

Attitudes and perceptions of seasonal influenza vaccinations amongst health care workers in Saskatoon, Saskatchewan, Canada

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Background

- Influenza causes significant morbidity and mortality.¹⁻⁷
- Influenza in health care settings represents a critical safety concern as nosocomial transmission is frequently identified in health care facilities.^{1,2}
- Health care workers (HCWs) are a source for nosocomial influenza outbreaks despite influenza being a common vaccine-preventable disease.^{1,2}
- HCW vaccination reduces both morbidity and mortality amongst vulnerable patient populations while also reducing influenza infection, its related complications and absenteeism amongst HCWs.¹⁻³
- Despite the fact that many national organizations have endorsed influenza vaccination of HCWs as a professional responsibility and core patient and HCW safety practice, HCW influenza vaccination rates remain sub-optimal.¹⁻³
- Many health care facilities have demonstrated superior HCW influenza vaccination rates through the adoption of mandatory vaccination policies as a condition of employment; however, such requirements, while efficacious, are both divisive and controversial.^{3-5,7}

Objective

- The aim of this study is to determine the attitudes and perceptions of HCWs towards seasonal influenza vaccinations, including barriers preventing influenza vaccination.

Methodology

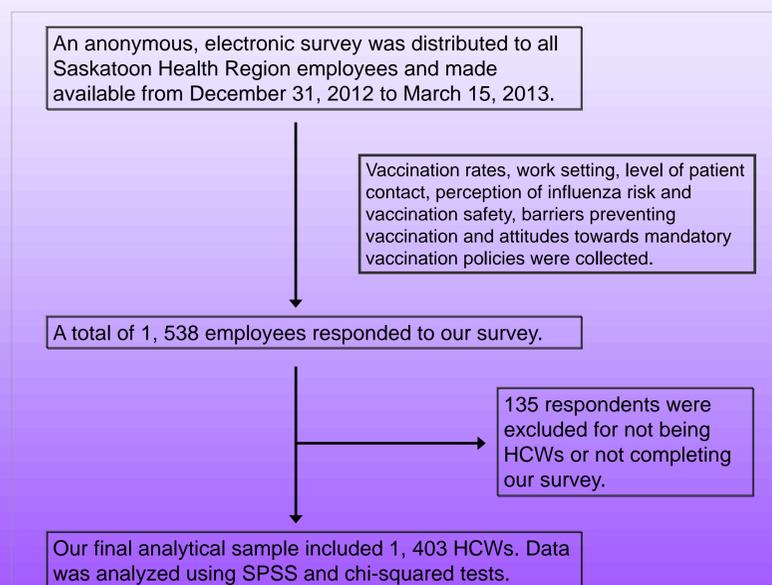


Figure 1. Flow chart illustrating study methodology.

Results

- Our final analytical sample (n = 1, 403) consisted of administration and management HCWs (38.5%), allied HCWs (32.1%), nurses (21.2%) and medical doctors (7.6%).
- 75.5% of HCWs reported receiving an influenza vaccination during the 2012-2013 influenza season.
- Only 10.8% of HCWs who reported not receiving an influenza vaccination during the 2012-2013 influenza season stated that they planned on getting a vaccination.

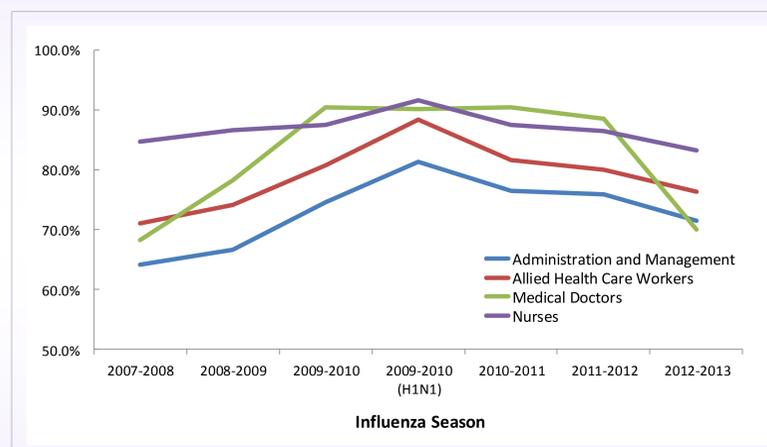


Figure 2. Self-reported vaccination rates amongst HCWs over the last six influenza seasons.

- Age, gender, and smoking status were not significantly associated with influenza vaccination status (p > 0.05).
- HCWs involved in hands-on patient care, working around seriously ill patients, working or volunteering with children or in regular contact of patients with influenza were significantly more likely to have received an influenza vaccination (p < 0.01).
- HCWs who perform high-risk respiratory procedures were significantly more likely to have received an influenza vaccination (p = 0.02).
- There is a strong association between having a chronic medical condition and vaccination status for 2012-2013 season (p = 0.03).
- Perception of the risk of influenza, threats of influenza to health, protective effects and safety of vaccination to both self and others were all significantly associated with receiving an influenza vaccination and greater inclination to receive an influenza vaccination if mandated (p < 0.003).
- A total of 59.6% of HCWs stated that they would be more inclined to get an influenza vaccination on an annual basis to maintain employment if required.

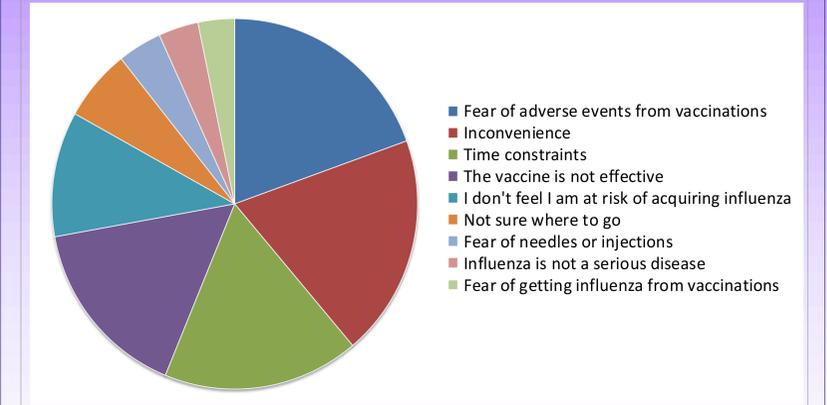


Figure 3. Reported barriers preventing influenza vaccination amongst HCWs.

- The most commonly reported barriers preventing HCWs from obtaining an influenza vaccination were fear of adverse events (19.5%), inconvenience (19.3%), time constraints (17.4%), perception of vaccine ineffectiveness (16.0%) and perception of not being at risk for influenza infection (10.9%).

Discussion

- Our results demonstrate that a slight majority of HCWs support mandatory vaccinations and would be more inclined to obtain a vaccination if such requirements were implemented.
- Furthermore, the positive associations between perceived efficacy and safety of influenza vaccination support existing literature and indicate the importance of educational outreach to overcome the aforementioned barriers, which currently hinder optimal influenza vaccination rates.¹⁻³

Conclusions

- Annual influenza vaccinations are an essential component of infection prevention and a primary method to prevent healthcare-associated influenza and protect both HCWs and vulnerable patients.
- Further research is required in order to develop innovative solutions and effective strategies to engage HCWs in improving influenza vaccination rates.

Literature Cited

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