

Mapping Vaccine Hesitancy: Roots, determinants and scope



Eve Dubé
September 23, 2014

Objective

- To define vaccine hesitancy and its scope
- To illustrate the role of qualitative research in better understanding vaccine hesitancy

Definition of Vaccine Hesitancy

WHO SAGE WG on Vaccine Hesitancy:
Vaccine Hesitancy refers to delay in acceptance or refusal of vaccine despite availability of vaccine services

The continuum of Vaccine Acceptance

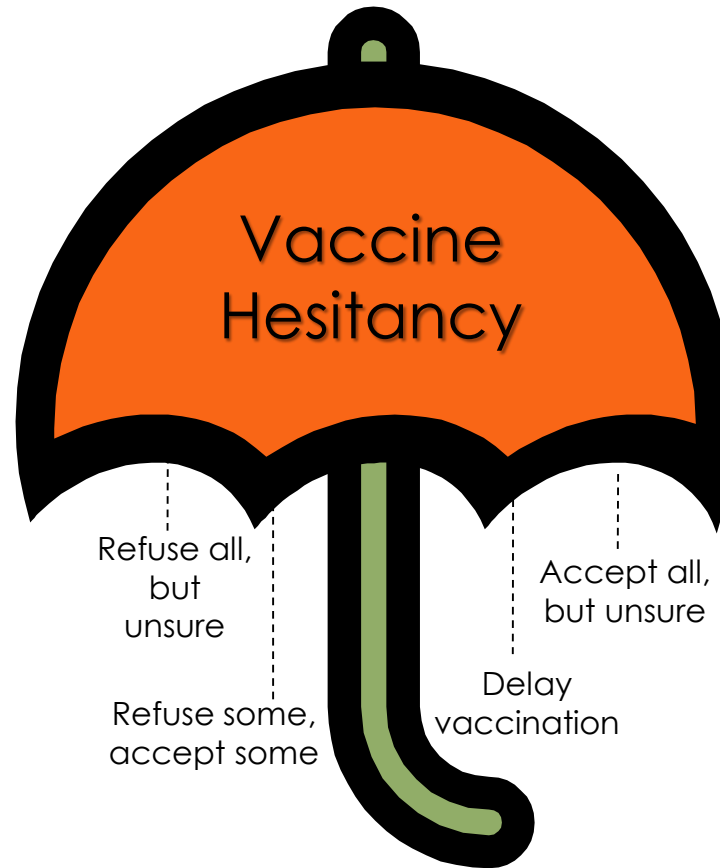


The Scope of Vaccine Hesitancy

Strong anti-vaccination beliefs / vaccine refusers

- ✓ Lack of vaccines;
- ✓ Lack of competent staff;
- ✓ Distance to vaccination services;
- ✓ Poor vaccine communication program, etc.

Lack of opportunities to accept or refuse vaccine(s)



Individuals and communities understand the value of vaccines and demand immunization as both their right and responsibility (GVAP)

Vaccine demand

An example from the field

Semi-structured interviews

Main themes: Mothers' decision about vaccination and mothers' responsibilities of beliefs regarding child's health information regarding the influence of health professionals, the father and the broader social network on the decision to vaccinate or not, mothers' satisfaction with their decision and intention regarding future vaccination.

What do you think is your role, as a parent, to keep your baby healthy?

Examples of questions: When were you first under the care of physicians and half under the care of midwives?

When we first talk, you told me that you are more on the side of delay / refuse the shots for your child, what did you finally have a decision? Why?

