Letters to the Editor

Vaccination in Patients With Heart Disease. How Long Should We Wait?

Vacunación del paciente cardiópata. ¿Hasta cuándo esperar?

To the Editor,

We read with interest the article by Kadoglou et al. about the importance of vaccinating patients with heart failure.[1] The article highlights the considerable negative impact that influenza and pneumococcal infections can have in heart failure patients, and the benefits of vaccination in this population. However, although the latest European heart failure guidelines recommend vaccinating against influenza and pneumococcal disease,[2] the authors' final conclusion was the following: "…large-scale trials are required to clarify the safety and efficacy of anti-influenza and antipneumococcal vaccinations in HF conditions."[1]

Although surveillance is needed after any health product comes on to the market, including vaccines, we believe that both these vaccinations should be recommended for patients with chronic heart conditions, based on the current evidence.

For example, it is known that up to 14% of patients experience heart failure (new-onset or decompensation), 7.1% myocardial infarction, and 5.8% new-onset arrhythmia (mainly atrial fibrillation) following pneumococcal pneumonia. Furthermore, an adult with heart failure has an almost 13-fold higher risk of developing pneumococcal pneumonia than a healthy adult, and there is a long-lasting risk of cardiovascular complications following this disease.[3–6] In addition, pneumococcal pneumonia generates huge health care costs.[7]

In a phase-4 randomized, double-blind, placebo-controlled clinical trial carried out in nearly 85 000 individuals aged 65 years or older, 13-valent pneumococcal conjugate vaccination proved effective for preventing community-acquired pneumococcal pneumonia and invasive disease due to the vaccine serotypes.[8]

In a recent consensus document signed by 18 scientific societies including the Spanish Society of Cardiology, yearly influenza vaccination and a single lifetime dose of 13-valent pneumococcal conjugate vaccine are recommended for adults with chronic cardiovascular disease.[9] Moreover, this recommendation is accepted within the SEC-PRIMARIA project, developed by the Spanish Society of Cardiology to improve the care of cardiology patients by enhancing coordination between primary care and cardiology departments for several conditions, such as ischemic heart disease and heart failure.

Unfortunately, in the real world, the percentage of vaccinated patients with chronic heart disease is low, especially in the case of pneumococcal vaccination, and physicians are largely responsible, mainly because of their lack of awareness about the importance of vaccination in this population.[10]

Although postmarketing surveillance is the rule, we should not focus as much on seeking additional evidence as on transmitting the concept that vaccination is important for these patients. As the percentage of vaccinated heart disease patients increases, the risk of experiencing complications will decrease. This will undoubtedly lead to a lower risk of hospital admissions and deaths, and as regards the health system, greater sustainability.

CONFLICTS OF INTEREST

V. Barrios has presented papers for Pfizer-Vacunas and has participated in the Vaccination Consensus.

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