



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

Dr. Téa E.Collins
World Medical Association (WMA)

8 July 2014

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 used 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.

Vaccine development and administration 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 109 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 (GIVS) 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, other linked health interventions and
- Surveillance in the health systems context
- Immunizing in the context of global interdependence⁽¹⁾

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 resourced with appropriate materials and health workers to ensure the safe and effective administration of vaccines. Administration of vaccines often requires injections, and safety procedures for injections must always be followed.

Immunisation schedules can vary according to the type of vaccine, with some requiring multiple administrations to be effective. It is vitally important 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 ill health 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 Nation's 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 denounce 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 crisis, 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



Sources: CDC Update on Influenza Vaccination Among Healthcare Personnel, 2011.
WHO Influenza vaccines position paper, 2005.

**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**

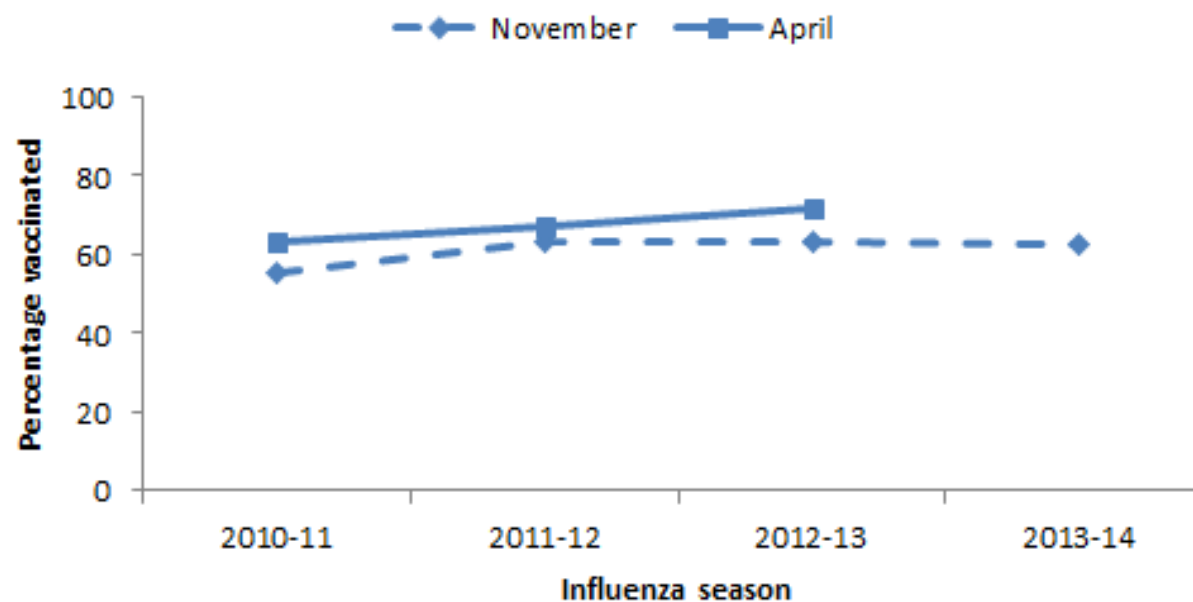


Figure 2. Flu vaccination coverage among health care personnel by occupation, Internet panel survey, United States, early November 2013

