

**From Vaccine Hesitancy to Vaccine Confidence:
Effective Approaches to Patient Communication**



12/16

1

Disclosures

- Speaker Bureau: Sanofi-Pasteur, Merck, Pfizer
- Consultant: Pfizer, Sanofi-Pasteur, Merck, GlaxoSmithKline

Wright, 2019



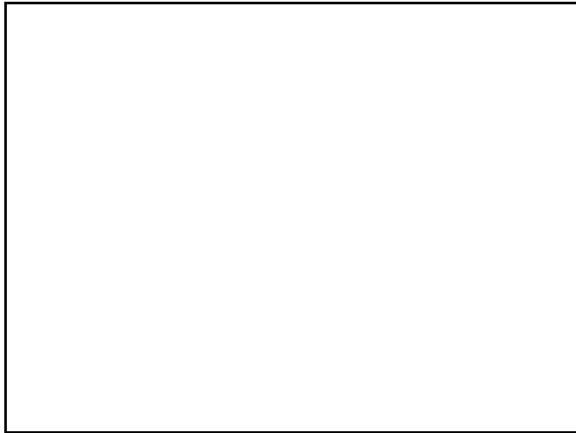
2

Table of Contents

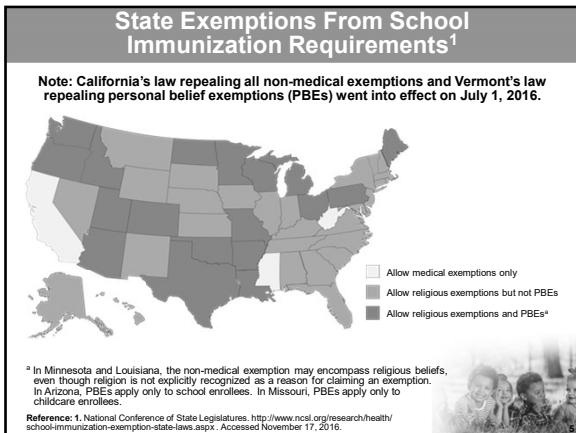
- I. Defining the Problem in Terms of Non-Medical Exemptions
- II. The Range of Parental Attitudes on Immunization
- III. Suggested Approaches to Discussing Immunization With Parents
- IV. Demonstrating the Impact of Vaccine Confidence on Immunization Rates and Outcomes
- V. Tips and Talking Points for Common Scenarios
- VI. Scenarios for Role Play
- VII. Resources



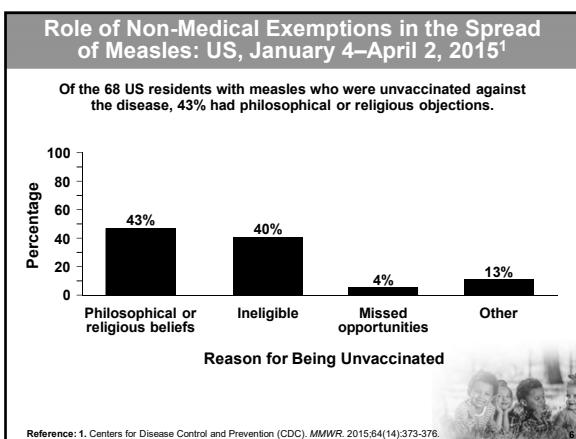
3



4



5



6

Efforts to Strengthen Vaccination Laws: New Legislation, 2015–2016^{1,2}

Goal of Legislation	State (Bill No.)
Eliminate philosophical and religious exemptions	California (SB 277)
Eliminate philosophical exemptions	Vermont (H 98)
Restrict religious exemptions	Connecticut (HB 6949), Illinois (SB 1410)
Restrict medical exemptions	Delaware (HB 91), West Virginia (SB 286)
Expand vaccine mandates	Indiana (SB 461), Louisiana (HB 342), Minnesota (HB 2749), Montana (HB 158), Ohio (SB 121)

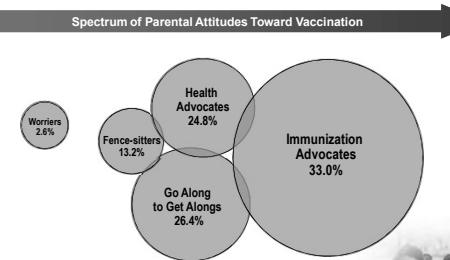
References: 1. Yang YT, et al. JAMA. 2015;314(12):1229-1230. 2. National Conference of State Legislatures. <http://www.ncsl.org/research/health/school-immunization-exemption-state-laws.aspx>. Accessed November 17, 2016



7

Most Moms Are Compliant and Vaccination Is the Social Norm¹

Most US parents have their children vaccinated, but differ in attitudes



Reference: 1. Gust D, et al. *Am J Health Behav.* 2005;29(1):81-92.

