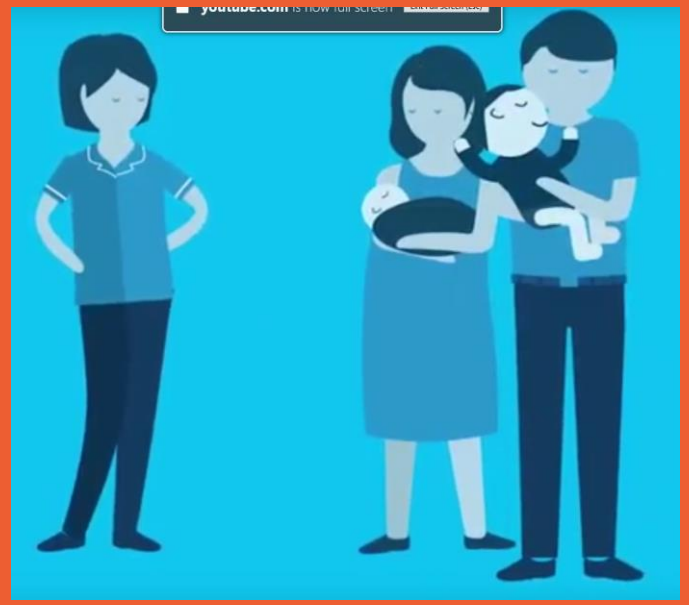
GVIR-F Workshop 9: Building and Sustaining Uptake

Summary of the latest evidence and open research questions



Professor Julie Leask

Susan Wakil School of Nursing and Midwifery,

University of Sydney

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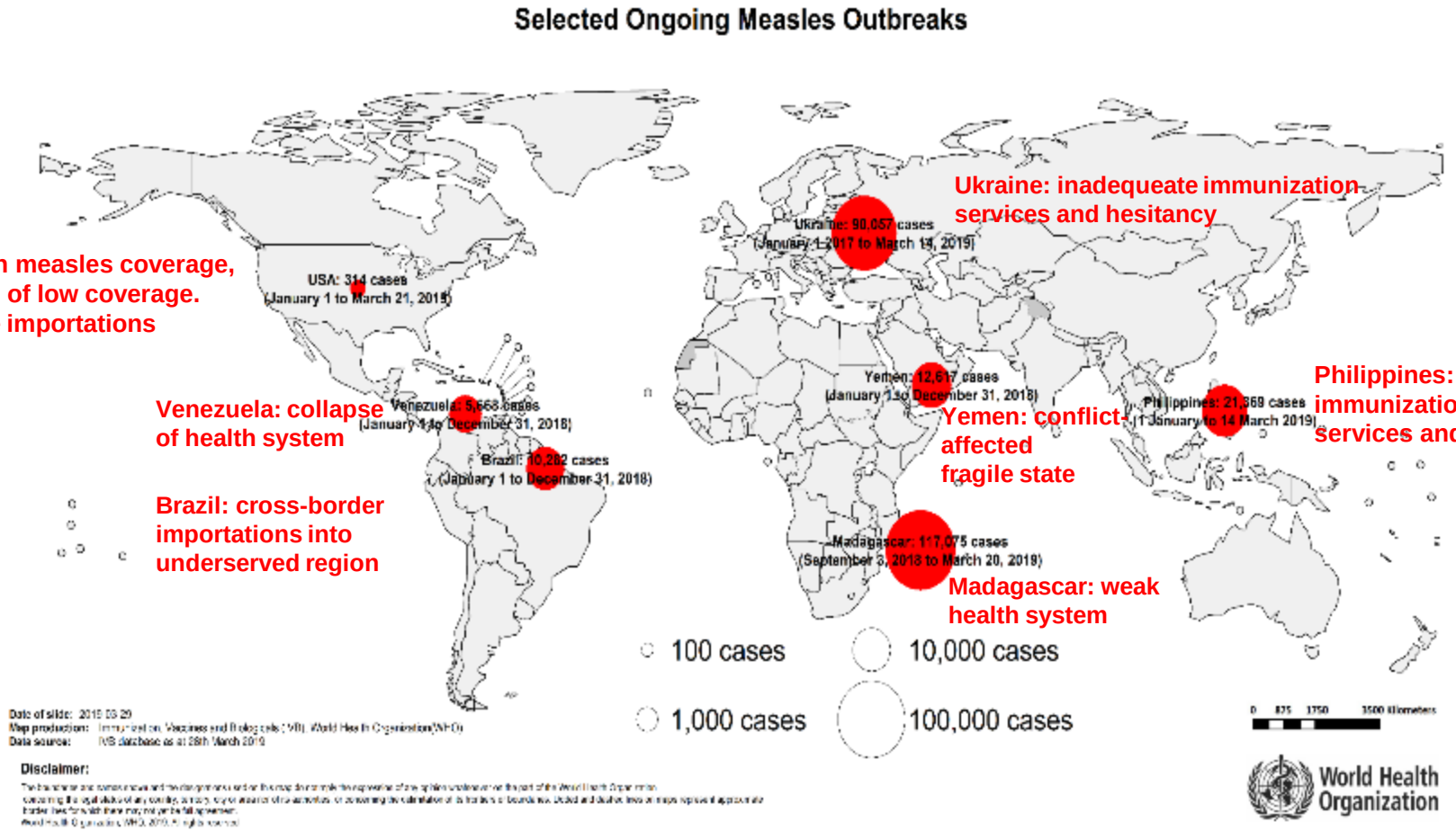
Vaccine hesitancy

