

Vaccine Hesitancy – a widespread problem. Increasing vaccination uptake – ECDC communication materials and pilot projects

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ECDC Vaccine-Preventable Diseases Programme
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Star-marked slides (*) featured are courtesy of Irina Ljungqvist and Andrea Wurz, ECDC

Context

- Increasing recognition of 'vaccine hesitancy' issue, particularly in the aftermath of the 2009 H1N1 influenza pandemic
- Growing # countries and communities faced reluctance (or delay) in accepting the recommended national vaccines offered in the NIP
- Vaccine hesitancy = 'human side of vaccination' after lengthy R&D, regulatory, manufacturing, production, public health & epidemiological appraisal, cost-effectiveness modelling, recommendation, introduction NIP, and funding... and then?



- Complex and fluid
- Multiple demographic and/or socio-psychological root causes
- Changes by context and over time

Defining Vaccine Hesitancy

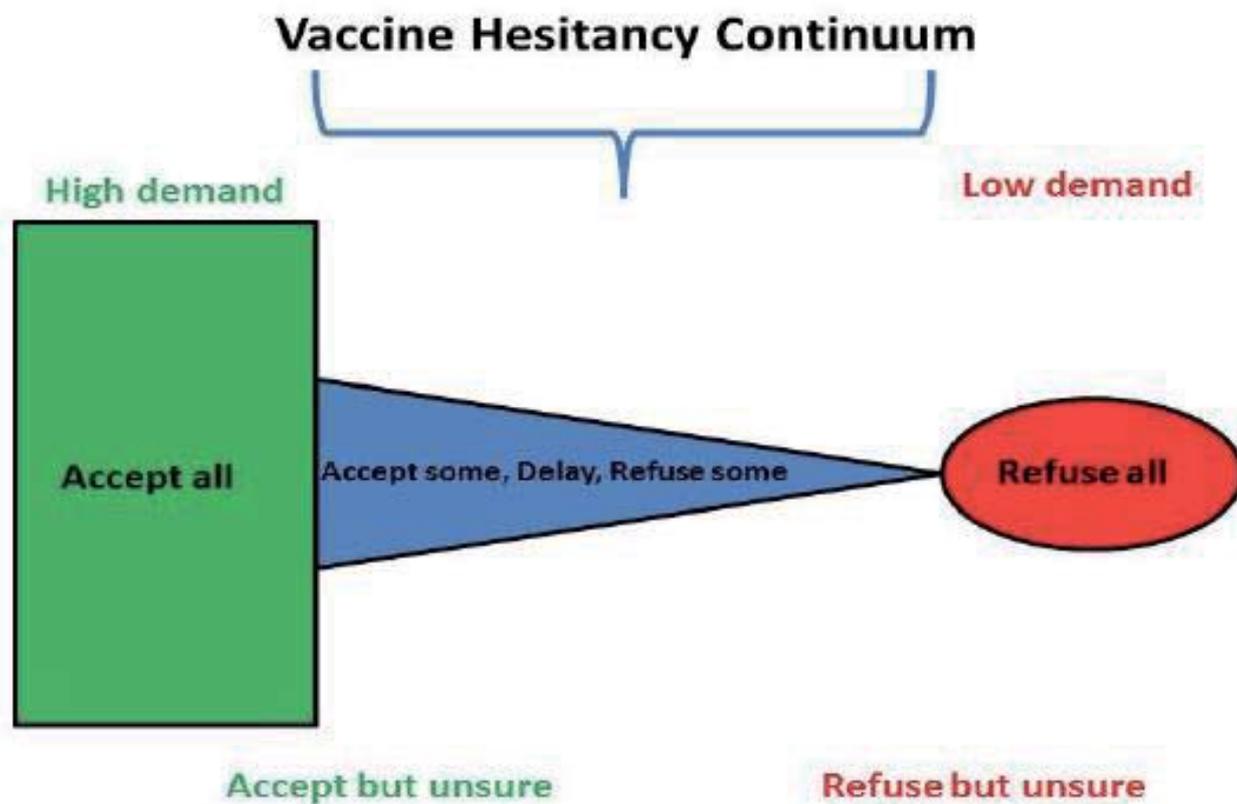
- Strategic Advisory Group of Experts (SAGE) on Immunisation

