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Vaccine Hesitancy: what it means and what we need to know in order to tackle it.



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Всемирная организация
здравоохранения

Европейское региональное бюро

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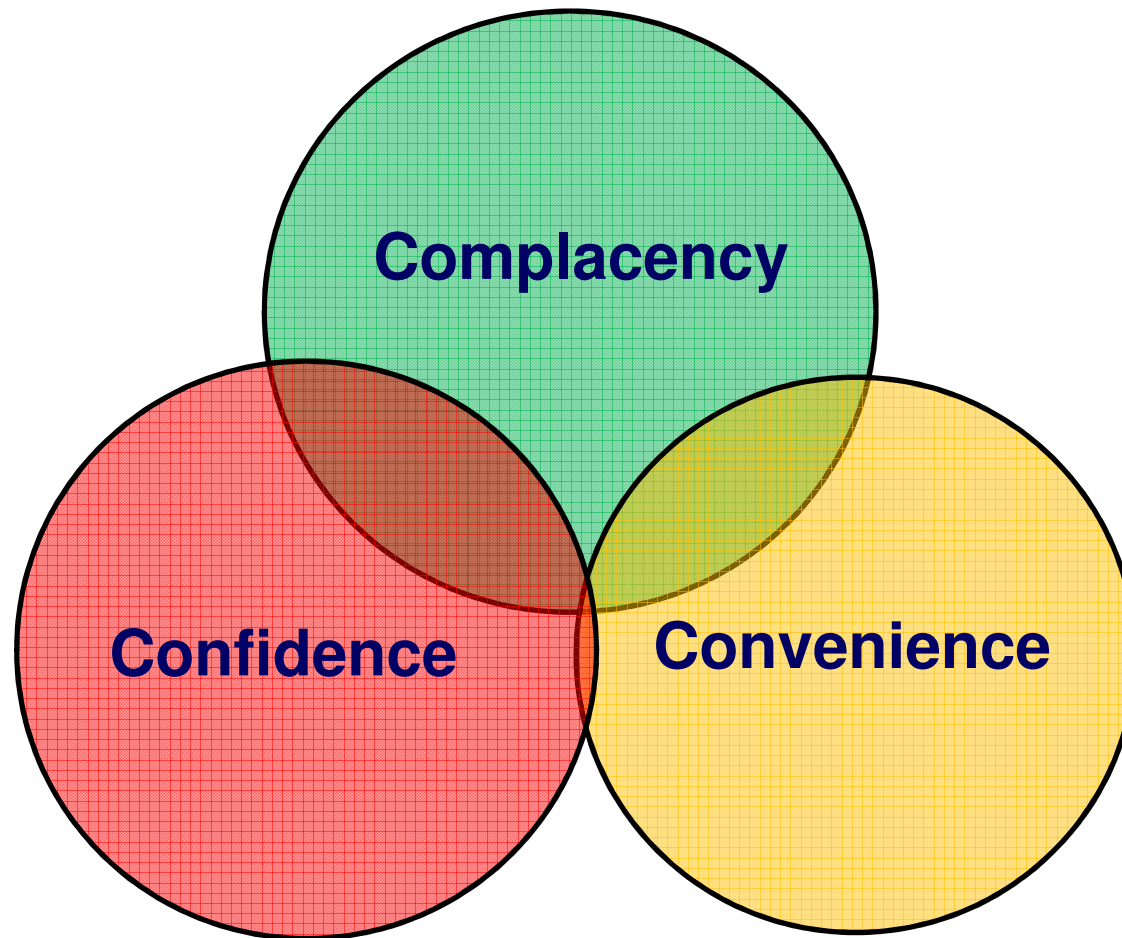
Vaccination hesitancy ?

- Refers to delay in acceptance or refusal of vaccines despite availability of vaccine services.
- Is complex and context specific varying across time, place and vaccines.
- Is influenced by factors such as complacency, convenience and confidence.

*Sage Vaccine Hesitancy Working Group &
Diagnosing the determinants of vaccine hesitancy in specific
subgroups: The Guide to Tailoring Immunization Programmes (TIP),
Butler and MacDonald*

Journal of Vaccine, 2015.

