



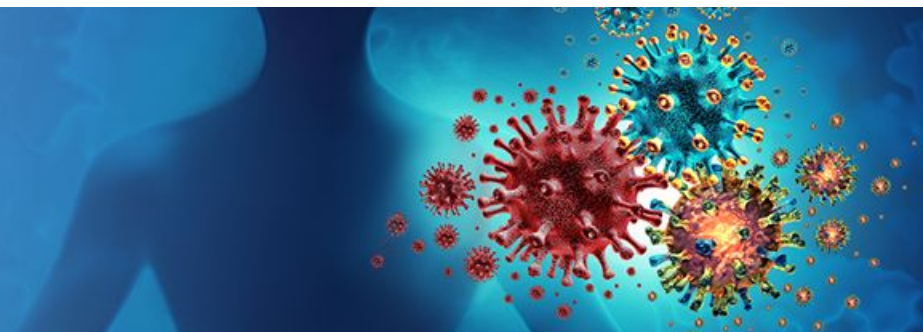
9:10 am

Addressing vaccine hesitancy/fatigue: what's the plan Stan?

A/Prof Holly Seale (PhD)

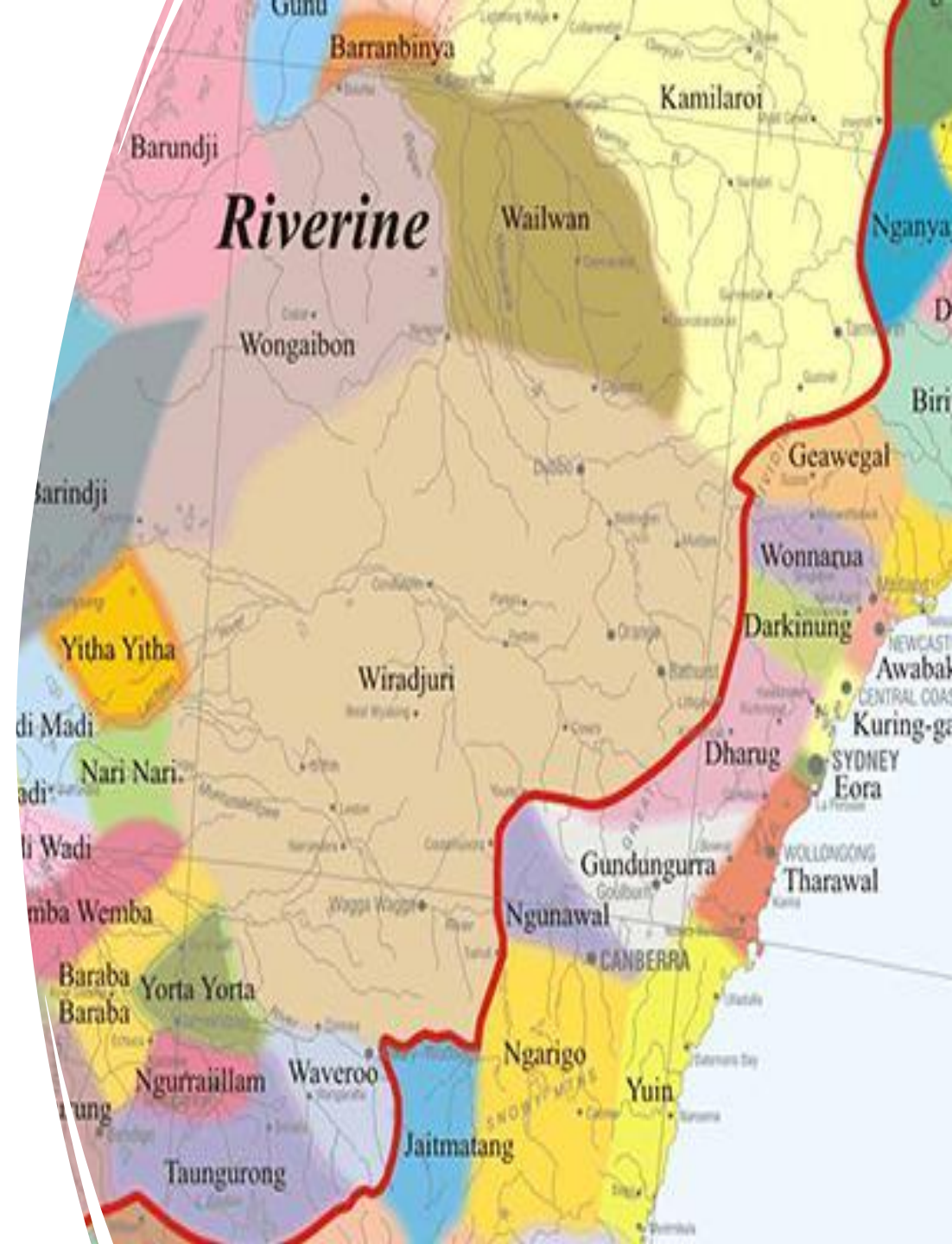
Associate Professor and Associate Dean, School of Population Health,
University of New South Wales

h.seale@unsw.edu.au



I would like to acknowledge the Bedegal people that are the Traditional Custodians of the land where I work and live.

