

School of Public Health and Community Medicine

Healthcare worker vaccination



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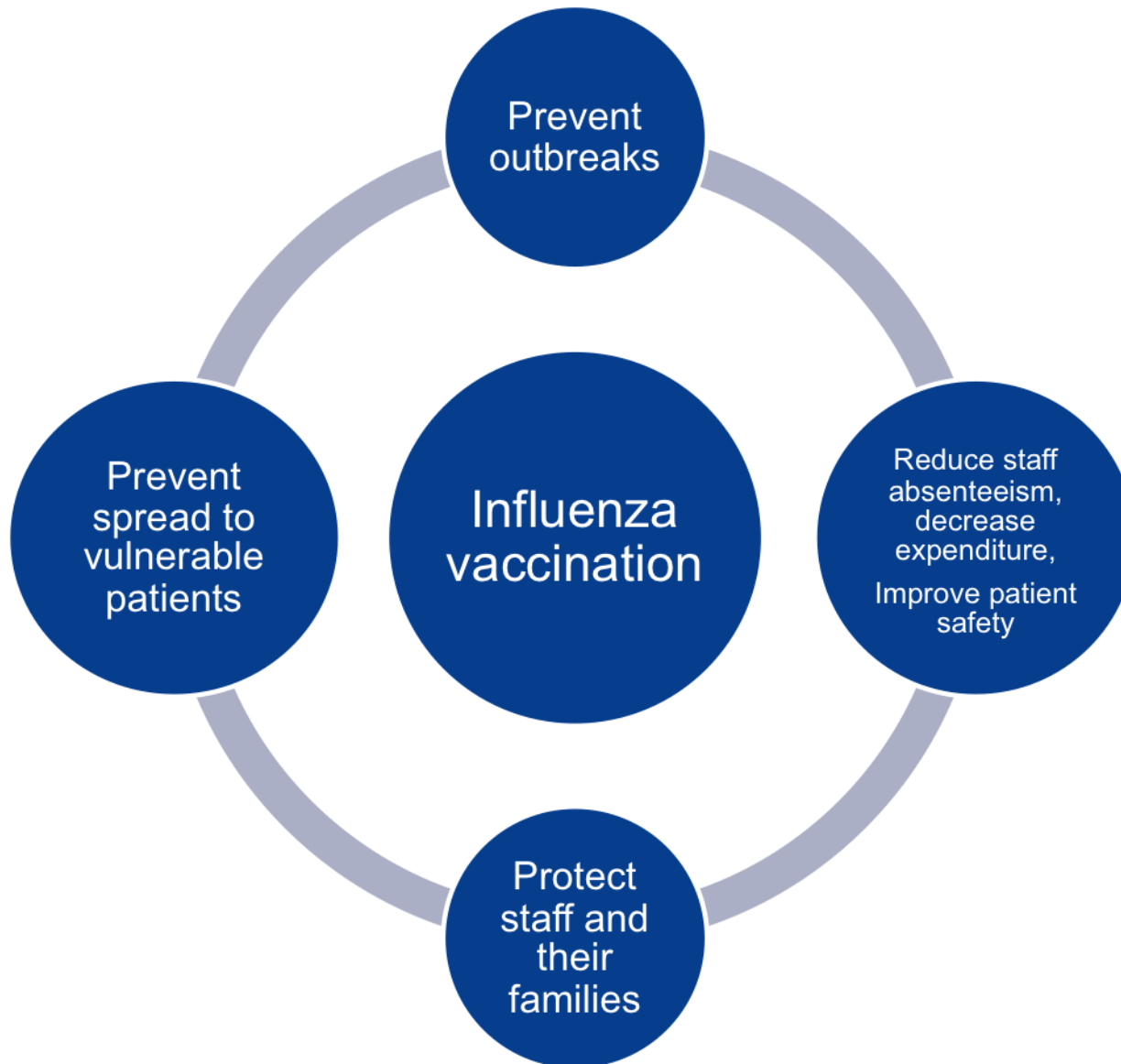


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COI statement

Funding from vaccine companies: bio-CSL/Sequiris, GSK and Sanofi Pasteur

- Investigator driven research
- Education grants
- Travel costs



Improve vaccine uptake amongst healthcare workers=
improved uptake amongst target groups



