



**Complacency About Diseases, Anxiety About Vaccines: The Meningitis Perspective**  
**Liz Rodgers, Meningitis Research Foundation**  
**A Webber Training Teleclass**




**Complacency about diseases,  
anxiety about vaccines:  
The meningitis perspective**

Liz Rodgers, Research Projects Manager  
Meningitis Research Foundation



Hosted by Paul Webber  
paul@webbertraining.com

[www.webbertraining.com](http://www.webbertraining.com) May 20, 2021



**Outline**

- Importance of preventing meningitis: burden and impact of disease
- Why some people don't take up their life saving vaccines: defining the spectrum of vaccine hesitancy
- The importance of advocacy and the patient perspective in building confidence for meningitis vaccines
- Reviewing approaches to communicating with those who are hesitant

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## • Importance of preventing meningitis: burden and impact of disease

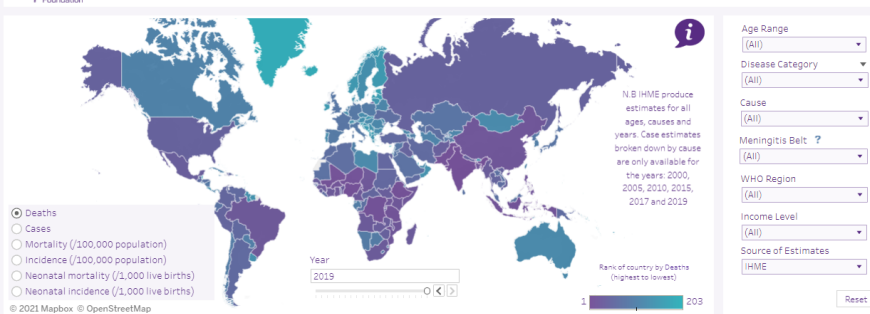
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## Burden of disease: meningitis and neonatal sepsis



### Meningitis and Neonatal Sepsis



Estimated Total Deaths **462,452** Estimated Total Cases **8,427,054**

Meningitis and neonatal sepsis combined are estimated to be the **second largest infectious killer of children aged under five**. Faster progress is needed to save more lives. Meningitis Research Foundation has driven the call for a Global Roadmap to Defeat Meningitis by 2030. Led by the World Health Organization, the roadmap was officially endorsed at the World Health Assembly in November 2020.

<https://www.meningitis.org/mpt>

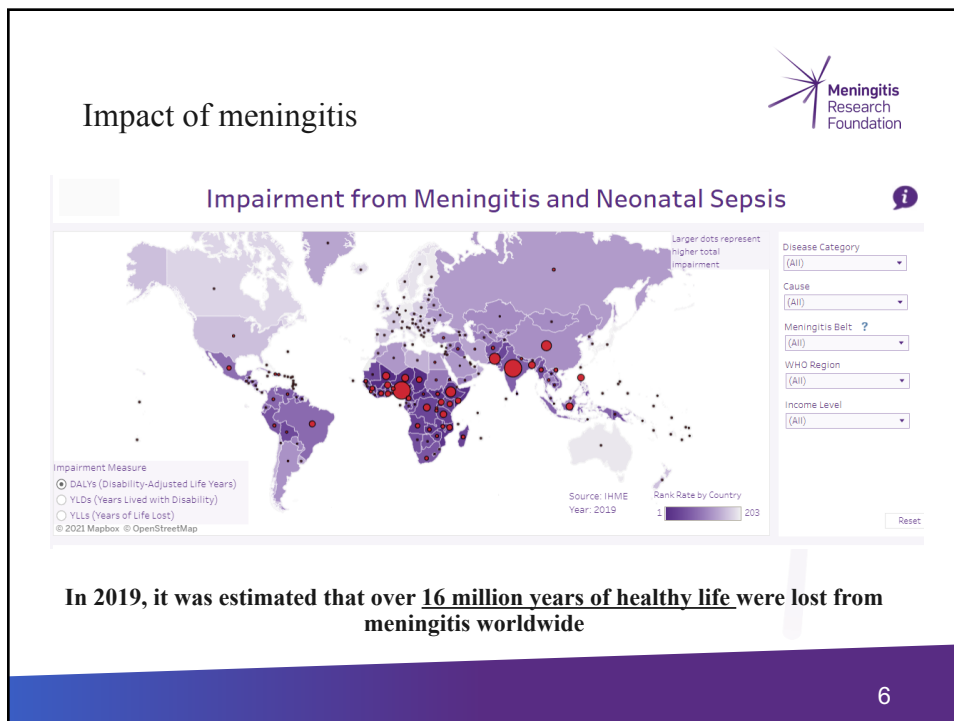
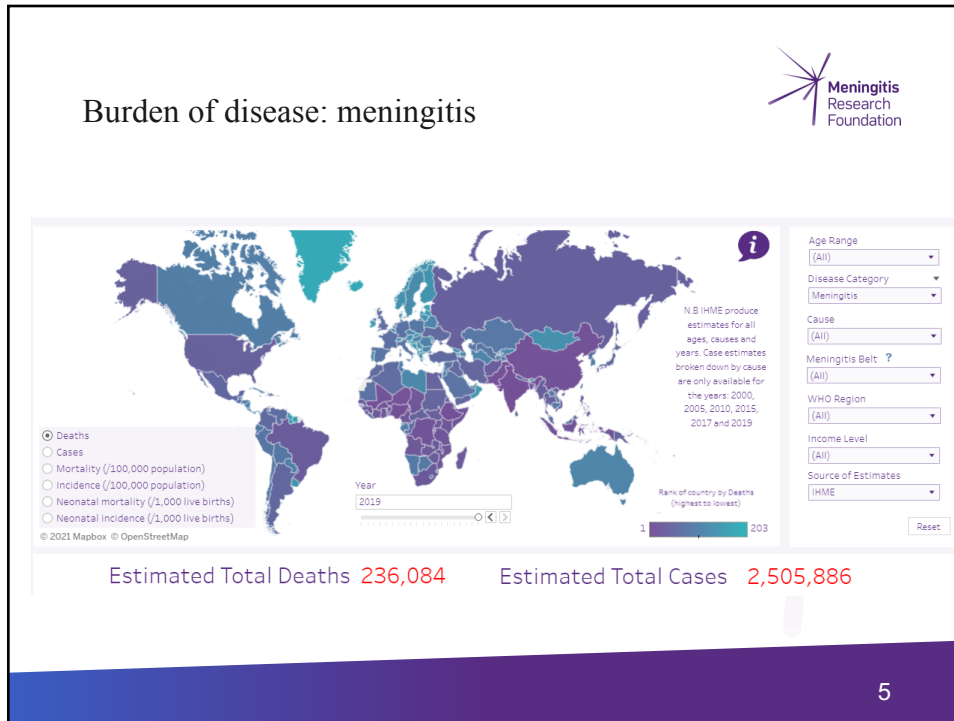
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WHO Global Roadmap to Defeat Meningitis by 2030



