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REC

# Primary care immunisation update webinar series

July 2023: Addressing Concerns Around Vaccines  
– Supporting Acceptance

Helen Donovan

## Welcome to the webinar. Please take a note of the following tips below



- All delegate's lines are muted throughout the presentation
- If at other times you are in a noisy environment please mute your line by pressing the mute button on your screen (this can be found at the bottom)
- If you would like to ask a question please use the message function, please keep questions relevant to the session (the chat message function can be found on the left hand side of the screen)
- There will be an opportunity for questions, at this point microphones will be un-muted – you will need to unmute yourself though to be heard
- This webinar will be recorded, the recording will begin at the start of the webinar and end before the question and answer section. No delegate information will be visible on the recording.
- If you are having any technical problems please send a message to the host via the message function or email [immstraining@phe.gov.uk](mailto:immstraining@phe.gov.uk)

# Webinar Essentials

## Today's webinar

- Trainer is Helen Donovan
- 30 minutes Helen talking with slides
- 10 - 15 minutes for questions and answers from delegates

## Access to slides

- Copy of slides emailed to delegates
- Underlined text on the slides are hyperlinks – click to go straight to the link

## Following the webinar

- You will be emailed a link to an electronic evaluation (Select Survey)
- Your feedback is essential to support the development of the webinar series
- A certificate will be emailed once the evaluation is completed



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# Primary care immunisation update webinar series

## July 2023: Addressing Concerns Around Vaccines – Supporting Acceptance

Helen Donovan

# Role of immunisers

Successful immunisation programmes rely on public trust and confidence

This includes trust and confidence in:

- The immunisation programme – including processes such as monitoring safety
- The vaccines being administered
- The immuniser who is knowledgeable and promotes/administers the vaccine/s



This session is an update for currently practising, trained and competent immunisers.

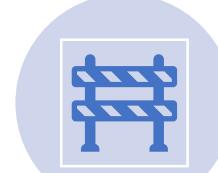
Foundation immunisation and vaccination training must be completed by all new immunisers

# Learning outcomes

## Addressing Concerns Around Vaccines – Supporting Acceptance



What factors influence vaccine decision making



What are the barriers?



What the public tell us – Trust & health care professionals role in supporting vaccine acceptance



Communication strategies and vaccine conversations



Some of the key concerns – what can we say to help dispel these



Key resources – finding reliable information

# Vaccine concerns – hesitancy are not new!



James Gillray satirical cartoon 1802

# Vaccine acceptance - continuum



Most people receive the vaccines recommended although many will still have understandable questions



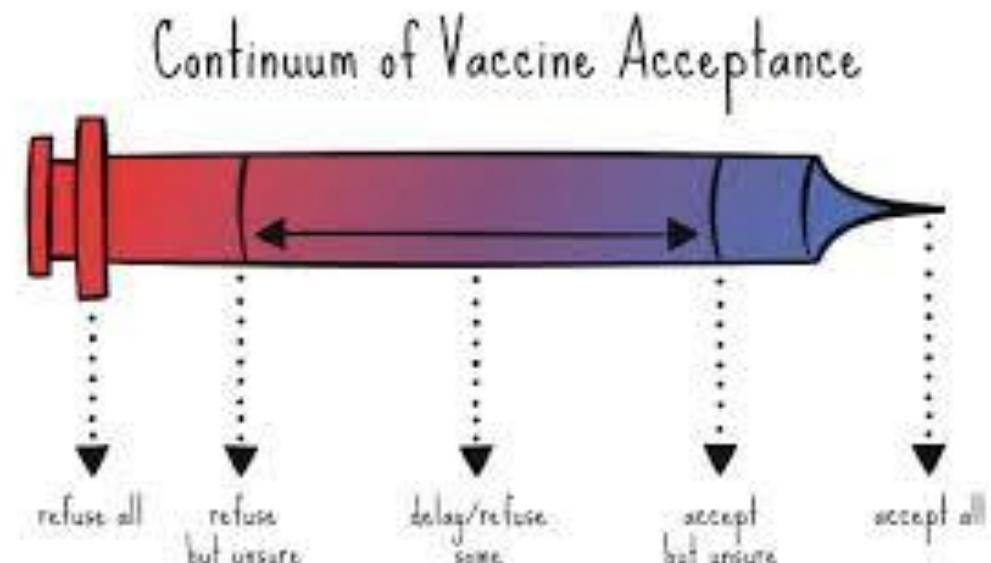
Some will have significant concerns and want to delay vaccines requiring further support and information



A small number will refuse

The choice is often fluid and will vary between vaccines

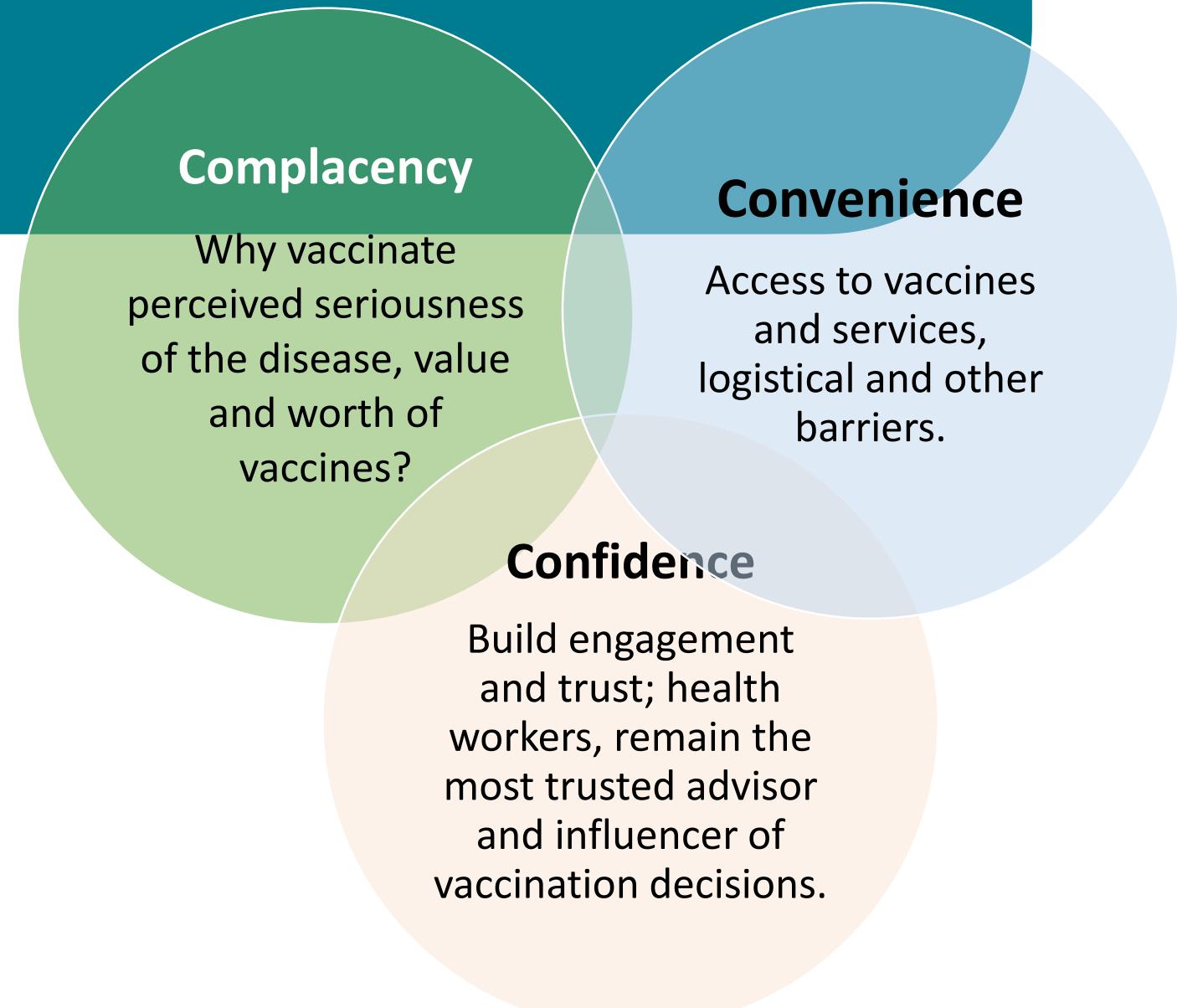
Immunisers need to do all they can to maximise acceptance



