

Journal of Pharmaceutical Research International

33(58B): 517-524, 2021; Article no.JPRI.79857

ISSN: 2456-9119

(Past name: British Journal of Pharmaceutical Research, Past ISSN: 2231-2919,

NLM ID: 101631759)

Perception of Health Care Worker about Uptake of Influenza Vaccine in COVID-19 Era

Amal M. Alshahrani ^a, Hamzh Esam Mellebary ^b, Yara Rashed A. Albayyahi ^c, Ali Ibrahim Ali Alsakiti ^d, Abdullaziz A. Alshahrani ^d

Mohammed Abdulrahman Alasmari ^d, Abdulaziz Zafer AlShahrani ^e

Ziyad Ali Alosayfir f, Hawra Hussain Al Radhwan g, Abdulmajeed Dhafer Alshahrani ^e, Omar Alsudairy ^c

Alhanouf Dhaifallah Hamad Alharbi h# and Mohmmed A. Alshehri d*

^a Department of Public Health, General Directorate of Health Affairs in Aseer Region, Ministry of Health, Saudi Arabia.

^b College of Medicine, Umm Al-Qura University, Makkah, Saudi Arabia.

College of Medicine, Almaarefa University, Riyadh, Saudi Arabia.

^d College of Medicine, King Khaled University, Abha, Saudi Arabia.

^e Faculty of Applied Medical Science, University of Tabuk, Tabuk, Saudi Arabia. College of Medicine, University of Hail, Hail, Saudi Arabia.

^g College of Medicine, Imam Abdulrahman Bin Faisal University, Dammam, Saudi Arabia.

^h College of Medicine, Taibah University, Medina, Saudi Arabia.

Authors' contributions

This work was carried out in collaboration among all authors. All authors read and approved the final

Article Information

DOI: 10.9734/JPRI/2021/v33i58B34232

Open Peer Review History:

This journal follows the Advanced Open Peer Review policy. Identity of the Reviewers, Editor(s) and additional Reviewers, peer review comments, different versions of the manuscript, comments of the editors, etc are available here: https://www.sdiarticle5.com/review-history/79857

Original Research Article

Received 10 November 2021 Accepted 14 December 2021 Published 16 December 2021

ABSTRACT

Background: Considering the important role of health workers in increasing seasonal influenza vaccination coverage and the similarity of seasonal influenza to COVID -19, it is important to increase vaccination rates to reduce the risk of both diseases.

Medical Intern;

^{*}Corresponding author: E-mail: drmoh.shehri.kku@gmail.com;

Objective: In this study, we aim to investigate how health workers perceive the importance of influenza vaccination, especially in the era of COVID -19.

Results: The study involved 316 health workers from Abha in 2021, most of them were physicians, male and young. Participants agreed that influenza can be a serious illness and that the vaccine is very safe. Most HCWs would have preferred to inform their patients about the vaccine. This result changes if the patient disagrees with the COVID -19 vaccine.

Conclusion: Despite the low rate of seasonal influenza vaccination, there is a need to recruit health workers to increase this rate, especially in the Covid 19 era.

Keywords: COVID-19; vaccine; influenza; Saudi Arabia; vaccination; HCWs.

1. INTRODUCTION

Influenza is a major acute respiratory infection that is highly contagious and circulates in all parts of the world. It gives rise to an estimated 3 to 5 million cases of severe illness and about 250,000 to 500,000 deaths globally each year [1]. Vaccination has been widely promoted as the best available preventive measure against seasonal influenza [2]. As immunization is one of cost-efficient and profitable interventions to stop Infectious vaccines in opposition to COVID-19 are viewed to be of magnificent significance to stop and control the spread of COVID-19 [3]. Despite the severity of influenza and the availability of safe vaccines, vaccination uptake rates are still low, contributing to the increasing burden of the worldwide disease [4]. Surprisingly, magnitude of this problem was particularly evident during the 2009-2010 H1N1 pandemic [4,5]. Worldwide vaccine uptake among the general population was very low. with countries reporting less than 50% of expected coverage in countries such in Europe [6], China [7], Australia [8] and USA [9]. More worryingly, uptake of the vaccine was fall short of expectation in high-risk groups, such as pregnant women [10], Hajj pilgrims [2,11] and elderly people [12].