**So the answer is simple- lets get our
healthcare workers vaccinated.....**

.....If only it was that simple

Access to free vaccination

Fear of adverse events

Misconceptions that 'vaccination can cause the flu'

Believing they are at low risk from flu

Doubts about the usefulness of the vaccine

Doubt that influenza is a serious disease

Fear of injections



Flu
Shot
Barriers

Wanting to protect oneself (#1 factor)

Wanting to protect patients

Being able to access free vaccination conveniently

Having previously received a flu vaccine

Being pressured/influenced by peers

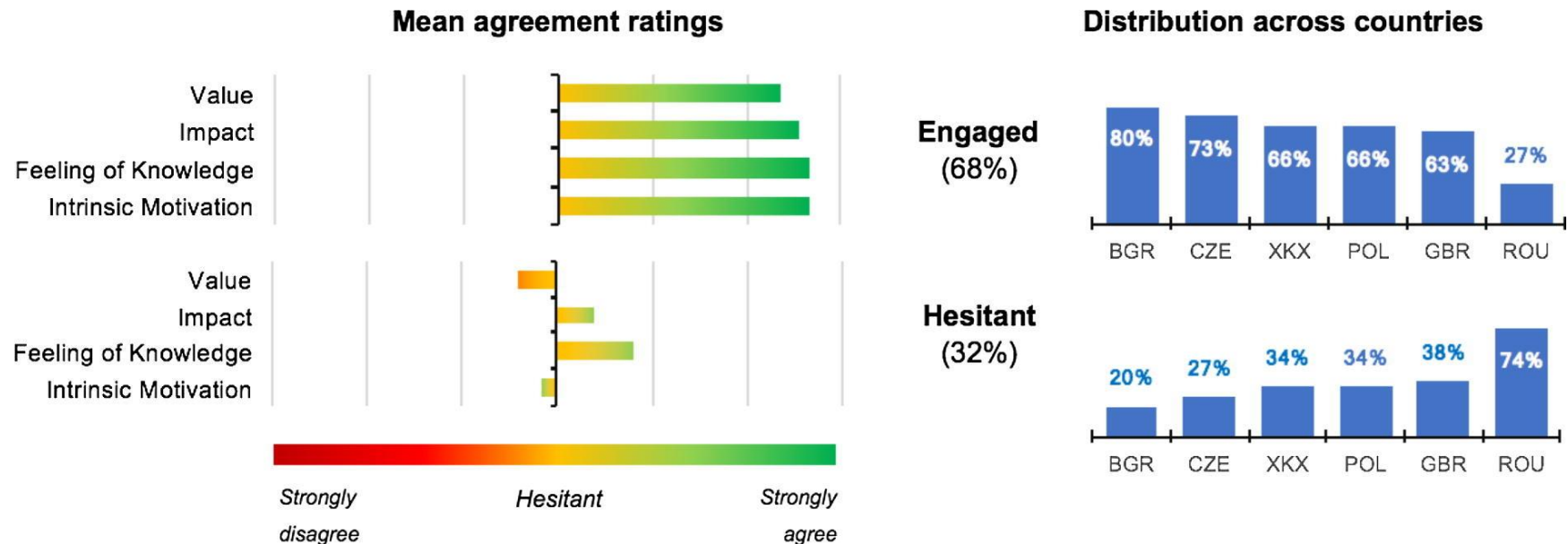
Not being able to escape the on-ward immuniser

Mandatory vaccination



Flu
Shot
Facilitators

Motors of influenza vaccination uptake and vaccination advocacy in healthcare workers: A comparative study in six European countries



- Healthcare workers (mainly general practitioners, specialist physicians, and nurses) voluntarily completed a questionnaire in Bulgaria ($N=485$), Czech Republic ($N=518$), Kosovo ($N=466$), Poland ($N=772$), Romania ($N=155$), and the United Kingdom ($N=80$)
- Engaged HCWs= strong sense that the influenza vaccine is important and impactful, a strong feeling of knowledge regarding the vaccine, and a strong sense of autonomy

Looking across the spectrum....

