LONDON SCHOOL of HYGIENE &TROPICAL MEDICINE

Vaccine Hesitancy: A Global perspective

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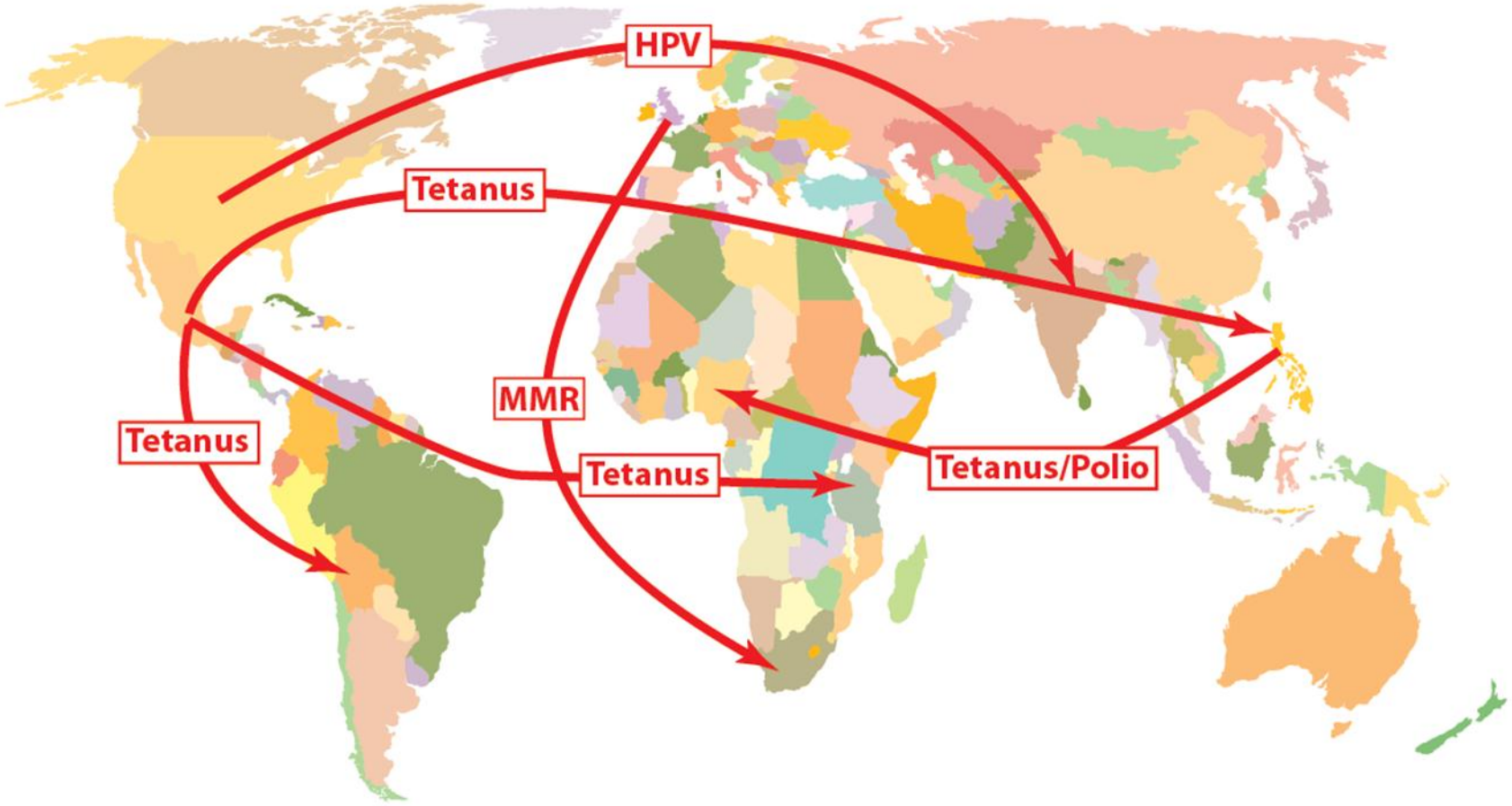
NVAC, 12 September 2012

