Word Medical Association

Empowering civil society to address policies that constitute barriers for improving adult vaccination rates

28 Mai 2022

Dr. Julia Tainijoki-Seyer

Medical and Advocacy Advisor

World Medical Association

- International organization representing 9 million physicians worldwide
- Founded 18 September 18th, 1947 in Paris
- 115 National Medical Associations members in addition to individual associate members
- Mission: to ensure
  - the independence of physicians
  - the highest possible standard of medical ethics
  - best medical practice
  - Acting on behalf of patients and physicians

First vaccination- smallpox

- 1790 Edward Jenner used cow pox, a less serious version to protect against smallpox
- Vaccine met with skepticism - it is opposed to God's will
- Fears of putting foreign substances into one's body
- By 1980 small pox was eradicated from Earth

➡ 2.5 million deaths prevented per year - from diseases such as diphtheria, tetanus, whooping cough (pertussis) and measles.

How to Improve vaccination rates?

High Income Country

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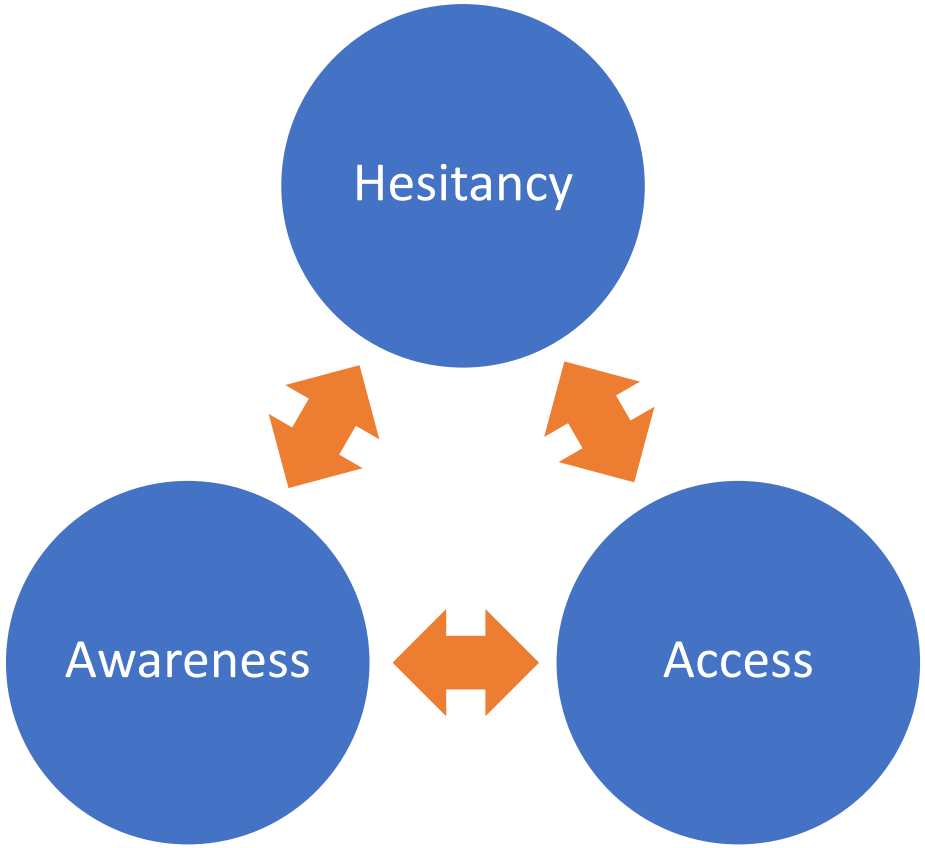
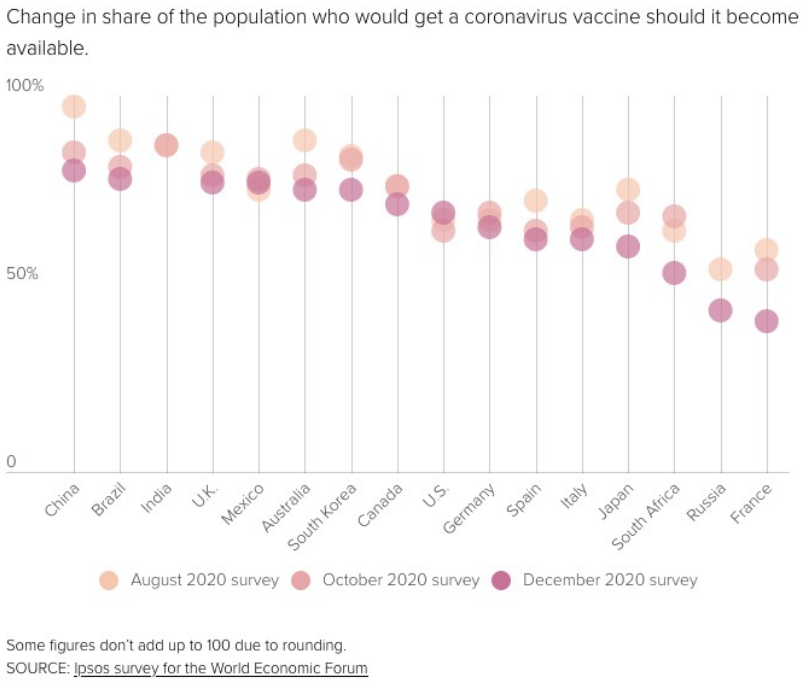
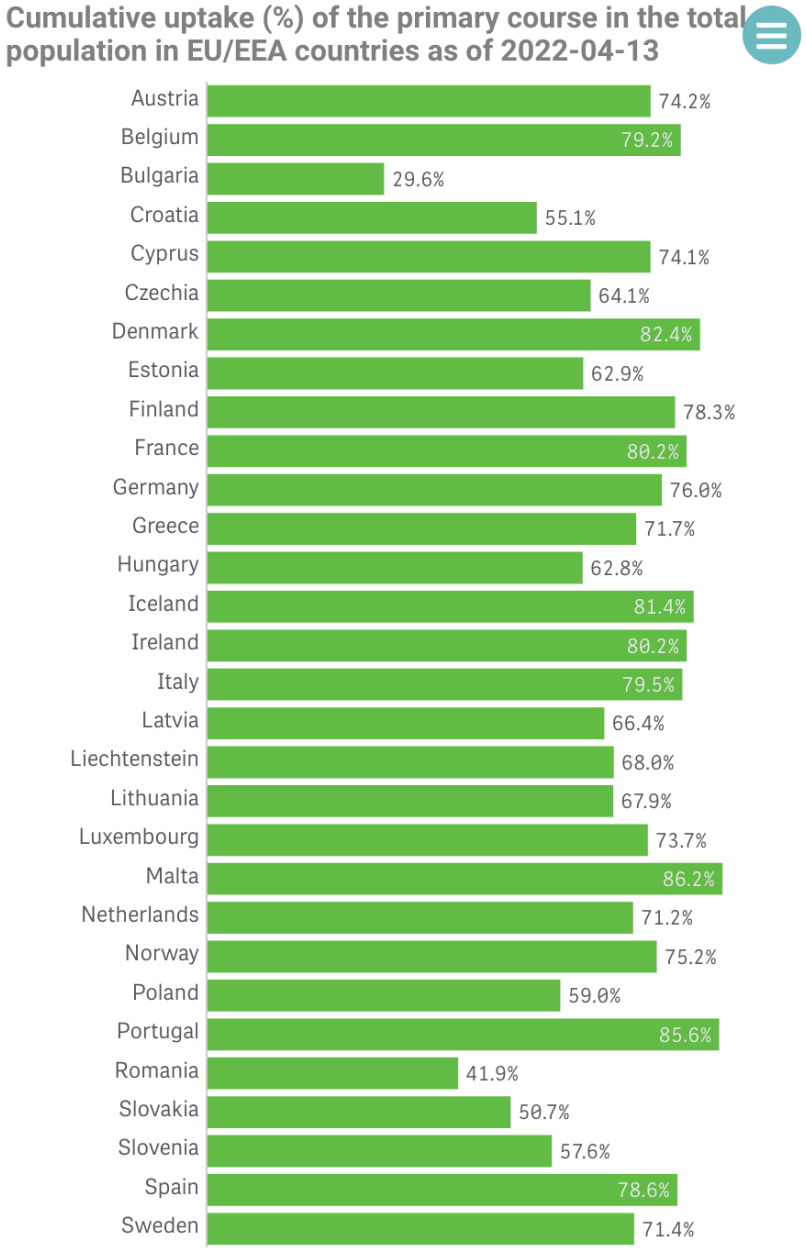
LMIC