# The reasons for not immunising are complex



- :( **Communication;**  
***sources of information and miss information***
- :) **Context;**  
***socio demographic targeted campaigns.***



WHO 3 C model [Report of the sage working group on vaccine hesitancy](#)

Betsch et al [Beyond confidence: Development of a measure assessing the 5C psychological antecedents of vaccination](#)

# Updated NICE guidance from 2009 - 2022

## 1. Service Organisation

- Named vaccination leads
- Designing and raising awareness payment schemes
- Making vaccination services accessible and tailoring to local needs
- Audit and feedback
- Training and education for health and social care practitioners
- Appointments and consultations

NICE National Institute for  
Health and Care Excellence



Vaccine uptake in the general population

## 2. Identifying eligibility, giving vaccinations and recording vaccination status

- Keeping records up to date
- Identifying people eligible for vaccination and opportunistic vaccine
- Recording vaccination offers and administration

NICE guideline  
Published: 17 May 2022  
[www.nice.org.uk/guidance/ng218](http://www.nice.org.uk/guidance/ng218)

Vaccine uptake in the general population  
May 2022

## 3. Invitations reminders and escalation of contact

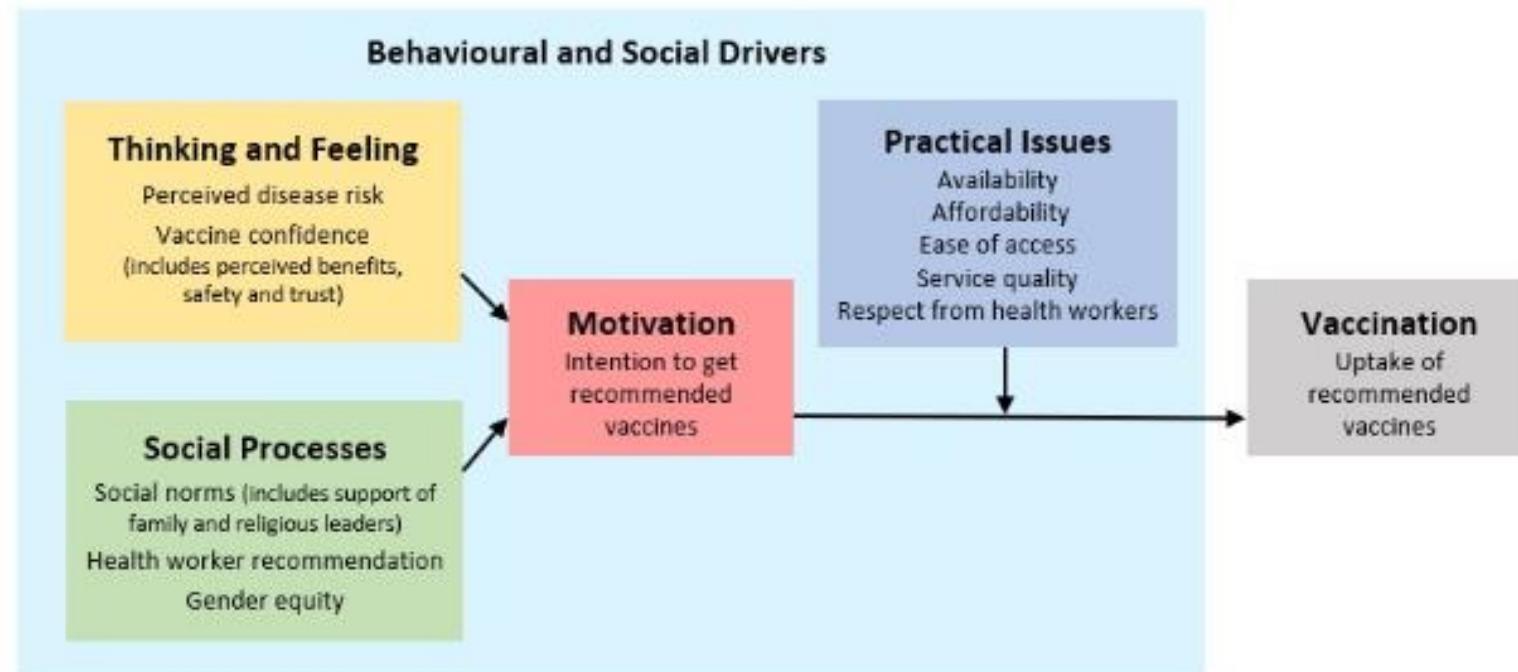
- Specific for; children, adults, pregnant women etc

# Behavioural science approaches for increasing vaccine uptake

The WHO [behavioural and social drivers of vaccination framework](#) (BeSD)

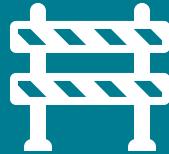
Understanding the behavioural and social drivers of vaccine uptake [WHO position paper](#) – May 2022

[PHE Immunisation Inequalities Strategy](#) Feb 2021

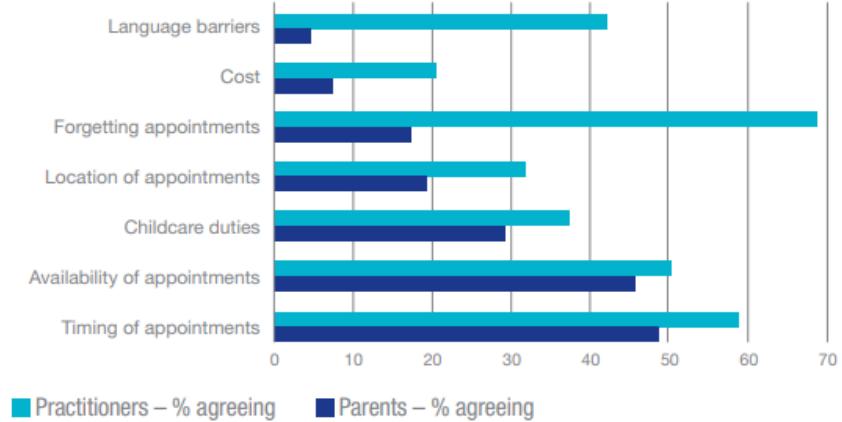


This image shows the cover of the WHO Position Paper titled 'Understanding the behavioural and social drivers of vaccine uptake'. The cover includes the WHO logo, the title, and a brief description: 'Comprendre les facteurs comportementaux et sociaux de l'adoption des vaccins'. The paper is dated May 2022 and is available at <http://www.who.int/wer>. The cover also includes a 'Weekly epidemiological record' section and a 'Contents' table of contents.