Measles Outbreaks in All Regions with Increased Size and Frequency



Vaccine hesitancy

Fragile and vulnerable settings

Weak primary health care

Public attributions

The Telegraph

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News

Boris Johnson to tackle anti-vaxx fake news on social media that is fueling measles rise

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Measles vaccination CREDIT: LUKAS BARTH

THE TIMES

Anti-vaxxers blamed for Samoan measles epidemic

Bernard Lagan, Sydney

November 29 2019, 9:00am, The Times

Health Charity

Taylor Winterstein, right, with her husband, Frank, a rugby player. She runs workshops on the dangers of vaccinations and has [illegible]

NEWS

Experience has taught us how

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Decline in vaccination rates due to parents who read up online about jabs

SUE DUNLEVY News Limited Network May 22, 2013 12:00AM

dailytelegraph.com.au | monday, may 25, 2009

Anti-vaccine nutters put us all in danger

Joe Hildebrand

THE alarming spread of whooping cough across NSW contains a grim lesson for those who fail to immunise their babies: they are not just putting their own children at risk, they are endangering everybody's.

The 14 swine flu cases in Australia — so far — emerged just after some commentators questioned concerns about a local infection.

In fact, it is now apparent that the swift and firm response of Australian health authorities was more than justified and has no doubt kept the number of cases to a minimum.

Paradoxically, the better job they do of containing the virus, the more open they

vaccination that gives you life-long immunity to bring the numbers down.

"At the moment, we just don't have the technology to stop an epidemic like this."

It's a bleak warning. There is no panacea, no secret stockpile of serum, no instant cure.

Instead, what authorities have previously relied on to keep whooping-cough numbers down is the good sense and consideration of parents who immunise themselves and their children both for their own sakes and that of those around them.

> These people are making their children, and other people's children, sick

Usually, even the silliest new age philosophical or spiritual movements at least have the advantage that they don't impinge greatly on the outside world.

The anti-immunisation crowd, however, not only endanger their own children — who are obviously too young to defend themselves from their parents' stupidity — but also every child they come into contact with.

And this is no abstract argument. A 2003 paper by Lennox Head GP Sue Page notes that as a result of the mindlessness of this stance, the North Coast has the state's highest rate of vaccine-preventable diseases. These people are making their children, and other people's children, sick and threatening people's lives.

Dr Page, health authorities and medical experts desperately try to explain this to the anti-immunisation movement in an effort to protect them from themselves — not to mention others from them.

Despite their tireless exhortations, the

Measurement

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Minding the gap: current measures

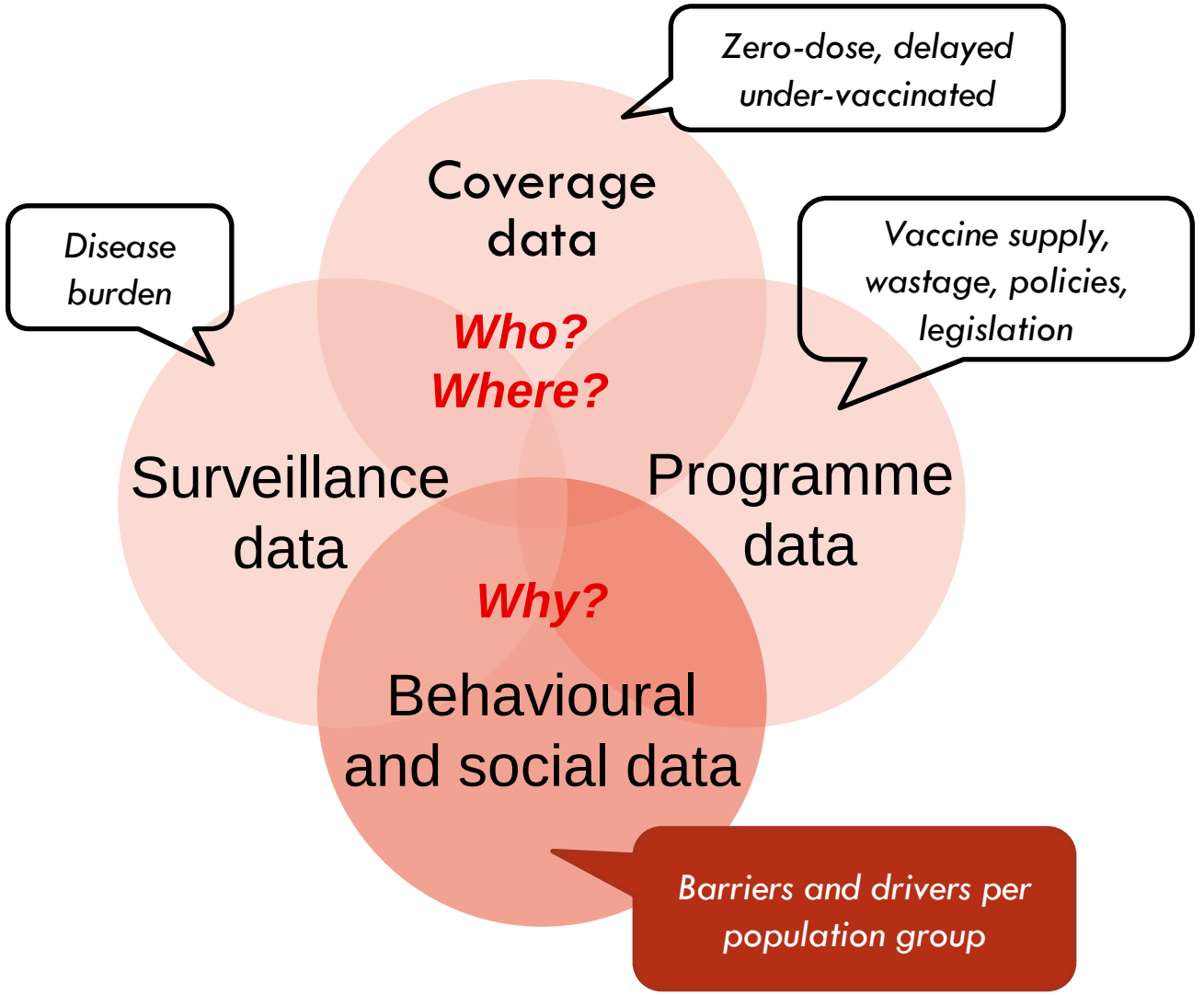
- Focus on attitudes, less on practical and logistical barriers
- Some validated, some not
- Not standardized
- Caught in supply/demand binary
- Findings not used