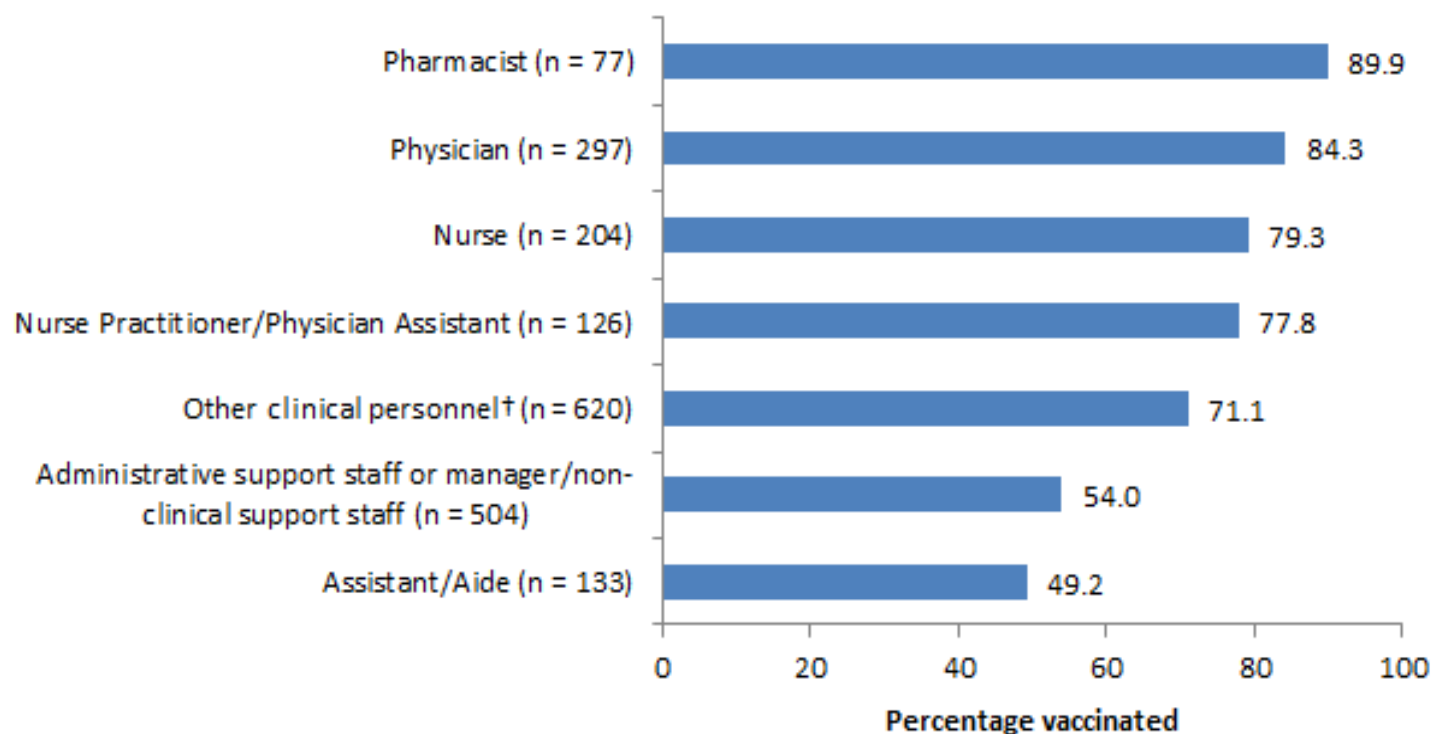


Figure 3. Flu vaccination coverage among health care personnel by work setting, Internet panel survey, United States, early November 2013

