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par

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HÉSITATION VACCINALE ANTIGRIPPALE : UNE ÉTUDE QUALITATIVE DES RÉTICENCES À LA VACCINATION ANTIGRIPPALE DANS LA POPULATION GÉRIATRIQUE EN INDRE ET LOIRE

Hesitancy about Influenza vaccination: a qualitative study of attitudes and perceptions
among older populations in Indre-et-Loire, France

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SERMENT D'HIPPOCRATE

En présence des enseignants et enseignantes
de cette Faculté,
de mes chers condisciples
et selon la tradition d'Hippocrate,
je promets et je jure d'être fidèle aux lois de l'honneur
et de la probité dans l'exercice de la Médecine.

Je donnerai mes soins gratuits aux indigents,
et n'exigerai jamais un salaire au-dessus de mon travail.

Admis(e) dans l'intérieur des maisons, mes yeux
ne verront pas ce qui s'y passe, ma langue taira
les secrets qui me seront confiés et mon état ne servira pas
à corrompre les mœurs ni à favoriser le crime.

Respectueux(euse) et reconnaissant(e) envers mes Maîtres,
je rendrai à leurs enfants
l'instruction que j'ai reçue de leurs parents.

Que les hommes et les femmes m'accordent leur estime
si je suis fidèle à mes promesses.
Que je sois couvert(e) d'opprobre
et méprisé(e) de mes confrères et consœurs
si j'y manque.

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HÉSITATION VACCINALE ANTIGRIPPALE :

UNE ETUDE QUALITATIVE DES RÉTICENCES À LA VACCINATION ANTIGRIPPALE DANS LA POPULATION GÉRIATRIQUE EN INDRE-ET-LOIRE

Résumé :

Introduction : Malgré leur vulnérabilité accrue à la grippe, les personnes âgées ne sont pas suffisamment vaccinées contre cette maladie. Cette étude vise à approfondir notre compréhension des perceptions des personnes âgées qui sont réticentes à la vaccination antigrippale, afin d'explorer les facteurs qui influencent leur refus de se faire vacciner.

Méthode : Des entretiens individuels semi-dirigés ont été réalisés avec des participants âgés de 75 ans et plus, qui avaient exprimé leur refus de se faire vacciner contre la grippe. Ces participants ont été recrutés au sein du Centre Hospitalier Régional Universitaire (CHRU) de Tours. L'analyse des données a été effectuée en suivant la méthodologie de la théorie ancrée.

Résultats : Nous avons mené douze entretiens avec des personnes âgées de 76 à 99 ans. Les raisons les plus fréquemment évoquées pour justifier leur refus de se faire vacciner étaient le sentiment d'invulnérabilité face à la maladie, la crainte des effets indésirables et la perception banalisée de la grippe, entre autres. L'hésitation à se faire vacciner était également influencée par l'entourage, en particulier la famille, à travers leurs expériences négatives de la vaccination. Les décisions prises étaient également renforcées par l'opinion des professionnels de santé, soit par leur manque d'implication, soit par leurs recommandations directes. Le concept de la vaccination semblait confus pour plusieurs participants, avec des distorsions du raisonnement émotionnel (croyance en un bon état de santé malgré une fragilité) ou une perception de la vaccination comme une stratégie curative plutôt que préventive. Enfin, de nombreux participants déclaraient néanmoins mettre en œuvre des stratégies préventives telles que l'homéopathie ou le respect des mesures barrières. L'élément le plus fréquemment mentionné comme étant susceptible de favoriser un changement d'attitude et une adhésion à la vaccination était l'incitation de la part du médecin traitant.

Discussion : Les personnes âgées qui manifestent une réticence à se faire vacciner contre la grippe ont principalement remis en question la balance bénéfice/risque associée au vaccin. Les influences de l'entourage et des professionnels de santé ont été identifiées comme des facteurs significatifs dans leur décision. Dans le but de promouvoir une meilleure adhésion à la vaccination, il est essentiel de cibler en priorité l'incitation de la part des médecins traitants, ce qui devrait être pris en compte dans les futures campagnes vaccinales.

Mots clés : Vaccination antigrippale, Personnes âgées, Hésitation vaccinale, Vieillesse sain/vieillesse, Barrières, Motivations, France

HESITANCY ABOUT INFLUENZA VACCINATION:

A QUALITATIVE STUDY OF ATTITUDES AND PERCEPTIONS AMONG OLDER POPULATIONS IN INDRE-ET-LOIRE, FRANCE

Summary:

Background: Influenza disproportionately affects older adults, yet the uptake of influenza vaccines among this population remains low. This study aims to explore the barriers that influence older adults' decision-making regarding influenza vaccination.

Methods: Face-to-face interviews were conducted, and audio recorded with participants aged 75 and above who had expressed their refusal to be vaccinated in France. Grounded theory method was employed to analyze the data.

Results: We conducted twelve interviews with individuals aged 76 to 99 years. The most frequently cited reasons for refusing influenza vaccination were a sense of invulnerability to the disease, fear of adverse effects, and trivialization of influenza, among others. Vaccine hesitancy was also influenced by the social environment, particularly family members, through their negative vaccination experiences. Decisions were also reinforced by the opinions of healthcare professionals, either through their lack of involvement or through direct recommendations. The concept of vaccination appeared to be confusing for several participants, with distortions in emotional reasoning (belief in good health despite frailty) or a perception of vaccination as a curative rather than preventive strategy. However, many participants reported implementing preventive strategies such as homeopathy or adhering to barrier measures. The most frequently mentioned factor that could promote attitude change and vaccination adherence was incitation from the attending physician.

Discussion: Our findings provide public health practitioners with an insight into the complexity of vaccine perceptions among one of the most vulnerable populations. Through this study, we hope that healthcare professionals will gain a better understanding of the concerns older adults have regarding influenza vaccination and, in turn, refine their personal communication with this population to encourage vaccination.

Keywords: Influenza vaccines, Elderly, Older adults, Vaccine hesitancy, Healthy ageing/aging, Barriers, Motivators, Misconceptions, France

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1 Full Title: Hesitancy about influenza vaccination: a qualitative study of attitudes and
2 perceptions among older populations in Indre-et-Loire, France

5 Short Title: Hesitancy about influenza vaccination among older adults: a qualitative study

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Abstract

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Keywords: Influenza vaccines, Elderly, Older adults, Vaccine hesitancy, Healthy ageing/aging, Barriers, Motivators, Misconceptions, France

Introduction:

Influenza infection triggers widespread annual epidemics infecting a significant proportion of the population and causing considerable morbidity and mortality. Each year, the influenza epidemic in France results in a substantial number of deaths and hospitalizations (1). In the 2018-2019 season, the epidemic led to 10,723 hospitalizations and 8,117 deaths in France (2). These statistics align with previous years, underscoring the significance of the influenza virus (1).

In the geriatric population, this virus presents a unique challenge as influenza infection has a disproportionate impact in older adults (3). In France, during the 2018/2019 season, 84% of influenza-related deaths occurred among individuals over 75 years old (2). These findings align with global data, as the estimated mortality rate due to influenza increases with age and shown to be four times higher in individuals aged 75 and above compared to those aged 65 to 74 (ranging from 51.3 to 99.4 per 100,000 versus 13.3 to 27.8 per 100,000, respectively) (4). Beyond mortality, influenza morbidity poses a significant burden on older adults. Influenza infection leads to a loss of autonomy, particularly among individuals aged 65 and above, with a decline in functional capacity exceeding 18% as reported by a Canadian study (5). Among 75-year-olds, frailty increases exponentially (6) and is associated with poorer recovery from influenza infection (7). Influenza infection has been observed to exacerbate the frailty levels in individuals who are already considered frail. (7).

