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IMPROVING VACCINATION PROMOTION AND PUBLIC COMMUNICATION IN MEASLES AND INFLUENZA PREVENTION

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Abstract. This article examines how vaccination promotion can be strengthened in the prevention of measles and influenza. The topic remains highly relevant because both infections continue to create avoidable morbidity, mortality, service burden, and social disruption when vaccination coverage falls or risk perception weakens. The aim of the article was to identify practical and evidence informed directions for improving public communication, community engagement, and health worker counselling related to measles and influenza vaccines. A narrative analytical review was carried out using recent documents from the World Health Organization, UNICEF, the Centers for Disease Control and Prevention, and the European Centre for Disease Prevention and Control, together with peer reviewed review articles published mainly from 2023 to 2025. The analysis shows that effective promotion depends not only on message accuracy but also on trust, convenience, local adaptation, and the ability of health workers to respond respectfully to questions and misinformation. The most promising strategies include strong provider recommendation, interactive and face to face communication, reminder systems, community based outreach, practical reduction of access barriers, and audience specific messaging. The findings also show that measles requires urgent catch up communication because even small immunity gaps can trigger outbreaks, while influenza promotion must address annual vaccination fatigue and low perceived severity in some risk groups. The article concludes that vaccination promotion should move from one way persuasion to a continuous system of trust building, behavioural insight, and locally tailored action integrated into routine primary care and public health practice.

Keywords: measles, influenza, vaccination, immunization, health communication, vaccine hesitancy, prevention, public health

СОВЕРШЕНСТВОВАНИЕ ВАКЦИНАЛЬНОЙ ПРОПАГАНДЫ И ОБЩЕСТВЕННОЙ КОММУНИКАЦИИ В ПРОФИЛАКТИКЕ КОРИ И ГРИППА

Аннотация. В статье рассматриваются пути совершенствования вакцинальной пропаганды в профилактике кори и гриппа. Тема сохраняет высокую актуальность, поскольку обе инфекции продолжают вызывать предотвратимую заболеваемость, смертность, нагрузку на систему здравоохранения и социальные потери при снижении охвата вакцинацией или ослаблении восприятия риска. Целью статьи было определить практические и основанные на доказательствах направления улучшения общественной коммуникации, взаимодействия с сообществами и консультирования населения медицинскими работниками по вопросам вакцинации против кори и гриппа. Проведен аналитический нарративный обзор с использованием современных материалов Всемирной организации здравоохранения, ЮНИСЕФ, Центров по контролю и профилактике заболеваний США и Европейского центра профилактики и контроля заболеваний, а также обзорных рецензируемых публикаций, преимущественно за 2023-2025 годы. Анализ

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показал, что эффективная пропаганда зависит не только от точности сообщения, но и от доверия, удобства, локальной адаптации и способности медицинских работников уважительно отвечать на вопросы и дезинформацию. Наиболее перспективными стратегиями являются сильная рекомендация со стороны медицинского работника, интерактивное очное общение, системы напоминаний, работа на уровне сообщества, практическое устранение барьеров доступа и сообщения, ориентированные на конкретные аудитории. Полученные результаты также показывают, что для кори требуется срочная догоняющая коммуникация, поскольку даже небольшие иммунные разрывы могут приводить к вспышкам, тогда как продвижение вакцинации против гриппа должно учитывать ежегодную усталость от вакцинации и низкую воспринимаемую тяжесть заболевания в ряде групп риска. Сделан вывод о том, что вакцинальная пропаганда должна перейти от одностороннего убеждения к непрерывной системе формирования доверия, использования поведенческих данных и локально адаптированных действий, интегрированных в рутинную первичную медико санитарную помощь и практику общественного здравоохранения.

Ключевые слова: корь, грипп, вакцинация, иммунизация, коммуникация в здравоохранении, нерешительность в отношении вакцин, профилактика, общественное здоровье

Introduction

Vaccination remains one of the most effective achievements of modern public health. According to the World Health Organization, immunization now protects against more than thirty serious diseases and prevents an estimated 3.5 to 5 million deaths every year (World Health Organization, n.d.). Yet this success has not removed the need for persistent public communication. Vaccines work at the level of biology, but vaccination programmes succeed or fail at the level of everyday behaviour. Parents must bring children for routine doses, pregnant women must receive timely counselling, risk groups must recognize their vulnerability, and health workers must be prepared to answer questions with confidence and empathy. In that sense, vaccination promotion is not a secondary activity that follows technical service delivery. It is a central part of disease prevention itself.

