

A shot in the arm

Fewer than 50 per cent of health-care workers in acute and complex continuing care got the flu shot last year. Efforts to boost interest in this tried and true infection control measure are underway, but are nurses interested? BY STACEY HALE

This flu season, Frances Cadogan did something she never thought she would. The nurse from London, Ontario rolled up her sleeve and got her very first flu shot.

A severe allergy to latex and sensitivity to medications, coupled with misinformation and fear, left the nurse of 10 years saying ‘no’ to the needle every year. “I was dubious about putting it into my body,” she admits.

That anxiety gave way to reason this year, when Cadogan’s manager recommended her for an infection control role at St. Joseph’s Health Care. In her new position, Cadogan would be required to attend monthly meetings to learn about combatting infection in the hospital. October’s meeting focused on influenza, and everyone was encouraged to get vaccinated.

“My first reaction was ‘oh, I don’t know,’” she says of the moral dilemma. How can I encourage fellow nurses to get the flu shot when I’ve avoided it for years, she thought.

After watching a presentation by the hospital’s infection control team, Cadogan was convinced. They did a great job educating us, she says. They dispelled myths about the shot, including: the vaccine causes the flu (not possible because it does not contain any live virus); the vaccine doesn’t work (statistics show it can prevent illness in 70 to 90 per cent of healthy children and adults).

Last year in Ontario, less than half (42 per cent) of health-care workers in acute and complex continuing care got a flu shot. In long-term care, it was slightly higher at 58 per cent. Immunization rates among health-care workers have decreased over the last five years. Despite education and campaigns to promote the flu shot, it seems nurses are not following Cadogan’s lead.

Peterborough nurse Joni Wilson is an exception. She gets a flu shot every fall. She says it’s important for nurses to get immunized because it helps to reduce illness and death associated with influenza. As director of care for Peterborough’s St. Joseph’s at Fleming long-term care home, Wilson sees the



Frances Cadogan gives a colleague the flu shot. To find out how you can get vaccinated, visit www.rnao.org/flu

negative impact of flu outbreaks on elderly residents. “The elderly are at greater risk of complications from the flu,” she says, adding there are also psychological repercussions when an outbreak is called. Residents may be isolated, and kept from seeing their families.

Wilson educates her staff and encourages vaccination. Workers can carry the virus and not even realize they have it, she says. “I want staff to think of residents first.” And it seems they are. Last year, 87 per cent got the shot.

According to Health Canada, an estimated 4,000 to 8,000 Canadians – mostly seniors – die every year from flu related complications such as pneumonia. Twenty-thousand are hospitalized. Higher rates of vaccination among health-care workers could help to curb these numbers. Wilson says the financial burden may decrease too. “It costs money to send residents to the hospital,” she notes, adding there are also costs associated with personal protective equipment needed during an outbreak.

Barbara Yaffe, Director of Communicable Disease Control and Associate Medical Officer of Health for Toronto Public Health (TPH), believes getting the shot is a professional duty. In an effort to improve

immunization rates, TPH launched an awareness campaign in October called the *Containment Challenge*, which includes posters and a video of well-known professionals in the health community, including RNAO’s Executive Director Doris Grinspun. Each explains why it’s important for health-care workers to get the flu shot. Mobile carts travelled around some hospitals offering on-the-spot shots. The *Challenge* was to vaccinate as many health-care workers as possible before Nov. 15. The health-care facility with the highest coverage rates, and the one with the most improved rates, will be recognized at the Toronto Board of Health meeting next spring.

In the U.S., history has shown the only way to improve rates of immunization is by making the flu shot mandatory for health-care workers. Yaffe hopes Canada doesn’t have to go there. “There are a lot of legal and human rights issues with making it mandatory,” she says. “It would be great if we could get the rates up without going there.” **RN**

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