

# Strategies to address vaccine hesitancy:

## *Lessons from the SAGE WG on Vaccine Hesitancy*

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*Les rencontres de santé publique,  
Paris, 7 June 2016*

LONDON  
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# Concerns about vaccines are global and varied

Number of MMR vaccines in young children drops across west London

09/11/16 OCT 2015 BY KATHARINE DUNN-HUT

Three most London boroughs were nowhere near World Health Organisation targets for vaccinating two-year-olds against MMR

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## Mums claim HPV vaccine left their daughters having seizures

1 COMMENT 18:11, 20 SEP 2015 UPDATED 13:55, 30 SEP 2015 BY AMY GLENDOWING

Erin Morgan has suffered almost daily seizures for two years with Erin Egan suffering a seizure on the day she had the jab

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## Thousands of teenage girls report feeling seriously ill after routine school cancer vaccination



## Donald Trump says vaccinations are causing an autism 'epidemic'

Donald Trump claimed autism rates are 'totally out of control'

4 seconds since I started to September 2015 at 11:01:13 130 1000000

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# Vaccine hesitancy is...

- A global issue **varying between and within countries**
- Context, time, place, program and vaccine **specific**
- Not new but **increasingly recognised**
- More likely with **new vaccines, mass campaigns**
- Reflected in **lower than expected vaccine uptake rates** (in or within country)

# What can be done to address vaccine hesitancy?

1. Identify if and where pockets of low vaccination coverage / vaccine hesitancy exist
2. Monitor public confidence, develop an understanding of scope/context/root causes of vaccine hesitancy
3. Use context-specific, evidence-based strategies (not only communication) to address underlying issues

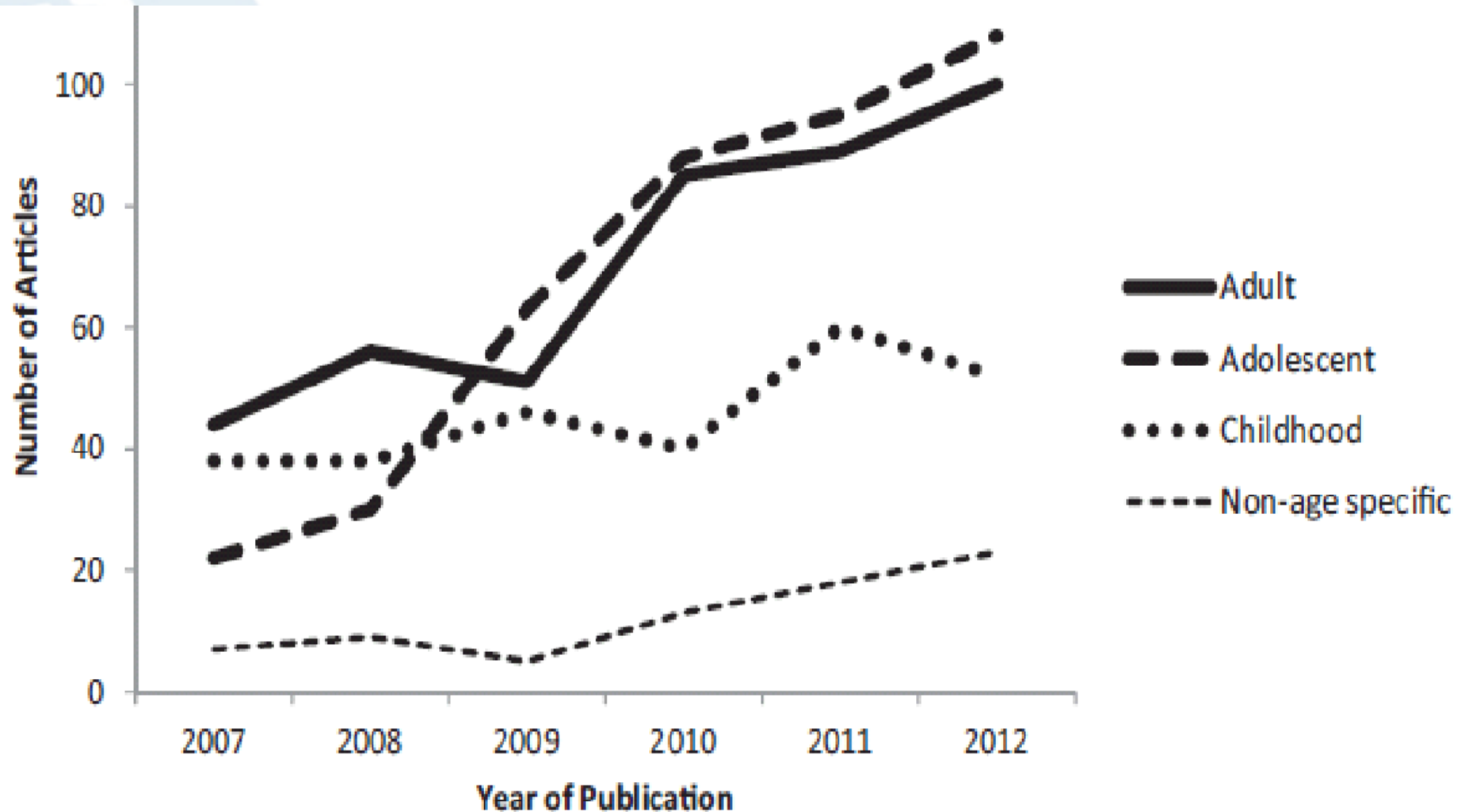
# SAGE systematic review on strategies to address vaccine hesitancy