The role of Health Care Workers (HCWs) is essential in increasing uptake and prompt vaccination against seasonal influenza. Their work style with close contact to frail populations, such as hospital personnel, physicians, and caregivers can act as vectors and are therefore considered a priority group for immunization. However, studies among HCWs from many countries revealed low coverage rates of influenza vaccine uptakes [13], during the season 2010/11, the mean vaccination rates registered in 11 European countries resulted less than 30% [14]. In Saudi Arabia, despite the large efforts of Ministry of Health (MOH) to increase

vaccination availability and acceptance, immunization rates for seasonal influenza among HCWs are still low. Various studies showed mean prevalence about 45% of frontline HCWs received the seasonal influenza vaccine during 2017 [15].

The virus that causes COVID-19, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) has transmission characteristics similar to those of influenza viruses, including airborne droplets and direct contact with infected individuals [16]. In COVID-19 era, population are struggling in vaccinations options and COVID-19 influenzas' vaccines. considering the low vaccination rates among Saudis [17] the important role of trust that public has believed in health care workers (HCWs), especially physicians and under COVID-19 pandemic circumstances; the priority of influenza vaccination is important, especially for at-risk groups. Thus, in this study, we aimed to explore HCWs perceptions regarding the importance of vaccination against influenza particularly in the COVID-19 era in Saudi Arabia.

2. METHODS

A cross-sectional study was conducted among 316 HCWs between August and October 2021 to explore the perceptions regarding the importance of vaccination against influenza, particularly in the COVID-19 era. A convenience sampling technique was employed to include the study subjects. Being health care worker, age over 18 years old were the inclusion criteria to be eligible to participate in this study. The survey was disseminated among different primary health care facilities in Abha. Three trained data collectors (medical students) obtained data by inperson interviews through a pre-tested structured questionnaire. An online training session was arranged by the principal investigator of this study to train data collectors about different parts

of the questionnaire, data collection methods, and inclusion/exclusion criteria of the study.

The questionnaire consisted of 10 items covering two different domains and was developed and validated by El Khoury and Salameh [18]. The included informed domain consent report and sociodemographic declaration questions including age, gender, marital status, occupation, and permanent residences. The second domain collected information related to this study which emphasizes on the perception' of HCWs at Abha during 2021 regarding influenza vaccine. The questionnaire translated to Arabic using the forward-backward method [19]. The content validity was assessed by the authors of the study. Pilot testing was conducted to assess the face validity and internal consistency of the questionnaire among 10 Arabic-speaking individuals. The questionnaire showed acceptable internal consistency with a Cronbach's alpha of 0.7 [20]. The minimum sample size of 316 was determined using Cochran's formula by assuming a 45% prevalence of influenza vaccine uptake among HCWs, a 95% confidence interval (CI), 5% margin of error and power of 90%.

2.1 Statistical Analysis

Descriptive statistics such as frequencies, percentages, means and standard deviations were computed to check the univariate outliers of the variables. The normality of data was checked by using Shapiro-Wilk test and the data were found to be normally distributed. Statistical significance was considered at α < 0.05. All statistical analyses were analyzed by Statistical

Package for the Social Sciences (SPSS) software (version 23.0).

Outcomes measures were adopted through by A 5-item perception scale was used. This scale included 10 questions on perception about influenzas' vaccine uptake. All questions had five possible answers: ("Strongly agree", "Agree", "Neither agree or disagree", "Disagree" and "Strongly Disagree"). If the answers to a question is ("Strongly agree" or "Agree") it was given a score of 1, and if the answer is ("Neither agree or disagree", "Disagree" or "Strongly Disagree"), it was given a score of 0.

3. RESULTS

The study included 316 of HCWs from different primary health care facilities in Abha in 2021, of whom 190 (60.1%) were males with a mean age of 27.01 ± 4.71 years and the majority 194 (61.4%) were single. Most of the included HCWs 170 (53.8%) were physicians and more than 256 (80%) lived permanently in urban areas (Table 1).

In terms of perception regarding Influenzas' vaccine among HCWs (Table 2), participants agree on the Likert scale that influenza can be a serious disease and that the vaccine is very safe. Most HCWs were in favor of informing their patients about the vaccine. This result changes if the patient refuses the COVID-19 vaccine to nature (Neither agree nor disagree). HCWs believe it is easy to get to vaccination sites during the pandemic and only 10% believe it is not so easy (Table 3).

