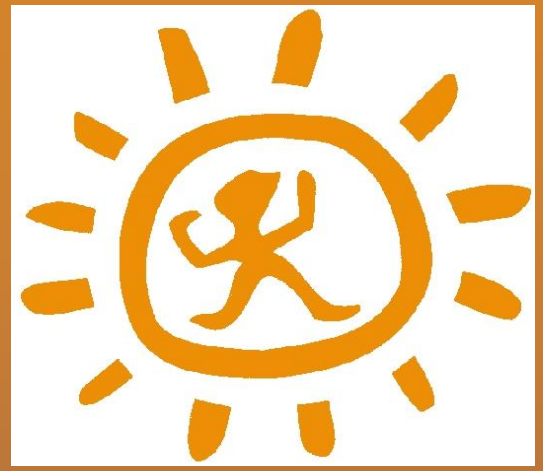


Vaccination -
Prevention & health literacy: A Patient View

Italian Presidency Conference
'The State of Health of Vaccination in the EU'
3 November 2014, Rome

Peter Wiessner, Board Member
European Public Health Alliance (EPHA)

OVERVIEW

Presentation outline

- Background info re: EPHA
- Ethical considerations
- Barriers experienced by patients & vulnerable groups
- Health literacy
- Vaccine safety & effectiveness
- Communication challenges
- Preview of EPHA Briefing on Vaccination
- Recommendations

WHO ARE WE?

The European Public Health Alliance (EPHA)....

- is Europe‘s largest network representing the public health community
- comprises +/- 90 member organisations in EU-28/EEA, applicant / candidate countries & beyond
- represents interests of disease-specific organisations (e.g. cardiovascular. cancer, diabetes, respiratory, HIV/AIDS, mental health), health professionals (e.g. nurses, doctors, pharmacists), vulnerable groups (e.g. older people, children, migrants, Roma, gay men, drug users), regions, academics…
- advocates for more citizen involvement and transparency in political decision-making processes on health policy at EU level

WHO ARE WE?

- Mission: to bring together the PH community; provide thought leadership and facilitate change; build capacity to deliver equitable solutions to European PH challenges; improve health and reduce health inequalities
- Vision: a Europe with universal good health and well-being, where all have access to a sustainable and high quality health system: A Europe whose policies and practices contribute to health, within & beyond its borders

EPHA

Select members

Organisations

European Level

Consumer representatives

Associations

Industry

Civil Society

Health Professionals

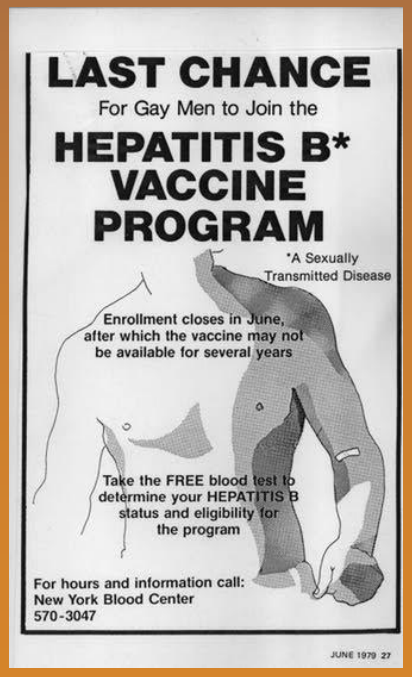
Patient representatives

Vaccination

A public health challenge

Ethical considerations and challenges / conflicts

- Vaccination: individual and population health must be balanced
- Healthcare professionals: encourage patients to be vaccinated; consider patients' best interests; follow evidence-based guidelines to vaccination of certain risk groups
  - e.g. pregnant women;
  - People with suppressed immune system
  - gay men or people with multiple sex partners
  - Dug users
- Healthcare professionals' personal beliefs,ideologird responsibilities and rights must be respected but the the goal to protect patients should come first!



