

Vaccine Hesitancy in Europe

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- ▀ 20 different effective and safe vaccines are in use around Europe, and many promising new or improved ones are being developed.
- ▀ Vaccination is facing significant growing public concerns about vaccine safety and legislation.
- ▀ To enhance people's confidence in vaccination and addresses common issues, involvement of multiple stakeholders in decision-making should be encouraged

Introduction

Vaccination is one of the most cost-effective health interventions available, saving millions of people from illness, disability and death each year. Currently, 20 different effective and safe vaccines are in use around Europe, and many promising new or improved ones are being developed. European Member states spend on average 3% of their health budgets on reduction and protection against a range of serious diseases by immunization. Certain diseases have already been eradicated by rigorous vaccination campaigns, while others are hoped to be eliminated soon, such as measles and congenital rubella. According to the WHO European Regional Verification Commission for measles and rubella elimination, 24 European Member states had completely eliminated both diseases by October 2016. New vaccines are being developed against existing diseases such as infections with human papillomavirus.

Despite being one of the greatest public health achievements of the 20th century, vaccination is facing significant growing public concerns about vaccine safety and legislation. In recent times, an important number of populating groups have become distrustful of vaccination for a variety of reasons: the risk of side effects, the safety of vaccine ingredients and the lack of trust in the provider, to name but a few.

In light of this, EHMA Secretariat attended the conference 'Vaccine Hesitancy in Europe: Facts, Opinions and the Way Forward', organised by DG SANTE and held at the European Commission on February 15, 2017. EHMA was honoured by the presence of expert speakers, including Mr. Xavier Prats Monné (Director General of DG Sante), Dr. Enrica Alteri (European Medicines Agency) and Dr. Günter Pfaff (EUPHA), among others.

What is 'Vaccine Hesitancy'?

Vaccine hesitancy refers to delay in acceptance or refusal of vaccines despite availability of vaccination services. According to the Strategic Advisory Group of Experts to the WHO, vaccine hesitancy is a behaviour, influenced by a number of factors including issues of confidence, complacency and convenience. Vaccine-hesitant individuals have different levels of concern about vaccines, including false beliefs, ignorance and lack of advocacy¹.

Vaccine-safety related sentiment is particularly negative in the European region, which has seven of the ten least confident countries, with 41% of respondents in France and 36% of respondents in Bosnia

& Herzegovina reporting that they disagree that vaccines are safe (compared to a global average of 13%)².

Vaccine hesitancy determinant categories

-  **Confidence.** Loss of trust in vaccines, public health actors and delivery systems.
-  **Complacency.** Vaccination is not deemed a necessary preventive action.
-  **Convenience.** Availability; affordability; geographical access; ability to understand; and appeal of immunization services

State of play of vaccination in Europe

Almost all countries have national and/or regional vaccination policies or strategies to prevent different diseases in place. Certain diseases have already been eradicated by rigorous vaccination campaigns, while others are hoped to be eliminated soon, such as measles and congenital rubella³.

In 2014, the Council of the European Union recognised that an evidence-based, cost-effective, safe and efficient immunisation system is an integral part of a well-functioning health system⁴. The Council also highlighted that in recent years there have been outbreaks of vaccine preventable diseases such as measles, polio and pertussis although they were on the way to being eradicated or eliminated. In addition, Member States have done an estimation of the costs for activities such as targeted initiatives for key risk populations to raise awareness, improve access to vaccination, increase coverage rates ('costed action plans') and reported that adequate funding had been allocated for the implementation of vaccination plans⁵.

Among the plans and project developed in Europe, it should be highlight the European Vaccine Action Plan 2015–2020 (EVAP)⁶. EVAP is a regional interpretation of the Global Vaccine Action Plan developed to address the specific needs and challenges related to immunization in the WHO European Region.

The objectives of EVAP, echo the policy priorities of Health 2020, through which the Region is committed to reduce inequities and thus significantly improve the health and well-being of populations, strengthen public health and ensure people-centred health systems that are equitable, sustainable and of high quality (Table 1).