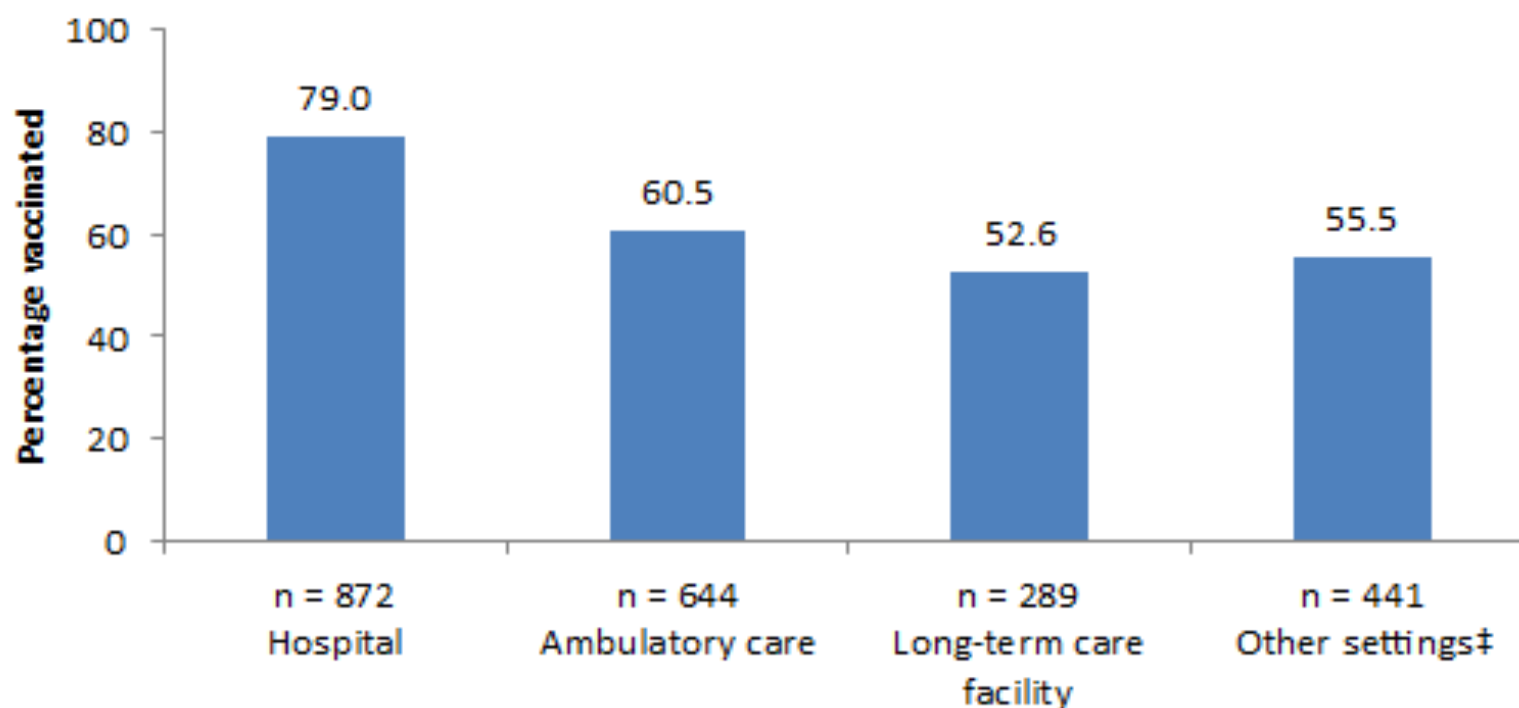


Figure 4. Flu vaccination coverage among health care personnel by age group, Internet panel survey, United States, early November 2013

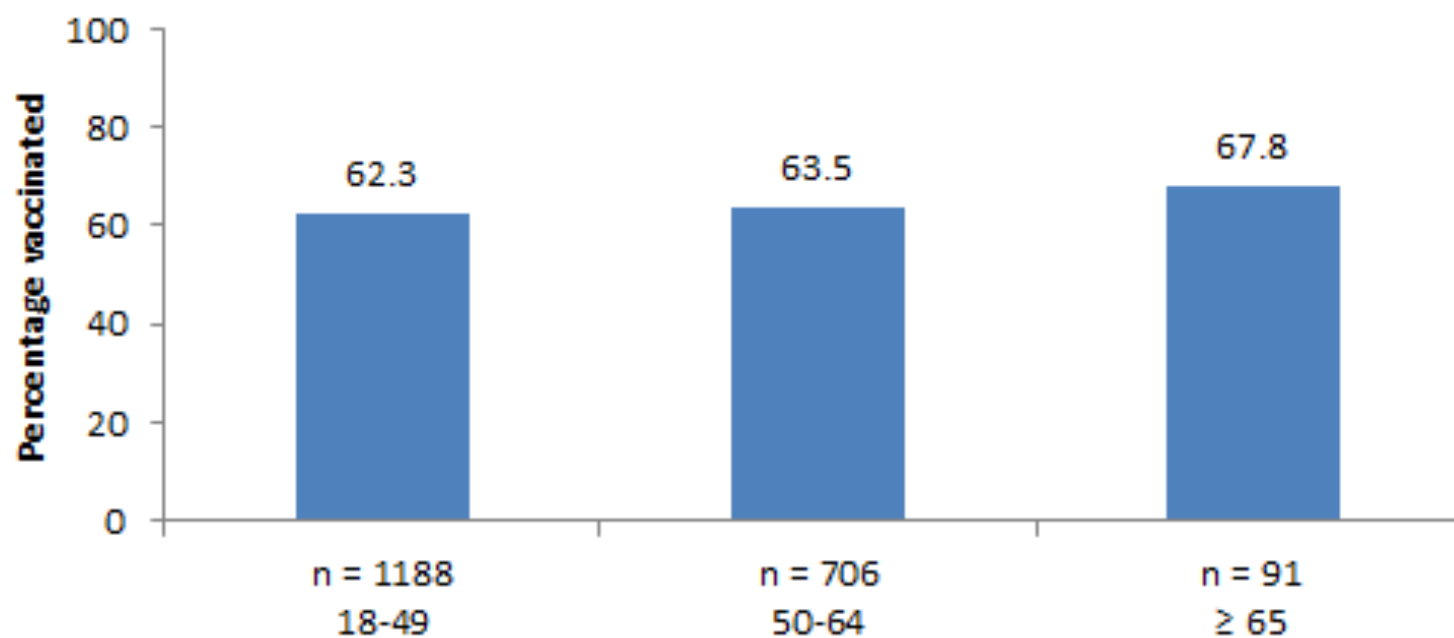


Figure 5. Flu vaccination coverage among health care personnel by vaccination requirement status, Internet panel survey, United States, early November 2013

