

Market research 2010

Childhood immunisation programme: Attitudinal research into combining 12 and 13 month immunisations

1. The following report was commissioned to inform the Joint Committee on Vaccination and Immunisation (JCVI). A management summary was provided to the JCVI. The conclusions stated in the report are the conclusions of the research company rather than the JCVI.
2. The specific purpose of this market research is reflected in its methodology and sampling.
3. This research was commissioned for policy purposes and the report was not originally written for publication. The research was conducted in accordance with the Market Research Society Code of Conduct <http://www.mrs.org.uk/standards/codeconduct.htm> which provides that the anonymity of respondents should be preserved. It would be unfair to release personal information about respondents which could lead to their identification. Accordingly, and in line with the relevant Freedom of Information Act exemption, some personal information about respondents has been redacted in this version.

Cragg Ross Dawson

**CHILDHOOD IMMUNISATION
PROGRAMME**

**Attitudinal research into
combining 12 and 13 month
immunisations**

FINAL REPORT

COI 400150

Prepared for:

COI
Hercules Road
London SE1 7DU

and:

The Department of Health

June 2010

111rp

Contact at
Cragg Ross Dawson: Tim Porter

Cragg Ross Dawson
Qualitative Research
18 Carlisle Street
London W1D 3BX

Tel +44 (0)20 7437 8945

Fax +44 (0)20 7437 0059

research@crd.co.uk

www.craggrossdawson.co.uk

CONTENTS	PAGE NUMBER
A. BACKGROUND AND OBJECTIVES	1
B. METHODOLOGY AND SAMPLE	3
C. SUMMARY OF FINDINGS	4
D. CONCLUSIONS	6
E. FINDINGS: PARENTS	10
1. Attitudes to parenthood	10
2. Sources of information on health	13
3. Understanding and perceptions of immunisation	16
4. MMR	29
5. Knowledge of the current immunisation schedule	33
6. Reactions to the different timetables	34
F. FINDINGS: HEALTH PROFESSIONALS	46
1. Health visitors	46
2. Practice nurses	48
G. TEAR OFF SHEET AND BOOKLETS	52
1. Parents	52
2. Health professionals	57
H. DESK RESEARCH	59
 APPENDICES	
Recruitment questionnaire	
Topic guides	

A. BACKGROUND AND OBJECTIVES

1. **Background**

The current childhood immunisation schedule, used in all government-backed communications to parents, includes two immunisations around a child's first birthday...

- the combined Hib and Meningitis C vaccine at 12 months
- the MMR and pneumococcal vaccines at 13 months

In June 2009 JCVI concluded that there is no scientific reason to keep these separate. Clinical evidence shows that giving all three vaccines at once is just as effective as giving them separately, and does not increase the incidence of adverse reactions. With parents' consent, these could all be given at one appointment, meaning only one trip to the surgery for parents and babies. However, parents may be worried about the number of injections being given, and the impact of this on a baby's immune system. The inclusion of an additional combined immunisation vaccine, and the fact that this includes MMR, makes this particularly salient.

2. **Research objectives**

Qualitative research was commissioned to explore parents' reactions to the possibility of administering the Hib/MenC, PCV and MMR vaccines on a single occasion around a child's first birthday. More specifically the research examined parents'...

- knowledge of childhood immunisation, and the current immunisation schedule, including...
 - which vaccines are given when
 - how many vaccines are given on each occasion
 - how many diseases each vaccine immunises against
 - which diseases these are

- understanding of the reasons for the current schedule; in particular why vaccines are given at those ages, and why children require 'booster' injections'
- previous experience of getting their children vaccinated; how has the system worked; how has their child responded
- opinions of and attitudes to childhood immunisation and MMR in particular
- concerns about childhood immunisations; and about MMR
- reactions to the separate and combined 12 and 13 month schedules; positives and negatives of each
- how the inclusion of MMR in the combined appointment affects views
- how, if at all, this would affect parents' decisions about their child(ren) being vaccinated
- preferences for either of the two schedules
- opinions on whether this change should be made

Alongside this, the research gauged health professionals' reactions to the combined schedule in comparison with the separate timescale. This included...

- their opinions on how parents would react to the combined schedule if it were to be introduced
- any additional support or materials they would need if this were to be brought in

A secondary objective was to examine reactions to a new tear off sheet for use at vaccination appointments explaining the potential side effects of childhood vaccinations.

A further objective was to conduct desk research on immunisation schedules in other developed countries.

B. METHODOLOGY AND SAMPLE

1. **Methodology**

The following fieldwork was conducted...

- 16 paired interviews with couples who were parents
- 6 paired interviews with friends who were lone mothers
- 6 group discussions with parents
- 2 group discussions with health professionals

2. **Sample**

The parents sample was segmented by...

- gender
- socio-economic grade (BC1 and C2DE)
- age of children (0-5 months and 6-11 months)
 - all children were too young to have had their 12 or 13 month vaccines yet
- first time and experienced parents
- attitude to MMR (one third 'accepters', one third 'doubters', and one third split between 'probably nots' and 'rejecters')

The parents groups and lone parents depths were weighted towards mothers; all other demographic factors were split equally across the sample. Rejecters of immunisation were excluded from the sample.

Health professional groups were conducted with practice nurses and health visitors.

Fieldwork was conducted in London, the Midlands ([REDACTED]), [REDACTED]) and the North [REDACTED] [REDACTED]). It took place between 20th May and 9th June 2010, and was conducted by Tim Porter, Rob Hartley, Lisa Malangone, and Rachel Skevington Britton.

C. OVERVIEW

1. **Immunisation**

Attitudes to immunisation appeared to be largely accepting; it was widely acknowledged as one of the most effective ways of protecting children against disease. Feelings about MMR were mixed, reflecting the sampling criteria. Accepters either were convinced of its safety or did not think too much about it; others were wary or sceptical and in some cases cynical. MMR aside, most had broad trust in the immunisation programme and in the NHS to ensure that it is safe.

Detailed knowledge of the immunisation programme was low – very few parents knew which vaccines their baby had been given or would have and when, and none were aware that the main part of the schedule stopped at 13 months, the next vaccinations being pre-school. When parents were shown the immunisation schedule up to 12 / 13 months most were surprised at the number of vaccinations, and by the fact that at most points babies receive more than one and sometimes three injections simultaneously.

Parents' views were largely reflected by health professionals, though there were some differences by region and locality. In the Midlands the impression from health visitors was that anxiety about MMR was dying down, though two health visitors themselves were a little worried about it. Practice nurses in London frequently had to deal with questions about it, some from overseas parents who were not well informed about it.

2. **The current schedule**

None of the parents were able to identify the current 13 month schedule as the one in current general use; *and when presented with the combined schedule 'cold' none raised objections to it.*

When prompted, parents' reactions to the combined schedule as an alternative to the current schedule were mixed. About half the sample said they would be accepting of this – this was largely on the grounds of it causing less pain and distress for the baby, and the benefit of getting immunisation 'out of the way'.

The remainder were less keen, primarily because they had concerns about MMR and/or were uneasy with it being given at the same time as three other vaccines. There was also a more general worry about giving this number of vaccines at once, including among some MMR accepters.

Health professionals were largely unconcerned about the combined schedule themselves, but anticipated some worries about it among parents, again centred on the use of multiple vaccines and the fact that it included MMR. Most said they would work to the combined schedule with no reservations, but a minority had some worries about it and/or wanted more information.

3. **The tear-off sheet and booklets**

The tear-off sheet was widely well received. It came across to both parents and health professionals as a simple summary of an important feature of immunisation – side effects – and appeared to cover all the relevant information. The language, design and layout meant it was accessible and easy to follow, and it was regarded as a useful tool for health professionals.

Reactions to the booklets were less enthusiastic, but they were both seen as useful in the scope of information they covered. In comparison with the tear-off sheets they were inevitably seen as long and detailed, especially the *Guide to immunisations up to 13 months of age*. Health professionals regarded them as useful in principle but doubted whether they would be read comprehensively by parents.

D. CONCLUSIONS

1. **The current immunisation schedule**

There is low awareness of the current timetable among parents, particularly around the immunisation programme at 12 and 13 months. Most assume that there is only one appointment at this stage; and that it is for (or it includes) MMR. The other vaccines given at 12 and 13 months are less well known, and generally accepted without question.

Though generally parents have trust in the schedule and in the NHS and health professionals to get it right, those with reservations about MMR are clearly more anxious about this part of the schedule than others. The 4 month vaccinations are generally accepted without question: no parents in the sample had been seriously worried by their babies being given three vaccines at this stage.

Among those with doubts about it, MMR is an exception, and does not influence perceptions of the programme as a whole; parents with concerns about MMR have no worries about the other vaccines. Health professionals' experiences reflect this picture: they tend to deal with far more questions about MMR than other vaccines, though some believe the controversy around MMR is dying down. However, it is clear that while the principle of combining vaccinations and/or giving more than one at the same time appears largely to be accepted, if one of these is MMR, views can change.

2. **Combining the 12 and 13 month appointments**

The combined schedule at 12 and 13 months is regarded with mixed feelings; if it is introduced, the way in which it is communicated will have a significant impact on how it is received. Given low awareness of the immunisation schedule, parents are unlikely to notice the change *until informed about it*.

Parents' problems and worries only come to the surface when the combined option is explicitly presented as a changed schedule, or as different from how things used to be done. When parents are told that the new schedule involves giving MMR and PCV at the same time as another vaccine, some change their views, including some of those who accept MMR. .

These concerns may give the more cautious parents something else to worry about. It is not certain that the new schedule will reduce the uptake of the 12 and 13 month vaccines, but it might well mean that health professionals have to spend longer reassuring parents prior to vaccination. They will also need to be prepared to be flexible if parents are adamantly against the combined schedule.

Offering parents a choice between the two schedules could generate more questions than answers, and seems unwise. It might also risk compromising current understandings of the vaccination schedule as 'just what happens', and reframing it as optional, which could negatively affect vaccine uptake.

When the combined schedule is presented to parents first, very few identify the appointment at a year of age as different or worthy of comment. Parents in areas where the combined schedule is apparently already being given accept the schedule without question. It is also clear that offering parents detailed information, and flagging up changes, can generate anxiety where it is not warranted. Given these issues, it seems sensible to introduce the combined schedule as far as possible without announcing it explicitly as a change.

3. **Dealing with questions about the change to a combined schedule**

It seems likely that health professionals, especially health visitors and practice nurses, will be the first port of call for any parents with worries or queries about the new schedule. They will have an important part to play in informing and reassuring parents. It is also clear that they will need to provide a uniform answer, as parents do discuss these things amongst themselves, and any variation between health professionals is likely to create a sense of unease.

Bearing in mind reservations about the schedule expressed by some parents, health professionals will need to be ready to reassure parents that...

- combining vaccinations into one appointment and giving three at a time is entirely safe
- the fact that MMR is one of these makes no difference, because MMR is safe

- there is a good reason for the change: though the current system is effective and safe, changing it will be an improvement
- there are significant benefits to baby and parent in having one fewer appointment and reduced distress

Given continued sensitivity about MMR, any negative news coverage will have a significant impact. Again, health professionals will be the front line in combating this, and will need to be kept fully informed on the latest information from JCVI and DH to prevent any contradictions or confusion, and to ensure that they are equipped to reassure parents.

Finally, it is important that the information given by health professionals is pitched at the right level. Clearly, the JCVI information prompted questions among many respondents, but was useful for reassuring some, particularly those with a more pragmatic view of immunisation. Information at this level needs to be carefully tailored by health professionals according to the attitudes of individual parents. If in doubt, we would suggest keeping it simple, as outlined above.

4. **The tear-off sheet on side effects**

The tear off sheet is well received by parents and health professionals. Parents want to know what the side effects of vaccines are and how to deal with them, and this information is more accessible on a single sheet than in the booklets, where it can seem hard to pick out. It is reassuring to parents to know that most side effects are normal and mostly are easily managed. Parents also appreciate the NHS being open and frank about the fact that side effects are likely to occur.

Health professionals like the idea of having a simple and accessible resource which they can use with parents. There are diverging views on when the sheet should be given to parents; on balance it seems wise to hand it out immediately before vaccination, so that parents feel they have been given advance warning, but do not dwell on the content to the extent that they begin to worry.

The booklets on the immunisation programme are regarded as useful. Though they do not appear to be widely read, they have an important role to play in making information available to those who want it, and in demonstrating openness and transparency around immunisation.

E. FINDINGS: PARENTS

1. **Background**

1.1 Experiences of parenthood

All parents acknowledged that there are positives and negatives to being parents. The positives during the first year were largely the rewards of getting feedback from babies and observing their development.

"Their first word and stuff, it's all rewarding being a parent."

PD21: lone parents, C2DE, experienced, with child 6-11 months, 'doubters', [REDACTED]

Concerns focused primarily on anxiety about feeding difficulties, illness and uncertainty about what might be wrong when the baby is crying. Cot death was also a concern for some, particularly those for whom it was their first child.

"The crying is the main hardest thing, when you don't understand why they're crying."

PD1: couple, BC1, first time, with child 0-5 months, 'acceptors', [REDACTED]

"Cot death."

"Meningitis is the main one really and then it is when they get a bit older, like ADHD. Autism scares me a little bit."

PD4: couple, C2DE, experienced, with child 0-5 months, 'acceptors', [REDACTED]

"Cot death, when they're very young, certainly I worry about that because it's a nightmare."

G3: male, BC1, experienced, with child 0-5 months, 'rejecters', [REDACTED]

When asked to describe their worries for their children, parents were primarily concerned about their general wellbeing, their health, education, social issues and financial wellbeing. Health concerns encompassed weigh-ins and whether the baby is putting on enough weight; choosing between breast and bottle feeding; weaning; ensuring a healthy diet; preventing accidents and infectious diseases e.g. meningitis; immunisation and its possible effects. It was notable that immunisation was frequently mentioned unprompted as a possible health concern.

1.2 Differences by sample sector

1.2.1 *Experienced and first time parents*

Experienced parents with children relatively close in age were generally the most relaxed when it came to their children's health. There was a sense that the hard decisions had already been made, relevant research had been done, and milestones had been successfully negotiated with their older child(ren). Assuming that there had been no problems with their oldest child, this template was followed again for subsequent children without question.

"I think with my children, say if it's weaning or an injection, if my older one has had it and they are OK then I will continue to do so."

PD19: lone parents, C2DE, experienced, with child 0-5 months, 'acceptors', [REDACTED]

"The second one is easier than your first one because you're a bit frightened when you pick up the first one, you think you might break her, but the second one is no bother."

G3: male, BC1, experienced, with child 0-5 months, 'rejecters', [REDACTED]

If there was a large age gap between children parents found that 'things have changed' in relation to issues such as sterilisation of bottles, prevention of cot death, the optimum time for weaning, and immunisation. This could lead to uncertainty about advice given by health professionals, because they were puzzled by the speed of change of this advice.

*"They've changed the rules so much since we had our first."
"Everything has changed so much. I don't see how people can move the rules like that when it's been going for generations."*

PD18: lone parents, C2DE, experienced, with child 0-5 months, 'doubters', [REDACTED]

"It's like being a first mum again really because it's all different, things have changed since we've had them."

