



## **Influenza vaccination among New Zealand healthcare workers: low rates are concerning**

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Influenza remains a high-profile public health issue in New Zealand, with the seasonal influenza vaccination programme launch in March 2006, subsequent national campaign, and the continuing focus on pandemic preparedness.

Influenza is a serious disease. It affects New Zealanders every winter with increased primary care consultations and hospital admissions—some winters more than others.<sup>1,2</sup> However, with avian influenza A (H5N1) virus now endemic in Asia and spreading globally in poultry and associated human infection,<sup>3</sup> the possibility of the evolution of a virus (which could cause another human pandemic of influenza) is real.<sup>4</sup> Now, more than ever before, healthcare professionals should be focusing on the national influenza immunisation campaign.

What is the national campaign all about? The campaign focuses on increasing awareness among public and healthcare professionals about the seriousness of influenza, and making them aware that there is an effective vaccine against this disease.

Those that benefit most from influenza vaccination are individuals at greatest risk of developing complications following influenza—the elderly, because their immune systems are on the wane; children 6 months or older (the vaccine is not approved for children under 6 months of age who are most at risk of complications and hospital admission); and adults with underlying medical conditions.<sup>5</sup> These people are more likely to develop pneumonia or other complications and be admitted to hospital or die.

The primary healthcare sector is pivotal in promoting and administering influenza vaccine to those at risk in the community. Indeed, research overseas and here in Canterbury clearly identifies a general practitioner's or practice nurse's advocacy as being the most important influence on a patient receiving influenza vaccine.<sup>6</sup>

If this is so, then what role do healthcare professionals in the secondary sector have in our national programme? They have a role, as advocates to their patients, and as advocates to their own colleagues. As frontline doctors and nurses during the influenza season, they are in daily close contact with patients, whom because they are in hospital, are most vulnerable to influenza.

Annual immunisation of healthcare workers is the most efficient way to minimise their exposure to a potentially lethal virus.<sup>7</sup> There is research that clearly shows that with the increasing compliance of frontline clinical staff to having the vaccine, hospital nosocomial influenza infection rates diminish.<sup>8</sup> Indeed, it has been suggested that annual immunisation should be a compulsory requirement of every healthcare worker with direct patient contact, unless there is a specific reason otherwise.<sup>9</sup>

Additional benefits to healthcare staff from immunisation are reduced rates of febrile illness and absenteeism during the winter influenza season.<sup>10</sup> Staff are also less likely to take influenza back into their families at home.

So why are influenza vaccine uptake rates amongst hospital staff (especially nurses) so abysmal? About 33% of all Canterbury District Health Board (CDHB) employees received free influenza vaccine in 2004 and again in 2005. Highest rates of uptake were amongst laboratory and administrative staff, followed by doctors, then nurses (estimated at 16%). Surveys suggest similar coverage rates (20–40%) are being achieved in other New Zealand DHBs.

Anecdotal explanations for the poor response from nursing staff (from studies carried out in Auckland, Hawke's Bay, and Dunedin) are varied, but largely relate to a lack of personal concern over influenza and concern over adverse reactions to the vaccine. Such myths about influenza vaccination clearly indicate that the major barrier is really educational. Appropriate knowledge on the seriousness of influenza and the benefits of influenza vaccination to themselves and their patients do not seem to be getting through to this sector, or they are not acting on the knowledge.

Communicating the vaccination message to healthcare workers can be approached using different strategies. These include lectures and seminars (with support from the infection control teams) held during the pre-winter vaccination period; messages on the hospital intranets; and displays in meeting areas. Support of senior staff is essential.

All DHBs in New Zealand make free influenza vaccine available to their staff, however, time constraints often make it difficult for staff to attend vaccination clinics. Consideration of mobile vaccination clinics to access staff who cannot leave their workplace, and "I have received influenza vaccine" stickers may assist staff to keep working, rather than waste time in a queue and wait for the usual observation period.

What else can be done? Targets for vaccination coverage do not exist for healthcare settings, although a national target for 75% coverage of those 65 years and older has been set by the Ministry of Health. Although controversial at present, targets could be included in standards of hospital practice and as a requirement for accreditation. Hospitals could also consider influenza vaccination as part of the conditions of employment of staff.

With our national focus on pandemic planning, there is a heightened awareness of the need to control seasonal outbreaks of influenza in all settings, including the healthcare environment. The WHO recommends that all healthcare workers who may come in contact with a patient with Highly Pathogenic Avian Influenza, should be vaccinated with the current seasonal influenza vaccine to lessen the possibility of a simultaneous infection and the re-assortment of the human and avian viral genes to create a human pandemic influenza strain. This recommendation is relevant to frontline clinical staff, especially those in hospital acute assessment and intensive care areas.<sup>11</sup>

Influenza vaccination provides the best protection against influenza, however the vaccine does not work unless it has been given and is in someone's arm. With healthcare professionals, it is more than a personal protection issue, it is an issue of social responsibility.

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