



**MAXIMISING INFLUENZA VACCINATION UPTAKE IN AUSTRALIAN  
HEALTHCARE FACILITIES: A REAL WORLD BEST PRACTICE GUIDE**

**sanofi**



# MAXIMISING INFLUENZA VACCINATION UPTAKE IN AUSTRALIAN HEALTHCARE FACILITIES

## **At Sanofi, we trust the experts.**

That's why we talked to experienced staff health coordinators from hospitals across Australia, to better understand factors that they felt had influenced uptake of the influenza vaccine amongst staff members in their facility.\*

We asked them to share their experience or an approach they had used that had made a positive impact, and we've compiled some of their best ideas and insights in this real world best practice guide.

\*Sanofi commissioned IQVIA to conduct 45-minute web-enabled video interviews between July–August 2021. All quotations used in this piece were sourced from these interviews and in some cases have been edited for clarity and to maintain anonymity.

# ABOUT THIS GUIDE

Seasonal influenza vaccination is an event that requires a great deal of planning at many stages, and must account for a number of factors that differ between facilities. These include hospital and state policy, hospital size (number of staff), number of sites, and logistics around COVID-19 vaccination.

As such, this guide is not designed as a “one size fits all” solution. Instead, our aim is to provide you with tried and tested strategies and ideas that have worked well in other vaccination programs for you to develop as your own, specific to your own resources, staff and environment.

**“If you always do what you’ve always done, you’ll always get what you’ve always got.”**

- Henry Ford

## The 5As of vaccination uptake<sup>2</sup>

The 5As is a widely accepted framework that identifies five broad determining factors of vaccine uptake. It has been used to categorise the suggestions in this guide, but as these are quotes from real people, the measures described may not always fit neatly into a single category or address all of its aspects. The 5As can also provide you with a framework to aid identification of any potential gaps in your vaccination program that could be addressed to help improve influenza vaccination uptake in the future.



### ACCESS

The ability of individuals to be reached by, or to reach recommended vaccines.



### AFFORDABILITY

The ability of individuals to afford vaccination, both in terms of financial costs, and non-financial costs like time.



### AWARENESS

The degree to which individuals have knowledge of the need for, and the availability of recommended vaccines and their objective benefits and risks.



### ACCEPTANCE

The degree to which individuals accept, question, or refuse vaccination.



### ACTIVATION

The degree to which individuals are nudged toward vaccine uptake.

# ACCESS



## What the research said

Access is a bigger issue in larger hospitals, where the number of staff and sites can complicate the logistics of coverage. Availability of vaccination for shift workers is an issue, and the logistics of coordinating vaccine access with the surge in interest at the beginning of the vaccination season can be challenging. A lack of resource and financial support limits accessibility, but presents a very difficult issue to address.

## Offer broad availability

**Adapt clinic hours so all staff, including weekend and shift workers, and those in all locations, have the opportunity to be vaccinated at work:**

*"You've got to cater for the workforce, so if your workforces are across 10 campuses, you need to offer sessions across 10 campuses."*

*"We've added more times and dates for the night nurses and the night staff... we endeavour to be there early in the morning before they go home."*

## Certify nurse vaccinators

**Certifying nursing staff from each ward as vaccinators and keeping vaccines on hand in ward medication fridges can spread the workload of vaccinating amongst more people and improve accessibility:**

*"That has taken the weight off because, prior to that, we as a team were personally vaccinating 2500 staff... We increased the percentage of people that were vaccinated ... because we don't work weekends and we don't work nights, so this way allowed us to pick up those other staff that we would normally otherwise miss."*

## Manage demand

**Allocating resources to take advantage of the surge in demand at the beginning of vaccination season could help maximise vaccine uptake:**

*"There is a lot of expectation that you will give the flu vaccines to people when they want them rather than when they're available."*

**Otherwise, advertising vaccine availability to departments individually and sequentially, in order of priority, can help manage resources and staff expectations:**

*"I don't advertise to the whole hospital because I find if I do that all staff come and it's far too overwhelming for that local department. I often email management, the department heads and the managers of the compulsory departments... beyond that I would advertise a schedule."*

## Incentivise people to seek vaccination

**Mass vaccination events coupled with an incentive such as a BBQ or afternoon tea, can attract staff to a vaccination site:**

*"We say 'if you've been vaccinated, come and get a hamburger on us. If you haven't been vaccinated then we can vaccinate you there and then. So we kind of do a bit of a mop up halfway through the season."*

# AFFORDABILITY



## What the research said

Time is a key issue for many staff members who may be dealing with demanding, busy, and at times overwhelming professional and personal lives, and may be reluctant or unable to leave their shifts to be vaccinated. There are parts of the vaccination process that could benefit from improved efficiency.

