

REPORT: VACCINATION WORKSHOPS AT THE ESNO CONGRESS – ZAGREB, 30 MAY 2025

Event Title: ESNO Congress 2025

Workshop Date: 30 May 2025

Location: Zagreb, Croatia

Duration: 2 x 1-hour workshops

Themes:

A. Focus on Shingles Vaccination

B. General Vaccination Awareness

GENERAL INTRODUCTION

As part of the ESNO Congress 2025, two interactive workshops were organised focusing on vaccination. The first addressed general aspects of vaccination, while the second focused specifically on shingles. Both sessions adopted an innovative and participatory format to engage a limited but highly motivated group of participants. Although initially structured with a traditional agenda, the positive energy and openness of the attendees led the moderators to shift to a more interactive, dialogue-based approach on the spot.

WORKSHOP FORMAT AND METHODOLOGY

Each workshop was opened with a short introduction (approx. 10 minutes) by the moderator, ppt is online available later. The opening remarks included:

- A brief explanation of ESNO's work on vaccination and related projects.
- An overview of the goals and structure of the workshop.
- A visual presentation (PowerPoint) on the importance of vaccination for public health and the role of nurses in education and administration.

Following the introduction, the core activity—a **“card-debate” format**—was launched to encourage reflection, exchange, and creativity.

CARD-DEBATE CONCEPT:

- Two sets of 80 cards had been prepared in advance: one general on vaccination, and another specifically on shingles.
- Each participant randomly selected a card from the stack without knowing the content.
- The selected card contained a thought-provoking or challenging statement related to vaccination.
- The participant shared their initial thoughts or response, followed by an open discussion with others.
- Each participant was encouraged to write comments or reflections on the back of the card. They could also add their name and email voluntarily for future engagement.

In each session, approximately 15 cards were discussed in depth, fostering rich debate, shared experiences, and collective insights.

OUTCOMES AND REFLECTIONS

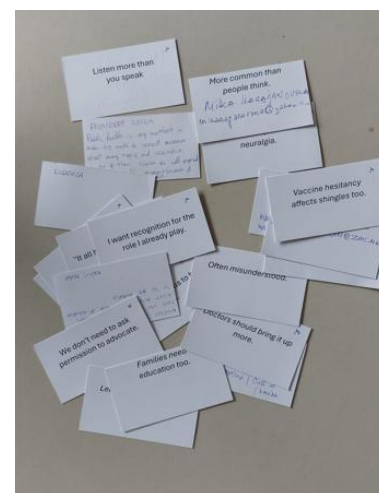
The card-debate method proved highly effective in:

- Encouraging spontaneous and honest contributions.
- Stimulating discussion that brought forward not only professional experiences but also personal feelings—ranging from hope and curiosity to frustration and uncertainty.
- Creating a sense of ownership and engagement among participants.

It became clear that the interactive format enabled deeper learning, promoted peer exchange, and brought visibility to under-addressed aspects of vaccination—such as emotional reactions, systemic barriers, and communication gaps.

OVERALL REFLECTION ON THE METHODE

The workshop's interactive **card-debate method** proved to be a highly successful and enriching format. Beyond stimulating thoughtful discussion, it effectively encouraged participants to **communicate more openly, listen actively, and share personal and professional insights** in a safe and respectful space. The spontaneous nature of the activity sparked genuine curiosity, fostered empathy, and deepened understanding across different perspectives. Above all, it became a **powerful learning tool**—not only about vaccination itself, but about how we engage with others, express professional confidence, and grow through meaningful exchange. Participants left the session feeling inspired, connected, and empowered—carrying forward both knowledge and a renewed sense of professional purpose.



A KEY FACTOR IN THE SUCCESS

This workshop format lies in the role of the moderator. For sessions built on interaction and open dialogue, the moderator must bring more than just subject matter expertise. **An ideal moderator is not only knowledgeable on the topic, but also a skilled listener, an active reflector, and a natural facilitator of conversation.** They should be able to read the room, guide discussion with sensitivity, and create space for all voices—especially those less confident. A **good sense of humour** is equally important, helping to create a relaxed and welcoming atmosphere that encourages honest contributions and keeps energy high. The ability to balance structure with spontaneity, and seriousness with lightness, is what truly brings such workshops to life.

NUMBER OF PARTICIPANTS

- A total of 110 participants attended the congress.
- The EXHA workshop was attended by 15 participants, all of whom were actively engaged.
- This report will be published alongside the presentation of the congress outcomes.

