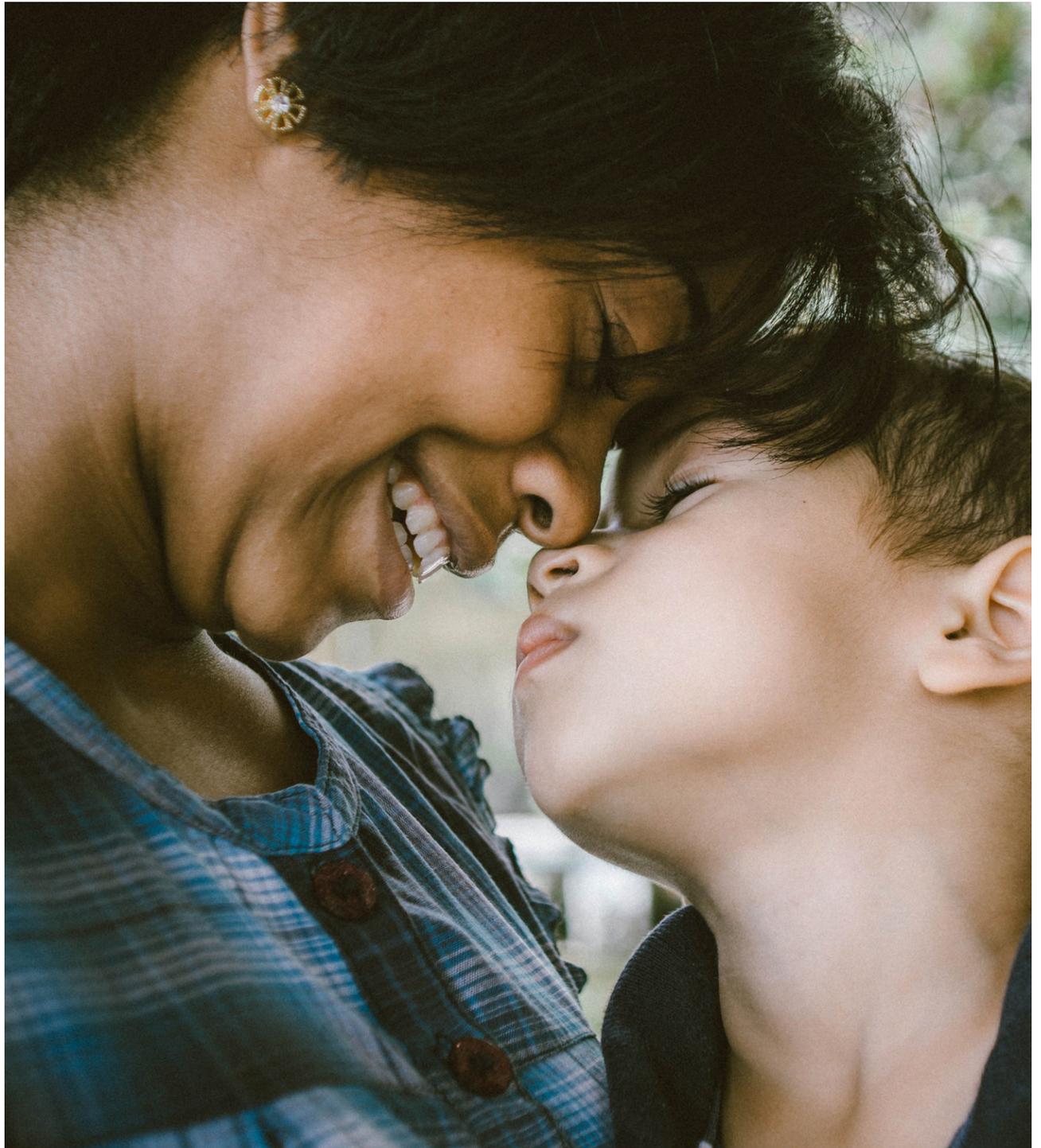


# REBUILDING CONFIDENCE IN VACCINES: A NEW APPROACH



In association with





## PROFESSOR HEIDI LARSON

**Professor of Anthropology,  
Risk and Decision Science,  
Department of Infectious  
Disease Epidemiology,  
London School of Hygiene  
and Tropical Medicine**

**Clinical Professor,  
Department of Global Health,  
University of Washington**

The London School of Hygiene & Tropical Medicine (LSHTM) is a world-leading centre for research, postgraduate studies and continuing education in public and global health.