COVID 19 – Vaccine hesitancy





Europe: COVID 19 vaccination rates between 30% - 86%

Data:
European Centre for Disease Prevention and Control

Hesitancy of vaccination

- low perception of risk, including the risk of infecting others
- fear of possible and perceived side effects from vaccination
- questions about the effectiveness of the vaccine; broader anti-vaccine sentiments
- misleading reports in the mainstream media and social media, internet and from researchers
- a general lack of accurate information about immunization and vaccination
- Religious and cultural particularities

emotional, cultural, social, religious, political, cognitive factors

Addressing vaccine hesitancy Role of HP

The Vaccine Hesitancy Determinants Model (2011), Dubé E., Laberge C., Guay M., Bramadat P., Roy R., Bettinger J.A. Vaccine hesitancy: An overview. Hum. Vaccines Immunother. 2013;9:1763–1773. doi: 10.4161/hv.24657.

Training

- Communication and counselling skill
- Religious literacy
- Medical and epidemiological knowledge

(affective counselling: empathy, active listening, cultural competence, and interpersonal communication)

Counseling

- Relation and trust
- Educating patients
- Recommend vaccination
- Leave time for decision to be made
- Impartiality – avoiding appearance of conflict of interest
- Payment vs time spend counselling

Vaccine delivery service

- Relationship of trust and confidence
- Continuity of care

Elderly Generation

- **Multimorbidity – coexistence of 2 or more chronic conditions:**
- 60% for those aged 65-74 years and 80% for those aged ≥85 years (1)
- Higher risk of death, disability, poor functional status, poor quality of life, adverse drug events, and other adverse outcomes. (1)

- High need for complex clinical care (1)
- Higher complication rates at vaccination
- Important to see regularly their physician; use vaccination appointment for general check up or vice versa
- Continuity of care – high quality of care

1 Multimorbidity in older adults; Marcel E Salive , Epidemiol Rev, 2013;35:75-83. doi: 10.1093/epirev/mxs009. Epub 2013 Jan 31. PMID: **23372025** DOI: 10.1093/epirev/mxs009

Low-income countries

Equitable access to vaccines [1] :

- Receiving the vaccine for the country
- Logistics & supply chain
- Health care system strengthening
- expand storage and cold chain on local level
- training the health professionals
- Surveillance and monitoring

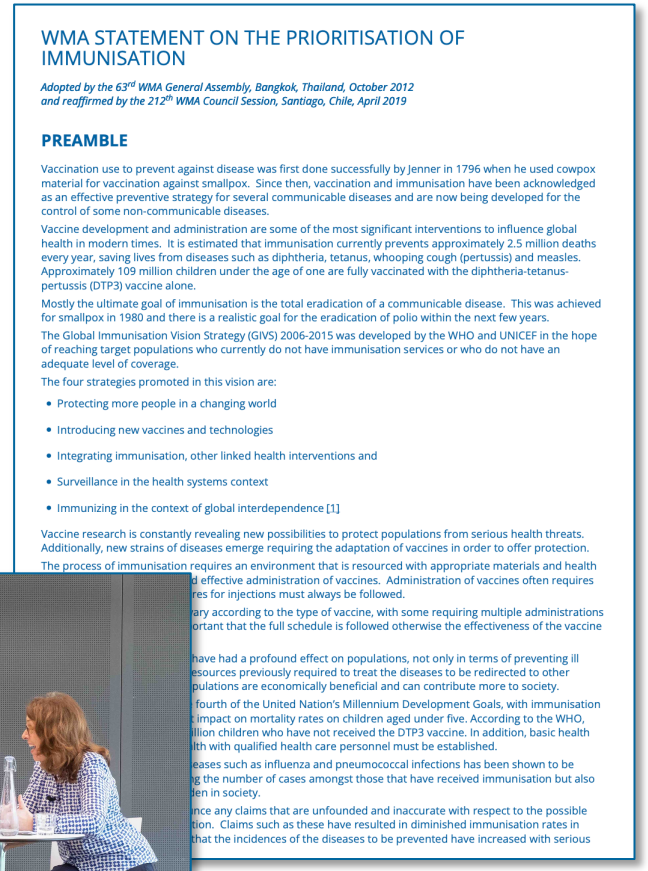
1) World Bank

<u>Statements from WMA members:</u>

- We have other more urgent issues
- Vaccine hesitancy is a big issue
- Trust in the health care system