Vaccination

A public health challenge

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Ethical considerations / conflicts

- Diverse social and cultural perspectives to ensure widest possible vaccination coverage must be understood by health professionals
- Who may be exempted from vaccination (medical reasons vs. personal / cultural / religious beliefs)?
- Conflicting views / goals of stakeholders, including researchers & pharmaceutical industry (pricing, advertisement , play with fears)
- How to deal with misleading, ideological, biased or even wrong information?
- Consequences of non-compliance?

Health inequalities

– expanding group of people as a result of austerity measures across Europe!

Structural / environmental barriers to prevention / vaccination:

- The social gradient in health also applies to vaccine-preventable diseases!
- High prices, co-payment!
- High treshold for certain groups (MSM/Hep B), documentation, confidentiality
- No health insurance / unable to pay (including parents, long-time unemployed, undocumented migrants, people living in poverty, homeless, etc.)
- Poor access to healthcare services / geographical isolation (e.g. rural, peripheral areas)
- Lack of language skills and/or health system navigation knowledge
- Low education level
- Mobile and and/or unregistered populations (e.g. Roma & people on the move, undocumented)
- Structural exclusion for most marginalized: “prison health = public health” ?!
- Vaccine shortages / poor or no availability for specific diseases (who comes first?)

Health inequalities

Médecins du Monde Report, 'Access to healthcare in Europe in times of crisis and rising xenophobia'

- 2012 data collected by MdM centres in 14 cities across 7 countries

- 59% of pregnant women did not have access to antenatal care when met by MdM
- 60% of all patients did not know where to go to receive vaccinations (even if free vaccination programmes were available)
- Only about 60% of children had been vaccinated against tetanus, HBV, MMR; for adults, the vaccination rate was under 40%
- Many children and adults did not know about their vaccination status due to lost, incomplete or no health records
- Lack of vaccination can prohibit children form going to school
- Rising numbers of EU migrants in extreme poverty

Health inequalities

Perceptual / behavioural barriers to prevention / vaccination:

- Different understanding of risks: lack of knowledge regarding groups and settings with special vulnerabilities
- No access to health information: language barriers, lack of cultural sensitive materials
- Discrimination and stigma based on ethnicity, gender, sexuality and sexual identity (MSM), drug use, legal status, including discrimination by healthcare professionals!
- Mistrust of public officials / healthcare system regarding their intention: humans or “vectors of diseases”
  - what is the reason of certain control mechanisms?
  - Who keeps the records?
- Poor communication / intercultural skills of healthcare providers (attitude?)
- Lack of specific information materials for marginalized groups
- (…)

Health literacy

Catalyst for empowerment

Definition (Health Literacy Survey - HLS-EU Consortium, 2012)

'Health literacy is linked to literacy and entails people's knowledge, motivation and competencies to access, understand, appraise and apply health information in order to make judgments and take decisions in everyday life concerning healthcare, disease prevention and health promotion to maintain or improve quality of life during the life course'.

- Low health literacy is associated with reduced use of preventive services and management of chronic conditions, and higher mortality

- Aim: 'informed decision making' - patients and their carers to become empowered 'co-producers' of health.
- Role of patient groups and civil society is key!

Health inequalities

Vulnerable groups

Example: Roma health

- August 2014 Roma Health Report (EC, DG SANCO)
  - Experiencing a multitude of structural / perceptual barriers in majority of EU countries
  - Lack of data on vaccination uptake in the Roma population
  - Available evidence suggests that particularly migrant Roma, have lower or much lower rates of childhood vaccination uptake
  - Different approach to health & illness
- EPHA Position on Roma Health in Europe (2014)
  - Discrimination & social exclusion faced by Roma population highlights the cause for combating the social determinants of health
  - Importance of Roma Health Mediators to sensitise socially excluded communities & build up health literacy
  - National Roma Integration Strategies must be fully implemented, with support by civil society

Vaccination

Concerns over safety & effectiveness

Need for continuous and inclusive dialogue to address common misconceptions, apprehensions and suspicions

- Minor side effects following administration (e.g., mild fever, swelling, itching, nausea, muscle/joint pain…)
- Anaphylactic reactions (e.g., allergic reactions, breathing difficulties, collapse, unconsciousness…)
- Impact of vaccines on children's immune system
- Impact of vaccines for people with impaired immune systems (PLHIV)
- Lack of knowledge about long-term effects of vaccines
- Health impacts of vaccine ingredients (e.g., mercury)
- Flu vaccines: sceptics claim vaccines are ineffective and 'cause' influenza as side effect…. etc.

