

Vaccine Hesitancy in Europe

Facts, Opinions and the Way Forward



An event organised by DG SANTE Blue Book Trainees 016

“Vaccine Hesitancy in Europe: Facts, Opinions and the Way Forward” - Conference Outcomes

DG SANTE Trainees’ (October 2016) Report

I. Introduction

Vaccination is one of the biggest public health achievements of the 20th century. Rigorous vaccination campaigns have already eradicated certain diseases, while others are expected to be eliminated soon. Although uptake of vaccination is high in Europe (World Health Organization, 2016b), vaccine hesitancy, which refers to delay in acceptance or refusal of vaccination despite availability of vaccination services (World Health Organization, 2014) has become a recurrent issue. In recent times, a significant number of our fellow citizens (patients, family members, medical professionals) have become distrustful of vaccination for a variety of reasons: the risk of side effects, the safety of vaccine ingredients and the lack of trust in the provider, to name but a few. Recent studies provide clear evidence that the confidence of Europeans in the safety of vaccines has declined. A notable example is France, where in the State of Vaccine Confidence 2016 survey, 41% of the participants answered that vaccines are unsafe (compared to a global average of 13%) (Larson et al., 2016).

In light of the above, the trainees at the European Commission in Directorate for Health and Food Safety organised the conference “Vaccine Hesitancy in Europe: Facts, Opinions and the Way Forward” that took place on 15th February 2017 in Brussels, Belgium. The Director General of DG SANTE, Mr. Xavier Prats Monné, opened the event. As it was highlighted during the conference, vaccine hesitancy is a complex and context specific issue, which cannot be adequately addressed only by health scientists and practitioners. The contribution of other scientific disciplines is indispensable in order to gain a thorough understanding of the issue and how to approach it effectively.

Below you can find a short summary of the conference's presentations followed by the main conclusions that were drawn during the conference as well as recommendations on how to deal with vaccine hesitancy in the future.

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II. Summary of the stakeholders' opinions

The conference aimed to offer different perspectives on the drivers of vaccine hesitancy in Europe as well as to discuss possible ways on how to tackle the issue in the future. A recording of the conference is available [here](#).

Dr. Lucia Pastore Celentano, Head of the Vaccine Preventable Disease Programme of the European Centre for Disease Prevention and Control (ECDC) pointed out that a lifelong approach concerning vaccination should be followed by ensuring high levels of vaccination, equally accessible in the whole EU and for all ages. In order to achieve this, national immunisation programmes need to be properly implemented and monitored.

Dr. Rutger Jan van der Gaag, Vice-President of the Standing Committee of European Doctors (CPME) and President of the Royal Dutch Medical Association, stressed out that the benefits of vaccination are forgotten matters. Parents, but also doctors, need to realise that vaccination has eradicated many formerly common diseases and thus, nowadays, there is a lack of knowledge about these diseases among the general population. Finally, people shall get more convinced by facts rather than by myths.

Ms. Magdalena R. de Azero, Executive Director of Vaccines Europe within the European Federation of Pharmaceutical Industries and Associations (EFPIA) emphasised that suboptimal influenza vaccination can lead to reduced manufacturing capacity with negative consequences in case of pandemics. Ms. de Azero called on boosting vaccine confidence by increasing healthcare professional engagement in conversation about vaccines and vaccination, establishing a platform to promote vaccine awareness, supporting tailored vaccination campaigns and creating tools capable of monitoring acceptance attitudes.

Dr. Enrica Alteri, representing the European Medicines Agency, highlighted the significance of transparency of EU Institutions. Dr. Alteri stated that the public trust deficit should be addressed. As a result, in order to earn public trust in vaccines, the process of authorization of vaccines as well as the scientific grounds on which decisions are taken, should be explained clearly. Furthermore, the weight given to different aspects of the assessed evidence should be also illustrated. Last, but not least, encouraging patients' and medical practitioners' involvement in the decision making process was also suggested.

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Ms. Katrine Bach Habersaat, representing the World Health Organization - Regional Office for Europe (WHO – Europe), stated that vaccination rates show that the overwhelming majority of people still accept and demand vaccination. However, vaccine hesitancy can pose problems to traditionally strong vaccination programmes. Ms. Habersaat emphasised that vaccine hesitancy is a complex and context-specific issue relating to knowledge and attitudes as well as to access and convenience and that health authorities need to tailor their strategies taking into account the particularities of groups in which vaccination issues arise. Ms. Habersaat called for more research focusing on understanding the end-users and both positive and negative deviance related with vaccination.

Dr. Günter Pfaff, Vice-President of Infectious Disease Control Section in The European Public Health Association (EUPHA), mentioned that low coverage rates are particularly discernible within specific groups of individuals, such as health care providers, moving persons and members of religious groups. Dr. Pfaff stated that low coverage rates are not always caused by vaccine hesitancy, but also by reasons related to geographical, infrastructural or financial factors. Policy makers should try to understand the specific context in which low vaccination rates arise and then devise the appropriate policy, taking into account the specificities of different situations.

