VAX-TRUST
ADDRESSING VACCINE HESITANCY IN EUROPE

Policy Brief 2024

Recommendations for healthcare professionals, healthcare organisations and healthcare authorities to address vaccine hesitancy in the United Kingdom.

VAX-TRUST PROJECT

The VAX-TRUST project aims to gain a deeper understanding of vaccine hesitancy as a broad societal phenomenon. In the VAX-TRUST project, we are interested in understanding the reasons that lead individuals or families to delay or refuse vaccines, as well as to express doubts about the vaccination of their children. The final phase of the VAX-TRUST project focused on the development of recommendation to address vaccine hesitancy, based on the evidence gathered in the previous stages. This project was carried out in seven European countries - Finland, Belgium, Poland, Czech Republic, Italy, Portugal and the UK – allowing us to gain an overview of vaccine hesitancy at the European level, and on the specifies of a target region in each country.

KEY PILLARS OF VAX-TRUST

P1 | A review of existing and ongoing studies on vaccine hesitancy at the European and country level, as well as an analysis of macro-level factors and people's attitudes towards vaccination (See here)

P2 | Analysis of the media representation of vaccine hesitancy (609 articles from 3 news outlets were analysed) (See here)

P3 | Team ethnography of parents and Health Care Professional (HCP) interaction, including observations (22 hours) and interviews with both groups (11 with parents and 14 with HCPs in the UK) (See here)

P4 | Interventions (in the UK, an online, interactive learning resource) and their evaluation (See here)

P5 | Recommendations development (Delphi Survey with 112 experts at the European level). Nominal groups were also conducted in partner countries, but not in the UK.

THE CONTEXT

As detailed in a recent House of Commons Briefing Note (2022), vaccination policy in the UK is overseen by the Department of Health and Social Care, based on advice from the Joint Committee on Vaccination and Immunisation, an independent advisory committee. Policy is communicated to health professionals via a document known as the 'Green Book'. In the UK, all vaccines on the national immunisation schedule are free and funded via general taxation. Parents/carers are invited to attend pre-school vaccination appointments at their local GP (General Practitioner) surgeries, and vaccines are usually delivered by a practice nurse. However, the seasonal influenza vaccination, and the adolescent vaccine schedule are delivered in schools. Childhood vaccination is encouraged but is not compulsory in the UK.

The UK Health Security Agency (UK HSA) has responsibility for oversight of vaccination, disease outbreaks, and vaccine uptake. In line with WHO guidelines, the target for uptake of routine childhood immunisations up to five years is 95%. However, the latest NHS statistics published in September 2023 show a 93% uptake for the 5-in-1 jab, and 89% for MMR. These figures may have been partly impacted by the Covid-19 pandemic. In terms of attitudinal research, official statistics published by the UK Government show that overall confidence levels in vaccination in the UK are considered high, with 86% of adults and 80% of young people surveyed agreeing with the proposition that vaccines work.

VAX-TRUST RECOMMENDATIONS TO ADDRESS VACCINE-HESITANCY IN THE UNITED KINGDOM.

The complex nature of vaccine hesitancy requires action at different levels (micro, meso and macro). The following recommendations result from the work developed in the VAX-TRUST project. Partners were encouraged to develop recommendations for Healthcare Professionals, Organisations and Authorities. In the UK, the structure of healthcare delivery is such that these levels can be broadly translated to refer to individual practitioners, healthcare education deliverers, and the bodies responsible for healthcare policy and governance. Accounting for a UK audience, we have also interpreted the two columns below in a particular way: The left hand 'recommendations' column focusses on recommendations in terms of specific actions for practitioners; the right hand column entitled 'framework' refers to the sources of information or data analysis on which we have drawn to identify the recommendations. The latter may appeal more to those working in policy from an academic perspective. In the tables that follow, we have used the term 'parent', but recognise that this also includes carers or other family members attending vaccine appointments.

