

Evaluation of Vaccine Hesitancy in a Catholic-Centric Pediatric Primary Care Population

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Background

- Vaccine Hesitancy: The decision to delay vaccination, use an alternative immunization schedule or to not vaccinate a child in accordance with CDC guidelines
 - Recently recognized by the World Health Organization (WHO) as one of the top current threats to global public health
- **Globally:**
 - 1.5M children die from vaccine preventable diseases (VPD) yearly
- **United States:**
 - 42,000 adults and 300 children die from vaccine preventable deaths (VPD) each year
 - \$13.5 Billion in direct lifetime healthcare costs
 - \$68.8 Billion in lost economic productivity
- Vaccines have reduced the rates of VPDs by 87-100%

Methodology

Setting:

- *Philosophically Catholic-centered healthcare clinic in Ann Arbor, Michigan.*
- *~1000 pediatric patients*

Chart review:

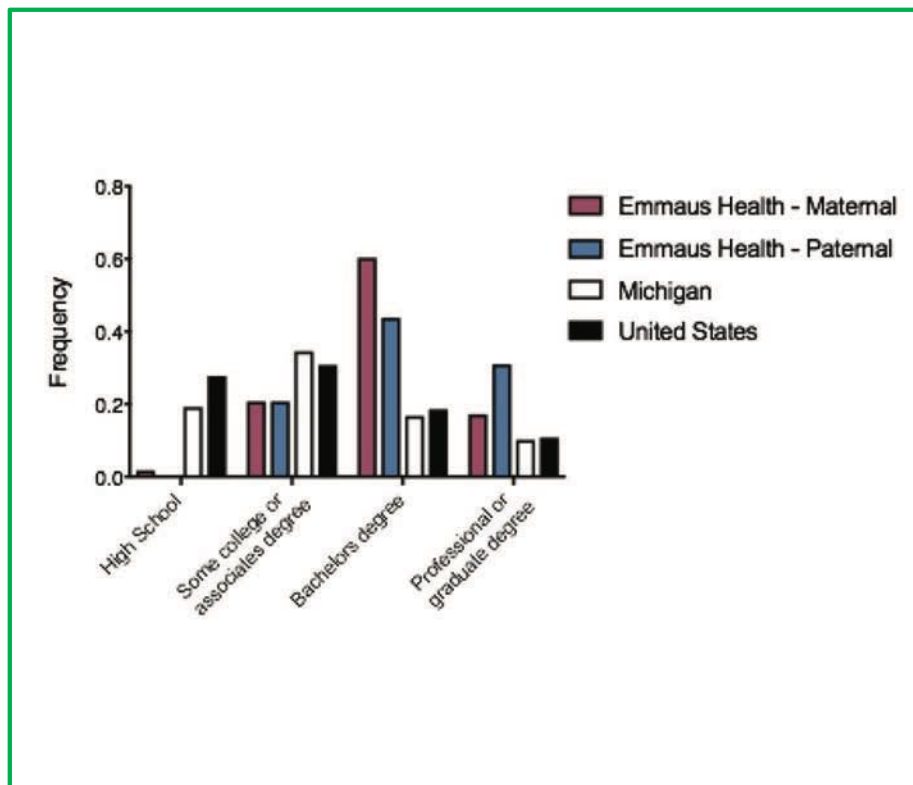
- Vaccination data was collected for all Emmaus Health patients aged 0 - 5 years (n = 189) to determine rate of vaccine hesitancy and refusal cross-referenced against the statewide Michigan Care Improvement Registry

Population survey:

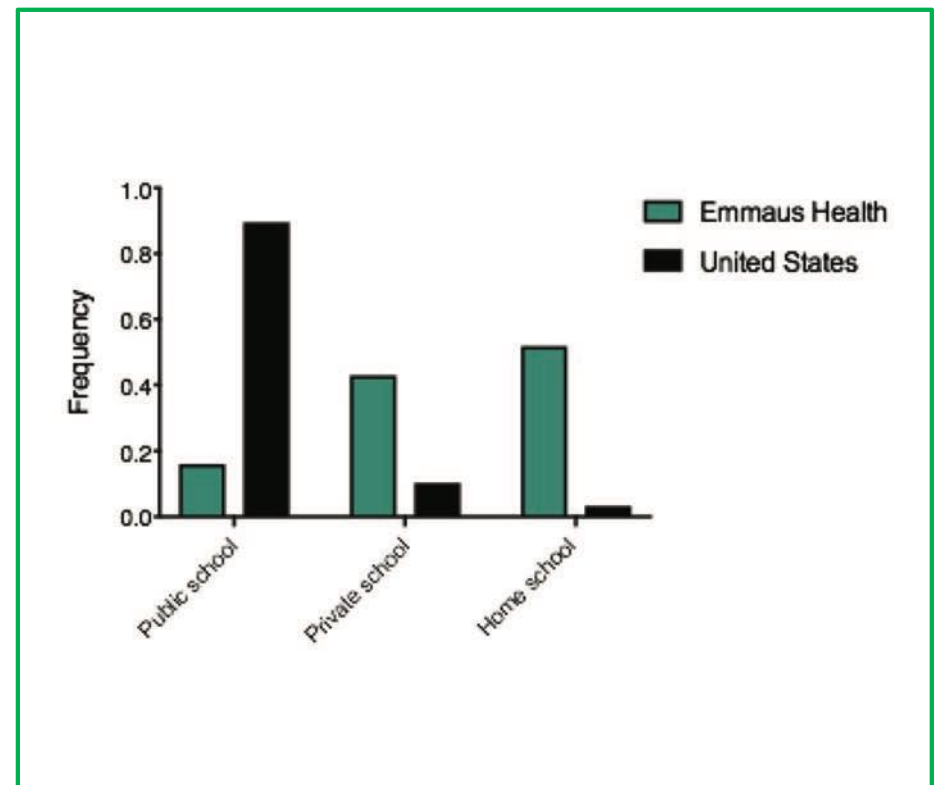
- Core Closed Question Vaccine Hesitancy Survey developed by WHO's Strategic Advisory Group of Experts (SAGE) for immunizations.

