SMALL SPACE FOR BIG IDEAS; PROMISING RESULTS FOR PEOPLE WHO INJECT DRUGS

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Health
South Western Sydney
Local Health District

BACKGROUND

Current literature suggests there are low levels of vaccination coverage in people who inject drugs (PWID); despite universal infant vaccination (since 2000) and adolescent catch-up programs, cohorts of PWID have not be captured by these programs. There are ongoing issues for PWID access to health services especially around trust and competing priorities, with health often given less consideration. Hepatitis B vaccination uptake is greatest when offered on-site at a primary Needle Syringe Program (NSP) in a supportive environment.

Health ConneXions at Liverpool is the only primary NSP in South Western Sydney Local Health District (SWSLHD). In a 2011 Health ConneXions' survey, 41% of clients were either unvaccinated or did not know their hepatitis B immune status. A previous client survey in 2006 indicated strong interest in hepatitis B vaccination if offered at the NSP.

It is proposed that by offering hepatitis B vaccination on-site for people accessing HealthConneXions, it will help build a supportive environment, increase trust and improve access to health services in particular the Sexual Health Service for this community. A pilot hepatitis B vaccination program was commenced in January 2013 at Health ConneXions for an eight month period.

AIM

To reduce hepatitis B transmission, to increase Hepatitis B immunisation rates, to improve access to health services in the SWSLHD.

METHOD

A grant of $2500 was received from The Centre for Health Equity Training Research and Evaluation (CHETRE) as part of their "Working with Locationally Disadvantaged Communities Project" This provided for costs associated with purchase of: vaccine cooler, digital thermometer, ice bricks, personal care packs and refreshments for clients, production of fit pack stickers, advertising cards and other stationary items and for gift vouchers for the service user representative's attendance at meetings.

An advisory committee was formed with representation from Harm Reduction Program, Sexual Health Service and Health Promotion, Work Health and Safety, and a service user of Health ConneXions. The committee met initially in October 2012 to establish terms of reference, a detailed project plan and an advertising strategy. The inclusion of a service user provided good insight as to what the clients expected and wanted in the outreach clinic.

The committee met three times prior to the clinic commencing and midway to review progress. The outreach clinic, providing a clinical service, required adherence to policy and procedural documentation at State, Local Health District and local service levels. An immunisation accredited nurse was made available by the Liverpool Sexual Health clinic.

The frequency and timing of the clinic was determined by nurse availability and peak times that clients accessed Health ConneXions. It was determined that the clinic would run for a two hour period from 10:30am-12:30pm every week on a Friday; commencing on 18th Jan 2013 til 30 Aug 2013.

Located in the client area proximal to the reception desk, it ran for a 2 hour period once a week. It was staffed by an accredited immunisation nurse from the Sexual Health Service and supported by Health ConneXions' staff. The clinic was promoted to clients with posters, business cards, stickers on fit packs and the use of messages utilising the health promotion mannequin at Health ConneXions. NSP staff also engaged in opportunistic education with clients attending the service regarding the importance of being vaccinated for hepatitis B and highlighting the provision of the new vaccination clinic. Clients were offered refreshments, introduced to the nurse who was available to answer questions, offer referrals and vaccinate if required.

(left) Health Promotion mannequin

(below) Health ConneXion staff promoting the project

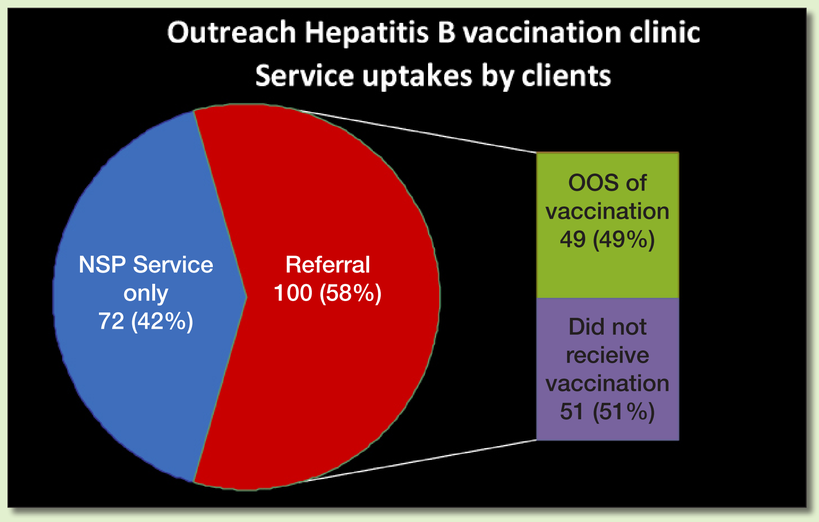
(bottom) Conversion of the waiting room to provide space for the nurse