- Identify strategies implemented and evaluated across diverse global contexts to **respond to, and manage issues of vaccine hesitancy**
- 17,043 unique peer-reviewed records identified
- 574 included for full-text assessment
  - **129 evaluated** an intervention
    - 107 articles reporting on strategies' effect on uptake/coverage
    - 36 articles reporting on knowledge/awareness/attitude

# Three categories of interventions

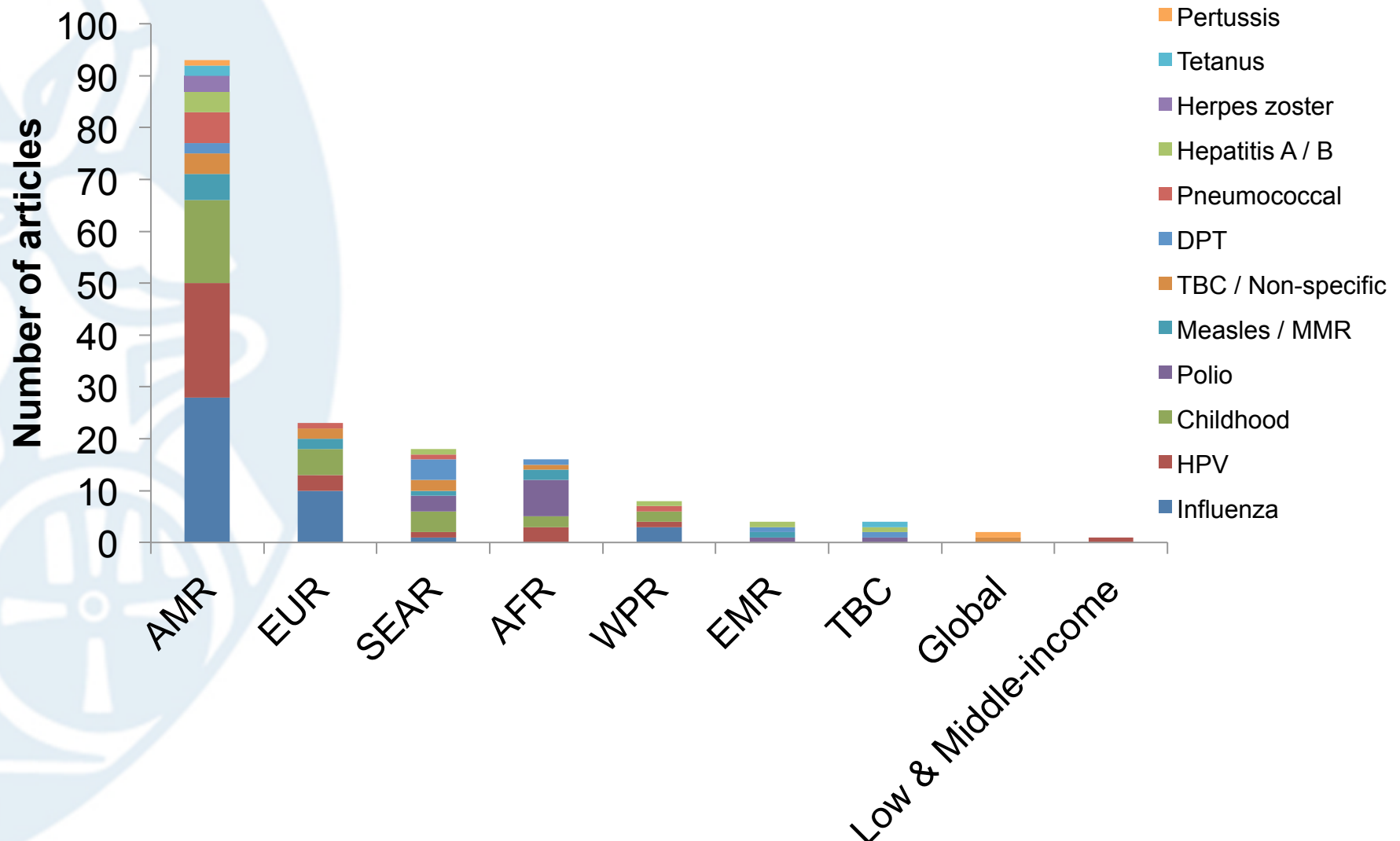
1. **Dialogue-based:** involvement of religious or traditional leaders, social mobilisation, social/mass media, and communication or information-based tools for HCWs
2. **Incentive-based** (non-financial): provision of food or other goods to encourage vaccination
3. **Reminder/recall-based:** telephone call/letter to remind target population about vaccination