9

Market Research Helps to Identify Moms by Willingness to Vaccinate

Mother Type	Percent:	Tdap immunization ^a :
Smart Sally	37.5%	96.8%
Average Abby	25.7%	80.2%
Passive Paula	22.0%	71.0%
Independent Ingrid	14.8%	38.5%

^a Tdap immunization = Willingness to receive tetanus, diphtheria, pertussis immunization for themselves and vaccination for their children.

^b HCP = Health care professional.

10

Response Category	Percentage of Respondents
Disagree Strongly	5%
Disagree Somewhat	11%
Neutral	25%
Agree Somewhat	26%
Agree Completely	33%

11

HCP: The Parent's Most Important Source of Information About Vaccinations¹

Source	Percentage of Respondents
Child's HCP	90.2%
Family	52.6%
Child's other parent	32.2%
AAP ^a	28.9%
CDC	26.7%
Friends	24.9%
Internet	22.5%
Traditional media	6.4%
Complementary HCP	2.1%

^a AAP = American Academy of Pediatrics.

Reference: 1. CDC. 2012 CDC ConsumerStyles Survey.

12

A Team-Based Approach to Identifying Vaccine-Hesitant Parents

- Front office staff provides parent with paperwork prior to the office visit to save time in the waiting room
- Nurse checks immunization status prior to a patient's arrival and identifies anyone who is partially vaccinated
- Medical assistant advises parent that child is due for 1 or more vaccinations
 - If parent gives consent, medical assistant immunizes under a standing order
 - If parent has questions and concerns or hesitancy, the medical assistant gives the pediatrician a heads-up in that regard



13



14

Tips for Handling Vaccine Hesitancy

- Take a deep breath
 - Listen to the parents
 - Identify *their* questions or problems
 - Make no assumptions
- Have a plan
 - What is your practice philosophy?
 - Will you see families who outright refuse all vaccines for their children?
- Tailor your advice to each individual parent, based on his or her concerns



15

How to Broach the Topic of Vaccines With Parents^{1,2}

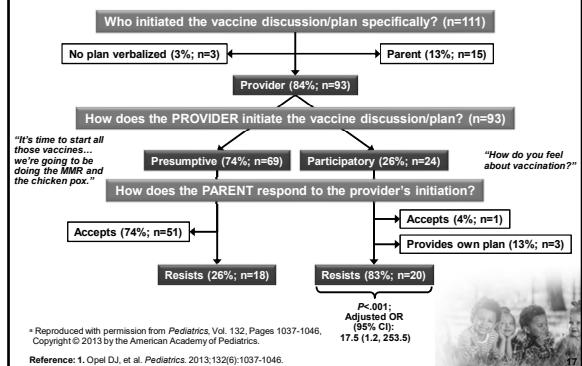
- Use a **presumptive** format (eg, "Well, we have some shots to give today")
 - Presupposes patient will be immunized, increasing the likelihood of vaccine acceptance
- Avoid a **participatory** format (eg, "What do you want to do about shots?")
 - Implies that choosing not to vaccinate is medically acceptable
- Be persistent in cases of initial resistance (eg, "He really needs these shots" or "If she were my child, I'd definitely go ahead")

References: 1. Opel DJ, et al. Pediatrics. 2013;132(6):1037-1046. 2. Opel DJ, et al. Am J Public Health. 2015;105(10):1998-2004.



16

Don't Be Afraid to Use a Presumptive Approach to Immunization Communication^{1a}



17

The ASK Approach for Effective Immunization Communication¹

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

Reference: 1. Morgan 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 #2.



