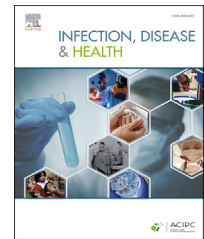




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Research paper

Seasonal Influenza and Pneumococcal vaccination compliance among inpatients and outpatients at The Queen Elizabeth Hospital: A cross – Sectional study

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KEYWORDS

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Abstract *Background:* Patient compliance with seasonal influenza is important when they are one of the most at risk population within the healthcare setting. Secondary to this is compliance or even awareness of the importance in Pneumococcal vaccine compliance among the patients who are 65 or above, or in Indigenous groups 50 and above.

Objective: To examine the uptake and factors that may be influencing non-compliance of Influenza and Pneumococcal vaccine among hospital and nonhospital patients.

Design & setting: Small cross sectional study. A vaccine compliance questionnaire was administered to patients in different hospital settings between May and June 2015 at The Queen Elizabeth Hospital (TQEH), South Australia.

Population: A total of 202 inpatients and outpatients at TQEH aged from 15 and above.

Material and methods: De-identified paper surveys were used to assess compliance with the annual Influenza vaccine and to examine factors that predicted the uptake of the vaccine. Compliance with the Pneumococcal vaccine was also surveyed.

Results: In all, 202 patients completed the survey. The deterrents of vaccination were perceived illness of vaccine adverse effects, and scepticism. The strongest predictor of compliance for both vaccines was age.

Conclusion: As this was a small sample size it makes it difficult to generalize the results. Overall, the vaccine uptake was higher in the 65 and above age group. Vaccine compliance among outpatients and inpatients differed. Targeted interventions should be aimed to increase

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vaccine awareness and compliance in the vulnerable population i.e. pregnant or immunocompromised individuals. The rationale for this is possibly the cost of the vaccine and the perceived risk of acquisition of the disease.

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Highlights

- Vaccine uptake was higher in the 65 and above age group.
 - Targeted interventions to increase vaccine awareness and compliance in the vulnerable population.
 - Promotional marketing highlighting vaccines affordability and reduced risk of diseases acquisition.
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Introduction

The Australian Department of Health recommends that everyone over 6 months be vaccinated against influenza each year [1]. Immunisation is a simple, safe and highly effective way to protect against harmful diseases [1]. Influenza vaccination has been shown to decrease morbidity and mortality among patients [1]. Conversely, non-vaccinated patients have been associated with disease spread in healthcare settings [2]. Studies indicate that health care workers influenza vaccination rates remain below the objective of reaching 90% coverage [3]. Studies examining influenza vaccination uptake have reported various factors that influence compliance: age, sex, comorbidities, access to vaccine on site at work, vaccine provided for free, education related to Influenza vaccination, perceived vaccine efficacy, perceived seriousness of influenza, fear of vaccine adverse effects, fear of needles or fear of getting influenza from the vaccine [4].

Most studies done within healthcare facilities have examined only healthcare-workers and not patients. It is critical to examine the factors influencing vaccine uptake among patients within outpatient and inpatient settings in order to determine attitudes and beliefs about immunisation so that targeted interventions can be developed to increase compliance.

Streptococcus Pneumoniae (*S pneumoniae*) is one of the leading causes of serious or life threatening bacterial infections especially among babies, young children, older people and the immunocompromised i.e. asthma or HIV sufferers [5]. The impact of the Pneumococcal vaccination in Indigenous adults does vary in different geographical areas, and disparities do remain between Indigenous and Non-Indigenous adults with regards to disease progression [4].

Purpose

The purposes of this study were to (a) determine immunisation rates for the 2015 seasonal Influenza and the Pneumococcal vaccinations of patients at TQEH, (b) to gain an insight into the reasons why some people have not

had the vaccine (c) to provide patients with information regarding the Influenza and Pneumococcal vaccines (Appendix 1).

Population

Of the total 202 patients, 53% were female, 47% were male. 57% of those surveyed were inpatients and 43% were outpatients. 1% of the population were Aboriginal. The age groups that were listed were: 15–25, 26–35, 36–45, 46–55, 56–65 and 65 and above. The 65 and above age group was the largest group with 65% of the total population surveyed. There were 4 women out of a total of 30 women of pregnancy age that were pregnant or planning to get pregnant. Medical conditions that were listed on the questionnaire were neurological conditions, lung disease, heart disease; blood disorders; endocrine disorders; Guillain Barré syndrome; kidney and liver disorders and impaired immune system due to cancer or HIV. These were important to identify as these comorbidities can lower immunity and increase the risk of complications and mortality [6].

Methods

This study was a cross sectional study consisting of a survey that was provided to both inpatients and outpatients at TQEH from May–June 2015. Paper surveys were provided to the cohort who was willing to participate. In the wards, nursing staff identified suitable inpatient candidates for the study based on cognitive function and language barriers. Patients in isolation rooms with transmission based precautions were not included in the study, which was due to increased time required with donning and doffing of Personal Protective Equipment (PPE). Palliative care patients were also excluded to avoid insensitivities towards their terminal conditions. The surveyors randomly approached the patients and explained the purpose of the study. Informed consent was gained from patients to partake in the study. The patients were informed that this was a de-identified study before consent was gained. Once permission was granted, the study was commenced. All subjects were queried using one of 2 methods: patients filled out the

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