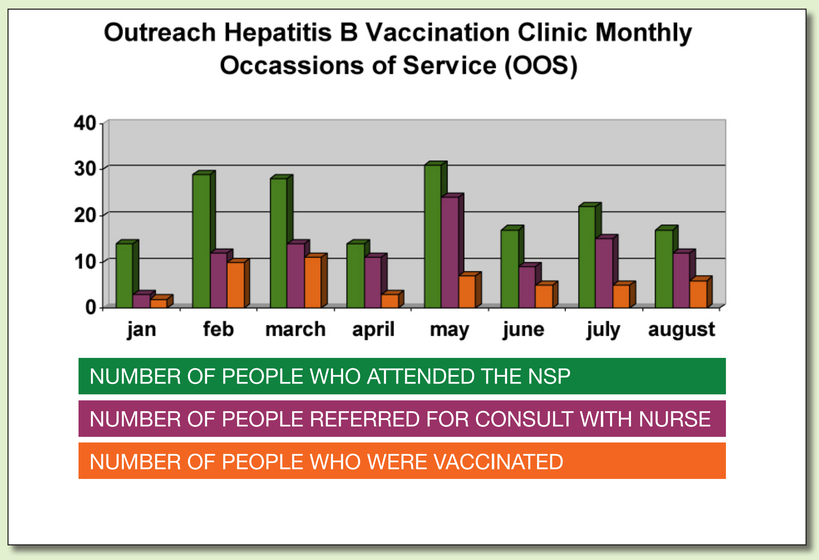
RESULTS

The clinic was held on 30 occasions with only 3 days when it did not operate; one Friday being a public holiday, the other two when the nurse was on leave.

During the period of the clinic operating, 172 clients visited the NSP with 100 recorded referrals and 49 occasions of service.

A client referral is defined as having had a conversation with the sexual health nurse about hepatitis B and an OOS is recorded when a client received a HBV vaccination. There were 34 clients that received a HBV vaccination; 27(79%) reported not having been immunised and thus commenced their vaccination course, 7 (21%) reported already having received 1 or 2 of the 3 doses required and were able to complete their vaccination at the outreach clinic.





Health ConneXion staff and the sexual health nurse actively followed up clients with reminders for subsequent hepB vaccination doses. The clients were asked by the nurse if they would like this service and needed only to give a phone contact and specify if SMS or voice call was preferred. This reminder service was taken up by 100 % of clients.

Clients reported mainly hearing about the clinic from NSP staff when they attended the clinic.

Evaluation considered impact and process, with data collected on the number of vaccinations given, prior reported history of vaccination, referrals, feedback from clients and staff and clinic implementation and accessibility.

Four clients have since presented to the Liverpool Sexual Health Service for further vaccination and/or screening following first contact through the vaccination clinic at Health ConneXions.

CONCLUSION

The clinic was observed to be well received by the clients attending the Health ConneXion service. Even though the vaccination area was small in size and situated in the reception area, this posed no problem in providing the clinical service and did not appear to deter clients from receiving the vaccination. Promotion of the clinic needed to be ongoing as the client group is dynamic, and was attended out of opportunity rather than planning. Factors which contributed to difficultly recalling clients to return for the next scheduled vaccine were around telecommunication issues such as failed connection to mobile phones, change of contact number as well as lack of client commitment to attend.

Points for consideration if the clinic is maintained: change of time the service is held to co-inside with busier client attendance times, provide incentives to the clients to re-present for completion of the vaccination schedule, provide the vaccination service routinely once a week all year or provide the vaccination service for a quarterly period annually and then focus educational efforts in another direction.

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