



# Addressing vaccine hesitancy among healthcare providers

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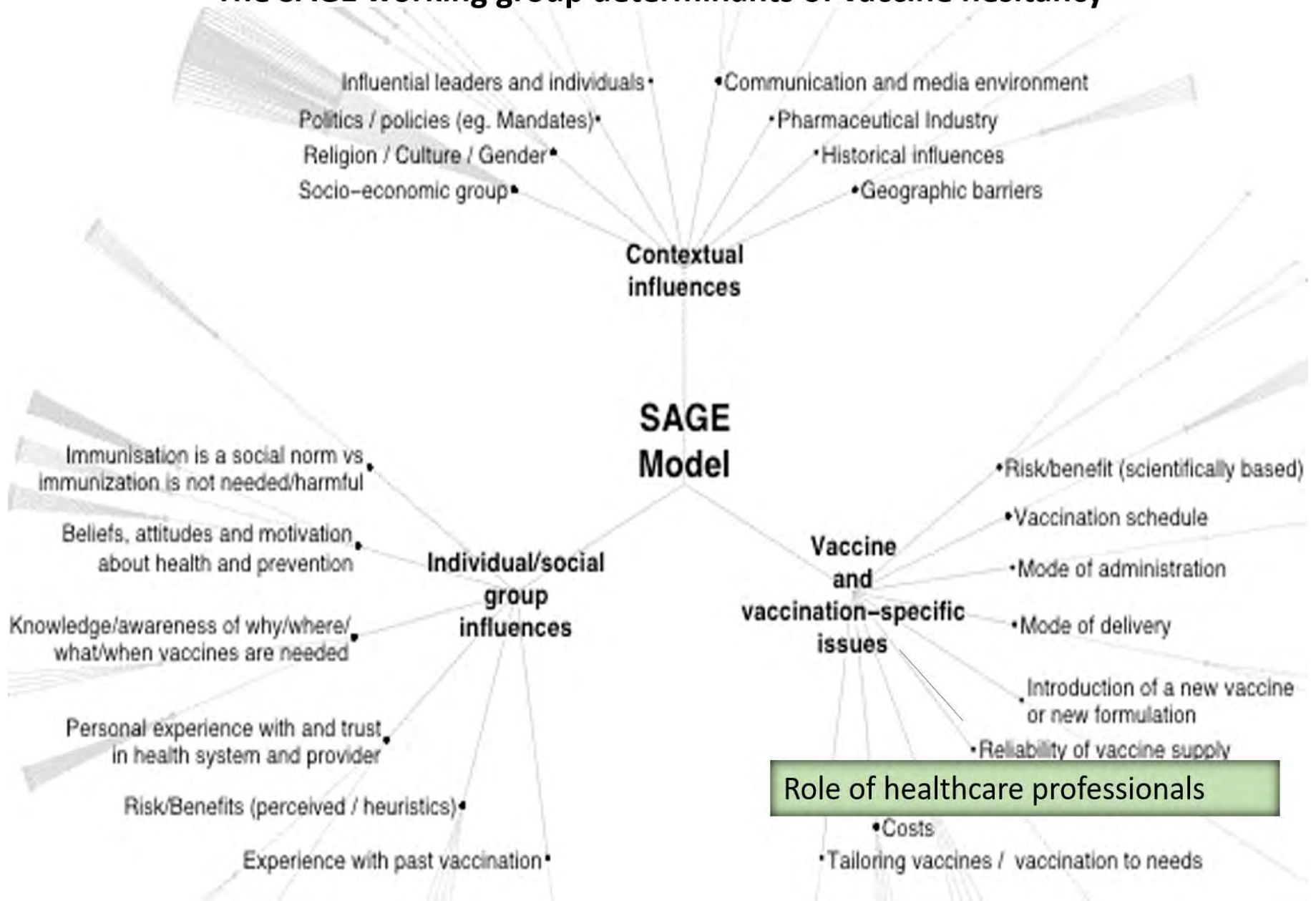
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LNCT vaccine hesitancy workshop

