The paradox of healthcare worker vaccine hesitancy in Europe

Emilie Karafillakis
Vaccine Confidence Project
London School of Hygiene & Tropical Medicine
emilie.Karafillakis@lshtm.ac.uk
Why a paradox?

HCWs: one of the most trusted vaccination information sources by the public

But what happens when HCWs themselves have doubts about vaccines?

Constitute one of the core tool to address low or declining public confidence in vaccination

Nature of HCWs concerns often similar to those of their patients (stories, media)
HCWs respond in different ways to public hesitancy

- Delay or adapt vaccination schedule (i.e. individualistic approach)
- Refuse consultations with hesitant parents
- Being confrontational, judgemental, critical
Vaccine hesitancy among healthcare workers in Europe

Results from qualitative study

Themes identified in the four countries

Benefits and risks of vaccination

Improving vaccine confidence

Responding to patient hesitancy

Influences on decision-making

Trust

Information and communication

Perceived benefits of vaccination

**Benefits > risks**
- Balance could change

**Prevent dangerous diseases**
- Referral to current outbreaks as proof
- Disappointment from avoidable deaths

**Low risk side effects**
- Although not always what the general population believes

**Herd immunity**
- Selfishness of those who refuse
- Doctors defend the concept to their patients

**Responsibility to prevent**
- It is their role

**Good scientific evidence**
- Especially if included in national program
- Sufficiently tested and verified

"I consider that those people who refuse vaccination are selfish because they take advantage of the vaccination of other people" (F)

*Karafillakis E, et al. Vaccine (2016)*
Fear of side effects
- Patients and healthcare workers
- Small or serious concerns (ban in other countries)
- Media

Responsibility for side effects
- Guilt

New vaccines (HPV)
- Not tested long enough for side effects/efficacy
- Children are too young
- Too many vaccines at a young age, should decide when older
- Follow own vaccination plan
- Hepatitis

Low vaccine effectiveness
- Avoid recommending
- Influenza

Vaccines not needed
- Diseases not prevalent

“It’s well known that there are vaccines that have been banned in other countries (e.g. anti-hepatitis), precisely because they were proven to cause multiple sclerosis (...) HPV vaccines can lead to tumours and autism. It’s outrageous that they are prescribed.” (R)
### Issues of trust

**Trust in health authorities** 🇫🇷 🇪🇺 🇧🇪
- Government, research
- Support of vaccination
- Doctors, WHO, regulatory agencies, health system

**Mistrust pharmaceutical companies** 🇩🇪 🇫🇷 🇪🇺 🇧🇪
- Forcing drugs into the market
- Financial interest
- Pharmaceutical representatives
- Lack of communication about side effects

**Mistrust health authorities** 🇫🇷 🇪🇺
- French High Authority for Health
- Greek Government

---

“**I do not trust the Greek Ministry of Health and rightly so. Many patients do not trust them either**” (G)

*Karafillakis E, et al. Vaccine (2016)*
Mistrust information
- Conflict of interests
- Patients do not trust doctors

Trust information
- Trust research, experience from other countries

Lack information
- Need more about safety, risks of too many vaccines
- Patients lack information to make informed decision
- Only have internet or vaccine leaflet

Sufficient, good information
- Leaflets, posters, books, websites (to patients)
- Received recommendation about vaccination schedule
Influences on decision making

**Health authorities**
- HCWs feel influenced by employers, health authorities
- National Institute for Prevention and Health Education
- Department of PH, national immunisation programmes

**Pharmaceutical representatives**
- Sometimes positive: reminder of vaccination schedules

**Patients**
- HCWs influenced by own patients

**Personal previous experience**
- Negative (i.e. side effect) or positive (i.e. VPD)

**Other influences**
- Training courses, medical journals, books, conferences, experts, consultations with doctors, internet, media

*Karafillakis E, et al. Vaccine (2016)*
“With the increasing popularity of the internet, many parents are misinformed by charlatans and crooks that seduce them with false and absurd information (…). If some doctors were fooled by such information, then parents (…) are very vulnerable to such poisoning” (R)
**Role to respond to patient hesitancy**
- Doctors have the information and resources to do so
- Address their concerns
- Listening and sharing scientific evidence

**Role to influence patients’ decision**
- Sharing information, emotionally affecting them (showing images of VPD), telling them they vaccinate their own children, talking about vaccines a long time in advance (HPV)
- Seeing patients as their own children
- It is difficult

**Role to only provide information**
- Be neutral
- Patients have to decide for themselves
- Doctors cannot force patients to listen, or convince refusers

"I say it is mandatory even if it is not... I don’t want to follow a child, a family who do not vaccinate their children" (F)
**Improving vaccine confidence**

*Improve information*
- Communication skills for doctor-patient conversations
- Telephone lines
- Control information provided in the media, journalists
- More data on side effects
- HCWs training

*Stricter legislation*
- Defend physicians when side effects occur
- Fines for parents who do not vaccinate
- Make vaccines mandatory for children, school vaccination
- Legal action against anti-vaccination HCWs

*Improve health system*
- Lack or delayed vaccines
- Changes in vaccination calendars
- Include more vaccines in national immunisation programme
- Free vaccination
HCWs concerns about HPV vaccination: European systematic review

- Vaccine does not protect against all types of HPV
- Unknown long-term protection, side effects (novelty)
- Patient blame for side effects
- Disease not sufficiently prevalent to warrant vaccination, use screening instead
- Vaccination as a nurse vs. parent
- Discussions about sex too early and difficult, girls too young, easily influenced
The burden of addressing public vaccine hesitancy is increasingly being placed on HCWs. However it is easy to forget that HCWs are also members of the public: they can have the same questions, the same doubts, the same fears about vaccines than their patients.

This can jeopardize attempts at improving public confidence in vaccination.
We are finally starting to more actively listen to patient’s concerns about vaccination. But taking the time to listen to HCWs concerns is equally important.
HCWs need more support to manage the changing public as well as quickly evolving vaccine environment → training, medical curriculum, access to tools and resources...

As with patients, we should not fall in the trap of thinking it is only about information:

• Do HCWs respond better to personal stories or scientific information?

• We need to rebuild trust among HCWs: include in decision-making for vaccine recommendations and policies, design of communication materials (new vaccines)
Vaccinated HCWs are more likely to recommend vaccination to their patients \( \Rightarrow \) Need to *restore and maintain vaccination as a norm* among the health community