Dr. Heidi Larson, Director of the Vaccine Hesitancy Project at the London School of Hygiene and Tropical Medicine, presented the issue of vaccine hesitancy in a global perspective stating that perceptions of vaccines' risks evolve and spread rapidly, having both a local and a global dimension and leading to outcomes that are context specific. Dr. Larson talked about the importance of measuring with different tools and closely monitoring the evolution of vaccine confidence in media in order to detect early signals and prevent possible vaccine refusals or outbreaks. Finally, it was underlined that scientific endeavours to understand the public's underlying beliefs and pre-existing sentiments regarding vaccines/vaccination are fundamental to address failing immunization rates.

The presentations were followed by a panel discussion moderated by Ms Carmen Paun, Reporter Politico, with the participation of the stakeholders above and of Dr. Michael Sulzner, Policy Office in DG SANTE.

III. Conclusions and recommendations

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The presentations were followed by rigorous discussion. The participants were able to comment on the topic of the conference as well as to contribute with their own ideas and views. Below you can find the conclusions that were drawn during the conference as well as recommendations on how to address vaccine hesitancy in the future. The below conclusions and recommendations are organised in four domains: (1) Education, (2) Communication strategies, (3) Research and (4) Vaccination issues in a broader perspective.

1. EDUCATION

1.1. Education and training of healthcare professionals

1.1.1. Conclusions

- Invest in the relationship between patients and health care providers. As it was highlighted, one of the drivers of vaccine hesitancy is the lack of adequate or even accurate information not only among the general public, but also among healthcare professionals. Thus, health care providers should be in the position to explain the benefits of vaccines, which they recommend as well as the potential side effects.
- Educate health care workers and providers on benefits of vaccination across all ages. Moreover, specific training should be undertaken on how to approach patients and address their concerns.

1.1.2. Recommendations

- Reinforce the curriculum concerning vaccines/vaccinology in university education and ensure lifelong learning and continuous training of health care professionals (medical doctors, nurses, pharmacists etc.) in order to emphasize the importance of vaccination across all ages. In addition, the training should strengthen the knowledge on correct identification and management of symptoms of vaccine preventable diseases along with the side effects associated with/to vaccines.
- Introduce training in social science and risk communication science in the curriculum of health care professionals. This training will help them understand the reality of the patient beyond his/her medical condition and to respond and communicate adequately when challenging situations occur. There is an acute need to listen more to patients, care genuinely about their concerns even if they are not scientifically

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based and eliminate the paternalistic approach of healthcare professionals in medical decision (“doctor knows best” principle).

1.2. Education of general public

1.2.1. Conclusions

- Raise awareness that vaccination is a matter of solidarity. Its aim is to protect oneself and the others (patients with immunodeficiencies, elderly, children too young to be vaccinated) of any potential harm related with vaccine preventable diseases.
- Inform and educate about the consequences of vaccine preventable diseases and the benefit/risk ratio of vaccines.

1.2.2. Recommendations

- Civic education lessons in school should address public health issues. Moreover, critical thinking is a skill that should be taught starting from primary schools in order to be able to judge the value of scientific facts.
- Encourage patients to report on any relevant information concerning adverse reactions linked to vaccination and make them understand the value of these services; make this process clear and user-friendly.

2. COMMUNICATION STRATEGIES

2.1. Conclusions

- Communicate to the public the importance of vaccination and the positive effect it has on public health. “Vaccines are victims of their own success” (Rodriguez de Azero, 2017), people tend to forget the benefits of immunization, since some diseases have been eradicated while others are being prevented. As a result, individuals who have never observed the dramatic consequences of those diseases cast doubt on the necessity of vaccines, hence become hesitant. This process could be reversed, if the global health community communicated effectively the importance of vaccines.

2.2. Recommendations

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- Monitor media to detect drops in confidence as early as possible in order to act and prevent outbreaks or vaccine refusals.
- Engage relevant stakeholders who can influence large groups of people in order to raise awareness on vaccination (i.e. media, religious leaders, political leaders, celebrities, social leaders, patients' representatives, patients themselves, parents etc.).
- Policy makers, representatives of public institutions and healthcare professionals need to learn how to respond to vocal vaccine deniers and address issues underlying vaccine hesitancy. WHO and ECDC developed tools to help with this task (World Health Organization, 2016a; European Centre for Disease Prevention and Control, 2016).
- Implement a “marketing” strategy to tell the story of immunization in an understandable and clear way. In the age of information, the way the information is presented and disseminated has a significant impact on the opinion that the public formulates. Thus, it is of critical importance to devise effective communication strategies, dealing with the concerns of the public in a comprehensible way and to adapt these strategies to new technologies. In this endeavour, it would be highly useful to work alongside journalists in order to assist them in building their knowledge on vaccines and vaccination. Moreover, since storytelling is a successful method of disseminating information, a way to improve the communication strategies of scientific facts could be by identifying and using as examples influential figures who are likeable, trustworthy, and have common goals with the audience (Cawkwell & Oshinsky, 2016; Shelby & Ernst, 2013).

