Vaccine hesitancy

1. INTRODUCTION

The purpose of this paper is to provide the basis for a discussion on where and how strengthened collaboration at EU level would counteract the real drivers of vaccine hesitancy and how the role of health care professionals and other key players could be reinforced to advocate for the benefits of vaccination. What can we collectively do to overcome vaccine hesitancy?

2. CHALLENGES

2.1 Drivers of vaccine hesitancy

The increased misconception about vaccination is driven by:

- Increased fear of possible adverse effects following vaccination
- Lower acceptance of risks associated to vaccines because they are administered to healthy persons (mainly children)
- Lack of reliable and trustworthy information
- Communication through mass and social media further increases and multiplies public distrust and fear of possible adverse effects
- Unclear communication on optimal options for vaccination (e.g. HPV)
- Insufficient engagement of health care professionals

Vaccine hesitancy has been aggravated by media controversies on vaccine uptake and notorious communication of anti-vaccination activists. Studies have shown that delay or refusal of vaccination is significantly associated to internet-obtained information[1]; that inexact or negative content is predominant; and that anti-vaccination websites share common strategies and arguments: distrust of health care practitioners and the government, false information on safety and effectiveness of vaccines put on equal footing with science, and association of vaccine refusal with values of choice, freedom and individuality.[2]

The lack of consistency in the definition of vaccine hesitancy makes a general assessment across countries difficult. Many countries experience problems providing estimates of non- and under- vaccinated individuals in their countries, which is partly related to difficulties quantifying variables and/or to lack of clarity about concepts.

The WHO Strategic Advisory Group of Experts on Immunization (SAGE) Working Group on Vaccine Hesitancy prepared a review and advice on how to address vaccine hesitancy and its determinants, to define vaccine hesitancy and its scope, and to suggest indicators of vaccine hesitancy that could be used to monitor progress of the WHO Global Vaccine Action Plan.[3] The European Centre for Disease Prevention and Control

[1] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3113438/
[2] https://www.ncbi.nlm.nih.gov/pubmed/22172504
[3] http://www.who.int/immunization/sage/meetings/2014/october/SAGE_working_group_revised_report_vaccine_hesitancy.pdf?ua=1

(ECDC) has also prepared a catalogue of interventions to address vaccine hesitancy that can be used as an inspiration[4].

2.2 Vaccine hesitancy and low coverage rates in health care professionals

Although health care workers should be a coherent and reliable source of vaccine-related information for patients, they can be "vaccine-hesitant". A qualitative study by the European Centre for Disease Prevention and Control (ECDC) in 2015 showed that concerns expressed by doctors focus on vaccine safety; new vaccines; lack of trust in pharmaceutical companies promoting vaccines; and sometimes even in the health authorities.

Other studies show that vaccine hesitancy among health care professionals is associated with lacking knowledge about the severity of vaccine-preventable diseases; misconceptions about their own risk from these diseases, vaccine effectiveness and vaccine safety; lack of convenient access to vaccines; or unawareness of vaccine recommendations.[5]

While vaccination recommendations for health care workers have been in place for more than three decades in many countries, vaccination programmes for health care workers differ significantly between countries and mandatory vaccination is rare.[6] Available data suggest low vaccine coverage for a number of vaccine-preventable diseases in health care professionals in some EU countries.[7] [8]

2.3 Communication

Health communication has contributed significantly to creating and sustaining demand for vaccination services and improving vaccination coverage. However, there are challenges to maintain the public perception that routine immunization is both safe and effective, and that the diseases it protects against are serious and can be life-threatening.

Communication tools can be selected and used creatively together to engage target groups in dialogue and to counter anti-vaccination movements. Those tools should be applied on the basis of a communication strategy which deals with the concerns of the public in a comprehensible way and is adapted to the dynamic interaction of the public with information and technology.

3. OPPORTUNITIES

3.1 Supporting Member States exchanges of best practices

Member States could share best practices on vaccine hesitancy monitoring, intervention, and prevention. The extensive work of ECDC and other key players in this area should be widely disseminated.

Similarly, the implementation of recommendations and best practices should be further supported.

[4] http://ecdc.europa.eu/en/publications/Publications/Catalogue-interventions-vaccine-hesitancy.pdf
[5] http://www.sciencedirect.com/science/article/pii/S0033350615000980
[6] https://www.ncbi.nlm.nih.gov/pubmed/24161573
[7] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4316812/
[8] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4685699/

3.2 Engaging with health care professionals

It would be pivotal to develop the basis for guidance on core elements of health professionals vaccination programmes. Such guidance could address the need to increase compliance and vaccine uptake among health care professionals, e.g. by considering conditions conducive to high vaccination rates, such as on-site vaccination or free-of-charge vaccination. It could further address the role and requirements for health care workers to better advocate and promote vaccination.

To this end such guidance could also include identification of core elements to improve medical curricula in education institutions to improve knowledge of medical students in the area of vaccinology. This would have to address the importance of lifelong learning and continuous training of health care professionals (medical doctors, nurses, pharmacists etc.) in order to emphasise the importance of vaccination, correctly identify and manage the symptoms of vaccine preventable diseases as well as the side effects associated with vaccines.

Furthermore, it could include the training of health care professionals in social science and risk communication science to understand the reality of the patient beyond his/her medical condition and communicate adequately. In addition, it could be explored how to make better use of the EU pharmacovigilance system to address vaccine hesitancy of health care professionals by giving greater assurance on monitoring of side effects.

This could be complemented by regularly sharing of best practices as regards establishment, implementation and monitoring of health care workers' vaccination programmes, involving EU health care professional´s associations.

3.3 Communication

In line with the objectives formulated in the Council conclusions on vaccination as an effective tool in public health, Member States could share information on communication plans at EU level to coordinate activities in order to better align communication of public health authorities and to advocate and encourage the use of vaccines. This could also include best practices to integrate communication strategies in national vaccination programmes.

DISCUSSION

- What collective action could be taken to address vaccine hesitancy among the general public? What tools could be used?
- What actions are necessary to encourage health care professionals to advocate vaccination? How can we increase vaccination rates among health care professionals?
- What successful actions have led to an increase in vaccination rates in hard to reach groups? Can these be scaled up?
- How can civil society contribute to overcome vaccine hesitancy? What role can the industry play?