Learning from H1N1 â Hospital Doctors and Pandemic Influenza

Sir,

Since the first influenza A (H1N1) case in Ireland on April 27th 2009, the H1N1 pandemic has increased demands on the Irish healthcare system and its health professionals. Following the announcement of a pandemic by the WHO in June 2009, a survey was conducted in three Irish hospitals during July and August 2009 to assess preparedness levels among doctors. The questionnaire assessed knowledge about influenza A (H1N1), infection control training, attitudes to duty in health care, and asked doctors to rate their preparedness for a severe influenza pandemic in Ireland and their likelihood of work attendance in such a scenario. Of the 598 doctors eligible to participate in the survey, a total of 168 (28%) doctors responded.

With regard to skill levels, our study revealed that in July and August 2009, 90.5% doctors had received training in infection control but only 51.7% had been trained in use of personal protective equipment (PPE). In addition, only 8.9% had been fit tested for a high flow filtration mask, despite evidence that correct technique can provide protection against infection in a hospital setting [1]. Over 28% of doctors reported they relied principally on the general media for information. Our study was carried out prior to the availability of the H1N1 vaccine and data on vaccination rates among doctors is unavailable as yet. However of concern was the low uptake of seasonal influenza vaccine with only 17.3% of respondents reported having been vaccinated in the previous 12 months. This is considerably lower than the national vaccination rate of 44.4% among health care workers in the USA [2].

In the study, the majority of doctors (87.7%) said they would attend work even during a severe pandemic. Further questions suggested that this motivation was driven by core medical ethics and largely unaffected by financial incentives or any threat of penalties for non-attendance. In addition we found that doctors are very willing to be trained in new tasks and skills (85.7%), and that the majority (62.5%) would be flexible to work in a different setting if required, a crucial part of the redeployment of staff envisaged by The National Pandemic Influenza Plan of 2007 [3]. However the proportion of doctors who report that they would continue to attend work diminished markedly in the event of a high case fatality rate (69.6% would attend), illness or death of a colleague (65.5%), or illness in a family member (58.9%). Previous research on health care workers in Australia, reported a similar figure of 60.6% for the latter scenario [4].

While hospital doctors are well informed and willing to work during a severe pandemic, our study identified a number of areas within hospital preparedness which need to be strengthened such as training on use of personal protective equipment and health care worker vaccination programmes. While the current H1N1 pandemic has been mild in the general population to date, a considerable number of those admitted to hospital have needed high levels of care. Given the experience of dealing with the pandemic to date, it is important that we now act upon lessons learned in order to ensure we are well prepared for future threats.

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References

1. Clayton M, Vaughan N. Fit for purpose? The role of fit testing in respiratory protection. Annals of Occupational Hygiene. 2005; 49:545-8
2. Centers for Disease Control and Prevention; Prevention & Control of Seasonal Influenza with Vaccines - Recommendations of the Advisory Committee on Immunization Practices (ACIP) 2009. MMWR 2009 Jul 24; Early Release:1-52. (figure for 2006/07)
3. National Pandemic Influenza Plan: Health service executive/ Department of Health and Children, 2007.
4. Seale H, Leask J, Po K, MacIntyre CR. "Will they just pack up and leave?" - attitudes and intended behaviour of hospital health care workers during an influenza pandemic. BMC Health Services Research 2009;9:30