Community setting	Healthcare setting
<p>Unquestioning acceptor Strongly agree that without vaccinations child may get a disease and cause transmission.</p>	<p>ID Prevention Advocates Limited to staff in ID, respiratory wards, infection control etc. May include some Hosp. executive-photo session! Older staff members</p>
<p>Cautious acceptor These parents vaccinate their children despite minor concerns.</p>	<p>Wants the free lollypop The bulk of HCWs- will attend the mass immunisation clinics with colleagues (keen to get out of ward/catch up). Its become routine</p>
<p>The hesitant These parents vaccinate their child but have significant concerns</p>	<p>Too busy to get to clinic May miss years but if approached on the ward won't say no.</p>
<p>Late or selective vaccinator Concerns about vaccination result in this group choosing to delay or select only some recommended vaccines</p>	<p>Never had the flu* Agrees with the need for some populations but is 'fit and healthy' and never had a case of flu. May question the impact of staff vaccine- needs evidence?</p>
<p>Refuser Parents in this group refuse all vaccines for their child.</p>	<p>Never had the vaccine/don't need it* Concerned about catching flu from vaccine. Will talk about 'avoidance behaviours/need for HH'</p>

So how do we engage HCWs who fall into the...

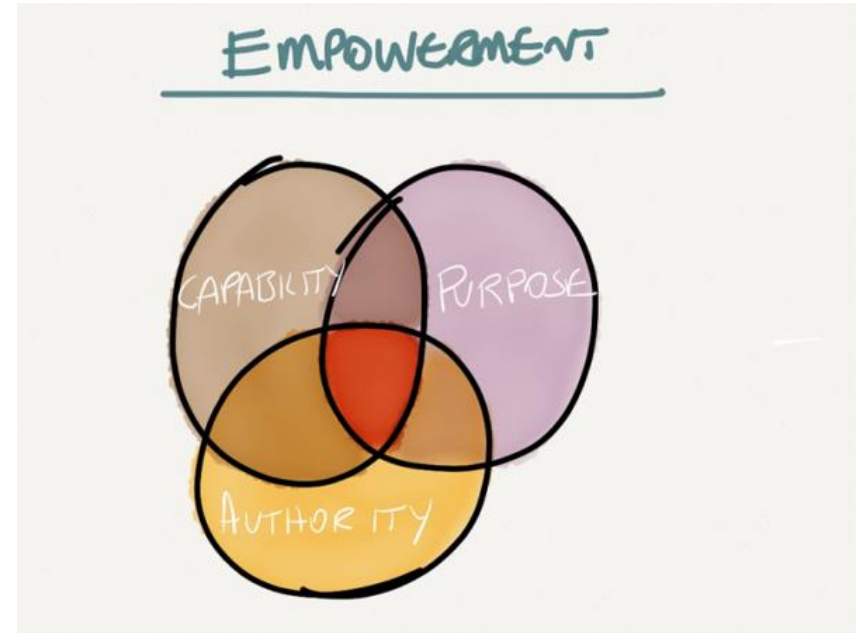
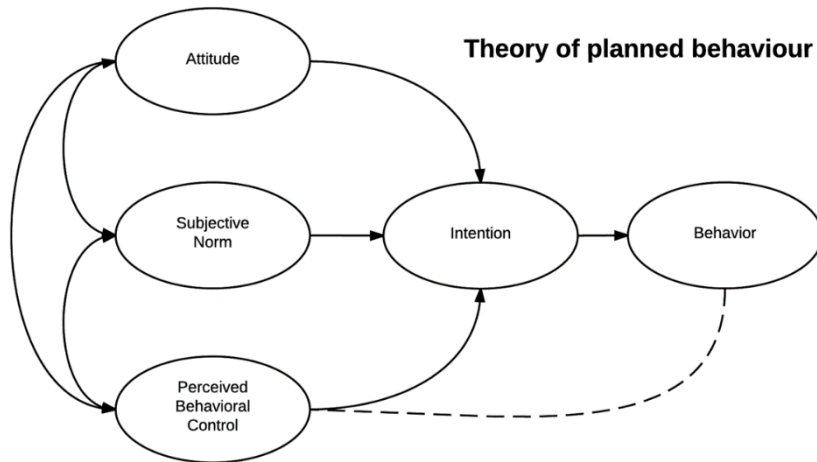
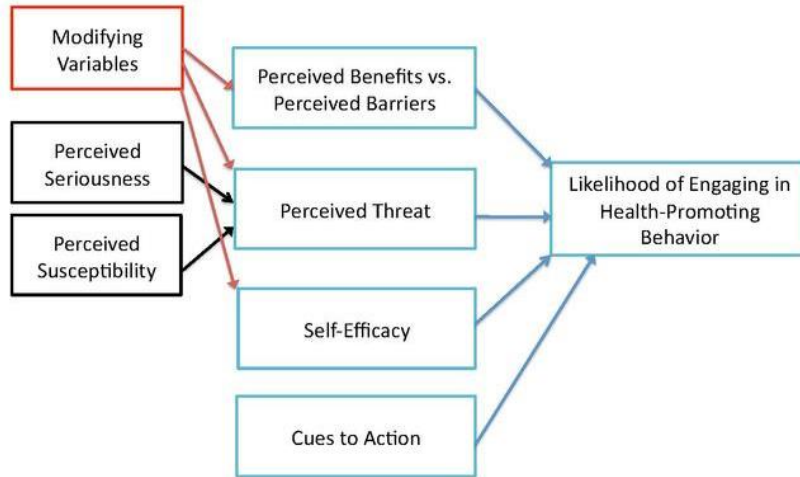
Never had the flu

