Health Policy 109 (2013) 63–70

Contents lists available at SciVerse ScienceDirect

Health Policy

journal homepage: www.elsevier.com/locate/healthpol

The Swedish A(H1N1) vaccination campaign—Why did not all Swedes take the vaccination?

Ingeborg Björkman*, Margareta A. Sanner

Department of Public Health and Caring Sciences, Health Services Research, Uppsala University, Box 564, SE-751 22 Uppsala, Sweden

ARTICLE INFO

Article history:
Received 10 April 2012
Received in revised form 14 August 2012
Accepted 16 September 2012

Keywords:
Sweden
Vaccination campaign
A(H1N1)
Public attitudes
Motives
Qualitative research

ABSTRACT

Background: In Sweden, a mass vaccination campaign against the influenza A(H1N1) 2009 resulted in 60% vaccination coverage. However, many countries had difficulty in motivating citizens to be vaccinated. To be prepared for future vaccination campaigns, it is important to understand people's reasons for not taking the vaccination.
Objective: The aim of this qualitative study was to explore motives, beliefs and reactions of individuals with varying backgrounds who did not get vaccinated.
Data and methods: The total 28 individuals participating in the interviews were permitted to speak freely about their experiences and ideas about the vaccination. Interviews were analysed using a Grounded Theory approach. The strength of participants' decisions not to be vaccinated was also estimated.
Findings: Patterns of motives were identified and described in five main categories: (A) distinguishing between unnecessary and necessary vaccination, (B) distrust, (C) the idea of the natural, (D) resisting an exaggerated safety culture, and (E) injection fear. The core category, *upholding autonomy and own health*, constitutes the base on which the decisions were grounded.
Conclusion: A prerequisite for taking the vaccine would be that people feel involved in the vaccination enterprise to make a sensible decision regarding whether their health will be best protected by vaccination.

© 2012 Elsevier Ireland Ltd. All rights reserved.

1. Introduction

The outbreak of the new influenza A(H1N1) – or the swine flu – in late spring 2009 activated health authorities around the world to take measures to protect their citizens. WHO encouraged their member states to take the pandemic influenza seriously and declared that vaccination was important to limit the harm of the outbreak [1]. Sweden decided to order vaccine doses enough to offer immunization to its entire population. Similar decisions were taken in several European countries [2]. However, it was only in a few countries that mass vaccination was realized; in addition to Sweden, for example, in Finland, Norway and France [3–5].

For a vaccination campaign to be effective, citizens must be willing to take it, and several studies have explored factors related to people's willingness to take the A(H1N1) vaccine [6–13]. Previous vaccination against seasonal influenza, perception of a severe influenza, perceived vulnerability, and government trust have repeatedly demonstrated an increase in the willingness to take the vaccine. Worry has been identified as an "emotional tool" and as the mechanism by which vaccination behaviour followed perceived objective risk. Factors associated with non-acceptance have been people's concerns about the safety and effectiveness of the vaccine and the belief that vaccination is not necessary. A number of studies have suggested that people in fact make a rational assessment

* Corresponding author. Tel.: +46 708 52 32 23; fax: +46 18 471 66 75.
E-mail addresses: ingeborg.bjorkman@pubcare.uu.se, ingeborgbjorkman@hotmail.com (I. Björkman), margareta.sanner@pubcare.uu.se (M.A. Sanner).

0168-8510/$ – see front matter © 2012 Elsevier Ireland Ltd. All rights reserved.
http://dx.doi.org/10.1016/j.healthpol.2012.09.004

of the situation to decide whether they should take a pandemic vaccination [14,15].

Li et al. [12] noted that intentions to take the vaccine do not always lead to actual vaccination. This was demonstrated in many countries, where willingness was high at the beginning of the pandemic but later decreased [8,9,16]. However, in Sweden the actual vaccination rate still was high: 60% of the general population was vaccinated [17]. Finland and Norway had rates of 52% and 45% [3,4]. However, many countries had difficulty in persuading their citizens to be vaccinated, which resulted in vaccination rates below 10% (e.g. Germany, Belgium, Spain and Italy [5]), or between 10% and 20% (e.g. in France, the United States, Israel, and Australia [5,8,15,18]).