Influenza vaccination coverage has decline in recent years among the French population, including individuals aged 65 and above (8). For example, during the 2019-2020 season, vaccination coverage in the Centre Val de Loire region was 50.5%, and 54.4% among individuals aged 65 and over (9). Although coverage improved in 2020-2021, reaching 65.2% of people over 65 in Indre et Loire, it has since declined, estimated at 56.2% for individuals aged 65 and above in France during the 2022-2023 season(9,10). However, the World Health Organization (WHO) set a target of 75% influenza vaccination coverage for the populations concerned in order to maximize the individual and collective benefits of influenza vaccination and reduce the impact of influenza on public health (1).

Although flu vaccination has been offered free of charge to the older population aged over 65 in France since 2000, vaccination rates remain below target. In light of this situation, a national program was implemented in 2012 with the aim of enhancing vaccination policies and addressing vaccine hesitancy (11). To achieve this objective, it is crucial to effectively identify the factors underlying this reluctance towards vaccination. The obstacles to vaccination have

been extensively examined in numerous studies, with a particular focus on parents of young children (12,13). However, there is a paucity of research investigating the barriers specifically related to influenza vaccination among the geriatric population in contrast to the number of studies on healthcare professionals (14). It is crucial to gain a more comprehensive understanding of influenza vaccine perceptions to enhance healthcare responses and reduce the disease burden in this high-risk group.

Given the pressing need for higher vaccine acceptance among older adults, it is imperative to gain a deeper understanding of their perspectives on influenza vaccination. This knowledge will greatly contribute to improving healthcare responses and reducing the burden of the disease in this vulnerable population. Through a qualitative approach, this study aims to identify and address any misconceptions or hesitations that older adults aged 75 and above in the Indre et Loire region may have towards influenza vaccination. The prevalence of vaccine hesitancy, particularly in France, is noteworthy, with an estimated vaccine-related insecurity rate of 41% in 2016 (15). Therefore, uncovering the reasons behind this reluctance is crucial to develop appropriate strategies for future local vaccination campaigns.

Methods:

Study setting and design:

To comprehensively explore the hesitations, knowledge, and perceptions of the older population towards influenza disease and vaccination, a qualitative study was conducted using semi-structured individual interviews. These interviews provided valuable insights into the perspectives of older individuals regarding influenza and its vaccination. The study was led by a geriatric's resident and a hospital geriatrician. It employed an inductive approach based on grounded theory and involved conducting semi-directed individual interviews with patients aged 75 years and older, conducted by the intern researcher.

Participants:

We employed a theoretical purposive sampling model to select participants for our study, targeting patients aged 75 years and older in Indre et Loire who could express their reasons for refusing Influenza vaccination coherently. Using a list of patients admitted to the Acute Geriatric Medicine or Geriatric Rehabilitation Care departments at the University Hospital of Tours, we gradually recruited individuals who had expressed unwillingness to be vaccinated, with diverse characteristics to develop our inductive explanatory model. After confirming age

and vaccination status, participants were invited for individual interviews lasting approximately 15-25 minutes.

Data collection:

The semi-directed interviews were conducted between 12/07/2023 and 05/31/2023, following the grounded theory approach. The interviews were designed to explore the participants' understanding of influenza and their perspectives on vaccination. They were specifically aimed at understanding the reasons behind their decision to decline the flu vaccine, uncovering both motivating and discouraging factors that contribute to their vaccine hesitancy. Additionally, the study examined factors that have the potential to influence participants' reconsideration of the flu vaccine. An evolving interview guide was used throughout the interviews, ensuring a comprehensive exploration of the topic. Considering the specific needs of the geriatric population, individual interviews were preferred due to the common presence of hearing impairments and mobility challenges. The interviews were conducted either in the hospital or at the participants' homes, accommodating their preferences. All interviews were conducted by the geriatrician intern and recorded using a smartphone's Dictaphone function. Transcriptions were made and anonymized, and non-verbal cues were noted to enhance the analysis. After each interview, self-administered questionnaires were used to gather additional data, with patients' agreement. Participants' age, gender, living place, chronic medical conditions, past vaccination including influenza, pneumococcal, shingles, Covid and diphtheria-tetanus-polio were recorded. Patients were informed that the interviews were recorded, anonymized, and solely used for the purpose of the study. The termination of interviews was based on the principle of data saturation, whereby no new themes or explanatory insights emerged, indicating that theoretical saturation had been achieved and the explanatory model was considered comprehensive.

Data analysis:

The interviews were transcribed manually in their entirety on a word processing software in the days following the recording by the investigator who conducted them. The whole of the open analysis was carried out following a triangulation by comparing the results of the 2 investigators. The axial and integrative analysis were carried out using the grounded theory method to arrive at an explanatory model on the reasons for reluctance to influenza vaccination. The final coding and themes were conceptualized through recurrent discussion between the two researchers involved in the study.

Ethical and regulatory aspects:

Free and informed consent to participate in this study from all participants was collected orally and in writing by the principal investigator at the beginning of each interview. The confidentiality of the data was respected by deleting all the proper names of people or places as well as the elements which would make it possible to identify them. Participant names have also been replaced with coding.

Results:

Participants:

In total, we interviewed 12 individuals aged between 76 and 99 years old (mean age = 86.5 years). There was 4 male and 8 female participants. The data collection process concluded after conducting 12 interviews. No patient refused the interview. The demographic details of all the included interviewees are summarized in **table 1**. Interviews lasted an average of 27mn50s (SD 13mn42-47mn41). Among all the participants, only 2 individuals reported a previous history of flu. 5 participants had received the flu vaccine but chose to discontinue it. In terms of other vaccinations, the majority had received the tetanus vaccine (10 out of 12). Regarding Covid, the results were more diverse, with 7 participants having received the vaccine. Only one participant was vaccinated against pneumococcus, and none had received the shingles vaccine.

Data on participants' views on vaccination and the rationale for these views were organized into four groups of themes considering attributes and interactions related to each aspect until the explanatory model was completed, and the theoretical saturation was reached.

Theme 1: Personal factors and Views

Perceptions of Influenza and Other Diseases in Relation to Vaccination

The perceptions of influenza and other diseases significantly influence individuals' attitudes towards vaccination. Participants expressed various perceptions of influenza, often trivializing its severity and importance.

Influenza was commonly viewed as an unfamiliar and benign disease "*No, I've never seen one...*" (P2L133), implying a lack of personal experience with the virus. Some participants considered the flu as a mild and self-limiting illness "*Well, it came and went*" (P5L33). This perception of influenza as a curable disease was further reinforced by the belief that medical treatment would be readily available if they were to contract the flu "*I've never thought about*

it because I know I'll be treated" (P6L93-95), illustrating confidence in their ability to recover without vaccination.

Moreover, influenza was often regarded as an age-old disease "*The flu has always been*" (P3L204), implying a historical presence of the virus. The lack of recent outbreaks or perceived distinctions from other benign viruses further contributed to the trivialization of influenza. Some participants even failed to differentiate between severe colds and the flu, assuming that any respiratory illness could be classified as the flu "*People who said 'I'm screwed, I've got the flu'. But even if it was a bad cold, it was the flu*" (P7L31-32).

In contrast, participants exhibited a heightened awareness and concern for other diseases, particularly COVID-19 and tetanus. COVID-19 was described as a deadly and incurable disease, generating fear and a sense of urgency for vaccination "*The Covid would come and exterminate the world*" (P5L151) and "*Covid, there was no covid in the old days*" (P5L152). Similarly, tetanus was regarded as a serious and potentially fatal disease, drawing a clear distinction from the perceived mildness of influenza "*It's much more serious than the flu*" (P3L220). The perception of being exposed to tetanus, often through specific circumstances like contact with rusty objects, further emphasized the need for vaccination.

Perceptions of Personal Vulnerability and Fatalistic Attitudes Towards Influenza

Many individuals do not consider themselves at risk and therefore do not feel the need for the influenza vaccine.

One prevailing notion among the participants is a belief in their good health and innate resistance to influenza "*I'm not sickly. I'm not sickly at all*" (P4L35-36), suggesting that their overall well-being makes them less susceptible to contracting the flu. Others attribute their perceived invulnerability to a lack of prior experience with influenza "*I haven't had the flu like I was telling you*" (P7L34-35), implying that their absence of flu episodes reinforces their belief in their resistance.

