

UNDERSTANDING MEASLES VACCINE HESITANCY IN SUDAN

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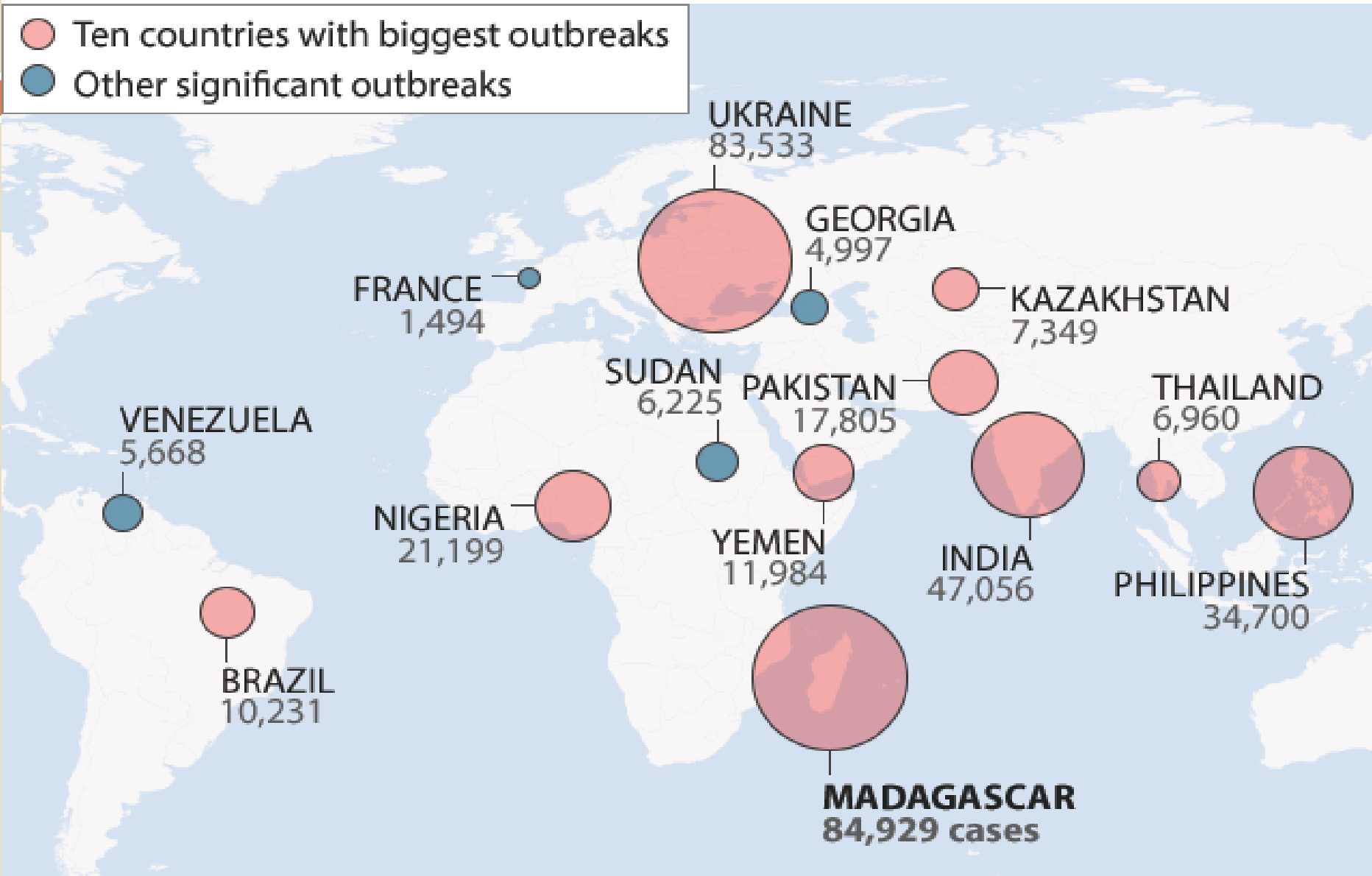