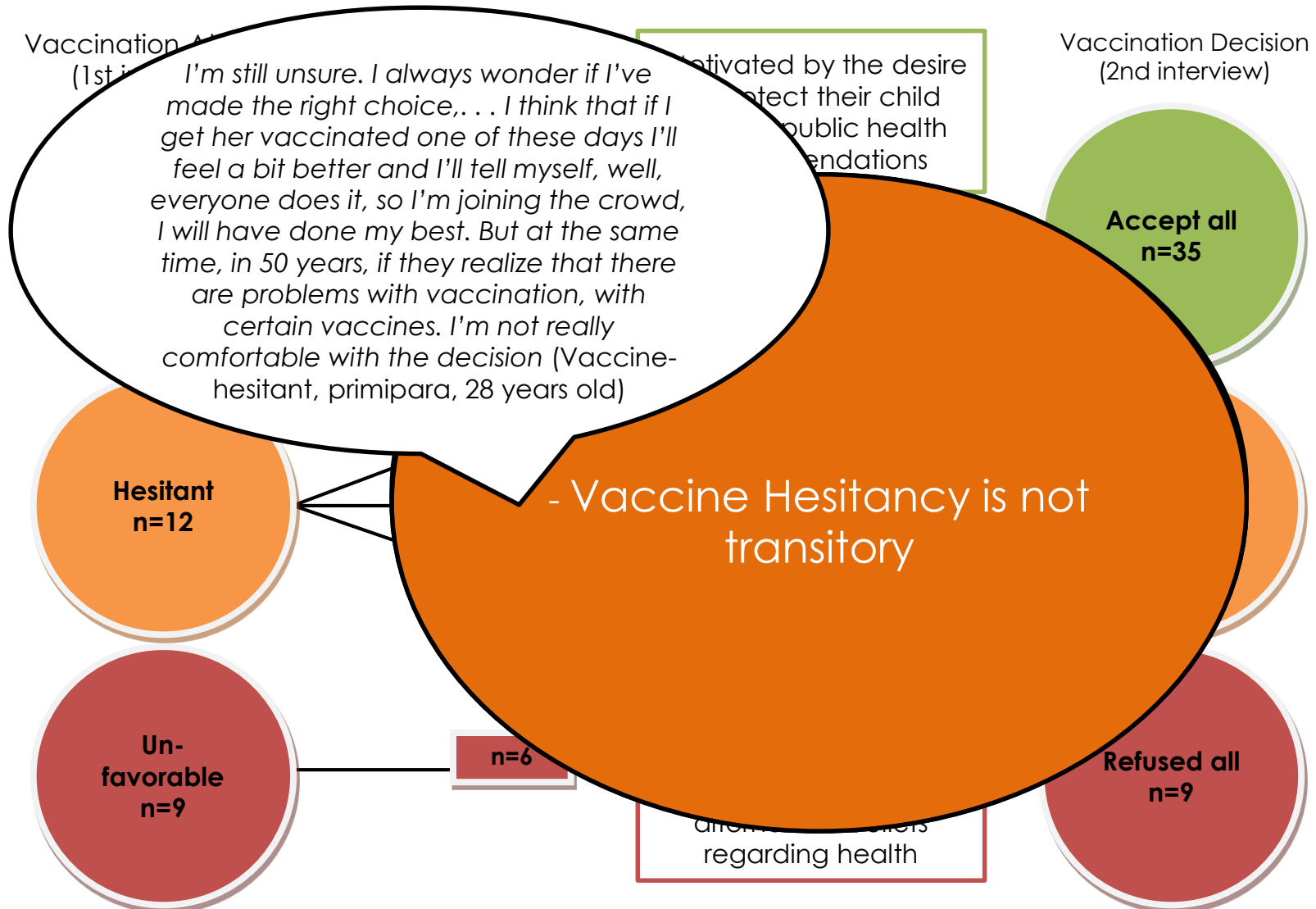
What things had first you thought about while making your decision about your? What first things, do you know about vaccines?

How comfortable are you with your decision children vaccinated?

Do you think you will vaccinate your baby? Why? What does your partner think about it? Have you ever received or heard negative information about vaccination? If yes, did this negative information influence your decisions?

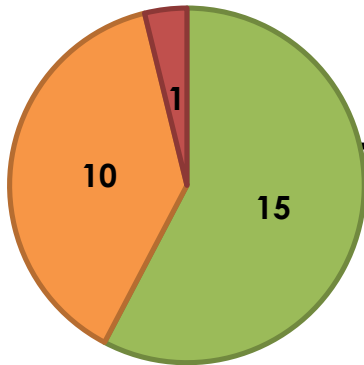
Did the professional that followed your pregnancy ever talk to you about vaccines? What do you remember about it?

An example from the field

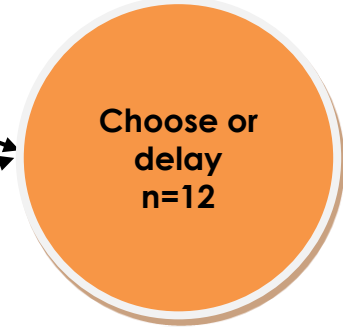
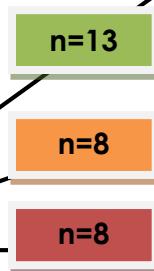
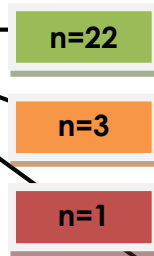
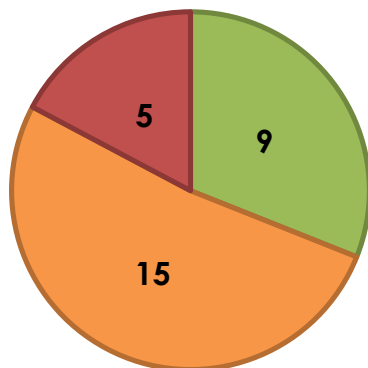