Interestingly, some participants associate their resilience to historical events or environmental factors. One participant links their resistance to the hardships endured during war "*I think the 5 years of war marked us a lot and immunized us at the same time*" (P3L238-239). Another participant suggests that living in a rural area with cleaner air may contribute to their perceived immunity, "*In the countryside over there... in my little country of 160 inhabitants, the air must be healthier maybe*" (P10L24-25). These beliefs further strengthen their conviction that they are not the target population for flu vaccination.

The perception of not being vulnerable to influenza often stems from the belief that individuals with certain health conditions or greater exposure are more susceptible. Some participants express this by stating that those who are sicker or have a higher risk profile should be prioritized for vaccination *"They'd tell me I've got cancer maybe I'd be fragile"* (P6L193-194). Similarly, individuals who do not perceive a direct risk in their immediate environment may feel less concerned about influenza *"If you don't have the risk around you, you don't feel concerned"* (P10L293). This perception reinforces their belief that they are not in need of influenza protection.

Furthermore, a sense of fatalism emerges from the narratives of several participants, particularly regarding their proximity to death and constant exposure to disease. Some participants express resignation towards their health, adopting a wait-and-see attitude *"I wait for it to happen"* (P8L192), implying an acceptance of whatever health outcomes may arise. This fatalistic perspective is also accompanied by a lack of interest in their health or the medical world *"I don't pay attention. I walk around every day"* (P5L108), indicating lower propensity to protect oneself through vaccination.

Participants held various perceptions regarding vaccination in general, viewing it as a global health measure or having targeted reservations specifically about influenza vaccination. Common misconceptions about influenza vaccination were also present, including concerns about vaccine efficacy, safety, and potential side effects.

Misconceptions and Resistance Regarding Vaccination Strategies

The participants' resistance to vaccines stems from a range of misconceptions surrounding vaccine benefits, risks, and characteristics. These misconceptions have been shaped by personal experiences, family influences, and close contacts, leading to a well-established resistance to vaccines.

One prevailing misconception is the belief in the ineffectiveness of vaccination. Some participants argue that if they have already contracted the disease, the vaccine will have no impact *"If you have the germ, the vaccine won't do anything"* (P5L121). Others perceive vaccination as a matter of belief, suggesting that it is only effective for those who believe in it *"It's effective for others. Those who are believers. I'm not a believer"* (P5L194).

Concerns about vaccine side effects contribute to vaccine resistance. Some participants believe that vaccines can lead to severe consequences, including death or disability. One participant mentioned a colleague who developed the beginnings of multiple sclerosis, attributing it to the

vaccine *"When she went for treatment, they told her that for us it's from the vaccine"* (P6L110-111). There is also a perception that vaccination weakens the immune system, making individuals more susceptible to other illnesses *"So when you're weakened by vaccination, you run the risk of catching something else more easily"* (P8L114-115).

Confusion about the mechanism of vaccines is evident among participants, particularly regarding immune memory. Some participants question the efficacy of vaccines that dissolve over time, suggesting that they are rendered useless *"If you inject a product that dissolves over time, it's useless"* (P9L37-38). Additionally, there is a misconception about the primary role of vaccines, with some participants believing that their main purpose should be to reduce transmission, despite the possibility of breakthrough infections *"Some people have had injections for Covid and still got it"* (P11L91-92).

Participants also express concerns about the design and administration of vaccines. Some perceive the development of vaccines as too quick, preferring a more thorough and time-consuming process of study and evaluation *"It's better to wait for a laboratory that takes the time to study and puts it into service after many studies"* (P7L197-198). Others feel overwhelmed by the number of vaccines being recommended, perceiving it as excessive *"Right now, for a yes or a no, you're going to be vaccinated"* (P9L95-96). Concerns are also raised about the dosage of each injection, with some participants viewing it as too high and potentially harmful to the body *"Once is a big shock for the body"* (P12L355-357). Additionally, there is a misconception about the timing of vaccination, with some participants believing it should be administered before the epidemic rather than during *"You have to get the vaccine before the epidemic. You shouldn't do it during"* (P5L120-121). Furthermore, for some participants, the method of administration, particularly injections, evokes traumatic experiences, such as those encountered during military service, which may contribute to their reluctance towards vaccines *"If, on the other hand, I've had injections *meaning in the army*. Maybe that's what turned me off a bit, and then I didn't want them anymore *laughs*."* (P2L69-71).

Addressing Specific Misconceptions Related to Influenza Vaccinations

One common misconception is the belief that the flu vaccine is useless. Participants express skepticism *"For me, it's bullshit"* (P5L145), suggesting a lack of faith in its effectiveness. Additionally, concerns about the benefit-risk balance arise, with some participants believing that the vaccine may cause more harm than the flu itself *"I think the vaccine may have killed more people than the beast"* (P8L142-143). The perception of random tolerance further contributes to not uptake vaccine *"You have people for whom it goes well, and people for whom*

it doesn't" (P6L103-104), as some individuals experience transient side effects or know someone who had a fatal outcome after receiving the vaccine "A dear friend who persuaded him and he died" (P8L93).

Participants also associate the flu vaccine with actually contracting the flu, leading to the belief that the vaccine causes the very illness it is meant to prevent "Yes because the flu, with the flu vaccine, I caught the flu" (P6L327). Furthermore, there is a perception that the vaccine can make one sicker than actually getting the flu "If you got the flu shot, would it be worse than if you got the flu? Ah yes, I think so!" (P3L145-147). These misconceptions contribute to vaccine hesitancy and reinforce negative attitudes towards the flu vaccine.

The timing of flu vaccination is also a point of contention among participants. Some believe that the vaccine should be administered before the epidemic, suggesting a misunderstanding of the purpose of vaccination "You have to get the vaccine before the epidemic. You shouldn't do it during" (P5L120-121). Moreover, there is a rejection of the annual repetition of the vaccine, with participants expressing that it is not necessary every year.

Confusion between the flu vaccine and homeopathy is also apparent. Some participants refer to homeopathy as a "homeopathic vaccine," indicating a lack of clarity and differentiation between the two approaches "We were told about this homeopathic vaccination" (P11L39-40).

Addressing Targeted Reservations to Influenza Vaccination

Participants exhibit a distinct rejection of influenza vaccination while simultaneously expressing acceptance and trust in other vaccines. This differential perception of vaccines is notable, with participants asserting that they do not oppose vaccinations in general. They highlight their willingness to receive vaccines for diseases like tetanus or COVID-19, demonstrating that their reservations are specific to influenza vaccination.

One common theme among the participants is their belief in being at a higher risk or more vulnerable to certain diseases other than influenza. They perceive their health conditions, such as diabetes, as warranting a greater need for vaccines like tetanus "Given that I'm diabetic, tetanus could perhaps do a lot more for me" (P6L83-84). Others associate their level of exposure receiving tetanus vaccination "There were rose bushes. I used to cut off the dead flowers. I was always vaccinated. Oh yes, always against tetanus." (P10L116-117). Some participants also exhibit a heightened perception of the severity or contagiousness of diseases like COVID-19, which they consider more pressing and spectacular than influenza (P12L25-26, P10L149).

Fatal experiences witnessed among friends and family also play a significant role in participants' reservations. Instances such as the death of a relative following a tetanus operation

(P9L68) contribute to their fear and reluctance towards certain vaccines. Moreover, the novelty of diseases adds to their apprehension, as they may perceive influenza as a more familiar and less threatening illness compared to emerging or recent diseases *"I was never interested in flu... I was more interested in Covid. Because it was more spectacular"* (P12L25-26).

It is worth noting that participants' reservations are specific to influenza vaccination, as they demonstrate a willingness to make exceptions for other vaccines. Some participants admit to using homeopathy exclusively for the flu *"Do you take homeopathy for anything other than the flu? No, just for that"*. (P11L130-131), suggesting a unique perspective on influenza vaccination compared to other immunizations.