Geneva

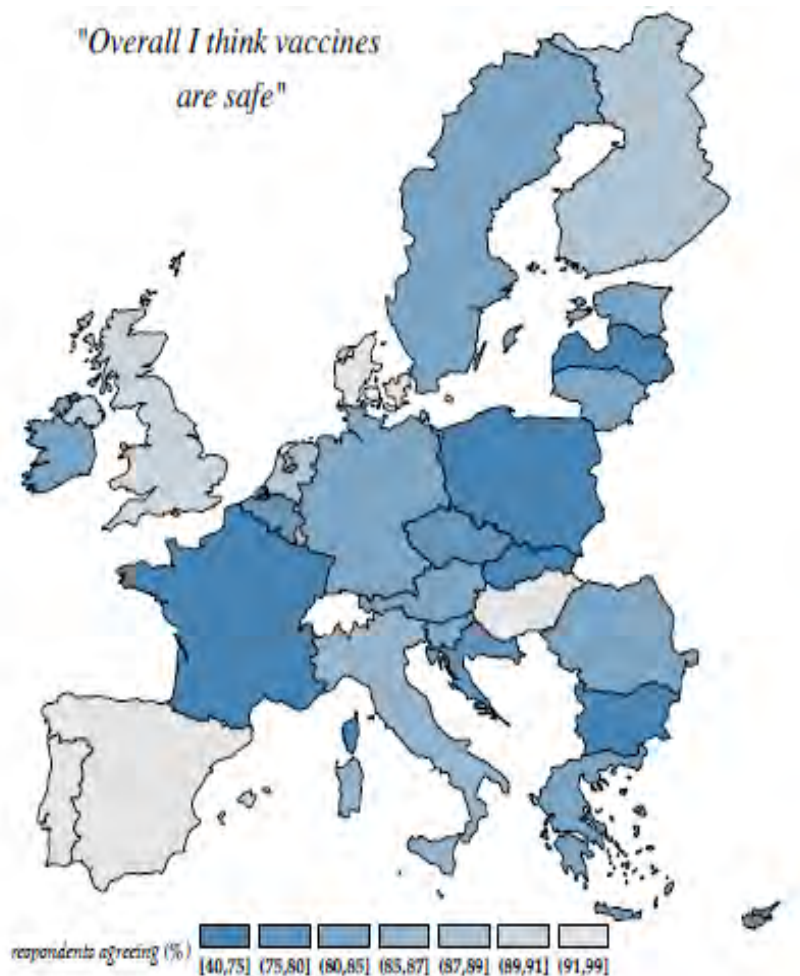
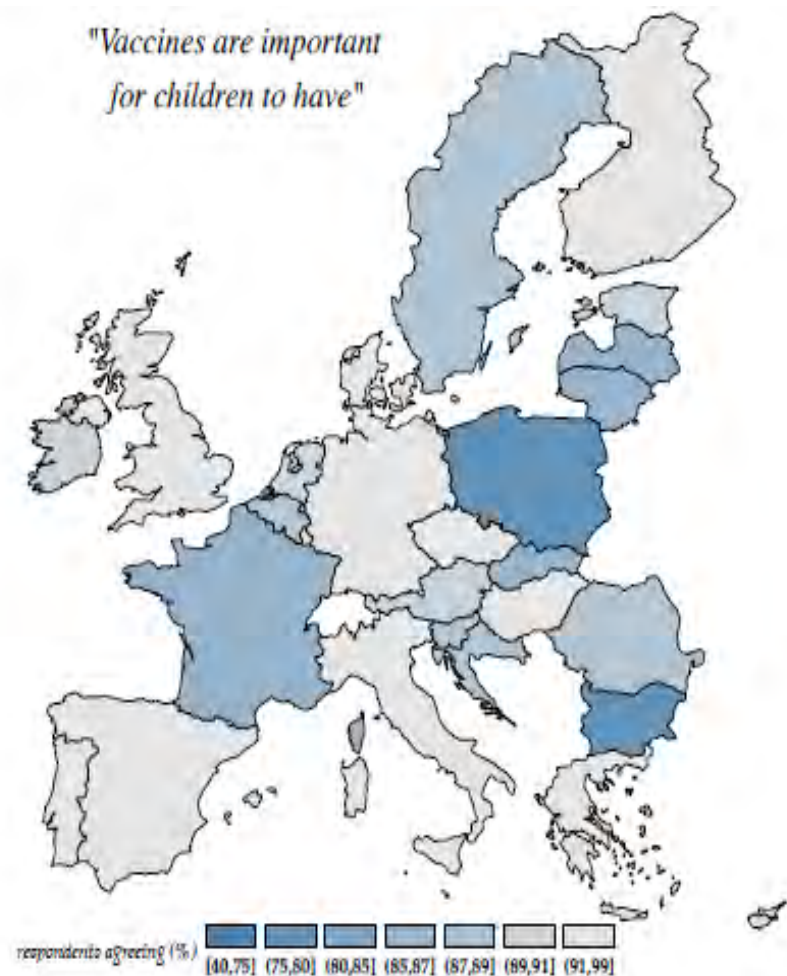
October 2019