# Understanding the Barriers



Barriers to accessing appointments for parents



## Logistical and access:

- Difficulties in accessing the clinics
- Discrimination actual or perceived
- Understanding the system
- Financial problems
- Language or literacy

## Vaccine specific and context:

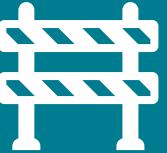
- ❖ Understanding about vaccination
- ❖ Religious beliefs & concerns
- ❖ Fatalistic view of life
- ❖ Health beliefs
- ❖ Altered perceptions of risk benefit

RSPH report 2019 [Moving the Needle: Promoting vaccination uptake across the life course](#)

WHO 2017 communication initiative network [vaccine conversations to build trust](#) Training module

WHO 2017 [vaccination and Trust](#)

# Media and social media



Gransnet, Mumsnet, Twitter, Facebook, Instagram, Social influencers, YouTube

[#antivax](#)  
[#antivaxx](#)

- People certainly report seeing negative messages on media and social media
- They also report being influenced by friends, family and their community
- How much this influences their attitudes and decisions is not always obvious varies with the context and vaccine



How the web distorts reality and impairs our judgement skills  
*Tomas Chamorro-Premuzic*

The digital information bubble exacerbates our bias towards confirming our pre-existing beliefs instead of challenging them



[Guardian May 2014](#)

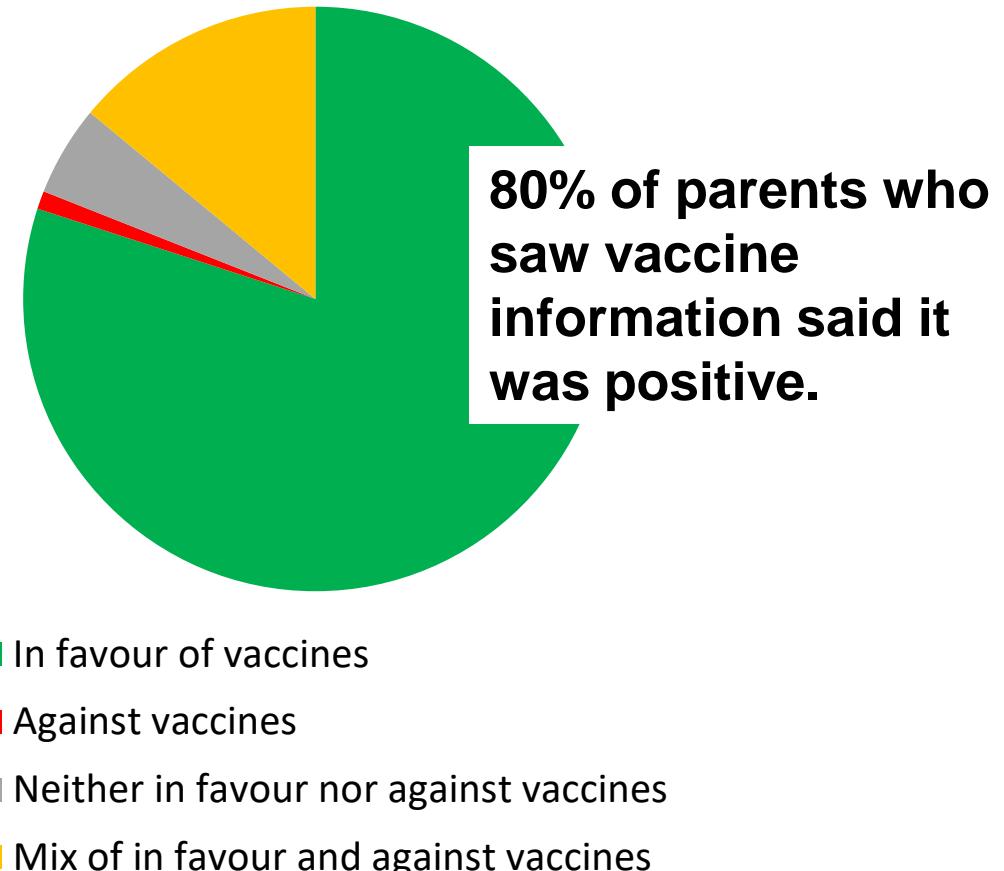
[RSPH: Moving the needle promoting vaccination uptake across the life course](#)

# Most parents (71%) remember recently coming across information about vaccines for babies or young children

- 74% had come across something that made them feel it was important for their baby, or young child to have their vaccines.
- 15% had read, heard or seen something that made them concerned or worried about their baby or child having their vaccines.

*This most often came from friends or family, social media, the internet (Netmums or Mumsnet), TV or magazines or radio.*

The type of vaccine information parents had seen.



[UKHSA 2022 parental attitude survey](#)

# Most are positive and recognise immunisation to be important

- ✍ 97.1% agreed “Childhood vaccines are important for my child/children’s health” in 2021 ([Sherman et al 2023](#))
- ✍ 91.6% agree vaccines are safe ([Sherman et al 2023](#))
- ✍ [UKHSA 2022 parental attitude survey](#) 98% of parents chose to vaccinate  
*86% vaccinate automatically and 12% weighed up the pro’s and cons before deciding to vaccinate*
- ✍ [RSPH children and young people survey 2023](#) 92% think vaccines are important to their health
- ✍ Some will be more ‘hesitant’ – balance risks and benefits.
- ✍ 68% CYP encouraged where peers people they trust are also having the vaccines.
- ✍ Minority refuse all vaccines (1-2%)

# The role of health care professionals - TRUST

- ✓ There are many factors which influence vaccine decisions and therefore uptake.
- ✓ Trust in where people get their information and who the information comes from are crucial.
- ✓ Immuniser and patient/parent/carer interaction is a key factor

## Cochrane review (2017) :

- Parents see HCP as important sources of information
- People often don't know which non health care professional sources to trust
- People want clear answers and open discussions
- People don't want to be rushed

## Campbell et al (2017) :

- HCP important sources of information and trusted by public and parents
- Despite people looking on line people valued advice from HCP
- This advice was key in influencing decisions

## UKHSA annual attitudinal survey 2022

93% trust the NHS and health care professionals advice for information about vaccines

Sherman et al 2023 An on line study to inform policy acceptance for routine varicella vaccination in the UK.  
Parents also asked generally about vaccines, results reiterate the results from the UKHSA survey.