## Consider mobile vaccination

**Taking the vaccines to the staff member rather than having them go to the vaccination clinic was the top suggestion respondents made to increase vaccine uptake:**

*"We load up a vaccine trolley, so we have the consumables, the lollies, the consent forms, and the vaccines, and safety gear down the bottom, and we walk around the building."*

*"I've got a busy ICU or a busy theatre and I roll around and say 'we're here'. They are really grateful because they're often too busy to leave the ward. Clinicians hope to get vaccinated, mostly, and really if you make it easy for them, then they participate."*

**Another positive aspect of mobile vaccination is that it gives the vaccination program visibility throughout the hospital:**

*"I can just walk around the hospital with my trolley, with my vaccines and just as people see me they'll say 'can I have one?'"*

**Facilities have reported positive results after going mobile:**

*"When I first started... I had set clinic times and days, and I wasn't getting as good an uptake. When I decided to become more mobile, I almost doubled the uptake."*

## Improve the efficiency of vaccination

**Online or early access to consent forms can streamline the process:**

*"We encourage them to have the consent form signed already and have all the information, like the Medicare number, the employee number, so that when they actually show up in the clinic it's just a smooth flow."*



**"When I decided to become more mobile, I almost doubled the uptake"**



# AWARENESS



## What the research said

Communication around COVID-19 displaced and confused much of the messaging around influenza vaccination in recent times. Some immunisers felt that the support of their hospital executive would be helpful to increase campaign awareness and uptake, and the importance of managerial staff as vaccination advocates was emphasised. Staff who do not use email as part of their jobs, and those from diverse backgrounds require visual or face-to-face engagement tactics.

## Stay up to date with COVID-19 recommendations

Understand and clearly communicate information around influenza vaccination in the context of COVID-19. Clear messaging on issues such as waiting periods between vaccinations or the possibility of co-administration, the importance of herd immunity, avoiding co-infection, and the threat of a rebound influenza season may reduce confusion and motivate staff to receive the influenza vaccine:

*"You don't want to have influenza and COVID-19 at the same time, so it's important that staff members understand that (influenza vaccination) is also important."*

## Engage the hospital executive

Top-down advocacy and active involvement of the executive in communicating the campaign drives awareness of both the program and the benefit of vaccination:

*"For a campaign to be successful, it has to be driven not just by the department, but by the hospital and by the board, so it's not just you going out there, but knowing that you are supported by your board of management, your Chief Executive and other executive staff in promoting the campaign."*

## Enlist managers as "vaccine champions"

The relationship and influence managers have on their staff place them in an ideal position to champion influenza vaccination:

*"The Nursing Unit Manager is a real advocate of getting this vaccination so she's very proactive during that particular time with her staff."*

## Use posters and face-to-face communication alongside email

While most staff will be reached by emails, which are an effective tool, posters and face-to-face communication are vital to raise awareness amongst staff, such as cleaners, who may not have regular computer access:

*"I also put up posters around the health facility for those who don't have access to the emails. In general, word of mouth works very well in our facility too."*

## Accommodate staff from diverse backgrounds

Consider alternate routes to communicate with staff who are not of an English-speaking background so they are aware of the campaign, and have the information to make an informed decision:

*"We've got a lot of people where English is not their first language ...we do a face-to-face session with them and their manager... we give them the information ahead of time and they have the opportunity to ask questions in a private discussion."*

# ACCEPTANCE



## What the research said

Where vaccination is not mandated, complacency was a bigger barrier to vaccine uptake than refusal. Education is key to acceptance, and training is required for those who are likely to encounter questions from staff members. Vaccination technique and needle-phobia may be a cause of hesitation for some staff.