Theme 2: Interpersonal Interactions and Views on Vaccination

Older individuals elucidate the impact of their social network on their inclination to decline influenza vaccination, with these interpersonal dynamics playing a substantial role in shaping their ultimate decision.

Information Sources

When it comes to gathering information about vaccination, participants highlighted various sources that influenced their decision-making process. Healthcare professionals, particularly the attending physician and the pharmacist, played a significant role in providing information and recommendations *"With our doctor, we often talked about it suggesting flu vaccination, but I said no"* (P2L25-26). Another participant expressed trust in their pharmacist, stating, *"My pharmacist friend knows so much that it's all my books put together"* (P12L308-309). These interactions with trusted healthcare professionals contributed to participants' understanding of vaccination but did not always lead to acceptance.

The influence of individuals' social circles, especially family members and neighbors, was also apparent. Discussions and conversations within the family played a major role in shaping perceptions and decisions regarding vaccination *"We talk about it a lot with our children, all that..."* (P2L137-138). Similarly, interactions with neighbors who prioritize their own health also influenced participants' attitudes towards vaccination *"Because my neighbors, a lot of them take care of themselves like that and you know what I mean"* (P4L29-30). These informal social networks provided a platform for sharing experiences and opinions, which impacted participants' vaccination choices.

Media, such as television and the Internet, were additional sources of information for participants. Television programs and news coverage were mentioned as sources of information

about vaccination. *"I watch TV..." (P10L151)*. The Internet also played a role, with participants seeking information from online sources and relying on individuals who were knowledgeable in the online community *"I'm going to ask what I call Nenette, who knows everything, what she can tell me" (P12L325-326)*. Interestingly, there was a perception that the focus on COVID-19 had overshadowed discussions about influenza *"We didn't talk much about the flu this winter. Since Covid, we've talked a lot less about the flu" (P10L37-38)*.

Credibility and Influence of Interpersonal Relations

The role of social interactions and communication emerged as a key factor in shaping the vaccination decisions of participants. Close contacts, including peers, family members, and healthcare professionals, played a significant role in influencing their vaccination intentions. Participants reported that when those around them insisted on the need to get vaccinated, it often led to weariness and reluctance *"Not more than that. If a little because he's such a pain, excuse the expression" (P5L185)*.

The influence of family members and peers was also evident in participants' vaccination decisions. Some participants mentioned the presence of rejection towards vaccination within their families, which affected their own attitudes *"In my family, there's rejection" (P8L85)*. On the other hand, positive experiences and opinions expressed by family members or close contacts had a reinforcing effect. Participants often shared anecdotes or stories of individuals they knew who had chosen not to be vaccinated and had positive outcomes. This influenced their own beliefs and decisions regarding vaccination *"I have a sister who never wanted to be vaccinated for Covid. And then it went well" (P9L79-80)*.

Role of healthcare workers in decision to vaccinate.

Healthcare professionals play a significant role in shaping individuals' decisions regarding vaccination. However, participants expressed varied perceptions and experiences related to the influence of healthcare workers.

Some participants perceived healthcare professionals as incompetent or lacking credibility *"They were doctors like me, I'm a vet" (P5L342-343)*, suggesting a sense of skepticism towards the expertise of certain healthcare professionals. There were also mentions of potential conflicts of interest *"Because I know a lot of people in the medical profession who are frankly against it, who are honest and not interested" (P8L54-55)*. This highlights the perception that healthcare professionals may have personal biases influencing their stance on vaccination.

Conversely, participants expressed frustration when healthcare professionals were predominantly against vaccination. One participant remarked, *"In the end, even the doctors are against it"* (P7L153-154), reflecting a perception that healthcare professionals themselves may discourage vaccination. This skepticism towards healthcare professionals' support for vaccination raises concerns and potentially influences participants' decision-making process. Interestingly, one participant mentioned that their attending physician stopped offering vaccinations after repeated refusals. This suggests a potential weariness among healthcare professionals when faced with vaccine hesitancy, leading them to discontinue offering vaccinations *"When you're used to the doctor... well, he doesn't ask you anymore"* (P2L39). To reinforce their own opinions, participants shared instances where healthcare professionals supported their views. One participant mentioned a doctor who recommended alternative remedies instead of vaccination *"The doctor tells her that at her age there's no point in her getting vaccinated"* (P10L161-162). This highlights how participants may selectively highlight instances where healthcare professionals align with their beliefs, reinforcing their decision to opt for alternatives to vaccination.

Theme 3: Alternatives to Vaccination

Within the context of vaccine hesitancy, some participants express a preference for alternative management strategies instead of vaccination.

Preventing and caring through alternative methods

The participants' refusal of the flu vaccination reveals a distinct approach to healthcare, as they prioritize alternative methods and personal autonomy. Their statements shed light on their belief in precautionary measures as viable alternatives to vaccination, reflecting their unique perspectives on health and well-being.

Acknowledging the importance of minimizing the risk of severe illness or complications from infectious diseases, the participants actively embrace precautionary measures. By reducing outings and contacts, they demonstrate an awareness of potential sources of infection and their willingness to make lifestyle adjustments *"We avoid certain outings like we used to do... even going for a walk or something... 'we've stopped doing that"* (P2L95-96). This highlights their proactive approach in minimizing exposure to pathogens.

Furthermore, the participants exhibit a sense of responsibility not only towards their own well-being but also towards others in their community. They understand that their personal protection plays a role in reducing the spread of infectious diseases, *"Protecting others while protecting*

myself" (P3L106), where they express the desire to protect themselves and those around them through preventive measures.

Their approach to healthcare also emphasizes personal autonomy and self-care. They exhibit a self-reliant attitude, believing in their ability to manage symptoms and seek appropriate care when necessary *"If I have to catch it, I'll catch it and look after myself... I'd start by not going out"* (P3L98-103), underscore their willingness to take responsibility for their health. This autonomy empowers them to make decisions aligned with their own judgment and resources.

In contrast to preventive medicine, the participants express skepticism and favor symptom-focused approaches. They rely on treatments when needed, rather than engaging in preventive measures alone *"I only take medicine if I need it. But not for prevention"* (P7L144), they reveal a lack of confidence in the effectiveness of vaccinations and a preference for alternative approaches to maintaining health.

The participants' reliance on alternative remedies, such as homeopathy, further supports their inclination towards non-conventional healing practices. They perceive these remedies as more effective than vaccinations *"Maybe better. Maybe better"* (P6L174-175), demonstrate their belief in alternative treatments. This preference for natural and holistic approaches is also evident in their incorporation of self-care practices, such as using heat, herbal teas, and maintaining warmth. By embracing these gentle and natural methods, they prioritize overall well-being and a holistic approach to health.

A life-course paradigm: A philosophy centered around a healthy lifestyle.

An essential theme emerges, that of alternative medicine as a way of life. Several participants clearly express their commitment to a healthy lifestyle and their categorical refusal of the vaccination principle. Alternative medicine is considered going beyond a mere therapeutic option and constitutes a genuine paradigm of thought and behavior.

Health and well-being are at the core of this alternative way of life philosophy *"We have had a healthy life, and that is very important"* (P3L72). Participants attach great importance to preserving their health and seek to adopt natural and non-invasive approaches to prevent and treat illnesses, emphasizing on natural process and avoiding chemical substances *"I wouldn't turn to official medicine in the first place. And I have enough friends in other forms of medicine to make me swallow essential oils or homeopathic remedies or a water bath or a cold-water bath, whatever. But more natural things."* (P12L48-51). This conviction translates into a firm rejection of vaccination, perceived as an intrusion into the natural balance of their bodies *"We've always tried to do everything we can to feel good without changing the cells in my body."*

Without upsetting them" (P12L189-190). One participant clearly expresses this opposition *"I have always refused vaccines because I belonged to the opposing school"* (P8L23-24).

