

Les résistances et les hésitations vaccinales

Comment mieux les prendre en charge ?

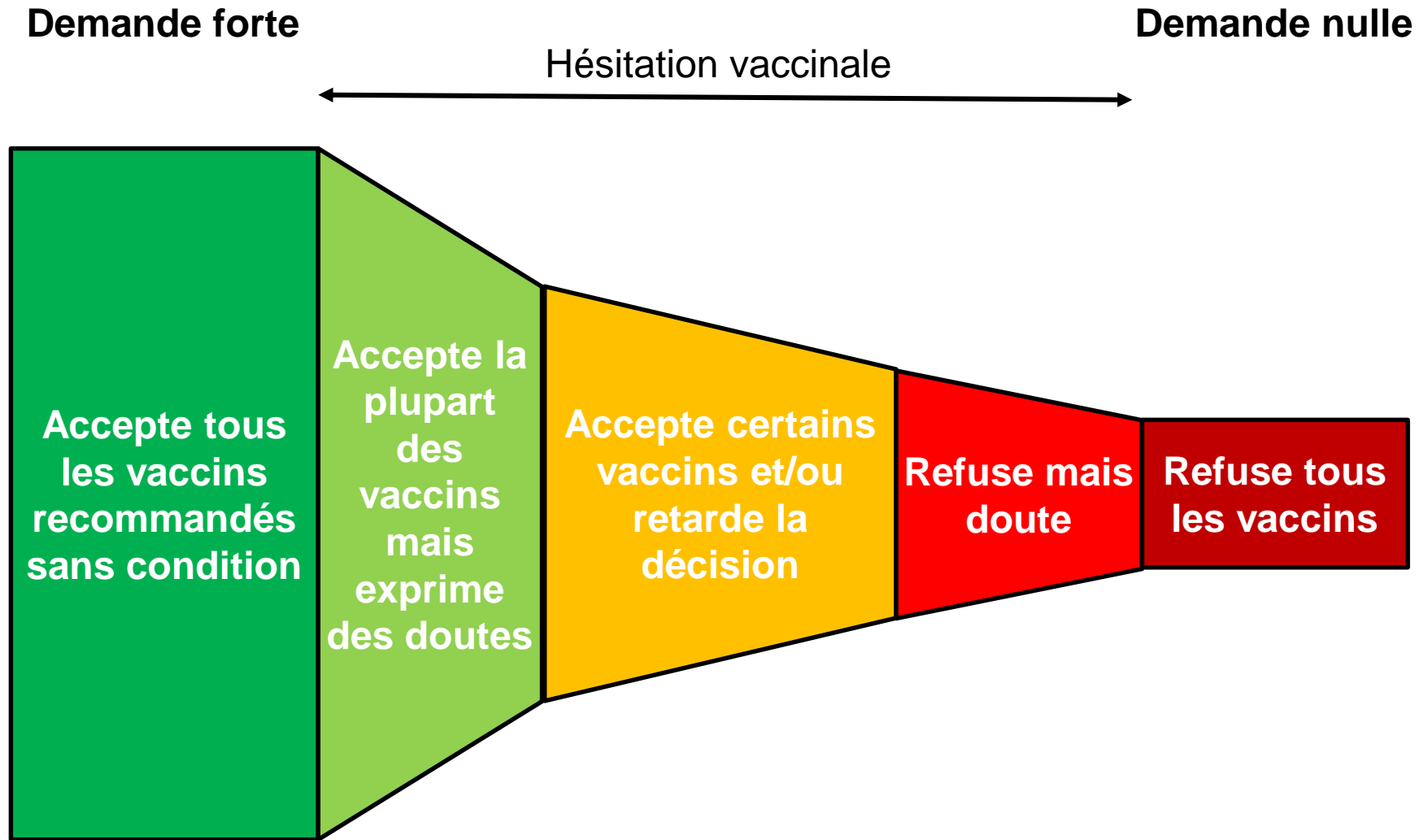


Jocelyn Raude, PhD, HDR

Ecole des Hautes Etudes en Santé Publique
Département des Sciences Humaines et Sociales
UMR ARENES (EHESP, CNRS, INSERM)
Equipe de recherche sur les services de santé
Laboratoire de Psychologie : Cognition,
Comportement et Communication (LP3C)



Le continuum de l'hésitation vaccinale





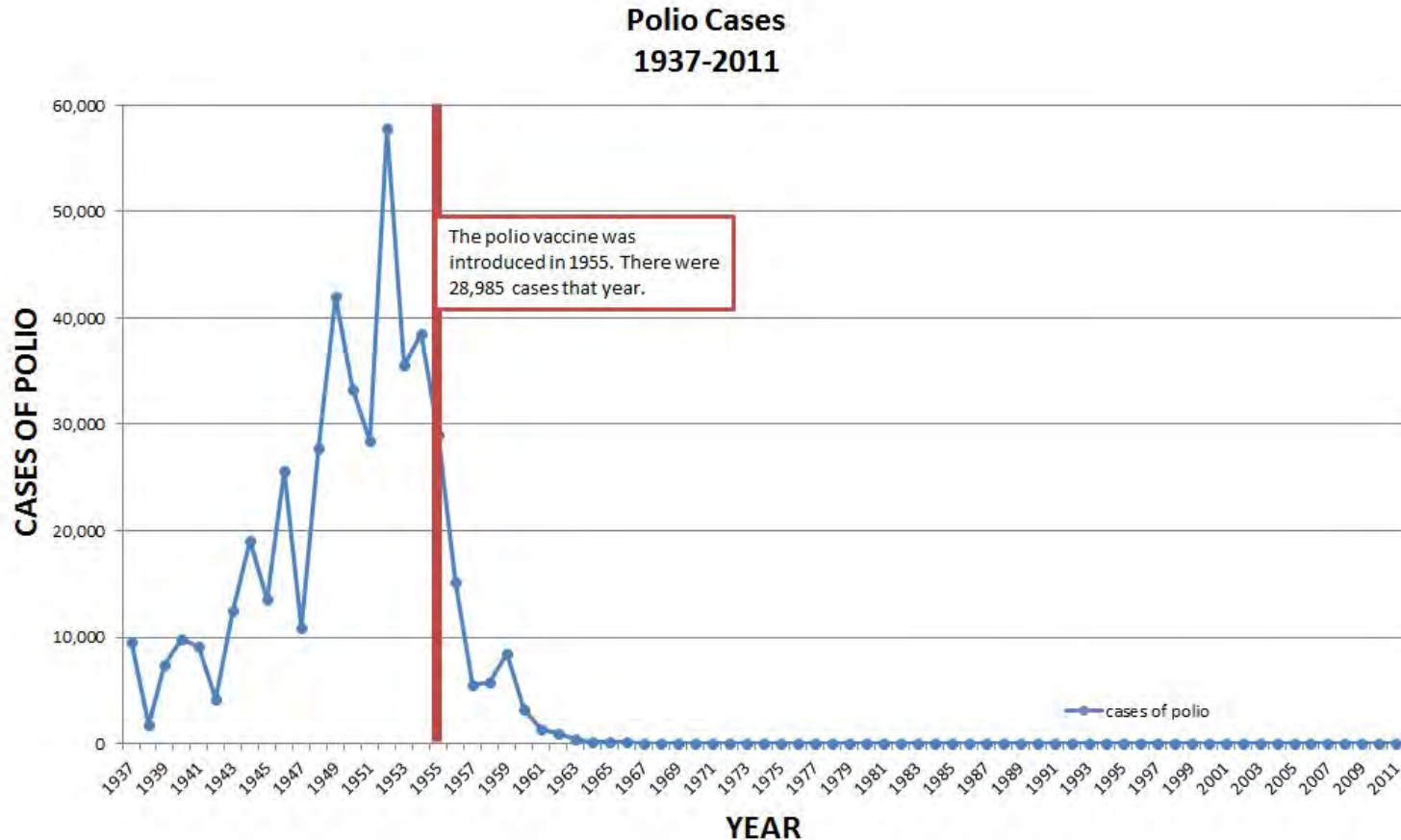


TRIUMPH OF DE-JENNER-ATION.

[The Bill for the encouragement of Small Pox was passed.]