Vaccination

Backlash?

Are we loosing ground?

- Rise of childhood diseases as a result of non-vaccination
  - 1 out of 5 children do not receive basic vaccines
  - 30,000 reported measles cases in EU/EFTA countries in 2011 due to sub-optimal vaccination uptake and reach)
- Only two EU countries (NL, UK) attained the 75% vaccination target for influenza vaccination of priority risk groups; in some member states it is less than 10%
- Many healthcare professionals refuse to get vaccinated / to vaccinate their own children: a big problem as they are a trusted source of information for patients, especially parents!
- Rising 'vaccine hesitancy' in Europe & North America (?)
- Low perception of risk amongst public / heath professionals (risk for patients)
- Challenge to produce effective vaccines & evidence on effects of vaccination
- Negative media coverage (bad news sell better, where are the success stories?)

Vaccination

Improving communication

Other communication challenges

- Negative / misleading media reports / studies require immediate and clear response (e.g. 1998 Wakefield MMR articles suggested link between MMR vaccine & autism, significantly impacting the MMR coverage rate)
- Ensuring people know where to access reliable information on vaccination & infectious diseases
- Patients should feel empowered as a result of transparent and clear information
- Positive achievements of vaccination must be better promoted
- Avoiding controversy & ambiguity: secure same messages at national, European and WHO level
- Better explaining economic aspects of disease burden, cross-border and global health security
- Improving communication between disease-specific researchers, health professionals, patients / civil society, and policy makers
- Promoting social responsibility of health professionals, teachers, social workers & others in regular contact with people
- Viewing health threats emerging from communicable diseases as civil emergencies: everyone's health is at risk
- Avoid scape goating!

Vaccination

EPHA Briefing (Nov 2014, upcoming)

- Vaccinology / immunology: Historical overview
- Technical process of vaccination and immunization
- Vaccine development
- Achievements & risks of non-vaccination
- EU regulatory framework & key initiatives at EU/WHO level
- Focus on vaccination programmes
  - Influenza (seasonal / pandemic)
  - DTPa-IPV-Hib, HPV, HBV, MMR, Tuberculosis, Rotavirus, etc.
- Vaccination for travellers
- Vaccine safety concerns
- Role of healthcare providers
- Access barriers incl. health literacy
- Perspectives on vaccination
- Aimed at general public, policy makers, public health community including EPHA members

Final thoughts

Recommendations

- Eliminate remaining barriers: vaccinations – as a major weapon in primary prevention – should be available without cost restriction or discrimination, both for minors and for adults
- All children must have full access to national immunization schemes & pediatric care
- Develop an EU strategy on Health Literacy acknowledging its role in patient empowerment, stimulating prevention and health promotion, inclusion of underserved groups, reducing health system costs, etc.
- Vaccination should be offered in various health settings, incl. prisons, mobile medical units and - where appropriate – pharmacies (e.g., flu shot administration in PT, UK, IRL)
- Health professionals must believe in vaccination to promote it convincingly; their education & training needs must be identified & met
- Communities and patient expert groups need to be better integrated in program planning, training and education

Final thoughts

Recommendations

- Strengthen evidence base on effects of vaccination in various groups
- Develop proactive communication strategies including use of e/mHealth, online fora, traditional and social media to raise awareness & respond to concerns voiced by individuals
- Produce tailored information materials & disease prevention programmes (MSM, IDUs, children)
- Ensure that messages on vaccination are as aligned as possible at Member State, EU & WHO levels to avoid confusion and uncertainty
- Acknowledge and address objections brought forward by vaccine hesitant communities
- Actively involve patients and civil society in inclusive dialogue and as 'critical watchdogs'
- Regard and respect patient communities as partners and not merely as vectors of diseases
- Non industry-driven research needs to get financed!
- Better cost.benefit analysis urgently needed!

