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Comment

Addressing a real concern

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As I walked across the concourse of Waterloo station my eye was caught by a display promoting the launch of UNICEF’s campaign declaring ‘war on disease’ (https://www.unicef.org/uk/), not to mention the bright blue eye-catching bags being handed out emblazoned with the message ‘vaccinate, vaccinate, vaccinate!’ Given the recent loss of the UK’s measles-free status, achieved in 2016, this promotion at one of the busiest rail stations in the UK seemed appropriate, yet at the same time the need for the message is thought provoking. Why has the huge effort made, not least by nurses, to achieve the 95% vaccination rate necessary to achieve herd immunity against one of the most contagious diseases known to man (World Health Organization (WHO), 2019a), once again fallen short? Have the knock-on effects of ‘Wildfield’ not still ‘put to bed’, or is something else going on?

‘Vaccine hesitancy’ is currently listed as one of the most serious threats to health facing humanity (WHO, 2019b). The term first appeared in 2015, being defined as ‘the reluctance or refusal to vaccinate despite the availability of vaccines’ (Hickler et al, 2015: 4155), and we know there are variations according to time, place and vaccine type. It is now 51 years since the first measles-containing vaccine was introduced into the UK childhood immunisation programme, with an estimated 20 million cases and 4500 deaths prevented (Public Health England, 2018). Nevertheless, in the first 3 months of 2019 there was an astronomical rise of the very real concerns they have.

There is no substitute for clear and informed discussion in achieving concordance. As such it is essential that we are equipped with appropriate communication skills (active listening and a non-confrontational attitude in particular) as well as up-to-date information to help people make sense of the very real concerns they have. BJNI


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