

Staff Influenza Immunization Survey Report

Saskatoon Health Region

**Prepared by Public Health Services
and People Strategies**

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Acknowledgements

This document was prepared as a collaborative effort across departments in the Saskatoon Health Region (SHR) – Public Health Services and People Strategies. The contributors include Tanis Kershaw, Dr. Johnmark Opondo, Shelly McFadden and Kathleen Chipperfield who participated in all aspects of the project. Judith Wright participated in the project and survey design as well as provided feedback on the report.

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Preface

In advance of each influenza season, it is recommended that all health regions in Saskatchewan communicate with patient care facilities in their jurisdictions to discuss the national recommendations for the up-coming influenza season as released by the National Advisory Committee on Immunization (NACI) for that year. Although the annual NACI recommendations cover a broad range of influenza immunization issues and includes the management of influenza outbreaks in health care facilities, this report mainly describes the immunization of facility staff in the Saskatoon Health Region (all staff who work within health care facilities regardless if they have direct or indirect patient contact).

NACI has recommended for a number of years that all staff who work in health care facilities (i.e., acute care, long-term care and in ambulatory care) should receive the inactivated influenza vaccine each fall, unless they possess a “**valid**” medical contraindication to the influenza vaccine itself or any of the vaccine components. The optimal time for an organized vaccination program is usually mid-October through December in any given year. Administering vaccine too far in advance of influenza season should be avoided because antibody levels might begin to decline within a few months of vaccination.

In 2006, Saskatoon Health Region immunized 39.8% of our employees. In 2007, this number increased to 66%. While this represents a significant increase, it still falls short of the NACI recommendation that more than 80% of staff be immunized in order to effectively prevent influenza outbreaks from occurring in a health care setting. Upon closer review of these 2007 statistics we have found that 75% of our PT/FT employees and 44% of our casual employees chose to be immunized.

The role of staff usually does not end in getting immunized for influenza alone; staff must also be educated that vaccination will protect them from acquiring influenza and also from transmitting it to their families, a motivation that some health care workers in the Saskatoon Health Region expressed in the context of this survey. In addition, as caretakers of a high-risk population, staff need to be vaccinated to prevent the transmission of a potentially life threatening illness to their patients. Staff should also encourage all health facility visitors to receive the influenza vaccine every influenza season.

Finally, facility and site administrators in the SHR should consider the level of vaccination coverage among their facility staff to be one measure of a patient safety quality program. Signed declinations from staff that decline influenza vaccination for reasons other than medical contraindications is discussed in the SHR staff influenza policy and should be obtained. Those with medical contraindications to the influenza vaccine should present to the Occupational Health and Safety (OH&S) department with an official exemption form for a clearly defined medical reason. It is expected that these forms will be available this flu season from the Medical Health Officer Council of Saskatchewan (MHOCOS).

I think we will all agree that the improved rates this year are a milestone worth celebrating and I am optimistic that we can continue to increase these rates in the 2008/2009 season.

Sincerely,

Dr. Johnmark Opondo

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Executive Summary

The prevention of influenza illness and the reduction of subsequent morbidity and mortality associated with influenza illness is a high priority for the Saskatoon Health Region (SHR). As such, influenza vaccine is offered annually to all SHR workers, as a key intervention to protect staff and patient health and to promote a healthy workplace. In 2006, the Saskatoon Health Region had an employee immunization rate for influenza of 39.8%. In 2007, this coverage rate was increased to 66.4%. While this represents a significant increase, it still falls short of the National Advisory Committee on Immunization (NACI)^a recommendation that more than 80% of staff be immunized in order to effectively prevent influenza outbreaks from occurring in a health care setting. As a result of new policies and strategies used to encourage the voluntary uptake of influenza vaccination by SHR staff, Public Health Services and People Strategies joined together to conduct a survey of SHR staff to gain a better understanding of why health care workers in SHR choose to be immunized or not against influenza during the 2007/2008 influenza season.

Important Findings from the Survey

- The majority of staff were familiar with the new SHR influenza policy. However, significantly more staff in a non-clinical department were aware of the new SHR influenza policy as compared to clinical departments.
- Staff who were immunized responded that the most important factor influencing their decision to be vaccinated against influenza was protecting themselves.
- Of staff surveyed who were immunized, 32% were immunized at the OH&S office
- Staff who were not immunized reported that the most important factors influencing their decision not to be immunized were believing the vaccine would be ineffective in preventing flu and concerns about possible side effects.
- Staff who did not receive the flu shot in 2007 were significantly more likely to answer incorrectly knowledge questions on the effectiveness of the vaccine and whether the vaccine contains a live virus.
- 68% of staff surveyed who were not vaccinated in 2007 reported that the new SHR influenza work policy had an influence on their decision not to be vaccinated.

Recommendations

- It is particularly important that staff who provide direct patient care are immunized against influenza as they have the greatest contact with patients. However, clinical staff were less likely to be aware of the new SHR influenza policy. A larger focus should be placed on communicating the policy to clinical department managers so that they can take this information back to their staff.

^a NACI is a national committee of recognized experts in the fields of pediatrics, infectious diseases, immunology, medical microbiology, internal medicine and public health. NACI makes recommendations for the use of vaccines currently or newly approved for use in humans in Canada, including the identification of groups at risk for vaccine-preventable disease for whom vaccine programs should be targeted. (Website: NACI@phac-aspc.gc.ca)

- There were many misconceptions around the new influenza policies introduced in 2007. A primary focus of the 2008/09 influenza campaign should be to correct these misconceptions and provide detailed information to all staff around the new policies.
- Peer immunization at in-patient units should be considered as a way to improve accessibility.
- In-services should be a primary focus of this year's influenza campaign. Attendance should be promoted for all staff, but in particular for managers so that they can better advocate the influenza vaccination to their staff.
- Many staff wrote positive comments in the survey about their experiences with the flu shot. It is recommended to recruit some of these staff members to speak at in-services as this may be more believable, less threatening and easier to relate to than hearing information from management or senior level employees.
- The Health Line should be considered as a possible communication option for staff to be able to contact 24 hours a day with any questions regarding influenza immunization.
- A larger presence of support for the vaccination from management and administration at each site/facility may assist in improving rates among staff.
- This year's campaign should focus on the benefits for the individual staff members as opposed to last year's campaign which had a primary focus on "duty of care."
- Incentives for staff who are immunized should be considered as a way to increase rates.

Introduction

Influenza in health care settings presents a risk to both staff and patients. Unvaccinated workers can be a key cause of outbreaks in health care settings. For example, in 2004 the Saskatoon Health Region (SHR) experienced 9 outbreaks of influenza in long-term care facilities and 5 of those were initiated by a staff member^b. Beside the very real risk unvaccinated workers present to their patients, unvaccinated workers place a burden on their co-workers as peers often end up replacing health care workers who do not report to work due to influenza illness. Prevention of influenza and the subsequent reduction of morbidity and mortality associated with influenza is a priority for the Saskatoon Health Region. As a result, influenza vaccine is offered to all SHR Workers, free of charge, through Occupational Health and Safety and Public Health Services.

The influenza vaccine is changed each year to provide protection from the virus strains that are predicted to be the most common in that year. Scientists in Canada and around the world conduct surveillance on circulating influenza strains to determine the three strains included in the influenza vaccine. When the circulating strains and the strains used in the vaccine match well, the vaccination has been shown to be 70-90% effective in preventing influenza. Even when the strains do not perfectly match, the vaccine still has a 40-60% protection rate against influenza and can still offer protection against related viruses making illness milder and preventing complications.¹

In 2006 the Saskatoon Health Region had 4,703 out of 11,831 employees immunized for influenza – a rate of 39.8%. In 2007, 66.4% of staff in SHR were immunized against influenza. The National Advisory Committee on Immunization (NACI) recommends more than 80% of staff be immunized in order to effectively prevent influenza outbreaks from occurring in a health care setting.² A number of strategies to increase coverage rates have been introduced in the past few years including more frequent clinics, mobile clinics on hospital wards, “peer delivered clinics,” and continuing education sessions. In 2007, two new SHR influenza work policies were introduced to address the immunization of health care workers (Policy #7311-30-016 and Policy #7311-30-017).

