



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

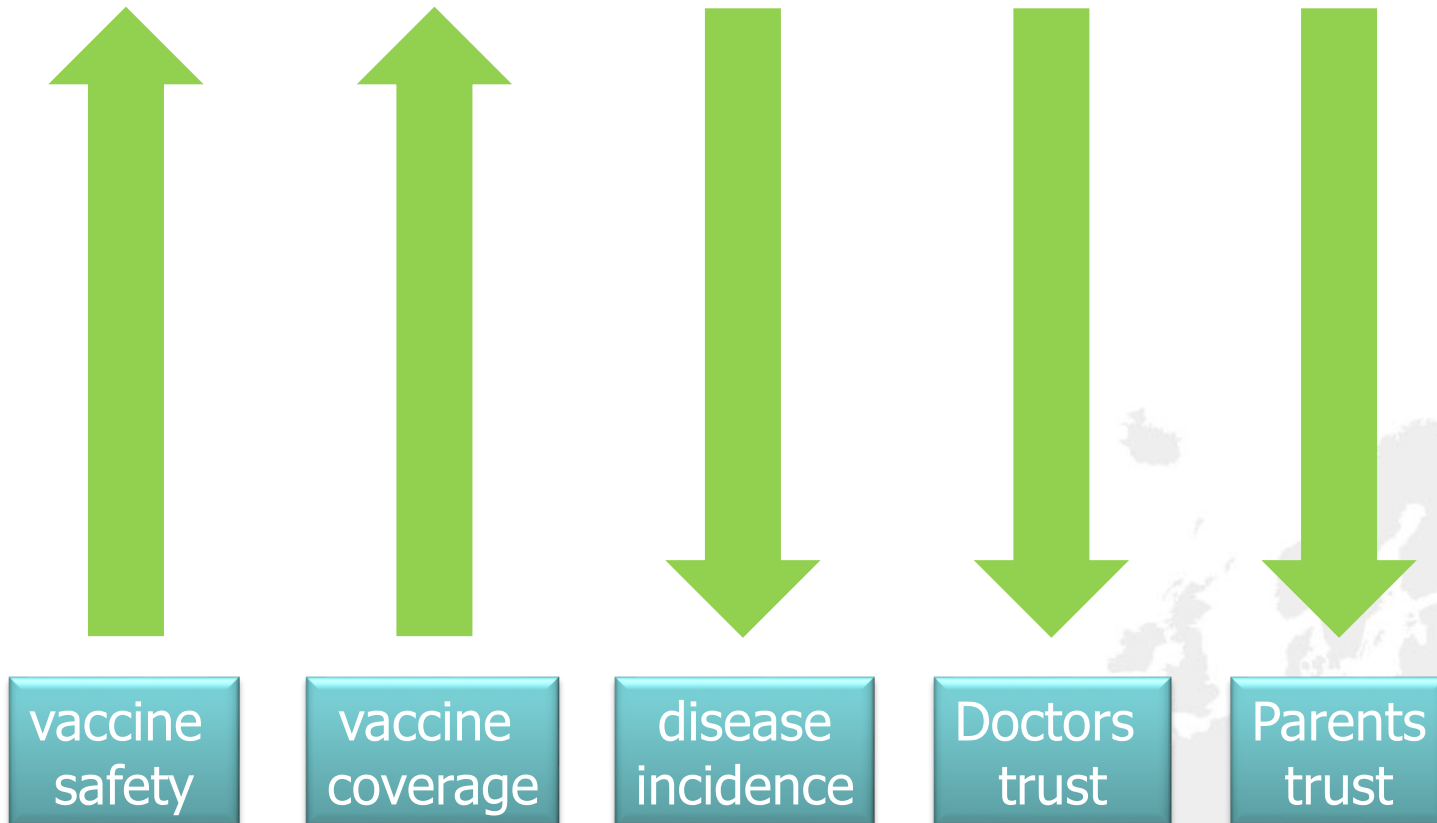
