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Successful Improvement in Staff Influenza Vaccination Uptake in Cheung Sha Wan Jockey Club General Out-patient Clinic

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Introduction

Despite the well-established benefit of seasonal influenza vaccination, its uptake rate among health care worker (HCW) in Hong Kong is low when compared to international standards. The influenza vaccination rate in HCW in Hong Kong was reported to be 28% in 2015/2016, which ranked seventh among ten Asia-Pacific regions (Japan with the highest uptake rate of 85.7% and Vietnam with the lowest uptake rate of 3.7%) and eighteenth among thirty-three countries worldwide. Looking at Hospital Authority's data in the 2015/2016 season, the overall flu vaccine coverage among staff was 25.56%. Therefore, numerous strategies were adopted to enhance the staff uptake rate in our department and our clinic.

Objectives

To review the effectiveness of current promotion strategies in increasing flu vaccine uptake among HCWs in CSWGOPC.

Methodology

Two flu vaccine ambassadors, one doctor and one nurse, were designated to promote the seasonal flu vaccine to colleagues in CSWGOPC. Education kit has been designed based on feedback from previous questionnaires. The benefits and risks of flu vaccine were discussed openly during clinic meeting. In addition, personal invitation targeted at each rank of HCWs was performed to address their concerns. Reward system was implemented to encourage early staff vaccination. Post-vaccination survey was conducted to assess the side effects experienced by colleagues.

Result

Influenza vaccine coverage in CSWGOPC has increased from 30.3% in 2015/2016 season to 65.1% in current season (data collected until 30/12/2016). CSWGOPC achieved the second highest vaccination rate clinic within the Department. Comparison between the two seasons revealed the highest vaccination rate among doctors (from 67% to 94%). Marked improvement in vaccination uptake was noted among the supporting staff (from 25% to 56%).

The improvement in staff uptake rate of flu vaccine could be attributed to the following factors: 1) proactive promotion strategy, including public discussion and personal invitation by flu vaccine ambassadors, especially to supporting staff who had limited understanding previously. 2) In person discussion to all ranks of HCWs in attempt to change their behavior. 3) Early vaccination among senior staff as role model. 4) Reward system to instill positive impact on staff's attitude towards vaccination. Conversely, barriers to flu vaccination included previous side effects experienced by staff or their friends, perceived ineffectiveness of the vaccine, egg allergy and peer influence.

Conclusion

Significant improvement in flu vaccine uptake among HCWs in CSWGOPC was observed after departmental promotion strategies. Since decision on vaccination is a personal option, individualized explanation was most effective when targeted to the hesitant staff. Flu vaccine ambassadors were able to deliver the important message, mobilize staff action and maintained positive momentum within the clinic.