The need to strengthen vaccination promotion is especially clear for measles and influenza. These two infections differ in epidemiology, seasonality, and public perception, yet both expose weaknesses in communication and service organization. Measles is a highly contagious disease that quickly reveals even modest immunity gaps. WHO reported that by the end of 2024, eighty four percent of children globally had received the first measles containing vaccine dose and seventy six percent had received the second dose, leaving large numbers of children incompletely protected (World Health Organization, 2025b). WHO also noted that approximately 30 million infants remained under protected against measles in 2024 (World Health Organization, 2025a). Because measles is so transmissible, these gaps are not abstract statistics. They create real conditions for outbreak expansion.

The recent epidemiological picture in the WHO European Region demonstrates this clearly. WHO and UNICEF reported 127,350 measles cases in the region in 2024, which was double the number reported in 2023 and the highest level seen in more than twenty five years. More than forty percent of cases occurred in children younger than five years, and more than half of reported patients required hospitalization (WHO Regional Office for Europe, 2025a). Such figures show that measles does not return because the disease has changed. It returns when routine trust, timely information, and complete vaccine uptake weaken. Measles therefore

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demands promotion strategies that can rapidly restore confidence, increase catch up vaccination, and reach under vaccinated communities before outbreaks accelerate.

Influenza presents a different but equally important communication problem. Seasonal influenza is often normalized by the public as an ordinary winter illness, although it continues to cause a major global burden. WHO estimates that seasonal influenza causes around a billion cases every year, including 3 to 5 million severe cases and 290,000 to 650,000 respiratory deaths (World Health Organization, 2025c). Unlike measles, influenza vaccination must be repeated regularly because circulating strains change and protection strategies are seasonal. This means that promotion cannot rely only on childhood schedule adherence. It must support annual decision making across the life course, especially for pregnant women, young children, older adults, people with chronic disease, and health workers, all of whom are named by WHO as priority groups for vaccination (World Health Organization, 2025c).

The challenge is not simply that some people reject vaccines. The more common problem is a complex middle ground that includes delay, uncertainty, low motivation, competing priorities, practical barriers, and fragmented trust. The WHO Behavioural and Social Drivers framework was created precisely because uptake depends on more than factual knowledge. It emphasizes that programmes must understand the reasons for low uptake, track trends over time, and design tailored interventions rather than assuming that one message will work for all groups (World Health Organization, 2022). Similarly, the ECDC has argued that vaccination acceptance exists on a continuum and that uptake is influenced by behavioural, cultural, economic, social, and structural conditions, not just individual beliefs (European Centre for Disease Prevention and Control, 2025).

This broader perspective is important for both measles and influenza. Parents may accept childhood vaccination in principle but still postpone appointments because clinic hours are inconvenient, migration has disrupted records, or health workers do not have time for dialogue. Adults at high risk for influenza may say they are not opposed to vaccination, yet they skip it because they underestimate disease severity, do not receive a direct recommendation, or are tired of annual campaigns that feel repetitive and impersonal. Promotion therefore has to work on trust and convenience at the same time.

The professional role of health workers is especially important in this context. The Centers for Disease Control and Prevention states that parents regard their child's healthcare professionals as their most trusted source of vaccine information, even when they are hesitant or considering delay (Centers for Disease Control and Prevention, 2024). This observation has important implications. It means that vaccination promotion should not be understood only as posters, media messages, or short campaigns during awareness weeks. It also happens in consultation rooms, maternity visits, school health contacts, pharmacy encounters, and every other point at which a person can discuss vaccine decisions with a credible professional.

At the same time, promotion efforts cannot depend only on interpersonal communication. Health systems need reminder systems, social media monitoring, outreach to disadvantaged groups, clear outbreak messaging, and local adaptation. A growing body of review evidence suggests that no single communication method is sufficient in isolation. More effective programmes usually combine strong recommendations from clinicians, community engagement, practical support, reminders, and reduction of access barriers (Ekezie et al., 2024; Liu et al., 2024; Malik et al., 2023). The task for public health is therefore not to search for one universal slogan, but to build a coordinated communication ecosystem.