Home / News / World Health Assembly endorses the 1st ever resolution on meningitis prevention and control



**World Health Assembly endorses the 1st ever resolution on meningitis prevention and control**

Defeating meningitis by 2030

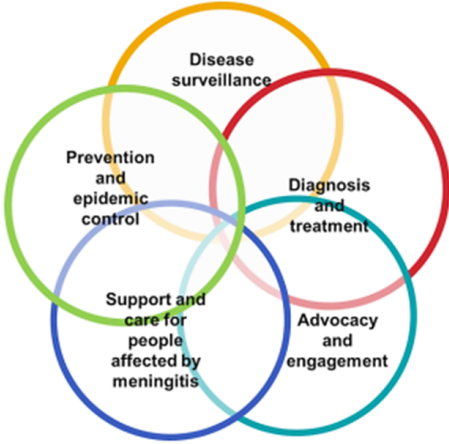

**Visionary goals by 2030**

- ✓ Eliminate bacterial meningitis epidemics\*
- ✓ Reduce cases and deaths from vaccine-preventable bacterial meningitis\*\*
- ✓ Reduce disability and improve quality of life after meningitis due to any cause

Defeating meningitis by 2030 global road map (version 26 October 2020) available:  
[https://www.who.int/publications/m/item/defeating-meningitis-by-2030-global-road-map-\(version-20-october-2020\)](https://www.who.int/publications/m/item/defeating-meningitis-by-2030-global-road-map-(version-20-october-2020))

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Pillars of the Roadmap



**Disease surveillance**

**Prevention and epidemic control**

**Support and care for people affected by meningitis**

**Diagnosis and treatment**

**Advocacy and engagement**

Defeating meningitis by 2030 global road map (version 26 October 2020) available:  
[https://www.who.int/publications/m/item/defeating-meningitis-by-2030-global-road-map-\(version-20-october-2020\)](https://www.who.int/publications/m/item/defeating-meningitis-by-2030-global-road-map-(version-20-october-2020))

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## Roadmap scope



*“The roadmap on defeating meningitis sets out a plan to tackle the main causes of acute bacterial meningitis: meningococcus, pneumococcus, Haemophilus influenzae and group B Streptococcus.*

*This focus is based on: (i) evidence of the worldwide burden of disease due to these four organisms, which also cause sepsis and pneumonia and were responsible for over 50% of the 290 000 deaths from all-cause meningitis in 2017; (ii) the impact that this global strategy could have on diminishing the burden by 2030, since effective vaccines that protect against disease caused by all four organisms are currently available (or in development).*

*Although the focus of this road map is not on other important causes of meningitis, such as tuberculosis, Cryptococcus, enteric bacteria and viruses such as enterovirus, several goals aimed at reducing the burden of disease are applicable to all causes of meningitis.”*

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## Pneumococcal infection



*Streptococcus pneumoniae* (pneumococcus) can cause: meningitis, septicaemia, severe pneumonia, as well as non-invasive, milder diseases

~90 serotypes identified, small number account for most invasive disease

Disease most common at the extremes of age: young children and elderly

Two conjugate vaccines exist (PCV13 and PCV10), an additional 10 valent vaccine ‘Pneumosil’ is WHO pre-qualified. A polysaccharide vaccine (PPV23) is also available

Higher valency conjugate vaccines are currently in development and research is ongoing into protein and alternative vaccine approaches

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## Haemophilus Influenzae infection



Six serotypes identified, of which type b (Hib) causes the vast majority disease, with the under-5's being the most affected

Hib can cause: meningitis, septicaemia, pneumonia as well as milder diseases

Hib conjugate vaccine available since the 1980's

HiA now causing a high burden of disease in some communities

Global Roadmap to Defeat Meningitis includes a milestone for a HiA vaccine to be licensed by 2028

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## WHO recommendation for PCV and Hib vaccines



- In view of their demonstrated safety and efficacy, WHO recommends the inclusion of conjugate Hib vaccines in all infant immunization programmes
- WHO also recommends the inclusion of PCVs in childhood immunization programmes worldwide