An example from the field

Mothers under the care of physicians* n=26



Mothers under the care of midwives* n=29



As highlighted by this study and others*

- Vaccine hesitancy is complex
- Measuring the prevalence of vaccine hesitancy is difficult
 - Because there is no validated indicator of vaccine hesitancy
 - Vaccine hesitancy varies across time, places and vaccines
- Being able to recognize vaccine hesitancy is essential to develop appropriate intervention

Determinants of Vaccine

New vs. old vaccines

Traditional or religious leaders in some settings, celebrities in others, can all have a significant influence on vaccine confidence or hesitancy

Routine vs. mass campaigns

Negative encounters with vaccine providers, feeling pressure to vaccinate, fear of needle, or pain or fear of AEFI can result in vaccine hesitancy

- Knowledge/awareness
- Geography
- Pharmaceutical industry

- Knowledge/awareness
- Health system and providers-trust and personal experience
- Risk/benefit (perceived, heuristic)
- Immunisation as a social norm vs. not needed/harmful

- Risk/ Benefit (scientific evidence)
- Introduction of a new vaccine or new formulation
- Mode of administration
- Design of vaccination program/Mode of delivery
- Reliability and/or source of vaccine supply
- Vaccination schedule
- Costs
- Role of health-care professionals

Health-care professionals play a key role, but they can be vaccine-hesitant themselves

Contextual influences



Individual and Group influences



Factors related to the individual social environment (beliefs, perceptions, attitudes, culture)

An example from the field

- Structured interviews with immunization

Examples of questions:

Have you accepted or not to

Is it to use

Is it related to their group, other level? etc.

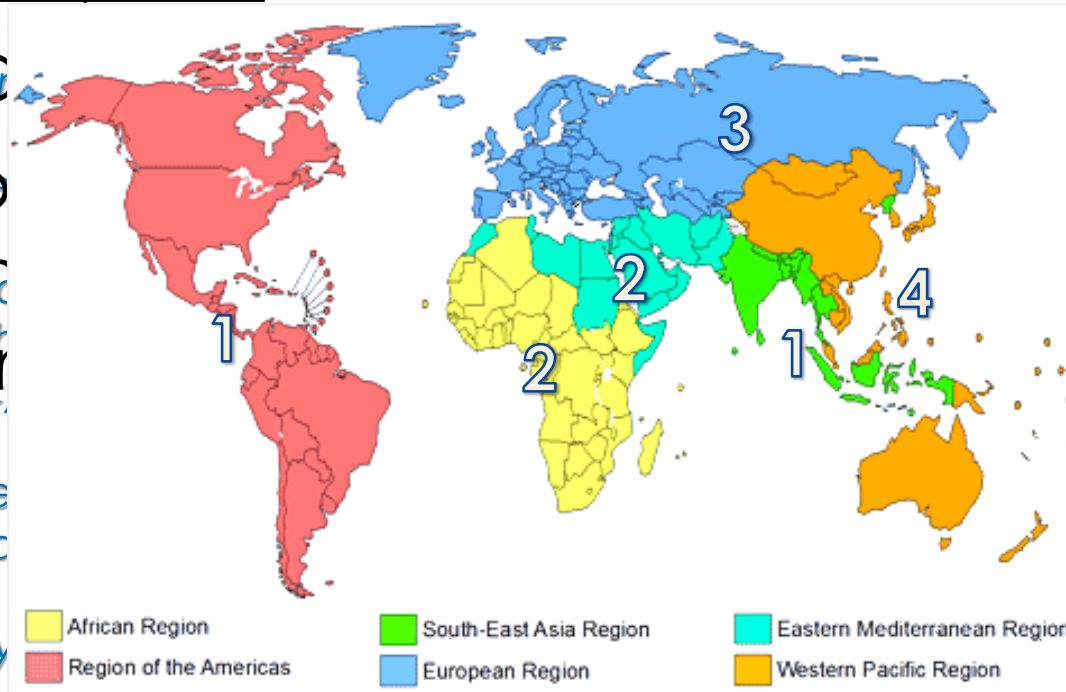
Is it focused administrative

What do you

or not to

s IMs' efficacy in religious

etc)?



