

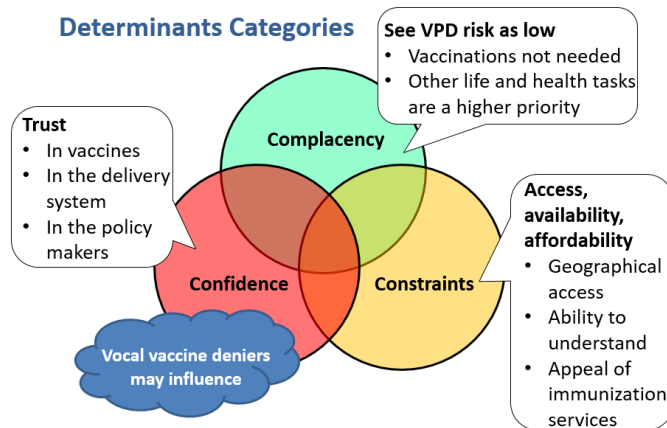
An Easy Reference Guide for Health Care Workers

Definition of Vaccine Hesitancy:

Vaccine hesitancy is the delay in acceptance or refusal of vaccines **despite the availability of vaccine services**. It is **complex and context specific**, varying across **time, place and vaccine**. It is influenced by factors such as **complacency, constraints and confidence**.

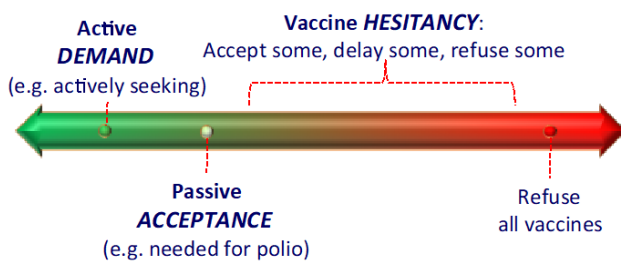
3Cs Model

Determinants Categories



Vaccine Hesitancy and Demand:

Demand is more than just acceptance.



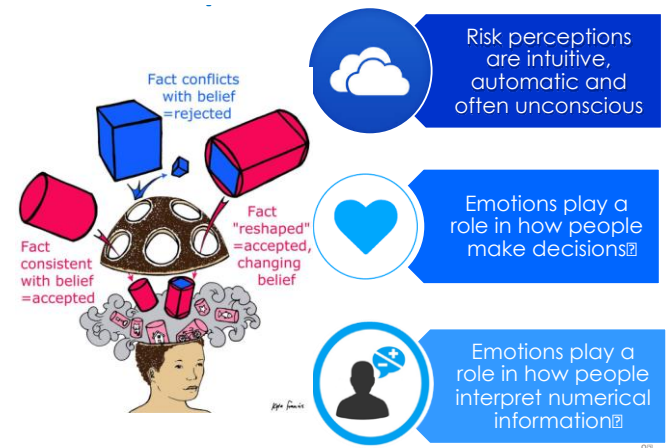
Definition of Vaccine Demand:

Demand is the actions of individuals and communities to **seek, support, and/or advocate for vaccines and vaccination services**. Demand is **dynamic and varies by context, vaccine, vaccination services provided, time and place**. Demand is fostered by governments, immunization program managers, public and private sector providers, local leadership, and civil society organizations hearing and acting on the voices of individuals and communities.

HCWs can help foster Demand

Impact of Beliefs:

All decisions individuals make are shaped by many factors, including beliefs.



Vaccine Hesitancy is influenced by many social, cultural, demographic and socio-psychological factors:

- Patients/parents are strongly influenced by what they think others around them are doing or expecting them to do.
- They often see causation in coincidences.
- They see what they believe, rather than believing what they see.
- They prefer anecdote and stories to data and evidence.

Social Contagion:

- Ideas and sentiments – just like infectious diseases – can be contagious.
- Social networks influence vaccine decisions.
- Those who are vaccine hesitant are clustered socially.
- Hesitancy can be amplified by anti-vaccine statements on social media.

With Web2.0

“Everyone, anyone is an expert” and now has a big audience for “fringe” views.

Individual parents/patients can be influenced by friends, family and social media, but especially by what HCWs say about immunization and what they do.

Strategies to Address Hesitancy:

At the Individual Patient/Parent level

1. HCWs play a key role in patient/parent vaccine decision making

- Remember the importance of your recommendation.
- Be competent (knowledgeable about vaccines, vaccine-preventable diseases, etc.) and caring to **build vaccine trust** with patients/parents.

2. Vaccine refusers:

- Do not dismiss from practice/clinic.
- Ensure refusers know their responsibilities if they choose not to immunize.

<http://www.euro.who.int/en/health-topics/disease-prevention/vaccines-and-immunization/publications/2012/if-you-choose-not-to-vaccinate-your-child,-understand-the-risks-and-responsibilities>

3. Use effective discussion techniques to introduce immunization and to address concerns

- Present vaccination as the default position.
- Use Motivational Interviewing techniques:
 - **Open-ended questions:** *What do you think about vaccines?*
 - **Affirmation:** *I understand.*
 - **Reflective listening:** *You are concerned by...*
 - **Summarize:** *Let me summarize.*
- *“What would it take to move you to a Yes, i.e. to accept vaccine?”* – may be a helpful question.

4. Use effective information exchange strategies

- Avoid jargon.
- Use language and content that fit the patient/parent.
- Beware of debunking myths, as it may increase belief in the myth.
- Use facts sparingly – too many can be confusing.
- Be careful with fear – may make people more anxious about vaccines.

- Use common denominators when comparing rates of events – pictures and graphics help.
- Present absolute numbers, NOT relative risk.
- Explain single-event probability: *It's raining or it is not; you have the complication or not.*
- Frame the message: *It is more effective to say a specific vaccine is 99.9% safe than has 0.1% side effects.*
- Stories can be powerful – *especially if it is the HCW's own vaccine-preventable disease story.*
- Nudge – note that the majority accept routine vaccines because they want their children/themselves to be as safe as possible, and may need a nudge to accept. *Beware about planting fear, as this can backfire with some parents/patients.*
- Gist – help the message be heard and stick by summing up, e.g. *and the reason that's important is... What that means to you is... The thing to remember is...*

5. Reinforce the role of community immunity/protection, but not above the importance of individual protection

- Appeal to altruism, and emphasize the benefit to the whole community when many accept immunization.
- The term “herd immunity” may be misunderstood; “community protection” is more easily understood.

6. Mitigate pain at immunization

- Fear of pain from immunization is common among children, adolescents and adults.
- Fear of needles can undermine vaccine acceptance.
- Use evidence-based strategies to decrease pain in immunization across all age groups.
- WHO emphasizes that:
 - HCWs remain calm, collaborative, well informed, and avoid language that increases anxiety or promotes distrust – e.g. do not say, “This is will not hurt.”
 - Use proper positioning of vaccine recipient according to age, e.g. infants held by a caregiver.
 - When multiple vaccines are given at the same session, administer in order of increasing painfulness.
 - **WER 2015; 90: 505–510**
www.who.int/wer/2015/wer9039/en/