WMA’s activities

- WMA Policies on Prioritisation of Immunisation
- Conferences
- Side events at the WHA
- Training
- Campaigns



WMA STATEMENT ON THE PRIORITISATION OF IMMUNISATION

Adopted by the 63rd WMA General Assembly, Bangkok, Thailand, October 2012 and reaffirmed by the 212th WMA Council Session, Santiago, Chile, April 2019

PREAMBLE

Vaccination use to prevent against disease was first done successfully by Jenner in 1796 when he used cowpox material for vaccination against smallpox. Since then, vaccination and immunisation have been acknowledged as an effective preventive strategy for several communicable diseases and are now being developed for the control of some non-communicable diseases.

Vaccine development and administration are some of the most significant interventions to influence global health in modern times. It is estimated that immunisation currently prevents approximately 2.5 million deaths every year, saving lives from diseases such as diphtheria, tetanus, whooping cough (pertussis) and measles. Approximately 109 million children under the age of one are fully vaccinated with the diphtheria-tetanus-pertussis (DTP3) vaccine alone.

Mostly the ultimate goal of immunisation is the total eradication of a communicable disease. This was achieved for smallpox in 1980 and there is a realistic goal for the eradication of polio within the next few years.

The Global Immunisation Vision Strategy (GIVS) 2006-2015 was developed by the WHO and UNICEF in the hope of reaching target populations who currently do not have immunisation services or who do not have an adequate level of coverage.

The four strategies promoted in this vision are:

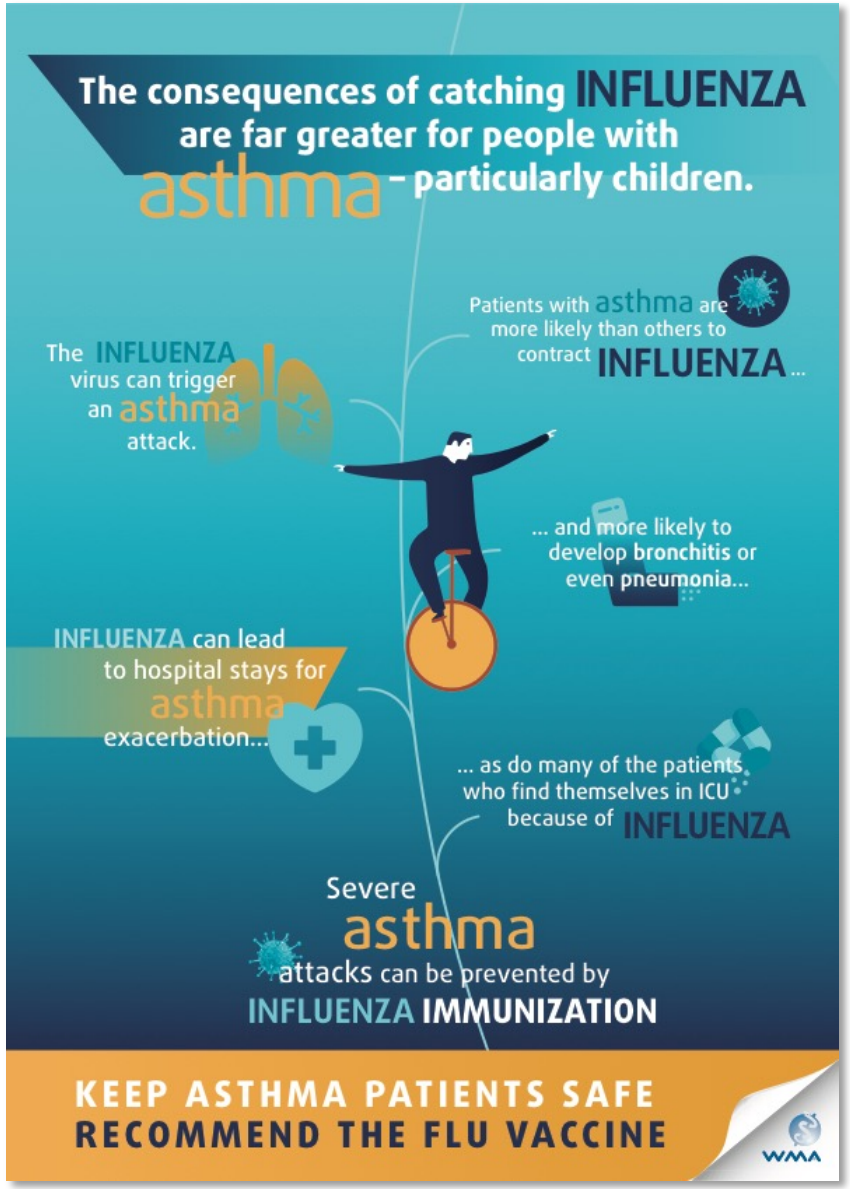
- Protecting more people in a changing world
- Introducing new vaccines and technologies
- Integrating immunisation, other linked health interventions and
- Surveillance in the health systems context
- Immunizing in the context of global interdependence [1]