Alternative medicine is regarded as more than just a therapeutic alternative. It is seen as a way of life, a holistic vision of health and well-being *"When one becomes a homeopath, it is a whole world. It is an entire way of life"* (P1L91-92). Participants take a comprehensive approach to their health, seeking to preserve the integrity of their bodies and avoid medical interventions deemed invasive and favoring gentle and natural healing methods.

Theme 4: System-Level Aspects

Access Barriers to Healthcare

One of the key factors contributing to vaccination refusal among participants is the presence of barriers to accessing healthcare services. Several individuals expressed difficulties in obtaining timely and convenient appointments with general practitioners. These challenges in accessing primary care act as a significant deterrent to vaccination acceptance and additional barriers. Participants described their struggles in finding doctors willing to accept them as patient *"Now we can't find a doctor"* (P3L102), as well as their ongoing search for healthcare professionals who could address their medical needs *"For 4 years now, I've been looking for doctors who would be willing to take me on"* (P3L250-251).

Considering these access barriers, participants sought alternative remedies and solutions that they perceived as more accessible and convenient. They preferred non-prescription remedies available at local pharmacies, bypassing the need for appointments or prescriptions *"Now I take it at the pharmacy without a prescription"* (P10L216-217). Additionally, participants appreciated treatments that could be delivered directly to their homes, eliminating the need to travel, and disrupting their daily routines *"I had my tubes brought to me, so I didn't have to go anywhere"* (P4L98).

The desire for simplicity and autonomy also influenced participants' decision to refuse vaccination. Some individuals expressed a reluctance to disrupt their established routines and habits. They preferred to avoid any changes that vaccination might bring to their lives *"No, no, I don't know why. Maybe it's ... it's just the way it is. Ah, it's weird laughs... it's just the way it is"* (P2L82-83). Participants also highlighted concerns about the time and organizational efforts required for vaccination *"If you have to lose a whole day for a shot, it's not worth it"* (P5L269-270). These considerations reflect participants' desire for simplicity, autonomy, and minimal disruption to their daily lives.

Discontent with Public Health Incitation's and Emphasis on Individual Freedom

The perceptions of participants regarding vaccination campaigns played a significant role in shaping their attitudes towards vaccination. The repetitive nature of these campaigns led to weariness and skepticism *"It's just that every year the social security system says, 'Come on, old people, get vaccinated.' ... shudders..." (P9L141-142)*. This highlights the importance of developing effective communication strategies that move beyond repetitive messaging and addressing clear and meaningful information that addresses their specific needs.

Furthermore, the desire to retain personal freedom regarding vaccination emerged as a common sentiment among the participants *"Habeas corpus. We have the right to do what we want with our bodies" (P8L77-78)*, emphasizing the importance of medical individualism over public health policies. This sentiment reflects a strong belief in personal autonomy and the ability to make individual decisions regarding healthcare. The vaccine policy system, however, generates a certain level of rejection among some individuals *"I don't see how 600 morons can determine what the French population should do on a personal and individual level" (P8L78-79)*. Additionally, participants expressed their skepticism towards vaccination as a social norm that doesn't correspond to their own perspectives, expressing confusion about why people blindly follow societal norms *"There are a lot of people... 'Well, we're getting the flu shot, oh well, I'll take it.' Why they don't know" (P7L95-96)*. This sentiment highlights a lack of alignment between the participants' personal beliefs, lack of inclusive decision-making processes and the perceived social pressure to conform to vaccination practices without considering individual rights and preferences.

Compulsory vaccination also emerged as a recurring theme among the participants. Memories of childhood or army traumas, such as waiting in line for shots, and experiences of mandatory vaccination in hospitals contributed to negative associations and reservations towards vaccination *"I remember the row of children in knickers waiting their turn for a shot in the back" (P7L70-71)*. Another participant mentioned being automatically vaccinated during a flu epidemic at the hospital: *"And there was the flu epidemic, so as a preventive measure, the department where I was in surgery automatically vaccinated everyone for the flu" (P3L126-127)*. These experiences, coupled with the fear of obligation, led some participants to hide their refusal to vaccinate *"Then I'd messed myself up with a rosebush thingy. He came up to me and said, 'Are you up to date with your tetanus shots? I said, 'Yes, I've got everything. But I've got nothing at all'" (P5L49-51)*.

Distrust in Institutions and Conspiracy Beliefs,

The participants' perceptions and experiences contribute to a sense of distrust in the healthcare system and belief in conspiracy theories. The lack of transparency and information about the contents of the vaccines fosters suspicion *"Covid 19 and all that, they were encouraging people to get vaccinated, and what did they put in the vaccine? We don't know"* (P9L48-49). This lack of knowledge fuels skepticism and mistrust in the intentions of healthcare institutions. Conspiracy theories, particularly focused on the pharmaceutical industry *"The laboratories have to work"* (P6L143), political figures *"Véran and then Macron, they say they're vaccinated but I know who they're not vaccinated against."* (P6L231-232), media *"Right now in the media... we're going to tell you what they like in the media"* (P9L51) and pro-vaccination doctors, further exacerbate this sense of mistrust. The belief that these entities are driven by financial motives *"Of course, they want their money"* (P6L299-300) and the perception of a conspiracy involves the withholding or manipulation of information *"Why isn't this being broadcast? That would allow us to think that it can't be disseminated, you see"* (P12L395-396) and the intentional creation of viruses *"Now monkey pox, bird flu, all that is bread and butter on the horizon"* (P8L176-177)., creating a sense of suspicion and skepticism among the participants.

The participants' accounts also highlight a perception of medicine as a nebulous science. This perception stems from a lack of clarity and understanding regarding the efficacy and impact of medical interventions *"There's not only an intentional deviation, but also the nebulousity intrinsic to medicine"* (P8L232-233). The belief that diseases come and go mysteriously further contributes to the skepticism towards medical interventions. Participants potentially minimize the perceived effectiveness of vaccines in preventing or treating diseases: *"Diseases come and go, appear and disappear quite mysteriously"* (P8L28-29).

Interestingly, the participants' contrasting views on scientific requirements highlight the complexity of their beliefs. One participant rejects vaccine for lack of scientific probity *"And I'm telling you, it's on the basis of pseudo-scientific reasoning that I don't believe in vaccination."* (P8L112), however, he may hold alternative beliefs in the efficacy of other interventions, such as homeopathy *"When I feel ... sore in the throat or that I might have a bad cold or even the flu, I take Oscilloccinum and I have the impression that every time it stops everything"* (P8L157-158).

Discussion

Summary of main findings

The findings from this study provide valuable insights into the multiple factors contributing to vaccine hesitancy summarized in an explanatory model in **figure 1**. Through our analysis, we identified six categories that encompass these barriers: knowledge including views about influenza disease and vaccination, the choice of alternative approaches to vaccination, the desire of simplicity and freedom, the feeling of not being concerned by vaccination and targeted reserves concerning influenza vaccination. These factors included trivialization of influenza compared to other perceived health threats, the impact of various information sources, interpersonal influences, misconceptions and concerns, and individual autonomy. Tailored communication strategies should be developed to address specific reservations and concerns voiced by older adults, emphasizing the importance of influenza vaccination and correcting misconceptions. By examining these themes, we have developed a comprehensive model that elucidates the connections between different reluctances to receive flu vaccination. This model serves as a foundation for designing targeted interventions aimed at improving influenza vaccination rates within the older adult population. By unraveling these categories and their interrelationships, we gain a deeper understanding of the complex dynamics that contribute to vaccine hesitancy.

Strengths and limitations

The study has several strengths that contribute to its significance and validity. Firstly, the inclusion of participants from diverse age groups ensures the representation of the geriatric population. Secondly, the originality of this study lies in the exclusive inclusion of participants who refused influenza vaccination, unlike most of the studies found, which recruited patients both for and against (16–19). This deliberate focus is significant considering that approximately 45% of individuals do not receive the influenza vaccine. By specifically targeting this group, the study aimed to gain insights into their characteristics, motivations, barriers to influenza vaccination and identify unique factors that may differentiate their perceptions and attitudes towards influenza vaccination from other vaccine-preventable diseases. Thirdly, the utilization of triangulation by two investigators in this study enhances the rigor and reliability of the data analysis. The researchers can discuss and resolve any discrepancies or differences in their interpretations, ensuring a more comprehensive and accurate analysis of the data. Finally, this study makes a significant contribution to the field by proposing an explanatory model for the identified barriers to influenza vaccination. While previous studies have explored various

factors associated with vaccine hesitancy, this study goes beyond mere identification and provides a comprehensive framework that explains the underlying reasons behind vaccine refusal.