Les effets de la vaccination sont manifestes



Au cours de la première moitié du XXème siècle, on assiste à un effondrement de la mortalité liée aux maladies infectieuses sous les effets combinés de l'hygiène, de la nutrition et de la vaccination

LA RÉÉMERGENCE DE LA QUESTION DE L'HÉSITATION VACCINALE

La vaccination : un objet de défiance ?

■ ***Le « fiasco » du vaccin contre la grippe H1N1***

(1976, Etats-Unis) : Le décès d'un soldat à Fort Dix (N.J.) est à l'origine d'une campagne de vaccination sans précédent... qui est rapidement interrompue en raison d'une « épidémie » de syndromes de Guillain-Barré.

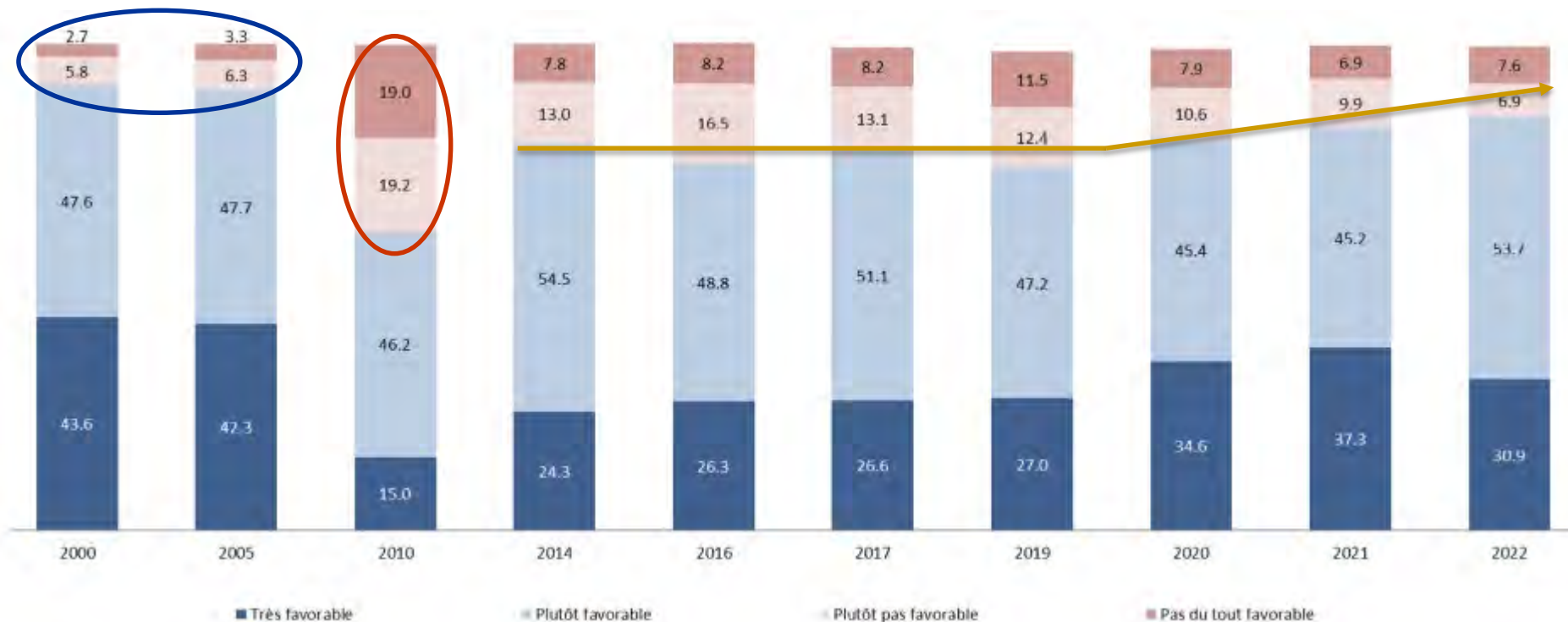


La vaccination : un objet de défiance ?

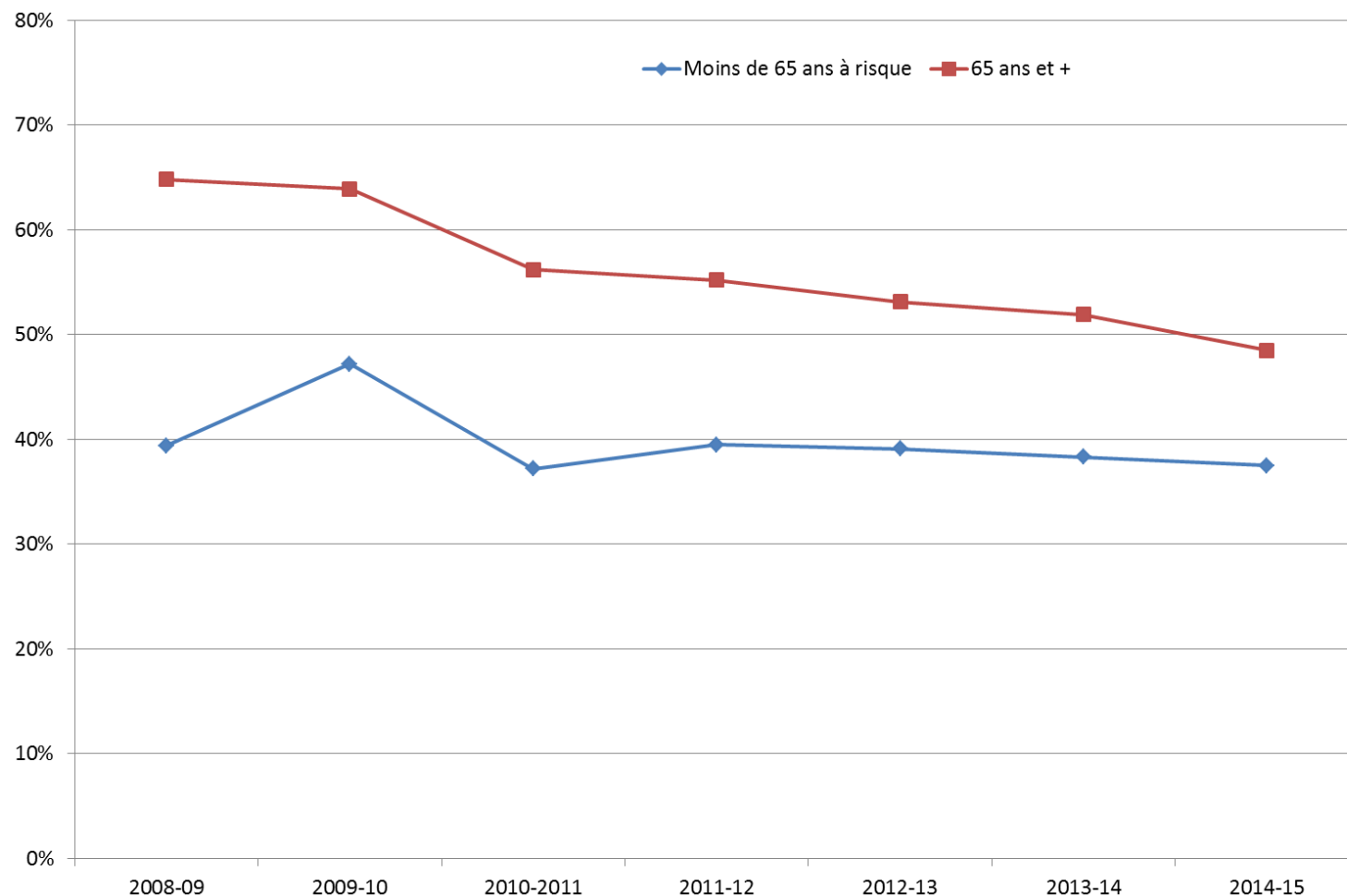
« Nous n'avions pas anticipé que les gens décideraient de ne pas se faire vacciner. L'époque où les responsables de la santé pouvaient donner des recommandations et attendre que les populations s'y plient est sans doute révolue ».

