

Heidi Larson: A need for nuance

In 2010, anthropologist Heidi Larson at the London School of Hygiene and Tropical Medicine founded the Vaccine Confidence Project to study what was driving the growing trend in hesitancy or refusal to vaccinate, and to investigate how attitudes towards vaccines spread through and between communities. Under Larson's direction, the project has monitored media coverage and social-media discussions for a decade to understand the factors that influence people's opinion on vaccines.

Why are vaccines such a contentious topic? Vaccines lend themselves to rumours and distrust because they aim to affect everybody on the planet – that's a pretty big deal. There have been anxieties and resistance to vaccines since smallpox vaccination began in the early 1800s. And some of the issues that led to the anti-vaccination leagues in the United Kingdom in the mid-nineteenth century are still relevant today – liberty and freedom of choice, the idea that vaccines are against nature and not part of 'God's plan', and concerns about safety. Today, mistrust and rumours about vaccines travel faster and further because the communication landscape is different. There are also many more vaccines to question.

How has the discussion online changed since your project started ten years ago? It has become much more polarized and more vitriolic. For many people, vaccine anxiety is connected with deep emotions, beliefs and ideologies. When one researcher (J. Kennedy *Eur. J. Public Health* 29, 512–516; 2019) compared our Vaccine Confidence Index – a measure of public confidence – with populist leanings in several western European nations, they were significantly aligned. It's important to note, however, that there is still a very large hesitant group who are not so dogmatic – they are asking reasonable questions. Using terms such as 'anti-vax' labels people as being totally against vaccines, but it's not as simple as that. There is a spectrum of views. Some people broadly reject vaccines, but others have concerns specific to one vaccine or one ingredient – or even just object to being made to vaccinate. We need more conversations with those people who are hesitant, but willing to have a discussion.



Heidi Larson says parents need honest and accurate information.

What can be done about the spread of misinformation through social media? Social-media companies are being told to manage misinformation, but they're also being told to stay out of people's private spaces. They're not in an easy position. Their strategy has been to put the more credible information at the top of searches and news feeds.

The exercise has been eye-opening. The idea that you can delete misinformation in this web of networks, conversations and ideology is illusory. People will find another forum to spread their ideas. It's much more constructive and sustainable to get people on board than to try to take away their platform.

How can people who are hesitant about vaccines be convinced they are beneficial? Having accurate, clear and honest information is fundamental, but it's not enough to change people's minds. This is also about emotions, opinions and feelings. The worst thing to do is tell people they're ignorant or stupid. Often we're talking about people's children, and we

should remember that all parents want the best for their child.

Health authorities should make it clear that they are listening and responding to the public's questions and concerns. It's not just about putting out information – we need to take a more nuanced approach. It's frustrating when the information that health authorities provide – the things that they think the public should know – doesn't address people's questions about, for instance, the safety of vaccine ingredients.

People are anxious. Parents need a space where they can have a conversation that makes them feel more confident, and helps them to make the right decision. Doctors, nurses and vaccinators are usually too busy to do that, but there are some really interesting, creative approaches emerging to engage with people.

What form might those approaches take in practice?

It could be anything from online chat forums to putting community volunteers in waiting rooms for people to talk to. I think each setting needs to get creative about finding ways to respond to people's questions. There's a real discomfort with clinical and health-care authority being challenged, but having these conversations will help us tremendously to build comfort and trust.

With rejection of vaccines on the rise, what does the future look like?

I hope we've seen the worst of it, but I think we might still have another hill to climb. My biggest concern is that we are going to have another very serious influenza pandemic sooner or later, and if the public opt to forgo vaccination the way they did during the 2009 swine-flu pandemic, we're in deep trouble.

That will test our ability to cooperate as a society. With levels of distrust and division as they are now, I'm not convinced we're doing too well. We've got to build a society in which people trust the system and realize that we're in it together. Or at least enough people do. We're never going to get everybody, but we can do better than we are now.

Interview by Sedeer el-Shawk

This interview has been edited for length and clarity.