

Implementing influenza vaccination requirements for healthcare workers in Victoria

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Project team:

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Background

Since 2014, under the Statement of Priorities, **Victorian public healthcare services must meet targets for the percentage of staff vaccinated against influenza.**

	2018	2019	2020	2021	2022	2023
Target for HCW influenza vaccination coverage	80%	84%	90%	92%	92%	94%

Background

In April 2022, the Secretary issued Directions requiring specified healthcare workers* in prescribed healthcare settings in Victoria to be **vaccinated against influenza by 15 August each year**.

	2018	2019	2020	2021	2022	2023
Target for HCW influenza vaccination coverage	80%	84%	90%	92%	92%	94%
Government mandate	X	X	Aged care facilities (Commonwealth mandate)	X	Hospitals	Hospitals

* healthcare workers whose role requires them to have direct in-person contact with patients, clients, deceased persons or body parts, blood, body substances, infectious material or surfaces or equipment that might contain any of the aforementioned, or who is required to work in a clinical area where they may be exposed to infections spread by droplets, such as influenza, hereafter referred to as Category A and B workers.

Study aim

To describe the implementation of the influenza vaccine requirement by examining:

1. Healthcare worker (HCW) vaccination coverage in Victorian public healthcare organisations subject to the mandate, using data reported to VICNISS Coordinating Centre
2. The implementation experiences of staff responsible for HCW influenza vaccination program (program implementers)

Methods

Study design

Focus groups using semi-structured interview guide

Inclusion criteria

Influenza vaccination program implementers at Victorian healthcare organisations

Exclusion criteria

None

Study participants



September 2023

12 Metropolitan (9 public, 3 private)

15 Rural/regional (all public)

Study participants



September 2023

Experience in healthcare worker influenza vaccination program delivery prior to 2022

7+ years: 10

3-6 years: 9

1-2 years: 8

Study participants



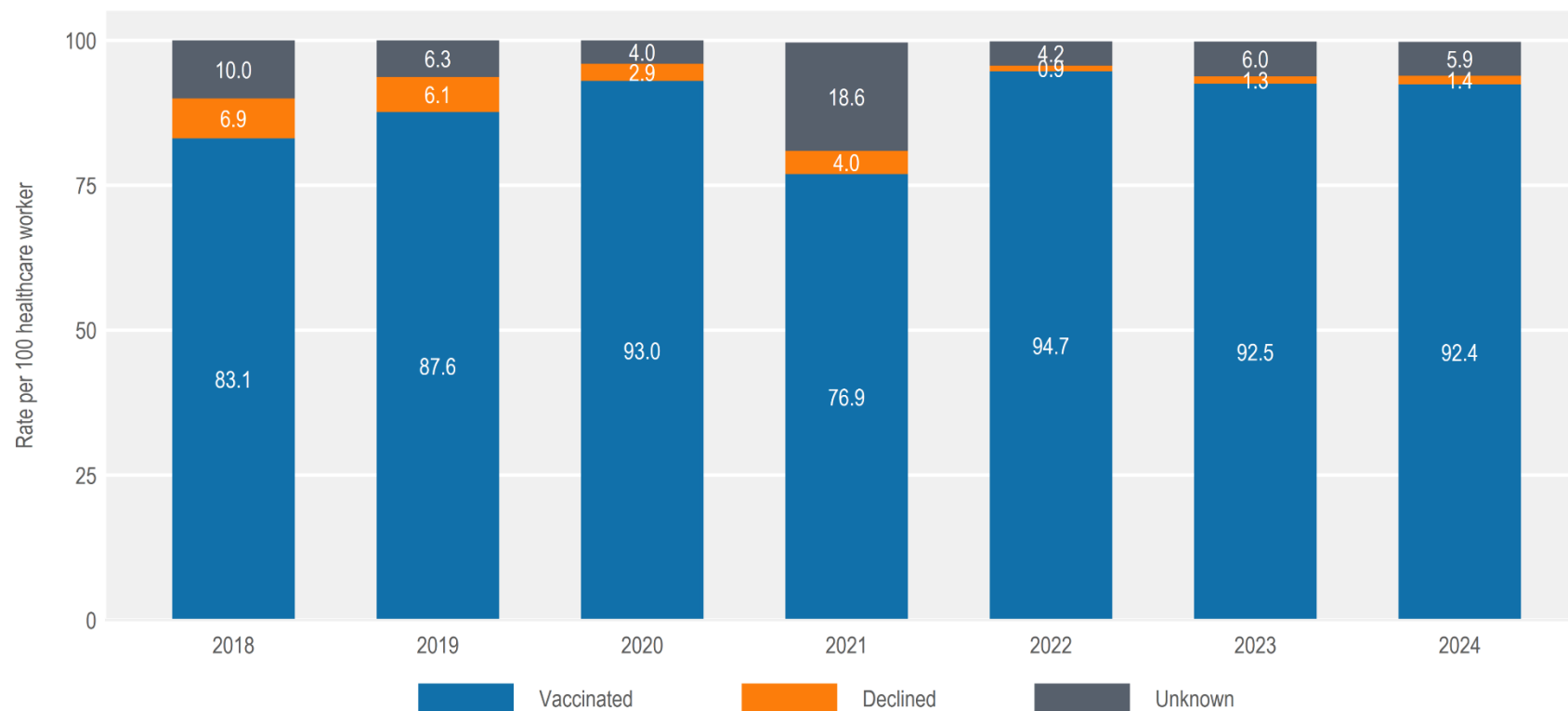
Number of hospitals at which participants delivered 2022/2023 influenza vaccination program:

6+ hospitals: 2

3-5 hospitals: 5

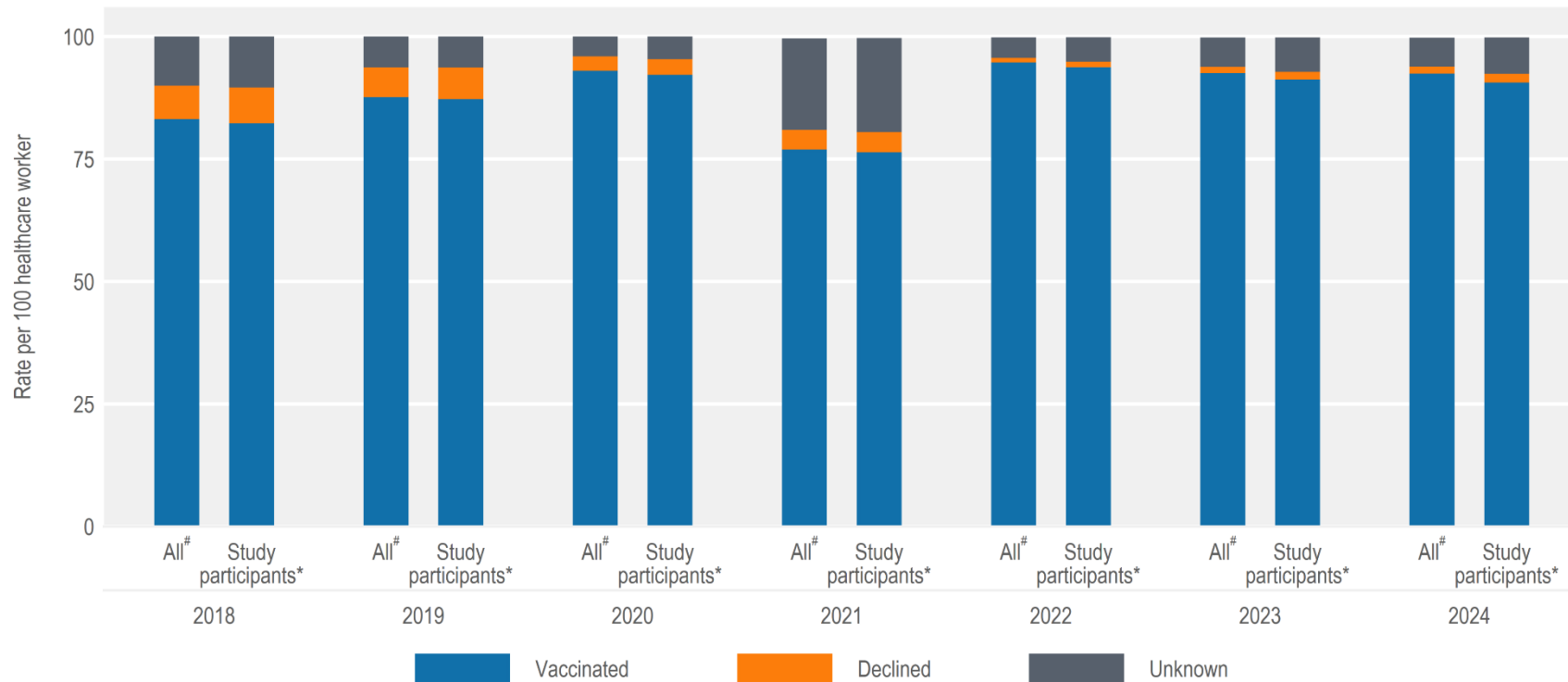
1-2 hospitals: 20

Vaccination coverage among healthcare workers at Victorian public hospitals, 2018-2023



