

LIVEWELL NURSING

Understanding and Addressing Vaccine Hesitancy

By: Angela Mitchell, CNO



August is National Immunization Awareness Month (NIAM). NIAM is an annual observance that underscores the critical role vaccinations play in protecting public health. Vaccination not only prevents the spread of infectious diseases but also contributes to community immunity, safeguarding those who cannot be vaccinated due to medical reasons (Centers for Disease Control and Prevention [CDC], 2023). However, vaccine hesitancy remains a significant barrier, fueled by misinformation and distrust, which can undermine these vital public health efforts (MacDonald et al., 2015).

Vaccine hesitancy remains a significant public health challenge in our communities, impacting the achievement of optimal vaccination coverage and, consequently, community health. As public health nurses and professionals in health and human service agencies, we play a crucial role in addressing this issue. Addressing Vaccine Hesitancy requires a multidimensional approach including evidence-based strategies to mitigate vaccine hesitancy, consideration of cultural components and health equity.

The World Health Organization (2021) defines vaccine hesitancy as the reluctance or refusal to vaccinate despite the availability of vaccines. This phenomenon is influenced by factors such as complacency, convenience, and confidence. Understanding these factors is essential for developing effective interventions for individuals, families, and communities.

Cultural beliefs and practices significantly influence vaccine acceptance. Studies indicate that mistrust in healthcare systems, often rooted in historical injustices, contributes to vaccine hesitancy among minority communities (Quinn et al., 2017). For instance, the African American community's hesitancy is partly attributable to past unethical medical practices, such as the Tuskegee Syphilis Study. To address these concerns, it is vital to engage with community leaders and use culturally sensitive communication strategies. Culturally tailored interventions have been shown to increase vaccine uptake by respecting and incorporating community values and beliefs (Brandt, 2021).

In addition, health equity is a critical component of addressing vaccine hesitancy. Disparities in vaccine access and distribution can exacerbate hesitancy, particularly in underserved communities. We can continue to ensure equitable access through targeted outreach and the removal of logistical barriers, such as transportation and clinic availability (Mack et al., 2021). Strategies to enhance health equity include deploying mobile vaccination clinics in underserved areas and prioritizing vaccine distribution to high-risk populations. As public health professionals, we must advocate for policies that ensure all individuals have equal opportunities to receive vaccinations (Schoch-Spana et al., 2021).

Furthermore, building trust through communication is central to overcoming vaccine hesitancy. Public health nurses must employ empathetic listening and provide clear, evidence-based information about vaccine safety and efficacy. Addressing misinformation and fears directly, while acknowledging and respecting individual concerns, can help build trust (Dubé et al., 2021). Utilizing social media and other digital platforms to disseminate accurate vaccine information can also counteract the spread of misinformation. Engaging with patients in their preferred languages and formats can enhance understanding and trust.

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Addressing vaccine hesitancy requires a multifaceted approach that considers cultural influences and strives for health equity. By employing culturally sensitive communication and ensuring equitable access, public health professionals can significantly reduce vaccine hesitancy. Continued research and adaptation of strategies will be essential in meeting the evolving challenges of vaccine hesitancy.

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SUBMISSIONS

Please e-mail submission (ideas, photos, articles, trainings, dates, accolades, local or national news, etc.) to Araceli.Casas@sdcounty.ca.gov and Susan.Callies@sdcounty.ca.gov.

For consideration in next issue, please submit entries by close of business on September 16, 2024. Submission limits: 125-275 words

September Topic: Preparedness and Awareness



**Access the County's EBSCO
Health Homepage using a
Universal Link**

<https://my.openathens.net/>

RSV Season

Jonna Pagaduan, Public Health Nurse – Medical Care Services



As we welcome Fall of 2024, busy with back-to-school events and saying farewell to our long summer days, we enter the recurrent Respiratory Syncytial Virus season. Even though RSV is a common respiratory virus, it can be very detrimental for infants and children. From my time as a nurse at a Pediatric Intensive Care Unit, RSV season was the busiest time of the year at the children's hospital. We saw firsthand severe infections of bronchiolitis and pneumonia from RSV, sometimes resulting to months of hospitalization. According to the CDC, RSV is the most common cause of these infections for children under 1 years old, and RSV is the leading cause of infant hospitalization in the United States (2024). Thankfully, the severity of RSV infection can be lowered through immunizations. There are 2 products available to protect infants and toddlers from RSV infections: RSV vaccine called RSVpreF for pregnant women 32-36 weeks gestation, and RSV antibody immunization called nirsevimab for infant and toddlers (CDPH, 2024). As Public Health Nurses, prevention is one of our main goals in ensuring a healthy community. Educating the public, especially the ones who are at high risk for severe RSV, can dramatically change the course of a child's health from having a severe respiratory infection suffering in an ICU to having a mild RSV infection

at a doctor's office. RSV immunization is recommended for all infants younger than 8 months, children who are 8-19 months old who were born prematurely with chronic lung disease, who are severely immunocompromised, who have cystic fibrosis, or who are Native American/ Native Alaskan (CDC, 2024).

