Hepatitis B Vaccination Program at Two Tertiary Hemodialysis Centres



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Background

- Hemodialysis (HD) patients at higher risk of hepatitis B infection:
- Potential exposure due to improper disinfection of fomites
- Chair/bed, blood splashes on clothes, dialysis machine
- Frequent diagnostic and therapeutic procedures
- Immune dysfunction
- Reduced vaccination response rate (55-88%) vs general population (95-100%)
- Hepatitis vaccine recommendations for HD patients (Table 1):
- Higher dose vaccine plus repeat second series or booster if Hepatitis B surface antibody (Anti-HBs) < 10 mIU/mL

Table 1: Recombivax-HB Vaccination Schedule			
	Adult	Dialysis/CKD	
Series 1	10mcg at 0,1,6 mos	40 mcg at 0,1, 6 months	
Series 2	None	Repeat series if Anti-HBs<10 after series 1	
Booster	None	Annual if anti-HBs<10, with prior response to series 2	

Objectives

Primary Outcomes

- Capture response rate to Hepatitis B vaccination in HD patients following vaccination series 1, 2, and booster
- Examine factors associated with responders vs nonresponders to hepatitis vaccine (from series 2 or booster)

Secondary Outcomes

- Examine factors associated with responders vs nonresponders to hepatitis vaccine after series 1, 2 or booster
- Determine adherence to vaccine protocol:
 - Vaccine # 2: given 4-6 weeks post vaccine # 1
 - Vaccine # 3: given 4.5-5.5 months post vaccine # 2
 - Anti-HBs level: 1-2 months post vaccine # 3 or booster

Methods

- Retrospective chart review (PROMIS database)
- Inclusion: All HD patients receiving hepatitis vaccination since implementation of the new Hepatitis B provincial protocol: St. Paul's Hospital: Dec 2015-July 2017
 - Vancouver General Hospital: Mar 2016-July 2017

Exclusion:

- Hepatitis B positive
- Anti-HBs ≥ 10 mIU/mL
- Known non-responders prior to study or vaccine refusal

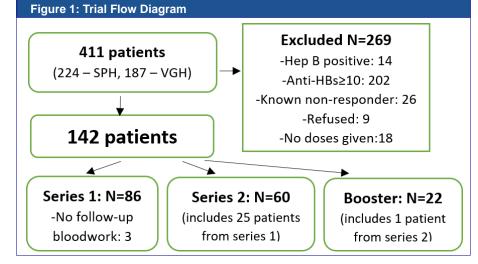


Table 2: Baseline demographics			
Variable		N=142	
Dialysis Site, n (%)	SPH VGH	82 (57.7%) 60 (40.3%)	
Age, mean (SD)		68.9 (13.9)	
Gender, Male, n (%)		92 (64.8%)	
Ethnicity, n (%)	Caucasian East Asian South Asian Filipino	49 (34.5%) 47 (33.1%) 19 (13.4%) 12 (8.4%)	
Co-morbidity, n (%)	Diabetes Cancer Immunosuppressants Previous Transplant	88 (62%) 23 (16.2%) 14 (9.9%) 9 (6.3%)	
Dialysis Vintage, mean months (SD)		22.9 (38.7)	
Urea Reduction Ratio	77.8 (0.31)		

Table 3: Primary Outcome: Factors Affecting Response (Series 2/booster)				
Variable		Response (N=52)	No Response (N=29)	p-value
Dialysis Site, n (%)	SPH VGH	35 (67.3%) 17 (32.7%)	14 (48.3%) 15 (51.7%)	0.096
Age, mean (SD)		71.8 (13.0)	68.4 (13.4)	0.267
Gender, Male, n (%)		37 (71.2%)	18 (62.1%)	0.402
Ethnicity, n (%)	Caucasian East Asian South Asian Filipino	16 (30.8%) 19 (36.5%) 7 (13.5%) 5 (9.6%)	18 (62.1%) 5 (17.2%) 2 (6.9%) 2 (6.9%)	0.253 0.668 0.772 0.270
Co-morbidity, n (%)	Diabetes Cancer Immunosuppressants Previous Transplant	36 (69.2%) 9 (17.3%) 3 (5.8%) 2 (3.8%)	16 (55.2%) 7 (24.1%) 4 (13.8%) 2 (6.9%)	0.208 0.461 0.231 0.549
Dialysis Vintage, mean months (SD)		38.4 (48.2)	28.5 (43.1)	0.367
Adherence, n (%)		29 (55.8%)	9 (31.0%)	0.035

Table 4: Primary Outcome: Vaccination Response Rates		
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Table 5: Multivariate Analysis: Age, Site, Adherence					
Factor	Primary Outcome N=81 (Series 2, booster)	Secondary Outcome N=140 (Series 1, 2, booster)			
Age, OR (95%CI)	1.12 (0.94 to 1.35) p=0.22	0.99 (0.92-1.07); p=0.856			
Adherence, OR (95%CI)	2.41 (0.89 to 6.80) p=0.08	2.2 (1.4-3.4); p=0.0005			
Dialysis Site, OR (95%CI)	0.54 (0.20 to 1.45) p=0.22	0.61 (0.40-0.93); p=0.02			

Table 6: Secondary Outcome: Adherence to protocol					
Interval	Series 1 (N=86)	Series 2 (N=60)	Booster (N=22)		
Vaccine 1→2 (4-6 weeks)	75 (87.2%)	46 (76.7%)	N/A		
Vaccine 2→3 (4.5-5.5 months)	59 (68.6%)	38 (63.3%)	N/A		
Follow-up anti-HBs level (1-2 months)	49 (57%)	38 (63.3%)	14 (63.6%)		
Missed Doses (1 or 2)	8 (9.3%)	5 (8.3%)	N/A		

Discussion

- Vaccine response rates for HD patients similar to literature
- Series 1: 61.4%; Series 2: 58.3%
- Factors affecting vaccination response:
 - Adherence
 - Dialysis site
 - Lower response with less adherent site

Limitations

- Small numbers, limited numbers within subgroups
- Retrospective design
- Possibility of missed documentation
- Unable to assess circumstances of missed/late doses (eg. acute hospitalization)

Conclusions

- Adherence to regimen associated with better response to
- Recommendations to increase adherence:
- Increase evaluation of hepatitis vaccine records (quarterly)
- Annual nursing in-servicing Improve documentation