# Articles by year and by age (n=1164)



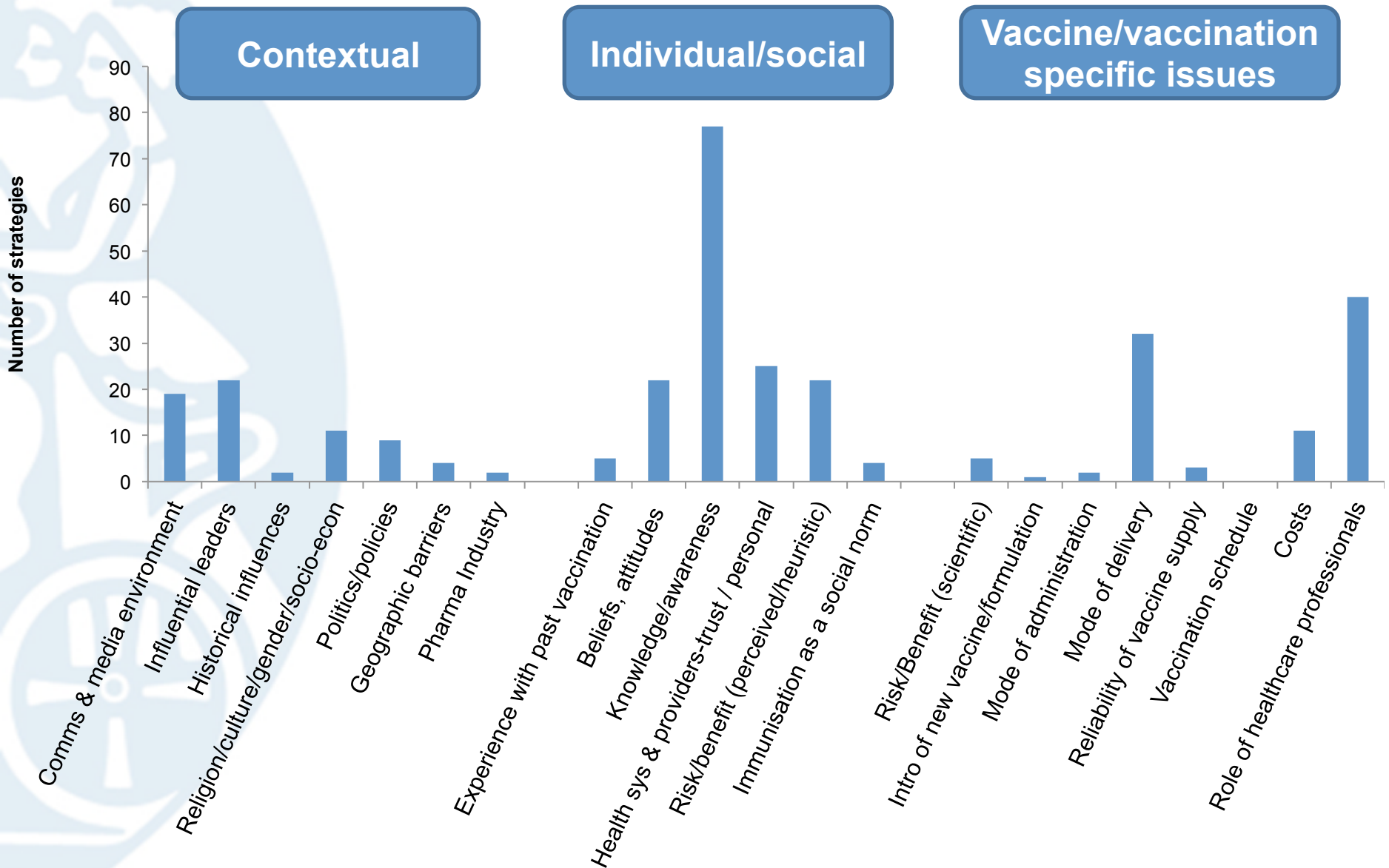


# Evaluated strategies by vaccine ( $\geq 2$ articles) and WHO region (n = 145)





# Strategies by determinants

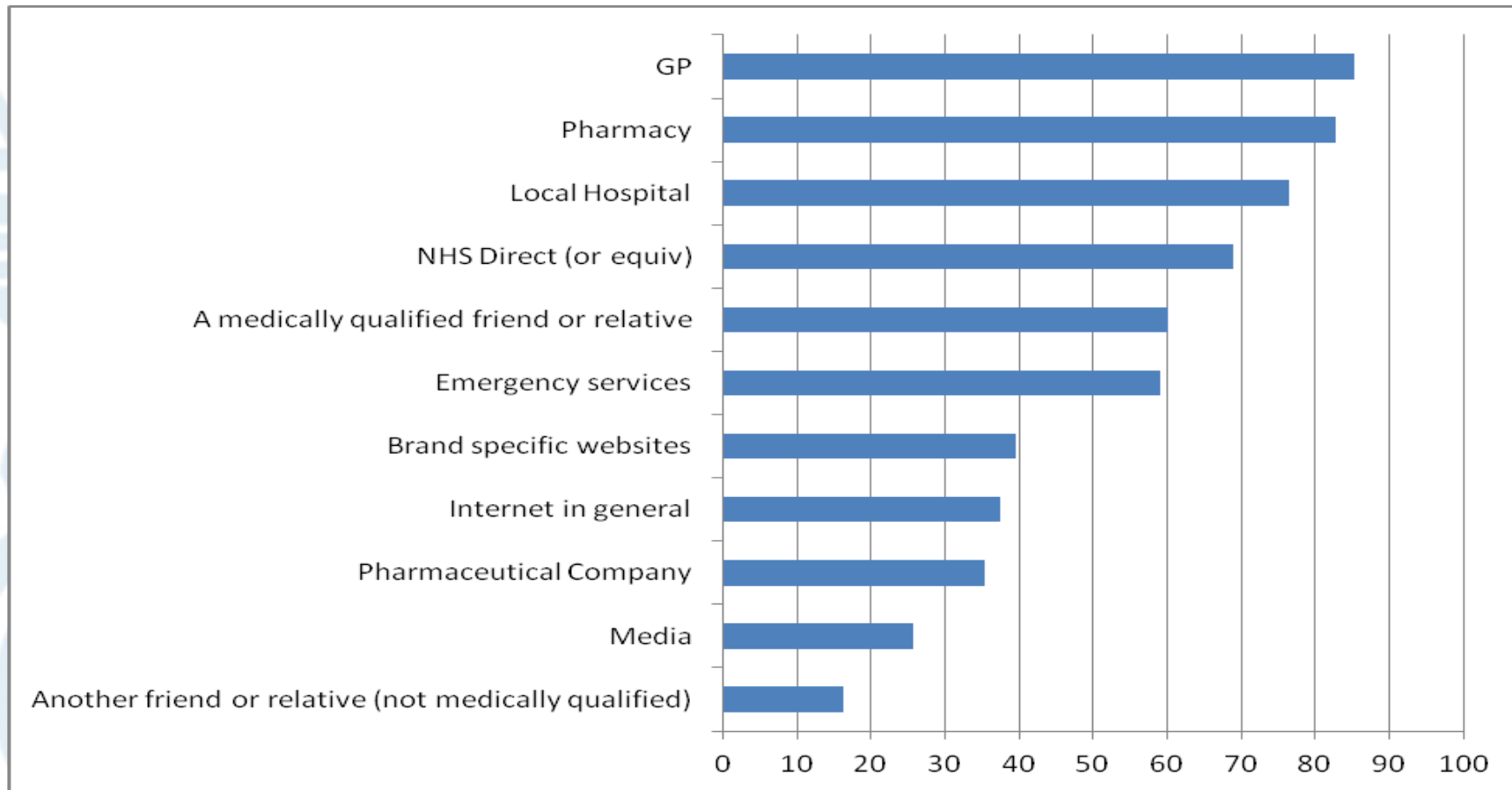


# Conclusions from the review

1. **No strategy specifically overcame hesitancy**
2. **Multi-component strategies:** more effective
3. No single strategy has been applied in all contexts with a positive impact  
→ importance of understanding and **addressing local context-specific issues**
4. Focus on capacity building for
  1. **detection of hesitancy**
  2. **diagnosis of the causes in subpopulation**
  3. **development of tailored strategies**

