Vaccination Rates Lag in Rheumatic Disease Patients

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PHILADELPHIA—Vaccination rates in patients with rheumatoid arthritis and other rheumatic diseases continued to lag behind recommendations in two reports at the annual meeting of the American College of Rheumatology.

Although the Centers for Disease Control and Prevention and other infectious disease organizations recommend annual influenza vaccination and current pneumonia vaccination for all adults with chronic illness, including rheumatoid arthritis and other rheumatic diseases, both studies found vaccination rates of roughly 50%.

One report, by researchers from the CDC, used data collected in 2007 by the Behavioral Risk Factor Surveillance System, which conducted more than 400,000 random telephone surveys of U.S. adults. Analysis of 38,000 identified respondents as having arthritis if they had ever been told by a doctor that they had arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia.

Among the survey respondents who self-identified as having arthritis, 52% reported receiving an influenza vaccination by either injection or nasal spray in the prior 12 months; the flu vaccination rate was 31% in the other adults surveyed, Jennifer Hootman, Ph.D., and her colleague reported in a poster at the meeting.

In an analysis that adjusted for demographics and general health indicators, people with arthritis were 40% more likely to have had an influenza vaccination, compared with the other adults surveyed, said Dr. Hootman, a CDC epidemiologist.

Influenza vaccination rates were 41% (younger than age 40), 56% (40-64), and 70% (65 or older).

Several factors correlated with the prevalence of vaccination among the people surveyed. Age was the strongest factor, even though influenza vaccination is recommended for all adults with a chronic illness like arthritis regardless of their age. People who self-reported arthritis and were aged 65 years or older were more than fourfold as likely to have had flu vaccination than were adults aged 18-44 years. People with arthritis who were aged 45-64 years were about 60% more likely to have received vaccine, compared with the younger adults.

Another significant determinant in people with arthritis were state of residence. Arthritis patients living in South Carolina had a vaccination prevalence lower than 40%, and arthritis patients living in Arkansas, Indianapolis, and Texas had a rate of 40%-45%. Racial and ethnic minorities, smokers, people who were obese, and people with a low education level also had a significantly lower vaccination rate than did people with arthritis in comparator groups, Dr. Hootman reported in her poster.

The second report looked at rates of vaccination for influenza, pneumonia, and herpes zoster during 2007-2008 among 181 patients with arthritis who were enrolled in the National Data Bank for Rheumatic Diseases.

The study population included patients with rheumatoid arthritis (70%), fibromyalgia (10%), systemic lupus erythematosus, and noninflammatory rheumatic diseases (12%). Health authorities also recommend regular pneumococcal vaccination for adults with a chronic disease such as arthritis, but no recommendation exists for the herpes zoster vaccine.

The results again showed that vaccination rates for influenza and pneumococcal were very age dependent. Patients reported influenza vaccination during the prior year at a rate of 41% in those aged 40 years, 56% in those aged 40-64 years, and 70% in those aged 65 or older, said Kalab Michaud, Ph.D., a rheumatology researcher at the University of Nebraska in Omaha.

The rates for ever having a pneumococcal vaccination were 30% in patients younger than 40 years, 45% in those aged 45-64, and 78% in patients 65 or older. The rates for a pneumococcal vaccination within the prior 4 years were 24%, 37%, and 66% respectively in the three age groups.

Patients aged 65 years or older also reported a 9% rate of ever having vaccination for herpes zoster.

The vaccination rates for both influenza and pneumonia and significantly higher in patients with lupus, and higher for pneumonia in patients with rheumatoid arthritis, compared with patients with noninflammatory rheumatoid disease. The vaccination rates for both infections were significantly lower in patients with fibromyalgia.

Other significant determinants of vaccination rates in these patients included an education level lower than high school graduation, which reduced the rate, and the presence of comorbidities such as diabetes, heart disease, or pulmonary disease, which increased the rate.

The researchers on both studies reported no financial disclosures.