The present article addresses this problem through an analytical review of recent official and scientific evidence. Its purpose is to identify how vaccination promotion related to measles and

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influenza can be improved in a realistic, evidence informed, and human centred way. Rather than treating hesitancy as a fixed attribute of certain populations, the article examines communication as a practical system that can be strengthened through trust, respectful dialogue, behavioural insight, and equitable service organization.

Materials and Methods

This article was prepared as a narrative analytical review structured according to the IMRAD model. The purpose of the review was to synthesize current evidence on how vaccination promotion and public communication can be improved for measles and influenza prevention. A narrative format was chosen because the objective was not to calculate pooled disease effects, but to integrate epidemiological data, implementation guidance, and communication evidence into a practice oriented interpretation.

The source base included official publications and web materials from the World Health Organization, WHO Regional Office for Europe, UNICEF, the Centers for Disease Control and Prevention, and the European Centre for Disease Prevention and Control. These materials were selected because they provide up to date epidemiological information, policy guidance, and operational insights relevant to immunization communication. Peer reviewed review articles published mainly between 2023 and 2025 were also included to capture the current evidence base on behavioural and communication interventions that increase vaccine uptake.

Priority was given to sources that met three criteria. First, they addressed routine vaccination, communication, or behavioural drivers rather than only biological vaccine performance. Second, they had direct relevance to measles, influenza, or cross cutting immunization practice. Third, they offered findings that could be translated into practical public health recommendations. Sources focused only on a single highly specialized clinical subgroup without wider communication relevance were not prioritized.

The analysis proceeded in three steps. In the first step, epidemiological and policy documents were reviewed to define the urgency of measles and influenza prevention and to identify major target groups. In the second step, implementation and behavioural guidance documents were examined to identify the main barriers and enabling factors related to vaccine uptake. In the third step, recent systematic reviews and analytic papers were used to compare the relative value of communication, reminder, access, and provider based interventions. The results of this process were synthesized thematically.

Because the article is a narrative evidence synthesis and not a primary data study, no human subjects were recruited and no statistical reanalysis of patient level data was performed. The results presented below therefore represent thematic analytical findings derived from the reviewed literature and policy materials.

Results

Epidemiological urgency and the need for stronger promotion - The first major finding of the review is that improved vaccination promotion is justified by a combination of epidemiological urgency and behavioural vulnerability. Measles remains one of the clearest examples of how rapidly declining confidence or delayed uptake can translate into outbreaks. WHO states that community wide vaccination is the most effective way to prevent measles and that all children should receive two doses of measles vaccine (World Health Organization, 2025a). However, coverage remains below the threshold needed for durable population protection in many settings. The resurgence documented in Europe and Central Asia in 2024 shows that even regions with established programmes are vulnerable when post pandemic recovery is incomplete or uneven (WHO Regional Office for Europe, 2025a).

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Influenza highlights another kind of vulnerability. Its yearly recurrence can create public fatigue and reduce the emotional force of prevention messages. Although WHO clearly identifies vaccination as the best way to prevent influenza and recommends annual vaccination for key risk groups, many adults still perceive influenza as a manageable inconvenience rather than a disease with potentially serious consequences (World Health Organization, 2025c). As a result, promotion for influenza must do more explanatory work than promotion for diseases that the public already fears. It must connect annual vaccination with real benefits such as reduced severe illness, protection of pregnant women and infants, preservation of health service capacity, and reduction of absenteeism in schools and workplaces.

A second dimension of urgency comes from the broader state of immunization systems. WHO notes that the COVID 19 pandemic strained health services and contributed to major setbacks in routine vaccination, while UNICEF has shown that even where headline coverage has recovered, many children remain zero dose or under vaccinated and persistent hesitancy driven by misinformation continues to threaten progress (World Health Organization, n.d.; UNICEF, 2024). These observations suggest that vaccination promotion should no longer be designed as a narrow awareness activity. It must be understood as part of system recovery, catch up strategy, and health security.

