



## SHARE AND MOVE TO FACE NASTY BUGS

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### **Country**

Italy

### **Target**

Citizens

Decision Makers

Government and Public Health

Healthcare Professionals

### **Topic**

Human Rights

Local Activities

Stakeholders

Vaccination

### **Tags**

Vaccine

Vaccine hesitancy

Vaccine safety

best practice

## **Background**

The spread of infectious diseases is crucially influenced by the behaviour of citizens. Indeed, both the daily behaviour and the vaccine propensity are among the main driver of modern prevention strategies.

Concerning the modification of daily behaviour with the reduction of risky exposure to infection, two outstanding examples from the recent history of public health come from HIV and Ebola epidemics. These example show the effectiveness of public health campaigns aimed at containing the spread of an infectious

disease by means of pure diffusion of awareness if its risks and at inducing behavioural changes. The setting up of disease awareness by public health authorities and NGOs in Uganda induced in the citizens changes in their sexual behaviours, which in turn remarkably decreased the HIV prevalence in this country in early 2000s. Similar patterns of awareness campaigns-triggered reduction of HIV prevalence were also observed in Zimbabwe. Moreover, social mobilization and spreading of the awareness of the outbreak was one of the most important measures enacted by Uganda during the Ebola epidemics in 2000 and 2014/2015.

Although not concerning directly vaccines, many lessons can be learned by these examples. One of the most important is that a deep knowledge and involvement of civil society in a general awareness campaigns is fundamental.

As far as the induction of changes in the vaccination behaviour is concerned, there are quite clear evidences that the awareness campaigns enacted during the H1N1 pandemics were not successful in reversing the poor baseline score of anti- seasonal influenza vaccinations. For example, in Madrid province (Spain) of all those for whom the H1N1 vaccination was indicated only 15% about were vaccinated. Even among the subject suffering three or more chronic conditions for whom vaccination is warmly suggested only one third of them got vaccinated.

Moreover, H1N1 pandemics also shows that a passive involvement of citizens does not really improve the vaccination rates since there is a substantial gap between people declaring the intention of getting vaccinated and the actual vaccination rate.

Adherence to H1N1 vaccination campaign was also low among the healthcare workers (HCWs) in EU, especially among nurses. This was in line with the trend of low vaccination rates against seasonal influenza among HCWs. This also shows the need of specific

awareness campaigns aimed at reaching HCWs.

These and other information on the role of awareness campaigns for vaccination, which can be found in the Report of the Task 2.3 of our project, clearly show how a new generation of awareness campaigns where the SiS-related concept of active participation of Civil Society to the design of such campaigns is urgently needed.

## **Project description: Italian Chart for the Promotion of Vaccinations**

A very recent and innovative example of good practice concerning awareness campaigns is the ?Italian Chart for the Promotion of Vaccinations?, a recent call for action whose website is: <http://www.teamvaxitalia.it/>. Namely, the Chart is the result of the efforts of the ?TeamVaxItaly? movement that had been founded in a civil society meeting in Fano (Italy) in October 2015.

The innovative character of the Chart is its double targeting of its action. In line with other advocacy for health campaigns it is aimed at targeting both Civil Society (for the understanding of the awareness of vaccinations and of the advocacy itself) and stakeholders at various levels, including direct political pressure. Moreover, the Chart stresses the importance of acting at both national and local level.

It is important to stress that the Chart has been born from the joint effort of Civil Society representatives (associations of parents, bloggers, students) and of Health-Care Workers. In other words it is not the result of specific public health campaign.

This innovative nature allowed that in its

design Civil Society representative were peer to Health Professional.

Six key principles/actions are at the core of the Chart:

- The Right to Prevention
- The Social Responsibility: the vaccinations give not only an added value to the individuals but they are a key tool to protect *the Collective Health*
- Information
- Contrast to mis-information
- Communication
- Quality: not only the vaccine resource must be of quality, but also the HCW must be well qualified and must receive continuous formation.

Note that three out of the six key principles/actions concern human communication.

The above principia/actions are first generally stated, and then deepened, detailing a number (45) of specific issues. For example, as far as communication and information are concerned, it is stressed the need to fight the increasingly important phenomenon of 'False Balance' in communication on Vaccines (the false balance consists in giving the same space to science and pseudoscience in public debates); and another of the key recommended actions is the fighting of the diffusion of 'ad hoc created rumours' virally diffusing on the Net.

Not only the principia/actions are stated and detailed, but the Chart even outlines a number of possible scenarios of application by key institutions and categories of Italian citizens:

- Local Public Health Unities, which are the backbone of the National Health System
- Schools, Universities, Professional Formation Centres
- Healthcare Workers
- Civil Society
- Journalists/Bloggers

For each category a list of key points are listed, taken from the detailed list of principles/actions.

The website provides not only internal material (and namely, of course, a PDF version of the Chart) but also external toolkits, developed by other Italian initiatives, or international ones (in such a case, translated in Italian)

Of course, the chart is meant as a ?work in progress?, both in its diffusion and in its content.

## Status of the project

The project is still ongoing.

[Click here to download the PDF file.](#) [1]

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# ASSET

Action plan on **Science in Society** related issues in **Epidemics and Total pandemics**  
European Commission

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