# The SAGE working group determinants of vaccine hesitancy



# State of vaccine confidence in the EU 2018

**Countries with GPs with higher confidence in vaccines have a larger proportion of the public expressing positive vaccination beliefs**





## Hesitancy among healthcare providers reported by LNCT country members

*'All the surveys have shown, that **what prevents doctors from talking about immunisation is their own lack of competence in immunisation topics.**'*

*(Focus group discussion, Georgia)*

*(when) I ask them why they did not get vaccinated, answer is that **they did not get vaccinated because of the false side effects, which have been mentioned by the doctor.**'*

*(Focus group discussion, Georgia)*

*'There are very **many people who have vaccine hesitancy ... they are afraid that vaccines might prompt development of different diseases** – health care workers and parents as well.'*

*(Focus group discussion ,  
Uzbekistan)*

# **Group work 1: Discuss healthcare provider hesitancy in your country**

- 1. Do you know of any healthcare provider hesitancy in your country? Is it related to a specific vaccine? More general issues?**
- 2. Are there any data are being collected to assess the scale and nature of healthcare provider hesitancy in your country?**
- 3. Are there any interventions/trainings being done to build healthcare provider vaccine knowledge and confidence?**
- 4. Prepare a summary PowerPoint presentation with one slide per country to present to the group**

**Report back to group at 9:30am**



# Healthcare provider hesitancy towards influenza vaccination



- Flu **not** perceived as a serious illness
- Lack of awareness
- Lack of information
- Lack of time/ inconvenient location
- **Concerns about**
  - vaccine effectiveness
  - vaccine safety
  - Injections / pain

