Vaccine hesitancy in the EU: state of play and impact on vaccination programmes

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"Addressing vaccine hesitancy in challenging times"

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The Vaccination Paradox in the post factual era

- Vaccine safety
- Vaccine coverage
- Disease incidence
- Doctors' trust
- Parents' trust
### Determinants of vaccine hesitancy in Europe

#### Vaccine and vaccination specific issues
- Inconsistent advice: 2
- Vaccine novelty: 2
- Lack of recommendation: 4
- Financial cost: 6
- Access: 7
- No medical need: 9

#### Individual and group influences
- Responsibility: 2
- Humans too weak to fight vaccines: 3
- Previous negative experiences: 4
- Fear of injection: 4
- Diseases are beneficial: 4
- Alternative prevention methods: 5
- Against vaccination in general: 6
- Vaccination not a priority: 6
- Social norms: 6
- Healthy bodies: 9
- Mistrust in health institutions: 9
- Vaccines not effective: 10
- Low risk/severity of disease: 10
- Lack of information: 12
- Vaccine safety: 31

#### Contextual influences
- Violation of human rights: 3
- Negative exposure to media: 3
- Religious fatalism: 5
- Conspiracy theories: 7

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*ECDC. Rapid literature review on motivating hesitant population groups in Europe to vaccinate. Stockholm: ECDC; 2015*
Vaccine and vaccination specific influences

No perceived need for vaccine

Access

Financial cost

Lack of recommendation from providers, or inconsistent advice from providers

New vaccines

Challenges on the demand side, but also on supply side:

HOW EFFECTIVE ARE WE?
Which groups are hesitant?

No group is entirely hesitant but **pockets of hesitancy can be found in all population groups:**

- Parents and mothers
- Teenagers
- Healthcare workers
- Pregnant women
- Some religious communities
- Underserved populations
- Social media users...

Concerns about the possible formation of clusters of vaccine hesitant populations which might expand and affect the general public (i.e. doctors influencing their patients)
Hesitancy in healthcare workers in Europe

- **Vaccine hesitancy in HCWs is present** in all the countries which took part of the ECDC study (Croatia, France, Greece and Romania);

- Inconsistencies in perceptions about vaccination: praising benefits of vaccines but also sharing concerns;

- **Most important concern: vaccine safety**;

- Important role of the media in vaccine hesitancy;

- Doctors have high feelings of trust in health authorities but mistrust pharmaceutical companies;

- **HCWs believe it is their role to respond to patient hesitancy**;

- Attitude and knowledge of HCWs can influence their vaccine uptake, their intention to recommend vaccination, and overall vaccination coverage.

Hesitancy is often a vaccine and country-specific phenomenon.

Autism and MMR in UK

- I heard that vaccines cause autism.

- "THE LANCET"
  Q. Do Vaccines Cause Autism?
  A. Nope.
  The myth began in 1998, when an English medical journal called The Lancet published a paper which claimed a link between autism and the Measles, Mumps, and Rubella vaccine (MMR).

POTS and HPV in Denmark

- "Now for the first time, several doctors express their concerns."
But the negative effects are widely spread in other EU countries


In France, alternative medicines practicing is associated with hesitancy

ECDC activities to support countries

- **Evidence Generation** (to inform research, policy, practice)
  - Document attitudes towards vaccines and vaccination
  - Analyse barriers and drivers to uptake, incl. vaccine-specific analyses
  - Knowledge, attitudes, and practices, part. of HCWs
  - Effective public health communications strategies

- **Communications guides and toolkits**
  - Tools to help improving healthcare workers’ interpersonal messaging
  - Improving knowledge of ‘enabling’ actors (e.g. programme managers)
  - Adaptation and contextualisation of outputs at national level

- **Pilot collaboration on real-time media monitoring**
  - Piloting tools to capture evidence through media and social media (HPV focus)
  - Better capture sentiment, as well get to grips with main questions

- **Launch of Technical Advisory Group on communications to increase VCR**
  - Provide EU forum to discuss practice and strategies
  - Use of online media, responding to un-scientific facts, and crisis communication

Cultural adaptation of health communication guidance

Background information

Between 2012 and 2017 a stakeholder approach to translation and adaptation was developed, tested and refined through early country experience in Bulgaria, Czech Republic, Hungary and Romania and served as a process guide for subsequent national projects in Austria, Estonia, Greece and Italy.

The ECDC Guides were developed through systematic reviews and formative qualitative research that involved a variety of countries and stakeholder groups: health professionals, health authorities, non-governmental advocates, beneficiaries (including parents and grandparents, representatives of “poorly reached ” populations such as Roma), communicators and social marketers.