

Tailoring Seasonal Influenza Immunization Programmes for Healthcare Workers in Montenegro

a case study

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Background

- Influenza vaccination uptake among HCWs in many countries low, despite recommendations
- Multiple barriers to vaccination among HCWs
- Can we use the Tailoring Immunization
 Programmes (TIP) approach to increase influenza vaccine uptake in healthcare workers?



What is TIP?

- Step-by-step approach grounded in behavioural science and social marketing theories
- Assist health authorities and decision-makers in tailoring services to close "immunity gaps"

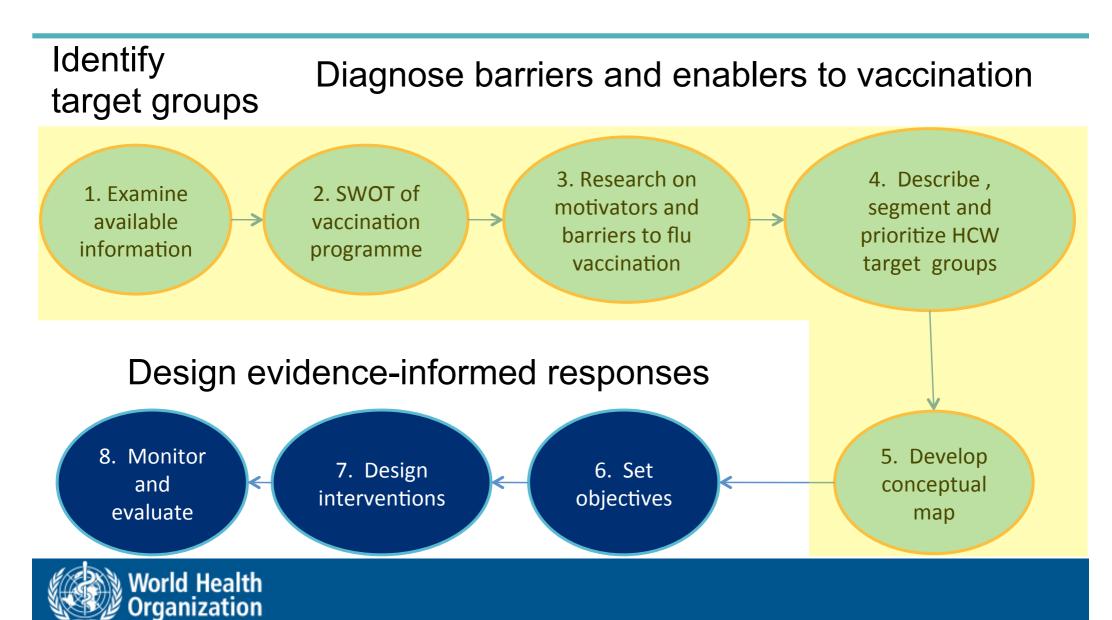


- 1. Identify and prioritize target groups
- 2. Diagnose demand- and supply-side barriers and enablers to vaccination
- 3. Design evidence-informed responses



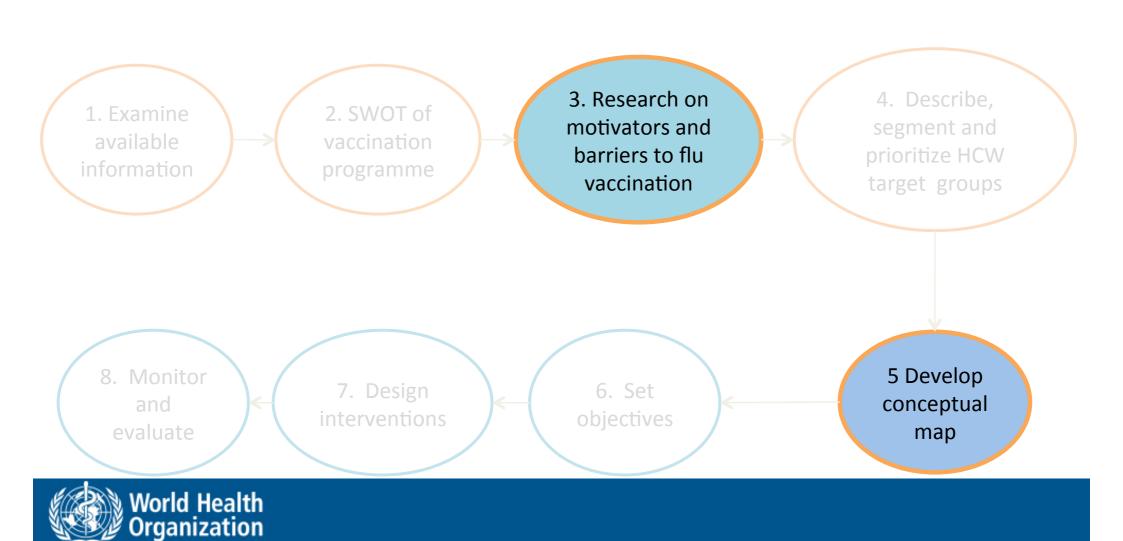
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Research

