Vaccine Acceptance/Confidence Working Group Update

Sept. 10, 2014 - NVAC

What is NVAC?

The National Vaccine Advisory Committee was established in 1987 to advise and make recommendations to the Assistant Secretary for Health on matters related to vaccine program responsibilities. The National Vaccine Advisory Committee recommends ways to achieve optimal prevention of human infectious diseases through vaccine development, and provides direction to prevent adverse reactions to vaccines.

Working Group Charge

Recognizing that immunizations are given across the lifespan and there are likely to be important differences in vaccine acceptance at different stages of life, the Assistant Secretary for Health (ASH) is initially charging the National Vaccine Advisory Committee (NVAC) to understand:

- how confidence impacts the optimal use of recommended childhood vaccines in the United States, including reaching HP2020 immunization coverage targets;
- what contributes to parental vaccine and vaccination acceptance;
- what HHS should be doing to maximize parental confidence in vaccine recommendations;
- and how to best measure vaccine and vaccination confidence in order to evaluate the impact of interventions in the future

Working Group Membership

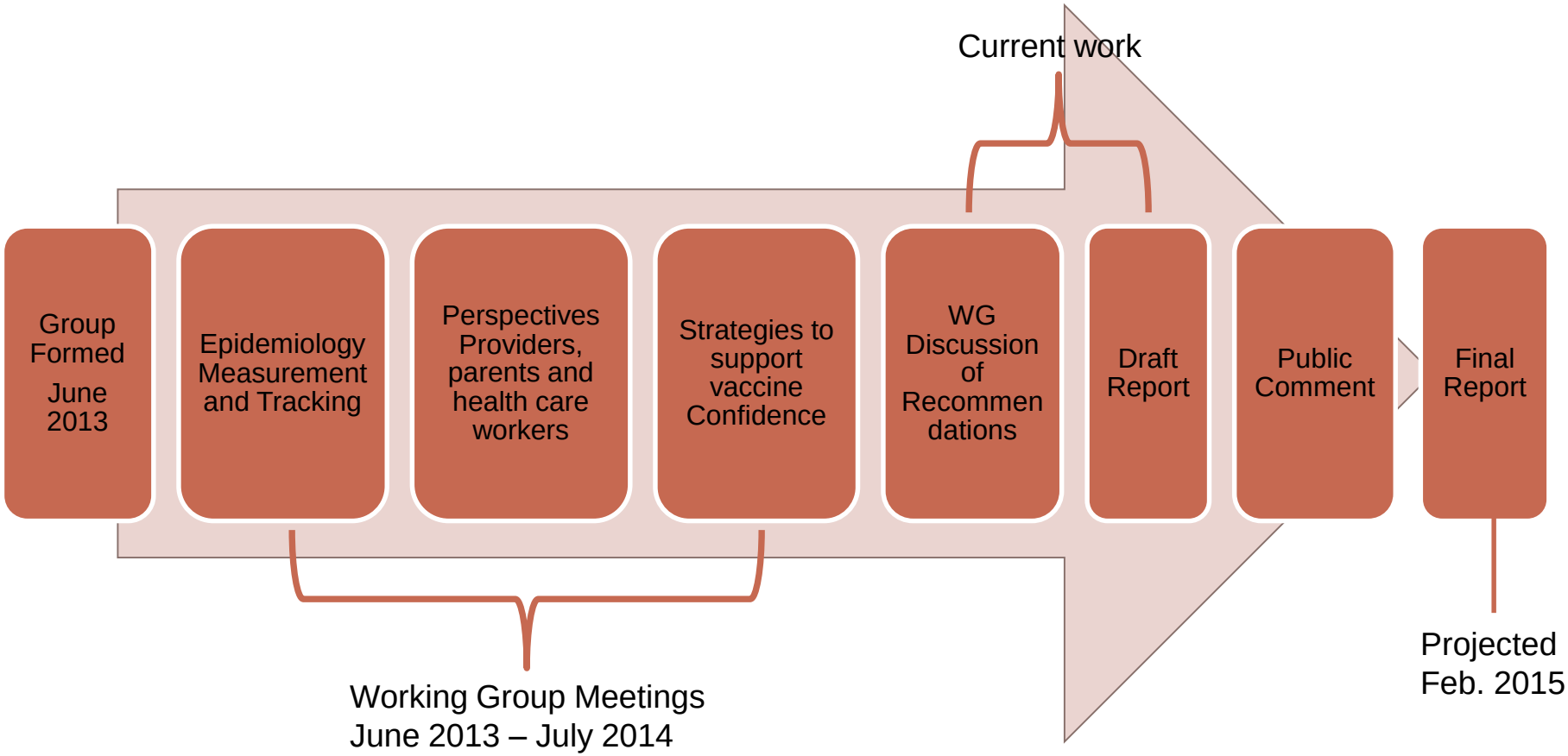
NVAC Members
•Vish Viswanath, Co-Chair
•Charles Mouton, Co-Chair
•Walt Orenstein
•Philip Hosbach
•Thomas Stenvig
•Litjen Tan
•Amy Pisani
•Philip LaRussa