Dr Margaret Chan, Directrice Générale de l'OMS

Les conséquences de la controverse sur le vaccin contre la grippe A/H1N1



Les conséquences de la controverse sur le vaccin contre la grippe A/H1N1

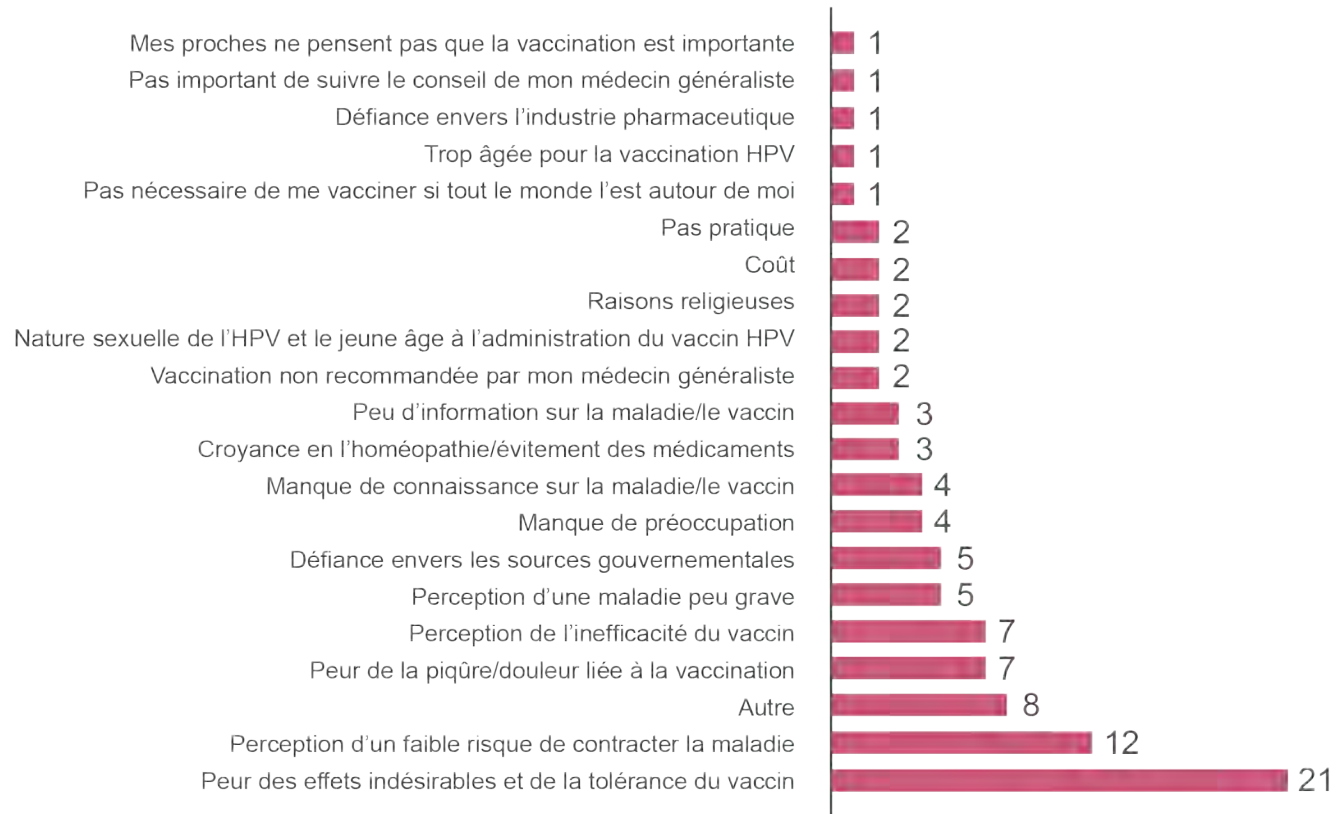


Source : INVS-CNAM

FREINS À LA VACCINATION

Attitudes de vaccination en population générale

(n = nombre de fois où ces motifs sont cités dans la littérature)



LES CADRES THÉORIQUES DES COMPORTEMENTS HUMAINS FACE AUX RISQUES

L'influence des recommandations interpersonnelles

MEDICAL CARE
June 1979, Vol. XVII, No. 6

Psychosocial Determinants of Inoculation Behavior in a Sample of Adults

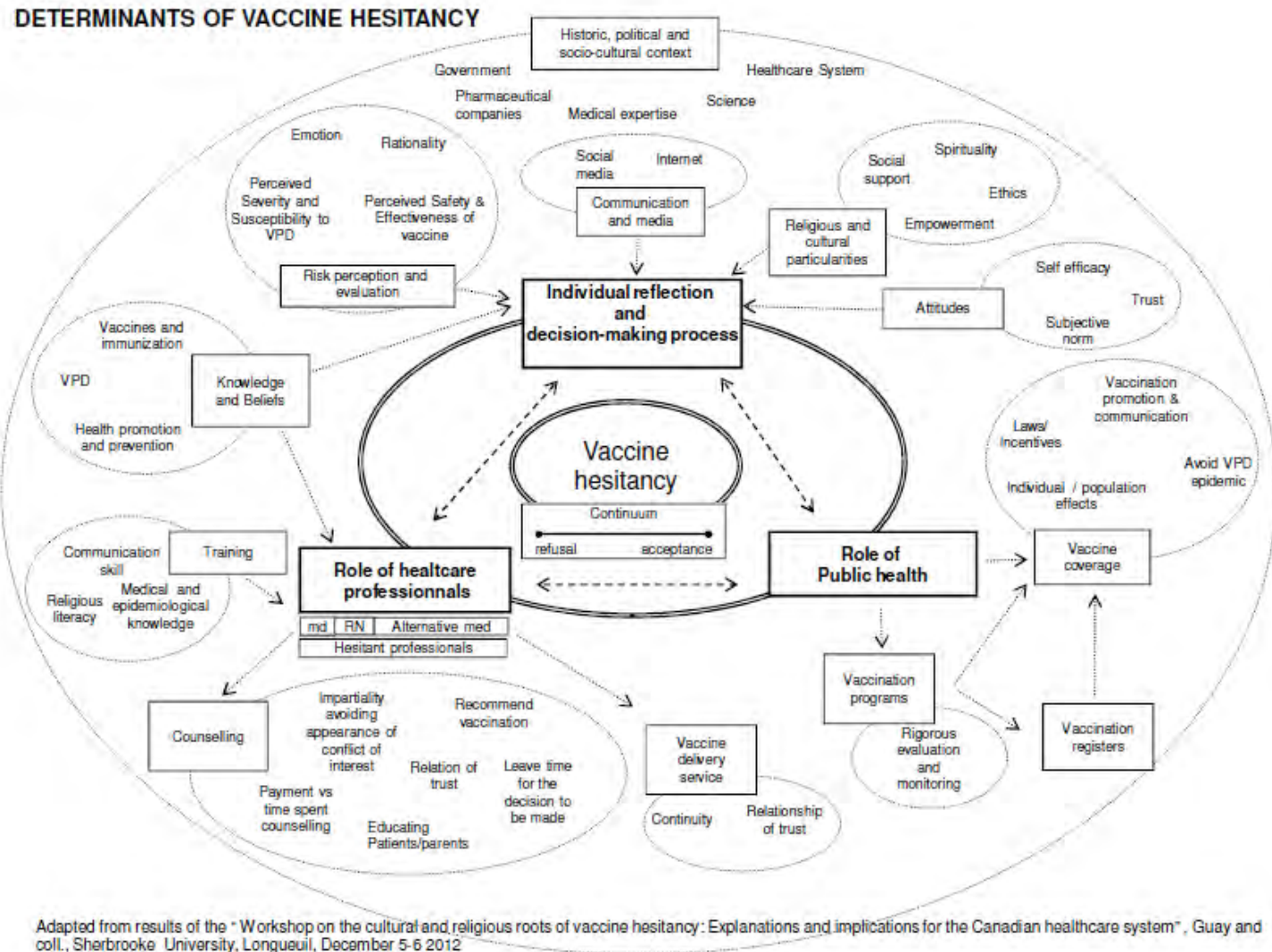
K. MICHAEL CUMMINGS, M.D.
BRUCE M. BROCK, M.D.

A prospective design was used to determine the role of psychosocial variables in predicting inoculation behavior. A sample of 286 adults in Oakland, California, was surveyed in the fall and winter of 1977. The Health Belief Model (HBM) was used to explain intention, social influence, past experience with flu shots. In variance in inoculation behavior, the analysis revealed that most of the variance was mediated through behavioral intention. Behavioral intention was the most important predictor of inoculation behavior, with a significant role in explaining



FIG. 1. Path diagram of the standardized direct and indirect effects of selected psychosocial variables on inoculation behavior.

