

VACCINE ACCEPTANCE: HOW FAR HAVE WE COME?

Written by **Diane Glynn**, Senior Research Director from **THE PLANNING SHOP** recently attended the World Vaccine Congress in Washington. She shares some insights arising from the event.



As stated by World Vaccines Conference Chair, Dr. Gregory Poland: **“Some see vaccines as a virtual Pandora’s box, while we see them as hope.”**

Anti-vaccine sentiment dates back to objections in the 18th century when inoculation was used to reduce smallpox morbidity and mortality. Most recently this has been exacerbated by Andrew Wakefield’s (since-retracted) paper linking the measles-mumps-rubella (MMR) vaccine to autism in 1998.

While progress is happening, and uptake is in the right direction, we haven’t significantly moved the ‘needle’ in more than 10 years.

Immunization has been the victim of its own success. We take it for granted and have become complacent – assuming programs will run themselves. However, it’s not finished business, nor is it likely ever to be. Plus, we’re consistently trying to reel-in our vaccine-hesitant population. So, what are we missing?

One piece of the puzzle is understanding the cultural underpinnings of our communities globally and reframing our presentation. Even in the United States, there is variation in beliefs that leads to hesitancy.

Just last month several communities were exceptionally affected by the measles outbreak as a result of vaccine refusal – among them the Orthodox Jewish community in New York, a Somali-American group in Minnesota, the Amish in Ohio, and Russian-language settlers in Washington. These communities tend to live near to each other, go to school together, worship together, and hold similar beliefs. They are not anti-vaxxers, but they may not necessarily hold mainstream beliefs either. While there has been significant investment in public health awareness, the messages have not reached some of these populations.

If we are going to achieve our vaccination goals, it must be an all-society initiative from federal partners, state and community health departments, cancer advocacy groups and immunization coalitions, to parenting groups and rural and faith-based community outreach. We need the ‘hard’ scientists to work with the behavioral scientists. We need to continue to invest in vaccine development, continue to raise awareness, and continue to communicate information in a way that can be received.



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