



Seminar report

Vaccine confidence in Europe: time for action

7 November 2018, Brussels, Belgium



This report summarises the presentations and discussions of the vaccine confidence seminar that was organised by the European Public Health Association (EUPHA) on 7 November 2018 in Brussels.



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The pictures in this report are taken at the seminar. The content of this seminar report represents the views of the author(s) only and it cannot be considered to reflect the views of the depicted persons.

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| Introduction

There is a good overview of the vaccination coverage rates in Europe, through the monitoring and reporting of countries. And the picture that it gives is worrisome. With measles outbreaks across Europe in the past year alone, as a result of low vaccine coverage. The 33 avoidable deaths this year are the bleak reality of this low vaccine coverage.¹

Despite this depressing situation, there was a positive vibe at the vaccine seminar that took place on 7 November 2018 in Brussels. Moods were up, as the participants that were present have solutions. To echo this optimistic atmosphere, the key term spoken of was vaccine confidence, rather than its antonym 'vaccine hesitancy'.



So why this positive mood around this very real issue? From three perspectives i.e. European coordination and support, country case studies (Italy, Poland, UK and Albania), and multidisciplinary panel, opportunities to increase vaccine coverage rates were put forward (see seminar programme in annex). This report reiterates the presented challenges and opportunities.

| The status of vaccine confidence in the European region

A majority of the public have confidence in vaccines, i.e. 83% agrees that vaccines are safe and 90% agrees that vaccines are important. Also doctors have confidence in vaccine; to a greater extent than the public.²

However, in some areas in Europe, vaccine coverage rates are below the recommended levels (e.g. recommended level for measles is 95%). Low vaccine coverage rates can result in outbreaks, such as Poland and Albania experienced in 2018. In Poland, a total of 123 measles cases were reported between January 1st and 30 September 2018. In the same period the previous year (2017) only 46 measles cases were reported. In Albania, a measles outbreak started in January 2018 and by May there were over 890 confirmed cases, mostly in the capital, Tirana.



Measles and seasonal influenza vaccination

Reasons for low vaccination coverage can differ per vaccination type. For the measles immunisation, the most common factor reported by European Union (EU) member states is vaccine hesitancy (20 member states). Two other factors listed are lack of awareness among general population and insufficient training and vaccine hesitancy among health professionals. For influenza vaccination the major barrier is lack of awareness among general public (reported by 15 member states). Other factors contributing to low influenza vaccine uptake are vaccine hesitancy (n=11), out-of-pocket payments (n=9) and lack of training for healthcare professionals (n=7).³

Throughout this report issues related to vaccine confidence in general and those related to specific vaccines are discussed side by side. However, it is important to realise that some confidence challenges and solutions may apply to a specific vaccine. An example of tackling vaccine hesitancy for a specific vaccine is the DRIVE project. DRIVE aims to increase the understanding of influenza vaccine effectiveness in Europe. More information about the project can be found [here](#).⁴



| Opportunities

Healthcare professionals' soft skills

The attitude and knowledge of healthcare professionals can influence their vaccine uptake, their intention to recommend vaccination, and ultimately the overall vaccination coverage.

Investment in education for physicians and nurses to communicate more efficiently and emphatically could be an opportunity to increase vaccine confidence, as



(primary) healthcare professionals are key in motivating families to vaccinate their children. The importance of increasing the soft skills of health professionals is a learning the European Centre for Disease Prevention and Control (ECDC) made through meetings with stakeholders.⁵ This learning resulted in the Commission's and ECDC's planned activities for 2019 i.e. training public health and primary healthcare professionals on communication for

increasing vaccination acceptance. For seasonal influenza, specifically, the GP's likeliness to recommend the vaccine to pregnant women is a point of concern.²

The case study from the UK demonstrates the importance of healthcare professionals' role in vaccine confidence. A longitudinal survey capturing parents' attitude towards childhood vaccination for almost 30 years, shows that the advice given by general practice staff is trusted the most (more than NHS, pharmacists, government and media). After discussing vaccination with a health professional, parents feel more confident vaccinating their child.



Similarly, the Albanian case study also recommends investing in healthcare professionals' knowledge and attitudes towards vaccination. In Albania, a recommended control strategy is to have meetings with paediatricians and other healthcare professionals who have proposed

delaying vaccination. Another recommended control strategy in Albania is encouraging health professionals to check the vaccination status for both doses of MMR.

It's all about communication

Using the right language

Vaccination might suffer from a bad connotation, e.g. people might think of autism and safety risks. Taking this into account, the title of the ECDC report 'Let's talk about protection' was created.⁶ This report is about enhancing childhood vaccination uptake. The terms 'vaccination', 'immunisation' and 'prevention' are purposely not listed in the title, as this could trigger anti-vaccine responses. It is key to apply positive messaging when discussing vaccination.

