



Increasing the Uptake of Vaccinations in Adolescents and Young People

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Immunisation





Why increase uptake in this group?

- Period where lifelong behaviour patterns established
- Fills in gaps in childhood vaccination
- Disproportionally effected by diseases such as measles, influenza
- More at risk of diseases such as meningitis
- Life stage when diseases like HPV can be transmitted



Which
vaccines are
targeted at
this group?

HPV – human papilloma virus, cervical cancer

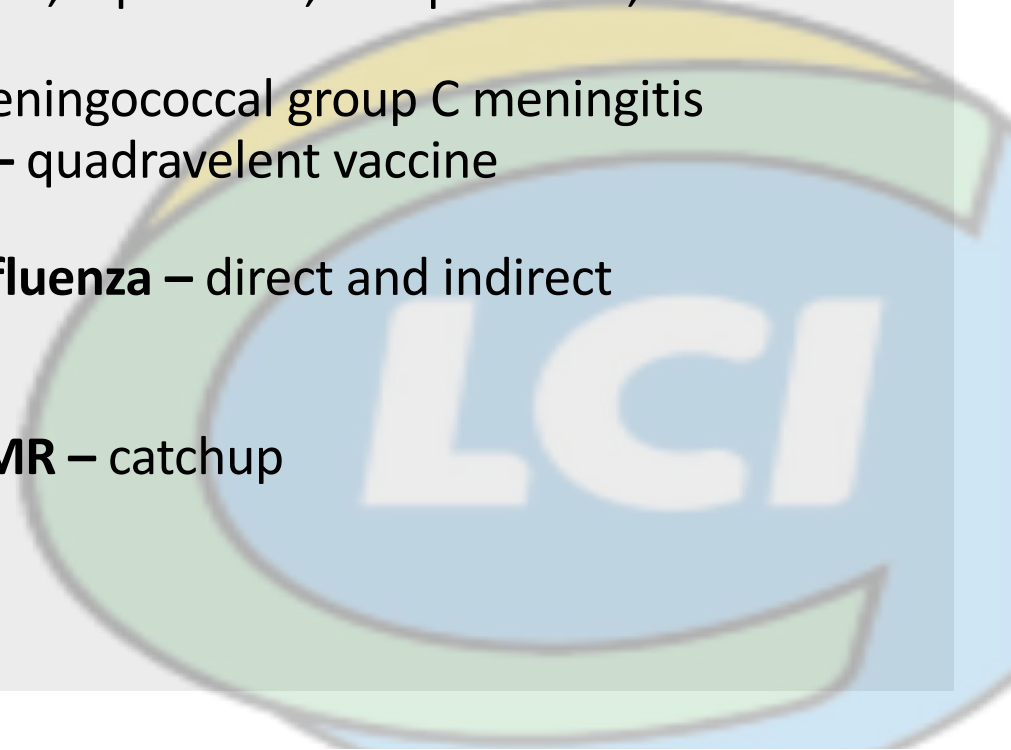
Tdap - tetanus, diphtheria, and pertussis; booster