*Vaccine  
hesitancy  
among  
healthcare  
workers in  
Europe*

*Results from  
qualitative  
study*



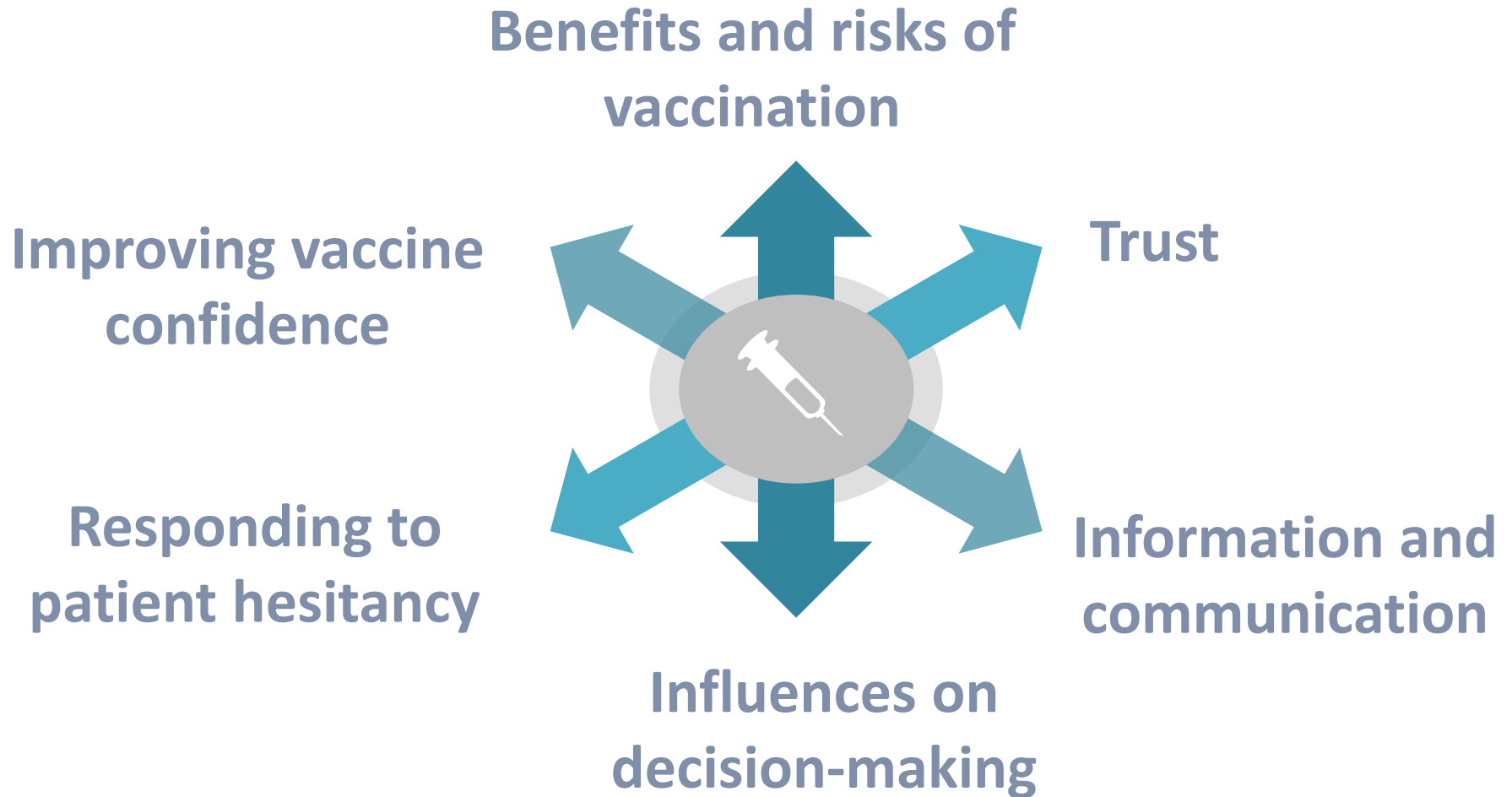
**France: 10 GPs,  
6 gynaecologists**

**Croatia: 13 GPs,  
4 epidemiologists**

**Greece: 9 GPs,  
4 internal medicine, 2  
paediatricians**

**Romania: 15 GPs,  
2 paediatricians**

## Themes identified in the four countries





## Perceived benefits of vaccination

*“I consider that those people who refuse vaccination are selfish because they take advantage of the vaccination of other people” (F)*

### **Benefits > risks**

- Balance could change

### **Prevent dangerous diseases**

- Referral to current outbreaks as proof
- Disappointment from avoidable deaths

### **Low risk side effects**

- Although not always what the general population believes

### **Herd immunity**

- Selfishness of those who refuse
- Doctors defend the concept to their patients

### **Responsibility to prevent diseases**

- It is their role, as doctors

### **Good scientific evidence**

- Especially if included in national program
- Sufficiently tested and verified

## Perceived risks of vaccination

### **Fear of side effects** 🇷🇺 🇬🇷 🇧🇪

- Patients and healthcare workers
- Small or serious concerns (ban in other countries)
- Media

### **Responsibility for side effects** 🇷🇺 🇧🇪

- Guilt

### **New vaccines (HPV)** 🇷🇺 🇫🇷 🇧🇪

- Not tested long enough for side effects/efficacy

### **Children are too young** 🇫🇷 🇬🇷

- Too many vaccines at a young age
- Follow own vaccination plan
- Hepatitis B

### **Low vaccine effectiveness** 🇫🇷 🇬🇷

- Avoid recommending vaccines
- Influenza

### **Vaccines not needed** 🇧🇪 🇬🇷

- Diseases not prevalent

Karafillakis E, et al. Vaccine (2016)