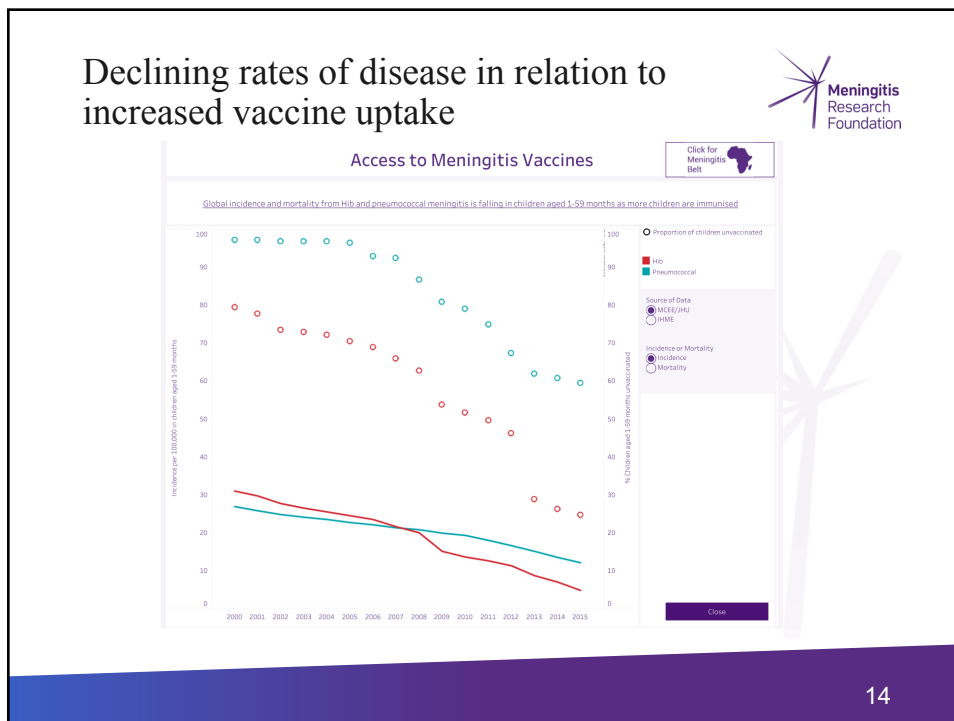
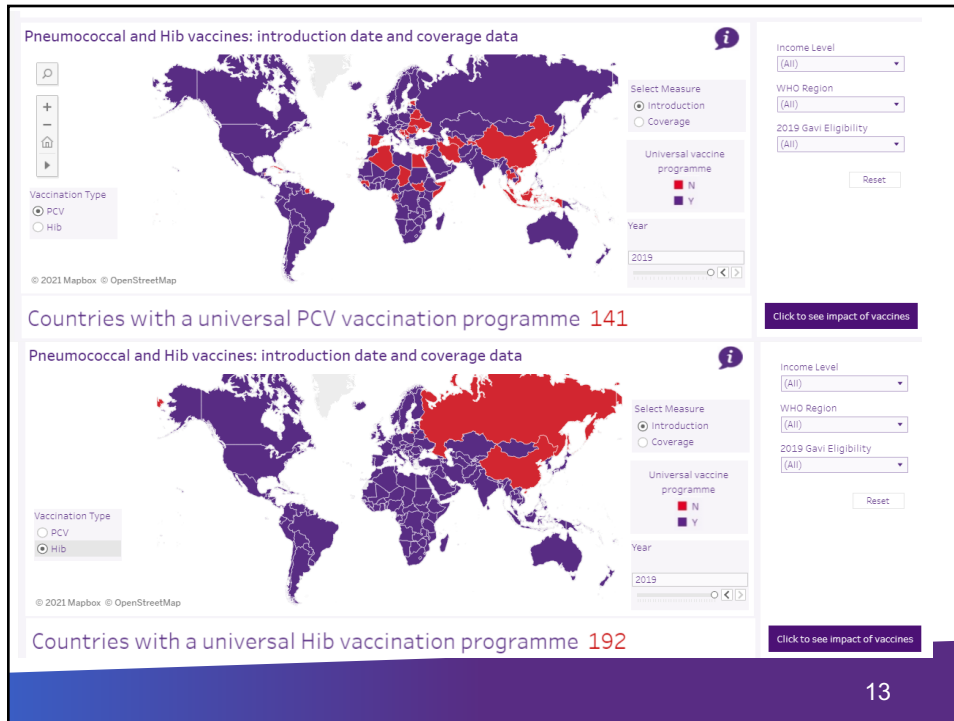
[https://www.who.int/immunization/policy/position\\_papers/who\\_pp\\_pcv\\_2019\\_summary.pdf?ua=1](https://www.who.int/immunization/policy/position_papers/who_pp_pcv_2019_summary.pdf?ua=1)  
<https://www.who.int/wer/2013/wer8839.pdf?ua=1>

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## Meningococcal infection



*Neisseria meningitidis* (meningococcus)

12 serogroups identified - six (A, B, C, W, X and Y) responsible for the majority of invasive disease

Babies and under 5's are the most at risk of disease, followed by a second peak in teenagers

Vaccines are available which protect against: MenA, MenB, MenC, MenW, MenY, MenX containing vaccine in development

No universal meningococcal vaccine exists

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## WHO recommendation for meningococcal vaccines



*'WHO recommends that countries with high (>10 cases/100 000 population/year) or intermediate endemic rates (2-10 cases/100 000 population/year) of IMD and countries with frequent epidemics, introduce appropriate large scale meningococcal vaccination programmes. In countries where the disease occurs less frequently (<2 cases per 100,000 population/year), meningococcal vaccination is recommended for groups at known risk of meningococcal exposure*

Meningococcal vaccines. A summary of the WHO position paper of 18 Nov 2011  
[https://www.who.int/immunization/position\\_papers/MC\\_summary\\_14\\_Nov\\_2011.pdf?ua=1](https://www.who.int/immunization/position_papers/MC_summary_14_Nov_2011.pdf?ua=1)


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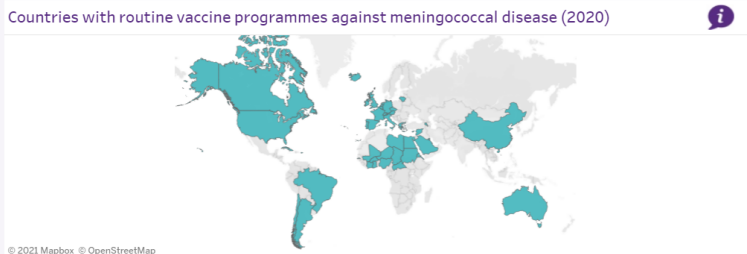
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There are fewer countries with universal meningococcal programmes



Countries with routine vaccine programmes against meningococcal disease (2020)




© 2021 Mapbox © OpenStreetMap

Countries with a universal meningococcal vaccination programme 47

Meningitis vaccines have saved millions of lives yet are still not universally accessible to all children who need them.

