The role of seasonal influenza immunisation in cardiovascular care: a survey of cardiologists

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Background: Seasonal influenza immunisation reduces cardiovascular events by 30% in those with atherosclerotic cardiovascular disease (ASCVD) and up to 50% in those with recent acute coronary syndrome. However, uptake in high-risk patients remains poor. Clinician recommendation has been shown to increase adoption of influenza immunisation in the general population; thus, cardiologists are well-placed to promote uptake in patients with cardiovascular disease.

Purpose: To describe the attitudes and behaviours of Australian cardiologists regarding seasonal influenza immunisation.

Methods: We used an exploratory sequential mixed methods design. Semi-structured interviews of 10 cardiologists were performed to identify themes for quantitative evaluation in an online survey. Multiple choice and Likert scale questions explored (a) attitudes and behaviours regarding influenza immunisation, (b) engagement with colleagues and professional bodies and (c) preventative care in cardiology. The survey was administered to 63 cardiologists between November 2020 and January 2021 and respondents received an honorarium for their time.

Results: The majority of respondents were general cardiologists (50/63) — compared with subspecialist cardiologists, and had spent an average of 21 years in practice. Less than half of the cardiologists surveyed asked patients about their vaccination status always or most of the time (46%, 29/63). Only one quarter (25.4%, 16/63) of cardiologists recommended influenza immunisation to all of their patients while higher proportions recommended it among patients with ASCVD (49.2%, 31/63), heart failure (69.8%, 44/63) and those over the age of 65 years (68.3%, 44/63). Just over half of the cardiologists (57.1%, 36/63) agreed that influenza immunisation was important/very important for prevention of cardiac events, however this was of lower priority compared with other components of preventive care including smoking cessation (100% agreed important, 63/63), anti-hypertensives (96.8%, 61/63), statins (94.3%, 60/63), exercise (80.9%, 51/63), anticoagulants (74.6%, 47/63), SGLT2 inhibitors (69.8%, 44/63) and diet (68.2%, 43/63). Three quarters of cardiologists (76.2%, 48/63) believed that the clinician predominantly responsible for ensuring that patients received the immunisation was the general practitioner, with only a minority (12.7%, 8/63) reporting that it was the role of the cardiologist.

Conclusions: Despite a relative risk reduction exceeding that of statins and antihypertensives for patients with CVD, influenza immunisation is not prioritized or recommended by many cardiologists. Efforts at increasing awareness and advocacy among cardiologists may assist in broadening uptake among high-risk patients with cardiovascular disease.