

## ABSTRACT:

Vaccination status in children with liver disease : A clinical audit

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### AIM:

The aim of this audit is to review vaccination status of children referred for liver transplant to the transplant unit at Global health city, Chennai, India. This was compared with guidelines set by Indian Academy of Paediatrics for Indian children or to respective local guidelines for international patients.

### Methodology:

We retrospectively reviewed records of 100 consecutive patients from Jan 2013 to April 2015, aged 6 months to 16 years who were evaluated at our centre for liver transplant. The indication for transplant, ethnicity, local vaccination policy, vaccination history, reasons for incomplete vaccinations and serology was recorded on a ProForma. Serology for Hepatitis B, Hepatitis A and Varicella was obtained from the pre transplant work up files. Children who had accelerated vaccinations prior to transplant were also identified.

### Results:

Vaccination Status of children referred for liver transplant					
Vaccine		n	Given%(n)	Not Given%(n)	Not Known%(n)
BCG		100	64	1	35
DPT + OPV+/IPV+HiB	Primary	100	58	5	37
	Booster -1	72	55.5 (40)	4.1(3)	40.2(29)
	Booster -2	30	46.6(14)	0	53.3 (16)
Hepatitis B	3 doses	100	60	3	37
PCV 13	Primary	100	48	15	37
	Booster	75	49.4 (37)	12 (9)	38.6 (29)
Measles		85	45.8 (39)	11.76 (10)	42.35 (36)
Hepatitis A	2 doses	69	33.3 (23)	24.6 (17)	42.02 (29)
MMR		77	70.12 (54)	1.3 (1)	44.15 ( 34)
Varicella		75	46.66(35)	14.66 ( 11)	38.66 (29)
Flu		100	4	63	37
Typhoid		58	31.03 (18)	18.96(11)	50(29)

### Conclusions:

Of the 100 children, vaccination history was available for 62 children and of these ,50 (80 % ) were vaccinated appropriately for age( for compulsory vaccines). 3 children received the accelerated vaccination schedule, of which only one was initiated outside our centre. Parental ignorance and repeated hospitalisations contributed to the poor statistics as well. In comparison, overseas patients were more up to date with their vaccines. Most of the children who were referred for liver transplant followed a predictable clinical course and most of them had progressed to end stage liver disease by the time they reached us. Transplant recipients will benefit if the awareness is raised for accelerated vaccination schedule and all possible opportunities are used to complete the vaccination schedule.