Table 1. Socio-demographic characteristics among HCWs at Abha during 2021

		Mean	Standard Deviation	N	%
Age		27.01	4.71		
Sex	Female			126	39.9%
	Male			190	60.1%
Marital status				6	1.9%
	Divorced			14	4.4%
	Married			102	32.3%
	Single			194	61.4%
Occupation	Dentist			30	9.5%
	Physician			170	53.8%
	Intern			2	0.6%
	Lab. Specialist			4	1.3%
	Nurse			38	12.0%
	Pharmacist			46	14.6%
	Technician			26	8.2%
Permanent residences	Urban			256	81.0%
	Rural			60	19.0%

Table 2. Perception of Influenza vaccine among HCWs at Abha during 2021

	Mean	Standard Deviation	Interpretation*
1. Influenza can be a serious disease	3.72	1.25	Agree
2. Influenza vaccine is safe	3.48	1.04	Agree
I am confident when I talk to my patients about the flu shot	3.75	1.05	Agree
4. I am confident when I talk to my patients about the flu shot, even if they have not been vaccinated against COVID -19	3.25	1.19	Nature
5. It is easy to reach the primary care unit/hospital to receive the flu vaccination during pandemic	3.52	1.28	Agree

^{* 1-1.79} considered as Strongly Disagree, 1.80-2.59 considered as Disagree, 2.60-3.39 considered as Nature, 3.40-4.19 considered as Agree and 4.20-5 considered as Strongly Agree

Table 3. Details about perception of Influenza vaccine among HCWs at Abha during 2021

		N	%
1.Influenza can be a serious	Strongly Disagree	22	7.0%
disease	Disagree	34	10.8%
	Neither agree nor disagree	67	21.2%
	Agree	80	25.3%
	Strongly Agree	113	35.8%
2. Influenza vaccine is safe	Strongly Disagree	9	2.8%
	Disagree	44	13.9%
	Neither agree nor disagree	108	34.2%
	Agree	95	30.1%
	Strongly Agree	60	19.0%
3. I am confident when I talk to	Strongly Disagree	18	5.7%
my patients about the flu shot	Disagree	5	1.6%
	Neither agree nor disagree	100	31.6%
	Agree	108	34.2%
	Strongly Agree	85	26.9%
4. I am confident when I talk to	Strongly Disagree	29	9.2%
my patients about the flu shot,	Disagree	52	16.5%
even if they have not been	Neither agree nor disagree	102	32.3%
vaccinated against COVID -19	Agree	77	24.4%
	Strongly Agree	56	17.7%
5. It is easy to reach the	Strongly Disagree	32	10.1%
primary care unit/hospital to	Disagree	36	11.4%
receive the flu vaccination	Neither agree nor disagree	69	21.8%
during pandemic	Agree	93	29.4%
	Strongly Agree	86	27.2%

Surprisingly, when a COVID-19 patient asks for flu vaccination, 26.5% of HCWs will consider flu vaccination only for high-risk patients, while 39.24% of HCWs said they will recommend flu vaccination to patients and 27.21% said they will give necessary information about seasonal influenza vaccine and only 7% intend to refuse any intervention (Fig. 1).

4. DISCUSSION

This study aimed to explore the perceptions among HCWs regarding the importance of

vaccination against influenza. The current study focused on the importance of influenza vaccine in the COVID-19 era. We found that the majority of HCWs were believed that influenza is a serious disease, almost half of HCWs believed that the vaccine is very safe. The majority of HCWs in our survey were preferred to promote vaccination against seasonal influenza among their patients. This finding is consistent with the previous literature [21]. Previous studies before COVID-19 revealed uptake of influenza vaccine have been repeatedly promoted among HCWs

toward their patients [7.22]. In 2021, Saudi's ministry of health aims to restart promoting seasonal influenza vaccine among population. This is first time after starting of pandemic. COVID-19 Despite adherence dilemma of HCWs regarding influenza vaccine, a new surge of dilemma could be raised regarding the scarcity of scientific information. This was discovered in our study, one-third of the HCWs were not confident to promote influenza vaccine among unvaccinated patients against COVID -19. Solutions to this dilemma could be adapted by implementing combined strategies more than adapting isolated approaches [21,23]. Mandatory policies are currently under debate in several countries. High-quality studies and scientific courses about the safety of dull COVID-19 and influenza vaccinations would help policymakers and stakeholders to shape evidence-based initiatives and programs to resolve this dilemma [24].

