

**JOINED FOR
VACCINATION
ADDRESSING
VACCINE
HESITANCY AND
INCREASING
UPTAKE IN EU - A
MULTI-
STAKEHOLDER
PERSPECTIVE**

Changing the
public perception
of vaccination



Vaccine hesitancy what & why & how to respond ?

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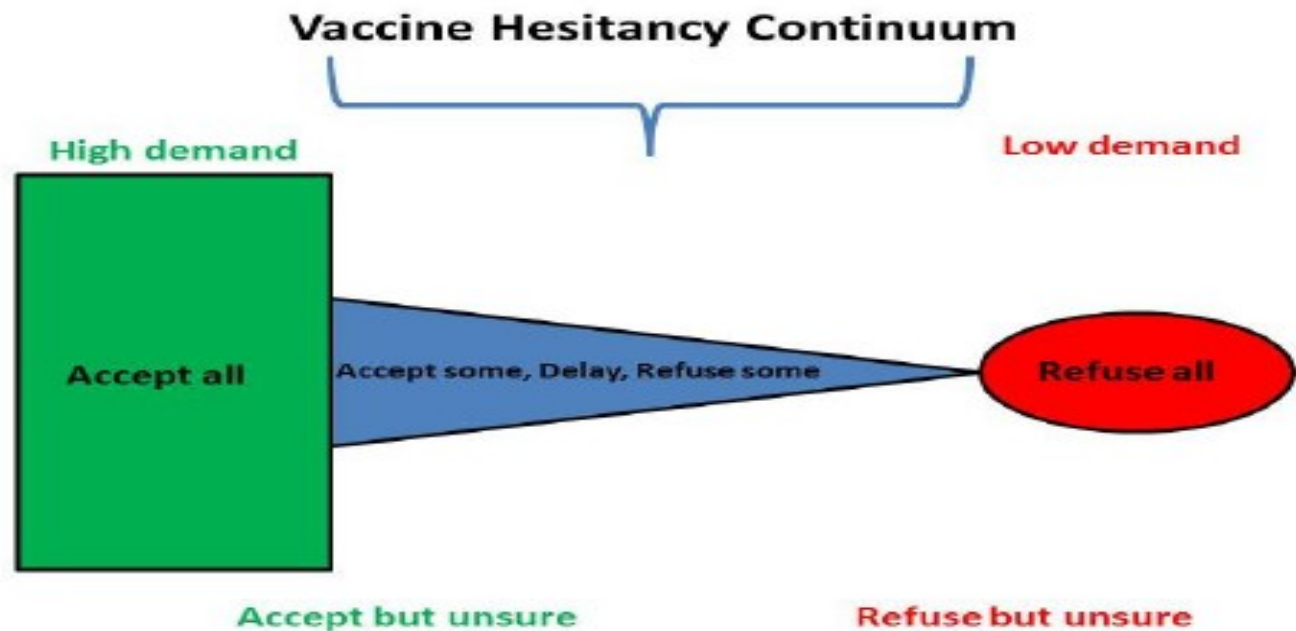
WHO SAGE working group on vaccine hesitancy

Definition: Vaccine Hesitancy

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

Be specific – Use correct terminology

- Critical of vaccines
- Vaccine hesitant
- Antivaccine



Reasons behind NOT being vaccinated ?



3C's to 5C's VH Model- 2018

Trust in vaccines, in delivery system, in the policy-makers

Perceived risks VPD low. Other life /health responsibilities higher priority at time

Engagement in extensive information gathering

Complacency

Calculation

Confidence

(Convenience) Constraints

Structural (access-availability, affordability) **and psychological** (appeal, acceptability social norms...) etc))

Collective Response

Willingness to protect others

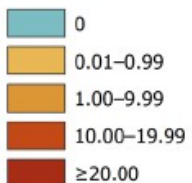
Betsch et al. *PsyArXiv*. October 25. doi:10.31234/osf.io/ytb7w.

Bocquier et al. *Vaccine* 2018;36: 7666–7673 Commitment(making good health decisions) and Trust (in mainstream medicine).

