4CPS-022 TO VACCINATE OR NOT TO VACCINATE: IMPACT OF A PUBLIC HEALTH ACTION ON VACCINE HESITANCY

[1,2]Y Dhif*, [1,2]P Bonnabry, [3,4]A Diana. [1]*Hospital University Geneva, Pharmacy, Geneva, Switzerland*; [2]*School of Pharmaceutical Sciences, University of Geneva, Institute of Pharmaceutical Sciences of Western Switzerland, Geneva, Switzerland*; [3]*University of Geneva, University Institute of Family and Childhood Medicine, Geneva, Switzerland*; [4]*Clinique des Grangettes, Pediatric Center, Geneva, Switzerland*

10.1136/ejhpharm-2022-eahp.380

Background and importance Vaccine hesitancy is one of the top 10 threats to global health according to the World Health Organization.[1] A part of the Swiss population is hesitant to vaccinate against COVID-19.[2]

Aim and objectives The aim of this study was to conduct a public health action with hesitant to vaccination and measure its impact on vaccine hesitancy and on vaccination rate.

Material and methods Vaccine hesitancy and barriers to vaccination were measured and identified using a pre-test questionnaire. Only non-vaccinated volunteer participants were included, and they were invited to a 1-hour online session using motivational interviewing techniques, animated by a physician and a pharmacist. Two weeks after the session, they were asked to fill a post-test and 2 months later, their vaccine status was requested. Data collection was conducted from April to August 2021.

Results 31 adults participated for a total of 11 online sessions (2.8 participants/session). Majority were women (68%, n=21) and aged between 35 and 60 years (71%). 10 (32.3%) were public health professionals and 21 (67.7%) were not. Prior to the study, 54.9% did not consider vaccines safe (19.4% post-study), 87.1% were concerned about vaccine side effects (64.5% post-study) and 51.6% considered vaccines to be effective (83.9% post-study). Before the study, participants were classified as certainly willing to vaccinate (3.2%), probably (9.7%), probably not (35.5%), certainly not (12.9%), do not know/other (38.8%) and the degree of confidence in vaccination was 4.5 ± 2.2 (scale 1–10). After the study, the confidence increased to 6.3 ± 2.4 (+29%). Following the study, 52% (n=14) were effectively vaccinated. Among reasons that motivated to vaccinate: vaccination will help with containing the pandemic (5/14) and benefit-risk ratio is positive for the vaccine (5/14). 48% (n=13) were not vaccinated mainly for the following reasons: doubt about the effectiveness (2/13) and fear of side effects (2/13). Opinion on vaccines was moved mainly by having personal questions answered and feeling not judged for having a different opinion on vaccination.

Conclusion and relevance In this study we could reduce vaccine hesitancy by increasing the degree of confidence in the vaccine and our action effectively convinced half the participants to get vaccinated.

REFERENCES AND/OR ACKNOWLEDGEMENTS

1. https://www.who.int/news-room/spotlight/ten-threats-to-global-health-in-2019
2. https://sotomo.ch/site/wp-content/uploads/2021/02/6.-SRG-Corona-Monitor.pdf

Conflict of interest No conflict of interest

4CPS-025 ADEQUACY OF HEPATITIS B REACTIVATION PROPHYLAXIS IN PATIENTS TREATED WITH RITUXIMAB

[1]I Patier, [1]N Herranz-Muñoz*, [1]F Fernandez Fraga, [1]J Sánchez-Rubio Ferrández, [2]I García-Bermejo, [1]M Moreno-García, [1]T Molina-Garcia. [1]*Hospital Universitario de Getafe, Pharmacy, Getafe, Spain*; [2]*Hospital Universitario de Getafe, Microbiology, Getafe, Spain*

10.1136/ejhpharm-2022-eahp.381

Background and importance The Spanish Agency for Medicines and Health Products (AEMPS) in July 2014 made recommendations on the prophylaxis related to the reactivation of hepatitis B secondary to immunosuppressive treatment, particularly with rituximab (RTX), after observing a reactivation frequency higher than that found with classic chemotherapy.

Aim and objectives To determine the degree of compliance with the recommendations of the AEMPS in our centre after several years.

Material and methods All patients treated with RTX from August 2014 to May 2020 were included. Compliance with serological screening was measured through the registration of the following markers of the hepatitis B virus (HBV) carried out in the Microbiology Service: HBsAg, anti-HBc IgG antibodies and HBV-DNA levels.

To determine the degree of compliance of prophylactic treatment, tenofovir and lamivudine dispensations were reviewed. As demographic variables of the study population, gender and age were recorded.

Results 230 patients received RTX and a serological study of HBV infection was carried out in 210 (91.3%). 50.5% (106/210) of the patients were women and the median age was 52.14 (IQR43.01–67.64) years. Of these, 35 patients (16.67%) had positive anti-HBc and 2 positive HBsAg. The HBV-DNA was positive in 27 of them (77.14%) and in all cases it was less than 2000 IU/mL (median 153 IU/mL, IQR 56–447 IU/mL). Of these 35 patients with positive serology and an indication for prophylaxis, only 15 (42.85%) received treatment with tenofovir, with a median duration of 267 (IQR 248.5–471) days. 2 patients with negative serology also received prophylactic tenofovir (median 475.5 days, IQR 335.75–595.25 days). Only 2 patients completed at least 12 months of prophylactic treatment after completing RTX according to the recommendations. 5 patients finished tenofovir before the end of RTX and of the remainder (10) 4 did not achieved a complete month after finishing RTX and 6 had a median duration of treatment of 141 (IQR 127.25–153.25) days.

Conclusion and relevance In our centre, hepatitis B screening in patients receiving immunosuppressive treatment with rituximab is high, but prophylactic treatment is prescribed in less than half of the candidate patients and generally does not meet the recommendations for duration after completion of treatment with rituximab.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest