



USAID
FROM THE AMERICAN PEOPLE


AI.COMM

**RAPID ASSESSMENT OF ATTITUDES
AND UNDERSTANDING RELATED TO**

2009 H1N1

PANDEMIC INFLUENZA IMMUNIZATION

**KEY FINDINGS FROM INTERVIEWS WITH PEOPLE WITH CHRONIC DISEASES AND
HEALTH WORKERS IN CHRONIC DISEASE CLINICS**

Study conducted on behalf of AED by

Willis Odek
Independent Consultant
P.O. Box 1086
City Square 00200
Nairobi

This publication was prepared by the AI.COMM Project, managed by AED, and funded by USAID under contract number GHS-I-00-03-00036. It does not necessarily represent the views of USAID or the U.S. Government.

November 30, 2009

<http://h1n1vax.aed.org/>



BACKGROUND

Kenya's Ministry of Public Health and Sanitation has identified the following groups to be targeted for 2009 H1N1 vaccination with the first batch of vaccine to be received from WHO and other development partners.

- Health workers.
- High-risk groups with suppressed immunity – tuberculosis (TB) and diabetes patients and HIV-infected persons.
- Pregnant women.

In the first round of a qualitative study of attitudes and understanding related to 2009 H1N1 pandemic influenza immunization, pregnant women, health workers in clinics attended by pregnant women and other stakeholders were interviewed. Upon the request of the Ministry of Public Health and Sanitation, the same interview guides used for the first round of assessment were adapted to gather similar data from people with chronic diseases and health workers in chronic disease clinics. For this assessment, ten patients were interviewed. Of this number, two (2) were TB patients, three (3) were persons living with HIV and five (5) had diabetes. Five health workers – one (1) each from a TB clinic, an HIV comprehensive care centre (CCC) and a general casualty unit and two (2) from a diabetes clinic were interviewed. Additionally, one HIV clinical research director at the University of Nairobi was interviewed in the capacity of a stakeholder to gain insights into factors that may promote or block vaccination of people with chronic diseases. Key findings of the assessment focusing on people with chronic diseases are presented below.

Heard about H1N1 influenza and vaccine?

H1N1 INFLUENZA

All health workers in chronic disease clinics as well as the stakeholder and patients with chronic diseases said they had heard of H1N1 influenza. The descriptions of the disease as given by the two categories of respondents were as follows.

People with chronic diseases



- Infectious.
- Airborne.
- First occurred in Mexico.
- Easily transmissible.
- High risk mostly in places with high numbers of people.
- It can be transmitted through sharing food, clothing and sleeping together.
- Infected people need to be isolated and wear a mask in order to avoid spread.
- The disease causes runny nose.
- It can kill the same day.
- I have heard through the radio but I have never seen a person sick with Swine flu.
- It has killed some people.
- It is a very dangerous disease.
- The disease is not caused by contact with pigs.

Health workers in chronic disease clinics



- Infectious.
- Airborne; transmitted through droplets.
- Kills fast and one can get it anytime.
- It is just like a common cold. It is not a big deal.
- Contagious.
- Signs and symptoms are almost like those of common flu.

H1N1 VACCINE

Three (3) out of the ten patients with chronic diseases said they had heard about a vaccine against H1N1 influenza.

Four (4) of the five health workers and the stakeholder also said they had heard about a vaccine against H1N1 influenza.

The comments from health workers and the stakeholder regarding what they had heard about H1N1 influenza vaccine were as follows.

- I have heard about arrangements to get the vaccine in Kenya but don't know how effective it will be.
- I have heard that it is in use in other countries but not its details.
- I have heard about it from the media but I did not follow the story well.

The mass media was the main source of information on H1N1 influenza for both patients with chronic diseases and health workers in chronic disease clinics. However, reduced mass media reporting on H1N1 influenza cases was also creating a belief that the disease had disappeared. One person with a chronic disease asked:

- I have had the feeling that Swine flu ended. So is it still there?

Perceptions of own risk of contracting H1N1 influenza

All the health workers in chronic disease clinics and patients with chronic diseases perceived themselves to be at risk of contracting the H1N1 influenza disease. While for health workers, the primary source of risk was regular contact with patients, for those with chronic diseases, risk was perceived to arise from their underlying health condition that had compromised their immunity. Explanations given for the perception of risk were as follows.