The answers you get are as good as the questions you ask

A solution: Measuring BeSD of vaccination

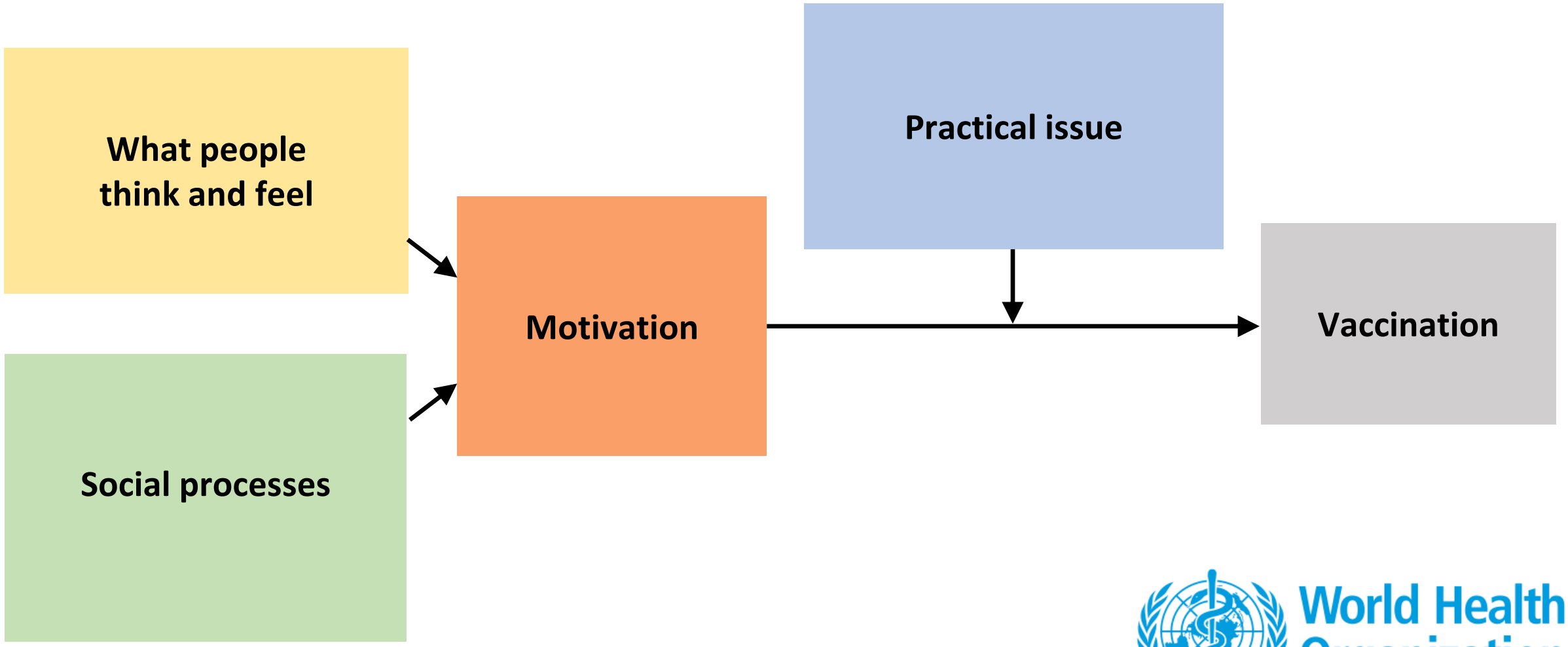
Globally standardised tools to measure the behavioural and social drivers.

