

Documentation of vaccination status in healthcare records in Dermatology Systemic clinic

J.F. Yong, O. Mcfeely, L. Griffin, A. Cozman, E. Cummins, M. O'Connell, A. Durack, L. Paul.

Department of Dermatology, University Hospital Waterford, Dunmore Rd., Ballynakill, Co.
Waterford, Ireland.

Dear Editor,

The British Association of Dermatologists (BAD) recommends that patients treated with immunosuppressive medicines receive Influenza and Pneumococcal vaccines prior to commencement of treatment and booster injections in conjunction with systemic therapy¹. Patients prescribed systemic therapy for chronic inflammatory skin conditions are more susceptible to vaccine-preventable infections due to the immunosuppressive nature of these medications and their underlying medical conditions³. Hence, it is important to educate patients about the benefits of vaccinations and document their vaccination status during reviews.

Our study aimed to review documentation of vaccination status for immunosuppressed patients attending Dermatology follow-up as recommended by the BAD Biologics Checklist⁴. We reviewed healthcare records of patients who attended Dermatology systemic clinic over a 4-week period, specifically looking for documentation of Influenza, COVID-19 booster and Pneumococcal vaccination status. In total, 102 medical records were reviewed. Vaccination status was clearly documented in 79.6% (n=81) of these records. Of the 21 charts with no documentation of vaccination status, vaccination advice was recorded in 7 charts as part of the management plan. Three patients were noted as vaccine hesitant without a clear reason documented.

With departmental agreement, we created and printed a checklist label consisting of the Influenza vaccine status, COVID-19 booster status, Pneumococcal vaccine status and cervical smear status. Nursing staffs attached the printed checklist label to patients' clinical notes as a reminder for dermatologists to enquire about vaccination status. Then, we reviewed the healthcare records of patients who attended Dermatology systemic clinic over a subsequent 4-week period as the second cycle of this study, specifically looking for completion of the checklist.

In the second cycle, 126 medical records were reviewed. The checklist was completed in 85.7% (n=108) of these records. Of the remaining charts (n=18), five (4%) had vaccination status clearly documented in writing, while 13 (10.3%) charts had no vaccination status

documented on the printed labels or in writing. The rate of documentation of vaccination status after the intervention was 89.7%, as compared to 79.6% in the first cycle of this study.

From a medico-legal perspective, the process of assessing patients' vaccination status has not occurred unless the outcome is clearly documented in the medical notes. Thus, dermatologists are encouraged to assess and document the vaccination status of patients attending systemic clinic follow ups as recommended by the BAD guidelines. Printed checklist labels have proven to be an effective way to ensure clear documentation, which carries medico-legal implications across other specialties such as rheumatology and gastroenterology, and not just dermatology, especially in high-risk cohorts where immunosuppression increases vulnerability to infectious diseases. While vaccine hesitancy - defined as delay acceptance or refusal of vaccination despite service availability - is noted to be increasing and is a threat to public health⁵, healthcare professionals from all specialties, including dermatologists, need to be opportunistic in addressing the benefits and importance of vaccines during regular clinic reviews, making every contact counts. The printed label will serve as a reminder for dermatologists to instil an awareness of the importance of vaccinations in the immunosuppressed cohort and ultimately lead to an increase in vaccine uptake in high-risk groups.

Declaration of Conflicts of Interest:

None declared.

Corresponding Author:

Ji Fung Yong,
Department of Dermatology,
University Hospital Waterford,
Dunmore Rd., Ballynakill,
Co. Waterford,
Ireland.

E-Mail: jifungyong@gmail.com.

References:

1. Smith CH, Yiu ZZN, Bale T et al. British Association of Dermatologists guidelines for biologic therapy for psoriasis 2020: a rapid update. *Br J Dermatol* 2020; 183:628–37.
2. Tan AJ, Streicher JL, Merola JF, Noe MH. Vaccine considerations for adult dermatology patients on immunosuppressive and immunomodulatory therapies: a clinical review. *Dermatol Online J* 2021; 27:<https://doi.org/10.5070/D327955114>.

3. UK Dermatology Clinical Trials Network's STOP GAP Team, British Association of Dermatologists. UK biologics checklist [Internet]. London: British Association of Dermatologists; 2014 May [cited 2024 Jun 6]. Available from: <https://cdn.bad.org.uk/uploads/2021/12/29200150/UK-Biologics-Checklist-May-2014.pdf>.
4. Bechman K, Cook ES, Dand N et al. Vaccine hesitancy and access to psoriasis care during the COVID-19 pandemic: findings from a global patient-reported cross-sectional survey. *Br J Dermatol* 2022; 187:254–6.