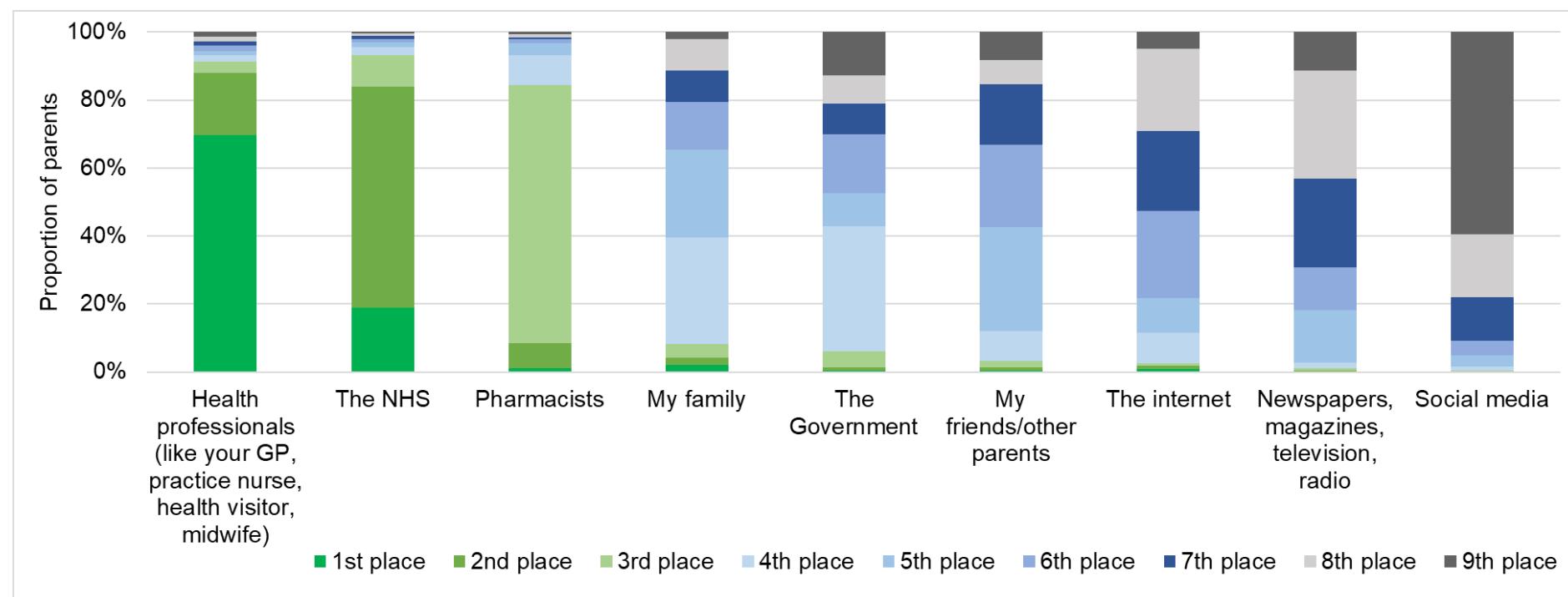
93% trusted advice from GP Practice Nurse and NHS NHS.  
Far fewer trusted government or other sources

# Parents most trust health professionals and the NHS

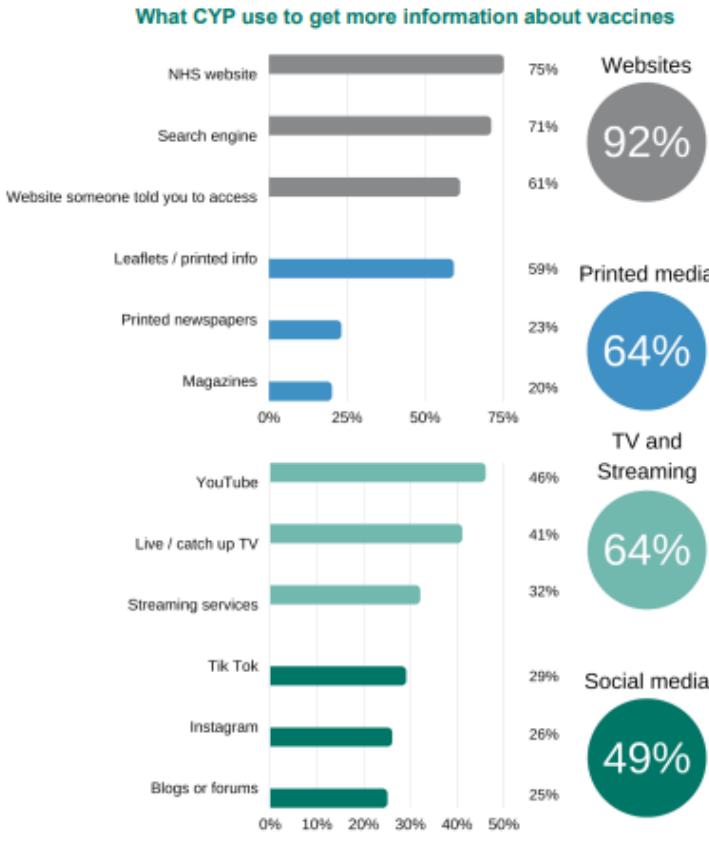
**Parents were asked to rank the following in the order of how much they trusted them on sources of information on vaccines:**

health professionals (i.e. GP, practice nurse, health visitor, midwife), the NHS, pharmacists, the government, newspapers/magazines/television/radio, the internet, social media, my family, my friends/other parent

- ✓ most likely to trust health professionals and the NHS
- ✓ least likely to trust social media



# CYP sources of information about vaccines



17



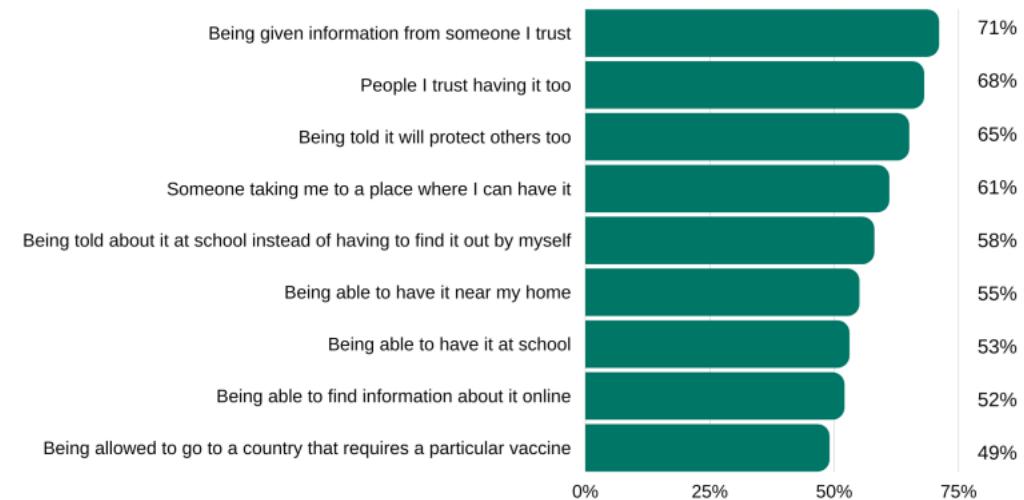
## RSPH children and young people survey 2023

- ✓ 92% think vaccines are important to their health.
- ✓ Trust parents, school nurses and teachers.
- ✓ Trust web sites recommended by those they trust.