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GBS infection



*Streptococcus agalactiae* (Group B Streptococcal (GBS)) can cause: meningitis, neonatal sepsis, pneumonia

Leading cause of meningitis and sepsis in newborn babies

319,000 infant cases of GBS infection estimated to occur globally each year, resulting in 57,000 stillbirths and 90,000 infant deaths in 2015

Around 1 in 4 pregnant women carry GBS bacteria in gut and genital tract, and bacteria can be passed from mother to baby during birth

GBS disease can be early onset or late onset

No GBS vaccines available, so current GBS prevention focuses on giving antibiotics to women in labour, aiming to reduce disease in infants at delivery

Scale, A.C., Bianchi-Jassir, F., Russell, N.J., Kohli-Lynch, M., Tann, C.J., Hall, J., Madrid, L., Blencowe, H., Cousens, S., Baker, C.J. and Bartlett, L., 2017. Estimates of the burden of group B streptococcal disease worldwide for pregnant women, stillbirths, and children. *Clinical infectious diseases*, 65(suppl. 2), pp.S200-S219.

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#### Risk based approach vs universal screening



##### **Risk factor based screening approach:**

Involves offering prophylactic antibiotics to the mother in labour when the baby is at higher risk of developing the infection.

Risk factors for the UK setting include:

- early labour (<37 weeks)
- waters breaking too early
- mother having a fever (>38°C)
- previous baby with GBS disease
- GBS detected in the mother's urine

This approach is imperfect: some babies are missed and many women with risk factors do not carry GBS but receive antibiotics unnecessarily

Seale, A. ed., 2017. *The Burden of Group B Streptococcus Worldwide for Pregnant Women, Stillbirths, and Children*. Oxford University Press.

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#### Risk based approach vs universal screening



##### **Universal screening approach:**

Involves routinely swabbing all pregnant women for GBS prior to birth and offering prophylactic antibiotics to those found to be carrying GBS bacteria

Benefits to this approach include:

- Women not carrying GBS are not given unnecessary antibiotics
- Prevents babies whose mothers do not have risk factors, but do carry GBS developing early onset GBS
- Results in fewer babies dying, or surviving with life altering after effects

But there are some drawbacks:

- Costly especially for LMICS
- Could result in many women being given antibiotics they do not need

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#### GBS vaccine development



- Number of GBS vaccines currently in development, intended for maternal use
- Survey by the UK Charity Group B Strep Support suggest that a GBS vaccine would be well accepted
- Many countries already recommend vaccination in pregnancy (e.g. influenza), so the concept is familiar and acceptable to most pregnant women
- But in some areas maternal vaccination uptake is low
- Research was conducted with pregnant women living in London, UK, to understand factors that influence vaccine acceptance during pregnancy



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#### Improving maternal vaccination acceptance



The findings of this study and the recommendations based on them were divided into five broad themes:

- Access
- Healthcare rhetoric
- Involving community and family influences on vaccination decisions
- Health care professional's views towards maternal vaccination
- Patient-healthcare professional relationships

Wilson, R., Paterson, P. and Larson, H.J., 2019. Strategies to improve maternal vaccination acceptance. *BMC Public Health*, 19(1), pp.1-11.

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- Importance of preventing meningitis: burden and impact of disease
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## The Global Roadmap recognises the importance of vaccine confidence



<p><b>Strategic Goal 18: Ensure that people and communities know how to access meningitis vaccines, other prevention and support after meningitis, and that they value and demand them</b></p> <p>(link to Strategic Goal 1 Vaccine coverage, Strategic Goal 3 Vaccine strategy, Strategic Goal 4 GBS prevention, Strategic Goal 15 Prioritizing meningitis, Strategic Goal 19 Vaccine confidence)</p>	<p>Identify, encourage and support civil society organizations that do or could promote the interests of those affected by meningitis, including those with sequelae, and invite involvement in delivering the goals of the road map through their communities, engagement with national and regional authorities and international networks of civil society organizations</p>	<p>By 2025, citizen representation and input to national meningitis annual plans in &gt;50% of targeted countries</p>
<p><b>SG19: Maintain high vaccine confidence</b></p> <p>(link to Strategic Goal 1 Vaccine coverage, Strategic Goal 5 Epidemic response, Strategic Goal 18 Health care rights)</p>	<p>Study community understanding of current and new meningitis vaccines (for example, maternal immunization when available for GBS) and other preventive strategies</p> <p>Develop risk and communication strategies to address issues of access, acceptance and generation of demand for vaccines</p> <p>Develop risk and crisis communication plans for new and existing vaccines in order to address potential inaccurate communication of adverse events</p>	<p>By 2025, research conducted and, by 2028, (depending on vaccine availability) GBS maternal vaccination promoted</p> <p>By 2023, risk and communication strategies addressing issues of vaccine access, acceptance and demand developed, integrated into national plans, and implemented in &gt;50% of targeted countries and, by 2026, in &gt; 80% of targeted countries</p>


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Defining 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.”*

