Employee Influenza Vaccination Campaign in Long-Term Care Facilities

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Objective of survey

• To identify strategies used in employee influenza vaccination campaigns in long-term care facilities.
• To use survey findings to develop a NYC-specific toolkit to assist LTCFs in improving vaccination coverage among health care workers.
Survey

- Questionnaire developed by Bureau of Communicable Diseases
- Distributed via e-mail and during visits by BCD staff 2008-2011, excluding 2009-2010 H1N1 outbreak period.
- Respondents were designated staff responsible for administering HCW vaccine campaign.
- Received 52 completed questionnaires- 28% of LTCF’s represented.
LTCFs

• Number of beds
  – Range 28-2000 beds
  – Median 237, mean 312
  – Represents 15,500 beds

• Number of staff
  – Range 38-2864
  – Mean 448, median 280
  – Represents almost 20,000 staff

• Dedicated Employee Health Staff - 60%
• Dedicated Infection Control Practitioner - 89%
Influenza vaccination rates

Median vaccination rate: 36%
75% of respondents indicated this reflected true rate in their facility.
25% unsure if this accurately included HCWs vaccinated elsewhere.

- 29%: 4-25% Coverage
- 25%: 26-50% Coverage
- 7%: 51-75% Coverage
- 7%: 76-97% Coverage

“Low Rate”
“High Rate”
When does vaccination campaign start?

- August 8%
- September 47%
- October 41%
- November 4%

- Those with vaccine rate above 50%-
  - 71% begin campaign before October versus
  - 49% of those with vaccine rates below 50%
Who is involved in vaccine campaign planning?

- ICN or Employee Health or In-service Coord
- CEO - 35%
- Medical Director - 40%
- Dir of Nursing - 67%
- Representatives from each unit - 56%
  - 65% of High Rate facilities included representatives from each unit versus 51% of Low Rate Facilities
How is vaccine availability publicized?
How is vaccine made available?
Do you use incentives?
How is education on vaccination provided?
Do you use declination forms?

- **Yes**: High Rate
  - **Believe effective in increasing acceptance**: Low Rate
  - **Offer one-to-one counseling for "refusals"**: High Rate
What do you include in your educational sessions?
What do you discuss in dispelling myths?

[Bar chart showing percentages of discussion on various myths.]

- Adverse reactions
- Vaccine causes flu illness
- Vaccine efficacy
- Believe they are not at risk
- Influenza not serious illness
- Families not staff bring flu into...
- Fear of injection
- Working while ill
- ≥5 myths discussed
- No myths discussed

Legend:
- Orange: High Rate
- Green: Low Rate
Is vaccine provided with other services (e.g., PPD)?
High rate facilities are more apt to...

• Begin vaccination campaign earlier
• Involve representatives from each unit
• Use more ways to publicize campaign
• Use more kinds of educational venues—
  — Small and large lectures, educational games
• Discuss myths surrounding vaccine
• Distribute vaccine in more ways
  — Kick off campaign, where checks are distributed, time clocks, peer vaccination
• Combine vaccine with other services
Did you ever report an influenza outbreak?

• 25% of respondents reported ever having had an influenza outbreak.
  – **35%** High Rate Facilities, **20%** Low Rate Facilities
  Of these, 31% (N=4) responded that after the outbreak staff more accepting of influenza vaccination.
  – But- according to DOH records, 59% of respondents had an influenza outbreak since database created in 2001. (Discrepancy could be due to staff turnover)
  – Citywide, 65% LTCFs have had a known influenza outbreak since 2001.
Did respondent take vaccine last year?

• 80% did
• Of 20% (10 respondents) that did not take vaccine
  • DNS-3
  • ICN-2
  • Med Director-1
  • Administrator-1
  • In-service coordinator-1
  • MDS Coordinator-1
  • Employee Health-1
Some takeaways

• Limited use of incentives
• Leadership buy-in needed- relatively low CEO and Medical Director Involvement
• Limited Involvement of all units
• Limited dedicated employee health person
• If person involved in planning/managing vaccine campaign does not get vaccine...
Ideas to improve vaccination rates

- Dedicated employee health nurse
- Have MDs give the flu vaccine talks
- All departments need to buy in
- In-service to all shifts
- Computer screens for mini-flu modules
- Guest speakers for in-service
- TV ads, posters in subway
- Flexibility
- Flu mandate
Fun ideas

• Halloween- nurse dressed up as vampire and hold giant syringe
• Raffles at all holiday events
• See MDs getting the vaccine
• Stickers
• “Personal Touch”- constant reinforcement, one-to-one counseling
Ideas culled from successful programs elsewhere

- Education is necessary but not sufficient
- Year-long vaccination
- Include flu vaccination in employee orientation
- Flu busters-team from different departments
- Offer flu vaccination during staff appreciation events-food and praise
- Immunize residents and staff at same time
- Emphasize “what’s in it for them” to staff
- Support from leadership
Limitations

• Low response rate despite repeated e-mails and personal visits.
• Unknown how non-respondents differ from respondents.
• Responses too low to correlate vaccine rates with various strategies.
• Calculating vaccination rates is difficult. In 2009/10 NYSDOH mandated flu vaccination survey, rates range from 1%-120%, with 4% of respondents ≥100%.
Toolkit

• Summarize findings into a one-page toolkit to help planning vaccine campaign
• To be disseminated starting October via e-mail, personal visits.
• Revise survey to make it more user friendly.
• Disseminate via Survey Monkey.