations as insufficient and rated doctor's reasoning as inconsistent, the minority (20/85, 23.5%) confirmed good information before splenectomy. Both surgeons and primary care physicians did not offer recommended immunizations to the majority of the patients (59/85, 69.4%); in consequence, only 32.9% of patients (28/85) were vaccinated against any capsular bacteria before splenectomy. Patients were most commonly immunized against Streptococcus pneumoniae (17/85, 20%), less often against H. influenzae b (8/85, 9.4%) and only rarely against N. meningitidis C (3/85, 3.5%). In contrast hepatitis B immunization coverage rate was as high as 67% (57/85). Immunized patients were those who had been offered vaccinations.

Conclusions: A lack of conclusive information and orders from primary care physicians and hospital surgeons and limited awareness of infectious dangers are responsible for low rate of immunization in patients subjected to scheduled splenectomy. Busy doctors provide a poor source of information concerning immunizations, therefore, involving other members of medical staff e.g. nurses should increase the awareness of patients and together, with routine orders by a primary care physician, should result in higher coverage of immunizations in splenectomized patients.