Views on vaccination education for parents

Immunisation is one of the most successful, cost-effective public health measures but England and Wales are below World Health Organization targets for the uptake of several immunisations. Policy makers need to understand the reasons for this uneven uptake. A recent Cochrane review of 38 qualitative studies conducted in 15 countries provides insight into parents’ experiences of information they received... 

Over a third of the studies were published before 2010 and settings, populations, vaccination information and practitioner training varied between countries. Ten studies were conducted in the UK.

The authors suggest that parents generally found the amount of vaccination information inadequate, and that they wanted an opportunity to reflect on detailed information and prepare questions before their child was vaccinated. They expected to talk about vaccination with health workers in tailored, non-judgmental discussions and wanted to have conversations outside of vaccination settings. Some parents spoke of their misapointments, including in non-health settings. They have kept uptake high in these vital measures but England and Wales are below World Health Organization targets for the uptake of several immunisations. Policy makers need to understand the reasons for this uneven uptake.

Some UK parents remained concerned about the discredited link between the measles, mumps and rubella (MMR) vaccine and autism, and migrants found it difficult to access translated information. These findings were based on a limited number of studies and judged as being of lower quality.

To read the full Signal report go to: Bit.ly/NIHRVaccination

Expert commentary

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UK nurses should be proud of the fact that Public Health England’s ‘tracking surveys’ of parents of young children (Bit.ly/PHEvaccine) consistently show that ‘my nurse’ is the most trusted source of information when making decisions about vaccinating one’s child.

This review and its findings, while welcome in terms of highlighting the importance of qualitative research in delivering high-quality care are, in my opinion, not generalisable to the UK. Of the 38 studies included in this review, 10 were from UK, and nine of these focused on the MMR vaccine.

We all appreciate the impact in the UK of the unfounded claims associating the MMR vaccine with autism; vaccine uptake dropped, parents were confused and frightened, and ultimately, many children were not vaccinated. We subsequently saw disease and deaths caused by measles. Nurses struggled to counter the plethora of inaccurate claims made in the mainstream media.

We have learnt much from that time. The dedication of UK clinicians to garner parents’ attitudes (particularly on MMR) contributed to better sources of information and better communication. They have kept uptake high in these vital vaccination programmes.

Nurses involved in immunisation, or signposting children for immunisation, should receive high-quality education on the subject so they can keep their coveted role as the most trusted source of immunisation advice for parents.

Implications for nursing

- Parents need a range of information that covers both the risks and benefits of vaccination
- Parents can regret vaccination if they feel they were not encouraged to make an informed decision
- Parents who have general concerns about vaccinations before their child is due to have them are less likely to trust health professionals and more likely to use other information sources
- Health professionals should help parents to assess information, and nurses and health visitors need education on how best to have these conversations
- Public health campaigns should use social media and independent, trusted sources to disseminate information to the public

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