Globalization of vaccine hesitancy



Thimerosal: from US fears to a global concern

consultation on vaccines in preparation for global mercury treaty

Costs, storage and waste

- World thiomersal production is about 2,500 kg, 64% of which goes to vaccines, possibly from one single producer
- Development costs and time are substantial and the increased storage volume requirements are of the order of a 2 to 3-fold
- Waste management implications are of the order of a tripling of impact.
- Cheaper vaccines have a disproportinately greater impact

- A shift to preservative-free vaccines would have major implications including:
  - Multi-fold increases in costs of vaccines, storage and waste
  - Potential disruptions to supply of vaccines
  - Other operational disruption with potential for fewer children vaccinated
- Need for multi-dose formulations will continue
  - Strengthen support for current preservative supply
  - ? Continue long-term search for alternative preservatives as part of 'due diligence' in light of anticipated increased regulation of thiomersal

- Communications are important and need careful coordination to emphasize
  - Country and agency concerns expressed in this meeting
  - Work for a unified position rather than country by country
  - That the position on safety of Thiomersal remains unchanged, although monitoring will continue
  - Removing Thiomersal could have major negative impact on vaccine supply and global public health

World Health Organization

From fringe to mainstream

UNIVERSITY of WASHINGTON

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Understanding and Addressing Vaccine Hesitancy
Tuesday, December 20, 2011; 12:00-1:00pm (Pacific)

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Addressing Vaccine Hesitancy

To learn more about the growing problem of vaccine hesitancy, read the post from MCHIP's Robert Steinglass, originally published on the TechNet21 website. Steinglass discusses the problem in developed countries, and its potential to become a problem in the developing world.

14:30 – 16:00 Salon 10 (Meeting Level)

PLANNED SESSION – CPHA

Should We Sound the Alarm? Exploring Global and Canadian Trends in Vaccination Hesitancy and Avoidance

A major issue in vaccinology today is the significant reversal of public opinion about vaccines, as broad acceptance is giving way to increasing concerns over safety and effectiveness. Often described as one of the greatest public health interventions, vaccines are losing public confidence both in Canada and globally. What are we seeing in the field? The speakers will present data and case studies on current trends in vaccine hesitancy and avoidance, and discuss the impact the decline in vaccine rates is having on the ability of public health to control vaccine-preventable diseases. Participants will exchange their experiences from the field and relay some of the vaccine-related concerns and questions they hear from Canadians. Suggestions will be sought on how to bridge the gap between the current levels of public confidence in vaccines and the levels of trust needed to ensure adequate and sustained vaccine coverage.

Learning Objectives:

- Understand drivers behind vaccine
- Explore similarities and differences

Speakers:

- Marnie Davidson, Program Directo
- Judy MacDonald, Medical Officer
- Terry-Nan Tannenbaum, Deputy D

Moderator:

- Susan Bowles, Chair, Canadian Coalition for Immunization Awareness & Promotion

Pediatrics | Primary Care | Infectious Disease |

IDSA 2011: Dealing with Vaccine Hesitancy and Avoidance [Podcast]

Decade of Vaccines (DoV)

Vaccine hesitancy: Health care workers and other immunization champions feel unprepared to address misguided criticism of vaccines and immunization. Research is needed to understand the factors that contribute to vaccine hesitancy and training is needed to enable programme managers and champions to proactively address these factors. The impact and use of social media needs to be understood in this context.

Decade of vaccines (DoV)
Global Vaccine Action Plan

World Health Organization

SIXTY-FIFTH WORLD HEALTH ASSEMBLY
Provisional agenda item 13.12

A65/22
11 May 2012

Draft global vaccine action plan

(ii) **Individuals and communities understand the value of vaccines and demand immunization as both their right and responsibility.** Progress towards increased understanding and demand can be evaluated by monitoring the level of public trust in immunization, measured by surveys on knowledge, attitudes, beliefs and practices.[1]

(iii) **The benefits of immunization are equitably extended to all people.** Progress towards greater equity can be evaluated by monitoring the percentage of districts with less than 80% coverage with three doses of diphtheria-tetanus-pertussis-containing vaccine and coverage gaps between lowest and highest wealth quintile (or another appropriate equity indicator).

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[1] The Strategic Advisory Group of Experts working group on vaccine hesitancy will develop a definition of vaccine hesitancy and recommend specific questions from surveys (either existing or new) to fully formulate this indicator.