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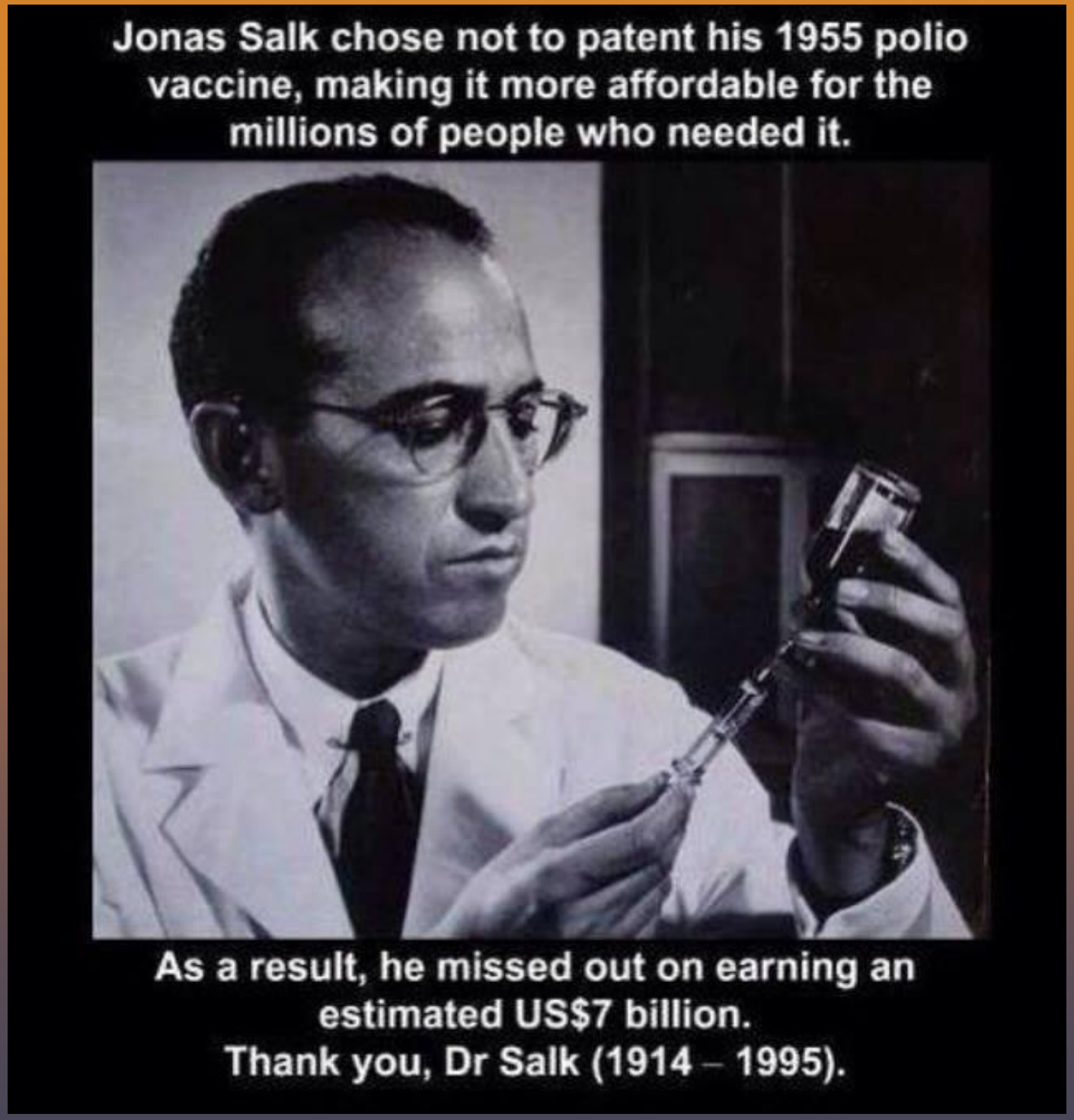

It is possible

Thank you for your attention

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