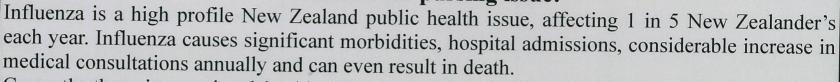
Influenza. **Don't get it. Don't give it.**

Does a higher proportion of

Health Care Worker Influenza Vaccination

result in better health outcomes for staff and patients?

Rationale for pursing issue:



Currently there is a national health focus to increase influenza vaccination uptake among all Health Care Worker (HCW). All DHB's across NZ are providing the influenza vaccine free to all staff members.

However despite the current push for HCW influenza vaccination, uptake remains very poor. Approximately 48% of all DHB employees received an influenza vaccination in 2013.



My Findings: Research shows that increased vaccination rates among HCW causes:

- ⇒ Decreased rates of hospital-acquired influenza and influenza like among patients.
- Rest homes that had a higher uptake of the vaccine had substantially less influenza-like illness, mortality rates, hospitalisations and medical consultations
- ⇒ Significantly decreased rates of influenza and a reduction of reported febrile illness in staff members
- ⇒ Studies consistently identified a statistically significant reduction in influenzalike-illness and febrile illness among HCW, this did not always translate to a relative decrease in sick days taken. This indicates that HCW are likely to continue to work.

Don't let the FLU KNOCK YOU Get immunised.



Implications

Increased HCW vaccination directly impacts the health and safety of their patients and staff.

- ⇒ Unvaccinated HCW are placing their patients at risk of a preventable harm
- ⇒ Health professionals have an ethical obligation to take all reasonable precautions to protect patients from undue illness.
- ⇒ Health care professionals are continuing to work whilst sick, thus exposing influenza to vulnerable patients, co-workers and family members

Barriers to getting immunised:

- ⇒ Doubting efficacy of vaccine
- ⇒ Lack of personal concern from influenza
- ⇒ Fear of adverse side effects.
- ⇒ Fear of injections
- ⇒ HCW do often not recognise their role in influenza transmission to patients or families, seeing themselves as low risk.

Recommendations

- ⇒ Education programmes and in –service teaching sessions with in the Health care environment. These education sessions must address the efficacy and benefits of the vaccination, the seriousness of the disease, the HCW role in influenza transmission and place an emphasis on the staffs duty of care to patients.
- ⇒ Creating mandatory vaccination policies has been utilised with significant success in the United States

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PECOT	Information relating to ques-	Explanation
category	tion	
Population	All healthcare workers in acute	Healthcare workers across all settings are work-
	and long-term hospital setting.	ing with vulnerable patients and themselves are
		exposed to a variety of bacteria. They are at high
		risk for acquiring influenza as well as transmit-
		ting the disease. They are a group of people who
		have a privilege to be working in such close
		proximity to patients they have a responsibility
		to protect these patients.
Exposure	A higher proportion of vaccina-	We will be looking for articles that use case-
-	tion rates in healthcare settings.	control studies and randomised control trials in
		which higher or increased vaccination rates
		within a healthcare setting are compared with
		previously lower rates of immunisation cover-
Compari-	A lower proportion of influenza	We are interested to compare the health out-
son/Control	immunisation coverage in	comes of proportionally lower vaccine uptake in
	healthcare personnel.	health settings against what outcomes we ob-
		serve when immunisation rates increase.
Outcome	Decreased nosocomial influenza	These outcomes are what are expected as a re-
	in healthcare setting	sult of increasing immunisation rates. They indi-
	Less reported febrile illness and	cate positive health outcomes for patients and
	influenza amongst healthcare	workers.
	workers	
	Less absenteeism among health	
Time	care workers	The flu vaccination is administered each year as
Time	1 year	each year it targets a different strain. To accu-
		rately assess the impact of HCW vaccination we
		need to look at how influenza vaccination rates
	44.000	L

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