- Identify and address influences on behaviour
- Target and evaluate strategies in specific contexts
- Examine trends over time
- Better plan for what's ahead



BeSD working group meeting
May 2019, Geneva

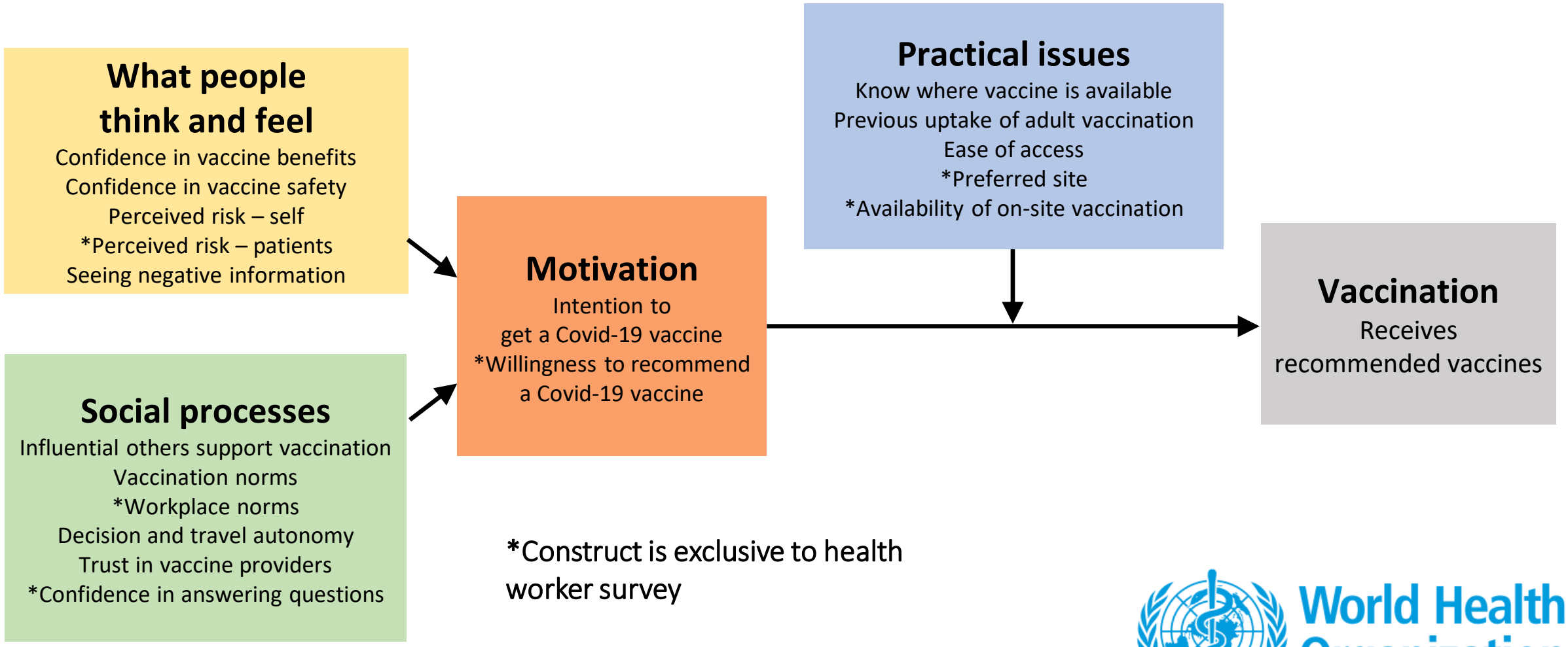
Influences on vaccination uptake



Source: The WHO Behavioural and Social Drivers of vaccination expert working group.
Based on: Brewer NT, Chapman GB, Rothman AJ, Leask J, and Kempe A (2017). Increasing vaccination: Putting psychological science into action. *Psychological Science for the Public Interest.* 18(3): 149-207

World Health Organization

What will influence COVID-19 vaccine uptake?



*Construct is exclusive to health worker survey

Source: Unpublished, The BeSD expert working group.
Based on: Brewer NT, Chapman GB, Rothman AJ, Leask J, and Kempe A (2017). Increasing vaccination: Putting psychological science into action. *Psychological Science for the Public Interest.* 18(3): 149-207

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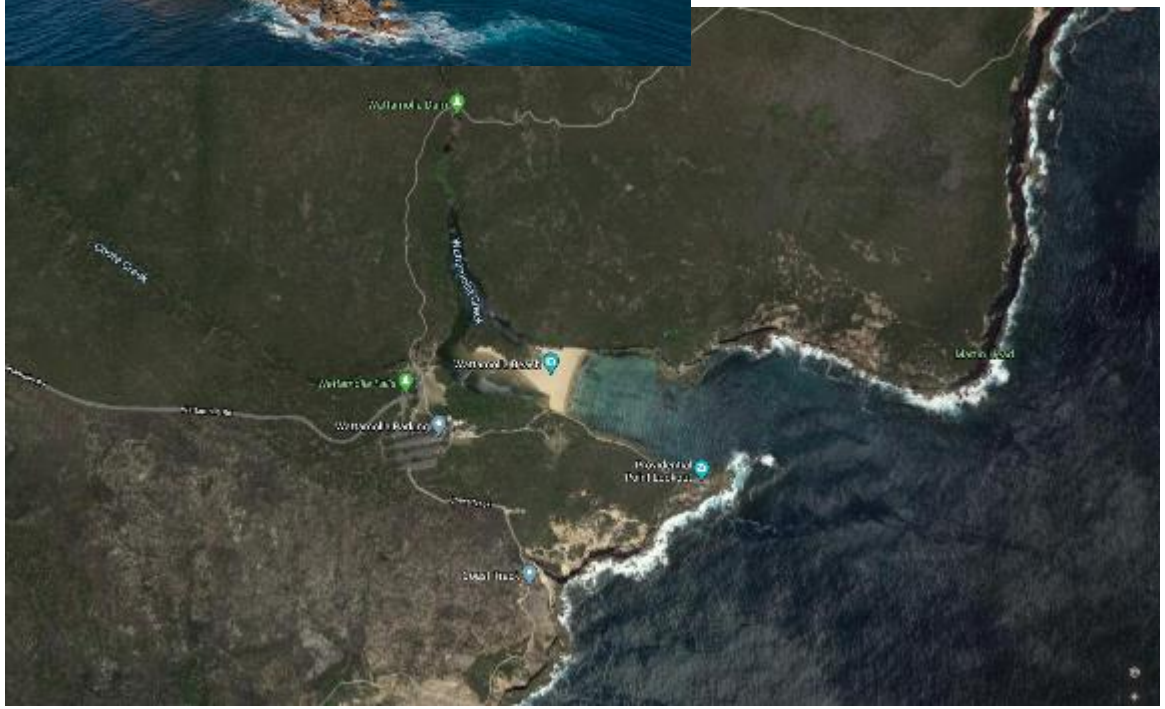