Background

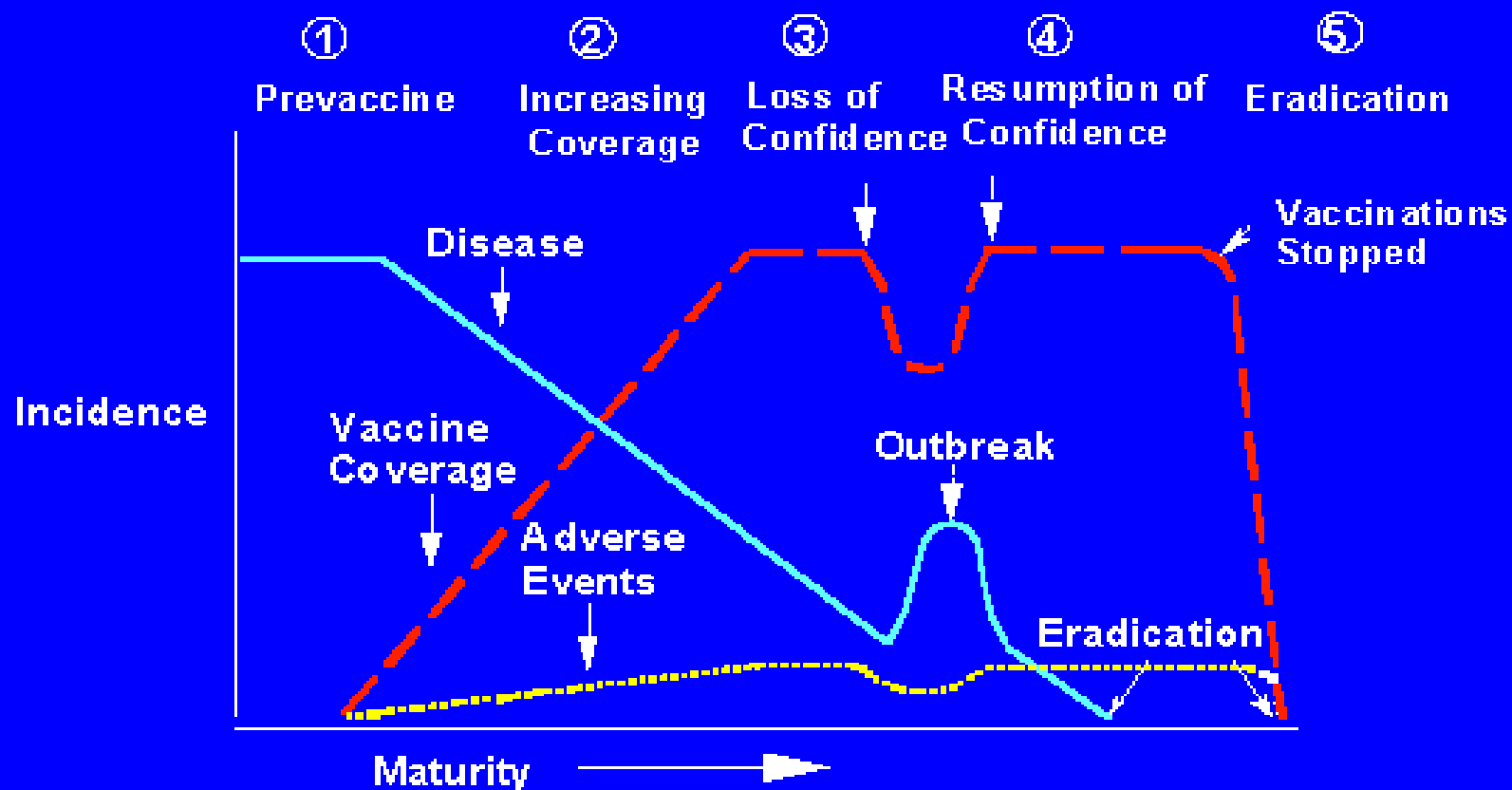
Measles outbreaks are a global problem

Confirmed cases of measles May 2018 - Apr 2019



Source: WHO

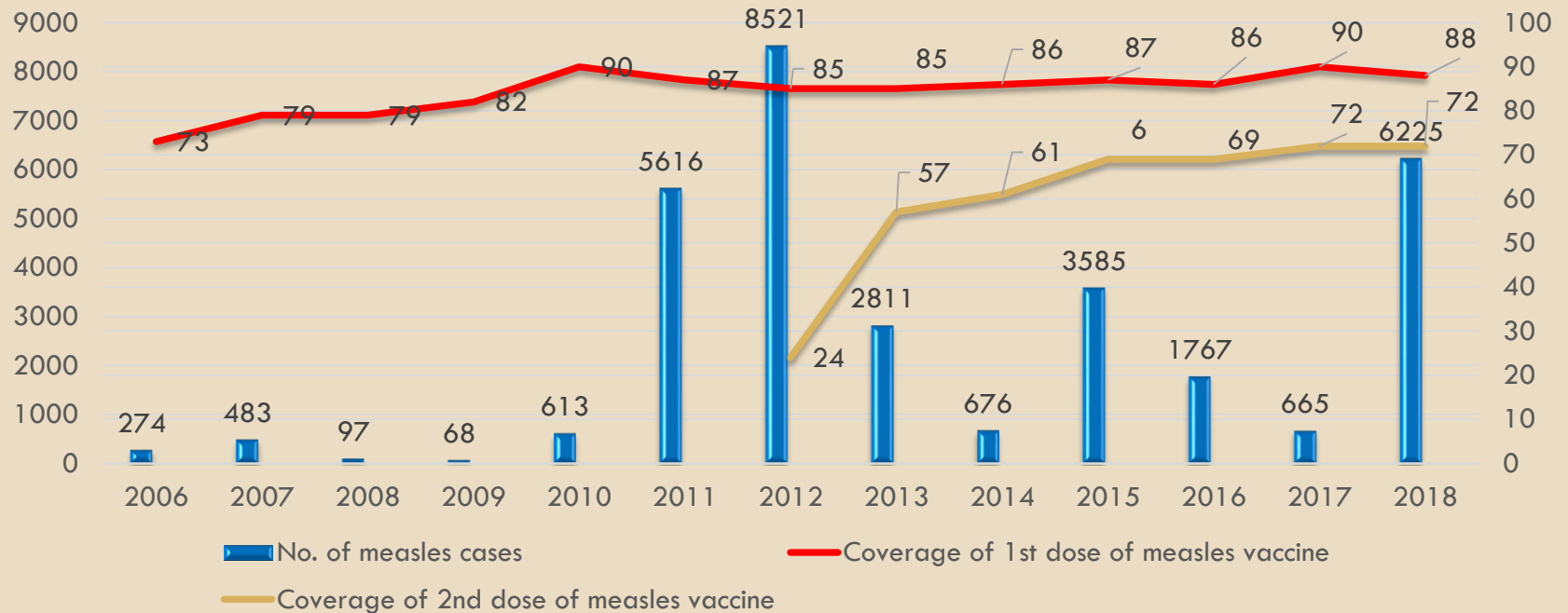
Evolution of Immunization Program and Prominence of Vaccine Safety