In operational terms, HCWs are a crucial group involved in influenza vaccination. They should be vaccinated to protect their patients; they must give the vaccine and to advocate the vaccination to their patients [25]. Addressing various solutions for these challenges should be adapted. Recommendations related to different knowledge, attitudes and practices, risk

perception, health systems and related cost issues need to be investigated in future research [26]. In addition, the role of media coverage. social media influencers and public debate about vaccine effectiveness, which depends on the match with circulating vaccine strains, can negatively impact vaccination coverage [27]. Various suggested solutions to address vaccine hesitancy have been published in the literature. Gagneur et al. described an approach involving interviewing tailored motivational to person's particular needs and concerns [28]. Agrawal et al. suggest utilizing communication strategies such as the media and religious leaders, education and awareness programs, and addressing consumers' safety concerns [29]. Braun et al. recommended using a presumptive method of communicating with parents, social marketing and increasing awareness of the vaccination rates among high-risk group, and governmental mandates in order to counter vaccine hesitancy in geriatric patients [30]. Other new initiative approaches include smartphone apps, digital gamification, electronic reminder systems, shared decision making, and properly training and preparing healthcare practitioners to communicate with patients, address their concerns, and promote vaccination programs to increase vaccination knowledge and reduce the frequency of vaccine hesitancy [31-35].

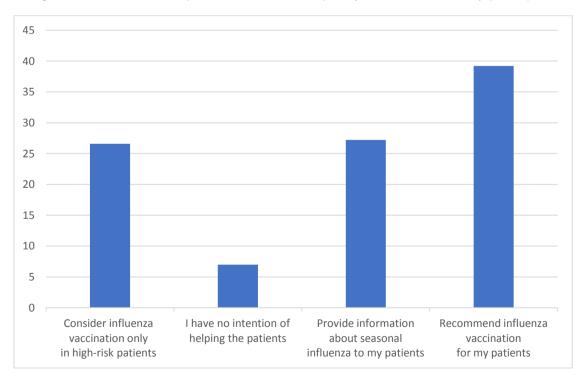


Fig. 1. Perception of Health Care Workers (HCWs) about Uptake of Influenza Vaccine in COVID-19 Era

In this study, limitations are possibly found in terms of selection bias. The respondents of HCWs were mostly young at ages and physicians. This may have been limited due to a lack of access to the platform and the recruitment method. There is a possibility of recall bias since the data was collected through a self-reported survey. In addition, there may have been information bias due to the disproportionate and scarcity of in-depth questions about perceptions and attitudes regarding vaccine uptake among participants. However, more in-depth qualitative studies are essential to be implemented to address the proper solutions for this limitation. Finally, the sample size was smaller than some of the most recently published local and international studies. Therefore, these limitations may affect the generalizability of study findings.

5. CONCLUSION

This study addressed the perceptions about vaccination against influenza particularly in the COVID-19 era among HCWs in Saudi Arabia. Most of HCWs believed in the importance of influenza vaccine, as a unique preventive measure against seasonal influenza. The HCWs intend to prompt vaccinations among their patients. Addressing new inquiries admitting COVID-19 and influenza vaccines, its safety, efficacy, optimal vaccination administration and patient-specific times vaccination recommendations are essential parts that needs to be addressed in future studies.

CONSENT

Informed consent was obtained from all subjects involved in the study.

