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Evidence Assessment: Summary of a Systematic Review

Who is this summary for?
For Doctors and Health Personal, Administrators and Managers of health facilities, Community Health Workers and the partners involved in childhood vaccination

Interventions aimed at communities to inform and/or educate about early childhood vaccination

Key findings

- Community-based information or education may improve knowledge of vaccines or vaccine-preventable diseases and probably increases the number of children who get vaccinated
- Community-based information or education may make little or no difference to the involvement of mothers in decision-making about vaccination but may change attitudes in favour of vaccination among parents with young children.

Background

Childhood vaccinations can prevent illness and death, but many children do not get vaccinated. There are a number of reasons for this. One reason may be that families lack knowledge about the diseases that vaccines can prevent, how vaccinations work, or how, where or when to get their children vaccinated. People may also have concerns (or may be misinformed) about the benefits and harms of different vaccines.
Giving people information or education so that they can make informed decisions about their health is an important part of all health systems. Vaccine information and education aims to increase people's knowledge of and change their attitudes to vaccines and the diseases that these vaccines can prevent.

Question

What are the effects of interventions aimed at communities to inform and/or educate people about vaccination in children six years and younger?

Interventions aimed at communities to inform and/or educate about early childhood vaccination in Cameroon: Cameroon has been suffering from polio outbreak since 2013. Efforts have been made in raising awareness of parents and communities about the importance of vaccination. Sessions on the importance of vaccination are organized in health facilities during immunization sessions using fixed and advanced strategies. Other educational campaigns conducted during National Immunization Days.

Table 1: Summary of the systematic review

	What the review authors searched for	What the review authors found
Studies	Randomized controlled trials (RCT), Quasi-randomised controlled trials, Interrupted time series (ITS) and Controlled before-and-after studies (CBAS).	Two cluster-randomised trials met the inclusion criteria.
Participants	Parents and other care-givers and family members of young children, community leaders, teachers, health personnel (as part of a wider community intervention) and other influential community members.	Community members, parents, other family members, village leaders, children and sometimes teachers.
Interventions	We included interventions aimed at communities, with a broad audience and purpose (see definition below) and that were in-tended to inform and/or educate about vaccination in children six years and younger. We defined 'inform and/or educate' interventions as those that enabled consumers to understand the meaning and relevance of vaccination to their health and the health of their family or community, and/or made them aware of the practical and logistical factors associated with vaccination.	Both studies compared interventions aimed at communities to inform and/or educate about early childhood vaccination with routine immunisation practices. In one study, the intervention consisted of information campaigns in each intervention cluster, conducted in two rounds separated by two weeks. Posters and leaflets were also distributed in the intervention villages in one study. In the other study, the intervention comprised three phases of discussions in each community with small community groups of 8 to 10 people.
Controls	• Routine immunisation practices in the study setting (i.e. the activities undertaken on a day-to-day basis in the study setting to promote immunisation uptake and deliver immunisation services, such as sending reminders to caregivers or writing the next immunisation date on the child's health card); • Other interventions to promote immunisation uptake; • No intervention.	The control groups did not receive any intervention
Outcomes	**Primary outcomes** • Knowledge among participants of vaccines or vaccine-preventable diseases. • Knowledge among participants of vaccine service delivery. • Immunisation status of child (e.g. immunisation status up-to-date as defined by the author of the included study: receipt of one or more vaccines). • Any other measures of vaccination status in children (e.g. immunisation status for a specific vaccine, number of vaccine doses received). • Unintended adverse effects due to the intervention **Secondary outcomes** • Participants' attitudes towards vaccination (the term 'attitudes' covers beliefs about vaccination, and may include intention to vaccinate). • Participant involvement in decision-making regarding • vaccination. • Participant confidence in the decision made regarding vaccination. • Resource use or cost of intervention. • Immediate: up to one month following completion of the intervention. • Short-term: between one and six months following the completion of the intervention. • Long-term: more than six months following the completion of the intervention.	The outcomes reported were: • Knowledge among participants of vaccines or vaccine-preventable diseases • Knowledge among participants of vaccine service delivery • Immunisation status of child • Any other measures of vaccination status in children • Participants' attitudes towards vaccination • Participant involvement in decision-making regarding • vaccination • Participant confidence in the decision made regarding vaccination • Resource use or cost of the intervention
Date of the most recent search: 13 December 2013		
Limitations: This is a moderate quality systematic review**, AMSTAR =09/11**		
Citation: Saeterdal I, Lewin S, Austvoll-Dahlgren A, Glenton C,Munabi-Babigumira S**. Interventions aimed at communities to inform and/or educate about early childhood vaccination.** Cochrane Database of Systematic Reviews 2014, Issue 11. Art. No.: CD010232. DOI: 10.1002/14651858.CD010232.pub2.		

Table 2: Summary of findings

Interventions aimed at communities to inform and/or educate about early childhood vaccination versus routine immunisation practices in primary and community care			
People: community members **Settings:** primary and community care **Intervention:** interventions to inform and/or educate members of the community about early childhood vaccination **Comparison:** routine immunisation practice			
Outcomes	**Estimated effects (95% CI)**	**No of Participants (studies)**	**Quality of the evidence (GRADE)**
Knowledge among participants of vaccine or vaccine-preventable disease (number of people whose vaccine knowledge had increased; follow-up: mean = 2 years; assessed through house-hold survey using a questionnaire	0.121 [0.06-0.19]	5582 (1)	Low
Immunisation status of child (follow-up: mean= 2 years; assessed through household survey using a questionnaire)			
Any vaccine	1.67 [1.21-2.31]	228 (1)	Moderate
Measles	1.63 [1.03-2.58]	956 (1)	
Diptheria, Pertussis and Tetanus	2.17 [1.43-3.29]	957 (1)	
Polio	1.01 [0.97-1.05]	952 (1)	
Participants' attitudes towards vaccination (number of parents who think it is worthwhile to vaccinate children; follow-up: mean = 2 years; assessed through house-hold survey using a questionnaire	0.054 [0.01-0.11]	5636 (1)	Low
Participants' involvement in decision-making regarding vaccination (number of mothers included in decisions about vaccination; follow-up: mean=2 years; assessed through household survey using a questionnaire)	0.043 [-0.01-0.1]	5565 (1)	Low

Applicability

One study was conducted in south Pakistan and another in rural India. Some of these interventions, such as community meetings or some forms of mass media, may be resource intensive when implemented at scale and these findings should be applied with caution in other low resources settings.

Conclusions

There is moderate quality evidence that interventions aimed at communities to inform and educate about early childhood vaccination may improve attitudes towards vaccination and probably increase vaccination uptake under some circumstances.

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