The World Medical Association Campaign for Physician Immunization to Prevent Influenza Outbreaks

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World Medical Association (WMA)

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Outline

• Background
• Immunization of healthcare workers
• WMA Campaign Phase I (2013 – 2014)
• WMA Campaign Phase II (2014 – 2016)
World Medical Association

• Global federation of national member associations representing over 9 million physicians in more than 100 countries
• Leading member of the World Health Professions Alliance (WHPA)
• Strives to achieve the highest international standard of medical education, medical ethics and healthcare for all people in the world
WMA Immunization Policy

WMA Statement on the Prioritisation of Immunisation

Adopted by the 63rd WMA General Assembly, Bangkok, Thailand, October 2012

PREAMBLE

Vaccination use to prevent against disease was first done successfully by Jenner in 1796 when he used cowpox material for vaccination against smallpox. Since then, vaccination and immunisation have been acknowledged as an effective preventive strategy for several communicable diseases and are now being developed for the control of some non-communicable diseases.

Vaccines and immunisation are some of the most significant interventions to influence global health in modern times. It is estimated that immunisation currently prevents approximately 2.5 million deaths every year, saving lives from diseases such as diphtheria, tetanus, whooping cough (pertussis) and measles. Approximately 106 million children under the age of one are fully vaccinated with the diphtheria-tetanus-pertussis (DTP3) vaccine alone.

Mostly the ultimate goal of immunisation is the total eradication of a communicable disease. This was achieved for smallpox in 1980 and there is a realistic goal for the eradication of polio within the next few years.

The Global Immunisation Vision Strategy (GVS) 2006-2015 was developed by the WHO and UNICEF in the hope of reaching target populations who currently do not have immunisation services or who do not have an adequate level of coverage.

The four strategies promoted in this vision are:

- Protecting more people in a changing world
- Introducing new vaccines and technologies
- Integrating immunisation with other health interventions and surveillance in the health systems context
- Immunising in the context of global interdependence

Vaccine research is constantly revealing new possibilities to protect populations from serious health threats. Additionally, new strains of diseases emerge requiring the adaptation of vaccines in order to offer protection.

The process of immunisation requires an environment that is secured with appropriate materials and health workers to ensure the administration of vaccines. Administration of vaccines often requires injections, and while procedures for injections must always be followed.

Immunisation schedules can vary according to the type of vaccine, some requiring multiple administrations to be effective. It is vital that the full schedule is followed otherwise the effectiveness of the vaccine may be compromised.

The benefits of immunisation have had a profound effect on populations, not only in terms of preventing illness but also in permitting resources previously required to treat the diseases to be redirected to other health priorities. Healthier populations are economically beneficial and can contribute more to society.

Reducing child mortality is the fourth of the United Nations Millennium Development Goals, with immunisation of children having a significant impact on mortality rates on children aged under five. According to the WHO, there are still more than 19 million children who have not received the DTP3 vaccine. In addition, basic health care services for maternal health with qualified health care personnel must be established.

Immunisation of adults for diseases such as influenza and pneumococcal infections has been shown to be effective, not only in decreasing the number of cases amongst those that have received immunisation but also in decreasing the disease burden in society.

The medical profession announces any claims that are unfounded and inaccurate with respect to the possible dangers of vaccine administration. Claims such as these have resulted in diminished immunisation rates in some countries. The result is that the incidences of the diseases to be prevented have increased with serious consequences for a number of persons.

Countries differ in immunisation priorities, with the prevalence and risk of diseases varying among populations. Not all countries have the same coverage rates, nor do they have the resources to acquire, coordinate, distribute or effectively administer vaccines to their populations, often relying on non-governmental organizations to support immunisation programmes. These organizations in turn often rely on external funding that may not be secure. In times of global financial crises, funding for such programmes is under considerable pressure.

The risk of health complications from vaccine-preventable diseases is greatest in those who experience barriers in accessing immunisation services. These barriers could be cost, location, lack of awareness of immunisation services and their health benefits or other limiting factors.
Why Influenza? The Problem

- 250,000 – 500,000 annual deaths globally
- 3.5 million cases of severe illness
- More than 200,000 hospitalizations in USA alone
- $10.4 billion of direct medical costs annually
- Additional costs from workplace absenteeism and disruption of services
- 11-59% of healthcare workers get the virus while caring for infected patients
- Affects already vulnerable populations: children, older adults, pregnant women, the immunocompromised
- Healthcare worker vaccination rates are low – by some estimates around 64% in the USA

Figure 1. Flu vaccination coverage among health care personnel by early November and early April, for 2010-11, 2011-12, and 2012-13 flu seasons, and early November for 2013-14 flu season, Internet panel survey, United States.
Figure 2. Flu vaccination coverage among health care personnel by occupation, Internet panel survey, United States, early November 2013