I would also like to pay my respects to the Elders both past and present and extend that respect to other Aboriginal and Torres Strait Islanders

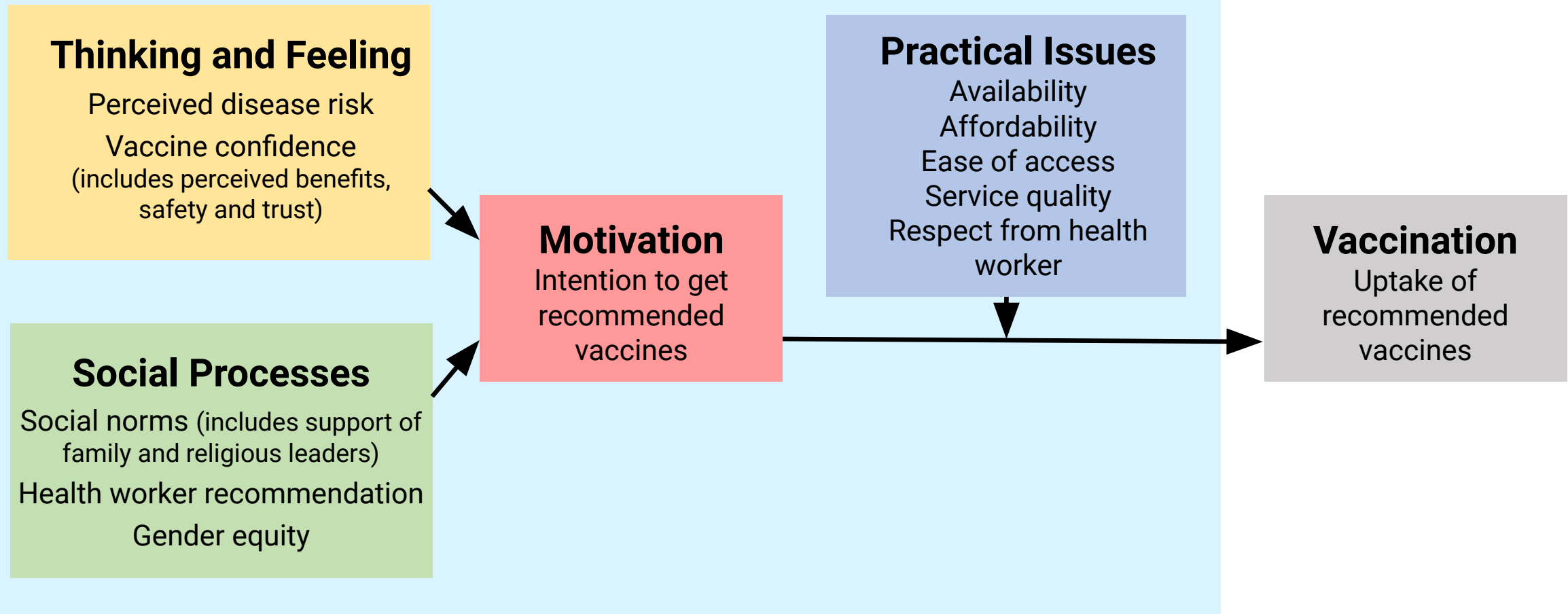


COI statement

- Receive funding from NHMRC and state government to undertake research
- Have previously received funding from drug companies for investigator driven research and consulting fees to present at conferences/workshops and develop resources (Seqirus, Moderna and Sanofi Pasteur).
- Have also participated in advisory board meeting for Moderna and Sanofi Pasteur

What drives vaccine uptake?

Behavioural and social drivers



Thinking and Feeling

Perceived disease risk

Vaccine confidence

(includes perceived benefits,
safety and trust)



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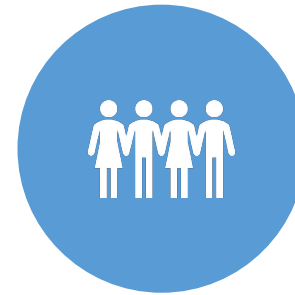
Vaccines, specifically in
the safety and
effectiveness



The delivery system



Health professionals



Those who recommend
and develop the
vaccines

Thinking and Feeling

Perceived disease risk

Vaccine confidence

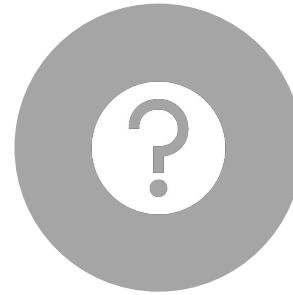
(includes perceived benefits,
safety and trust)



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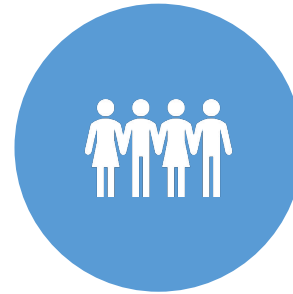
Decision making
around: disease
severity



Decision making
around: Perceived
susceptibility



Accuracy of
perceptions



Factors impacting: past
experience, family
history, media,
contextual factors etc

Social Processes

Social norms (includes support of family and religious leaders)

Health worker recommendation

Gender equity



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“A lack of knowledge among HCPs is considered one of the most important factors for vaccine hesitancy” – The European Files¹

Gaps in HCP knowledge/understanding²

Negative attitudes²

Time/prioritization³

Confidence: catch up, concurrent vaccination³

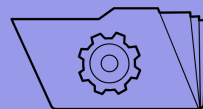
1. The European Files. Vaccination in Europe – the crucial role of the health care provider. Available at: <https://www.europeanfiles.eu/health/vaccination-in-europe-the-crucial-role-of-the-health-care-provider>. Last accessed September 2024
2. ACIP, Advisory Committee on Immunization Practices; HCP, healthcare provider.
3. Rodrigues F et al. *Vaccines (Basel)* 2022;10:80; 2. Kahn R et al. *MMWR Morb Mortal Wkly Rep* 2023;72:979–984; 3. Speaker’s opinion.



