

INCREASING IMMUNISATION COMPLIANCE AMONG HEALTHCARE WORKERS: CURRENT CHALLENGES AND FUTURE OUTLOOK

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DISCLAIMER

- ❖ RN-RM
- ❖ Master in Infection Prevention Control (IPC) but not in health care worker (HCW) behaviours
- ❖ Something so simple – why is it so hard?
- ❖ Vaccination = Sanitation and clean drinking water
- ❖ We want to drink clean water then why are we so hesitant in vaccination?
- ❖ World Health Organisation statement on Immunisation
- ❖ HCW



VACCINATION REQUIREMENTS FOR HEALTHCARE WORKERS

- ❖ Healthcare workers (HCWs) are at increased risk of exposure to and transmission of vaccine-preventable diseases (VPDs)
- ❖ Health care (HCF) often categorize staff by risk level, screen accordingly, and advise the necessary vaccinations
- ❖ Maintaining immunity in the HCW population reduces spread of VPDs to and from HCWs and patients
- ❖ HCWs may be exposed to and transmit VPDs such as:
 - Hepatitis B
 - Influenza
 - Measles
 - Varicella
 - Pertussis
 - Covid-19

IMPLEMENTING EFFECTIVE HCW VACCINATION PROGRAM

- ❖ HCW face a significant occupational risk of acquiring a vaccine-preventable disease (VPD)
- ❖ Employers should implement a occupational health related vaccination/serology policy inclusive of pre-employment screening
- ❖ Such a program includes:



