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Vaccination Drive - Does it work?

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Introduction

Seasonal influenza vaccination of health care personnel (HCP) has been promoted in HA hospitals to protect HCP from contracting influenza for nearly 10 years. In addition, it's hoped to prevent transmission to people who are at high risk of serious flu complication. Up to early December of 2012, low utilization rate was recorded. Vaccination coverage for HCP was only 9.36% in Department of Medicine which was below Hospital authority (HA) mean of 15.52% in the year 2011-2012. As such, a "vaccination drive" task force was formed. Exploratory survey on the attitudes and beliefs associated with influenza vaccination among HCP was conducted and followed by mobile vaccination service.

Objectives

1. To explore the barriers for vaccination. 2. To encourage and facilitate staff for vaccination. 3. To develop strategy for improving the vaccination rate.

Methodology

An in-house vaccination taskforce was first developed with representatives from nurses and a doctor working in Department of Medicine, TKOH. A campaign slogan abbreviated as i STOP was designed to demonstrate our desire of "i won't Spread flu TO my Patients and family". With the support from the Hospital Infection Control team, a survey questionnaire consisting of total eight items including the reasons for accepting, declining and motives for vaccinations was developed. All staff working in the Department of Medicine were invited to participate in the survey. Based on the survey results, strategies were formulated. Mobile vaccination service was implemented from 9th January 2013 to 8th February 2013 for one month.

Result

There was an overall 67.86% response rate in this survey. Only 12.4% of the respondents reported being vaccinated. Protecting relatives/friends (71.43%) and patients (67.86%) from getting influenza was the main motivators among those vaccinated; whereas the reasons for not being vaccinated were 'dislike injection' (51.52%) and fear of vaccine inefficacy (42.42%). Respondents also expressed that

mobile vaccination service (21.24%) and the provision of medical consultation after vaccination (14.60%) would motivate them for vaccination. Considering these feedback, our workgroup therefore identified five approaches for vaccination campaign. These activities included promulgations such as regular roadshows, ward visits, promotion activity in journal club and senior staff meeting, and opening of an ad hoc post vaccination clinic in SOPD. Four weeks after the implementation of the campaign, there was a significant increase in the vaccination rate, from 9.36% to 34.21%, a 2.6 fold increase. The positive response showed that our vaccination campaign was effective. Conclusion 'Dislike injection' is a natural response of human. Mobile vaccination service through on-site visit, encouragement, education and answering questions proved to be a successful strategy in driving HCP vaccination campaign. Use of alternative drug preparation for those who dislike injection could be considered.