Letter to the editor

Influenza infection control guidance for staff caring for veterans with spinal cord injury

Dear Editor,

The recent report “Influenza infection control guidance provided to staff at VA facilities for veterans with spinal cord injury during a pandemic” is very interesting.¹ Locatelli *et al.*¹ noted that “greater input by experts knowledgeable about SCI/D is recommended”. In fact, the concern for those disabled because of spinal cord injury is very important but usually forgotten.

A good example is the lack of vaccination.² To increase the vaccine coverage, collaboration among several partners taking care of patients is needed.^{3,4} Weaver *et al.*³ mentioned that incorporating “system-wide approaches plus patient and provider education and reminders” were the key factors for success.

At present, an important point is the concern of general physicians about the importance of influenza control for patients with spinal cord injury.⁵ Interestingly, in the general guidelines for influenza management, specific information for patients with spinal cord injury is usually not mentioned.

References

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Authors' response

We thank Professor Wiwanitkit for his positive and important comments about the prevention and management of influenza infection for persons with spinal cord injuries and disorders (SCI/D). Influenza can pose a high risk for individuals with SCI/D and vaccination is one of the most important ways to prevent influenza infection. In 2005, the United States Centers for Disease Control and Prevention (CDC) first listed persons with SCI/D among those at increased risk for severe complications from influenza.^{1,2} We agree with the importance and concerns for persons with SCI/D and our clinical, implementation, and research teams have undertaken and completed several efforts to improve seasonal influenza vaccination uptake by Veterans with SCI/D.^{3,4} Excellent influenza vaccination rates have been sustained for the past 8 years (e.g. 72% for all age groups during the 2012–2013 influenza season).

Vaccination rates among health care workers (HCWs) providing care to Veterans with SCI/D remain low (about 50% each season for several years),^{5–7} so our research team focused efforts on staff who have contact with these Veterans, their families, and other HCWs.⁸ Our prior findings, as cited in the CDC Advisory Committee on Immunization Practices (ACIP) recommendations for immunization of HCWs,⁹ identified several common barriers to influenza vaccine acceptance, including fear of side effects, perceptions of vaccine ineffectiveness, perceptions of low likelihood of contracting influenza, and inconvenience.⁶ Education efforts to overcome some of these misconceptions continue annually with HCWs, but because education interventions are often weak, these interventions alone have not resulted in sizeable or consistent improvements. As such, we are currently piloting the use of an influenza declination form program to increase vaccination rates among HCWs in VA SCI/D centers and clinics. Prior studies have shown that declination form programs, which include the standard use of forms to be completed and signed in-person at the time of the vaccine offering, that document the reason for refusal to receive a vaccination, and include a

statement to acknowledge risk to others as a result of non-vaccination, have increased vaccination rates in HCWs up to 22%. These programs, used in conjunction with other influenza vaccination improvement strategies, provide an opportunity to further educate individuals, target specific non-vaccination reasons, and encourage vaccine receipt.

We hope that our work will continue to raise awareness of the importance of influenza vaccination in persons with SCI/D and those who provide their care, as increased awareness is essential toward improving infection prevention and management.

References

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