Men C – Meningococcal group C meningitis

MenACWY – quadravalent vaccine

Seasonal Influenza – direct and indirect protection

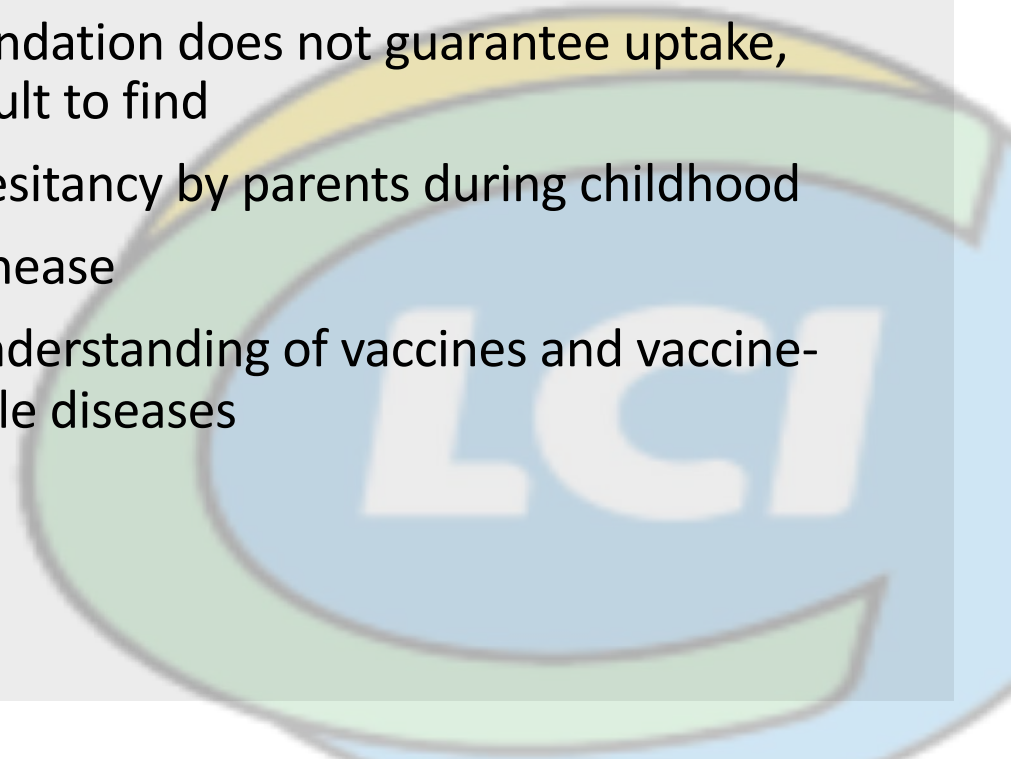
Measles MMR – catchup





What factors affect vaccine uptake in this group?

- Inconsistent recommendations across the European Union
- Recommendation does not guarantee uptake, data difficult to find
- Vaccine hesitancy by parents during childhood
- Societal unease
- Limited understanding of vaccines and vaccine-preventable diseases





Factors affecting uptake:

Example 1:
Inconsistent recommendations

- **HPV:** all countries recommend at sometime between 10 and 18yrs (mostly at 12yrs).
- **Tdap:** most countries have a recommendation between 10 and 18yrs
- **MenC/Men ACWY:** 13 countries have general or specific group recommendations or catchup between 11 and 18yrs
- **Influenza:** Austria, Poland, Slovakia and Spain have a general recommendation between 12 and 18yrs
- **Measles:** General recommendation between 11 and 18yrs in 7 countries (measles only), 9 catchup



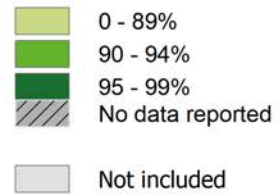
Factors affecting uptake:

Example 2:
Data difficult to find on uptake:

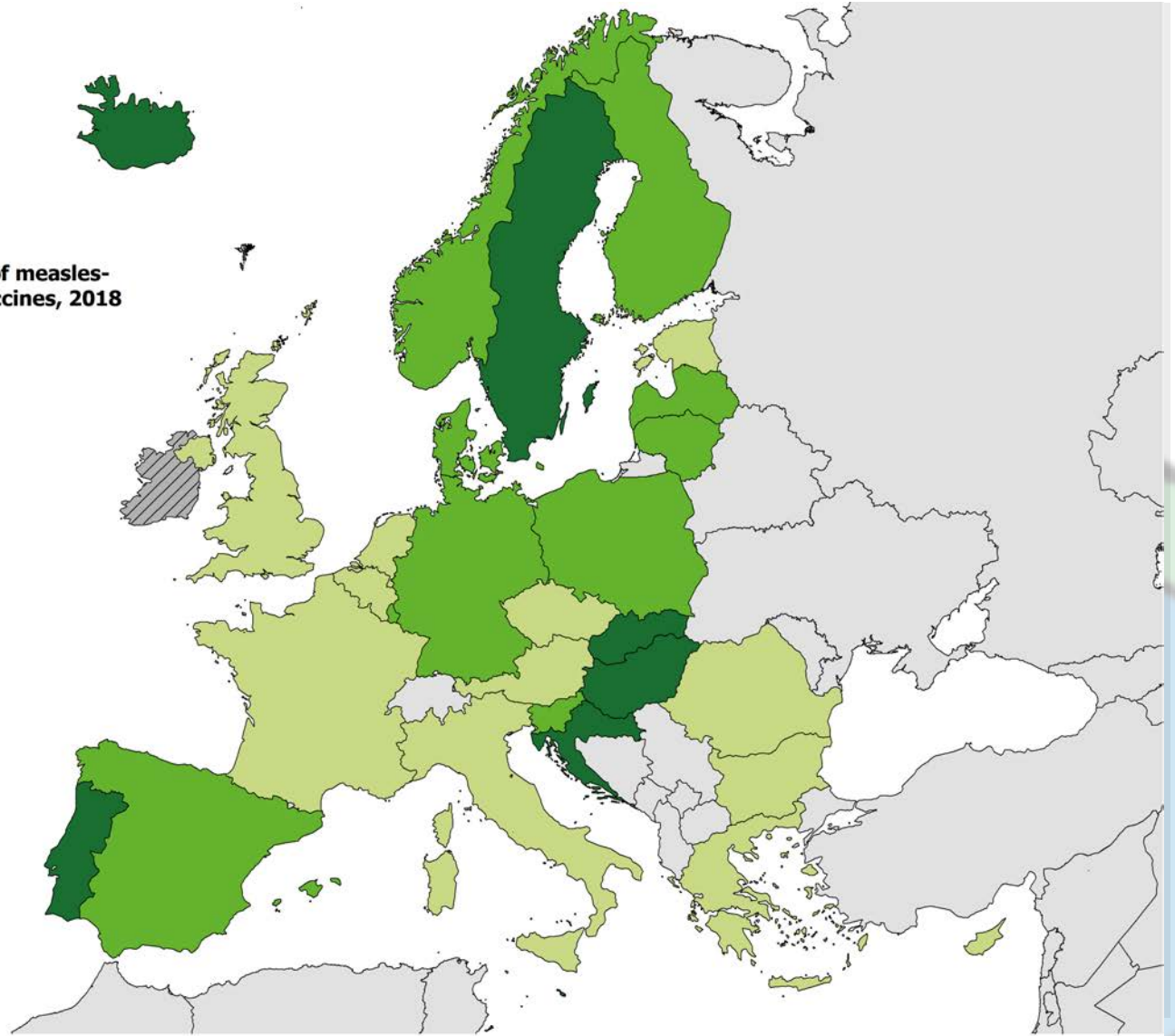
- **Ireland:**
 - **HPV:** 2015 97% in target group; 2017 50% - 47% decrease in uptake
 - **MenC booster:** 2017/2018 86%
 - **Tdap:** 2017/18 87%
- **UK:**
 - **HPV:** 2015/16 84% in 13-14yr females, 2016/17 83%, 2017/18 84%
 - **MenACWY:** 2015/16 77% 15-16yrs, 2017:18 85% - 8% rise
 - **Tdap (Td/IPV booster):** 2015/16 75%15-16yr, 2018 83% - 8% rise
- **Europe:**
 - **Measles:** 2019, only 3 countries reported 95-99% uptake of 2nd vaccine dose



**Coverage of second dose of measles-
and rubella-containing vaccines, 2018**



Countries not visible
in the main map extent





Factors affecting uptake:

Example 3:
Vaccine hesitancy
by parents

‘Ethan Lindenberger made international headlines for having his vaccines in defiance of his mother.

Now, as an accidental advocate of vaccination, he’s encouraging others to show a little empathy to people influenced by anti-vaccine information ’ (Vaccines Today, 2019)



Factors affecting uptake:

Example 4:
Societal unease

- USA, Canada and the UK recommend the vaccination of healthy children against seasonal influenza – most European countries do not
- Explanations include
 - Unknown burden of influenza among children,
 - Uncertainty of effectiveness of vaccines
 - Uncertainty about level of uptake
 - Uncertainty about indirect protection.
- Ethics is a subject of debate



Factors affecting uptake:

Example 5:
Lack of knowledge

- UK study into the understanding, attitudes and experiences of teenage boys and girls of vaccines and vaccine-preventable diseases
- Teenagers' understandings of vaccine-preventable diseases are limited
- Understanding of diseases is closely related to experience of diseases
- Successful immunisation has reduced knowledge of diseases, their severity and possible long-term consequences

