

The role of PRIMARY CARE in INFLUENZA EPIDEMICS and PANDEMICS

1. The need for an increased influenza vaccine uptake in Europe

Annually occurring influenza is an important public health problem in Europe. It is associated with increased general practice consultation rates, hospital admissions, and excess deaths. It also leads to economic and social losses due to absence from work and school, decreased productivity, and extra pressure on health care services during the winter season.

Next to epidemic influenza, the threat of an influenza pandemic is ~~clearly~~ still present. The ~~current~~ swine flu virus ~~epan~~epidemic that started last year has shown that that both pandemics and the yearly epidemic continue to be realistic threats. ~~places the world in WHO alert phase 6: the first influenza pandemic of the 21st century is hence a fact.~~ The cornerstone of combating both epidemic and pandemic influenza is the use of vaccines.

Although influenza vaccines have proven to be safe and efficacious, and influenza vaccination is the primary means of preventing and reducing transmission of influenza, seasonal influenza vaccination is usually restricted to people in high-risk groups. Risk groups typically include the elderly (>65 years), and people with chronic medical conditions such as diabetes, heart, lung, or kidney disease. The current risk groups represent about 25% of the EU population. Since risk groups are at risk of severe complications when they get influenza, the European Union has endorsed the WHO's objectives of increasing vaccine coverage in high-risk groups to 75% by 2010.

2. The role of primary care in influenza vaccination

The level of vaccination coverage is the result of the interplay of many factors: policy decisions at the level of the healthcare system and the awareness of the patients, as well as the commitment, motivation and organization of healthcare workers. It was recently shown¹ that when a doctor or nurse recommended vaccination to positively predisposed patients, 87% of patients

got vaccinated. Moreover, even when patients had a negative attitude towards vaccination, 70% of them still got vaccinated if their healthcare provider recommended it. In contrast, when patients had a positive attitude but their physician did not recommend vaccination, only 8% got vaccinated. A proactive healthcare worker, therefore, has a huge impact on the likelihood of a patient to become vaccinated.

3. Influenza vaccination of healthcare workers

Although healthy adults do not belong to the at-risk population, there are good reasons for healthcare providers to get immunised against influenza, especially when they have regular contacts with patients and high-risk patients:

- It is important to protect those who protect others against health hazards.

- Healthcare workers should be able to provide care for their patients when they need it, particularly during the influenza season. Immunisation provides the opportunity to keep taking care of patients when they need it the most.

- Healthcare workers should not pose a risk to their own patients: healthy adults who take care of patients at risk of developing complications when they get influenza should also get their annual flu shot.

Although many countries recognize the need for their healthcare workers to be vaccinated, the application of this principle remains low. In Europe vaccination rates among healthcare workers are generally less than 25%¹.

4. Conclusion

Improving the influenza vaccine uptake in at-risk groups and in healthcare providers by raising awareness in both target groups is a joint commitment of WONCA Europe and ESWI.

Reference

¹ *Blank P. et al*, Journal of Infections, June 2009