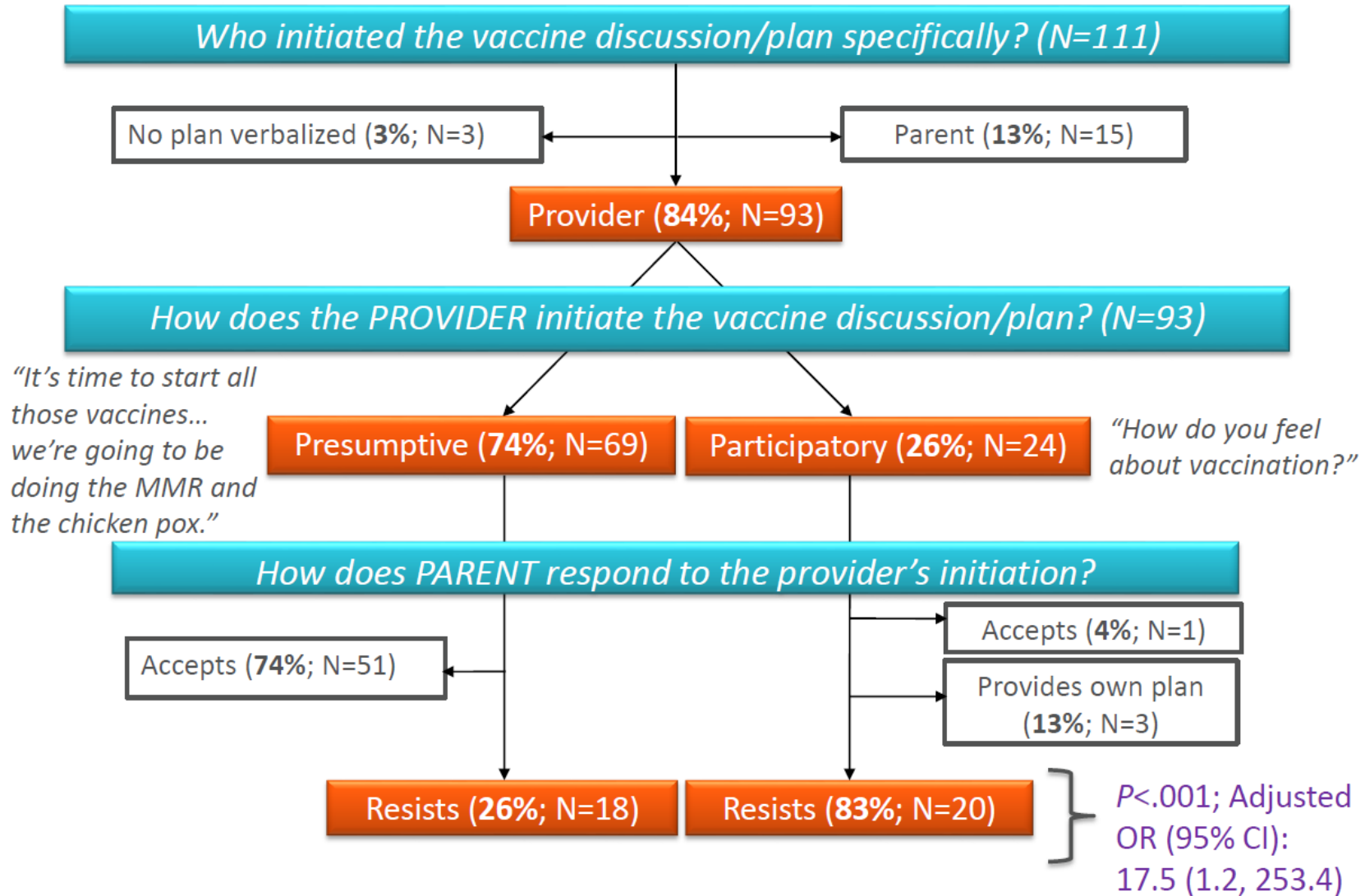
# Who do people trust?

How trustworthy respondents (N=5,648) felt a predetermined list of sources of information are in providing them with advice about medicines or communicating health alerts.



% of respondents that chose very or fairly trustworthy for each source of advice

# Be presumptive then engage dialogue



# Helping Health Care Providers

## Tips and Time-savers for Talking with Parents about HPV Vaccine

Recommend the HPV vaccine series the same way you recommend the other adolescent vaccines. For example, you can say "Your child needs these shots today," and name all of the vaccines recommended for the child's age.

Parents may be interested in vaccinating, yet still have questions. Taking the time to listen to parents' questions helps you save time and give an effective response. CDC research shows these straightforward messages work with parents when discussing HPV vaccine—and are easy for you or your staff to deliver.



### CDC RESEARCH SHOWS:

The "HPV vaccine is cancer prevention" message resonates strongly with parents. In addition, studies show that a strong recommendation from you is the single best predictor of vaccination.

### TRY SAYING:

HPV vaccine is very important because it prevents cancer. I want your child to be protected from cancer. That's why I'm recommending that your daughter/son receive the first dose of HPV vaccine today.

### CDC RESEARCH SHOWS:

Disease prevalence is not understood, and parents are unclear about what the vaccine actually protects against.

### TRY SAYING:

HPV can cause cancers of the cervix, vagina, and vulva in women, cancer of the penis in men, and cancers of the anus and the mouth or throat in both women and men. There are about 26,000 of these cancers each year—and most could be prevented with HPV vaccine. There are also many more precancerous conditions requiring treatment that can have lasting effects.

### CDC RESEARCH SHOWS:

Parents want a concrete reason to understand the recommendation that 11–12 year olds receive HPV vaccine.

### TRY SAYING:

We're vaccinating today so your child will have the best protection possible long before the start of any kind of sexual activity. We vaccinate people well before they are exposed to an infection, as is the case with measles and the other recommended childhood vaccines. Similarly, we want to vaccinate children well before they get exposed to HPV.