SAGE working group on (dealing with) vaccine hesitancy

Terms of Reference:

Prepare for a SAGE review and **advice on how to address vaccine hesitancy** and its determinants.

Define vaccine hesitancy and its scope

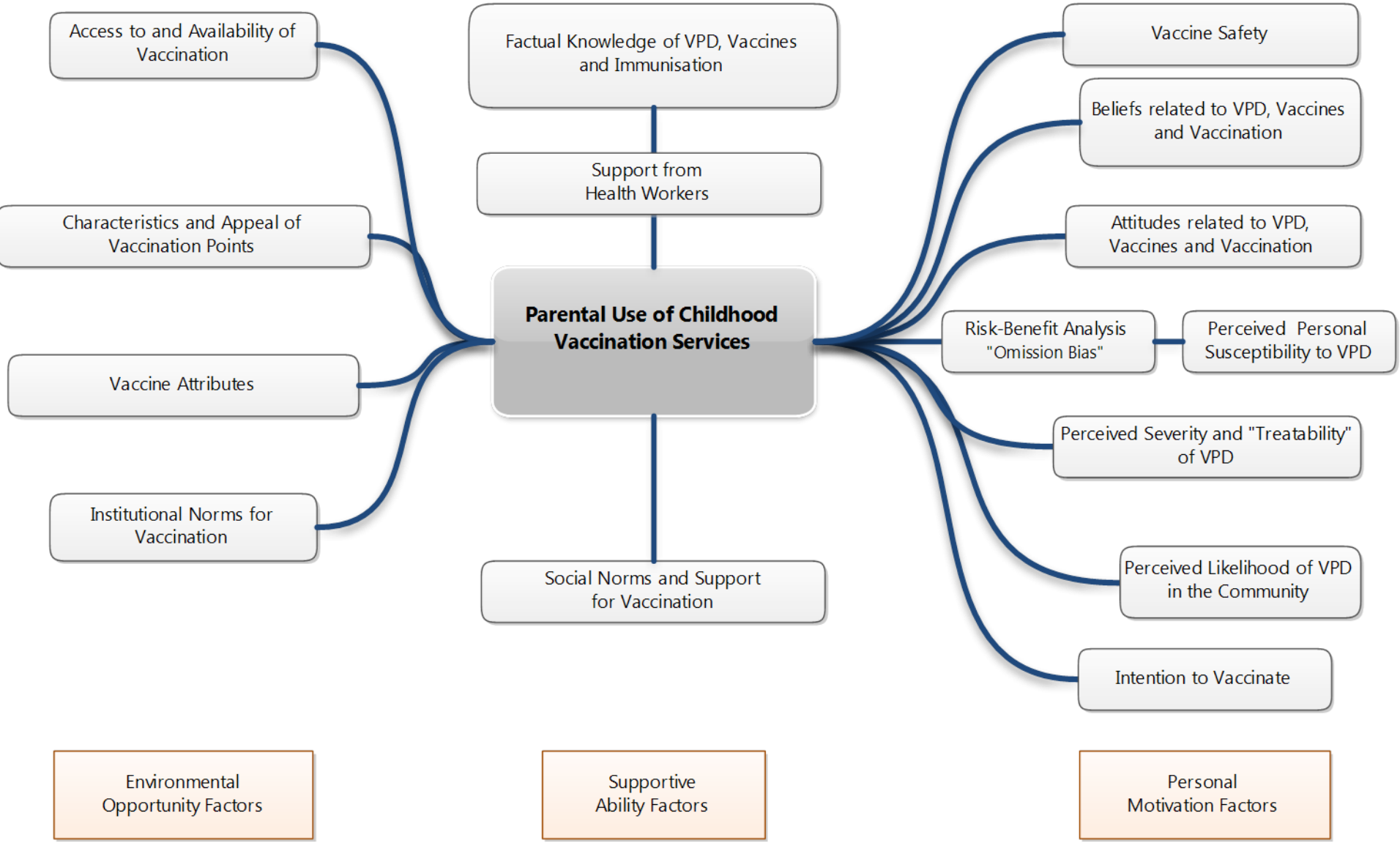
Undertake a review of vaccine hesitancy in different settings including its **context-specific causes, its expression and its impact**.

Suggest one or several **indicator(s) of vaccine hesitancy** that could be used to monitor progress in the context of the Decade of Vaccines Global vaccine Action Plan.

