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GSK: Insights Report

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The Situation

Since the beginning of the global pandemic breakout in March 2020, travel remains at a significant all-time low. In the United States alone, travel spending totaled at \$679 billion for 2020, a 42% annual decline from 2019. However, attitudes towards travel remain hopeful, where roughly 55% of frequent travelers still anticipate travel in the near future, and 63.9% are in a “travel readiness state-of-mind,” (Destination Analysts, 2021).

For travelers seeking vacations to endemic Hepatitis A and/or B areas, it is strongly encouraged to receive travel vaccines prior to traveling in order to prevent exposure to viral hepatitis. The vaccine is recommended for international travelers 6 months of age or older, which is given in two to three doses (CDC, 2020). Unvaccinated travelers who visit countries with high or intermediate hepatitis endemicity have a significant risk for acquiring hepatitis (ibid).

Travelers visiting these areas are also encouraged to seek additional pre-travel advice (PTA), which alongside vaccinations, may include dietary advice and chemoprophylaxis (Kain et al., 2019, p. 1). However, most individuals choose to not seek PTA as they are not likely aware of the need for travel immunizations, and those who do infrequently adhere to the recommendations offered (see figure 1) (Crockett & Keystone, p. 44).

Table Factors Impacting on Travelers' Decisions to Obtain Travel-related Vaccinations^a

<i>Positive/Supporting Factors</i>	<i>Negative/Disuading Factors</i>
Vaccine-associated factors	Vaccine-associated factors
Provide essential protection (74–92%)	Concern regarding vaccine safety
Well tolerated	Concern regarding adverse effects of vaccination (10–25%)
Perception of vaccine safety (35–46%)	Mistrust/dislike of vaccines
Knowledge of current vaccination status	Cost (expensive) (7–20%)
	Pain of injection (4–7%)
	Lack of awareness of previous or recent vaccines
Disease-associated factors	Disease-associated factors
Perception of moderate to high risk of disease	Perception of no or low risk of vaccine-preventable disease (14–20%)
Knowledge of disease	Lack of knowledge of disease (19%)
Knowledge of importance of disease	Lack of knowledge of importance of disease
Other	Other
Work requirement	Did not seek travel advice
Travel requirement	Source of travel advice did not advise as to need for vaccine
Trip itinerary associated with perception of increased risk of disease (trip duration, backpacking, rural travel)	Lack of access to travel vaccine centers
	Lack of time before travel

Figure 1: Crockett, M., & Keystone, J. (2008). “I hate needles” and other factors impacting on travel vaccine uptake. *Journal of Travel Medicine*, 12. doi:10.2310/7060.2005.12056

Considering these statistics, GSK needs to develop a strategic communications campaign that promotes necessary travel vaccine information to its targeted audiences, while ultimately increasing and improving attitudes toward traveling in the future.

The Frustration

Because hepatitis A is a common form of viral hepatitis that poses severe health risks to international travelers, it is crucial for individuals to receive proper immunization prior to their trip. According to the CDC, travelers visiting countries where hepatitis A is common are more likely to become infected with hepatitis A if they visit rural areas or frequently eat or drink in areas of poor sanitation (CDC, 2021). However, travelers can still become infected even if they routinely wash their hands, carefully choose foods and drinks, or stay in urban areas, resorts, or luxury hotels.

Yet, despite this, many travelers fail to seek PTA as they are not likely to be aware of the importance behind travel immunizations. Because certain travel vaccines are merely recommended rather than mandatory, more and more individuals are lacking an understanding of the vaccines' importance. Not receiving proper immunizations before traveling to countries with high or intermediate hepatitis endemicity places travelers at high risk for acquiring the disease. As a result, this places even greater risks to potentially transmitting infections to others upon returning home.

The Root Cause

While many clinics offer adequate PTA and travel vaccine resources, many people still fail to seek such information before traveling. One common explanation is due to these individuals not having perceived risks of disease, whether based off the length of their trip, the method of travel, or not having any knowledge of the disease itself.

Another explanation is due to seeking inaccurate information from other sources other than travel health professionals (Crockett & Keystone, 2008, p. 44). Additional sources offering information, such as travel agents, pharmacists, and the Internet, are not trained in travel medicine and thus fail to offer important information regarding proper travel immunizations. Individuals who seek these resources may not have easy access to specialists in travel health, thus leading them to seek alternative yet less accurate sources of information.

Lastly, travelers who spontaneously make travel plans may believe they do not have enough time for receiving proper immunizations for them to be deemed effective.