Vaccine Hesitancy Model



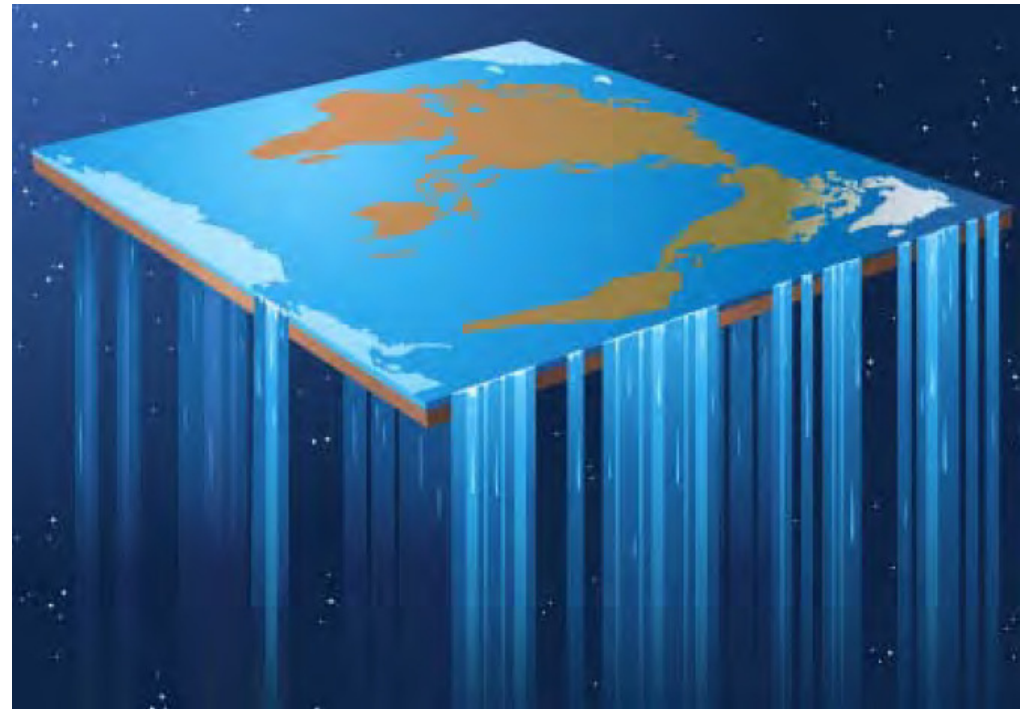




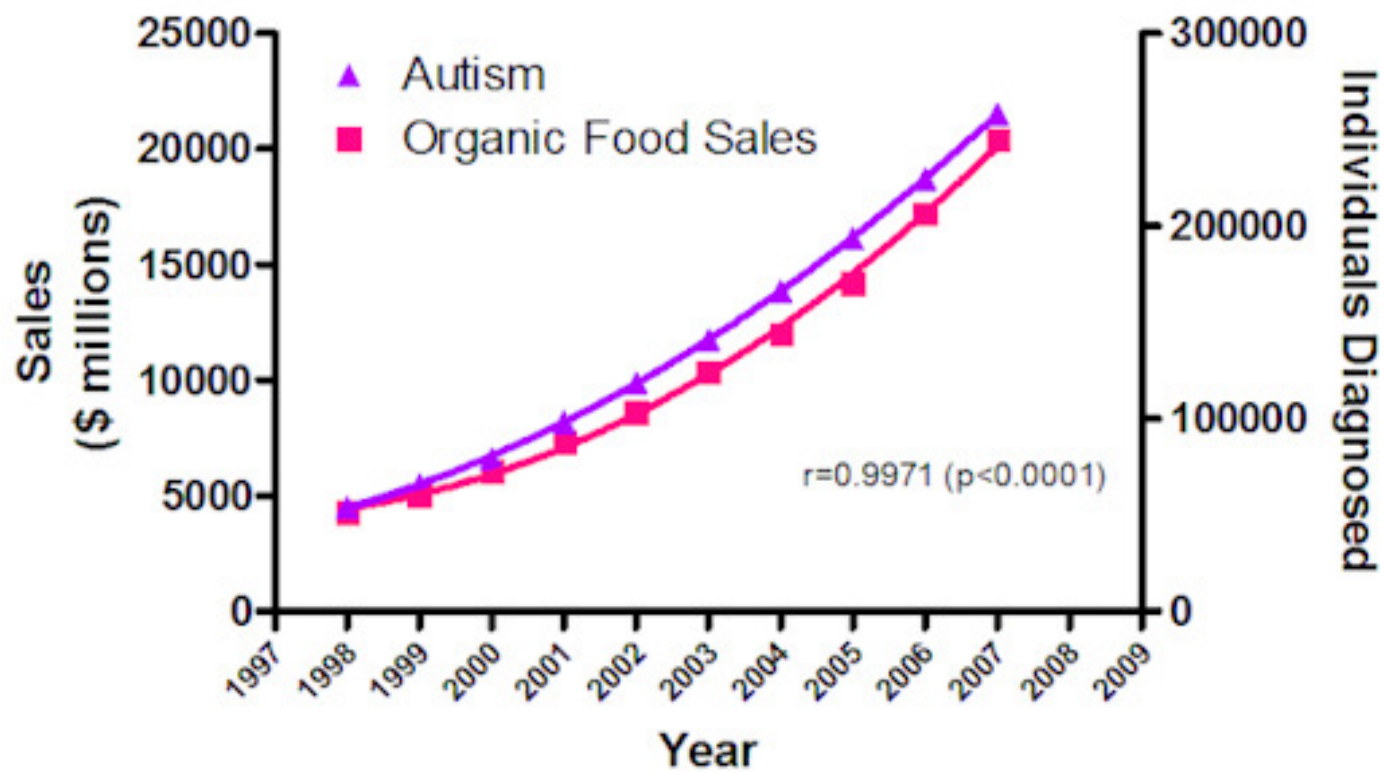
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Today, anecdote often wins over fact



Sensationalist emotional stories have impact



Sources: Organic Trade Association, 2011 Organic Industry Survey; U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS), OMB# 1820-0043. *Children with Disabilities Receiving Special Education Under Part B of the Individuals with Disabilities Education Act

BIG VACCINE PRIZE ON THE NEWS



- She won lotto big prize after HEPATITIS B vaccination
- “It was just after the 2nd shot”, she said



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Figure 1. Recommended immunization schedule for persons aged 0 through 18 years – United States, 2014.

