

Research Question: Why do people choose not to immunise themselves and/or their children, and what are the ramifications of these decisions?

Introduction and Practice Issue:

The issue of antivaccination in New Zealand, and around the world, has been resurfacing in recent years. It is a polarising topic; whose supporters often use false information to support their claims that vaccines can cause serious harm (Tomney, Vargo & El-Toukhy, 2017). There are currently high levels of vaccination in New Zealand, and these rates have been increasing, however, the recent surge of antivaccination activity could potentially cause these figures to drop, possibly leading to an increase in vaccine-preventable disease outbreaks. Understanding why people chose not to vaccinate, and supplying them with evidence based information that supports vaccination, in a non-confrontational manner, could help change their behaviour and lead to a decrease of these attitudes.

Evidence and Findings:

Research shows:

- There are four main reasons why people choose not to vaccinate: 1. Doubt as to the benefit of the vaccine; 2. Concerns regarding unanticipated future side effects; 3. Worries about corporate financial exploitation; 4. Preference to rely on innate immunity (Martin & Petrie, 2017).
- Anti-vaccinators are more likely to access health information online, and to network online through social media.
- Online networking often involves horizontal media, which is when people are only exposed to information that confirms their own biases.
- The recent resurgence of communicable diseases are directly related to the anti-vaccination movement (Tomney, Vargo & El-Toukhy, 2017).
- These outbreaks can be linked to delayed uptake and refusal of vaccinations.
- There are high rates of misconception about the link between vaccinations and autism.
- Vaccinations do have risks (Ministry of Health, 2018), however, procedures are put in place to mitigate these risks.

Implications and Recommendations:

- As there are clear links between antivaccination and the resurgence of communicable diseases, a concerted effort is required to mitigate the possible widespread effects.
- Through social media, antivaccination groups can network online. This behaviour has the risk of spreading misinformation about vaccines, potentially leading to vaccination rates to drop, which would increase chances of the spread of vaccine-preventable diseases.
- Nurses need to stay up to date with current antivaccination ideas, so they can adequately address these issues when their patients bring concerns to them.
- Nurses can direct their patients towards credible online resources, regarding vaccinations, so the patient can make an autonomous, informed decision about their healthcare.
- Nurses need to be aware about why people choose not to vaccinate, so they can address these concerns. The efforts to prove the validity and safety of vaccines need to be convincing and thorough to ensure the patient is fully informed.
- Targeting all four main reasons why patients choose not to vaccinate is the best way to change behaviour. Therefore, a broad understanding of vaccines and their effects is required, to offer the patient adequate information to help change their attitudes.

Conclusion:

The antivaccination movement has the potential to cause a widespread public health issue, as there are clear links between the movement and increased rates of vaccine-preventable diseases. Understanding why people chose not to vaccinate, and supplying them with evidence based information that supports vaccination, in a non-confrontational manner, can help change their behaviour and lead to a decrease of these behaviours. There are generally four main reasons why people do not vaccinate and addressing these together is the best approach. Nurses keeping up to date with antivaccination ideas, can help to formulate an adequate response when these issues are brought up by patients.

References: Martin, L., & Petrie, K. (2017). Understanding the Dimensions of Anti-Vaccination Attitudes: The Vaccination Attitudes Examination (VAX) Scale. *Annals Of Behavioral Medicine*, 51(5), 652-660. doi:10.1007/s12160-017-9888-y; Ministry of Health. (2018). Immunisation Handbook 2017. (2nd edn.). Wellington, New Zealand: Ministry of Health.; Ministry of Health. (2017).; Tomney, T., Vargo, C., & El-Toukhy, S. (2017). Geographic and Demographic Correlates of Autism-Related Anti-Vaccine Beliefs on Twitter, 2009-15. *Social Science and Medicine*, 191, 168-175. doi:10.1016/j.socscimed.2017.08.041

PICOT

PECOT category	Information relating to question	Explanation
Population	People who have not been immunised according to the national immunisation schedule.	Children are more likely to not be immunised than adults and have less autonomy when it comes to decisions about their own healthcare. However, there are adults who are unvaccinated as well.
Exposure (intervention)	People who have contracted, or are at risk of contracting, a vaccine-preventable disease due to not being vaccinated against it.	I will be looking at articles that discuss the risks involved in not vaccinating children and adults, as well as, articles that discuss the risks of vaccination and the rationale of persons who decide against it.
Comparison / Control	Children and adults who have been vaccinated according to the immunisation schedule.	I will be looking to compare the health status of people who have been vaccinated, against those who have not been vaccinated.
Outcome	To find out if there is an increased risk of contracting (and spreading) vaccine-preventable diseases, and the ramifications of contracting these diseases. To find out reasons why guardians chose not to vaccinate children, or why an adult chooses not to vaccinate themselves.	The aim of this review is to find out if there is an increased risk of contracting vaccine-preventable diseases, if one is not immunised against them and the negative effects of contracting these diseases. Also, it is important to understand why people choose not to vaccinate, as to better provide them with the information they require to make an informed decision.
Time	Short-term to long-term.	Many of the diseases vaccinated against in the immunisation register have immediate to short-term effects on the afflicted, but also have long-term effects as well, even with treatment.

(Schneider & Whitehead, 2016)

Reference

Schneider, Z., & Whitehead, D. (2016). *Nursing and Midwifery Research: Methods and Appraisal for Evidence-Based Practice* (5 ed.). Chatswood, Australia: Elsevier Australia.

Summary

I chose to use a poster for this assignment, so I could get my message about vaccination and antivaccination across to a broader audience than the other options provided, as it allows for easy presentation and can be viewed by more people, more easily, than the other choice of mediums (Briggs, 2009). Also, after the presentation of the poster is made, it can be easily displayed to that others can view the information presented on it.

I believe the issue of antivaccination has the potential to cause serious harm to the public if steps are not taken to prevent the spread of misinformation and nurses need to be equipped with the necessary tools to combat these views, when they are presented with them. Therefore, I have chosen to do my assignment on antivaccination in an attempt to understand why people choose not to vaccinate and find out the best strategies to change their opinions, so they choose to vaccinate in the future.

Reference

Briggs, D. J. (2009). A practical guide to designing a poster for presentation. *Nursing Standard (through 2013)*, 23(34), 35.