Population Demographics

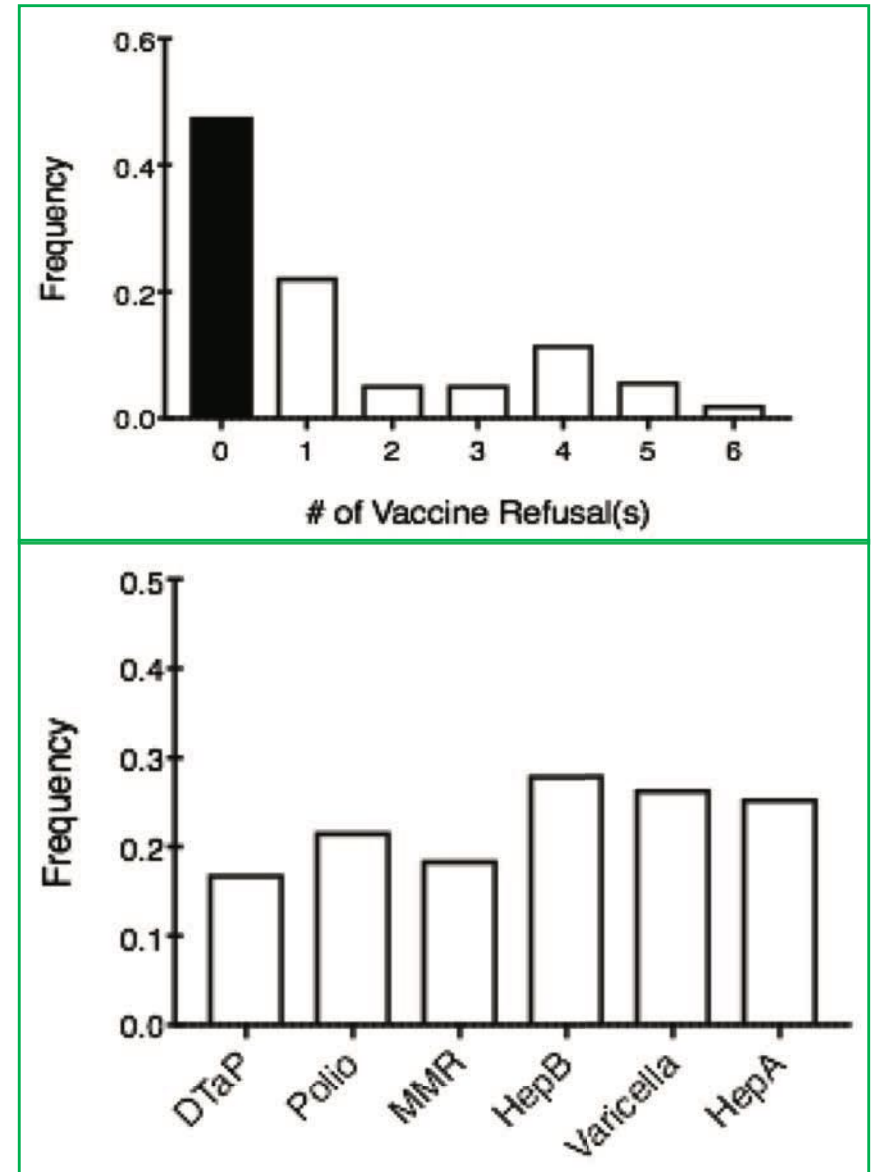
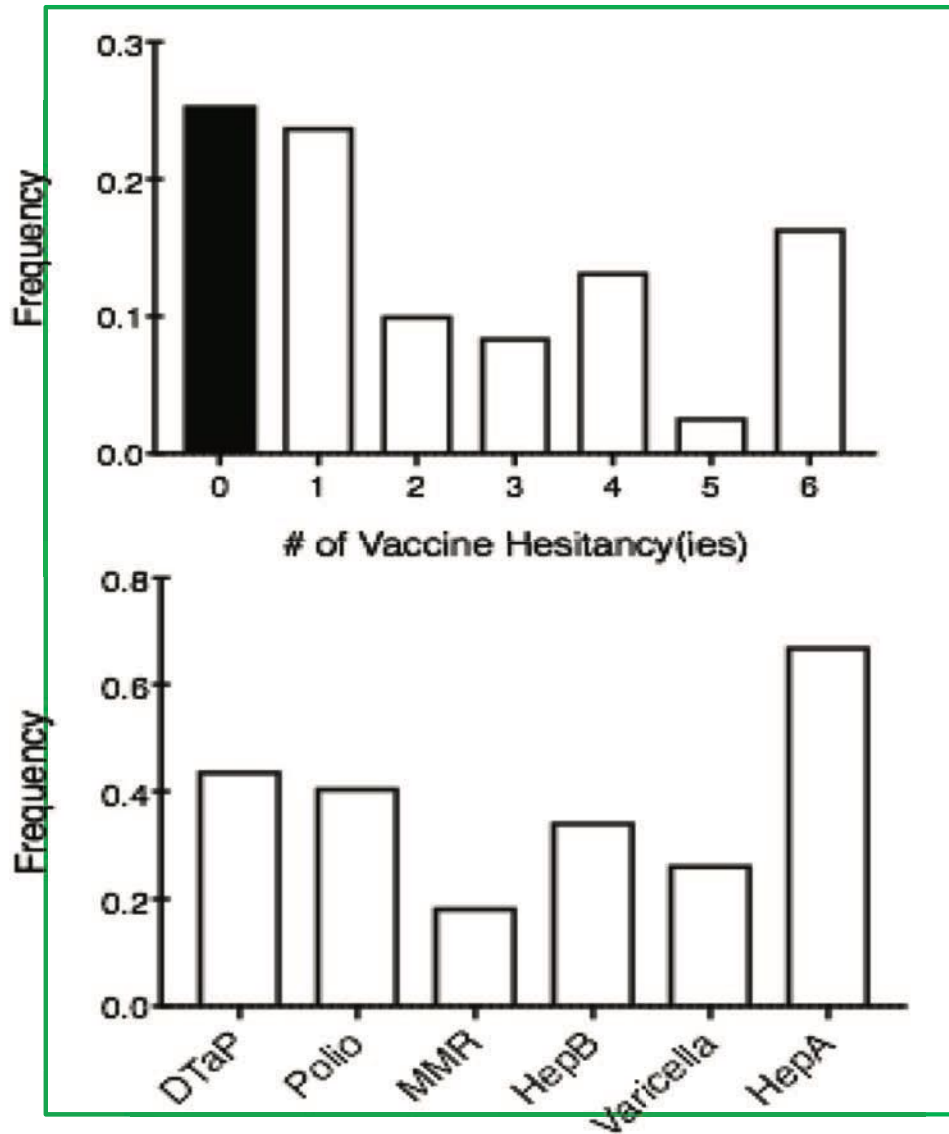
Parental Attainment Educational



