



Addressing Vaccine Hesitancy in Romania. An Analysis of the Romanian Authorities Response to Public's Reluctance

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Vivid debate among international health organizations

- Mass vaccination & immunization: role in maintaining the health of the population and in eradicating mortal diseases (WHO; Unicef, 2013)
- Refusing vaccination -> moral responsible for the harm and deaths that result (Jamrozik, Handfield & Selgelid, 2016)
- Very complex and rapidly spreading issue: **vaccine hesitancy** (delay in acceptance or refusal of vaccines WHO, 2014)



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Aim of the study

- Understanding how vaccine hesitance is being addressed by the national Romanian health authorities
- Linkage between the Romanian national health authorities response to vaccine hesitancy and WHO's communication recommendations



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Vaccine hesitancy (I)

- “a delay in acceptance or refusal of vaccination despite availability of vaccination services. Vaccine hesitancy is complex and context specific, varying across time, place, and vaccines. It is influenced by factors such as complacency, convenience and confidence” (SAGE Working Group on Vaccine Hesitancy, 2014, p. 7).
- reflects concerns and doubts about the decision to vaccinate oneself or one’s children (Salmon et al., 2015).
- increasing phenomenon all over the world



Vaccine hesitancy (II)

Consequence of ...

- people's unfamiliarity with vaccine-preventable diseases
- lack of trust in corporations & public health providers and/or health-care workers
- concerns about vaccine safety and effectiveness, adverse events following immunization
- the conflicting vaccine-related information makes it difficult to interpret and understand (Wang, Baras and Buttenheim, 2015)
- the lack of confidence in vaccines (MacDonald et al., 2015)
- religious beliefs (Schuster et al., 2015; Dubé et al., 2014)
- negative media coverage (Larson et al., 2015)



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Vaccine hesitancy (III)

Continuously researched by:

- WHO
- SAGE WG
- WHO EUR Guide to Tailoring Immunization Program
- Health institutes, scholars, medical doctors, health experts



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Vaccine hesitancy (IV) – SAGE WG Determinants of Vaccine Hesitancy Matrix

- Contextual influences
- Individual and group influences
- Vaccine/Vaccination specific issues



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<p><u>CONTEXTUAL INFLUENCES</u> Influences arising due to historic, socio-cultural, environmental, health system/institutional, economic or political factors</p>	<ul style="list-style-type: none"> a. Communication and media environment b. Influential leaders, immunization program gatekeepers and anti- or pro-vaccination lobbies. c. Historical influences d. Religion/culture/ gender/socio-economic e. Politics/policies f. Geographic barriers g. Perception of the pharmaceutical industry
<p><u>INDIVIDUAL AND GROUP INFLUENCES</u> Influences arising from personal perception of the vaccine or influences of the social/peer environment</p>	<ul style="list-style-type: none"> a. Personal, family and/or community members' experience with vaccination, including pain b. Beliefs, attitudes about health and prevention c. Knowledge/awareness d. Health system and providers-trust and personal experience. e. Risk/benefit (perceived, heuristic) f. Immunization as a social norm vs. not needed/harmful
<p><u>VACCINE/ VACCINATION– SPECIFIC ISSUES</u> Directly related to vaccine or Vaccination</p>	<ul style="list-style-type: none"> a. Risk/ Benefit (epidemiological and scientific evidence) b. Introduction of a new vaccine or new formulation or a new recommendation for an existing vaccine c. Mode of administration d. Design of vaccination program/Mode of delivery (e.g., routine program or mass vaccination campaign) e. Reliability and/or source of supply of vaccine and/or vaccination equipment f. Vaccination schedule g. Costs h. The strength of the recommendation and/or knowledge base and/or attitude of healthcare professionals
<p>SAGE Working Group Determinants of Vaccine Hesitancy Matrix (WG, 2014, p. 12)</p>	



Vaccination components (Oku et al, 2017)

- service provision and delivery, quality of care, skilled human resources, disease notification and surveillance
- adequate infrastructure and equipment
- communication with all stakeholders



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Vaccine hesitancy and communication

- “scarce communication resources limit the capacity to counter negative information about vaccines and achieve community support for vaccination programs” (MacDonald, 2015, p. 4163)
- communication is crucial for the success of the immunization programs
- open dialogue and understanding the reasons for vaccine reluctance leads to increasing vaccination rates



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How to address vaccine hesitancy? (SAGE WG)

- Understanding vaccine hesitancy, its magnitude and its setting of the problem (WHO, 2016)
- Understanding the determinants of vaccine hesitancy (contextual, individual and group influences and vaccine/vaccination specific issues)
- Engagement of religious and any other influential leaders to promote vaccination
- Social & mass media mobilization
- Communication training for HCW
- Non-financial incentives
- Increase knowledge and awareness about vaccination



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Method (I)

Qualitative frame analysis of both:

- WHO & SAGE WG recommendations about addressing vaccine hesitancy
- Romanian national health authorities press releases & public statements (January 1, 2016-August 31, 2017)

1. Themes conveyed

2. Exploring communication frames (see Semetko & Valkenburg, 2000; deVreese, 2005)

- Responsibility frame
- Human interest
- Morality
- Conflict
- Economic consequences



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Method (II)

1. Topics conveyed

- Analysing how WHO and SAGE WP address vaccine hesitancy and identifying the topics conveyed in their messages and policy recommendations
- Analysing how the National Health Minister addresses vaccine hesitancy and identifying the topics conveyed in its messages
- Comparing the topics between international health organisations and national health authorities



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Method (III)

2. Exploring communication frames (see Semetko & Valkenburg, 2000; deVreese, 2005)

- **Responsibility frame** (to attribute responsibility for causing or solving to either the government or to an individual or group)
- **Human interest** (how it affects individuals and groups; human face; emotional angle)
- **Morality** (context of religious tenets or moral prescriptions)
- **Conflict** (conflict between individuals, groups, institutions or countries)
- **Economic consequences** (economic consequences it will have on an individual, group, institution, region or country)



Preliminary results (I)

a. WHO & SAGE WP vaccine hesitance related topics

- Importance of increasing vaccination rates
- Importance of communicating with hesitant population
- Communication training with HCW
- Multi-component interventions rather than single-component interventions

b. National Health Minister vaccine hesitance related topics

- Information about the existing vaccines available for the population
- Information about vaccination rates
- No details about how vaccine hesitant population is being addressed to
- Details about how to prevent flu and respiratory diseases
- Pro-vaccination campaign launched in July 2017



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Preliminary results (II) – National Health Minister's communication

- No linkage with the recommendations of the international health organizations regarding communication about vaccination
- Does not refer to vaccine hesitant population
- Press releases do not include measures for increasing vaccination rate
- Asks for immediate measures to be taken by local authorities, but does not list the measures (one exception Dec. 2016)
- Launch *Vaccines save life* campaign (Nov. 2016) – video with famous Romanian actor



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Preliminary results (III)

Main frames used by the National Health minister:

HUMAN INTEREST & RESPONSIBILITY FRAME

- **Human interest frame (diseases can lead to serious complications and death)**
- **Responsibility frame (lack of vaccines available)**



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Preliminary results (IV)

No reference to the Morality frame (significant important in the case of vaccine hesitant population in Romania)

- Religious leaders are not engaged
- Influential leaders are not engaged



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Conclusion

- Lack of systematic communication
- No linkage with the recommendations of WHO, SAGE WG, UNICEF
- Informative communication rather than multi-component interventions
- No reference to the dialogue-based interventions



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Thank you!

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