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Knowledge, attitudes and beliefs related to seasonal influenza vaccination among Tunisian physicians

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Statement of the Problem: Despite the recommendations for physicians, nurses, and other personnel in both hospital and outpatient-care settings to be vaccinated annually against influenza, the influenza vaccination rate among Tunisian healthcare workers (HCW) remains low. The purpose of this survey is to assess influenza vaccination status and related knowledge, attitudes and beliefs among a national sample of primary care physicians and specialists likely to see patients at high risk for complications from influenza.

Methodology: We conducted a prospective cross-sectional survey in Tunis (Tunisia) from January 2018 to April 2018. A self-administered questionnaire covering knowledge, attitudes and beliefs related to influenza was mailed to a sample of physicians who are likely to see patients at high risk for complications from influenza. Herein, we present the first results of the study during January and February 2018.

Results: In a first mailing, during January and February 2018, 250 physicians were included. The overall response was 64.8% (n =

162). Physicians reported a very low vaccination rate: 14.2% (n = 23). Of the 139 unvaccinated, 37.4% considered low risk of catching or spreading influenza, 30.2% feared the side effects of the vaccine, 18.7% did not have access to vaccine on site and 18% considered influenza to be a benign illness. All the physicians recommend vaccination for their patients at high risk for complications from influenza. They were also asked about the HCWs vaccination statuses in their departments: 28.7% of the physicians estimated that HCWs were vaccinated.

Conclusion & Significance: This review highlights the low rate of influenza vaccination among physicians and other HCWs. To improve these rates, worksite policies that facilitate access to vaccination should continue to be pursued. Further studies on this topic, including qualitative and interventional studies (based on behavior change theories) are important. These should cover occupational vaccines and determinants known to be associated with vaccine hesitancy.

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