The first policy (016) addresses the routine influenza vaccination of all SHR employees and physicians. The policy states that SHR expects every SHR employee and physician to receive influenza immunization every fall. The second policy (017) pertains to management of employees, physicians and other health care workers during influenza outbreaks in health care facilities. This policy states that in the event of an influenza outbreak in a health care facility, the Medical Health Officer (MHO), under section 38 of The Public Health Act, 1994² has the authority to exclude any persons who present a risk to the health of residents/patients at the outbreak sites. In the event of an outbreak at any SHR-run facility, non-immunized employees and physicians would face three options:

1. Get the flu shot and return to work two weeks later, or earlier if the outbreak is declared over by the Medical Health Officer (time off work is unpaid)
2. They could take antiviral medication and return to work after the first dose of medication and if they remain symptom free (time off work is unpaid). SHR will not pay for antiviral medication if the employee/physician does not have a medical reason for not receiving the influenza vaccine.
3. They could remain off work unpaid until the outbreak is declared over by the MHO.

^b PHS CDC outbreak investigation reports for 2004/2005 season

Similar policies have already been adopted in British Columbia and throughout Ontario for several influenza seasons.³

From mid-September to mid-November a multi-pronged awareness campaign was initiated in SHR to create awareness of the policy changes, provide information on the medical facts behind immunization, emphasize the importance of flu immunization for employees and advertise clinic schedules. Face to face education sessions were combined with incentive programs and general health education approaches such as posters and use of the infonet to deliver these messages to staff.

Although staff influenza immunization rates increased in the 2007-2008 influenza season by 27%, the rates still fall short of reaching SHR's goal of 80% staff immunized. In order to better understand the reasons and motivation amongst SHR staff to be vaccinated or not, it was felt that it would be beneficial to conduct a survey to gain a better understanding as to why health care workers in SHR choose to be immunized or choose to remain unimmunised against the influenza virus and evaluate their knowledge around influenza illness and influenza immunization in general. As a result, Public Health Services and People Strategies joined together to develop and implement a survey of staff in the region (see Appendix A).

Method

All urban acute care sites and a purposive sample of long term care sites were selected to participate in the survey. For acute care sites, departments were chosen by selecting four high and four low staff immunization departments. These numbers were based on coverage rates collected by the Occupational Health and Safety department (OH&S), and entered in to their Parklane database. Within each of the high and low immunization departments, three predominantly clinical departments and one predominantly non clinical department were chosen. Each department was required to have approximately 30 staff members for data analyses purposes. Urban long term care site departments were based on 2 clinical and 1 non clinical departments. All rural long term care workers at the two sites were surveyed because of the small number of staff at each site.

Once all necessary ethical and operational approvals were obtained, managers were contacted by Email at the beginning of June, 2008 and asked to participate in the survey. If managers agreed, surveys were delivered to the department with a sealed drop box for completed surveys. Surveys were distributed in June and July and all surveys were collected by July 25th, 2008.

Survey Results

Demographics

In total, 32 departments and 2 rural long term care facilities equalling 2057 staff were asked for their participation in the survey. Of these, 19 departments and both rural long term care sites agreed to participate in the survey (n=1250; see Appendix B for a list of participating sites and departments). Of the 1250 surveys distributed, 505 were returned for a response rate of 40%. The response rate may have been influenced by the timing of the survey (many staff were on holidays).

Of staff surveyed, the majority held a primarily clinical position (63.4%) at an acute setting (61.1%) in the city (85%). The majority of staff surveyed worked in a full time position (52.6%), belonged to the

Service Employees International Union (SEIU), were over the age of 35 (79%) and had worked in health care for twenty years or more (37.1%). Of the staff surveyed, 80.7% had been vaccinated this year (Table 1).

Table 1. Demographic Information of Staff Surveyed

Variable	N (Percentage)
Employee Group	
SEIU	339 (62.8%)
HSAS	32 (5.9%)
SUN	147 (27.2%)
Out of Scope	21 (3.8%)
Contract	1 (0.2%)
Employee Status	
Full-time	284 (52.6%)
Part-time	193 (35.7%)
Casual	63 (11.7%)
Age	
≤24	34 (6.3%)
25-34	79 (14.7%)
35-44	115 (21.3%)
45-54	189 (35.1%)
≥55	122 (22.6%)
Length worked in Health Care	
≤5 years	100 (18.7%)
5-10 years	88 (16.5%)
10-20 years	148 (27.7%)
20+ years	198 (37.1%)

New Policy

When asked if staff were familiar with the new SHR influenza policy, 76.3% responded that they were. This varied among sites with some sites reporting only 32% of staff aware of the new policy. Interestingly, significantly more staff in non-clinical departments were aware of the policy as compared to clinical departments (85.3% vs. 73.2%, $p < .01$).

Only one quarter of staff said that the new policy influenced their decision to be vaccinated. Results were significantly different ($p = .023$) among those who were vaccinated this year and those who were not. Specifically, the new work policy was more influential in encouraging staff to be vaccinated (78.3%) rather than discouraging them from vaccination (67.6%).

Information from Staff that were Immunized (n=440)

Immunization Location

The majority of staff were immunized at the OH&S office (32.0%; Table 2)

Table 2. Frequency of Location where Staff were Immunized

Location	N (Percentage)
OH&S office by OH&S Staff	140 (32.0%)
On site by Public Health Staff (Rural LTC)	96 (21.9%)
On-ward clinic by OH&S staff	73 (16.7%)
Public Health Office	45 (10.3%)
Mobile clinic by OH&S Staff (Acute sites)	38 (8.7%)
Peer immunization	30 (6.8%)
Other location by Public Health Staff (i.e., mall)	14 (3.2%)
Doctors Office	2 (0.5%)

Immunization Promotion/Education

A number of different educational initiatives were undertaken this year to increase awareness of the new SHR influenza work policy among staff, as well as to educate staff on the benefits of influenza immunization. Staff were asked which methods of education they had seen or participated in prior to being vaccinated. As demonstrated in Table 3, the most popular method of promotion staff saw prior to vaccination was posters on influenza immunization clinic times (74.8%). Slightly more than half of staff received a memo or reminder from their manager (53.0%). This was significantly higher in non-clinical departments than in clinical departments (70.1% vs. 44.0%, $p < .001$).

Table 3. Education and Promotion Source Frequencies

Education/Promotion Source	Percentage
Saw posters on influenza immunization clinic times	74.8%
Received a memo/reminder from manager	53.0%
Saw posters describing the benefits of influenza immunization	40.9%
Saw pamphlets with information on influenza immunization	28.0%
Attended an in-service on influenza immunization	11.1%
Other	5.0%

Other ways staff learned about influenza vaccinations prior to being vaccinated included: information from their doctor, an email at work, information on the Infonet web page, an overhead page or information on the radio.

Immunization Influences

Staff were asked which factors influenced their decision to be vaccinated. Table 4 shows that the majority of staff indicated that protecting themselves against influenza was the most influential factor in deciding to be immunized (71.9%). This was followed by protecting family, protecting patients and protecting colleagues. Staff were also asked which single factor was the most important in making their decision and similarly, 53.4% indicated that protecting themselves was the single most important factor in their decision.

Table 4. Factors Influencing Staff to be Immunized

Factors	Yes, Strong Influence (%)	Yes, Slight influence (%)	Not at all (%)
Protect self	71.9%	21.9%	6.3%
Protect family	67.1%	23.5%	9.3%
Protect patients	62.2%	28.4%	9.5%
Protect colleagues	57.6%	32.7%	9.7%
Help colleagues by not being sick at busy times	53.9%	32.6%	13.5%
New SHR influenza immunization work policy	43.2%	19.9%	36.9%
Recommended by a doctor	8.2%	4.3%	87.5%

11.6% of staff indicated that other reasons influenced their decision to be immunized. These included: incentives in their departments (i.e., pizza parties), possible protection against pandemic, pressure from management and/or OH&S, travel requirements and the fact that it was free.