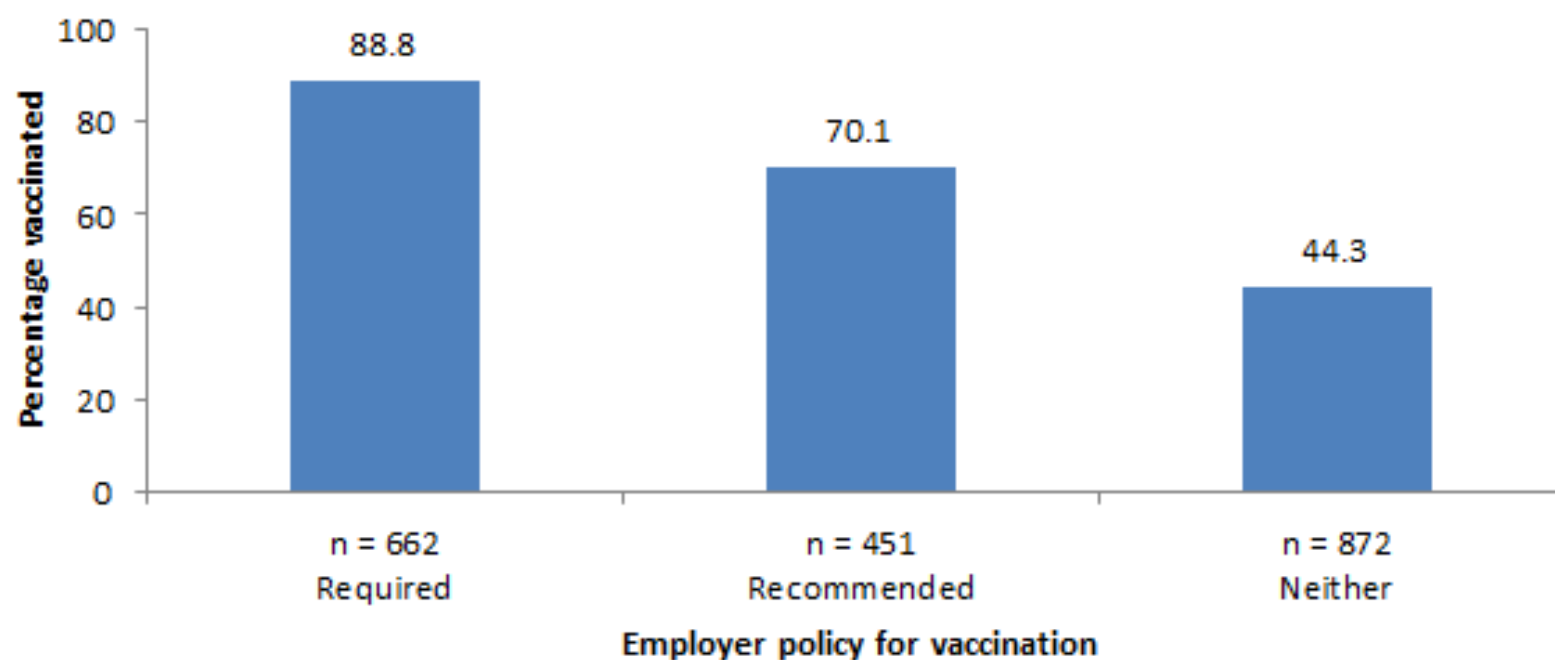


Figure 6. Reported place that health care personnel received flu vaccinations (n = 1,394), Internet panel survey, United States, early November 2013