However, it is important to acknowledge and consider the limitations of this study. Firstly, this is the first qualitative study conducted by the principal investigators, indicating a potential learning curve in the application of qualitative research methods. While efforts were made to ensure the rigor and validity of the study, the novelty of conducting qualitative research for the investigators may have introduced some challenges or limitations in data collection and analysis. Additionally, it is worth noting the presence of a positioning bias during the interviews. The principal investigator, being a doctor herself, may have unintentionally influenced the participants' responses due to her professional background and perspectives. The participants may have felt inclined to provide answers that aligned with the perceived expectations of a doctor, potentially influencing the data collected. However, it is important to highlight that during the coding and analysis process, particular attention was given to verbatim that could have indicated any inhibition or filtering of participants' responses due to the interviewer's status. Interestingly, no such instances were found, suggesting that participants felt comfortable expressing their views and experiences openly.

Comparison of the major categories with literature

When comparing the major categories identified in our study to the relevant literature on vaccine hesitancy, particularly regarding influenza, several notable findings emerge. A French study focusing on diabetic patients reported similar limiting factors, such as the perception of influenza as a mild illness and concerns about adverse effects of vaccination (16). Similarly, a study conducted among EHPAD staff in Brittany revealed that vaccination was perceived as ineffective, not recommended by attending physicians, time-consuming, and associated with financial interests (17).

Internationally, a systematic review of barriers to influenza vaccination highlights our findings, identifying psychological barriers (such as negative experiences and lack of knowledge) and contextual barriers, notably limited access to vaccination services (14). This review also highlighted additional barriers not captured in our study, such as physical barriers like low physical activity or BMI, and socio-demographic barriers related to age or marital status.

A study conducted in Singapore examined barriers to influenza vaccination among individuals aged 65 and older also found themes such as fatalism and fear of injections to be prevalent (18).

Finally, an English study exploring the views and decision-making processes regarding the available vaccination program among individuals over 55 years old identified similar themes to those found in our study. They highlighted common themes including previous experience, the influence of family and friends, alternative approaches to vaccination, lack of information and vaccine campaign fatigue (19). It is worth noting that this study is the only one we found that specifically addresses alternative approaches to vaccination as a barrier, although it does not specifically delve into the homeopathic alternative advocated by many participants in our study.

Participants' Perceptions and Recommendations for Personalized Approaches

During the interviews, we also inquired about the factors that would potentially influence participants to reconsider their stance on influenza vaccination. The participants provided insightful responses, which we subsequently compiled into a comprehensive table for a concise summary of their perspectives (**Table2**). This table serves as a valuable resource for understanding the potential motivators and barriers associated with influenza vaccination and can inform future interventions and strategies aimed at improving vaccine acceptance among this population.

Given the central role of healthcare professionals in vaccine acceptance and strong adherence to other vaccines, future campaigns should prioritize their engagement. It is imperative to enhance healthcare professionals' training in vaccination and actively encourage their participation. Clear and accurate information regarding the effectiveness and safety of the flu vaccine should be provided. Individuals should be educated about the scientific foundation of vaccines and the differentiation between evidence-based vaccines and alternative therapies. Addressing barriers to accessibility and ensuring equal access to healthcare services are vital steps in promoting vaccine acceptance. By recognizing and respecting the perspectives of older adults, healthcare providers can engage in meaningful conversations and offer tailored support to improve vaccination rates and safeguard individual well-being.

Conclusion

Promoting public health through increased knowledge and preventive measures, including vaccination, remains a paramount challenge. In France, addressing barriers to accessing preventive healthcare services, such as influenza vaccination, is of utmost importance. The next

crucial step lies in raising public awareness, enhancing knowledge, fostering motivation, and encouraging proactive health behaviors, including the uptake of seasonal influenza vaccines. Implementing communication strategies targeted at healthcare decision-makers and the general public can bridge existing gaps and contribute to safeguarding the well-being of older communities. By prioritizing comprehensive approaches, we can strive to protect our aging populations and promote healthier societies. Our findings provide public health practitioners with an insight into the complexity of vaccine perceptions among one of the most vulnerable populations. Through this study, we hope that healthcare professionals will gain a better understanding of the concerns older adults have regarding influenza vaccination and, in turn, refine their personal communication with this population to encourage vaccination.

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Table 1. Participants' characteristics.

	P1	P2	P3	P4	P5	P6	P7	P8	P9	P10	P11	P12
Socio-demographic characteristic and health status												
Gender	Female	Male	Female	Female	Male	Female	Female	Male	Male	Female	Female	Female
Age (yo)	87	88	90	99	81	76	84	87	89	87	81	90
Duration*	19'02	13'42	30'20	18'34	39'02	32'49	29'40	31'23	29'14	25'42	16'55	47'41
Live alone	No	No	Yes	Yes	No	Yes	Yes	Yes	No	Yes	Yes	Yes
Living area	Rural	Urban	Urban	Rural	Urban	Urban	Rural	Urban	Urban	Urban	Urban	Urban
Declared morbidity	Neurological	Hepatic	None	Diabetes	Cardiac	Diabetes	Thyroid disorders	Cardiac	Respiratory, cardiac	Neurological	Diabetes	None
Treatment management	Myself	Myself	Myself	Nurse	Myself	Myself	Myself	Myself	Myself	Myself	Myself	NT
Perceived polypharmacy	No	No	No	Yes	No	No	No	No	Yes	No	Yes	No
Visit to GP**	2	2	No GP	2	0	2	2	2	2	2	2	1
History of influenza vaccination and illness												
Influenza disease	No	No	Yes	No	No	No	No	-	No	No	Yes	No
Influenza vaccine	No	No	Yes	Yes	Yes	Yes	No	No	No	No	Yes	No
Influenza despite vaccination	-	-	No	No	No	Yes	-	-	-	-	Non	-
Vaccination status												
DTP[£]	Yes	Yes	Yes	Yes	No	Yes	Yes	No	Yes	Yes	Yes	Yes
PV[§]	No	No	No	No	No	No	No	No	No	Yes	No	No
ZV[°]	No	No	No	No	No	No	No	No	No	No	No	No
COV[§]	Yes	Yes	Yes	Yes	Yes	No	No	No	No	Yes	Yes	No

Abbreviations: GP, general Practitioner, NT, no treatment

* The duration of the interviews conducted with the participants

**Number of visits to the General Practitioner in the last 6 months

DTP[£] Diphtheria-Tetanus-Poliomyelitis Vaccine

PV[§] Pneumococcal Vaccine

ZV[°] Zoster Vaccine

COV[§] Covid19 Vaccine

Table 2. Participants' Perspectives and Proposals for Personalized Approaches

Based on the responses of the participants and in alignment with the recommendations proposed by the Centers for Disease Control and Prevention (CDC), several perspectives and public health policy proposals emerge regarding influenza vaccination.