Practical issues can influence vaccine uptake^{1,2}



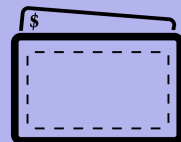
Accessibility
issues



Booking
systems



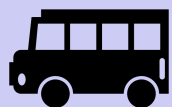
Regular GP



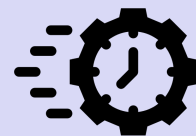
Out-of-pocket
costs



Availability of
appointments



Location
transportation

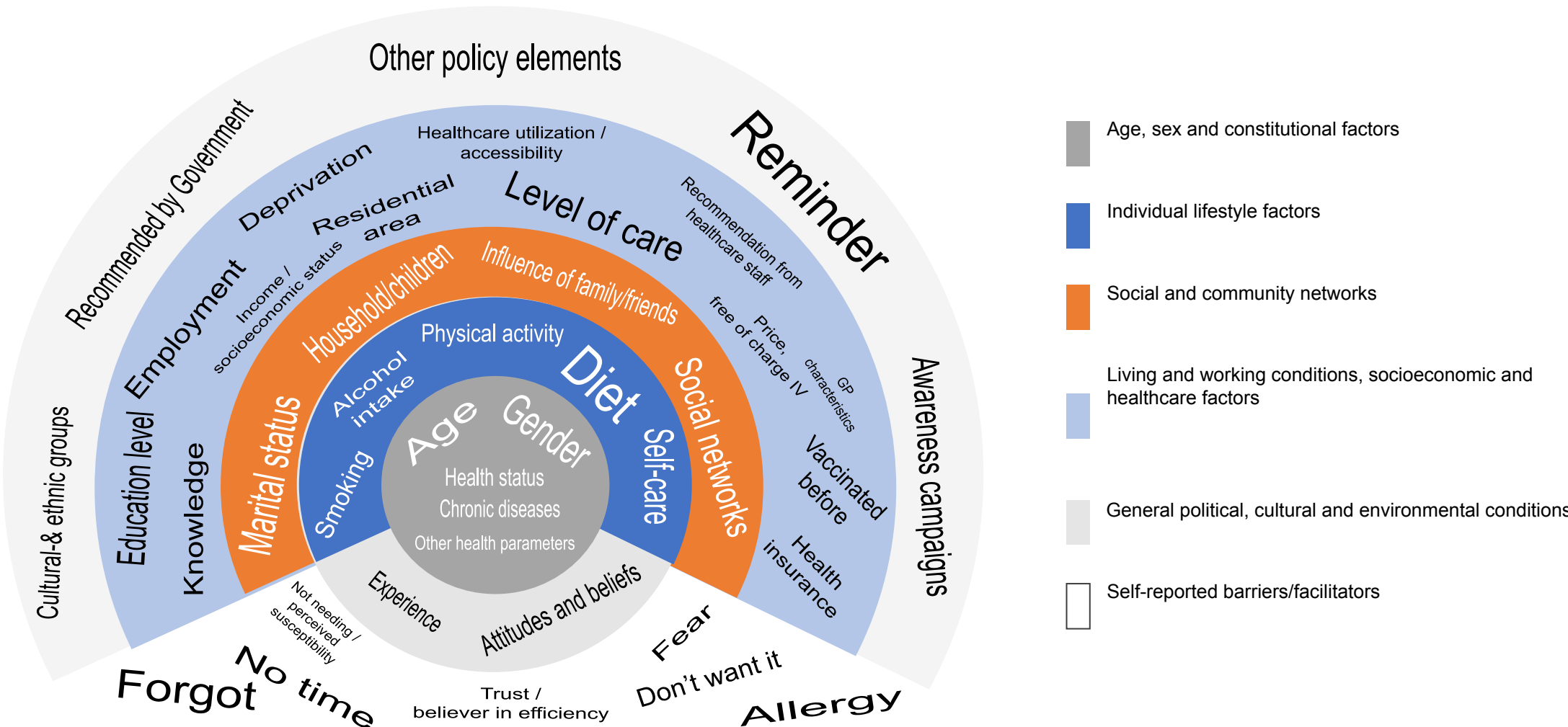


Efficiency of
the service



Health system
literacy

Model of social health determinants affecting influenza vaccination uptake in individuals aged >65 years