18

The “Ask, Acknowledge, Advise” Communication Strategy¹

- Encourage the parent to **Ask** questions and verbalize any concerns about vaccines
- **Acknowledge** those concerns with respect and empathy
- **Advise** the parent to immunize
- End the consultation with a mutually agreed upon action (eg, vaccinating or making an appointment for further discussion)



Reference: 1. Henrikson NB, et al. *Pediatrics*. 2015;136(1):70-79.

19

The CASE Model for Conversations About Vaccines¹

- **C**orroborate
 - Acknowledge the parent's concern
 - Find some point of agreement between you and the parent
 - 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^a
 - Describe what science has to say about the topic in question
- **E**xplain and advise
 - Offer your recommendation, based on the science



^aBear in mind that not every parent will be interested in what science has to say about immunization.

Reference: 1. Singer A. <http://www.vicnetwork.org/wp-content/uploads/VICNetworkWebinarSept-23SlidesFinal1.pdf>. Accessed November 17, 2016.

20

The Principles of Motivational Interviewing¹

- **R**esist the righting reflex
 - Otherwise you run the risk of increasing a vaccine-hesitant parent's commitment to the status quo
- **U**nderstand motivations
 - Ask questions that elicit values and concerns
- **L**isten
 - Realize that simply providing the vaccine-hesitant parent with information doesn't automatically bring about change
- **E**mpower
 - Remember: you are guiding the parent through the process of thinking aloud and deciding whether to change



Reference: 1. Rollnick S, et al. *Motivational Interviewing in Health Care: Helping Patients Change Behavior*. Guilford Publications; 2008.

21

How to Pursue Vaccine Recommendations in the Face of Parental Resistance

- “Help me understand how you came to that decision”
- “Help me understand your reasons for feeling that way”
- “What is it about vaccines that worries you?”
- “Share with me what you’ve read”
- “Share with me what you’ve heard about getting 2 or more shots at once”



22

Tips for Handling Vaccine Refusal

- Document your discussion with the parent; revisit the subject at each subsequent visit
- Provide the Vaccine Information Statements for all of the immunizations recommended that day, not just the ones given
- Consider giving a Refusal to Vaccinate form
- Flag the medical record of unimmunized or partially immunized patients to aid with the differential diagnosis in the event these patients require sick visits



23



24

For Every Dollar Spent, Routine Childhood Immunization Saves at Least \$10

Economic Impact of Vaccination for a 2009 US Birth Cohort^{1a}

Savings in terms of direct costs ^b (ie, costs associated with medical care and outbreak control)	\$ 20.3 billion
Savings in terms of societal costs ^b (ie, productivity losses resulting from provision of care for sick children)	\$ 76.4 billion
Net savings ^b from payers' perspective	\$ 13.5 billion
Net savings ^b from societal perspective	\$ 68.8 billion

^a Birth cohort consisted of 4,261,494 children. Analysis included DTaP, Hib, IPV, MMR, hepatitis B, varicella, PCV7, hepatitis A, and rotavirus vaccines.

b Amounts were
3% annually

Reference: 1. Zhou F, et al. *Pediatrics*. 2014;133(4):577-585.



25

Measure Up

- Assess your practice's vaccination rates at least annually^{1,2}
 - Immunization information system
 - Electronic medical records system
 - Chart audit
 - Claims data review
 - Assessment, Feedback, Incentives, and eXchange (AFIX) program
 - For additional information and helpful contacts:
<http://www.cdc.gov/vaccines/programs/afix/index.html>

References: 1. National Vaccine Advisory Committee. *Pediatrics*. 2003;112(4):958-963.
2. CDC. *Epidemiology and Prevention of Vaccine-Preventable Diseases*. 13th ed. 2015:33-46.



26

Foster a Pro-Immunization Culture

- Examine patient workflow and ensure immunizations are reviewed at every patient visit
 - Hold regularly scheduled staff meetings to fine-tune vaccination protocols and review missed opportunities
 - Use incentives to help ensure that those protocols are followed by all employees, not only HCPs
 - Establish expectations of compliance with the ACIP^a recommended immunization schedule with:
 - Patients and parents

^a ACIP = Advisory Committee on Immunization Practices.