Patient level	Knowledge and Views about Influenza Disease and Related Vaccination
	Develop targeted educational campaigns to improve knowledge about influenza disease, its complications, and emphasize the benefits of vaccination.
	Provide accessible and accurate information about the safety and effectiveness of the influenza vaccine through multiple channels, including websites, brochures, and social media.
	Alternative Approaches to Vaccination
	Promote a holistic approach to health that incorporates both preventive measures like vaccination and alternative remedies, ensuring individuals understand the benefits of both.
	Educate individuals about the limitations and potential risks of alternative treatments compared to evidence-based vaccination.
Provider level	Provide information on the importance of herd immunity and how individual vaccination contributes to the overall protection of the community.
	Collaborate with complementary and alternative medicine practitioners to discuss the role of vaccination in preventive healthcare.
	Interpersonal Interaction
	Encourage healthcare providers to have open and non-judgmental conversations with patients about their concerns and reservations regarding influenza vaccination.
	Collaborate with healthcare professionals to deliver consistent and evidence-based messages about influenza vaccination.
	Offer educational sessions and workshops for healthcare professionals to enhance their knowledge and understanding of influenza disease and vaccination.
	Engage with community leaders and influencers to promote accurate information about influenza vaccination
	Train healthcare professionals in effective communication techniques to address vaccine hesitancy and build trust.
System level	Provide opportunities for individuals to discuss their concerns and experiences with influenza vaccination in support groups or community forums.
	Foster positive peer influence by sharing success stories of individuals who have been vaccinated and have had positive outcomes.
	Encourage healthcare professionals to address vaccine hesitancy among their colleagues and share their own experiences with influenza vaccination
	System-Level Aspects
	Simplify the process of accessing influenza vaccination by offering walk-in clinics and mobile vaccination services.
	Improve vaccine availability and distribution by collaborating with pharmacies, clinics, and healthcare facilities.
	Strengthen vaccine surveillance systems to monitor vaccine safety and effectiveness, addressing concerns in real-time.



Figure 1. Explanatory Model of Vaccination’s Refusal: Six Key Theme Groups

The figure presents a suggested comprehensive model that categorizes participants' views on vaccination into six main groups of themes. These themes consider knowledge including views about influenza disease and vaccination, the choice of alternative approaches to vaccination, the desire of simplicity and freedom, the feeling of not being concerned by vaccination and targeted reserves concerning influenza vaccination. This model provides a simplified structured framework for understanding the complex factors influencing vaccination attitudes.

ANNEXES

Guide d'entretien :

Introduction :

Bonjour,

Je me présente, je suis Maëlle Brault. Je suis interne en gériatrie. Aujourd'hui, on a prévu cet entretien dans le cadre de ma thèse qui a pour but de mieux comprendre les réticences à la vaccination contre la grippe chez les patients de plus de 75ans qui habitent en Indre et Loire.

Pour déterminer ces éléments, je réalise des entretiens semi-dirigés d'une trentaine de minutes qui sont enregistrés, si vous êtes d'accord. Les données recueillies sont anonymisées et ne seront utilisées que dans le cadre de ma thèse.

Je vais donc vous poser plusieurs questions auxquelles vous pouvez choisir de répondre ou non. Mon objectif n'est pas de vous juger, il n'y a pas de bonne ou de mauvaise réponse. Ces questions sont volontairement ouvertes pour vous laisser répondre ce que vous souhaitez sans vous influencer. L'idéal c'est de répondre le plus spontanément et le plus sincèrement possible.

Avant de commencer, avez-vous des questions ?

Entretien :

Tout d'abord, **Que vous évoque le mot « grippe » ?**

A. Vécu de la grippe :

- Si vous l'avez déjà eu ou votre entourage, est ce que vous pouvez me raconter comment cela s'est passé ?
- Comment vous savez que vous ne l'avez jamais eu ?
- Si vous l'attrapiez aujourd'hui, qu'est-ce qu'il se passerait à votre avis ? en quoi cela changerait votre vie ?
- Et qu'est ce qui est le plus probable pour vous, que vous vous en sortiez sans séquelle ou que vous en mourriez ?

B. Vaccination :

- **Vécu de la vaccination antigrippale : Que pensez-vous de la vaccination antigrippale ?**

- Si déjà vaccinée : Vous vous êtes déjà fait vacciner contre la grippe, comment cela s'est passé ? Des effets indésirables ?

- Vous en pensez quoi de la sureté des vaccins contre la grippe ?
- Si répond que ça rend malade : si le vaccin rend malade, vous pensez qu'il vous arriverait quoi si vous tombiez vraiment malade ? Et les autres vaccins ?
- Si répond que l'entourage a été malade : Combien de personnes dans votre entourage ? Ils avaient quoi ?

- **Connaissances du fonctionnement du vaccin antigrippal : Le vaccin, il sert à quoi selon vous ?**

- Et à propos de son efficacité ? / L'efficacité du vaccin, que pouvez-vous m'en dire ?
- Que faites vous dans votre quotidien pour éviter d'attraper la grippe ?
- Homéopathie : Qu'est-ce que vous en pensez de l'homéopathie ? et par rapport au vaccin ?
- Est-ce que l'homéopathie est un vaccin ? ou alors en quoi est-ce différent ?
- Est-ce que vous pensez que c'est efficace ? Et si oui comment vous savez si c'est plus efficace ?
- Facteurs de réticence au processus de vaccination : Qu'est-ce qui vous pousse à ne pas vous faire vacciner ou à hésiter ?
- Le vaccin est remboursé pour toutes les personnes à risque notamment les personnes de plus de 65ans, vous en pensez quoi ?
- Aujourd'hui on vous considère comme vulnérable, vous en pensez quoi ? qui est vulnérable ?
- Avez-vous des personnes vulnérables autour de vous ? Vous pensez à vous faire vacciner dans le but de les protéger ?
- Et si le vaccin était un comprimé ?
- Si vous deviez vous faire vacciner, comment est-ce que vous vous organiseriez ? Au niveau du lieu ? du jour ? des transports ? des frais ? ...
- Lors du covid, l'organisation pour se faire vacciner c'était compliqué : est ce que c'est pareil pour la grippe ? et pourquoi ?
- Autres vaccins : Si le patient a répondu « oui » à la vaccination par au moins un autre vaccin :
- Dans le formulaire vous notez que vous êtes favorable à d'autres vaccins... Pourquoi cette différence ?
- Si vaccin covid : Grippe et covid c'est pareil pour vous ? En quoi ce n'est pas pareil ?
- Si répond par argument de fréquence : Le tétanos c'est rare mais vous êtes vacciné pourquoi ?
- Si dis que grave : Pourtant la grippe ça a des conséquences graves et c'est fréquent, en quoi c'est différent pour vous ?

C. Dès qu'il aborde l'entourage ou le médecin traitant : Moyens d'informations :

- Et autour de vous, qu'est-ce qu'on en dit de la grippe ? du vaccin ?
- A qui faites-vous le plus confiance pour obtenir des informations ?
(Médias comme les journaux, la télé, ou quelqu'un de votre famille ? des amis ?)
- Et votre médecin traitant dans tout ça ?
- Et les autres professionnels de santé, qu'est-ce qu'ils en pensent ? Infirmiers ? Kiné ? Pharmacien ?

D. Perspectives :

- De manière générale, qu'est ce qui, selon vous, pourrait faire changer les personnes contre la vaccination antigrippale ?
- Et vous ?

Voilà cette question concluait mes interrogations. Juste une dernière question : Qu'avez-vous pensé de notre entretien ? Merci beaucoup d'avoir pris le temps de cette discussion avec moi, je vous libère et bonne journée.

Formulaire

Titre de la recherche : « **Identifier les raisons des réticences à la vaccination antigrippale chez les personnes de plus de 75ans en Indre et Loire refusant ou hésitant à se faire vacciner : Etude qualitative.** »

Pour une thèse de qualité, il est nécessaire d'avoir des entretiens avec des personnes variées. C'est pourquoi, je vous propose ce questionnaire afin de recueillir des informations très générale vous concernant.

Situation sociale :

- 1) Êtes- vous : ☐ Homme ☐ Femme
- 2) Quel âge avez-vous ?.....
- 3) Statut marital : célibataire / veuf(ve) /en concubinage / marié(e) / pacsé(e)
- 4) Vivez-vous seul(e) ?..... ☐ OUI ☐ NON
- 5) Avez-vous des enfants ou de la famille ?..... ☐ OUI ☐ NON
- 6) Vivent-ils à proximité de chez vous ?..... ☐ OUI ☐ NON
- 7) Estimez-vous avoir un entourage (familial et/ou amical) présent : ☐ OUI ☐ NON
- 8) Quel travail exercez-vous ?.....
- 9) Quel est le diplôme le plus élevé que vous avez obtenu ?