People with chronic diseases



- Risks are clear for all the groups the Ministry of Health is targeting. For us with chronic diseases, long-term medication can weaken our immunity hence the need for a vaccine against the H1N1 influenza (Male HIV patient).
- HIV infection has weakened the body's ability to prevent illness. Immunization can help us prevent infection with the H1N1 influenza (Male HIV patient).
- If it infects them, it will kill them faster because they already have low immunity (Male TB patient).
- It is a good plan, but the vaccine should be given to all. It should also be explained that it is not only the targeted groups that can be infected with this virus (Male diabetes patient).
- If I catch malaria, my sugar level goes up. If I catch Swine flu, wouldn't it even be worse? (Female diabetes patient)

Health workers in chronic disease clinics



- We are very much at risk, especially in casualty department. We don't know who comes and what they are ailing from.
- I work in a TB clinic and most patients cough, so I am obviously exposed if any of them has the virus.
- We are constantly in contact with patients. We don't discriminate based on the symptoms a patient presents with. Even in the community, we are usually called upon to help those who are ill, including those with undiagnosed conditions. Therefore, as the first contact for patients, I am very much at risk of contracting the virus.

The health workers also identified ways in which their infection with the virus could affect them and others.

- I will spread the disease to other members of the household through mixing with them.
- I could spread the infection to the public, for example, in public transport.
- It would affect my social life because I might have to be isolated even from my close family members and friends.

Willingness to receive vaccination

All the people with chronic diseases and four (4) out of the five health workers in chronic disease clinics confirmed that they would be willing to be vaccinated against H1N1 influenza.

The people with chronic diseases, however, said their willingness to receive the vaccine will depend upon the Government's position on the vaccine and information on the vaccine's side effects.

- Prevention is better than cure, but I need information about side effects first (Female HIV patient).
- If it is recommended for people with diabetes, I have no problem (Male diabetes patient).
- If it is recommended by the Government, I will accept it (Female Diabetes patient).
- The government cannot introduce a dangerous thing to the public. They know it is good for people (Male diabetes patient).

Information on the vaccine's side effects was also identified by health workers in chronic disease clinics as important for their willingness to receive the vaccine.

- Yes, I would receive the vaccine, but only if there are no major side effects. Otherwise, we would rather get H1N1 influenza than develop natural immunity.

The health worker who was not willing to receive the vaccination had this explanation.

- For flu generally, I don't see the need for vaccination. This is also because viruses usually mutate rapidly and a vaccine may not remain protective long enough to warrant vaccination of health workers.

The view that there could be reluctance among some health workers to be vaccinated against H1N1 influenza was also expressed by the stakeholder who observed that the risks and danger of H1N1 influenza had been hyped.

- We don't get shots for regular flu, so why this one? There has been no death reported that can be linked to the H1N1 influenza in the country. Whose interests are being addressed in this particular vaccination campaign - is it the patients' or the drug manufacturers'?

Regular availability of the vaccine was particularly of concern to one health worker, based upon unsatisfactory experiences with previous vaccination campaigns targeted at health workers.

- From the experience with hepatitis B vaccination where most health workers got only the first injection through Government funding, and then asked to pay for subsequent shots, we would want to be guaranteed that the vaccine will be available regularly in order to accept it.

Perceived problems with vaccination of people with chronic diseases

Health workers as well as the stakeholder did not perceive any potential problems with vaccination of people with chronic diseases. However, they noted that correct and clear information has to be provided, especially on the vaccine's safety, effectiveness and any possible interactions with existing medication used by the patients. Other issues for consideration include cost and accessibility.

- There would be no problems in providing the vaccine to persons with HIV. If they get the vaccine, they will not catch the influenza easily.
- Distance of the place to get vaccinated could present a problem.
- High cost could also present problems for vaccination of people with chronic illness because many of them are also poor.
- Understanding of the benefits of vaccination to themselves is critical for the uptake of the vaccine among those with chronic diseases.
- Convincing for vaccination may not be easy, especially among older patients. This is particularly common with diabetes patients who are usually reluctant to accept even new drugs.

Advantages of immunization against H1N1 influenza

People with chronic diseases



- To prevent infection (A common theme among all respondents).
- I will be protected from infection. Neighbours and family will also be protected from infection, but they too need to be vaccinated (Male TB patient).
- I will be protected and therefore would not be infected. My child pays for my medication. She won't have to pay when I am protected through vaccination (Female HIV patient).