WHO-SAGE




REPORT OF THE SAGE WORKING GROUP ON VACCINE HESITANCY

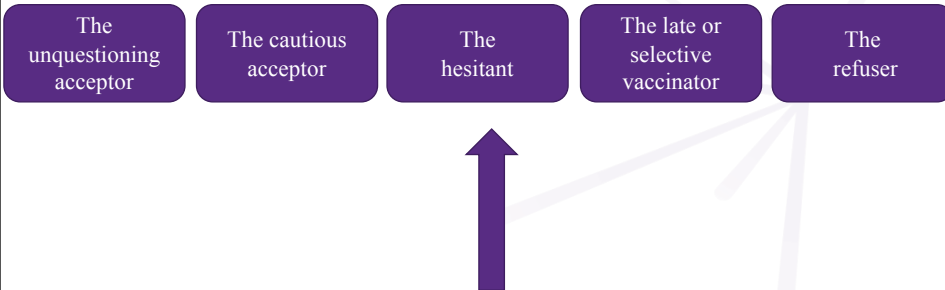
01 October 2014

SAGE Working Group, 2014. Report of the SAGE working group on vaccine hesitancy. Geneva: World Health Organization. 25

Parental positions towards vaccination



The unquestioning acceptor    The cautious acceptor    The hesitant    The late or selective vaccinator    The refuser



Leask, J., Kinnersley, P., Jackson, C., Cheater, F., Bedford, H. and Rowles, G., 2012. Communicating with parents about vaccination: a framework for health professionals. *BMC pediatrics*, 12(1), p.154. 26

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3 C's model of vaccine hesitancy

The diagram consists of three overlapping circles. The top circle is labeled 'COMPLACENCY'. The bottom-left circle is labeled 'CONVENIENCE'. The bottom-right circle is labeled 'CONFIDENCE'. The circles overlap in the center and at the intersections between pairs of circles.

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SAGE Working Group, 2014. Report of the SAGE working group on vaccine hesitancy. Geneva: World Health Organization. 27

What determines vaccine hesitancy?

The diagram consists of three overlapping circles. The top circle is labeled 'COMPLACENCY'. The bottom-left circle is labeled 'CONVENIENCE'. The bottom-right circle is labeled 'CONFIDENCE'. The circles overlap in the center and at the intersections between pairs of circles.

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Decisions surrounding vaccination, and reasons underpinning refusal are complex, determined by:

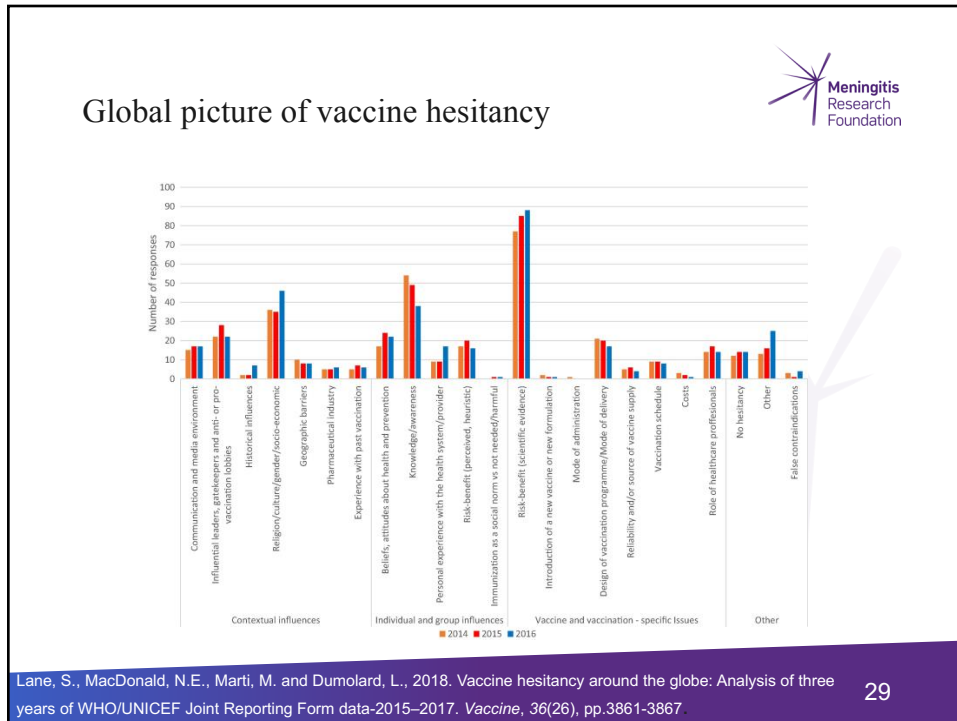
- **Contextual influences:** media, environment, politics
- **Individual and group influences:** arising from personal perception of the vaccine or influences of the social/peer environment
- **Vaccine/vaccination specific factors:** directly related to the vaccine/vaccination, e.g. mode of administration, reliability and source of vaccine and knowledge base/attitude

SAGE Working Group, 2014. Report of the SAGE working group on vaccine hesitancy. Geneva: World Health Organization. 28

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- ### Top three determinants of vaccine hesitancy
- 
- Research has revealed the top three cited reasons for vaccine hesitancy globally are:
1. Risk-benefit (scientific evidence) e.g. vaccine safety concerns or fear of side effects
  2. Lack of knowledge and awareness of vaccination and its importance
  3. Religion, culture, gender and socioeconomic issues regarding vaccines
- Lane, S., MacDonald, N.E., Marti, M. and Dumolard, L., 2018. Vaccine hesitancy around the globe: Analysis of three years of WHO/UNICEF Joint Reporting Form data-2015–2017. *Vaccine*, 36(26), pp.3861-3867.