PD8: couple, C2DE, experienced, with child 0-5 months, 'doubters', [REDACTED]

First time parents were often quite nervous about the responsibility of being a parent, and about how they are supposed to know what to do.

ARE YOU FINDING ANYTHING THAT YOU WORRY ABOUT IN THESE FIRST FEW MONTHS?

"Everything."

"Completely everything. I'm always on the 'phone to the NHS Direct. I do worry about everything."

"I think especially if it's your first, you don't really know what you're doing. It's all trial and error but you're dealing with a human instead of an object. You don't want to make a really bad mistake."

G1: female, BC1, first time, with child 0-5 months, 'acceptors', [REDACTED]

"When they are the first, when they sneeze and you are like, 'Oh my God, what has he got?' and you panic a bit."

PD6: couple, C2DE, first time, with child 0-5 months, 'rejecters', [REDACTED]

They were the most likely to have researched parenting topics, and were often among the best informed. However, they were also the most likely to have been struck by their responsibility for their child, and by the sheer volume of information available. They were more reliant on help and advice from other people, including parents, siblings and health professionals, especially health visitors.

"I go to the health practice just literally two seconds down the road to me and they've always got leaflets, leaflets on everything."

G1: female, BC1, first time, with child 0-5 months, 'acceptors', [REDACTED]

"The Health Visitor or the midwife and then friends a lot of the time. A lot of my close friends have all had kids before me and I would phone them up and say, 'Oh my god, he is doing this, is that normal?' and they are very relaxed and an amazing resource."

PD1: couple, BC1, first time, with child 0-5 months, 'acceptors', [REDACTED]

1.2.2 *Couples and single mothers; mothers and fathers*

There seemed to be little difference between couples and single mothers, perhaps because among couples mothers had more parenting responsibility than fathers. However, some distinctions were apparent between single mothers from different social classes.

BC1 single mothers seemed to be among the most likely to take convenience into account when making decisions about their children's health. Some had demanding jobs and found it more difficult to take time off work for things like doctors appointments than most.

It also seemed that C2D single mothers tended to be better informed about health issues than couples in the same social grade. This stemmed from a sense that the responsibility was entirely theirs; they felt they owed it to their child to ensure that they make informed decisions.

Among couples, mothers were typically better informed than fathers about health matters concerning their children. Mothers generally spent more time with children than fathers, they took more direct responsibility for children's health, and were often more knowledgeable about immunisation. Many fathers, especially C2Ds, tended to leave much of the parenting of their children to mothers.

"I don't think I know enough about it – they [women] are more involved with these health issues aren't they."

G6: male, C2DE, experienced, with child 6-11 months, 'acceptors', [REDACTED]

2. Sources of information on health

2.1 Quantity of information

Most parents (but not all) felt there was ample information available for them on all aspects of their child's health. For some, the problem was filtering through the information they received; some found they had become worried by the quantity of material available and apparent anomalies or differences of opinion between sources. One had become seriously anxious about this during her pregnancy, and now looked at as little information as possible to avoid worrying herself.

"There is too much information about how to do something. Gina Ford will say one thing, the Baby Whisperer says something else. My philosophy is do whatever seems to work for you."

PD20: lone parents, BC1, first time, with child 6-11 months, 'acceptors', [REDACTED]

"It's too much. For us there was that much information out there -"

"We couldn't decide."

PD9: couple, BC1, experienced, with child 6-11 months, 'acceptors', [REDACTED]

"You can always look up on the internet as well, it depends on how much you want to look into it really."

"You can look too much really; you can start thinking everything is wrong."

"You can scare yourself."

"There can be so many conflicting opinions that you can end up being more confused than when you started."

PD19: lone parents, C2DE, experienced, with child 0-5 months, 'acceptors', [REDACTED]

A minority, mainly C2D mothers, felt that not enough information is provided by the NHS, especially in relation to immunisation. This tended to emerge after sight of the current immunisation schedule; it may well have been a reflection of their discomfort at realising how incomplete their knowledge is.

"I would have loved that [information about what to do when you bring your baby home]. Just to give you ages, say from one month to six months do this or the ages of the inoculations, what you should look out for. I mean OK you can Google it but it would be so much easier."

G1: female, BC1, first time, with child 0-5 months, 'acceptors', [REDACTED]

2.2 Face-to-face sources

Many mothers relied quite heavily on their own **mother** for help and advice, particularly during the first months of their child's life, and especially if their parents lived nearby.

"My mum. I used to consult my mum about everything for my daughter. I'd phone up at three in the morning: 'Mum she's just burped twice, is that normal?'"

PD18: lone parents, C2DE, experienced, with child 0-5 months, 'doubters', [REDACTED]

"We do speak to our mums because my mum has had five children, I do ask my mum for a lot of advice."

PD5: couple, BC1, first time, with child 0-5 months, 'doubters', [REDACTED]

Some also asked siblings and friends with children of a similar age, or those with older children who had already been through it themselves. The value of mothers and other known sources was that they were easily approached, accessible and trusted; against this, their advice was not necessarily fully informed.

"When you know somebody that's had a child that's had something you then feel reassured knowing that they've had it and that they're OK, rather than just going onto the NHS website that tells you the basic guidelines and statistics."

"You read something and you think I've got that or he might have that or she might have that."

"Yeah, it can scare you a little bit, you can get overwhelmed with it I think, you get worked up about it then, whereas when you know somebody that's had it and they've been OK [it's more reassuring]."

PD5: couple, BC1, first time, with child 0-5 months, 'doubters', [REDACTED]

Health professionals also played an important part in providing information, unsolicited and requested. All mothers said they had seen health visitors during the early weeks after the birth of their baby, and although some clearly were more favourable towards their health visitor than others, most regarded them as a reliable source of advice.

“When they are babies you are quite in touch with the health visitor and I have got quite a good relationship with them so I will ask them anything.”

PD19: lone parents, C2DE, experienced, with child 0-5 months, ‘acceptors’, [REDACTED]

WHAT ABOUT THE HEALTH VISITOR, ARE YOU CONFIDENT IN THE HEALTH VISITOR?

“She’s brilliant, she’s so lovely, she’s been a great support. If I’ve got any concerns or worries I can phone her up, even out of her work hours, she’s been lovely.”

PD2: couple, C2DE, first time, with child 0-5 months, ‘doubters’, [REDACTED]

If their baby became ill or had worrying symptoms mothers would visit the GP surgery and see the GP or practice nurse. However, few used their GP surgery for a general discussion of health matters; it was much more likely to be used when they had a problem.

“If you’ve got any major concerns you can go to your GP or the health visitor or NHS Direct. I’ve called them a couple of times.”

“I’d book an appointment with the GP if I was that concerned.”

PD21: lone parents, C2DE, experienced, with child 6-11 months, ‘doubters’, [REDACTED]

“If it was an immediate query that needed medical attention it would be my GP.”

PD20: lone parents, BC1, first time, with child 6-11 months, ‘acceptors’, [REDACTED]

2.3 Written sources

The **internet** was the most common source of written information and advice, particularly NHS websites, Google searches and online forums such as Cow & Gate and Babycentre.

“Babycentre.co.uk has a lot of good advice that you can sort of trust.”

“I tend to go on that NHS one as well, it’s pretty good. Then really just Google, and whatever comes to the top of the filter really.”

PD15: couple, BC1, first time, with child 6-11 months, ‘doubters’, [REDACTED]

“When I first got pregnant I signed up for this Babycentre website and forum, for everyone who was due in June 2009, and a lot of my advice I just get from other mums on forums and stuff.”

PD12: couple, C2DE, first time, with child 6-11 months, ‘acceptors’, [REDACTED]

Websites sometimes prompted anxiety about illnesses, and were more often used to research existing or diagnosed problems, or more general topics such as diet or weaning. There were some concerns that the Internet could make parents more anxious because of the perceived wealth of conflicting information.

“My wife goes on the Internet and it is the worst thing, just a little cough and they have got something, mothers’ forums on the Internet and that sort of thing, I think they are more trouble than what they are worth.”

G6: male, C2DE, experienced, with child 6-11 months, ‘acceptors’, [REDACTED]

Some also used **books** for research, including ‘Birth to 5’ and a range of commercial parenting guides.

“The health visitor actually gave us a book, ‘From Birth to 5 Years’, and that’s provided through the NHS obviously and I have found that to be my bible, I refer to that quite a lot.”

PD5: couple, BC1, first time, with child 0-5 months, ‘doubters’, [REDACTED]

Apart from this, there were few references to NHS sources; some said they thought they had received **leaflets or booklets** around the time of the birth but could not always remember them. Most were aware of **NHS Direct** and had called it when their baby had had symptoms of something wrong; however, it was not regarded as a source of general health information. Where parents had sought information specifically about immunisation, they had tended to google ‘immunisation’ or ‘MMR’ and see what came up.

3. Understanding and perceptions of immunisation

3.1 Overall

Parents generally understood that immunisation protects against serious diseases, though few were clear exactly *how* it does this, for how long, and to what extent. Some assumed that once vaccinated you were protected for life; others thought that repeat vaccines would be needed at regular intervals, for example annual boosters. Some parents thought that vaccination provided protection fully from the relevant disease, while others believed it was still possible to catch the

disease but it would be less serious. This was confirmed for some by the fact that meningitis can be contracted despite vaccination – the concept of different strains of meningitis was rarely understood.

“How come there’s more meningitis, if they’re having the injection for it why is it still on the news?”

PD5: couple, BC1, first time, with child 0-5 months, ‘doubters’, [REDACTED]

Some had a vague idea that immunisation involved infecting the recipient with a weaker strain of the disease. Related to this, a small minority were vaguely aware that some vaccines are ‘live’, and this means giving the patient a dose of the disease. It was felt that this would weaken the immune system in the short term, though strengthening it against specific diseases long term. This had an impact on their opinions of giving several vaccines at once, particularly to babies, whose immune systems were felt to be weaker than those of adults. Otherwise, parents had little understanding of how vaccines work, or that different vaccines work in different ways.

3.2 ‘Adult’ immunisation

3.2.1 *Generally*

With the exception of swine flu, very few respondents were aware of vaccinations offered to adults. A few with long term conditions were being offered the yearly seasonal flu vaccines, and some had some experience of being offered tetanus boosters after an accident. In addition, a few had travelled to foreign countries and had been advised to have vaccinations against certain diseases prevalent there. With the exception of swine flu, none of these were thought to be cause for any great concern.

3.2.2 *Swine flu immunisation*

Recent worries about a swine flu pandemic, and the development and dissemination of the vaccine against it, had raised the profile of this immunisation. The swine flu vaccination had been offered to some who had been pregnant in the last year, and a few with long term conditions such as asthma.

“We’ve gone through it with the swine flu because she was pregnant when that was all kicking off and he was born sort of in the middle of it... You’ve got all the rumours about

nurses refusing to have it and they suggest that my pregnant wife has it! The midwife at the hospital, when we first went, said all the nurses, all the midwives, were refusing to have it."

PD9: couple, BC1, experienced, with child 6-11 months, 'acceptors', [REDACTED]

"We did worry about me having the swine flu jab when I was pregnant and I have to say I did quite a lot of research on that."

PD1: couple, BC1, first time, with child 0-5 months, 'acceptors', [REDACTED]

About half the parents in this sample who had been offered the swine flu vaccine had been vaccinated. The remainder had decided against it for a variety of reasons...

- they felt that there is no need because they are unlikely to come into contact with someone who is infected
- they were worried about the safety of the vaccine, both for themselves and for their unborn baby, and decided that swine flu was the lesser risk
- they did not believe that swine flu posed a credible risk; or thought it was all 'media hype'

Some parents said that they were worried about the speed with which the vaccine had been developed. For them, this suggested that it might not be fully tested and 100% safe. This could generate worries about the safety of other vaccines – if they are not certain that swine flu vaccine is safe, do others pose a risk? It was generally felt that this does not apply to childhood vaccinations, which were felt to have been around for a long time.

"The swine flu is a bit different to the other ones. They are more proven historically whereas I think the swine flu is a bit more of an 'I'm not quite sure'."

PD9: couple, BC1, experienced, with child 6-11 months, 'acceptors', [REDACTED]

Some said health professionals had told them they would not be taking up the vaccine themselves as they did not believe it was serious.

3.3 Childhood immunisation

3.3.1 Overall

Childhood immunisation had a significantly higher profile than adult immunisation among this sample. There were obvious reasons for this. First, they were all parents of young children, and so this was a current issue for them: they knew that most immunisations are given in early childhood. Second, they had an instinctual need to protect their child. Finally, immunisation for adults is relatively unusual, and so was not top of mind.

Attitudes to childhood immunisations varied widely, reflecting the sample recruitment criteria (those who rejected vaccination as a whole were excluded from this sample), and included the views that...

- they are essential to keep dangerous diseases at bay and my child healthy

“Prevention is better to me than them getting anything. I wouldn’t wish for any of that on my kids... I would rather prevent than let them get it. I always think that if lots of people decide not to have it then it can become uncontrollable.”

PD4: couple, C2DE, experienced, with child 0-5 months, ‘acceptors’, [REDACTED]

- they are worrying and distressing at the time but a ‘necessary evil’ to ensure protection against disease

“I think it is foolish not to have them... I know you are putting, you could say, toxins into them but they are serious diseases that years ago killed people. The responsibility you have to other children as well. Yes, I think they are a necessary evil. We are able to stop as much as possible, children dying of things, so why not use it?”

PD20: lone parents, BC1, first time, with child 6-11 months, ‘acceptors’, [REDACTED]

- they are risky, and some may pose a threat to a child’s health (particularly MMR)

“I think it is a worry, I still think they haven’t got it right, it is almost guinea pigging our children.”

“I think they need it.”

“Yes I am not saying they don’t need it, it’s just the way they go about it.”

G6: male, C2DE, experienced, with child 6-11 months, ‘acceptors’, [REDACTED]

Many parents, especially those with no worries about MMR or immunisation generally, had their children immunised without giving much thought to the possible risks; they had little doubt that it was safe.

"It's just routine. It's just part of what they do when they are babies."

PD19: lone parents, C2DE, experienced, with child 0-5 months, 'acceptors', [REDACTED]

"I just think it's dead normal isn't it, it's what you need and what you're given, you just take it, they've done it for years haven't they?"

PD12: couple, C2DE, first time, with child 6-11 months, 'acceptors', [REDACTED]

"I am happy for her to have them, she has had everything so far. I think the next one is coming up the meningitis and MMR as well. I am happy for her to have them. I'm probably being naive but that's the recommended Government official advice."

PD20: lone parents, BC1, first time, with child 6-11 months, 'acceptors', [REDACTED]

*"If you can prevent it [disease] then why would you not?"
"I don't remember having injections and I know when you look at your baby you don't want it to get hurt or anything but it's not going to remember. It's just part of life... it doesn't really faze me."*

G1: female, BC1, first time, with child 0-5 months, 'acceptors', [REDACTED]

Others thought about it more, and tried to weigh up the risk of their unvaccinated child catching the disease against the risks of them suffering the consequences of vaccination if it somehow goes wrong. Differences in attitude resulted from a different weighting of the risks and benefits of immunisation against diseases, which are outlined below.