Figure 2. Measles notification rate per million population by country, EU/EEA, 1 December 2018–30 November 2019

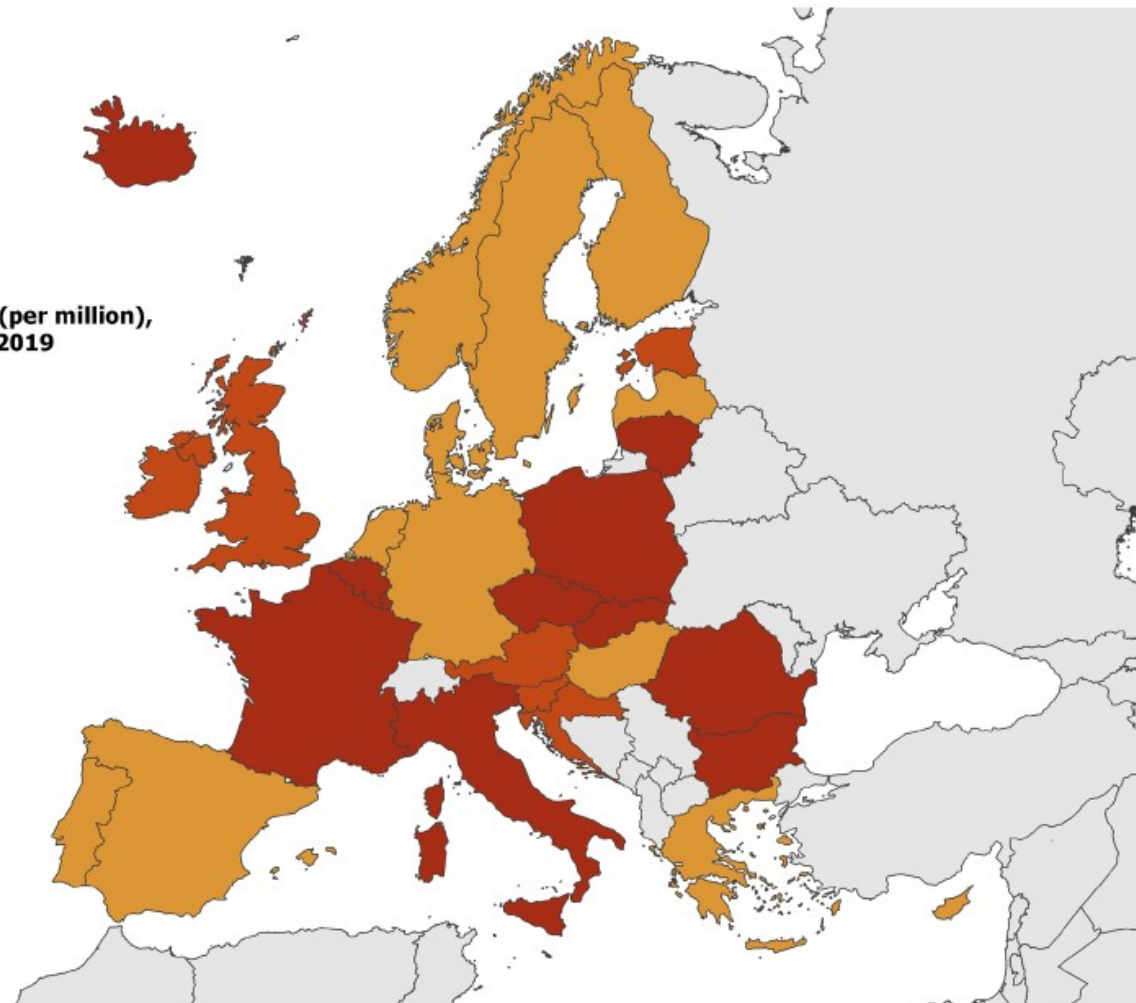


**Notification rate of measles (per million),
December 2018–November 2019**



Not included

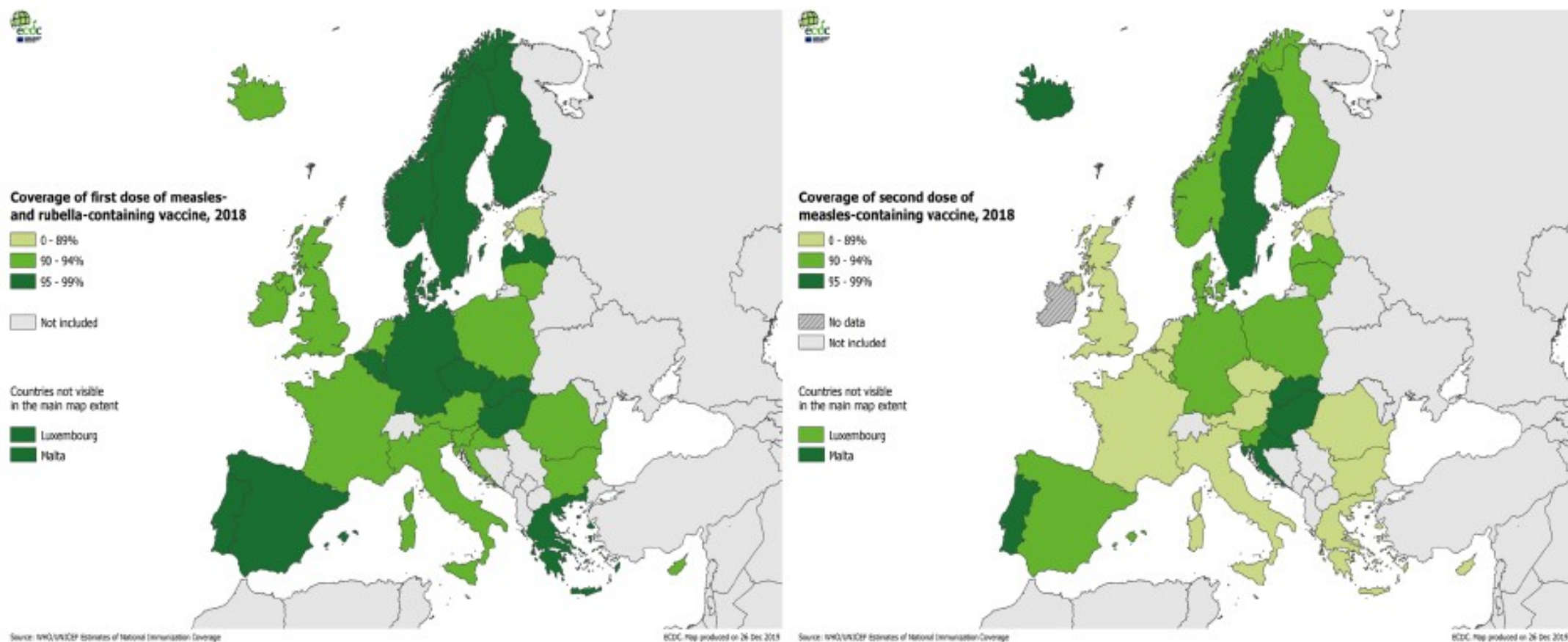
Countries not visible
in the main map extent



ECDC.Map produced 26 Dec 2019

Ten deaths attributable to measles were reported to TESSy during the 12-month period in Romania (5), France (2), Hungary (1), Italy (1) and United Kingdom (1) (see Figure 3).

Figure 4. Vaccination coverage for first (left) dose of a measles- and rubella-containing vaccine and second (right) dose of a measles-containing vaccine, EU/EEA, 2018



Need to understand the pockets of low coverage

THL - Rokottaminen - Rokotusrekisteri - Atlas - Google Chrome

thl.fi/roko/rokotusrekisteri/atlas/atlas.html?show=infantbc

Terveyden ja hyvinvoinnin laitos

Rokottaminen Rokotusrekisteri

Tulosta Ohje

Valitse kartalla näytettävä tieto

Alle kolmivuotiaiden lasten rokotuskattavuus

Tuhkarokko, sikotauti, vihurirokko-rokote (MPR)

2016 syntyneet lapset

2015 syntyneet lapset

2014 syntyneet lapset

2013 syntyneet lapset

Rokotuskattavuusluokitukset

- 0,00 % - 84,9 %
- 85,0 % - 86,9 %
- 87,0 % - 89,9 %
- 90,0 % - 91,9 %

Kartassa esitetään vuonna 2012-2016 syntyneiden lasten rokotuskattavuudet. Rokotekohtaiset kattavuudet (MPR, DTaP-IPV-Hib, Rotavirusrokote, PCV) on laskettu vähintään yhteen rokoteannokseen perustuen.

Rokotuskattavuustiedot voivat olla aliarvio rokotusten kirjaamiseen ja/tai tietopointintaan liittyvien puutteiden vuoksi.

