



## Short communication

# Factors contributing to declination of annual influenza vaccination by healthcare workers caring for cancer patients: An Australian experience



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## ABSTRACT

Healthcare workers (HCWs) at an Australian cancer centre were evaluated using a voluntary declination form program to determine factors contributing to declination of annual influenza vaccination. Overall, 1835/2041 HCWs (89.9%) completed a consent or declination form; 1783 were vaccinated and 52 declined. Staff roles with minimal patient contact were significantly associated with lower vaccine uptake (adjusted odds ratio 0.48, 95% confidence interval 0.23–0.99). Reasons for vaccine refusal included personal choice (41%), previous side-effect/s (23.1%), and medical reasons (23.1%). Of these, a large proportion may not be amenable to intervention, and this must be considered in setting threshold targets for future campaigns.

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## 1. Introduction

Seasonal influenza vaccination of healthcare workers (HCWs) prevents transmission of influenza between patients and staff [1], and is also associated with reduced patient mortality [2], healthcare costs [3,4] and staff absenteeism [5]. Despite benefits, uptake is frequently poor [6], and vaccination declination form programs (DFPs) have been proposed as a means of increasing vaccination uptake in HCW populations. Programs typically require HCWs wishing to decline vaccination to acknowledge risks associated with noncompliance and the rationale for vaccination, before signing a written declination statement [7,8]. Specific reasons for vaccine refusal can be assessed and used to inform targeted interventions [7,9,10].

Despite widespread use in influenza campaigns, studies examining the contribution of DFPs to vaccination rates are limited [11]. Although the use of declination forms has been adopted by some Australian healthcare facilities [12], the nature and outcome

of DFPs have not been well described. The objectives of this study were therefore to: (1) explore the characteristics and predictors of HCWs declining vaccination compared to HCWs vaccinated under an existing influenza vaccination program consisting of a DFP in an Australian tertiary healthcare facility, and (2) to investigate the reported reasons for declination of vaccination, particularly those amenable to education or future interventions.

## 2. Methods

### 2.1. Study site

The Peter MacCallum Cancer Centre (PMCC) is a tertiary referral hospital in Victoria, Australia specialised in care of cancer patients. Medical oncology, haematology, surgical oncology, and radiation oncology services are provided.

### 2.2. Vaccination program

A multifaceted staff influenza vaccination program is implemented annually, including provision of free vaccine, use of mobile carts, and weekend clinics. Posters, electronic reminders and prompts on employee payslips are used to raise staff awareness. In 2014, an annual influenza vaccination uptake of  $\geq 75\%$  was set as a performance indicator by the Victorian Department of Health

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and Human Services for all public healthcare facilities, including PMCC [13].

Since 2009, a DFP has been utilised as part of annual PMCC vaccination campaigns. HCWs opting to decline vaccination for medical or other reasons must discuss the risks with their manager and complete a vaccine declination form (Fig. 1). Staff choosing to receive vaccination are requested to complete a consent form. Those vaccinated externally (another facility or by primary health-care provider) are asked to provide documentation via email or to confirm vaccination directly to PMCC infection prevention staff. No punitive actions are taken against HCWs who fail to comply with the program; however, in the event of exposure to a patient with

influenza, non-compliant staff must seek medical review prior to recommencing clinical duties.

2.3. Study design

For the current study, all data captured through staff consent and declination forms were evaluated for the 2016 HCW influenza vaccination campaign (4 April to 29 July). All completed forms were collated by infection prevention staff. HCWs vaccinated externally or who informally reported receiving or declining vaccination were not included, as questionnaire data were unavailable.

## DECLINATION FORM: STAFF INFLUENZA VACCINATION

The Peter MacCallum Cancer Centre has recommended that I receive influenza vaccination in order to protect myself and the patients I provide care to. I acknowledge that I am aware of the following facts:

- Influenza vaccination is recommended for me and all other healthcare workers to protect this hospital's patients from influenza, its complications and death.
- If I contract influenza, I can shed the virus for 24 hours before influenza symptoms appear. My shedding the virus can spread influenza to patients in this facility.
- If I become infected with influenza, I can spread severe illness to others even when my symptoms are mild or non-existent.
- I understand that the strains of virus that cause influenza infection change almost every year and, even if they don't change, my immunity declines over time. This is why vaccination against influenza is recommended each year.
- I understand that I cannot get influenza from the influenza vaccine.
- The consequences of my refusing to be vaccinated could have life-threatening consequences to my health and the health of those with whom I have contact, including
  - all the patients in this healthcare facility
  - my coworkers
  - my family
  - my community

**Despite these facts, I am choosing to decline influenza vaccination for the following reason:**

Medical contraindication:

- Life-threatening allergy to eggs, influenza vaccine or vaccine components.
- History of Guillain-Barre Syndrome

Illness with a temperature (fever over 38.5°C) at time of vaccination (minor illness with/without fever does not contraindicate vaccination). I know I can present for vaccination at a later time.

Other (please describe): \_\_\_\_\_

Do you enter patient care areas, or have any patient contact as part of your work (including physical or verbal interaction with patients)?	Yes / No
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I agree that Infection Prevention may inform my manager/supervisor of the reasons for my declination. I am aware that subsequent to this, my manager/supervisor will have a discussion with me regarding the possibility of exposure to a patient with influenza.

I understand that I will be contacted by the Infection Prevention Manager to discuss my declination.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Name (print): \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Employee Department: \_\_\_\_\_ Employee Profession: \_\_\_\_\_

Contact number/extension: \_\_\_\_\_

**Please return completed form to the Infection Prevention Unit**

Fig. 1. Healthcare worker influenza vaccination declination form.

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