ETHICAL APPROVAL

It is not applicable.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

REFERENCES

 Caini S, El-Guerche Seblain C, Ciblak MA, Paget J. Epidemiology of seasonal influenza in the Middle East and North Africa regions, 2010-2016: Circulating influenza A and B viruses and spatial

- timing of epidemics. Influenza Other Respir Viruses. 2018;12(3):344-52.
- 2. Zafer N, Dulong C, Rahman A, Tashani M, Alfelali M, Alqahtani AS, et al. Acute respiratory tract infection symptoms and the uptake of dual influenza and pneumococcal vaccines among Hajj pilgrims. International maritime health. 2018;69(4):278-84.
- 3. Alshahrani NZ, Alhashim LA, Almohaishi HA, Alabadi M, Alothman FA, Parker S. FIFA World Cup 2022 in Qatar; Health Advice and Safety Issues for Travelling Attendees. Annals of Medical and Health Sciences Research; 2021.
- 4. Poland GA. The 2009-2010 influenza pandemic: effects on pandemic and seasonal vaccine uptake and lessons learned for seasonal vaccination campaigns. Vaccine. 2010;28 Suppl 4:D3-13
- Caini S, Huang QS, Ciblak MA, Kusznierz G, Owen R, Wangchuk S, et al. Epidemiological and virological characteristics of influenza B: results of the Global Influenza B Study. Influenza Other Respir Viruses. 2015;9 Suppl 1(Suppl 1):3-12.
- 6. Rondy M, Kissling E, Emborg H-D, Gherasim A, Pebody R, Trebbien R, et al. Interim 2017/18 influenza seasonal vaccine effectiveness: combined results from five European studies. Eurosurveillance. 2018;23(9):18-00086.
- 7. Yu MC, Chou YL, Lee PL, Yang YC, Chen KT. Influenza vaccination coverage and factors affecting adherence to influenza vaccination among patients with diabetes in Taiwan. Human vaccines & immunotherapeutics. 2014;10(4):1028-35.
- 8. Mak DB, Daly AM, Armstrong PK, Effler PV. Pandemic (H1N1) 2009 influenza vaccination coverage in Western Australia. The Medical journal of Australia. 2010;193(7):401-4.
- 9. Ahmed N, Quinn SC, Hancock GR, Freimuth VS, Jamison A. Social media use and influenza vaccine uptake among White and African American adults. Vaccine. 2018;36(49):7556-61.
- Offeddu V, Tam CC, Yong TT, Tan LK, Thoon KC, Lee N, et al. Coverage and determinants of influenza vaccine among pregnant women: A cross-sectional study. BMC public health. 2019;19(1):890.
- Goni MD, Naing NN, Hasan H, Wan-Arfah N, Deris ZZ, Arifin WN, et al. Uptake of

- Recommended Vaccines and Its Associated Factors Among Malaysian Pilgrims During Hajj and Umrah 2018. Front Public Health. 2019;7:268.
- 12. Kan T, Zhang J. Factors influencing seasonal influenza vaccination behaviour among elderly people: a systematic review. Public health. 2018;156:67-78.
- Black CL, Yue X, Ball SW, Donahue SM, Izrael D, de Perio MA, et al. Influenza vaccination coverage among health care personnel--United States, 2013-14 influenza season. MMWR Morbidity and mortality weekly report. 2014;63(37):805-11
- 14. Mereckiene J, Cotter S, Nicoll A, Lopalco P, Noori T, Weber J, et al. Seasonal immunisation in Europe. influenza of recommendations Overview and vaccination coverage for three seasons: (2008/09),pandemic pre-pandemic (2009/10) and post-pandemic (2010/11). Euro surveillance : bulletin Europeen sur les maladies transmissibles = European communicable disease bulletin. 2014;19(16):20780.
- Al-Mohaithef M, Padhi BK. Determinants of COVID-19 Vaccine Acceptance in Saudi Arabia: A Web-Based National Survey. J Multidiscip Healthc. 2020;13:1657-63.
- Jiang C, Yao X, Zhao Y, Wu J, Huang P, Pan C, et al. Comparative review of respiratory diseases caused by coronaviruses and influenza A viruses during epidemic season. Microbes and infection. 2020;22(6-7):236-44.
- Sales IA, Syed W, Almutairi MF, Al Ruthia Y. Public Knowledge, Attitudes, and Practices toward Seasonal Influenza Vaccine in Saudi Arabia: A Cross-Sectional Study. International Journal of Environmental Research and Public Health. 2021;18(2):479.
- 18. El Khoury G, Salameh P. Influenza vaccination: a cross-sectional survey of knowledge, attitude and practices among the Lebanese adult population. International journal of environmental research and public health. 2015;12(12):15486-97.
- 19. Degroot AM, Dannenburg L, Vanhell JG. Forward and backward word translation by bilinguals. Journal of memory and language. 1994;33(5):600-29.
- 20. Bland JM, Altman DG. Statistics notes: Cronbach's alpha. BMJ. 1997;314(7080): 572.

