

# The ASSET FINAL EVENT

*Share and move for mobilization and mutual learning at local, national and international levels on Science in Society related issues in epidemics and pandemics*

## Vaccination hesitancy: perspectives at local level

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*NH Hotel Via dei Gracchi 324*  
*Rome*



# Background information

- During the recent years, as a whole, immunization coverages have gone down
- In January 2017, a new vaccination schedule was adopted nationwide, with an increased planned supply of vaccines, especially during the first year of life
- In June, a Decree thereafter converted into a Law made immunization compulsory thus becoming a mandatory condition to be allowed to school between 1 and 7 years of life
- Children 0-6 had to prove to be fully vaccinated before September, 12 (or at least legally certify that) and children 7-16 before October, 31
- To have the right to access to school all children should prove to be completely vaccinated at the deadline of March 2018, 10

# The recent Law enforcing compulsory immunization

- 10 vaccines are mandatory
- School and health authority are expected to exchange data (lists of schoolchildren and immunization coverages)
- Shift in language: according to the vaccination coverage children not completed vaccinated are called «defaulters» and Italian regions are required to produce data not only on vaccination coverage but also about «defaulters»
- LHA: to fine parents who decide not to immunize their children
- School principals: to close doors to unjustified unvaccinated children under 6 yrs old
- Communication is envisaged but not planned before the enforcement of the law

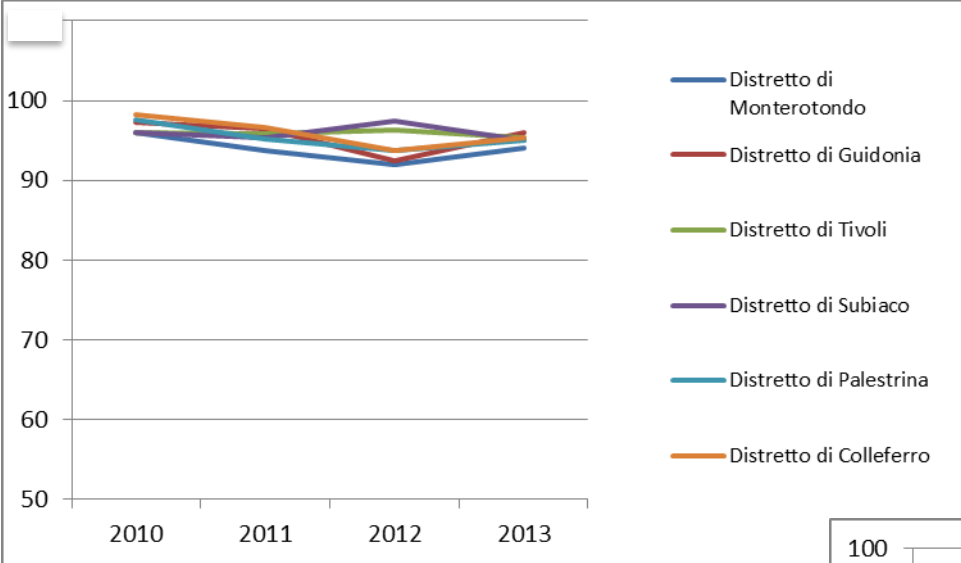
“Vaccine hesitancy refers to delay in acceptance or refusal of vaccination despite availability of vaccination services. Vaccine hesitancy is complex and context specific, varying across time, place and vaccines. It is influenced by factors such as complacency, convenience and confidence”.