LSHTM has a strong international presence with 3,000 staff and 4,000 students working in the UK and countries around the world, and an annual research income of £140 million. LSHTM is one of the highest-rated research institutions in the UK, is partnered with two MRC University Units in The Gambia and Uganda, and was named University of the Year in the Times Higher Education Awards 2016. Our mission is to improve health and health equity in the UK and worldwide; working in partnership to achieve excellence in public and global health research, education and translation of knowledge into policy and practice.

Learn more [here](#)

Responsibility for the information and views set out in this article lies entirely with the author(s) and does not reflect the official opinion of [IFPMA](#) or its members.

“ DESPITE OVERALL GLOBAL  
PROGRESS IN IMMUNIZATION,  
CHILDREN – AND YOUNG  
ADULTS WHO MISSED THEIR  
CHILDHOOD VACCINES – ARE  
GETTING SICK AND EVEN DYING  
OF MEASLES IN EUROPE DUE  
TO UNDER VACCINATION ”



## **REBUILDING** **CONFIDENCE IN** **VACCINES:** **A NEW APPROACH**

Vaccines are among the best tools we have to protect people's health. And yet, public confidence in vaccines is under threat as never before.

So what can we do to stop this dangerous trend and rebuild public trust? A new global policy approach is needed, one that takes public concerns seriously, builds more time for dialogue and patient consultation into increasingly stressed health services, supports public health officials and professionals to build their own confidence and have the answers they need when confronted with questions and concerns. At the same time, we must not shy away from confronting those who undermine the facts behind vaccine safety, real risks and benefits. Otherwise, there is a serious risk that global immunization goals could be undermined and public health compromised.

As I write, despite overall global progress in immunization, children – and young adults who missed their childhood vaccines – are getting sick and even dying of measles in Europe due to under vaccination<sup>1</sup>. Young women and their parents in Japan are turning away from a vaccine that could protect them from cervical cancer, due to fears of side effects, while health authorities are also hesitating and not standing up for the available science and global health consensus on HPV vaccine safety<sup>2</sup>. In the continuing effort to eradicate polio, the last handful of polio cases are proving stubbornly resistant due to political obstacles in remote corners of Pakistan and Nigeria. As the Global Polio Eradication Initiative Independent Monitoring Board recently stated in their October 2018 report, "Access limitations due to insecurity continue to represent the biggest threat to polio eradication<sup>3</sup>".

These cases are just some of the many pockets of questioning individuals and groups around the world, some of whom are connecting in global networks<sup>4</sup>, whose vaccine skepticism or resistance is going viral thanks to social media. While much of this questioning has not yet translated into vaccine refusal, public health officials should not wait for a crisis. The risk of outbreaks and even future pandemics is very real. Public confidence and cooperation are difficult to build during crises. The time is now, and efforts to build and sustain confidence need to be ongoing.

## WANTED: FEWER EXPERTS

It is becoming increasingly clear that we live in a world where expert knowledge and scientific evidence are viewed with deep suspicion. The past two decades have been extraordinary in many ways, with immunization rates holding strong in most countries, albeit stagnating, and some once-terrifying diseases have come close to defeat. At the same time, though, we cannot ignore the rise of dissenting voices. What once were fringe views have moved into the mainstream - on the nightly news, at high profile political rallies and in every corner of the global social media landscape. Some question the safety of vaccines, others are unhappy about the ingredients they contain, and still others believe that vaccination should always be a choice and never required by public officials.

Doctors and public health officials are trained to promote and deliver evidence-based, scientifically proven vaccines to save lives. Now, though, the science of vaccines is being questioned every day in clinics, hospitals and doctors' offices around the world, as well as on social media, in community centers and in the homes of people who are trying to decide what is best for their children. New modes of engagement are needed to bridge the growing gap between scientific evidence and public anxieties driven by a mix of misinformation, disinformation, distrust and alternative beliefs.

One of the reasons I started the [Vaccine Confidence Project](#) at the London School of Hygiene & Tropical Medicine was to gather data and document the public health impacts of vaccine rumours, perceptions and anxieties to make a case for investment in trust building, ongoing listening to public concerns, and innovative engagement. We aim to build an evidence base to help support policy decisions. The recently launched State of Vaccine Confidence in the EU 2018 report we produced for the European Commission highlights how decisions to delay or refuse vaccination contribute to declining immunization rates in a number of countries as well as risks of disease outbreaks, such as measles<sup>5</sup>. Our research group based in London has a multi-disciplinary team with collaborators in multiple countries around the world. Our aim is to clearly document the emergence, spread and impact of vaccine sentiments over time, and demonstrate the public health and scientific reasons to pay close attention. When I launched this initiative ten years ago, some of my public health colleagues felt that focusing on these issues would only amplify them. Unfortunately, I no longer have to convince people that there is a problem.

