

An Audit of Vaccination Recommendation in Newly Diagnosed Chronic Lymphocytic Leukaemia

Dr. Ruth Jones, FY2, Dr. Gavin Preston, Consultant

Background:

Chronic Lymphocytic Leukaemia (CLL)

CLL is a Chronic lymphoproliferative disorder characterised by a progressive accumulation of functionally incompetent lymphocytes of monoclonal origin. It is the most commonly occurring leukaemia in adults with a median onset of 65 years of age. After initial diagnosis there is a low risk of progression over the next 5 years and treatment often involves a 'watch & wait' approach.

Indicators of progression include:

- Increasing lymphocytosis
- Cytopenias indicating BM failure
- Lymphadenopathy, Hepatomegaly and Splenomegaly

Complications of CLL include:

- Increased susceptibility to infection
- autoimmune haemolytic anaemia
- immune thrombocytopenia
- transformation to high grade disease

CLL & Infection

Studies have indicated a high incidence of infection in CLL patients even in the early stages of disease eg Hamblin & Hamblin, 2008

- 55% CLL patients 1 or more documented infection
- 27% had at least 1 infection related hospital admission

Increased risk of infection in CLL due to:

1. Suboptimal antibody response & normal IgG concentration
2. Hypogammaglobulinaemia

BHS guideline Recommends:

1. All patients with CLL should be offered seasonal influenza vaccination
2. All patients with CLL should be offered pneumococcal vaccination (Prenvar 13-conjugate vaccine and then Pneumovax 23-polysaccharide vaccine)
3. All Live vaccinations should be avoided

Aims:

- To Identify if newly diagnosed CLL patients are advised to get vaccinations against influenza and Pneumococcus at 1st Haematology Clinic

Method:

- All patients with phenotyping report containing the term 'CLL' between the 1st April 2017 and the 30th September 2019
- First Haematology Clinic Attendance identified
- Information on vaccination obtained from electronic clinic records on Trakcare

Patient Cohort:

- 140 patients identified, of these:
 - ✓ 12 had not been seen at clinic
 - ✓ 6 were diagnosed before April 2017
 - ✓ 5 were not CLL
 - ✓ 2 no information available on Trakcare
- **Final Cohort: 115**

Result:

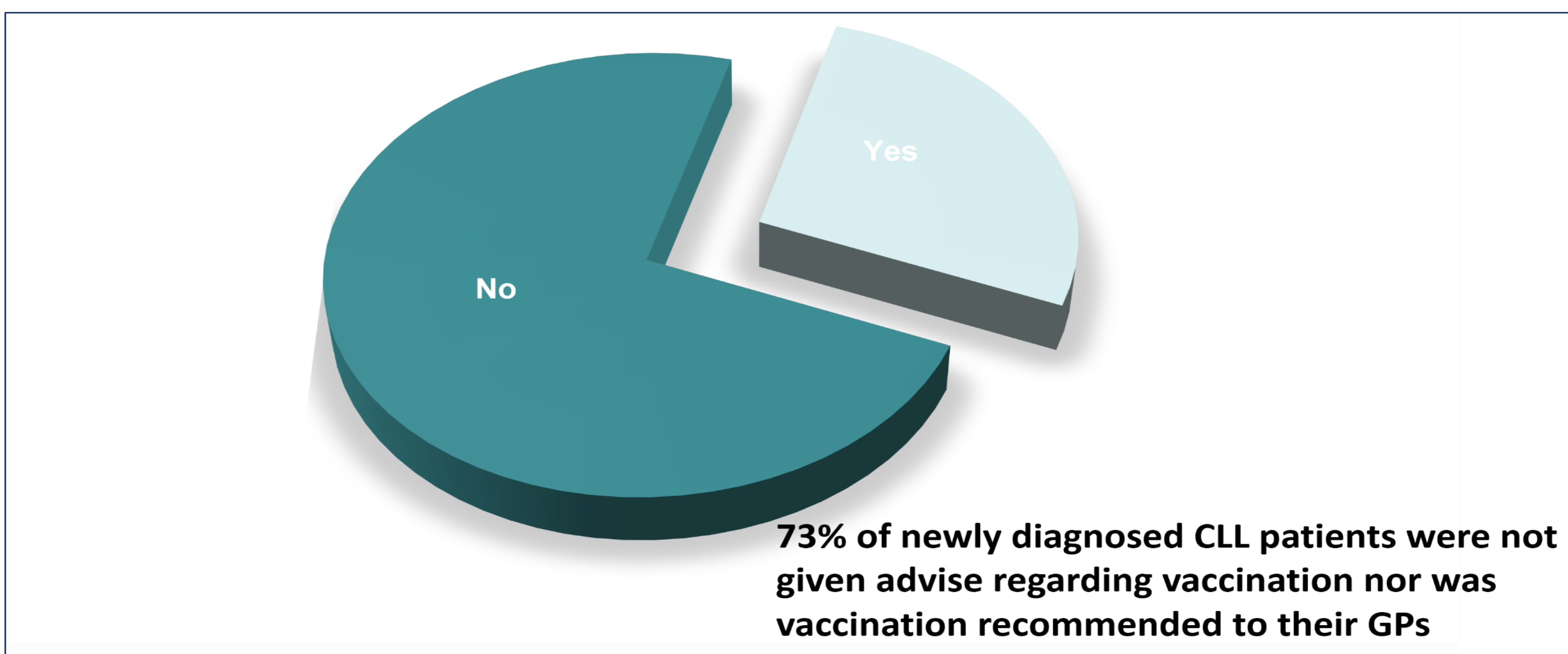


Figure 1. Pie chart representing 115 patients; 31 patients received advise regarding vaccinations, 84 patients did not

Conclusion:

- Newly diagnosed CLL patients and GPs are not routinely being advised regarding Influenza and Pneumococcus Vaccination
- This may impact the number of CLL patients being vaccinated increasing the risk of infection in this population
- This in turn may lead to:
 - ✓ Increased infection related hospital admissions,
 - ✓ Increased morbidity & mortality

Recommendations:

- **Poster & presentation of results to Haematology Department to raise awareness regarding the importance of vaccination in this patient group**
- **Proforma for clinic letters/checklist for newly diagnosed CLL patients to ensure including at first clinic appointment**
- **Re-audit once awareness raised and changed implemented**

References

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- Parry, H.M., Birtwistle, J., Whitelegg, A., Hudson, C.D., McSkeane, T., Hazlewood, P., Mudongo, N., Pratt, G., Moss, P., Drayson, M.T. and Murray, J., 2015. Poor functional antibody responses are present in nearly all patients with chronic lymphocytic leukaemia, irrespective of total IgG concentration, and are associated with increased risk of infection. *British journal of haematology*, 171(5), pp.887-890
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