



Partnering for
Immunizations

VACCINE COMMUNICATION

Tips and Tools
for Your Practice

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OBJECTIVES

- **Understand the different types of vaccine hesitancy**
- **Learn how to make a strong vaccine recommendation**
- **Identify credible statistical and narrative-based resources for parents about vaccines**

BRIEF VACCINE HISTORY



- Evidence of smallpox variolation (early form of inoculation) from 200 BCE in ancient China
- Smallpox inoculation widely practiced in Europe by the 1700s

Fact: King Louis XVI was the first French king to be inoculated against smallpox after his grandfather King Louis XV died of the disease

- Documentation of vaccine/inoculation hesitancy has existed for almost as long as vaccines



The GOAL is healthy children!

As providers, YOU are a trusted information source for families and provide opportunities to educate about the importance of immunization to help children stay healthy.

What is vaccine hesitancy?

- A vaccine hesitant person falls somewhere on this spectrum (assuming no medical contraindications):



Never accepts
recommended vaccines

Always accepts
recommended vaccines

VACCINE HESITANCY KEY POINTS

- **Overwhelming majority of U.S. families vaccinate**
- **Hesitancy is common**
 - Only 23% of parents have no concerns
 - We just need to listen to concerns
- **Vaccine beliefs change**
 - 23.5% of individuals changed vaccine opinions in the past 5 years
- **Parents have concerns about vaccine safety**
 - And this is okay!
- **Alternative schedules are appealing to parents**

- Too many vaccines
- Vaccine safety/ingredients
- Not enough testing
- Vaccine production
- Perceived risk of disease
- Painful
- Natural vs. vaccine immunity
- Vaccines cause the disease
- Religion does not permit
- Misbelief that autism, autoimmune, or other diseases are caused by vaccines
- Anecdote: “I have a friend of friend who...”



VACCINE HESITANCY

- **Vaccine hesitancy may include:**
 - Alternate/delayed schedulers
 - Selective vaccine refusal (ex. only reject MMR)
 - Families who may choose or reject vaccination

Not all hesitant families will reject recommendations

- Some may have valid questions or concerns
- Writing families off as “anti-vax” may be harmful
- Many of these are the parents we need to move off the fence

THE PROBLEM WITH VACCINE REFUSAL

- **Recommended schedule designed so children receive each vaccine when their bodies can best respond to the antigen**
- **Herd immunity jeopardized**
 - The more people who delay, the more children are currently unvaccinated and vulnerable
- **Increasingly mobile and global society**
 - People and the diseases they carry travel all over (ex. Disney measles cases from 2014-15)

- **Provider recommendation is the best vaccination predictor**

→ **YET**

- **NOT all recommendations are created equal**



Which parent is more likely to vaccinate her child?

Parent A

Today your child is due
for DTaP and flu shots.
we'll give those at the
end of the visit. Do you
have any questions?

Parent B

Your child needs a DTaP
shot. Oh, and if you want
you could also give them
flu today. Did you want
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Parent A

Your child is 11, which means he/she needs three vaccines.

Meningococcal to prevent meningitis, HPV to prevent cancer, and Tdap to prevent tetanus and whooping cough.

We'll give those at the end of the visit.

Parent B

Your child needs meningitis and Tdap vaccines today for school. There's also a newer vaccine for HPV, which is a sexually transmitted infection. It's important for your child.

It can prevent cancers. It's a bit controversial, a lot of parents refuse it, but we recommend it. Do you want it? You could also wait a few years and then give it to your child.

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TACKLING HPV HESITANCY

- **Despite HPV vaccine's life-saving potential, it has very low acceptance rate for providers and patients alike**
- **Studies show patients are 4-5 times more likely to receive HPV vaccine if given a strong provider recommendation**
- **Use a script**

TACKLING HPV HESITANCY

- **List HPV in the middle of the series:**
 - “[Child’s name] is 11. At 11 we give Tdap to prevent tetanus and whooping cough, HPV vaccine to prevent cancer, and Meningococcal vaccine to prevent meningitis. We’ll give those at the end of the visit.”
- **Addressing parents’ top questions:**



- **Be concise – studies show a short and sweet recommendation is better than a long speech**
- **Be neutral in your recommendation**
 - Do not treat some vaccines more importantly than others
- **School-required vaccines are as important as other ACIP-recommended**
 - Remind parents that your expertise is healthcare. You are not a school administrator. School requirements are the **BARE MINIMUM** requirements for disease prevention.

- **Don't assume a family will refuse vaccines**
- **IF parents or patients voice concerns:**
 - Listen first
 - Understand what the concerns are (additives, too many too soon, etc.)