## Implement a 100% documentation policy

Time pressures or vaccine hesitancy can cause staff to ignore reminders to be vaccinated, as this requires action. Requiring an action either way, in the form of documented consent or declination, has been successful in increasing uptake:

*"What we say here is document your decision whatever it is because we want 100 percent documentation rather than 100 percent vaccinated... We get an excellent outcome because our clinicians know we just need a decision."*

## Provide education that addresses a variety of common objections

Different people have different concerns around receiving the influenza vaccine and respond to a variety of persuasive tactics. Tapping into each individual's internal motivations is key:

*"Some of my staff tell me they don't get the flu so they don't need to be vaccinated. My response is that it's not necessarily just about you, you may not get symptoms, but you can pass it on to your patients and your family."*

*"We have internal mass media refreshed every week. We have several stories that we run in which we address myths. For each week we have a different story, so for one week it might be 'I never get the flu, why should I have the vaccine' for example."*

## Upskill nurse vaccinators and managers

These staff members are likely to be a point of contact for members of staff who have questions about influenza vaccination. It is important that they are educated to engage on any concerns in an informed and positive manner:

*"A common question is 'I'm allergic to a specific antibiotic, is that in the vaccine this year?'. We give a pack to all of our nurse immunisers which helps address common questions like this."*

## Optimise the vaccination experience

If staff members have a good experience being vaccinated they will be more likely to return the next year. An important aspect of this is vaccination technique:

*"When I vaccinate them I tend to do it quickly, I tend to get the skin firmly between my fingers so that the needle goes in quickly and smoothly, and take it out almost as quickly as I put it in and put the Band-Aid on the top of it and off they go, Most people prefer me to do it than anybody else."*

**It is also important to accommodate staff with a needle phobia. Ensure a private space is available and refrain from using needles in promotional material:**

*"Sometimes there are a body of clinicians who have had bad vaccine experiences or bad needle phobia, and so providing some privacy for them is important as they might cry, they might want to lay down, they're terrified, they can't wait in a queue, so really having an 'I don't like needles' service is important."*

**And incentives remain popular:**

*"There would be a riot if I didn't offer lollies."*

# ACTIVATION



## What the research said

Visibility and reminders are important to maintain ongoing awareness and drive uptake during influenza vaccination campaigns. Personal engagement and follow-up are important to address those who have not yet been vaccinated, but this can be difficult in a larger facility.

### Remind staff throughout the campaign

**Interest in vaccination drops off after the beginning of a campaign:**

*"In the initial phase of any annual flu campaign, you have hundreds of people lining up who are very eager to have their vaccine ... at the end of our flu vaccine campaign, we're picking them off one at a time"*

**Reminders throughout a campaign can help maintain vaccine uptake. These should be sent to all staff, not just those for whom vaccination is compulsory:**

*"We're emailing each clinician maybe ten times across the campaign, to say 'hey, it's available, this is where you go, or have you had it with another provider? tell us.'"*

### Engage unvaccinated staff personally

**Personal reminders create accountability:**

*"You do need to be very engaged. I think it's also about being visible, it's about walking around and saying 'Hey, Jane, what's happening with your flu vaccine this year?'"*

**In larger hospitals, this may be achieved by asking managers to engage with their staff on your behalf. Reminder lists of staff who have not taken up the vaccine may be shared:**

*"Every two weeks I send a report to each department notifying them who hasn't had a vaccination yet...they usually chase them up for me, so we've gone from sitting down in the doldrums in the 60s to almost 90% in about 3 weeks."*

**To reach all staff personally without wasting resources, it is important that HR maintain and share up-to-date staff lists:**

*"Staff might be on long-term leave, have left during the campaign, so having HR link to our dataset is really important because then they can be removed from the dataset."*

### Be hard to miss

**A highly visible campaign acts as a constant reminder that vaccination is available. Visual aids may compel staff to seek vaccination:**

*"I walked around in my little fluoro flu vest and people saw me and thought 'oh yeah, I want to get my flu shot.'"*