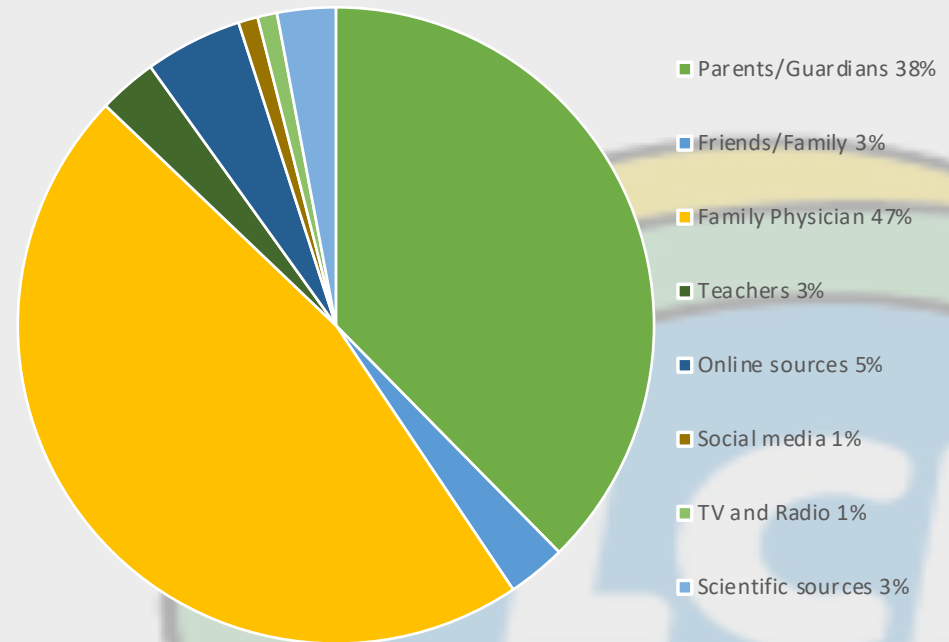


“Adolescents trust physicians for their vaccine information more than their parents or religious leaders”

- Daisy S. Griffin, George Muhlbauer, Daniel O. Griffin. *Heliyon* 4 (2018) e01006. doi: 10.1016/j.heliyon.2018.
- Study group – children aged between 14-18yrs
- Data collected by Questionnaire
- 105 completed questionnaires were analysed, 38% male and 62% female

