

Role of the Pharmacist in Vaccination of Immunocompromised Patients Treated with Biologic Drugs

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1. Background and Importance

- Patients with Inflammatory Bowel Disease (IBD) increased risk to infections due to their underlying **disease** and **immunosuppressive** treatments.
- **Vaccination** against **pneumococcal** and **influenza** are crucial to prevent complications.

2. Aims and Objectives

Analyze vaccination adherence in **pediatric IBD patients** on biologic drugs.

Crohn's Disease (CD) Ulcerative Colitis (UC)

3. Materials and Methods

Observational, retrospective, cross-sectional study in a tertiary care hospital.

Pediatric patients with IBD on biologic drugs for ≥ 6 months.

Data: demographics, IBD type, biologic agent, and vaccination adherence. **Guidelines** established by the **Andalusian Health Service**,

and specifically adherence to annual influenza vaccination (Instruction DGSPyOF-6/2023) and pneumococcal vaccination in risk groups (Instruction DGSPyOF-10/2023).

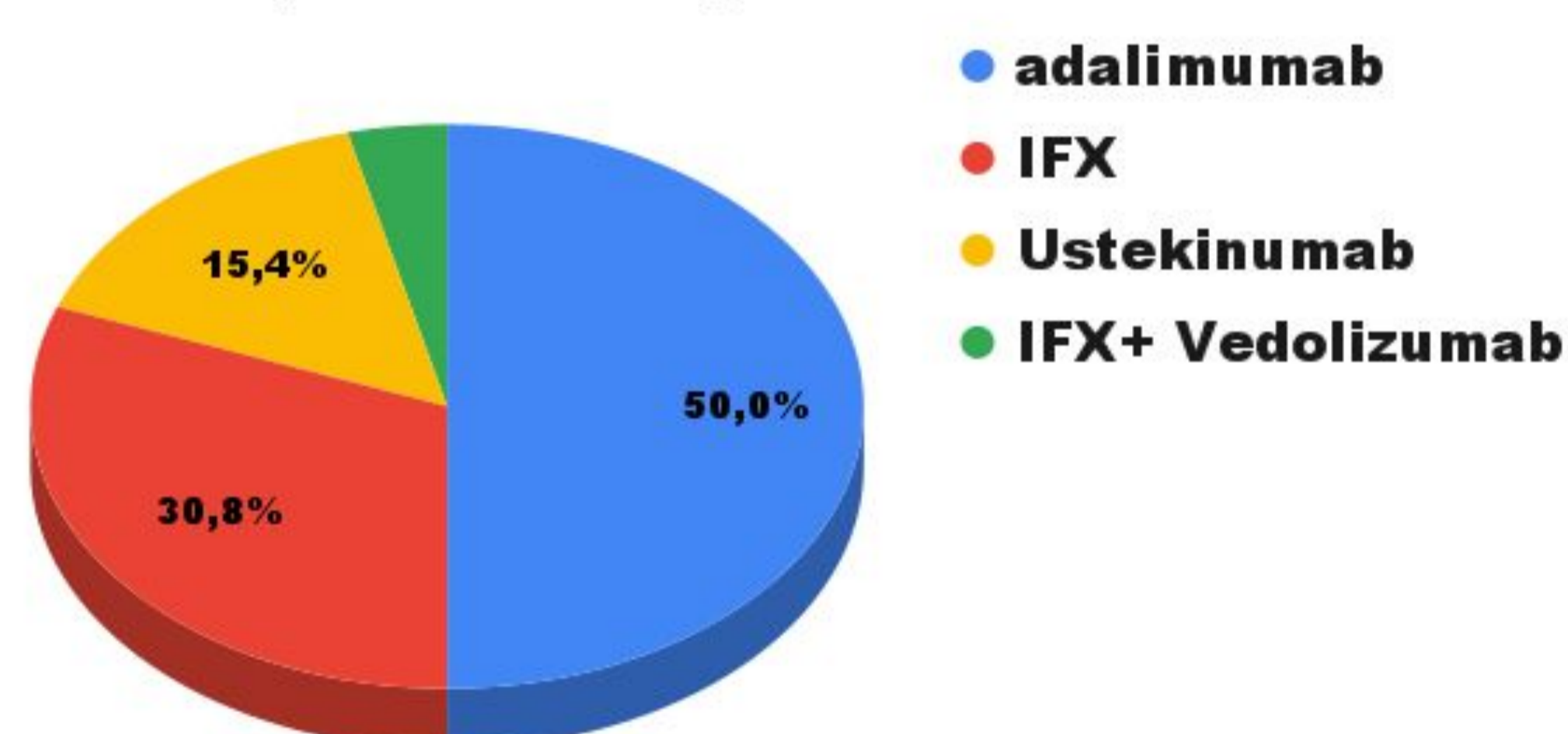
4. Results

From 33 pediatric patients: 56% were female, mean age was 14 years.