Trends

In order to raise awareness for travel vaccines and excitement for future traveling among travelers, GSK needs to implement a communications strategy emphasizing the significance of seeking proper PTA that focuses on these areas:

Health-conscious: Currently, more and more younger individuals are starting to prioritize healthier lifestyles. Whether it's clean and mindful eating to exercise schedules, people are becoming more health-conscious by prioritizing on choosing healthier options that will benefit their life. GSK should communicate that if individuals want to continue on their health and wellness journey, then they should commit to receiving travel vaccines to avoid potential risk of diseases.

Corporate Social Responsibility: Especially since the beginning of the pandemic, CSR has significantly increased in value to Americans. According to a Forbes study, almost half of the respondents indicated that because of the pandemic, they have greater expectations for companies to step up and be more socially responsible (Field, 2021). In addition to promoting the importance of travel vaccines, GSK should also communicate adequate resources for travel

health professionals, FAQs, and other necessary information about safe traveling. This will not only positively represent GSK by providing beneficial information but also motivate and remind travelers of the possibility to still plan vacations while taking necessary precautionary measures.

Work from home: Due to the pandemic and government lockdowns and restrictions, many individuals have shifted to remote learning or business from their household. This provides a perfect opportunity for travel seekers to have more time to fully prepare and educate themselves on important travel guidelines and safety measures. GSK needs to strongly prioritize communicating this benefit to travelers, as time has been a previous factor preventing people from receiving vaccinations or PTA before their trip.

Insights

Insight 1: Travelers refuse to seek proper PTA guidance and vaccinations because they think they are healthy enough to avoid contracting diseases in countries they visit.

Explanation: Due to lack of knowledge on diseases such as hepatitis A and B, travelers are unconcerned about the potential health risks they could face when traveling to high endemic hepatitis areas. In a survey conducted by the Journal of Travel Medicine, 28% of travelers eligible for vaccination refused one or more vaccines, and between 60% to 81% of vaccine refusers, claimed their reason for refusal was lack of concern about illness (see figure 2).

Table 3. Reason for refusing vaccines among travellers in the GTEN study population

Vaccine (N refused)	Reason traveller refused vaccine		
	Not concerned with illness N (%)	Concerned with vaccine safety	Concerned with vaccine cost
Influenza (N = 3527)	2851 (81)	526 (15)	150 (4)
Meningococcal (N = 2232)	1744 (78)	311 (14)	177 (8)
Typhoid (N = 1690)	1230 (73)	171 (10)	289 (17)
Hepatitis A (N = 1598)	1169 (73)	245 (15)	184 (12)
Tetanus (N = 1498)	1140 (76)	257 (17)	101 (7)
Polio (N = 1367)	1098 (80)	181 (13)	88 (6)
Rabies (N = 1155)	3340 (78)	421 (10)	517 (12)
Yellow fever (N = 917)	612 (67)	225 (25)	80 (9)
Japanese encephalitis (N = 761)	460 (60)	35 (5)	266 (35)

Figure 2: Lammert, S. M., Rao, S. R., Jentes, E. S., Fairley, J. K., Erskine, S., Walker, A. T., . . . LaRocque, R. C. (2016). Refusal of Recommended travel-related vaccines among U.S. international travellers in Global TravEpiNet. *Journal of Travel Medicine*, 24

American travelers may hold this belief with diseases that have low incidence and prevalence outside of the country, causing their level of concern to be low (Lammert et al., 2016, p. 3). But this is a dangerous mindset to have, as non-vaccinated travelers to these areas are placed at a significantly higher risk to exposure. Refusing immunizations not only places incredible threat upon the traveler's health but also on their home and community upon return, increasing the risk of disease outbreaks.

Thus, transparent and in-depth information about such diseases and how frequently they are spread need to be communicated more frequently after individuals book their trip.

Developing a communications plan that illuminates and debunks common misconceptions from individuals about their perceived health will provide them with thought-provoking reactions toward the importance on PTA visits. Increasing this knowledge and awareness in a traveler's destination through PTA consultations can lead to multiple positive outcomes. One outcome indicates that consultations have the likelihood to increase the individual's compliance with receiving vaccination. In addition, another outcome reflects changes in the traveler's behaviors relating to the disease, such as drinking bottled water (Crockett & Keystone, 2008, p. 44).

If travelers continue to refuse highly recommended pre-travel vaccinations and consultation visits, more populations will be exposed to greater health risks. Especially amidst a global pandemic resulting in over 2.5 million deaths worldwide, now is a time when individuals need to take extra precautionary measures before embarking on travels (Johns Hopkins, 2021). Failure to do so would place further risks on many immunocompromised groups already at great risk from COVID-19.