Alignment of European Vaccine Action Plan 2015–2020 to Health 2020 policy framework and strategy

Health 2020	European Vaccine Action Plan
Strategic objectives	EVAP objectives
Improving health for all and reducing health inequalities	EVAP objective 3: The benefits of vaccination are equitably extended to all people through tailored, innovative strategies.
Improving leadership and participatory governance for health	EVAP objective 1: All countries commit to immunization as a priority. EVAP objective 5: Immunization programmes have sustainable access to predictable funding and high-quality supply.
Policy priorities	EVAP objectives
Investing in health through a life-course approach and empowering people	EVAP objective 2: Individuals understand the value of immunization services and vaccines and demand vaccination. EVAP objective 3: The benefits of vaccination are equitably extended to all people through tailored, innovative strategies. EVAP objective 5: Immunization programmes have sustainable access to predictable funding and high-quality supply.
Tackling the Region's major health challenges of noncommunicable and communicable diseases	All five EVAP objectives are related to reducing the burden of vaccine-preventable disease.
Strengthening people-centered health systems, public health capacity and emergency preparedness, surveillance and response	EVAP objective 3: The benefits of vaccination are equitably extended to all people through tailored, innovative strategies. EVAP objective 4: Strong immunization systems are an integral part of a well-functioning health system.
Creating resilient communities and supportive environments	EVAP objective 2: Individuals understand the value of immunization services and vaccines and demand vaccination. EVAP objective 3: The benefits of vaccination are equitably extended to all people through tailored, innovative strategies.

Figure 1. WHO Regional Office for Europe

Public trust deficit

The perception of European population on vaccination have become one of the main challenges to achieve further progress and innovative solution for disease preventions. A range of global factors are contributing to increased public questioning of vaccines, but the determinants of public trust are complex and not always well understood.

Such public trust deficit is highly variable depending on multiple factors, including understanding perceptions of vaccines and vaccine risks, historical experiences, religious or political affiliations, and socioeconomic status. As ECDC declared, the most common determinant of vaccine hesitancy in Europe is concerns or fears about vaccine safety. This includes many specific beliefs, such as the fear of adjuvants or side effects, but is overall a problem of risk perception. Qualitative studies addressing vaccine safety and risk perception in Europe would bring considerable value and benefits to currently available evidence.

Boosting vaccine confidence

The WHO Centre of Excellence, Vaccine Confidence Project, is currently focused on monitor public confidence in immunisation programmes by building an information surveillance system for early detection of public concerns around vaccines; by applying a diagnostic tool to data collected to determine the risk level of public concerns in terms of their potential to disrupt vaccine programmes; and, finally, to provide analysis and guidance for early response and engagement with the public to ensure sustained confidence in vaccines and immunisation⁷.

As the project indicates, the effect of faith on vaccine attitudes is dependent on local context, and that these attitudes are not necessarily driven by religious doctrine in itself, but mediated by political, socio-cultural and other factors⁸. Thus, understanding vaccine confidence means understanding a range of determinants whose influences often live outside an immunisation or even health programme but affect both confidence in and acceptance of vaccines. These determinants can be grouped into:

- 📌 **Contextual factors.** Influences arising due to historic, sociocultural, environmental, health system/institutional, economic or political factors.
- 📌 **Individual and group influences.** Influences arising from personal perception of the vaccine or influences of the social/peer environment.
- 📌 **Vaccine/vaccination specific issues.** Influences directly related, including: scientific evidence; design of vaccination program; reliability of vaccine supply; costs and role of healthcare professionals.

To enhance people's confidence in vaccination and addresses common issues, involvement of multiple stakeholders in decision-making should be encouraged by joining public health experts, policy-makers and patients; explaining and clarifying every process related to vaccine industry; and evaluating benefit/risk relations.

Learn more?

EHMA would like to provide you a selection of articles and official documents based at European and global level as must reads if you wish to learn more. Among the following selection, you could find documents launched by the European Commission, the European Centre for Disease Prevention and Control (ECDC) and the WHO.

1. ECDC, *Vaccine hesitancy among healthcare workers and their patients in Europe, 2015* - [LINK](#)
2. *The State of Vaccine Confidence 2016: Global Insights Through a 67-Country Survey* - [LINK](#)
3. ECDC, *Vaccine-preventable diseases briefing page* - [LINK](#)
4. Council of the European Union, *Council conclusions on vaccinations as an effective tool in public health, 2014* - [LINK](#)
5. European Commission, *Working Document - State of play on implementation of the Council Recommendation of 22 December 2009 on seasonal influenza vaccination, 2014* - [LINK](#)
6. WHO Europe, *European Vaccine Action Plan 2015-2020, 2015* - [LINK](#)
7. Vaccine Confidence Project, *Website* - [LINK](#)
8. Vaccine Confidence Project, *The State of Vaccine Confidence 2016, 2016* - [LINK](#)

We also invite you to read this [Rapid literature review on motivating hesitant population groups in Europe to vaccinate](#), by the ECDC focuses on identifying hesitant population groups and how targeting them.

Watch the full recording of the Conference “Vaccination Hesitancy In Europe: Facts, Opinions and The Way Forward” [here](#) and [subscribe](#) to the Vaccine Confidence Project newsletter to get the latest news on this topic.