"If we could go through life without having to give our babies any chemicals or drugs it would be great but I think in the world we live in today if they are not vaccinated they could be really, really poorly and probably fatal in some cases if you don't get them done."

PD6: couple, C2DE, first time, with child 0-5 months, 'rejecters', [REDACTED]

"Medicine is advanced enough now that if you can stop your child getting something then stop them. Ultimately you are putting a foreign body into your child but that outweighs the other side."

PD20: lone parents, BC1, first time, with child 6-11 months, 'acceptors', [REDACTED]

In some cases they wondered whether immunisations are necessary, given that the diseases they prevent have largely been wiped out.

They did not always make the connection between this and immunisation; or understand the need to maintain immunisation to make sure the diseases do not return.

3.3.2 *Benefits of immunisation*

Parents generally felt that it is their responsibility to protect their children against serious diseases through immunisation. They felt that if they do not get their children immunised, and they then fall ill, they would blame themselves.

"I think it's peace of mind to get them immunised because then you've done everything that you possibly can if they get it. But if they haven't had the injections and then they come down with it I'd feel it was our fault."

PD9: couple, BC1, experienced, with child 6-11 months, 'acceptors', [REDACTED]

"It's better for them to prevent it rather than let them get it and then try and cure it."

"It's peace of mind so you can go home and not have to worry about him catching things."

PD15: couple, BC1, first time, with child 6-11 months, 'doubters', [REDACTED]

"If they get it and die – worst case scenario – and you haven't vaccinated them, I don't think I could live with myself... you'd carry that with you forever, so I think I'd go with it."

PD1: couple, BC1, first time, with child 0-5 months, 'acceptors', [REDACTED]

In addition, there was a sense that once they have been immunised, they are protected for life (or at least a long period of time). It was generally understood that the diseases that immunisation protect against are serious, and that immunisation is the best way of protecting their child.

"It's important that he has it to help him build up some sort of immunity so that if he does get anything, it will stop him getting it as bad."

PD5: couple, BC1, first time, with child 0-5 months, 'doubters', [REDACTED]

A few BC1 respondents, particularly in London, also mentioned their responsibility to get their child immunised for the good of society, to reduce the risk of diseases spreading. That said, little was actually known about the illnesses immunised against. Not many knew which diseases they were, and little was known about the likelihood of an unvaccinated child catching a specific disease, given their low incidence in the population.

DO THEY SEEM LIKE SERIOUS DISEASES OR NOT?

"They'd have to be if they're going to go through that."

"Most of those I've heard of as diseases. If you ask what the outcomes were of those diseases I don't think I'd know."

"You wouldn't know what they were because everybody has had that now over the last 20 years so the immunisation is obviously working."

PD9: couple, BC1, experienced, with child 6-11 months, 'acceptors', [REDACTED]

"I suppose they are really serious because that's why they get the immunisation so young. I suppose we don't know much about it because being young ourselves and we're in the generation that's been immunised against them so we don't tend to hear of the symptoms and effects when people actually get those."

PD15: couple, BC1, first time, with child 6-11 months, 'doubters', [REDACTED]

A few knew (of) people who had been left with lifelong side effects as a result of diseases which can now be protected against, for example polio, or were aware of their effects from the media. It was also known that in the past infant mortality was much higher than it is now, and this was assumed to be linked to immunisation. On the other hand, this was sometimes taken as evidence that immunisation was no longer necessary since these were 'old' diseases which no longer pose a threat.

"That's why the infantile death rate has gone down, because they didn't have all these injections."

"Ian Dury got polio as a kid."

"Compared to abroad we're actually kind of lucky."

"My nan had 13 kids, they didn't all survive and the reasons why – because they didn't have the vaccinations."

G1: female, BC1, first time, with child 0-5 months, 'acceptors', [REDACTED]

"Back in the 30s sixty percent of infants died before a year old – sixty percent that is a lot."

"Big families, ten to thirteen kids, didn't they? [They could] guarantee two to three would die in a family."

SO WE CAN SEE WHY THIS IS IN PLACE?

"It is obviously important."

"I know a few old people, one had polio when he was young, he suffered all his life because of it, he nearly died because of it. You look at what they are immunising them for, well you have got to have it."

G6: male, C2DE, experienced, with child 6-11 months, 'acceptors', [REDACTED]

Overall there was a low level knowledge that these diseases are serious and should be guarded against where possible, but this was based on anecdotal evidence, and parents seemed uncertain about the facts. Instead, they tended to base their opinions of immunisation on a series of assumptions, such as...

- the diseases must be serious and pose a risk – ‘the NHS wouldn’t put children through it [so young] if it wasn’t necessary’

“They wouldn’t offer these jabs, they wouldn’t say children need it unless they need it. Why would they insist? The health visitors are really hot on it and when you go to the hospital the first thing they say is, ‘Are you up to date on your vaccinations?’ so there is obviously a concern that these kids need to be protected.”

PD6: couple, C2DE, first time, with child 0-5 months, ‘rejecters’, [REDACTED]

“The doctor wouldn’t tell you to come and have an injection unless it was for any other reason that he needed it, they wouldn’t waste their time or effort or money, so it needs to be done.”

PD12: couple, C2DE, first time, with child 6-11 months, ‘acceptors’, [REDACTED]

“I also think these immunisations must be there for a reason, they wouldn’t give them to your child if they weren’t necessary and as a parent we want to protect him don’t we.”

“Yeah.”

“So we will want him to have them.”

PD5: couple, BC1, first time, with child 0-5 months, ‘doubters’, [REDACTED]

- vaccines must be safe because they’ve been around for a long time – ‘we had them when we were little, and we’re fine’

“They don’t think, ‘Lets just randomly try this out on a kid’ or whatever, they research these things for years and years and maybe its 99.9%, there will be an odd person that reacts to it, but for the majority it’s going to improve their life... If they say its safe it is probably safe.”

PD19: lone parents, C2DE, experienced, with child 0-5 months, ‘acceptors’, [REDACTED]

“To my eyes these things have all been tried and tested, the medical people studied for years, they tried all of this stuff. They obviously know getting these things correctly so my trust is in their hands really at the end of the day.”

G6: male, C2DE, experienced, with child 6-11 months, ‘acceptors’, [REDACTED]

From this perspective, trust in the NHS and health professionals was high.

"They're in the book and they say you should do them, I think if I don't do them then that's wrong. They know what they're doing."

PD21: lone parents, C2DE, experienced, with child 6-11 months, 'doubters', [REDACTED]

"I don't think they would put something into a child that is not good for them."

"I put my hands in the medical profession and they do a good enough job for me and I trust them."

PD4: couple, C2DE, experienced, with child 0-5 months, 'acceptors', [REDACTED]

"Surely they wouldn't give these injections if they felt they would harm?"

"I do think it's a good thing. You want to try and protect your children so if that's what they're suggesting they have to have done you should trust your health professionals."

PD2: couple, C2DE, first time, with child 0-5 months, 'doubters', [REDACTED]

"Because they're recommended you kind of trust the doctors to guide you."

PD15: couple, BC1, first time, with child 6-11 months, 'doubters', [REDACTED]

3.3.3 Risks of immunisation

In addition to the distress caused by injections, parents worried about the side effects of vaccination. However, most accepted that a short period of stress and a few mild side effects such as soreness, swelling, diarrhoea and fever were insignificant in comparison with long term protection.

"The cons are you feel really guilty that you're hurting them and then all this stuff about possible side effects."

G1: female, BC1, first time, with child 0-5 months, 'acceptors', [REDACTED]

"You don't know if your child is allergic to something... but I realise that they are the most resilient, they're more resilient than adults, they just bounce back."

G1: female, BC1, first time, with child 0-5 months, 'acceptors', [REDACTED]

"I would much rather the two seconds of a squeak than one of those illnesses."

"Yes, because there is lots of research to show these [diseases] probably kill people."

PD19: lone parents, C2DE, experienced, with child 0-5 months, 'acceptors', [REDACTED]

"Very grisly yea, the five months one. He got really restless. But the nurse explained it. She said it was normal."

DOES THAT HAVE ANY IMPACT ON YOUR REACTIONS TO THE JABS THAT ARE COMING UP?

"Not really because it doesn't last long, and you do need to look at the bigger picture."

PD15: couple, BC1, first time, with child 6-11 months, 'doubters', [REDACTED]

A few whose children had experienced health problems early on were avoiding getting them vaccinated until they seemed 'well enough' to cope with it; and some experienced parents cited their experience of their older children being turned away from vaccination appointments because of a cold to justify this.

*"I never took him because I thought he'd got a bit of a cold."
"They did tell us when we had our first kid, if your kid went to the doctor's with a cold they would not give them an immunisation."*

"Because he was a colicky baby and everything else I was scared."

PD18: lone parents, C2DE, experienced, with child 0-5 months, 'doubters', [REDACTED]

Some parents also expressed more serious worries about the safety of the MMR vaccine, as discussed in detail below.

"The polio, tetanus, hib and all stuff like that to me they are just basic you know every parent has had to go through them stages with the baby and taken them and from all around me I have seen it is no problem... She has got another couple of vaccinations coming up but they are just the normal ones, you know, that every child gets. So to me they are OK because everyone has had them. But the new things like the MMR and the swine flu, I think they are things that are going to worry me and have me having to have a good think about it really first before I make any decisions about it."

PD16: couple, C2DE, first time, with child 6-11 months, 'probably not', [REDACTED]

3.3.4 The vaccination experience

Many, especially first time parents, had found vaccination appointments emotional and stressful as a consequence of the pain their babies suffered and the fact that this resulted in tears. Some, especially mothers, were upset by having to hold their child still for the injection, as they felt that they were somehow colluding in hurting their children.

"The first time he screamed his head off... it is not very nice seeing them upset like that."

PD6: couple, C2DE, first time, with child 0-5 months, 'rejecters', [REDACTED]

"They scream because it hurts. That is obviously not very nice... You feel quite guilty because they are looking at you quite innocently and all of a sudden there is this great big needle."

PD20: lone parents, BC1, first time, with child 6-11 months, 'acceptors', [REDACTED]

"It was absolutely heart breaking for me the first time I took her, I was on my own and you have to hold her and stuff and just seeing her like that it broke my heart, I cried."

PD16: couple, C2DE, first time, with child 6-11 months, 'probably not', [REDACTED]

"I get stressed before I go but I get more upset than he does."

"I was near enough crying with her [daughter] because you just don't like to see them cry and when you think that you're doing it to them, you're the one that's bringing them there, it's horrible."

"I'm fine with needles but it's different seeing your little precious baby... They do know that something is happening, it's just a matter of probably trying to calm them or distract them and that is what is unnerving."

G1: female, BC1, first time, with child 0-5 months, 'acceptors', [REDACTED]

HOW HAVE YOU FELT ACTUALLY TAKING HER FOR THE JABS?

"Like taking her to the death chamber. You see all these little babies come out really screaming and crying and upset, but you know it's really for their own good so you have to do it."

"She did cry though when she had the jab."

PD2: couple, C2DE, first time, with child 0-5 months, 'doubters', [REDACTED]

A few were also worried that their child would associate them with this unpleasant event in the future. Generally they found that the stress diminishes quickly after the vaccinations have been given, as the pain recedes and the baby stops crying.

"You feel like you are doing it though because they can't even see the nurse who is doing so she is looking at you and they can feel the pain and you don't want the baby to associate you with the pain."

PD16: couple, C2DE, first time, with child 6-11 months, 'probably not', [REDACTED]

"I think one is hard for her and then she gets three but then again she sort of gets over it in a matter of minutes so... It is not nice to do that but it gets it over and done with."

PD20: lone parents, BC1, first time, with child 6-11 months, 'acceptors', [REDACTED]

Some had felt informed and reassured by their nurse, who took time to explain the process, and the dangers of the diseases being vaccinated against. Others had felt that they were on a 'conveyor belt' of patients, run by nurses who had too little time to answer questions and were primarily concerned with getting the job done quickly.

"The nurse that did his was lovely but it was, 'This is for this, have you any questions?' spouted off quite quickly. It doesn't feel like there is a lot of space for questions. You have to just get it done."

PD20: lone parents, BC1, first time, with child 6-11 months, 'acceptors', [REDACTED]

Parents with more than one child were often influenced by the experience of immunising their older child(ren); for most this had gone smoothly and side effects had been minimal, so they assumed that this would be the case for their youngest. This was most noticeable among those whose children had had the MMR without any negative effects; these parents were less likely to be concerned about giving their youngest the MMR.

“It was easier this time round because you know what to expect.”

“The decisions, the MMR, [with our first] we sort of ran through that anguish of should we or shouldn’t we? Of course when we had [our second] it’s been ‘OK we’ve done it already so...’.”

PD9: couple, BC1, experienced, with child 6-11 months, ‘acceptors’, [REDACTED]

3.3.5 Side effects

Side effects from the vaccines were generally reported to be minimal and last for no more than 24 hours, for example...

- irritability; ‘grizzling’; being less bubbly
- slight fever
- diarrhoea
- swelling
- redness at the site

This was easily dealt with by giving Calpol before or after the vaccine, and putting them to bed where possible for them to ‘sleep it off’.

“He had a bit of a fever after the first one and we just gave him Calpol.”

PD6: couple, C2DE, first time, with child 0-5 months, ‘rejecters’, [REDACTED]

“With both of them, as soon as I’d walked home I just gave them some Calpol and they had a couple of hours sleep and were as right as rain.”

PD9: couple, BC1, experienced, with child 6-11 months, ‘acceptors’, [REDACTED]

A very small minority had experienced more serious side effects from the vaccinations, or side effects which lasted a longer time. Others seemed to associate health problems which arose at a similar time, such as colic, with the vaccines. These parents' experiences tended to knock their confidence in immunisation and caused them to question whether or not they would give their children vaccines in the future.

3.3.6 4 month vaccinations

The four month appointment was more memorable for some parents than other appointments because it featured more injections. The number of needles was an issue for some, particularly as they felt giving two injections into the same leg was excessive for a baby of this age. They also commented on the extra time it takes for the vaccinations to be given, as there is one more than at two and three months; this meant that it was longer before they were able to comfort their child.

“Three jabs is a lot to put into him at the one time, plus his legs got really bruised. His legs were really sore for a few days.”

PD15: couple, BC1, first time, with child 6-11 months, 'doubters', [REDACTED]

That said, others had no recall of the four month appointment, or of their child being given three injections at once; even when prompted, recall was low among these parents.

None of the parents in this sample had refused a vaccination, or split the three injections, on the basis that they did not want their child to go through three at once. Although it was more upsetting for some, it was not significant enough for them to request a deviation from the recommended schedule. Rather, parents assumed that there was a reason for giving them all at once at this point in their child's life, though they did not know what this was. They were also reassured by the fact that their child had had all three vaccines before the four month appointment with no adverse affects. As a result, the wisdom of combining three vaccines was rarely questioned.

