

Taming of the Flu: Engagement, barriers and correlates of influenza vaccination uptake among people who inject drugs in Australia

Olivia Price¹, Antonia Karlsson¹, Julia Uporova¹, Daisy Gibbs¹, Rosie Swanton¹, Roanna Chan¹, Paul Dietze², Raimondo Bruno³, Caroline Salom⁴, Simon Lenton⁵, Louisa Degenhardt¹, Michael Farrell¹ and Amy Peacock^{1,3}

¹ National Drug and Alcohol Research Centre, UNSW Sydney; ² Burnet Institute, Melbourne, Australia; ³ University of Tasmania, Hobart, Australia; ⁴ Institute for Social Science Research, The University of Queensland, Brisbane, Australia; ⁵ National Drug Research Institute, Curtin University, Perth, Australia

The Difference is Research

Introduction

- Influenza virus causes seasonal epidemics that result in considerable morbidity and mortality.
- Annual vaccination remains the best means for preventing influenza infection.
- There is no evidence regarding the incidence of influenza among people who inject drugs (PWID) and very little evidence regarding their engagement with the vaccine [1].
- It is likely that PWID face challenges that would create barriers to vaccination and increased severity of infection, e.g. low socioeconomic status, homelessness, low education, underlying conditions like HIV, poor access to healthcare, and stigma when accessing health care [2-4].

Aims

1. Establish the engagement with influenza vaccination among a sentinel sample of PWID in Australia;
2. Examine the barriers to vaccine uptake; and
3. Examine the correlates of vaccine uptake.

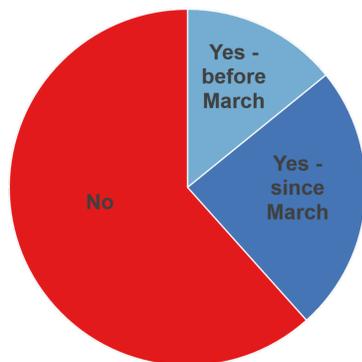
Methods

- The Illicit Drug Reporting System (IDRS) comprises annual interviews with a national cross-sectional sample of people who are 18 years or older, have injected drugs monthly or more frequently in the past six months, and have lived in a capital city of Australia for at least 10 of the last 12 months.
- In 2020, the interviewer-administered questionnaires were completed via phone or face-to-face, depending on jurisdiction-specific COVID-19-related restrictions.
- Participants were reimbursed \$40 for their time by cash or bank transfer.
- Participants were asked various questions about their demographics, health and past six month access to drug treatment and other health services, and whether they had been vaccinated against influenza in the past year. Participants who had not been vaccinated were asked the reasons for not accessing the vaccine.
- Descriptive statistics are presented regarding the first and second aims.
- Regarding the third aim, correlates were initially assessed for association with influenza vaccination using univariate binary logistic regression, then correlates associated with the outcome at a significance level of $p < 0.10$ were included in the multivariable model [5]. Adjusted odds ratios (AOR) and 95% confidence intervals (CI) are presented.

Results

Engagement

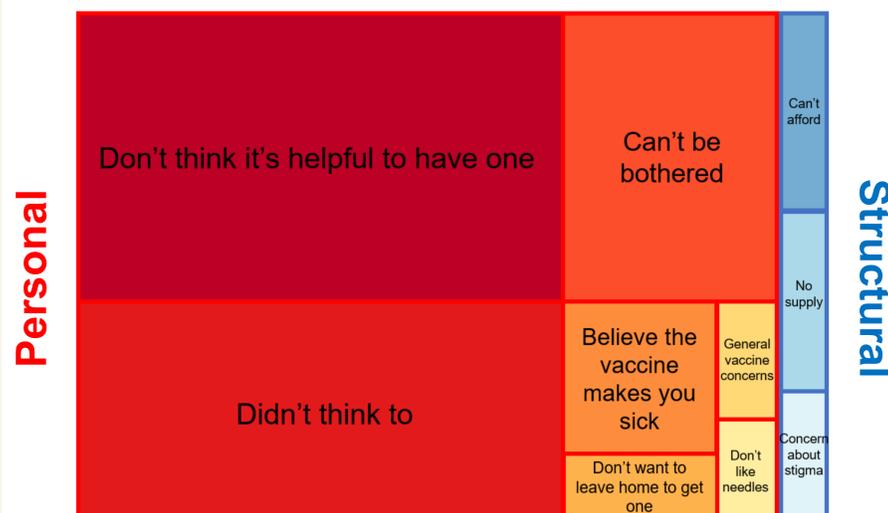
Among those who responded to the influenza vaccination questions (n=872), **39% reported receiving an influenza vaccine in the past year** (24% since March, 14% before March).



This is much lower than the coverage of 81% reported by the FluTracking sample of Australians aged 18-64 years [6]. However, it is important to note that this sample is highly educated (24% have a postgraduate degree vs. 4% of the general population).

Barriers

Of those who did not get a vaccine and gave a reason why (n=518), reasons were predominantly **personal** (88%) rather than **structural** (16%; participants could select multiple reasons).



Correlates

After adjusting for gender, city of residence and month of interview, people who reported having an influenza vaccination during the past year were more likely to be

- **Older** (AOR: 1.02, 95% CI: 1.00-1.03), and
- **Currently on opioid agonist therapy** (AOR: 1.50, 95% CI: 1.15-2.17).



Implications

- It is promising that two-fifths of the sample reported receiving an influenza vaccine in the past year. However, influenza requires annual vaccination, and only one-quarter had been vaccinated for the 2020 season (i.e. since March).
- It is also reassuring that only a minority of reported barriers to vaccination that were structural (e.g. cost, stigma). However, addressing people's risk perception of disease and vaccine hesitancy to encourage vaccine uptake presents a different kind of challenge.
- Given the only factors associated with vaccine uptake were age and current opioid agonist therapy, interventions to increase vaccine uptake among PWID cannot necessarily be targeted to particular risk groups.

Conclusion

- Further research is needed to improve influenza vaccine uptake among PWID, as they are a population likely to be disproportionately burdened.
- There were largely no sociodemographic and drug use differences between the vaccinated and non-vaccinated groups.
- Reported barriers to vaccination were predominantly based on personal belief or low risk perception of disease.

References

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- Please contact o.price@unsw.edu.au for further information.