Les déterminants de l'acceptabilité vaccinale



Source : WHO, Report of the Sage Working Group on Vaccine Hesitancy, 2014

Les déterminants de l'acceptabilité vaccinale

1. Quels processus psychologiques sous-jacents ?

Sur le plan cognitif, la littérature scientifique a montré de manière convergente que la décision vaccinale résulte le plus souvent **d'un arbitrage intuitif entre les risques et les bénéfices perçus** chez les individus concernés par la vaccination.

- **Les risques perçus** concernent les effets secondaires potentiels (documentés ou imaginaires) des vaccins, mais aussi leurs coûts (temps, argent, douleur, etc.).
- **Les bénéfices perçus** sont liés à l'efficacité et à l'utilité perçue de la vaccination en question.
- Ces derniers sont par ailleurs **une fonction directe** de la perception de la maladie (qui est l'objet de la vaccination), en particulier sa gravité et sa fréquence perçue.

Le discours sur la vaccination

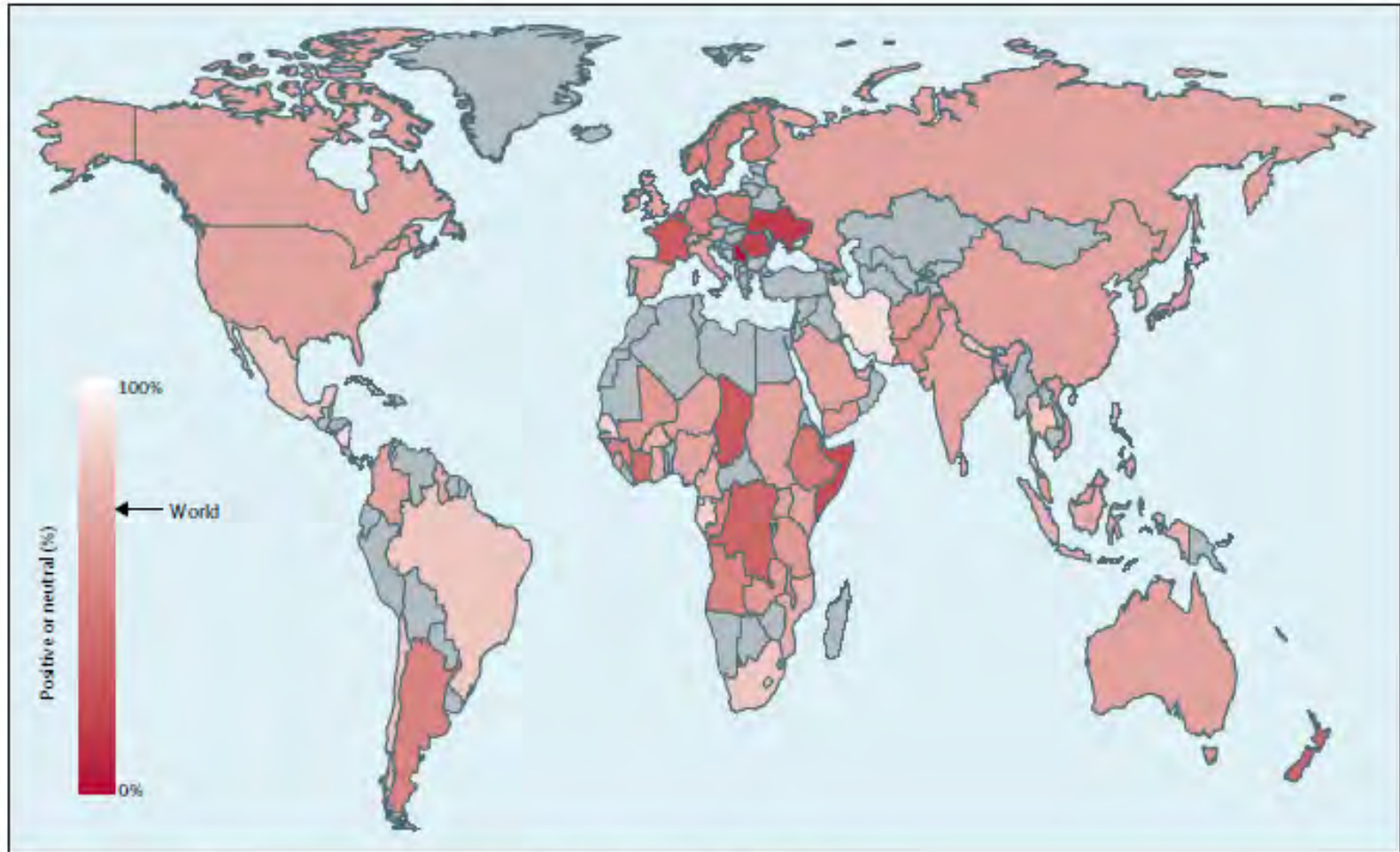
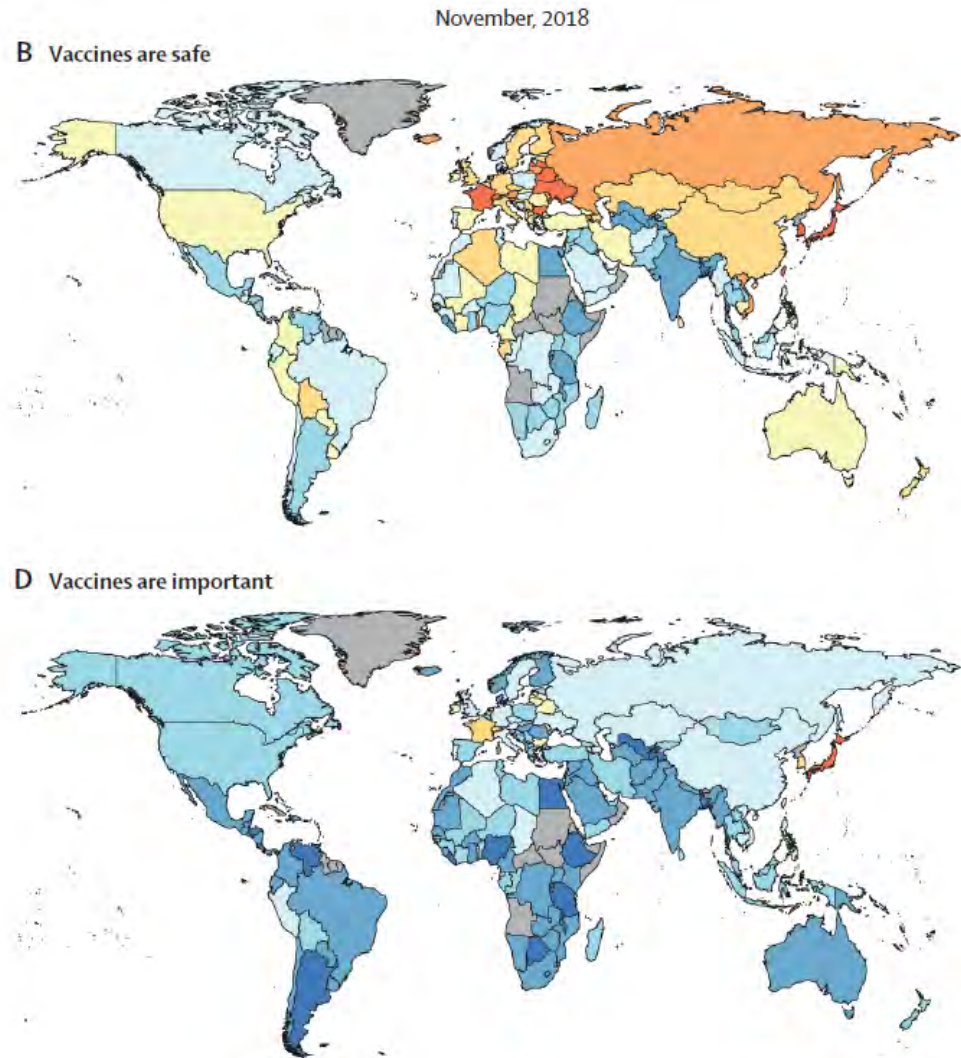


Figure 2: Proportion of vaccine-related reports categorised as positive or neutral, by country

La perception des risques vaccinaux



Source : De Figueiredo, A., Simas, C., Karafillakis, E., Paterson, P., & Larson, H. J. (2020). Mapping global trends in vaccine confidence and investigating barriers to vaccine uptake. *The Lancet*, 396(10255), 898-908.