### CDC RESEARCH SHOWS:

Parents may be concerned that vaccinating may be perceived by the child as permission to have sex.

### TRY SAYING:

Research has shown that getting the HPV vaccine does not make kids more likely to be sexually active or start having sex at a younger age.

### CDC RESEARCH SHOWS:

Parents might believe their child won't be exposed to HPV because they aren't sexually active or may not be for a long time.

### TRY SAYING:

HPV is so common that almost everyone will be infected at some point. It is estimated that 79 million Americans are currently infected with 14 million new HPV infections each year. Most people infected will never know. So even if your son/daughter waits until marriage to have sex, or only has one partner in the future, he/she could still be exposed if their partner has been exposed.

# Communication tips (governments)

**Be credible.** Should not withhold information to avoid embarrassment or concerns about prompting “panic”

**Express empathy.** Acknowledge how people are feeling, to build trust

**Show respect.** Never be paternalistic, either withholding information or dismissing concerns

**Be the first to provide information.** Don't withhold it.

**Be accurate.** And respond as quickly as possible.

**Promote action.** Positive steps people can take encourages them to feel more in control and empowered.

# The TIP tool (WHO European Region) 2013



Identify  
susceptible  
populations

Determine  
barriers to  
vaccination

Implement  
evidence-based  
interventions

The Guide to Tailoring Immunization Programmes (NIPs) design target populations, determine evidence-based interventions

The strategies outlined in the Guide to Tailoring Immunization Programmes (NIPs) to maintain high coverage rates and address pockets of low vaccination coverage and susceptibility to VPDs are identified. The Guide may be used independently by Member States or implemented in conjunction with technical support from the WHO European Region.

Increasing coverage of infant and child vaccination in the WHO European Region



# Communication and engagement

- Most **parents do vaccinate**. This majority should be supported - they can be powerful **advocates**
- Understand specific **reasons for concern at a local level** to address concerns locally
- Messaging and messages matter
  - **Narratives** are powerful tools to communicate
  - Communicating the **risks of not vaccinating** is important
- **Support providers** to engage in conversations with parents about vaccination
- **Best practices** should be collected and shared

# Materials and channels (HPV)

- Use **every opportunity**: immunisation cards, concerts...
- Develop a **frequently asked questions** (FAQ) reference guide
- Language and materials girls can **relate to and have fun** with: colourful, modern, texts, games
- **Telephone hotlines**
- A **mix of channels** is important, including radio and television, school, health workers and church
- Targeted at **hard-to-reach populations**
- **Internet and social media**

# Examples of public information material for HPV

six months after the first dose (five months after the second dose).

Girls, you need to get all three doses of the vaccine for it to be effective. Getting vaccinated shows that you care about your health.



approved by the Government of Uganda. It has been tested in many countries, and the results show that it works. However, being vaccinated does not protect girls against pregnancy, HIV, or other sexually transmitted infections.

**Remember:** The HPV vaccine does not cause infertility.

For more information, contact your nearest health facility.

Produced by MOPH with support from CDC, AICHI, and PHL, 2008



**What you need to know about CANCER of the CERVIX and its PREVENTION**

**You're not opening the door to sex.**

**You're closing the door to cancer.**

Close the door as early as possible—**Age 11 or 12 is the BEST time** to give the HPV vaccine series.



**YOU ARE THE KEY TO CANCER PREVENTION**

[www.cdc.gov/vaccines/teens](http://www.cdc.gov/vaccines/teens)

**NHS**

The HPV vaccination is for all girls from year 8 to year 13\*  
**Don't miss out!**

Had my cervical jab 2day, no probs, c u l8r x x

**Arm against cervical cancer**

For more information, talk to your school nurse or GP surgery, or go to [www.nhs.uk/hpv](http://www.nhs.uk/hpv)

\*The HPV vaccination that protects against cervical cancer is recommended for all girls from the age of 12 years up to their 18th birthday.