*"It's well known that there are vaccines that have been banned in other countries ...because they (Hep B) were proven to cause multiple sclerosis ... HPV vaccines can lead to tumours and autism. It's outrageous that they are prescribed." (R)*

# Issues of trust

*"I do not trust the Greek Ministry of Health and rightly so. Many patients do not trust them either" (G)*

## **Trust in health authorities**

- Government, research
- Support of vaccination
- Doctors, WHO, regulatory agencies, health system

## **Mistrust pharmaceutical companies**

- Forcing drugs into the market
- Financial interest
- Pharmaceutical representatives
- Lack of communication about side effects

## **Mistrust health authorities**

- French High Authority for Health
- Greek Government



## Information and communication

### ***Mistrust information***



- Conflict of interests
- Patients do not trust doctors

### ***Trust information***



- Trust research, experience from other countries

### ***Lack information***



- Need more about safety, risks of too many vaccines
- Patients lack information to make informed decision
- Only have internet or vaccine leaflet

### ***Sufficient, good information***



- Leaflets, posters, books, websites (to patients)
- Received recommendation about vaccination schedule

## Influences on decision making

*“With the increasing popularity of the internet, many parents are misinformed by charlatans and crooks that seduce them with false and absurd information (...) If some doctors were fooled by such information, then parents (...) are very vulnerable” (R)*



## Responding to hesitancy

### **Role to respond to patient hesitancy**

- Doctors have the information and resources to do so
- Address their concerns
- Listening and sharing scientific evidence

### **Role to influence patients' decision**

- Sharing information, emotionally affecting them (showing images of VPD), telling them they vaccinate their own children, talking about vaccines a long time in advance (HPV)
- Seeing patients as their own children
- It is difficult

### **Role to only provide information**

- Be neutral
- Patients have to decide for themselves
- Doctors cannot force patient to listen, or convince refusers

*"I say it is mandatory even if it is not... I don't want to follow a child, a family who do not vaccinate their children" (F)*

# Improving vaccine confidence

## **Improve informatio**

- Communication skills for doctor-patient conversations
- Telephone lines
- Control information provided in the media, journalists
- More data on side effects
- HCWs training

## **Stricter legislation**

- Defend physicians when side effects occur
- Fines for parents who do not vaccinate
- Make vaccines mandatory for children in school
- Legal action against anti-vaccination HCWs

## **Improve health system**

- Lack or delayed vaccines
- Changes in vaccination calendars
- Include more vaccines in national programme
- Free vaccination