Quantitative Survey

- Broad area
- Patterns and broad features

Qualitative Interviews

- Small area
- Rich detail

What are the tools and guidance available?

Childhood vaccination: *(est. Nov 2018)*

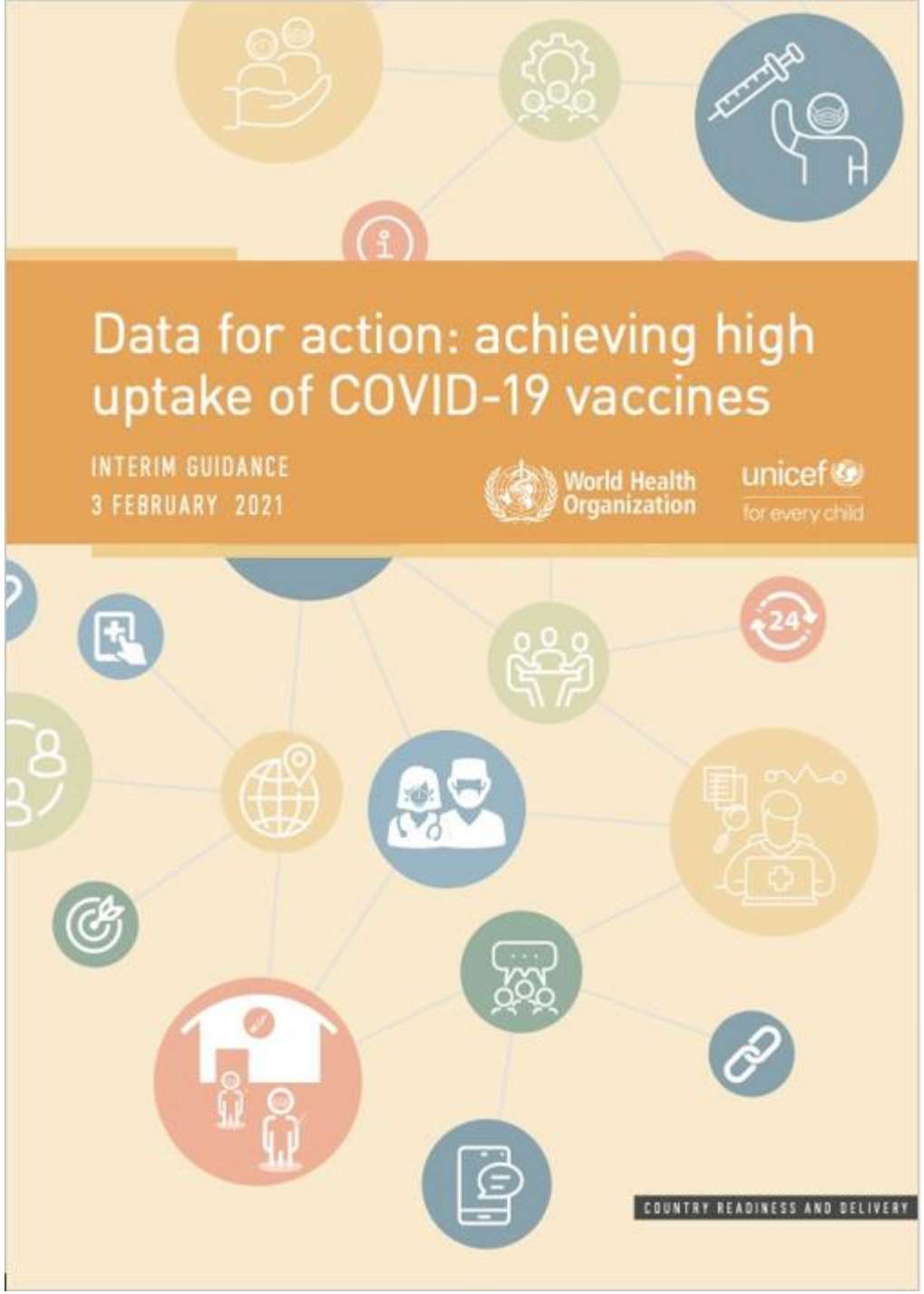
- **BeSD survey**: Targeted to parents/caregivers
- **BeSD interview guides**: Targeted to parents, providers, community stakeholders, and authorities.
- **Implementation guidance**: Covering data gathering, analysis, use, with mapping to indicators and data for action frameworks