‘Vaccine hesitancy refers to delay in acceptance or refusal of despite availability of vaccine services. Vaccine hesitancy is context specific, varying across time, place and vaccines. It is by a number of factors including issues of confidence [level of trust in vaccine or provider], complacency [people who perceive a need for a vaccine, do not value the vaccine], and convenience [access issues]’

CONTEXTUAL INFLUENCES	INDIVIDUAL AND GROUP INFLUENCES	VACCINE/ VACCINATION- SPECIFIC ISSUES
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Defining Vaccine Hesitancy

Figure 1: The Continuum of Vaccine Hesitancy between Full Acceptance and Outright Refusal



No one-size fits all strategy possible

Challenges on demand-side, but also on supply side – how effective are we?



COMMISSION STAFF WORKING DOCUMENT

Brussels
SWD(2014) 110

**State of play on implementation of the Council Recommendation of 22 December 2009
on seasonal influenza vaccination (2009/1019/EU)**

- **Healthcare Workers:**
 - Low risk perception
 - Concerns about vaccine effectiveness and safety
 - Limited knowledge on the burden of the disease
 - Tendency to underestimate the importance in healthcare settings
- **Programmes:**
 - Significant initiatives in communication, education, training
 - Few evaluation of effectiveness of communications initiatives
 - Wide range of traditional media use, but limited use of new on-line media



Council conclusions on vaccinations as an effective tool in public health

Invites MEMBER STATES and the COMMISSION to:

- a) continue to exchange information and data with the ECDC and the WHO on communicable diseases and on national vaccination policies; in particular, to disseminate the communication toolkits developed by the ECDC and made available to Member States (following the example of the already developed toolkit for influenza) and to take them into consideration;
- c) convey informed and clear messages on vaccinations;
- e) promote activities aimed at engaging with health care professionals more actively on critical vaccination issues, in particular focused on strengthening their role in advocating vaccination;

Key objective ECDC activities

Support initiatives to communicate effectively on vaccines and increase vaccination uptake (incl. for MMR vaccines)

Increase communication skills among healthcare professionals on communicating empathically to families in order to increase their motivation for vaccinating children

Target groups:

- **Let's talk about protection:** Primary healthcare professionals: GPs/ family doctors, nurses (including community health services), mediators etc.
- **Let's talk about hesitancy:** Public health program managers and communicators - How to address vaccine hesitancy

Scientific products and outputs

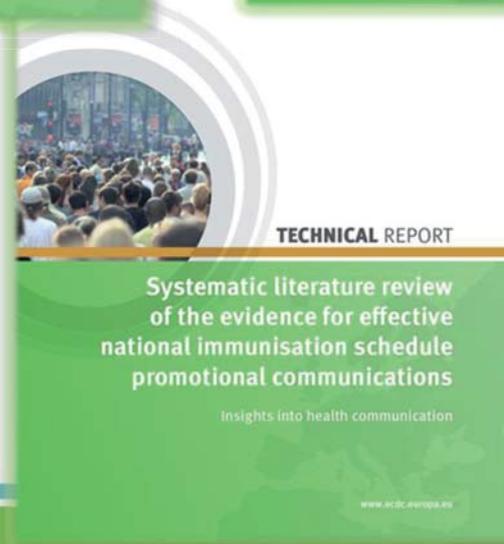
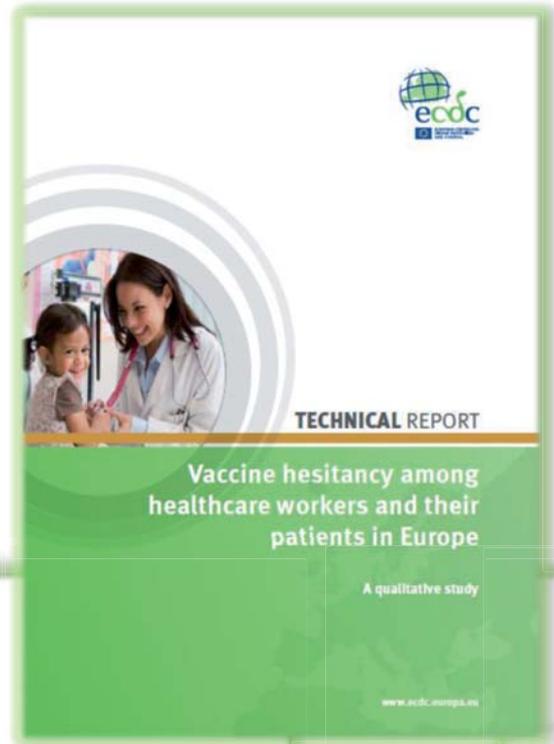
■ Evidence Gathering