# Addressing vaccine hesitancy in healthcare providers

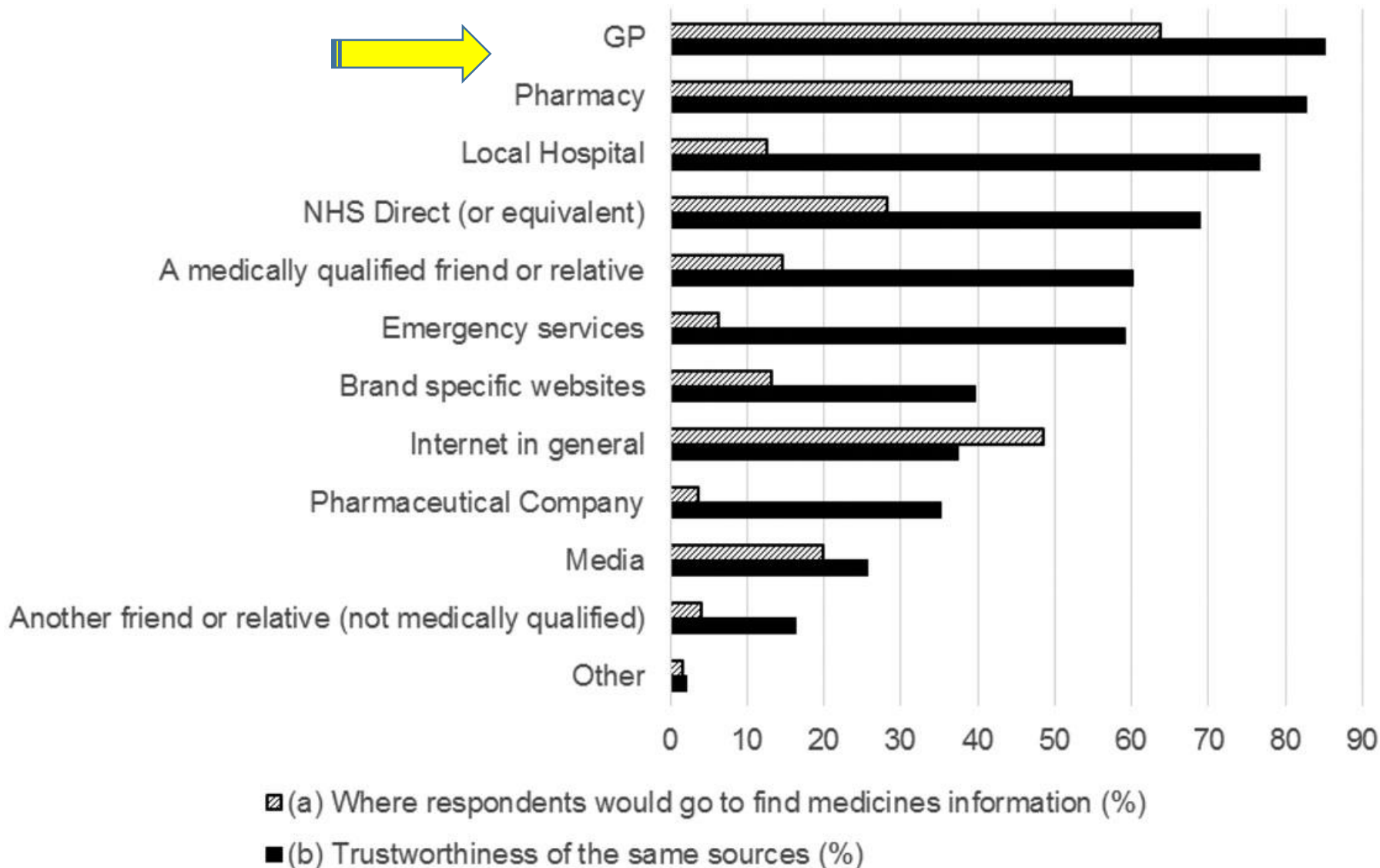
- **Interventions shown to increase vaccination among healthcare providers include:**
  - **Free vaccine**
  - **Easy access**
  - **Educational activities, reminders or incentives**
  - **Opt outs or mandatory immunization policies**
  - **Peer vaccination**