Rokotuskattavuuslaskuissa mukana oleva väestö (Nimittäjä)

- Lapsi on mukana kattavuuslaskelmassa, jos hän on asunut

Alle kolmivuotiaiden lasten rokotuskattavuus, 2016 syntyneet lapset : Tuhkarokko, sikotauti, vihurirokko-rokote (MPR)

Vaihda aluejako Aluerajoitus

Terveyskeskus

Rokotuskattavuus syntymävuosittain

Vuosi	Rokotuskattavuus (%)
2012 syntyneet lapset	93,3
2013 syntyneet lapset	93,3
2014 syntyneet lapset	93,3
2015 syntyneet lapset	93,3
2016 syntyneet lapset	93,3

Valtakunnallinen vertailuarvo

Koko Suomi 96,1

Alue	Syntyn...	Nimittäjä	Kattavuuspros.
Koko Suomi	53 848	48 524	96,1
Helsinki	6 599	6 120	95,6
Espoo	3 516	3 226	96,8
Vantaa	2 632	2 439	97,7
Oulu	2 305	Ei tietoja	Ei tietoja
Tampere	2 301	2 148	97,3
Turku	1 694	1 575	96

Poista valinnat Aluerajoitus

Vaihda Rokotuskattavuuksien jakauma ja 95 % luottamusväliit

Hanna Nohynek / THL / JAV

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28.1.2020





Facts & evidence

Facts & evidence

European Joint Action on Vaccination

Prof. Olivier Epaulard, coordinator

To **build concrete tools** to improve vaccination coverage in Europe and strengthen national immunization programs

20 partners: **17** Member States and **3** non-EU member countries

3 years (started 1st August 2018) with Budget **5,8** k€ from DG Sante

5 major topics

- ★ Scientific evidence for national programs
- ★ Digital immunisation information systems
- ★ Concept of data warehouse on demand and supply
- ★ Vaccine research priority-setting framework

★ **Vaccine confidence**



WP8: Vaccine hesitancy and uptake. From research and practices to implementation

- ★ **Task 8.1:** Barriers and enablers behind suboptimal vaccination coverage
- ★ **Task 8.2:** Support for effective programme implementation
- ★ **Task 8.3:** Monitoring real-time public vaccine confidence through social media and promoting healthy behavior through the web.

Task 8.1:

Barriers and enablers behind suboptimal vaccination coverage

★ Task leader: THL, Finland

★ **Objective: Mapping** and creating sustainable mechanisms for reviewing research-based knowledge, including analyses of cultural, social and behavioural determinants behind high or low vaccination coverage and **best practices** in Member States and among stakeholders.

★ **By examining:**

- ★ What kind of research-based determinants behind high and low vaccination coverage have been identified in the European region including social, cultural and behavioural aspects?
- ★ What kind of practices are known to maintain good vaccination coverage?
- ★ How have these practices been implemented in the public health work?
- ★ What lessons have been learned from implementing and evaluating these practices and what scientific evidence has been produced on the impact of these practices / interventions ?

And to:

- ★ Identify cases that can be presented as **constructive examples** of both successful and failed actions, practices and decisions.

8.1. Data gathering tool – survey ongoing

★ **Primary target group:** Institutions responsible for the NIP in each country.

★ Nearly 50 questions, many of which are open-ended, covering matters such as:

- ★ *our understanding of what we talk about when we talk about hesitancy*
- ★ *the situation concerning hesitancy, confidence and uptake, as understood by the MSs*
- ★ *the status of research-based knowledge*
- ★ *whether this knowledge has been implemented into action*
- ★ *what has been done and how*
- ★ *has this work been successful or not*
- ★ *how is hesitancy and uptake related work organised and are there challenges, what kind activities work and what do not*
- ★ *knowledge and experiences of stakeholder / partner activities in the field.*

8.1. Data gathering process and timelines

- ★ Identification of the right entities and persons to answer the survey
- ★ Conduct the survey
 - ★ First: MS and non-EU countries engaged in the EU-JAV
October 2019 – January 2020
 - ★ Second: Stakeholders (AIM, Vaccines Europe, PGEU, The Active Citizen Network, WHO Europe, Sabin, The Vienna Vaccine Safety Initiative) and other partners and countries
January – July 2020
- ★ Review data from MS January 2020 – March 2020
- ★ Complete data March – June 2020
- ★ Data ready for analysis July 2020
- ★ Start data analysis August 2020