Measles in Sudan

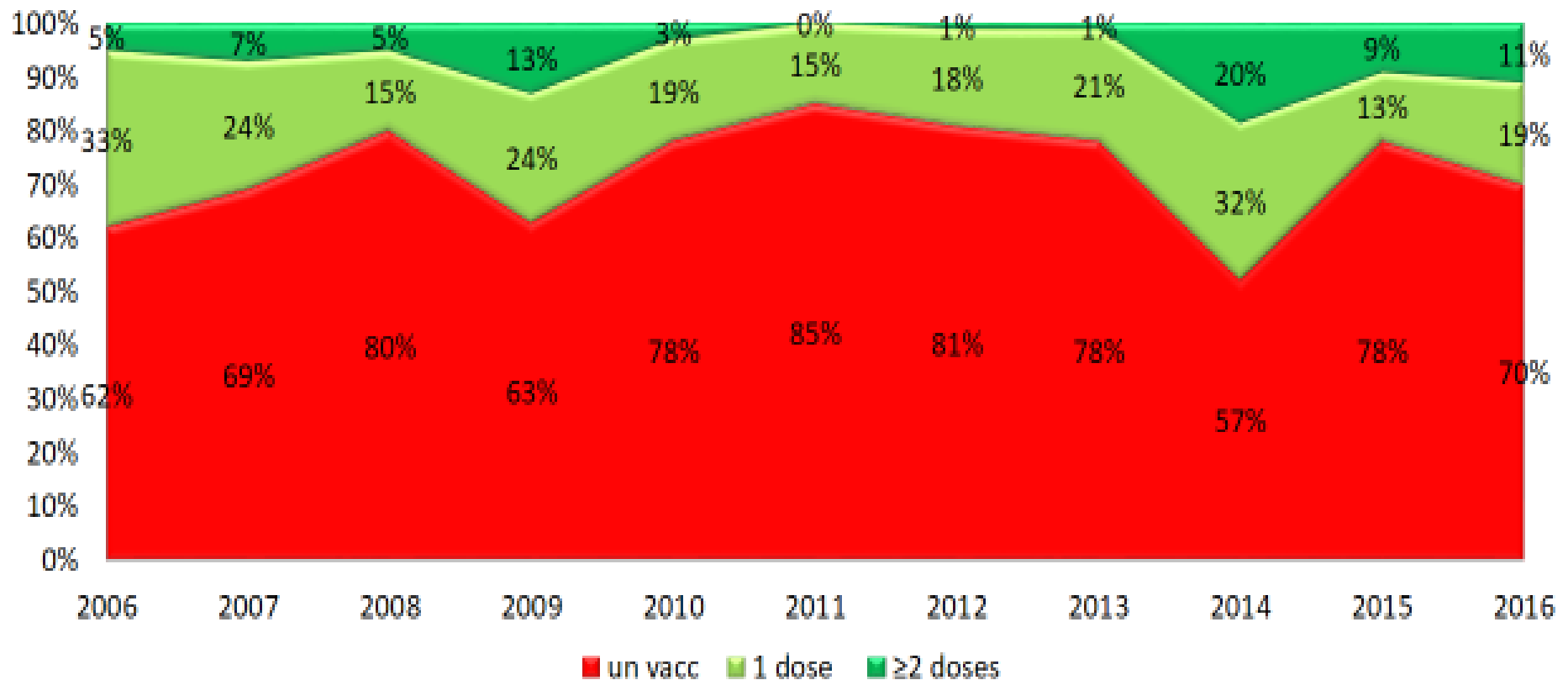
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Increase of Number of Measles cases and Measles vaccine coverage



Source: World Health Organization

Immunity Profile of Measles Cases, Sudan 2006 - 2016



N= 238

N= 327

N= 109

N= 68

N= 604

N= 5616

N= 8523

N= 2813

N= 676

N= 3584

N= 1759

- EPI was launched in 1976.
- The EPI services are provided free of charge through the Primary Health Care centers.
- Coverages for the pentavalent vaccine (DTP-HepB-Hib) and the Poliomyelitis vaccine (OPV) are 95%.
- Due to the Open Vial Policy, 1-2 (rarely) Session/s per week allowed for measles vaccination.