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Sail Away with the Vaccine Management Program during National Immunization Awareness Month

Naomi Silva, QAS; Annamarie Tirsbier, QAS; Mariana Venegas, Senior PHN – EISB

“A ship in harbor is safe, but that is not what ships are built for.” John A. Shedd

Per the World Health Organization’s Immunization Agenda 2030, immunizations save millions of lives every year¹. Between 2000-2022, 57 million deaths were averted with the measles vaccine alone². There are now vaccines to prevent more than 20 life-threatening diseases, helping people live longer, healthier lives³. According to the Centers for Disease Control and Prevention (CDC), National Immunization Awareness Month (NIAM), is observed annually in August to highlight the importance of vaccination for people of all ages⁴.

NIAM is a great opportunity to highlight the Immunization Unit’s Vaccine Management Program (VMP). As the quote above states the VMP is built to respond to the everchanging seas of vaccine preventable disease, navigating both calm (routine) and rough (outbreak) waters. Take a tour of some our recent voyages!

- Since December 2020, the team has distributed 1,150,154 COVID-19 doses and approved 2,935,809 doses ordered through myCAvax.
- Since May 2022, the team has distributed 10,277 Jynneos (Mpox) vials and approved 5980 vials ordered through myCAvax.
- For the 23-24 season 118 providers were supported in ordering 42,820 influenza doses.

The VMP team also cruised through several State vaccine programs transitioning into myCAvax, charting unmapped waters and pointing the way forward for others. Lastly, the VMP sailed through 3 measles cases and took great pride in supporting 2024 Pride events with crucial vaccines. What we have learned in all our travels better prepares us to protect our communities through any exciting expeditions that lay ahead!

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¹World Health Organization. (2020). Immunization Agenda 2030. Wwww.who.int. <https://www.who.int/teams/immunization-vaccines-and-biologicals/strategies/ia2030>.

² Minta, A. A. (2023). Progress Toward Measles Elimination — Worldwide, 2000–2022. *MMWR. Morbidity and Mortality Weekly Report*, 72(46). <https://doi.org/10.15585/mmwr.mm7246a3>.

³ World Health Organization. (2024). *Vaccines and immunization*. World Health Organization; WHO. https://www.who.int/health-topics/vaccines-and-immunization#tab=tab_1.

⁴ Recognizing National Immunization Awareness Month (NIAM). (2022, August 4). Centers for Disease Control and Prevention. <https://www.cdc.gov/vaccines/events/niam/index.html>.

Measles 2024: County of San Diego Responses

By Masha Djuric, PHN Supervisor; Rachel Jonas, QAS; and Raquel Blackshere, Sr. PHN – EISB, VPD



To: CAHAN San Diego Participants

Date: February 2, 2024

From: Public Health Services

Health Advisory: First Measles Case in San Diego County, since 2019



In 2024, there has been an increase in confirmed measles cases throughout the United States. Measles is a viral illness that can cause individuals to experience symptoms such as high fever, cough, runny nose, red, watery eyes, and rash.

Measles is a highly contagious disease and contact tracing is one of the public health actions used to prevent the spread of disease. Another important strategy is to ensure everyone has received two doses of the measles, mumps, rubella (MMR) vaccine and provide post exposure prophylaxis (PEP) as indicated.

According to the Centers for Disease Control (CDC), two doses of MMR vaccine are 97% effective at preventing measles. CDC additionally states that nationally, 93% of people have received 2-doses of the MMR vaccine.

This year, the Epidemiology and Immunization Services Branch (EISB) coordinated responses to three unrelated cases of measles, after having no confirmed cases since 2019. The cases involved two unvaccinated children and an adult. All three had international travel prior to developing symptoms.

EISB utilized many teams to manage the response efforts. From nurses, epidemiologists, laboratory staff, medical directors, communicable disease investigators, health information management technicians, and administrative staff, the branch successfully prevented any secondary cases from occurring.

Key activities such as strong collaboration with medical facilities, community partnerships, quick mobilization of PEP, timely media communications, and a robust contact tracing staff aided in our successful efforts. Several tools and resources such as the WebCMR database, trainings, checklists, and reports were also utilized. This summer, our measles response abstracts were selected by the California Immunization Coalition Conference and the National Immunization Conference to present our best practices, as well as challenges and successes.