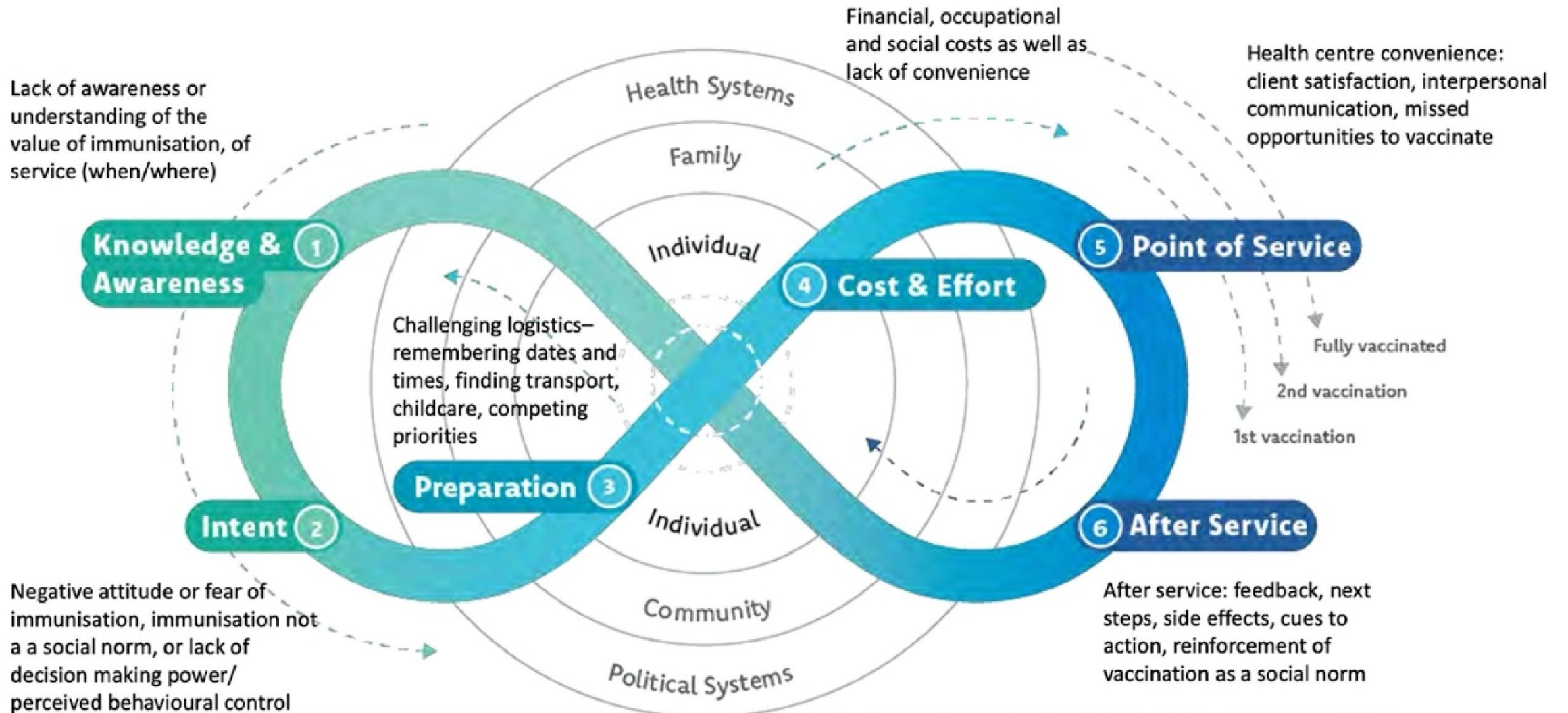


Roller-Wirnsberger, R., Lindner, S., Kolosovski, L. et al. The role of health determinants in the influenza vaccination uptake among older adults (65+): a scope review. *Aging Clin Exp Res* 33, 2123–2132 (2021).

Reflection

- What influences vaccine uptake in your setting?
 - Consider individual beliefs, community influences and practical factors.
- What works well in your setting for increasing vaccine uptake?
 - Consider interventions directed at providers and target population (parents, pregnant women, other adults)

The journey to immunization – what are the barriers?