*Being given information by someone they trust is a key influencer*

*Parents and teachers need good information*

### Factors that would encourage CYP to have a vaccine



Children and Young People's attitudes towards vaccinations – what they know and what they have to say

A Royal Society for Public Health Report

March 2023

RSPH  
ROYAL SOCIETY FOR PUBLIC HEALTH

# Review of communication strategies

- Use of disease images 'scare tactics' – **ineffective may increase the misinformation and endorse it**
- Communicating absolutes as opposed to recognising and acknowledging uncertainty around vaccine efficacy or risks. - **Can backfire.**
- Straight debunking myths
- Correctional approach and,
- Just providing information
- Use of humour satire against misinformation – **positive impact**
- Communicating weight of evidence – **Also had positive impact**

Had mixed results

[Whitehead et al \(2023\) A systematic review of communication interventions for countering vaccine misinformation](#)

# Vaccine consultations

## Do:

- ✓ Assume they will be having the vaccine - start the consultation with a presumptive statement this helps normalise vaccination
- ✓ Give people time and work with them to gain their trust
- ✓ Adapt to the individual – tailoring your approach
- ✓ Be patient centred, friendly - understanding and empathy
- ✓ Explore individual concerns ask open questions to elicit individual concerns (what/why/how/tell me)
- ✓ Reflect on what the patient says or your understanding of their concerns
- ✓ Affirm any strengths and validate concerns
- ✓ Focus on the facts
- ✓ Ask – provide – verify
- ✓ Summarise the interaction



# Vaccine consultations

## Avoid:

- ⌚ Apportioning blame – most parents and patients are wanting the best
- ⌚ Repeat myths and myth busting – this can reaffirm
- ⌚ Fear based messaging is counter productive – used in the anti-vaccine movement
- ⌚ Being directive ‘they must be vaccinated’
- ⌚ Being argumentative
- ⌚ Giving a lecture and overloading with information
- ⌚ Overload with statistical information
- ⌚ Rushing



# Vaccine questions are generally predictable



↗ Why do we need these vaccines when we don't see these disease anymore? – the complacency argument

↗ Are the vaccines safe?



↗ Will all these vaccines overload the immune system?

↗ I am still worried about MMR?



↗ I would prefer to get the infection naturally it's better than being vaccinated?

↗ What about all the other ingredients in vaccines I have heard they are more harmful

**You obviously can't predict all but be informed and have key resources and information to hand**



# Can multiple vaccines overwhelm the immune system?

## Key facts:

- Our immune systems are constantly challenged, ongoing from birth.
- We are all exposed to countless numbers of foreign antigens and infectious agents everyday
- Vaccines use a tiny proportion, even of an infant's, immune system's ability to respond



## Considerations:

- The vaccine schedule is designed to maximise protection from disease as soon as possible
- Delaying vaccines risks of leaving the individual susceptible to infection
- Increased appointments to complete course adds further distress for children
- There is no evidence that vaccinated children have more infections (Next slide)

## References:

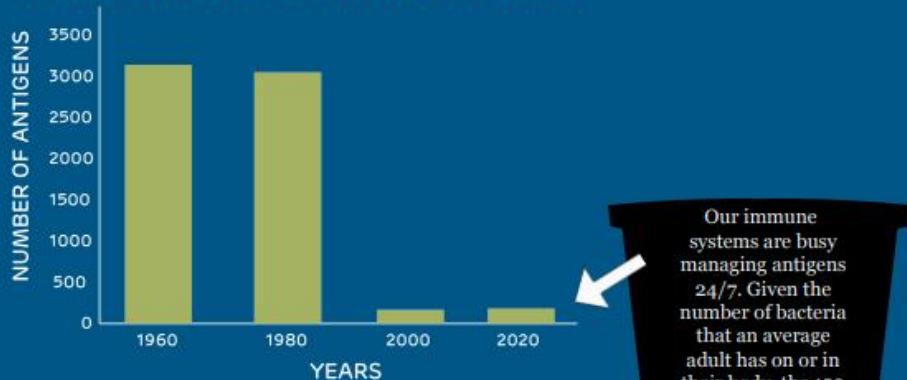
- [Green Book Chapter 1 Page 2](#)

## WHAT IS AN ANTIGEN?

Antigens are the parts of viruses and bacteria that induce immune responses. For example, viral proteins or bacterial proteins are antigens. These antigens may not be the part of the virus or bacteria that makes us sick. But, by introducing antigens in a vaccine, we can protect someone if they are exposed to these viruses or bacteria in the future.



## THE NUMBER OF ANTIGENS INTRODUCED IN VACCINES HAS DECREASED OVER TIME.



THE AVERAGE ADULT\* CARRIES AROUND MORE BACTERIA THAN THE NUMBER OF CELLS THEY ARE MADE OF.



Cells:  
30,000,000,000,000

Bacteria:  
39,000,000,000,000

\*20-30 yrs old, 5ft 6in, 154 lbs.

## Children's Hospital of Philadelphia Vaccine Safety: Immune System and Health

Oxford Vaccine Knowledge project  
Combination vaccines  
and multiple vaccinations

2018 JAMA <https://pubmed.ncbi.nlm.nih.gov/29509866/>

> JAMA. 2018 Mar 6;319(9):906-913. doi: 10.1001/jama.2018.0708.

### Association Between Estimated Cumulative Vaccine Antigen Exposure Through the First 23 Months of Life and Non-Vaccine-Targeted Infections From 24 Through 47 Months of Age

Jason M Glanz <sup>1 2</sup>, Sophia R Newcomer <sup>3</sup>, Matthew P Daley <sup>1</sup>, Frank DeStefano <sup>3</sup>, Holly C Groom <sup>4</sup>, Michael L Jackson <sup>5</sup>, Bruno J Lewin <sup>6</sup>, Natalie L McCarthy <sup>3</sup>, David L McClure <sup>7</sup>, Komal J Narwaney <sup>1</sup>, James D Nordin <sup>8</sup>, Ousseeny Zerbo <sup>9</sup>

Affiliations + expand

PMID: 29509866 PMCID: PMC5885913 DOI: 10.1001/jama.2018.0708

Free PMC article

#### Abstract

**Importance:** Some parents are concerned that multiple vaccines in early childhood could weaken their child's immune system. Biological data suggest that increased vaccine antigen exposure could increase the risk for infections not targeted by vaccines.