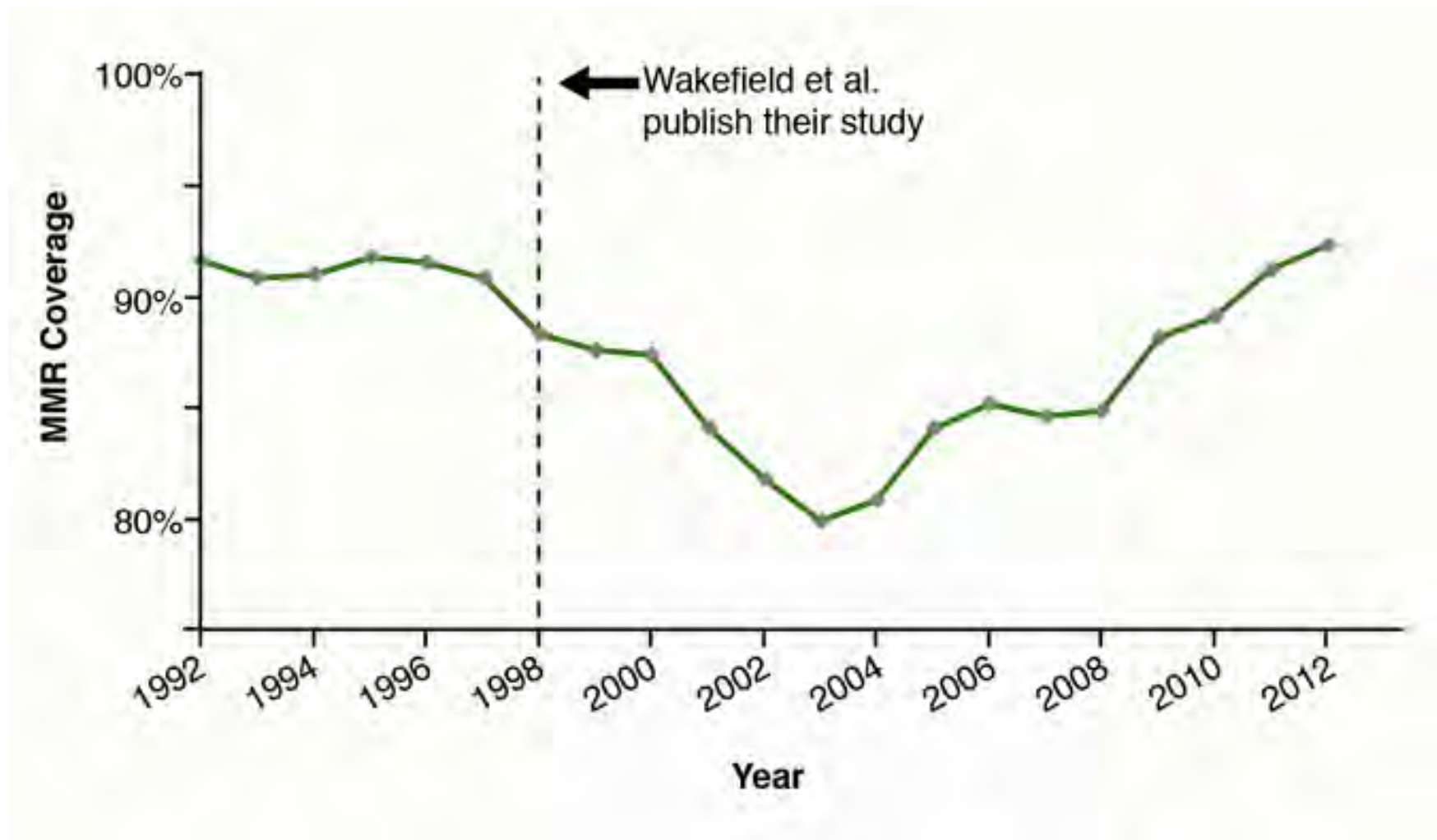
Les déterminants de l'acceptabilité vaccinale

2. Quels processus sociologiques sous-jacents ?

Au niveau social, deux principaux phénomènes permettent d'expliquer la multiplication récente des controverses autour des questions de sécurité sanitaire des aliments et des produits de santé.

- Le premier Le premier procède de la **transformation radicale du « marché » de l'information** lié à l'émergence des médias électroniques (et l'utilisation généralisée des algorithmes).
- Le second résulte **d'une crise de confiance croissante vis-à-vis des institutions** en général et des autorités sanitaires en particulier.

L'influence des controverses sur la confiance



Les déterminants de l'acceptabilité vaccinale

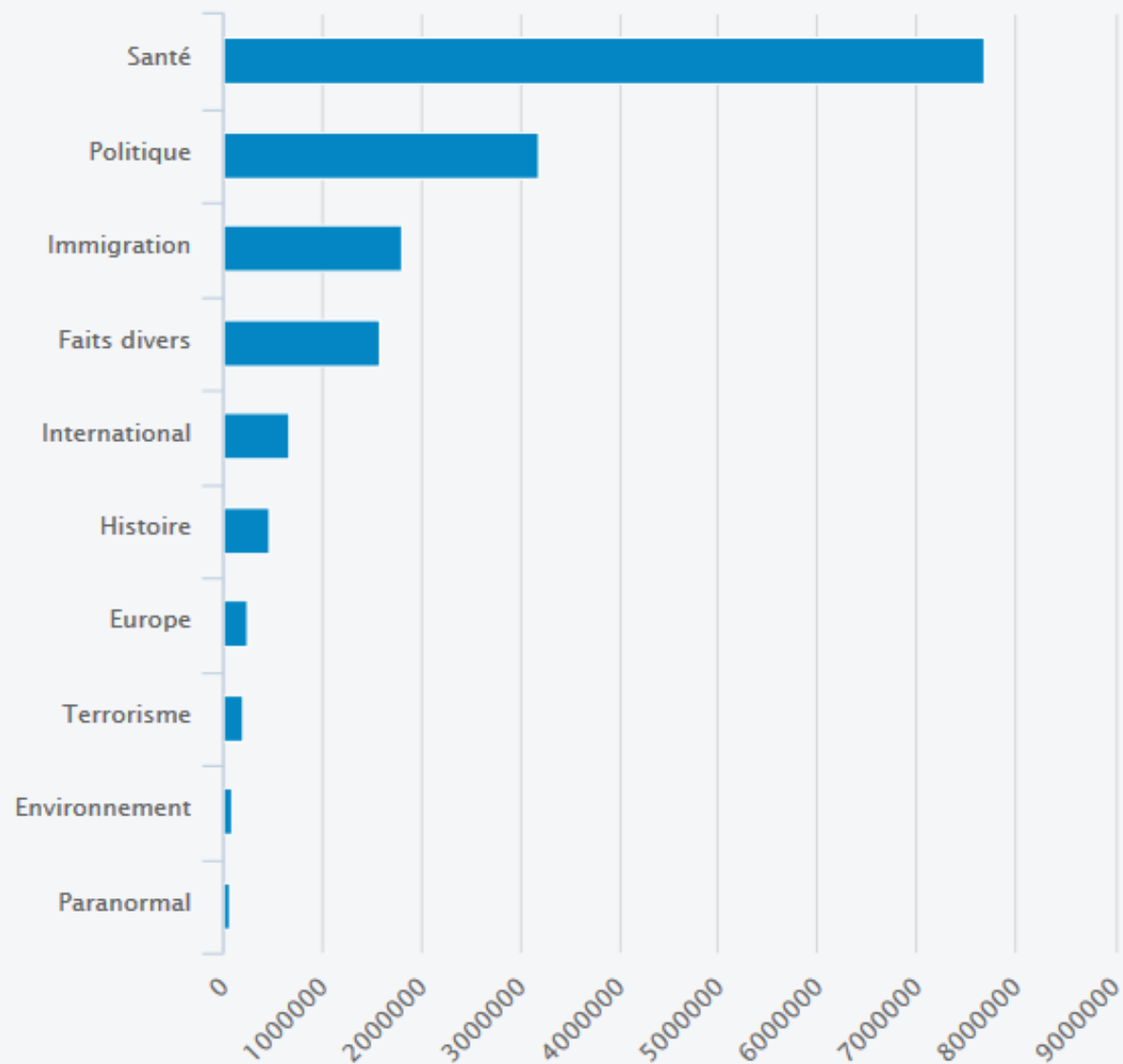
2. Quels processus sociologiques sous-jacents ?