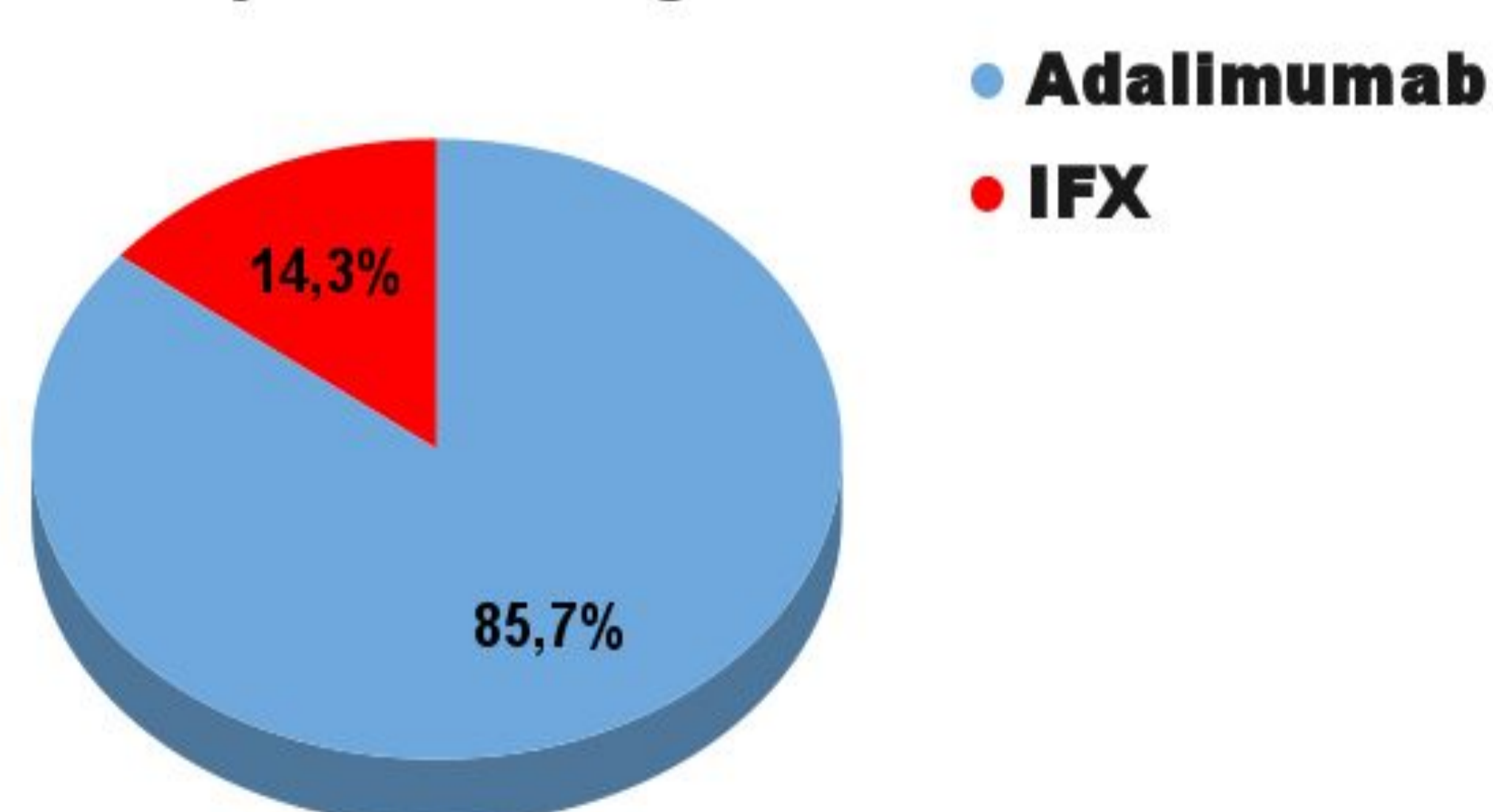
Prevalence: CD (78.8%), UC (21.2%).

