

Classification of Parent Attitudes about Childhood Vaccines using Machine Learning Techniques

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Amsterdam, September 7th, 2016

UNIVERSIDAD DE
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10th Vaccine Congress
4–7 September 2016 • Amsterdam, the Netherlands



1 Introduction

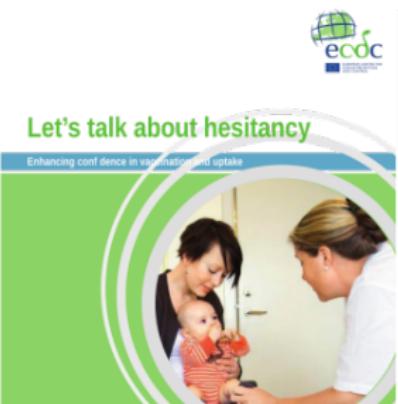
2 Objetives

3 Materials and Methods

4 Results and Conclusions

Introduction

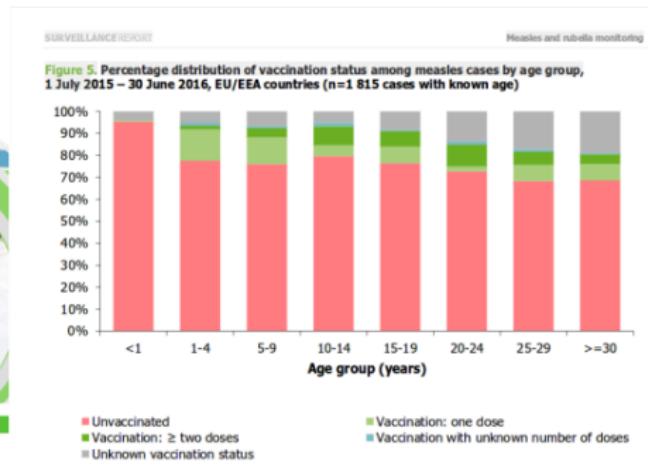
Justification of the study



ECDC practical guide (2016).
<http://ecdc.europa.eu>



R. De Niro advertising
an antivaccine documentary (2016)



ECDC Measles and rubella monitoring (July 2016)
<http://ecdc.europa.eu>



In Spain: case of pertussis with result of death (2015)

Objetives

Idea

- Parental attitudes are influenced by multitude of factors, different by country and social context¹
- Need for a new approach of data analysis
 - multivariate nature of data
 - multiple interactions between factors

¹Larson et al, 2015; Opel et al, 2011

Main goals

- ① Identify factors and *relationships between them*, influencing decision of parents to vaccinate their children
- ② Set different parental profiles according to their attitude to the pediatric vaccination
- ③ Find indicators with the highest discriminatory power among the parental profiles

useful in designing instruments for diagnosis of hesitancy

Materials and Methods

Sampling

- 1119 surveys collected (on-line and paper format)
- After validation process, 1030 surveys selected.

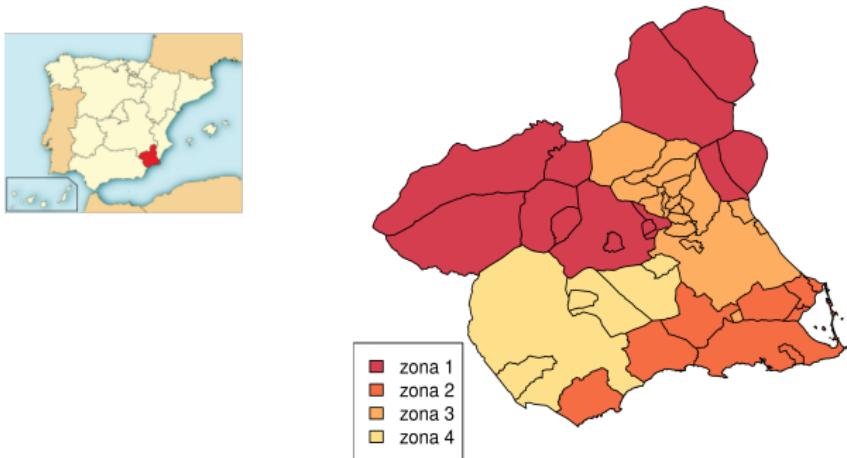


Figura 1: Map of Murcia Region, (SE of Spain), with the sampling zones.