Barriers that weaken vaccination communication and uptake - The second major finding is that barriers to vaccination promotion are multidimensional and cannot be reduced to misinformation alone. WHO Europe has emphasized that the reasons children are missed can include lack of information, mistrust, structural barriers, inequities in access, and limited capacity of health workers to discuss and promote vaccination effectively (WHO Regional Office for Europe, 2025b). The ECDC similarly argues that uptake must be separated conceptually from acceptance because a person may be willing in principle yet still fail to vaccinate when opportunities are poor or services are inconvenient (European Centre for Disease Prevention and Control, 2025).

This point is particularly important for programme planning. Public discourse often treats low uptake as if it were the direct result of anti vaccine belief. In reality, delayed or missed vaccination may result from migration, uncertain documentation, competing work obligations, transport problems, fragmented primary care, language barriers, or a previous unsatisfactory contact with the health system. These barriers matter for measles catch up campaigns and for influenza vaccination alike. A parent who misses a measles dose because records were lost during relocation is not reached by myth correction alone. An older adult who skips influenza vaccination because the clinic visit requires long waiting time may not need persuasion at all. The needed intervention may be simpler access.

The WHO Behavioural and Social Drivers framework helps explain why one dimensional promotion strategies often fail. It encourages programmes to gather data on what people think and feel, what social processes influence them, what practical issues they face, and whether they are offered real opportunities to vaccinate (World Health Organization, 2022). This approach moves programmes away from assumptions and toward tailored action. It also reduces the tendency to stigmatize people who ask questions. This is especially valuable in public communication because people are more likely to engage with respectful systems than with messages that frame them as irresponsible.

Another recurring barrier concerns the communication capacity of health workers. UNICEF training materials on strengthening vaccine confidence emphasize that health workers need practical interpersonal communication and counselling skills to identify concerns, address fears, and distinguish reliable information from misinformation in a respectful way (UNICEF, 2024).

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This matters because confidence is rarely built through factual correction alone. It is built when the recipient feels heard, not shamed, and when the explanation is clear, relevant, and clinically grounded.

Interventions with the strongest support in recent evidence - The third major finding is that evidence increasingly supports multi component interventions rather than single message campaigns. A recent systematic review by Jwa and colleagues found that communication interventions can reduce parental vaccine hesitancy and increase childhood vaccine coverage, with especially promising results from in person and interactive approaches (Jwa et al., 2025). This has direct implications for routine measles vaccination, where the target group often includes parents of young children who may benefit from direct dialogue more than from generic online messaging alone.

Broader intervention reviews reach a similar conclusion. Liu and colleagues analysed randomized trials of vaccination uptake strategies and found that interventions overall improved vaccination uptake, with increasing access and incentives among the more promising approaches, while access improvement was especially helpful in settings with lower resources and less healthcare access (Liu et al., 2024). Malik and colleagues likewise reported that behavioural interventions can improve uptake considerably, with especially strong effects from provider recommendation and on site vaccination (Malik et al., 2023). Taken together, these reviews suggest that effective promotion is not just about saying the right thing. It is also about making the recommended action easy to complete at the moment the recommendation is given.

The role of the clinician emerges repeatedly as one of the strongest consistent findings. The CDC notes that healthcare professionals are the most trusted source of vaccine information for parents (Centers for Disease Control and Prevention, 2024). Opel argues that clinicians need a communication toolbox that includes a strong recommendation, a presumptive format for introducing vaccination, and motivational interviewing techniques when resistance appears (Opel, 2023). This balanced approach is valuable because it avoids two common errors. The first error is weak communication that presents vaccination as a neutral optional topic. The second is rigid communication that ignores patient concern and thereby deepens resistance. The best approach begins with confident recommendation and then shifts to respectful dialogue when needed.

Community based promotion also shows value when it complements clinical advice. Ekezie and colleagues reviewed African studies and found that community mobilisation, reminders, trust building, and educational strategies were associated with improved uptake across settings, while barriers included poor information, access challenges, and cost (Ekezie et al., 2024). Although these studies were not limited to measles and influenza, the implications are highly relevant. Community based outreach is especially important for measles in populations with missed routine doses and for influenza in populations that have weak contact with preventive services outside episodes of acute illness.

