Improving confidence in vaccination programmes to boost uptake

The World Health Organization has named vaccine hesitancy as one of the top 10 threats to global health.

The Covid-19 pandemic highlights the vital importance of vaccination in disease prevention.

Complacency, convenience, and confidence are key factors underpinning vaccine hesitancy.

Improvements in access need to happen alongside conversations to tackle misinformation.

Nurses have a key role to play in promoting vaccine confidence to increase vaccination uptake.

In 2019, the World Health Organization (WHO) named ‘vaccine hesitancy’ as one of the top 10 threats to global health. It said the reluctance or refusal to vaccinate, despite the availability of vaccination services, threatened to reverse progress made in tackling vaccine-preventable diseases, such as measles, which had seen a 30% increase globally.

Since then, the importance of vaccines and the need to ensure high levels of vaccine acceptance, has been demonstrated, as never before, by their central role in the response to the Covid-19 pandemic. In England alone, Public Health England (PHE) estimated in September that the Covid-19 vaccination programme had prevented over 230,000 hospitalisations and saved more than 100,000 lives. The ongoing success of the programme in reaching unvaccinated adults, rolling out booster vaccines, and increasing coverage among younger people will be crucial to containing the disease in the winter months.

Reasons for vaccine hesitancy

The term ‘vaccine hesitancy’, though widely used, has been criticised for placing people with questions and concerns in the same category as those who refuse vaccination outright and those who actively campaign against it. In its report in May 2021, the All Party Parliamentary Group (APPG) on Vaccinations emphasised that hesitancy represents a continuum of views, with a significant proportion of those who are hesitant likely to accept immunisation if barriers to access are addressed and they receive appropriate information. Nurses have a key role to play in promoting confidence in vaccination programmes to increase uptake with studies suggesting that, if a health professional recommends, informs or takes the time to answer a patient’s questions, they are more likely to consent to being vaccinated.

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Abstract
The Covid-19 pandemic has highlighted the vital importance of vaccination as a powerful method of disease prevention and boosting vaccination rates will be essential in combatting both flu and Covid-19 this winter. Vaccine hesitancy, loosely defined as a reluctance or refusal to vaccinate, represents a continuum of views, with a significant proportion of those who are hesitant likely to accept immunisation if barriers to access are addressed and they receive appropriate information. Nurses have a key role to play in promoting confidence in vaccination programmes to increase uptake with studies suggesting that, if a health professional recommends, informs or takes the time to answer a patient’s questions, they are more likely to consent to being vaccinated.

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Effect of the Covid-19 pandemic

The Covid-19 pandemic triggered a huge increase in anti-vaccine messaging on social media, with 4.5 billion views of vaccine misinformation in the US alone from March to July 2020 (UNICEF, 2020). There was concern that the highly charged debate would not only increase hesitancy about Covid-19 vaccines but also undermine routine immunisation programmes. In response, UNICEF produced a field guide to help tackle the “infodemic” about vaccines.

It pointed to evidence that anti-vaccine messages are “stickier” than pro-vaccine messages, as they tend to be more emotional and visual than official health communications. The guide suggests techniques to “inoculate” people against misinformation and “debunk” specific myths or rumours: an inoculating message explains why the misinformation is false, and what may have led people to believe it, and states the facts in simple, clear terms.

However, it is easy to overstate the power of social media, and the persistence of vaccine hesitancy. The APPG inquiry (2021) concluded that, while online misinformation and deliberate disinformation pose a significant threat to vaccine confidence, practical access issues were still the dominant cause of missed immunisation appointments. In August 2021, the Office for National Statistics (ONS) reported a widespread fall in vaccine hesitancy, with adults from all English regions, Scotland and Wales increasingly likely to say they would accept the Covid-19 vaccine (ONS, 2021). More than nine in ten adults (96%) reported positive sentiment towards the Covid-19 vaccine from 23 June to 18 July 2021. The fall in hesitancy coincided with growing evidence that vaccines are effective in preventing hospitalisation from Covid-19 (Stowe et al, 2021).

