

VAC-PACT PILOT PROJECT  
VACCINATION CONFIDENCE –  
PATIENTS' AND PROFESSIONALS'  
AWARENESS, COMMUNICATIONS &  
TRUST

# Vaccination Uptake & Chronic Diseases



Funded by the  
European Union



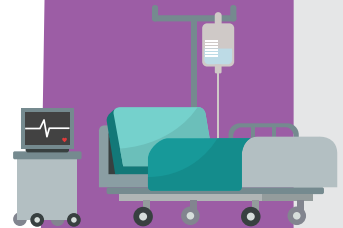
# The status quo

- Thousands of adults around the world get sick from diseases that could be prevented by vaccines every year.
- People with chronic diseases and long-term conditions, in specific, are often at higher-risk of complications from vaccine-preventable diseases.



Even though specific vaccination recommendations exist, vaccination uptake/acceptance amongst patients is low.

The trend in some areas of Europe towards lower **vaccination uptake**, or the proportion of those who accepted to be vaccinated over time, has been concerning, specifically as **patients with chronic diseases** are more likely to **develop complications** of vaccine-preventable diseases which may involve long-term illness, hospitalisation, and even death.



One of the reasons for **vaccine hesitancy** is the lack of easily accessible, evidence-based information in lay-language on: benefits and risks of vaccination, the relevance of the information to patients' health status, and to what extent the information and related dialogue empowers them to make an **informed decision** on vaccination.

# Vaccine hesitancy

- **Vaccine hesitancy** is a **delay in the acceptance**, or **refusal of vaccines** despite availability of vaccination services. It is complex and context specific, varying across time, place, and vaccines.
- Hesitancy may influence a person's decision to accept some or all vaccines in accordance with the recommended schedule. Vaccine-hesitant individuals are a heterogeneous group. Some people may refuse some vaccines, but agree to others, some may delay vaccines or accept vaccines while being unsure about doing so.
- According to the World Health Organisation (WHO) SAGE Working Group, vaccine hesitancy is influenced by an easy-to-grasp model consisting of 3 key elements:



## Complacency

Complacency exists where **perceived risks of vaccine-preventable diseases are low**, and vaccination is not deemed necessary. It is influenced by many factors, including other life and/or health responsibilities that may be more important at the time.

## Convenience

Convenience is a significant factor when physical availability, affordability and willingness to pay, geographical accessibility, language and health literacy, and **appeal of immunisation services** affect vaccination uptake.

# Vaccine hesitancy

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Confidence

Confidence is defined as **trust in the effectiveness and safety of vaccines**, the system that delivers them.

- A second WHO SAGE model for the vaccine hesitancy determinants is the Vaccine Hesitancy Matrix.

## Matrix model:

Conceptual influence  
Individual & group influences  
Vaccine & vaccination-specific information

Our suggested best practice to tackle vaccine hesitancy:

## SHARED DECISION-MAKING



Information +  
Recommendations

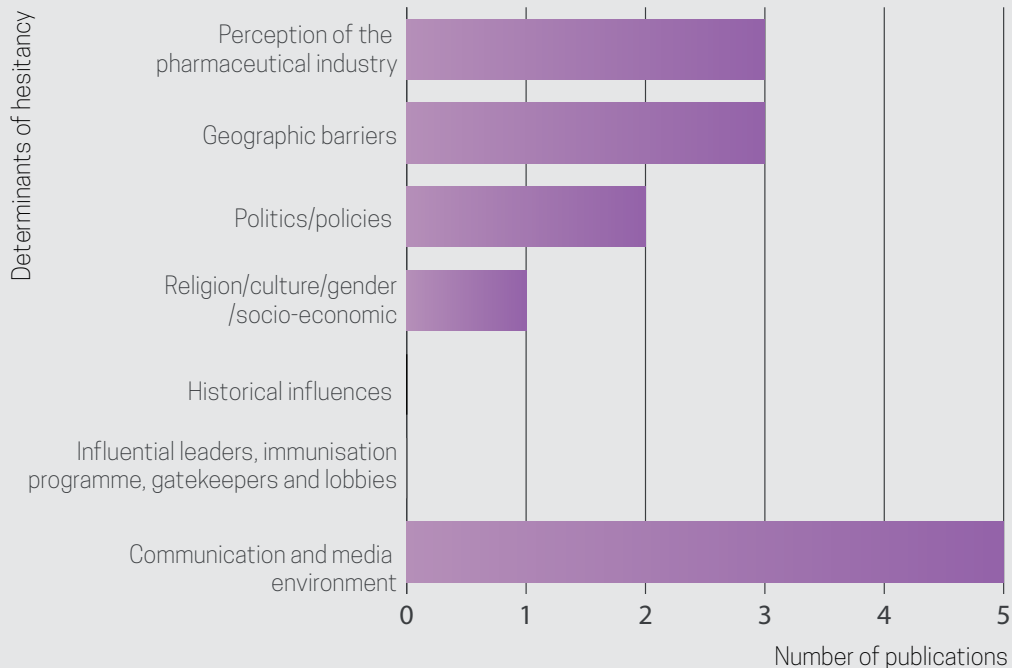


Personal values +  
Preferences

# VAC-PACT literature review

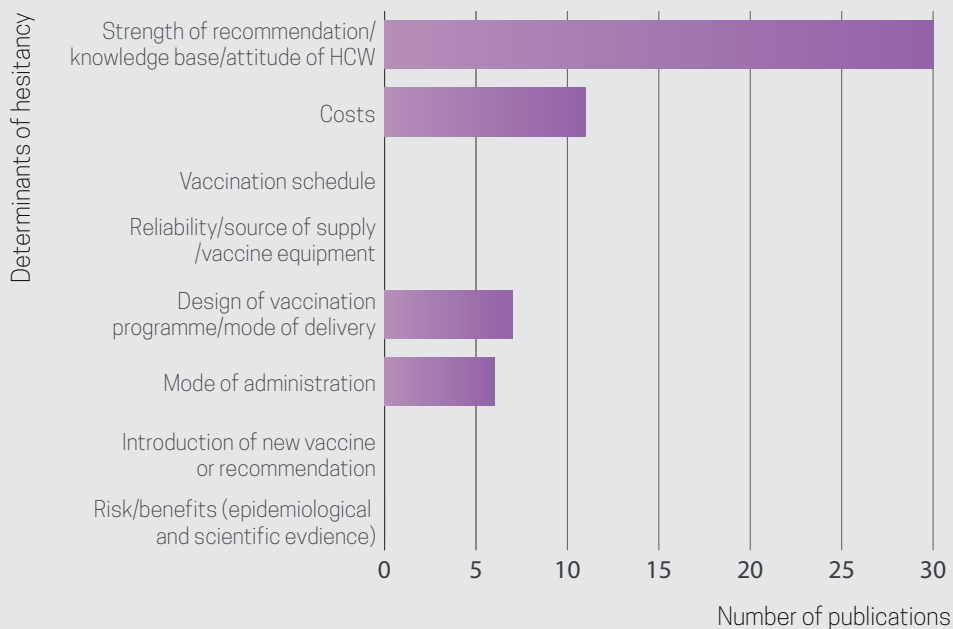
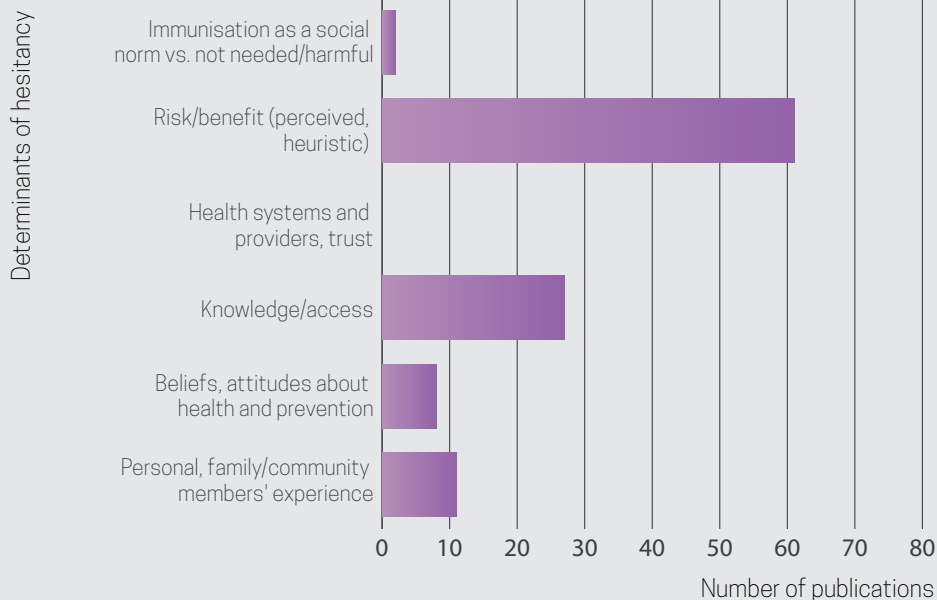
The body of research relating to patients with chronic diseases is not extensive. The VAC-PACT pilot project provides, for the first time, a review of the diverse body of literature on the determinants of vaccine uptake among patients with chronic diseases, their families, and healthcare workers.

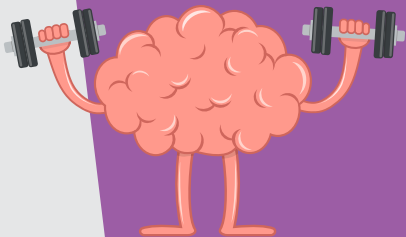
The below chart maps the determinants for vaccine hesitancy, according to the WHO Vaccine Hesitancy Matrix based on the VAC-PACT pilot project review.