Side Effects

The majority of staff did not experience any side effects from the vaccine (79%). Of staff that did experience side effects, the most common side effect listed was a sore arm. Other side effects listed included: general flu-like symptoms, tiredness, headache and fever. Some staff (<5) indicated more severe side effects such as: dizziness, swelling of eyelid, twitching/shaking and extreme fatigue. Of staff that experienced side effects, 15.1% took time off work as a result. Time off ranged from 1 to 10 days (mean=3.6 days).

Information from Staff that were Not Immunized (n=105)

Influenza Immunization Influences

Staff were asked what factors influenced their decision not to be vaccinated. Table 4 shows that the two most influential reasons for not receiving the influenza vaccination in 2007/08 were concerns about possible side effects (49.5%) followed by not believing the vaccine would be effective in preventing the flu (42.7%). Interestingly, 33.0% of staff reported that the new SHR influenza work policy had a strong influence on their decision not to be vaccinated.

Table 5. Factors Influencing Staff not to be Immunized

Factors	Yes, Strong Influence (%)	Yes, Slight influence (%)	Not at all (%)
Side effects	49.5	24.2	26.3
Did not believe it would be effective in preventing flu	42.7	32.6	24.7
Objected to the new SHR influenza immunization work policy	33.0	12.5	54.5

Did not believe it would stop me from passing flu on to patients or colleagues	31.5	32.6	36.0
Philosophical objection	23.4	5.3	71.3
Previous negative reaction	19.8	9.4	70.8
Aversion to injections	11.0	13.2	75.8
Not enough information to make an educated choice	7.7	13.2	79.1
Not enough time	3.3	12.1	84.6
Pregnant and concerned about risks	2.2	1.1	96.7
Difficulty accessing the service (i.e., line ups)	1.1	6.5	92.5
Did not know how to access the vaccine	1.1	2.2	96.7
Did not know it was available	1.1	8.9	90.0

34.4% of staff reported that other reasons influenced their decision to not receive the flu shot this year including: allergies to the vaccine, hearing negative reports from friends, family or co-workers, being on a leave of absence or on maternity leave when vaccination clinic were offered and concern about long-term effects of the influenza vaccine on their bodies. It is interesting to note that difficulty in accessing (immunization) service(s) (i.e., (long) line ups), or not knowing how to access vaccine were **not** considered important factors for not being vaccinated (92.5% percent and 96.7% respectively).

Staff Knowledge about Influenza and Influenza Immunization

Staff were asked a few questions to learn about their knowledge of influenza and influenza immunization. When asked what percentage of Canadians staff believe contract influenza each year, 26.2% chose the correct answer (between 10% and 30%). The majority of staff (60.0%) believed the number of Canadians who contract influenza each year was much higher - between 40 and 60%.

The majority of staff (79.2%) correctly answered that up to one half of healthy adults with influenza may not show any signs of illness and can transmit the infection to others. Similarly, 92.5% of staff correctly indicated that the influenza vaccine has been shown to be 70 to 90% effective against influenza in healthy working-age adults when there is a good match between the vaccine and the strains of virus that occur in a flu season. Staff did not fair quite as well when asked if the protection rate against influenza was between 40 to 60% when the vaccine given and the strains of virus that occur in a flu season do not match (69.4% correctly answered true). Approximately three-quarters of staff correctly answered that influenza immunization does not cause influenza because the vaccine does not contain live virus. Lastly, 80% of staff knew that the present target for staff influenza immunization for SHR was 80%, with some staff indicating false only because they thought the target was higher.

Further analysis was done to compare the knowledge of staff who received the flu shot this year and staff that did not. Staff who did not receive the flu shot this year were significantly more likely ($p < .001$) to answer incorrectly the knowledge questions regarding effectiveness of the vaccine when strains match (20.7% vs. 4.6%), effectiveness of vaccine when strains do not match (47.8% vs. 26.8%) and whether the vaccine contains a live virus (40.4% vs. 22.0%).

Future Vaccinations

When staff were asked if they intend to have the flu vaccination next year, 73% said yes, 13.7% were unsure and 13.3% said no. It is important to note that 80% of staff surveyed had the flu shot this year, but only 73% indicated they would definitely get the flu shot next year.

Staff that indicated they were not intending to receive the flu vaccination next year, or were unsure, were asked which factors might encourage them to have the vaccine. Table 5 indicates that the top two options chosen by staff were more information on side effects and more information on the effectiveness of the vaccine.

Table 6. Factors Increasing the Likelihood of Staff Receiving the Influenza Immunization Next Year

Factors	Yes, Strong Influence (%)	Yes, Slight influence (%)	Not at all (%)
More information about side effects	22.1	29.4	48.5
More information about the impact of the vaccine on preventing flu	20.6	30.1	49.3
Mandatory immunization policy	19.1	16.0	64.9
Protected time off to go and be vaccinated	11.9	20.7	67.4
Easier access to the vaccine (e.g. more opportunities where I work)	10.5	26.3	63.2
Competitions between ward/sites or other incentives	3.0	12.9	84.1

General Comments

Staff were given the opportunity to share their opinions and experiences with influenza immunization at the end of the survey by a series of open ended question (see Appendix A). Many staff took the opportunity to do so, providing important context to the data collected. All comments can be read in their original form in Appendix C. In general, comments took on a few themes:

1. Comments supporting the flu shot and/or the new policy –

Given that health care workers are exposed to more infectious diseases and that they in turn can pass on their own infections to their vulnerable

patients, I do not understand why a health care worker would not want influenza immunization. I appreciate having several choices of places and times to have the immunization. My work place has always allowed me time off to go for the shot. I appreciate that it is free.

I think that the flu vaccine is a good thing to get. If it helps protect myself, patients, and colleagues then why not? It's not like we are being injected by a live virus and have to build antibodies to fight it off. I have received a flu vaccine every year except one when the "vaxigrip" vaccine was used and I'm allergic to neomycin. I encourage others to receive it too.

I think it is very importance to protect myself AND my family against any infections which could harm me and my family. I wish we had more access to other vaccines. I also wish the region would offer the vaccines to employees close family members for free too!

2. Comments against the new policy –

My personal practice is to make use of any resource offered to me by my employer including any vaccines. However, there are MANY factors that can influence the breakout of infectious diseases other than vaccinations. This is particularly so in the case of influenza because there are scores of strains and the vaccine is a guess at which strain(s) may be prevalent in any given year. To have something injected into our bodies should be a matter of personal choice. I am disappointed and embarrassed at the Health Region's threatening and coercive tactics to force employees to undergo a procedure which may or may not benefit them.

3. Comments against the flu shot in general/concerns about the flu shot –

I am very aware of the scientific evidence about influenza immunization; however, I've observed that my family members that receive the shot usually have increased illness instead of decreased and all suffer side effects. Many of my colleagues complained of this also. I question the science especially which "strains" they predict. I feel it is more important to continue to follow strict hand washing policy and if coughing/sneezing to wear a mask.

4. Comments regarding side effects or allergic reactions –

I have received the flu vaccine twice and both winters I was ill with muscle aching, runny nose, etc, all winter. Since I have not had the flu vaccine, I may have had 1 cold per year. I know the vaccine does not contain live virus but I do know my experience with the vaccine.

5. Comments suggesting other areas of focus for SHR instead of the flu shot –

I use much less sick time than several of my co-workers I know to have been immunized. Surely, promoting healthier lifestyles and discouraging obesity would be a much more productive use of SHR resources. More insistence

on hand washing and other precautions might also be wise. I frequently witness co-workers neglecting simple hygiene.

6. General comments or questions –

Our staff seem to get such different forms of information regarding the vaccination that they did not believe it will work (media, personal doctors, etc).

Are employees on leave of absences still qualified to get the flu shot? Is it okay to be immunized while breast feeding?

Discussion and Recommendations

New SHR Work Policy

While the new work policy was found to be more influential in encouraging staff to be vaccinated than discouraging them, it is important to note that 68% of staff that were not vaccinated said that the influenza work policy had an influence on their decision. This implies that some staff did not receive the flu shot as a result of the new policy. In general, the strongest theme throughout the written comments was a negative reaction to the new SHR work influenza policy. It is important to note that these comments were received both from people who received the flu shot last year and from those who did not. It was frequently written by staff that it is a violation of human rights to force people to be immunized. While the new work policy did not actually force staff to be immunized, it appears that it was felt that way by many staff. In fact, many staff indicated they felt they did not have an option based on the new policy and/or pressure from their managers.

