



VACCINE HESITANCY

The Need for Communication
in Pediatric Practice

EPIC[®] is presented by:

Georgia Chapter - American Academy of Pediatrics
Ga. Dept. of Public Health/Immunization Program

In Cooperation with:

Georgia Academy of Family Physicians

Georgia Chapter - American College of Physicians

Georgia OB/Gyn Society

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- In accordance with ACCME* and ANCC-COA* Standards, all faculty members are required to disclose to the program audience any real or apparent conflict of interest to the content of their presentation.
- Detailed information regarding all ACIP Vaccine Recommendations is available at www.cdc.gov/vaccines/acip/recs/index.html

*Accreditation Council for Continuing Medical Education

*American Nurses Credentialing Center Commission on Accreditation

Objectives

At the end of this presentation, you should be able to:

- Define 2 types of vaccine hesitancy
- Name 2 sources of vaccine misinformation
- Describe 2 consequences or potential results of vaccine hesitancy
- Describe 2 strategies providers can use to combat vaccine hesitancy

Types of Vaccine Hesitancy

- **Delaying routine schedule**
 - Extended spacing of vaccines
 - Requesting only one vaccine be given per visit
- **Desire to follow alternative or selective schedules**
 - Dr. Sears' schedule, et.al.
 - Personal schedule
- **Avoidance or refusal of specific vaccines**
- **Refusing all vaccines**

Contributors to Vaccine Hesitancy

- Andrew Wakefield's false claims re: MMR vaccine and autism
- False information spread via social media and the internet
 - Anti-vaccine websites with false information based on unfounded or anecdotal "evidence"
 - Celebrities espousing misinformation
- Parental complacency
 - Thinking that vaccine preventable diseases have been eliminated or are no longer a threat
 - Opinion that having the disease is more "natural" and more protective
- Convenience
 - Complex schedule---numerous visits required
 - Need for vaccines to be given in a timely manner
 - Possible cost or insurance coverage issues
- Confidence
 - Parental concerns about vaccine safety and efficacy
 - Distrust of organized medicine, government health authorities, Big Pharma
 - Parents' right to decide for their own child

Anti-Vaccine Movement

- Promotes the idea that there is less evidence of disease today and immunizations are no longer needed
- Sends confusing & conflicting information
- Uses stories, personal statements, and books to play on the emotional side of concerned parents

Encourage parents/patients to:

- Get the facts
- Consider the source
- Discuss their concerns with you



Global Vaccine Awareness League



Vaccine Hesitancy: How Significant Is the Problem?

- 87% of pediatricians reported parental vaccine refusals in 2013, up from 74.5% of pediatricians in 2006
- Reasons for refusal included:
 - Child's discomfort (75%)
 - Fear of overwhelming child's immune system (72%)
 - Believing that vaccines are unnecessary (73%)
- All reasons have been increasing since 2006
- Fear of vaccines causing autism (64%) and worry about mercury (thimerosal) in vaccines remained significant, but less in 2013 than in 2006

Categorizing Vaccine-Hesitant Parents

- **Uninformed but educable**
 - Influenced by others who planted doubts about vaccine safety
 - Unsure as to accuracy of this information and seek reassurance
- **Misinformed but correctable**
 - Have heard only anti-vaccine messages, mostly from media
 - Open to pro-vaccine messages and accurate information
- **Well-read and open-minded**
 - Have researched pro- and anti-vaccine messages
 - Seek advice from HCP to assess merits of the arguments and correct context
- **Convinced and contented**
 - Strong anti-vaccine views
 - May go to their provider under pressure from others to listen to the other side
 - May change over time but chances of complete success are low
- **Committed and missionary**
 - Hold firmly entrenched anti-vaccine views
 - May try to convince the provider to agree with them

Categories of Denial Techniques

- Selectivity or “cherry-picking” data
- Relying on anecdotal evidence
- Impossible expectations re: the guarantee of a safe outcome
- Conspiracy theories
 - Promoting the idea that a large group of pro-science advocates are involved in a cover-up of negative information or outcomes from vaccination
 - Feel that such organization/agencies as the CDC and Big Pharma may be responsible for covering up information

Categories of Denial Techniques (cont'd)

- Misrepresentations or false logic
 - Inaccurate portrayal of information
 - Logical fallacies = arguments in which a conclusion doesn't follow logically from what preceded it. Example: individual making the contention joins two occasions that happen consecutively and accepts that one created or caused the other.
- Negativity bias = trusting negative information rather than positive
- Confirmation bias = tendency to search for, interpret, favor, and recall information in a way that affirms one's prior beliefs
- Fake experts
 - Disregard evidence
 - Discredit actual experts

