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Between Intention and Action: Motivators and Barriers to Influenza Vaccine Uptake Among Healthcare Workers in Kenya: A qualitative evaluation

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BACKGROUND

Healthcare workers (HCWs) are at higher risk of exposure to infections and can also act as a source of transmission of vaccine-preventable diseases (VPDs) to patients. Translating vaccination willingness into actual uptake remains a persistent challenge. In the context of the HCW's influenza vaccination demonstration project, discordance between stated intentions and vaccination behavior was observed in both directions, among willing and unwilling HCWs alike. Understanding these bidirectional gaps is essential for designing effective, sustained vaccination programs.

OBJECTIVE

Investigated knowledge, attitudes, and perceptions of HCWs regarding vaccination against influenza among other vaccine-preventable healthcare-associated infections (HAIs). In particular, the motivators & barriers to influenza vaccine uptake among HCWs.

METHODOLOGY

Alongside an influenza vaccination project among HCWs where the influenza vaccine was provided at no cost to HCWs in several counties for 2 years, we conducted a 2-year longitudinal study among HCWs in four counties. IDIs were categorized by willingness to and actual receipt of the influenza vaccine. FGDs with vaccinated, unvaccinated, and mixed group.

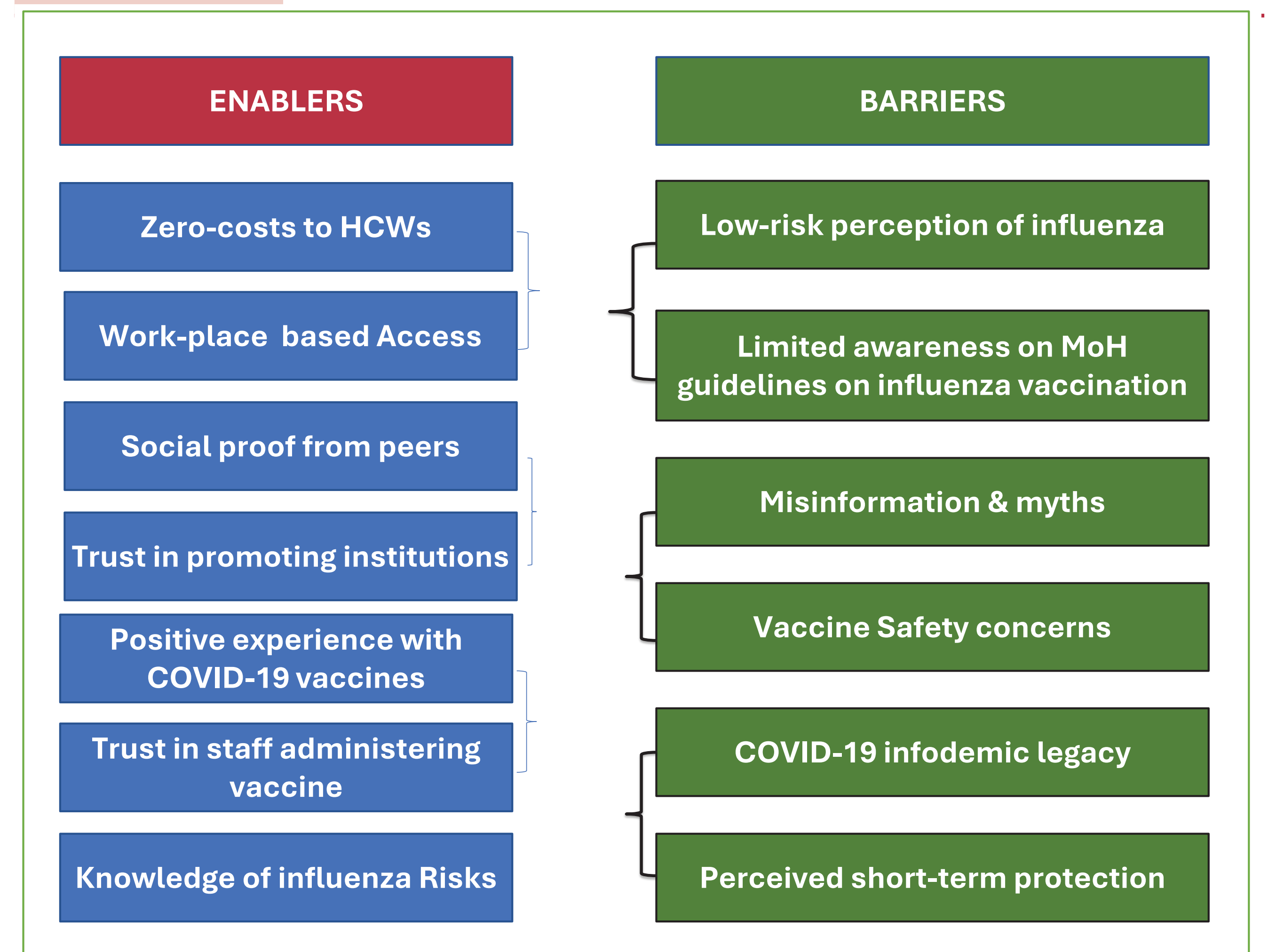
Sampling

Method	Basis of grouping	Vaccinated	Not vaccinated	Mixed	Total
FGDs	Vaccination status	3	3	3	9 FGDs
IDIs	Willing	17	16	-	33
IDIs	Not willing	14	16	-	30
IDIs-Total		31	32	-	63 IDIs

ANALYSIS

We deployed thematic analysis from a contextual constructionism (Braun & Clark, 2006). Additionally, a semantic approach was used to match the findings to WHO matrix on vaccine hesitancy while taking more deductive approach to coding.

RESULTS



DISCUSSIONS

Four primary motivators: workplace-based vaccine access, zero vaccination cost, peer social proof from vaccinated colleagues and structured health education were identified. Key barriers among the non-vaccinated included low perceived personal risk, reluctance toward annual dosing, safety concerns among pregnant women and those with comorbidities, inadequate pre-campaign sensitization, and residual COVID-19 vaccine mistrust.

CONCLUSIONS

Discordance between vaccination intention and behavior runs in both directions, pointing to distinct intervention targets. Logistical and access barriers prevent uptake even among willing HCWs, while on-site peer delivery effectively overcomes initial hesitancy. Targeted pre-campaign sensitization, digital reminder systems, and vaccination certification are needed alongside sustained convenient access to strengthen HCW vaccination programs..

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