

## **AAP Webinar Series**

# **Vaccine Hesitancy & Refusals: Challenges & Approaches**

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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

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- 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.

# Talking with Parents

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- Identifying the type of hesitancy expressed by the parent
  - Knowing when to close the discussion
- CASE framework to structure the discussion
- ASK approach
- Using the presumptive format rather than the participatory format when discussing vaccines

# Addressing Common Philosophical Objections to Vaccination

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- “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”

# Challenges and Approaches

## Guidance from AAP

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- Responding to parental refusals of immunization of children. *Pediatrics* 2005;115:1428
- Increasing immunization coverage. *Pediatrics* 2010;125:1295.
- Childhood immunization: When physicians and parents disagree. *Pediatrics* 2011;128:S167
- Current discussions aim to update the advice given in these statements

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# Clinical Report, Committee on Bioethics

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- Overview the problem
- Parents are free to make choices regarding their child's medical care unless those choices place their child at substantial risk of serious harm
  - Only rare instances warrant involvement of state agencies to protect the child
- Community interests and public health
  - State laws mandating vaccines have been upheld repeatedly
  - AAP supports school entry laws



# Responding to parents who refuse:

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- Engage the tools we discussed previously
- Work with families
- ‘When substantial distrust develops, significant differences in the philosophy of care emerge, or poor quality communication exists, the pediatrician may encourage the family to find another physician’
- Pediatricians have the option of terminating the physician-patient relationship as long as advance notice to secure future care is given.

# Realities:

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- Some parents refuse to allow their children to be vaccinated
- Those children still need medical care
- Those children may place our other patients at risk
- Those children may need different medical care approaches when ill
- Its not the child's fault he or she is unimmunized
- We need to decide how we will handle families who refuse vaccines

# Recent cases requiring my medical care:

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- An 8 yr old with tetanus
- A 2 year old with pneumococcal pneumonia with empyema and renal failure from HUS
- A 9 mos old with Hib meningitis
- A family with 10 children, 6 with pertussis, 2 requiring hospitalization
- Two teens with influenza A complications. One died, the other was ventilated for 2 weeks
- A 3 yr old with fever, rash cough, conjunctivitis

# When a child develops a vaccine preventable illness:

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- Even if we do not see families who refuse vaccines, we will be impacted directly by vaccine hesitancy
- Not all of our patients are immunized
  - They may not be old enough
  - They may have a medical reason for not getting a vaccine
- And...vaccines are not 100% effective
- Frustration vs Opportunity

# Guidance from AAP

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# Policy Statement

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- ‘Pediatricians should work individually and collectively at the local, state, and national levels to ensure that all children without a valid contraindication receive all childhood immunizations on time’

# Policy Statement Outline

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- Background
- Challenges
  - Supply disruptions
  - High acquisition costs and inadequate payment
  - Safety concerns
  - Media distortion
- Opportunities
  - Strategies where evidence is robust that vaccine rates improve
  - Strategies less proven

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# Outline

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- Are parents within their rights to refuse?
- How should we respond?
- Ethical, legal and clinical issues related to:
  - Physician counseling
  - Parental decision making
  - Continued relationship despite disagreement
- Suggestions that might increase vaccine confidence

# Are physicians ever ethically justified in rejecting families who refuse vaccines?

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- We are concerned about the child
- We are concerned about the other patients in the practice
- Beliefs and values are (or are perceived to be) very different
- Some physicians are uncomfortable with families who choose to reject our advice

# What's the law say?

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- Our legal obligation is to obtain informed consent before treating a patient
- Parents are obligated to make decisions in the child's best interest
- Each state also has laws mandating vaccines for public school attendance
- Any legal challenge to a parent's decision is unlikely to be successful unless there is a need to protect the child or the community from a specific preventable illness beyond the routine schedule

# Rare case law: Peel vs. TMCH

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- Despite parental refusal, an infant was mandated to receive the hepatitis B series. The mother was hepatitis B infected
- However, in nearly every other case...
  - ‘When immunization rates are high and disease prevalence is low, the risk to others ‘does not usually pose a significant enough health risk to others to justify state action’
  - The recent measles outbreak has led to further discussion in several states, including California

# Deciding whether to continue the physician-patient relationship

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- In keeping with our professional obligation for patients under our care, we must not abandon our patients.
- Legislation, regulations, and policies on how to handle this according to law differ by jurisdiction
- In general, if initiated by the physician, the parent/patient must at least be given reasonable opportunity to arrange alternate services

# Practice-wide philosophy

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- A consistent message from all team members back to the families you see shows the commitment to the philosophy
- While providers may disagree on how to handle certain circumstances (vaccine refusal, arbitrary changes in the vaccine schedule, others), its important to come to an agreement that is presented and implemented practice-wide
- What you say matters.

# Helpful CDC and AAP Resources for Providers

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- 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

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- 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

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- 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

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