Exemption Types

- **Medical**
 - Allowed in all states
 - Must be reviewed and re-issued annually by provider if medical contraindication persists
- **Religious**
 - Allowed in 44 states, including Georgia
 - May be a higher rate of religious exemptions in states without philosophical or personal belief exemptions
 - In Georgia specific form is required. Select “Schools & Childcare” from <https://dph.georgia.gov/schools-and-childcare>
- **Philosophical or personal belief**
 - Allowed in 15 states
 - May be higher rates in private schools and/or geographically clustered

Consequences and Results

- Disease rates in areas of concentration of personal belief exemptions
 - Where there are areas with clusters of vaccine exemptions, pertussis outbreaks have been more likely
 - Potential impact on herd immunity
- Outbreak examples
 - Measles exposure at Disneyland in 2014 led to 147 cases spread across numerous states, Mexico, and Canada
 - Somali refugees in Minnesota in 2017
 - In a 6 week period, 65 confirmed cases of measles reported
 - Visited and “counseled” by anti-vaccine contingents
 - In 2018, 371 cases of measles all year
 - From Jan. to Aug. 2019, there were 1215 measles cases across 30 states
- Frequent news articles re: person with measles being present in populated areas such as airports, museums, etc.

(1) Children’s Hospital of Philadelphia Policy Lab, “Addressing Vaccine Hesitancy,” Spring 2017

(2) <https://blogs.cdc.gov/publichealthmatters/2015/12/year-in-review-measles-linked-to-disneyland>

(3) MMWR, July 14, 2017, Vol. 66, No. 27

Constructing Confidence: Demonstrating Safety and Efficacy

- Understand and communicate the development and testing process for vaccines
 - May take 10-15 years to bring a vaccine to licensure
 - Years of testing with at least 3 levels of groups
 - Phase I---20-100 persons receive trial vaccine
 - Phase II---several hundred persons who have characteristics of those for whom the vaccine is intended
 - Phase III---hundreds to thousands receive the vaccine to test for efficacy and safety
- Data on safety and efficacy studied by FDA before licensure
 - Continue to oversee production to ensure continued safety
 - Can require manufacturers to submit samples of each vaccine for testing
- Safety and efficacy data is available and should be shared if desired
 - Package inserts
 - Contact with vaccine manufacturers

(1) Children's Hospital of Philadelphia Policy Lab, "Addressing Vaccine Hesitancy," Spring 2017

(2) Center for Public Health Continuing Education, "Strengthening Vaccine Confidence in Pediatric Practice," January 16, 2020 per Alix Youngblood, Emory University, December, 2019

(3) <https://www.cdc.gov/vaccines/basics/test-approve.html>

Provider Strategies to Improve Vaccination Rates

- Strengthening vaccination recommendations
 - Increased emphasis in the practice on training re: vaccine safety and efficacy for ALL employees having patient contact
 - Having OB doctors begin the promotion of vaccines with expectant mothers, for themselves and for their newborn
 - Be alert to avoid missed opportunities
 - Decrease acceptance of alternative schedules
- Strengthening vaccine mandates
 - Eliminating nonmedical exemptions
 - Increased enforcement of state mandates by schools and childcare facilities

Provider Strategies (cont'd)

- Attention to requirements of “informed refusal”
 - Explain basic facts/uses of proposed vaccine
 - Review risks of refusing the vaccine(s)
 - Discuss anticipated outcomes with and without vaccination
 - Parental/patient completion of Refusal to Vaccinate form each visit
[In search window, type in: **DPH refusal to vaccinate form**]
- Importance of documenting informed refusal to vaccinate
 - Claims of failure to warn of consequences of failing to vaccinate have resulted in successful lawsuits
 - Documented informed refusal creates a record of interaction between parents/patients and providers

(1) Children’s Hospital of Philadelphia, Vaccine Update for Healthcare Providers, “News & Views: Addressing Vaccine Hesitancy,” March 21, 2017

(2) AAP Publications, “Document informed refusal just as you would informed consent,” James P. Scibilia, M.D. FAAP, October 30, 2018

Approaches to Vaccine Discussions

Participatory Language

How about getting your vaccines today?

ACCEPTED
17%

DENIED
83%

Presumptive Language

We'll do your vaccines today because they are due.