Box 1. Case study

Julie Thornton, head of community and school-aged immunisations in Essex, gives parents time to discuss their concerns and emphasise the health benefits of vaccines: “As long as you are polite and respectful, they are very likely to accept vaccination.”

Parents who decline a first offer of vaccination receive a follow-up call from a nurse, and the door is kept open should they need further information or reassurance. For the HPV vaccine follow-up call: “We are very careful. We’ll open the conversation with ‘Can I talk to you about a vaccine that will prevent your child from having cancer?’.” Keeping the focus on cancer, she says, “makes a big difference”.

“With the HPV vaccine, there is that association with sex – parents think their children don’t need it. We explain to parents that, from a biological point of view, there’s a benefit to giving it at a younger age.”

Parents also need to feel that they can raise any concern without being judged: “Sometimes they go, ‘I sound silly but I’m worried that my child’s arm will hurt’, or ‘this is something I read on Facebook’.”

Ms Thornton, who is based at Essex Partnership University NHS Foundation Trust, says high-profile stories about vaccines, such as media coverage of a recent study (Falcaro et al, 2021) showing almost 90% reduction in cervical cancer rates among women who were vaccinated against cancer in their early teens, can be helpful. She adds that messaging needs to be clear and consistent to avoid stoking concerns and says some of the national messaging around the Covid-19 vaccine for younger age groups has been “confusing” for parents, and the lack of time for planning has been difficult.

Along with providing written information in multiple languages and phone calls, the immunisation team also attends parent meetings in schools and has trained local community organisers as “vaccine reassurers”. Hearing about vaccines “from someone who looks like you” can be persuasive, says Ms Thornton. It is also important to engage directly with school children, as they are a key influence on their parents.

Parents have had the most doubts about the Covid-19 vaccine, says Ms Thornton, but acceptance rates are now moving towards 60%, up from 40%. As the epidemiological evidence of the benefits of the vaccine becomes stronger, people are finding it easier to give consent: “Parents are changing their minds.”

Reviewing the evidence

A 2021 systematic review of the factors promoting vaccine hesitancy or acceptance during pandemics (Truong et al, 2021) found seven major factors:

- Demographic factors (ethnicity, age, sex, pregnancy, education and employment);
- Accessibility and cost;
- Personal responsibility and risk perceptions;
- Precautionary measures (for example, whether someone practices other infection control measures, such as frequent handwashing);
- Trust in health authorities and vaccines;
- The safety and efficacy of a new vaccine;
- Lack of information or vaccine misinformation.

The intention to not vaccinate was associated with being younger than 49, being female, and having a lower income and education. In the US and the UK, studies reported that Black people were less willing to receive the vaccine than people in other ethnic groups. Greater trust in health service organisations, governments, and the vaccine manufacturing process was associated with vaccine acceptance.

Before the Covid-19 pandemic, vaccination rates were improving among low and middle-income countries due to improved access to services, but were in decline in high-income countries, including the UK, the US and Europe (APPG, 2021). Partly, this was due to vaccination becoming a victim of its own success; as diseases such as polio have become less visible, concerns about the possible side-effects of vaccines and the practical difficulties of accessing vaccination services have loomed larger.

When complacency about a disease combines with a fall in confidence about a vaccine, it can reduce vaccine uptake, as happened with the measles, mumps and rubella (MMR) vaccine in the late 1990s.
Nurses are well placed to discuss vaccination with hesitant patients

when a now-discredited paper published in The Lancet linked the vaccine with autism (WHO, 2001).

PHE says children’s vaccine uptake has been slowly decreasing since 2012/13, but there is no evidence that anti-vaccine groups and social media messaging are having a major impact on parental confidence in England (PHE, 2021b). To explain the decline in uptake, PHE points instead to access issues and people’s knowledge of the availability of services. It claims parental confidence in the national vaccination programme is at an all-time high, with parents trusting the information they receive on vaccination from their health professionals over and above any other channel (see Box 1).