4. MMR

4.1 Awareness and knowledge

MMR clearly had a higher profile than other vaccines; all parents knew of it and most knew more about it than other vaccines. Most knew that MMR stands for measles, mumps and rubella, although some struggled to remember rubella; and a few thought that meningitis was one of the 'M's.

Of the three, measles was the best known, though perceptions of it varied...

- some believed it is more serious than the other diseases; a few were aware that it can be fatal
- some, most often MMR acceptors, knew of outbreaks of measles in their area, and believed it was re-emerging in a way the other two are not
- others, more often the less aware, including fathers, assumed it was not serious and saw it in the same light as chicken pox

About half knew something about mumps – mostly that it was linked with very swollen glands or male infertility. The few who knew about rubella connected it to female fertility, and a very small minority knew it was a threat to unborn babies. Generally neither of these two was perceived as serious, with long term side effects, nor as potentially life threatening.

Most parents knew someone who had not given their children MMR, or were aware that other parents were framing it as a 'choice'. This fed into an overriding sense that it is *optional* in a way that those at two, three and four months are not.

"When they're babies obviously they have to have the HIB and the heel prick, I didn't really know much about it, you just know they've got to have those injections, it's just a must... But then you get to the maybe you don't have to have the MMR and you're like, well if they don't have to have it we might not bother. But deep down I think he should have it."

PD8: couple, C2DE, experienced, with child 0-5 months, 'doubters', [REDACTED]

4.2 Attitudes

The sample was recruited to represent a range of attitudes to MMR. Almost all parents knew that MMR has been the subject of news coverage and of some controversy, though not all could initially remember why. The majority across all sample sectors, some after prompting, said they were aware that MMR had been linked with autism, though few knew any more than this.

“That MMR one, there’s been a lot of talk about autism being linked to it.”

PD15: couple, BC1, first time, with child 6-11 months, ‘doubters’, [REDACTED]

“MMR is the only one that we’ve seen on TV that something is wrong with it.”

“Well, the other bits you do get little side effects but you know that’s nothing major, there have been results and tests.”

G1: female, BC1, first time, with child 0-5 months, ‘acceptors’, [REDACTED]

A few among the accepter segment had no awareness of this and no concerns about MMR. The claimed link with Crohn’s disease was not raised, though three couples mentioned bowel cancer as a possible side effect of MMR.

Those who thought they would (probably) give their children MMR had generally looked into the autism claims and either decided...

- that they were incorrect
- that the risk posed by measles, mumps and rubella is far greater than the risk of a child developing autism

“My opinion on MMR is yes it could lead to whatever. It might not. But these diseases there can result in death so an autistic child is better than losing your child, so it doesn’t really matter. You’ve got to take that risk.”

PD18: lone parents, C2DE, experienced, with child 0-5 months, ‘doubters’, [REDACTED]

“I know there was all that thing about autism being linked to it and stuff, but I did read up a bit about it and it said its something you are born with basically, its not something that just happens because you have had [a vaccination]. But I would rather take that risk than him having measles, mumps or rubella.”

PD12: couple, C2DE, first time, with child 6-11 months, ‘acceptors’, [REDACTED]

- or that health professionals are better placed to come to a conclusion on MMR, and their judgement should be trusted

Of these, some knew more about measles, mumps and rubella, and regarded them as serious diseases. Others had little idea of the diseases prevented by the MMR immunisation and simply seemed happy to go along with what the system said they should do.

Those who had (probably) decided against MMR had not necessarily looked into the autism claims in detail, but had reasons for doubting MMR's safety. They were more likely to...

- know (of) autistic people and their families, some of whom were blaming MMR

"A lady I work with, her boy had it [MMR vaccination] and she said he was severely autistic and she swears it was that."

PD6: couple, C2DE, first time, with child 0-5 months, 'rejecters', [REDACTED]

- be less aware of the effects and dangers of measles, mumps and rubella; or to see them as 'old' diseases which no longer pose a risk to children
- see autism as more serious and a greater risk than measles, mumps and rubella
- feel that the government and the NHS are not providing adequate information on the alleged link; or that health professionals cannot be trusted to give impartial advice

"There is this thing about its link to autism... I said to the nurse about it and she said, 'Well, there is not that much evidence'. There wasn't actually any about it."

"What they do say to you is that you have to look it up yourself."

"Yes, because they can't tell you either way."

PD6: couple, C2DE, first time, with child 0-5 months, 'rejecters', [REDACTED]

- believe there is no smoke without fire: if there has been so much coverage of MMR, there must be something in the stories about its risks

"The fact that there has been a link with autism and now this bowel cancer, it does make you wonder where did that guy get that information from?"

PD2: couple, C2DE, first time, with child 0-5 months, 'doubters', [REDACTED]

Worries about MMR were also expressed in a less tangible way among some sectors of the sample, most notably MMR doubters. They felt that MMR is in some way a 'stronger' vaccine, because it contains three vaccines in one and therefore is more likely to cause serious side effects.

"That's supposed to be quite a strong injection that MMR."

PD18: lone parents, C2DE, experienced, with child 0-5 months, 'doubters', [REDACTED]

"With this MMR jab I just think it's a lot of things to have in one go."

PD2: couple, C2DE, first time, with child 0-5 months, 'doubters', [REDACTED]

Those with the strongest negative views of MMR expressed some cynicism towards health professionals and their role in promoting MMR. They were less likely to trust healthcare professionals to give unbiased opinions, and assumed that they are motivated by the need for cost-cutting and meeting NHS targets. They believed MMR was only still being used because it was cheaper than separate vaccines.

"To be honest it all comes down to money, because then otherwise why wouldn't they give it to them separately in the first place to make sure there is no link?"

G1: female, BC1, first time, with child 0-5 months, 'acceptors', [REDACTED]

The sample included some parents who had paid or said they would pay for the single vaccines privately. These parents were often less worried about autism, but took the view that they were 'better safe than sorry', and felt they had little to lose by giving their children the single vaccines instead.

"I looked into the separate jabs for the MMR but it's so expensive and there's always contrasting data on does it do this, does it do that, and are the separate ones any better... It's because of all the scaremongering that's been in the press about it – it causes autism, it does this, it does that, there's proof, there isn't proof."

G1: female, BC1, first time, with child 0-5 months, 'acceptors', [REDACTED]

However, some were also worried about doctors who provide the single vaccines; there was a sense that they might be just in it for the money, or 'cowboys'. They also tended to be more aware of the dangers of the diseases, and to react strongly against the idea that some children were not being immunised at all.

The fact that Andrew Wakefield had been struck off by the GMC (during the course of the fieldwork) was quite widely known and prompted mixed reactions. While some, especially MMR acceptors, knew of this and found it reassuring because it confirmed that he had been wrong, others were simply aware that 'he's been in the news again'. They did not know what for, but took this as a sign that the risk was still present and current.

"I don't know whether you can put that [children developing autism] down to the vaccination or whether that's just what's happening. There is more of it around, isn't there? Or is it because we recognise it? Hundreds of kids have had it [MMR vaccination], and that's really fine, and now that chap has been struck off, the English doctor."

PD1: couple, BC1, first time, with child 0-5 months, 'acceptors', [REDACTED]

5. Awareness of the current 12 and 13 month immunisation schedule

Awareness of the current immunisation schedule was low across the sample. Many were confused about what their children were given and when, and detailed knowledge of the vaccinations given during the first year was patchy and inconsistent. None were able to name all the vaccines given, nor when they are given, and at best some knew of up to about half these, though by the names of the diseases rather than names of vaccines.

"I feel bad now because I don't really know. Nobody tells us, when you're leaving hospital they don't say to you right, in six weeks time he will be having this, this and this."
"It shows that there isn't enough information."

PD5: couple, BC1, first time, with child 0-5 months, 'doubters', [REDACTED]

HAVE YOU GOT ANY IDEA WHAT THOSE INJECTIONS MIGHT BE?
"No, it's awful isn't it? She did tell us – in one ear, out the other."

PD1: couple, BC1, first time, with child 0-5 months, 'acceptors', [REDACTED]

"I am not sure now, I don't know if it's the MMR they get when they are born, and before that it's just something else to do with it, I don't know if one is a booster, I don't know. Isn't that terrible?"

PD12: couple, C2DE, first time, with child 6-11 months, 'acceptors', [REDACTED]

Knowledge tended to be generalised – those with babies under five months knew that children received a series of vaccinations between two and six months, while parents of older babies knew that some vaccinations are given around the time of the child's first birthday. Most could remember one or two of the diseases that the vaccinations

protected against, but little more than this. Diseases they could remember were most often measles, mumps (though not always rubella), meningitis, and polio.

Most knew that there were initial and booster vaccinations for the same set of diseases, and there was some awareness that at certain points more than one vaccine is given at the same time, in the same injection or at the same appointment. There was also general awareness that MMR is later in the schedule, though parents were often incorrect about when it is given. Many mentioned the heel prick test, as well as the vitamin K injection given at birth, which was regarded as an immunisation.

Gaps in knowledge of the schedule were widespread. The number of vaccinations, number of appointments, and exact timings were rarely known. Very few could name the vaccines in the programme other than MMR, and awareness of which diseases these vaccinated against was very limited, especially among fathers. There were few mentions of vaccines being given around the first birthday apart from MMR.

"I can give you the times, not the jabs."

G1: female, BC1, first time, with child 0-5 months, 'acceptors', [REDACTED]

"So, what's the one then at 12 months protect against? Oh, it's Hib and meningitis. I didn't realise that was there."

G1: female, BC1, first time, with child 0-5 months, 'acceptors', [REDACTED]

"The funny thing is we both thought it was only one injection at 12 months anyway."

"That shows you how much we know."

PD16: couple, C2DE, first time, with child 6-11 months, 'probably not', [REDACTED]

Some felt that MMR is the only multiple immunisation in the programme, and knowledge of when MMR is given was often wrong – some believed it is given at between 12 and 18 months, and a few assumed it is given with the two, three and four month vaccines, with a booster later.

6. Reactions to the different timetables

6.1 Overall

Half the parents were shown the current schedule first and half the proposed new schedule first, without being told which was the current

version. Most parents appeared to be in areas where separate 12 and 13 month vaccinations were given, though few were sure about this. A minority in [REDACTED] and [REDACTED], when shown the two schedules, thought their child was going to be given all three vaccines in one appointment at around a year. Other than this none were sure what the current schedule is. Without prompting, there was very limited comment on the combined schedule and none raised any concerns about it.

“The nurse did tell me that they used to do that in two stages, one at 12 months, one at 13 months. But they’ve changed it to have them all at the 12 months one because at that age they can remember. So as soon as they walked into the nurse they knew what was coming so they were more scared of the third needle at 13 months. So they have them all at 12 months now. I think that’s better. You don’t have to take him twice.”

PD15: couple, BC1, first time, with child 6-11 months, ‘doubters’, [REDACTED]

The typical initial reaction was surprise at the number of vaccinations given during the first year or so. This was more than most were expecting, and seemed a large number, and parents noted that at most junctures more than one vaccine is given at the same time. Some were a little alarmed to learn how many vaccinations there are in this period. However, in isolation there was no resistance or objection to the combined schedule.

“Looking at it like that it looks a lot. It’s exactly how they put it in the baby’s books. It’s just a lot of injections. A lot.”

PD9: couple, BC1, experienced, with child 6-11 months, ‘acceptors’, [REDACTED]

“I didn’t know they had as many as this.”

“It is such a lot to give a little child isn’t it.”

“Yes, I didn’t know they had as many as that, in a year.”

G6: male, C2DE, experienced, with child 6-11 months, ‘acceptors’, [REDACTED]

“I didn’t realise there was this many to be honest.”

ARE YOU SURPRISED?

“Very surprised.”

PD2: couple, C2DE, first time, with child 0-5 months, ‘doubters’, [REDACTED]

“There are more than I thought. I am amazed that I didn’t know more.”

PD1: couple, BC1, first time, with child 0-5 months, ‘acceptors’, [REDACTED]

6.2 Initial reactions to the alternative schedules

When told that the current schedule involves separate 12 and 13 month appointments and the proposed new schedule uses a combined appointment, parents were approximately evenly divided in their preferences. About half said they would be willing for their child to have the combined option; the remainder said they would prefer separate appointments, for several reasons.

However, given that few parents had a clear understanding of the existing schedule, it cannot be assumed that preferences were expressed on an informed basis; and when shown one of the schedules in isolation, few had spontaneously commented on its merits and drawbacks.

"I probably wouldn't have known I would have had a choice so I'd probably just have gone along with it."

PD9: couple, BC1, experienced, with child 6-11 months, 'acceptors', [REDACTED]

Parents' decisions over which schedule they would prefer took into account a range of factors, both in favour of and against combining the vaccines into one appointment. Overall, those who preferred the combined schedule took the view that 'it's best to get it all over and done with at once'.

"I prefer to have it all at once, get it all over and done with."

PD15: couple, BC1, first time, with child 6-11 months, 'doubters', [REDACTED]

Those who chose the two separate appointments felt that 'it's better to be safe than sorry' and avoid any risk posed by combining the vaccines at 12 and 13 months that included MMR.

6.3 Influence of MMR on opinions

The inclusion of MMR in the combined appointment clearly played a significant part in response to the idea. However, reactions to the combined schedule cut across attitudes to MMR...

- it was accepted by some MMR accepters and some doubters
- it prompted concerns among some MMR accepters, some doubters, and most rejecters

6.3.1 *Those who had no reservations about the combined schedule*

MMR accepters who were happy with the idea of the combined schedule had no doubts about its safety and trusted the NHS to do what was right.

"In all fairness, if they say that's what it is I would just take them in, have it done and wouldn't even question it."

PD19: lone parents, C2DE, experienced, with child 0-5 months, 'acceptors', [REDACTED]

"If you didn't have a choice, obviously it would have been researched into and you would think well they know more than we do so it must be right."

PD8: couple, C2DE, experienced, with child 0-5 months, 'doubters', [REDACTED]

MMR doubters who accepted the combined schedule said they regarded it as entirely separate from their feelings about MMR. They saw merit in a combined schedule and did not believe combining the vaccinations would affect its safety.

DOES THAT FACT THAT MMR IS ONE OF THOSE THREE MAKE ANY DIFFERENCE TO WHAT YOU THINK ABOUT COMBINING THEM?

"Not really. We'd still have concerns whether that was combined or not."

PD15: couple, BC1, first time, with child 6-11 months, 'doubters', [REDACTED]

6.3.2 *Those with concerns about the combined schedule*

Similar numbers of rejecters and accepters of MMR reacted negatively to the combined schedule. Accepters of MMR were worried that the multiple injections would increase the physical discomfort caused to their children. In addition, they feared that because MMR is not a booster, unlike the vaccines given at four months, it will have a greater impact on the immune system. These MMR accepters tended to be those who, though convinced that MMR is safe, felt, like rejecters, that it is a 'strong' vaccine because it already contains three separate components.

"Three injections is a lot for a child. I wouldn't want them to have three injections. I'd rather take them on separate occasions."