27

Time-Based CPT®^a Billing Codes for Counseling Vaccine-Hesitant Parents

- When at least 50% of an acute-care visit is spent on counseling (as opposed to patient history or physical exam):
 - Use 99214 if the visit lasts at least 25 minutes and less than 40 minutes
 - Use 99215 if the visit lasts at least 40 minutes
- Time-based billing codes can be used only if:
 - The topics of counseling are well documented *and*
 - The primary reason for the visit was to evaluate a problem
- If a parent is already known to be vaccine-hesitant and is scheduling an appointment, be sure to:
 - Give that parent a 30-minute slot
 - Advise the staff to use a time-based billing code for that visit

^a CPT (Current Procedural Terminology) is a registered trademark of the American Medical Association.



28

29

Talking With Parents About Risk

- Provide direct answers to questions about vaccine-related adverse events¹
- Share personal stories about patients and parents affected by vaccine-preventable diseases¹
- Emphasize how immunization will directly benefit the child and family²

References: 1. Healy CM, Pickering LK. Pediatrics. 2011;127(1):S127-S133. 2. Hendrix KS, et al. Pediatrics. 2014;134(3):e675-e683.

30

10

Common Parental Concerns About Vaccines

- "Overloading of the immune system with too many vaccines at one time"
- "Too much, too soon"
- "Autism or other neurologic side effects"
- "Brain damage due to mercury exposure or aluminum toxicity"
- "Formaldehyde injection"
- "Natural infection is safer than vaccination"
- "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"
- "The government has no right to tell me how to raise my child"



31

Key Facts About Multiple Vaccines and the Immune System

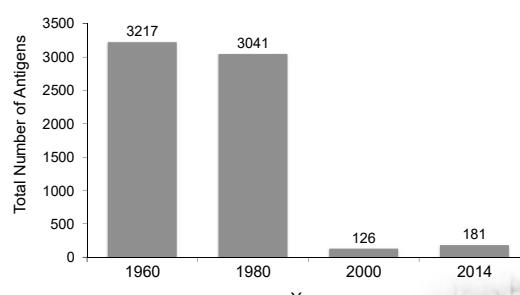
- Response to multiple vaccines given during a single visit is similar to response that occurs when individual vaccines are administered separately¹
- An infant's immune system has the capacity to respond to thousands of antigens at any given time¹
- Children are exposed to thousands of antigens every day on toys, doorknobs, and playground equipment²



References: 1. Offit PA, et al. Pediatrics. 2002;109(1):124-129. 2. Harrington JW. Consultant Ped. 2011;10(11):S17-S21.

32

More Childhood Vaccines But Fewer Antigens¹



Reference: 1. Marshall G. *The Vaccine Handbook: A Practical Guide for Clinicians*. 5th ed. Professional Communications, Inc; 2015.

33

"Too Much, Too Soon?"¹

- Vaccines do not overload the immune system at any age
- Every day an infant encounters thousands of antigens (parts of germs that cause the immune system to fight disease)
- Goal: To ensure that the child is immune to diseases before he or she is most likely to be exposed
- The vaccines have been tested at the recommended ages, so we know they're safe, even in young children

Reference: 1. CDC. <http://www.cdc.gov/vaccines/hcp/patient-ed/conversations/downloads/vaccine-child-immun-color-office.pdf>. Accessed November 17, 2016.



34

Addressing Concerns About Autism or Other Neurologic Side Effects

- Some parents may still have questions about the 1998 report (retracted by *The Lancet* in 2010) alleging a link between vaccines and autism¹
- Although vaccines are given at around the same time that autism becomes apparent, they do not cause autism²
- To explain the difference between causal and temporal relations, use the rooster analogy²
 - The sun will rise whether or not the rooster crows



References: 1. Healy CM, Pickering LK. *Pediatrics*. 2011;127(suppl 1):S127-S133. 2. Harrington JW. *Consultant Ped*. 2011;10(11):S17-S21.

