



EUROPEAN CONFEDERATION OF
PRIMARY CARE PAEDIATRICIANS

CONFÉDÉRATION EUROPÉENNE DE
PÉDIATRIE AMBULATOIRE - CEPA



ECPCP Round Table Vaccine Coverage & Hesitancy

How to manage Vaccine Hesitancy in the Community

Angel Carrasco

Primary Care paediatrician, Madrid, Spain

Past President ECPCP

On behalf of the members of ECPCP prevention WG

WHO Ten threats to Global Health in 2019

Vaccine hesitancy

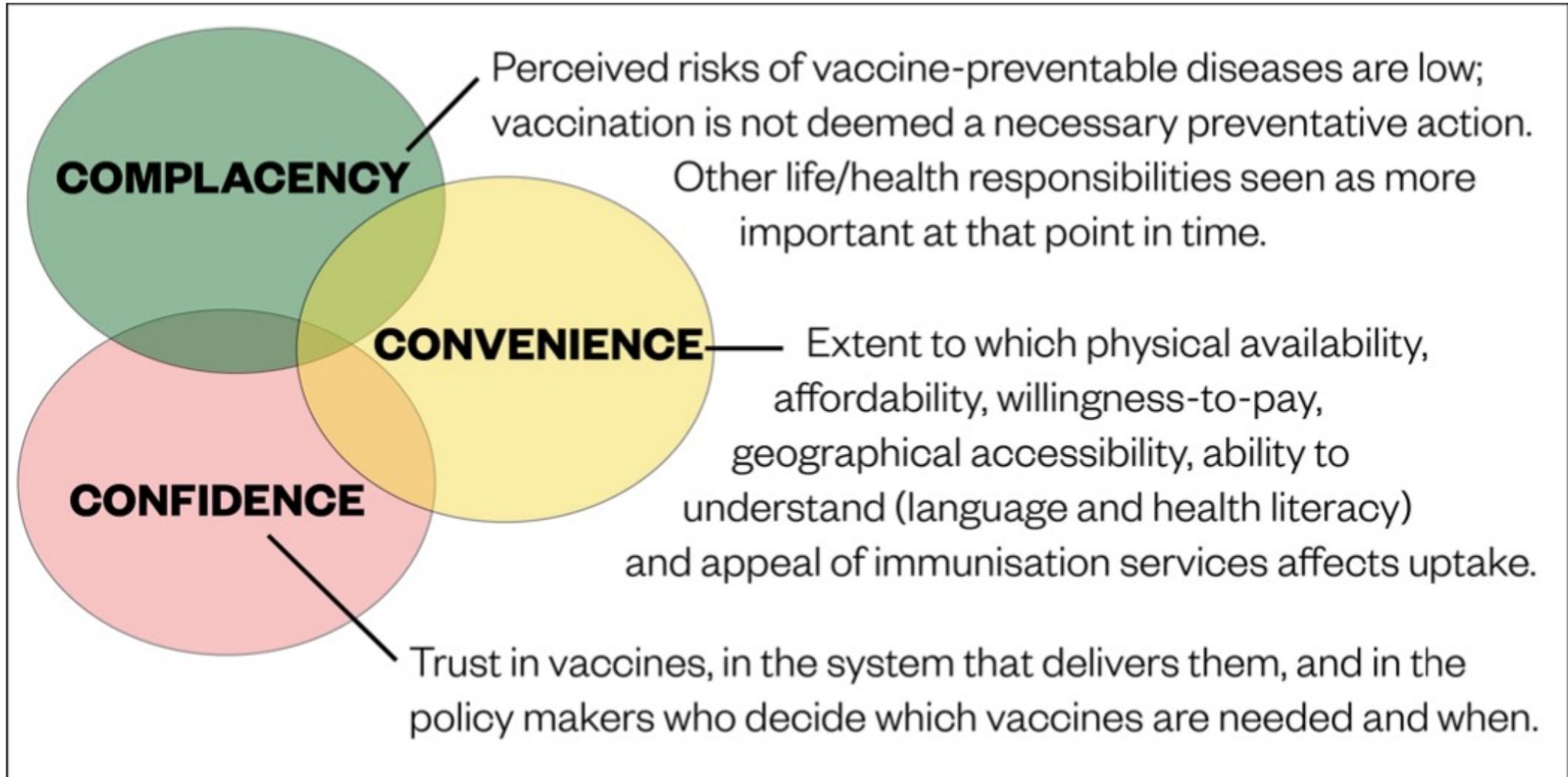


Vaccine Hesitancy: reluctance/refusal to vaccinate despite the availability of vaccines
30% increase in measles cases globally with resurgence in countries close to eliminating the disease

