

AAP Webinar Series

Vaccine Hesitancy:

Talking with Parents

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Defining Vaccine Hesitancy

- Intent to skip or delay any vaccine recommended by the Advisory Committee on Immunization Practices (ACIP)
- A practice of vaccinating on a schedule different from the ACIP recommended immunization schedule
 - Children of parents who voice concerns at any time are at risk for future immunization delays
- Providers can reduce the impact of vaccine hesitancy by:
 - Recognizing and addressing existing hesitancy in themselves and their staff
 - Staying authoritative on the topic
 - And keeping all team members current on new vaccine issues
 - Maintaining trusting relationships with parents and patients
 - Providing appropriate educational materials

References: 1. Heller G, Roberts M. Turning the tide: addressing vaccine hesitancy and timely immunizations through a social marketing campaign. Presented at: 44th National Immunization Conference, Atlanta, Georgia, April 21, 2010. Abstract 22697. 2. Opel DJ, et al. *Hum Vaccines*. 2011;7(4):419-425. 3. Dempsey AF, et al. *Pediatrics*. 2011;128(5):848-856. 4. Gust DA, et al. *Pediatrics*. 2008;122(4):718-725.

Vaccine Confidence Counters Hesitancy

- Vaccine confidence is trust in the:
 - Safety and efficacy of immunizations
 - Public health benefits of our vaccine programs
 - Reliability and competence of the providers who administer vaccines
 - Motivations of policy makers who decide which immunizations are needed and when they should be administered
 - Policy that contradicts medical evidence is confusing and can erode vaccine confidence
- Vaccine confidence results in high immunization rates
 - The ultimate goal, of course, is disease prevention

Reference: 1. Bergquist S. Vaccine confidence/hesitancy update. Presented at: National Vaccine Advisory Committee Meeting, Washington, DC, February 6, 2013.

Obstacles to Vaccine Confidence

- Increase in:
 - Number of new vaccines for various diseases
 - State-level school entry immunization mandates
- Continued success of vaccines in controlling diseases that parents and patients no longer remember and rarely see
- Rise in consumerism, which has:
 - Encouraged parents and patients to shop around for a provider that shares their philosophy
 - Eroded some trust in providers and the medical system in general
- Spread of misinformation via mass media, social media, and the internet
- Growing willingness to question the integrity of those involved in formulating immunization policies

References: 1. Harrington JW. *Consultant Ped.* 2011;10(11):S17-S21. 2. Timmermans S, Oh H. *J Health Soc Behav.* 2010;51(suppl):S94-S106. 3. Opel DJ, et al. *Arch Pediatr Adolesc Med.* 2009;163(5):432-437. 4. Kennedy A, et al. *Health Affairs.* 2011;30(6):1151-1159. 5. Colgrove J. *State of Immunity: The Politics of Vaccination in Twentieth-Century America.* Berkeley, CA: University of California Press; 2006.

Types of Vaccine-Hesitant Parents

- Uninformed but educable
 - Want education to counter anti-vaccine information
- Misinformed but correctable
 - Need information about vaccine benefits
- Well-read and open-minded
 - Want to intelligently discuss pros and cons
- Strongly vaccine-hesitant
 - Willing to listen but not likely to change their mind right away
- Strong-willed and committed against vaccines
 - Want to sway the HCP to *their* line of thinking

Types of Vaccine-Hesitant Providers

- Uninformed but educable
 - Particularly common outside of pediatrics
- Misinformed but correctable
 - Also fairly common outside of pediatrics
- Well-read and open-minded
 - Want to intelligently discuss pros and cons
 - May attend a vaccine education session
- Strongly vaccine-hesitant (sometimes against just one!)
 - Willing to listen but not likely to change their mind
 - Some have experienced a serious event that occurred around the time a vaccine was given
- Strong-willed and committed against vaccines
 - Few and far between, but CNN seems to find them

How to Broach the Topic of Vaccines With Parents and Patients

- Use a presumptive format
 - This approach presupposes that the patient will be immunized, thereby increasing the likelihood of vaccine acceptance
- Refrain from using a participatory format
 - This approach implies that choosing not to vaccinate is medically acceptable
- Be sure to state your recommendation directly
 - A stated provider recommendation is the single most influential intervention to achieve vaccination in a hesitant atmosphere