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Measles 2024: County of San Diego Responses

By Masha Djuric, PHN Supervisor; Rachel Jonas, QAS; and Raquel Blackshere, Sr. PHN – EISB, VPD

1st case February 2024

- 295 contacts managed by EISB
- 179 contacts managed by exposed medical facilities
- 28 PEP
- 26 IgG tests

2nd case March 2024

- 490 contacts managed by EISB
- 172 contacts managed by exposed medical facilities
- 7 PEP
- 53 IgG tests

3rd case May 2024

- 105 contacts managed by EISB
- 28 contacts managed by exposed medical facilities
- 14 PEP
- 3 IgG tests

For more information, please visit the Immunization Unit webpage or contact the Vaccine Preventable Diseases Program at 866-358-2966 option 5 or PHS-IZPHN.HHSA@sdcounty.ca.gov



References

Centers for Disease Control and Prevention (CDC): Measles, Mumps, and Rubella (MMR) Vaccination (2021): [Measles, Mumps, and Rubella \(MMR\) Vaccination | CDC](#)

August is National Immunizations Awareness Month

By Drew Berlin, RN, BSN, MS | Quality Assurance Specialist (MCS, ONE)

When numbers of eradicated disease such as mumps, polio, and scarlet fever are being seen in higher frequencies, I can't help but wonder if the "anti-vax movement", paired with the use of information found on the internet has anything to do with the resurgence of vaccine preventable diseases. And more specifically, how could the use of social media, a mainstay in our society, impacts the lives of the most vulnerable people who need immunizations to live healthy lives, while doing their part to contribute to safe communities. In one study of 2,515 people worldwide who were identified as "heavy" social media users, respondents were asked a series of scored questions based on vaccine knowledge and beliefs, which translated to a "knowledge" and "belief" score (Benoit, S.L. & Mauldin, R.F. 2021). The scores were analyzed using a Welch's t-test for respondent answers. Results found that the subset of respondents from North America showed significantly lower knowledge and belief scores when compared with all other continents. Two other unique trends: people who use Twitter compared to Facebook were ranked as more knowledgeable and higher educational level was correlated with higher knowledge and belief scores. These correlations are important and can help researchers determine ways to intervene and correct the spread of non-factual information using social media. Considering August as National Immunization Awareness Month, this and similar research also helps shed some light on the quality of information people are receiving across the wide array of social media options available to each one of us daily.



Image: U.S. Centers for Disease Control and Prevention. [National Immunization Awareness Month \(NIAM\) | CDC](#)

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Intergenerational Communication to Building Healthy Communities for the Future

By Annette Solorio, PHN, EISB – IZ, Vaccine Education and Clinical Outreach (VECO)



Image: Gather Magazine, 2024. <https://www.gathermagazine.org/intergenerational-community-isnt-just-a-good-idea-its-a-necessity/>

“We have not inherited this Earth from our ancestors; we have borrowed it from our children.” – Native American Proverb; Wendell Berry, Environmental Stewardship Leader.

Public health nursing encompasses a kaleidoscope of human experiences. Intergenerational communication has become an important factor of public health nursing, in bridging the gap between immunization misinformation and increasing rates of recommended vaccines across the lifespan (Generations United, 2024).

Eight million children live in households headed by a grandparent or other relatives; one in four children under the age of five are being cared for by grandparents; 1.3 million grandparents in the labor force are responsible for a grandchild living with them (U.S. Census Bureau, 2021). Having elders converse with younger generations about their unique perspectives and firsthand experiences of how vaccines save lives, and focusing on scientific advancements in immunizations can have a positive impact on vaccine rates.

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By Annette Solorio, PHN, EISB – IZ, Vaccine Education and Clinical Outreach (VECO)

One possible explanation of misinformation becoming popular in recent years, might be that many young adults, grew up in a time when many diseases have been eliminated or eradicated, have never witnessed the full effects of these illnesses. Vaccine recommendations have increased in the past few decades; parents may worry about the number of vaccines being given. Thirty years ago, people were only protected against eight vaccine-preventable diseases, but today there are vaccinations that protect against 20 diseases (WHO, 2024).

Vaccine research continues to improve, with breakthroughs and advancements in the field of vaccine development. Understanding that families are in this together, providing support, transparency and clear information will help bridge that intergenerational immunization perception gap, and create the bright future we envision for all generations to come.

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Resources

My Family Health Portrait – A tool from the Surgeon General
<https://cbit.github.io/FHH/html/index.html>

Valuing Vaccinations Across Generations – Intergenerational Discussion Guide
<https://www.gu.org/app/uploads/2018/05/Intergenerational-Report-VaccineDiscussionGuide.pdf>