SAGE identified the key reasons underlying VH- the **3Cs model** -:

- **C**omplacency (perceived risk of disease)
- **I**n**C**onvenience in accessing vaccines (difficulty to reach vaccine services)
- Lack of **C**onfidence (trust in the effectiveness and safety of vaccines and trust in the healthcare system that delivers them)

Health Workers, especially those in **Communities** remain the most trusted advisor and influencer of vaccination decisions





EU vaccine confidence survey 2018



Overall I think vaccines are ...

important for children to have.

safe.

effective.

compatible with my religious beliefs.

Overall I think the MMR vaccine is ...

important for children to have.

safe.

Overall I think the flu vaccine is ...

important.

safe.

"Overall I think vaccines are safe"

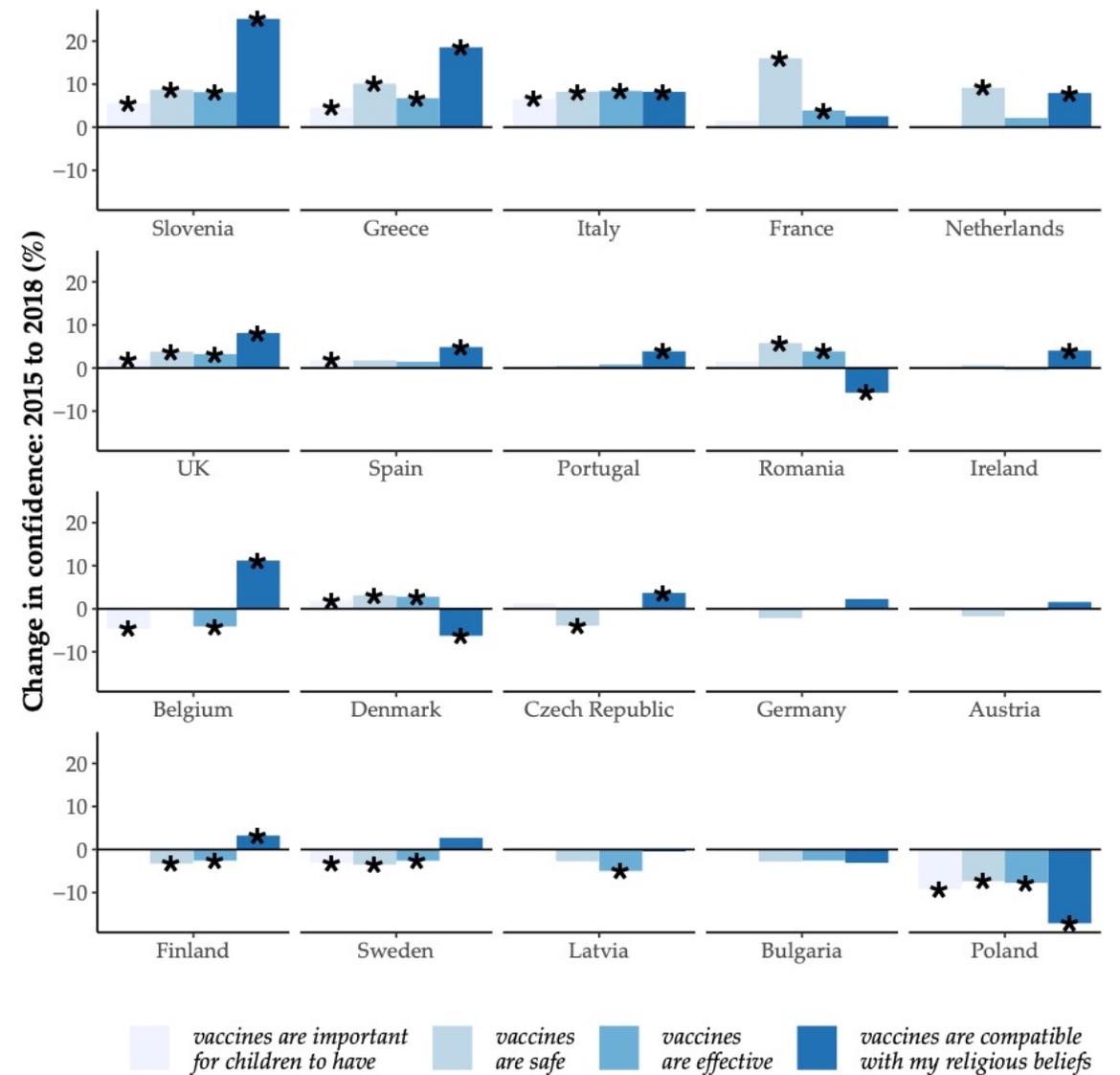
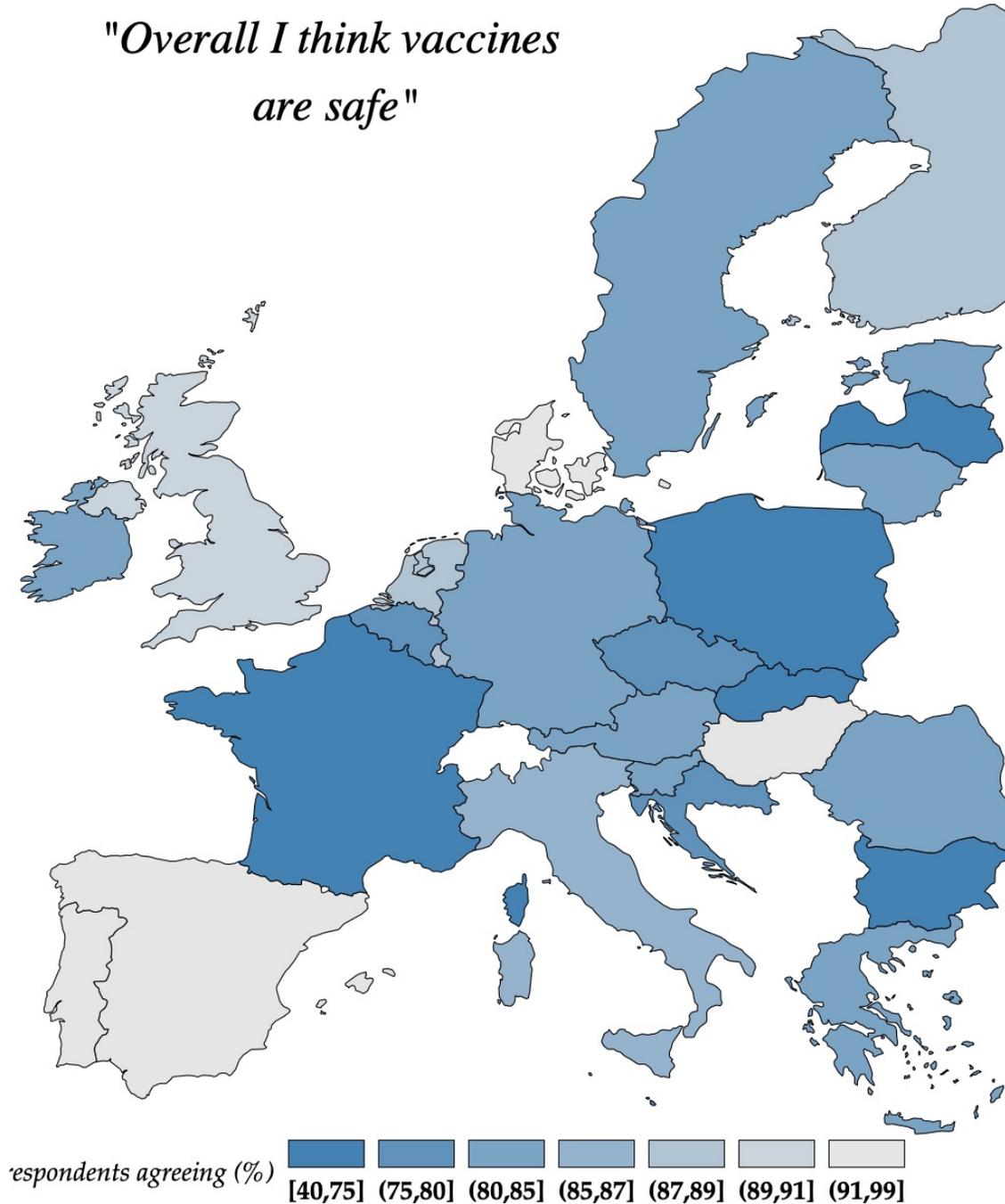


Figure 6: **Change in vaccine confidence between 2015 and 2018 across 20 EU member states.** The change in the percentage respondents agreeing with the four vaccination survey questions in the 2016 study (Larson, 2016) (and see Section 3). Positive values represent higher agreement in 2018 and significant results (at the multiple hypothesis-controlled 95% level) are denoted with an asterisk (*). Countries are sorted by the highest average change in agreement across all questions (confidence in **Slovenia** is the most improved; confidence in **Poland** is the most deteriorated).