A hospital vaccination policy



Current staff vaccination records

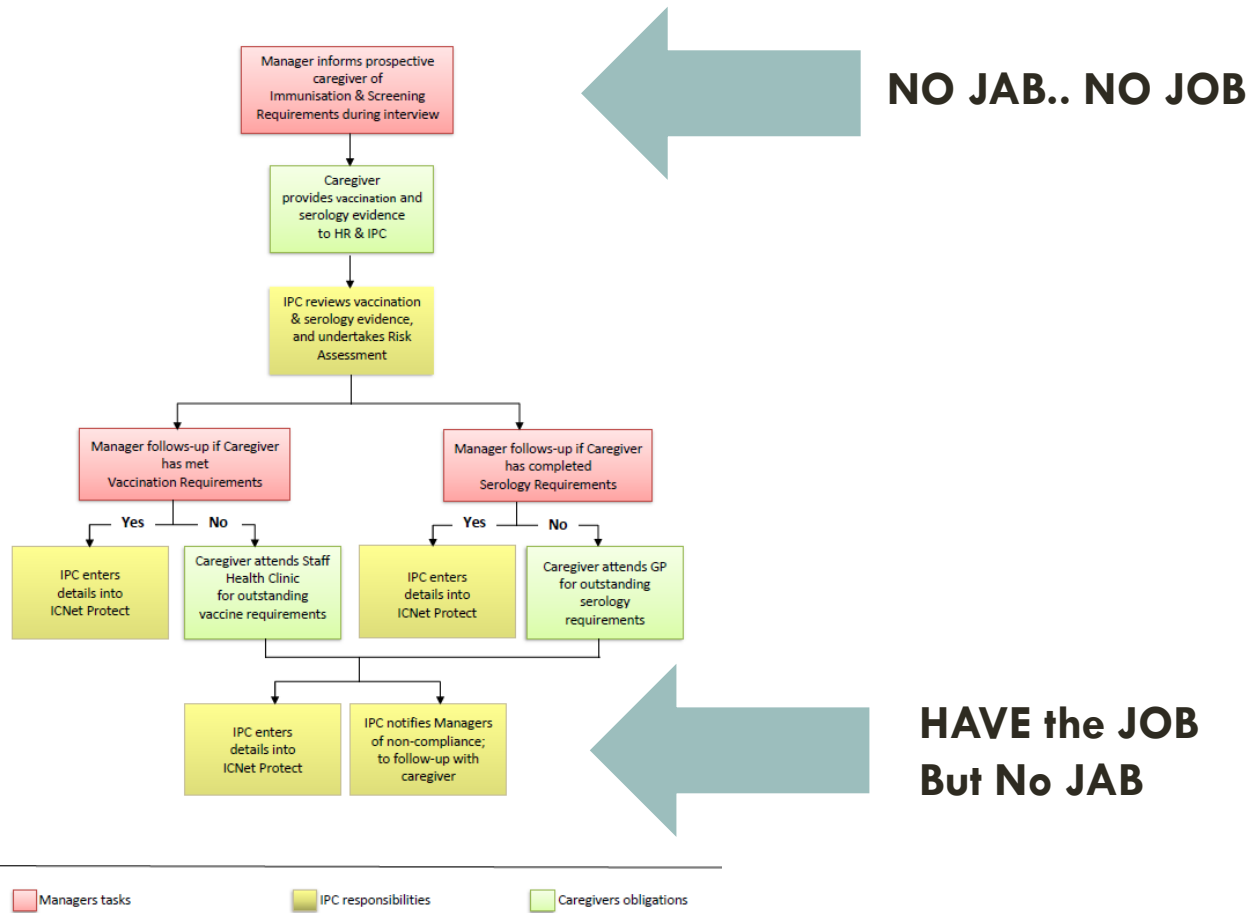


Information about relevant VPDs



A policy for managing vaccine refusal to minimise the risk of transmission to vulnerable individuals

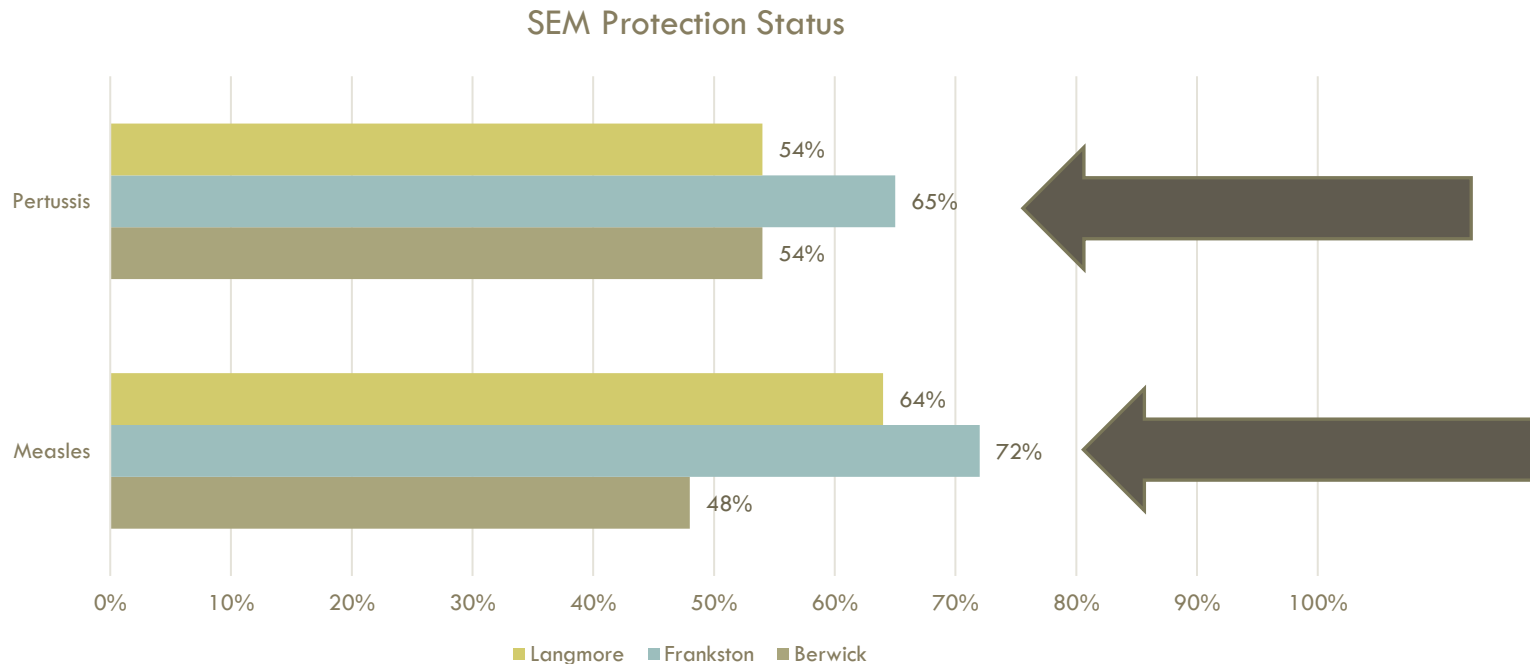
WORKFORCE SCREENING AND VACCINATION FLOWCHART



IS THIS WHY OUR COMPLIANCE IS SO LOW?