RECOMMENDATIONS TARGETED AT HEALTHCARE PROFESSIONALS

Recommendation	Framework
R1 | By establishing whether a parent has previously discussed vaccination at the start of the consultation, healthcare professionals (HCPs) and parents can make best use of the vaccination appointment.	• Interview data analysed by UNOTT (University of Nottingham) indicates that some HCPs express uncertainty about which professional has primary responsibility for vaccination discussions, and which contact point is the most appropriate to raise the topic of vaccination with parents/carers.
R2 | HCPs can use the vaccination appointment as a forum for a broader discussion about child health. This can help build positive relationships with parents and may promote adherence to the recommended immunisation schedule.	• Ethnographic data analysed by UNOTT indicates that direct discussion of vaccination (or vaccine hesitancy) during vaccine appointments is limited. However, the consultation is an important opportunity for wider child health discussions.
R3 | HCPs should plan the physical arrangement of the vaccination appointment room to minimise potential sources of distress, for example in terms of where needles are drawn up so that they are visible for less time.	• Ethnographic data analysed by UNOTT demonstrates the skill of HCPs in managing the spatial dynamics of the consulting room. For example, some HCPs draw up needles out of sight which may help mitigate parental or child anxiety.
R4 | HCPs can improve confidence in parental decision-making by acknowledging parents' specific concerns. These concerns can vary between age groups, genders, socio-economic backgrounds, and can also be related to attitudes towards complementary and alternative medicine.	• Existing social science research reviewed by UNOTT confirms the broad range of factors that can underpin an individual's vaccine hesitancy.

RECOMMENDATIONS TARGETED AT HEALTHCARE PROFESSIONALS

Recommendation	Framework
R5 | HCPs can improve experiences of the vaccination consultation by acknowledging that a parent's concerns may be influenced by relationships with vaccines that have persisted within an extended family over several generations.	• Interview data analysed by UNOTT suggests that pre-existing familial/generational attitudes – either positive or critical – can influence how a parent approaches the topic of vaccination. However, existing social science research suggests that vaccination attitudes can also change over time.
R6 | HCPs may benefit from dedicated opportunities to articulate their own experiences and feelings regarding vaccination. Using tools like the UNOTT reusable learning object (RLO) can help provide structure to these reflections.	• UNOTT has translated empirical findings and insights from wider literature into a new learning resource for HCPs. This tool may help HCPs structure and stimulate their own reflections, as well as mitigate the burden to individually 'convince' a parent within the consultation.

RECOMMENDATIONS TARGETED AT HEALTHCARE EDUCATION

Recommendation	Framework
R7 | Education providers should adapt curricula to go beyond individual factors influencing hesitancy, ensuring that the contemporary societal context in which trust in experts and institutions is being challenged is acknowledged.	• Existing social science research reviewed by UNOTT demonstrates that vaccine hesitancy varies across a range of individual-level factors, but is also subject to broader societal trends such as trust in science, expertise, and institutions.
R8 | Education providers should acknowledge the complexity of the role of the media in how vaccines or vaccine hesitancy is portrayed.	• Media data analysed by UNOTT suggests that coverage is not uniform. For example, scepticism of vaccines is sometimes humanised rather than stigmatised in mainstream UK media sources. This contrasts with media coverage across other European countries.
R9 | Healthcare educators should promote and support the use of up to date, interactive, asynchronous learning resources to enhance curricula and continuing professional development on vaccine hesitancy.	• Existing sources of healthcare training identified by UNOTT suggest that RLO formats are well suited to topics such as vaccine hesitancy, and are easily accessible at a time and place that suits HCPs.

RECOMMENDATIONS TARGETED AT HEALTHCARE GOVERNANCE

Recommendation	Framework
R10 | Policy-makers should avoid reductive terms such as 'anti-vax': terms such as this can homogenise a complex spectrum of attitudes and stigmatise all forms of vaccine hesitancy. This can erode trust in the healthcare systems, with potentially negative impacts on vaccination interactions.	• Existing social science research reviewed by UNOTT indicates that vaccine critical websites are not uniform in their claims, nor are social media users passive recipients of vaccine critical messaging.
R11 | Public health messaging around childhood vaccinations should now account for novel public concerns arising from the COVID-19 vaccination programme. Terms such as 'childhood vaccine schedule' may need to be rethought.	• Interview data analysed by UNOTT indicates that the COVID-19 pandemic has influenced how some parents construct their views of other vaccinations. Insights from recent social science research also supports this finding.
R12 | Financial or other pressure to reduce the length of vaccine consults should be resisted, given the complex nature of appointments and the public health aims of improving or maintaining uptake.	• Ethnographic and interview data analysed by UNOTT confirms the complex nature of vaccine appointments: HCPs are simultaneously managing emotions, expectations and relationships, as well as encouraging future compliance by confirming the rest of the recommended schedule.

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