These findings indicate that improved promotion requires a layered model. Mass communication can establish visibility and normalize vaccination. Health worker counselling can answer individual concerns. Reminder systems can support follow through. Flexible service delivery can convert intention into action. Community partnerships can adapt messages to local realities. Promotion becomes strongest when these elements operate as a connected system rather than as isolated activities.

Specific communication priorities for measles and influenza - The fourth major finding is that measles and influenza require different communication emphases even when they share common principles. For measles, the dominant communication task is to restore a sense of

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urgency around complete routine and catch up vaccination. Because measles is highly contagious, even small gaps in two dose coverage can lead to rapid transmission. Public messages therefore need to explain not only that the vaccine is safe and effective, but also that delay creates collective vulnerability. Communication during measles resurgence should be specific, geographically targeted, and linked to immediate service opportunities such as catch up clinic days, school based checks, and outreach to mobile or underserved families.

Measles communication also benefits from direct clarification of common misconceptions. WHO states that the vaccine is safe, effective, and inexpensive, has been used for decades, and remains essential for outbreak prevention (World Health Organization, 2025a). Because measles may be unfamiliar to younger parents in countries where incidence had previously fallen, communication should make the disease visible again without sensationalism. Parents need clear explanations that measles can lead to hospitalization and serious complications, and that the disease returns precisely when vaccination coverage seems only slightly reduced. The recent European data provide a strong evidence based foundation for such messaging (WHO Regional Office for Europe, 2025a).

Influenza communication requires a different tone. The problem is often not complete distrust, but underestimation of benefit and reduced motivation to vaccinate every year. Promotion should therefore emphasize who is at risk of severe disease, why annual vaccination is needed, and how influenza vaccination protects both individuals and the healthcare system. Messages for pregnant women, older adults, people with chronic conditions, and health workers should be tailored to their specific risks and roles. Because influenza circulates seasonally and risk perception can fluctuate, communication should be timed carefully and repeated through trusted channels before and during the vaccination season.

Annual influenza promotion can also benefit from normalization within routine care. Rather than treating influenza vaccination as a special separate decision, primary care and hospital systems can integrate it into standard autumn and winter contacts, medication reviews, antenatal care, chronic disease follow up, and discharge counselling. This strategy reduces the behavioural burden of decision making and makes vaccination feel like a routine part of health maintenance. The evidence on provider recommendation, reminders, and improved access strongly supports this approach (Liu et al., 2024; Malik et al., 2023; Opel, 2023).

Discussion

The findings of this review support a central argument that vaccination promotion is most effective when it joins credible communication with practical accessibility. For many years, public health discussions treated vaccine demand mainly as an information problem. The assumption was that people declined vaccination because they lacked scientific facts, and that hesitancy could be solved by providing more education. The evidence reviewed here suggests that this model is too narrow. Knowledge matters, but trust, opportunity, convenience, and social context matter just as much. Programmes that overlook these factors may produce messages that are technically correct yet operationally weak.

This has important implications for everyday practice. First, vaccination promotion should be planned as a continuous service function, not as an occasional campaign activity. Measles outbreaks and influenza seasons may attract public attention, but trust is built long before a crisis begins. Families remember whether they were treated respectfully during prior consultations. Adults form impressions about vaccination from repeated small interactions, not only from official announcements. Therefore, every routine contact in primary care can strengthen or weaken future vaccine decisions.

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Second, the review shows that language and tone matter. The ECDC recommendation to think in terms of acceptance and uptake rather than simply labeling people as hesitant is especially useful (European Centre for Disease Prevention and Control, 2025). Labels can freeze a dynamic situation into a fixed identity. A person who is described as vaccine hesitant may, in reality, be uncertain because of one unresolved concern, poor access, or previous confusion. Public communication that begins from respect is more likely to create movement toward vaccination than communication that begins from blame.