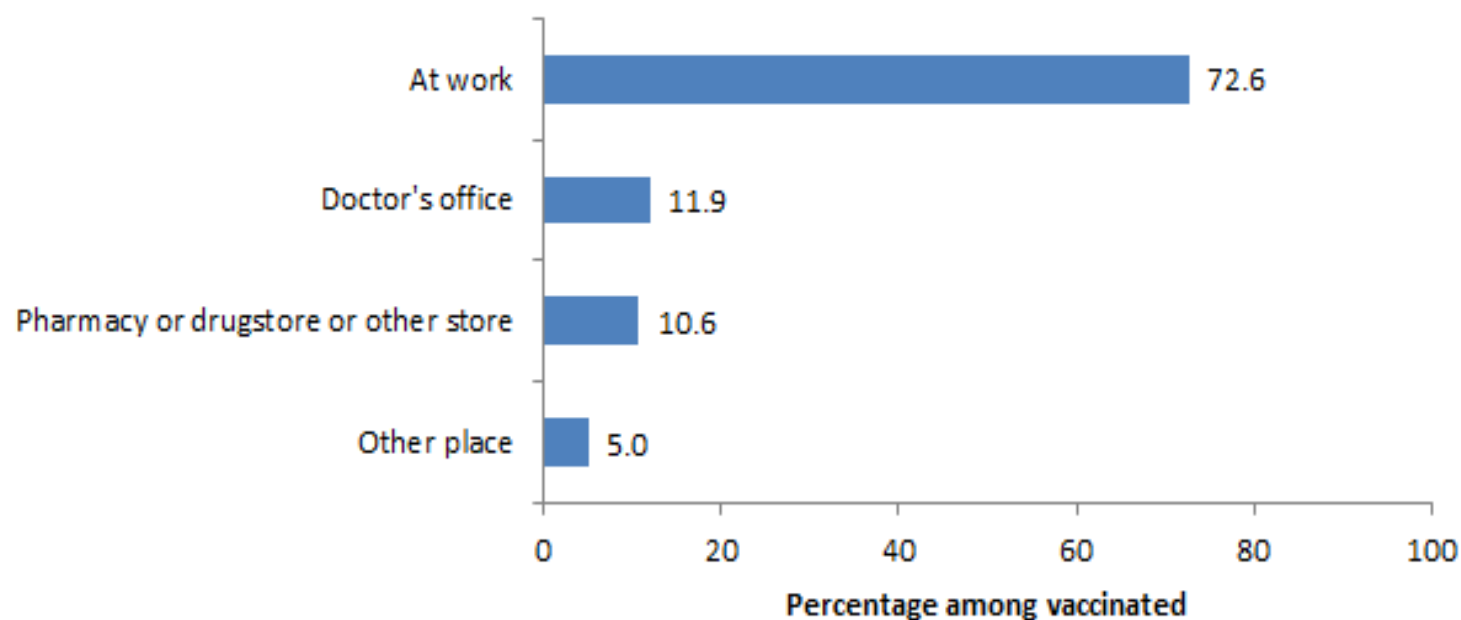
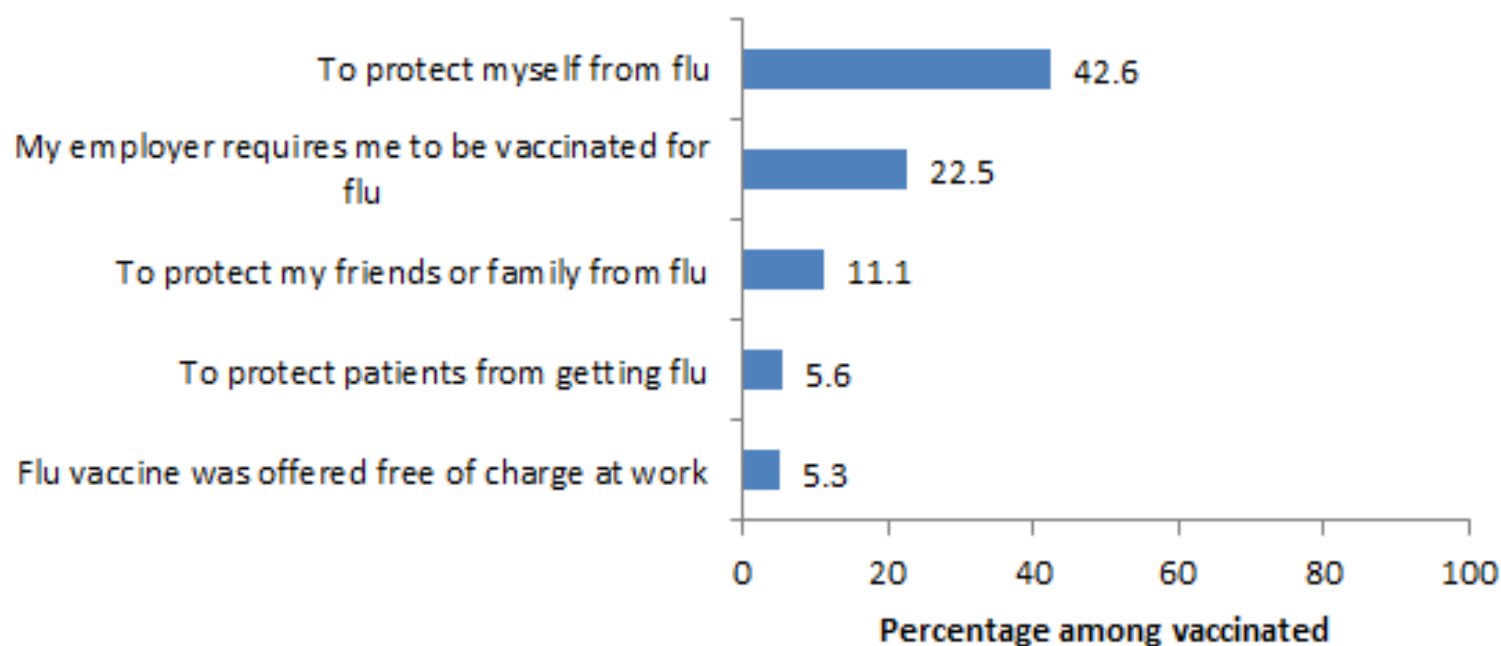


Figure 7. Main reason^s reported for receiving flu vaccination among vaccinated health care personnel (n = 1,394), Internet panel survey, United States, early November 2013



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



Source: Brown J, Stewart M, Tessier S. Assessing communication between patients and doctors: a manual for scoring patient-centered communication, London, 1995.