# VAC-PACT literature review

...continued





- Results bring to light individual and group influences related to previous **experience with vaccination** as the main factor for vaccine hesitancy, followed by vaccine and vaccination specific factors pertaining to the **strength of recommendations, knowledge base, attitude of healthcare professionals.**

- The VAC-PACT literature review also reported significant factors that **do not fit into the WHO SAGE model** of determinants including **socio-demographic** (such as age, education, socio-professional category, and migration status) and **clinical variables** (such as diseases characteristics, time since diagnosis, treatment, and comorbidities).



- **Negative beliefs around vaccination were found to be directly related to having a chronic disease.** These included the patients' fear that the vaccine might add excess "strain" on their immune system.

# Vaccination in Europe



**1.** Attitudes towards vaccination have changed over time, but hesitancy or scepticism is not a recent phenomenon. It was already present in the early 1800s.


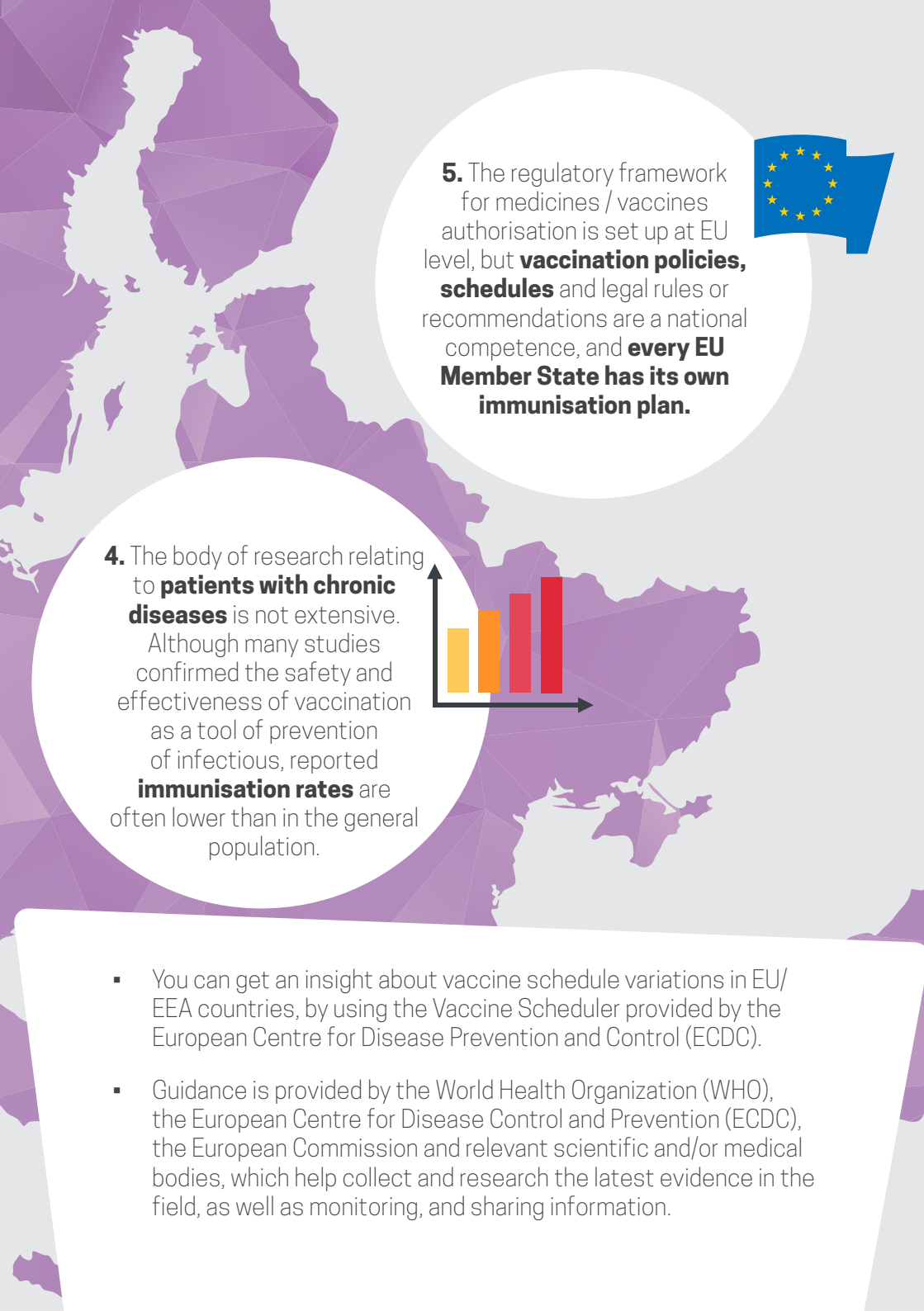


**2.** The problem has grown since the 1970s as people started thinking of their health less in terms of society and more as an individual issue, but also an increasing impression that infections were no longer dangerous.