Never had the vaccine/don't need it



Understanding vaccine motivation of HCWs

The Health Belief Model



Cognitive Model of Empowerment

- the value/ importance of the act
- its impact/effectiveness
- HCWs' feeling of autonomy/choice regarding the activity
- their knowledge of the activity.

Limited resources/extra staff
provided to run annual flu vax
campaigns

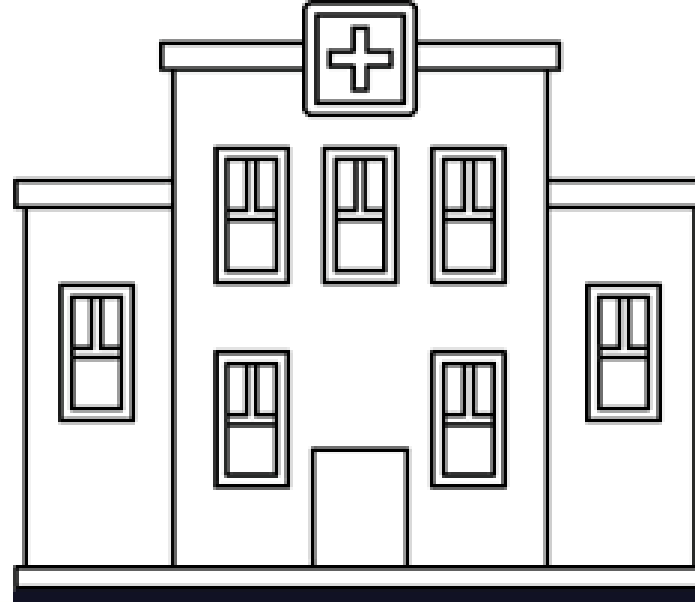
Staff may be running other
OHS programs

Support from management???

KPIs/mandatory policy

Communication- often limited to
location of clinics

Mass
clinics/mobile
trolleys/no real
peer-to-peer vax



Communication
material from drug
company- only
allowed to be put
up in certain
areas/times.

Rethink 'education'