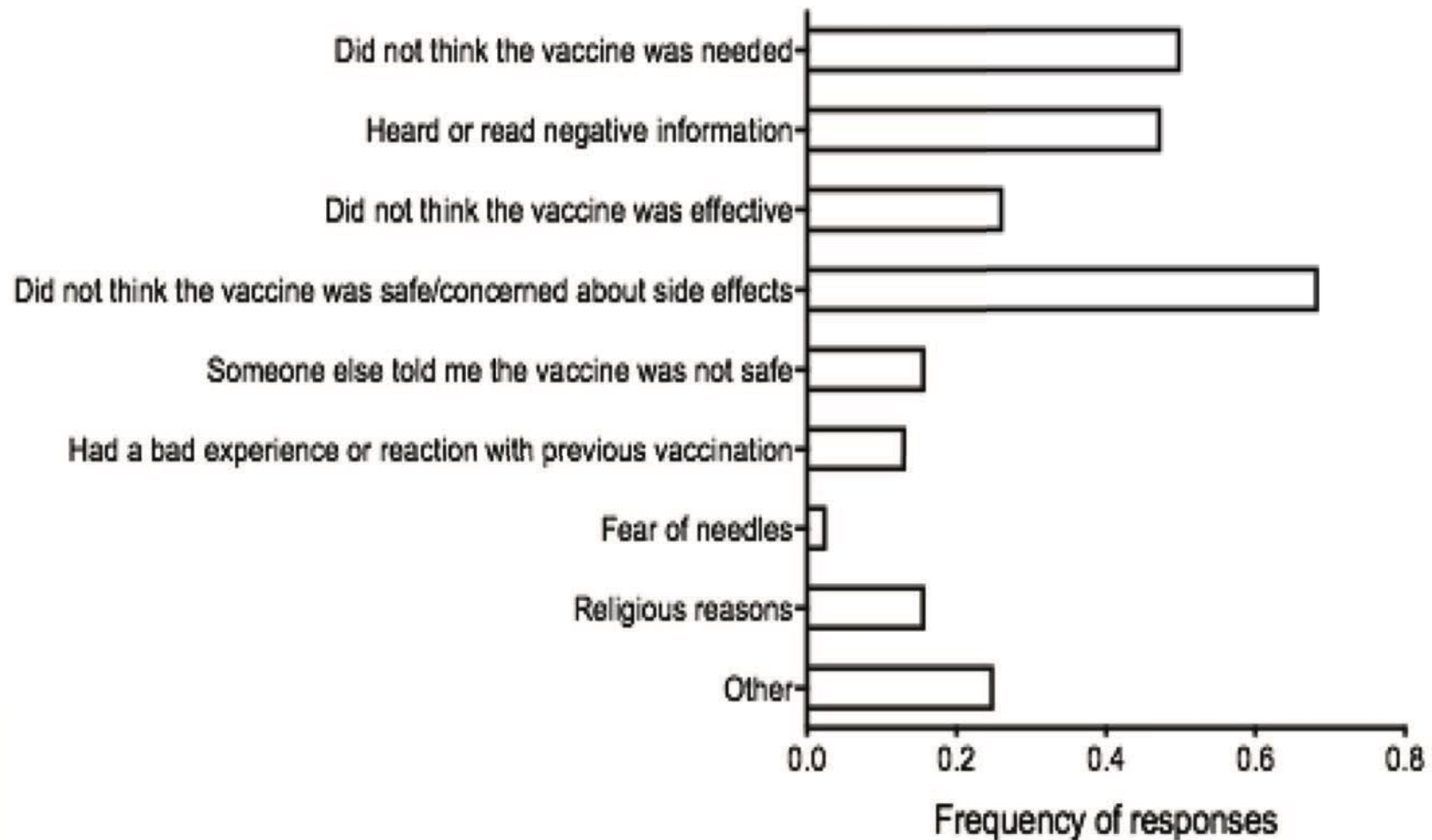
School Setting



Vaccine Hesitancy & Refusal



Reported reasons for Hesitancy



Recommendations

1. WHO recommends targeted interventions programs (TIPs) need to be tailored for the specific target group with carefully designed public health messages
2. SAGE Working Group on Vaccine Hesitancy discussed the role of childhood beliefs about vaccination in shaping adult vaccination acceptance
3. The influence of social networks on parents' decisions to delay vaccination or to refuse vaccines has been identified
4. Addressing vaccine hesitancy in collaboration with local religious or homeschool administrators

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