# I am still worried about MMR and autism

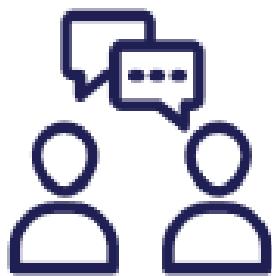


Summary of key studies:

[page 15 Green Book measles chapter](#)

And the [MMR section](#) from the Oxford Knowledge

There is overwhelming evidence that MMR does not cause autism – **FACT**



## Considerations:

- Try to ascertain what is informing this belief, what have they read or seen?
- some anti-vaccination groups utilise powerful stories and fake evidence to stoke fear and anxieties or
- is there a personal story
- providing 'just science' may not address individual concerns

# MMR - Summary

## MMR Vaccine (Measles, Mumps and Rubella Vaccine)

### Vaccine

[+ Expand All](#)[Key vaccine facts](#)

▼

[Ingredients](#)

▼

[Side effects](#)

▼

[Videos about the vaccine](#)

▼

[Does the vaccine work?](#)

▼

[Is the vaccine safe?](#)

▼

share

### Related diseases

[Rubella \(German Measles\)](#)[Mumps](#)[Measles](#)

- Never too late to have MMR – no upper age limit
- Two doses (separated by 1 month if given over 18 months of age)
- If vaccine status uncertain - no harm having additional dose
- Teenage booster / School leavers / University freshers
- Community (herd) immunity needed to protect those who cannot be immunised: infants, pregnant women, individuals with immunosuppression



# Natural infection is better than vaccination?

- ◆ Natural infection may produce a stronger immune reaction
- ◆ Although for some infections i.e tetanus natural infection will not give any immunity
- ◆ 'natural' immunity risks associated complications of infection
- ◆ Individuals concerned about consequences of disease more likely to vaccinate
- ◆ Individuals concerned about adverse events associated with vaccines – less likely to vaccinate

Give people information about expected side effects and what they can do [\*\*What to expect after vaccinations\*\*](#)

**Addressing complacency: Vaccine Knowledge Project [the effects of natural infection](#)**

## **MEASLES complications:**

- Otitis media 7-9%
- Pneumonia 1-6%
- Diarrhoea 8%
- Convulsions 1 in 200 cases
- Encephalitis 1 per 1000 cases
- SSPE (Sub acute sclerosing panencephalitis) 1:25,000 cases higher where infection is acquired under 1 year the rate is 1: 8,000 cases
- Death 1: 1000 - 5000

[Lam et al 2021; A recent surge of fulminant and early onset subacute sclerosing panencephalitis \(SSPE\) in the United Kingdom: An emergence in a time of measles - European Journal of Paediatric Neurology \(ejpn-journal.com\)](#)



# Do vaccines contain toxic ingredients?

**Vaccines are complex products and need to withstand transport, storage and environmental factors**

**Vaccines may contain:**

- Adjuvants to enhance the vaccine efficacy
- Tiny amounts of residual substances from the manufacturing process (egg)
- Stabilisers – like gelatine
- Preservatives - like thiomersal
- Antibiotics to prevent bacterial contamination

**Consider:**

How vaccine safety is established pre licensure  
Post marketing surveillance  
Know your vaccine

- **Specific ingredients in current vaccines:** [Green Book : Chapter 6 – page 2](#)
- **UKHSA information** [immunisation collection](#)
- **Specific ingredients SmPC** [Individual vaccine SmPC Electronic medicines compendium](#)
- **MHRA:** [Yellow Card Scheme Safety public assessment reports](#)

**'Perhaps we now have the link between vaccination and autism': Professor reveals aluminium in jabs may cause sufferers to have up 10 times more of the metal in their brains than is safe**

- Aluminium crosses the membrane that separates the brain from blood
- The metal accumulates in cells that maintain a constant internal environment
- Autism sufferers may have genetic changes that cause them to hold aluminium
- Disgraced doctor Andrew Wakefield linked autism to the MMR vaccine in 1995
- His views are widely discredited, but the WHO says vaccine fears put many off

By PROFESSOR CHRIS EXLEY FOR THE HIPPOCRATIC POST and ALEXANDRA THOMPSON  
HEALTH REPORTER FOR MAILONLINE

PUBLISHED: 16:03, 30 November 2017 | UPDATED: 16:56, 3 December 2017



Aluminium in vaccines may cause autism, controversial new research suggests.

Autistic children have up to 10 times more of the metal in their brains than what is considered safe in adults, a study found.

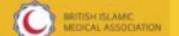
**MYTH:** Vaccines contain alcohol & therefore are impermissible



**TRUTH:** The Oxford AZ Vaccine contains ethanol at an amount that is less than what is found in natural foods or bread.

Many scholars have deemed the Oxford AZ Vaccine to be permissible as the amount of ethanol is negligible.

The religious permissibility of any product is for scholars to decide, so please refer to those you trust.



[E] covid@britishima.org || The final decision is always the responsibility of the individual [Mail] <https://bit.ly/3uVztr>

**Aluminium and Autism –**  
Aluminium is in many everyday foods and household items. Adults, children and infants will normally ingest far more aluminium from their diet even in the first 6 months, breast or formula fed, than would be from any vaccine.

**The Astra Zeneca COVID-19 vaccine –**

Tiny amount of ethanol, 0.002mg less than in a banana or piece of bread



[Home](#) ▾ [Types of vaccine](#) ▾ [Infectious diseases](#) ▾ [Vaccine safety](#) ▾



[+ Expand All](#)

[share](#) ▾

[Vaccine ingredients](#)

[Vaccine Safety](#)

[General information](#)

[Active ingredients](#)

[Added ingredients](#)

[Products used in the manufacture of the vaccine](#)

[Growing the active ingredients](#)

[Further information](#)

[Oxford Vaccine Group Vaccine Knowledge Project vaccine ingredients](#)

[Children's Hospital of Philadelphia vaccine education centre - vaccine ingredients](#)

[British Islamic Medical association COVID-19 Vaccine Hub](#)

Home / Health topics / Infodemic



Infodemic

Overview Leadership Research & innovation

An infodemic is too much information including false or misleading information in digital and physical environments during a disease outbreak. It causes confusion and risk-taking behaviours that can harm health. It also leads to mistrust in health authorities and undermines the public health response. An infodemic can intensify or lengthen outbreaks when people are unsure about what they need to do to protect their health and the health of people around them. With growing digitization – an expansion of social media and internet use – information can spread more rapidly. This can help to more quickly fill information voids but can also amplify harmful messages.

Infodemic management is the systematic use of risk- and evidence-based analysis and approaches to manage the infodemic and reduce its impact on health behaviours during health emergencies.

Infodemic management aims to enable good health practices through 4 types of activities:

- Listening to community concerns and questions

Information sheets

- Understanding the infodemic and misinformation in the fight against COVID-19
- The potential of frequently used information technologies during the pandemic

Guidelines

WHA resolutions

Credits +

## WHO Infodemic

- ◆ Vaccine hesitancy is understandable
- ◆ Misleading and wrong information
- ◆ Too much and confusing information
- ◆ ‘Fake News’
- ◆ Health and care staff are not immune to this!
- ◆ Who to trust?

# Finding and trusting the evidence

**You can look up almost anything on the Internet. Most of what's offered is really trying to sell a product, service, or point of view. - 'SMELL' test**

- S** **Source** - Who is providing the information?
- M** **Motivation** - Why are they telling me this?
- E** **Evidence** - What evidence is provided? & When was it posted
- L** **Logic** - Do the facts logically compel the conclusions
- L** **Left out** - What's missing that might change our interpretation of the information?



