

The paradox of healthcare worker vaccine hesitancy in Europe

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HPV Prevention and Control Board Technical Meeting
Bucharest, Romania, 15-16 May 2018



Why a paradox?

HCWs: one of the most trusted vaccination information sources by the public

Nature of HCWs concerns often similar to those of their patients (stories, media)

But what happens when HCWs themselves have doubts about vaccines?

Constitute one of the core tool to address low or declining public confidence in vaccination

HCWs respond in different ways to public hesitancy



Delay or adapt vaccination schedule (i.e. individualistic approach)



Refuse consultations with hesitant parents



Being confrontational, judgemental, critical

Vaccine hesitancy among healthcare workers in Europe

*Results from
qualitative
study*

A map of Europe with four callout boxes pointing to specific countries. The callouts provide data on healthcare workers' vaccine hesitancy in France, Croatia, Romania, and Greece. The map is in grayscale, and the callout boxes are teal with white text.

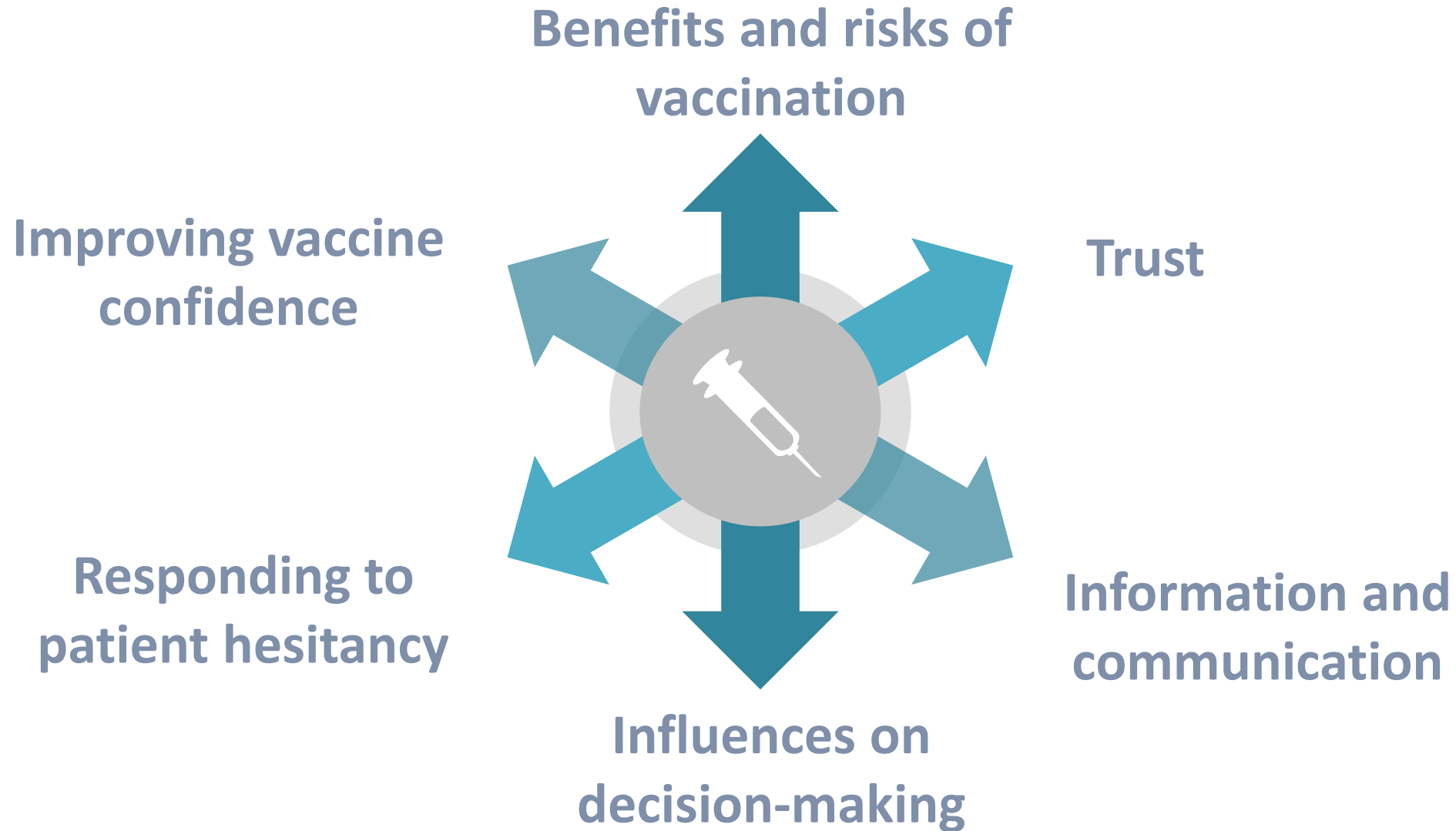
France: 10 GPs,
6 gynaecologists

Croatia: 13 GPs,
4 epidemiologists

Romania: 15 GPs,
2 paediatricians

Greece: 9 GPs,
4 internal medicine,
2 paediatricians

Themes identified in the four countries



Perceived benefits of vaccination

Benefits > risks    

- Balance could change

Prevent dangerous diseases    

- Referral to current outbreaks as proof
- Disappointment from avoidable deaths

Low risk side effects  

- Although not always what the general population believes

Herd immunity  

- Selfishness of those who refuse
- Doctors defend the concept to their patients

Responsibility to prevent it

- It is their role

Good scientific evidence

- Especially if included in national guidelines
- Sufficiently tested and verified

