Stop blaming the anti-vax bogeyman

Investing in nurses and resources to educate parents about vaccines is more pressing than battling fake news

In 2017 the World Health Organization (WHO) declared the UK measles free. Last month, it had no option but to withdraw that status. This downgrade was possibly inevitable with the rise of cases across Europe and the world, but in the UK we’ve seen the number of cases triple between 2017 and 2018, and the infection continues to circulate.

These circumstances have prompted public health professionals to think of ways to put this right and re-examine the reasons for the gradual fall in vaccine uptake over recent years.

Based on reported MMR vaccine uptake, Public Health England (PHE) estimated around 30,000 children who started primary school in September this year had no protection against measles, mumps and rubella.

Impact of misinformation
The government has announced plans to improve vaccination rates, including adding more information on the NHS website to address misleading information about the dangers of vaccines. This is a welcome move. Improving the resources available to people will help to prevent anti-vaccination messages getting out there and dispel misinformation.

Plans have also been proposed to work with the big social media companies to devise robust solutions to stop the spread of the misinformation on their platforms. However, the evidence from PHE shows that this is not the only way such damaging messages are spread.

The reality is that the impact of the anti-vaxers’ messages on social media is relatively small. Parents are always going to have questions and want access to reliable sources of information, and they deserve to have their concerns addressed by qualified healthcare professionals.

We know how to encourage vaccination uptake
As NICE has pointed out, there is a wealth of evidence on how to encourage uptake of vaccinations.

One way is to run campaigns in general practice to promote ‘catch-up’ vaccines for children who have missed one or more of those they are due. We know that reminding people and offering wider opportunities to receive vaccination works, and there are a range of resources to support practices to implement this on the PHE immunisation hub.

Another suggestion is to make vaccines a mandatory requirement for children starting school. But experience in the UK and other countries suggests mandating vaccination could lead to legal challenges or unintended consequences such as increased inequalities.

Another possible solution, suggested by Heidi Larson, director of the London School of Hygiene and Tropical Medicine’s Vaccine Confidence Project, is to have trained members of the public in GP surgeries to dispense vaccine advice to anxious parents. However, this is what all nurses working in immunisation and vaccination are already doing. Health professionals are the public’s most trusted source of information. Despite how it may sometimes feel, the internet and social media are the least trusted.

Shortages in the nursing workforce
The elephant in the room is the crisis created by chronic shortages in the nursing workforce. It is difficult for nurses to take the time needed to talk to patients, listen to their concerns and direct them to resources. To squeeze in more time with patients, nurses working in GP surgeries, clinics and in the community are doing hours of unpaid overtime. The job is made even more difficult when vaccination services are fragmented.

We need a more integrated system-wide approach and better access to appointments, combined with improved public information and one-to-one communication with parents. Having a skilled professional workforce and easily accessible quality services remain the most effective ways to ensure more people receive the vaccines they need.

It is easy for politicians to lay this crisis at the door of an anti-vax bogeyman, a figure that we can all rally round to defeat. But the uncomfortable facts are that we already have the evidence of what we need to do.

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