A. SHINGLES

SPECIAL FOCUS: SHINGLES WORKSHOP

The presented ppt is available under this <LINK> (in process)

The shingles-specific workshop had a more targeted role within ESNO's broader vaccination awareness campaign. It served as the **first stage** of a three-part initiative focused on shingles:

1. **Card-Debate Workshop:** Used to collect reactions, insights, and questions that could inform future activities.
2. **Podcast Development:** The next step involves the production of a podcast series that will raise awareness about shingles, highlight key challenges in communication, and serve as an educational tool.
3. **Education & Communication Guide on Shingles:** Drawing from insights gained during the workshop and podcast recordings, ESNO will develop a structured guide similar to those created for other vaccination themes. This guide will support nurse educators and professionals in patient communication and health literacy around shingles.

CONCLUSION

Both workshops successfully combined professional engagement with a creative, reflective space. The interactive format enabled ESNO to collect valuable qualitative data, strengthen participant involvement, and build momentum for follow-up initiatives.

The shingles workshop, in particular, demonstrated the potential of participatory formats to inform future educational materials and public outreach efforts. The card-debate method will likely be considered for future ESNO workshops due to its success in Zagreb.

KEY THEMES AND INSIGHTS ON SHINGLES

1. NEED FOR ROUTINE SHINGLES CONVERSATIONS

Participants acknowledged that shingles prevention is still not a routine part of healthcare conversations. There is a clear need to normalize vaccination discussions in both primary care and specialist settings.

Suggestions included:

- Integrating shingles awareness in vaccination campaigns.
- Using social media and local networks to inform the public.
- Including contraindications for chronic conditions (e.g., diabetes, heart disease) in patient education.

2. BREAKING THE SILENCE AND ENCOURAGING POSITIVE MESSAGING

Participants supported the idea of breaking the silence around shingles by promoting positive narratives. Emphasis should be placed on the **benefits of vaccination**—not just for individuals but also for communities. This can increase general vaccine acceptance and combat misinformation.

3. SHINGLES AS A FAMILY CONCERN

The group noted that shingles is not only a personal issue but can affect close contacts, particularly in caregiving situations. Family awareness and shared decision-making should be encouraged, especially among older adults living with or caring for others.

4. ACCESSIBILITY, COST, AND INVESTMENT IN PREVENTION

There was uncertainty about whether the shingles vaccine is free, reimbursed, or must be paid for out-of-pocket. Participants highlighted the need for clearer information and policies, and the importance of:

- Investing in prevention.
- Promoting the **cost-effectiveness** of vaccination over treatment.
- Clarifying national and local access schemes.

5. PROACTIVE COMMUNICATION BY HEALTHCARE PROFESSIONALS

It was widely agreed that healthcare providers—particularly doctors and nurses—should bring up shingles vaccination more assertively. Nurses were especially seen as pivotal in:

- Leading awareness campaigns.
- Identifying at-risk populations.
- Explaining vaccine eligibility and timing.

6. CLEARING UP MISCONCEPTIONS

Shingles remains misunderstood. Questions arose around:

- Its **contagiousness**.
- Its **differentiation** from other rashes.
- The level of risk following chickenpox.
This points to a need for more **standardized education tools** and myth-busting materials.

7. COMBATTING VACCINE HESITANCY

Vaccine hesitancy extends to shingles and is often influenced by broader anti-vaccine sentiment. Strategies discussed include:

- Framing shingles vaccination in the context of **ageing well** and protecting quality of life.
- Focusing on safety, especially for patients with comorbidities.
- Addressing post-pandemic vaccine fatigue with tailored messages.

8. UNDERSTANDING POST-HERPETIC NEURALGIA (PHN)

Participants reflected on the underestimation of PHN and its impact. Discussion points included:

- Recognizing symptoms early.
- Educating patients on what to expect.
- Preparing patients and families for long-term consequences and pain management strategies.

9. KNOWLEDGE GAPS AND UNANSWERED QUESTIONS

Several open questions and myths were raised, such as:

- Can shingles pain shift location?
- Is shingles more common than people think?
- How can health professionals respond constructively to anti-vaccine arguments?

GENERAL OUTCOME SUMMARY: 'TOWARDS PODCAST SHINGLES'

As part of ESNO's broader initiative to raise awareness on shingles, an interactive workshop was held during the ESNO Congress in Zagreb (30 May 2025). This session laid the groundwork for the development of an educational podcast series on shingles, focusing on patient awareness, professional responsibilities, and communication strategies. The workshop used a card-based debate method to trigger discussion among participants, leading to valuable insights and a deeper understanding of the challenges and opportunities in shingles vaccination.