It is recommended that education of the details of the new policy and correcting misconceptions of the policy should be a primary focus of this year's influenza campaign.

The majority of staff were familiar with the new SHR influenza work policy. However, this varied by site with some sites reporting 32% of staff unaware of the new policy. Further, significantly more staff in non-clinical departments were aware of the policy compared to clinical departments.

Since clinical departments deal with patients, it is particularly important that these staff are immunized. Despite this, clinical staff were less likely to be aware of the new SHR influenza work policy. Therefore, more focus should be placed on achieving “buy-in” of the new policy from clinical department managers so that they can promote this to their staff.

Location/Availability

Despite the increase in availability of vaccination locations this year, the majority of staff still went to the OH&S office to be immunized. Only 8.7% of staff used a mobile clinic. Other research done on increasing influenza staff vaccination rates has found that the most effective strategy in increasing influenza immunization rates among staff was making vaccination more convenient.^{4,5} Other hospital sites have found that rates are increased when inpatient wards are visited at the change of shift.⁶

It is recommended that the number of on-ward and mobile clinics this year are increased and are conducted at a variety of times including at shift changes. It is also recommended that a future survey on staff influenza immunization be conducted and include a question asking staff where they would prefer to be vaccinated and at what times. This will ensure that our limited resources are being utilized as efficiently as possible.

The Mayo Clinic managed to increase their staff influenza immunization rates to 76.5% in 2003/2004.⁶ This is particularly impressive considering they had 26,261 staff at the time. One strategy the Mayo Clinic found to be effective was a peer vaccination program which allowed nurses to vaccinate their coworkers at their worksites at all inpatient units.⁶

Peer immunization at inpatient units should be considered.

Promotion/Awareness Campaign

Posters are the easiest form of promotional material to implement and were the most commonly viewed by staff. However, based on survey results many staff are concerned about the risk of side effects, do not believe in the effectiveness of the vaccine, have heard misinformation from others and do not fully understand the new influenza work policy. Therefore, to increase uptake rates, in-services on influenza immunization appear to be the best way to address these concerns. However, only 11% of staff surveyed attended one of these in services last year. Previous reports on increasing influenza immunization rates have found significant improvements in rates among those who attended in-service educational programs about vaccination.⁷

In services should be a primary focus of this year's influenza campaign. Attendance should be promoted for all staff, but in particular for managers so that they can better advocate the influenza vaccination to their staff.

The National Foundation for Infectious Diseases suggests that top management and administration must become strong advocates to ensure health care workers get vaccinated. As an example, some health care settings have had employees wear stickers that say "I got my flu shot." They found this was particularly effective when the CEO or medical directors wore the stickers.⁵

There should be a larger presence of support from top management and administration at each site/facility in this year's influenza campaign.

Factors Influencing the Decision to be Vaccinated or Not

The single most important factor influencing staff to be vaccinated was protecting themselves from influenza. This is similar to the results of other studies conducted on staff influenza immunization rates.²

Last year, the influenza awareness campaign and new work policy focused on a "duty of care, and workplace safety" by an placing emphasis on the benefits of staff influenza vaccination on quality patient care and then employee wellness. Based on the results of the survey, this year's influenza campaign should place a larger focus on the benefits for the individual staff members in order to increase influenza immunization rates.

The Mayo Clinic found that an incentive program worked well for increasing rates. Specifically, employees vaccinated could sign up for incentive gifts such as movie tickets, or health books, which were distributed through a draw after the influenza clinics were held.⁶ Incentives were mentioned in

comments written by staff in the SHR survey as something that would encourage them to receive the vaccine.

Incentives should be considered as a way to increase rates.

The most influential reasons given for *not* receiving the influenza vaccination last year were not believing the vaccine would be effective in preventing the flu followed by concern about possible side effects. These two factors were mentioned many times in staff comments as well. This is similar to other research which has found that across studies, reasons for not receiving influenza vaccine almost always involve concern about side effects (short and long term) or vaccine safety, including the misperception that the injectable vaccine could cause the flu.⁵

As mentioned previously, it is important to address these concerns through face to face contact rather than posters or pamphlets. Further, studies have found that targeting information to the individual health care worker increases the odds of immunization by a factor of two.³ Many staff wrote positive comments in the survey about their experience with the flu shot, as well as their reasons for being vaccinated (i.e., “I am totally thankful for this opportunity. My husband gets very ill (he has COPD) if he gets the flu.” It is recommended to recruit some of these staff members to speak at in-services. This may be more believable, less threatening and easier to relate to than hearing information from management or senior level employees.

The Mayo Clinic implemented a telephone hotline for staff to call to ask any questions regarding the influenza vaccine.⁶

Rather than create a telephone hotline, it is recommended to provide information on influenza to the existing Health Line and advertise this as a twenty-four hour service that staff can access with any questions they might have.

Side Effects

The majority of staff did not experience any side effects from the vaccine. Of staff that did experience side effects, the most common side effect listed was a sore arm. Less than five staff indicated more severe symptoms and few staff took time off work as a result.

As many staff reported a concern about side effects, this information could be used as evidence from a local source to address concerns about potential side effects.

Education about Influenza and Influenza Immunization

In general, lack of knowledge about influenza and influenza immunization does not appear to be a large factor in determining influenza vaccination in SHR. In fact, the majority of staff over-estimated the number of Canadians who contract influenza each year suggesting that perceived risk is not a factor in their decision to receive the shot or not.

Staff did not do as well when asked about the effectiveness of the vaccine when the strains do not match. This confusion was seen in the staff comments: many staff believed that the vaccine would not be effective at all if the strains do not match. As well, one-quarter of staff are skeptical that the vaccine does not contain a live virus. This was also frequently seen in the written comments: many staff believed the vaccine caused flu in themselves or someone they know. These questions were significantly more likely to be answered incorrectly more often by staff who did not have the

vaccination this year, suggesting that a lack of knowledge and misperceptions about the vaccine are an influential factor in deciding not to receive the vaccine.

It is recommended that in-services and promotional material target these specific areas.

A number of staff wrote comments suggesting that the health region should focus on promoting other areas of infection control such as hand washing which would be more beneficial than the flu shot. A number of staff, particularly those in long-term care, were displeased that the region places so much emphasis on influenza while ignoring, they felt, other infectious diseases such as Methicillin Resistant Staphylococcus Aureus (MRSA).

In-services should address these issues and make sure to explain that the reason there is such an emphasis on the influenza vaccination is because there is no vaccination for other diseases such as MRSA. As well, there should be more emphasis on hand-washing as an important component of overall influenza prevention, as well as a basic foundational practice in nosocomial infection control.

Future Vaccinations

Almost three quarters of staff said they intend to have the flu vaccination next year. However, 80% of the staff surveyed had the flu shot this year indicating a drop in support for the immunization vaccination.

As already mentioned, addressing misconceptions of the SHR staff influenza policy is an important component in this year's influenza campaign.

Staff that were not planning on getting the flu shot next year, or were unsure, indicated that more information on side effects and more information on the effectiveness of the vaccine would encourage them the most to get the vaccine. This is in line with the results of the rest of the survey including the written comments.

Limitations

The first limitation of this study was that a purposive sampling technique was used; departments were selected by the researchers. The second limitation is the ability of departments to choose whether to participate in the study or not. Third, the response rate of participants was only 40%. This may be due to the timing of the study which occurred during the month of July when many staff were on holidays. All three of these limitations make it difficult to generalize the results of the survey to SHR as a whole. There may be differences between the departments that were selected, the departments that participated, and the staff that participated when compared to their counterparts.

Summary

SHR succeeded in increasing staff influenza immunization rates to 66.4% this year, a significant increase from last years rate of 39.8%. However, this is still lower than the NACI recommended rate of 80%. The on-going challenge will be to increase staff immunization coverage rates the last 13.6%, as these are staff that are the most resistant to utilizing this intervention. It is hoped that the results of this survey will be useful in developing the 2008/2009 influenza campaign and that next year's rates will hit the region's goal of 80%.