35

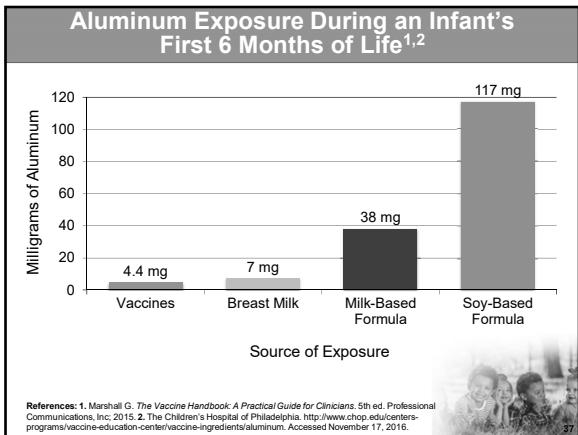
Refuting Myths About Mercury Exposure

- Thimerosal: a mercury-containing preservative that helps prevent bacterial or fungal contamination in some multidose vials of influenza vaccine^{1,2}
- MMR vaccine^a never contained thimerosal or any other form of mercury³
- Mercury in thimerosal is metabolized to *ethyl* mercury, which differs greatly from the seriously neurotoxic *methyl* mercury^{1,4}

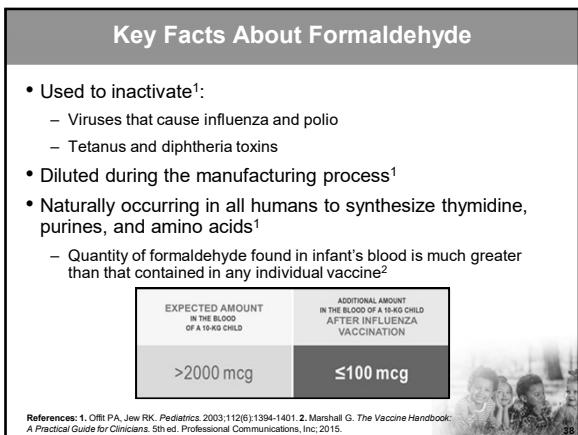


^a MMR vaccine = Measles, mumps, rubella vaccine.
References: 1. Offit PA, Jain RK. *Pediatrics*. 2005;115(8):1994-1991. 2. US Food and Drug Administration. <http://www.fda.gov/BiologicsBloodVaccines/Vaccines/QuestionsaboutVaccines/ucm070450.htm>. Accessed November 17, 2016. 3. Harrington JW. *Consultant Ped*. 2011;10(11):S17-S21. 4. Cooper LZ, Katz SL. *Pediatrics*. 2013;131(1):152-153.