- Pharmacist (n = 77): 89.9%
- Physician (n = 297): 84.3%
- Nurse (n = 204): 79.3%
- Nurse Practitioner/Physician Assistant (n = 126): 77.8%
- Other clinical personnel† (n = 620): 71.1%
- Administrative support staff or manager/non-clinical support staff (n = 504): 54.0%
- Assistant/Aide (n = 133): 49.2%
Figure 3. Flu vaccination coverage among health care personnel by work setting, Internet panel survey, United States, early November 2013

- Hospital: 79.0%
- Ambulatory care: 60.5%
- Long-term care facility: 52.6%
- Other settings: 55.5%

Sample sizes: Hospital: n = 872, Ambulatory care: n = 644, Long-term care facility: n = 289, Other settings: n = 441
Figure 4. Flu vaccination coverage among health care personnel by age group, Internet panel survey, United States, early November 2013

- 18-49: 62.3%
- 50-64: 63.5%
- ≥ 65: 67.8%

Bars represent percentage vaccinated.
Figure 5. Flu vaccination coverage among health care personnel by vaccination requirement status, Internet panel survey, United States, early November 2013

- Required: 88.8% (n = 662)
- Recommended: 70.1% (n = 451)
- Neither: 44.3% (n = 872)
Figure 6. Reported place that health care personnel received flu vaccinations (n = 1,394), Internet panel survey, United States, early November 2013

- At work: 72.6%
- Doctor’s office: 11.9%
- Pharmacy or drugstore or other store: 10.6%
- Other place: 5.0%
Figure 7. Main reason\(^5\) reported for receiving flu vaccination among vaccinated health care personnel (n = 1,394), Internet panel survey, United States, early November 2013

- To protect myself from flu: 42.6%
- My employer requires me to be vaccinated for flu: 22.5%
- To protect my friends or family from flu: 11.1%
- To protect patients from getting flu: 5.6%
- Flu vaccine was offered free of charge at work: 5.3%
The Solution: Immunization
Benefits of Immunization

• Vaccines are 70-90% effective at preventing influenza among healthy adults, reduce complications by 60% in the elderly and avoid 80% of deaths
• Vaccination of health workers has been linked to improved patient outcomes
• Reduces staff absenteeism
• Saves costs
• No disruption of health services – better quality care

Source: WHO. Influenza (Seasonal) Fact Sheet 211, 2009.
Planning the WMA Campaign
Influenza: We Can Do Better!

- Increase physicians’ awareness of the importance of influenza immunization among healthcare professionals to reduce nosocomial infections

- Encourage physicians to get vaccinated against influenza to serve as role model and protect their patients

- Enhance physicians communication skills to promote health and prevent disease
WMA Survey – Need for Advocacy and Education

- 46% response rate
- 42.2% considered influenza immunization a high priority
- 63.0% made influenza vaccination available to their staff
- 84.4% of respondents’ governments offered national recommendations regarding influenza immunization
- Only 20.0% said influenza vaccinations were fully reimbursed in their respective countries
- Universal need for educational materials “in a more understandable way”
- 75.7% requested toolkits with facts and figures
- 67.6% asked for web-based resources
- 13.5% requested draft letters to governments
Physicians’ Role in Health Promotion
Person-Centered Model

- Exploring the illness experience
- Considering the whole person
- Finding common ground
- Health promotion
- Enhancing the doctor-patient relationship

Patient Perceptions of Person-Centered Care

- Communication and partnership
- Personal relationship
- Health promotion
- Positive approach to diagnosis and prognosis
- Interest in the effect on life

Source: Little P., Everitt H. Observational study
The Systems Model of Clinical Preventive Care

Predisposing factors

Enabling factors

Healthcare delivery system, organizational factors

Preventive Activity Factors

Situational factors/cues to action

Preventive behavior

Outcomes

Reinforcing factors

WMA CAMPAIGN APPROACH

1. GRAB ATTENTION
   - Letter/Email/DM: as a formal invitation to WMA national members to join the initiative
   - Campaign banner: to intrigue WMA members or to promote the initiative on HCP targeted sites
   - Posters: to utilize offline mediums to raise HCPs awareness

2. EDUCATE
   - Webpage: a place online where HCPs can find out about the campaign
   - Pamphlet (online/offline): emotional arguments for immunization with stats
   - Factsheet (online/offline): with key facts on influenza (focus on physicians)
   - Infographic (online/offline): Provide info to debunk the myths surrounding influenza vaccination
   - Videos: demonstrate importance of getting vaccinated (using statistics) and communicate the ethical and moral duty of HCPs

3. CONVINCE
   - Testimonials: leveraging trusted HCP figures to convince and communicate on the ethical and moral duty of HCPs
   - Stakeholder meetings: to put influenza vaccination on the agenda of HCPs
   - Case study: leverage best in class case studies on Influenza vaccination from other hospitals & their HCPs