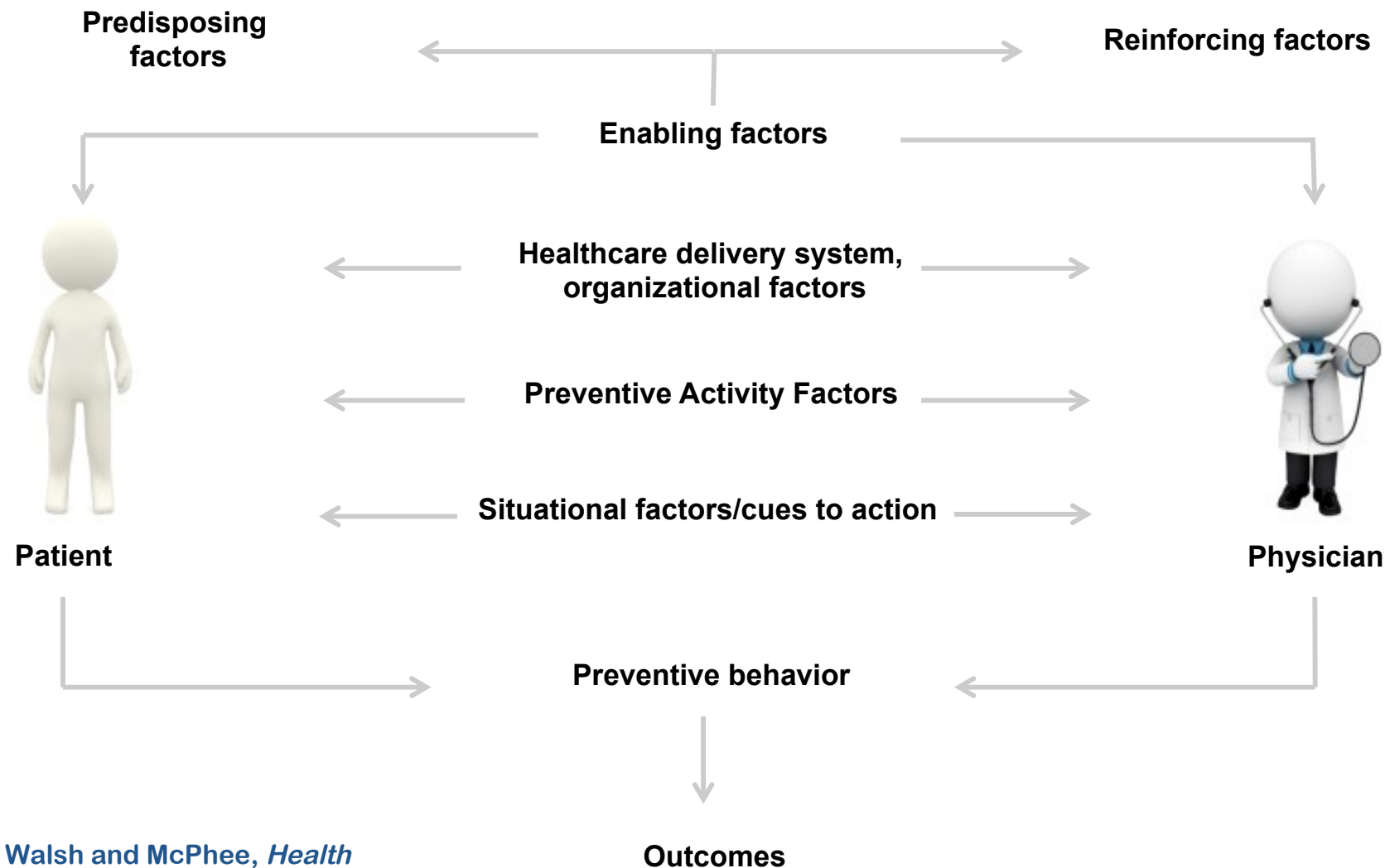
Patient Perceptions of Person-Centered Care



