

## LETTER TO THE EDITOR

### Hepatitis A vaccination of patients with chronic liver disease admitted to hospital: A University of British Columbia Medical resident quality assurance pilot project.

To the Editor:

It is well recognized that acute hepatitis A (HAV) in the setting of chronic liver disease is associated with increased mortality (1), and vaccination of patients with chronic liver disease is recommended (2). Recently, a retrospective review of more than 88,000 American patients with chronic hepatitis C (3) revealed that only 20.7% received the recommended HAV vaccination. We recently conducted a quality improvement pilot study to determine whether a vaccination program among patients with chronic liver disease (CLD) hospitalized patients at the Vancouver General Hospital (Vancouver, British Columbia) could improve on this situation.

Over a five-month period in 2010, all patients with CLD admitted to the clinical teaching unit were identified. A total of 18 patients were eligible for the study and all were naive to the HAV vaccine. The primary intervention was education of the importance of HAV vaccination to house staff through posters and presentations, as well as a questionnaire to screen patient candidacy for vaccination. Charts were reviewed after discharge to assess vaccination status, and family physicians of those who received the vaccine to ensure completion of the vaccination schedule at six months were contacted.

With the educational intervention, 44% received the HAV vaccine, 44% refused vaccination during hospitalization and 12% were palliative admissions. All nonpalliative patients received counselling regarding HAV. Many of the patients who refused vaccination strongly indicated that they would discuss this issue with their family physicians after discharge.

A recently published Canadian survey (4) suggests that the treatment of hepatitis C from injection drug use is suboptimal, with few patients receiving appropriate treatment and follow-up. Our

experience suggests that basic in-hospital interventions could improve HAV vaccination in this population. Developing a HAV vaccination program that targets not only injection drug users with hepatitis C, but all patients with chronic liver disease, may significantly improve the likelihood that this aspect of chronic liver disease care is not missed.

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### REFERENCES

1. Vento S, Garofano T, Renzini C, et al. Fulminant hepatitis associated with hepatitis A virus superinfection in patients with chronic hepatitis C. *N Engl J Med* 1998;338:286-90.
2. Keefe E. Acute hepatitis A and B in patients with chronic liver disease: Prevention through vaccination. *Am J Med* 2005;118:21-7.
3. Kramer JR, Hachem CY, Kanwal F, Mei M, El-Serag HB. Meeting vaccination quality measures for hepatitis A and B virus in patients with chronic hepatitis C infection. *Hepatology* 2010;53:42-52.
4. Myles A, Muford GJ, Zhao J, et al. Physician's attitudes and practice towards treating injection drug users with hepatitis C: Results from a national specialists survey in Canada. *Can J Gastroenterol* 2011;25:135-9.

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Received for publication October 1, 2011. Accepted October 4, 2011



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