COVID-19 vaccines: *(est. Aug 2020)*

- **BeSD surveys x2**: Targeted to 1) Adults, 2) Health workers
- **BeSD interview guides x2**: to 1) Adults, 2) Health workers
- **Implementation guidance**: Covering data gathering, analysis, use, with mapping to indicators and data for action frameworks

– + **A global repository** will make available trends, insights, case studies and learning
– + **Technical assistance**, including capacity-building for local research and M&E

The challenge
Standardization across multiple contexts



BeSD COVID-19 working group

- Noel Brewer (University of North Carolina, United States of America); Chair
- Julie Leask (University of Sydney, Australia);
- Neetu Abad (United States Centers for Disease Control);
- Helena Ballester Bon (United Nations Children's Fund [UNICEF]);
- Cornelia Betsch (University of Erfurt, Germany);
- Melissa Gilkey (University of North Carolina, United States of America);
- Abdul Momin Kazi (Aga Khan University, Pakistan);
- Ana Lisa Ong-Lim (University of the Philippines, Manila);
- Aaron Scherer (University of Iowa, United States of America);
- Holly Seale (University of New South Wales, Australia);
- Smita Singh (Gavi, the Vaccine Alliance);
- Gillian SteelFisher (Harvard University, United States of America);
- Kerrie Wiley (University of Sydney, Australia);
- Charles Wiysonge (Cochrane South Africa).

Also

Erin James, Amyn Malik and Saad Omer (Yale University, United States of America)

Aybüke Koyuncu and Dimitri Prybylski (US, CDC)

Gilla Shapiro (University of Toronto, Canada)

Influences on vaccination uptake

How important do you think getting a COVID-19 vaccine will be for your health? Would you say…

- ☐ Not at all important
- ☐ A little important
- ☐ Moderately important
- ☐ Very important

How easy is it to get vaccination services for yourself? Would you say…

- ☐ Not at all easy
- ☐ A little easy
- ☐ Moderately easy
- ☐ Very easy

Social processes → **Motivation** → **Vaccination**

Source: The WHO Behavioural and Social Drivers of vaccination expert working group.
Based on: Brewer NT, Chapman GB, Rothman AJ, Leask J, and Kempe A (2017). Increasing vaccination: Putting psychological science into action. *Psychological Science for the Public Interest.* 18(3): 149-207

