Defining Parental Resistance: The Social Determinants of measles vaccine hesitancy

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CONCLUSIONS

Vaccine hesitancy is a complex and growing problem. Successful interventions must consider the various social determinants that influence parental vaccination intentions, such as social support networks, educational experience, and use of healthcare systems. More research is needed to effectively design and implement multifaceted strategies that combine primary care, public health, and family approaches to address vaccine hesitancy.

BACKGROUND

The increase in vaccine-preventable disease (VPD) outbreaks has caused great alarm to the public health community. Particularly troubling has been the resurgence of diseases formerly eradicated through years of concerted vaccination and other public health campaigns. This is particularly evident in the United States where measles outbreaks reached 1,282 individual cases in 2019 alone, the most confirmed cases since 1992. Central to the discussion about measles resurgence is a better understanding of the social factors influencing parental decisions concerning vaccination.

OBJECTIVES

• Why do parents delay, refuse, or oppose vaccinating their children against measles?
• What social factors impact parental perceptions, attitudes, and practices concerning measles vaccination?
• What are the most effective strategies to address measles vaccine hesitancy?

METHODS

Systematic literature review
• Publication date 2000 to the present
• United States study location
• Empirical research studies and literature reviews
• Focus on measles/MMR vaccine
• Parental views, beliefs, attitudes, or practices
• Article in English

RESULTS

Thematic coding analysis
• Parent characteristics/demographics
• Reasons for vaccine hesitancy/refusal
• Parental vaccine information sources
• Social determinants of vaccine hesitancy/compliance
• Family, Primary Care, Public Health, Healthcare, and Governmental approaches to address vaccine hesitancy

Primary Care Strategies
• Develop patient-physician relationship and trust
• Improve communication and educational practices
• Provide authoritative source of vaccine information
• Tailor care to specific communities and viewpoints
• Train for vaccine-hesitant parents in clinical practice

Public Health Strategies
• Improve communication and patient education strategies
• Tailor messages and interventions to specific concerns, viewpoints, and populations
• Leverage social media for pro-immunization messages
• Conduct more epidemiologic studies of vaccine hesitancy
• Partner with trusted community leaders and celebrities

Family Strategies
• Increase parent educational outreach efforts
• Target interventions at individual family level
• Include extended family members, friends, and community members in educational support activities

CONCLUSIONS

Vaccine hesitancy is a complex and growing problem. Successful interventions must consider the various social determinants that influence parental vaccination intentions, such as social support networks, educational experience, and use of healthcare systems. More research is needed to effectively design and implement multifaceted strategies that combine primary care, public health, and family approaches to address vaccine hesitancy.