At global, regional and national levels:

- Perform a **landscape analysis** of who/what organizations are working on this issue
- Identify activities and strategies that could have a positive impact
- Identify strategies and activities that did not work well;
- Prioritize existing and new activities/strategies based on an assessment of their potential impact;
- Outline the specific role of WHO in addressing vaccine hesitancy;
- Identify the specific role of regional and country advisory committees.

Reviewing of various models

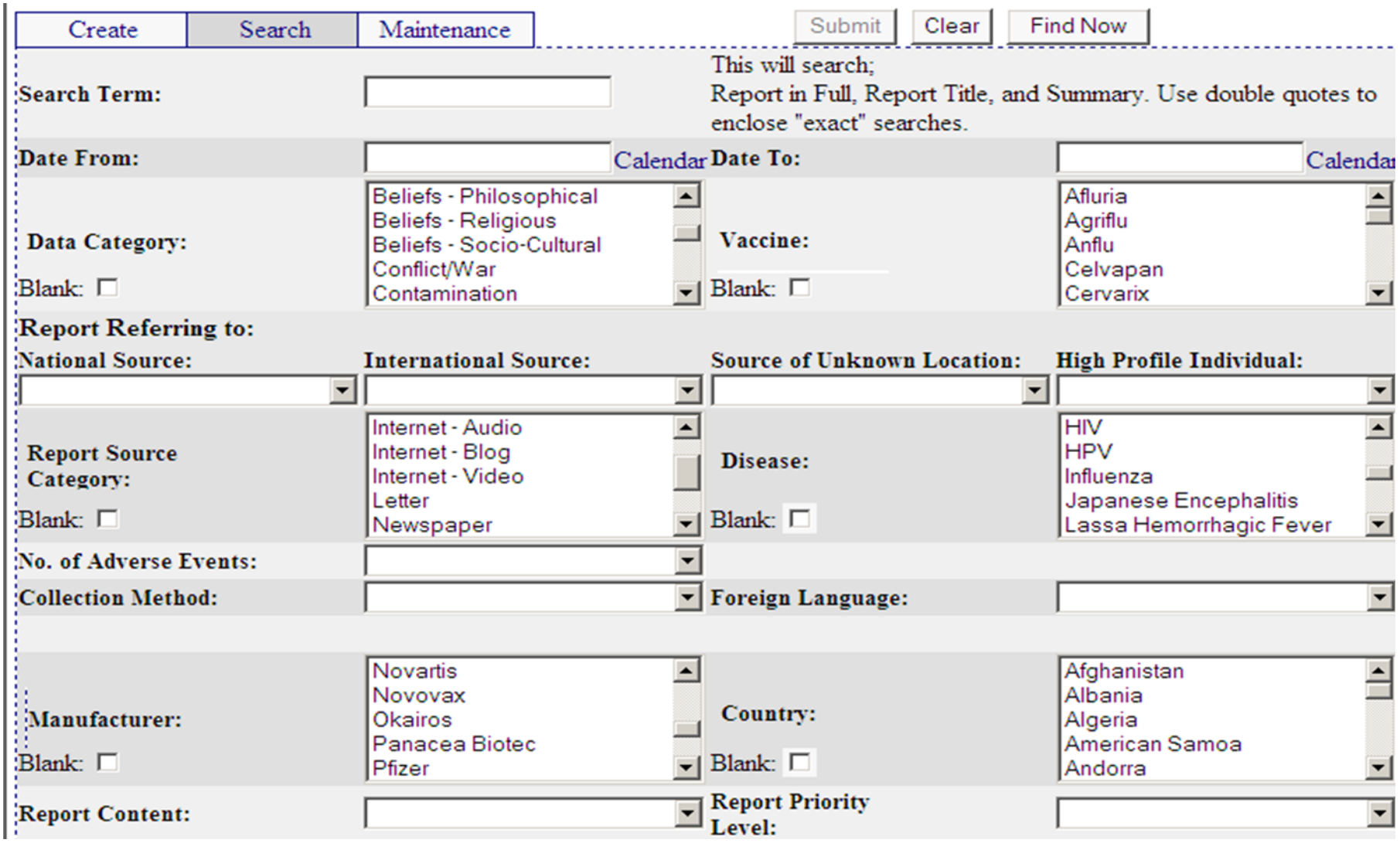


Rob Butler, WHO/EURO/presentation to WHO/Geneva/Feb.2012

Developing a model to analyse drivers of vaccine hesitancy

Contextual/ group influences	*Vaccine specific issues*	*Individual beliefs/ perceptions*
Socio-economic	History of AEFI (eg. Rotavirus and intussusceptions)	Individual experience with past vaccination
Religious/cultural	Risk/benefit	Risk/benefit (individual perceived)
Politics/policies (eg. mandates)	Vaccination schedule (evidence based, relevant to context)	Preference to separate, delay vaccines due to perceptions of overload
Immunisation is a social norm vs. immunization is not needed/harmful	Mode of administration (oral/nasal/syringe)	Personal experience (good/unpleasant/bad) with health system and health provider
	Mode of delivery: Routine/health centre-based; campaign; door-to-door	Individual knowledge/awareness of why/where/what/when vaccines are needed

Database
Launched in May 2010



Data categories of Public Concern

Additives

AEFI (Autism, Death, Other, Paralysis,

Rash/Fever, Seizures)

Awareness/Lack of info

Beliefs (Philosophical, Religious,

Socio-Cultural)

Conflict/War

Contamination

Cost

Disease Burden

Drop Outs

Fertility

Marginalised Populations

Mass Campaign

Motives (Business, Political)

