

Vaccine hesitancy: a major global health risk

The current measles outbreak shows what can happen when vaccine uptake drops below the levels needed to provide herd immunity. According to the World Health Organization, ‘more than 80 000 people in 47 of 53 European countries contracted measles in 2018, with 72 deaths’ (Thornton 2019). One of the reasons for the outbreak is that parents are not taking their children to be vaccinated. This is occurring for a number of reasons. These include vaccines that are not available or a poor infrastructure or system that means that vaccination does not happen as it should. Another reason is vaccine hesitancy.

The World Health Organization (2019) said that vaccine hesitancy was a major global health risk – on a par with obesity, air pollution and Ebola. According to the World Health Organization (2015), vaccine hesitancy ‘refers to delay in acceptance or refusal of vaccines despite availability of vaccination services’.

Causes of vaccine hesitancy

So what causes vaccine hesitancy? And what can we do about it? According to Dubé and colleagues (2013), those searching for a single cause and magic bullet to solve vaccine hesitancy will be disappointed. There are multiple causes. The media can play a role by giving too much attention to vaccination scares and ignoring the proven effectiveness and safety of vaccines. Social media channels have given a platform for many people who undermine the confidence of the public in vaccination. In some ways certain vaccination programmes have become victims of their own success. Successful vaccination means that some infectious diseases have become rare and so less visible: people with no first-hand knowledge of diseases are less likely to take them seriously.

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Health-care professionals are usually well educated about vaccines and so typically persuade their patients to take up vaccination. But doctors and other health-care professionals do not always take up vaccines themselves – such as annual influenza vaccines – so some health-care professionals might be classified as vaccine-hesitant.

The role of education

The provision of education about vaccines is often suggested as a means of overcoming vaccine hesitancy. However, this might not be straightforward either. Many people who take up vaccination do not have a great deal of knowledge about vaccines – rather they follow the recommendations of their doctor. But those who do not take up vaccination have often looked at a lot of information on the subject.

The knowledge that they receive is important – but equally important is how they think about this knowledge. Doctors and other health-care professionals typically think about vaccination from an population perspective, but laypeople typically think about things from an individual perspective. Vaccination makes sense from a group perspective, but may not seem logical if you are only thinking about yourself or your child.

To give just one example, if everyone else in the population received the measles vaccine, then there will be no one that you can catch measles from – and so there is little point in receiving the vaccination yourself. But if too many people think like that, then individuals as well as populations will suffer.

Some people think about the issue of vaccination from an emotional perspective. They might receive correct information, but they might not trust health-care professionals and therefore not follow the guidance that they have received. Also, laypeople receive a variety of different types of information from a variety of sources. They might read an article in the lay press

KEY POINTS

- Vaccine hesitancy ‘refers to delay in acceptance or refusal of vaccines despite availability of vaccination services’.
- Vaccine hesitancy is a major global health risk – the World Health Organization considers it to be on a par with obesity, air pollution and Ebola.
- There are multiple causes of vaccine hesitancy.
- There is no one simple solution to vaccine hesitancy.

about a child who might have had an adverse effect from a vaccine and the story of the child might carry more weight than a systematic review. Equally the emotional impact of images or videos of children who have had an adverse effect (or what parents consider to be an adverse effect) of the vaccine may have a considerable impact. Lastly some parents (and children) simply do not like needles.

Conclusions

Vaccine hesitancy is a complex problem as well as a growing one. There is no one simple solution. It may be that putting ourselves in the place of the person or the parent is the best way to come up with strategies for overcoming it. **BJHM**

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