MERCK

Vaccine Acceptance and Uptake

Improving Vaccine Confidence and Increasing Vaccine Equity

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What is *vaccine hesitancy*, *vaccine confidence*, and *vaccine equity*?

Vaccine hesitancy refers to a delay in acceptance or refusal of vaccination despite the availability of vaccination services[3]

Vaccine confidence is the belief that vaccines:

- Work
- Are well-tolerated
- Are part of a trustworthy medical system[4]

Vaccine equity means that everyone has fair and just access to vaccination[5]

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Vaccine hesitancy is an issue that threatens public health[1,2]

In **2019**, the WHO listed vaccine hesitancy as a top 10 threat to public health[2]

About 30% of children born between 2018-2019 were **not** up-to-date with certain ACIP-recommended vaccinations by 24 months[6,7,a]

OUR GOAL

To understand what drives vaccine hesitancy in order to instill vaccine confidence and increase vaccine equity.

[a]National Immunization Survey-Child; data on combined 7-vaccine series.[6]

ACIP, Advisory Committee on Immunization Practices; WHO, World Health Organization.

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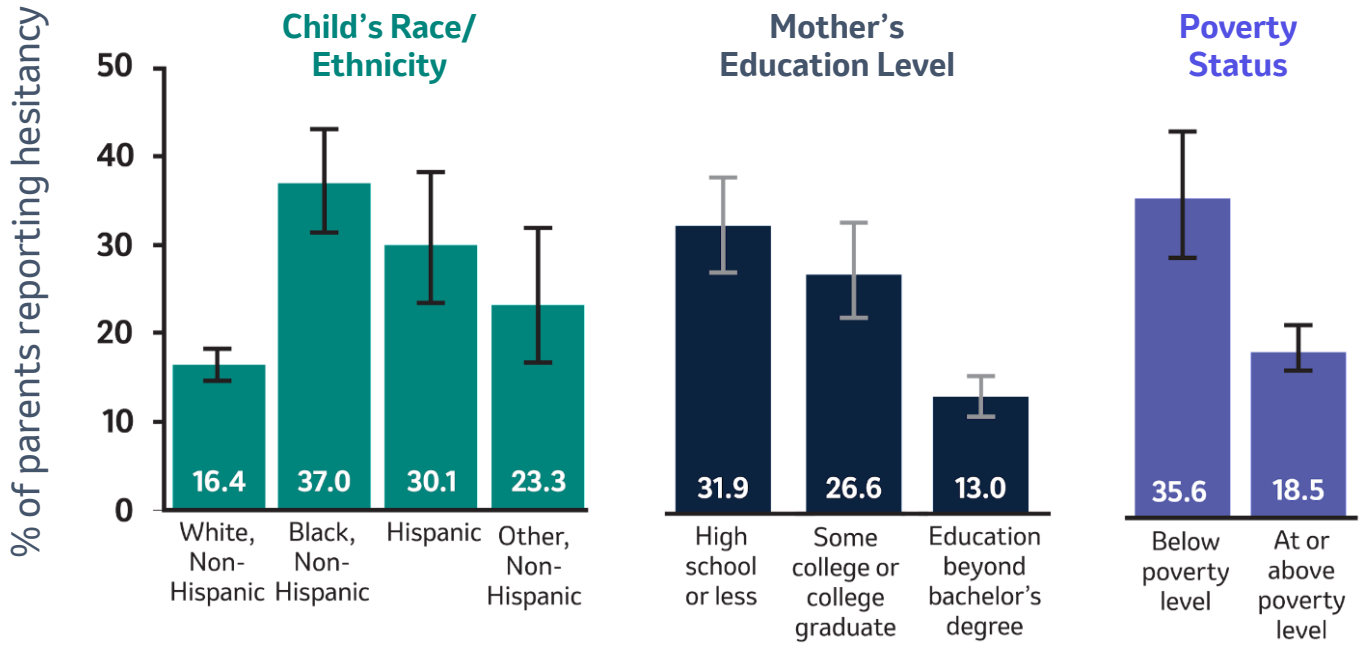
Parental hesitancy towards routine childhood vaccinations

According to the 2018-2019 NIS-Child survey, **~23.6%** of parents with children aged 19-35 months reported hesitancy toward childhood vaccinations. Parental vaccine hesitancy differed by race/ethnicity, the education level of the mother, and poverty status.[8,a]



NIS, National Immunization Survey.

