

79

ROLLING OUT ECCO GUIDELINES FOR OPPORTUNISTIC INFECTIONS INTO DAY TO DAY PRACTISE-STILL A WAY TO GO!!!

L M Jackson, W A Stack, J McCarthy, U Lannin, J O Keefe *Gastroenterology Department Bon Secours Hospital (BSH), Cork, Ireland*

10.1136/gutjnl-2013-305143.79

Introduction Best practise guidelines recommend that all patients starting Anti-TNF therapies should be pre-screened and vaccinated to reduce risk of opportunistic infections (ECCO guidelines 2009) and should be counselled re potential risks and benefits of treatments.

Aims/Background To review documentation of anti-TNF therapy information provision and compliance with ECCO guidelines in prevention of opportunistic infections.

Method We reviewed retrospectively the notes of all patients receiving infliximab therapy between Sep 2009 and Sep 2012 in BSH GI unit, Cork.

Results 327 no of infusions was given to 39 patients (16 crohns/23 UC, M:F ratio 21:18) over study period. Discussion re treatment risks was clearly documented in 32/37 (86%) patients, in 84% cases by IBD specialist nurse. Screening for opportunistic infections was incomplete. TB screening was undertaken in 100% (37/37) of cases but HIV testing was not routinely undertaken. 65%(24/37) patients had Hep B immunity status assessed but none were referred for vaccination programme. Varicella immunity was checked in 46% (17/37) patients, 2/17 (11.8%) patients non-immune! New tick-box proforma designed.

Conclusion Rolling out of new guidelines which incorporate new practise is challenging and difficult to coordinate. In an effort to standardise approach we have designed a tick box proforma to use as part of our initial assessment of IBD patients. Our aim is to screen all patients at point of diagnosis of illness rather than at point of prescribing therapy so that vaccination can be coordinated when necessary in anticipation of requirement of therapies. Further studies will be required to look at success of this measure.