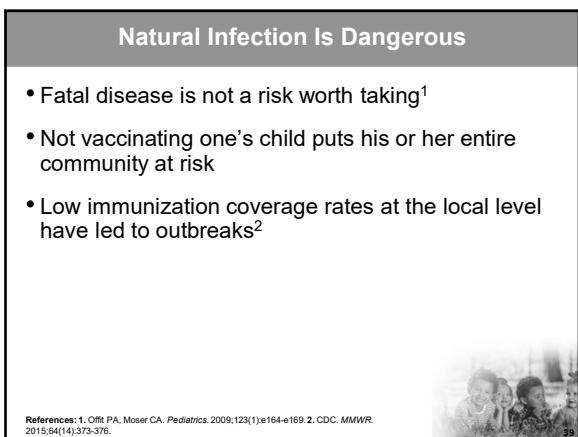
36



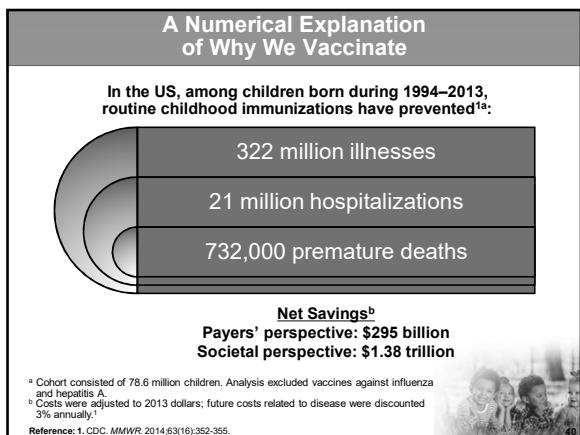
37



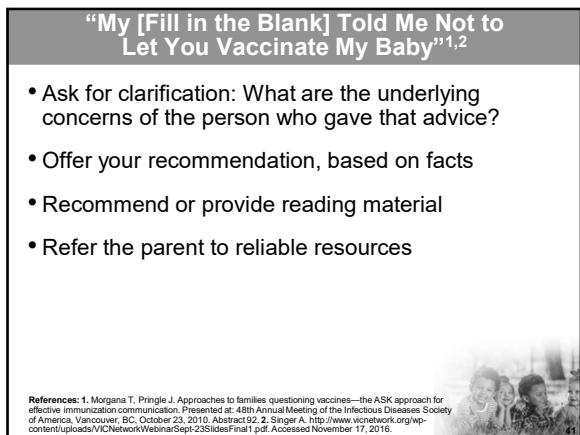
38



39



40



41



42

“God, Not Immunity, Protects My Child from Illness”

- Ask for clarification of that statement
- Determine whether the parent’s refusal of immunizations is indeed an act of faith
- If a parent states his or her religion specifically prohibits vaccination, a religious exemption may be in order^a
 - Such exemptions are often granted to members of the Christian Science and Amish faiths¹
 - Note: Amish religious doctrine does *not* specifically prohibit vaccination²

^a California, Mississippi, and West Virginia do not allow religious exemptions.

References: 1. Calandri SP. Univ Mich J Law Reform. 2004;37(2):353-440. 2. Wenger OK, et al. Pediatrics. 2011;128(1):79-85.



43

“The Use of Fetal Cells in Vaccine Production Is Immoral”

- Cell lines derived from aborted fetal lung tissue were used to develop vaccines against hepatitis A, polio, rubella, and varicella^{1,2}
 - Some Catholics may refuse vaccination in order to express their strong opposition to abortion¹
 - Others may believe that vaccination involves some form of cooperation with abortion¹
- Per the Vatican, use of all currently available vaccines is morally justified in the absence of ethically acceptable alternatives^{1,2}

References: 1. Furton EJ. Ethics & Medics. 1999;24(3):3-4. 2. Vatican statement on vaccines derived from aborted human fetuses. <http://www.immunize.org/concerns/vatican/document.htm>. Accessed November 17, 2016.



44

“The Use of Vaccines Containing Pork Gelatin Is Wrong”¹

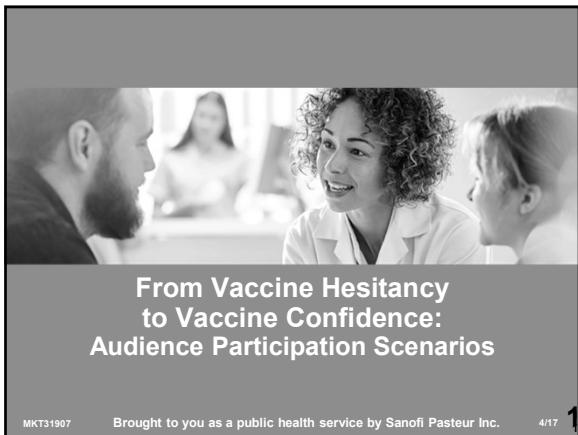
- Islam and Judaism accept vaccination
- According to Islamic legal scholars, it is permissible for observant Muslims to receive vaccines containing pork gelatin
- Jewish laws *do* allow receipt of non-oral products containing porcine ingredients

Reference: 1. Institute for Vaccine Safety, Johns Hopkins Bloomberg School of Public Health. <http://www.vaccinesafety.edu/Porcine-vaccineapproval.htm>. Accessed November 17, 2016.



45

15



MKT31907

46

Adolescent Immunization Scenarios

Scenario 1:

The father of a 12-year-old girl tells you—in no uncertain terms—that his job is to protect his daughter from any and all harms. "Someday in the very distant future," he jokes, "that will include protection from bad boyfriends." But today, he goes on, it includes preventing you from giving her the human papillomavirus (HPV) vaccine, because "It's dangerous and she doesn't need it."

Scenario 2:

Scenario 2: The mother of a 17-year-old high school student says that since the meningococcal B (MenB) vaccine is "optional" and very expensive, she'd just as soon skip it.

Scenario 3:

An 18-year-old who is headed off to college received MenACWY vaccine at 12 years of age but has not had the second dose. You are seeing him in June for a bad cold that has gone on for 5 days. After prescribing an antibiotic for sinusitis, you suggest that he get his MenACWY booster while he's there, but he says he'd rather come back before he heads up to school.

