Strategies to Address Poor Influenza Vaccine Compliance in Healthcare Workers

Abstract:

Sir

Influenza vaccines are safe and have the potential to prevent significant morbidity and mortality. Healthcare Workers (HCWs) are at increased risk of influenza infection. There are many reports of influenza outbreaks where unvaccinated HCWs have infected patients and facilitated onward spread of infection. Vaccinating HCWs reduces influenza-related morbidity and mortality in vaccine recipients and in high-risk patients. Another benefit is reduction of staff illness and absenteeism during the influenza period. Despite longstanding recommendation for annual influenza vaccine in HCWs, uptake remains poor (17% across acute hospitals in Ireland in 2012-2013). A dedicated vaccine-unit was established in the department of GU medicine and Infectious Diseases (GUIDE) St James’s Hospital, Dublin in 2002 to address poor vaccine uptake in attending HIV-infected patients. Targeted interventions including individualised vaccine passports, SMS text reminders along with patient education have facilitated improvement in vaccine coverage (influenza vaccine coverage >90% achieved in attending HIV-infected cohort n=2000 in 2013-2014). Despite successes of the outpatient programme, influenza vaccine uptake in HCWs in GUIDE in 2011-2012 was only 52% (31/60). A staff survey was undertaken in April 2012 to investigate reasons for poor vaccine uptake. Here we report results of the survey and describe interventions employed to improve vaccine uptake.

Basic demographic information along with reasons for vaccine acceptance or refusal were recorded using a pre-defined list of choices modified from a previously published questionnaire. 46 of 60 (77%) staff completed the survey (23 (50%) <35 years, 41 (89%) female, 13 (28%) doctors, 10 (21%) nurses, 23 (50%) multidisciplinary-team). All participants identified as having direct contact with patients. 30 (65%) reported receiving influenza vaccine in 2011-2012. 38 (83%) reported receiving pandemic H1N1 vaccine in 2009-2010. 25/30 (85%) received influenza vaccine in the GUIDE vaccine unit. Motivating factors cited for receiving vaccine included, it reduces my risk of getting sick (n=24, 83%), it reduces risk of transmitting influenza to patients (n=27, 90%), it reduces risk of transmitting influenza to family and friends (n=24, 80%), personal choice (n=25, 83%). Reason cited for refusal of influenza vaccine included, personal choice (n=16, 63%), influenza vaccine might make me feel sick (n=5, 51%), I do not like needles (n=5, 31%), the vaccine is not mandatory (n=5, 31%), forgot (n=3, 19%). Targeted education interventions outlining survey findings along with benefits of influenza vaccine were undertaken at departmental meetings. E-mail reminders and posters promoting influenza vaccine were circulated. These interventions have resulted in a significant increase in influenza vaccine uptake in HCWs in GUIDE (52% (31/60) in 2011-2012 versus 97% (58/60) in 2013-2014, (p<0.001).

Our results support findings of other studies demonstrating high levels of vaccine coverage can be achieved in voluntary HCW vaccination programmes. Multifaceted approaches including educational, motivational and reminder interventions can improve HCWs compliance with vaccine recommendations. Other approaches shown to improve vaccine uptake in HCWs include mandatory vaccine policies, financial incentives at an institutional level and introduction of policies that require staff to sign declaration forms (for non-vaccination). While debate continues as to the most effective and acceptable strategies to improve vaccine coverage, what is clear is that influenza vaccine uptake in HCWs needs to be augmented as a matter of priority given the potential adverse effects to our patients and ourselves.

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References