

# Vaccine Hesitancy to Vaccine Acceptance: What actually works?

Speakers:

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# Learning Objectives

- Summarize the key elements underpinning vaccine acceptance
- Review evidence –based approaches for addressing barriers to vaccine acceptance, with focus on injection pain and fear
- Identify relevant tools and approaches

# Conflicts of Interest

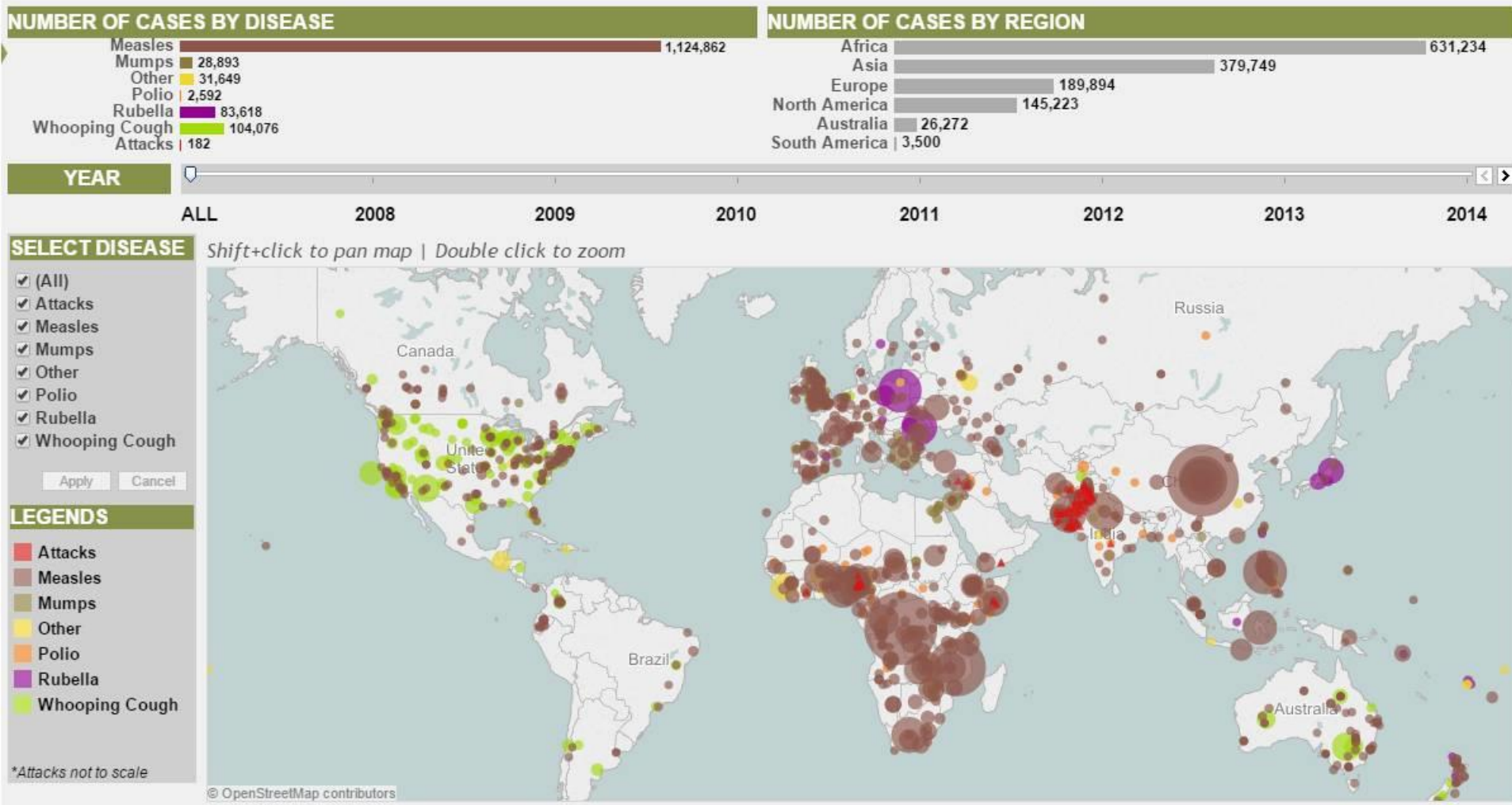
**No financial conflicts to declare**

**My Biases:**

- Consultant to Canadian Paediatric Society  
Imm/ID Cmt
- Consultant to WHO Immunization/  
Vaccines and Biologicals
- SAGE Working Group on Vaccine Hesitancy
- Canadian Centre for Vaccinology:  
Health Policy and Translation Group

