Poor uptake of influenza vaccine among GPs

GPs are at high risk of getting the flu but only 50% are getting vaccinated, writes Kenneth Cahill

INFLUENZA IS A SERIOUS ILLNESS with a significant morbidity and mortality rate in the elderly and those with chronic diseases.

A cross-sectional postal questionnaire survey of all GPs in the mid-west (n = 222) was used to investigate the proportion of GPs who received the influenza vaccine in the 2006/2007 influenza season, and the reasons given by those who did not receive the influenza vaccine.

There was a high response rate of 73.8% (n = 164). Overall, 52.4% of respondents received the influenza vaccine. This study confirmed that GPs in the mid-west are similar to other healthcare professionals, in that there is a low level of flu vaccine uptake (52%). It is clear from this study that more needs to be done to improve the uptake of the flu vaccine among GPs in the mid-west.

Background

Vaccination is the principal measure for preventing influenza and reducing the impact of epidemics.1 A Scottish study found that healthcare workers were up to 10 times more likely to contract influenza compared to other people in the community.2 All healthcare workers should receive the influenza vaccine, so that they do not pass the virus to those at high risk for influenza-related complications, such as persons more than 65 years of age and those of any age with chronic medical conditions.

The Immunisation Guidelines for Ireland (2002)3 state: “the influenza vaccination should also be considered for healthcare workers, for the protection of their patients and for their own protection, as they are likely to come in contact with influenza during outbreaks”. This recommendation has been reiterated in the recent update of the guidelines. These recommendations are in also line with international guidelines.

The Centre for Disease Control and Prevention (CDC) also states: “all healthcare workers should be vaccinated against influenza annually”.4 The WHO refers to the usual guidelines recommending influenza vaccination for healthcare workers: “in contact with high-risk persons”.5 GPs would obviously be included in this definition as they are in contact with elderly patients and those with chronic illnesses on a daily basis.

Methods

The study sample consists of all GPs, both public and private, currently working in the mid-west region (Limerick city, counties Limerick, Tipperary and Clare). A questionnaire was devised to ascertain the proportion of GPs who receive the influenza vaccine, and the reasons given for not receiving the vaccine. The questionnaire included age and gender and was based on a previous study.6

The questionnaire was piloted to 10 GPs initially. The pre-piloted anonymous coded questionnaire was then posted to all GPs in the region.

Results

Of the 222 (male 143, female 79) questionnaires distributed, 164 were returned. Overall 52.4% (n= 86) of respondents received the influenza vaccine (58% males; 42% females). Therefore, 47.6% (n = 78) did not receive the vaccine.

Comments under the reason for not receiving the flu vaccine included:

• I’m in a single-handed rural practice, if I got a reaction, it
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would be very difficult to get a locum
• I meant to, but was so busy that I didn’t get around to it
• I don’t have another GP myself or a nurse, so I had nobody to give it to me.

Discussion

The number of respondents who received the flu vaccine (52.4%) is significantly lower than the 75% level targeted by the WHO (specifically referring to patients over 65). The WHO has urged EU member states to establish and implement strategies to increase vaccination coverage with the goal of immunising 75% of their high-risk population by 2010, to prevent and control influenza pandemics and annual epidemics. It is worth noting that when age is taken into account, 62% of those aged 50 years and over received the vaccine.

Despite the apparent low level of uptake, the results compare favourably with previous studies of healthcare professionals. A recent telephone study conducted by the ICGP and HPSC found an influenza vaccine uptake level of 20% among Irish healthcare workers. Another study found levels of flu vaccine uptake among Irish healthcare workers at 17.5%, while other research showed a 38% uptake among doctors in an Irish acute hospital. International data suggests varying but consistently low rates of influenza vaccine uptake (20-40%) among healthcare workers.

The comments provided in the results section of the questionnaire highlight a number of concerns, which mirror previous research findings. One of the most common reasons for not receiving the flu vaccine was that the GP was too busy, or meant to but didn’t get around to it. Some highlighted working in a single GP practice a factor. This highlights concerns surrounding doctor’s self-care.

The other main reasons for not receiving the flu vaccine included that respondents considered themselves healthy, at low risk of the flu, and not part of a high-risk group. This ignores some important facts.

Firstly, some authors propose that healthcare workers are at significantly greater risk of getting the flu, compared to the general public. Secondly, studies have shown that healthy working adults who receive influenza vaccination have 25% fewer upper respiratory infections, 44% fewer doctor visits and 43% fewer sick days off.

Thirdly, and possibly most important, is the fact that it is now known that healthcare workers are vectors for the spread of influenza to vulnerable patients (those with chronic diseases or over the age of 65). It has been shown that vaccination of healthcare staff reduces all-cause patient mortality in some healthcare settings.

It is also worth stating that neither breastfeeding nor pregnancy is a contraindication to influenza vaccine. The National Immunisation Guidelines state that: “because the influenza vaccine is not a live vaccine, it is considered very safe in pregnancy.

Research has found the most common reasons for the failure of healthcare staff to receive influenza vaccination as:
• Forgetting/lack of time
• Perceived low risk of contracting influenza
• Fear of side-effects of vaccine
• Dislike of injections
• Not aware of availability and fear that vaccination would cause influenza.

The fact that many GPs indicated that they meant to get vaccinated, but didn’t get around to it, may indicate that doctors are not taking care of themselves. It is well recognised that every doctor should have their own GP, but many do not. This study further emphasises the need for doctors to have their own personal physician.

Multiple studies have shown that healthcare workers continue to work despite being ill with influenza, thereby increasing exposure of patients and co-workers. Influenza is a serious disease with a worldwide annual mortality of 250,000-500,000. It is not enough to take the opinion: “I am healthy” as, even though one might not be in a high-risk category, one can pass on influenza to high-risk patients.

It is clear from this study and other research in Ireland that more needs to be done to improve the uptake of the flu vaccine among healthcare workers. Many attempts have been made to improve the dismally low uptake of influenza vaccines among these workers. None of these has addressed primary care doctors specifically, and most initiatives involve mobile clinics to increase availability, increased knowledge and health promotion.

Some authors suggest annual influenza immunisation should be required for every healthcare worker with direct patient contact, unless contraindicated. This would be similar to the hepatitis B vaccine requirement for healthcare workers. However, published research on this topic in general has been conducted almost exclusively in secondary care. Furthermore, as regards to effects of vaccination of healthcare staff on patient outcomes, the research has mainly been conducted in long-term hospitals for the elderly. Research on rates of influenza infection and potential transmission of influenza from staff to patients has also been conducted mainly in the hospital setting. This raises questions about the application of the evidence to primary care.

Kenneth Cahill is in practice in Limerick city

References on request