New Product

Outbreaks

Policy/Recommendation

Programmatic Error

Research

Risk/Benefit

Strategy

Supply

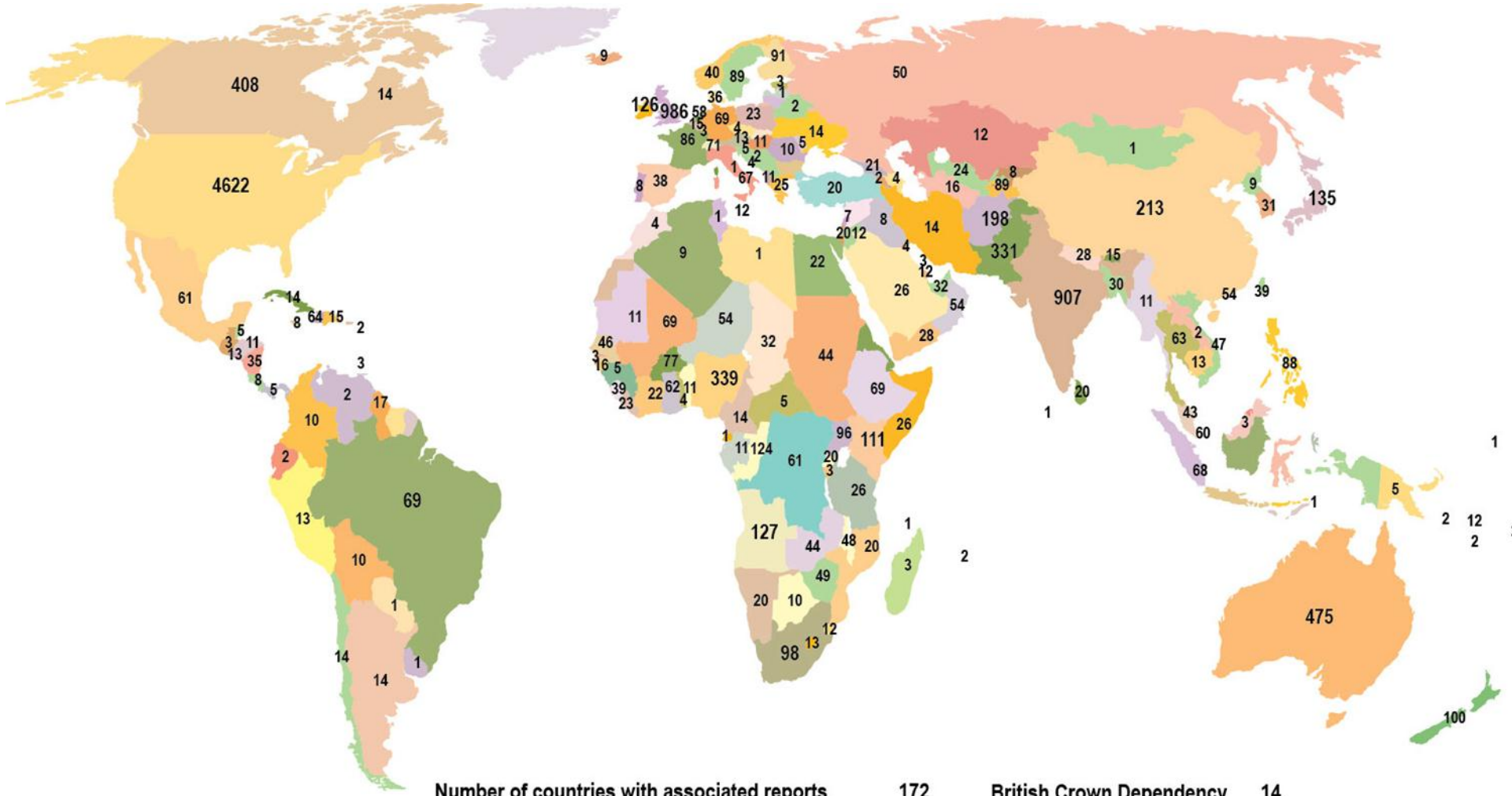