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Appendix A: Staff Influenza Immunization Survey



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We are asking for your support in completing a research survey regarding staff influenza immunization. The purpose of this study is to gain a better understanding as to why health care workers in SHR choose to be immunized or not against influenza and their perceptions around influenza immunization. The results of this survey will provide important information to policy makers within the Saskatoon Health Region regarding staff influenza immunization.

The survey will take approximately ten minutes to complete. The survey is voluntary and not a requirement of your job, although your support is appreciated. There are no risks to participating in this survey and you may leave any questions blank that you do not wish to answer. If you choose to participate in the survey, please complete the three pages of survey questions in this booklet and seal your survey in the provided envelope. The survey is anonymous. Therefore, please do not write your name on the survey. Please place your completed survey through the slot in the sealed box provided in your department. If you choose not to participate in this study, you may seal the blank survey in the envelope provided and place it through the slot in the sealed box in your department. This ensures that no one will know if you did or did not complete the survey. The data collected will be used in a report on staff influenza immunization which will be presented to policy makers of the Saskatoon Health Region. All data will be reported in a summarized form.

This is your chance to share your opinions on staff influenza immunization in the Saskatoon Health Region. Your opinions are important to us and to thank you for your support with this survey, each department that returns a minimum of 80% of the surveys delivered (regardless of whether the survey has been completed or not) will receive a coffee/muffin voucher at their sites cafeteria (or a voucher for an alternate location if there is no on-site cafeteria) for each staff member in the department.

This research project has been reviewed and approved on ethical grounds by the University of Saskatchewan's Behavioural Research Ethics Board on April 21, 2008. If you have any questions regarding the survey, you may contact Dr. Johnmark Opondo at 655-4470, Shelly McFadden at 655-4013 or the University of Saskatchewan Ethics Office at 966-2084.

By completing and returning this survey, you are giving consent to participate in the study and permission to have your responses used in the manner we have described.

Section A: Introductory Questions

1. Which Employee group do you belong to? SEIU HSAS SUN Out of Scope Contract

2. What is your current employee status? Full time Part-time Casual

3. How old are you? ≤24 25-34 35-44 45-54 ≥55

4. How long have you worked in health care? (please include all jobs and training periods in hospitals, nursing homes or general practice in your answer) Years _____ OR Months _____

5. Are you aware of the new SHR work policy regarding influenza immunization? Yes No
If Yes: Did the new SHR work policy influence your decision to be immunized or not? Yes No

6. Did you have a flu vaccination last fall/winter (2006-2007)? Yes No

7. Last fall/winter did you experience influenza or influenza-like illness (sudden onset of fever with cough AND sore throat or muscle ache or joint pain or exhaustion)? Yes No

8. This fall/winter (2007-2008) did you experience influenza or influenza-like illness (sudden onset of fever with cough AND sore throat or muscle ache or joint pain or exhaustion)? Yes No

9. Did you have a flu vaccination this fall/winter (2007-2008)? Yes No
If Yes, please continue with section B
If No, please go to section C

Section B: For those vaccinated in 2007-2008

10. Where did you obtain your flu vaccination? (Choose one)

<input type="checkbox"/> On-Ward clinic by OH&S Staff	<input type="checkbox"/> Mobile clinic by OH&S Staff (Acute Sites)
<input type="checkbox"/> OH&S Office by OH&S Staff	<input type="checkbox"/> Peer immunization (At your work site by a colleague)
<input type="checkbox"/> Public Health Office	<input type="checkbox"/> Other location by Public Health Staff (i.e. mall)
<input type="checkbox"/> On site by Public Health Staff (LTC)	

11. Prior to being vaccinated did you: (Choose as many as applicable)

- Receive a memo/reminder from your manager
- Attend in-service(s) on influenza immunization
- See posters on influenza immunization clinic times
- See posters on describing the benefits of influenza immunization
- See pamphlets with information on influenza immunization
- Other (please specify): _____

12. Did the following influence your decision to be vaccinated? (Please answer all)

	<u>Not at all</u>	<u>Yes, Slight Influence</u>	<u>Yes, Strong Influence</u>
a. Recommended by a doctor because of an existing medical condition (e.g. asthma, diabetes, kidney failure)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Wanted to protect myself from getting flu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Wanted to protect patients from catching flu from me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Wanted to protect my family at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- e. Wanted to protect colleagues from catching flu from me
- f. Wanted to help my colleagues by not being sick with flu at busy times
- g. I did not want to be excluded from work without pay in the event of an outbreak (new SHR influenza immunization work policy)

13. Of all the reasons in question 12, which single reason influenced your decision most?

- A B C D E F G

14. Did any other reasons influence your decision to have the vaccine? Yes No

If yes, please give a brief description: _____

15. Did you experience any side effects from the vaccine? Yes No

If Yes: a. What side effects did you experience? (briefly list)

b. Did you take any time off work because of side effects? Yes No

If Yes, how much time did you take off? _____ days

Please continue to Section D

Section C: For those NOT vaccinated during 2007-2008

16. Did the following influence your decision not to be vaccinated? (Please answer all)

	<u>Not at all</u>	<u>Yes, Slight Influence</u>	<u>Yes, Strong Influence</u>
a. I was concerned about possible side effects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I did not know it was available to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I did not know how to get access to the vaccine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I had difficulty accessing the service (e.g. line-ups, scheduling conflicts)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I do not like injections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I did not have time to go and get vaccinated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I did not believe the vaccine would stop me from getting the flu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I did not believe it would stop me from passing the flu on to patients or colleagues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. I had a previous negative reaction with vaccination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. I have a philosophical objection to immunization (e.g. cultural, religious, natural homeopathic)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. I do not know enough about the vaccine to make an educated choice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. I am pregnant and was concerned about the risks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. I objected to being excluded from work without pay in the event of an outbreak (new SHR influenza immunization work policy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. Of all the reasons in question 16, which single reason influenced your decision the most?

- A B C D E F G H I J K L M

18. Did any other reasons influence your decision to decline the flu vaccine? Yes No

If yes, please give a brief description: _____

Section D: Employee Perceptions around Influenza

The following questions are designed to gain a better understanding of employee's perceptions around influenza and influenza immunization and to assist us in further education development.

19. What percentage of Canadians do you think get influenza in a given year?

- 1% 10% 30% 40% 50% 60% 75% 90%

20. What percentage of health care workers do you think get influenza in a given year?

- 1% 10% 30% 40% 50% 60% 75% 90%

21. Please indicate *True* or *False* for the following questions

- | | <u>True</u> | <u>False</u> |
|---|--------------------------|--------------------------|
| a. Up to one half of healthy adults with influenza may not show any signs of illness and can transmit the infection to others | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Influenza vaccine has been shown to be 70 to 90% effective against influenza in healthy working-age adults when there is a good match between the vaccine and the strains of virus that occur in a flu season. | <input type="checkbox"/> | <input type="checkbox"/> |
| c. When the vaccine given and the strains of virus that occur in a flu season do not match, the vaccine still has a 40 to 60% protection rate against influenza. | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Influenza immunization can not cause influenza because the vaccine does not contain live virus | <input type="checkbox"/> | <input type="checkbox"/> |
| e. The present target for staff influenza immunization coverage for SHR is 80% | <input type="checkbox"/> | <input type="checkbox"/> |

22. Last year, (2006/07) the overall staff influenza immunization coverage for SHR was:

- 1% 10% 30% 40% 50% 60% 75% 90%

Section E: In the Future

23. Do you intend to have a flu vaccination next year? Yes No Not sure

If No or Not Sure, please continue to question 24

If Yes, please go to Section F

24. The following factors have been tried in other health regions to increase staff influenza immunization rates.

We

would like your opinion on whether the following factors would encourage you to have the vaccine.

- | | <u>Not at all</u> | <u>Yes,
Slight Influence</u> | <u>Yes,
Strong Influence</u> |
|--|--------------------------|----------------------------------|----------------------------------|
| a. Protected time off to go and be vaccinated | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Easier access to the vaccine (e.g. more opportunities where I work) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Competitions between wards/sites or other incentives | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. More information about side effects | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. More information about the impact of the vaccine on preventing flu | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Mandatory immunization policy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Section F: Other Comments

We are interested in your opinions and experiences with influenza immunization for employees of the Saskatoon Health Region. If you have any comments you would like to share that have not yet been addressed, please share those below.