**Esta vacuna es completamente segura**

**Tener en cuenta**

**ALTO**

**AL CANCER DEL CUELLO UTERINO (CCU)**

**PREVENCIÓN**

**Esta enfermedad ataca al cuello uterino de la mujer**

**Examen de Papanicolaou**

**Inspección visual con ácido acético**

**Y antes de que ingreses al Viro**

**Es producido por el Virus del Papiloma Humano (VPH)**

**Es un virus muy común y contagioso**

**Vacinação contra o HPV**

**Si está en 5to. de primaria VACUNA a tu HIJA GRATIS**

# Online communication material

- **Improve visibility**
- Easy-to-understand **facts on vaccination**
- Highlight ability of parents to **protect all children**
- **Examples of successful cases** (i.e. elimination)
- **Transparent:** past errors/vaccine side effects
- **No criticism** of hesitant populations
- **Empowering** individuals to ask questions
- **Monitoring** of hesitant populations and websites to detect changes in beliefs

# Communication is...

**A process.** People need time to learn, absorb and confirm information and then make a decision and act

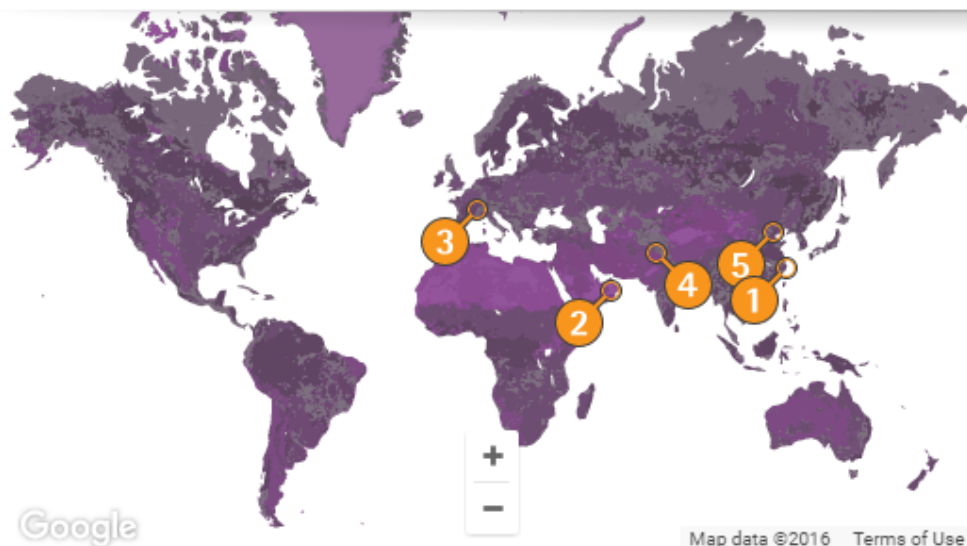
**Community engagement.** It is a conversation and not a lecture.

**Equity.** It plans to reach harder-to-reach populations.

**An investment.** Effective evaluated communication activities cost money and time.

**Imperfect.** Communication involves human beings, and we cannot predict what people will think or do in every situation.



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- 4 Pakistan: Shortage of syringes for BCG vaccine puts kids' lives at risk [↗](#)
- 5 China: Authorities to Arrest 125 More Suspects in Sensational Vaccine Scandal [↗](#)

## Confidence Commentary: Vaccine crisis in China — act now to rebuild confidence



Heidi Larson | 17 May, 2016

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Click [here](#) to view the original post by Heidi Larson, Ruoran Li, and Xiong-Fei Pan on the BMJ blog.

The recent unfolding of a five year old story of two million doses of vaccines illegally procured and sold across China is a confidence breaker. Worse, it is not a

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## Literature

[Literature archive](#)

[Association Between Vaccine Refusal and Vaccine-Preventable Diseases in the United States](#) [↗](#)

VK Phadke, RA Bednarczyk, DA Salmon, SB Omer. 2016. *JAMA*. 315(11):1149-1158  
doi:10.1001/jama.2016.1353

[Sociodemographic Predictors of Vaccination Exemptions on the Basis of Personal Belief in California](#) [↗](#)