As vaccine confidence is related to people's trust, which is related to the cultural context, information and awareness raising material should be provided in local languages.

Social media

Whereas public health experts might focus on scientific publications for information about vaccination and vaccine confidence, others get information through social media. This is what the Italian doctor, Roberto Burioni, also realised. In 2015, he created Facebook and Twitter accounts and started addressing anti-vaxers with facts about vaccination. Roberto's posts and tweets became trending on social media platforms. Though anti-vaxers' opinions did not change, there was more balanced



information available online, both from anti-vaxxers and scientific information. To what extent this affected vaccine coverage rates in Italy is unknown.

The UK case study presented that there is no evidence that anti-vaccine social media activity has had a major impact on vaccine coverage in England. And data from the Polish National Sanitary Inspection shows that anti-vaccination movements in Poland influence 32% of parents of unvaccinated children.⁷

Portals

There seems to be a need for an objective information source. The European Commission and ECDC are planning to set up a 'European Vaccine Information Portal'. This portal (online by 2019) should provide online objective, transparent and updated evidence on the benefits and safety of vaccines.

Coalition for Vaccination

Another initiative to provide factual, understandable information about vaccination is the Commission's plan to set up a Coalition for Vaccination, which brings together European associations of healthcare professionals as well as relevant students' associations in the field, to commit to delivering accurate information to the public, combating myths and exchanging best practice.

National systems level

Financing vaccination

There are also opportunities to improve vaccine uptake on a systems level, through the organisation, provision and financing of vaccination. For example, as reported by some member states in the EU, by including vaccination in publicly funded health services, by having financial incentives for providers, by providing vaccinations in pharmacies, and through outreach services.

The impact of financial barriers to vaccination is presented in the Polish case study. In Poland, Human Papilloma Virus (HPV) vaccination for adolescents is paid out-of-pocket, resulting in a low uptake of the vaccine. A study amongst 600 first graders found that only 9 were vaccinated against HPV.⁸ Consequently, there are about 3000 cases of cervical cancer report in Poland annually and about 1700 deaths annually.

Mandatory vaccination

In 2017 Italy made vaccination mandatory for 10 vaccines. This decision immediately showed promising results, i.e. 1.2% increase for hexavalent vaccines and 4.4% increase in vaccination coverage for MMR.⁹ Furthermore, the effectiveness of mandatory vaccination is demonstrated by the Veneto case study. The case study of the Veneto region in Italy shows that mandatory vaccination results in higher vaccine

coverage rates than an alternative intervention of educational and information campaigns.¹⁰

Politics and vaccination

“Health is a political choice” – Zsuzanna Jakab, WHO Regional Director of Europe, repeatedly says.¹¹ Vaccination is also becoming a political issue in Europe, as demonstrated by the country case studies, specifically in Italy, where a so-called ‘populist’ government aims to turn back the promising intervention of compulsory vaccination, and in Poland where anti-vaccine groups and individuals, including doctors, are strongly involved in Polish politics with members in the Polish parliament. There seems to be a relationship between the political climate in the country and vaccine uptake. The observed trend is: a so-called ‘populist’ party ruling leads to less interventions that improve vaccine confidence. The European Union member states that currently have a populist party ruling are mentioned at the seminar i.e. Italy, Hungary, Poland and Austria. Talking about ruling parties at a vaccine seminar? Yes, vaccination is politics.



More opportunities for vaccine confidence

The panel – representing a wide range of backgrounds (see programme in the annex) – added some more opportunities to enhance vaccine uptake:

Blockchain

Blockchain technology could ensure safety and empower people by providing information on the supply chain of vaccines. As reported by some EU member states, there are issues related to the supply chain and organisation of vaccines. Two countries reported short-term shortages of vaccines and three countries reported the lack of a vaccination register as barriers to effective vaccination coverage.³



Public private partnerships

With both governments and pharmaceutical companies as two key stakeholders in vaccination – public-private partnerships are needed. However, caution is taken in setting up and maintaining these partnerships.

Political leadership

As stated above, vaccination is intertwined with politics. Strong leadership is needed to continue efforts against vaccine-preventable diseases.

Hard-to-reach groups

Vaccine coverage rates are not evenly distributed across the population. There are hard-to-reach groups, such as the Roma population. The Roma population is distributed across several countries in Europe, hence requires a regional approach to avoid outbreaks of vaccine-preventable diseases in this group.