"Two injections wasn't too bad because it was one in each leg. But all of a sudden when you were injecting the one he starts crying and injecting the other and he starts crying, then you've got to go back in the same leg again."

"Too much. I wouldn't want it done."

PD9: couple, BC1, experienced, with child 6-11 months, 'acceptors', [REDACTED]

“That’s the only thing, because there’s been so much about MMR I would be sceptical about whacking in another jab as well as the same time unless I knew some background to it with regard have there been any side effects or have there been any tests or how long has that been around to prove there are no side effects.”

G1: female, BC1, first time, with child 0-5 months, ‘acceptors’, [REDACTED]

MMR rejecters objected to the combined schedule primarily on the basis of the perceived risks of MMR – the possibility of autism. Alongside this they believed that MMR is a powerful vaccine which the immune system struggles to deal with.

“Well, his last jabs he had three injections in one day. If it wasn’t the MMR and was just three injections it wouldn’t worry me but because of the MMR thing I am worried that is going to harm him and I wouldn’t want to overload any more.”

SO IF THE MMR WASN’T PART OF THESE THREE INJECTIONS?

“I would be fine, he has already had three.”

PD6: couple, C2DE, first time, with child 0-5 months, ‘rejecters’, [REDACTED]

“I think it’s good if they can combine them all in one go, it saves having to distress them twice and she might, just because she’s been OK so far, she might have more of a reaction to those ones later on. But it’s this MMR, that’s the only one that I’m a bit worried about, because I think that in itself is a lot to give them and the autism that I’ve heard about, that’s the one I’ve got an issue with.”

PD2: couple, C2DE, first time, with child 0-5 months, ‘doubters’, [REDACTED]

“That is even more worrying because I am worried enough about measles, mumps and rubella, about that jab and giving them together in one. I wouldn’t want them to whack another two in.”

WHAT IS YOUR CONCERN?

“How much they are putting in his system.”

“And to combine all those chemicals is like taking a whole load of drugs.”

“To put it all in at once is a bit like overload, isn’t it?”

PD6: couple, C2DE, first time, with child 0-5 months, ‘rejecters’, [REDACTED]

Both these sub-groups of accepters and rejecters expressed worries about the safety of combining the vaccines, but those who had been sceptical about MMR before learning of the possible change to a combined immunisation were more difficult to reassure. Accepters were more likely to say that their decision making would be led by what their GP, practice nurse or health visitor recommended; they trusted health professionals.

“MMR is going to be a big one and I think that is the one if we did decide to let her have it I think that should be on its own.”

PD16: couple, C2DE, first time, with child 6-11 months, ‘probably not’, North

"All the needles they had at two, three and four months, I didn't realise how many was in that needle. But if that was there it wouldn't bother you. It's the magic letters MMR that's scaring me."

PD18: lone parents, C2DE, experienced, with child 0-5 months, 'doubters', [REDACTED]

"I don't know, and that is what the medical profession is for, if they tell me that they are doing it and it is safe then I am happy with that."

PD4: couple, C2DE, experienced, with child 0-5 months, 'acceptors', [REDACTED]

IF THE HEALTH VISITOR OR THE GP SAYS, 'THIS IS SAFE, WE RECOMMEND THIS', WOULD YOU JUST FOLLOW THEIR ADVICE?

"I think I would generally, unless I had heard something from a friend that this is a really bad idea, or there had been bad press, in which case I would investigate it a bit more. But I would at the end of the day, they are professionals and they should know."

PD1: couple, BC1, first time, with child 0-5 months, 'acceptors', [REDACTED]

6.4 Benefits of the combined option: Hib/Men C, MMR and PCV

About half the sample, when asked, said they would be willing for their child to have the combined schedule. They tended to be MMR accepters and some of the doubters, and those who were generally not worried about immunisation. The key factor which made the combined schedule seem preferable to the current schedule was having one appointment rather than two. They believed this would have a number of positive effects.

First, it would mean less stress for the child – parents did not want to put their children through the experience of a vaccination appointment more often than needed.

"That probably makes more sense. It saves the girls going through the pain again because it's all in one day. Once one's been done they're crying anyway."

PD21: lone parents, C2DE, experienced, with child 6-11 months, 'doubters', [REDACTED]

"If you can have them all done altogether then I think it's just easier."

"Have all the pain at once and it's done."

G1: female, BC1, first time, with child 0-5 months, 'acceptors', [REDACTED]

"I would probably go with it, as long as it doesn't make any difference. They are going to be tetchy; you might as well get it done in one hit and save him suffering with two injections."

PD1: couple, BC1, first time, with child 0-5 months, 'acceptors', [REDACTED]

This was particularly relevant for some who felt that at 13 months the child would be old enough to remember being given injections; they would know what was coming.

"I'd say the second one [combined option] is better because it is all done in one sitting at 12 months... [It's] less hassle for one, and you could go there only the once and have it done. She is going to feel pain anyway so it might as well all be at the same time. But if she goes back the next month she really is going to be angry with us, especially at that age where she will be able to talk and tell us that she doesn't want to go, so I think I'd rather the once and then she can forget about it."

PD16: couple, C2DE, first time, with child 6-11 months, 'probably not', [REDACTED]

Second, it would mean a less traumatic emotional experience for the parent. Given that taking a child for vaccination was upsetting for them, they felt that the fewer times they had to go through this the better.

"Having them altogether is easier for me because then I only have to get stressed once rather than go through it twice."

G1: female, BC1, first time, with child 0-5 months, 'acceptors', [REDACTED]

"I think get it all over and done with at 12 months, to save them having to have it at 12 months, then at 13 months, do it all in one go... It gets it out of the way, its done, all in one go. Me personally I don't like taking him for injections, because its upsetting, and having to do it at 12 months and then four weeks later, going back to do it all over again, and at this point the baby is probably more stressed out, because he knows, it hasn't been that long since the last time, he is thinking, they are going to do it to me again, and he is more jumpy and wriggly and trying to get away. But if they just went in, bump, it's done."

PD12: couple, C2DE, first time, with child 6-11 months, 'acceptors', [REDACTED]

Third, parents felt that it might mean a shorter period of side effects, as the injections were not spread out over such a long period of time. Finally, convenience was a consideration for some parents, particularly fathers and working single mums who had to take time off to attend the appointments, though it was less significant than other factors.

"Just the basic thing of not having to go back to the doctor's twice and them not having to be traumatised twice, I would prefer the combined one... If there is absolutely no difference, what is the point in going to the doctor's twice? It's time you don't need to spend."

PD20: lone parents, BC1, first time, with child 6-11 months, 'acceptors', [REDACTED]

6.5 Concerns about the combined option

Parents who had reservations about the combined timescale and preferred the idea of separate vaccinations cited a range of reasons. A majority had some reservations about safety in general terms. They assumed the NHS must give the vaccinations separately for a reason, and wondered why they would change it now – was it for cost reasons?

“It’s saving money isn’t it? One trip to the doctor instead of two. You only have to pay the GP once instead of twice, or a nurse. That’s what it is.”

PD18: lone parents, C2DE, experienced, with child 0-5 months, ‘doubters’, [REDACTED]

“Why are they given it separately now? Why did they do it like that? There must be a reason.”

“Yes, it makes you wonder doesn’t it.”

“Then is it just to save money, doesn’t work quite as well, why are they changing it?”

“Why did they change it originally? Why did we all have them separately, now it is one lump? It is all cost cutting isn’t it, that is what it makes you feel like.”

G6: male, C2DE, experienced, with child 6-11 months, ‘acceptors’, [REDACTED]

“Obviously it’s been tested hasn’t it, but then there’s a reason why they were separated when they first came out.”

PD21: lone parents, C2DE, experienced, with child 6-11 months, ‘doubters’, [REDACTED]

In addition, as noted above, some with doubts about MMR and some accepters saw the inclusion of MMR as a reason not to want their child to have the combined schedule.

“I prefer it separately... Even though I want her to have the MMR it’s a big injection and I’m scared of it and what it’s going to do to her. Then adding an extra injection to it!”

AND WHAT DO YOU THINK THAT EXTRA INJECTION MIGHT DO?

“I don’t know, just be too powerful.”

“It would batter her immune system.”

G1: female, BC1, first time, with child 0-5 months, ‘acceptors’, [REDACTED]

As with other vaccinations, some parents were worried about the number of diseases vaccinated against. They questioned whether a child could cope with so many vaccines at one time. The question of ‘live’ vaccines was also raised by some – they wanted to know how many of the vaccines given at 12 and 13 months were live, although it was clear that the science behind the issue was not fully understood.

"That's too much all in one go. That is a lot in one go. The MMR, putting that with a HIB as well, and all the rest, no I don't think they should be given that together."

PD18: lone parents, C2DE, experienced, with child 0-5 months, 'doubters', [REDACTED]

"Isn't that a bit of an overload for their poor little bodies in one go?"

PD19: lone parents, C2DE, experienced, with child 0-5 months, 'acceptors', [REDACTED]

"Giving them such a massive dose all in one go would be my only worry, that it would really upset him and he's getting all that injection in him. We had a yellow fever for honeymoon and I was really ill for 24 hours, I had a mini-dose of yellow fever, it's horrendous, and I suppose that would worry me a bit."

PD1: couple, BC1, first time, with child 0-5 months, 'acceptors', [REDACTED]

"I think it is better them doing the two as you are not pumping it all in at one point."

PD4: couple, C2DE, experienced, with child 0-5 months, 'acceptors', [REDACTED]

Some parents expressed a worry that if their child experienced side effects they would not be able to tell which vaccine caused them.

"I wouldn't want her to have three all in one because I was thinking what if she does get something or she is ill, if she does have side effects you don't know which injections, you might not be able to narrow it down to like it is this one that has given her a bad side effect."

PD16: couple, C2DE, first time, with child 6-11 months, 'probably not', [REDACTED]

"They do get a little bit wheezy and sniffley and I'd rather it was done in short bursts."

G1: female, BC1, first time, with child 0-5 months, 'acceptors', [REDACTED]

Finally, in a physical sense, the number of needles given to a child was a concern: several said that any more than one injection in each leg is excessive.

"I just think three injections in one day, that's loads. I just think of the pain three times."

PD21: lone parents, C2DE, experienced, with child 6-11 months, 'doubters', [REDACTED]

6.6

JCVI information

Respondents were shown a brief statement outlining the JCVI's stance on combining the 12 and 13 month vaccinations...

The Joint Committee on Vaccination and Immunisation (JCVI) is an independent, expert committee which advises ministers in the UK on vaccination and immunisation issues.

In June 2009, JCVI concluded that there is no scientific reason not to give babies the MMR, PCV and Hib/Men C vaccines at the same time.

This conclusion was based on clinical evidence which shows that doing so...

- *does not make any difference to how effective the vaccines are*
- *causes no additional adverse reactions*

None had heard of the JCVI before. Some were persuaded by the description of it and happy to accept what it said.

"It's been researched and I trust the research that's been done, surely they have looked into it."

PD19: lone parents, C2DE, experienced, with child 0-5 months, 'acceptors',

"I don't know who these people are, what research has been done, but if sort of the Government then very good, that is good evidence."

PD20: lone parents, BC1, first time, with child 6-11 months, 'acceptors',

Others were sceptical and not immediately convinced. Reactions to the JCVI information varied widely depending on attitudes to immunisation and the healthcare system, and to MMR specifically. MMR accepters were far more likely than others to believe the information without question, while doubters, probably nots and rejecters were more likely to dismiss it as being unbelievable or untrustworthy; they seemed more willing to believe the worst.

That said, the majority were undecided – they had queries about the information, and wanted further information about the research, including...

- some numerical or statistical measure of the findings
- how the testing was done:
 - the number of children the combined schedule was tested on, if any
 - whether children had been used or if the testing had been done on lab rats or in Petri dishes
 - more information on the detail of the research (without getting too technical)
- information on how this research was funded – who paid for this, and did they have a vested interest in the results?

“They are saying they have got the evidence to show it is not but you’d want to know what sort of research they had done on that.”

PD16: couple, C2DE, first time, with child 6-11 months, ‘probably not’, [REDACTED]

“Has the research ever been tested, do they test it on children this research, are they facts. When you say it’s been researched and they’ve tested it, what have they tested it on? I wouldn’t want my child to be used for the testing.”

“Yes, and who would want their child to be tested with something like that? How do they find this evidence out, who would put their child forward to be tested?”

PD5: couple, BC1, first time, with child 0-5 months, ‘doubters’, [REDACTED]

“I’d want to know what sort of research was done, what it was tested on, if it was tested on people or in a Petri dish, to see what effect it has... I just want to know how it was tested, in what way, was it actual people or was it like chemical things.”

PD12: couple, C2DE, first time, with child 6-11 months, ‘acceptors’, [REDACTED]

For most, then, it seemed that the JCVI information prompted more questions than it answered. In addition, some of these questions were almost unanswerable – for example, parents could not imagine ever putting their child through a clinical trial, and it seemed impossible to believe that any parent would do this, so how could it be safely tested?

The information seemed to suggest to some that the NHS was 'protesting too much', or must have something to hide if they are going to such lengths to convince the public that this is safe. Although a minority were reassured by the information, on balance it seems that widely distributing this amount of information may do more harm than good.

F. FINDINGS: HEALTH PROFESSIONALS

1. **Health visitors**

1.1 Background

The health visitors sample covered a range of areas in [REDACTED] including affluent and disadvantaged neighbourhoods. The childhood immunisation schedule in this area involves separate 12 and 13 month vaccinations. Most felt that better off and better educated parents are fairly well informed about immunisation, and are keen to find out as much as they can. Parents in less well off areas were regarded as incurious, not liable to seek information and often distracted by other issues; some were also felt to be disorganised, with a tendency to miss appointments, and to need a bit more hand-holding.

“Parents really that need that extra support... not attending appointments, not following advice, maybe having a baby too early

“They are not motivated.”

“They are unable to prioritise their children’s needs over theirs.”

Health visitors, [REDACTED]

All health visitors were well informed about immunisation, and were able to record the current schedule accurately. Four of the six health visitors had no significant concerns about the current schedule, nor about MMR or any other vaccination. However, two younger health visitors with their own young children had concerns about multiple vaccines being given at once...

- they felt that this is too much for small babies
- one was waiting until her baby is 15 months old before letting it have MMR
- they acknowledged that this attitude is irrational, but stuck to it regardless

1.2 MMR

Most health visitors appeared unconcerned about MMR. They were entirely convinced by its track record in other countries, and they believed that news stories were based on incomplete and misleading

scientific evidence. They were also aware that Andrew Wakefield has been discredited.

There was a widespread feeling that worries about MMR among parents are now less salient than they were a few years ago; and that the controversy is dying down, although the news about Andrew Wakefield being struck off was thought likely to raise its profile again, albeit briefly.

“Initially there were lots of queries about MMR, because I used to run through the immunisations with them at anti-natal and there were always questions about the MMR, particularly the single vaccines... [more recently] there were hardly any questions about MMR so I think that anxiety has gone away.”