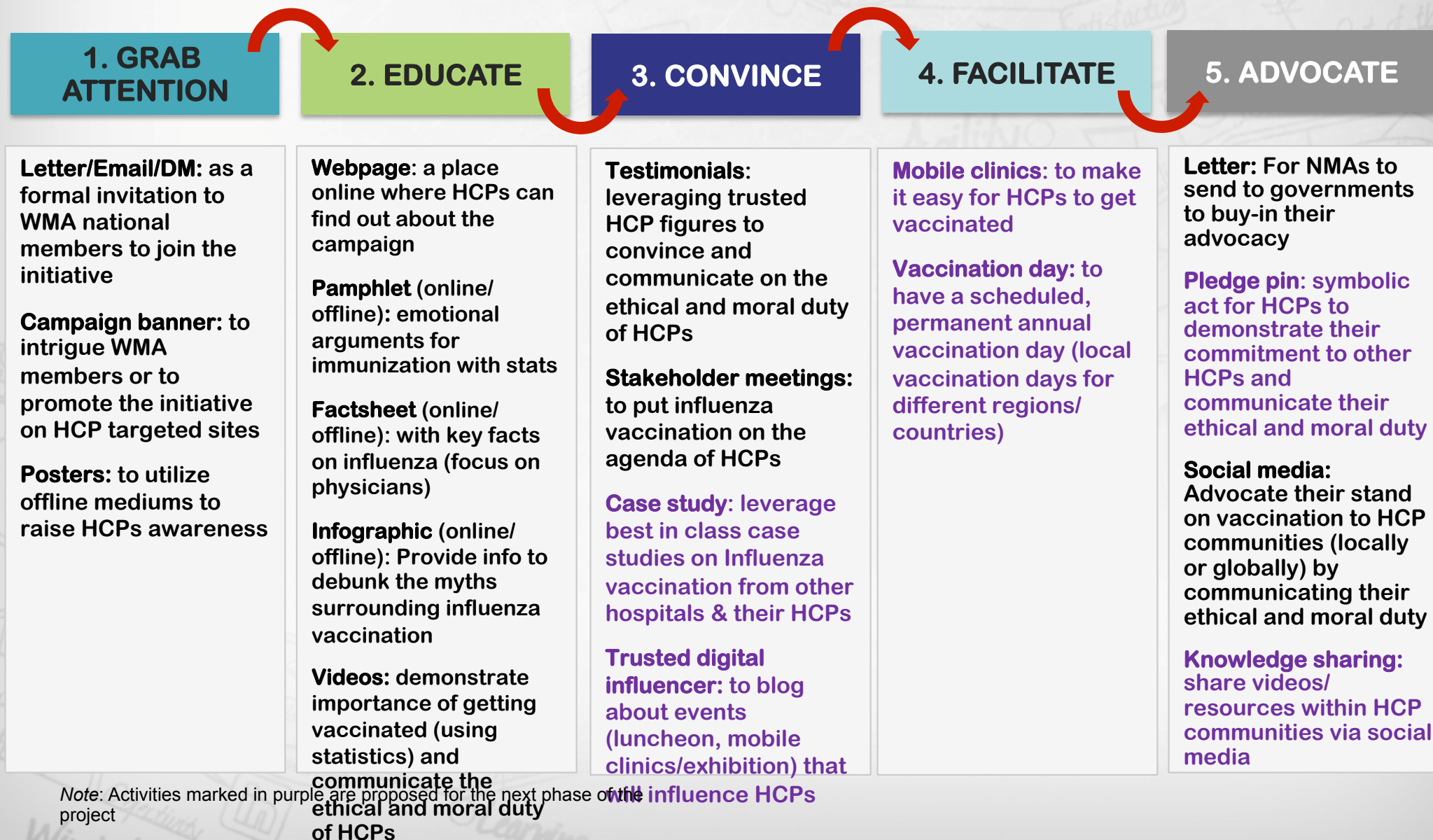
- Communication and partnership
- Personal relationship
- Health promotion
- Positive approach to diagnosis and prognosis
- Interest in the effect on life

Source: Little P., Everitt H. Observational study

The Systems Model of Clinical Preventive Care



WMA CAMPAIGN APPROACH



Campaign Phase I



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

Promotional Video



[http://www.youtube.com/watch?
feature=player_embedded&v=fLOQkKerpMs#t=0](http://www.youtube.com/watch?feature=player_embedded&v=fLOQkKerpMs#t=0)

Influenza: We Can Do Better!



Luncheon Video



http://www.youtube.com/watch?v=2FSjBFEYCFE&feature=player_embedded#t=0

Campaign Banner





English Español Français

Members' Area

Home What we do Publications Media Events About us Education JDN

World Medical Association



I am.

I am immunised against the flu. Are you?

Protect yourself and those you care for. Get the flu vaccine! [Learn more](#)

Who we are



What we do



Join us



Web-based Courses

Microbial Resistance CME

Treatment of Multidrug-Resistant Tuberculosis (MDR-TB)

Treatment of Tuberculosis (TB)

[> More courses here](#)



First Announcement and Call for Abstracts

UNESCO Chair in Bioethics
World Conference
**BIOETHICS, MEDICAL ETHICS
& HEALTH LAW**
Towards the 21st Century
Royal Continental Congress Center

Print

PDF

Send

Follow

Me gusta

A 1485 personas les gusta esto. Sé el primero de tus amigos.

Adjust font size...