Tampering

Vaccine Refusals

Vaccine Schedule

Reports globally

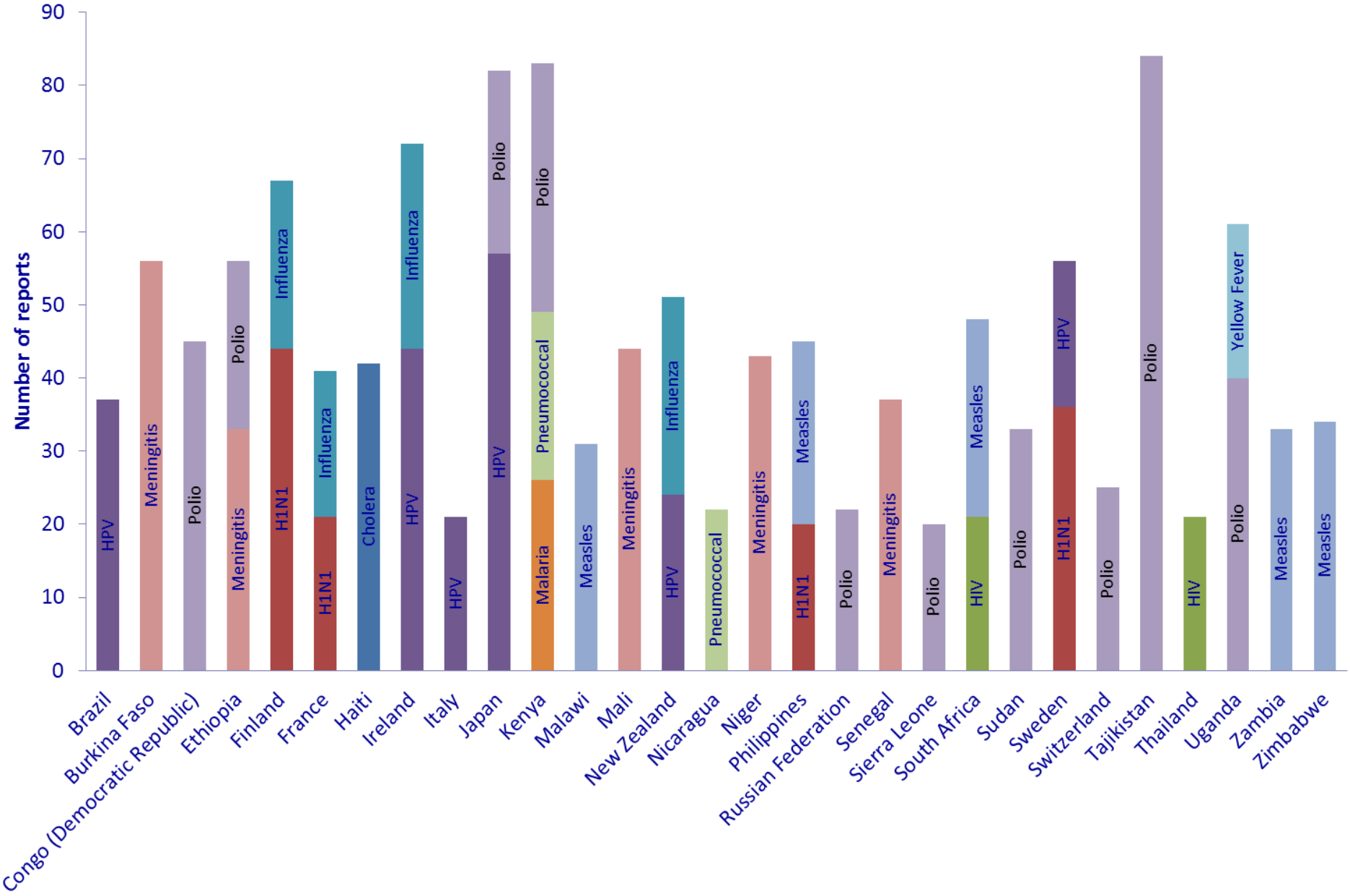
(Updated 4th February 2011)



