Addressing vaccine hesitancy and refusal

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WHO BeSD working group

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A clinic conversation

Doctor  She’s had some vaccines I see, is that right?

Kim:  yeah

Doctor  Did you get the hepatitis B at birth?

Kim:  yeah. In hindsight I really wish I hadn’t…. Just because they’re brand new and I think it’s completely unnecessary.

Doctor  OK – yeah…

Kim:  I was sort of sticking my head in the sand because I didn’t want to go down this path but then I read something and I got onto this track and …. yeah.
The communication environment
Ten threats to global health in 2019

Vaccine hesitancy
Doctor: So what’s got you worried about the six month ones?

Kim: It’s not...it’s actually all of them. It’s just that this is the timing that I’ve looked into it and I just think there’s way too many that they’re getting that seem to me unnecessary. I’m worried about the aluminium content in the vaccines.
Ready

Confident
Want chance to ask questions

Hesitant

Many concerns: safety, reactions
May fully vaccinate or delay/skip
Strong sense of responsibility to make ‘right decision’
Want child treated individually

Declining

May not want to discuss or disclose
Believes vaccines to be unsafe
May or may not see VPD as risky
Highly vigilant
May have had a bad experience
May have alternative approaches

References:
Doctor  Okay. So you’re worried about aluminium; you’re worried that there are too many; you don’t …

‘Kim’  …too many all at once like …when we were kids, I don’t think we had tetanus. I don’t think we got chicken pox. We got measles. I don’t know anyone that died from them….

I’m not going to a country where polio still is. It hasn’t been here since the 70s or something. Why would I introduce more toxins in a toxic world …?
You are influential

Reasons parents who planned to delay or not to get a vaccine for their child changed their minds.
Support consent
Presumptive communication

Take more time
Elicit all questions and concerns
Resist righting reflex
Briefly agree on agenda
Amplify motivation
Recommend and vaccinate
Defer/Refer

Take less time
Attend to presenting issue
Explore reasons
Elicit motivation
Share recommendation
Offer anticipatory guidance
Defer/Refer
For Parents
talkingaboutimmunisation.org.au

For Healthcare providers
...coming soon

TALKING ABOUT IMMUNISATION

Evidence-based support for conversations with parents who have questions about immunisation.

Zac is starting daycare this year because I am going back to work – just part-time. The centre said I had to have an exemption if he isn’t having vaccinations.
Some practical tips

- Dealing with emotions
  - Responding to a patient’s emotional cues helps them to subsequently process information (1)

- Any v some
  “Is there anything else you want to address in the visit today?” Vs “Is there something else you want to address in the visit today?” – Significantly more unmet concerns are addressed.(2)

- “Would you be willing…” (3)


Guide the hesitant and declining parents

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<tr>
<th>FOLLOWING</th>
<th>GUIDING</th>
<th>DIRECTING</th>
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<tr>
<td>“I’ll give you the information so you can make your own decision”</td>
<td>“I am going to recommend you vaccinate her but let’s work through your concerns first if OK with you?”</td>
<td>“I really think you should vaccinate her”</td>
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The simplistic model

Anti-Vax messages → Acceptance → Coverage → Outbreaks
Measles – it’s complicated

US: high measles coverage, pockets of low coverage. Multiple importations

Venezuela: collapse of health system

Brazil: cross-border importations into underserved region

Ukraine: inadequate immunization services and hesitancy

Philippines: inadequate immunization services and hesitancy

Yemen: conflict-affected fragile state

Madagascar: weak health system
Vaccine hesitancy
Fragile and vulnerable settings
Weak primary health care
WHO Measuring Behavioural and Social Drivers of Vaccination working group (BeSD) Model

What people think and feel
- Perceived risk, worry
- Confidence, trust
- Safety concerns

Social processes
- Provider recommendation
- Social norms
- Gender norms and equity
- Sharing info, rumors

Motivation
- Readiness
- Willingness
- Intention
- Hesitancy

Practical issues
- Vaccine availability
- Convenience, costs
- Service quality and satisfaction
- Requirements, incentives
- Intervention fatigue

Vaccination
- Schedule appt
- Consent
- Accept vaccine
- Delay
- Refusal

BeSD working group
Based on Brewer, Chapman, Rothman, Leask, & Kempe (2017) in Psychological Science for the Public Interest
The power of understanding – Charedi community, London

• No particular cultural or religious opposition
• Large families
• Long wait times
• Services not child friendly enough
• Recall systems inadequate

Photo credits: Jewish News Online and Jewish Home LA

Slide - Katrine Habersaat WHO Europe
Actions in Charedi community

• Increased tariffs for vaccination
• Charedi nurse re-hired - outreach + home visits
• Booking, drop-in and vaccination in community venues
• Call/recall systems
• Leading Rabbi advocating

Letley L et al., Tailoring immunisation programmes: Using behavioural insights to identify barriers and enablers to childhood immunisations in a Jewish community in London, UK. Vaccine 2018;36
Conclusions

• Vaccine hesitancy and refusal are challenging
• Understand first – patients, communities and nations
• Adapt flexible goals and appropriate strategies – in the clinic and beyond
• Always recommend vaccination
• Understand, and attend to, the full range of drivers of vaccination.
Improving Vaccine Confidence, Demand and Uptake
Collaboration on Social Science and Immunisation (COSSI) workshop

PART 1 - Responding to vaccine critics
PART 2 - Developing & using practical strategies to target under-vaccination

COSSI and WHO
www.trybooking.com/BDSPZ

Date: 28-31st October 2019
Location: University of Sydney, Australia
KEEP CALM AND CARRY ON VACCINATING