SAGE Working Group on Vaccine Hesitancy, 2014

# Tangible effects of vaccination hesitancy and influence of the recent Law

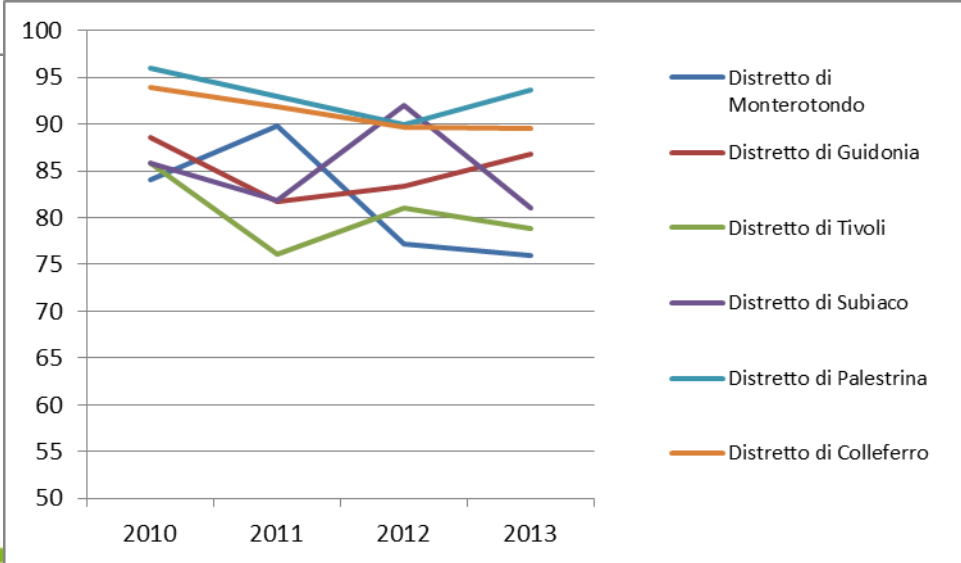


# Immunization coverage, children 36 months old, yrs 2010-2013



**Hexavalent vaccine**  
(diphtheria, tetanus, acellular pertussis, *Haemophilus influenzae* type B, poliovirus and hepatitis B)

**MMR vaccine**  
(Measles, Mumps, Rubella)



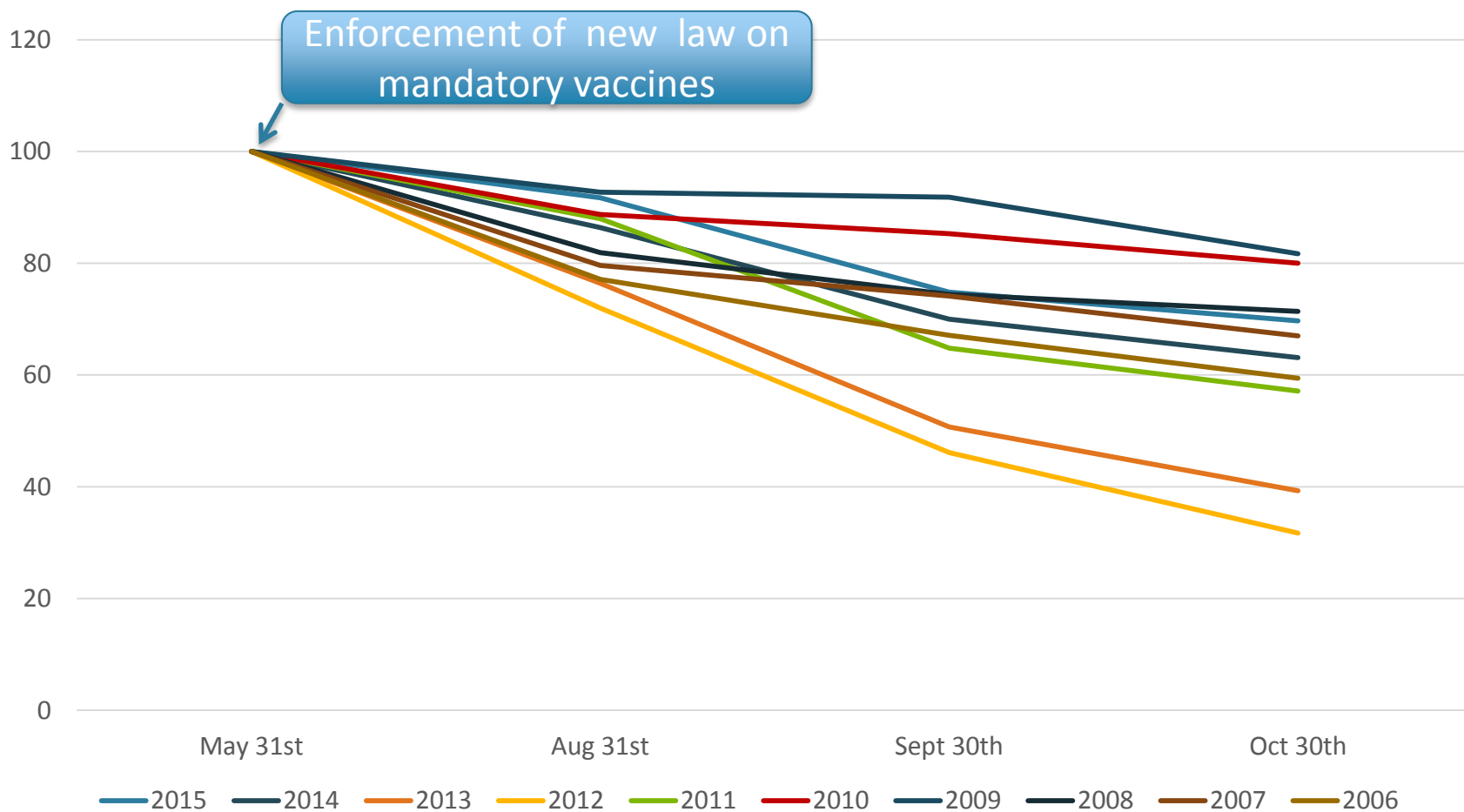
# “Signs” of vaccine hesitancy from local level