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## COVID-19 vaccines and vaccine hesitancy



Springer Link

VACCINE HESITANCY | Published: 12 August 2020

### Vaccine hesitancy: the next challenge in the fight against COVID-19

[Amiel A. Dror](#) [Netanel Eisenbach](#), [Shahar Taiber](#), [Nicole G. Morozov](#), [Matti Mizrahi](#), [Asaf Zigran](#), [Samer Srouji](#) & [Eyal Sela](#)

[European Journal of Epidemiology](#), 35, 775–779(2020) | [Cite this article](#)

195k Accesses | 91 Citations | 96 Altmetric | [Metrics](#)

#### Abstract

Vaccine hesitancy remains a barrier to full population inoculation against highly infectious diseases. Coincident with the rapid developments of COVID-19 vaccines globally, concerns about the safety of such a vaccine could contribute to vaccine hesitancy. We analyzed 1941 anonymous questionnaires completed by healthcare workers and members of the general

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covid-19 Research Education News & Views Campaigns Jobs

#### News

### Covid-19: Vaccine hesitancy fell after vaccination programme started

BMJ 2021 ; 372 doi: <https://doi.org/10.1136/bmj.n837> (Published 26 March 2021)

Cite this as: *BMJ* 2021;372:n837

[Read our latest coverage of the coronavirus outbreak](#)

Article Related content Metrics Responses

Tom Moberly

Author affiliations

More than eight out of 10 UK adults who were initially reluctant to have a covid vaccine now plan to do so, survey data suggest.

### Early Vaccine Doubters Now Show a Willingness to Roll Up Their Sleeves

Polls show that pervasive skepticism is melting, partly because of the high efficacy rates in trials and the images of real people getting the shot.

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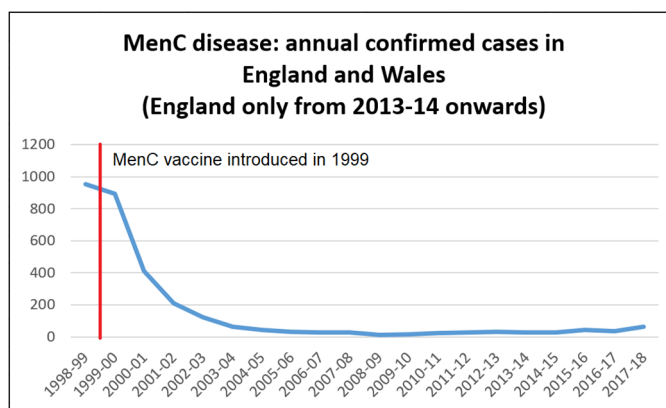
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- Importance of preventing meningitis: burden and impact of disease
- Why some people don't take up their life saving vaccines: defining the spectrum of vaccine hesitancy
- **The importance of advocacy and the patient perspective in combatting complacency, and building confidence for meningitis vaccines**
- Reviewing approaches to communicating with those who are hesitant

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Vaccines reduce burden of disease, which can result in complacency, and hesitancy



Source: Public Health England, Meningococcal disease: laboratory confirmed cases in England  
<https://www.gov.uk/government/publications/meningococcal-disease-laboratory-confirmed-cases-in-england-and-wales>

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Meningitis stories shared: combatting complacency

The Book Of Experience

Find the right story

Age (1) v

Disease v

Outcome v

Search

Clear Filter

Antonia Colaluca

Chloe Horsman

Mathias Bennborn

Edward Kitchin

Tell your story

Submit your story

Support for you

Welcome, we're here to help

Please enter your name below, and we'll connect you to an advisor.

Your first name, or sign in with...

Chat Now

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Increasing vaccine uptake after emergence of a new, virulent strain

- From 2009, sharp increase seen in MenW disease
- Affecting mainly healthy people, particularly teenagers
- Unusual clinical presentation (gastric symptoms)
- Higher case fatality rate (13% vs 5-10%)

Number of Cases

Epidemiological Year (July-June)

Source: Ladhani SN, Ramsay M, Borrow R, Riordan A, Watson JM, Pollard AJ. Enter B and W: two new meningococcal vaccine programmes launched. Archives of disease in childhood. 2016 Jan 1;101(1):91-5.

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## Genomics revealed increase was due to MenW ST-11



PubMLST Public databases for molecular typing and microbial genome diversity

Home > Organisms > Neisseria spp.

### Neisseria genome libraries

#### MRF Meningococcus Genome Library

Meningitis Research Foundation (MRF) commissioned the creation of a comprehensive online library of the genomes of all meningococcal disease isolates for 2009-2013 in the UK, open to scientists anywhere in the world. The aim was to enable advancement in serogroup B meningococcal vaccine research, making a lasting contribution to MenB vaccine development. This has been, and continues to be a major focus of work at MRF, whose trustees place particular emphasis on research into prevention of serogroup B meningococcal disease.

The library has continually expanded and includes data from recent years and from all four countries of the United Kingdom.

More details can be found on the MRF website .

Access the MRF genome library.

Contact Get in touch with us if you have any comments or suggestions concerning the website and the databases.

Follow

[https://pubmlst.org/bigsub?db=pubmlst\\_neisseria\\_mrfgenomes](https://pubmlst.org/bigsub?db=pubmlst_neisseria_mrfgenomes)

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## MenACWY introduction



- In 2015, MenACWY was introduced for those aged 14 years
- Catch up programme for older age groups, but uptake in this group was low
- To help overcome this, MRF launched 'Stop the Spread' campaign, which in line with the 3 C model aimed to: combat complacency, ensure convenience and enhance confidence

All UK teenagers 'should be vaccinated' against aggressive meningitis strain

All British teenagers aged 14 to 16 will be offered a new jab against Meningitis amid warnings Britain is facing "a public health emergency"

MenACWY vaccine help protect yourself against meningitis and septicaemia

MenACWY vaccine save your life

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#### Combatting complacency



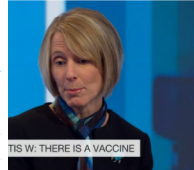
- Target mothers - research shows they are the health keepers in families
- Highlight the severity of the diseases using peer case studies

#### TEEN MENINGITIS TRAGEDY Fit and healthy teenager died suddenly from meningitis just a week after starting university

Lauren Sandell, 18, had been out for a five mile run just days before she died. Around a week after she arrived at Bournemouth, on September 29 2016, she told her mum she was feeling unwell and her health deteriorated

NEWS SKY.COM  
20 Jun 2016, 14:47 | Updated 23 Jun 2016, 14:51  
Comment now

A TEEN who died from meningitis just days starting university and falling ill was a "fit and healthy" young woman, an inquest was told.  
Lauren Sandell, 18, had been out for a five mile run just days before she died, her mum said.



