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# Addressing a real concern

**Jacqui Boulton**, Senior Teaching Fellow, Florence Nightingale Faculty of Nursing, Midwifery & Palliative Care, King's College London

**A**s 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 Wakefield still not been '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 in cases both in the UK and across the globe (WHO, 2019a). Although this cannot solely be attributed to vaccine hesitancy it is clear that the solution is rather more complex than simply quoting statistics and expecting people to reach 'logical conclusions'. A recent study by the Royal Society for Public Health (RSPH) highlights the role of social media as a 'breeding ground for misleading information and negative messaging around vaccination' (RSPH, 2019: 9). Certainly, it is interesting to note that Google was launched in 1998, the same year as the discredited Wakefield study, and that Facebook and Twitter subsequently followed.

Direct and indirect experience of vaccination and importantly of the diseases it seeks to prevent are likely to have a much greater impact in addressing vaccine hesitancy. Many of us will have seen the moving account written by Roald Dahl

(1986) about the death of his daughter Olivia, which has been 'doing the rounds' on social media. At the same time the current unprecedented and much needed environmental or 'pro-nature' movements may also have side-effects. As well as highlighting the need to tackle many of the United Nations Sustainable Development Goals (SDGs) and targets related to environmental issues it has been suggested that they may inadvertently promote a somewhat romantic concept of a 'natural' childhood including the virtues of it being 'vaccine free' (The Briefing Room, 2019). Perhaps it is not surprising to note that the RSPH study reports the strongest confidence in vaccines among some of the world's most resource-poor countries, where effects of the disease itself are an everyday reality.

It is clear that while important debates about making vaccines 'compulsory' continue alongside active measures to contain and redirect vaccine-related posts on social media, health professionals and nurses in particular are frequently at the coal face—or more precisely, at the interface of science versus media. It is also heartening to see that, according to the world's largest study about how people think and feel about major health challenges, health professionals remain the most trusted source of information of vaccination issues (Gallup, 2019). 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. **BJN**

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