3. RESEARCH

3.1. Conclusions

- Vaccination issues are complex and context specific and need to be tackled with context-specific approaches.
- Make sure drivers and barriers to immunization are correctly understood and taken into account. There is need to work more on “science understanding the public” not only on “public understanding the science”(Larson, 2017).

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3.2. Recommendations

- Invest more in participative research (involving the communities), before implementing any action. Taking into account context-specific factors that influence people's actions in relation to vaccination (both for and against) is crucial for the success of immunization programmes (World Health Organization, 2013).
- Invest more in social sciences research to understand the drivers of vaccine hesitancy. "Health science alone cannot achieve immunization goals -political and social scientists are needed along with risk and decision-making experts"(Larson, 2017).
- Invest more in pharmacoepidemiology research to study vaccines' side effects (Schmidt-Troschke, 2017).
- Support research and development of new vaccines.

4. VACCINATION ISSUES IN A BROADER PERSPECTIVE

4.1. Conclusions

- Reinforce the confidence of people in healthcare systems.
- Take into account the specific conditions of different sub-groups which demonstrate low coverage rates. In several cases, low immunization coverage is not caused by hesitancy but rather by a set of factors which have to do with accessibility, infrastructure and distribution of vaccines. Moreover, the cultural differences should also be considered in order to devise the most effective policy strategy to tackle vaccine hesitancy (World Health Organization, 2013).

4.2. Recommendations

- Improve the conditions in which vaccination programmes are implemented. Address the problem of the limited time medical doctors spend with their patients (European Commission, 2012) as well as context specific structural problems: vaccines

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shortages, health workforce shortages, opening hours of health care facilities, user-friendly health services, access to medical service.

- Increase access to vaccines and vaccination by introducing vaccination in pharmacies and option to be vaccinated by other health professionals (i.e. pharmacists), instead of doctors/nurses only.
- Enhance transparency in regulatory agencies dealing with vaccines, as well as in the *modus operandi* of the industry. In that way, concerns of the public about conflicts of interests within regulatory institutions and the industry could be addressed.
- Create a European fund to compensate those who suffer from severe long life impairing adverse effects due to vaccination.
- At EU level, where there is free movement of individuals, societies should be confident that all people exercising the above freedom have been properly vaccinated and that they do not pose a threat to the public health of any country. Thus, a certain level of harmonization in vaccination programmes (i.e mandatory vaccination) is necessary in order to facilitate the exercise of the said freedom for Europeans.
- Strengthen co-operation between Member States by creating a platform at the EU level, where competent authorities will be able to report issues related with vaccination and share best practices on how to manage these situations. Integrate a service for citizens to easily access the correct scientific information about vaccines as well as vaccination-related personal stories of relevant stakeholders. Moreover, the following services should be available: report vaccines adverse events alongside with issues/positive experiences related to the vaccination process itself, send reminders on when vaccination should be provided, discard fake news, chat online with professionals able to address questions of hesitant people.

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15th February, 2017 09:15 - 13:30

Alcide de Gasperi Room, Charlemagne Building

Rue de la Loi, 170 - 1049 Brussels



Programme

- 08:30 - 09:15 Registration
- 09:15 - 09:30 Opening speech
Mr. Xavier Prats Monné
Director General, Directorate-General for Health and Food Safety, European Commission
- 09:30 - 09:45 State of play of vaccination in Europe
Dr. Lucia Pastore Celentano
Head of the Vaccine Preventable Disease Programme, European Centre for Disease Prevention and Control

Session 1 - Stakeholders Perspectives on Vaccine Hesitancy

- 09:45 - 10:05 It ain't ignorance that does the harm!...
Prof. Dr. Rutger Jan van der Gaag
Vice-President, Standing Committee of the European Doctors; President, Royal Dutch Medical Association
- 10:05 - 10:25 Boosting vaccine confidence – what works?
Ms. Magdalena R. de Azero
Executive Director of Vaccines Europe, European Federation of Pharmaceutical Industries and Associations
- 10:25 - 10:45 Public trust in vaccines: role of the European Medicines Agency
Dr. Enrica Alteri
Head of the Research & Development Support Division, European Medicines Agency
- 10:45 - 11:05 Vaccine demand: hesitancy and acceptance in the WHO European region
Ms. Katrine Bach Habersaat
Technical Officer, Vaccine-preventable Diseases and Immunization, World Health Organization Regional Office for Europe

Coffee Break (11:05-11:20)

- 11:20 - 11:40 No one-size-fits-all remedy: understanding reasons for vaccine hesitancy
Dr. Günter Pfaff
Vice-President of Infectious Disease Control Section, The European Public Health Association
- 11:40 - 12:00 The State of Vaccine Confidence: 2016 Report
Dr. Heidi Larson
Director, Vaccine Confidence Project; Associate Professor, London School of Hygiene & Tropical Medicine

Session 2 - Panel Discussion

- 12:00 - 13:30 Moderated discussion, Q&A
With the participation of **Dr. Michael Sulzner**, Policy Officer, DG SANTE, European Commission
Moderated by **Ms. Carmen Claudia Paun**, Healthcare Reporter, POLITICO

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