**I believe vaccines are safe, effective, serious diseases can occur if not immunized**

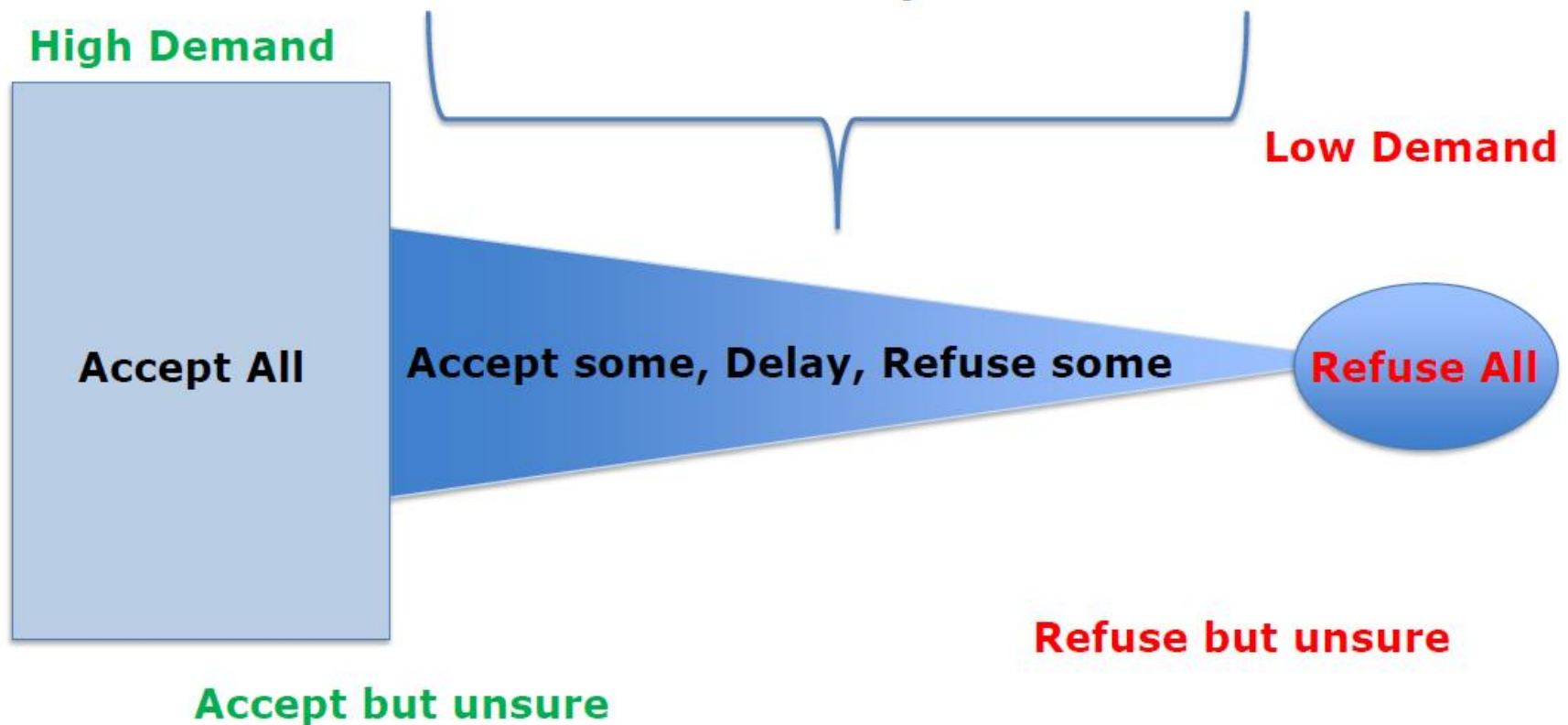
# Vaccine Preventable Diseases



[http://www.huffingtonpost.com/2014/10/27/anti-vaccine-disease-outbreaks\\_n\\_6056862.html](http://www.huffingtonpost.com/2014/10/27/anti-vaccine-disease-outbreaks_n_6056862.html)

# Vaccine Hesitancy

## Vaccine Hesitancy Continuum



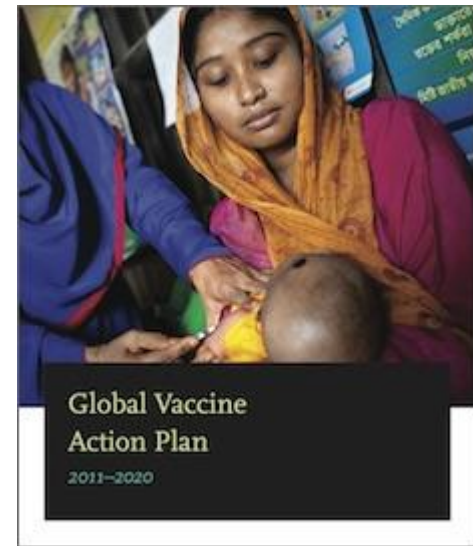
SAGE Working Group on Vaccine Hesitancy 2014

[http://www.who.int/immunization/sage/meetings/2014/october/1\\_Report\\_WORKING\\_GROUP\\_vaccine\\_hesitancy\\_final.pdf?ua=1](http://www.who.int/immunization/sage/meetings/2014/october/1_Report_WORKING_GROUP_vaccine_hesitancy_final.pdf?ua=1)

# WHO SAGE Working Group Definition of Vaccine Hesitancy

## *Vaccine hesitancy*

- refers to delay in acceptance or refusal of vaccines *despite availability of vaccine services*
- is **complex** and **context specific** varying across **time**, **place** and **vaccines**
- is influenced by factors such as **complacency**, **convenience** and **confidence**.



# Vaccine Hesitancy Model

**Trust** in vaccines, in delivery system, in the policy-makers who decide which vaccines are needed and when.

Complacency

Perceived risks VPD low; vaccination not deemed a necessary preventive action. Other life /health responsibilities higher priority at time

Confidence

Convenience

Physical access-availability, affordability, willingness to pay; geographical access, ability to understand (language, health literacy); appeal of immunization services