Health workers in chronic disease clinics



- I would develop immunity hence would not get the disease even when I come into contact with someone with the virus.
- I will develop immunity against H1N1 influenza. But it would be better if the vaccine could protect against other influenza too.
- I will be protected. In case the infection comes, it won't be severe.

Disadvantages of immunization

Among people with chronic diseases, the recurrent concern about H1N1 influenza vaccination was its side effects.

- If there are no adverse side effects, I have no concerns (HIV patient)

Among health workers, potential disadvantages of vaccination against H1N1 influenza were identified as follows.

- The vaccine may not work. It may fail.
- I may get reactions; side effects.
- Swelling on the injection site is also a concern for me.
- What happens when one is exposed to the virus after vaccination? How does the body react?
- Does the vaccine interact with other medication that one might be using?

People who would approve or support vaccination of people with chronic diseases and health workers in chronic disease clinics

People with chronic diseases

▼ Family members and neighbours were identified by nine (9) out of the 10 people with chronic diseases as people who would approve or support their vaccination. However, the respondents explained that the support of their family members and neighbours would be contingent upon the information provided to them.

- It all depends on how the information is provided to parents, children and other family members. They may be worried about the effect of the vaccine on my health.
- Family members understand the problem caused by illness and would therefore support my vaccination to prevent infection.

Health workers in chronic disease clinics

⊕ Among health workers, potential approval or support of H1N1 vaccination was expected from the following.

- Family members, notably husband and children
- The employer
- Patients

People who would disapprove or oppose vaccination of people with chronic diseases and health workers in chronic disease clinics

People with chronic diseases

▼ Six (6) out of 10 people with chronic diseases did not perceive any possible opposition to their vaccination. Two of the people with chronic diseases perceived potential opposition from their family members while the other two were not sure. Regarding potential opposition to their vaccination against H1N1 influenza, the main reasons provided were as follows.

- Family members may think the vaccine is being tested on me. There have been many studies in people living with HIV and some people might think this is another one. Family may also worry about adverse effects of the vaccine (Female HIV patient).
- Husband prefers herbal medicine and has been questioning why I come to the hospital for a long-term health condition. I think he would even be more resistant to vaccination if he were to hear about it (Female diabetes patient).

Health workers in chronic disease clinics

⊕ Three (3) of the five (5) health workers did not anticipate any opposition to their vaccination while the other two identified family (husband and children) as potential sources of opposition to their vaccination.

Among those not anticipating opposition to the vaccination, the common reason was that they were healthcare providers and therefore understood better what was good for them.

- I am a health worker. I understand better what I need and I don't need permission from anywhere.

Common reasons for potential lack of support for health workers' vaccination were as follows.

- Children and husband – they would be concerned because I care for them. If I die as a result of anything associated with the vaccination, who will care for them?
- My husband is not a medic and does not believe in these new things (vaccination), so he would be resistant to my vaccination.

What would make it easier to be vaccinated?

People with chronic diseases



Responses from people with chronic diseases were as follows.

- If the vaccine is approved by the Ministry of Health.
- If I am among the targeted group for vaccination, it will be easier for me because it must have been found by the government to be good for me.
- Easy accessibility.
- If the vaccine is provided at this Comprehensive Care Centre where I am already receiving treatment.
- If the vaccine is provided at Government hospitals and recognised private health facilities.
- If there is minimal transport costs required to receive the vaccine.
- If provided at the health facility where I attend diabetes clinic monthly.
- If the vaccine is provided at the nearest health facility.
- If the vaccine is free of charge.
- If the vaccine is recommended by a doctor.
- If announcements about the vaccine are made within the communities where we live.

Health workers in chronic disease clinics



- If the employer provides the vaccine.
- If provided at the workplace.
- Vaccine availability.

What would make it easier to be vaccinated?

People with chronic diseases



- Lack of information on the vaccine.
- Cost (payment to receive the vaccine)
- Side effects.
- If the vaccine is provided at a fee.
- If the vaccine is expensive.
- Some people fear. I fear to be among the first to be vaccinated. I need to see others use it first. I need to see how safe it is for others first. Is it being tested on us?
- If there are adverse reactions with current medication.

However, two of the people with chronic diseases explained that nothing would make it difficult for them to receive the vaccine as they were even willing to pay for it.