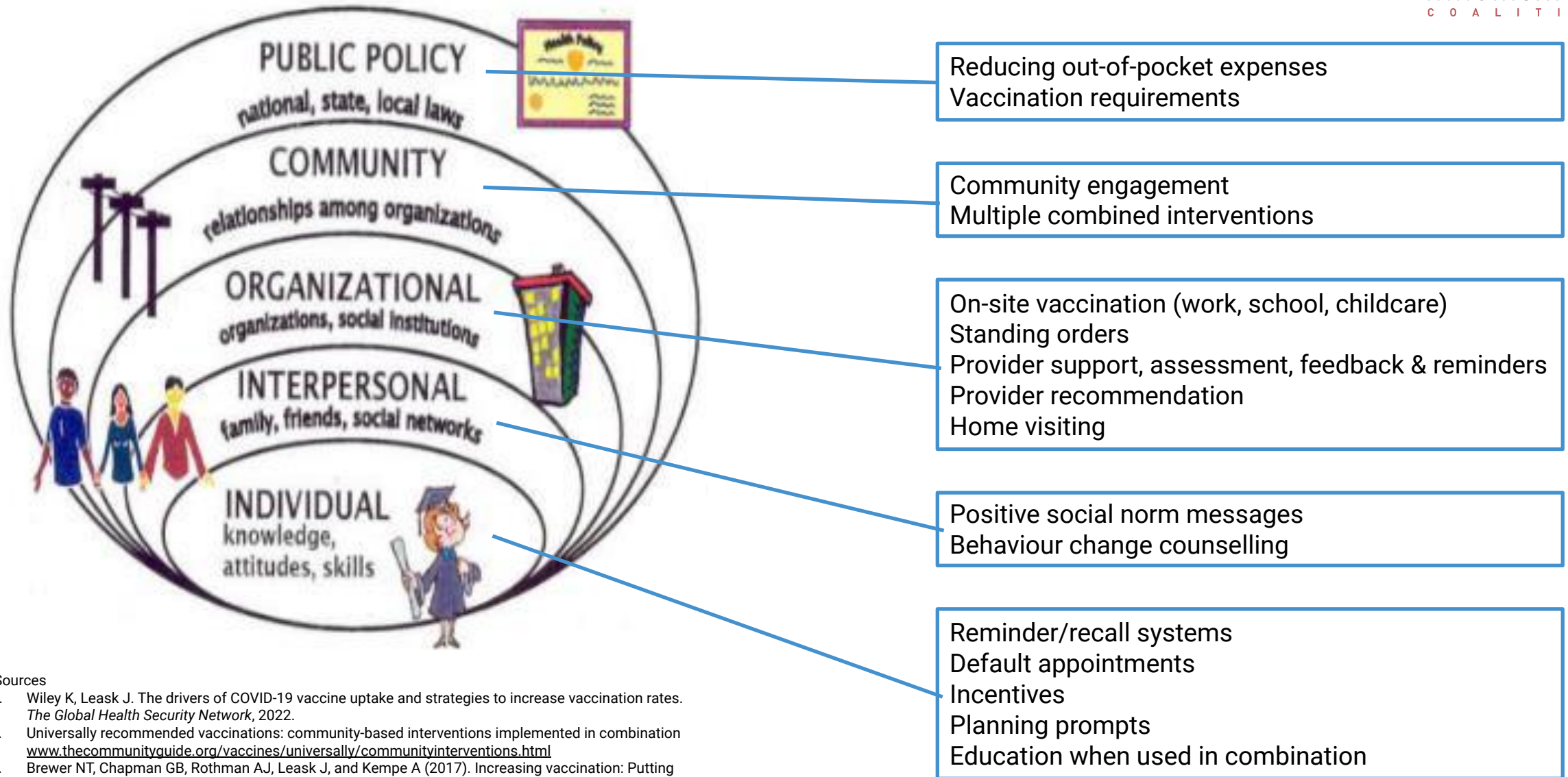


UNICEF Journey to Immunization, Social Data Workshop, Amman 2017

Strategies that can increase vaccination coverage - from systematic reviews



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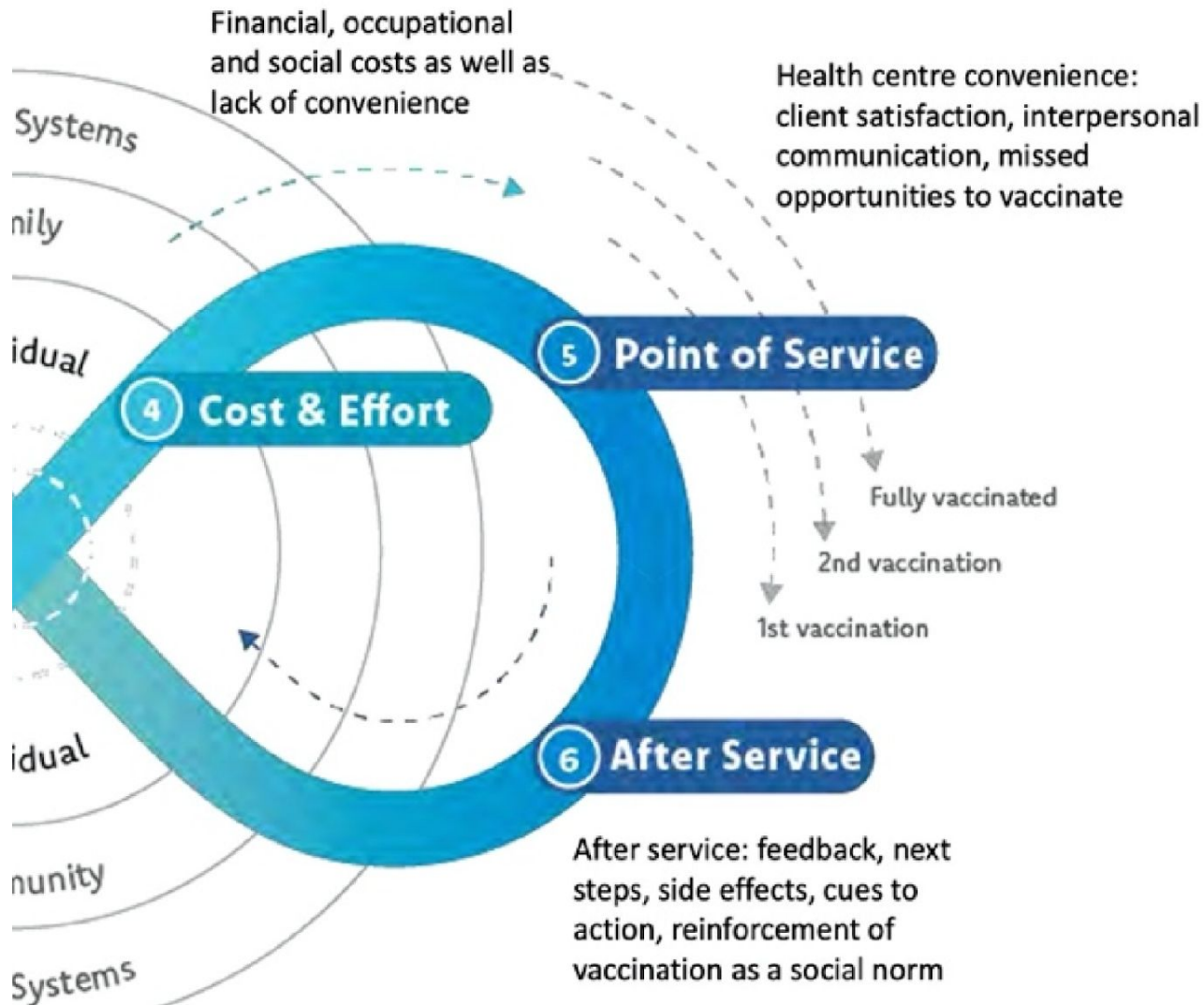