NEW MODES OF ENGAGEMENT  
AROUND VACCINES ARE NEEDED TO

**BRIDGE** THE  
**GROWING GAP**

BETWEEN  
SCIENTIFIC  
EVIDENCE



AND  
PUBLIC  
ANXIETIES



## IT'S GOOD TO LISTEN

If we are to change the conversation and start to reverse the damage done by misinformation, the first step is listening, actively listening to the concerns as well as preferences that people have. Many of these concerns come up again and again in the monitoring and surveys we do<sup>6</sup>. People raise multiple questions about vaccines: are they safe? Are they right for my child? Should I wait to vaccinate, or spread the vaccines over a longer period of time? Time after time, they say they feel that their concerns are not taken seriously. That may be because, in a busy doctor's office, there is little time for a full discussion, it may be because a vaccinator does not have the information to respond, or does not want to get into an argument. One part of the problem is that anyone with medical or health training finds it hard to understand why people question vaccines. After all, they are some of the safest, most effective and most carefully tested medical tools we have.

Whatever the reason, an ambiguous response creates more uncertainty. If people do not feel they are being listened to and their concerns are not taken seriously, they will go elsewhere and find alternative sources of information and advice. There should be more opportunities for those who question to have a conversation at the critical moments.

**“ THERE SHOULD BE MORE OPPORTUNITIES FOR THOSE WHO QUESTION TO HAVE A CONVERSATION AT THE CRITICAL MOMENTS. ”**

This can make the difference between either reassuring or losing the confidence of a parent or individual considering vaccination.

One arena in which there are clear opportunities for better engagement is social media, where critics of vaccines have been very active and very effective. A lot of the information now available online about vaccines is inaccurate or simply wrong, and we have all seen how quickly negative rumours spread like wildfire. Much of it is not even deliberate disinformation, but misunderstood information. Countering rumours, myths and falsehoods requires investments in time and technology to identify the source and spread of misinformation and respond quickly.

**“ TO COUNTER SUCH MISINFORMATION, WE NEED TO MAKE SIMPLE, OBJECTIVE INFORMATION AVAILABLE TO PEOPLE OF ALL AGES ABOUT, FOR INSTANCE, HOW THE IMMUNE SYSTEM WORKS, HOW VACCINES ARE DEVELOPED AND HOW THEY WORK. ”**

To counter such misinformation, we need to make simple, objective information available to people of all ages about, for instance, how the immune system works, how vaccines are developed and how they work. Too much of the information currently available requires a medical training to understand, while many vaccine critics are extremely good at communicating simple ideas using emotional language.

We also need to think much harder about the language we use to talk about vaccines and the people who take them. Does anyone really want to be part of a “herd”, even if it provides community immunity? Is it a compliment or an insult to be described as “compliant”? What about adverse effects following immunization? What are they and what happens after them? Most countries investigate every serious adverse event, but the results of these investigations are often not made publicly available. If only part of the story is told, the impression is left that every reported event is caused by the vaccine, which mostly is not the case. Incomplete information contributes to uncertainty, allowing doubts to fester and questions to multiply.





## A NEW GLOBAL POLICY APPROACH

Clearly, we need a new global approach. There are a number of recent efforts to set the stage for change. The World Health Organization and its Strategic Advisory Group of Experts (SAGE) has taken some steps in this direction, bringing together a working group to look at some of the drivers and possible strategies to address vaccine hesitancy<sup>7</sup>. The European Commission is increasingly engaged and concerned as it sees the number of measles cases rise across the continent<sup>8</sup>. The US National Vaccine Advisory Committee is also taking action to monitor and build vaccine confidence<sup>9</sup>.

Other countries are trying to work out how to provide the right level of leadership and information to mayors, community leaders, teachers and other respected voices so that they can help to listen, build trust and spread accurate information to counter rumours and myths before they take hold<sup>10</sup>. In addition, research supporting clinical trials in Sierra Leone during the Ebola epidemic in 2014 and 2015 in West Africa, highlights the importance of not just more and better information, but the active understanding of very specific and local concerns that can only be revealed by on-going social science research and community engagement. Deeper concerns

and rumours can be formed in part through the social and political history of the country<sup>11</sup>. Careful monitoring and early identification of issues is vital for an effective response.

Vaccines have had an astonishing impact on the world we live in, but despite the best efforts of their supporters, their status as wonders of medical science is being challenged. This is partly because the diseases they prevent have almost disappeared in many settings, and parents and others feel they can refuse to vaccinate children without exposing them to risk. That this is untrue is shown by the worsening outbreaks of measles in multiple countries. Measles cases are quick to reflect the results of falling vaccination, which is why they are rising so rapidly in parts of Europe, the United States and elsewhere.

