

Influenza Vaccine Views Amongst Healthcare Workers in Era of Covid-19

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Dear Editor,

Influenza vaccination is offered to all health care workers (HCWs) on an annual basis to protect themselves and their patients¹. The HSE increases its HCW vaccination target yearly, the 2020/21 target being 75%². The aim of this project was to identify reasons HCWs in St. James's Hospital (SJH) cited for/against influenza vaccination, to see if the Covid-19 pandemic affected staff views on influenza vaccination and see whether staff feel HCW vaccination should be mandatory.

An online survey was created using Survey Planet and was available to complete from October to December 2020. All HCWs working in SJH during this time period were invited to participate. Survey distribution was via hospital posters, intranet, newsletter, and convenience sampling at influenza vaccine clinics. Data collected was anonymous. Ethical approval was obtained from the TUH/SJH ethics committee.

404 people responded to the questionnaire (9% of hospital staff). Of the respondents, 380 (94%) reported planning on getting the influenza vaccine. Vaccination rates in SJH for the 2020/21 influenza season was approximately 78%, an improvement compared with the previous year (59.5%) and above the HSE target². There were 143 (35%) people who felt that the Covid-19 pandemic influenced their decision for influenza vaccination.

The majority of respondents vaccinated 233 (60%) were primarily either concerned regarding their own or patients' health. Vaccinated respondents (52 (13%)) cited ease of access as their main reason for vaccination. Vaccinations by respondents (319 (82%) were received via more novel approaches to vaccination; peer vaccinators 97 (25%), or pop-up flu clinics 222 (57%).

The survey showed that 16 (4%) didn't plan on getting the influenza vaccine, with 8(2%) undecided. While 2(8%) of respondents against vaccination felt they had previously gotten influenza from the vaccine, 4(17%) felt the vaccine was ineffective and 4(25%) were concerned about side effects.

The respondents in support of mandatory influenza vaccination were 240(59%). This was most strongly supported by medical/dental respondents 52(71%), in keeping with the RCPI position statement in favour of mandatory vaccination³. These results should be interpreted with caution given study limitations, and one would question whether non-responder bias has skewed these results, given those who do not choose to receive the vaccine are unlikely to be in agreement with mandatory vaccination.

Chi-squared testing showed no statistical significance between either Covid-19 infection and decision for influenza vaccination – $X^2=1.727$, p=0.422 or Covid-19 infection and decision for Covid-19 vaccination – $X^2=3.732$, p=0.155.

Respondents were asked what additional measures they thought could be done to encourage increased influenza vaccine uptake. Responses varied from increased promotion/education, more clinic times/locations, offering incentives such as free coffee/lunch, additional annual leave days to be raffled if vaccinated, to mandatory vaccination.

The results of this survey are broadly similar those of a survey carried out at the same time in another Dublin Hospital⁴.

Knowledge of staff reasons for vaccination is beneficial to encourage an increased but also sustained uptake. Ease of vaccination remains important and pop-up flu clinics/peer vaccinators were popular vaccination methods. Sustained education is required to address misconceptions around influenza vaccination. Mandatory influenza vaccination was supported by the majority of respondents, however, should be interpreted with caution due to study limitations.

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