School of Public Health and Community Medicine

Implementing mandatory influenza vaccination for hospital and aged care staff: examining the current climate in Australia

Dr Holly Seale

Senior Lecturer, School of Public Health and Community Medicine

University of New South Wales, Sydney, Australia

Deputy Chair, Collaboration on Social Science and Immunisation

@hollyseale

COI Statement

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

- Investigator driven research
- Education grants
- Travel costs

Debate: Voluntary vs. mandatory

Voluntary

- Allows for individual decision making
- Multifaceted campaigns targeting: access; knowledge, reminders, incentives and management
- Coverage won't generally get above 70%

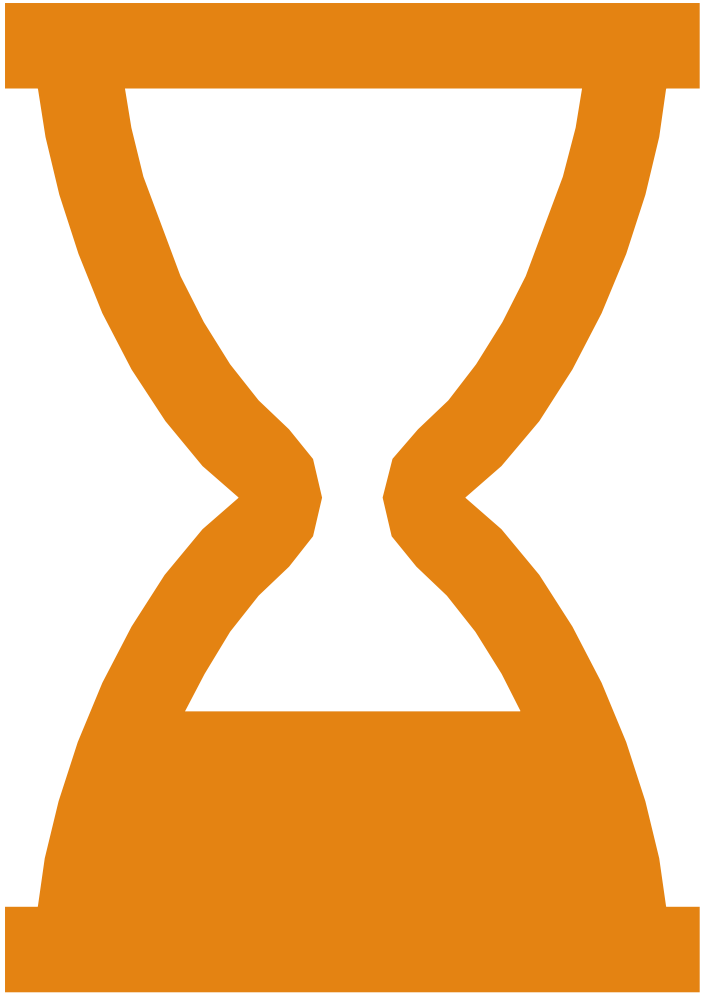
Mandatory:

- First do no harm/ acknowledging the rights of patients to have a safe healthcare environment
- 99-100% coverage (Depending on whether you have a mask option)
- Loss of staff autonomy
- Is there evidence to support a shift to mandatory- based on the impact of flu vax of staff members

Perhaps out of frustration

A recent study has even gone so far as to offer a day off work to healthcare workers who receive the vaccine (median vaccine uptake rate 66.7%, range 38.9–80%)

Maltezou HC, Christophilea O, Tedoma A, et al. Vaccination of healthcare workers against influenza: does a day off make a difference? J Hosp Infect.2018;99:181–184.



But times are changing!

Policy Directive

NSW GOVERNMENT | Health

Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases

Summary This Policy Directive provides a framework for the assessment, screening and vaccination of health transmiss

Document type Policy Dir

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Replaces PD2011_

Review date 05 March

4 ANNUAL INFLUENZA VACCINATION PROGRAM

- In addition to complying with the requirements for Category A positions, all workers in a Category A High Risk position (as defined in Attachment 1 *Risk Categorisation Guidelines*) must also provide evidence of annual influenza vaccination by 1 June each year.

High risk clinical areas

1. Antenatal, perinatal and post-natal areas including labour wards and recovery rooms and antenatal outreach programs
2. Neonatal intensive care units; special care units; any home visiting heath service provided to neonates
3. Paediatric intensive care units
4. Transplant and oncology wards
5. Intensive care units

Distributed to NSW Health Pathology, Public Health System Support Division, Public Health Units, Public Hospitals, Specialty Network Governed Statutory Health Corporations; Division; Ministry; Centres

Audience All clinic

INFLUENZA

- An unprotected worker employed in a Category A High Risk position must wear a surgical/procedural mask while providing patient care in high risk clinical areas (as specified in Attachment 1 *Risk Categorisation Guidelines*) during the influenza season (see Key Definitions. Usually from 1 June to 30 September), or be deployed to a non-high risk clinical area.

https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2018_009.pdf

Our Nurses, Doctors And Paramedics Rise To The Challenge

Minister for Health

1 August 2019 Health Media Release

The Andrews Labor Government is stepping up its fight against flu, making the flu vaccination compulsory for frontline staff in hospital wards.

High-risk areas such as Intensive Care Units, Neonatal Intensive Care Units and cancer wards will all become areas staff must be vaccinated. Workers who refuse to be vaccinated will be redeployed to other parts of the hospital.

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Mandatory Influenza (flu) vaccination program for residential aged care providers

Page last updated: 15 February 2019

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Background

The 2017 influenza season was characterised by a higher than average level of influenza activity in the community. People aged 65 years and older accounted for more than 90% of all notified deaths related to flu.