Objective and Methods of the study

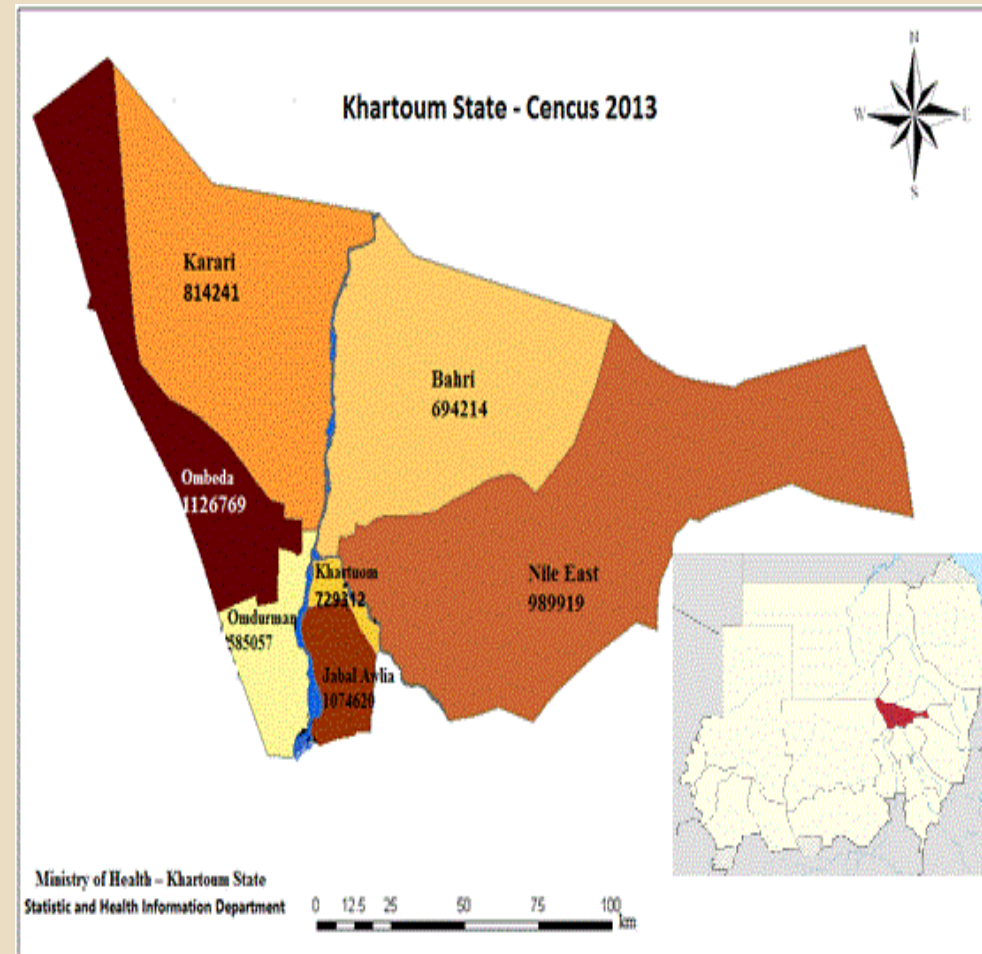
Measles Vaccine hesitancy in Sudan: Research Project

□ Research Project goal

To investigate the magnitude and determinants of measles vaccine hesitancy in Khartoum state, Sudan


□ Research Design:

Mixed Methods



RESEARCH ARTICLE

Towards a further understanding of measles vaccine hesitancy in Khartoum state, Sudan: A qualitative study

Majdi M. Sabahelzain ^{1,2*}, Mohamed Moukhyer³, Eve Dubé⁴, Ahmed Hardan⁵, Bart van den Borne², Hans Bosma⁶

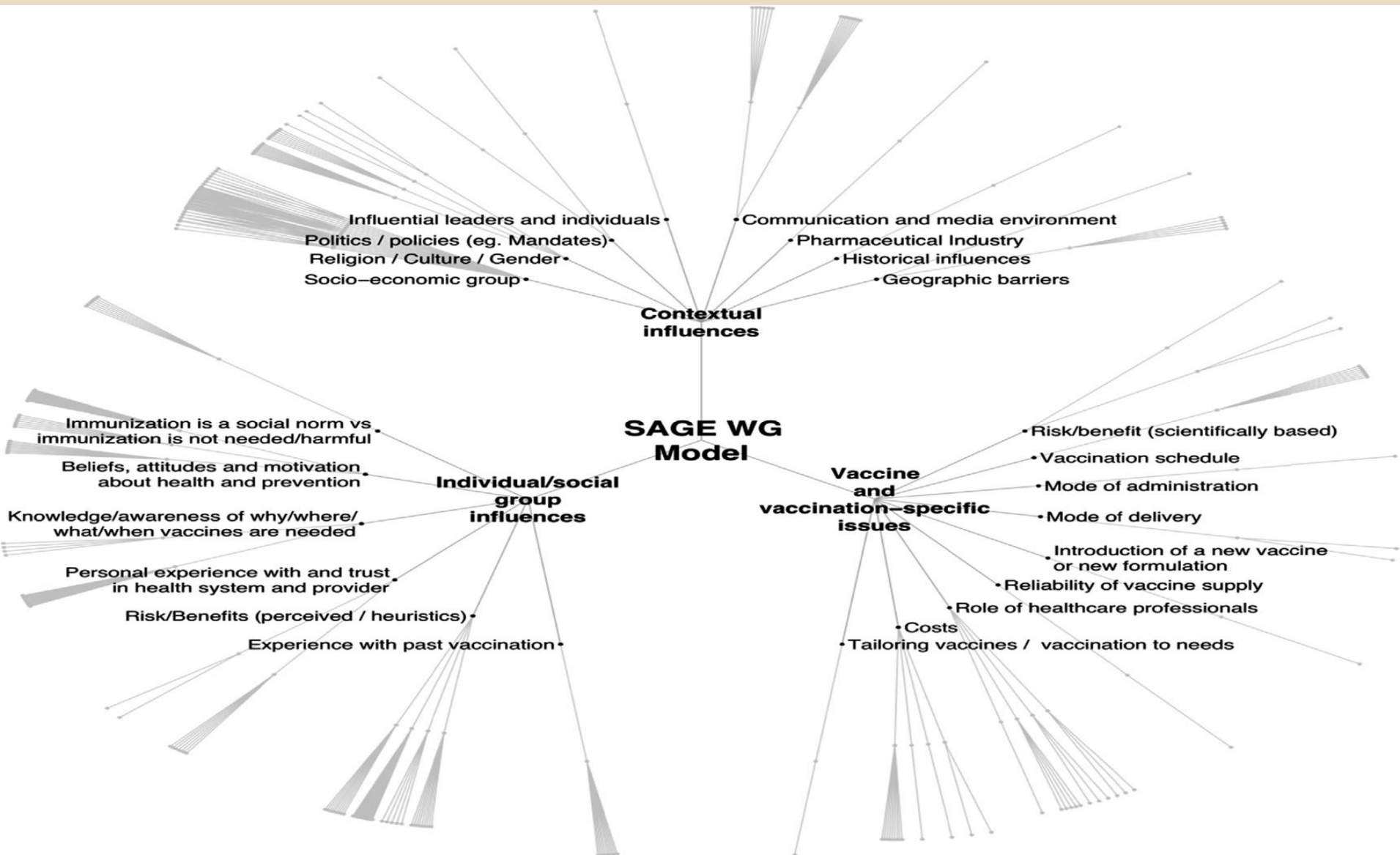
Aim:


To explore the opinions of Expanded Program on Immunization (EPI) officers/experts and front-line vaccine providers about the determinants of measles vaccine hesitancy in Khartoum state, Sudan.

Method:

- Qualitative study,
- In-depth interviews with 14 Participants:
 - EPI managers in UNICEF, WHO, FMOH, Khartoum state MOH, and
 - Vaccine providers in different urban and rural PHC centers

Framework: "Determinants of Vaccine Hesitancy Matrix"



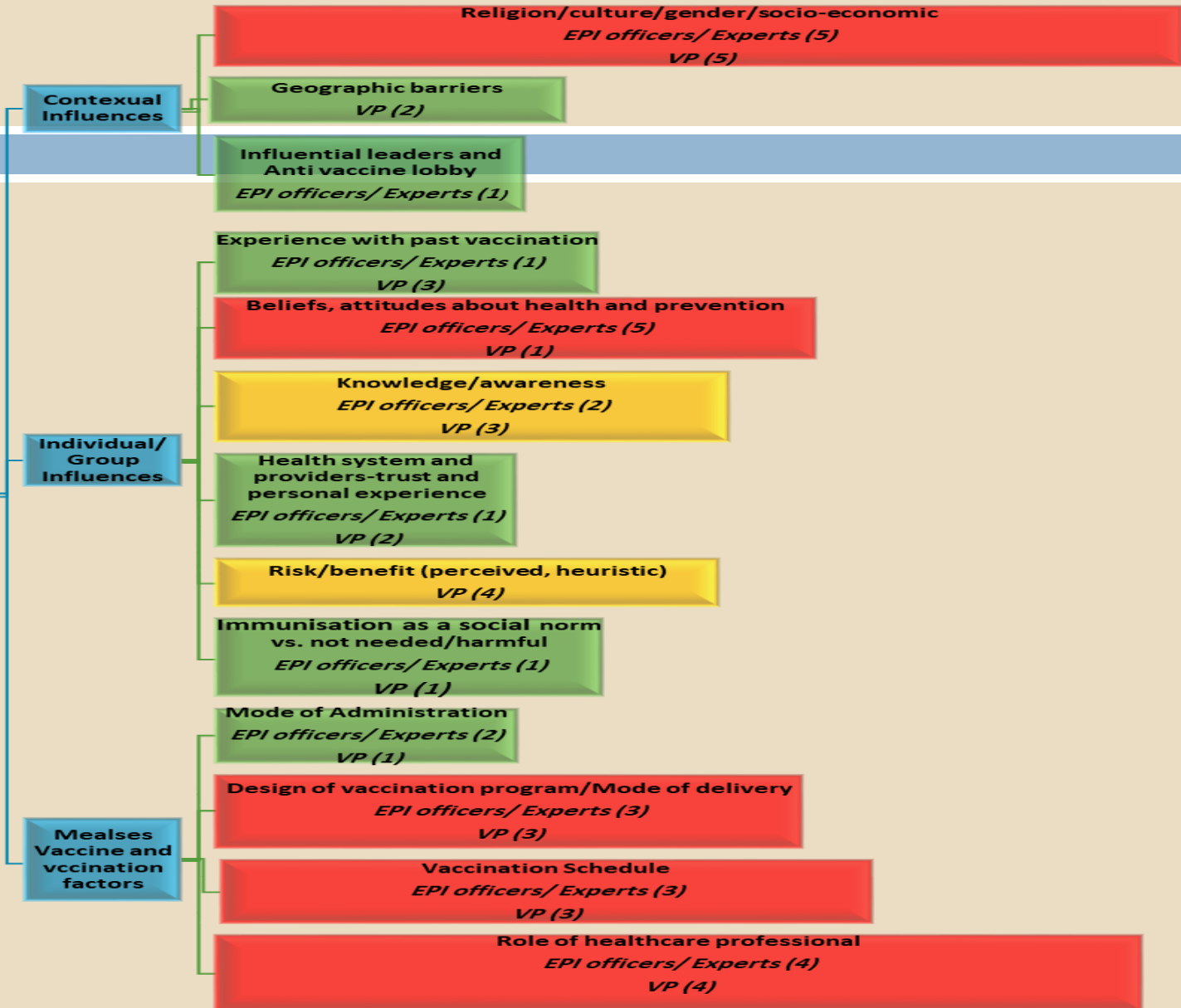


Key Findings, Conclusion and Recommendation

Determinants of Measles Vaccine Hesitancy in Sudan

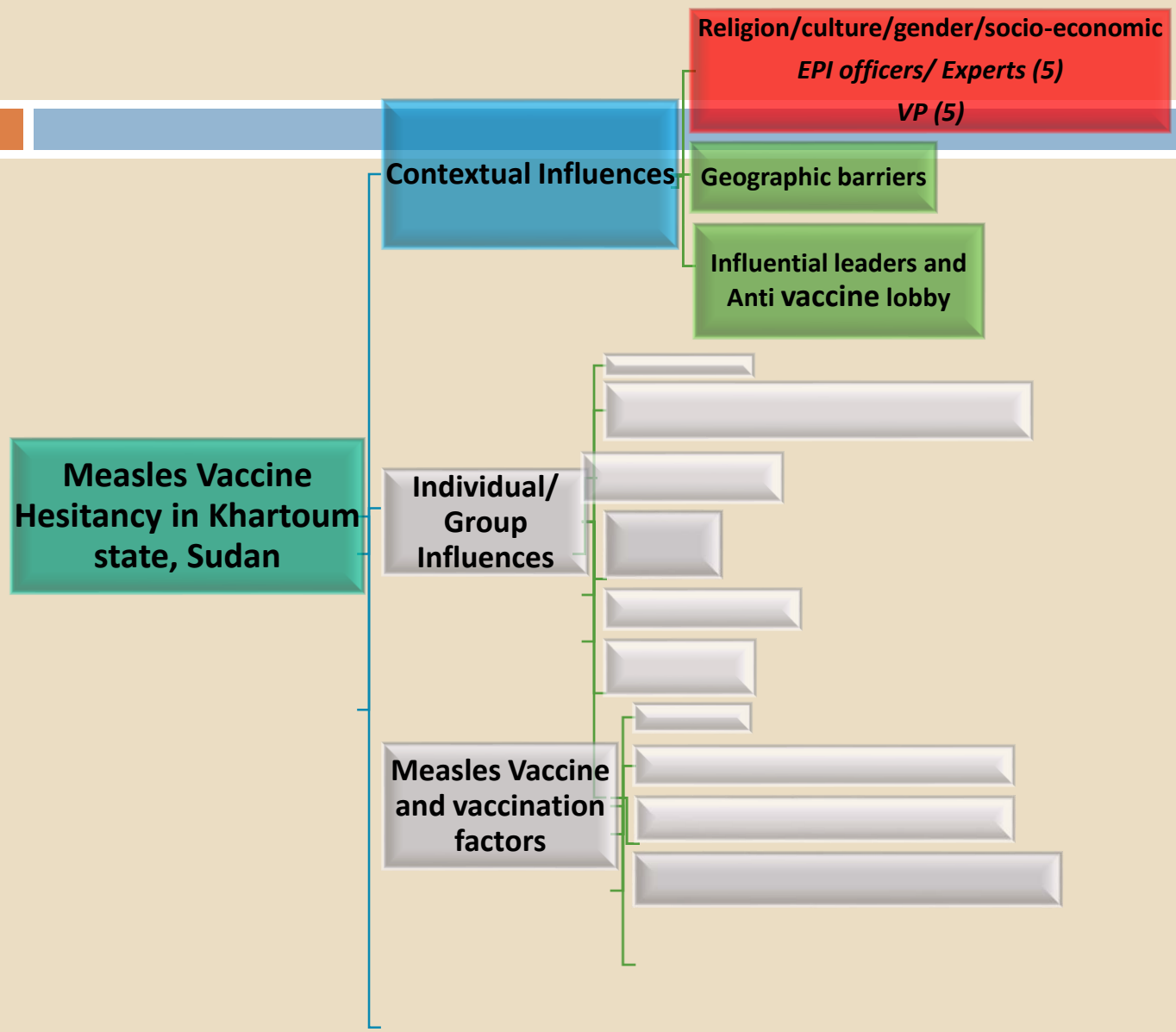
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Measles Vaccine Hesitancy in Khartoum state, Sudan



1 / Contextual factors

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Religion/culture/gender/socio-economic
EPI officers/ Experts (5)
VP (5)