1.1. The situation in Sweden

The implementation of the campaign in Sweden was organized by the country's 21 county councils, which are responsible for health care at local levels [17]. The first vaccine doses were delivered in October 2009 and were first offered to prioritized groups: those with chronic illnesses and health care personnel. At the same time, the pandemic outbreak occurred. This changed the coverage in Swedish mass media [2]. There had previously been periods of more intense reporting, e.g. in connection with the first cases in Mexico and when the first serious cases resulting in death occurred in Sweden. With the pandemic outbreak, however, mass media reported extensively on its spread and showed pictures of chaos and long queues at vaccination centres. The pandemic peaked at the beginning of November and the mass media coverage was intense until mid-December, when the number of new cases rapidly declined. At New Year the pandemic was more or less over, and so was the vaccination campaign.

1.2. An anticlimax?

The pandemic influenza A(H1N1) was not as severe as expected. In Sweden, sick leave lay at the same level as during previous seasons and the consequences on society functions were insignificant. The vaccination campaign was successful, but the cost exceeded the benefits the benefits [17]. Therefore, the health authorities in Sweden have been criticized for having misjudged the need for vaccination and dissipated tax revenue. Concerns have also been raised about the effect of the campaign on people's willingness to be vaccinated in the future, if a new and severe pandemic occurs [2]. From this perspective, it is important to increase the understanding of how people think and act when deciding whether to get a vaccination. This calls for qualitative studies in which participants are allowed to freely express their ideas and share their experiences of the vaccination campaign, without response alternatives determined in advance. The present interview study focuses on people who did not take the vaccine, and explores their motives for this decision. Thus, the aim was to explore the reactions, beliefs and motives of individuals with varying backgrounds who were not vaccinated against the A(H1N1) during the winter 2009–2010 in order to better understand why they did not take the vaccine.

Table 1
Characteristics of participants.

Characteristics	Number of participants
Men	11
Women	17
Age 20–29 years	**8**
Age 30–49 years	**6**
Age 50–59 years	**6**
Age 60–80 years	**8**
Long education (>12 years)	15
Short education (≤12 years)	13
Foreign background (both parents born in a non-Swedish country)	**5**

Occupations included were: accountant, administrative assistant, artist, carpenter, economist, interior designer, quality manager, receptionist, planning officer, priest, process operator, project manager, psychologist, researcher, salesman, security officer, shop assistant, student, and system development consultant.

2. Data and methods

2.1. A qualitative design

The study has a qualitative approach and uses an open interview method. Because there is no register of those who were not vaccinated, we had to rely on asking people in our network and people we met in various situations whether they had or had not gotten the vaccination. We also asked our acquaintances to directly ask people they met whether they had been vaccinated. In this way we learned of about 40 non-vaccinated people and also got data on their social background. Among these individuals we made a selection to obtain maximal variation with regard to age, sex, education, occupation, and ethnicity (see Table 1) and proceeded until we obtained saturation, i.e. when new interviews did not give additional information. Ultimately, 28 individuals were interviewed. The open interviews without pre-determined questions permitted the informants to speak freely about their experiences and ideas, though some predetermined areas were brought up if the informants themselves did not mention them. These areas covered perceptions of the influenza, risk, the accessibility to the vaccine and side effects, as well as attitudes toward the vaccination campaign, trust in authorities, experiences of other types of vaccination, and possible actions to protect against infection.

The interviews lasted between 15 and 45 min and were conducted by the authors (a pharmacist and a psychologist), audio-taped and transcribed. A non-judgemental approach in relation to the content of the interview and a confirmative, interested and respectful approach to the interviewee as a person were important guidelines for the interview. The interviews were conducted during the winter 2010–2011.

2.2. Analyses

The interviews were analysed using a Grounded Theory approach [19,20]. All statements that in any way concerned motives for not obtaining the vaccination, as well as related

Download English Version:

https://daneshyari.com/en/article/4197846

Download Persian Version:

https://daneshyari.com/article/4197846

Daneshyari.com