The CASE Framework for Conversations about Vaccines

- **C**orroborate
 - Acknowledge the parent's or patient's concern
 - Find some point on which you and the parent or patient can agree
 - Set the tone for a respectful conversation
- **A**bout me
 - Talk about what you've done to enhance your knowledge and expertise (eg, attended a conference)
- **S**cience
 - Describe what science has to say about the topic in question
- **E**xplain and advise
 - Offer your recommendation, based on the science

The ASK Approach for Effective Immunization Communication

- **A**cknowledge the parent's or patient's concerns
 - Ask for clarification to understand those concerns; sometimes a simple fact is all that's needed to dispel a myth or misunderstanding
- **S**teer the conversation
 - Refute the myth or misunderstanding with facts
 - If the parent or patient is *not* already committed against vaccines, continue your conversation to identify additional obstacles
- **K**now your facts; be confident and prepared
 - Recommend or provide reading material
 - Refer the parent or patient to reliable internet resources
 - Make your professional recommendation crystal clear

Reference: 1. Morgana T, Pringle J. Approaches to families questioning vaccines—the ASK approach for effective immunization communication. Presented at: 48th Annual Meeting of the Infectious Diseases Society of America, Vancouver, BC, October 23, 2010. Abstract 92.

Handling Vaccine Hesitancy

- Have a plan
 - Be sure to have a practice-wide approach
 - Will you accept patients who refuse vaccines altogether
- Take another deep breath
 - Listen
 - Identify *their* concerns
 - Make no assumptions
 - Tailor your advice to each individual based on his or her concerns
- Understand that the effort is not wasted even if a vaccine isn't administered that day

Handling Vaccine Hesitancy

- Document your discussion with the parent and patient
- Revisit the discussion at each subsequent visit
 - Inform the parent and patient that you will be doing so
- For parents and patients who refuse, provide the Vaccine Information Statement and consider using a Refusal to Vaccinate form
- For unimmunized or partially immunized patients, flag the chart in the event that those patients require sick visits
- Be direct, clear, and authoritative with respect to your office's philosophy and policy vis-à-vis a parent's or patient's ongoing refusal to vaccinate
 - Know the plan, and maintain a consistent approach within your practice

Addressing Common Philosophical Objections to Vaccination

- “Too much, too soon?”
- “Natural disease provides better immunity”
- “Most of the vaccine-preventable diseases don’t even exist anymore”
- “My [fill in the blank] told me not to let you vaccinate my baby”

“Too Much, Too Soon?”

- Offer reassurance
 - Vaccines do not overload the immune system
 - Every day an infant encounters thousands of antigens
 - Explain why it’s best to follow the recommended immunization schedule
 - Goal: To ensure that the child is immune to diseases before he or she is most likely to be exposed
 - Each time a vaccine is added to the schedule, it is tested for safety and efficacy or immunogenicity in the context of the current schedule
 - When we use any alternate schedule, we are making an assumption that the vaccines will still work the same and have the same safety profile

Reference: 1. CDC. The childhood immunization schedule. February 2015. Available at: <http://1.usa.gov/19PrMnT>.

“Natural Disease Provides Better Immunity”

- Explain that:
 - The cost of natural immunity can be severe
 - Not vaccinating one’s child puts his or her entire community at risk
 - Low immunization coverage rates at the local level have led to substantially decreased herd immunity
 - As a result, we see outbreaks of vaccine-preventable diseases

“Most of the Vaccine-Preventable Diseases Don’t Even Exist Anymore”

- Explain that once-prevalent vaccine-preventable diseases return if high immunization rates are not maintained
- Give examples:
 - Measles: New York, North Carolina, and Texas in 2013; California and Ohio in 2014; large multistate outbreak 2014-2015
 - Pertussis: California in 2010 and 2014; Washington in 2012
- If possible, cite cases of vaccine-preventable disease from your own experience
- The **ONLY** vaccine preventable disease that doesn’t exist anymore is smallpox, and we no longer administer that vaccine