#### Mum's warning after daughter dies of meningitis W

Lauren Sandell was 18 years old when she died of meningitis W in October last year. Lauren's mother Sharon Sandell says they initially put her daughter's symptoms down to stress or food poisoning.

NEWS SKY.COM  
18 May 2017  
Share



NEWS.SKY.COM  
Dead, blind, comatose - the victims of not vaccinating  
Dead, blind, comatose - the victims of not vaccinating

#### Enhancing confidence



- MRF partnerships with trusted sources
- Official letters from UCAS – (Universities and Colleges Admissions Service)





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#### Ensuring Convenience



- Created an online 'eligibility checker'
- Leveraged connections with academics to bring vaccinations to students
- Attended freshers' fairs
  - 8,400 posters
  - 41,000 leaflets

#### UK MenACWY Eligibility checker

Young people aged 14 and above across the UK are being offered free MenACWY vaccine to combat a rapid rise in a deadly strain of MenW (meningococcal W meningitis and septicæmia).

People under the age of 25 going to uni for the first time are also being offered the vaccine.

Find out if you are eligible for this free vaccine using the checker below.

If you are over 14 and have not had this vaccine at school or from your GP you can still get it!

- You are starting university for the first time and aged under 25
- You were born after 1st September 1996 (England and Wales) or born after 2 July 1996 (Northern Ireland)
- You are in Scottish School year S3 to S6

What is your Date of Birth? (DDA)  England

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#### Impact



- Universities with 'sign up' vaccination reaching 70% coverage
- Around 70,000 additional vaccinations taking place, compared to the same period in 2016.
- Rates of MenW had for the first time in years started to reduce in the age group eligible for the vaccine.



Image: NHS England South West. 'Student Georgina Campbell gets the MeningitisACWY vaccine'.


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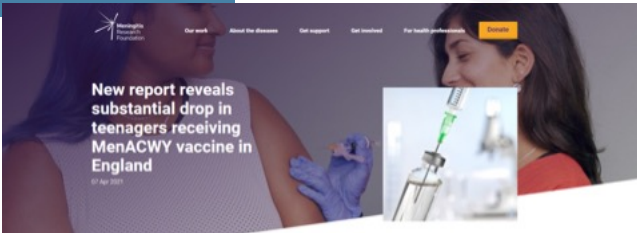
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Impact of COVID-19 on meningitis cases and vaccine uptake



**New report reveals 12% drop in deadly meningitis cases in England, which could be linked to lockdown**


26 Jan 2021



<https://www.meningitis.org/news/drop-meningitis-cases-lockdown-england>  
<https://www.gov.uk/government/publications/meningococcal-disease-laboratory-confirmed-cases-in-england-in-2019-to-2020>


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Vaccines are vital campaign




**I save lives.  
I vaccinate.**

#VaccinesAreVital  
www.meningitis.org



**Vaccines are  
vital**

#VaccinesAreVital  
www.meningitis.org



Launched to combat growing concern that the COVID-19 pandemic could threaten global immunisation uptake

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# Complacency About Diseases, Anxiety About Vaccines: The Meningitis Perspective

Liz Rodgers, Meningitis Research Foundation

A Webber Training Teleclass

Patient perspective:  
Why are vaccines vital to you?



*"They save lives and futures. My future changed 10 years ago. My life got flipped on its head. No one should ever have to go through this when there is a vaccine out there. Cost of vaccine shouldn't be thought about considering the amount I and many others have cost the NHS and other U.K. services and will keep costing for years to come." – Lesley*

*"Vaccines save lives. If we had only known about the vaccines our son would probably have been alive today. Instead we are looking at the one year anniversary of his death." – Christine*

*"Vaccines are vital because they save lives. My mum lost my sister over 40 years ago to meningococcal septicaemia and we also almost lost our daughter to the same thing at 18mths old thankfully she's now almost 14 and things have come a long way and we are so lucky to have the vaccines we do." - Justine*

<https://www.meningitis.org/blogs/why-vaccines-are-vital-to-you>

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Spotting misinformation



The UK's independent fact checking charity, Full Fact, recommends taking three steps to interrogate information

**Meningitis Research** @M\_R\_F · Jun 18  
Misinformation about vaccines is a direct threat to global health. The more it spreads, the greater the risk that cases of deadly vaccine-preventable diseases will rise.

Click here: [meningitis.org/vaccines-are-v...](https://www.meningitis.org/vaccines-are-v...) to learn how to identify misinformation. #VaccinesAreVital #VaccinesWork

### 3 steps to spotting misinformation

1. Where is it from?



A reliable piece of information will have a clear, familiar source.

2. What's missing?



Trustworthy info contains the full story, often with trackable data and/or quotes from known authority figures.

3. How do you feel?



Misinformation takes advantage of emotions to prompt a reaction.

#VaccinesAreVital  
[www.meningitis.org](https://www.meningitis.org)



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- Importance of preventing meningitis: burden and impact of disease
- Why some people don't take up their life saving vaccines: defining the spectrum of vaccine hesitancy
- The importance of advocacy and the patient perspective in building confidence for meningitis vaccines
- **Reviewing approaches to communicating with those who are hesitant**

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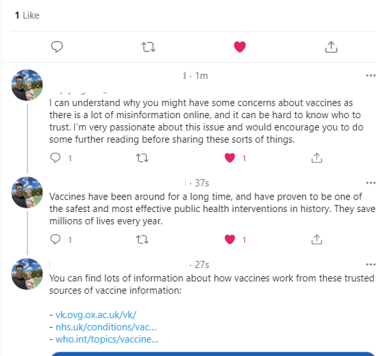
## Responding to 'anti-vax' views



*"Hello. I can understand why you might have some concerns about vaccines as there is a lot of misinformation online, and it can be hard to know who to trust. I'm very passionate about this issue and would encourage you to do some further reading before sharing these sorts of things. Vaccines have been around for a long time, and have proven to be one of the safest and most effective public health interventions in history. They save millions of lives every year. You can find lots of information about how vaccines work from these trusted sources of vaccine information: .....*

My aunty sent me an anti vax message via Facebook messenger. If you want to use the reply I sent her it is below. Credit to @M\_R\_F

9:45 AM - Feb 17, 2021 - Twitter for iPhone



<https://www.meningitis.org/blogs/how-to-respond-to-anti-vaxxers>

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Why else might people not get vaccinated?