- MMR 2<sup>nd</sup> dose, at 6 yrs by immunization schedule, is delayed more and more after 2006
- Meningococcal C vaccination coverage downwards up to 2014 thereafter continuously increasing
- A LHA toll-free number devoted to immunizations received hundreds of calls from parents enquiring about safety of vaccines
- More than 50.000 visits (60%? total parents population) on the LHA site on immunization, during around 2 months

# A “stress test” of vaccine hesitancy – some aspects

- The large majority of children not completely immunized, according to the new schedule, are NOW booked in the Immunization Centers (IC) to complete
- For children under 5, parents more likely to be hesitant (anecdotal)
- A limited proportion (3-4%) still remains to get in contact with the IC
  - Database mistakes
  - Still vaccine or vaccination hesitancy
- As a whole, about 100 registered letters sent by parents who need more information about vaccination/vaccines or are against

# MMR 2<sup>nd</sup> dose defaulters decline, per cohort, by month, 2017





# Discussion

- The slope of the curves is (also) function of the services potentiality to increase the immunization supply (unlikely at present)
- A proxy of the “vaccination firmness” is the number of parents who have booked their children to get vaccinated (grossly the 90%)
- Possibly all defaulters will be recovered before the deadline of March 2018

# Tens of letters received by parents (or their lawyer)

Main complains:

- Distrust in public health authority
- Doubts in vaccines safety
- Lack of answers to parents questions by the health professionals
- Misperceptions on seriousness of vaccine-preventable diseases
- Reassuring attitudes of health professionals
- Conflict of interests of decision makers
- Contradictory messages, like in June anti meningococcal B vaccine is compulsory, in August not anymore
- Difference between side effect and adverse affect
- Protesting against school exclusion for a child not vaccinated



# The hesitancy at local level: our guess

- Large majority of parents are determined to immunize their children
- 1 parent out of 4 delayed immunization
- Less than 1 in 10 to reduce the «charge» of vaccines
- Less than 1 in 1800 against immunization

# What is to be done at local level?

Waiting for a clear backstop by the national immunization task force (e.g. communication guidance?) and for a long term (national) evidence based policy on immunization:

- More, and more effective communication, even if time is really lacking to the health professionals of the IC
- Establish an unceasing attendance in the SN by the LHA
- Networking, especially with schools
- Stronger co-operation with pediatricians
- Give more value to parents doubts, e.g. for adverse effects

Beyond immunization, there is much more in terms of prevention and health promotion.....parents need to be aware of what the local health system is doing (health promoting schools, peer education, life skills.....)...concerning the whole children's health



**Thank you to our colleagues  
struggling every day in the  
immunization centers**

**Thank you for your attention!**