Vaccine hesitancy: Definition, scope and determinants

Noni E. MacDonald^{a,*}, the SAGE Working Group on Vaccine Hesitancy¹

^aDepartment of Paediatrics, Dalhousie University, Canadian Centre for Vaccinology, IWK Health Centre, Halifax, Canada



Table 1

Working Group on Vaccine Hesitancy Determinants Matrix.

Contextual influences Influences arising due to historic, socio-cultural, environmental, health system/institutional, economic or political factors	<ul style="list-style-type: none"> a. Communication and media environment b. Influential leaders, immunization programme gatekeepers and anti- or pro-vaccination lobbies c. Historical influences d. Religion/culture/gender/socio-economic e. Politics/policies f. Geographic barriers g. Perception of the pharmaceutical industry
Individual and group influences Influences arising from personal perception of the vaccine or influences of the social/peer environment	<ul style="list-style-type: none"> a. Personal, family and/or community members' experience with vaccination, including pain b. Beliefs, attitudes about health and prevention c. Knowledge/awareness d. Health system and providers – trust and personal experience e. Risk/benefit (perceived, heuristic) f. Immunization as a social norm vs. not needed/harmful
Vaccine/vaccination – specific issues Directly related to vaccine or vaccination	<ul style="list-style-type: none"> a. Risk/benefit (epidemiological and scientific evidence) b. Introduction of a new vaccine or new formulation or a new recommendation for an existing vaccine c. Mode of administration d. Design of vaccination programme/Mode of delivery (e.g., routine programme or mass vaccination campaign) e. Reliability and/or source of supply of vaccine and/or vaccination equipment f. Vaccination schedule g. Costs h. The strength of the recommendation and/or knowledge base and/or attitude of healthcare professionals

Positions on vaccination: typical parent profiles



Ready

- Confident
- Want chance to ask questions



Hesitant

- Many concerns: safety, reactions, too many, autism, etc
- Strong sense of responsibility to make 'right decision'
- Want child treated individually



Declining

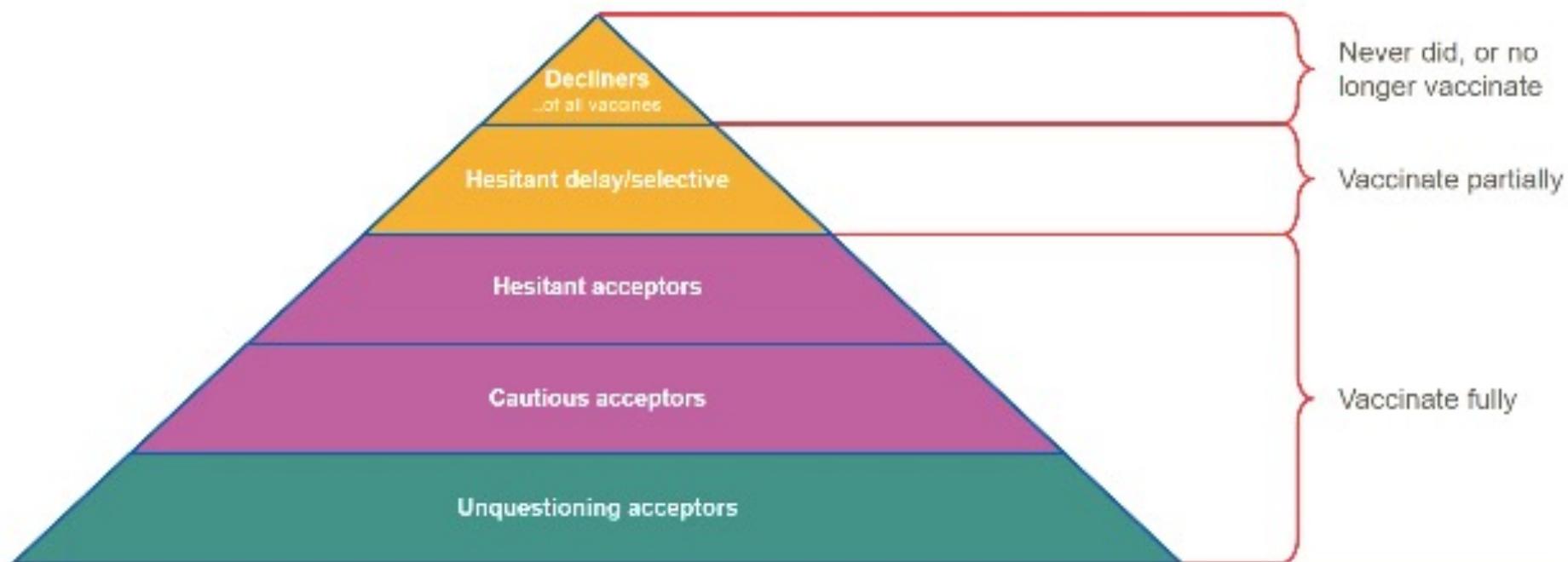
- May not want to discuss or disclose
- May have had a bad experience
- Vaccines seen as unsafe
- May or may not see VPD as risky
- Confident in ability to keep child healthy
- Some are alternative, some not