Box 2. How to refute or debunk misinformation about vaccines

- FACT: Restate the truth first, using simple words
- MYTH: Warn before you mention it that a myth is coming, and then avoid repeating it. Repetition can make misinformation appear true
- FALLACY: Explain why the misinformation is wrong, and why alternative information is correct. Detailed corrections promote changes in beliefs over time and protect against a return to the misinformation
- FACT: Restate the truth, so it is the last thing the person processes. Even with detailed refutations, the effects wear off with time. Be prepared to debunk repeatedly

Source: Lewandowsky et al (2020)

Box 3. Top tips for communicating with vaccine-hesitant patients

- Be aware of cultural and emotional differences
- Recognise the difficulties in accessing healthcare and adhering to public health guidance
- Provide clear and up-to-date guidance
- Adjust styles for differing literacy, education, and language levels
- Have reliable, up-to-date, and accessible sources of information on hand
- Avoid using jargon and stigmatising language
- Support equity by identifying and targeting vulnerable groups

Source: Razai M et al (2020)
willing to trust health messages about vaccines due to historical and current experiences of racism: coproduction and pre-testing of health messages to identify language that reflects the cultural context for the audience is essential (Bit.ly SPI-Bvaccineadv). Evidence-based good practice for increasing vaccination confidence and uptake among Black African and Black African Caribbean populations has been published by NHS England and NHS Improvement (2021). The Bridging the Uptake Gap toolkit (2021) recommends using data sources, such as the Vaccine Equalities Mapping Tool, alongside local data and intelligence from established networks and connections, to gain a detailed understanding of the local populations and identify gaps. The tool highlights that effective engagement is built on trust.

Avoid making assumptions about the role of ethnicity or culture in vaccine hesitancy or acceptance. A study of the barriers to childhood immunisation in a large Charedi Orthodox Jewish community in London, which had experienced regular outbreaks of vaccine-preventable diseases, found no evidence of community resistance against vaccination related to cultural norms or religion (Letley et al, 2018). Parents who delayed or refused vaccination did so for similar reasons to the wider population, such as concerns about side-effects and barriers to access. The community has larger than average families, meaning that ease of access to booking appointments and child-friendly facilities in clinics were especially important to parents. Community specific initiatives such as Sunday clinics and Charedi nurse immunisers were identified as enablers to vaccination.

Reaching out to underserved communities

The Covid-19 vaccination programme has sparked initiatives to reach out to underserved communities - 50 examples have been published by The Strategy Unit (Bit.ly StrategyUnitvaccineuptake).

In one primary care network (PCN), Wallall South One PCN, over 50% of patients aged 80 and over were declining the Covid-19 vaccine due to misinformation. To address this, a team of nurses, GPs and vaccinators phoned patients to let them know they could be vaccinated at their place of worship. Dedicated areas were set aside in mosques and gurdwaras, and people were given time to ask staff questions about the vaccine. Local faith leaders also attended the vaccination events, and recorded messages and videos of themselves having the vaccine. This resulted in a 20% increase in uptake, including among people who had declined multiple times.

In Leicester, PCNs partnered with local voluntary sector groups and community radio stations to tailor initiatives for multi-generational households in Asian, Somali and Eastern European communities. Whole households were invited for vaccination at the same time. GPs telephoned people who had declined vaccination and achieved a 69% conversion rate. A key lesson from the initiative was that communities should not be labelled “hard to reach” – it was the service that had been hard to reach.

Many of the successful initiatives highlighted by The Strategy Unit, started with people from the community recognising the barriers around vaccine uptake and taking action; there also appears to have been a “step-change” in how health professionals have supported their communities – partly because they themselves are residents and are more aware of the issues (Mulla, 2021). The roll-out of the Covid-19 vaccination programme has shown how important it is to share information on vaccines, tackle anti-vaccine misinformation and, crucially, to engage with communities to make access easier and more convenient. The hope is that the lessons from Covid-19 will be used to tackle a wide range of health inequalities. Most obviously, they can – and should – be used to improve the uptake of routine vaccination in the future (APPG, 2021).