Au niveau social, deux principaux phénomènes permettent d'expliquer la multiplication récente des controverses autour des vaccins et des campagnes de vaccination

- Le premier Le premier procède de la **transformation radicale du « marché » de l'information** lié à l'émergence des médias électroniques (et l'utilisation généralisée des algorithmes).
- Le second résulte **d'une crise de confiance croissante vis-à-vis des institutions** en général et des autorités sanitaires en particulier.
- La conjugaison de ces deux phénomènes facilitent la **propagation rapide d'informations fausses ou invérifiables** dans l'espace public (notamment de nombreuses théories conspirationnistes).

Santé, politique, immigration : les thèmes les plus propices aux intox

Analyse de la diffusion de 101 intox sur Facebook, classées par thèmes



SOURCE : [LES DÉCODEURS](#)

Pourquoi la défiance vaccinale s'est soudainement accrue ?

La multiplication des entrepreneurs de la défiance

JOURNAL N°57 ► ABONNEZ-VOUS 24€ SEULEMENT

NEWSLETTER ► INSCRIVEZ-VOUS | CONNEXION

ALTERNATIVE
santé

Mentions légales | Qui sommes-nous ? | Abonnement | Petites annonces | Newsletters

RECHERCHER



À LIRE... OU PAS | DOSSIER | EN BREF | RENCONTRES | CONSEILS SANTÉ | COUPS DE GUEULE | REMÈDES | TRAITEMENT | COURRIER DES LECTEURS | ANIMAUX

Accueil > Lanceurs d'alerte > Vaccins : un rapport parlementaire italien explosif

Vaccins : un rapport parlementaire italien explosif

la rédaction rédigé le 16 mars 2018 à 17h32

Article paru dans le journal n° 55 [Acheter ce numéro](#)

Abonnez vous 24 € seulement



1 avis



Partager



Articles les plus lus de la catégorie Lanceurs d'alerte

L'eau en bouteille, rien que de l'eau ?

Loi d'obligation vaccinale : LNPLV a saisi le Conseil d'État

Dr Nicole Delépine "Des thérapies innovantes contre le cancer souvent toxiques et peu efficaces"

Des bonbons aux nanoparticules ?

De l'aluminium dans le cerveau des autistes

Compteurs Linky et risque sanitaire : les usagers contre-attaquent

Sur la même thématique : **Vaccins**

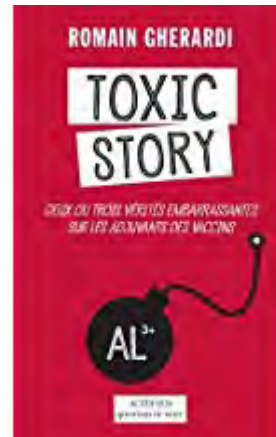
Droit de réponse du premier président de la Cour des comptes

[Acheter ce numéro](#)

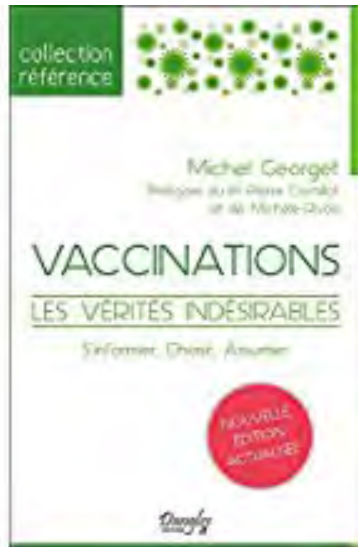
« Fake news » autour du vaccin Gardasil : ne nous laissons pas duper !

[Acheter ce numéro](#)

La multiplication des entrepreneurs de la défiance



Les best-sellers sur la vaccination



La politisation de la question vaccinale



Donald J. Trump
@realDonaldTrump

Follow

Healthy young child goes to doctor, gets pumped with massive shot of many vaccines, doesn't feel good and changes - AUTISM. Many such cases!

1:35 PM - 28 Mar 2014

9,239 6,716



Donald J. Trump
@realDonaldTrump

Follow

I am being proven right about massive vaccinations—the doctors lied. Save our children & their future.

9:30 PM - 3 Sep 2014

1,186 971



Donald J. Trump
@realDonaldTrump

Follow

No more massive injections. Tiny children are not horses—one vaccine at a time, over time.

3:29 PM - 3 Sep 2014

638 589



Donald J. Trump
@realDonaldTrump

Follow

So many people who have children with autism have thanked me—amazing response. They know far better than fudged up reports!

5:11 PM - 4 Sep 2014

459 492

*“Donald Trump could be the biggest single threat to vaccine confidence ever faced”**

** Donald Trump pourrait être la plus grande menace jamais rencontrée pour la confiance dans les vaccins.*

'Post-truth' named word of the year by Oxford Dictionaries

US election and EU referendum drive popularity of adjective describing situation 'in which objective facts are less influential than appeals to emotion'

Alison Flood

Tuesday 15 November 2016 20.00 GMT


627



*L'émergence du mot «post-vérité» dans le langage a été alimentée par la montée en puissance des réseaux sociaux en tant que source d'information et la **méfiance croissante** vis-à-vis des faits présentés par l'establishment.*

La pipolisation de la question vaccinale

« La vaccination est un crime contre l'immunité, et même devrais-je dire un crime contre l'humanité ».

Isabelle Adjani, sur France Inter

Comment mieux promouvoir la vaccination ?

Le rôle des professionnels de santé

Dans l'acceptabilité du vaccin contre la grippe H1N1 aux Etats-Unis (1976)

MEDICAL CARE
June 1979, Vol. XVII, No. 6

Psychosocial Determinants of Immunization Behavior in a Swine Influenza Campaign

K. MICHAEL CUMMINGS, M.P.H.,* ALAN M. JETTE, R.P.T., M.P.H.,*
BRUCE M. BROCK, M.P.H.,* AND DON P. HAEFNER, Ph.D.†

A prospective design was used to study factors which predisposed individuals to receive vaccination in response to the anticipated outbreak of swine influenza in the fall and winter of 1976. Data were obtained from a telephone survey of 286 adults in Oakland County, Michigan. Predictor variables included Health Belief Model (HBM) variables as well as measures of behavioral intention, social influence, physician's advice, socioeconomic status and past experience with flu shots. In multivariate analysis, over 40 per cent of the variance in inoculation behavior was explained by the predictors used. Path analysis revealed that most of the HBM variables' influence on behavior was mediated through behavioral intention. While behavioral intention was an important predictor of inoculation behavior, other psychosocial factors played a significant role in explaining variance in the dependent variable.

THE QUESTION of why some people use health services while others do not, is one which has continually perplexed health professionals. In approaching an answer to this question, a number of research efforts have been undertaken to understand the effects of personal, psychosocial, and environmental causes on health and illness behavior.^{1-3, 5, 9, 14, 19, 27} One particular formulation by Hochbaum, Rosenstock, and others, the Health Belief Model, has been the focus of considerable attention and direct study by behavioral scientists and was employed in this investigation.