Survey

- ① *Sociodemographic (items 1-8)²*
- ② *General knowledge about vaccines (items 9-17)*
- ③ *Attitude towards vaccination (items 18-26)*
- ④ *Questions for healthworkers (items 26-29)*

- Interrater validation process
- Compliance with ethical and legal standards for human research

²Bernal et al. (2001), Borrás et al. (2009), Coniglio et al. (2011)

Reproducible research

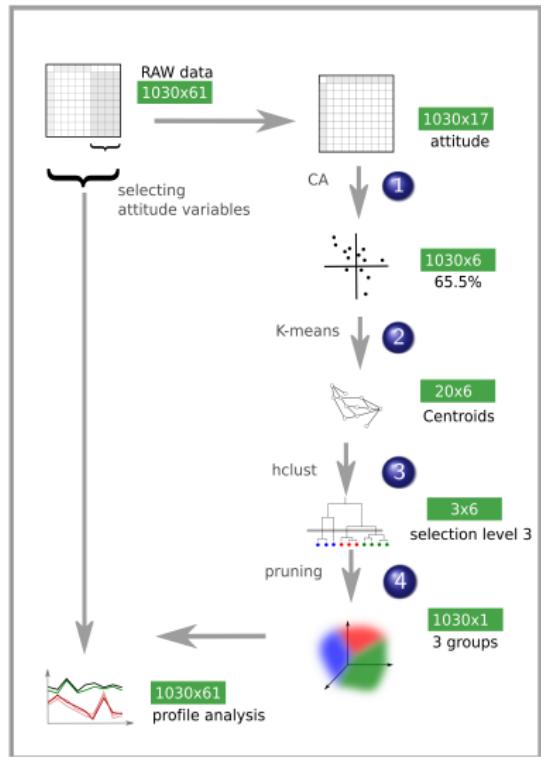
- R version 3.2.2
- L^AT_EX
- Markdown
- RStudio version 0.99.878



Statistical analysis

- ① Cleaning data
- ② Descriptive analysis
 - Construction of aggregate variables
 - Statistical contrasts
- ③ Data classification by Machine Learning techniques
- ④ Analysis of the groups obtained

Data classification by Machine Learning techniques



- ① Correspondence analysis
- ② Clustering by K-means
- ③ Hierarchical clustering
- ④ Dendrogram pruning

Results and Conclusions

Sociodemographic variables

Tabla 1: Who answers the survey.

Answers	Percentages
Mother	80.89 % (834)
Father	16.78 % (173)
Others	2.33 % (24)

Tabla 2: Age in years of parents.

Parent	Mean	SD	Median	n
Mother	42.36	5.70	43.00	1003
Father	44.45	5.97	45.00	959

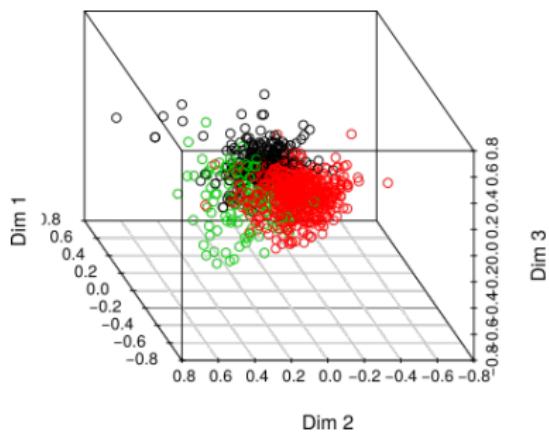
Vaccines uptake

Is your child vaccinated (or do you plan to vaccinate) with the following vaccines?

Vaccine	No	Yes	NR/DK
Hepatitis B	3.78 % (39)	85.94 % (886)	10.28 % (106)
Diphtheria, Tetanus, Pertussis	2.52 % (26)	91.37 % (942)	6.11 % (63)
Poliomyelitis	3.3 % (34)	83.12 % (857)	13.58 % (140)
Haemophilus influenzae	4.27 % (44)	81.67 % (842)	14.06 % (145)
Meningococo C	4.07 % (42)	84.77 % (874)	11.15 % (115)
MMR	2.04 % (21)	91.37 % (942)	6.6 % (68)
HPV	19.01 % (196)	59.65 % (615)	21.34 % (220)

Vaccine	No	Yes	No, but I would	NR/DK
Rotavirus	24.73 % (255)	30.26 % (312)	25.32 % (261)	19.69 % (203)
Pneumococcus	13.48 % (139)	56.26 % (580)	17.94 % (185)	12.32 % (127)