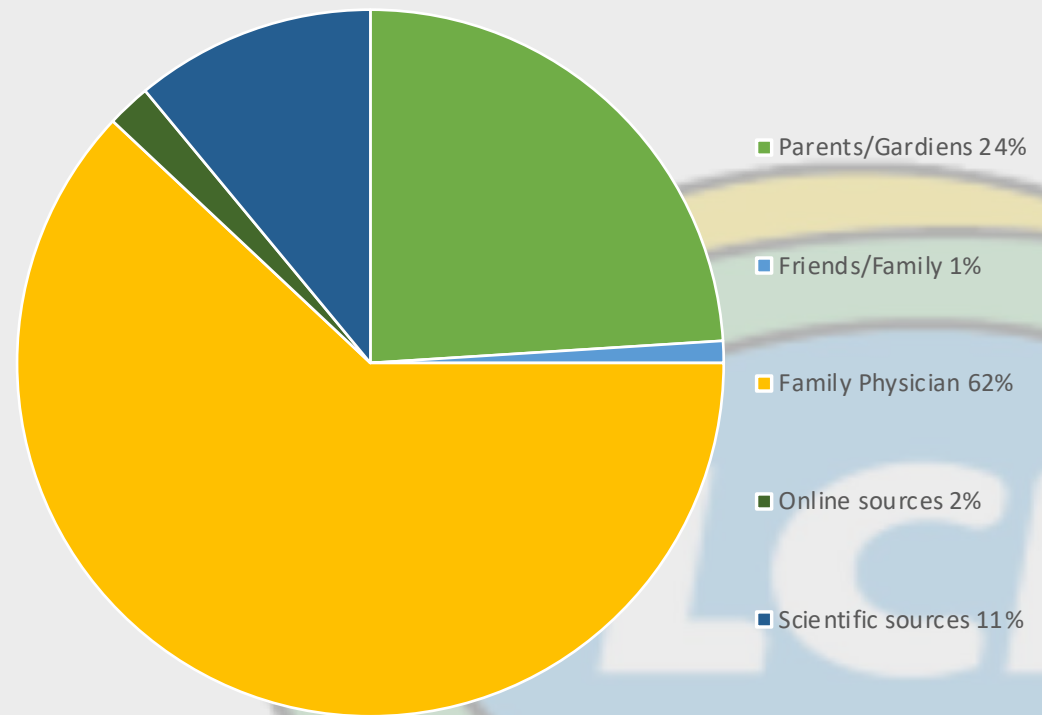


From where do they most receive their information?



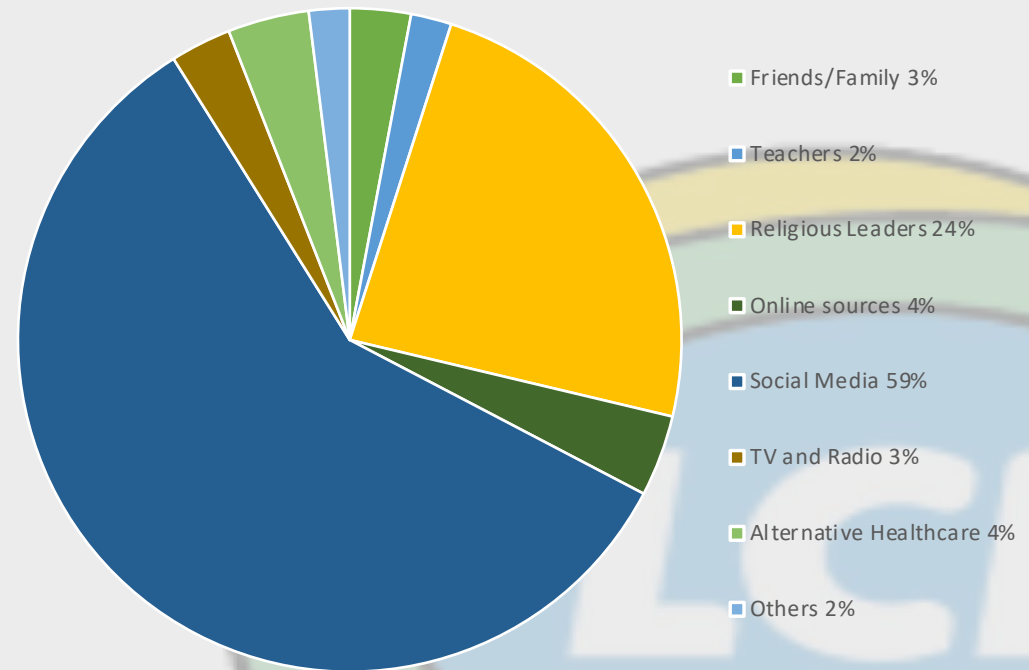


What sources of information do they trust?





And which do they believe are the least trustworthy?





‘After a sharp decline in HPV vaccination rates, Irish health experts, politicians and NGOs joined forces to turn the tide – helping to increase vaccination rates by 11%. How did they do it?’

- The HSE created a [HPV microsite](#)
- Information material and consent forms were redesigned
- Factsheets developed
- Radio and television advertising
- Social media-friendly videos developed
- Twitter and Facebook campaigns
- A coalition of 40 NGOs was launched in August 2018 ahead of the autumn vaccination programme.