Third, health worker training deserves much greater attention. The evidence from the CDC, UNICEF, and clinician focused literature consistently indicates that professionals remain the most influential messengers in vaccine decision making (Centers for Disease Control and Prevention, 2024; Opel, 2023; UNICEF, 2024). Yet being clinically knowledgeable does not automatically mean being communication ready. Health workers need training in listening, brief counselling, responding to misinformation without confrontation, and making strong recommendations in a calm and confident way. They also need updated local information on schedules, catch up protocols, contraindications, and service availability so that communication ends in action rather than uncertainty.

Fourth, promotional work should be segmented by audience and objective. The same message does not serve all groups equally well. Parents deciding about measles vaccination for young children often need reassurance about safety, schedule completion, and the real risks of delaying doses. Older adults considering influenza vaccination may need a reminder that age itself is a risk factor, even when they feel generally healthy. Pregnant women may need counselling focused on maternal protection, infant benefit, and timing. Health workers themselves need internal communication that addresses professional norms, role modeling, and occupational protection. Audience segmentation is therefore not a marketing luxury but a public health necessity.

Fifth, the review suggests that digital communication should be used carefully and never as a substitute for trust based systems. Online channels are useful for rapid outreach, appointment reminders, myth correction, and outbreak alerts. However, digital space also amplifies misinformation, emotional narratives, and distrust. For this reason, online promotion is most effective when it directs people toward identifiable local services and trusted professionals, not when it attempts to replace interpersonal dialogue entirely. Interactive and face to face methods showed stronger results in the parental hesitancy review by Jwa and colleagues, which underlines the limits of purely remote communication for sensitive decisions (Jwa et al., 2025).

Sixth, the distinction between measles and influenza should shape programme design. Measles communication can justifiably be more urgent because the disease quickly reveals population immunity gaps and can escalate into outbreaks from relatively small failures in coverage. Influenza communication, while also important, often works better when integrated into annual preventive care routines rather than framed as emergency correction. This difference means that communication calendars, spokespersons, and service delivery arrangements should not be copied mechanically from one vaccine context to another.

Seventh, convenience should be treated as a communication message in itself. When programmes offer extended hours, school linked vaccination checks, mobile teams, workplace vaccination, or same visit administration, they communicate that prevention is a priority and that the system respects people’s time. In contrast, when services are hard to access, fragmented, or poorly coordinated, even well designed promotional messages lose credibility. The evidence from uptake reviews showing the value of access improvement supports this interpretation (Liu et al., 2024; Malik et al., 2023).

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Finally, vaccination promotion should be evaluated more systematically. Many programmes still judge success by counting brochures distributed or posts published, even though such measures say little about behavioural effect. More meaningful indicators include appointment completion after reminders, vaccination uptake in targeted groups, proportion of missed opportunities during clinical visits, change in coverage in previously under vaccinated districts, and qualitative feedback from communities about trust and clarity. The WHO Behavioural and Social Drivers framework provides a practical foundation for this kind of monitoring because it links communication activity to measurable reasons for low uptake (World Health Organization, 2022).

Taken together, these points suggest a broader conceptual shift. Vaccination promotion should move beyond one way persuasion and become a form of relationship based preventive care. In that model, evidence based messages remain essential, but they are delivered through trusted professionals, supported by reminder systems, adapted to local barriers, reinforced by community networks, and matched to convenient service delivery. This model is especially relevant in the current post pandemic period, when communities may be more exposed to misinformation, more fatigued by health messaging, and more diverse in their experiences of healthcare institutions.

Conclusion

Improving vaccination promotion for measles and influenza is not simply a matter of producing more messages. It requires a coordinated system that combines trustworthy communication, behavioural insight, and practical access to vaccination. The reviewed evidence shows that successful promotion depends on strong provider recommendation, respectful interactive counselling, reminder and recall mechanisms, community based outreach, and local removal of service barriers.

For measles, communication should focus on rapid restoration of complete two dose coverage, catch up vaccination, and clear explanation of outbreak risk in under vaccinated communities. For influenza, communication should support annual risk recognition and normalize seasonal vaccination among priority groups through routine care pathways. In both cases, health workers remain central messengers and should be trained accordingly.

The most sustainable direction for public health is to replace one size fits all persuasion with locally tailored, human centred, and continuously evaluated communication strategies. When promotion is integrated into routine primary care and public health systems, vaccination becomes easier to trust, easier to understand, and easier to receive.

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