NVAC Liaison members
•David Salisbury, UK Department of Health
•Melinda Wharton, CDC
•Kristine Sheedy, CDC
•Michelle Basket, CDC
•Paul Etkind, NACCHO
•John Spika, Public Health Agency of Canada
•Justin Mills, HRSA
•Charlene Douglas, ACCV
•Kristen Ehresmann, AIM
•Paul Jarris, ASTHO
•Kathy Talkington, ASTHO
•Maureen Hess, FDA
•Angela Shen, USAID
•Jessica Bernstein, NIH
•Michael Bartholomew, IHS

NVPO
Bruce Gellin
Sharon Bergquist
Jaime Earnest

Special Assistant to the Chair
Katy Seib

Working Group Timeline



Agenda

Epidemiology, Measurement, Tracking		
Coverage Data and Attitudes and Beliefs Surveys	CDC (Kris Sheedy, Allison Fisher, Glen Nowak)	8/1/13
Predictive Attitudes and Beliefs Surveys and other methods to track vaccination confidence	Doug Opel, Nick Sevdalis, and Saad Omer	Sept NVAC

Agenda

Perspectives		
Providers	AAP (Kathy Edwards)	3/19
State/City Health workers	AIM (Katelyn Wells), NACCHO (Paul Etkind) and ASTHO (Kim Martin)	4/9
SAGE working group	SAGE (Bruce Gellin and Heidi Larson)	4/16
Nurses	Melody Ann Butler	6/25
Parents	Parent Focus Groups	8/15

Agenda

Communication, Community and Policy Strategies to support vaccine confidence		
Communication strategies	Dan Kahan	12/6
Health Communication and social/news media	Ivan Oransky, Joseph Cappella and Rumi Chunara	Feb NVAC
National strategies for surveillance and engagement	Julie Leask	2/19
Provider Reimbursement/opportunities to support provider/patient conversations	LJ Tan	5/7
Lessons from other disciplines (Anti-tobacco Campaigns)	Ann Aikin	5/28
Community Mobilization	WHO (Robb Butler) and Vax NW (Mackenzie Melton and Todd Faubion)	June NVAC
Decision Making and Risk Analysis	Cornelia Betsch	7/9
Discussion of Recommendations		Aug-Sept