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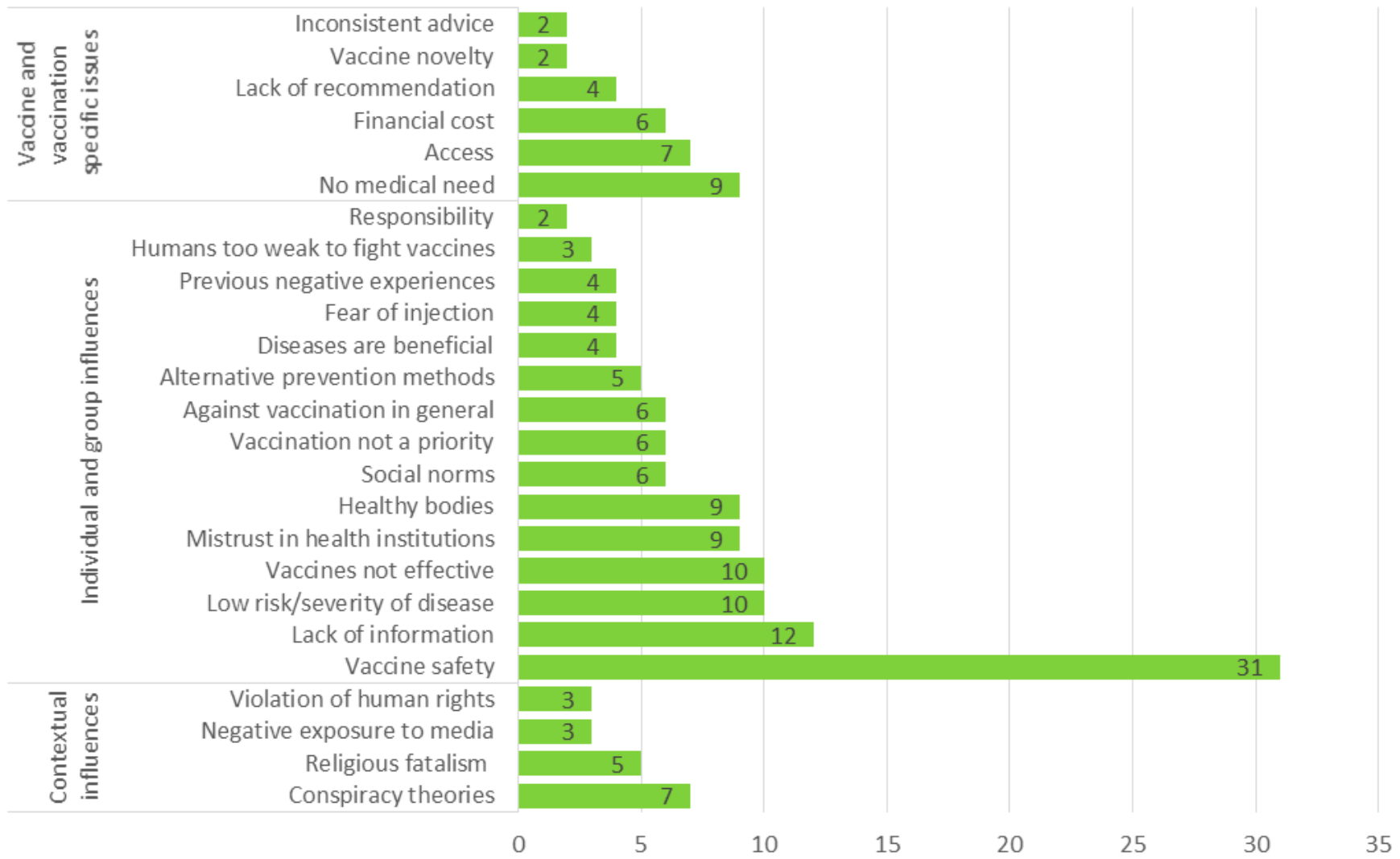
"Addressing vaccine hesitancy in challenging times"