"I consider that those people who refuse vaccination are selfish because they take advantage of the vaccination of other people" (F)

Perceived risks of vaccination

Fear of side effects

- Patients and healthcare workers
- Small or serious concerns (ban in other countries)
- Media

Responsibility for side effects

- Guilt

New vaccines (HPV)

- Not tested

Children are

- Too many
- Follow doctors
- Hepatitis

Low vaccination

- Avoid recommended
- Influenza

Vaccines not needed

- Diseases not prevalent

"It's well known that there are vaccines that have been banned in other countries (e.g. anti-hepatitis), precisely because they were proven to cause multiple sclerosis (...) HPV vaccines can lead to tumours and autism. It's outrageous that they are prescribed." (R)

older

Issues of trust

Trust in health authorities

- Government, research
- Support of vaccination
- Doctors, WHO, regulatory agencies, health system

Mistrust pharmaceutical companies

- Forcing drugs into the market
- Financial interest
- Pharmaceutical representatives
- Lack of communication about side effects

Mistrust health authorities

- French High Authority for Health
- Greek Government

“I do not trust the Greek Ministry of Health and rightly so. Many patients do not trust them either” (G)

Information and communication

Mistrust information

- Conflict of interests
- Patients do not trust doctors


Trust information

- Trust research, experience from other countries

Lack information

- Need more about safety, risks of too many vaccines
- Patients lack information to make informed decision
- Only have internet or vaccine leaflet

Sufficient, good information

- Leaflets, posters, books, websites (to patients)
- Received recommendation about vaccination schedule 

Influences on decision making

Health authorities

- HCWs feel influenced by employers, health authorities
- National Institute for Prevention and Health Education
Department of PH, national immunisation programmes

Pharmaceutical representatives

- Sometimes positive: reminder of vaccination schedules

Patients

- HCWs influenced by own patients

Personal previous experience

- Negative (i.e. side effect) or positive (i.e. VPD)

Other influences

- Training courses, medical journals, books, conferences, experts, consultations with doctors, internet, media

Influences on decision making

“With the increasing popularity of the internet, many parents are misinformed by charlatans and crooks that seduce them with false and absurd information (...) If some doctors were fooled by such information, then parents (...) are very vulnerable to such poisoning” (R)

Role to respond to patient hesitancy



- Doctors have the information and resources to do so
- Address their concerns
- Listening and sharing scientific evidence

Role to influence patients' decision



- Sharing information, emotionally affecting them (showing images of VPD), telling them they vaccinate their own children, talking about vaccines a long time in advance (HPV)
- Seeing patients as their own children
- It is difficult

Role to only provide information

- *"I say it is mandatory even if it is not... I don't want to follow a child, a family who do not vaccinate their children" (F)*
- Doctors can only inform, or convince refusers

Responding to hesitancy

Improving vaccine confidence

Improve information

- Communication skills for doctor-patient conversations
- Telephone lines
- Control information provided in the media, journalists
- More data on side effects
- HCWs training

Stricter legislation

- Defend physicians when side effects occur
- Fines for parents who do not vaccinate
- Make vaccines mandatory for children, school vaccination
- Legal action against anti-vaccination HCWs

Improve health system

- Lack or delayed vaccines
- Changes in vaccination calendars
- Include more vaccines in national immunisation programme
- Free vaccination

HCWs concerns about HPV vaccination: European systematic review

Vaccine does not protect against all types of HPV

Unknown *long-term* protection, side effects (novelty)

Patient blame for side effects

Vaccination as a nurse vs. parent

Disease not sufficiently prevalent to warrant vaccination, use screening instead

Discussions about sex too early and difficult, girls too young, easily influenced

1

What next?

The burden of addressing public vaccine hesitancy is increasingly being placed on HCWs. However it is easy to forget that HCWs are *also* members of the public: they can have the same questions, the same doubts, the same fears about vaccines than their patients.

This can jeopardize attempts at improving public confidence in vaccination

2

What next?

We are finally starting to more actively *listen to patient's concerns* about vaccination. But taking the time to *listen to HCWs concerns* is *equally* important.

3

What next?

HCWs need **more support** to manage the changing public as well as quickly evolving vaccine environment → training, medical curriculum, access to tools and resources...

As with patients, we **should not fall in the trap of thinking it is only about information:**

- Do HCWs respond better to **personal stories or scientific information?**
- We need to **rebuild trust** among HCWs: include in decision-making for vaccine recommendations and policies, design of communication materials (new vaccines)

4

What next?

Vaccinated HCWs are more likely to recommend vaccination to their patients → Need to **restore and maintain vaccination as a norm** among the health community