Contextual Influences

Geographic barriers

**Influential leaders and
Anti vaccine lobby**

**Measles Vaccine
Hesitancy in Khartoum
state, Sudan**

**Individual/
Group
Influences**

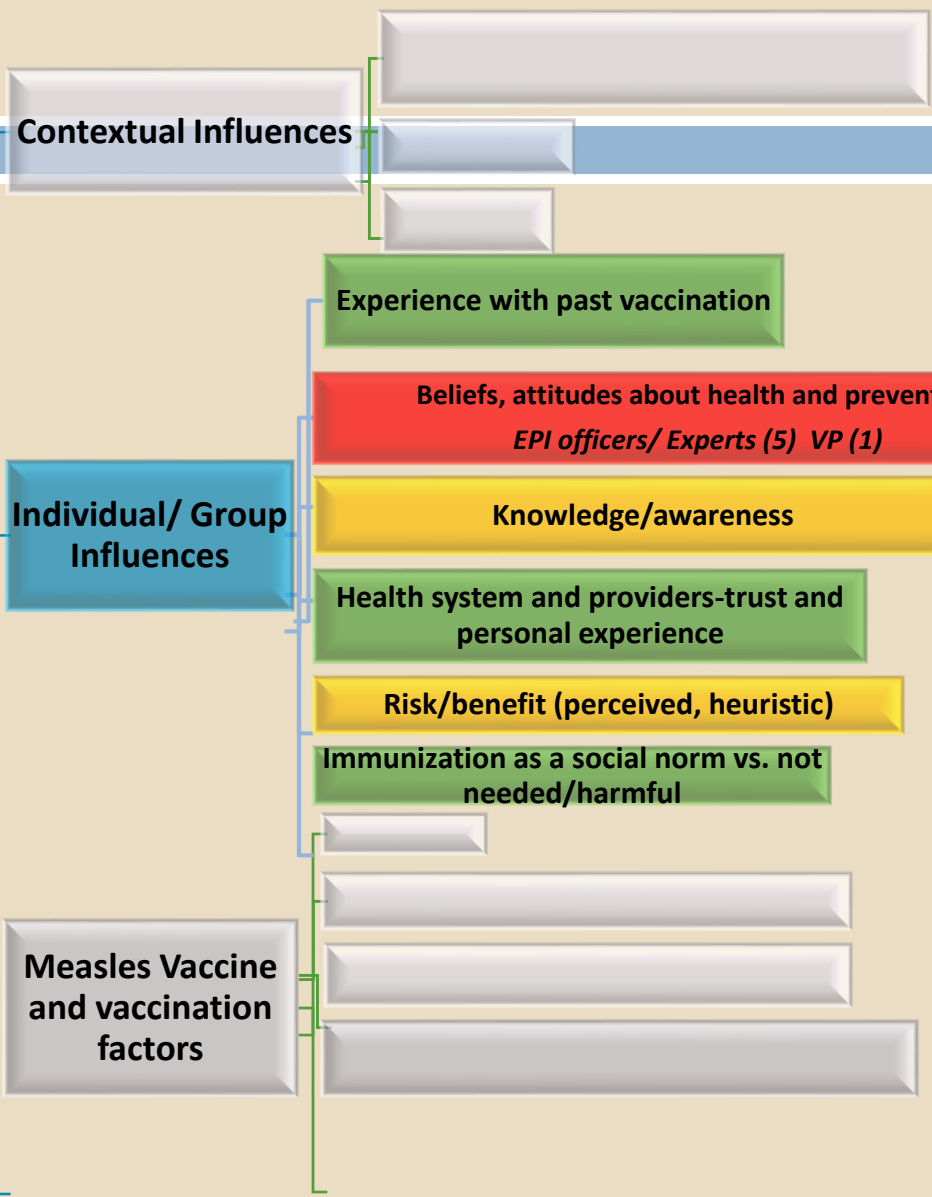
**Measles Vaccine
and vaccination
factors**

"Some tribes such as Falatta (a tribe of a Nigerian origin) do not vaccinate all their children in their households; they are afraid of the evil eye (i.e. they think that people will notice that they have many children in their house, so they think some of them will die)"

'Not only measles, but also all vaccines, sometimes they talk about Freemasons and infidel states ... etc. which bring vaccines"

2/ Individual/group factors

Measles Vaccine Hesitancy in Khartoum state, Sudan



Contextual Influences

Individual/ Group Influences

Measles Vaccine and vaccination factors

Experience with past vaccination

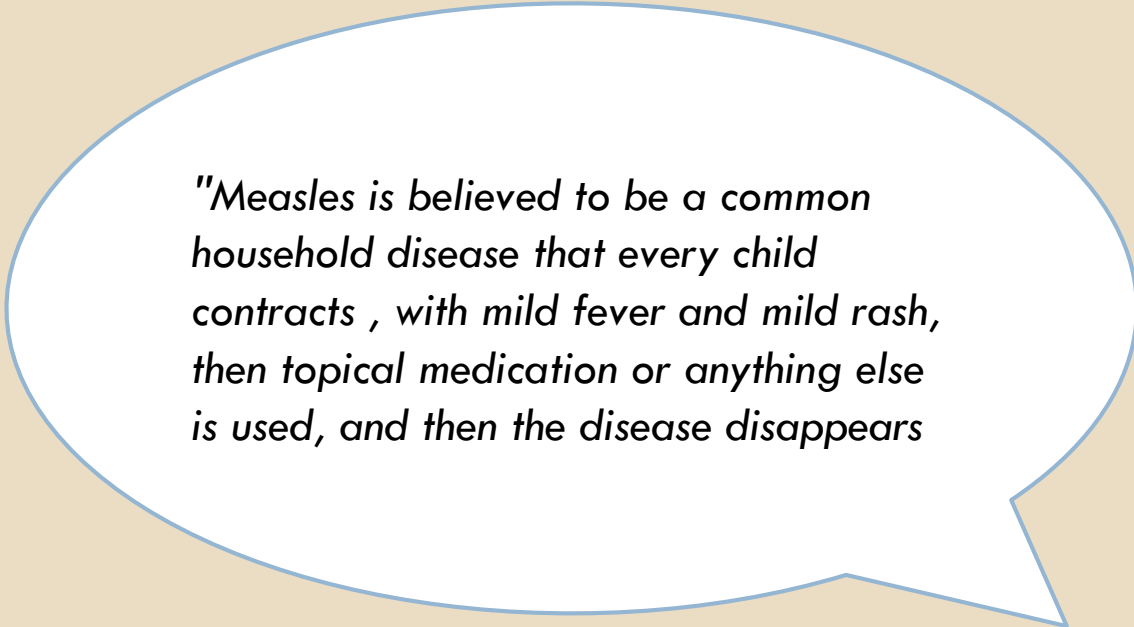
Beliefs, attitudes about health and prevention
EPI officers/ Experts (5) VP (1)

Knowledge/awareness

Health system and providers-trust and personal experience

Risk/benefit (perceived, heuristic)