The future generation of healthcare professionals

There was a call for more inclusion of medical students in vaccine confidence interventions. As they are the next generation of healthcare professionals, they are the ideal candidates for learning those much-needed soft skills (see section above).



| Concluding remarks

Several conclusions arise from this seminar. First of all, joint action is needed to boost vaccine confidence in Europe. At the seminar actions to increase vaccine confidence from European, national and local level were presented. Coordination of these actions on various levels can ensure complementing activities that increase vaccine confidence. Also, multi-stakeholder involvement is needed to look at the full breadth of the issue. As the multidisciplinary panel demonstrated – including representatives from primary care, production, distribution, minority groups, future (public) health workforce, decision-makers, and politicians – a multi-stakeholder involvement allowed to identify additional opportunities to increase vaccine confidence.

The four country case studies (Italy, Poland, UK, and Albania) showed that there are national and local factors that have an effect on vaccine confidence. From the political climate, to the opinions and messages available on social media, each country has different factors that come into play. National and local differences demand a need for national and local commitment. National public health associations can play a key role in providing context specific actions for vaccine confidence.

As mentioned before, 'it's all about communication'. Positive communication about vaccine confidence is needed, as well as a wide use of social media. Health professionals play a key role in individuals' and parents' attitudes towards vaccination, and ultimately the decision to vaccinate oneself or their child. Health professionals that administer and are involved in the recommendation of vaccination should therefore have the appropriate knowledge and attitude about vaccination. Even more importantly, health professionals should have the soft skills to discuss vaccination. The next generation of (public) health professionals recognise this need and call for soft-skill training, as well as to be included in vaccine confidence actions to act as multipliers of the vaccine confidence movement.

| References

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| Annex 1 - Seminar programme

Organised by the European Public Health Association (EUPHA)



Vaccine confidence in Europe: time for action

7 November 2018, 15:00 – 17:30
De Meeûssquare 35, Brussels, Belgium

Programme

Chairperson of the afternoon: Natasha Azzopardi Muscat, EUPHA President

- | | |
|---------------|--|
| 14:45 – 15:00 | Walk-in |
| 15:00 | Opening
<i>Introduction: 'Vaccination as a key public health measure' – by
Natasha Azzopardi Muscat, EUPHA President</i> |
| 15:00 – 15:30 | <u>Perspectives from public health stakeholders at European level; policy,
coordination and surveillance</u>
Strengthening the EU cooperation on vaccine-preventable diseases
<i>Isabel de la Mata, European Commission, DG Health and Food Safety</i>
Vaccination and the European Centre for Disease Prevention and Control
<i>Irina Ljungqvist, European Centre for Disease Prevention and Control
(ECDC)</i>
Working together to improve vaccine confidence in Europe
<i>Tek-Ang Lim, Innovative Medicines Initiative, President of EUPHA
section on Public Health Economics (2011-2018)</i> |
| 15:30 – 16:00 | <u>Country cases studies on vaccination</u>
The rise and fall of vaccine coverage rates in Italy – a case study
<i>Carlo Signorelli, University of Parma & Vita-Salute San Raffaele-
Milan</i>
Nothing can be changed until it is faced: Vaccination challenges in Poland
<i>Maria Ganczak, Pomeranian Medical University, Szczecin, Poland</i>
Listening to the public's attitude to immunisation - why it matters
<i>Michael Edelstein, EUPHA section on Infectious Diseases Control</i>
Vaccine confidence in Albania
<i>Ervin Toci, Institute of Public Health, Tirana, Albania</i> |
| 16:00 – 17:00 | <u>Panel discussion</u> <ul style="list-style-type: none">– Ricardo Baptista Leite, UNITE network – Global Parliamentarians
Network to End HIV/AIDS, Viral Hep. and other infectious diseases– Ivo Vojtek, GlaxoSmithKline (GSK)– Marius Tudor, European Public Health Alliance (EPHA)– Justinas Balčiūnas, European Medical Students' Association (EMSA)– Lisa Leenhouts-Martin, Denominator Group |
| 17:00 – 17:30 | Closing |



The European Public Health Association, or EUPHA in short, is an umbrella organisation for public health associations in Europe. Our network of national associations of public health represents around 20'000 public health professionals. Our mission is to facilitate and activate a strong voice of the public health network by enhancing visibility of the evidence and by strengthening the capacity of public health professionals. EUPHA contributes to the preservation and improvement of public health in the European region through capacity and knowledge building. We are committed to creating a more inclusive Europe, narrowing all health inequalities among Europeans, by facilitating, activating, and disseminating strong evidence-based voices from the public health community and by strengthening the capacity of public health professionals to achieve evidence-based change.



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