Sources

1. Wiley K, Leask J. The drivers of COVID-19 vaccine uptake and strategies to increase vaccination rates. *The Global Health Security Network*, 2022.
2. Universally recommended vaccinations: community-based interventions implemented in combination www.thecommunityguide.org/vaccines/universally/communityinterventions.html
3. Brewer NT, Chapman GB, Rothman AJ, Leask J, and Kempe A (2017). Increasing vaccination: Putting psychological science into action. *Psychological Science for the Public Interest*. 18(3): 149-207



Focus: Point of service



Recommended communication practices



- Elicit questions and concerns
- Resist the righting reflex
- Acknowledge concerns
- Share knowledge
- Elicit and reinforce motivation
- Discuss disease severity
- Recommend vaccination
- Continue the conversation

Tips for entrenched refusers



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- Recognize they are at the extreme end of the spectrum
- May take many conversations before they are ready to revisit their decision

DON'T

- Be honest and transparent
- Oversell vaccine safety - all vaccines have side effects
- Say you have all the answers
- Engage in debate

DO

- Be honest and transparent
- Tell them advice may change
- Provide reputable information
- Speak in a private setting
- Use personal stories to build trust
- **Keep the door open**



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[Pregnancy & Newborn vaccinations](#)

[Childhood vaccinations](#)

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[For healthcare professionals](#)



EMPOWERING IMMUNISATION CONVERSATIONS

SKAI empowers you with evidence-based information, helps answer common questions and supports your conversations with healthcare professionals about vaccination.

[More about us](#) →





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Search all resources

Keyword

Language

[Advanced search +](#)

[healthtranslations.vic.gov.au](https://www.healthtranslations.vic.gov.au)

<https://www.health.gov.au/childhood-immunisation/translated-resources>

<https://www.health.nsw.gov.au/Infectious/Influenza/Pages/default.aspx>

Multicultural health

Multicultural health policy

NSW Health Care Interpreting Services

Refugee health policy

NSW Refugee Health Plan -2022-2027

Refugee Health Flexible Fund

Specialist multicultural and refugee health services

Multicultural events

Multicultural health contacts

NSW Health Care Interpreting Services

Interpreter services in NSW

Patients, their families and carers who do not speak English as a first language or who are Deaf have the right to free, confidential and professional interpreters when they use public health services.

Related Links

HCIS Coverage by LHD (Map) →

HCIS - Summary →

Working with interpreters

NSW Health Care Interpreting Services provide access to professional interpreting services 24 hours a day, 7 days a week, onsite and by telephone in over 120 languages, including Auslan.

In any healthcare situation where communication is essential, health practitioners must engage professional health care interpreters for patients, families and carers who are not fluent in spoken English or who are deaf. The policy [Interpreters - Standard Procedures for Working with Health Care Interpreters](#) must be adhered to by all staff across NSW Health.

The Policy Directive describes when and how NSW Health staff must engage and work with health care interpreters. It includes what to do in an emergency or



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Working with patients when there are language barriers

A guide to engaging interpreting services for primary care health professionals working in private practice

Updated August 2024





Improving immunisation service delivery for migrants and refugees – Australia

Home > Courses & Events > [Improving immunisation service delivery for migrants and refugees – Australia](#)

Please read these registration instructions

[Click here](#)

Overview

Please note: A coupon code is required to undertake this course. Contact Preeti at preeti.tiwari@auckland.ac.nz to request this code if you work in an area vaccinating migrant and refugee families.

This course was developed by researchers from New Zealand and Australia, as part of a research project. The course is hosted by the New Zealand Immunisation Advisory Centre (IMAC).

You are invited to complete this course for immunisation service providers about delivering culturally appropriate services to migrant and refugee groups. Healthcare professionals play a

Improving immunisation service delivery for migrants and refugees – Australia

FREE

[Use coupon](#)

Location

[Online](#)



Welcome to the course

Welcome to this online course!

This course provides overview on immunising people with migrant and refugee backgrounds in Australia and New Zealand.

Dr. Nadia Charania
Senior Lecturer in Public Health and
Co-Director of the Migrant and Refugee Health
Centre at AUT

0:00 / 3:06

Announcements

There are no announcements to display.