Parent Focus Groups

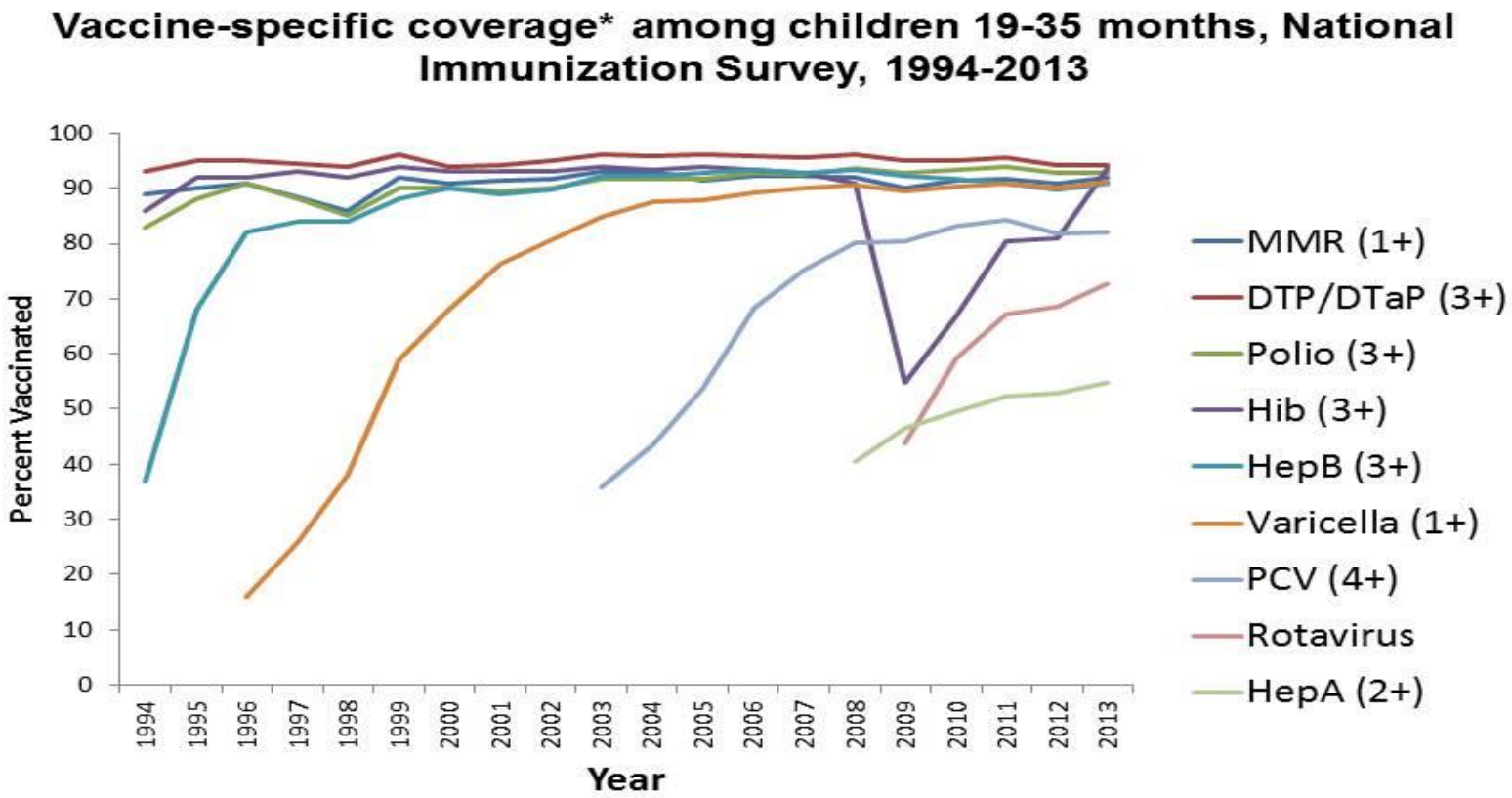
- Three Focus Groups to hear directly from parents
  - Recruited nationally and conducted online through Discuss IO
  - The moderator was an independent consultant
  - All parents had a young child (5 or younger) or were expecting
  - Parents were put into groups based on their attitudes and beliefs towards vaccination
    - We had a very confident group, a not confident group and a group in the middle.

Parent Focus Groups: Questions asked

- Knowledge of vaccines and the immunization schedule
- Associations with the word vaccination and immunization schedule
- What they felt vaccine confidence meant
- Personal experience with vaccines
- Perceptions of parents in their community regarding vaccination decisions
- Suggestions for what could be done to foster confidence
- Suggestions for what government could do to foster confidence

Parent Focus Groups

- Parents fall on a continuum of attitudes/beliefs towards vaccination – no one size fits all
- Common to all groups:
  - Parents felt they– and parents in general- should be actively involved in vaccination decisions for their children
  - Parents trust their provider
  - Parents also want their providers to be attuned to their personal concerns and situation. The “routine” immunization schedule is not “routine” for parents in terms of how they want to be treated.
  - Many believed it was important to have, and have easy access to, information on how vaccines work, their safety, how often diseases occur among children who are protected by vaccination, etc.



* The *Healthy People* 2020 target for coverage is 90% for all vaccines with the exception of rotavirus (80%) and HepA (85%).

