AAP Webinar Series

Vaccine Hesitancy:

Talking with Parents
March 20, 2015:

Joseph Domachowske MD, FAAP
Professor of Pediatrics
Professor of Microbiology and Immunology
SUNY Upstate Medical University
Syracuse NY NY
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

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

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

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

• **Corroborate**
  – 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

• **About me**
  – Talk about what you’ve done to enhance your knowledge and expertise (eg, attended a conference)

• **Science**
  – Describe what science has to say about the topic in question

• **Explain 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

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

“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:
  – 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

“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

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”

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


• Fisher MC. Immunizations & Infectious Diseases: An Informed Parent’s Guide. Elk Grove Village, IL: AAP; 2005

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:
DISCUSSION