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### Perspective

## Missing the Point — How Primary Care Can Overcome Covid-19 Vaccine “Hesitancy”


Scott Ratzan, M.D., M.P.A., Eric C. Schneider, M.D., Hilary Hatch, Ph.D., and Joseph Cacchione, M.D.

Article Figures/Media Metrics May 5, 2021 DOI: 10.1056/NEJMp2106137

5 References

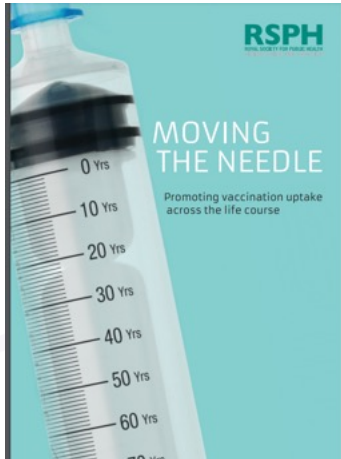
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Access is an important determining factor



Report by the Royal Society of Public Health found that the most common barriers to getting vaccinated were:

- Timing of appointments (49%)
- Availability of appointments (46%)
- Childcare duties (29%)



<https://www.rsph.org.uk/static/uploaded/3b82db00-a7ef-494e-85451e78ce18a779.pdf>

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## A Webber Training Teleclass

### Overcoming barriers and increasing uptake (1)

1. Send invites and reminders
2. Check children are up to date
3. Check IT system flags when people have missed out
4. Record vaccinations with appropriate codes
5. Plan sufficient appointments
6. Speak confidently about vaccines

The screenshot shows a blog post from Public Health Matters. The title is "Increasing vaccine uptake: Strategies for addressing barriers in primary care". The author is George Kasiakos and Mary Ramsay, dated 16 May 2019. The category is "Health Protection, Immunisation and Vaccination". The image shows a child being vaccinated. The right sidebar includes a search bar, a description of the blog, a category selector, and social media links for Twitter, Facebook, and YouTube.

<https://publichealthmatters.blog.gov.uk/2019/05/16/increasing-vaccine-uptake-strategies-for-addressing-barriers-in-primary-care/>

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### Overcoming barriers and increasing uptake (2)

7. Provide leaflets and posters
8. Create a call-back system
9. Signpost people to online resources
10. Offer additional and more flexible appointments

The screenshot shows a blog post from Public Health Matters. The title is "Increasing vaccine uptake: Strategies for addressing barriers in primary care". The author is George Kasiakos and Mary Ramsay, dated 16 May 2019. The category is "Health Protection, Immunisation and Vaccination". The image shows a child being vaccinated. The right sidebar includes a search bar, a description of the blog, a category selector, and social media links for Twitter, Facebook, and YouTube.

<https://publichealthmatters.blog.gov.uk/2019/05/16/increasing-vaccine-uptake-strategies-for-addressing-barriers-in-primary-care/>

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#### Mandatory vaccination



While it is not the position held in the UK, some countries have chosen to make vaccines mandatory to try and increase vaccine uptake

In France, in December 2017, vaccination mandates were extended from 3 to the 11 vaccinations included in the routine immunisation schedule of children under 2 years old, because:

- The coexistence in the schedule of both mandatory and recommended vaccines, created confusion among many parents, giving the false impression that the latter were less important or even optional
- The growing vaccine hesitancy in the French population, leading to insufficient vaccine coverage for most recommended vaccines
- This translated into an unacceptable burden of severe morbidity and mortality for some vaccine preventable diseases

Lévy-Bruhl D, Fonteneau L, Vaux S, Barret AS, Antona D, Bonmarin I, Che D, Quelet S, Coignard B. Assessment of the impact of the extension of vaccination mandates on vaccine coverage after 1 year, France, 2019. *Eurosurveillance*. 2019 Jun 27;24(26):1900301.

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#### Impact of mandatory vaccination



Results so far are encouraging and the number of infants who received the first dose of the meningococcal C vaccine has increased

However, as discussed, making vaccination compulsory is not the only way to obtain high vaccination rates.

Without mandating vaccines, the UK has held a high uptake rate for many years with the vast majority of parents choosing to vaccinate their children.

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Reminder of the wide reaching benefits of vaccines



Vaccinations have far reaching benefits beyond simply the health gained by preventing vaccine preventable disease in the immunised individual, such as but not limited to:

- Increased patient contact with health services
- Maximum protection of the unimmunised through herd protection
- Reduction of antibiotic resistant organisms
- Alleviating pressure on health systems through outbreak prevention
- Reduction of health inequalities

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Thank you for listening

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July 15, 2021	<a href="#">PANDEMIC IMPACT ON HEALTHCARE LAUNDRY IN ACUTE CARE AND LONG TERM CARE FACILITIES</a> Speaker: <b>Dr. Lynne Schulster</b> , American Reusable Textile Association  <i>(FREE European Teleclass)</i>
July 27, 2021	<a href="#">THE CHANGING PERCEPTIONS OF INFECTION PREVENTION AND CONTROL MEASURES DURING THE EVOLUTION OF THE PANDEMIC</a> Speaker: <b>Prof. Adriano Duse</b> , University of the Witwatersrand, South Africa  <a href="#">HOME HEALTH &amp; HOSPICE AIDES: PREVENTING AND CONTROLLING</a>

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