ACCEPTED
74%

DENIED
26%

Use Empathetic Responses Cautiously

~~I understand
why you might
think that.~~

~~Many people
feel the way
you do.~~

Instead, use reflective language

“It seems like you are worried about.....”

What DOES Work

- **Provider-parent communication is a key factor** in parental decision making about childhood vaccines
 - Avoid trying to counter their belief with information about scientific studies, expert opinions and recommendations, etc. This can lead to “confirmation bias,” which somehow reinforces their misinformation.
 - Allow questions and open exchange
- **Draw attention to potential consequences of failing to vaccinate children**
 - Disease in the child with possible complications
 - Transmission of the disease to others
 - Exclusion from school by law during a VPD outbreak in a school

What DOES Work (cont'd)

- Referral to IAC page www.vaccineinformation.org citing family stories regarding VPD infections
- Vaccinate with Confidence (CDC program) to strengthen public trust
 - Protect communities
 - Empower families
 - Stop myths
 - URL:
<https://www.cdc.gov/vaccines/partners/downloads/Vaccinate-Confidently-2019.pdf>



Is the Tide Turning?



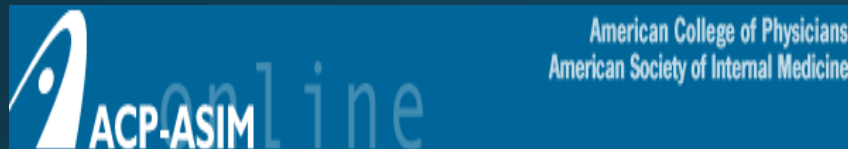
- **Pushback against anti-vaccination campaigns and advocates is stronger than ever**
 - Shift began with measles outbreak in southern California in 2014
 - Autism Science Foundation found recently that 85% of parents with children with ASD don't believe that vaccines caused their condition
 - Greatest pushback has been in the legal arena with repeal of religious and personal belief exemptions by states and municipalities
- **Social media platforms are participating in this effort**
 - Pinterest restricts vaccine research results to curb spread of false information
 - YouTube removes ads from anti-vaccine channels
 - Amazon Prime has removed anti-vaccination documentaries from its video service
 - Facebook has taken steps to curb misinformation about vaccines



Take Home Messages

- Immunization education and periodic updates are imperative for ALL staff in the practice
- Important to have a cohesive policy within the practice re: vaccines and vaccine hesitancy issues
- In August 2019, the W.H.O. listed “anti-vaccination movement” as one of the top 10 global health threats
- **Provider recommendation is key!**

Resources for Factual & Responsible Vaccine Information



www.vaccinesafetynet.org



Questions?

Contacts for more immunization information and resources!

National Center for Immunization and Respiratory Diseases, CDC

E-mail ▶ NIPInfo@cdc.gov

Hotline 800.CDC.INFO

Website <http://www.cdc.gov/vaccines>

Georgia Immunization Program

E-mail DPH-Immunization@dph.ga.gov

Hotline 404-657-3158

Website <http://dph.georgia.gov/immunization-section>

Immunization Action Coalition

E-mail admin@immunize.org

Phone 651.647.9009

Website www.immunize.org

What would you do if.....

A 12 year old comes in with her mom for a sports physical in order to play soccer next year. Her health record is reviewed and she is lacking a Tdap, MCV4, and HPV vaccines.

How would you inform her mother of the need for these vaccinations?

- Explain that these vaccines are due at her daughter's age and will help protect her against those diseases as well as certain cancers caused by HPV viruses.

After presenting this information, the mother related the following information:

- Her family eats a “clean” diet with no food additives, eating only organic and pure foods.
- She monitors her child's sleep and exercise.
- Anything entering her child's body must be pure and beneficial to her health and well-being.
- The mother is concerned about her research online and on social media that gives information about harmful additives found in vaccines and their adverse side effects.

How would you classify this vaccine-hesitant parent?

- Possibly mis-informed but correctable, or.....
- Well-read and open minded to receiving correct information and input from her provider

What strategies would you use to sway her toward vaccinating her daughter?

- Explain the basic facts about the vaccines (the Vaccine Information Statement can be helpful)
 - The reasons to get vaccinated
 - The groups needing the vaccine
 - The risks of a vaccine reaction such as tenderness, fever, etc.
- Review the risks of refusing the vaccines, i.e. getting the disease with its possible complications and of passing it to others
- Allow further questions and discussions if needed

Are there any such examples of vaccine hesitancy/refusal that your practice has encountered and how have you handled them?