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Abstract (poster session)

Vaccination coverage against influenza amongst healthcare workers (HCW) in a Swiss tertiary-care university hospital: differences between seasonal and pandemic A(H1N1) 2009 influenza

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Introduction: Despite existing recommendation to vaccinate HCW against seasonal influenza (SI) and active vaccination promotion (information, free vaccination, proximity vaccination teams during different work shifts), only 30% of HCW in our hospital are vaccinated against SI every year. In 2009, vaccination coverage against pandemic A(H1N1) influenza (PI) reached 52%. This study investigated the determinants of this higher coverage, and assessed the impact of a new policy requiring unvaccinated HCW to wear a face mask during patient care. **Methods:** Retrospective, cross-sectional study in a Swiss, 1023-bed, tertiary care university hospital. An anonymous questionnaire distributed in August 2010 collected self-declared SI and PI vaccination status, motives for vaccine acceptance or refusal, and demographical data. HCW in ICU, emergency service, internal medicine and onco-hematology wards were included. **Results:** Response rate was 54% (472/877). Mean age was 36±9 years. Most of the respondents were women (68%), 57% were nurses and 25% physicians. Non-professional indications to get vaccinated during the PI season were chronic illness (9.5%), living with a chronically ill person (3.4%), with a pregnant woman or a child <2 years (13%), or pregnancy (3.9% of women). The new mask policy was perceived as fair by 70%. Self-reported vaccination coverage was 64% for PI, and 53% for SI. Main motives for PI, resp. SI vaccination acceptance were: patient- (82%, 92%), relative- (76%, 72%) and self-protection (69%, 72%). Factors demoting PI, resp. SI vaccination were: preference to wear a surgical mask (80%, N/A for SI), fear of adverse effects (64%, 50%), concerns about vaccine efficacy (44%, 35%), and usual avoidance of medications (58%, 56%). PI vaccine acceptance was independently associated with being a physician (OR 7.7; 95%CI 3.1-19.1), being vaccinated against SI (OR 9.5; 95%CI 5.5-16.4), living with a pregnant woman or a child <2 y.o. (OR 5.8; 95%CI 2.3-14.8), HCW experience of more than 9 years (OR 2.3; 95%CI 1.4-3.7) and feeling uncomfortable wearing a mask (OR 1.7; 95%CI 1.0-2.8). **Conclusion:** Being a physician was a strong predictor of PI and SI vaccination acceptance. Motivations were similar for PI and SI, and mainly altruistic. The new mask policy promoted PI vaccination; it may also have been counter-productive, however, as it offered an alternative to vaccination that was well accepted but of uncertain impact on nosocomial influenza.