

Restoring Broken Public Trust in Vaccines

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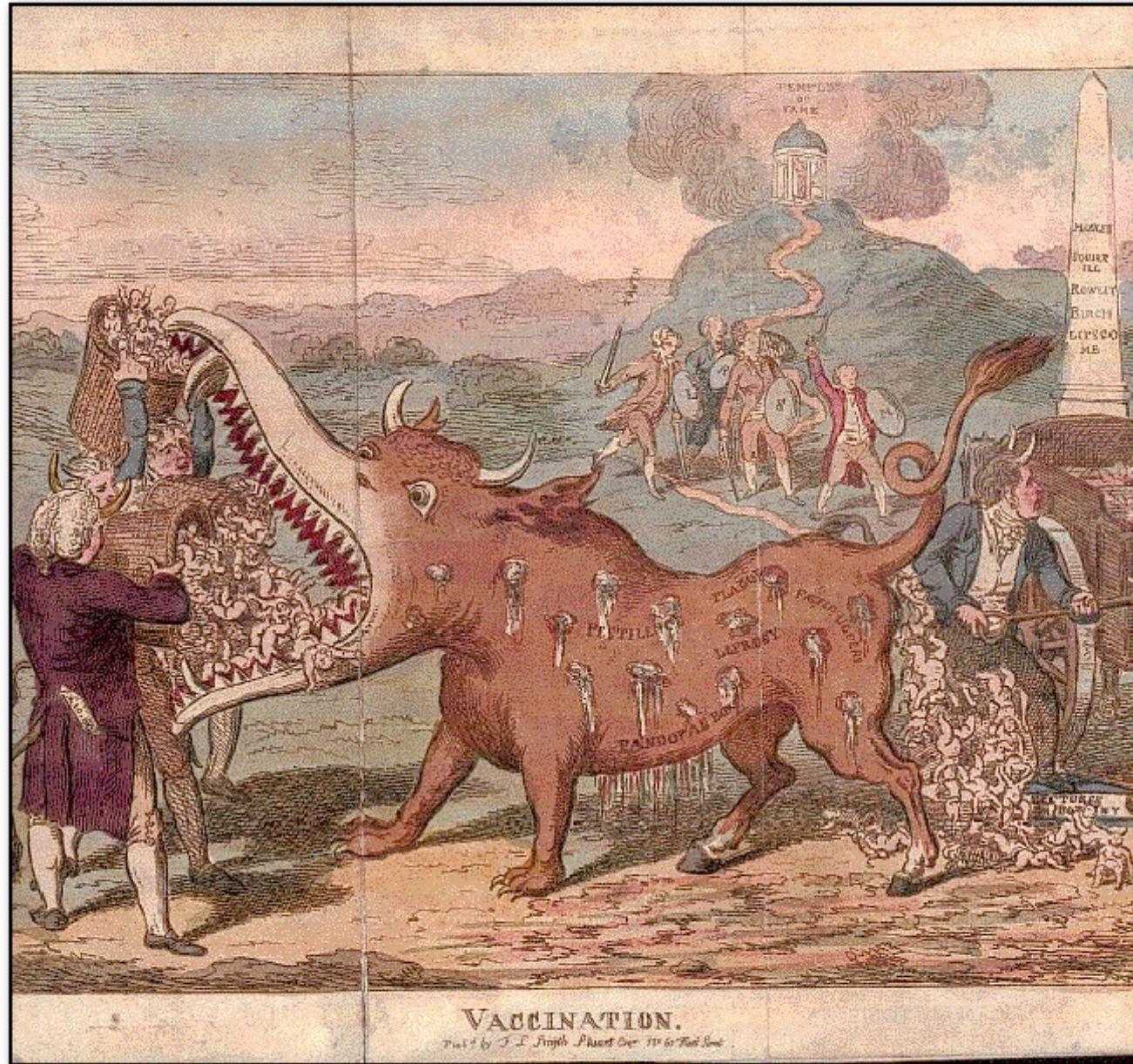
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WHO Geneva

A questioning public

The history of public questioning of vaccines is as old as vaccines

The Vaccination Monster (London, 1808)



Who is not trusting?

Parents (for childhood vaccines)

Adults (eg. flu vaccines)

Some physicians

Politicians

Why?

- **Vaccine safety** concerns (with or without an AEFI)
- **Vaccine relevance** questions (*Why do we need this vaccine when we are no longer seeing the disease?*)
- Questioning about the vaccine is not really about the vaccine—there are **other underlying issues**

**DO NOT ASSUME
COMMUNICATIONS WILL FIX
THE PROBLEM WITHOUT
UNDERSTANDING THE
PROBLEM**

From crisis management to pre-empting problems

There are a number of know prompts of public questioning—we need to increase our “listening” to the public during those times

There are a number of amplifying factors which also need our attentiveness to avert programme disruptions **BEFORE** they happen

Prompters of Public Questioning

- **Adverse Event** (AEFI) –local AEFI are usually stronger prompters of rumors, but a distant event reported can also spread and provoke questions
- **New research** reported
- **New recommendation or policy change**
- **New product** (introduction of new product or product packaging)
- **Political motivations** (i.e. purposefully spreading rumors to undermine the government, other providers or producers of the vaccine)

Amplifying factors

- **Geographic spread** of rumor (ie. how far)
- **Frequency of rumor reported** – occasional reporting vs. persisting and strengthening
- **Media reports** that amplify any prompter listed in column one

Amplifying factors (cont.)

- **Historic bad experience that lowers public trust** (e.g. forced sterilization in India, Nigeria clinical trial which caused childhood deaths)
- **Socio-economic marginalization** (i.e. populations that have historically been marginalized with lower access to health services breeds general distrust in “the system”)
- **Previous self-organized community groups** that can re-purpose their experience to address vaccine concerns

Potential Consequences of not addressing public questions

- **Vaccine refusals** (individual ← → group level)
- **Vaccine is withdrawn** (This can be a prompter of rumors as well as a consequence of rumors)
- **Vaccine preventable disease outbreaks**

Resilience measures

Increase allocated time and budgets for campaigns and delivery in known difficult populations and in known high-risk times (as outlined earlier)

Do not wait to address public questioning until it becomes a big issue, address early

Be pro-active, not reactive – do early risk assessments to anticipate where programmes may face questions/problems

Practical approaches

An example from WHO Communication guidance on H1N1 vaccine safety

- Anticipate the issues:
 - Q&As.
 - Information documents.
- Ensure consistency of messages within and across organizations.
- Acknowledge known risks and explain safety monitoring and investigation systems in place.

ADD:

- Listen genuinely to public questions- answer clearly what you know, investigate what you do not

Key actions