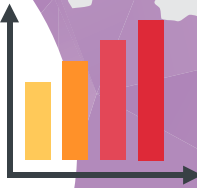
**3.** Decades of research confirms that **patients with chronic diseases** are at **increased risk of morbidity and mortality** associated with **vaccine-preventable diseases**, compared to the general population. This highlights the need to better vaccinate patients with chronic diseases.





5. The regulatory framework for medicines / vaccines authorisation is set up at EU level, but **vaccination policies, schedules** and legal rules or recommendations are a national competence, and **every EU Member State has its own immunisation plan.**

4. The body of research relating to **patients with chronic diseases** is not extensive. Although many studies confirmed the safety and effectiveness of vaccination as a tool of prevention of infectious, reported **immunisation rates** are often lower than in the general population.



- You can get an insight about vaccine schedule variations in EU/ EEA countries, by using the Vaccine Scheduler provided by the European Centre for Disease Prevention and Control (ECDC).
- Guidance is provided by the World Health Organization (WHO), the European Centre for Disease Control and Prevention (ECDC), the European Commission and relevant scientific and/or medical bodies, which help collect and research the latest evidence in the field, as well as monitoring, and sharing information.

# Addressing **hesitancy**

Although hesitancy is by no means the only barrier to uptake, it nevertheless is a factor for some patients. Strategies to address hesitancy in the general population may be useful also to address the issue in patient communities.

- A driver of **low uptake** and **hesitancy** among patients appears to be lack of **patient-oriented, evidence-based, trusted information**, and/or a lack of accurate estimation of the **relative benefits** and **risks of vaccination** versus having the disease that is prevented through vaccination.
- The medical community must intensify its efforts to ensure the **integrity of its evidence and the consistency of messaging**, as well as investigate into factors behind low uptake in specific groups of patients.
- Furthermore, it is necessary that healthcare professionals are **trained to have an open dialogue** with chronic disease patients about the importance of incorporating immunisation as part of a **life-course treatment plan**.





Reminder: Certain vaccines are not recommended for people with compromised immune systems. **Consult with your healthcare professional on a case-by-case basis.**



It is essential to also note that though some patients may develop minor symptoms after vaccination, these are normal signs that the body is building protection. Symptoms, if any, should subside in a few days



The safety of all vaccines in the EU is carefully monitored by the European Medicines Agency (EMA).

## Recommendations

- A **life-course approach to vaccination** as part of **universal health coverage** can enhance people's quality of life, including that of people living with chronic diseases.
- For society and governments, there may be significant savings for health and social systems from reducing the burden of chronic as well as vaccine-preventable diseases – for example by avoiding unnecessary hospital admissions through better management of chronic conditions in the community.

- **The patient's voice is a powerful tool:** patient organisations play an important role in providing a unique perspective regarding vaccines and the benefits of being vaccinated while contributing to changing attitudes through sharing knowledge.
- **Vaccination** should be regarded as a **public health priority** and **patient organisations** should be seen as **natural allies** in such efforts.

**We call for action** to improve patients' access to vaccination; provision of evidence-based lay-friendly information on vaccination for patients; and involvement of patient organisations in shaping policies, programmes and actions on vaccination at national and European levels. Policymakers and other stakeholders also need to take into account the following:



01

**Robust, evidence-based information** that enable people to understand and contextualise the benefits and risks of vaccination should be made available specifically targeted towards patients with chronic conditions.

02

**Detailed knowledge** is needed to understand the factors contributing to low uptake in specific patient communities, and in different countries, to better address them and tailor actions accordingly.

03

Healthcare professionals should **incorporate routine assessment** of their adult patients' vaccination needs during all clinical encounters to ensure patients receive recommendations for needed vaccines and are either offered needed vaccines or referred for vaccination.

04

Healthcare professionals should be **trained on the importance of vaccination** and armed with the relevant scientific facts to help them communicate with patients and reinforce a trust relationship.

05

National institutions and authorities should **initiate collaborations** with patient organisations to better understand their communities' needs and to formulate more effective strategies.





The Vaccination Confidence - Patients' and Professionals' Awareness, Communication and Trust (VAC-PACT) pilot project received funding by the European Union's Health Programme under the SANTE/2019/C3/013-S12.820639 Service Contract and brings together key stakeholders with a broad range of expertise and backgrounds across Europe



COMITÉ PERMANENT DES MÉDECINS EUROPÉENS  
STANDING COMMITTEE OF EUROPEAN DOCTORS



Health Connect Partners  
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