CONCLUSION AND NEXT STEPS

This workshop not only provided meaningful dialogue among healthcare professionals but also highlighted significant knowledge gaps and communication needs. The insights gathered will directly feed into the development of the upcoming **ESNO Podcast Series on Shingles**, which aims to:

- Translate these themes into accessible episodes.
- Provide education for both healthcare professionals and the public.
- Serve as a foundation for an **Education & Communication Guide on Shingles**, the third part of the ESNO program.

This participatory approach ensures that future content is grounded in real-world insights and professional reflections, making the campaign both relevant and impactful.

NEXT STEPS

- 1) A meeting is schedule with expert to contribute to the podcast 27 June 2023 at the University of Utrecht to have a discussion and explore the content of the Podcast: UMC-Utrecht

Present: Ber Oomen (ESNO), Chantal Tesson, chair of foundation '[Pain after Shingles](#)', and [Mieke Rijdsdijk](#)

- 2) Schedule the podcast making, with preference in September (www.depodcasters.nl)
- 3) Have the podcast ready in October
- 4) Have all insights combine in a Nurses Information and Communication Guide on Shingles in November .

THIS WORKSHOP WAS MADE POSSIBLE BY SUPPORT OF AN EDUCATIONAL GRANT OF @GSK.



TOWARDS PODCAST SHINGLES

	Statement	Response
1	Prevention on shingles isn't a routine conversation yet:	Where, how do you want to be, informed about prevention <ul style="list-style-type: none"> - Vaccination - Contraindications (HD, Diabetes) - Where to inform population, social media
2	Lets break the silance on shingles:	What are positive topic, about vaccination, for community and individuals
3	Families need to be educated tooon shinkles:	It's a family affair Should other family members be notified?
4	Blanco:	Is vaccination for free? Do I need to buy it? Cost benefit analysis Invest in prevention Cost of treatment
5	Doctors should bring shingles up more:	Bring it to the patients, assertive approach or delegate to nurses
6	Shinkles Often Misunderstood:	Is it contagious? What should we know about shingles? Can the patient transmit it?
7	Many people confuse shingles with other rashes:	How to differentiate, the shingles from all other rashes
8	Nurses should lead community awareness:	<ul style="list-style-type: none"> - Why do I need the vaccine - Who needs it, recommendations - Indications, contra indications - Comorbidities - Age and Gender issues - Complications

9	<i>Vaccines hesitancy affects shingles too:</i>	<p>Why is it important to vaccinate shingles</p> <p>For vulnerable categories of patients?</p> <p>Is it safe?</p>
10	<i>Post herpetic neuralgia, what does it say to you:</i>	<p>What to look at for after shingle diagnose</p> <p>What should shingles patients need to know</p> <p>How to deal with post neuralgia</p> <p>What are possible symptoms what can cause it.</p>
11	<i>Blanco</i>	<p>Can the pain change of places in the body?</p>
12	<i>Singles is More common than people think:</i>	<p>How we are solve a problem with anti-vacc, how to engage</p> <p>Special after covid, pandemic and vaccination</p>

A. VACCINATION IN GENERAL

GENERAL OUTCOME SUMMARY: VACCINATION WORKSHOP – ESNO CONGRESS, 30 MAY 2025

Workshop Title: Nurses and the Future of Vaccination

Date & Venue: 30 May 2025 – ESNO Congress, Zagreb, Croatia

Format: Interactive card-debate session

Duration: 1 hour

Focus: Strengthening the nursing voice in vaccination advocacy, education, and leadership

The presented ppt is available under this <LINK> (in process)

WORKSHOP OVERVIEW

This workshop created a space for nurses and allied professionals to share reflections on their roles in vaccination through a structured card-debate method. Each card carried a provocative or reflective statement related to vaccination, followed by group discussion and personal input. The session promoted critical thinking, collaborative dialogue, and acknowledgment of nurses' unique insights in vaccination policy, practice, and public engagement.

KEY THEMES AND INSIGHTS ON: VACCINATION

1. LISTENING AS A CORE NURSING COMPETENCE

Statement: *"Listen more than you speak."*

Outcome: Participants agreed that listening is central to nursing and builds trust, especially around vaccination hesitancy. Active listening enables nurses to understand patient fears, misconceptions, and emotional responses, creating the conditions for informed and respectful dialogue.

2. SELF-CONFIDENCE IN ADVOCACY

Statement: *"We do not need to ask permission to advocate."*

Outcome: Nurses acknowledged the importance of speaking with authority and confidence. Advocacy should not require external validation when it is rooted in knowledge, ethics, and patient-centered care. Being well-informed and assertive is part of professional maturity.