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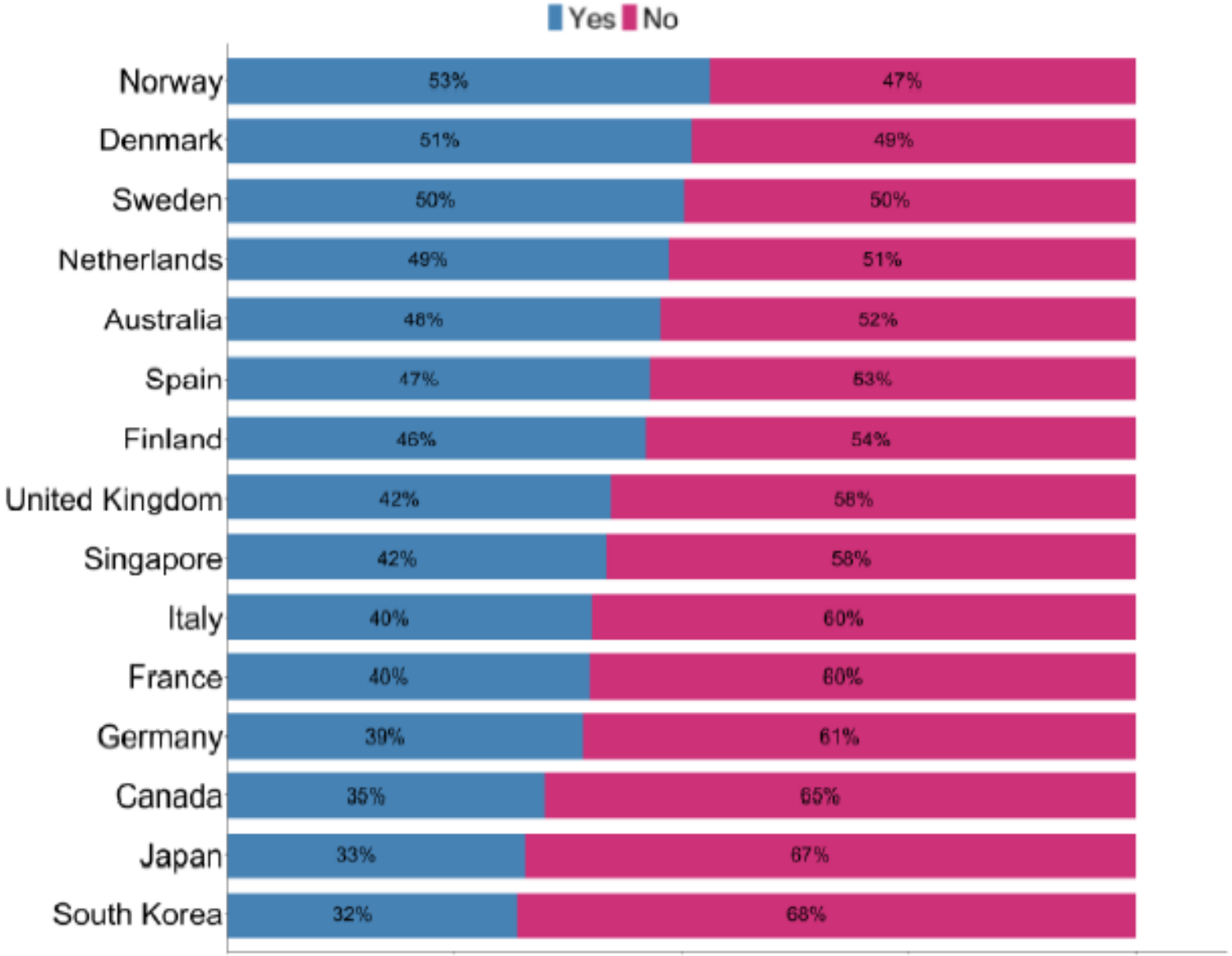
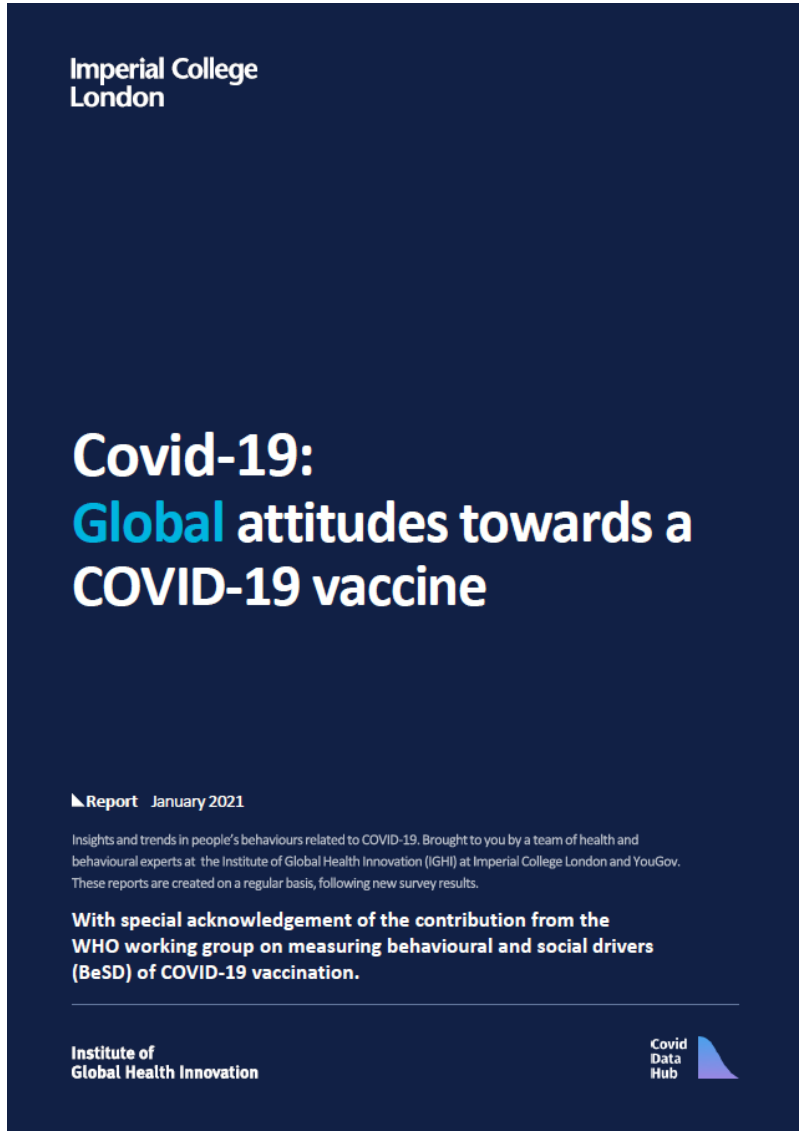




Coviddatahub.com

Practical issues	**% of HCWs who believe that accessing vaccination for themselves is "very" or "moderately" easy (item 4)**	**1. On-site vaccination:** **a. Increasing vaccination access with vaccination offered near hospital/clinic entrances; mandatory masks for the unvaccinated (10).** **b. Increasing vaccine accessibility on work site/high traffic areas (8).** **c. Vaccination at clinics, conferences, and house staff lounges (9).** **d. Increasing vaccination access near hospital/clinic entrances (10).** **e. Increasing accessibility (e.g. mobile carts, during night and weekend shifts) (1,4).** **f. Longer access to vaccination for HCWs, wider offer of on-site vaccination (5).** **g. Vaccination offered on site/at work (2,14).** **2. Free/affordable vaccines:** **a. Free vaccines (2,4,14), free vaccination.**

Intervention categories, likely impact on vaccine uptake and strength of evidence of available studies

					Strength of evidence			
					Broad outcome measures			
	Intervention category	No. of studies	Likely impact		Attitudes and knowledge	Vaccine intent	Vaccine uptake	Strength of evidence (general)
1	**Educational campaign**[1,3-9,11,13,17,22,25-28]	16	●	3		2	3	3
2	**On-site vaccination**[1,2,4,5,8,10,14,25,29]	9	●	3		0	3	3
3	**Incentives**[10,30-32]	6	●	3		2	3	3
4	**Free/affordable vaccine**	5	●	3		0	3	3
5	**Institutional recommendation**	6	●	2		0	3	3
6	**Provider recommendation**	1	●	0		1	1	1
7	**Reminder and recall**	5	◓	2		0	3	3
8	**Message framing**	4	◓	4		3	4	4
9	**Vaccine champion**	4	○	3		0	3	3