To identify HCWs' perceptions regarding influenza and influenza vaccination in Montenegro

- Quantitative (adapted from HProImmune)
 - Self-administered questionnaire (400 HCWs)
- Qualitative
 - Semi-structured interviews (23 HCWs and managers)



Vaccination uptake

1 in 5 vaccinated against seasonal influenza

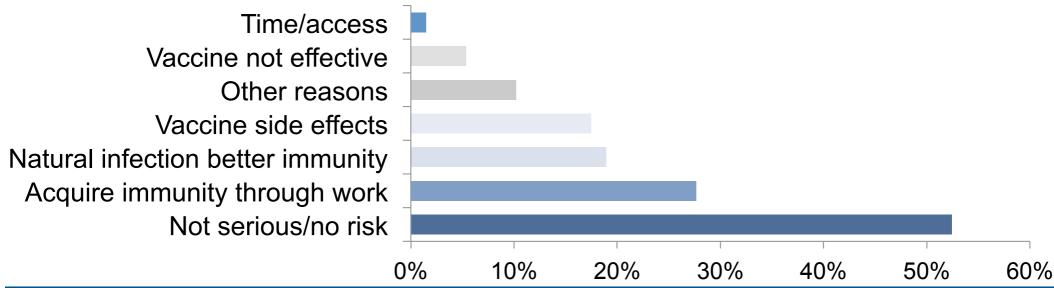
- Generally, low levels of vaccination among both doctors and nurses
- Similar across departments, gender, seniority, education etc..



Barriers to vaccination

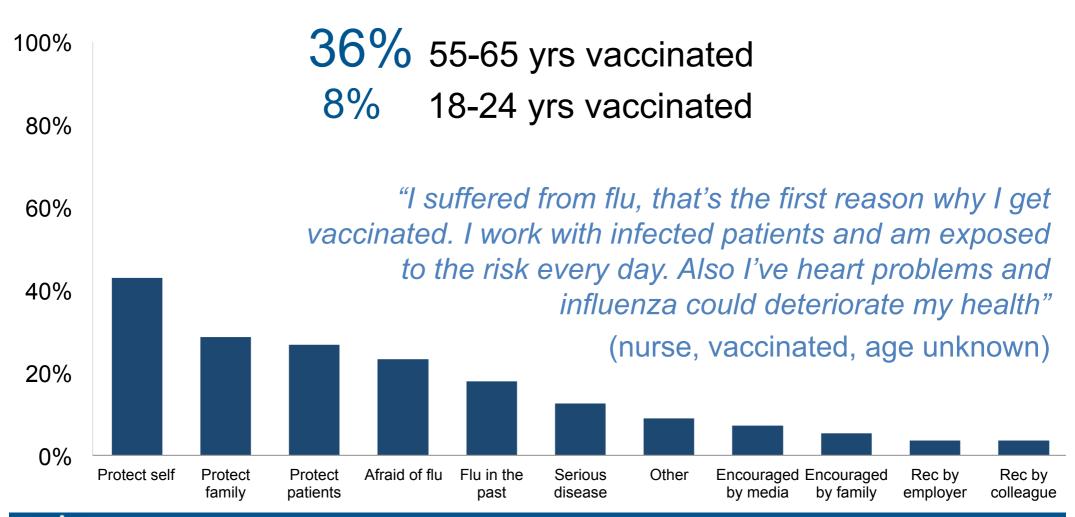
"I have been working for almost 30 years. So far, I have not caught influenza. I think my immune system is good" (nurse, not vaccinated, age 44)