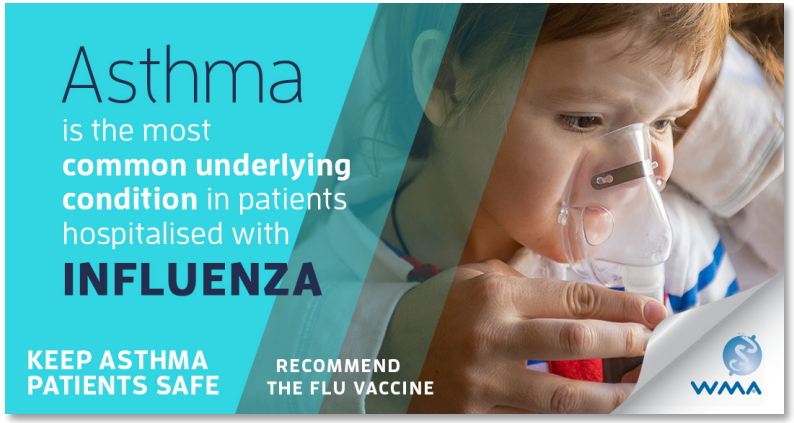
Vaccine research is constantly revealing new possibilities to protect populations from serious health threats. Additionally, new strains of diseases emerge requiring the adaptation of vaccines in order to offer protection.

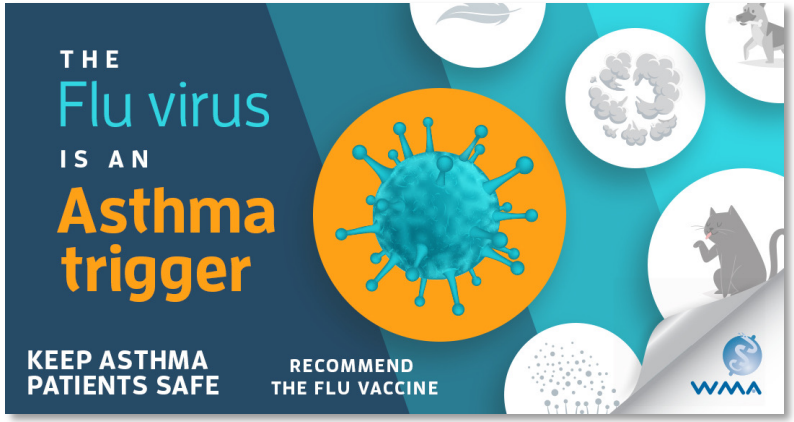
The process of immunisation requires an environment that is resourced with appropriate materials and health
d effective administration of vaccines. Administration of vaccines often requires
res for injections must always be followed.
ary according to the type of vaccine, with some requiring multiple administrations
ortant that the full schedule is followed otherwise the effectiveness of the vaccine

have had a profound effect on populations, not only in terms of preventing ill
esources previously required to treat the diseases to be redirected to other
pulations are economically beneficial and can contribute more to society.
fourth of the United Nation’s Millennium Development Goals, with immunisation
t impact on mortality rates on children aged under five. According to the WHO,
llion children who have not received the DTP3 vaccine. In addition, basic health
lth with qualified health care personnel must be established.
eases such as influenza and pneumococcal infections has been shown to be
g the number of cases amongst those that have received immunisation but also
len in society.
nce any claims that are unfounded and inaccurate with respect to the possible
tion. Claims such as these have resulted in diminished immunisation rates in
that the incidences of the diseases to be prevented have increased with serious