Course Modules

<p>Research overview & consent</p> <p>100% 3 of 3 Topics Completed</p>	<p>Module 1: Informing service deliver...</p> <p>100% 25 of 25 Topics Completed</p>
<p>Module 2: Provision of culturally a...</p> <p>100% 19 of 19 Topics Completed</p>	<p>Module 3: Assessing immunisation ne...</p> <p>100% 9 of 9 Topics Completed</p>
<p>Module 4: Strategies to support imm...</p> <p>100% 7 of 7 Topics Completed</p>	<p>Next steps</p> <p>100% 1 of 1 Topics Completed</p>



- Informing service delivery - Vaccine-preventable disease risks & immunisation needs of Australian & New Zealand migrants & refugees
- Provision of culturally appropriate immunisation services - Cultural competence & cross-cultural care
- Assessing immunisation needs & creating catch-up plans to improve vaccine uptake
- Strategies to support immunisation uptake & acceptance

About immunisation

Queensland Health

Information for older people



Easy English



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Queensland Health

About immunisation 有关免疫接种

Information for young adults
青少年须知



Easy English

Simplified Chinese / 简体中文



Queensland Health

About immunisation

نبذة عن التخصينات

Information for parents
معلومات لأولياء الأمور

عربي | Arabic



Easy English



Needle Fears and Phobia



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Pictures of needles and watching the news about shots can cause fear in some people.



Being in a private space may be more comfortable for people with needle fears.



Using numbing cream or spray before the needle is used can help reduce the pain.



Making the skin cold, rubbing it, or using a buzzer can help the brain focus on that feeling and not any pain from the needle.



Having something else to do like playing with a toy or looking at a video can help keep the mind away from the pain and fear.



Taking deep breaths can help calm the mind while the needle is used.

Co-administration of vaccines for adults: a guide for immunisation providers

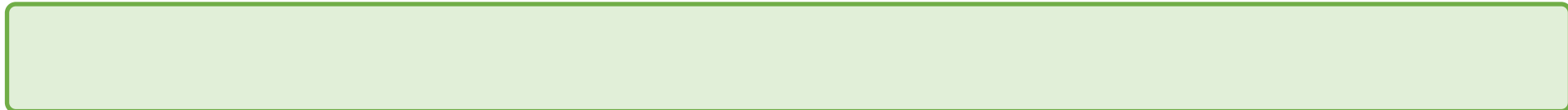
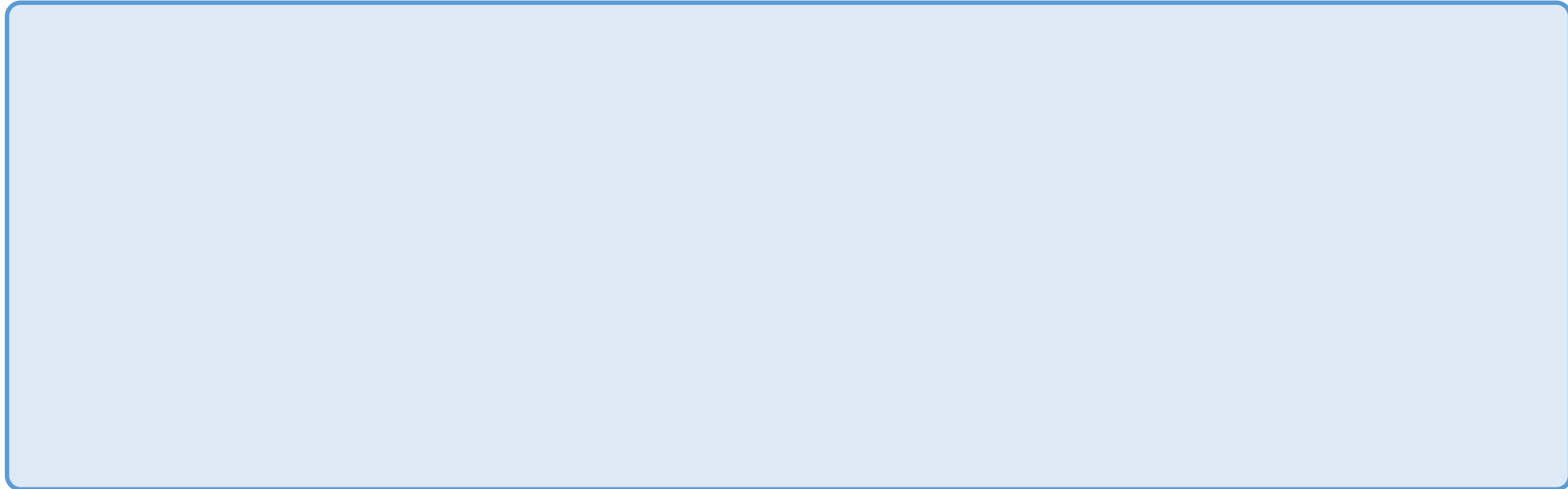
Vaccines are recommended throughout an individual's life to protect against vaccine-preventable diseases severity and complications. Increasingly more vaccines are becoming available and are recommended for use in adults. Refer to the [National Immunisation Program \(NIP\) schedule](#) and [NCIRS Immunisation schedules](#) for all funded and recommended vaccines for adults.

This guide aims to assist immunisation providers identify vaccines that can be co-administered in people aged 18 years and older. While most vaccines can be co-administered with other vaccines at the same schedule point, separate injection sites should be used to ensure adequate immune response is induced and to reduce adverse events. This guide should be used in conjunction with the [Australian Immunisation Handbook](#) (Handbook) which provides detailed advice on vaccine dosage, administration, contraindications and precautions.

Immunisation providers should screen people before vaccination, obtain valid consent and ensure that the correct equipment and procedures are in place as per the [Handbook](#). All vaccines administered should be reported to the [Australian Immunisation Register](#).