Health visitors, [REDACTED]

The two with concerns about multiple vaccines seemed less confident about MMR, and it seemed that they were especially worried about autism.

“It was constantly on the news before, mums showing their autistic children, and that frightened me when I had mine.”

Health visitors, [REDACTED]

1.3 Proposed change to the schedule

All understood the intention of the change on first sight of the proposed new schedule. The key points that they picked out were...

- increasing the number of vaccines given in one session (and the number of separate injections)
- the fact that MMR is one of the sets of vaccines
- the fact that this would reduce the overall number of appointments

Effectiveness of vaccines when given at the same time was not regarded as an important issue – there was a sense that parents would not be concerned about this. However, the new schedule prompted mixed feelings, reflecting views of immunisation generally and MMR more specifically. Four had no problem with the change, and did not expect it to cause parents much concern, whilst two were not happy about it personally, but said they would present it as recommended by DH.

Factors in its favour were...

- it would entail fewer appointments, which would be easier for parents
- it would cause less distress for baby and parent because it would get the final vaccinations in the schedule in one go
- it will probably be cheaper – though there was less interest in this, and they would not mention it to parents

"There is no evidence to say this is not a good idea probably and it will save money and it might increase the uptakes because people don't have to come back."

Health visitors, [REDACTED]

The main concerns about a combined immunisation were that some parents might see it as too many vaccines at once; and the fact that MMR is part of the mix, which health visitors imagined would add a sense of uncertainty and unease.

2. Practice nurses

2.1 Background

The practice nurse sample covered a wide range of types of practice by clientele: from highly affluent ([REDACTED]) to disadvantaged ([REDACTED]). The presence of high numbers of overseas patients was thought to make a significant difference to parents' attitudes to immunisation, and to healthcare more generally.

Practice nurses said Well off immigrants, for example from the US or Northern Europe, were often used to different immunisation regimes, and were surprised at some UK practices. In comparison, the less well off, for example those from Southern Asia or Northern Africa, had language problems, often did not understand communications about vaccinations, and missed appointments. Many in affluent areas also used private doctors; these sometimes had different approaches to immunisation, or used different schedules.

Several said they disliked giving vaccinations because it is so distressing for the children; if they had to give more than one at once, this made it worse.

2.2 MMR

All practice nurses said that they had no doubts about the safety of MMR, and that they say this to parents. The issues surrounding MMR were seen as still salient among parents and highly contentious for some: they all reported frequently having to answer questions on MMR, and trying to reassure parents that it is safe.

One had called the LBC radio phone-in with Jenny Barnet about MMR and other immunisations to respond to suggestions she made that MMR is unsafe, this was subsequently taken up by Ben Goldacre.

“Jenny Barnet, 5 Live, she does a chat show and a couple of years ago I was at work and I could hear a phone-in and Jenny Barnet was saying how if you gave your child MMR you were fiddling with your child and it was dangerous and so I stayed behind at work and I phoned in and I had a conversation with her and she was saying all sorts of awful things and there must have been a lot of parents who were listening in the home at that time.”

Practice Nurses, [REDACTED]

As with other sample sectors, the main concerns about MMR were to do with the claimed link to autism, and the effects of giving three different vaccines at once. Practice nurses themselves all felt they knew what the scare is about (Andrew Wakefield’s now discredited research), but said that many parents do not.

“It keeps coming in the news, that is the problem, this week again, so in the next couple of weeks they are all talking about it and I suppose the parents think that there is no smoke without fire.”

Practice Nurses, [REDACTED]

One had heard a conspiracy theory to discredit the government and the NHS, and to put it about that they are willing to let children be harmed in the interests of vaccines being used.

“I have come across a conspiracy theory attitude that we are all trying to inflict something on our children... When you say, ‘Why would they want to harm your children, what would be in it for them?’, they can’t actually say... It is paranoia and it is not rational. It is not based on anything.”

Practice Nurses, [REDACTED]

In discussion of how they deal with parents’ concerns, one said that she raises the issue of the controversy about it as a matter of course with parents, and feels that this is the right approach since it is done in

the DH immunisations booklet. Others said they only answer questions about MMR, and feel it is unhelpful to talk about it unprompted.

No other vaccines had caused them serious problems, although a few parents were worried about the safety of swine flu vaccine.

2.3 Proposed change to the schedule

Of the six, two practice nurses had been using the combined schedule for about six months. One of these followed it routinely; the other offered parents the choice but found that most were happy with it. Both these two were entirely happy that the new schedule was safe; they were convinced that the JCVI research was robust and that the change would not have been made without proper investigation.

Of the other four, two said they would go along with the new schedule without question, while two (led by one) said they would want further information on the science – particularly numbers of patients on which the new schedule had been tested. The less keen two did not reject the change but were a little concerned about it, partly because they assumed it would only be done to save money.

"I would like to see the evidence of whether it is bad to mix all the vaccines together before I was convinced."

"There is definitely an antibody issue that is different between the MMR and the other two so I would like to see evidence of that first and then I would make my decision."

Practice Nurses, [REDACTED]

Positive features of the new schedule were...

- it is only one appointment, which is easier for parents, less distressing for the child, and saves time for surgeries
- there is less risk of losing the disorganised parents who don't always come back at 13 months

"I think I would go for it – as much as I don't like giving all three, I would rather it was over."

Practice Nurses, [REDACTED]

However, the change also prompted concerns, particularly that...

- it seems like a lot of vaccines at once

- MMR is one of them, so it will attract attention
- there is a potential clash with the direction not to give MMR before 12 months – why does it become safe to give it as soon as a child turns one?
- some are advised not to use legs for injections in babies; where would they give the three injections?

“I find if I give one or two then they see me on the corridor, they run away from me or they run into the room and they see me and they start crying!”

“Some of the kids aren’t big enough to find three areas that are wide enough apart to put three injections in – could be a problem.”

“If we were allowed to use thighs then it wouldn’t be a problem but at the moment we are not supposed to give them through the thigh, they are all supposed to go in the arm.”

Practice Nurses, [REDACTED]

G. TEAR OFF SHEET AND BOOKLETS

1. **Parents**

1.1 Tear off sheet

Parents' reactions to the tear off sheet were overwhelmingly positive. None recognised it or thought that they had received it, though a small number thought they might have received something like it at their appointments. Several spontaneously commented that they would have liked to receive this at their first vaccination appointment, and would have felt reassured by the information.

"I'd be much happier [if given the tear-out], I'd know what was going to happen."

"And it's explained easily as well, it's not all these big words and you haven't got a clue."

G1: female, BC1, first time, with child 0-5 months, 'acceptors', [REDACTED]

"It's reassuring, because if I got [my son] home after his injection and he started to swell and I got this out I would be thinking oh well it's normal, because he's had his injection that's why that is happening rather than thinking, 'Oh my God he shouldn't be like this, he shouldn't be having this swelling' so it's nice to have it to refer to if he did get any symptoms after his injections. And there's a telephone number to NHS Direct as well."

PD5: couple, BC1, first time, with child 0-5 months, 'doubters', [REDACTED]

"I would have loved to have one of these when she was, before she was getting her vaccinations done when she was released from hospital."

"Yes it is quite an informative leaflet because it is saying if baby gets a fever not only what is classed as a fever but like how to treat the fever."

"It is always good having something you can refer back to if anything goes wrong or whatever."

PD16: couple, C2DE, first time, with child 6-11 months, 'probably not', [REDACTED]

A few also noted that they were so distressed by the experience the first time round that they might not have listened fully to everything that the nurse was telling them. As a result, they felt that having this as a backup to remind them of the key points after the appointment would have been helpful.

Parents felt that the information was useful, and would put their mind at rest if their child did exhibit any of the listed symptoms after receiving immunisation.

Specifically, parents liked...

- the list of side effects, particularly the knowledge that MMR side effects could last longer than the assumed 24-48 hour period

*"What settled my mind is these little blue bits, all these testaments, and they constantly monitor the side effects."
"The main questions, like the side effects, which is really what you need to know about, it tells you exactly when these are going to happen."*

G1: female, BC1, first time, with child 0-5 months, 'acceptors', [REDACTED]

"It's good that they tell you these symptoms because if it's on there you kind of expect it don't you."

"This just tells you everything you need to know briefly... it explains it quite simply I think."

PD19: lone parents, C2DE, experienced, with child 0-5 months, 'acceptors', [REDACTED]

"It's good that it tells you what could happen, you know what signs to look out for and it reassures you that that's quite normal."

PD2: couple, C2DE, first time, with child 0-5 months, 'doubters', [REDACTED]

- the telephone number and web address for more information

"That's very reassuring actually because it also gives you a website to refer to."

"I like that the website's in different colours so you can see it straight away."

G1: female, BC1, first time, with child 0-5 months, 'acceptors', [REDACTED]

"I think it gives you a bit more reassurance to be honest, what could happen, what you could expect... It's got the website here as well which is good, www.nhs, so if there's anything that's not covered on here you can go straight to that website and check any extras out, there's a direct phone number."

PD8: couple, C2DE, experienced, with child 0-5 months, 'doubters', [REDACTED]

- the passage about trusting your instincts and seeking medical help if you feel that something is wrong

"It makes you feel like if you were really worried you are not being stupid, and you are well within your rights to go to the hospital if you feel that you need to, if you are not happy with anything, so yes I think it's good."

PD12: couple, C2DE, first time, with child 6-11 months, 'acceptors', [REDACTED]

- the information on fevers, particularly the clear guidelines about when a fever is serious and requires medical attention, though a few found this patronising

“That’s good, what temperature the fever is, because not a lot of people know what an adult fever temperature is and what a child’s temperature is.”

PD9: couple, BC1, experienced, with child 6-11 months, ‘acceptors’, [REDACTED]

“For me it is a bit redundant. I know if he is sick. If he was to get a fever I would know what to do.”

PD20: lone parents, BC1, first time, with child 6-11 months, ‘acceptors’, [REDACTED]

A few felt that they would like more information on certain topics, particularly...

- the alleged link between MMR and autism, and any evidence for / against this
- the diseases being vaccinated against and what their symptoms are
- how to identify a ‘measles-like rash’, rather than, for example, a rash indicating meningitis or septicaemia
- what the potential consequences of not getting your child vaccinated are

The layout was generally well received, and came across as clear and inviting, helped by the bullet pointed style, and the bright, accessible colours.

“It’s very easy to read, it’s very clear, I like the way it’s not difficult to scan it and get all the information you need.”

PD1: couple, BC1, first time, with child 0-5 months, ‘acceptors’, [REDACTED]

“Sometimes you get some literature you feel out of depth don’t you because it’s like in doctors language and unless you’re a doctor you don’t understand what they’re trying to say but this is quite straight forward.”

PD5: couple, BC1, first time, with child 0-5 months, ‘doubters’, [REDACTED]

“The layout is really easy, it gets straight to the point.”

G1: female, BC1, first time, with child 0-5 months, ‘acceptors’, [REDACTED]

“It’s straight to the point, which I think is the best thing. You don’t want to be reading pages and pages of symptoms and so on.”

PD15: couple, BC1, first time, with child 6-11 months, ‘doubters’, [REDACTED]

The tear-off sheet was believed to have a NHS feel about it, and this was felt to be a positive: it gave the sheet gravitas and authority.

"Where it's got NHS on it you think they're a well trusted service."

PD21: lone parents, C2DE, experienced, with child 6-11 months, 'doubters',
 [REDACTED]

None saw the tear off sheet as an alternative to the practice nurse's explanation of the side effects and how to deal with them. It was generally considered to be a good summary of the key information from the booklet which practice nurses could use alongside their conversations with parents.

"I think it's got enough information because you can't fit all of this [information in the booklets] onto one page – they've definitely picked out the right bits."

PD21: lone parents, C2DE, experienced, with child 6-11 months, 'doubters',
 [REDACTED]

A minority felt that the lists of symptoms might worry them if given prior to the vaccination; one mother said it might change her mind about whether to get her child immunised. It was generally accepted that the leaflet should be given *after* the vaccination, to complement the nurse's explanation *beforehand*.

"They shouldn't give you this beforehand. If I had had that before she had her MMR I would have been a bit worried. Whereas after, 'oh yea she's not eating her dinner because of that'."

PD18: lone parents, C2DE, experienced, with child 0-5 months, 'doubters',
 [REDACTED]

1.2 Booklets

The two booklets were not familiar to all, but both were perceived as effective for parents who wanted detailed information on immunisations. They were felt to offer all the information parents would need, and to work in conjunction with the tear off sheet. Specifically, they provided adequate answers to the questions raised by parents on seeing the tear off sheet. The schedule on the back of the leaflet was particularly well liked.

"This is a good idea, it has got the whole chart on the back and tells you exactly when it should be and what it should be."

"It is quite clear, right to the point."

"Everything is in there."

PD6: couple, C2DE, first time, with child 0-5 months, 'rejecters', [REDACTED]

A few parents recognised the *Guide to immunisations up to 13 months of age* and were sure that they had received this previously, though few appeared to have read it all.

"I have got this one."

YOU HAVE GOT THE GUIDE, HAVE YOU EVER LOOKED THROUGH THAT AT ALL?

"No but I have checked the schedule on the back. I think I have flicked through the first few pages and then just checked the schedule."

PD20: lone parents, BC1, first time, with child 6-11 months, 'acceptors',



None in this sample thought they had received the *Immunisations at 12 and 13 months of age* booklet, though it must be noted that they had not yet reached this stage.

The *Guide to immunisations up to 13 months of age* was seen as...

- authoritative and substantial
- comprehensive: effectively a single source covering everything they would want to know
- enough to help them make the right choices about immunisation
- honest in its acknowledgement that there has been controversy surrounding MMR, but reassuring in its comments on this
- for some, admirable for its length, depth and detail
- for others, too long and dense, and too time-consuming to read when there is a new baby

Immunisations at 12 and 13 months of age was preferred by some, particularly fathers, as it contained all the information they needed for this stage. It was succinct, and felt manageable and digestible. These parents suggested producing a comparable booklet for the two, three and four month immunisations.

"I would say with it being roughly half the size of the other one it doesn't look as, 'Oh my God I can't be bothered reading all that'."

PD16: couple, C2DE, first time, with child 6-11 months, 'probably not',



2. Health professionals

2.1 Tear off sheet

The tear off sheet was generally well regarded across the health professionals sample, though practice nurses had a few reservations about it. The information it provided was not new to health professionals, and most were aware that it is in the existing *Guide to immunisations up to 13 months of age*; however, they felt it is worth having as a separate item, to help the relevant information stand out. There were no problems with clarity, language or layout – it came across as easy to read and follow. It was felt to be...

- a simple and concise summary of the main side effects and ways of dealing with them
- easy to use; digestible
- balanced, measured, informational in tone
- good to advise ‘trust your instincts’, which was felt would chime with parents

“I think as a parent this is quite a useful thing to have because it’s very clear, particularly about what to do if they reach a point where they are concerned about the reaction they see in their child.”

Health visitors, [REDACTED]

“Very good.”

“It is reassuring.”

“I like ‘trust your instincts’ as well.”