Two examples we will look at:

- Measles rate
- Pertussis rate



PERTUSSIS IS BACK

- ❖ Pertussis Re-emergence
- ❖ Vaccination Compliance
- ❖ Departmental Efforts
- ❖ Personal Motivation
- ❖ Compliance Perspective
- ❖ Study Maltezos and Poland (2013) reviewed pertussis outbreaks in Neonatal Units



The screenshot shows the phn Brisbane South website. The main heading is "What can we help you with" with a search bar containing "Ty' practice toolkits". Below this is a navigation menu with links for Home, About, News, Education, Practice support, Community health, and Contact. A prominent "Health alert: Pertussis (Whooping cough)" is displayed, with a sub-link for "Home -> News -> Health alert: Pertussis (Whooping cough)".

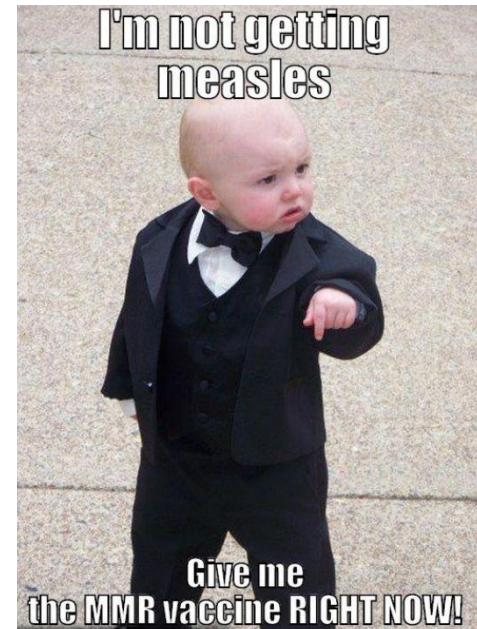
The screenshot shows the NSW Health website. The main heading is "Community urged to get vaccinated as whooping cough notifications continue to rise". The date is "12 September 2024". The text states: "NSW Health is today advising that whooping cough infections continue to rise across the state. NSW Health is urging pregnant women, parents and carers of babies, grandparents and other people in close contact with babies to be vaccinated to protect babies from severe disease." It also mentions: "The latest NSW Health Respiratory Surveillance Report shows notifications of whooping cough are at their highest level since 2016, with over 10,000 cases reported from January to September 2024."

MEASLES

- ❖ Measles is a highly infectious viral illness
- ❖ It is no longer endemic in Australia
- ❖ In 2014, Australia was declared measles-free
- ❖ However, measles re-emerged in 2019
- ❖ Maintaining measles elimination status is challenging but achievable

Vaccination Details:

- ❖ The measles (MMR) vaccine requires a 2-dose schedule
- ❖ People born in Australia between 1966 and 1994
- ❖ It is essential to check the measles immunisation status of overseas-born staff



MEASLES

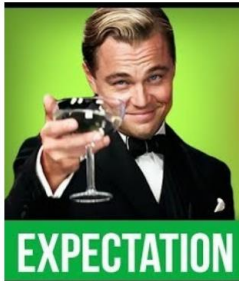
- ❖ Voluntary vaccination program results in current immunity level – 60-70%
- ❖ Research findings by Bennett et al. (2020) state 67.1% of healthcare workers have documented evidence of immunity
- ❖ Challenge in IPC – measles immunity status

HEALTH SERVICES

Measles immunisation status of healthcare workers in smaller Victorian hospitals: can we do better?

Noleen Bennett,^{1,2} Brett Sutton,³ Janet Strachan,³ Alex Hoskins,¹ Michael J. Malloy,^{1,4} Leon J. Worth^{1,5}

ANNUAL INFLUENZA PROGRAM



2024 Healthcare worker influenza immunisation program – private hospitals

Program guidance for private hospitals

OFFICIAL

Vaccination providers should monitor the department's [seasonal influenza vaccine webpage](https://www.health.vic.gov.au/immunisation/seasonal-influenza-vaccine) <<https://www.health.vic.gov.au/immunisation/seasonal-influenza-vaccine>> for regular updates and clinical guidance regarding Victoria's 2024 influenza vaccination program.