European Health Forum Gastein, 05 October 2017

The Vaccination Paradox in the post factual era



Determinants of vaccine hesitancy in Europe



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)

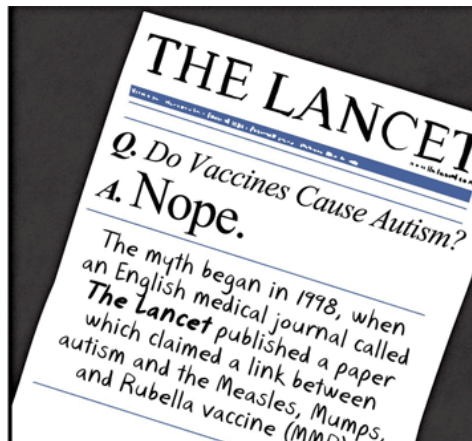
Hesitancy in healthcare workers in Europe

- **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.

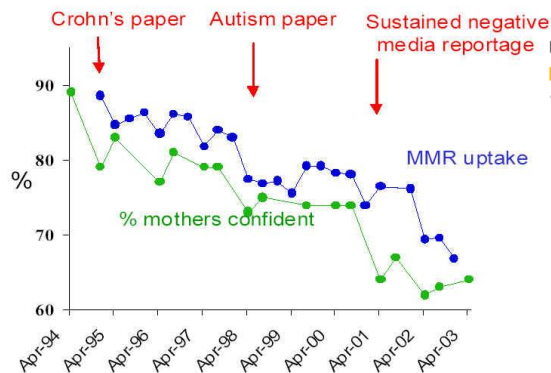


Hesitancy is often a vaccine and country specific phenomenon

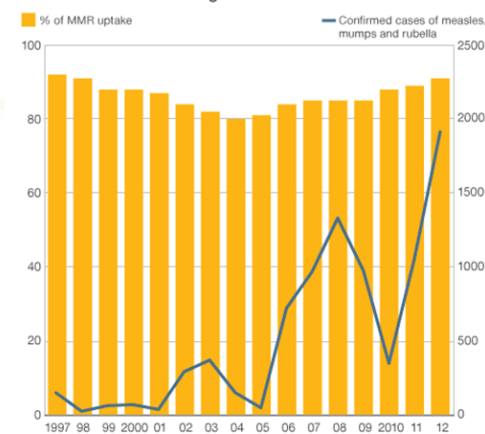
Autism and MMR in UK



MMR uptake at 16 months and proportion of mothers believing in complete or almost complete safety of MMR vaccine



MMR and measles in England

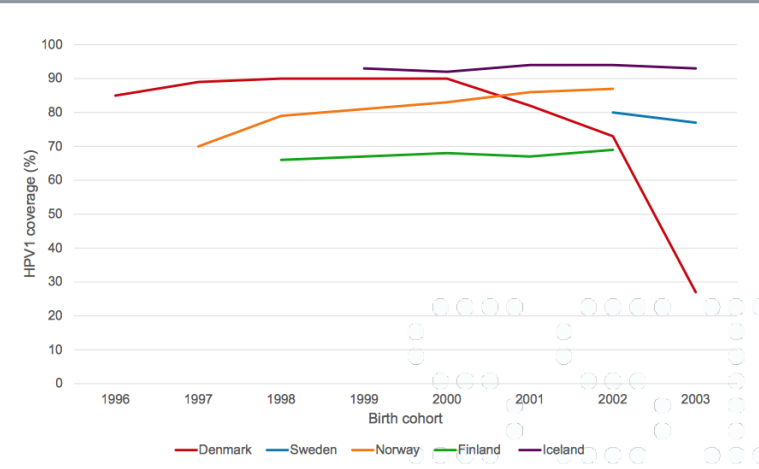


Source: NHS IC

POTS and HPV in Denmark



5. HPV VACCINE UPTAKE OF FIRST DOSE BY BIRTH COHORT IN THE NORDIC COUNTRIES



But the negative effects are widely spread in other EU countries



Ireland

The HPV vaccine protects her future

Estimated annual number of cancer (2010-2014 data). These numbers are on the

420

Most of these cancers could potentially be prevented by HPV vaccination

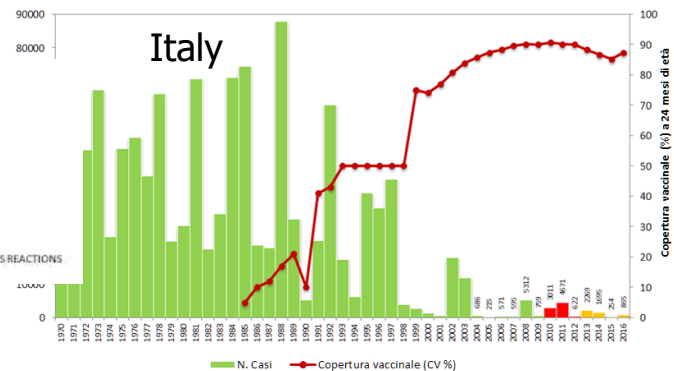
What needs to be done?

R.E.G.R.E.T. Support Group
INAUGURAL MEETING, SIWORDS, 23/05/2015, 12 am.
PROPOSED STRUCTURE AND AGENDA.

