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Invited Commentary

The paradox of vaccine hesitancy among healthcare professionals

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Commentary

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

The research which has been conducted on reasons for HCP vaccine hesitancy confirms that confidence-building needs attention. The nature of HCP concerns, among those who are hesitant, are similar to those of their patients. The similarity of issues around the safety and effectiveness of vaccines could indicate that some HCPs are influenced by the fears, stories and accounts of their patients. Many HCPs are also seeking information online about vaccination, either to find more “objective” information about concerns or, as Le Maréchal’s study found, to better understand their patients’ fears and concerns. This exposure to questioning and ambiguous information available online, especially in the context of a post-fact era, can influence HCP’s own confidence in the safety and benefits of vaccination.
New communication technologies, such as social media, have exacerbated the spread of public as well as HCP concerns about vaccination. Examples of cases where social media platforms – such as Facebook, YouTube, or WhatsApp – have contributed to vaccine confidence crises are as widespread as they are varied. They include, for instance, the worldwide spread of anxieties about human papillomavirus vaccination side effects through YouTube, the propagation of documentaries such as Andrew Wakefield’s film “Vaxxed, the film they don’t want you to see”, and negative WhatsApp campaigns against measles-rubella vaccination in South India – all amplifying public anxiety around vaccines.

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

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

Efforts to support HCP endorsement of and confidence in vaccination is essential to restore and maintain vaccination as a “norm” among the health community. While regularly updated, and easy to access information addressing the more common concerns about vaccines can help support HCPs, the information should not solely focus on the vaccine issues, but should also seek to understand why certain parents might be hesitant to vaccinate. Advice and experience on how to communicate with and respond to hesitant parents, as well as working with groups of HCPs to build confidence, is crucial to prevent the
emergence of clusters of hesitant HCPs, and the risks of confidence declines among their patients.

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

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REFERENCES