1. Influenza vaccination requirements for healthcare workers

On 8 April 2022, three Secretary Directions were enacted under the *Health Services Act 1988 (Vic)* and *Ambulance Services Act 1986 (Vic)* requiring Category A and B Healthcare workers (HCWs) in prescribed Victorian health settings to be vaccinated against seasonal influenza by 15 August annually.

The Secretary Directions apply to HCWs who are employed or otherwise engaged by public health services, public hospitals, denominational hospitals, private hospitals and day procedure centres, ambulance services, patient transport services that are engaged centrally or contracted by a health service or Ambulance Victoria and residential aged care services operated by a public hospital, public health service or denominational hospital.

On 6 June 2022, Ministerial Directions were also enacted under the *Mental Health Act 2014 (Vic)* requiring Category A and B Forensic care employees to be vaccinated against seasonal influenza by 15 August annually.

There are no changes to the Secretary and Ministerial Directions in 2024.

The whole of health service HCW influenza vaccination target (Category A, B and C HCWs) remains at 94 per cent in 2024.

For Category A and B HCWs, health services are to aim for a 100 per cent vaccination rate. This reflects the requirements of the influenza vaccination Secretary Directions.

Further information regarding the vaccination requirements for HCWs in Victoria, can be found on the [Vaccination for healthcare workers webpage](https://www.health.vic.gov.au/immunisation/vaccination-for-healthcare-workers) <<https://www.health.vic.gov.au/immunisation/vaccination-for-healthcare-workers>>. This includes policy guidance for healthcare settings.

VS



Influenza Vaccination 2024- Major Staff Categories
St John of God Healthcare - Berwick Hospital
Compared with Private hospitals

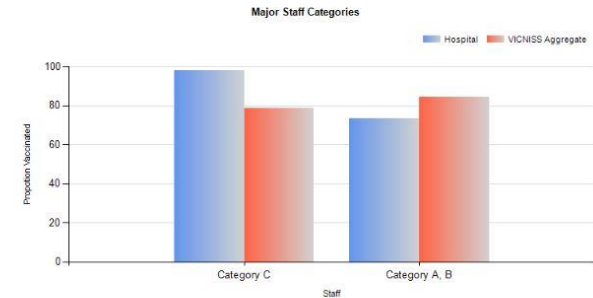
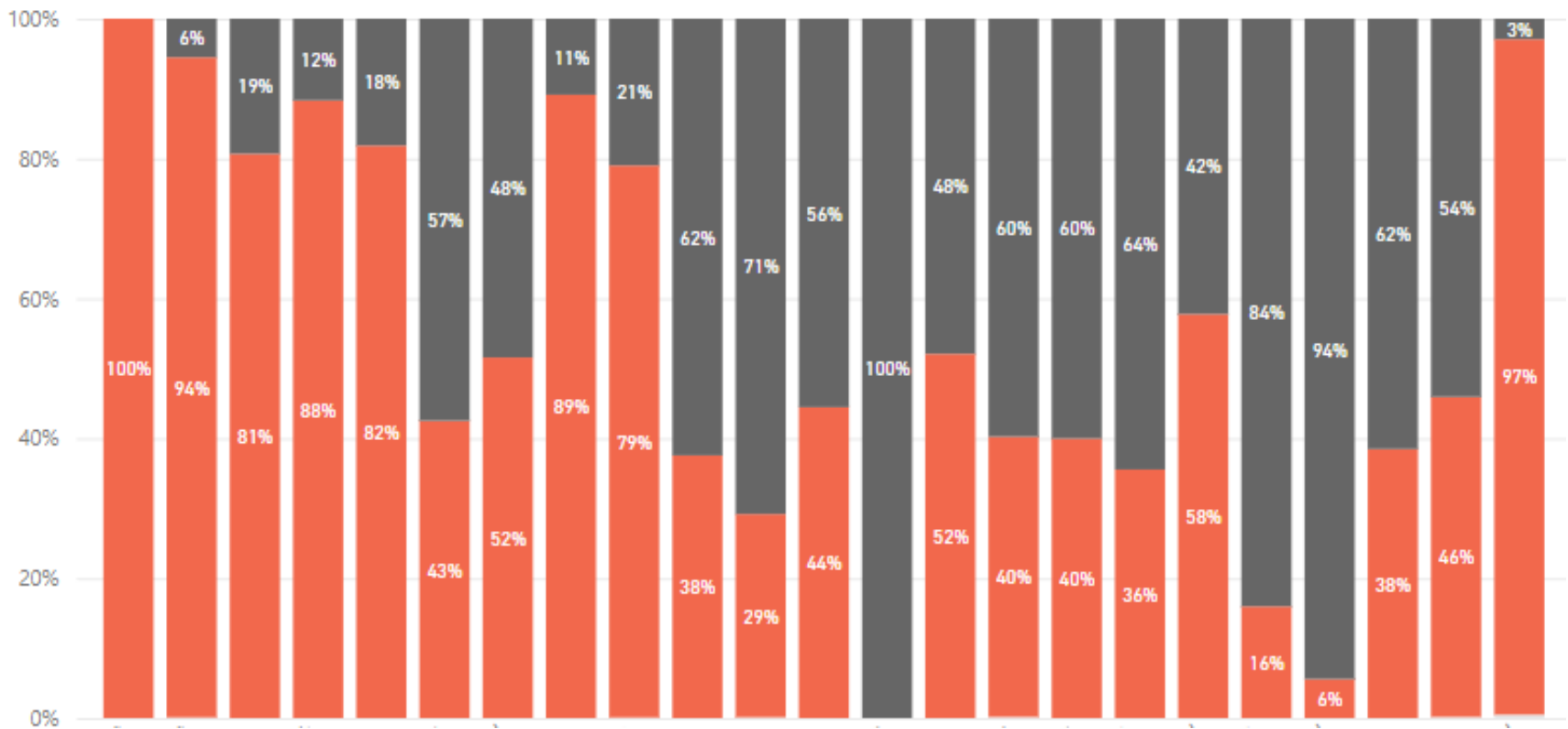