- Literature Reviews
 - Document attitudes towards vaccines and vaccination
 - Analyse barriers and drivers to uptake, incl. vaccine-specific
 - Knowledge, attitudes, and practices of HCPs, incl. <> pa
 - Effective public health communications strategies
- Primary research (interviews; focus groups; peer-reviewing)
 - Ground research on sentiment towards vaccination
 - Develop, test, and refine key messaging architecture
 - Adaptation and contextualisation of products

■ Communications guides and toolkits

- Tools to help develop interpersonal messages (HCPs, PHMs)
- Kits for adaptation to national culture
- Geared towards building capacity/expertise across the board (e.g.

Gathering evidence



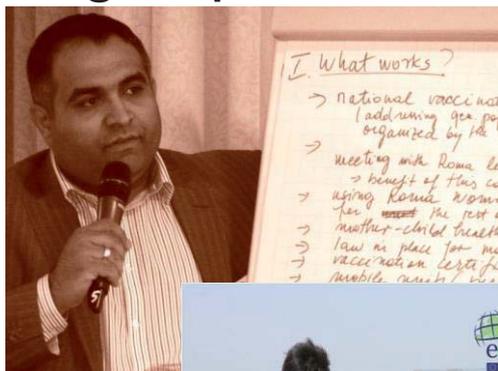
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Gathering evidence and stakeholders' opinion

- Literature review on healthcare workers' role in keeping MMR vaccination uptake high
- Key finding: **lack of knowledge among health professionals**
- Meetings with expert groups and stakeholders to identify interventions



Inform, protect, immunise:
engaging underserved populations
Dublin, 4-6 September 2012



Top intervention
Invest in education
physicians and nurses
communicate message
and emphatically

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Development of communication guides#

REFRAMING

- Reframe the focus of discussions on the benefits of getting protected and protecting – prevent diseases/ **POSITIVE** rather than on side effects of vaccination/ **NEGATIVE**
- Make vaccine communication more of a two-way information exchange; strengthen HCP capacity to become more 'client-centered'
- 'Give voice' to the beneficiaries – messages are based on research done with the beneficiary groups



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#Guide 'Let's talk about protection' first version 2012 and revised edition 2016

Development of communication guides

Supporting resources for the guide 'Let's talk about protection'

- **Presentation:** To use during conferences, trainings, meetings, to raise awareness on the importance of immunization and to discuss vaccination-related issues.
- **Flipbook:** To support conversations that healthcare providers have with parents, caregivers and patients on the importance of immunisation.



