INFLUENZA VACCINATION
Influenza Vaccination

• 5 quadrivalent influenza vaccines
• 2 enhanced trivalent influenza vaccines (> 65 years)

• 2018 influenza vaccine strains:
  – A(H1N1): an A/Michigan/45/2015/(H1N1)pdm09 like virus
  – A(H3N2): an A/Singapore/INFIMH-16-0019/2016(H3N2) like virus#
  – B: a B/Phuket/3073/2013 like virus
  – B: a B/Brisbane/60/2008 like virus*

#New strain (differs from the strain in 2017 vaccine)
*Not included in the enhanced TIVs
# Influenza Vaccination

Table 1. Seasonal influenza vaccines available for use in Australia in 2018, by age

<table>
<thead>
<tr>
<th>Registered age group</th>
<th>Quadrivalent</th>
<th>Trivalent (for age ≥65 years only)</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;6 months</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>6 to 35 months (&lt;3 years)</td>
<td>✔️</td>
<td>x</td>
</tr>
<tr>
<td>≥3 to 17 years</td>
<td>x</td>
<td>❌</td>
</tr>
<tr>
<td>≥18 years</td>
<td>x</td>
<td>❌</td>
</tr>
<tr>
<td>≥65 years</td>
<td>x</td>
<td>❌</td>
</tr>
</tbody>
</table>

Funded Groups

• In 2018 influenza vaccination is funded for:
  – **All adults > 65 years**
  – All persons aged ≥ 6 months who have certain medical conditions which increase the risk of influenza disease complications
  – Aboriginal and/or Torres Strait Islander persons aged 6 months to < 5 years or ≥ 15 years
  – Pregnant women (during any stage of pregnancy)
  – All children aged 6 months to < 5 years
Influenza Vaccination for > 65 years

- Increased risk of serious complications
- Reduced immune response to vaccine

- 2 new funded enhanced trivalent vaccines:
  - Fluzone High-Dose (4 x amount of antigen)
  - Fluad (includes adjuvant)

- Similar effectiveness
- Preferentially recommended
- Staff and residents
Influenza Vaccination for > 65 years

• Injection site reactions more common
  – 30% vs 20%
• Systemic reactions similar
• No expected increase in severe/serious AEFI

• One or the other!
• Dose of QIV not needed

• Report adverse events associated with vaccination
Staff Influenza Vaccination

- Annual vaccination for ALL staff of aged care facilities

- > 95% vaccination coverage of staff prior to flu season

- HCWs are at significantly increased risk of getting influenza

- Staff vaccination reduces ILI and deaths during high flu activity

- 88% estimated effectiveness in HCWs
STAFF INFLUENZA VACCINATION PROGRAM – BEST PRACTICE COMPONENTS
What are we doing now?

- Package for ACFs
  - Declination form
  - Promotional posters
  - 4-page FAQ addressing barriers
  - Brochure
  - Checklist for facilities
Checklist – Best Practice Vaccination Program Components

- Based on evidence
- No “one size fits all” approach
- Understand enablers and barriers in your facility
- Multi-component approach is best
- Requires sustained effort
Declination Form

- Good evidence
- Benefits of a declination form:
  - Prompts staff to consider their reasons
  - Acknowledge risk
  - Identify staff who could benefit from education
  - Understand barriers to uptake
  - Assist with the management of staff during outbreaks

☐ I am eligible to receive the flu vaccine but do not want to have it for the reason documented below. I acknowledge the above facts about flu. I am aware that many of the residents in this facility are at increased risk of serious complications from flu:
Promotion

- Posters
- Brochures
- Screensavers
- Emails, newsletters
- Program kick-off event
- Stickers/badges for vaccinated staff
Feedback on Vaccination Target

• Set a vaccination target and promote it
  – > 95% recommended
• Regular updates
• Confidentially follow-up staff who haven’t declared intention
Vaccination Champions

• Actively organise and promote program
• Senior, influential or other relevant staff
• Champions could:
  – Run education sessions
  – Distribute materials
  – Distribute coverage updates
  – Use word of mouth
  – Counsel staff
  – Publicise their own vaccination
Access

- Free vaccine for all staff
- On-site vaccination
  - Time-limited sessions
  - Mobile cart
  - Vaccination day
- Offer as many sessions as possible
- Schedule at times that maximise uptake
- Off-site access as adjunct
Education

- Tailor messages to identified barriers/misconceptions
- Presentations
- Videos
- Written Material

Source: www.isg.org.au
Incentives

• Personal incentives
• Group incentives
  – For reaching target
  – For having the highest coverage
Commitment and Support by Management

• Can be demonstrated by:
  – Documented influenza vaccination policy for all staff
  – Providing a recommendation
  – Accepting the vaccination
  – Participating in the program in visible ways

Source: www.health.qld.gov.au
Data Collection

• Accurate data will assist your program
• Register recommended
• Collect data on staff who receive the vaccine outside of your facility
Summary

• Vaccination is the best protection

• > 65 years – higher-immunogenicity trivalent vaccines

• Staff Influenza vaccination programs:
  – ACT Health Resources
  – Multi-component program
  – Consider your enablers, barriers and resources
  – Accurate data collection
Questions
References


• Stuart M. Review of strategies to enhance the uptake of seasonal influenza vaccination by Australian healthcare workers. *Communicable Diseases Intelligence* 2012; 36(3):268-276.


References

- Jung Y, Kwon M, Song J. Stepwise intervention including 1-on-1 counselling is highly effective in increasing influenza vaccination among health care workers. *American Journal of Infection Control* 2017;45:635-41.