*"Everybody gets a sticker, and a lollipop, people notice those, and actually wear the sticker proudly I think to say 'yes, I've been done'. People have told me that they've seen the stickers and that's what's reminded them to pop around. Or they'll see someone walking around with a lollipop and they'll go 'I knew it was flu season again, yeah, the vaccination season'. So it is the visual cues."*



# OUR RESOURCES

The screenshot shows the Vaxiplace website interface. The top navigation bar includes links for My Account, Saved, Contact Rep, Notifications, and Logout. The main menu features VAXIPLACE, VACCINES, DISEASE DIRECTORY, INFLUENZA IN PRACTICE, NEWS & RESEARCH, and LEARNING & RESOURCES. The page title is "Healthcare Worker Hub Influenza Vaccination Program".

The content area states: "This Hub contains dedicated on-demand content for Staff Health Coordinators to support the rollout of your influenza vaccination program. Our aim was to pull together innovative, engaging and useable content into one place for easy access, to help you protect more staff and patients from influenza."

Three sections are listed:

- Section 1 - Medical Education
- Section 2 - Resource Materials Collection
- Section 3 - Related External Content

Three resource cards are displayed:

- Best practice from Australia**: Staff Health Coordinators around Australia face similar challenges rolling out influenza vaccination programs, so we engaged IQVIA research to explore what strategies were most effective in maximising uptake of their program. This document summarises the findings to inspire change by sharing best practice. (PDF 1.01 MB)
- Policies & practices from around the world**: A recent review analysed the success of various interventions to increase vaccination coverage in healthcare facilities around the world. The review highlighted that what makes the difference in exceeding 80% vaccination uptake is a result of policies, incentives and combined interventions. We've taken these specific interventions and looked at how they are being applied both locally and around the world. (PDF 1.01 MB)
- On demand webinar - Communicating with impact**: (Watch)
- Behavioural & Social Drivers of influenza vaccination uptake**: Assoc Prof Holly Seale, Social Scientist from UNSW gives us a brief insight into how to best communicate with healthcare workers in order to improve acceptance and uptake of influenza vaccination. (PDF 337.05 KB)

We have a number of resources available to support your influenza vaccination campaign at [www.vaxiplace.com.au/healthcareworkers](http://www.vaxiplace.com.au/healthcareworkers)

**Protect yourself and your patients from INFLUENZA**

**Vaccination is the best way to prevent influenza and its complications.<sup>1</sup>**

Speak to your staff nurse or healthcare provider for more information on influenza vaccination.

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References: 1. WHO Influenza (Seasonal) - Influenza virus infection (WHO Fact Sheet) (Accessed June 2022). 2. Australian Government Department of Health. The National Immunisation Handbook 12th ed. 2017 update. Canberra: Australian Government Department of Health; 2017. 3. Australian Government Department of Health. Influenza virus infection (WHO Fact Sheet) (Accessed June 2022). 4. Australian Government Department of Health. Influenza virus infection (WHO Fact Sheet) (Accessed June 2022). 5. Australian Government Department of Health. Influenza virus infection (WHO Fact Sheet) (Accessed June 2022). 6. Australian Government Department of Health. Influenza virus infection (WHO Fact Sheet) (Accessed June 2022). 7. Australian Government Department of Health. Influenza virus infection (WHO Fact Sheet) (Accessed June 2022). 8. Australian Government Department of Health. Influenza virus infection (WHO Fact Sheet) (Accessed June 2022). 9. Australian Government Department of Health. Influenza virus infection (WHO Fact Sheet) (Accessed June 2022). 10. Australian Government Department of Health. Influenza virus infection (WHO Fact Sheet) (Accessed June 2022). 11. Australian Government Department of Health. Influenza virus infection (WHO Fact Sheet) (Accessed June 2022). 12. Australian Government Department of Health. Influenza virus infection (WHO Fact Sheet) (Accessed June 2022).