4. FACILITATE
   - Mobile clinics: to make it easy for HCPs to get vaccinated
   - Vaccination day: to have a scheduled, permanent annual vaccination day (local vaccination days for different regions/countries)

5. ADVOCATE
   - Letter: For NMAs to send to governments to buy-in their advocacy
   - Pledge pin: symbolic act for HCPs to demonstrate their commitment to other HCPs and communicate their ethical and moral duty
   - Social media: Advocate their stand on vaccination to HCP communities (locally or globally) by communicating their ethical and moral duty
   - Knowledge sharing: share videos/resources within HCP communities via social media

Note: Activities marked in purple are proposed for the next phase of the project
## Campaign Phase I

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<tr>
<th>Deliverables</th>
<th>Status</th>
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<tbody>
<tr>
<td>Survey</td>
<td>Completed</td>
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<tr>
<td>Luncheon during the WHA week</td>
<td>Completed</td>
</tr>
<tr>
<td>2 Videos (promotional and luncheon)</td>
<td>Completed</td>
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<tr>
<td>Letters to national associations, governments</td>
<td>Ongoing</td>
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<tr>
<td>Twitter strategy</td>
<td>Developed</td>
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<tr>
<td>Updated webpage</td>
<td>Work in progress</td>
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<tr>
<td>Campaign banner</td>
<td>Developed</td>
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<tr>
<td>Promotional calendar</td>
<td>Developed</td>
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<tr>
<td>Infographic</td>
<td>Completed</td>
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<tr>
<td>Communication with Advisory Board</td>
<td>Ongoing</td>
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<tr>
<td>Communication with national associations</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Presentations (Drs Wilson, Kloiber, Seyer, Collins)</td>
<td>Completed</td>
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Promotional Video

http://www.youtube.com/watch?feature=player_embedded&v=fLOQkKerpMs#t=0
Influenza: We Can Do Better!
Campaign Banner

I am.

It is my ethical and moral duty to provide quality care. I am immunised against the flu. Are you?

Protect yourself and those you care for. Get the flu vaccine!
WMA News

WMA Annual General Assembly
(09.09.2013) 16-19 October - Vila Gaia Cumbuco, Fortaleza, Brazil The annual ... Read more...

WMA Condemns Way of Importing Physicians by Brazil Government
(08.09.2013) Serious concerns have been raised by the World Medical Association about ... Read more...

WMA’s Revised Declaration of Helsinki to be Circulated for Further Debate and Approval
(28.08.2013) Further changes to the draft revision of the WMA’s Declaration of Helsinki ... Read more...

Latest Policies

WMA Council Resolution on Criminalisation of Medical Practice

WMA Council Resolution on Standardisation in Medical Practice and Patient Safety

WMA Council Resolution on Professor Cyril Karabus

> Read all latest Policies here

WMA Publications

WMA Medical Ethics Manual
The following translations of the WMA Medical Ethics Manual have been completed:

Choose Language
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> Read the WMA Medical Ethics Manual

Latest Activities

Influenza Immunization Campaign

Health Care in Danger Project (HCID)
I am...
I touch hundreds of lives each day.
I vaccinate against the flu.

Protect yourself and those you care for. Get vaccinated!
Protect yourself and those you care for.
Get the flu vaccine!
Overall, you can decrease peer infection by 98% and reduce patient mortality by 50%.

When you vaccinate:
- Children are 2 to 3 times more likely to get the flu.
- Pregnant women are hospitalised more than other women during flu season.
- 50% of those caring for infected patients get the flu.
- The flu is responsible for 3 to 5 million cases of severe illness every year.
- Studies show that patients are more likely to get the flu shot if their physicians are immunised.

When you do not vaccinate:
- More children, pregnant women, and caregivers will be affected.
- The flu can lead to severe illness and death.
- The flu shot is the best way to prevent the flu.
Campaign - Phase II

- **Enhance physicians’ advocacy skills** to address the barriers to the seasonal flu vaccinations on multiple levels (personal, organizational, national)
- **Enhance physicians’ communication skills** to promote seasonal influenza immunizations among vulnerable populations (the chronically ill, the elderly, pregnant women and children)
- **Increase WMA member national associations’ involvement** in the campaign
- **Identify influenza immunization “champions”** to serve as role models for physicians to increase their vaccination coverage against the seasonal flu
- **Expand the campaign to reach out to all healthcare professionals through WHPA**
- **Ensure the campaign’s visibility** at key global health events
WHO Recommended Target Groups for Immunization

PRIORITY RISK GROUPS
- Elderly
- People with underlying health conditions*
- Pregnant women
- Children 6-24 months old
- Healthcare workers

According to World Health Organisation
WMA Campaign Video

Protect Yourself and those you care for. Get the flu vaccine!
Thank you!