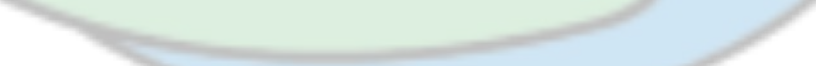
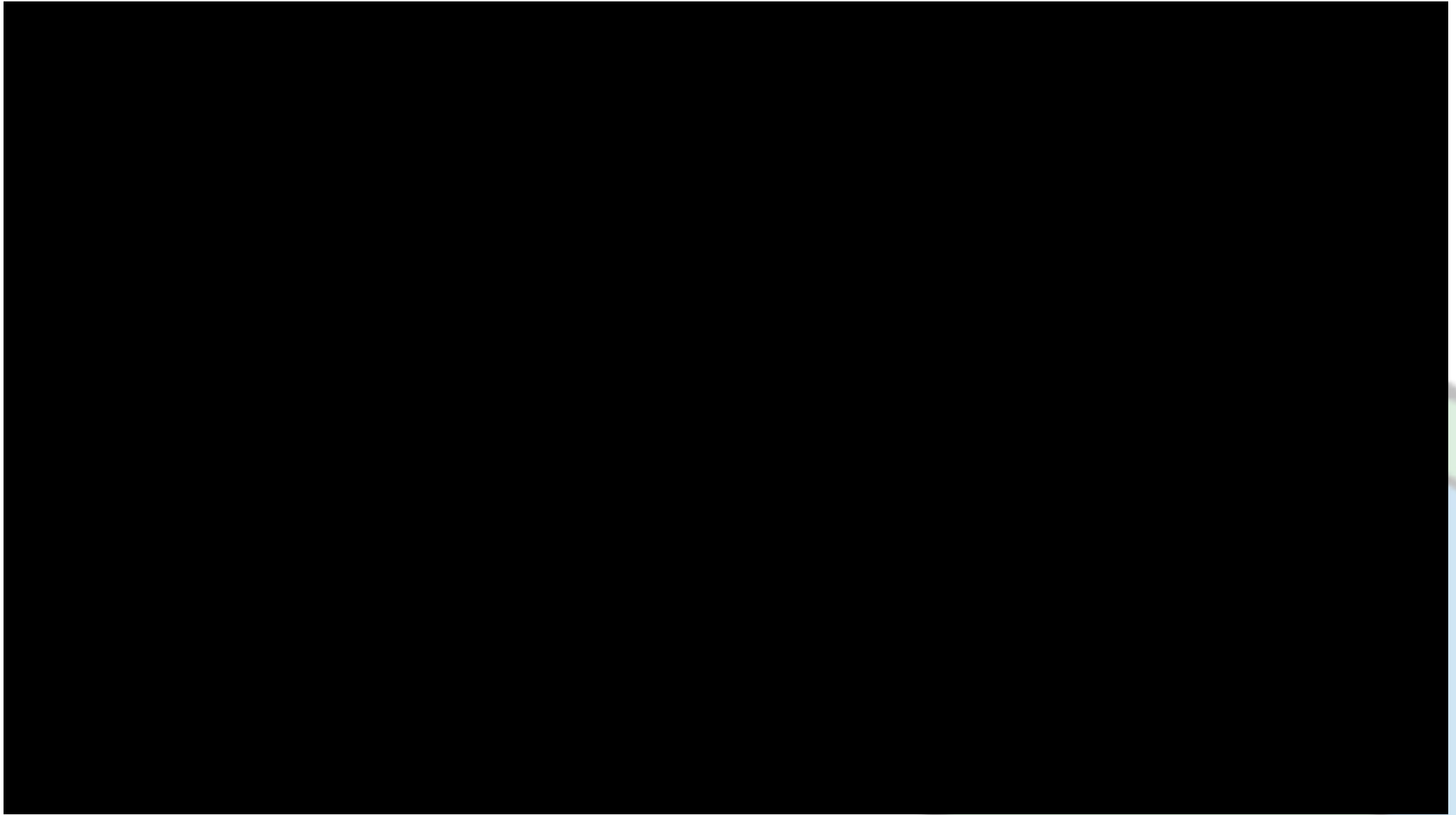
(Vaccines Today)



‘In a bid to increase HPV vaccine uptake, Finland hopes to test a computer game in schools’

- Psyon Games - [Antidote](#) – a game that combines fun and strategic skill with education.
- Game to be tested in schools – measuring effects on vaccine uptake by using the National Vaccine Register.
- Antidote will be used by some schools, while others will use books and leaflets.
- Differences in attitudes and understanding will be recorded and vaccine uptake determined.
- The initiative comes as [new research published in Nature](#) shows that games may be able to inoculate people against fake news.

(Vaccines Today 2019)





Thank you