- Dini G, Toletone A, Sticchi L, Orsi A, Bragazzi NL, Durando P. Influenza vaccination in healthcare workers: A comprehensive critical appraisal of the literature. Human vaccines & immunotherapeutics. 2018;14(3):772-89.
- 22. Lehmann BA, Chapman GB, Franssen FM, Kok G, Ruiter RA. Changing the default to promote influenza vaccination among health care workers. Vaccine. 2016;34(11):1389-92.
- 23. Ahmed F, Lindley MC, Allred N, Weinbaum CM, Grohskopf L. Effect of influenza vaccination of healthcare personnel on morbidity and mortality among patients: systematic review and grading of evidence. Clinical infectious diseases: An official publication of the Infectious Diseases Society of America. 2014;58(1):50-7.
- 24. Alkhormi AH, Alshahrani NZ, Mahmood SE. Khat chewing leads to increase in glycaemic parameters in patients with type 2 diabetes mellitus in Jazan region, Saudi Arabia and Yemen. Diabetes Metab Syndr. 2021;15(2):565-8.
- 25. To KW, Lai A, Lee KC, Koh D, Lee SS. Increasing the coverage of influenza vaccination in healthcare workers: Review of challenges and solutions. The Journal of Hospital Infection. 2016;94(2):133-42.
- 26. Kardas P, Zasowska A, Dec J, Stachurska M. Reasons for low influenza vaccination coverage: cross-sectional survey in Poland. Croatian Medical Journal. 2011;52(2):126-33.
- 27. Fiore AE, Uyeki TM, Broder K, Finelli L, Euler GL, Singleton JA, et al. Prevention and control of influenza with vaccines: Recommendations of the Advisory Committee on Immunization Practices (ACIP), 2010. MMWR Recommendations and reports: Morbidity and Mortality Weekly Report Recommendations and Reports. 2010;59(Rr-8):1-62.
- 28. Gagneur A. Motivational interviewing: A powerful tool to address vaccine hesitancy. Canada communicable disease report = Releve des maladies transmissibles au Canada. 2020;46(4):93-7.
- 29. Agrawal A, Kolhapure S, Di Pasquale A, Rai J, Mathur A. Correction to: Vaccine Hesitancy as a Challenge or Vaccine Confidence as an Opportunity for Childhood Immunisation in India. Infectious Diseases and Therapy. 2020; 9(3):433.

- 30. Braun C, O'Leary ST. Recent advances in addressing vaccine hesitancy. Current Opinion in Pediatrics. 2020;32(4):601-9.
- 31. Alshahrani A, Siddiqui A, Khalil S, Farag S, Alshahrani N, Alsabaani A, et al. WhatsApp-based intervention for promoting physical activity among female college students, Saudi Arabia: A randomized controlled trial. East Mediterr Health J. 2021;27(8):782-9.
- 32. Montagni I, Mabchour I, Tzourio C. Digital Gamification to Enhance Vaccine Knowledge and Uptake: Scoping Review. JMIR serious games. 2020;8(2):e16983.
- 33. Neufeind J, Betsch C, Habersaat KB, Eckardt M, Schmid P, Wichmann O. Barriers and drivers to adult vaccination among family physicians Insights for tailoring the immunization program in Germany. Vaccine. 2020;38(27):4252-62.
- 34. Alshahrani NZ, Almohaishi HA, Alabadi M. Preventive measures to mitigate transmission of COVID-19 on Aircrafts. 2021;86:140-6.
- 35. Badur S, Ota M, Öztürk S, Adegbola R, Dutta A. Vaccine confidence: The keys to restoring trust. Human Vaccines & Immunotherapeutics. 2020;16(5):1007-17.

© 2021 Alshahrani et al.; This is an Open Access article distributed under the terms of the Creative Commons Attribution License (http://creativecommons.org/licenses/by/4.0), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Peer-review history:
The peer review history for this paper can be accessed here:
https://www.sdiarticle5.com/review-history/79857