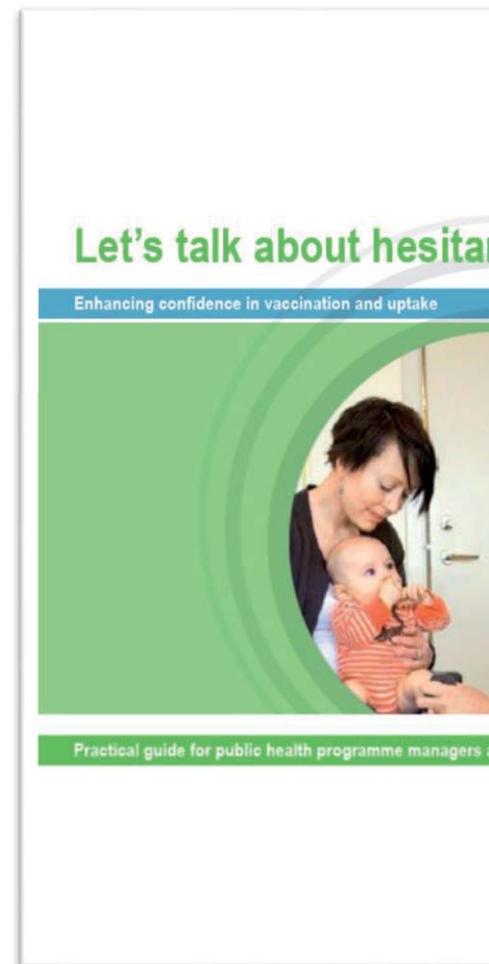
Cultural adaptation in pilot MS

- in: BG, CZ, EE, EL, HR, HU, RO
- content and format adaptation of the guide and flip
- + methodology of adaptation



Communication guide on addressing vaccine hesitancy#

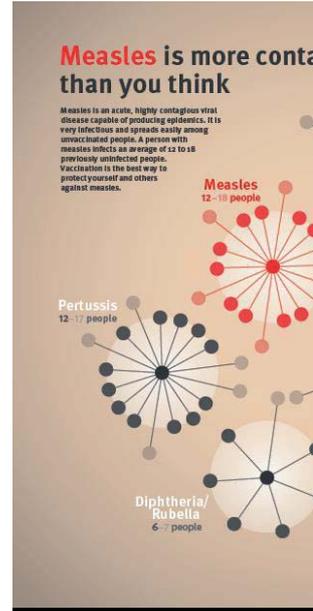
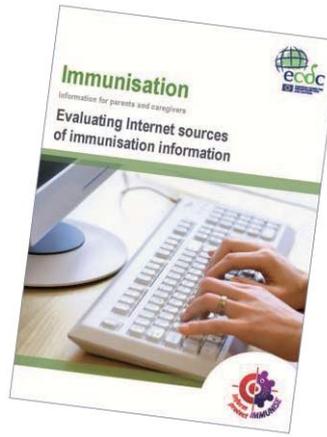
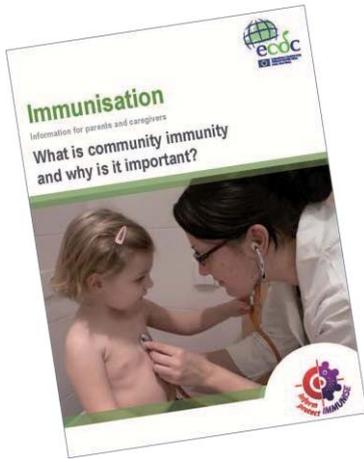
- Practical evidence-based and peer-reviewed advice for public health programme managers and communicators.
- Identifies ways to enhance people's confidence in vaccination and addresses common issues that underlie vaccine hesitancy.
- Actions to be taken within the public health and healthcare system, and on how to support healthcare providers in addressing hesitant populations.



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#Launched April 2016

Related communication materials



Communication toolkit

Protect unborn babies from rubella

Rubella is not always symptomatic but can be passed to a fetus which can cause congenital rubella syndrome (CRS). CRS can cause deafness, blindness, heart disease, and other serious complications. It is very easily transmitted in crowded places like schools, offices, and public places. Up to 90% of CRS cases in babies may not show symptoms.