Includes all **Victorian public hospitals**
Rate of non-vaccinated healthcare workers due to medical contraindication not shown

Vaccination coverage among healthcare workers at all Victorian public hospitals vs study participants, 2018-2023



* Excludes private facilities due to small sample size (n=3)
 # All Victorian public hospitals
 Rate of non-vaccinated healthcare workers due to medical contraindication not shown

Key themes

- 1 - **Changes to program**
- 2 - **New priorities**
- 3 - **Challenges to implementing the program**
- 4 - **Sustainability**

Theme 1 – CHANGES TO PROGRAM

- Policies and processes
- Organisational risk assessment
- Increased accountability and leadership support

“We had to change all of our policies on mandatory vaccines and HCW immunisation requirements. We changed our pre-employment screening documents that go out to new staff. We changed our declination form... All the new starters coming on board have four months to get vaccinated, and any new starters have the flu vaccine before they'll get approval to commence.”

“We did an organisational risk assessment... if (employees) potentially declined, where were we going to redeploy them, for how long. And that was big conversations with our exec team and HR (human resources). ”

“Everyone's accountable for it (HCW influenza program) rather than it just being an Infection Prevention problem.”

Theme 2 – NEW PRIORITIES

- Reducing unknown vaccination status
- Technological solutions
- Education about mandate

“You (HCW submitting forms) could do it on your desktop. We also had...a QR code that people could scan and log in. We had a ward clerk to help people also access...the digital platform. So that really, really helped, having that access.”

“We...became a little bit more electronic. We uploaded staff information into a spreadsheet and then it was uploaded to AIR from there. ”

“(Staff) that were vaccinated elsewhere, (we were) mainly educating the staff... that an AIR certificate is actually needed, not just their doctor's note.”

"In regard to the actual Department of Health's mandate itself...and why it's important."

"Educating in terms of exemptions, so who, how do they go about getting these exemptions? What's required?"

Theme 3 – CHALLENGES FOR PROGRAM IMPLEMENTATION

- Interpretation of the mandate and pragmatic consequences
- Increased pressure
- Insufficient resources

“We sent the guidelines to some staff that were reluctant... they wanted to see, read the guidelines themselves, make sure that we're telling them the correct information. We did have some meetings with a couple of staff members with HR and looking at processes and plans.”

“It was gruelling... it's added the pressure... it's been a lot of work for everyone... Infection prevention teams are being really, really squeezed.”

“Hand hygiene (surveillance) doesn't stop, (infection) surveillance doesn't stop... and you can't just drop everything for that three-month period.”

Theme 4 - SUSTAINABILITY

- Concerns about maintaining high coverage
- Organisational approach on consequences
- Seeking changes to reporting requirements
- Organisational technological solutions

“I think it'll be interesting to see how it trends in years to come, when... we all acknowledge that the risk mitigation strategies are difficult to employ.”

“we've now developed a risk assessment tool with an ISO matrix...we work with People and Culture and the nurse unit managers and the infection control team to decide what risk management implications there would be for a staff member that's not vaccinated”

“It would be awesome if we had some sort of paperless system...we could put an iPad in front of someone...We could put their Medicare number in, and it would somehow magically load to AIR.”

“Previously we were doing all our vaccinating using an app for consents and recording of vaccines, but that switched over this year to CGOV which worked really well in the administration of vaccines, and it also uploaded information directly into AIR, which is a huge bonus for us.”

Summary

Key enablers

- Prioritised workplace vaccination programs
- Enhanced accountability at the organisational leadership level

Challenges encountered

- Difficulty in enforcing consequences for non-compliance
- Increased administrative burden on staff
- Insufficient resources

Future opportunities

Opportunities to streamline surveillance

- Sharing of local initiatives
- Reduce the number of HCWs with unknown vaccination status
- Improving reporting accuracy

Acknowledgements

Influenza vaccination program implementers

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