[a]NIS-Child is an annual, random digit-dialed telephone survey that monitors vaccines received by children aged 19-35 months. Parents were called and asked questions on sociodemographic characteristics of the household. After obtaining consent, a questionnaire was mailed to the child's vaccination providers in order to obtain the child's vaccination history. Vaccination coverage estimates were made based on provider-reported vaccination histories. Questions on vaccine hesitancy were asked from April through June in the years 2018 and 2019.[8]

(Adapted from Nguyen KH, Srivastav A, Lindley MC, et al. Am J Prev Med. 2022;62(3):367-376. doi:10.1016/j.amepre.2021.08.015)

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Drivers of vaccine hesitancy

Lack of trust

- Trust in health care providers and the health care system may be lacking[9]

Lack of understanding about the importance of vaccines

- Hesitant parents may not believe vaccines are necessary for their child, or think that the risks outweigh the benefits[1]
- Parents can also be influenced by misinformation they find online[1]

Lack of education

- The 2019-2020 NIS-Child survey found mothers who were less educated were more likely to be hesitant toward childhood vaccines[8,a]

Download our **Conversation Guide** to learn how you can address specific vaccine concerns with your patients

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The role of health inequities and social determinants of health (SDOH)

- Children who are impacted by health inequities are also more likely to be under- or unvaccinated.[6] **Inadequate health insurance coverage is one of the largest barriers to health care access**[10]
- **SDOH** are conditions in the places where people live, learn, and work that affect a wide range of health and quality of life risks and outcomes[11]
- **SDOH are estimated to account for up to 80% of modifiable contributors to health outcomes for a population**[12]

The following SDOH factors can influence childhood vaccination rates[11]:

- Parental education
- Philosophical and cultural beliefs
- Household living conditions and income
- Religious affiliations
- Health care access
- Urban vs rural residence

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Identifying and closing the gaps in vaccination rates across demographics

- When it comes to vaccination and the ability to help prevent some diseases, **certain communities continue to lag behind**[6]
  - Compared with non-Hispanic White children, rates of certain childhood vaccinations were lower in Black and Hispanic children born in 2018-2019 according to 2019-2021 NIS-Child data
  - Most vaccination rates were lower among children living in non-MSA compared with those in an MSA principal city[a]

- Between 2019 and 2020, Hispanic adults were less likely to receive certain recommended vaccines compared to non-Hispanic Whites[13]

- As of 2022, the Hispanic population was the largest demographic minority in the United States and had the **highest uninsured rates** among racial and ethnic minorities[14]

NIS, National Immunization Survey.

[a]A metropolitan statistical area (MSA) is defined as a geographic entity based on a county or a group of counties with at least one urbanized area with a population of at least 50 000 and adjacent counties with economic ties to the central area.[15] MSA status was determined by the US Census Bureau based on household reported city and county of residence and was grouped into three categories: MSA principal city, MSA nonprincipal city, and non-MSA. Non-MSA areas include urban populations not located within an MSA and completely rural areas.[6]

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Steps to help improve vaccine confidence[16]

1. **Remind** parents about upcoming vaccinations via calls, texts, emails, or postcards
2. **Provide** vaccine resources that are easy for parents to review before meeting with you
3. **Listen** to parents' concerns and acknowledge them in a supportive manner
4. **Answer** questions clearly and patiently, focusing on their specific concerns
5. **Recommend** vaccines from your position as a trusted expert
6. **Share** your personal experiences with vaccines and why you chose vaccination for yourself or your family
7. **Discuss** a plan to continue the conversation if a parent still refuses vaccines

Take these steps to help build vaccine confidence among parents in your community.

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Potential ways to increase vaccine equity

Access and Convenience

Removing logistical barriers and enhancing convenience for parents may help improve access to health care services[10,17,18]

- **Expanding sites of care:** Setting up mobile clinics or utilizing pharmacies may help ensure easy access to vaccines and minimize travel time for individuals accessing vaccination services[18]
- **Implementing mobile vaccination clinics:** Implementing mobile vaccination clinics that travel to and set up in schools, universities, or community centers may increase convenience[18]
- **Education related to insurance coverage:** Sharing clear information on insurance coverage for vaccines may eliminate financial barriers[18]
- **Integrate routine vaccinations:** Integrating routine vaccinations with regular check-ups to eliminate the need for separate appointments[17,19]

Foster Community Engagement

Empowering patients to make informed decisions by addressing social and cultural factors[18]

- **Culturally relevant messaging:** Tailor messaging to be culturally appropriate and considerate of language while emphasizing importance of routine vaccinations[18]
- **Strengthen health care provider–parent relationships:** Train HCPs to approach the conversation with understanding, kindness, and respect[20,21]
- **Engage local community vaccine advocates:** Engage trusted religious figures and community organization leaders to share culturally relevant messages and materials[21]

How is your organization approaching health equity?

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Key takeaways

- Vaccine hesitancy is an issue that threatens public health[1,2]
- It's important to continue finding ways to improve vaccine equity in your organization[17]
- There are certain strategies used to increase vaccination coverage in specific populations[17]
- By combatting hesitancy, addressing the barriers to care, and improving vaccine equity, we can help close the gap in vaccination rates[4,5,6,10]

Let's help close gaps in vaccination rates and improve population health across vulnerable communities by championing and advancing vaccine equity for ALL.[4,5,6,8]

MERCK RESOURCES:

- **Conversation Guide**
- **OCAR Hesitancy Deck**
- **Pharmacist Deck** (coming soon)
- **MerckVaccines.com®**

OCAR, Organized Customer Access and Reimbursement.

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