(FOR THOSE WHO FALL BEHIND OR START LATE, SEE THE CATCH-UP SCHEDULE (FIGURE 2)).

These recommendations must be read with the footnotes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars in Figure 1. To determine minimum intervals between doses, see the catch-up schedule (Figure 2). School entry and adolescent vaccine age groups are in bold.

Vaccine	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18 mos	19–23 mos	2–3 yrs	4–6 yrs	7–10 yrs	11–12 yrs	13–15 yrs	16–18 yrs	
Hepatitis B ¹ (HepB)	1 st dose	2 nd dose		3 rd dose						Catch-up							
Rotavirus ² (RV) RV1 (2-dose series); RVS (3-dose series)			1 st dose	2 nd dose	See footnote 2												
Diphtheria, tetanus, & acellular pertussis ³ (DTaP: <7 yrs)			1 st dose	2 nd dose	3 rd dose	Catch-up		4 th dose		Catch-up		5 th dose					
Tetanus, diphtheria, & acellular pertussis ³ (Tdap: ≥7 yrs)														(Tdap)	Catch-up		
<i>Haemophilus influenzae</i> type b ⁴ (Hib)			1 st dose	2 nd dose	See footnote 5		3 rd or 4 th dose See footnote 5		Catch-up								
Pneumococcal conjugate ⁶ (PCV13)			1 st dose	2 nd dose	3 rd dose	Catch-up		4 th dose		Catch-up							
Pneumococcal polysaccharide ⁶ (PPSV23)										Catch-up							
Inactivated poliovirus ⁷ (IPV) (<18 yrs)			1 st dose	2 nd dose	3 rd dose				4 th dose		Catch-up						
Influenza ⁸ (IV; LAIV) 2 doses for some: See footnote 8					Annual vaccination (IV only)					Annual vaccination (IV or LAIV)							
Measles, mumps, rubella ⁹ (MMR)							1 st dose		2 nd dose		Catch-up						
Varicella ¹⁰ (VAR)							1 st dose		2 nd dose		Catch-up						
Hepatitis A ¹¹ (HepA)							2-dose series, See footnote 11			Catch-up							
Human papillomavirus ¹² (HPV2: females only; HPV4: males and females)														(3-dose series)		Catch-up	
Meningococcal ¹³ (Hib-Men-CY ≥ 6 weeks; MenACWY-D ≥ 9 mos; MenACWY-CRM ≥ 2 mos)			See footnote 13								1 st dose		2 nd dose		3 rd dose		

Range of recommended ages for all children
 Range of recommended ages for catch-up immunization
 Range of recommended ages for certain high-risk groups
 Range of recommended ages during which catch-up is encouraged and for certain high-risk groups
 Not routinely recommended

This schedule includes recommendations in effect as of January 1, 2014. Any dose not administered at the recommended age should be administered at a subsequent visit, when indicated and feasible. The use of a combination vaccine generally is preferred over separate injections of its equivalent component vaccines. Vaccination providers should consult the relevant Advisory Committee on Immunization Practices (ACIP) statement for detailed recommendations, available online at <http://www.cdc.gov/vaccines/hcp/acip-recs/index.html>. Clinically significant adverse events that follow vaccination should be reported to the Vaccine Adverse Event Reporting System (VAERS) online (<http://www.vaers.hhs.gov>) or by telephone (800-822-7967). Suspected cases of vaccine-preventable diseases should be reported to the state or local health department. Additional information, including precautions and contraindications for vaccination, is available from CDC online (<http://www.cdc.gov/vaccines/recs/vac-admin/contraindications.htm>) or by telephone (800-CDC-INFO [800-232-4636]).

This schedule is approved by the Advisory Committee on Immunization Practices (<http://www.cdc.gov/vaccines/acip/>), the American Academy of Pediatrics (<http://www.aap.org/>), the American Academy of Family Physicians (<http://www.aafp.org/>), and the American College of Obstetricians and Gynecologists (<http://www.acog.org/>).

NOTE: The above recommendations must be read along with the footnotes of this schedule.

With that in mind.....

SAGE Vaccine Hesitancy Working Group, the scale of vaccine hesitancy and threat it poses

Research/diagnostic tool developed to diagnose vaccine hesitancy at national, provincial, district and locals levels