Influenza Campaign Patients with Asthma

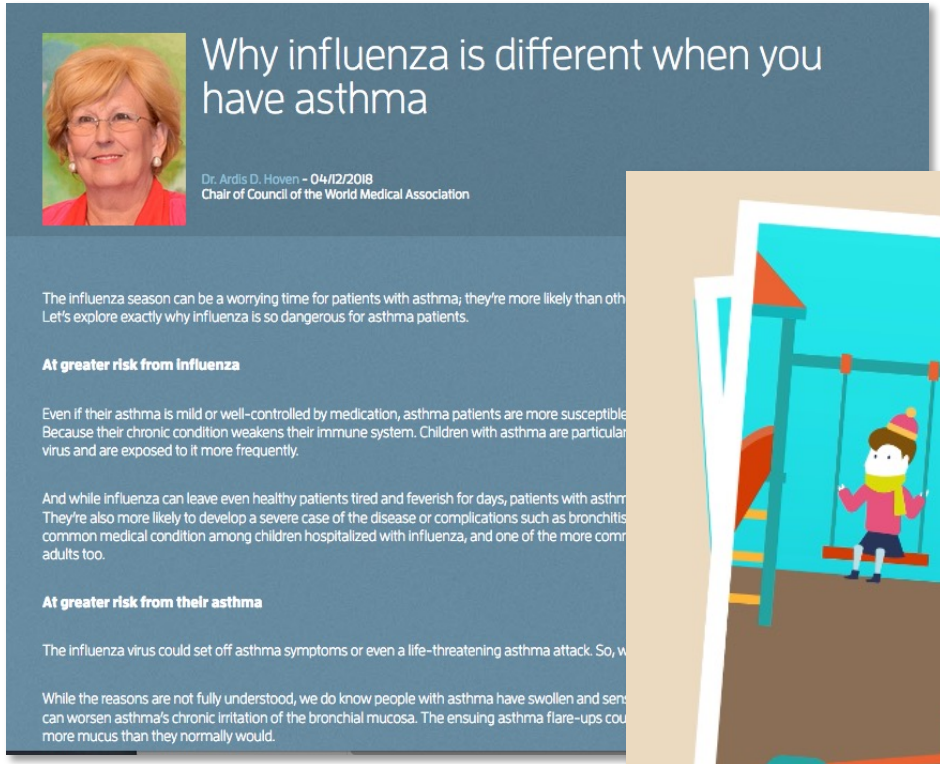






Educational material: blogs and videos

Blogs



Why influenza is different when you have asthma

Dr. Ardis D. Hoven - 04/12/2018
Chair of Council of the World Medical Association

The influenza season can be a worrying time for patients with asthma; they're more likely than oth
Let's explore exactly why influenza is so dangerous for asthma patients.

At greater risk from influenza

Even if their asthma is mild or well-controlled by medication, asthma patients are more susceptible
Because their chronic condition weakens their immune system. Children with asthma are particular
virus and are exposed to it more frequently.

And while influenza can leave even healthy patients tired and feverish for days, patients with asthm
They're also more likely to develop a severe case of the disease or complications such as bronchitis
common medical condition among children hospitalized with influenza, and one of the more comm
adults too.