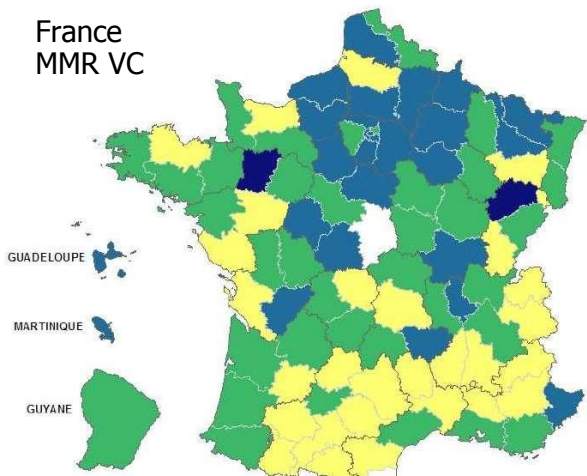
12.00. INTRODUCTION.

AIMS OF THE GROUP:

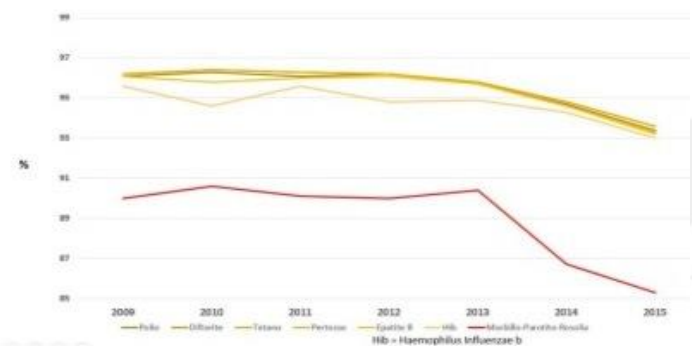
- TO GET THE GIRLS HEALTH BACK
- TO CREATE AWARENESS AMONG OTHER PARENTS OF THE POTENTIAL FOR SERIOUS REACTIONS
- TO SUPPORT THE GIRLS IN THEIR EFFORTS TO CONTINUE THEIR EDUCATION



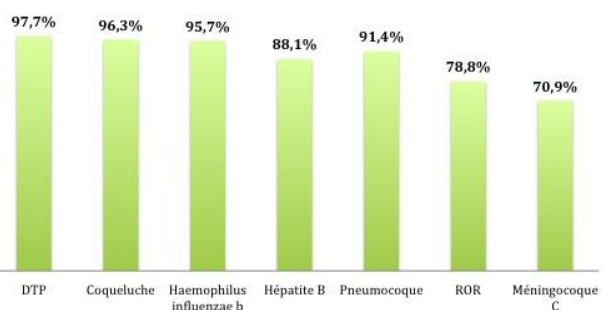
France
MMR VC



Copertura vaccinale in Italia 2009 - 2015



Couverture vaccinale des Français à 24 mois



Austrian article: Kreidl P, de Kat C. Utilization and impact of European immunization week to increase measles, mumps, rubella vaccine uptake in Austria in 2016. Vaccine (2017), <http://dx.doi.org/10.1016/j.vaccine.2017.07.047>

Table 2
Prevalence ratio of determinants associated with not being in favor of vaccination in general and not considering measles important.

Exposure	Prevalence not being in favor of vaccination (%)	Prevalence ratio (95% CI)	Prevalence not considering measles important (%)	Prevalence ratio(95% CI)
Females	11/131 (8.4)	Ref.	9/142 (6.3)	Ref.
Males	2/65 (3.1)	0.95 (0.88-1.01)	11/66 (16.7)	1.12 (1.01-1.26)
Rural residence	2/64 (3.1)	Ref.	5/71 (7.0)	Ref.
Urban residence	9/117 (7.7)	1.05 (0.98-1.12)	9/119 (7.6)	1.01 (0.93-1.09)
Lower education	5/54(9.3)	Ref.	9/64 (14.1)	Ref.
High school diploma or university	9/141 (6.4)	0.97 (0.88-1.07)	13/142 (9.2)	0.94 (0.85-1.06)
Preference of traditional school medicine	1/137 (0.7)	Ref.	7/139 (5.0)	Ref.
Preference of alternative medicine regardless of trusting in traditional school medicine	10/41 (24.4)	1.31 (1.10-1.56)	7/45 (15.6)	1.12 (0.98-1.28)
Less than 50 years of age	4/145 (2.8)	Ref.	12/155 (7.7)	Ref.
50 years or older	10/50 (20.0)	1.22 (1.06-1.40)	10/51 (19.6)	1.15 (1.00-1.32)

* lower 95% CI: 1.0008.

In France, alternative medicines practicing is associated with hesitancy

Verger Pierre et al. Prevalence and correlates of vaccine hesitancy among general practitioners: a cross-sectional telephone survey in France, April to July 2014. Euro Surveill. 2016;21(47):pii=30406.

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.

