“SAY BOO TO THE FLU!” INTRODUCTION OF THE SEASONAL INFLUENZA PEER VACCINATION PROGRAMME IN THE EMERGENCY DEPARTMENT AND AMAU

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The Seasonal Influenza Peer Vaccination Programme was developed by the Republic of Ireland Health Service Executive (HSE)¹ with the aim of increasing the number of health care workers receiving annual flu vaccinations. Supporting these efforts, various studies illustrated that increasing health care staff vaccination rates decreased patient illness and death,² while other research reported a 40% reduction of influenza-related deaths in hospitals with higher rates of health care workers' influenza vaccinations.³ Flu vaccination recommendations from The World Health Organization (WHO) include a target uptake of 75% in health care staff and people age 65 and older.³

In accordance with HSE national guidelines that health care organizations achieve and/or surpass the minimum threshold goal of 40% of employees receiving the flu vaccine,⁴ and recognizing that Peer-to-Peer Influenza Vaccination Programmes are an essential aspect of the overall infection prevention and control arrangements in our health care setting, Connolly Hospital In Dublin, Ireland, initiated the Peer Vaccination Programme in the Emergency Department and Acute Medical Assessment Unit (AMAU) during the 2016–2017 flu season. The challenges facing successful ED and AMAU programme implementation included the large volume of interdisciplinary staff serving the ED area, a vast cohort of undifferentiated complex patients at risk for increased complications if exposed to influenza, and an elevated

risk of exposure to the influenza virus for all members of the health care team.

Similar to programs in other countries, the Peer-to-Peer Vaccination Programme vaccinates health care workers against the influenza viruses identified as those most likely to circulate in the upcoming season.⁵ Although recognizing that frontline staff have a duty of care to protect their patients and colleagues, receiving the flu vaccine is not a mandatory requirement for health care worker employment in Ireland.

Peer-to-Peer Vaccinator Criteria

Two peer vaccinators were trained for the emergency department/AMAU for 2016. Vaccinator requirements included an RN and/or midwife on the live register of the Nursing and Midwifery Board of Ireland (NMBI), basic life support training within the last 2 years, anaphylaxis training and updates within 2 years, and competency in injection technique. Furthermore, the vaccinator candidates were required to attend the Seasonal Influenza Peer Vaccination Programme Training Day.

Peer-to-Peer Vaccine Clinics

Information about upcoming clinics and the availability of the programme were communicated during interdisciplinary daily huddles in the emergency department and AMAU. Posters were distributed to inform staff to avail of the influenza vaccine, highlight the peer vaccinator names, and illustrate “Myths and Facts.” These posters provided essential information to health care workers so they could make informed decisions regarding their participation in the programme. Both the peer vaccinators worked within the emergency department and AMAU 7 days a week from 8:00 am to 8:30 pm. The long hours and successive workdays allowed staff from all shifts during their work time to access the clinic and provided an opportunity for the vaccinators to address queries about the programme and/or vaccine. Despite this length of time, clinic accessibility was

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dependent upon ED workload, vaccinator availability, and demand. Although 111 interdisciplinary staff members in the emergency department and AMAU were eligible to participate in the Peer Vaccination Programme, some employees were on vacation or leave during this period. Therefore, 97 employees were eligible to participate in this programme, and 44 staff members were vaccinated.

Adverse Reaction

An anaphylaxis reaction occurred in 1 health care worker following the administration of inactivated influenza (Split Virion) BP 0.5 mL administered intramuscularly (IM). The staff member started experiencing a sudden onset of dyspnea, bronchospasm, erythema, pruritus, and tachypnoea approximately 4 minutes after the injection. Anaphylaxis treatment consisting of IM adrenaline 0.5 mg, intravenous (IV) chlorphenamine 10 mg, IV hydrocortisone 200 mg, and salbutamol nebulizer 2.5 mg with oxygen therapy were administered immediately by the peer vaccinators, and expert help was sought. The reaction lasted approximately 45 minutes, and symptoms reappeared 4 hours later. Two years before this vaccination, the health care worker had received the influenza vaccine with no adverse reactions. An overnight hospital admission for relief of symptoms and observation was required. However, no fatal outcomes occurred.

Peer Flu Vaccination Campaign Data

An anonymous survey was circulated to all 44 staff who received the vaccine. The response rate was 84% (N = 37).

Fifty-seven percent of the respondents (N = 21) indicated that, in the previous year (2015), they had received the flu vaccine. Forty-three percent of the

FIGURE 1
Did you receive the flu vaccine in 2015?

FIGURE 2
Did the Peer Vaccination Campaign encourage you to receive the flu vaccine in 2016?

respondents (N = 16) stated that they did not receive a flu vaccination in 2015 (Figure 1).

In regard to the positive influence of the Peer Vaccination Campaign, 86% (N = 32) of the participants indicated that this programme influenced their effort to get vaccinated, whereas 14% (N = 5) of the participants were not motivated by the programme to obtain their flu vaccines (Figure 2).

In regard to future impact, 95% (N = 35) of the participants who received the vaccine stated that they would get vaccinated the following year, whereas 5% (N = 2) indicated that they would not obtain a flu vaccination the following year (Figure 3).

One hundred percent of the participants indicated the peer vaccination campaign was helpful and should occur the following year (Figure 4).

Conclusion

Upon implementation of the Peer-to-Peer Vaccination Clinic, we were able to encourage an additional 16 ED/AMAU staff members who did not receive the flu vaccine in

FIGURE 3
Would you get the flu vaccine next year (2017)?

FIGURE 4

Would you recommend the peer vaccination campaign to continue next year?

2015–2016 to take up the vaccine during the 2016–2017 campaign. Overall, Connolly Hospital experienced a 2.8% increase in the number of vaccinated employees across the organization, amounting to 34.7% of the hospital-wide staff receiving the influenza vaccine. Despite this increase, we did not meet the HSE 40% minimum threshold. In the forthcoming years, our goal is the implementation of a widespread programme to increase the uptake of the influenza vaccine, and Connolly Hospital managers will

continue to facilitate and support those willing to participate in the Peer Vaccination Programme.

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