INTRODUCTION

Invasive Streptococcus pneumoniae infection is a major public health threat worldwide. It is the most common pathogen of community-acquired pneumonia and estimated incidence of invasive pneumococcal disease and pneumococcal pneumonia stands at 25 and 40-60 cases per 100,000 persons in pre-vaccination era. Aging is one of the most important risk factors of pneumococcal infections. Growing in the elderly population and antibiotic resistance have left humans more susceptible to pneumococcal diseases. Asia has the largest aged population and is known for antibiotic resistance. The importance of pneumococcal vaccination cannot be overstated in view of the above. Introduction of conjugated pneumococcal vaccines has reduced the risk of pneumococcal diseases. However, vaccination rates vary among different regions and populations. The vaccination rates in the elderly population could be as low as below 10% in many Asian countries. The Advisory Committee for Immunization Practices recommends the administration of pneumococcal vaccines. The policy, however, is new here and not easy to follow for complexity, even confusing to health care providers. All these have built barriers to effective communication and successful immunization plan.

OBJECTIVES

We evaluate the effectiveness of nurse practitioner-led health educational program, which aims to improve pneumococcal vaccination rate in elderly patients. Also, we investigate the reasons against vaccination among elderly patients.

MATERIALS AND METHODS

We have developed a nurse practitioner-led health educational program and a web-based application to facilitate communication and knowledge sharing. The program is backed by a multidisciplinary team which provides essential knowledge, strategy, and logistic support. The program was conducted from March 2017 to May 2017 in a tertiary hospital. Elderly patients admitted for acute infectious diseases were delivered health education intervention by nurse practitioner based on the pre-established template of share decision making program.

CONCLUSIONS

During our intervention, 66.7% of the patients agree to received pneumococcal vaccination, comparing to 3.9% in the same period last year. Among non-vaccination group, safety concerns remained the major reason.

REFERENCES


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