Annual forum
and General Assembly
in Helsinki, Finland
Sept 30- Oct 2, 2020

Task 8.2 Support for effective programme implementation

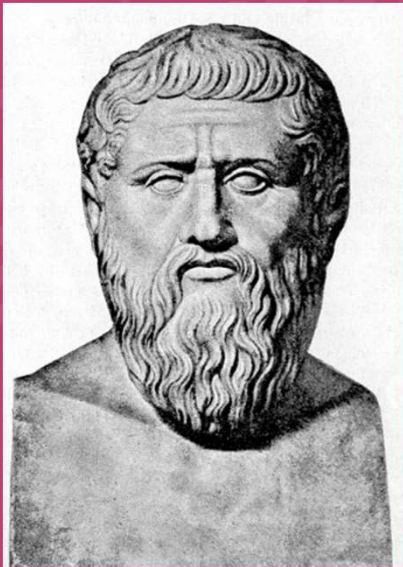
★**Objective:** To develop mechanisms and tools for **disseminating best practices, lessons learned and research based knowledge** throughout Member States by providing guidance for developing practices and policies for maintaining good vaccine uptake in general and for supporting public health responses to hesitancy by creating mechanisms and tools for disseminating research-based knowledge and best practices and lessons learned throughout Member States.

★**By creating an online working environment for:**

★ Sharing knowledge gathered through task 8.1 by:

★ Providing a **searchable database** of information on best practices and reasearch-based knowledge

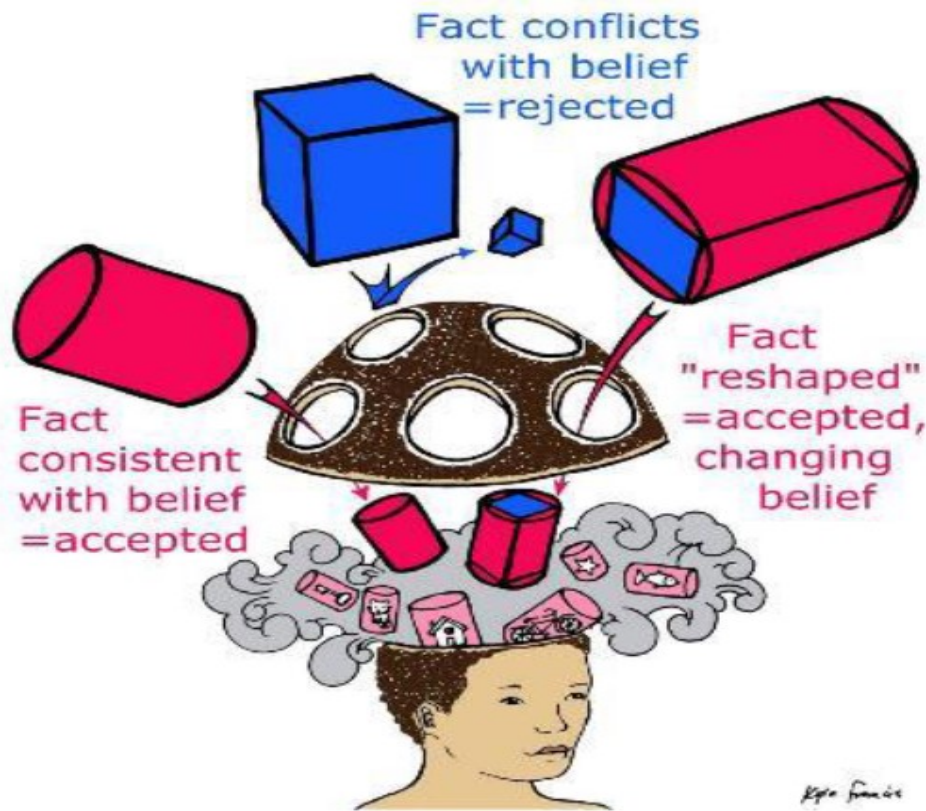
★ Producing material in different formats, podcasts, easily digestible articles, video lectures, discussion area(s), technical reports and academic articles, about specific cases from MS PHIs, the research and public health community and programmes, projects and initiatives dealing with vaccine hesitancy and uptake-related issues.



**Know the concerns and facts,
engage in dialogue**

www.eu-jav.com

Risk Perception and Vaccine Decisions



Drawn towards sources that share our world view (**assimilation bias**)

Vaccine Decision making is complex



Risk perceptions are intuitive, automatic and often unconscious



Emotions play a role in how people make decisions



Emotions play a role in how people interpret numerical information