- Nothing would make it difficult for me to receive the vaccine. I am even willing to pay for it. I am already paying for my diabetes treatment.
- None; I am even willing to pay for it.

Information required by those with chronic diseases when they come for vaccination.

The information identified by those with chronic diseases themselves as necessary during their time of vaccination were as follows.

- More information about the H1N1 influenza and how it would affect me given I am on medication for TB.
- Detailed information about vaccination and other prevention measures.
- Side effects and benefits.
- How to prevent the disease first of all, without vaccination.
- Whether the vaccine will interact with my ongoing treatment.
- Any contraindication with other medicines.
- **Counseling:** why the vaccination? What are its benefits? You just can't come to be injected without knowing what the injection is all about. I should also be free to accept it or refuse it and be allowed time to think about it. I need to also know if it has any effects on the ARVs that I am presently using.
- I take medication daily, how will the vaccine affect my other medication?
- How to prevent infection with the virus.
- Side effects, particularly related to my diabetic condition.
- I am diabetic. I don't know if it will be safe for me. Is it right to be vaccinated when I have diabetes?
- Dangers of H1N1 influenza given my health status (HIV patient).

In their view, health workers identified the following as critical information for people with chronic diseases and their families about H1N1 influenza immunization.

- What is H1N1 influenza? What causes it?
- What is the benefit of vaccination?
- What is the number of doses or injections involved? Because of the demand for long-term medication with ARVs, people with HIV would want to be assured that the vaccine does not add pill or injection burden.
- Does vaccination destabilise the body's immunity against other illnesses?
- Information that they are very vulnerable (especially those with diabetes) and that any destabilization of the immune system through infection with other diseases will greatly affect their health. Therefore, vaccination is good for their immunity and overall health.
- An assurance that there is no contraindication with the other drugs they are using.

Potential concerns about H1N1 vaccination among people with chronic diseases

The following were identified by health workers as potential concerns about vaccination against H1N1 among people with chronic diseases.

- Side effects.
- Failure of the vaccine.
- Fears that the vaccination might make them sicker.
- Worries about the vaccine interfering with other treatments.
- Most of those with chronic diseases have been with the disease for a long time. Those who are old are resistant to new things. For example, some patients insist on using diabetes drugs that have been phased out because that is what they already know and believe to work for them. Therefore, among the aged, changing their opinion about receiving new treatments and vaccination must start from the family level.

People with chronic diseases identified the following as critical information they required from health workers that could be reassuring regarding vaccination against H1N1 influenza.

- The vaccine is safe.
- Vaccine's side effects and benefits.
- Does the vaccine interact with ARV drugs?
- I need to know that any side effects I may experience will clear without causing further complications.
- Assurance that the vaccine has no adverse side effects.
- Advice on foods to eat or avoid (the 'dos and don'ts').

Asked how they would respond to concerns about H1N1 influenza vaccination among people with chronic diseases, the health workers provided the following explanations.

- I would tell the patients about the vaccine and its side effects but not to focus much on the disadvantages of vaccination.
- I would explain the benefits of the vaccine and if the patient is not sure whether to receive it or not, give them time to think about it.
- I would encourage informed choice. I would not force them.
- I would provide clear information about the vaccine to the patients and allow them to make informed choice regarding whether to be vaccinated or not.

Other sources from which the people with chronic diseases would like to hear about the H1N1 influenza vaccine

- Public health educators.
- Patients who have already received the vaccine so they can share their experiences.
- Community health workers.
- Public education even in churches and by the local administration.
- Religious leaders.

However, one respondent was of the view that information about the vaccine should come from the health facility only to avoid the spread of rumours and misconceptions.

- Information about the vaccine should be provided at the hospital only. There are conmen who may want to cash in on patients.

Preparation required by health workers to provide the vaccine

Targeted training on preparation, handling and administration of and factual information on safety and effectiveness of the vaccine were identified as critical to the preparation of health workers to provide the vaccine. A detailed list of topics identified by the health workers appears below.

- How to provide the vaccine: is it an injection only?
- How to handle and store the vaccine.
- Number of doses.
- Duration of protection conferred by the vaccine.
- Properties of the vaccine.
- Side effects.
- How the vaccine works.
- Possible complications especially for those on other long-term medications.
- Adverse side effects.
- Research evidence on the safety and effectiveness of the vaccine.
- Any contraindications on normal medication.