Appendix B: Participating Sites and Departments

Site	Department	Predominantly Clinical/Non-Clinical
Lakeview Pioneer Lodge (LTC)	All	Both
Pleasant View Care Home (LTC)	All	Both
Parkridge (LTC)	S Ridge 2	Clinical
	S Ridge 1	Clinical
	Food and Nutrition	Non-Clinical
Saskatoon City Hospital	Operating Room	Clinical
	Ortho 32/3300	Clinical
	Food and Nutrition	Non-Clinical
	Psychiatry	Clinical
	Financial Services	Non-Clinical
	Anatomic Pathology Lab	Non-Clinical
Royal University Hospital	Surgery 5000	Clinical
	Post Partum	Clinical
	Physiotherapy	Clinical
	Phlebotomy Lab	Clinical
St. Paul's Hospital	7 th floor Surgery short stay	Clinical
	Palliative Care	Clinical
	CDR Dialysis	Clinical
	Health Records	Non-Clinical
Idylwyld Centre – Home Care	NE Quadrant	Clinical
	SW Quadrant	Clinical

Appendix C: Comments

Note: Comments from staff included are verbatim. Some of the text in brackets was added to aide in clarity of meaning.

In Favour of Flu Shot or New Policy (all had flu shots)

Section E (*intention for future influenza vaccination, see survey tool Appendix A*) is practised in our facility with great motivation. We have competitions between teams with prizes and a social. This is a great practice to get into and get vaccinated for precaution reasons. I have gotten the vaccine for the last 10 years and intend to keep getting them.

I think that the flu vaccine is a good thing to get. If it helps protect myself, patients, and colleagues then why not? It's not like we are being injected by a live virus and have to build antibodies to fight it off. I have received a flu vaccine every year except one when the "vaxignip" vaccine was used and I'm allergic to neomycin. I encourage others to receive it too.

I think it is very importance to protect myself AND my family against any infections which could harm me and my family. I was we had more access to other vaccines. I also wish the region would offer the vaccines to employee's close family members for free too!

I am glad it is available for health care employees and that there is no cost attached.

The mobile clinic was helpful because if I had to do it on my own time, I forgot.

Access was easy, thanks for the opportunity.

I will keep on receiving the flu shot as long as they are available. Working in any environment that may have the flu strains I would rather be protected or suffer from a milder form of flu than one that I had no anti bodies to help fight it off.

I had always been pessimistic about getting the immunization until about 4 years ago when I was in bed for around 1 week or more. Since then I've been getting the vaccine annually without any ill effects.

My main reason is the health of my children who are both juvenile diabetic. If they get sick then I am off work to be with them! My opinion is better safe than sorry.

Staff should be mandatory to have flu vaccine

I am totally thankful for this opportunity. My husband gets very ill (he has COPD) if he gets the flu.

I've been getting the flu vaccine for more than 15 years.

I get the flu vaccine due to working in a clinic and hospital setting. I know that the flu doesn't cover every strain of flu, but helps when you work with people who are sick.

I'm very grateful it is provided by my employer. Thank you.

Appreciated on-ward clinic very much. Great accessibility; much faster!

I think it's beneficial to have the flu vaccine - thank you for making it available to staff .

My flu immunization last year - had no side effects and no flu last winter!

I am diabetic type 2. I have low immunity and found if I did get sick the flu symptoms were not as severe as without immunization.

Given that health care workers are exposed to more infectious diseases and that they in turn can pass on their own infections to their vulnerable patients, I do not understand why a health care worker would not want influenza immunization. I appreciate having several choices of places and times to have the immunization. My work place has always allowed me time off to go for the shot. I appreciate that it is free.

People who work in the SHR or any Region that have contact with patients and any other employee should be required to be vaccinated. I really like the new work policy about people get no pay during an outbreak. We are here to treat and care for our patient not to get them sicker because of us.

I'm grateful that the influenza immunization is offered free of charge for SHR employees.

I have lots of allergies to medication. Besides I have asthma. Sometimes I have kidney problems also.

I have done very well with the influenza shots.

I believe it is very important to have the influenza immunization. It is available to us and it is a valuable asset to protect us and clients and our families as long as we are not allergic to it.

I think the new SHR influenza work policy is a good policy and should be continued and followed through with.

Even if you get the flu, if you have had a flu vaccine, it tends to not last as long or be as bad. But I also take Cold FX when I feel a cold coming on and that helps as well.

Against New Policy

We don't like to have it put to us as mandatory or a policy stating you won't get paid if you're sick. I had no flu shot one year and I wasn't sick. It doesn't protect you from viral infections like the stomach flu or norwalk or strep throat? *(Had flu shot)*

I am disgusted that this is forced upon us while so little effort is put into teaching people how to boost their immune systems. How much of your "education" is propaganda from the drug companies? To force people to take a vaccination is a physical assault against them. I would be prepared to hire a lawyer if forced to be vaccinated. If you are so confident about your vaccine, don't worry about those of us who are so called "unprotected" - put your money and time into teaching long term health, not just about quick fixes. *(Did not have flu shot)*

The flu policy was not well taught to the managers from HR perspective. *(Had flu shot)*

I do not think mandatory immunization is a good idea. I felt the SHR influenza policy affected me in a negative way, and my first impulse on hearing it was NOT to get the vaccine. I think it is a negative influence. Continue to educate, encourage and provide opportunities for immunization. *(Had flu shot)*

It's a free country still! *(Did not have flu shot)*

I feel it is wrong to not let the employee choose whether or not they should have the immunization. By forcing employees to receive it I feel it is wrong. To not grant sick time is wrong. Who is to say a person is ill with a strain of influenza that is not in the immunization. It should be offered, but NOT FORCED on employees. *(Did not have flu shot)*

When it's well-known that 2 out of 3 strains are ineffective in the vaccine as was last year, it is very difficult to logically be able to promote the importance of receiving this useless dose. The idea of punishing staff based on choice to not receive vaccine is ridiculous as well as punishing someone for being ill without pay is incomprehensible based on the assumption that whatever illness they have may be prevented with a vaccine. Unless the employer will determine if the specific virus someone has encountered is a different one that may have been prevented with a vaccine than they can not logically expect staff to have to receive the vaccine. Ideally anyone who receives the vaccine should have the next day off due to side effects -I've never not had side effects *(7yrs)*. *(Had flu shot)*

Forcing staff to be vaccinated is an infringement on their rights! If I don't want to be vaccinated, that should be my choice. How many workers in stores are forced to be vaccinated by their management? (And they work with the public, as we do!). *(Did not have flu shot)*

I do not believe mandatory decisions around personal health care decisions appropriate. *(Did not have flu shot)*

I was going to get a flu shot but I was ill so I couldn't take it. Then I was told I "have to" by a superior! I thought to myself - f**k you! I will NEVER get a flu shot after being told I have to. Nobody will ever tell me I have to inject a disease into my body. It is a human rights violation and I will sue if I am forced to make that decision again! *(Did not have flu shot)*

My personal practice is to make use of any resource offered me by my employer including any vaccines. However, there are MANY factors that can influence the breakout of infectious diseases other than vaccinations. This is particularly so in the case of influenza because there are scores of strains and the vaccine is a guess at which strain(s) may be prevalent in any given year. To have something injected into our bodies should be a matter of personal choice. I am disappointed and embarrassed at the Health Region's threatening and coercive tactics to force employees to undergo a procedure which may or may not benefit them. *(Had flu shot)*

Because I use very little sick time it doesn't seem worth it to me. I believe I am healthy enough to fight influenza. There are different flu bugs each year and I feel there is no guarantee the right immunization is used. Different bugs come. People have died for us to have freedom and if we are forced to be immunized it takes away our choices. *(Did not have flu shot)*

Do not like policy of exclusion from work without pay wonder about issues around same. What policy is next in terms of staff health? I.e., poor lifestyle choices = sick time = no pay. *(Had flu shot)*

I believe that mandatory immunization is a violation of human rights. People have the right to refuse any forms of medical intervention in this country. Penalties will only have negative repercussions somewhere down the road. Unless people are declared incompetent to make medical decisions, mandatory immunization is a human rights issue. I choose to be immunized, but I respect other people's right to say no, no matter what my personal opinion on it may be. *(Had flu shot)*

I think it's wrong to have the new SHR influenza immunization work policy - to be excluded from work without pay in the event of an outbreak. Regardless of immunization these staff will be essential to the hospital being able to function, especially if there is an outbreak and staff numbers are reduced. The non-immunized staff would end up being called in anyways! A shameful policy for a health region who says they care for their staff but don't mind strong arming them into getting an immunization that isn't 100% effective 100% of the time! *(Had flu shot)*

I have not found being vaccinated to protect me from getting the flu for two years. I disliked being forced to make health decisions against my will. *(Had flu shot)*

I don't believe that unpaid sick time being used to intimidate people to get the flu shot is beneficial or working. There must be a better way to motivate staff, perhaps by doing shots right on the unit as well during clinic times may be a better solution. *(Had flu shot)*

People don't like being told what they have to do with their bodies. I believe less employees were vaccinated for this reason!