As a result, the Government has been looking at ways to improve protection from seasonal influenza, particularly for the elderly.

https://agedcare.health.gov.au/mandatory-influenza-flu-vaccination-program-for-residential-aged-care-providers

Flu vaccination program requirements

From 1 May 2018, Australian Government-subsidised providers of residential aged care are required to have in place a flu vaccination program that:

Provides staff and volunteers of the service with access to a free flu vaccination on an annual basis. Vaccinations can be offered either:

- directly, for example, with vaccinations provided on site; or
- indirectly, for example, making arrangements for staff to be able to access a vaccine at a local chemist or general practitioner.

Actively promotes the benefits of an annual vaccination for their staff and volunteers, and for the health outcomes of care recipients.

Keeps records of the number of staff that receive a flu vaccination each year (whether or not under the approved provider's flu vaccination scheme).

https://agedcare.health.gov.au/mandatory-influenza-flu-vaccination-program-for-residential-aged-care-providers

Are we seeing a shift in the attitudes towards mandatory influenza vaccination in Australia?

Aim

To examine the current climate around influenza vaccinations for Australian hospital and aged care staff by exploring the attitudes of key stakeholders.

It sought to explore the range of perspectives across Australia, within both sectors, and to capture the emerging response to changing government policies.

Approach

Semi-structured qualitative interviews

Key healthcare stakeholders were defined as ‘individuals involved in policy-making/program development or implementation of influenza control strategies in hospitals and ACFs’.

Infection control officers, managers of facilities and health department leaders. Plus members of relevant peak bodies and colleges to participant.

The data was thematically analysed using an inductive approach and drawing on principles of grounded theory

Results

22 interviews undertaken between April and July 2018

All states/territories except Tas.

5 themes emerged:

1. impact of the previous influenza season and shifting climate around occupational vaccination policies
2. limitations around expanding immunisation programs
3. communication and promotion of the vaccine
4. workplace culture regarding vaccination
5. adequacy of current immunisation policies

The impact of a “bad flu year” and a changing environment

- Climate is changing
- Higher levels of acceptance for influenza vaccination- perceived improvements in staff awareness/engagement was increasing
- Severity of the 2017 influenza season- sparked the change

“Given the significant flu season we had last year, it’s really gaining media attention and political attention… to address the issue of healthcare worker vaccination.”(#12, government)

Inability to expand immunisation programs

- Administrative burden was viewed as a constraint
- Issues with adequate funding and staffing= for resource intensive campaigns
- The challenge of accurately knowing staff vaccination status was described as “time-consuming” and “a nightmare.”
- not having adequate databases to record staff vaccination information
- Little opportunity to follow up with declining staff members

Communication and vaccine promotion

Best immunisation programs centred around transparent communication

Staff members were “just not engaging”

There is a need for increasing collaboration between different institutions to “share lessons” and between governments and the institutions themselves to ensure a more “consultative process”.

Mixed views about the need for stronger immunisation policies

"a no-brainer"

"nothing else works"

"progressive step towards where we need to be"

"I'm not a big fan of making things mandatory""

“[The current recommendations] are far too lenient and they fail to protect vulnerable people in our facilities”.(# 2, hospital)

“I think to make something mandatory … you need to have the highest level of evidence… that it’s really effective, and… well the evidence for the influenza vaccine is mixed. It’s not overwhelming. (#11, hospital)

“I think there are other infection control priorities that I would have put higher than flu vaccine”(#1, hospital)

Arguments for and against

- Policy was not feasible or worth the effort
- Concerned about resistance from staff
- questioned the enforceability of a mandate- esp. for highly specialised staff/staff shortages
- There are other challenges
- Would require additional allocation of staff/resources
- Would prefer KPIs
- Low tolerance for vaccine refusal
- ‘Hurdles are “not insurmountable”
- Would make it easier
- Reduce the workload around advocacy


HAAGEN

Where to from here?

- Shift in perceptions towards mandates compared to previous studies done in 2014
- Building on from momentum of the ‘bad flu season’
- Variations in opinions across Australia
- Positive response to the use of KPIs
- Major challenge: accurately/efficiently recording uptake
- Mandatory vs. targets

The decision to shift..

- Takes years to implement= planning/groundwork
- Need to address
  (1) providing and communicating a solid evidence base supporting the policy directive
  (2) the concerns of staff about the vaccine
  (3) awareness amongst staff about the need to protect patients
  (4) the logistical challenges of enforcing an annual vaccination

- Senior leadership commitment, early delivery of education, commitment of resources and accountability of frontline staff

Rakita RM, Hagar BA, Crome P, et al. Mandatory influenza vaccination of healthcare workers: a 5-year study. Infect Cont Hosp Epi. 2010;31:881-8. PubMed PMID: 20653445.

When framing the argument for mandating influenza vaccination, can we fall back to the paradigm that we can’t keep doing what we are doing.

We do not accept 50% compliance with hand hygiene!

Acknowledgements

Alexis Moran, Medical student, University of New South Wales

Maria Agaliotis

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Moran A, Agaliotis M, Seale H, The views of key stakeholders around mandatory influenza vaccination of hospital and aged care staff: Examining the current climate in Australia, Vaccine, Volume 37, Issue 5, 2019, Pages 705-710,

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Volume 37, Issue 5, 29 January 2019, Pages 705-710

The views of key stakeholders around mandatory influenza vaccination of hospital and aged care staff: Examining the current climate in Australia

Alexis Moran [a], Maria Agaliotis [b], Holly Seale [b]

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Abstract

Background