Abbreviations: MMR = measles, mumps, and rubella vaccine; DTP/DTaP = diphtheria, tetanus toxoids, and pertussis vaccine / diphtheria, tetanus toxoids, and acellular pertussis vaccine; Hib = *Haemophilus influenzae* type b vaccine; HepB = hepatitis B vaccine; PCV = pneumococcal conjugate vaccine; HepA = hepatitis A vaccine

From Centers for Disease Control and Prevention available at http://www.cdc.gov/vaccines/imz-managers/coverage/nis/child/figures/2013-men.html. Accessed on September 19, 2014

Key Themes

- **Vaccination is the social norm**
  - This fact should be communicated nationally
- Work to understand specific reasons for concern at a local level and address concerns locally
- Messaging and messages matter
  - Narratives are powerful tools to communicate
  - Communicating the risks of not vaccinating is important
- Most parents do vaccinate. This majority should be supported and when supported they can be powerful advocates in their communities
- Methods to support providers to engage in conversations with parents about vaccination are critical (strategies and reimbursement)
- Best practices should be collected and shared

Focus Areas for the WG Recommendations

- These are NOT final recommendations as the working group is still in discussion
- We do want feedback on these focus areas to help guide our continued discussion

Defining Vaccination Acceptance/Confidence

The question for the working group is understanding what drives Vaccine Acceptance.

The working definition for Vaccination Acceptance is the timely acceptance of all recommended childhood vaccines according to the ACIP recommended schedule.

A number of system-related, situational, cognitive and contextual factors drive acceptance including vaccine confidence. Our Working Group zeroed in on Vaccine Confidence.

Defining Vaccination Confidence

- Vaccination Confidence: is one of a number of factors that affect individual and population-level vaccination acceptance. It means having confidence in:
  - The safety of the vaccines and the vaccine safety system
  - Efficacy of a vaccine
  - Trust in the system and the providers
  - The skills and knowledge of the health professionals who provide vaccine information
  - The motivations of the policy-makers who decide which vaccines are needed and when
  - Attitudes towards vaccination
  - Value of vaccine related to risk-benefits

Likely Four Focus Areas for Recommendations

- Measurement and Tracking
- Communication and Community Strategies
- Provider Strategies
- Policy Strategies

Focus Area 1: Measuring/Tracking Vaccine Confidence

- The state of the science of vaccine confidence measurement is a work in progress
  - Support of research and work in this area is important
  - Testing reliability and validity of measures is critical

- No one measure is sufficient – rather, we are looking at a composite –"index" of a number of individual dimensions and indicators for those dimensions.

The goal is to have a national vaccination confidence surveillance system made of several measures. This system should have the ability to track trends over time; must be sensitive enough to detect variations across time and geography. Measures and indicators of vaccine confidence should predict vaccination acceptance and provide information that is "actionable."

Focus Area 2: Communication and Community Strategies -- I

- Highlight and reinforce that vaccinating according to the ACIP schedule is the social norm and not the exception
  - It is critical to correct any misperceptions that vaccination is not the norm
- Communications Assessment and Feedback
  - Create an Communication Message Assessment Infrastructure – “a dashboard” to assess vaccine sentiment and provide timely, accurate and actionable information

Focus Area 2: Communication and Community Strategies --II

- Provide support for the majority of parents who are getting their children vaccinated as recommended, but whose support for the schedule is often unrecognized

- Engage all stakeholders and sectors to support their actions on promoting immunization per ACIP schedule.

Focus Area 3: Provider Strategies

- Reimbursement for provider counseling
  - Support for physicians to take time to address parental questions and concerns
- Repository of evidence-based best practices for providers

Focus Area 4: Policy Strategies

- Stronger and better recognition of the importance of the ACIP recommended schedule.
- Efforts to educate public and policy makers on the consequences of granting personal or philosophical exemptions to vaccination
- Information on vaccination rates and other preventative health measures (e.g., whether a school has a school nurse, etc.) should be made available to parents. This will help parents assess the safety of the school or daycare for their child

Next Steps

- Will develop these points into full-fledged recommendations to be incorporated into a report
- Once approved by the Working Group, this will be circulated to NVAC members for input
- Opportunities for public comments

- *What do we do beyond releasing the report? What are some of the optimal strategies to disseminate the report and engage key stakeholders?*

QUESTIONS?