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# Swiss TPH



## Understanding Vaccine Hesitancy and Under-Immunization with Childhood and Human Papilloma Virus Vaccines in Switzerland: A Qualitative Study

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# Among ten threats to global health in 2019

## Vaccine hesitancy

Vaccine hesitancy – the reluctance or refusal to vaccinate despite the availability of vaccines – threatens to reverse progress made in tackling vaccine-preventable diseases. **Vaccination** is one of the most cost-effective ways of avoiding disease – it currently prevents 2-3 million deaths a year, and a further 1.5 million could be avoided if global coverage of vaccinations improved.

Measles, for example, has seen a 30% increase in cases globally. The reasons for this rise are complex, and not all of these cases are due to vaccine hesitancy. However, some countries that were close to eliminating the disease have seen a resurgence.



Accessed June 2, 2019  
<https://www.who.int/emergencies/ten-threats-to-global-health-in-2019>

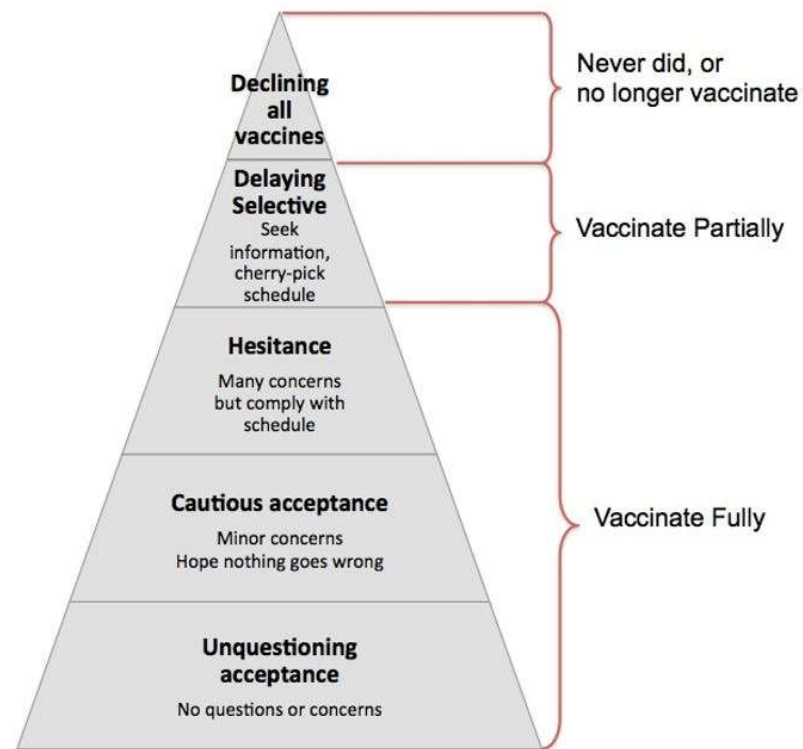
But...this isn't a new phenomenon



## Terminology

1. **Vaccine hesitancy** is a psychological state/attitude/sentiment
2. **Vaccine uptake** is a behavior
3. **Other determinants of health**, such as pragmatics, access, inadequate services, or policies, may play more import roles in **uptake** than **vaccine hesitancy**

# Variety of vaccine attitudes and behaviors



## The Swiss Context

- Vaccination is on a voluntary basis
- Generally high coverage (depending on the vaccine)
  - We tend to miss the *herd immunity* target of 95% for measles
- Generally favorable attitudes towards complementary and alternative medicine (CAM), which has been associated with vaccine hesitancy
- Measles cases tend to cluster around anthroposophic schools (i.e. Rudolf Steiner/Waldorf) and certain CAM providers

## National Research Program 74



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- **4-year national study (2017-2021)**
- Mixed methods approach
  1. **Qualitative Phase**
  2. Quantitative Phase

**Main goal:** better understand vaccine hesitancy and vaccine uptake at the intersections of CAM and biomedicine



## Qualitative Methods

- Qualitative interviews with:
  - 17 complementary and alternative medical (CAM) providers
  - 20 biomedical doctors
  - 30 parents
- Vaccination consultation observations:
  - 18 CAM consultations
  - 16 biomedical consultations