I believe that there was no such thing as autism before vaccines were invented. Unfortunately as a kid I was not allowed to choose whether I got a vaccine or not, but can choose for my children. I believe vaccines cause a lot of problems including cancer. I will not ever get a flu vaccine, policy or not. Should be my right to choose what I put in my body, not the health region who use propaganda to scare people into doing what they want. Tend to suppress the negative things about the vaccine and only give you the positive. *(Did not have flu shot)*

I believe influenza immunization is a choice and should not be forced on anyone. *(Did not have flu shot)*

Isn't "mandatory immunization" against my personal rights? What does my union say about this? I still will not be getting vaccinated - thank you. *(Did not have flu shot)*

I had the shot last year and I have never been that sick before. I will never get it again and if it becomes mandatory I will sue the health region! And compile as many others as possible. It is our right to get it or not to get it. *(Had flu shot)*

I think it's wrong to scare and force people to get immunizations! We live in a free country! It is WRONG not to pay people when they get sick! That's what sick pay is for! *(Had flu shot)*

If you tell someone they HAVE to be vaccinated they will become resistive to the idea. *(Had flu shot)*

The new policy is not appropriate. *(Had flu shot)*

Although I believe in vaccination, I don't think it should be mandatory. It should be a personal choice on whether a person decides to get it or not. *(Had flu shot)*

Policy has some questionable issues regarding proof of "influenza." *(Had flu shot)*

You should not be "forcing" people to get the flu shot. Scare tactics do not work! *(Had flu shot)*

The mere fact that you try to tell us it is mandatory strengthens my resolve not to participate. I rarely (every 3 years) get influenza and would not inject myself with what I believe is poison because of that. You will see me on the 6 o'clock news if a mandatory immunization policy ever happens. Eat well, sleep well, support immune with vitamins and herbal supplements, exercise and hand wash - do not inject workers with poison. *(Did not have flu shot)*

I think that everyone should have their own choice whether to get immunized or not, not be mandatory. *(Did not have flu shot)*

I choose to have immunization. If there was a mandatory immunization policy - I believe that would be against a staff's rights. *(Had flu shot)*

This is a democratic country decisions should be based on the individuals feeling not being forced on them. When the Health Region takes more interest on VRE, CDiff and MRSA then staff will maybe more interested in the flu shot. *(Had flu shot)*

I have been vaccinated every year that the flu vaccine has been offered. The use of threats (wage loss) to force compliance with you vaccination policy goes against the right of an individual to freedom of choice that we as Canadians hold very dear. *(Had flu shot)*

Staff were very resistant to being ordered, supervisors do not feel comfortable questioning staff if they have had it. We should present the information and consequences if there are any. I do not want to harass people into getting a flu shot. I had people refuse to fill in forms or even let me know if they had had a shot claiming it was personal health information and none of my business. *(Had flu shot)*

Against Flu Shot/Concerns about Flu Shot

I didn't have time to get it this year, however I will probably get it next year. Not really sure I believe that an injection can prevent a virus (infection)...if you're gonna get sick, you're gonna get sick. That's nature! Why fight with it? *(Did not have flu shot)*

I feel that being forced to take any injection against a persons will is wrong. *(Did not have flu shot)*

I am very aware of the scientific evidence about influenza immunization; however, I've observed that my family members that receive the shot usually have increased illness instead of decreased and all suffer side effects. Many of my colleagues complained of this also. I question the science especially which "strains" they predict. I feel it is more important to continue to follow strict hand washing policy and if coughing/sneezing to wear a mask. *(Did not have flu shot)*

I have a concern about the preservative used in the vaccine. Last fall was my first vaccination and I have been healthy without it. *(Had flu shot)*

Concern re side effect reaction as did last year! *(Had flu shot)*

I hope it's not like agent orange! *(Had flu shot)*

Formalin/formaldehyde in vaccine - what?? I do not think flu shots should/can be mandatory. *(Did not have flu shot)*

No one knows what side effects this might have on us five or ten years down the road. *(Did not have flu shot)*

I know that many people don't get the vaccine because it contains chemicals like formaldehyde. If a "green" vaccine came out, I believe it would be well received. *(Had flu shot)*

Comments regarding Side effects or Allergic Reactions

I am allergic to the stabilizer in the vaccine. *(Did not have flu shot)*

I believe that you may still get type of influenza, maybe not as severe, not as long lasting colds, flu etc. *(Had flu shot)*

I know too many people that got ill after their flu shot. *(Did not have flu shot)*

People I know had tongue numbness and numb/weak legs. Speaker from infectious diseases and endocrinology re: their thoughts and feelings on flu vaccines would be helpful. *(Had flu shot)*

I have received the flu vaccine twice and both winters I was ill with muscle aching, runny nose, etc, all winter. Since I have not had the flu vaccine, I may have had 1 cold per year. I know the vaccine does not contain live virus but I do know my experience with the vaccine. *(Did not have flu shot)*

I have been to a specialist for my side effects which happened 2 yrs in a row. I will not suffer again with the flu vaccine! More info about side effects needs to be looked into for the influenza. *(Had flu shot)*

Some employees have the idea that the vaccine makes them sick. Employees think because they have not had the vaccine they are doing fine without it. Some just do not believe in it. *(Had flu shot)*

I do not get the influenza immunization because I am allergic to formalin that is in the medication. Advised not to by my skin specialist. I had allergy testing. *(Did not have flu shot)*

Got very sick after vaccination. It doesn't always work. Is more about hygiene and being fully staffed that helps keep sickness down. When you work a job that you are continuously working for two people a person gets run down - staff shortage, etc. *(Did not have flu shot)*

Few people believed getting flu shot makes them susceptible to flu infections. Probably more education and some incentives for encouragement. *(Had flu shot)*

In 10 years of service I have been vaccinated 3 times and each time caught Influenza. Other 7 years, 0 vaccinations and 0 influenza. I feel there is no unbiased information given through SHR. I have researched on my own and found many pros and cons information on the internet. *(Had flu shot)*

Many people are under false impressions that flu vaccine IS responsible for illness in someone they know or worked with. Hard to re-educate. *(Had flu shot)*

I had an allergic reaction to the flu shot - was dizzy. Was recommended by my DR and health nurse to not have it again. *(Had flu shot)*

My mom never got the flu vaccine and never had the flu. My dad always got the flu vaccine and did get the flu several times. I feel it may depend on a person's own immune system. I know several cases like this. *(Did not have flu shot)*

I had the vaccine - also had influenza in April - but to a lesser degree. *(Had flu shot)*

I have had flu like symptoms as severe the next day after having the immunization. Every year I had the shot I have had the flu. *(Did not have flu shot)*

Fall 2007 was the first time I'd ever had the flu shot. I had no idea that I was allergic to neomyein so as a result I was extremely exhausted after the flu shot and developed a rash and felt very shaky and twitchy. This slowly went away and by mid afternoon the next day I was feeling much better. I reported this to the nurse and she suggested that I was allergic to the neomycin and came to that conclusion after she asked me if I was allergic to polysporin (which I am). Apparently they are in the same drug family. She suggested next fall that I get the other flu shot rather than the one I took in case my symptoms are worse next time. However, although I wish the info on polysporin being in the same drug family would have been known to me I must say all turned out well in the end and I had a great fall/winter season with relatively few sick days, thanks. *(Had flu shot)*