Table 2: Vaccines Given by Major Staff Categories (n* = 56)

Category	Staff	No Of Staff Employed	No Of Staff Vaccinated	Proportion Vaccinated	No Of Staff Contraindicated	Proportion Contraindicated	No Of Staff Refused	Proportion Refused	No Of Staff Unknown
Hospital	Category C	55	54	98.2	0	0.0	0	0.0	1
Hospital	Category A, B	1891	1392	73.6	6	0.3	2	0.1	491
VICNISS Aggregate	Category A, B	29691	25047	84.4	126	0.4	223	0.8	4295
VICNISS Aggregate	Category C	1591	1249	78.5	4	0.3	66	4.1	272

- * n is the number of participating hospitals in each table.
- VICNISS Aggregate is for selected year only. Compared with Private hospitals.
- Ambulance Victoria & Victorian Institute of Forensic Mental Health are not included in the aggregate data.
- This report has been prepared from information provided by participating hospitals and every effort has been made to ensure it is correct at the time of publication. Subsequent reports will update data if data is entered retrospectively.

INFLUENZA VACCINATION RATES



HOW DID THEY DO IT?



- ❖ Campaigns included wide communication during the vaccination period
- ❖ Free and easy access to influenza vaccination
- ❖ Interviews and counselling
- ❖ Declination forms and mask-wearing for non-compliant HCP
- ❖ Weekly vaccination reports to managers at meetings
- ❖ Set target vaccination rates among others
- ❖ Not include VMO's uptake rate in the denominator

MANDATE- DEFINITION



- ❖ Authorisation
- ❖ Command
- ❖ Directive
- ❖ Injunction
- ❖ Sanction

Transitioning to mandatory public health policies requires four conditions:

1. Public health necessity
2. Proven effectiveness
3. No risk to the individual
4. Being the only viable solution.

MANDATING: IS THIS THE SOLUTION?

- ❖ Since 2018, Australia and England have *TRIED* to implement mandatory influenza vaccination policies

- COVID-19 got in the way in 2020-

- ❖ Mandating was shifted to Covid-19 vaccination program-

Should we Mandate Occupational Health related VPD?

- ❖ Easier and less costly implementation than voluntary programs

- ❖ Achievement of high and sustainable vaccination rates within few years

- ❖ Promotion of a culture of safety over HCP's autonomy

- ❖ Lim et al. (2022) study

CONCLUSION

- ❖ HCW at risk for acquiring and transmitting VPD
- ❖ Vaccination Gaps
- ❖ Mandatory vaccination policies
- ❖ Prioritising patient safety
- ❖ High Uptake vs. Autonomy
- ❖ Ethical Considerations
- ❖ 100% is achievable

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