VPD, vaccine-preventable diseases

Jackson C *et al.* *Health Expect* 2008;11:232-251; Leask J *et al.* *Vaccine* 2009;24:7238-7245; Chow MYK *et al.* *Aust Fam Phys* 2017;46:145-151; Berry NJ *et al.* *Vaccine* 2018;36:6480-6490; Ward PR *et al.* *J Risk Res* 2018;21:1117-1130

Spectrum of vaccine acceptance



Vaccine hesitancy: a generation at risk

Paediatricians & family doctors have a **key role**: their advice has been shown to be the most important predictor of vaccine acceptance. They must be afforded sufficient time with each family to promote vaccination.

“The main issue with vaccine hesitancy is **misinformation**”- Anthony Fauci

Only a **collaborative effort** *between paediatricians, family doctors, parents, public health officials, governments, the technology sector, and civil society* will allow myths and misinformation around vaccinations to be dispelled



Let's talk about hesitancy

Enhancing confidence in vaccination and uptake



Practical guide for public health programme managers and communicators



TECHNICAL REPORT

**Catalogue of interventions
addressing vaccine hesitancy**



ECPCP 2017 AUTUMN MEETING VELENJE (SLOVENIA)

ECPCP



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The ECPCP Velenje statement - how to deal with vaccination hesitancy in the community.

Strategies and tools for the primary care paediatrician for the achievement of a high vaccine uptake in practice and in the community.

The medical profession and the paediatric team play a crucial role in the community to convince parents and adolescents about the benefits of routine immunizations. Children and adolescents have the fundamental right to receive the best medical care. Therefore, health authorities, parents and the medical profession should undertake all efforts to achieve high immunization coverage in order to prevent and control potentially devastating childhood diseases.

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Strategies and tools for the primary care paediatrician for the achievement of a high vaccine uptake in practice and in the community.

1. **Paediatricians and their associations should support laws and regulations for more mandatory vaccinations** in their countries if the vaccination coverage is insufficient or decreasing. One way to reach high coverage of immunization beside public campaigns from health authorities is requirement of complete vaccinations before enrolment in kindergarten, school and university. Italy has recently introduced compulsory vaccinations since September 2017 and France will start with it from January 2018.
2. **Some providers** (physicians, nurses, midwives) **have doubts** and increase parents uncertainties. Health authorities should take an active role in order to improve the adherence of all health professionals to national guidelines. Legal implications for professional non- adherence to standards should be clarified. Check vaccinations status of health workers regularly.
3. **Participate in campaigns and local health fairs in the community** with own presentations about the purpose of vaccinations. Be active in organizing training of other health care professionals and in informing the public in general. Improve evidence- based knowledge of health workers and teachers about immunizations.