Vaccine	Co-administration with other vaccines	Exception to co-administration and any recommended interval between vaccines	Further clinical considerations/ advice	Resources
COVID-19	Yes		<ul style="list-style-type: none"> Co-administration of COVID-19 vaccine and another vaccine should occur in different limbs. 	<ul style="list-style-type: none"> COVID-19 clinical guidance
Influenza (flu)	Yes See Exceptions column	<ul style="list-style-type: none"> It is acceptable to co-administer Shingrix with FluadQuad on the same day, if necessary. However, it is preferred to separate their administration by 5–7 days. 		<ul style="list-style-type: none"> Handbook Influenza disease chapter ATAGI advice on seasonal influenza vaccines in 2022 NCIRS resources: Influenza vaccines for Australians NCIRS Influenza resources
Pneumococcal	Yes			<ul style="list-style-type: none"> Handbook Pneumococcal disease chapter ATAGI clinical advice on changes to recommendations for pneumococcal vaccines from 1 July 2020 ATAGI clinical advice on changes to recommendations for the use and funding of pneumococcal vaccines from 1 July 2020 NCIRS fact sheet: Pneumococcal vaccines for Australians Immunisation Coalition PneumoSmart Vaccination Tool

Vaccine co-administration may improve coverage*¹



*When considering coadministration of a vaccine, please refer to the vaccine label in your country and recommendations from your country's Vaccine Technical Advisory Committee. COVID, coronavirus disease.

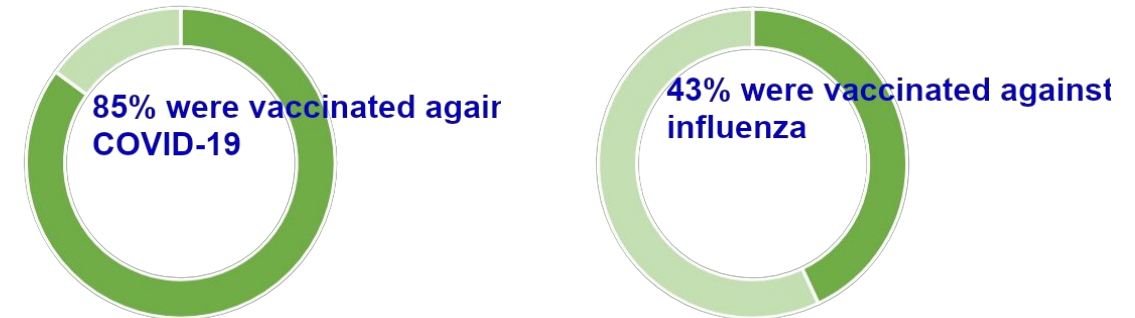
1. Bonanni P, et al. *Hum Vaccines Immunother* 2023; 19(1); 2. WHO. Increasing RI coverage by reducing missed opportunities for vaccination. https://cdn.who.int/media/docs/default-source/immunization/mov/who-mov-materials-2pager-l3.pdf?sfvrsn=dfdbba0_6. Accessed September 3 2024; 3. Lin CJ, et al. *BMC Infect Dis* 2016; 16(1):623.



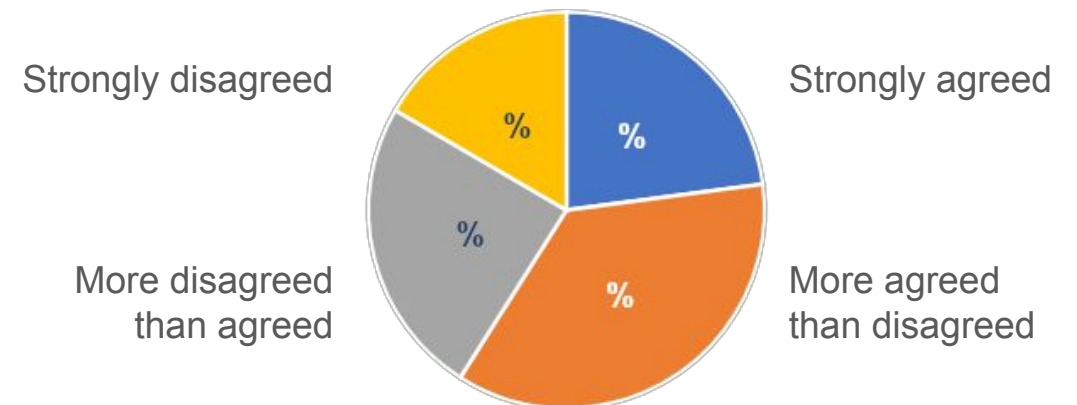
Vaccine hesitancy may be higher than the acceptance of either vaccine administered separately 1

- “Hesitancy toward COVID-19/influenza vaccine co-administration is common and appears to be higher than hesitancy toward either vaccine administered alone”¹
- Too many vaccines/antigens may overload the immune system, or may be less effective than the same vaccines administered alone²
- Same individual, structural and contextual determinants of vaccination for single- and co-administration¹
- **HCP understanding and confidence**

>2400 people were surveyed in Italy in 2022:¹



When asked about COVID-19 and influenza vaccine co-administration:¹



Lessons learned to enhance vaccine demand



Focus on communication strategies



Confidence- catch up and co-administration



Capitalizing on every opportunity



Gaps in HCP knowledge/understanding



Vaccinating healthcare workers