Likely impact

○ : No impact (summary OR not significant)

◓ : Little impact (summary OR between 1 and 1.25)

◓ : Moderate impact (summary OR between 1.25 and 1.5)

● : Substantial impact (summary OR > 1.5)

Strength of evidence

0: No evidence (no studies)

1: Little evidence (no high-quality study [all studies are grade 3])

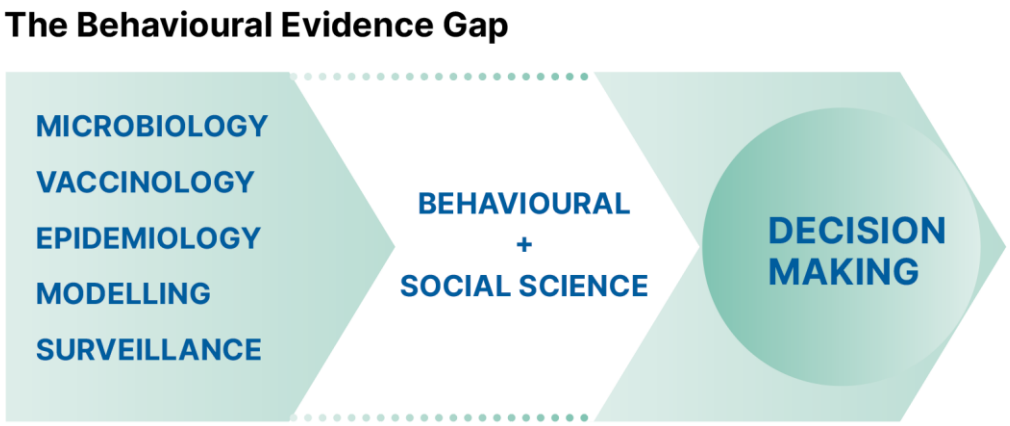
2: Some evidence (1 to 2 grade 2 studies)

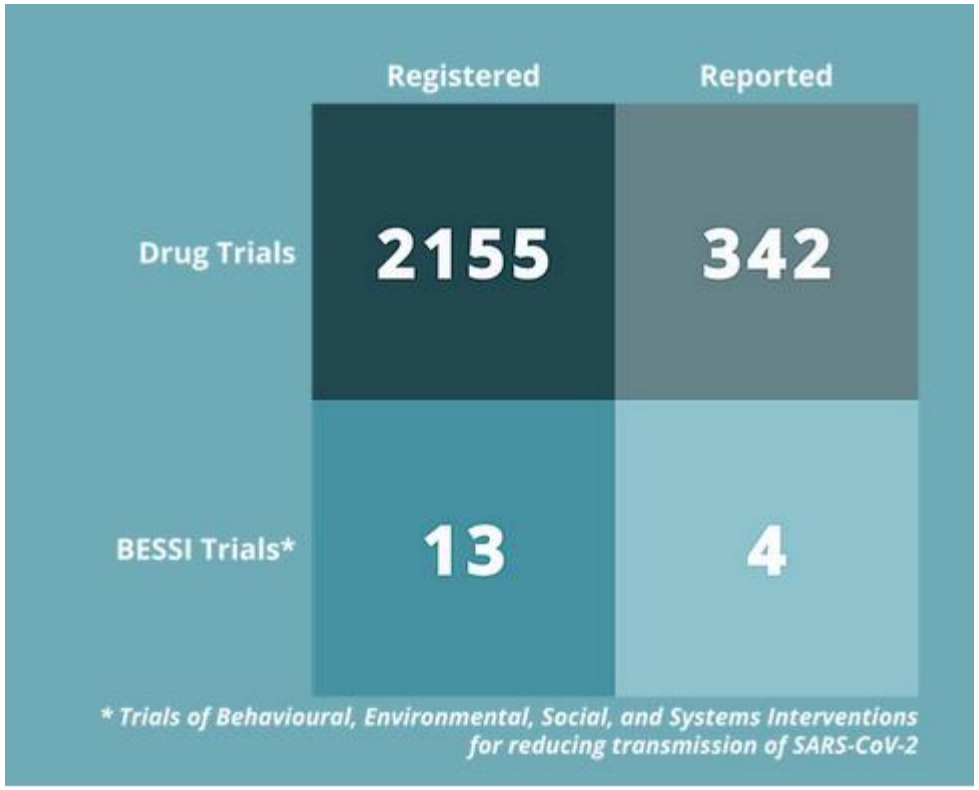
3: Moderate evidence (> 2 grade 2 studies or 1 to 2 grade 1 studies)

4: Substantial evidence (> 2 grade 1 studies)

Summary

- Uptake is affected by hesitancy and practical issues
- To address the gap, we need good measures
- Comprehensive assessment of barriers will assist
- Data alone is not enough. Need to know how to turn it interventions
- The BeSD guidance will assist countries
- Require further evidence on interventions to increase uptake





https://www.bessi-collab.net/

BeSD working group members

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Ève Dubé	Laval University, Canada
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Gilla Shapiro	**University of Toronto, Canada**
Gillian SteelFisher	Harvard University, US
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Charles Wiysonge	South African Medical Research Council, South Africa