

Letters to the Editor

Hepatitis Vaccination Among Physicians: A Decade Later

To the Editor:

Hepatitis B (HB) remains a major infectious occupational hazard for healthcare professionals.¹ Despite the availability of effective vaccines, only 34% to 40% of healthcare workers at risk have been vaccinated with an HB vaccine.² I recently conducted a survey at our tertiary-care community medical center to determine the rate of HB vaccination among physicians as well as explore the factors that contribute to their continued reluctance toward vaccination.

Questionnaires were mailed to all 929 physicians on staff (840 regular staff, 89 housestaff) asking whether they have had HB vaccination and if not, the reason(s) for not doing so. Physicians also were asked if they would receive the vaccine (regardless of the reason for not receiving it previously) if it were made readily available to them in their offices or workplace (e.g., the operating room).

Of 357 responders (response rate was 38.4%), 58.5% reported prior HB vaccination. Housestaff were significantly more likely to have had vaccination than the regular staff (92% versus 55.1%, $p < .001$, chi square). Of 147 physicians who were not vaccinated, 145 (99.3%) reported their reasons for not doing so. They were: "Not perceived to be at risk of HB" (46.6%); "HB is not easily transmitted by needlesticks" (1.4%); "HB vaccine is not efficacious" (6.8%); "HB vaccine is not safe" (24.7%); "HB vaccine is too expensive" (13%); "HB vaccine is not

readily available to me" (25.3%); "I don't like injections" (11%); prior history of hepatitis (10.8%); and miscellaneous (28.8%).

Of the 158 physicians in the "higher risk" group for blood exposure (e.g., surgery, obstetrics/gynecology, pathology), 55 (34%) remained unvaccinated (versus 52.5% in the "lower risk" group). Of 44 unvaccinated physicians who belong to the "higher risk" group, 20 (36.4%) were not convinced of the safety of the vaccine (versus 15.6% of "lower risk group," $p < .05$, chi square), and 31 (56.4%) reported they would receive the vaccine if it were made available to them at their office or workplace.

Seventy (48.2%) of all unvaccinated physicians indicated they would receive the vaccine if it were made available at their workplace. Of 68 physicians who did not perceive themselves to be at significant risk of HB, 25 (36.8%) would, nevertheless, receive the vaccine if it were made available to them at their workplace. Similarly, 8 of 36 (22.2%) who questioned the safety of the vaccine, and 5 of 10 (50%) who questioned the efficacy of the vaccine would receive the vaccine at their workplace.

Forty-two physicians cited miscellaneous reasons for not being vaccinated. "Laziness" was cited by 20 (47.6%), "inertia," was cited by 4 (9.5%), and pregnancy was cited by 9.5%. Seven of 42 (16.7%) cited reasons that suggested misinformation about HB and its vaccine (e.g., awaiting recombinant vaccine or never having been stuck by a needle).

Nearly a decade after the introduction of HB vaccine, many physicians at risk of occupationally acquired HB remain unvaccinated.

The results of the survey suggest that at least three major obstacles to widespread HB vaccination remain among physicians. First, there is a lack of perception of being at risk of acquiring HB. Second, there is a lack of knowledge regarding the safety of the vaccine. Third, there is a lack of ready access to the vaccine at the workplace. The first two obstacles should be amenable to continuing medical education (both formal and informal) that emphasizes the potential for significant morbidity and mortality associated with HB infection¹ and the excellent safety record of the current vaccines.² The third obstacle may be overcome by asking healthcare institutions to facilitate ready access to the vaccine by providing it in places where blood exposure is likely to occur. High visibility of the vaccine program in such areas also should encourage those "lazy" physicians and those with "inertia" to become vaccinated. We currently are in the process of implementing such programs at our medical center.

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