The Health Belief Model (HBM) comprises a set of variables that include the individual's perceptions of: 1) vulnerability to a disease, 2) severity of the disease, 3) paths of action that can be taken to prevent the disease, and 4) benefits versus costs of the potential action. The model is a blend of other social psychological theories, particularly value-expectancy theory. As with most value-expectancy approaches, the HBM suggests two common determinants of impulse to action: 1) "valence," the value placed by an individual on a particular outcome or goal and 2) "subjective probability," the individu-

Vol. XVII, No. 6

IMMUNIZATION BEHAVIOR

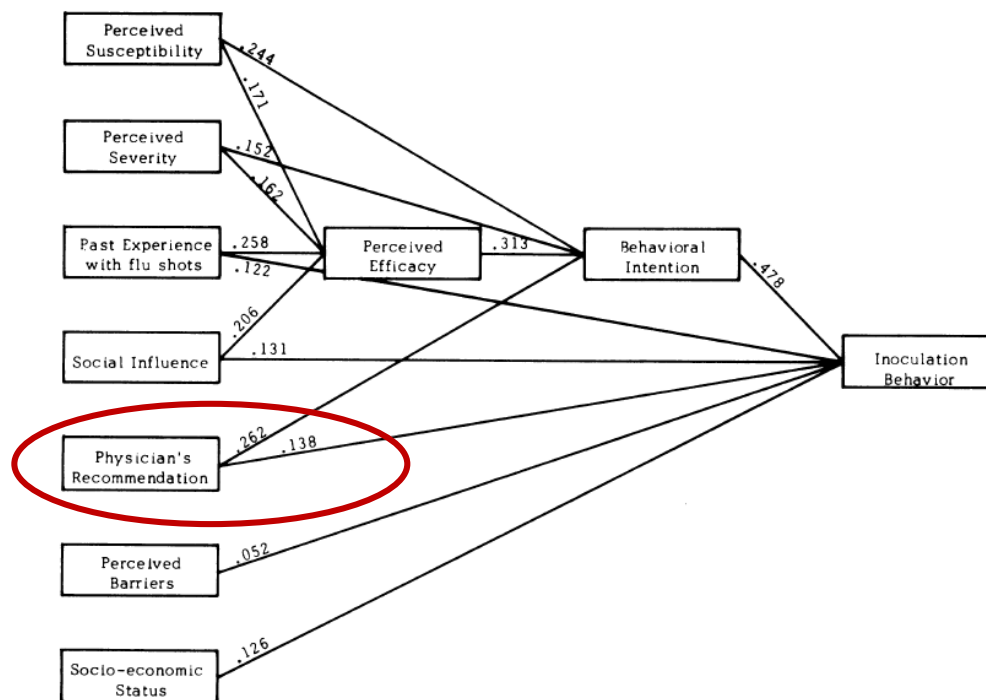


FIG. 1. Path diagram of the standardized direct and indirect effects of selected psychosocial variables on inoculation behavior.

Le rôle des professionnels de santé

Quelle méthode pour motiver les patients à se faire vacciner ?

L'approche réflexive (motivation intrinsèque) Entretien motivationnel

L'approche prescriptive (motivation extrinsèque) Intervention brève

Gagneur et al. *BMC Public Health* (2018) 18:811
<https://doi.org/10.1186/s12889-018-5724-y>

BMC Public Health

RESEARCH ARTICLE

Open Access



A postpartum vaccination promotion intervention using motivational interviewing techniques improves short-term vaccine coverage: PromoVac study

Amaud Gagneur^{1,2*}, Thomas Lemaitre², Virginie Gosselin², Anne Farrands², Nathalie Carrier², Geneviève Petit², Louis Valiquette^{2,4} and Philippe De Wals⁵

Abstract

Background: Due to the increasing number of vaccine-hesitant parents, new effective immunization promotion strategies need to be developed to improve the vaccine coverage (VC) of infants. This study aimed to assess the impact of an educational strategy of vaccination promotion based on motivational interviewing (MI) techniques targeting parents and delivered at the maternity ward, for the VC of infants at 3, 5, and 7 months of age.

Methods: An individual educational information session, administered using MI techniques, regarding immunization of infants aged 2, 4, and 6 months was (experimental group) or was not (control group) proposed to parents during the postpartum stay at the maternity ward. Immunization data were obtained through the Eastern Townships Public Health registry for infants at 3, 5, and 7 months of age. Absolute VC increases at 3, 5, and 7 months in the experimental group were calculated and the relative risks with the respective 95% confidence intervals were computed using univariate logistic regression with the generalized estimating equations (GEE) procedure. Multivariate regression using GEE was used to adjust for confounding variables.

Results: In the experimental and control groups, 1140 and 1249 newborns were included, respectively. A significant increase in VC of 3.2, 4.9, and 7.3% was observed at 3, 5, and 7 months of age ($P < 0.05$), respectively. The adjusted relative risk of the intervention's impact on vaccination status at 7 months of age was 1.08 (95% confidence interval: 1.03–1.14) ($P = 0.002$).

Conclusions: An educational strategy using MI techniques delivered at the maternity ward may be effective in increasing VC of infants at ages 3, 5, and 7 months. MI could be an effective tool to overcome vaccine hesitancy.

Keywords: Motivational interviewing, Vaccine coverage, Infants, Health promotion intervention, Maternity wards

Effect of a Text Messaging Intervention on Influenza Vaccination in an Urban, Low-Income Pediatric and Adolescent Population: A Randomized Controlled Trial

Melissa S. Stockwell, MD, MPH

Elyse Olsen Kharbanda, MD, MPH

Raquel Andres Martinez, PhD

Celibell Y. Vargas, MD

David K. Vawdrey, PhD

Stewin Camargo, BS

TIMELY VACCINATION IS THE cornerstone of influenza prevention through vaccination of susceptible populations before illness becomes epidemic in communities.¹ The effectiveness of the influenza vaccine in children and adolescents ranges from 66% to 95%, depending on age, vaccine type, and season.^{2,3} Despite the availability of effective vaccines, influenza infection results in an estimated 31 million outpatient visits, 226 000 hospitalizations, and 36 000 deaths annually,^{4,5} along with a high burden of cost from direct medical expenses and days lost from work.⁶ Children and adolescents aged 6 months to 18 years are at increased risk for influenza morbidity and mortality, and influenza is one of the most common causes of hospitalization in children and adolescents.^{3,4} School-aged children and adolescents also serve as an important reservoir, transmitting influenza to those at highest risk for severe disease.⁴

Context: Influenza infection results in substantial costs, morbidity, and mortality. Vaccination against influenza is particularly important in children and adolescents who are a significant source of transmission to other high-risk populations, yet pediatric and adolescent vaccine coverage remains low. Traditional vaccine reminders have had a limited effect on low-income populations; however, text messaging is a novel, scalable approach to promote influenza vaccination.

Objective: To evaluate targeted text message reminders for low-income, urban parents to promote receipt of influenza vaccination among children and adolescents.

Design, Setting, and Participants: Randomized controlled trial of 9213 children and adolescents aged 6 months to 18 years receiving care at 4 community-based clinics in the United States during the 2010–2011 influenza season. Of the 9213 children and adolescents, 7574 had not received influenza vaccine prior to the intervention start date and were included in the primary analysis.

Intervention: Parents of children assigned to the intervention received up to 5 weekly immunization registry-linked text messages providing educational information and instructions regarding Saturday clinics. Both the intervention and usual care groups received the usual care, an automated telephone reminder, and access to informational flyers posted at the study sites.

Main Outcome Measures: Receipt of an influenza vaccine dose recorded in the immunization registry via an electronic health record by March 31, 2011. Receipt was secondarily assessed at an earlier fall review date prior to typical widespread influenza activity.

Results: Study children and adolescents were primarily minority, 88% were publicly insured, and 58% were from Spanish-speaking families. As of March 31, 2011, a higher proportion of children and adolescents in the intervention group (43.6%; $n=1653$) compared with the usual care group (39.9%; $n=1509$) had received influenza vaccine (difference, 3.7% [95% CI, 1.5%–5.9%]; relative rate ratio [RRR], 1.09 [95% CI, 1.04–1.15]; $P=.001$). At the fall review date, 27.1% ($n=1026$) of the intervention group compared with 22.8% ($n=864$) of the usual care group had received influenza vaccine (difference, 4.3% [95% CI, 2.3%–6.3%]; RRR, 1.19 [95% CI, 1.10–1.28]; $P<.001$).

Conclusions: Among children and adolescents in a low-income, urban population, a text messaging intervention compared with usual care was associated with an increased rate of influenza vaccination. However, the overall influenza vaccination rate remained low.

