

## Vaccination study discussed

Several aspects of a study examining the suboptimal use of influenza and pneumococcal vaccines among elderly US Medicare inpatients,\* conducted by Drs Dale Bratzler and Peter Houck from the US, have been remarked upon by Dr Ronald Hirsh, also of the US.<sup>1</sup>

The study analysed hospitalisations in 1998, prior to a change in attitude by many elderly patients following a vaccine shortage in 2000, which resulted in many patients requesting, and, consequently, becoming annual recipients of, vaccination, observes Dr Hirsh. Therefore, he contends that *"a more timely study after the shortage would show improved rates of vaccination"* compared with the present study. Second, Dr Hirsh highlights the lack of continuity and the lack of a unified medical record between the inpatient and outpatient settings as a concern when integrating vaccinations into the hospital setting.

In addition, many patients may receive medications, or have conditions, that may alter memory and consciousness, leading them to forget being vaccinated, he adds. Furthermore, without a unified electronic medical record including the inpatient, outpatient, emergency-department, rehabilitation and nursing-home settings, *"even the notation of the vaccine administration in the hospital medical record is unlikely to be transferred to the outpatient record"*, says Dr Hirsh. Finally, he comments that *"it is clear from this study"* that physicians must improve vaccination among all at-risk patients and develop improved systems to track vaccine administration.

In reply, Drs Bratzler and Houck say they *"appreciate Dr Hirsh's thoughtful comments"* regarding their study.<sup>2</sup> However, they note that, contrary to Dr Hirsh's recent experiences, influenza vaccination levels *"actually decreased in 2001 compared with 2000"*. Nevertheless, Drs Bratzler and Houck agree that better systems across the continuum of care are needed to track vaccination status. They add that *"hospitalization is the best chance"* to vaccinate high-risk individuals, but that the *"opportunity is missed in most cases"*.

\* see PharmacoEconomics & Outcomes News 392: 7, 7 Dec 2002; 800928458

1. Hirsch RL. Vaccination rates: supply, demand, and tracking. Archives of Internal Medicine 163: 849, 14 Apr 2003.

2. Bratzler DW, et al. Vaccination rates: supply, demand, and tracking. Reply. Archives of Internal Medicine 163: 849-850, 14 Apr 2003.