Does vaccine hesitancy impact on the immunization programme?

An example from the field

Definition of Vaccine Hesitancy

- 4 IMs explicitly defined their understanding of
- Most IMs associated (implicitly or explicitly) with particular preferences

'Someone who does not believe vaccines are working and are effective and that vaccine are necessary'

All issues raised by countries were

Impact of Vaccine Hesitancy

reflected within the matrix – no additional determinants

'Those persons resist to get vaccinated due to various reasons'

'vaccination coverage'

'Parents who would not allow immunization of their children'

- However, 11 IMs considered the impact of vaccine hesitancy on immunization programs as a minor problem

'...in order to ensure that introduces a vaccine especially in regard to new vaccines vs other'

Characteristics of Vaccine Hesitancy

- Some IMs associated vaccine hesitancy to particular religious or ethnic groups
- However, most agreed that vaccine hesitancy is not exclusively clustered to specific communities, and exists across all socioeconomic strata of the population

To sum up

CONTEXTUAL INFLUENCES

Religion/culture/gender/
socio-economic

Influential leaders and anti-
or pro-vaccination lobbies

Communication and media
environment

INDIVIDUAL AND GROUP INFLUENCES

Risk/benefit (perceived,
heuristic)

Health system and
providers – trust and
personal experience

Knowledge/awareness

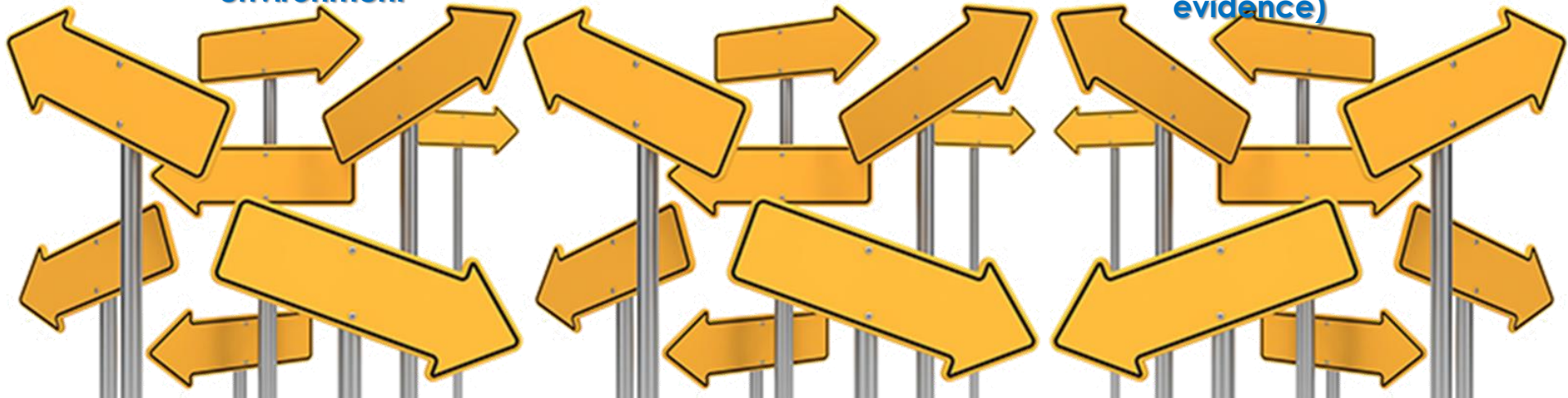
VACCINATION SPECIFIC ISSUES

Introduction of a new
vaccine

Role of health-care
professionals

Vaccination schedule

Risk/benefit (scientific
evidence)



Take home messages

- Vaccine hesitancy exists worldwide
- Vaccine hesitancy is an individual behaviour, but is also the result of broader political, social, cultural and historical influences
- Qualitative research approaches are well-suited to understand the complex causes and determinants of vaccine hesitancy



Many thanks to....

- The organizing committee for inviting me!

And to

- Maryline Vivion, INSPQ, (mothers study)
- Melanie Schuster, WHO secretariat, (IMs survey)
- Dominique Gagnon, INSPQ (IMs survey)
- SAGE WHO Working Group on Vaccine Hesitancy for great discussion and 2 years of interesting work