Older adults’ vaccine hesitancy: Psychosocial predictors of influenza, pneumococcal, & shingles vaccine uptake.

**INTRODUCTION**
- Older adults are vulnerable to vaccine-preventable illnesses, but vaccination coverage could be improved.
- Vaccine hesitancy is the refusal or delayed acceptance of available vaccines (MacDonald & SAGE, 2015).
- Psychosocial factors (Schmidt et al., 2017) require more investigation as potential predictors of older adults’ hesitancy.

**METHODS**
- Cross-sectional online survey of UK, independently-living adults aged 65-92 years; N = 372.
- Collected data on socio-demographic factors; self-reported overall health; psychosocial vaccination-related factors (the 5C & VAX scales); daily functioning (IADLs); cognitive functioning (MASQ); and social support (ISEL-12).
- Participants additionally provided up to three main reasons for their vaccination decisions.

**RESULTS**
- Uptake of the influenza vaccine was approximately 24% higher than for the other two vaccines.
- Considerably more participants were aware of their eligibility for, and had been offered, the influenza vs the other two vaccines.
- For those unvaccinated for pneumococcal and shingles diseases, 33-47% were not sure about whether to get vaccinated in future.
- Multivariate logistic regression analyses showed that a lower sense of collective responsibility independently predicted lack of uptake of all three vaccines.
- Greater calculation of disease and vaccination risk and preference for natural immunity also predicted lack of influenza vaccine uptake.
- For both the pneumococcal and shingles vaccines, concerns about profiteering predicted lack of uptake.
- Qualitative data generally supported these findings.

**DISCUSSION**
- Tailored interventions are required that emphasise disease risks and the community benefits of vaccination.
- Greater calculation of disease/vaccine risk
- Preference for natural immunity
- Concerns about commercial profiteering

**INFLUENZA**
- Lower sense of collective responsibility
- Greater calculation of disease/vaccine risk

**PNEUMOCOCCAL & SHINGLES**
- Lower sense of collective responsibility
- Preference for natural immunity

**REFERENCES**