Measles outbreak: Are our patients at risk?
An audit of viral screening 2018

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BACKGROUND

Since the beginning of this year there have been 43 laboratory confirmed cases of measles in Croydon and a total 807 in England. The most cases were reported in London with 281.

BHIVA guidelines recommend that HIV-positive adults be screened for measles IgG regardless of a history of childhood vaccination and that measles seronegative patients with CD4 cell counts >200 are vaccinated with MMR.

BHIVA also recommends vaccination against VZV if found to be VZV Ig negative.

METHODS

All Electronic Patient Records (EPR) and blood test results were checked on HIV positive patients attending their consultant over a six month period in 2018 to evaluate screening for Measles, Varicella Zoster, Hepatitis A and B.

Results: Measles screening

324 HIV positive patients attended over a six month period. By July 2018 148/160 (92.5%) men and 152/164 (93%) women had been screened for Measles IgG and VZV IgG.

By October 2018 315/324 (97%) patients had been screened.

8 (5%) men and 8 (5%) women were found to be Measles IgG-ve and eligible for vaccination.

12/16 (75%) were from non UK countries (Age range 26-53 years).

16/16 (100%) GP letters had been completed requesting Measles vaccination.

9 (3%) patients had not been screened yet and Measles IgG and VZV IgG test were added to their next clinic visit blood requests.

Results: VZV screening

22/315 (7%) patients were found to be VZV IgG-ve even with some having a documented history of childhood infection.

At initial analysis in July 2018 17/22 (77%) had a documented GP letter advising VZV vaccination.

By October 2018 22/22 (100%) GP letters had been completed requesting VZV vaccination.

Results: Hepatitis A screening

26 MSM were found to be Hep A IgG-ve

24/26 (92%) had been offered and given Hepatitis A vaccines.

1 patient defaulted care and 1 transferred care.

Letters advising the need for hepatitis A vaccination had been sent to their GP and/or next centre of HIV care.

Results: Hepatitis BsAb screening

32/160 (20%) men and 45/164 (27%) women were found to be Hepatitis B naive with HepBsAb <100 and therefore inadequate protection.

Alerts highlighting inadequate Hepatitis B protection and prescriptions for vaccination were added to these patients records for their next clinic visit.

2 men and 5 women have so far declined hepatitis B vaccination.

Reasons for declining hepatitis B vaccination included perceived low risk and previous non response to vaccine course.

2 men and 4 women have defaulted their next booked appointment and have been recalled.

Conclusions

5% HIV positive patients in our cohort were Measles IgG-ve and 7% were VZV IgG-ve so would benefit from vaccination.

Hepatitis A vaccination rate for Hep A IgG-ve MSM was high (92%).

A significant number of patients were found to have inadequate protection against Hepatitis B and would benefit from the Hepatitis B vaccination prescribed as a result of this audit.

A further re-audit is planned to establish whether Measles, VZV and Hepatitis B vaccination has been successfully carried out.