Practice Nurses, [REDACTED]

The information on fever and red lumps was thought to be especially helpful. Most said they would give out the sheet at the appointment, before the vaccination was given, so parents knew in advance what might happen. One practice nurse who was not keen said the sheet gave too much emphasis to MMR and was liable to prompt further worries about it; another queried the advice to give ibuprofen because it has been linked with adverse reactions in some asthma sufferers.

2.2 Booklets

Health professionals had more mixed views about the booklets, especially the *Guide to immunisations up to 13 months of age*. All health professionals were aware of the booklets, though some said they did not often see *Immunisations at 12 and 13 months*. Both were applauded for their clarity and straightforward, informational style. The *Guide to immunisations up to 13 months of age* was regarded as comprehensive and detailed but probably too long for most parents.

“They are too busy with the new born baby or toddler. They don’t read the red book so they won’t read that either.”

Practice Nurses, [REDACTED]

In comparison, *Immunisations at 12 and 13 months* was seen as easier for parents to manage and useful in focusing on MMR.

Some health professionals said they doubted how much parents would use the *Guide to childhood immunisations* simply because it was long. In comparison, short and simple items such as the tear-off sheet were thought more accessible and so more likely to be read.

H. DESK RESEARCH: CHILDHOOD IMMUNISATIONS

1. **Overview**

What follows is a summary of the current vaccination schedules in a selection of developed countries, in comparison to the UK schedule.

For reference, the current UK schedule is as follows...

- 12 months – combined Hib/MenC vaccine (protects against meningitis C and *Haemophilus influenzae* type b)
- 13 months – MMR (protects against measles, mumps and rubella) and PCV (protects against pneumococcal infection).

The JCVI has recently reviewed the clinical evidence and concluded that there is no scientific reason why these should not be combined into one appointment. This research therefore also provides a comparison of other countries' schedules in light of this possible combined schedule.

It should be noted that according to this data, no other country administers the combined Hib/MenC vaccine used in the UK. In addition, no other country uses the PCV13 vaccine used in the UK – PCV7 was being used universally in the countries surveyed, sometimes in addition to PPSV or PPV at a later date.

None of the countries covered in this research vaccinate against measles, mumps, rubella, meningitis C, *Haemophilus influenzae* type b (Hib) and pneumococcal at the same time, i.e. none uses the combined immunisation under consideration in this research. However, some offer a combination of three of these four vaccines – either Hib, MMR and PCV; MenC, MMR and PCV; or Hib, MMR, and MenC.

In addition, several countries recommend an additional vaccine at the same time, for example Varicella (chicken pox), HepB (hepatitis B), or DTaP/IPV/Hib (diphtheria, tetanus, pertussis, polio, *Haemophilus influenzae* type b).

Throughout we assume that vaccines which are listed as being administered in the same month are given in one appointment.

However, it is possible that they are administered separately, e.g. with a week's gap. This seems unlikely, but should be borne in mind.

2. **United States¹**

Across the United States, the recommended schedule is that Hib, PCV and MMR vaccines are administered between 12 and 15 months of age. Varicella (chicken pox) vaccination also takes place at this stage.

In addition, Hepatitis A is recommended between 12 and 23 months, although it is not grouped with the above vaccines in a single age bracket.

The US health department website advises that "your child can safely receive all vaccines recommended for a particular age during one [doctor's] visit". This suggests that the recommended schedule involves a single appointment where children receive four separate vaccines at once, and a subsequent appointment where Hepatitis A is given.

Meningitis C vaccination does not take place in the US until children reach 11-12 years of age.

3. **Canada²**

Canadian immunisation schedules differ by territory. All territories give the following vaccines between 12 and 18 months...

- MenC (meningitis C)
- MMR (measles, mumps and rubella)
- PCV (pneumococcal)
- Varicella (chickenpox)
- DTaP/IPV/Hib (diphtheria, tetanus, pertussis, polio, *Haemophilus influenzae* type b)

¹ Centres for Disease Control and Prevention website: Instant Childhood Immunization Scheduler, http://www2a.cdc.gov/nip/kidstuff/newscheduler_le/

² Public Health Agency of Canada: Provincial and Territorial web sites and immunisation schedules <http://www.phac-aspc.gc.ca/im/is-pi-eng.php>

Some also offer HepB (hepatitis B). However, the timings and combinations of these vaccines vary. No territory uses the combined Hib/MenC vaccine.

Of the 13 territories...

- British Columbia and Quebec recommend that children receive the MMR, MenC, PCV and Varicella vaccines at 12 months, followed by the DTaP/IPV/Hib and MMR boosters at 18 months
- Ontario and Nunavut follow a similar schedule, however the 12 month vaccines are split into two appointments, one at 12 months (MenC and MMR) and one 3 months later at 15 months (PCV and Varicella). The 18 month vaccines remain the same
- Yukon gives 4 different vaccines at 12 months, HepB, MenC, MMR and Varicella, followed by DTaP/IPV/Hib, PCV and MMR at 18 months
- Prince Edward Island follows a split version of this schedule, with MenC and Varicella at 12 months, HepB and MMR at 15 months, and the combined DTaP/IPV/Hib and MMR and PCV at 18 months
- the remaining territories schedule MenC, MMR and Varicella at 12 months; with DTaP/IPV/Hib and PCV at 18 months. This may be accompanied by an MMR booster, as in Saskatchewan, New Brunswick, Newfoundland and Labrador, Northwest Territories
- territories which administer the MMR booster at a different time are Alberta, Nova Scotia and Manitoba

4. **New Zealand³**

The recommended immunisation schedule in New Zealand involves vaccination with separate Hib, MMR and PCV vaccines a little later than in the UK, at 15 months. Meningitis C is not routinely vaccinated against at any age.

³ New Zealand Ministry of Health: New Zealand Immunisation Schedule
<http://www.moh.govt.nz/moh.nsf/indexmh/immunisation-schedule>

5. **Australia**⁴

The recommended schedule for children in Australia involves the following four separate vaccines being given at 12 months of age: HepB; Hib; MMR; and MenCCV. The combined Hib/MenC vaccine that is used in the UK is not used in Australia. The triple dose of PCV, given in the UK at 2, 4 and 13 months, is given in a more condensed schedule at 2, 4 and 6 months.

6. **EU**⁵

Vaccination schedules in the EU varied widely, both in terms of the timing of vaccines, and with regard to the vaccines offered routinely to the population.

Many did not offer vaccinations against all the diseases that the UK vaccinates against. This was particularly noticeable with regard to meningitis C and pneumococcal, which are not part of the vaccination schedules of many EU countries. This is true of a range of both Western and Eastern European countries, including France, Slovenia and Bulgaria.

Countries which routinely offered three of the four vaccines in the same time period were...

- Austria: DTaP/IPV/Hib/HepB, PCV and MMR between 12 and 24 months
- France: DTaP/IPV/Hib/HepB at 16-18 months, PCV and MMR at 12 months, unless the child was going into daycare, in which case it would be given MMR at 9 months; MMR booster is given no less than one month after the first injection, and before the child is 2 years
- Germany: DTaP/IPV/Hib/HepB, PCV, MMR and Varicella between 11 and 14 months; MenC given between 11 and 23 months but *not* at the same time as MMR and Varicella

⁴ Immunise Australia Programme: National Immunisation Programme Schedule
<http://immunise.health.gov.au/internet/immunise/publishing.nsf/Content/nips2>

⁵ EUVAC.net: National Childhood Immunisation Schedules
<http://www.ssi.dk/graphics/euvac/vaccination/vaccination.html>

- Greece: Hib, MMR and PCV between 12 and 15 months, with MenC given between 15 and 18 months
- Latvia: DTaP/IPV/Hib/HepB, MMRV (MMR with Varicella) and PCV between 12 and 15 months
- Switzerland: MMR and PCV at 12 months, and MenC between 12 and 15 months

However, as discussed previously, although there is potential for administering the vaccines at the same time in all of these schedules, it is not clear whether this is done as a matter of course.

7. **Russia**⁶

Russia's immunisation schedule varies dependent on the area of the country, specifically with regard to which vaccine(s) against measles, mumps and rubella are used. Although the MMR is used in some places, in others the single vaccines, or combined measles and mumps or measles and rubella vaccines are more common. However, these diseases are regularly vaccinated against at 12 months.

DtwP (diphtheria, tetanus and pertussis) and OPV (oral polio vaccine) are recommended at 18 months of age. Although this combination protects against a similar range of diseases to vaccination schedules in other countries, different vaccines are used.

8. **South Africa**⁷

South Africa has a relatively new immunisation programme, and does not immunise against all the diseases which are protected against in the UK. It is recommended that South African children receive a single measles vaccine at 9 months, followed by a measles booster, DTP (diphtheria, tetanus and pertussis) and OPV (oral polio vaccine) at 18 months of age.

⁶ World Health Organisation: Immunisation Profile – Russia
http://apps.who.int/immunization_monitoring/en/globalsummary/countryprofileresult.cfm

⁷ South African Vaccination and Immunisation Centre: South Africa to Switch Vaccines
<http://www.savic.ac.za/news/newsarticle.php?neseqn=69&p=1&search>

**COI/DH111
MAY 2010**

RECRUITMENT QUESTIONNAIRE

Name:

Address:
.....

Tel:

Sex: Female () Male

Marital status: Single () Married-cohabiting ()

Occupation (HoH):

Are you currently working ? Yes () No ()

SeS: B () C1 () C2 () D () E ()

Ethnic origin :.....

HELLO, I WORK FOR A MARKET RESEARCH COMPANY CALLED CRAGG ROSS DAWSON. WE ARE CARRYING OUT SOME RESEARCH AMONGST PARENTS OF YOUNG CHILDREN AND I WONDER IF I COULD ASK YOU A FEW QUESTIONS?

QA Do you or any of your family or close friends work in any of the following occupations?

- Market research ()
- Marketing ()
- Advertising ()
- Public relations ()
- Journalism ()
- Health education ()
- Medical/health professions ()
- Pharmaceutical industry ()
- Pharmaceutical retailing ()
- Retail of infant products ()

CLOSE IF YES TO ANY OF THE ABOVE. OTHERWISE GO TO QB.

QB Have you ever attended a market research interview or group discussion?

No GO TO Q1
Yes GO TO QC

QC When did you last attend a market research interview or group discussion?

Within the past 6 months CLOSE
Longer than 6 months ago GO TO QD

QD What was/were the subject(s) of the discussion(s) you attended?
WRITE IN BELOW.

.....
CLOSE IF RELATED TO THIS RESEARCH TOPIC.
OTHERWISE GO TO Q1.

Q1 Do you have any children living at home with you?

Yes () GO TO 2
No () THANK AND
CLOSE

Q2. What is/are his/her/their age(s)?

Child 1
Child 2
Child 3
Other children:

RESPONDENTS IN GROUP 1 AND PAIRED DEPTHS 1, 2, 5, 6, AND 17 SHOULD HAVE A CHILD AGED 0-5 MONTHS AND NO OTHER CHILDREN.

RESPONDENTS IN GROUPS 2 AND 3 AND PAIRED DEPTHS 3, 4, 7, 8, 18 AND 19 SHOULD HAVE A CHILD AGED 0-5 MONTHS AND MUST ALSO HAVE AN OLDER CHILD/OLDER CHILDREN.

RESPONDENTS IN GROUPS 4 AND 5 AND PAIRED DEPTHS 11, 12, 15, 16, 20 AND 21 SHOULD HAVE A CHILD AGED 6-11 MONTHS AND NO OTHER CHILDREN.

RESPONDENTS IN GROUP 6 AND PAIRED DEPTHS 9, 10, 13, 14 AND 22 SHOULD HAVE A CHILD AGED 6-11 MONTHS AND MUST ALSO HAVE AN OLDER CHILD/OLDER CHILDREN.

TO Q3 IF APPROPRIATE.

Q3 Are you a member of any of the following organisations?

The Informed Parent ()
JABS ()
VAN UK ()
Desumo ()

CLOSE IF YES TO ANY OF THE ABOVE. OTHERWISE GO TO Q4.

- Q4 Thinking about breastfeeding versus bottle feeding, which of the following best describes how you feel about this issue?
- A "It's been proven that it's better to breastfeed so I think it's only fair to do so for as long as possible"
()
- B "Breastfeeding is probably better but not always easy, I don't think bottle fed babies are seriously disadvantaged"
()
- C "If you bottle feed, both partners can get involved and take turns in feeding"
()

TO Q5

- Q5 And which of these statements best describes your views on drinking during pregnancy?
- D "I think it's safer not to drink any alcohol at all during pregnancy"
()
- E "I think you should avoid alcohol in the first three months and after that it's probably ok to have the odd drink"
()
- F "I don't think the odd drink throughout pregnancy does any harm"
()
- G "As long as you don't get drunk, drinking in pregnancy is fine"
()

TO Q6

- Q6 Thinking about children and immunisation, could you tell me whether you agree or disagree with each of these statements? **SHOW CARD A.**

Disagree

Agree

- H *I have no concerns at all about immunisation* () CLOSE
()
and I am strongly opposed to anyone rejecting it in any circumstance

- I *I have no concerns at all about immunisation* ()
()
*and I am happy for my child(ren) to receive all
the recommended immunisations*
- J *I have some concerns about immunisation,* ()
()
but I am not against it
- K *I am strongly opposed to immunisation and* () CLOSE
()
*would not want my child(ren) to have any
vaccinations at all*

IF STATEMENT H OR K CHOSEN, THANK AND CLOSE.
OTHERWISE TO Q7.

Q7 I'd like to ask you more specifically now about the MMR vaccination. Which of the following statements best describes you in relation to this vaccine? **SHOW CARD B.**

L "I am not sure whether to let my child have the MMR vaccine, but I probably will" ()

DOUBTERS

M "I haven't decided yet whether to let my child have the MMR vaccine" ()

DOUBTERS

N "I haven't thought about it yet" ()

DOUBTERS

P "I am not sure whether to let my child have the MMR vaccine, but I probably won't" ()

PROBABLY NOTS

Q "I definitely won't let my child have the MMR vaccine" ()

REJECTORS

R "I'm happy to let my child have the MMR vaccine" ()

ACCEPTERS

RESPONDENTS IN **GROUPS 2 AND 5 AND PAIRED DEPTHS 2, 5, 8, 10, 13, 15, 18 AND 21** SHOULD BE 'DOUBTERS' IN RELATION TO THE MMR VACCINE (OR NOT YET CONSIDERED IT) – SHOULD CHOOSE STATEMENT L, M OR N ABOVE.

RESPONDENTS IN **GROUP 4 AND PAIRED DEPTHS 3, 11, 16 AND 22** SHOULD BE 'PROBABLY NOTS' – SHOULD CHOOSE STATEMENT P ABOVE.

RESPONDENTS IN **GROUP 3 AND PAIRED DEPTHS 6, 14 AND 17** SHOULD BE 'REJECTORS' OF THE MMR VACCINE – SHOULD CHOOSE STATEMENT Q ABOVE.