Situation médicale :

- 10) Avez-vous une maladie qui recommande le vaccin contre la grippe :

☐ Diabète	☐ Maladie du rein
☐ Maladies respiratoires (asthme, BPCO...)	☐ Maladie du foie (cirrhose...)
☐ Maladie cardiaques (infarctus, arythmie...)	☐ Maladie neurologique (AVC...)
☐ Entourage de nourrisson de moins de 6 mois	☐ Je ne sais pas
- 11) Qui supervise et assure la prise de vos médicaments : moi / famille / autres :
- 12) Avez-vous le sentiment d'en prendre trop : ☐ OUI ☐ NON
- 13) Combien de fois les 6 derniers mois avez-vous vu votre médecin traitant ?
- 14) Les consultations avec votre médecin traitant ont lieu : ☐ au cabinet ☐ à domicile
- 15) Conduisez-vous encore : ☐ OUI ☐ NON
- 16) Vous rendez-vous chez le médecin accompagné ? » ☐ OUI ☐ NON

17) Si oui pourquoi ? (Problème de transport ? Trouble de la marche ? Inquiétude familiale ?)

.....

18) Estimez-vous vous vivez loin du lieu d'exercice de votre :

Médecin traitant..... ☐ OUI ☐ NON

Pharmacien..... ☐ OUI ☐ NON

Infirmière..... ☐ OUI ☐ NON

19) Recevez-vous, chaque année, la feuille de prise en charge de la Sécurité Sociale pour la vaccination anti grippale ?..... ☐ OUI ☐ NON

Moyens d'informations :

20) Avez-vous internet ?..... ☐ OUI ☐ NON

21) Si oui, l'utiliser vous couramment ?..... ☐ OUI ☐ NON

22) Avez-vous une télévision à la maison ? ☐ OUI ☐ NON

23) La regarder vous régulièrement ? (Nombre d'heure environ par jour ?) :heure/jour

Vaccination antigrippale :

24) Avez-vous déjà eu la grippe ?.....☐ OUI ☐ NON

25) Avez-vous déjà été vacciné contre la grippe ?.....☐ OUI ☐ NON

26) Avez-vous déjà eu la grippe alors que vous aviez été vacciné ? ...☐ OUI ☐ NON

27) Accepteriez-vous de vous faire vacciner par les autres vaccins recommandés ?

☐ Diphtérie- Tétanos- Poliomyélite (DTPolio) ☐ OUI ☐ NON

☐ Coqueluche ☐ OUI ☐ NON

☐ Pneumocoques si recommandé ☐ OUI ☐ NON

☐ Zona ☐ OUI ☐ NON

☐ Covid ☐ OUI ☐ NON

Fait à

Le.....

Signature

FORMULAIRE DE CONSENTEMENT

Titre de la recherche : « Identifier les raisons des réticences à la vaccination anti-grippale chez les personnes de plus de 75ans : Etude qualitative. »

Je, soussigné(e).....,

déclare accepter, librement, et de façon éclairer, de participer comme sujet à l'étude portant sur les freins à la vaccination anti-grippale chez les personnes âgées de plus de 75ans,

Sous la direction du Dr AIDOU Amal, Gériatre du CHU et mené par BRAULT Maëlle, interne en 4e semestre du DES de Gériatrie affiliée à l'Université de Médecine de Tours.

L'étude va consister à identifier les raisons des réticences à la vaccination grippale et se déroulera via des entretiens semi-dirigés. Les données recueillies sont anonymes et ne seront en aucun utilisées à d'autres fins que la réalisation de l'étude de ma thèse.

Le consentement pour poursuivre l'étude peut être retiré à tout moment sans donner de raison et sans encourir aucune responsabilité ni conséquence. Les réponses aux questions ont un caractère facultatif et le défaut de réponse n'aura aucune conséquence pour moi.

Je déclare avoir lu et compris la fiche d'information qui m'a été remise et eu la possibilité d'obtenir des informations supplémentaires concernant cette étude.

Toutes les informations concernant les participants seront conservées de façon anonyme et confidentielle. Le traitement informatique n'est pas nominatif, il n'entre pas de ce fait dans la loi Informatique et Liberté. La transmission des informations concernant le participant pour l'expertise ou pour la publication scientifique sera elle aussi anonyme.

L'investigateur s'engage à mener cette étude selon les dispositions éthiques et déontologiques et à préserver absolument la confidentialité et le secret professionnel pour toutes les informations concernant le participant.

Après en avoir discuté et avoir obtenu la réponse à toutes mes questions, j'accepte librement et volontairement de participer à la recherche qui m'est proposée.

Fait à

Le.....

Si vous souhaitez que les résultats de l'étude vous soit communiqués, renseigner votre adresse/mail

Adresse :

Courriel :

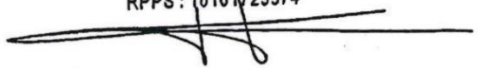
Signatures : Le participant

Dr AIDOU Amal

Maëlle BRAULT

Vu, le Directeur de Thèse

Hôpital Bretonneau Tours
Médecin Gériatrique
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Praticien Hospitalier
RPPS : 10101723574



**Vu, le Doyen
De la Faculté de Médecine de Tours
Tours, le**

Brault Maëlle

46 pages ; 2 tableaux ; 1 figure ; 3 documents en annexes

Résumé :

Introduction : Malgré leur vulnérabilité accrue à la grippe, les personnes âgées ne sont pas suffisamment vaccinées contre cette maladie. Cette étude vise à approfondir notre compréhension des perceptions des personnes âgées qui sont réticentes à la vaccination antigrippale, afin d'explorer les facteurs qui influencent leur refus de se faire vacciner.

Méthode : Des entretiens individuels semi-dirigés ont été réalisés avec des participants âgés de 75 ans et plus, qui avaient exprimé leur refus de se faire vacciner contre la grippe. Ces participants ont été recrutés au sein du Centre Hospitalier Régional Universitaire (CHRU) de Tours. L'analyse des données a été effectuée en suivant la méthodologie de la théorie ancrée.

Résultats : Nous avons mené douze entretiens avec des personnes âgées de 76 à 99 ans. Les raisons les plus fréquemment évoquées pour justifier leur refus de se faire vacciner étaient le sentiment d'invulnérabilité face à la maladie, la crainte des effets indésirables et la perception banalisée de la grippe, entre autres. L'hésitation à se faire vacciner était également influencée par l'entourage, en particulier la famille, à travers leurs expériences négatives de la vaccination. Les décisions prises étaient également renforcées par l'opinion des professionnels de santé, soit par leur manque d'implication, soit par leurs recommandations directes. Le concept de la vaccination semblait confus pour plusieurs participants, avec des distorsions du raisonnement émotionnel (croyance en un bon état de santé malgré une fragilité) ou une perception de la vaccination comme une stratégie curative plutôt que préventive. Enfin, de nombreux participants déclaraient néanmoins mettre en œuvre des stratégies préventives telles que l'homéopathie ou le respect des mesures barrières. L'élément le plus fréquemment mentionné comme étant susceptible de favoriser un changement d'attitude et une adhésion à la vaccination était l'incitation de la part du médecin traitant.

Discussion : Les personnes âgées qui manifestent une réticence à se faire vacciner contre la grippe ont principalement remis en question la balance bénéfice/risque associée au vaccin. Les influences de l'entourage et des professionnels de santé ont été identifiées comme des facteurs significatifs dans leur décision. Dans le but de promouvoir une meilleure adhésion à la vaccination, il est essentiel de cibler en priorité l'incitation de la part des médecins traitants, ce qui devrait être pris en compte dans les futures campagnes vaccinales.

Mots clés : Vaccination antigrippale, Personnes âgées, Hésitation vaccinale, Vieillissement sain/vieillesse, Barrières, Motivations, France

Jury :

Président du Jury : Professeur Bertrand FOUGERE

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