Don't Be Fooled: [Use the SMELL Test To Separate Fact from Fiction Online John McManus February 2013](#)

# Resources



## [WHO Vaccine Safety Net](#)

The image shows the 'Vaccinations' page from the NHS website. The header is blue with the NHS logo and a search bar. Below the header, there is a navigation menu with links to 'Health A-Z', 'Live Well', 'Mental health', 'Care and support', 'Pregnancy', and 'NHS services'. The main content area has a large heading 'Vaccinations'. Below the heading, a text block explains the purpose of the guide. There are two side-by-side boxes: 'Why vaccination is safe and important' and 'NHS vaccinations and when to have them'.

This guide can help you understand the vaccines offered in the UK and when to have them. It also explains how they work and why they're safe and important. There's separate information on coronavirus (COVID-19) and travel vaccinations.

[Why vaccination is safe and important](#)  
Includes how vaccines work, what they contain and the common side effects.

[NHS vaccinations and when to have them](#)  
Includes a list of all the vaccines available on the NHS and who should have them.

## [NHS Vaccinations](#)

The image shows the 'Immunisation' collection page from the UKHSA website. The header is blue with the GOV.UK logo. Below the header, there is a navigation menu with links to 'Home', 'Health and social care', 'Public health', 'Health protection', and 'Immunisation'. The main content area has a large heading 'Collection Immunisation'. Below the heading, a text block says: 'Information for immunisation practitioners and other health professionals.'

From: [UK Health Security Agency](#)  
Published 15 October 2013  
Last updated 18 January 2023 — [See all updates](#)

### Contents

- [Childhood immunisation schedules](#)
- [Haemophilus influenzae type B \(Hib\)](#)
- [Hexavalent combination vaccine \(DTaP/IPV/Hib/HepB\)](#)
- [Immunisation leaflets and guidance for parents](#)
- [Immunisation resources for educational settings](#)
- [Measles, mumps and rubella \(MMR\)](#)
- [Pertussis \(whooping cough\)](#)
- [Training resources](#)
- [Tuberculosis](#)
- [Vaccine handling and protocols](#)
- [Infographics](#)

The World Health Organization (WHO) says:

“ The 2 public health interventions that have had the greatest impact on the world's health are clean water and vaccines.”

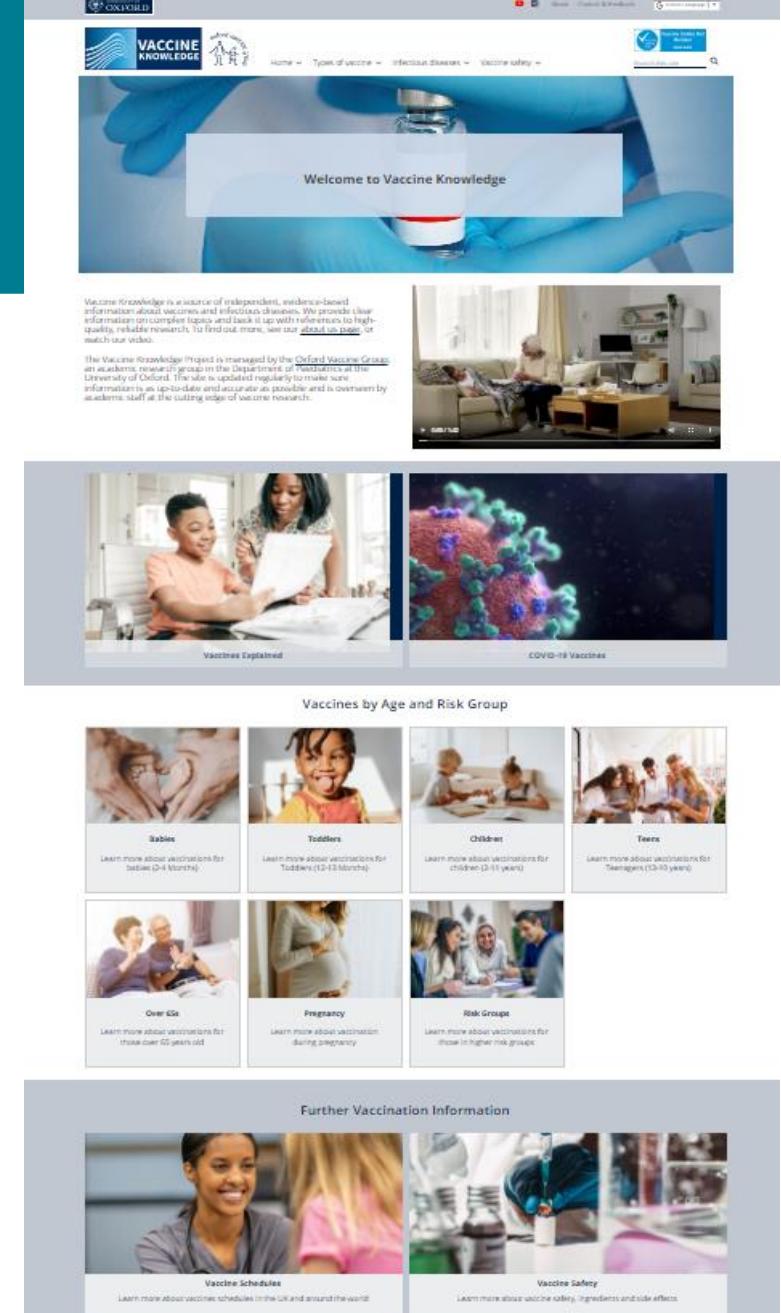
‘Immunisation against infectious disease’, also known as the [Green Book](#), has the latest information on vaccines and vaccination procedures in the UK.

[Immunisation patient group direction \(PGD\) templates are available for](#)

## [UKHSA Immunisation collection](#)

# Resources

- Oxford [Vaccine Knowledge](#)
- WHO [Vaccines and immunization](#)
- WHO global network of reliable vaccine information [Vaccine Safety Net](#)
- Children's Hospital of Philadelphia [Vaccine Education Center](#)
- Australian Academy of Science. [The Science of Immunisation. Questions and Answers.](#)
- Australian [Sharing Knowledge About Immunisation \(SKAI\)](#)



Welcome to Vaccine Knowledge

Vaccine Knowledge is a source of independent, evidence-based information about vaccines and infectious diseases. We provide clear information on complex topics and back it up with references to high-quality, reliable research. To find out more, see our [about us](#) page, or watch our video.

The Vaccine Knowledge project is managed by the [Oxford Vaccine Group](#) at the [University of Oxford](#). The site is updated regularly to make sure information is as up-to-date and accurate as possible and is overseen by academic staff at the cutting edge of vaccine research.