WMA News

WMA Annual General Assembly

(09.09.2013) 16-19 October - Vila Galé Cumbuco, Fortaleza, Brazil The annual ... [Read more...](#)

WMA Condemns Way of Importing Physicians by Brazil Government

(06.09.2013) 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...](#)

[> More news here](#)

Latest Activities

Influenza Immunization Campaign

Health Care in Danger Project (HCID)

Latest Policies

Search for 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

Download

[> Read the WMA Medical Ethics Manual](#)





I am.

I touch hundreds of lives each day.
I vaccinate against the flu.

Protect yourself and those you
care for. Get vaccinated!



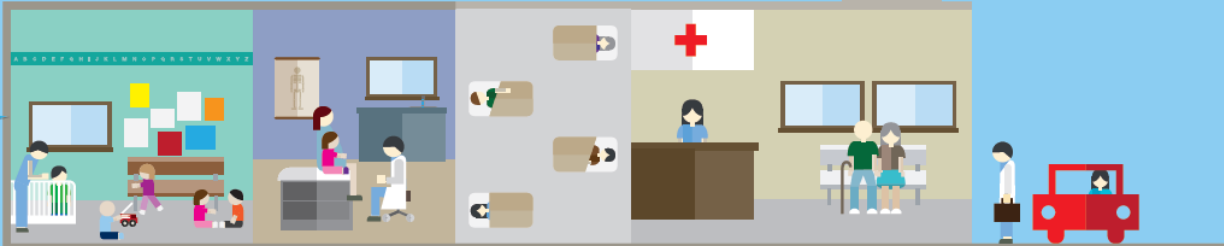
http://www.wma.net/en/20activities/60campaigns/10immunization, cdc.gov wma.net

world medical association Search Share More >> Sign In

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

Overall, you can decrease peer infection by 88% 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.

59% 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



EMERGENCY

9:39 PM 7/5/2014

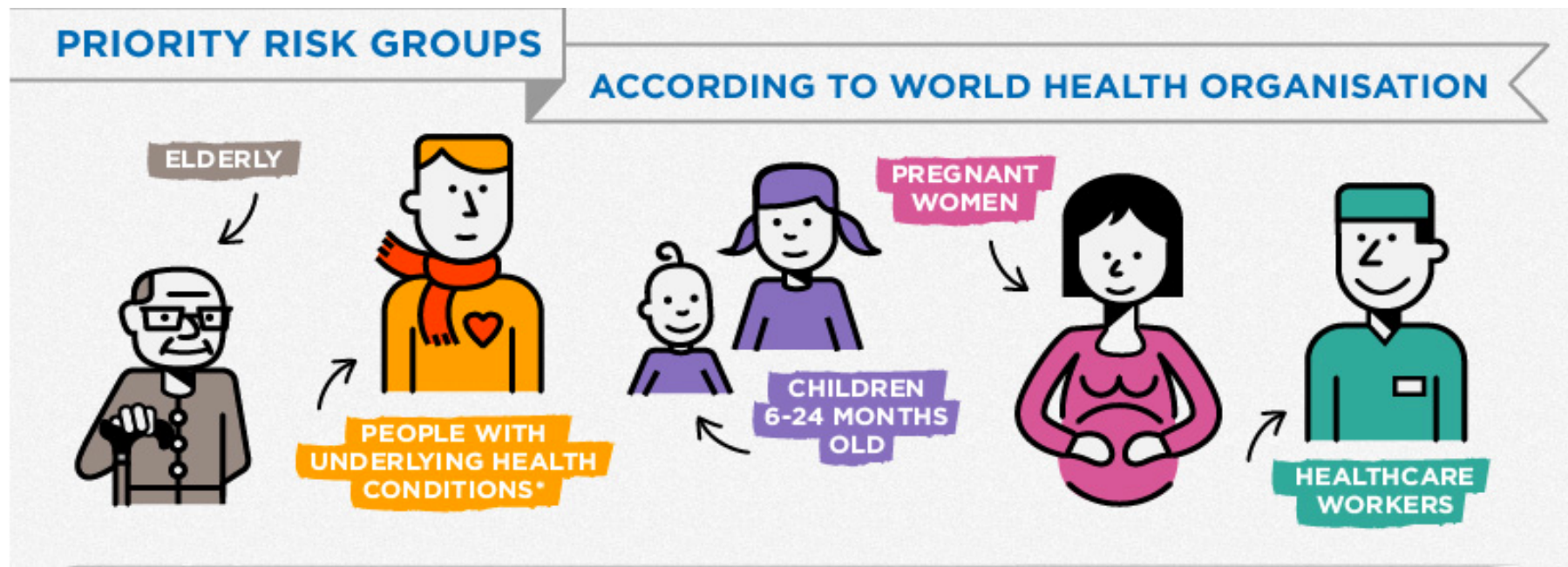
Campaign - Phase II



- **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



WMA Campaign Video



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



Thank you!