- **Affirm agreements to find common ground:**
 - **“It’s clear that you want the best for your child’s health. We want the same thing at this office. That’s why we recommend [vaccine] for your child and every child in this practice, including our own sons and daughters.”**

- **Don't lie. Acknowledge risks to vaccine decisions:**
 - **“All medical decisions come with a risk, including the decision to skip or delay vaccines. Medical experts including doctors in this office strongly believe the benefits of vaccines far outweigh any risks. Most commonly risks include soreness and redness around the shot.”**

- **Use a combination of facts and personal stories/anecdotes**
- **Some families prefer to hear facts and figures:**
 - Ex. Approx. 33,700 men and women receive a cancer diagnosis from HPV each year
 - Ex. 330,000 women undergo treatment for pre-cancerous cervical dysplasia from HPV each year
(American Cancer Society)

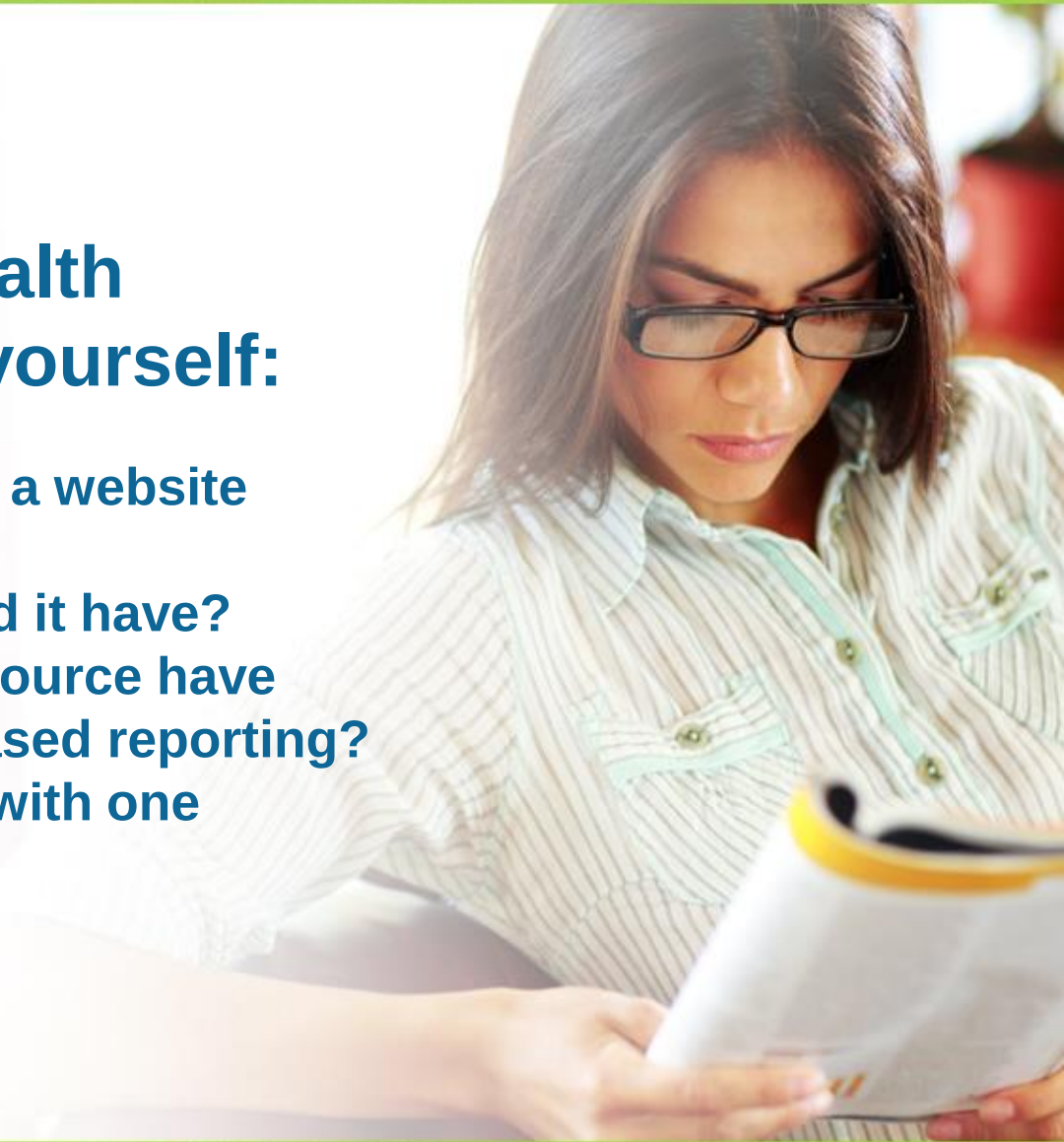
- **While stories are more powerful for others:**
 - Personal anecdotes can be as simple as, ‘All of the doctors, nurses, and MAs in our practice vaccinate our children on time.’
 - If you don’t want to share a personal story or information, consider using one from the following video:





- **Pay attention to information sources:**
 - In general, .gov and .edu sites can be trusted to provide unbiased medical advice
 - .org sites may be trusted in the source is vetted by a trusted body of medical professionals (e.g. American Cancer Society)
 - Many .com and some .org sites make claims that have not been vetted by a trusted body of health professionals

- **When reading health information ask yourself:**
 - What is the purpose of a website or article?
 - What kind of bias could it have?
 - Does the information source have a commitment to unbiased reporting?
 - Are all articles written with one goal in mind



- **Have government and non-governmental resources from trusted sources available:**
 - Children's Hospital of Philadelphia (CHOP): all vaccines
 - Alana's Foundation: flu
 - American Cancer Society, CDC, National Cervical Cancer Coalition: HPV
 - Franny Strong: Pertussis
 - Emily Stillman Foundation: Meningitis

*Not a comprehensive list!
Just suggestions to get you started.*

Questions or Comments?

Thank You!

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