With each shot I had flu like symptoms for up to 6 months. Not bad enough to remain home but very uncomfortable/tiring. I have not had a flu vaccine for the last 3 years while others with vaccination have had severe flues, colds, lung issues. No matter what others say I get ill and my family physician of 25 years strongly advises I do not get the flu shot. Thank you. *(Did not have flu shot)*

I have not had the flu shot yearly because I was quite ill one year after getting the flu shot. Hopefully I won't be as sick in the next few years. *(Had flu shot)*

Even though for several years now I have received the flu vaccine, I still tend to get the flu each year although perhaps to a lesser degree or maybe not quite as often. This years though I seemed to have gotten the flu more often than previous years. *(Had flu shot)*

Some years even with the flu shot I have been very ill with the flu as has many staff. *(Had flu shot)*

I developed pneumonia in 1 week of flu vaccine the 2 years I received it. Do not feel it was a coincidence. Does it do something to my immune system making me vulnerable to this other infection? Both times I was very ill requiring antibiotics, time off work. *(Did not have flu shot)*

I do not wish to have forralin and other toxic products injected into my body. More staff have gotten sick after receiving vaccine. the number of staff in my department that receive the vaccine last year had doubled, however, the sick time had also gone up dramatically therefore did not decrease sick time! *(Did not have flu shot)*

General Questions/Comments

Our workplace promotes the importance of the flu vaccine. We have contests each year. Originally these contests encouraged peer pressure, which worked! We now have the contest for fun and staff recognition. *(Had flu shot)*

I prefer to get it. Other's don't believe in it. When I do get it I very rarely get sick with the flu. The ones that don't take the vaccine shouldn't complain when they get the flu - it was offered to them! *(Had flu shot)*

I had been told years ago since I never get the flu and because I usually/often react unfavourably (faint 1/2-1hr after) receiving vaccinations that I shouldn't get the flu vaccine. I decided to try it - this was my first year and I'll continue to get it. However, I found the threat of no pay offensive. I think positive encouragement/education, etc is a better way to go. *(Had flu shot)*

I believe the families of health care workers should be covered and be able to get the shot free of charge should they choose. *(Had flu shot)*

I have been getting the influenza immunization every year for the ten years or more. *(Had flu shot)*

We are quilty into taking it. *(Had flu shot)*

I am very interested in the results of this survey. Are other health regions doing a research study like this? (i.e., Regina). *(Had flu shot)*

Are employees on leave of absences still qualified to get the flu shot? Is it okay to be immunized while breast feeding? *(Had flu shot)*

Offer a thimesol (preservative free) vaccine. *(Did not have flu shot)*

Having set times through the OH&S office is best option for getting staff. Need many different times to meet all part-time staff. *(Had flu shot)*

My work site is 100% immunized. I think you do a good job explaining why it is important. *(Had flu shot)*

Earlier and longer availability to staff; Asking patients who come to ER with any flu cough to wear a mask even while in waiting room continuing while in hospital - also family of patient. What did we learn from SARS? *(Did not have flu shot)*

Departments offer incentives that they have NO intention of delivering. Don't offer unrealistic goals/incentives. *(Had flu shot)*

They tell you the virus is dead, but I don't think it always is. *(Had flu shot)*

Our staff seem to get such different forms of information regarding the vaccination that they did not believe it will work (media, personal doctors, etc). *(Had flu shot)*

Maybe give a little bonus for those who get the shot - everyone likes an incentive/freebie - could do it for individuals or departments. *(Had flu shot)*

How many years has the vaccine been available? *(Did not have flu shot)*

Please get all needles converted to pills that you can swallow or the patch or something. I can't do needles. I have a super phobia of them. *(Did not have flu shot)*

I will like more information about side effects. In my case I got really sick because my white cells count was very low and I didn't know. *(Had flu shot)*

Put names in for a draw for a trip to Hawaii - for people getting shot. Perhaps a monetary reward - considering the cost of having people off work with the flu. *(Had flu shot)*

I always question the quality of vaccine that is offered to us. *(Had flu shot)*

If you made it mandatory for TB shots then I think everyone should have a flu shot - residents included. *(Had flu shot)*

Chances of having a flu outbreak at my workplace is minimal. I've worked for over 20 years and have never experienced a flu outbreak. I will not get the flu shot and will take the chance of being without pay if I miss work due to the flu. *(Did not have flu shot)*

Maybe more education and less force would encourage people to have an immunization. *(Had flu shot)*

Decision not to purely personal. *(Did not have flu shot)*

The surveillance of Influenza that influences the vaccine has been poor. I will consider the vaccine next year. *(Did not have flu shot)*

Vaccination remains a personal choice and decision. Benefits of immunization must clearly outweigh any potential risk in the mind of persons choosing to take the vaccine. *(Had flu shot)*

Access to the flu shots for all people employed AND being educated in the health region including NEPS (*Nursing Education Program of Saskatchewan*) students. *(Had flu shot)*

You mention in services on influenza immunization but no such in services were offered. In a time where there are huge concerns about over medicating and over vaccinating, I would like more information to base my decision on - NOT strong arm tactics! *(Had flu shot)*

I think more education of staff is necessary. I still hear people saying they caught the flu from the vaccine. I also don't think people know that getting the vaccine prevents you from passing on the virus to others. *(Had flu shot)*

I think it is a person's right to have the flu shot after all it is your body. *(Had flu shot)*

Doctor states that if you are healthy enough we have a 100% protection already against influenza. If the virus flu shot matches the influenza it should cover you 100% Not 70 to 90%! *(Did not have flu shot)*

I did not know that you could have flu and be asymptomatic. Possibly I was one of those. I would not like to be prohibited from working because of not being vaccinated (can you do that?) I do not want to be a carrier so I will continue to be vaccinated. This survey was educational. *(Had flu shot)*

I don't know much about the contents of the vaccine. I get the vaccine because I have to due to the work that I do. *(Did not have flu shot)*

You could try raffles and incentives for people to get the vaccine rather than threatening with the new policy. Try being more positive. Increase on-ward clinics and clinic times. *(Had flu shot)*

I know as one person receiving the flu immunization I not only protect myself and other staff and residents but also my family and I am then also an example for my family and staff to be vaccinated and also encourage others so that generally we can decrease the number of people getting ill. *(Had flu shot)*

Believe SHR should focus on other preventive measures

The vaccine only immunizes against the predicted strains which would cause an outbreak. It does not protect against all strains. I believe having a strong immunity can be better built through good nutrition, adequate rest and exercise and hygiene (hand) are more effective. The immunization causes flu-like symptoms which is enough to keep you in bed. *(Did not have flu shot)*

I use much less sick time than several of my co-workers I know to have been immunized. Surely, promoting healthier lifestyles and discouraging obesity would be a much more productive use of SHR resources. More insistence on hand washing and other precautions might also be wise. I frequently witness co-workers neglecting simple hygiene. *(Did not have flu shot)*

I had more sick time last year (07/08) due to flu than in the previous year when I was NOT immunized. The health region should seriously consider adding another strategy during flu season - disinfecting contact surfaces on a REGULAR basis - door handles, phone receivers, door frames, elevator buttons...at times SCH is disgustingly dirty. It's embarrassing! *(Had flu shot)*

People with infections (MRSA) are allowed to contaminate staff and other residents. Why are we worried about flu that most people will get over? *(Did not have flu shot)*

MRSA in building not enough concern for other residents and staff. not enough precautions taken - people die from this, just a joke to some staff but mandatory to get the flu shot? *(Did not have flu shot)*

I am not prone to getting influenza. I never had to take sick time off work prior to taking immunization or after. I don't notice any difference for myself. Healthy self care re: appropriate rest, nutrition and exercise are more important in my opinion. Long shifts, overtime, heavy workloads which cause stress and fatigue cause your resistance to go down and make you more prone to pick up any sickness. More concern re: safety of what is IN immunization, preservatives, etc and their effects. *(Had flu shot)*