**Did you know?**

- You can not get influenza from the vaccine. The vaccine is inactivated, hence, it does not contain any live viruses and cannot cause the illness. Some people may experience mild flu-like symptoms after having the influenza vaccine but these should only last a few days.<sup>1</sup>
- You can come down with influenza close to receiving your vaccine or just after, as it takes about 2 weeks for your body to respond after vaccination.<sup>2</sup>
- Vaccines, like other medicines, can have side effects, however the majority of side effects are minor. Common side effects following influenza vaccination include soreness, redness, pain and swelling at the injection site, drowsiness, headache, muscle aches and low grade temperature.<sup>3</sup>
- These side effects are usually mild and go away within a few days, usually without any treatment. Serious reactions to immunisation are very rare, however if they do occur a doctor should be consulted.<sup>4</sup>

**Have you had your annual influenza vaccination?**

Speak to your staff nurse or healthcare provider for more information on influenza vaccination.

**Protect yourself and your patients from INFLUENZA**

**Vaccination is the best way to prevent influenza and its complications.<sup>1</sup>**

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**Why is it important for healthcare workers to have an annual influenza vaccination?**

As a healthcare worker, you are recognised as a priority group strongly recommended for annual influenza vaccination by the World Health Organisation and the local recommending body, the Australian Technical Advisory Group on Immunisation (ATAGI).<sup>1,2</sup>

- The influenza virus is highly contagious, and can easily spread from person to person:
  - when inhaling the respiratory aerosols produced by an infected person coughing, sneezing or talking<sup>3</sup>
  - by touching contaminated surfaces or objects such as door knobs, phones etc then touching your eyes, mouth or nose.<sup>4</sup>
- Influenza can be debilitating, and is more severe than a cold where you mostly have a runny nose and sore throat. Influenza has a sudden onset of symptoms that can include a fever, body aches, chills and severe cough, which can last for up to 2 weeks.<sup>5</sup>
- Due to close contact with patients, healthcare workers have a higher chance of contracting influenza.<sup>6</sup>
- As a duty of care to vulnerable patients i.e. if influenza is passed on to an elderly patient, infant or someone with underlying conditions, the consequences may be severe.<sup>7</sup>
- Help protect your family from influenza, and consider what may be missed if any of you are unwell e.g. holidays, days of work as a carer.<sup>8</sup>
- If you have influenza, you can be infectious to others for the 24 hours before symptoms start and continue to be infectious for about a week after symptoms start.<sup>9</sup>
- Influenza vaccination is the most effective method of preventing influenza.<sup>10</sup> In terms of the efficacy and effectiveness of influenza vaccine, this depends primarily on the age and health of the vaccine recipient and the degree of similarity between the virus strains in the vaccine and those circulating in the community.<sup>11</sup>
- There are many benefits from influenza vaccination and preventing influenza is always important, but in the context of the COVID-19 pandemic, it's even more important to do everything possible to reduce illnesses and preserve scarce health care resources.<sup>12</sup>
- The influenza virus is constantly changing which means the vaccine needs to change each year as the virus does. Protection from an influenza vaccine also fades over time. So, yearly influenza vaccination is recommended to renew your protection.<sup>13</sup>
- The influenza virus does not discriminate. Even fit and healthy people can catch influenza. The past is no predictor of the future.
- The influenza virus does not discriminate. Even fit and healthy people can catch influenza. The past is no predictor of the future.

**Vaccination is the best way to prevent influenza and its complications.<sup>1</sup>**

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**Sanofi wishes to thank our research participants for their ideas and insights. We hope that you have found this information useful.**

Respondents (n=12) were located in NSW (n=5), Vic (n=5), ACT (n=1) and WA (n=1), and worked in small (n=5), medium (n=3) and large (n=4) hospitals. Hospital size was defined by number of staff. Small <1000, medium 1000–2000, large >2000. Respondents averaged 7 years of experience in a staff vaccination coordinator role and were responsible for vaccinating an average of 2,681 staff members.



# ARE YOU PREPARED FOR INFLUENZA SEASON?

## Your Actions

What are the top three ideas you can apply to your influenza vaccination program this year?

1

2

3

With more time, what ideas could you apply to your influenza vaccination program next year and in the future?

**If you have any innovative best practice initiatives you'd like to share with your peers, please email us at [vaxiplace@sanofi.com](mailto:vaxiplace@sanofi.com)**