## Overview of Results

- 1) Findings from interviews/observations with **CAM providers**
- 2) Findings from interviews/observations with **biomedical providers**
- 3) Findings from interviews/observations with **parents**

## 1. “We treat humans, not herds!”

- CAM providers framed vaccination decisions as **choices at individual and family levels** rather than focusing on public health benefits and consequences. CAM providers’ approaches included taking time to understand **parents’ wishes, involving them in decisions, and taking their concerns seriously.**
- Findings challenge recurring narratives depicting CAM providers as categorically anti-vaccination



“We treat humans, not herds!”: A qualitative study of complementary and alternative medicine (CAM) providers’ individualized approaches to vaccination in Switzerland

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## 2. Problem patients and physicians' failures

- 'Problem patients' were characterized through their (potential) non-adherence to vaccination recommendations, desire for lengthy consultations/individualized counseling, and non-biomedical ideologies
- Doctors found themselves conflicted around expectations to promote vaccination as active listeners and good communicators (i.e. good doctors) with patients who question their biomedical training and legitimacy



'Problem patients and physicians' failures': What it means for doctors to counsel vaccine hesitant patients in Switzerland

Michael J. Deml<sup>a,b</sup>, Andrea Buhl<sup>a,b</sup>, Julia Notter<sup>b,c,1</sup>, Paulina Kliem<sup>b,c</sup>, Benedikt M. Huber<sup>d</sup>, Constanze Pfeiffer<sup>a,b</sup>, Claudine Burton-Jeangros<sup>e,\*</sup>, Philip E. Tarr<sup>b,c,\*\*</sup>



## 2. Problem patients and physicians' failures

**Dr. Caspari**, pediatrician:

*“During my training, the idea was implicitly there that we shouldn’t have people who are against vaccination in our offices, almost as if it were **a failure** of the pediatrician. **It was like having problem patients.** I would say to [these patients], ‘Listen, that’s not OK.’ I was more judgmental.”*

### 3. “I don’t want my stomach in knots every time I see my son’s doctor!”

- Decisions tended to be gendered – mothers generally made the decision
- Not always a direct relationship between use of CAM, biomedicine, and (non)vaccination. Parents enacted different types of knowledge (i.e. experiential, relational, emotional, biomedical, natural/chemical-free approaches) in their decision-making
- Trust and distrust were fundamentally important for decisions about children’s health and well-being and where parents sought healthcare

### 3. “I don’t want my stomach in knots every time I see my son’s doctor!”

**Ms. Besse**, 27-year-old mother of 1-year-old son:

*I switched pediatrician’s recently (...). [The first one] had been very open to my choice to not vaccinate (...). Then, our last check-up, she said to me, ‘But you don’t realize, he could die!’ That really upset me because, while I accept that a pediatrician can disagree with me, she shouldn’t make me feel guilty. It’s not the role of a doctor. I need someone with whom I am at ease. (...) **I don’t want to have my stomach in knots every time I go see her because I have certain ideals!***

## Conclusions

- Public health framings around vaccination (i.e. 'one-size-fits-all') do not necessarily appeal to parents and all healthcare professionals
- Trust and emotions largely shape how people make vaccination decisions
- Researchers and practitioners should be attentive to the language they use when talking about vaccine hesitancy and vaccination choices (i.e. anti-vaxxers, irresponsible parents, etc.)



## Conclusions, Implications, and Future Research

- Future work in Switzerland will benefit from quantitative methods seeking to examine some of these patterns and concepts on a larger scale
  - (i.e. what we are currently doing in our National Research Program 74 project 😊)
- These discussions will continue to grow in relevance in anticipation of a safe, effective, and readily available coronavirus vaccine

**Thank you!**

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**Bernhard Wingeier, Daniel Krüerke**, Klinik Arlesheim

**Mirjam Mäusezahl-Feuz**, Bundesamt für Gesundheit  
BAG/OFSP

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Präsident Eidg. Kommission für Impffragen (EKIF)

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