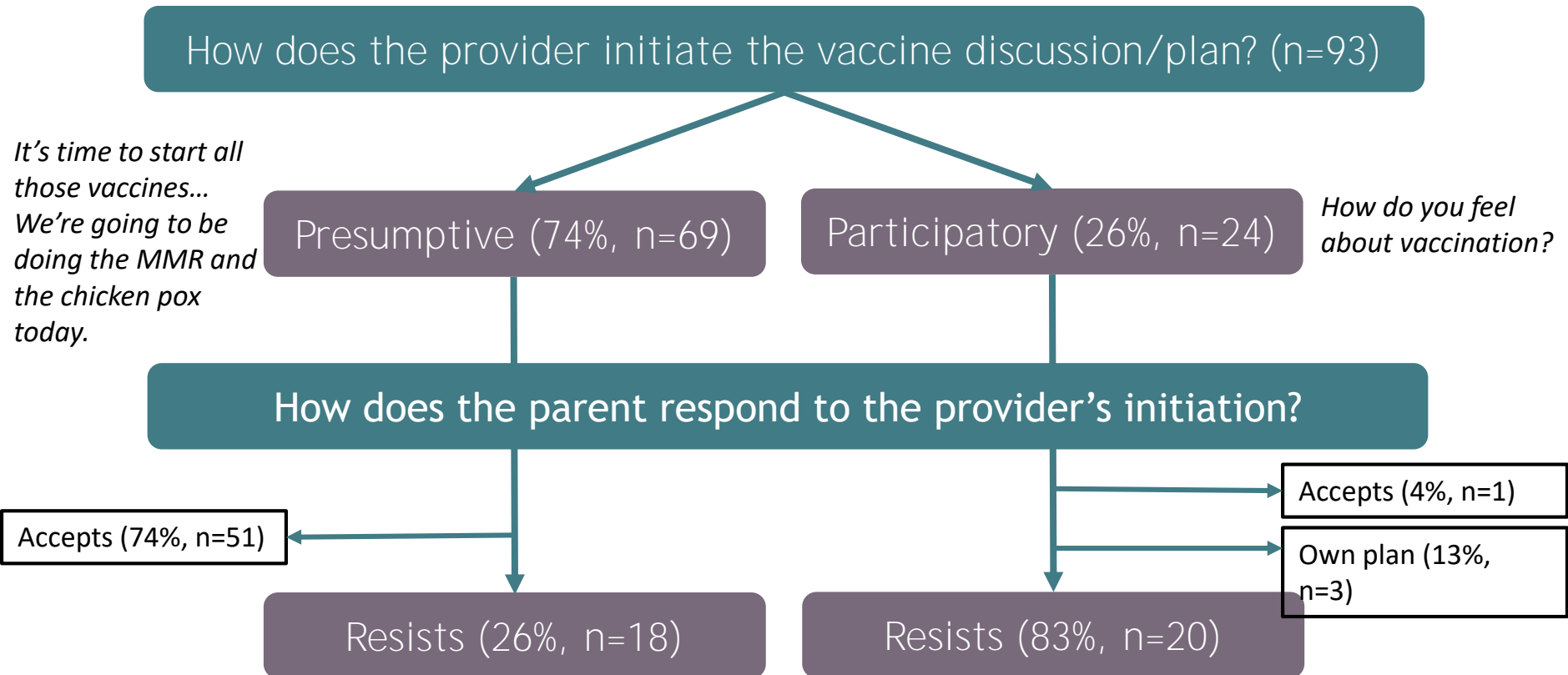


# Who do people turn to?

5,648 respondents from France, GB, Germany, the Netherlands, Spain and Sweden



# The role of doctors & nurses in vaccination acceptance







# Addressing vaccine hesitancy

- Healthcare providers remain the **most trusted** advisor and influencer of vaccination decisions
- People are **more likely to vaccinate if a healthcare provider recommends** to vaccinate
- **Vaccinated healthcare providers are more likely to recommend** vaccination to others (Nigeria, Israel, Iran, Canada, USA)

Paterson et al. Vaccine. 2016  
Dec;34;6700-6706.



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# Addressing vaccine hesitancy

- Most important factors considered amongst nurses when deciding to recommend a vaccine included **understanding the effectiveness and safety** of the vaccine (Cameroon)
- Nurses who felt that adolescents & young adults were **willing to accept HPV vaccination** were more likely to recommend it (South Africa)

Paterson et al. Vaccine. 2016  
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# Addressing hesitancy among healthcare providers reported by LNCT country members

*'We have **training and workshops** for all of our staff on... anything related to the immunisation. Even sometimes we organise an **online workshop** so we connect to the whole country and then we have special doctors to explain to them about this, about immunisation, about the vaccine, about adverse events, everything.'*  
(In-depth interview, Vietnam)

*'Before we introduced the new vaccine, health workers are trained.'* (In-depth interview, Ghana)

# Group work 2

- **Discuss addressing healthcare provider hesitancy in your country**
  1. **What are the main strategies to address healthcare provider hesitancy in your country?**
  2. **Are these strategies being evaluated? If so, how?**

**Group discussion at 10:10am**

# 1

## *Addressing vaccine hesitancy*

**The burden of addressing public vaccine hesitancy is increasingly being placed on HCWs.** However it is easy to forget that HCWs are *also* members of the public: they can have the same questions, the same doubts, the same fears about vaccines than their patients.