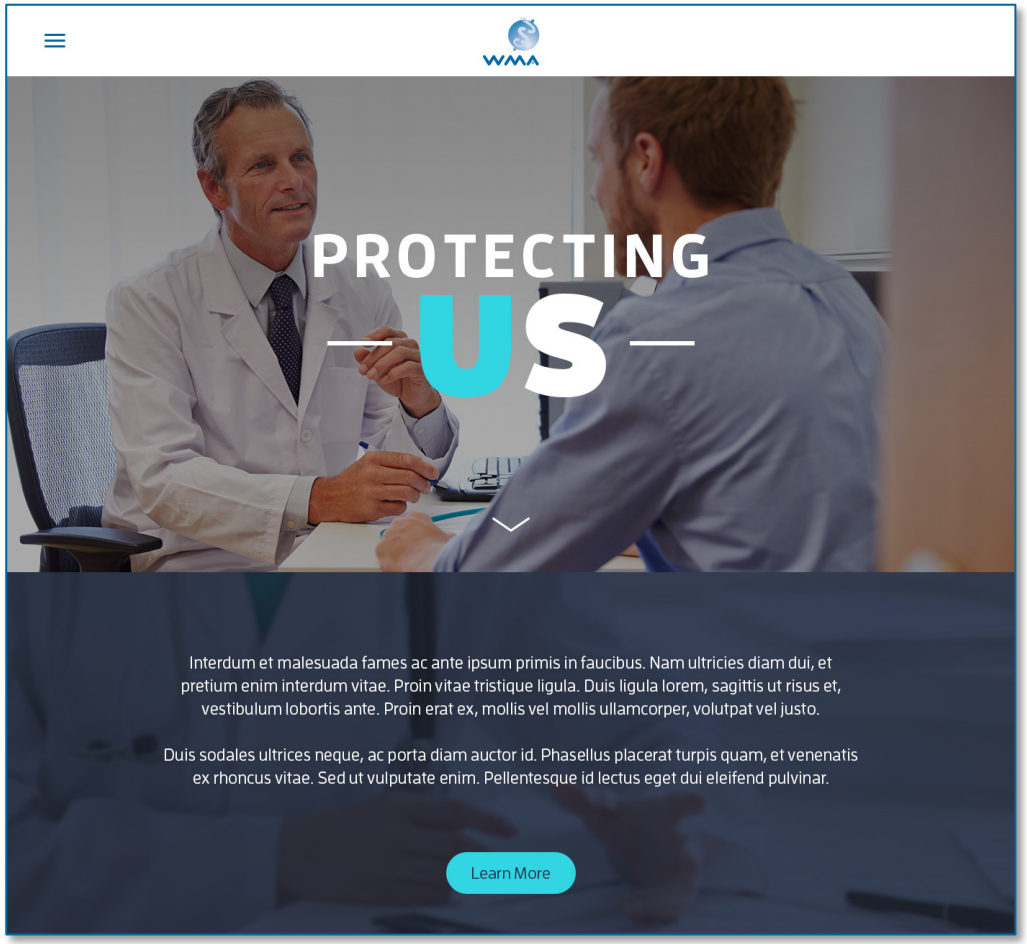
At greater risk from their asthma

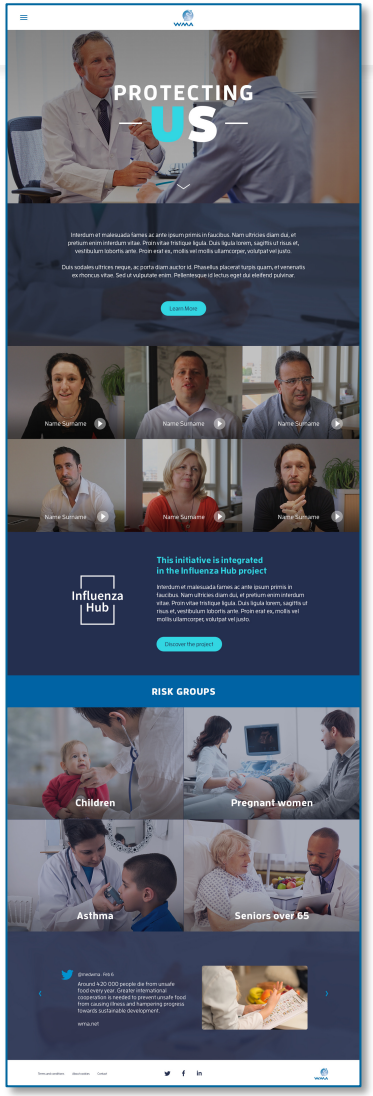
The influenza virus could set off asthma symptoms or even a life-threatening asthma attack. So, w

While the reasons are not fully understood, we do know people with asthma have swollen and sens
can worsen asthma's chronic irritation of the bronchial mucosa. The ensuing asthma flare-ups cou
more mucus than they normally would.

Video

Focus: Immunisation of Physicians





Addressing fake news

WMA members‘ activities

Latvia

President has a weekly TV show and includes regularly influenza immunisation, articles in newspapers and email information to doctors

Taiwan

Developed self-learning materials for physicians

Japan:

Airing TV commercials and providing open lectures for the public

JMA began to launch a signature-collecting campaign to demand the enhancement of routine vaccination

Germany

Press release on importance of influenza immunisation

USA

Article JAMA on hospitalization caused by influenza and immunisation rate

Finland

Article on importance of influenza immunisation and gave several interviews

Korea

Influenza immunisation program focusing on the immunisation of HP in clinics

Summary

- Barriers of vaccination: awareness, access and hesitancy
- Equitable access in low - income countries
- Addressing vaccine hesitancy: building trust and communicate
- Elderly people often with multimorbidity - need special care and continuity of care
- HP should speak with one voice and work together to increase the uptake of vaccination