Immunization as a social norm vs. not needed/harmful

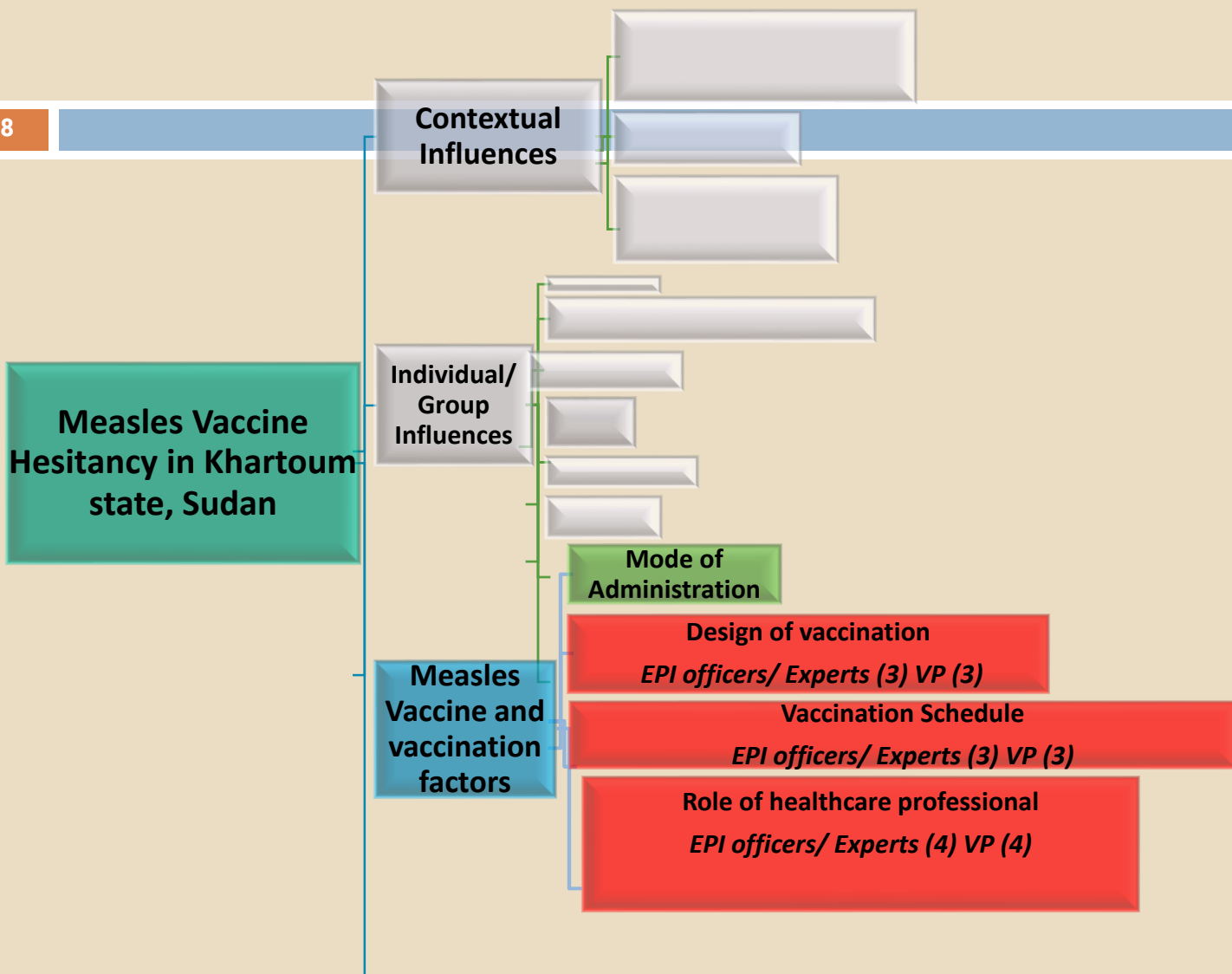


"Measles is believed to be a common household disease that every child contracts , with mild fever and mild rash, then topical medication or anything else is used, and then the disease disappears

Individual/group influences:

Beliefs and attitudes about measles, treatment and prevention from measles

2/Measles Vaccine and Vaccination factors



Measles Vaccine Hesitancy in Khartoum state, Sudan

Contextual Influences

Individual/Group Influences

Measles Vaccine and vaccination factors

Mode of Administration

Design of vaccination
EPI officers/ Experts (3) VP (3)

Vaccination Schedule
EPI officers/ Experts (3) VP (3)

Role of healthcare professional
EPI officers/ Experts (4) VP (4)

Measles vaccine and Vaccination factors: measles vaccine schedule and measles vaccination program design

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One day, three women came to me and turned, I told them that the measles vaccine was not that day, measles vaccination is on Wednesdays. They got upset, because it was hard to come again

Conclusion

- This study shows how complex measles hesitancy is in Sudan and how much variation there is regarding the perceived causes and consequences.
- Negative beliefs and attitudes of people (parents/guardians) are important, but vaccination program aspects should not be neglected.
- There is a clear need to study the issue in even more detail, including among the parents/guardians of the children.

Recommendations

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❑ **Communication strategies are needed:**

- To address the concerns that are raised by some religious and ethnic groups.
- Appropriate interventions are needed to address different beliefs related to measles in order to increase the measles vaccine coverage.

❑ **Program level strategies**

- To address issues related to the measles vaccine schedule:
 - ✓ Parents reminder system, including calls and text messages,
 - ✓ Revisiting the opened-vial policy is needed

Acknowledgement

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□ **Research team**

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