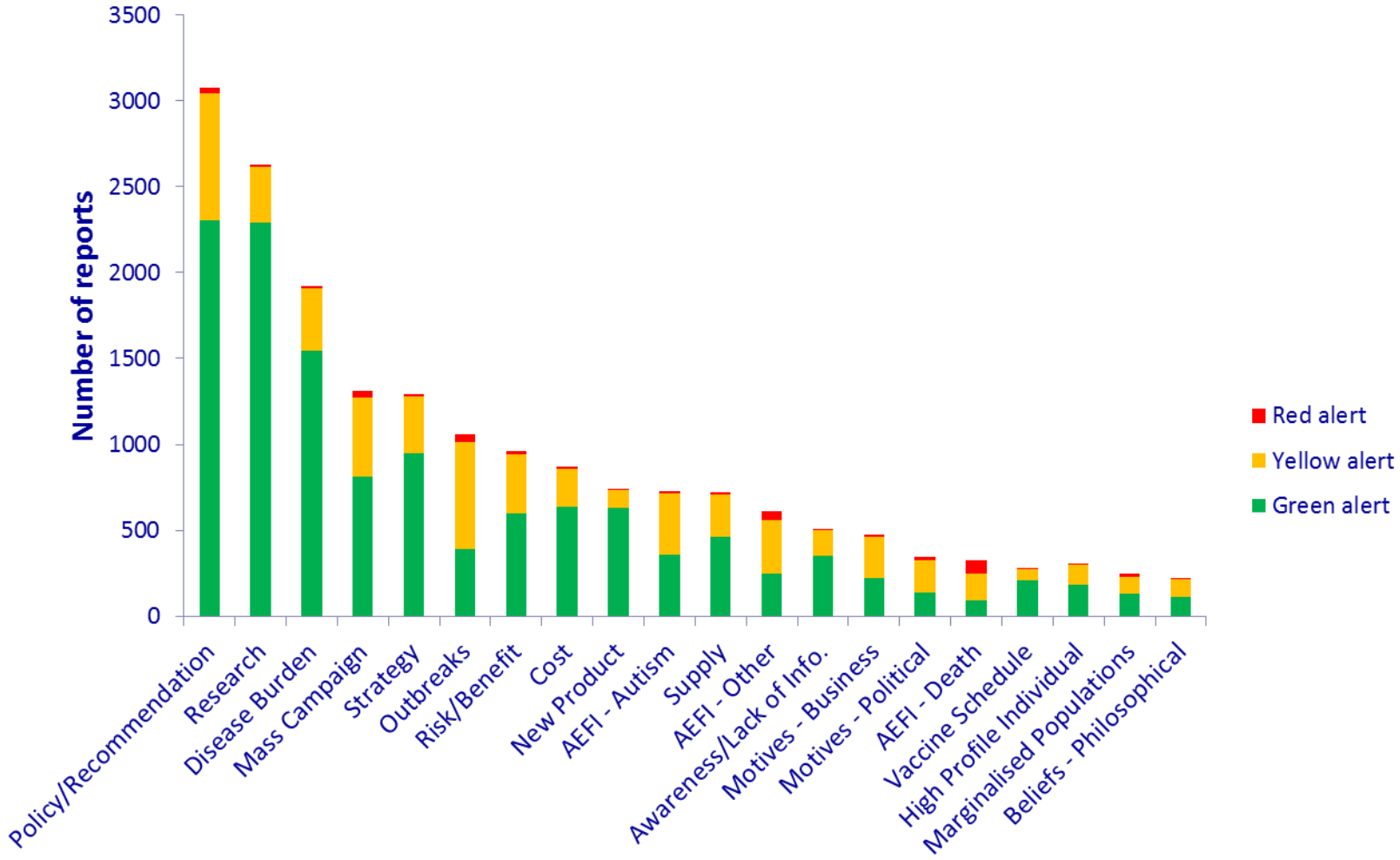
Number of countries with associated reports	172
Number of reports with no country mentioned	994
Total number of reports	10,417
Sum of reports	12,831
Average number of countries mentioned by report	1.2

