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Emilie Karafillakis, Heidi J. Larson

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*Invited Commentary*

**The paradox of vaccine hesitancy among healthcare professionals**

**Emilie Karafillakis<sup>a\*</sup>, Heidi J Larson<sup>a,b</sup>**

<sup>a</sup> *Vaccine Confidence Project, Department of Infectious Disease Epidemiology, London School of Hygiene & Tropical Medicine*

<sup>b</sup> *Institute for Health Metrics and Evaluation, University of Washington, Seattle, US*

\* *Corresponding author: LSHTM, Keppel Street, WC1E 7HT. Tel: +44 (0)20 7927 2831. E-mail: emilie.karafillakis@lshtm.ac.uk*

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15 **Commentary**

16 The article “General practitioners’ perceptions of vaccination controversies: a French  
17 nationwide cross-sectional study” by Le Maréchal et al in this issue of *Clinical Microbiology  
18 and Infection*<sup>1</sup> highlights a finding that is becoming increasingly common across studies  
19 globally. Paradoxically, while healthcare professionals (HCPs) remain among the most  
20 trusted information source by the public, some of them are losing confidence in vaccines<sup>2</sup>.  
21 While the number of hesitant HCPs remains low compared to an overall majority of  
22 professionals who support vaccination, their proportion and motives vary from one country to  
23 the next, and their influence on patients can be substantial. In France, for example, the  
24 proportion of general practitioners favourable to vaccination decreased from 85% in 1994 to  
25 77% in 2009<sup>3</sup>. Research shows that, despite a broader environment of distrust, the public  
26 still trusts their healthcare professionals (HCPs), whether general practitioners, pharmacists,  
27 or paediatricians<sup>4</sup>. Given their influential role, HCPs who lack confidence in vaccination risk  
28 jeopardising attempts to improve public confidence, and may also be less likely to  
29 recommend vaccination to patients as well as decide not to vaccinate themselves and/or  
30 their children<sup>1</sup>.

31 The research which has been conducted on reasons for HCP vaccine hesitancy confirms  
32 that confidence-building needs attention<sup>1</sup>. The nature of HCP concerns, among those who  
33 are hesitant, are similar to those of their patients. The similarity of issues around the safety  
34 and effectiveness of vaccines could indicate that some HCPs are influenced by the fears,  
35 stories and accounts of their patients<sup>5</sup>. Many HCPs are also seeking information online  
36 about vaccination, either to find more “objective” information about concerns or, as Le  
37 Maréchal’s study found, to better understand their patients’ fears and concerns. This  
38 exposure to questioning and ambiguous information available online, especially in the  
39 context of a post-fact era, can influence HCP’s own confidence in the safety and benefits of  
40 vaccination.

41 New communication technologies, such as social media, have exacerbated the spread of  
42 public as well as HCP concerns about vaccination. Examples of cases where social media  
43 platforms – such as Facebook, YouTube, or WhatsApp – have contributed to vaccine  
44 confidence crises are as widespread as they are varied. They include, for instance, the  
45 worldwide spread of anxieties about human papillomavirus vaccination side effects through  
46 YouTube, the propagation of documentaries such as Andrew Wakefield’s film “*Vaxxed, the*  
47 *film they don’t want you to see*”, and negative WhatsApp campaigns against measles-rubella  
48 vaccination in South India – all amplifying public anxiety around vaccines.

49 Re-establishing HCPs’ trust in vaccination is a challenging and time-consuming undertaking.  
50 Although interventions designed to improve confidence in vaccination often focus on  
51 communication between HCPs and their patients<sup>6</sup>, it is clear from the emerging research,  
52 such as the Le Maréchal study, that more communication and trust building is needed with  
53 HCPs themselves.

54 In terms of building HCP confidence it is important to understand, as with parents, whether  
55 HCPs respond better to emotionally-appealing personal stories or more empirical scientific  
56 information. Additionally, if HCPs are to regain trust in public or government health  
57 authorities, it is also key to include and engage them in decision-making for vaccine  
58 recommendations and/or policies as well as in the design of communication materials,  
59 particularly around new vaccines<sup>7</sup>.

60 Efforts to support HCP endorsement of and confidence in vaccination is essential to restore  
61 and maintain vaccination as a “norm” among the health community<sup>1</sup>. While regularly  
62 updated, and easy to access information addressing the more common concerns about  
63 vaccines can help support HCPs, the information should not solely focus on the vaccine  
64 issues, but should also seek to understand *why* certain parents might be hesitant to  
65 vaccinate<sup>1</sup>. Advice and experience on how to communicate with and respond to hesitant  
66 parents, as well as working with groups of HCPs to build confidence, is crucial to prevent the

67 emergence of clusters of hesitant HCPs, and the risks of confidence declines among their  
68 patients.

69 While listening to the public in order to understand their concerns about vaccination is  
70 important, taking the time to listen to HCP concerns, is equally important. The burden of  
71 addressing public and parent hesitancy cannot be placed on health professionals, without  
72 first taking the time to understand and address their own concerns and build their  
73 confidence.

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