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4. **Use every contact** of families with health services as an opportunity to check immunization-status, to talk to parents and adolescents about vaccines and to complete missing vaccinations (WHO-recommendation). Check the vaccination status of parents. Be aware that one part of the problem of low vaccine coverage is explained by **missed opportunities**.
5. **Take your time** to listen carefully to concerns and fears of parents and adolescents. Provide special appointments to parents who are skeptical and doubtful about vaccinations in order to increase their confidence.
6. Clarify the role of **false contra-indications** for vaccinations such as banal viral infections and other irrelevant problems (WHO – recommendations)
7. **Do not discontinue patient care in case of vaccine refusal** or hesitancy by parents and adolescents. Continuous patient-caretaker dialogue is important for trust in vaccinations. Give and talk about written instructions to parents of non- vaccinated children.
8. Explain to parents and adolescents **the role of media and internet** where fake news, rumors, myths and inaccurate beliefs about vaccinations prevail and persist.
9. **Provide reliable sources of information** in the media and in the internet to parents and the paediatric team.
10. Use population-based and practice-based **vaccine coverage rates** in order to analyze the success of campaigns and other efforts to increase the coverage. Electronic registers can facilitate the documentation.

The big picture in addressing vaccine hesitancy

Julie Leask^{1,2,*}, Harold W Willaby^{1,2}, and Jessica Kaufman³

¹University of Sydney; School of Public Health; New South Wales, Sydney, Australia; ²National Centre for Immunisation Research & Surveillance; Children's Hospital at Westmead; New South Wales, Westmead, Australia; ³La Trobe University; School of Public Health and Human Biosciences; Centre for Health Communication and Participation; Melbourne, Victoria, Australia

Societal circumstances that increase parental hesitancy:

- Increasingly "crowded" vaccination schedules
- Lower prevalence of VPD
- Greater access & dissemination of vaccine critical messages via digital networks
- Hypervigilance of parents in relation to children and risks
- Increasingly consumer orientation to healthcare

Community Level Solutions

Two major influences:

- **Social norms:** vaccine rejection clusters in communities characterized by alternative & religious belief systems. It is important to engage communities in dialog through local opinion leaders or peer groups
- **Provider interactions:** confident recommendations combined with respectful engagement, narrative and personalized approaches that address the needs of VH parents
- **Provider education:** there should be sufficient time devoted to vaccination in university curriculum and continuing education as a committed, confident and competent vaccination workforce is integral to ensuring high vaccine coverage.

PROVIDER COMMUNICATION (Evidence-based)



- Changing how clinicians communicate about vaccines has been shown to be effective to increase vaccine uptake
- Presumptive or announcement approach better than participatory or conversational approach (“Well, today we have to do some shots” vs “What would you like to do about shots?”)
- **Strong recommendation** (“I strongly recommend all these vaccines”)
- **Include all the vaccines** in the same statement (flu)
- Include questions and discussion (“What questions do you have?”)
- Use of **Motivational Interview**: ask open ended questions, make affirmations, use reflections and summarising, resist the righting reflex, understand parent own motivation, listen with empathy
- **HPV vaccine**: timeliness (do not delay routine age), consistency (for all eligible), urgency (same day) and strength (clear language conveying importance of vaccination)

OTHER INTERVENTIONS (Evidence-Based)



- Standing orders for medical assistants and nurses reduce missed opportunities
- Reminders/Recalls: mail, telephone or text messages
- Strong Immunization Information Systems
- Community outreach and home visits
- School and child care center interventions: assessing immunization status, providing education, school-located vaccination
- Parent-focused interventions: web-based information, incentives or rewards
- Vaccine requirements for school attendance
- Financing and reducing patient costs

TALKING ABOUT IMMUNISATION

Evidence-based support for conversations with parents who have questions about immunisation.



Parents who are
VACCINATING

CONSULTATION GUIDE

Talking with vaccinating parents

RESOURCES FOR VACCINATING PARENTS



Parents who have
QUESTIONS

CONSULTATION GUIDE

Talking with parents who have questions

RESOURCES FOR PARENTS WITH QUESTIONS



Parents who are
DECLINING

CONSULTATION GUIDE

Talking with declining parents

RESOURCES FOR DECLINING PARENTS

DO NOT FORGET

- ❖ ***EMPATHY*** : ability to understand and share the feelings of others
“Before you judge a man, walk a mile in his shoes”
- ❖ ***“CONFIDENCE IS CONTAGIOUS. SO IS LACK OF CONFIDENCE”*** Vince Lombardi, American football coach.
- ❖ ***LOOK AT THE EYES, NOT AT THE COMPUTER***
- ❖ ***PARENTS & HEALTHCARE PROVIDERS BOTH WANT THE BEST FOR THE CHILDREN***
- ❖ ***In the issue of VH, paediatricians should be committed, not only involved.***