British Crown Dependency	14
British Overseas Territory	9
French Overseas Territory	86
Netherlands Overseas Territory	1
US Overseas Territory	11

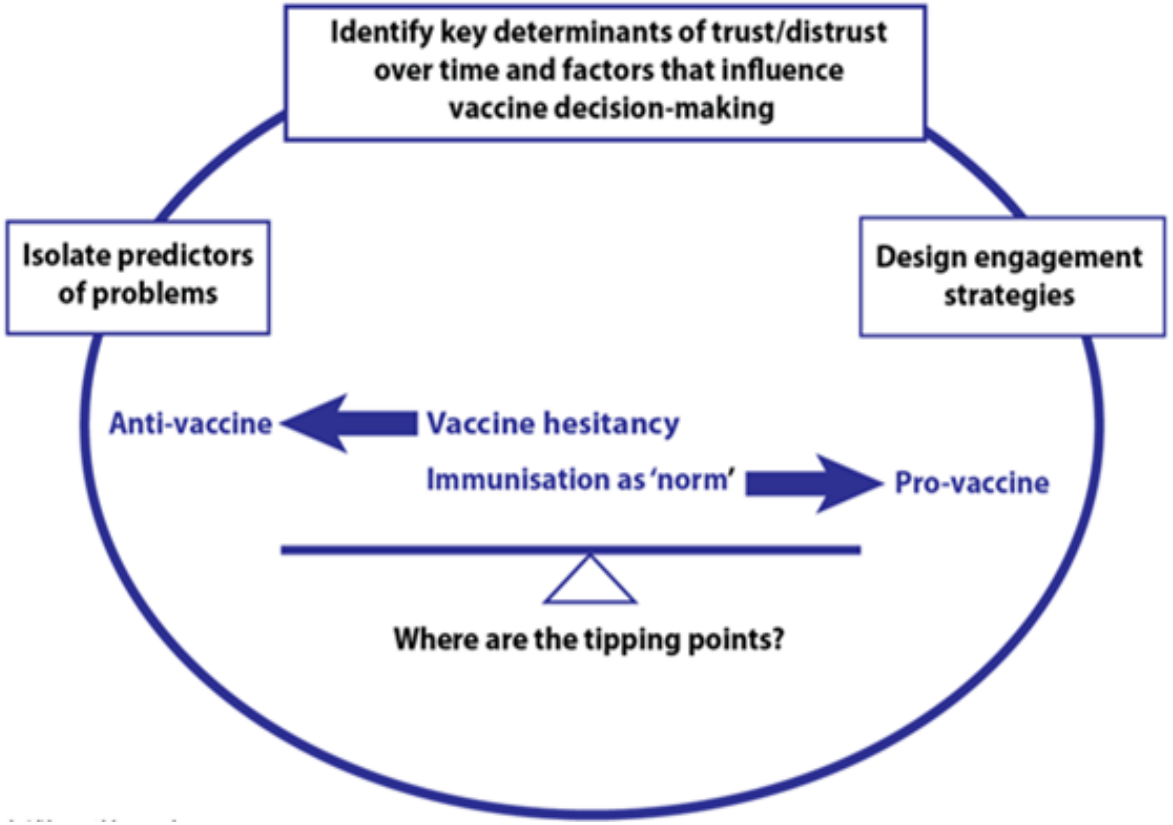
Reports by vaccine-preventable disease



Report data categories



Understanding the gap to address it



Opportunity Factors

Ability Factors

Motivational Factors

Developing a Vaccine Confidence Index (VCI)