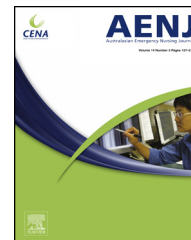




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RESEARCH PAPER

# Opportunistic immunisation in the emergency department: A survey of staff knowledge, opinion and practices



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## Summary

**Objective:** The aim of this study was to identify (a) emergency department staff knowledge, opinion and practices in relation to childhood vaccines and opportunistic immunisation in the emergency department and (b) differences between nursing and medical staff knowledge, opinion and self reported practices.

**Methods:** A self-administered, cross-sectional survey was offered to a convenience sample of medical and nursing staff ( $n = 86$ ) working in a tertiary paediatric emergency department. Variables of interest were described using frequencies and odds ratios to report differences between medical and nursing staff responses.

**Results:** An 87% survey response was achieved. The majority of staff agreed that childhood vaccines were safe (96%), effective (99%) and necessary (97%). Less than half (45%) of the staff correctly identified that there is no association between measles, mumps and rubella (MMR) vaccine and autism. Medical staff were more likely than nurses to disagree that giving multiple vaccines overloads the immune system ( $p < 0.01$ ), or that complementary therapies reduced the need for a child to be vaccinated ( $p < 0.006$ ). These knowledge deficits exist despite a reported awareness of immunisation resources. The majority (96%) of those surveyed reported that the Australian Immunisation Handbook was as a useful resource.

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*Conclusion:* Overall, the majority of staff agreed vaccines are safe, effective and necessary. This study highlighted that staff knowledge deficits and misconceptions about vaccines and vaccine management may be barriers to promoting opportunistic immunisation practices in ED.

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## What is known

- Minimal evidence was available on what barriers exist to providing opportunistic immunisation in the emergency department (ED).
- While barriers have been identified to immunising, there was minimal evidence to determine if they also apply to the ED setting.
- The majority of studies that have been published are primarily aimed at ward and community-based vaccination programs or immunisation providers.

## What this paper adds

- The aim of this study was to identify emergency department staff knowledge, opinion and practices in relation to childhood vaccines and opportunistic immunisation in the emergency department and describe differences between nursing and medical staff knowledge, opinion and self reported practices.
- The setting for this study was a tertiary, metropolitan, paediatric facility and is the first study to our knowledge examining this public health issue in emergency departments in Australia from a health professional perspective.
- A long term aim of this research program will be to develop strategies to address identified barriers.

## Introduction

Immunisation is one of the most cost-effective health prevention activities world wide.<sup>1</sup> Opportunistic immunisation in the emergency department (ED) is a strategy that integrates vaccine delivery into an existing healthcare service. The Australian College for Emergency Medicine's immunisation policy outlines that health professionals, including ED staff should view every contact with a child as an opportunity to assess immunisation history.<sup>2</sup>

Accessing the unimmunised child is a challenge for immunisation programs, with all clinical services providing care to children recognised as having a major role in the success of these programs.<sup>2</sup> With an increase in children presenting to Australian EDs for non-urgent care, and their mean age being around 5.5 (SD 4.4) years,<sup>3</sup> ED staff have an opportunity to offer preventative health messages and capture children not immunised in the community. Australian statistical data for 2009 indicated that the proportion of children under 5 years old not fully immunised was as high as 20%.<sup>4</sup> Several studies have identified that many children presenting to the ED are due vaccines,<sup>5-7</sup> including an Australian study conducted in 2009 that reported 9% of children presenting to the ED were

not fully immunised.<sup>6</sup> Parents have also been identified as willing to accept opportunistic vaccines for their child while in the ED.<sup>6,8</sup>

Internationally, several studies have assessed the knowledge, opinions and practices of health professionals, reporting overall that most health professionals support vaccination.<sup>9-14</sup> Common concerns arising from past studies included: the safety of vaccines, in particular the MMR vaccine and its side-effects; lack of immunisation education and resources; and the administration of multiple vaccines.<sup>10,12-14</sup> These previous studies addressed staff knowledge and practices in ward or community based vaccination programs or by immunisation providers,<sup>9-14</sup> however there remains a paucity of research relating to staff knowledge and misconceptions about vaccines and vaccine management as barriers to promoting opportunistic immunisation practices in ED.

While the importance of using ED presentations to address child immunisation status<sup>2</sup> and the willingness of parents to accept opportunist immunisation if offered have been established,<sup>6</sup> missed opportunities for ED staff to determine the immunisation status of presenting children has been highlighted as an area for future investigation.<sup>6,8</sup> This is the first reported Australian study of staff knowledge, opinion and practices regarding opportunistic immunisation within a tertiary paediatric ED.

## Methods

### Study design

A cross-sectional, self-report 91-item survey measured knowledge, opinions and practices of nursing and medical staff related to childhood immunisation.

### Sample

Nursing ( $n=54$ ) and medical ( $n=32$ ) staff in the ED of a metropolitan, tertiary paediatric hospital were invited to participate during a one-month period in 2009.

### Instrument

The questionnaire used in this study was a modified version of the *Immunisation Survey for Health Professionals* previously used to survey health professionals in regional New South Wales.<sup>12</sup> The survey tool used by Leask and colleagues<sup>12</sup> was adapted from an unpublished survey of healthcare workers in Western Sydney, NSW and a prior survey of health professionals in Quebec, Canada.<sup>12,15</sup> Permission to use a modified version of the *Immunisation Survey for Health Professionals*<sup>12</sup> for this study was granted by the lead investigator.

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