All of them were **adequately** vaccinated against **hepatitis B**, measles, rubella and mumps (**MMR vaccine**) and tetanus, diphtheria and pertussis (**Tdap vaccine**).

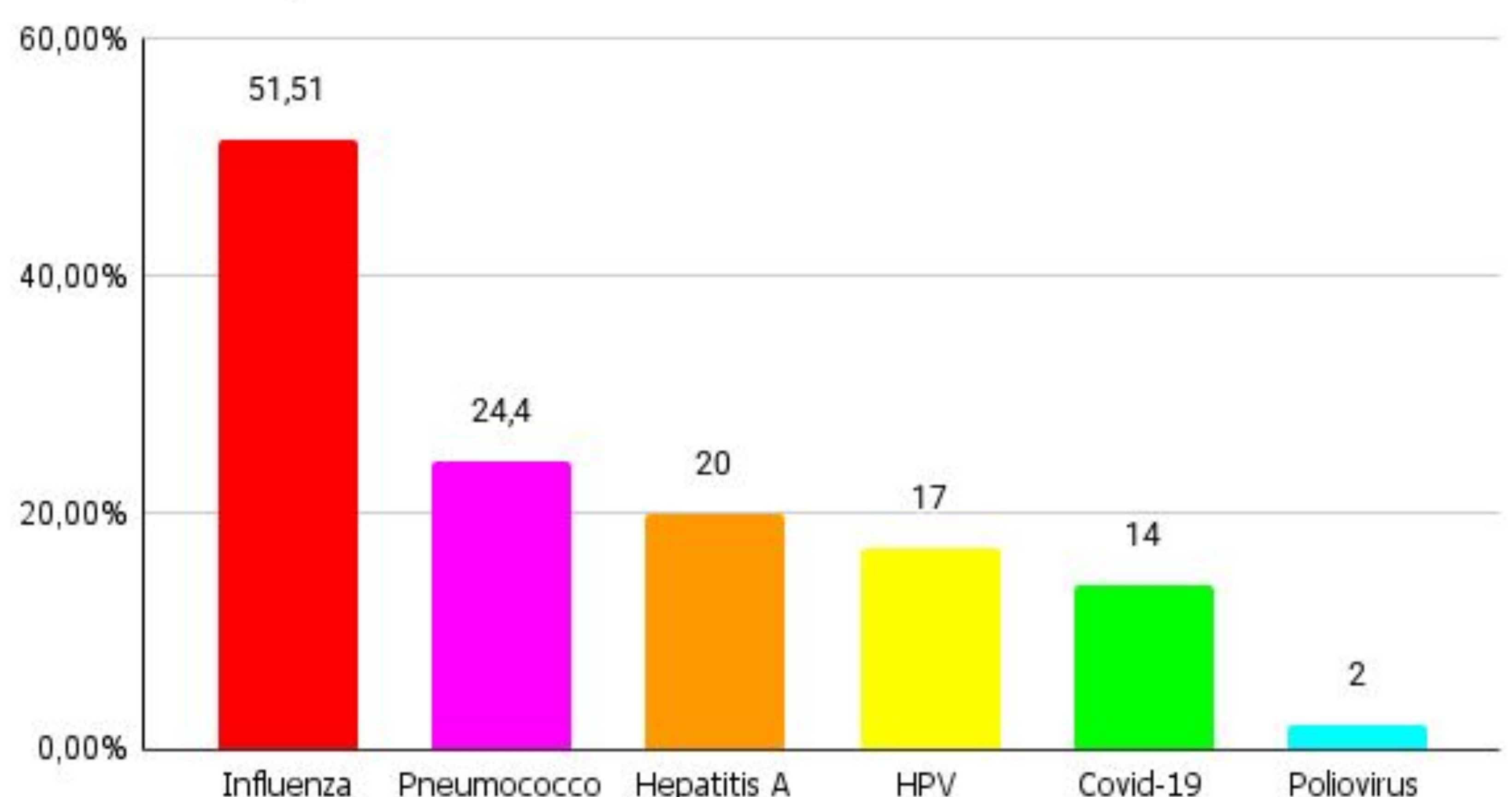
Percentage of CD biological treatments



Percentage of UC biological treatments



Percentage of Unvaccinated Patients



5. Conclusions and Relevance

1. **Adherence** to vaccination (influenza, pneumococcal, COVID-19) must **improve**.
2. Enhanced **vaccination** efforts reduce infection risks for **immunocompromised** patients.