3. PROFESSIONAL EXPECTATIONS

Statement: *"Our patients expect us to be the experts."*

Outcome: There was consensus that patients often turn to nurses for clarity, especially in confusing or uncertain times. This places a responsibility on nurses to be continuously updated, confident, and prepared to educate others.

4. THE POWER OF PATIENT EXPERIENCE

Statement: *"One bad experience shapes future refusal."*

Outcome: Participants emphasized the nurse's role in creating safe, dignified, and pain-minimized vaccination experiences. Emotional sensitivity and technical competence both contribute to building long-term trust.

5. FROM IMPLEMENTATION TO PARTICIPATION

Statement: *"I want to participate, not just implement."*

Outcome: Nurses expressed a desire to contribute to policy design, program planning, and

communication strategies. Their frontline experiences offer insights that are often overlooked but essential for effective vaccination programs.

6. RAPID VACCINE DEVELOPMENT AND TRUST

Statement: *“The development of the new vaccine, it all happened so fast.”*

Outcome: The group discussed how rapid development (e.g. during the COVID-19 pandemic) was a collaborative triumph of global science. Nurses, as key players in emergency response, showed high levels of adaptability and dedication. Clear communication about the process is essential to counter public doubt.

7. RECOGNITION OF NURSING CONTRIBUTION

Statement: *“I want recognition for the role I play.”*

Outcome: Recognition emerged as a strong emotional driver. Participants highlighted that nurses often lead in patient preparation, follow-up, and community outreach but receive limited formal recognition. Their contribution must be more visible in health systems and public discourse.

8. AUTONOMY AND SAFETY

Statement: *“Autonomy and safety go hand in hand.”*

Outcome: Autonomy in clinical decision-making is only effective when paired with accountability and precision. Participants stressed that safe administration of vaccines requires the right dosage, correct patient identification, and skilled delivery—areas in which nurses are trained to excel.

9. NURSES IN DECISION-MAKING

Statement: *“Decision-makers should hear nurses’ voices.”*

Outcome: A strong “YES” response echoed throughout the room. Nurses called for structured inclusion in advisory panels, scientific committees, and strategy design at local and European levels.

10. NURSES AS CO-DESIGNERS OF PUBLIC CAMPAIGNS

Statement: *“Nurses should co-design public health campaigns.”*

Outcome: Nurses are not only implementers but also ideal communicators for public health. Their credibility, community presence, and ability to translate complex information make them key assets in designing and delivering impactful campaigns on vaccination.

CONCLUSION AND RECOMMENDATIONS

This workshop affirmed the central role of nurses in advancing vaccination uptake, trust, and safety. The discussions highlighted both strengths and unmet needs in practice, policy, and recognition. As health professionals with close patient contact and strong educational backgrounds, nurses are well-positioned to:

- Serve as **vaccination advocates and educators**.
- Participate in **decision-making and campaign design**.
- Receive **ongoing training and recognition**.
- Lead public communication strategies in alignment with public health goals.

The workshop outcomes will feed into further ESNO efforts, including training programs, publications, and advocacy for nurse-led vaccination initiatives across Europe.

THIS WORKSHOP WAS MADE POSSIBLE WITH SUPPORT BY AN EDUCATIONAL GRANT OF
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OUTCOME WORKSHOP VACCINATION IN GENERAL

	<i>Statement</i>	<i>response</i>
1	<i>Listen more than you speak:</i>	This is what we are as nurses
2	<i>We do not need to ask permission to advocate:</i>	Being knowledgeable Being self-confident
3	<i>Our patients expect us to be the experts:</i>
4	<i>One bad experience shapes future refusal:</i>	Nurses being knowable Taking ownership on vaccination advocacy
5	<i>I want to participate, not just implement:</i>	Want to share knowledge, wish to be heard , not just to implement. Nurses have specific experience, and knowledge to be heard.
6	<i>The development of the new vaccine, it all happened so fast:</i>	Nurses and other health professionals are specialist together are fast to stop spreading and able to take care of people. Everyone gather their knowledge and worked for the better past care. Nurses are more dedicated to help.
7	<i>I want recognition for the role to play:</i>	Nurses are the specialists then others in front of them Because of this, they should be play an an accordingly role and deserve praise what they do
8	<i>Autonomy and safety go hand in hand:</i>	Nurses need to make sure that they use right method of application, right patient information, right dose of medication to do the job properly .
9	<i>Decision makers should hear nurses voices:</i>	YESSSS
10	<i>Nurse should co-design public health campaigns:</i>	Public health is very important in order to make a correct awareness about many topics and vaccination is one of them. Nurses are well prepared for public health campaigns of their level of experience and educations