It is the rubella virus that causes CRS. However, if a woman gets rubella shortly before getting pregnant or during the first three months of pregnancy, it is very likely to result in miscarriage or congenital anomalies known as congenital rubella syndrome (CRS).

Rubella and pregnancy

Up to 90% of women who are not vaccinated against rubella are at risk of getting rubella during pregnancy.

- 32 miscarriages occur per 100 pregnancies.
- 14 babies are born with congenital rubella syndrome.
- 11 of these babies die or are severely disabled in all cases.

20% of the pregnancies that result in spontaneous abortion or stillbirth/fetal death.

Vaccination is the best protection

Women of child bearing age should check if they are vaccinated against rubella. If not, they should get vaccinated before getting pregnant.

You also need to be vaccinated against rubella if you are pregnant or planning to get pregnant. This is to protect your baby.

The MMR vaccine protects against measles, mumps and rubella. It is a safe and effective way to protect yourself and your family from these diseases.

Health education impacts women's choices. Do vaccination against rubella. You can have it in a healthy country.

Translation is not enough

Cultural adaptation of health communication materials

A five-step guide

1. Identify the target audience and their cultural beliefs and practices.
2. Assess the current health communication materials for cultural appropriateness.
3. Adapt the materials to reflect the target audience's culture and beliefs.
4. Test the adapted materials with the target audience to ensure they are understandable and acceptable.
5. Implement the adapted materials and monitor their effectiveness.



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Messages from parents and caregivers

1. **Do what you recommend others to do.**
2. Teach us about the risks of non-vaccination.
3. **Tell stories as well as sharing scientific facts.**
4. Take time to listen to our concerns and tell us about possible side effects and risks.
5. Don't ignore those of us who get immunised – we need to be reassuring and valuing as champions.
6. **Don't be put off by our efforts to find out more.**
7. Make vaccination easier and less stressful.
8. Redefine success (recognise that some may need more time than others to decide).
9. Help enhance our understanding of vaccinations.

Messages from health promoters, social marketers and communicators

1. **Focus on behaviour and its determinants - not messages.**
2. Develop accessible, friendly and adapted places for vaccination services.
3. Reframe the discussion: Focus on 'being protected' than on vaccine safety.
4. Make those who accept vaccination more visible – and **reinforce vaccination as a social norm.**
5. Show that being unprotected is socially unacceptable.
6. Ensure any decision to remain unprotected is an a
7. **Use all media to advocate** for the need to be protected to protect.
8. **Actively counter misinformation.**

Messages from underserved groups

1. Know more about us.
2. Reframe 'hard-to-reach' as 'poorly-reached' system.
3. View immunisation as one part of larger health change.
4. Integrate us into mainstream programmes.
5. Involve us in all stages of programmes aimed at ending our exclusion and health.
6. Adapt governance and health systems to **be more inclusive**.
7. **Health mediators and other community health workers are critically important resources** – they need to be supported.
8. Be accessible and respectful.
9. Beware of incentives that could be viewed as bribes for compliance.

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Looking ahead

- Dissemination and expansion in piloting to implementation
 - Further develop and implement evaluation component
 - Keeping up to date and relevant the technical and scientific knowledge base/evidence that support and inform EU Member States
 - Continue supporting WHO's EIW activities opportunities for cross-fertilisation
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“The best vaccine in the world is worth nothing if you don’t use it - be it because the vaccines don’t reach because they are too expensive, because the health system doesn’t reach out to the most vulnerable populations, or because people believe rumours about potential side effects”

Former EU Commissioner for Research and Innovation Geoghegan-Quinn

Commissioner Geoghegan-Quinn (2014), Presented on the 2nd day of the Conference on New Horizons for Research and Innovation, Brussels 13 March 2014

For more information:

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Thank you!

<http://ecdc.europa.eu/en/healthtopics/immunisation/ages/index.aspx>