



Vaccination services

for hepatitis A & B, pneumococcal pneumonia, influenza, tetanus, & diphtheria

RECOMMENDED BEST PRACTICE POLICIES to increase clients' knowledge of vaccine-preventable diseases (i.e., hepatitis A and B, pneumococcal pneumonia, influenza, tetanus, and diphtheria) and rates of vaccination, and to decrease risk of infection:

- Ensure access (on site or through referral) to a variety of vaccinations according to municipal, provincial, and federal recommendations
- Educate clients about the benefits of vaccination
- Establish and maintain relationships with a variety of healthcare providers and agencies, in particular those with experience working with people who use drugs
- Conduct vaccination campaigns outside of needle and syringe program (NSP) settings in order to access harder-to-reach people who use drugs
- Evaluate and publish any vaccination initiatives undertaken

Key messages

People who use drugs are susceptible to a number of vaccine-preventable infections such as hepatitis A (HAV), hepatitis B (HBV), and invasive pneumococcal disease. Pre-existing medical conditions, poverty, unstable housing, and social marginalization add to the risk of infection and mortality among this population. (Since there are a number of vaccine-preventable diseases that are not directly associated with drug use, such as the human papillomavirus or HPV, please refer to the appropriate provincial and national documents for guidance.) Prevention services such as vaccination require the expertise of regulated healthcare providers and practices to ensure safe delivery, storage, and administration of vaccines. For NSPs that cannot provide clinical services on site, referrals can be made to low-barrier medical services and local public health units.

Vaccination is a cost-effective strategy for reducing medical costs for people who use drugs. Studies show high rates of previous HAV and/or HBV infection and low rates of vaccination among this population. There have been outbreaks of invasive pneumococcal disease linked to drug use in Canadian cities and these outbreaks have highlighted factors associated with serious illness among people who use drugs. The influenza vaccine is recommended for all Canadian adults, particularly those with compromised immune systems or chronic diseases. Tetanus and diphtheria are also vaccine-preventable and there have been a number of cases among people who inject drugs. Barriers to vaccination include the following: individual factors (e.g., lack of awareness about the need for vaccination, lack of knowledge about vaccine-preventable disease); service provider factors (e.g., lack of healthcare providers trained to provide vaccination to people who use drugs, healthcare providers not recommending vaccines to adults); and agency/institutional level factors (e.g., lack of public health infrastructure to provide vaccinations for people who use drugs, lack of targeted vaccination education campaigns).

A number of strategies can increase uptake and adherence to vaccination including the following: financial incentives; convenient timing, locations, and outreach; offering a variety of vaccinations concurrently; and education and awareness.

To see the full version of the Best Practice Recommendations, go to:

<http://www.catie.ca/sites/default/files/bestpractice-harmreduction-part2.pdf>