Breaking Down the Access Barriers
Development of a Peer Vaccinator Programme

Dr Lynda Sisson
Specialist in Occupational Medicine
Workplace Health and Wellbeing
• ‘Healthcare workers are an important priority group for influenza vaccination. Vaccination of the health care worker not only protects the individual, but also maintains health care services during influenza epidemics and protects vulnerable patients’

• WHO Strategic Advisory Group of Experts 2012 recommendations
3 Randomised controlled trials
1 Cohort Study
Looked at specific outcomes
Laboratory Proven Influenza or its complications (LRTI or hospitalisation or death from LRTI)

Cochrane review 2013
Influenza vaccination in HCW who care for the elderly in Long Term Institutions
• Did **NOT** identify a benefit of HCW vaccination on these outcomes and does **NOT** provide reasonable evidence to support vaccination of HCW in this group

• **NO** evidence to mandate compulsory vaccination

• Did not take into consideration other preventive measures such as hand-washing, masks, antiviral medication, quarantine etc.

• *High quality randomised controlled trials testing combinations of these interventions needed*

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Cochrane Review Conclusions 2013
Determinants of influenza vaccination uptake amongst Hospital HCWs

• Age
• Belief in vaccine efficacy
• Belief in prior prevention of illness by vaccine
• Knowledge of illness not a predictor
• No gender difference

IMJ 2006 Jul-Aug;99(7):200-3
• People would be more likely to accept if they:
  – Think they are susceptible
  – Think influenza is a serious disease
  – Believe vaccine is effective (reduce susceptibility or reduce severity)
  – Believe vaccine is safe
  – Believe benefits outweigh costs
I never get sick
The vaccine made me sick
I still got sick
I hate pain
I don’t trust the vaccine
• antivaccinationists tend towards complete mistrust of government and manufacturers, conspiratorial thinking, denialism, low cognitive complexity in thinking patterns, reasoning flaws and a habit of substituting emotional anecdotes for data........

GA Poland, RM Jacobsen NEJM 2011
Love them. Protect them. *Never inject them.*

There are NO safe vaccines!

- Shaken Baby Syndrome
- Chronic Ear Infections
- Death
- SIDS
- Seizures
- ADD
- Allergies
- Asthma
- Autism
- Diabetes
- Meningitis

and polio are caused by adverse reactions to vaccine poisons.

Go to: VaccineTruth.com
or call Vaccination Liberation: 1-888-249-1421

Work Well
AUTISTICS FOR WAKEFIELD
Anti vaccine poster
Measles—United States, 1950-2001

Cases (thousands)

Vaccine Licensed

Report for HSE Leadership team on Seasonal Influenza vaccine uptake in HSE-funded Hospitals and Long Term Care Facilities in Ireland in 2013-2014 and the interventions to improve influenza vaccine coverage among HCWs

A report produced by HPSC in conjunction with Departments of Public Health for AND Public Health, Health and Wellbeing Division
• Leadership

• Records and Data Collection

• Inaccessible Clinics

• Staff Resistance to Influenza Vaccination

Recommendations
Endorsement of seasonal influenza vaccination by influential bodies
• Mandatory Vaccination
• Mandatory Declination
• Mandatory Disclosure of Vaccination Status

Records and Data Collection
Mandatory Vaccination
1. Optimise existing programmes and strive for equal access for all HSE employees:
   - Education
   - Local delivery
   - Timely information on uptake

2. Consider tailoring the message for different audiences

3. Arrange for local champions and set up peer to peer vaccination options

Tackling Inaccessibility
Peer Vaccination Programme DNE

• Identified requirement for change in programme
• Developed programme and proposal with timelines for rollout
• Issued proposal to service managers, DONs, DPHNs, Community AMOs – included deadlines for identification of Peer Vaccinators
• Rollout of training June to August
• Support of vaccinator during programme
• Management of documentation - consents
Local programme

• OH Service responsibilities
  – Programme development and promotion to managers
  – Training of vaccinators
  – Support of vaccinators as necessary
  – Documentation management
  – Statistical analysis
Programme outcome

- 26 Peer Vaccinators
- CHB – no peer vaccinators, minimal change
  - 2014/15 – 30.4%; 2015/16 – 31.9%
- Total vaccinated (excl Connolly)
  - 2014/15 – 17%; 2015/16 – 26%
- Total vaccinated (all incl Connolly)
  - 2014/15 – 21%; 2015/16 – 28%
  - No of Vaccinations ↑ 46%
National Peer Vaccination Programme

- Team Members
  - Dr Kevin Kelleher
  - Dr Brenda Corcoran
  - Dr Abigail Collins
  - Dr Louise Doherty
  - Clare Macgabhann
  - Annette Cuddy
  - Patrick Glackin
  - Dr Lynda Sisson
  - Deborah Moriarty
Who was in charge of what?

- Programme Governance – Dr Sisson/Dr Kelleher
- Communication to Senior management of CHO and Hospital Groups and nursing unions – Dr Kelleher
- Formation of Teams to include Management, Public Health, OH, Infection Control – Dr Kelleher
- Development of implementation programme and consent form – Dr Corcoran
- Development of Medication Protocol – Clare Macgabhann
- Development and rollout of training programmes – Patrick Glackin
Outcomes

• Terrific Example of a Multidisciplinary approach to tackling an issue
• Programme was received well (One major incident in NE)
• Anecdotally...large increase in certain sites..up to 70 and 80%
• More formal review is planned........
• Likely repeat the programme next year
What are our responsibilities?

- Many clinicians do not see the link between being immunised and protecting vulnerable patients.
- Professional Responsibility to explore and dismiss concerns about vaccine safety.
- Counter anti-vaccinationist false and injurious claims with scientific thinking.
- Enhance education of our patients and colleagues and persuade them to get vaccinated.
- Acknowledge that not participating in vaccine programs may do significant harm to the public health.
‘Science is not a democracy in which the side with the most votes or the loudest voice gets to decide what is right’