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[Home](#) > Immunization in healthcare workers



Tuesday, October 24, 2017 - 08:39

### Target

[Decision Makers](#) [1]

[Government and Public Health](#) [2]

[Healthcare Professionals](#) [3]

### Topic

[Policy](#) [4]

[Prevention](#) [5]

[Stakeholders](#) [6]

[Vaccination](#) [7]

### Tags

[Dataviz](#) [8]

[Vaccine](#) [9]

[Health care workers](#) [10]

[The report of the WHO SAGE Vaccine Hesitancy Working Group](#)

[11] defined vaccine hesitancy as "a behaviour, influenced by a number of factors including issues of confidence (e.g. low level of trust in vaccine or provider), complacency (e.g. negative perceptions of the need for, or value of, vaccines), and convenience (e.g. lack of easy access)?".

Multiple studies show that in all European Union countries, healthcare workers (HCWs) are identified as the most important and trusted source of information on how to be protected from vaccine-preventable diseases (VPDs), above all for parents with the most questions and concerns. In front of low rates of coverage, and the claim for compulsory vaccination, HCWs have a moral duty [12] not to hurt people they have to take care of, even more when immunocompromised or frail patients, vulnerable to infections, are involved.

However, more and more studies are now showing that healthcare workers themselves, including those who provide vaccination to patients, can be vaccine-hesitant, whether considering vaccination for themselves, their children, or their patients.

Experts from the ASSET project carried out **a qualitative study on this issue** [13], performing data visualizations based on results of the HProImmune on line survey. HProImmune [14] is a 3-year project co-funded by the DG SANCO Public Health Program 2008-2013 aiming to promote immunizations among HCWs in Europe and to identify barriers concerning HCW immunizations. Thirty-eight countries participated to on line survey.

The VPDs (vaccine-preventable diseases) examined in the survey are the following: Influenza, Tuberculosis, Measles, Mumps, Rubella, Meningitis, Varicella, Hepatitis A, Hepatitis B, Pneumococcal disease, Tetanus, Diphtheria, Pertussis.

Asset analysis, based on results of the HProImmune on line survey, shows clearly that HCWs themselves can be vaccine-hesitant and can have concerns and doubts

regarding vaccines for lack of information or for incorrect information. This work is a first and important step to know the attitude of HCWs towards vaccines and to have some preliminary but significant data about vaccination coverage of HCWs. In fact, efforts to address determinants of hesitancy in the general population are doomed to fail if healthcare providers are not on board. Public health agencies and decision-makers should consider the development and implementation of information and training programmes to address their expressed needs and concerns.

Immunization protects HCWs and their patients, but uniform policies in Europe do not exist. This study could encourage stakeholders to strengthen surveillance and collection of vaccination coverage data for this subgroup of the population.

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# ASSET

Action plan on **Science in Society** related issues in **Epidemics and Total pandemics**  
European Commission

This project has received funding from the European Union's Seventh Framework Programme for research, technological development and demonstration under grant agreement no 612236.

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## Links

[1] <http://www.asset-scienceinsociety.eu/target/decision-makers>

[2] <http://www.asset-scienceinsociety.eu/target/government-and-public-health>

[3] <http://www.asset-scienceinsociety.eu/target/healthcare-professionals>

[4] <http://www.asset-scienceinsociety.eu/topic/policy>

[5] <http://www.asset-scienceinsociety.eu/topic/prevention>

[6] <http://www.asset-scienceinsociety.eu/topic/stakeholders>

[7] <http://www.asset-scienceinsociety.eu/topic/vaccination>

[8] <http://www.asset-scienceinsociety.eu/tags/dataviz>

[9] <http://www.asset-scienceinsociety.eu/tags/vaccine>

[10] <http://www.asset-scienceinsociety.eu/tags/health-care-workers>

[11]

[http://www.who.int/immunization/sage/meetings/2014/october/SAGE\\_working\\_group\\_revised\\_report\\_vaccine\\_hesita](http://www.who.int/immunization/sage/meetings/2014/october/SAGE_working_group_revised_report_vaccine_hesita)

[12] <http://www.asset-scienceinsociety.eu/news/features/compulsory-vaccination-healthcare-workers>

[13] <http://www.asset-scienceinsociety.eu/reports/page4.html>

[14] <http://www.hproimmune.eu/>