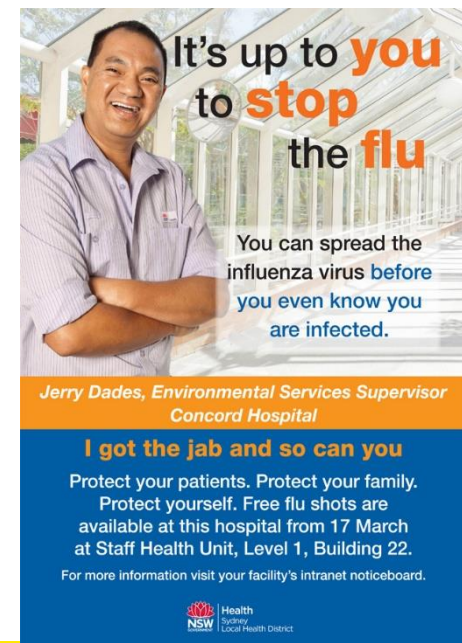
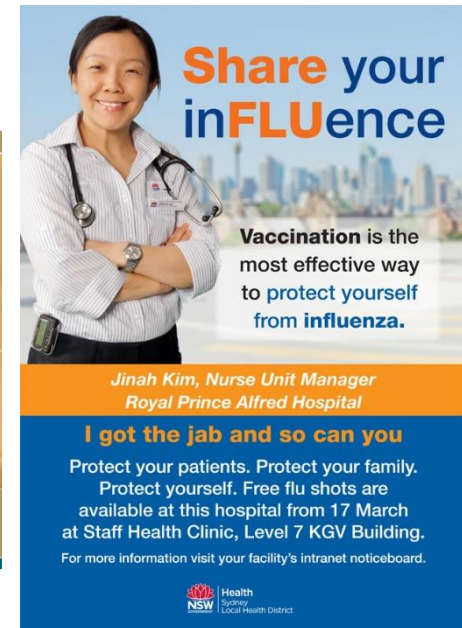
- Don't overestimate knowledge/understanding of HCWs
- Promotion/communication centers on delivery
- New issues for flu vax delivery
 - Timing of vaccination
 - No strain change/value of vaccination
 - High dose vs. standard dose vax
- Provide factual information and address specific concerns around vaccine effectiveness and seriousness of flu;
- Don't 'dumb down' the information
- Is there a role for motivational interviewing, decision aids or other tools?
- Consider your target audience: CALD hospital staff



Refocus communication

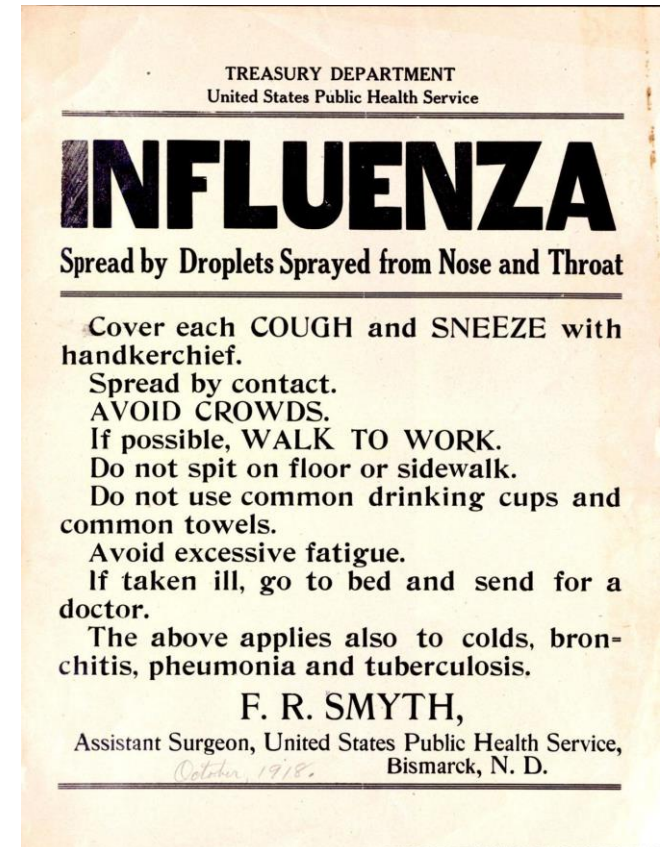
Focus

- *the value/ importance of the act*
- “Engaging hesitant HCWs to give a few key reasons why flu vaccination might nevertheless be important could work implicitly to increase their perception of the importance of flu vaccination”.
- Evidence shows that HCWs acquire influenza at higher rates than the general public
- 17% of the health workforce may have a chronic health condition/pregnant



Revisit your approach

- Acknowledge limitations of the vaccine
- Avoid overselling the effect - don't want to lose credibility
- Diffusion of Innovation= Role of middle managers to promote
- Peer promotion/delivery
- Patients as advocates???
- Avoid inducements- if not sustainable
- Strategies need to be 'all of hospital'
- Use the momentum of the season



Conclusion

- Access is a major issue for low/middle income countries
- Take the time to understand the system and the staff
- Social media/online presence- negligible impact /Staff delete emails!!
- Need a good database!
- We urgently need to train the trainer!