Insight 2: Travelers would most likely be more willing to schedule PTA consultations if they had more awareness on where and how to seek these services.

Explanation: Although more individuals are starting to value practicing social responsibility by researching and adhering to new health and travel regulations, many are still unaware of specific guidelines pertaining to their own travels. Travelers often seek general travel information rather than seeking travel health advice or PTA consultations before their trip to high-risk countries (Hamer and Connor, 2004, p. 25). Considering this, GSK and travel agencies should focus on a targeted communications approach that allows travelers to have access to this information when booking trips on the agency's website. This approach would entail basic information on diseases prevalent in the chosen destination, as well as preventive measures to take before traveling and a list of resources offering those preventive services.

In the Sentinel Counties Study of Acute Viral Hepatitis, patients with hepatitis A from 1996 – 2006 received questionnaires assessing the reasons why travelers had not received pre-travel vaccines (see figure 3). The results indicate that the most common reason, accounting for a total of 65% of all reasons, for travelers not being vaccinated was due to being unaware of having the option to get vaccinations, or that they needed to get them (Liu, Klevens, & Sharapov, 2015, p. 175). Although this data is slightly outdated, it highlights a concerning challenge for the future of travel medicine and travel professionals, which is how to increase awareness on pre-travel guidance and appointments.

Table 3 Reasons HAV patients reported for not receiving hepatitis A vaccination before international travel, Sentinel Counties, 1998 to 2006

Time period*		1998 to 2000 (% ‡)	2001 to 2002 (% ‡)	2003 to 2006 (% ‡)	Total (% ‡)
Reason for no vaccine/ immune globulin	Did not know could or should get shots	62 (70)‡	17 (50)‡	2 (6)	81 (53)
	– Did not know could get shots			19 (61)	19 (12)
	– Did not know it was needed				2 (1)
	Too late to receive shot	1 (1)	1 (3)	0	2 (1)
	Too expensive	1 (1)	0	0	1 (1)
	Did not know where to get shots	1 (1)	1 (3)	0	2 (1)
	MD did not recommend	‡	7 (20)	1 (3)	8 (5)
	Do not believe in shots	‡	1 (3)	0	1 (1)
	Never got around to it	‡	‡	2 (6)	2 (1)
	Other	24 (27)	7 (20)	7 (26)	38 (25)
	Total	89	34	31	154

HAV = hepatitis A virus.

*Time periods were grouped based on questionnaire responses.

‡Percent of all reasons in the time period.

‡Response was not collected in these years.

One possible factor contributing to an individual's lack of awareness is the number of disparities in vaccination coverage. In a 2019 study assessing vaccine access, the findings indicate that US-born Black adults are less likely to be vaccinated than non-US-born Black adults (Narayanan et al., 2019, p. 5). This is most likely due to healthcare racial disparities and health inequity for U.S. citizens, such as inadequate healthcare literacy and no access to healthcare. If all travelers do not have available access to PTA services offering sufficient guidance for visiting endemic countries, the risk of contracting and spreading the disease will prolong.

Insight 3: Increase social media presence and online communication efforts on travel websites that promote PTA services, the significance of PTA consultations and vaccines, and the benefits from seeking these services.

Explanation: The current digital age of social media and online influencers have played significant roles in traveler behaviors and decisions. About 84% of Generation Z travelers indicated that social media can be influential for travel, particularly for promotions, deals, pictures or videos from friends, celebrities, or experts (Williams, 2018). In addition, more than 60% of Gen Z reported that appealing deals and images also influence their travel decisions and are more likely to seek opinions from social influencers. GSK should utilize these responses by partnering with well-known and trusted travel influencers during the pandemic to promote content to this target group regarding travel. To reach this audience, the influencers would post slideshows of global cities: each location would contain an aesthetic picture of either the influencer in the city or the city itself, an FAQ infographic, recommended local sites to visit, a necessary PTA measures infographic, and the influencer's opinion for why their audience should travel there. Lastly, to further promote the partnership and campaign, GSK would also feature each location post on its own social accounts to increase overall content engagement.

While travel influencer marketing is still a currently developing campaign strategy, it is a unique, trendy tactic for raising awareness on important PTA information for younger individuals who may have not been aware beforehand. Other studies have found that utilizing social influencers as campaign message sources is a key factor for message dissemination as it helps enhance campaign visibility and reach (Kostygina et al., 2020, p. 8). Because this is arguably a challenge GSK currently faces, kickstarting a similar campaign with travel influencers could eliminate the issue of travelers' lack of PTA knowledge. Also, by promoting the campaign across social media platforms from trusted influencers, more travelers could have easier access to the information and resources needed for traveling to high-risk countries.

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