Trial Registration: clinicaltrials.gov Identifier: NCT01146912

JAMA. 2012;307(16):1702–1708

www.jama.com

Author Affiliations: Departments of Pediatrics (Dr Stockwell, Martinez, and Vargas) and Biomedical Informatics (Dr Vawdrey), and Population and Family Health, Mailman School of Public Health (Dr Stockwell and Martinez), Columbia University, New York, New York; New York–Presbyterian

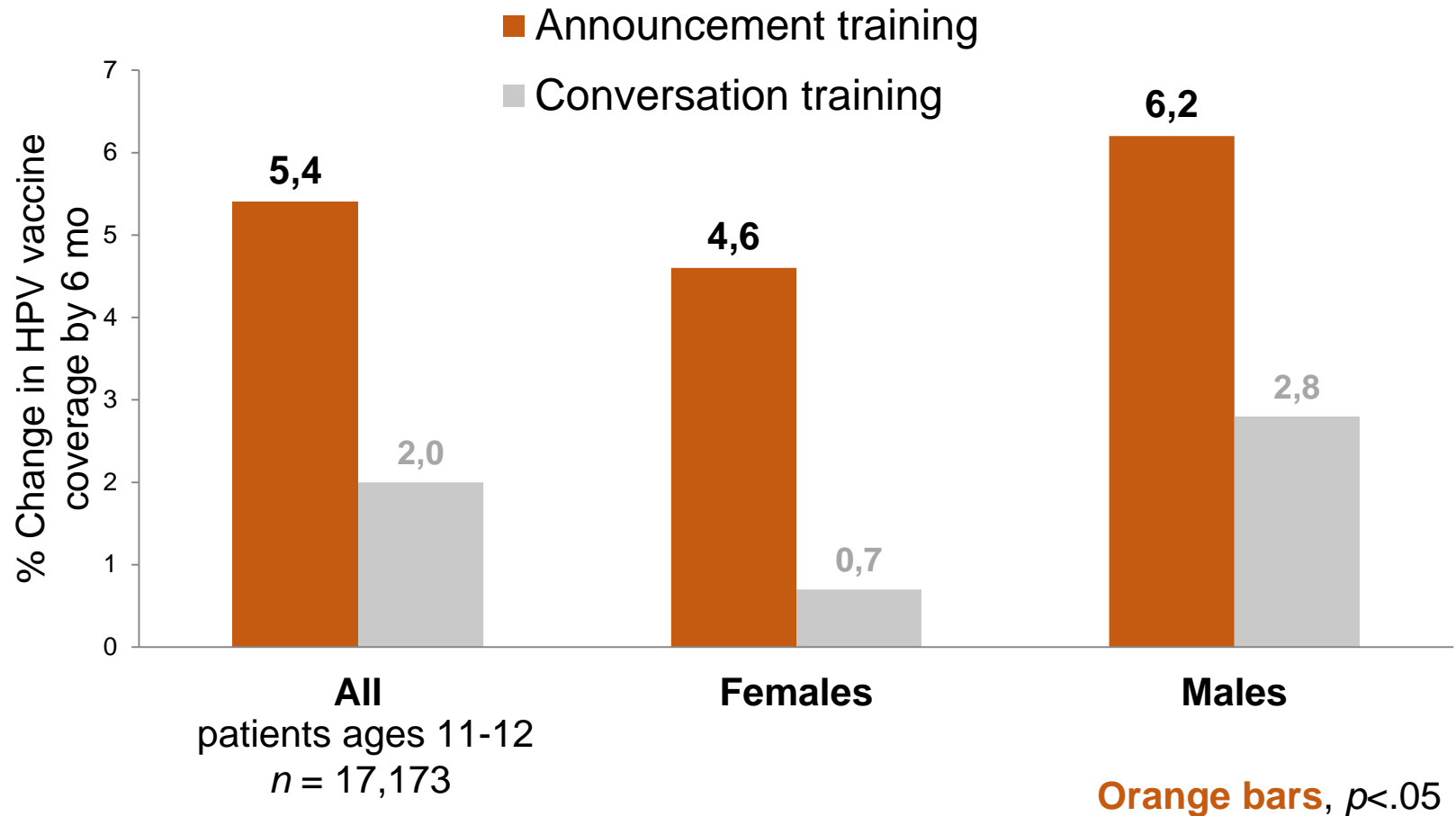
Hospital, New York, New York (Dr Stockwell and Vawdrey); and HealthPartners Research Foundation, Minneapolis, Minnesota (Dr Kharbanda).
Corresponding Author: Melissa S. Stockwell, MD, MPH, Columbia University, 627 W 168th St, VC 602, New York, NY 10032 (mdstockw@icolumbia.edu).

For editorial comment see p 1748.

Author Video Interview available at www.jama.com.

Le rôle des professionnels de santé

Quelle méthode pour motiver les patients à se faire vacciner ?

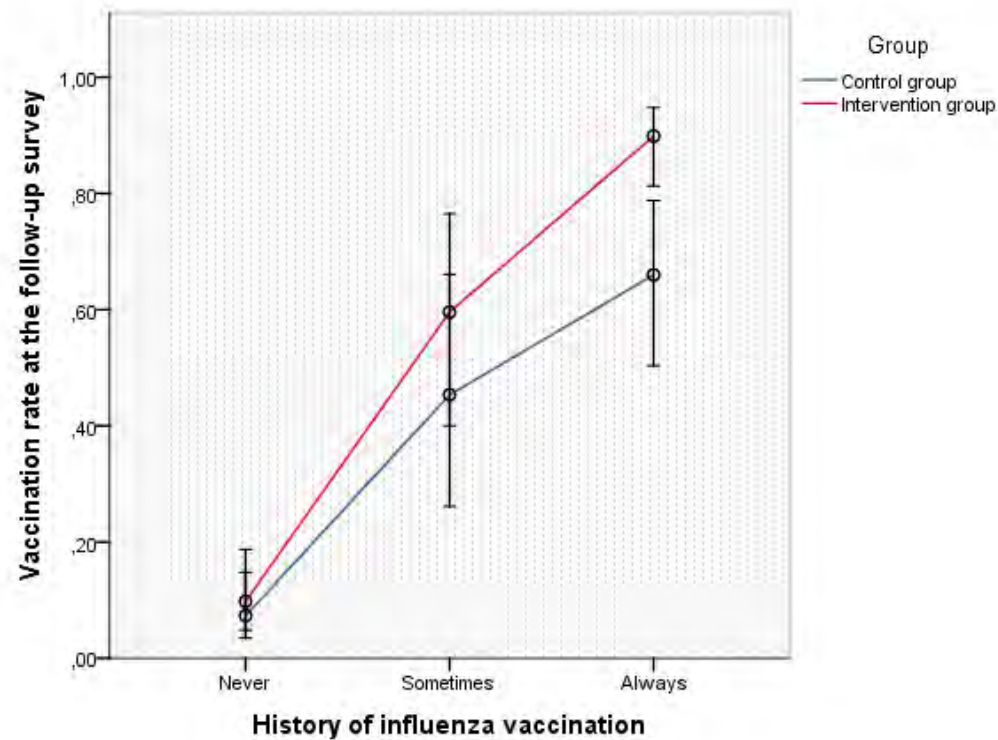


Quelles solutions pour promouvoir la vaccination ?

- Population cible : sujets de plus de 64 ans non vaccinés contre les infections à pneumocoque
- Recrutement : consultation aux urgences (tout motif) dans 18 centres hospitaliers répartis sur le territoire national
- Méthode d'intervention : essai clinique randomisé par grappe
 - Taille finale de l'échantillon : 1475 individus
- Type d'intervention : intervention brève (recommandation de l'urgentiste à se faire vacciner contre la grippe et le pneumocoque + remise d'une lettre à l'attention du médecin généraliste + 3 rappels SMS)
- Evaluation post-intervention : entretien par téléphone 6 mois après le passage aux urgences pour évaluer le suivi ou non des recommandations

Accroître les opportunités à la vaccination

Les recommandations des médecins sont efficaces...



... mais surtout sur les patients les moins hésitants !

Quelles solutions pour promouvoir la vaccination ?



**Cochrane
Library**

Cochrane Database of Systematic Reviews

Interventions to increase influenza vaccination rates of those 60 years and older in the community (Review)

Thomas RE, Lorenzetti DL

Authors' conclusions

We identified interventions that demonstrated significant positive effects of low (postcards), medium (personalised phone calls), and high (home visits, facilitators) intensity that increase community demand for vaccination, enhance access, and improve provider/system response. The overall GRADE assessment of the evidence was moderate quality. Conclusions are unchanged from the 2014 review.