References: 1. CDC. *MMWR*. 2014;63(16):352-355. 2. CDC. *MMWR*. 2013;62(36):741-743. 3. CDC. *MMWR*. 2014;63(16):362-363. 4. CDC. *MMWR*. 2014;63(22):496-499. 5. California Department of Public Health. Pertussis report. March 18, 2014. <http://bit.ly/loDyO9t>. Accessed June 17, 2014. 6. California Department of Public Health. Pertussis report. June 10, 2014. <http://bit.ly/STrulf>. Accessed June 17, 2014. 7. CDC. *MMWR*. 2012;61(28):517-522. 8. CDC. Pertussis outbreak trends. <http://www.cdc.gov/pertussis/outbreaks/trends.html>. Accessed May 21, 2014.

“My [Fill in the Blank] Told Me not to Let You Vaccinate my Baby”

- Ask for clarification: What are the underlying concerns of the person who gave that advice?
- Offer your recommendation, based on facts
- Recommend or provide reading material
- Refer the parent to reliable resources

References: 1. Morgana T, Pringle J. Approaches to families questioning vaccines—the ASK approach for effective immunization communication. Presented at: 48th Annual Meeting of the Infectious Diseases Society of America, Vancouver, BC, October 23, 2010. Abstract 92. 2. Singer A. Making the CASE for vaccine communication: a new model for talking to parents about vaccines. November 2011. <http://bit.ly/14IKlh4>. Accessed April 28, 2014.

Providing Parents With Accurate Information

- Most parents seek out information about vaccine safety from other people and from media outlets before taking their child to be immunized
- They come prepared
- Providers are the most important source of information and advice for parents making immunization decisions and can help build parental confidence in vaccines
- Assisting providers in their efforts to communicate with parents about vaccines should remain a priority for national, state, and local immunization programs

Helpful CDC and AAP Resources for Providers

- CDC resources for vaccine conversations with parents
- AAP webpage titled *Communicating with Families*
- AAP webpage titled *Parental Refusal to Vaccinate*:
 - Refusal to Vaccinate form
 - AAP clinical report, titled “Responding to Parental Refusals of Immunization of Children”
 - Coding resources for vaccine refusal
 - Sample office vaccine policy statement (for distribution to parents)
 - Sample office poster
 - Resources to answer questions
 - Handout titled “Addressing Common Concerns of Vaccine-Hesitant Parents”

References: 1. Diekema DS, Committee on Bioethics. *Pediatrics*. 2005;115(5):1428-1431. 2. American Academy of Pediatrics. *Pediatrics*. 2013;131(5):e1696. 3. American Academy of Pediatrics. Immunization resources: addressing common concerns of vaccine-hesitant parents. <http://bit.ly/13qcBxQ>. Accessed April 28, 2014.

Helpful Resources for Parents

- Vaccine Education Center at The Children's Hospital of Philadelphia:
 - <http://vec.chop.edu/service/vaccine-education-center/about-the-vaccine-education-center.html>
- AAP's Childhood Immunization Support Program
- Vaccinate Your Baby: <http://www.vaccinateyourbaby.org>
- Offit PA, Bell LM. *Vaccines: What Every Parent Should Know*. New York, NY: IDG Books; 1999
- Humiston SG, Good C. *Vaccinating Your Child: Questions and Answers for the Concerned Parent*. Atlanta, GA: Peachtree Publishers; 2000
- Fisher MC. *Immunizations & Infectious Diseases: An Informed Parent's Guide*. Elk Grove Village, IL: AAP; 2005
- Myers MG, Pineda D. *Do Vaccines Cause That? A Guide for Evaluating Vaccine Safety Concerns*. Galveston, TX: Immunizations for Public Health; 2008

Additional Resources for HCPs and/or Parents

- Immunization Action Coalition:
<http://www.vaccineinformation.org>
- Institute for Vaccine Safety, Johns Hopkins Bloomberg School of Public Health:
<http://www.vaccinesafety.edu>
- National Network for Immunization Information:
<http://www.immunizationinfo.org>
- Pediatric Infectious Diseases Society position statement on PBEs:
 - [Pediatr Infect Dis J.](#) 2011 Jul;30(7):606-7. doi: 10.1097/INF.0b013e318224949e.

DISCUSSION