"Because I think I am in good shape, in good health" (doctor, not vaccinated, age 40)





Motivation for vaccination



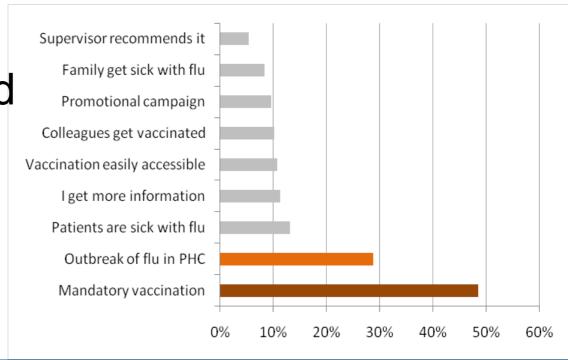


Drivers for vaccination

Make it mandatory

"If the order comes from the Ministry, then HCWs will be vaccinated" (nurse, not vaccinated, age 51)

Vaccination triggered by perceived or real & immediate threat





Conceptual map on barriers and motivators

I am afraid of needles

It 's my duty as chief surgeon to get vaccinated

Influenza is not severe

My colleagues don't get vaccinated

Immunity through infection is better than the vaccine

Vaccines are unsafe

Where do I get the flu shot?

l am *way* too busy

I suffer from diabetes



Conceptual determinants map

- Categorize each determinant as a "environmental" or "social/community" or "personal" factor
- Identify determinants as barriers or motivators



- Facilitates identification of determinants that courage or discourage vaccination in a given context
- Helps identify what the programme should focus on to trigger positive behaviour change



Influenza vaccination barriers and enablers in Montenegro

Environmental (outside control of the individual)

Occupational health important to MoH

Established annual SIV campaign

Vaccines available, timely and free

SIV is low on Public Health priority list

HCWs are busy

Social/community (influence of networks) (perceptions, beliefs)

Aware of SIV risk groups

General positive vaccination attitude

Know where & when of SIV

General disinterest

Distrust fuelled by A(H1N1) and media

No "push" for SIV, no administrative incentives

Low SIV uptake: not a normative behaviour

Misconceptions re SI

Intention to vaccinate when threat of disease

Personal

Intention to vaccinate with age/chronic disease

Low perceived personal susceptibility

Low perceived severity

Lack of trust, concerns with VE

Passive immunization & sense of strength thru exposure to infection

Next steps

Set objective Design evidenceinformed strategies Monitor & evaluate



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- CEED consulting, Montenegro





Extra slides



Mix of strategies - preliminary

- Promote influenza vaccination as a professional norm
 - Call upon the sense of duty HCWs have in protecting and caring for patients and doing no harm
- Use existing management structures to recommend and motivate HCWs
- Competition between departments to reach the highest coverage
- Frame influenza vaccination as a preventive measure for HCWs themselves
- Employ a variety of formats to educate HCWs about influenza and vaccination
- Storytelling emphasizing the importance of vaccination
 - Make it real: personalize the threat; tell the story of its consequences



Montenegro, quick facts

- Population: 625 266, of which156 169 live in Podgorica
- Healthcare system predominantly public
- Primary Health Care Centre of Podgorica has ~400 HCWs and serves 1/3 of the population



Situation analysis – SWOT

Strengths

- Well-working mandatory immunization system
- ■SIV guidelines, with defined risk groups
- ■Well-respected IPH, leading annual SIV programme
- •Well-functioning system for SIV procurement and distribution
- SIV free of cost
- ■MOH attention and response to media rumours

Opportunities

- ■NIC status for IPH influenza lab in progress
- ■EC interest in HCW vaccination (including SIV) and occupational health
- No strong barrier to SIV among HCWs
- ■Decisive role of HCW in SIV uptake among risk groups

Weaknesses

- Very low uptake of SIV among HCWs
- Low interest in SIV (not a priority)
- Need for clarification of SI and SIV
- Lack of "push" at the facility level
- Medical staff are busy

Threats

- Potential for outbreaks
- ■Presence of anti-vaccine voice in media and distrust after A(H1N1)pdm09
- ■Low perception of benefits of SIV among HCWs
- Low sense of importance in HCW role in transmitting SI