RESPONDENTS IN **GROUPS 1 AND 6 AND PAIRED DEPTHS 1, 4, 7, 9, 12, 19 AND 20** SHOULD BE 'ACCEPTORS' OF THE MMR VACCINE – SHOULD CHOOSE STATEMENT R ABOVE.

TO Q8

Q8 I'd now like to ask you about your views on giving dummies to babies and children. Which of the following statements best describes your attitude to this? **SHOW CARD C**

S "I am strongly against giving dummies to babies and children,

and I don't think they should be used at all."

()

T "I dislike the idea of giving dummies to babies and children and would not give them to my own children, but I have nothing against parents who do use them."

()

U "I have a few concerns about giving dummies to babies and children, but would occasionally give one to my own children."

()

V "I don't see any problem with giving dummies to babies and children, and I regularly give them to my own children."

()

PAIRED DEPTHS 17, 18, 19, 20 AND 21 (SINGLE PARENTS) TO Q9 IF APPROPRIATE.

ALL OTHER PAIRED DEPTHS AND GROUPS TO Q10 IF APPROPRIATE.

Q9 PAIRED DEPTHS WITH SINGLE PARENTS ONLY. DO YOU HAVE A FRIEND WHO IS A SINGLE PARENT OF A BABY THE SAME AGE AS YOURS WHO WOULD BE WILLING TO ATTEND A PAIRED DEPTH INTERVIEW WITH YOU?

Yes () TO Q10

No () CLOSE

Q10 Do any or none of the following apply to you? (Please note you do not have to specify which do or do not apply)

Asthma

Diabetes

Emphysema

Chronic bronchitis

Mobility problems

Learning difficulty or disability (e.g. dyslexia)

A physical impairment

Mental health condition

Neurological condition

Sensory impairment

Any other long term condition

Yes, one or more ()

No, none of these ()

TO Q11

Q11 And finally, do you have any special requirements that would need to be met in order for you to participate in this market research if it were to be held in a venue with stairs or without disabled access?

No _____

Yes (please write in) _____
(please contact the office, so that we can make sure the venue is suitable for the respondent)

RECRUIT AS APPROPRIATE

RECRUITED FOR....	
GROUP:
PAIRED DEPTH:
TIME: DATE:
.....	

12/13 month immunisations Discussion Guide: parents

Introduction and warm-up

- name, occupation, age of child(ren), household composition etc

Parenthood and child health

- how are they finding parenthood; has becoming a parent changed their lives; do their priorities shift; do they worry any more / less about certain issues?
- what are the main rewards and frustrations of parenthood?
- what are their main concerns for their children, both long and short term; what prompts them to worry about these things?
- what do they think are the main threats to children's health these days; what makes these seem so prevalent?

LISTEN FOR BUT DO NOT PROMPT: SPECIFIC ILLNESSES (PARTICULARLY THOSE WHICH CAN BE VACCINATED AGAINST); IMMUNISATION; MMR ETC

- where do they get their information on health issues concerning their children? e.g. friends, other mothers and fathers, family, internet, newspapers, television programmes / news, reference books, GPs, other health professionals, NHS direct etc
- do they think that there is enough information available; is there anything that they feel unsure or don't have enough information about?
- if so, where would they expect to get it and in what form would they want it?
- does their need for information vary by whether this is their first or second/subsequent child?

Immunisation – unprompted discussion

LISTEN FOR AND EXPLORE ANY RELEVANT ISSUES (E.G. WORRIES ABOUT 'OVERLOADING' THE CHILD'S IMMUNE SYSTEM; CONCERNS ABOUT MMR, OR VACCINES MORE GENERALLY; DISLIKE OF PUTTING THEIR CHILDREN THROUGH THE DISCOMFORT OF SEVERAL NEEDLES ETC) BUT DO NOT PROMPT

- what are their feelings about childhood immunisation?
- what do they know about the childhood immunisations; what associations does the subject bring to mind?
- What are their own personal feelings about immunisations etc (e.g. are they scared of needles; do they worry what is in the vaccine etc)
- what are the main benefits and issues associated with vaccination and the way it is delivered, if any?
- what do they know about the diseases that immunisations protect against?
- FIRST TIMELINE EXERCISE: GIVE RESPONDENTS BLANK TIMELINE AND ASK THEM TO WRITE WHAT THEY THINK HAS HAPPENED / WILL HAPPEN WITH REGARD TO IMMUNISATIONS OVER THEIR CHILD'S FIRST 18 MONTHS
- have their children been offered any immunisations yet?
- do they know what the vaccinations were; which diseases they protect against; how many diseases they protect against?
- what has the process been like so far? e.g. practical, easy, worrying, stressful, confusing
- how has their child reacted to the process so far? Have they experienced any side effects from the vaccinations?
- what impact (if any) has this had on their views and concerns?
- what do they expect to happen over the next few months; which immunisations do they expect to be offered and at what points?

- what do they know about the individual immunisations that their children will be offered e.g. what they're called, which diseases they protect against?
- how do they feel about this – positive, negative, any worries or concerns?

Comparison with official timelines

SECOND TIMELINE EXERCISE: GIVE RESPONDENTS A DIAGRAM OF THE CURRENT IMMUNISATION TIMETABLE (DO NOT PRESENT THIS AS THE 'RIGHT' OR CURRENT TIMETABLE)

- what are their immediate reactions to this – positive, negative, neutral?
- how does it compare to the timeline they have just produced; are there any differences?
- does this make any difference to how they think about vaccination; if so, in what ways?
- what particular features of the programme stand out?
- which immunisations, if any, attract particular attention and why?

THIRD TIMELINE EXERCISE: GIVE RESPONDENTS A DIAGRAM OF THE PROPOSED IMMUNISATION SCHEDULE (DO NOT PRESENT THIS AS A 'POTENTIAL REVISION')

- what are their immediate reactions to this – positive, negative, neutral?
- how does it compare to their timeline, and the one they have just been looking at; are there any differences?
- *if not mentioned, **prompt** on the difference at 12 / 13 months:* what are their reactions to this difference; does it make any difference to their views on the issue of immunisation?
- does it seem significant or insignificant in the context of the wider schedule; why do they say that?

Prompted discussion of the issues

MODERATOR TO PROMPT DISCUSSION OF THE KEY ISSUES ONLY IF NOT ALREADY DISCUSSED

- how do they feel about their children receiving these vaccines in their first year? are they more worried about some than others?
- what do they feel about vaccines – do they feel they are safe, beneficial, dangerous; what are the risks and benefits, and how do they balance out?
- how do the risks of vaccination compare to the likelihood of contracting the diseases, and the dangers the diseases pose; how much do they know about these diseases and their severity?
- how do / did they feel about their baby receiving 3 vaccines at the 4 month appointment; did / does this seem like it's in any way 'too many' or not?
- do they think that giving several vaccines at once has any effect on a baby's immune system; if so, in what ways?
- is there any reason why they have not raised these issues before? does this suggest anything about the seriousness of the issues?
- what are their feelings about the MMR vaccine; what do they immediately associate with it?
- do they think that they will allow their baby to have the MMR vaccine; why / why not? *listen for then **prompt**: Andrew Wakefield; controversy; autism etc*

Comparison of the timetables

- of the timetables we have looked at, which seems like the best; what are the pros and cons of each?

- how would they feel about their baby receiving 3 vaccines at once around their first birthday; is this any different to the 4 month appointment, and if so, in what ways?
- does the inclusion of MMR in the trio make any difference to their views? why / why not?
- would it make any difference in a practical sense, e.g. fewer visits to the surgery; less time off work etc? how do these benefits compare to any potential problems?
- overall, which would they prefer; why do they say that?
- if the combined vaccines were recommended by their GP / practice nurse / health visitor, how would they feel?
- what information would they want; what sorts of questions would they have?
- do they think it would make any difference to whether they got their child vaccinated or not; why / why not?

What to expect after vaccination tear off sheet

GIVE RESPONDENTS THE TEAR OFF SHEETS; EXPLORE...

- overall impressions
- do they recognise this, have they seen anything like it before?
- what do they think of the information given – does it help to answer their questions or address any concerns that they had; is it focussing on the right issues? how does it do this; and how well does it do this?
- what do they think of the tone and language used; is it accessible; do they understand what it is trying to say?
- is there anything that they feel is missing; would they like additional information on anything?
- how clear is the information given; is it well laid out; is it easy to find the bits they are interested in?

- is it clear how they could get more information if they needed it?
- what do they think of the design; layout; colours and images etc?
- what sort of impact do they think this would have; would they pick it up; look at it; trust it?

Immunisations booklets

SHOW RESPONDENTS ***A guide to childhood immunisations and 12 and 13 month immunisations***

- briefly, what do they make of these
- how well does the tear off sheet fit the *guide to childhood immunisations*?
- does it highlight the most useful aspects of information from the guide?

Summing up

- what are their overall feelings about immunisation in their child's first year; what are they planning to do with regard to any upcoming vaccinations?
- would a change in the schedule make any difference to their plans?
- which of the schedules explored would they prefer, and why?
- what is the best way to inform parents about vaccination; how well do current communications do this?

12/13 month immunisations

Discussion Guide: healthcare professionals

Introduction and warm-up

- name, role, responsibilities, time in current post, previous exp

Parenthood and child health

- can they describe their 'typical' patient; what is the population like in the area – social grade, BME, affluent, deprived etc?
- what would they say are the main health problems for people in their area?
- do they see a lot of parents as part of their role; what sorts of things do they come in for?
- what sorts of questions do parents ask; are there any issues which are particularly salient at the moment in their area, and if so, why do they think this is?
- what do parents feel are the main threats to children's health; how do they think this compares to the reality of the situation?
- what do they feel influences parents – where do they get their information about health; who do they ask for advice etc? e.g. friends, other mothers and fathers, family, internet, newspapers, television programmes / news, reference books, GPs, health professionals, NHS direct etc
- do they think that there is enough information out there; is there anything that they feel that parents should have more information about?
- Do they feel they have everything needed to provide advice to parents?

Immunisation – typical schedule

- what are their views about childhood immunisation up to 13 months; what are their immediate thoughts?
- can they outline exactly the vaccination schedule in use within this geographic locality? *listen for any deviations from the 'recommended' schedule e.g. BCG at birth; already combining 12 and 13 months*

FIRST TIMELINE EXERCISE: GIVE RESPONDENTS A BLANK TIMELINE AND ASK THEM TO FILL OUT WHAT GENERALLY HAPPENS WITH REGARD TO IMMUNISATIONS IN THEIR AREA OVER THE FIRST 13 MONTHS OF A CHILD'S LIFE

- would they ever have cause to deviate from this schedule; if so, in what situations might this happen, and why?
- does childhood immunisation form a large part of their role; what proportion of their appointments are taken up with children's vaccination appointments?
- how would a typical appointment progress; can they run through what they would do and say step by step?
- what information do parents receive from the surgery, either spoken or written? is this felt to be sufficient?
- do they appear to be well informed in advance of the appointment, aware of the pros and cons etc? do they know what the vaccinations are; which diseases they protect against; how many diseases they protect against?
- are parents well informed about the diseases vaccines protect against, e.g. risk of contracting them, severity, possible symptoms, complications; do they feel that parents have a realistic understanding of this?

Immunisation – parents' concerns

- what are parents' main worries about vaccination, and how are these normally addressed?

- are they more worried about some vaccines than others, and if so, why do they think this is?
- what is the general reaction to MMR; are their patients still worried about it, and how does this compare to when the first media reports surfaced?
- how do they address this type of worry; which approach tends to work best?
- what proportion of their patients consent to their child having the MMR vaccine? of those who don't (if any), what are the main barriers to them consenting? *listen for then **prompt**: Andrew Wakefield; autism etc*
- do parents ever withhold consent for any other childhood vaccinations; which, and what are the barriers in these cases?
- how do parents react to their baby receiving 3 vaccines at the 4 month appointment; is this ever seen as in any way 'too many' or not; is there ever any sense that giving several vaccines at once might damage a baby's immune system?
- how common is it for parents to worry about their child receiving several vaccines at once?
- how do they deal with this type of problem when it arises; what, in their experience, is the best way of calming parents' worries?

Comparison with official timelines

SECOND TIMELINE EXERCISE: GIVE RESPONDENTS A DIAGRAM OF THE CURRENT IMMUNISATION TIMETABLE

- what are their immediate reactions to this – is it as they expected it to be?
- how does it compare to the schedule which is used within their area; are there any differences, and if so, why is this?
- what are their opinions of the current schedule?

THIRD TIMELINE EXERCISE: MODERATOR TO PRESENT RESPONDENTS WITH A DIAGRAM OF THE PROPOSED IMMUNISATION SCHEDULE

- what are their immediate reactions to this – positive, negative, neutral?
- what are their reactions to the combination of the 12 and 13 month vaccinations; what effect do they think this would have?
- would it make any difference to how they operate day-to-day; would this be positive or negative?
- how do they think their patients would react to this; would it make any difference to uptake of the vaccines?
- what is their professional opinion on combining the two appointments; would they feel comfortable doing this from a professional perspective?

SHOW BACKGROUND INFORMATION ON THE SCIENTIFIC RESEARCH SUPPORTING THIS

- does this information affect their opinions in any way, and if so, how?

Comparison of the timetables

- of the timetables we have looked at, which seems like the best; what are the pros and cons of each?
- how would parents react to their baby receiving 3 vaccines at once at 12 or 13 months; is this any different to the 4 month appointment, and if so, in what ways?
- does the inclusion of MMR in the trio make any difference? why / why not?
- would the practical benefits make any difference to parents, e.g. fewer visits to the surgery; less time off work etc? would these benefits help balance any potential problems, or does one outweigh the other?
- overall, which would they prefer; why do they say that?

- how do they think patients would react if they were to recommend the combined vaccines to them? what information would they want; what sorts of questions would they have?
- do they think it would make any difference to vaccine uptake; why / why not?

What to expect after vaccination tear off sheet

GIVE RESPONDENTS THE TEAR OFF SHEETS; EXPLORE...

- overall impressions
- do they recognise this, have they seen/used anything like it before?
- what do they think of the information given – does it help to answer parents' questions or address concerns; is it focussing on the right issues? how does it do this; and how well does it do this?
- what do they think of the tone and language used; is it accessible; do they think their patients will understand what it is trying to say?
- is there anything that they feel is missing; would they like it to provide additional information on anything?
- how clear is the information given; is it well laid out; is it easy for patients to find the bits they are interested in?
- is it clear to patients how they could get more information if they needed it?
- what do they think of the design; layout; colours and images etc?
- what sort of impact do they think this would have on patients; would they pick it up; look at it; trust it?

Immunisations leaflets

SHOW RESPONDENTS *A guide to childhood immunisations and 12 and 13 month immunisations*

- briefly, what do they make of these
- how well does the tear off sheet fit the *guide to childhood immunisations*?
- does it highlight the most useful aspects of information from the guide?

Summing up

- what is their overall experience of providing vaccinations in a child's first year?
- would a change in the schedule make any difference to their working life; what effect would it have on parents?
- which of the schedules explored would they prefer, and why?
which do they think parents would prefer, and why?
- what is the best way to inform parents about vaccination; how well do current communications do this?