To prevent unnecessary disease outbreaks, and protect the gains made by vaccination, we must improve the way we engage around the subject. Listening to and acknowledging the concerns of those who have genuine questions is the first step towards rebuilding trust. Digital communication tools have a vital role to play in monitoring and understanding the conversation, as well as rapidly responding to misinformation.

Immunization programs need new friends – beyond the health sector. These could be drawn from among teachers, educational toy companies, social networks, and

**“ NOW IS THE TIME TO BUILD TRUST BEFORE WE NEED TO PUT IT TO THE TEST. ”**

the music and entertainment industries. However, engaging others does not take away the importance of allocating specific funding for public engagement and confidence building in immunization programs, as well as around vaccine trials. This requires investment in the form of secure budget lines for monitoring and for public engagement. This may stretch some health budgets today, but the alternative is the risk of declining vaccination rates, serious illness and an even more devastating impact on health budgets in the long run. In the next public health emergency, public trust will be essential to the response. Now is the time to build trust before we need to put it to the test.



## REFERENCES

1. European Centre for Disease Prevention and Control Monthly measles and rubella monitoring report, November 2018', accessed November, 2018  
<https://ecdc.europa.eu/en/publications-data/monthly-measles-and-rubella-monitoring-report-november-2018>
2. Sawada et al., 'HPV vaccination in Japan: results of a 3-year follow-up survey of obstetricians and gynecologists regarding their opinions toward the vaccine', 2018  
<https://www.ncbi.nlm.nih.gov/pubmed/28986659>
3. Independent Monitoring Board of the Global Polio Eradication Initiative 'How to Cut a Long Story Short: Sixteenth Report October 2018', accessed November, 2018  
<http://polioeradication.org/wp-content/uploads/2018/11/20181105-16th-IMB-Report-FINAL.pdf>
4. Smith, Graham, 'Mapping the anti-vaccination movement on Facebook', 2017  
<https://www.tandfonline.com/doi/abs/10.1080/1369118X.2017.1418406>
5. European Commission 'State of Vaccine Confidence in the EU 2018', accessed November, 2018  
[https://ec.europa.eu/health/sites/health/files/vaccination/docs/2018\\_vaccine\\_confidence\\_en.pdf](https://ec.europa.eu/health/sites/health/files/vaccination/docs/2018_vaccine_confidence_en.pdf)
6. Larson et al., 'The State of Vaccine Confidence 2016: Global Insights Through a 67-Country Survey', 2016  
<https://www.sciencedirect.com/science/article/pii/S235239641630398X>
7. Larson et al., 'Understanding vaccine hesitancy around vaccines and vaccination from a global perspective: A systematic review of published literature, 2007–2012', 2014  
<https://www.sciencedirect.com/science/article/pii/S0264410X14001443>
8. European Commission 'Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions: Strengthened Cooperation against Vaccine Preventable Diseases', accessed November, 2018  
[https://eur-lex.europa.eu/resource.html?uri=cellar:b86c452c-494e-11e8-be1d-01aa75ed71a1.0001.02/DOC\\_1&format=PDF](https://eur-lex.europa.eu/resource.html?uri=cellar:b86c452c-494e-11e8-be1d-01aa75ed71a1.0001.02/DOC_1&format=PDF)
9. National Vaccine Advisory Committee 'Assessing the State of Vaccine Confidence in the United States: Recommendations from the National Vaccine Advisory Committee', 2015  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4612166/>
10. Scutti, CNN 'How countries around the world try to encourage vaccination', accessed November, 2018  
<https://edition.cnn.com/2017/06/06/health/vaccine-uptake-incentives/index.html>
11. Enria et al., 'Power, fairness and trust: understanding and engaging with vaccine trial participants and communities in the setting up the EBOVAC-Salone vaccine trial in Sierra Leone', 2016  
<https://bmcpublishing.biomedcentral.com/articles/10.1186/s12889-016-3799-x>

## IMAGES

- P6. Sanofi Pasteur / Norbert Domy  
<https://www.flickr.com/photos/sanofi-pasteur/19138505018/in/album-72157625652506826/>  
<https://creativecommons.org/licenses/by-nc-nd/2.0/>
- P7. Sanofi Pasteur / Marizilda Cruppe  
<https://www.flickr.com/photos/sanofi-pasteur/19742847746/in/album-72157625652506826/>  
<https://creativecommons.org/licenses/by-nc-nd/2.0/>