*This can jeopardize attempts at improving public confidence in vaccination*



# 2

## *Addressing vaccine hesitancy*

We are finally starting to more actively ***listen to patient's concerns*** about vaccination. But taking the time to ***listen to HCWs concerns*** is *equally* important.

# 3

## *Addressing vaccine hesitancy*

**In addressing vaccine hesitancy in their patients, the capacity and confidence of healthcare providers are stretched**

HCWs need **more support** to manage the changing public as well as quickly evolving vaccine environment → training, medical curriculum, access to tools and resources...

As with patients, we **should not fall in the trap of thinking it is only about information:**

- Do HCWs respond better to **personal stories or scientific information?**
- We need to **rebuild trust** among HCWs: include in decision-making for vaccine recommendations and policies, design of communication materials (new vaccines)

# Addressing vaccine hesitancy

- **Healthcare providers should:**
  - **Acknowledge**
  - **Engage**
  - **Recommend**

Paterson et al. Vaccine. 2016  
Dec;34;6700-6706.



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# Building healthcare provider confidence

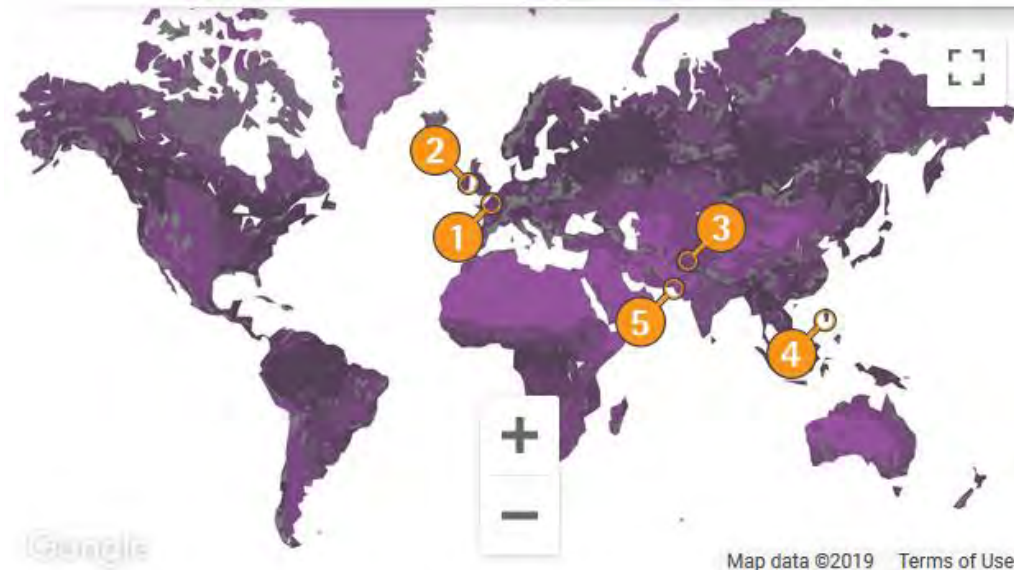
- Additional training and support for healthcare providers in addressing vaccine hesitancy
- Building or sustaining trust between HCPs, health authorities and policymakers through more shared involvement in the establishment of vaccine recommendations



Paterson et al. *Vaccine*. 2016 Dec;34;6700-6706.

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## Latest News

[News archive](#)

- 1 France: One in three citizens thinks vaccines are unsafe. The government is trying to change that [↗](#)
- 2 Ireland: HPV vaccination rates vary by county from just 40% in Kerry to 74% in parts of Dublin [↗](#)
- 3 Pakistan: Our culture is the biggest impediment to polio-eradication [↗](#)
- 4 Philippines: As a measles epidemic rolls through, blame falls on bungled vaccination programme [↗](#)
- 5 Pakistan: Husband divorces wife for vaccinating their family against polio [↗](#)

# Thank you

We would also like to thank our supporters and collaborators NIHR, ECDC, the European Commission, Results for Development, and GSK.