**Vaccines by Age and Risk Group**

- Babies**  
Learn more about vaccinations for babies (0-4 months)
- Toddlers**  
Learn more about vaccinations for Toddlers (12-15 months)
- Children**  
Learn more about vaccinations for children (2-11 years)
- Teens**  
Learn more about vaccinations for Teens (12-19 years)
- Over 65s**  
Learn more about vaccinations for those over 65 years old
- Pregnancy**  
Learn more about vaccination during pregnancy
- Risk Groups**  
Learn more about vaccinations for those in higher risk groups

**Further Vaccination Information**

- Vaccine Schedules**  
Learn more about vaccines schedules in the UK and around the world
- Vaccine Safety**  
Learn more about vaccine safety, ingredients and side effects

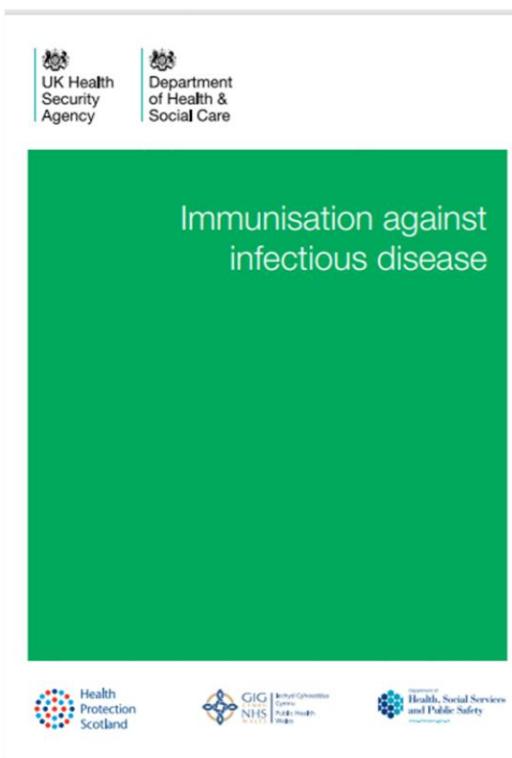
# Summary

- Healthcare professionals are trusted by parents
- Healthcare professionals influence decision making around immunisations
- Adapt communication to the community / individual and their needs
- Communication should focus on exploring issues and guiding individuals to receive vaccines
- Address issues systematically – remember that science and emotion influence decision making
- Allocate more time if needed to explore further and discuss with others/experts
- Leave the ‘door’ open for further contact and dialogue



# Questions

- Have access to and be familiar with:
- Online Green Book
- Vaccine update and Vaccine update Index
- UKHSA immunisation collection webpages



# Immunisation and health protection advice (London)

NHS E London Immunisation Clinical Advice Response Service (ICARS) for Immunisation queries from primary care. Email: [london.immunisationqueriescars@nhs.net](mailto:london.immunisationqueriescars@nhs.net)

## North East and North Central London HPT

UK Health Security Agency  
Nobel House, Smith's Square  
London SW1P 3JR

**Email:**  
[necl.team@ukhsa.gov.uk](mailto:necl.team@ukhsa.gov.uk)  
[phe.nenclhpt@nhs.net](mailto:phe.nenclhpt@nhs.net)

**Telephone**  
020 3326 1658

**Out of hours advice:**  
01895 238 282

## North West London HPT

UK Health Security Agency  
61 Colindale Avenue  
London NW9 5EQ

**Email:**  
[phe.nwl@nhs.net](mailto:phe.nwl@nhs.net)

**Telephone**  
020 3326 1658

**Out of hours advice:**  
01895 238 282

## South London HPT

UK Health Security Agency  
Nobel House Smith's Square  
London SW1P 3JR

**Email:**  
[slhpt@ukhsa.gov.uk](mailto:slhpt@ukhsa.gov.uk)  
[phe.slhpt@nhs.net](mailto:phe.slhpt@nhs.net)

**Telephone**  
020 3326 1658

**Out of hours advice:**  
01895 238 282

# Primary care immunisation update webinar series 2023

March to July

September to  
December

Vaccine ordering, storage &  
handling

Incomplete immunisation  
schedules

Vaccination of individuals with  
underlying medical conditions

Vaccine administration – best  
practice

Child and adolescent  
immunisation update

Addressing concerns around  
vaccines – supporting acceptance

Influenza and Covid-19

Shingles and pneumococcal  
(adult) vaccines

Adverse events following  
immunisation

Current Issues vaccine schedule  
changes. Session to be confirmed

# After the webinar, please remember to:

- Complete the evaluation (link being emailed to you today from Eventbrite)
- Print/save the certificate (emailed to you once the survey complete)
- Use the prompts to capture your reflections on the certificate
- Book for future webinars

If you need to contact the webinar team, please email: [ImmsTraining@phe.gov.uk](mailto:ImmsTraining@phe.gov.uk)

# Webinar Series - booking

	Date	Start time	Link to register	
<b>September</b>		Influenza and COVID - 45 minute session plus 15 mins Q&A		
1	05/09/2023	09:30	<a href="https://Sept23-Webinar1-InfluenzaAndCOVID.eventbrite.co.uk?aff=odddtcreator">https://Sept23-Webinar1-InfluenzaAndCOVID.eventbrite.co.uk?aff=odddtcreator</a>	
2	05/09/2023	14:00	<a href="https://Sept23-Webinar2-InfluenzaAndCOVID.eventbrite.co.uk?aff=odddtcreator">https://Sept23-Webinar2-InfluenzaAndCOVID.eventbrite.co.uk?aff=odddtcreator</a>	
3	19/09/2023	14:00	<a href="https://Sept23-Webinar2-InfluenzaAndCOVID.eventbrite.co.uk?aff=odddtcreator">https://Sept23-Webinar2-InfluenzaAndCOVID.eventbrite.co.uk?aff=odddtcreator</a>	
<b>October</b>		Shingles and pneumococcal (adult) vaccines		
1	03/10/2023	09:30	<a href="https://Oct23-Webinar1-ShinglesAndPneumococcalAdultVaccines.eventbrite.co.uk?aff=odddtcreator">https://Oct23-Webinar1-ShinglesAndPneumococcalAdultVaccines.eventbrite.co.uk?aff=odddtcreator</a>	
2	03/10/2023	13:00	<a href="https://Oct23-Webinar2-ShinglesAndPneumococcalAdultVaccines.eventbrite.co.uk?aff=odddtcreator">https://Oct23-Webinar2-ShinglesAndPneumococcalAdultVaccines.eventbrite.co.uk?aff=odddtcreator</a>	
3	12/10/2023	09:30	<a href="https://Oct23-Webinar3-ShinglesAndPneumococcalAdultVaccines.eventbrite.co.uk?aff=odddtcreator">https://Oct23-Webinar3-ShinglesAndPneumococcalAdultVaccines.eventbrite.co.uk?aff=odddtcreator</a>	
<b>November</b>		Adverse events following immunisation		
1	09/11/2023	09:30	<a href="https://Nov23-Webinar1-AdverseEventsFollowingImmunisation.eventbrite.co.uk?aff=odddtcreator">https://Nov23-Webinar1-AdverseEventsFollowingImmunisation.eventbrite.co.uk?aff=odddtcreator</a>	
2	28/11/2023	09:30	<a href="https://Nov23-Webinar2-AdverseEventsFollowingImmunisation.eventbrite.co.uk?aff=odddtcreator">https://Nov23-Webinar2-AdverseEventsFollowingImmunisation.eventbrite.co.uk?aff=odddtcreator</a>	
3	28/11/2023	14:00	<a href="https://Nov23-Webinar3-AdverseEventsFollowingImmunisation.eventbrite.co.uk?aff=odddtcreator">https://Nov23-Webinar3-AdverseEventsFollowingImmunisation.eventbrite.co.uk?aff=odddtcreator</a>	