VACCINE REFUSAL AND VACCINE CONFIDENCE

Presentation to Workshop on Enhancing Communication around Influenza Vaccination
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Key Challenges Identified

Challenges
- No established definition
- Context-specific nature of vaccine hesitancy
- Lack of existing metrics or diagnostic tools
- Differentiating issues of hesitancy from other reasons children are un- or under-vaccinated

Strategy to Address
- Define vaccine hesitancy
- Need to develop metrics to measure vaccine hesitancy
- Need to develop diagnostic tool
  - Do you have a problem with vaccine hesitancy?
  - What are the causes?
  - What are the best strategies to address those particular causes?
Evolution of focus/scope of work from initial SAGE discussions

Initial thinking
- Concerns about impact of anti-immunization lobby and allegations
- Focus on lack of confidence in vaccines/vaccination
- Emphasis on knowledge/attitudes/beliefs and vaccine safety concerns

Current thinking
- Vaccine hesitancy is the result of issues of confidence, complacency and convenience
- Determinants include: contextual influences, individual/social group influences, and vaccine and vaccination-specific issues
Piloting questions for the JRF

- Two questions being pilot-tested on the JRF related to vaccine confidence:
  - Has there been some assessment (or measurement) of the level of confidence in vaccination at subnational level in the past?
  - What is the % of un- and under-vaccinated in whom lack of confidence was a factor that influenced their decision?

- As part of the JRF, these questions will allow for an initial understanding of what assessment is taking place and an idea of the impacts of lack of confidence.
Systems approach to understanding reasons for vaccine hesitancy

SAGE WG Model

**Contextual influences**
- Influential leaders and individuals
  - Politics / policies (e.g., Mandates)
  - Religion / Culture / Gender
  - Socio-economic group
- Communication and media environment
  - Pharmaceutical Industry
    - Historical influences
      - Geographic barriers

**Individual/social group influences**
- Immunisation is a social norm vs. immunization is not needed/harmful
- Beliefs, attitudes and motivation about health and prevention
- Knowledge/awareness of why/where/what/when vaccines are needed
- Personal experience with and trust in health system and provider
- Risk/Benefits (perceived / heuristics)
- Experience with past vaccination

**Vaccine and vaccination-specific issues**
- Risk/benefit (scientifically based)
- Vaccination schedule
- Mode of administration
- Mode of delivery
- Introduction of a new vaccine or new formulation
- Reliability of vaccine supply
- Role of healthcare professionals
- Costs
  - Tailoring vaccines / vaccination to needs
Vaccine(s) and/or Vaccination Hesitancy

Assumes vaccine otherwise available and affordable, but there is equivocation on the decision whether or not to take it and may be influenced by:

- Context
- Individual or group influence
- Specific vaccine(s)
- Vaccination (in general)

- Confidence
- Complacency
- Convenience
Confidence

- Trust in the effectiveness and safety of vaccines and in the system that delivers them, including the reliability and competence of the health services and health professionals and having trust in the motivations of the policy-makers who decide which vaccines are needed and when they are needed.
Complacency

- Vaccine complacency exists where perceived risks of vaccine-preventable diseases are low and vaccination is not deemed a necessary preventive action.

- Complacency about a particular vaccine or about vaccination in general is influenced by many factors.
Convenience

- Degree of vaccination convenience is measured by the extent to which physical availability, affordability and willingness-to-pay for, geographical accessibility, ability to understand (language and health literacy) and appeal of immunization services affects uptake.

- The quality of the service (real and/or perceived) and the degree to which vaccination services are delivered at a time and place and in the cultural context that are convenient and comfortable also affects the decision to vaccinate.
Contextual Influences

- Influences arising as a result of environmental, social, cultural, economic or political factors:
  - Communication and media environment
  - Geographic barriers
  - Influential leaders, gatekeepers and prominent anti- or pro-vaccination lobby
  - Historical influences
  - Religion/culture/gender/socio-economic
  - Government policies/politics (incl. mandates)
  - Pharmaceutical industry motivations
Individual/Social Group Influences

- Influences arising from personal perception or perception of the individual social environment.
  - Experience with past vaccination
  - Knowledge, beliefs, attitudes, awareness and motivation about vaccination as well as health and prevention
  - Perception or knowledge/scientific literacy
  - Health system and providers-trust and personal experience
  - Perceptions of risks and benefits
  - Immunization as social norm (or not)
Vaccine and Vaccination-Specific Issues

- Issues related to vaccine(s) and/or vaccination in general:
  - Knowledge of vaccine preventable diseases
  - Risks/Benefits
  - Understanding the basis of new vaccine introduction
  - Mode of administration
  - Costs (willingness to pay and affordability)
  - Vaccination program logistics and venue
  - Role of healthcare worker
  - Vaccine supply
  - Vaccine schedule
Not reported — studies conducted interventions but did not report on acceptance or coverage.

Awareness only — studies conducted interventions with the endpoint of increased knowledge and awareness but did not report whether this improved acceptance.
Conclusions

- There are many reasons for un-vaccination or under-vaccination, of which vaccine hesitancy is one.
- Vaccine hesitancy, its causes and its impact are complex and context-specific.
- There is no single cause of hesitancy that can be easily addressed by a simple intervention or activity.
Conclusions

- The field of research is still evolving, making consensus on definitions and scope challenging
  - E.g. vaccine hesitancy ≠ vaccine confidence

- There is lack of standardization in the literature and a narrow focus of research
  - No established metrics for vaccine hesitancy

- Vaccine hesitancy has not been well studied in many regions/contexts