Cluster Analysis



Cluster	Size	Color
1	297	●
2	601	●
3	126	●

Defining clusters

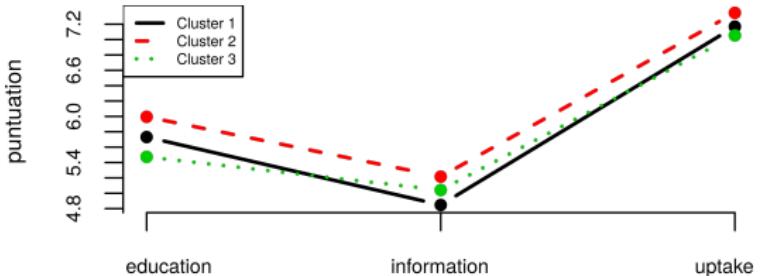
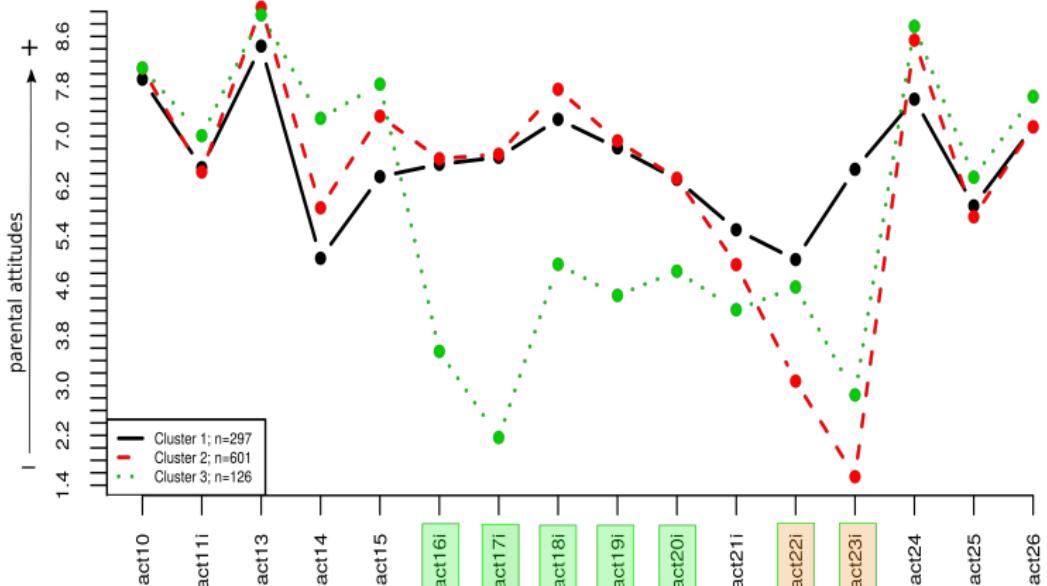


Figura 2: Mean profiles against education level, information level y vaccine uptake

	1 (n=279)	2 (n=557)	3 (n=112)
Education ¹	5.73(1.57) ^{ab}	5.99(1.6) ^a	5.47(1.62) ^b
Information ²	4.85(1.79) ^a	5.22(1.64) ^b	5.04(1.7) ^{ab}
Uptake	7.17(2.35)	7.35(1.97)	7.05(2.14)

$$1: \chi^2(2) = 12.589, p < 0.05, 2: \chi^2(2) = 11.808, p < 0.05$$

Clusters vs Variables of attitude



16i: increase risk to allergies

17i: increase risk of diseases

18i: link between vaccine and autism

19i: inhibit the immune system

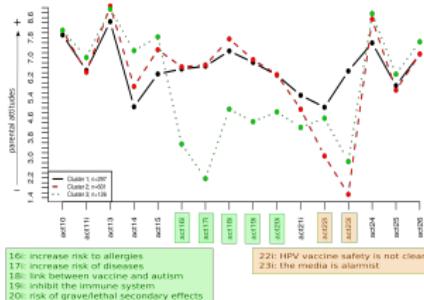
20i: risk of grave/lethal secondary effects

22i: HPV vaccine safety is not clear

23i: the media is alarmist

Parental profiles

- The **Group 1** (n=297) Lowest level of information about vaccines, positive attitudes toward vaccination
- The **Group 2** (n=601) Highest information, positive attitudes, skeptical with the media
- The **Group 3** (n=126) Lowest level of education, distrust in the safety of vaccines



Conclusions

- ① Our results confirm the presence of hesitant attitudes toward paediatric vaccines in Murcia, that can be affecting the uptake of some vaccines such as papilomavirus.
- ② This work contributes not only to the diagnosis of hesitant parental profiles, but also provides a set of multivariate statistical analyses that can be of great help in analysing data sets where multiple interactions take place.

The team



Thank you for your attention

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