

Towards an EMA vaccines outreach strategy

Patients and Consumers Working Party (PCWP) and Healthcare Professionals Working Party (HCPWP) joint meeting

25 September 2019

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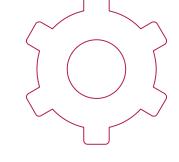
In this presentation





- Rationale
- Analysis driving EMA strategy

- Goal and areas of work
- Collaborating with ECDC/EC



How can we work with HCPWP/PCWP?

 Opportunities for collaboration

Why outreach?

- WHO Europe region: highest scepticism on vaccine safety measles outbreak
- Conflicting information, misinformation, manipulated information on social media: global public health threat
- Most damaging: bad science
- Educational campaigns fall short health officials push their agenda without addressing existing perceptions



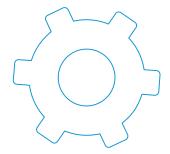
Source https://ec.europa.eu/health/sites/health/fi es/vaccination/docs/2018_vaccine_confide nce_en.pd



Dialogue matters

Strategies must include listening and engagement



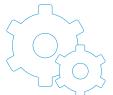


Why EMA needs a Vaccines Outreach Strategy?

- Rationale
- Analysis driving EMA strategy



Rationale – need for a long term approach



EMA's mission vaccine approval & monitoring

- Communicating benefit-risk of vaccines
- Routinely handling complex vaccine queries
- Increasing public demand for facts and scientific narrative



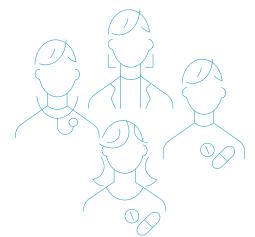
Future vision

- Strengthen the regulatory science underpinning innovative approaches for development, approval and postauthorisation monitoring of vaccines
- Proactive outreach and educational efforts to key stakeholders

Analysis



Identifying the **external trends and changes*** that will affect the Agency and its upcoming work to increase confidence in the regulatory system for vaccines



- Environment stakeholders and publics
- Organisation challenges and opportunities

^{*}Gregory's book (2010) - Planning and managing public relations campaigns: a strategic approach

Key outcomes from analysis

- Mistrust landscape: vaccine hesitancy, misleading information online, scepticism in public authorities
- Lack of experience dealing with consequences of infectious diseases
- Gaps in knowledge on vaccines to address public health concerns
- Need for easily accessible, understandable information balancing scientific facts and patient-friendly design
- Pushing out information not sufficient fundamental to listen and work with professionals at the forefront of patient care
- Education on vaccine science emerging as a new field leverage existing initiatives



A proactive, long term approach to enhance knowledge on vaccine science is needed



Focus efforts on audience with genuine concerns willing to take in the facts

Proposed primary focus



Safety



Effectiveness – more and more an issue. Doubts about effectiveness contribute, in addition to risk perceptions, further eroding public trust – especially considering concomitant scepticism amongst some healthcare professionals



Confidence in Quality - Many safety / efficacy issues derive from quality aspects



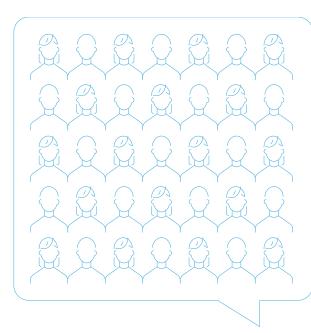
Handling of scientific uncertainty is at the core of the exercise - both an opportunity and threat – we should invest on how to best address and communicate it

Lessons learnt from HPV referral and assessment of uncertainty



Who should we involve?

- Patients, consumers and healthcare professionals (including pharmacists, GPs and nurses)
- EU experts, ECDC and European Commission
- NCAs
- Health authorities at national level (in collaboration with ECDC)
- International health authorities (e.g. WHO, FDA)
- · Academia:
 - Research agenda to drive research in areas where more scientific evidence is needed
 - Experts on vaccine science education
- Other relevant players?





What we'd like to achieve?

- Goal and areas of work
- Collaborating with ECDC/EC



What we would like to achieve?



Our goal

To increase knowledge of and trust in the quality, safety and effectiveness of vaccines, and empower the EU public and healthcare professionals to take well-informed vaccination decisions.



How are we planning to achieve it? Focus areas (1)



New vaccine information and educational materials &

Patients, consumers, academics and healthcare professionals as advocates on vaccine science



Continuous monitoring of public perception, including through continuous dialogue and engagement with stakeholders



Maximise communication channels/tools

Identify **new channels** and opportunities to enhance vaccine knowledge



Coordinate public health messages on vaccines across the EU Network and with international partners

How are we planning to achieve it? Focus areas (2)



Engage with academia to drive research in areas where further scientific evidence regarding the benefit/risk of vaccination is considered important



Disseminate new data generated post-authorisation on the impact of vaccination



Support the Agency's activities to increase **preparedness for public health threats/pandemics**



How can we work with HCPWP/PCWP?

 Opportunities for collaboration



Collaborating with the European Commission and ECDC

EMA is **supporting the ongoing work** of EU countries and the European Commission

- EC Council Recommendation
- ECDC's portal
- Member States' Joint Action on Vaccination





Opportunities for collaboration











HCPWP/PCWP

- Input into ECDC portal and EMA materials
- User-testing

Discussion with academics working on vaccine educational initiatives

- With representative from HCPWP/PCWP
- International partners & WHO

Workshop on vaccines

2021 HCPWP/PCWP

Thank you for your attention

Further information

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Considering new approaches

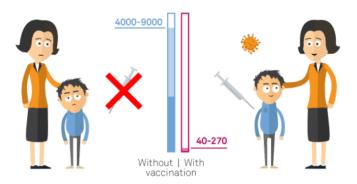
Science fact boxes

to explain facts or regulatory decisions



New formats to communicate benefits and risks

Infection per 10,000 people Contraction of rubella



If 10,000 unvaccinated individuals came into contact with rubella, 4,000 – 9,000 would get infected. This figure is reduced to 40 – 270 out of 10,000 after vaccination. Vaccination significantly reduces the risk of harm to unborn babies from rubella.

Source: Harding Center

Vaccine queries - a valuable tool for listening to vaccine concerns

- Many queries on vaccines from patients, carers and healthcare professionals
- Often complex queries from anti-vaccine campaigners, academics, MEPs or EC
 - Pandemrix and narcolepsy
 - HPV vaccines
 - MMR and autism
 - Adjuvants, e.g. squalene, thiomersal / mercury, aluminium
 - autoimmunity
 - impurities
 - too many vaccines
 - neurological events
 - unspecific events
 - safety-trial methodologies