47

Scenario 1: Applying the CASE Model (cont)

- **Corroborate.** Find a point of agreement with the parent
 - **About me.** Briefly explain why you are an expert
 - **Science.** What does science say?
 - The good news is there's strong evidence that routine childhood vaccines don't cause autism or other neurologic problems, including infertility
 - The study causing the most concern has been proven wrong by many later studies and has now been formally withdrawn
 - **Explain and advise**
 - HPV vaccine is a cancer vaccine. If I had a vaccine that would protect your daughter from breast cancer, would you take it?
 - The best time to vaccinate if before your child ever needs it; just like car and health insurance
 - It is safe to give vaccines today during your child's illness; they only need to be deferred if it is a life threatening or moderate-severe illness
 - That's why I recommend your child gets vaccinated today



48

Scenario 1: Applying the CASE Model

- **Corroborate.** Find a point of agreement with the parent
 - In the past decade there has been a lot of research, and media coverage, looking to better identify the cause of many problems in children
 - Some of those studies have looked at vaccines, so I can see why you are concerned
- **About me.** Briefly explain why you are an expert
 - Because this is a hot topic at provider meetings and continuing education sessions, I have spent a lot of time looking at all the data
- **Science.** What does science say?
- **Explain and advise.** Strongly recommend vaccination.



49

Influenza Immunization Scenarios

Scenario 1:
You tell the parents of two children, ages 5 and 8, that their kids need flu shots. The dad says, "Give me a break. I know the vaccine doesn't work. I got it last year at work and a month later I was sick as a dog. Now they are telling us not to get the nasal spray because it doesn't work. Why should our kids get a shot that provides absolutely no benefit?"¹

Scenario 2:
The mother of a 6-month-old consents to the infant receiving influenza vaccine but balks at your insistence that she also be vaccinated. She says that she's never had the flu and never gets sick, but she understands that the baby needs protection.

Scenario 3:
You are on the PTA of your kids' middle school. The question of a school-based influenza immunization campaign is raised. Many of the PTA members object to this idea, citing the idea that vaccines should be a personal choice and not something you are pressured into.

Reference: 1. Caspard H, et al. Vaccine. 2016;34(1):77-82.

50

Combination Vaccine Scenarios

Scenario 1:
The mother of a 2-month-old does not want her baby to receive a DTaP[®]-containing combination vaccine because it is "too much for her system to handle at one time."

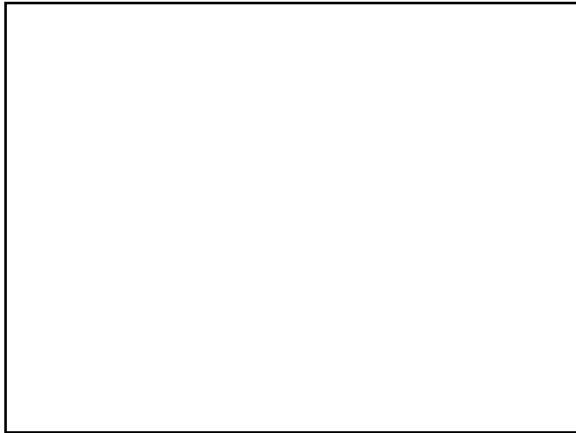
Scenario 2:
The mother of a 6-month-old wants the vaccines that are due today—DTaP, IPV[®], Hib[®], hepatitis B, rotavirus, and pneumococcal conjugate vaccine—spread out over the next few months.

Scenario 3:
The mother of a 6-month-old who previously received a DTaP-based combination vaccine wants the separate shots this time around because she read that the combination doesn't work as well as vaccines administered separately.

DTaP = Diphtheria, tetanus, and acellular pertussis.
IPV = Inactivated polio vaccine.
Hib = Haemophilus influenzae type b.

51

17



52

Sanofi Pasteur Resources

- ImmYounitySM:
<http://www.vaccines.com>
- Pediatric ImmYounity brochure
- Adolescent ImmYounity brochure



53

Key Resources for HCPs and Staff

- National Conference of State Legislatures web page re: states' exemption status:
<http://www.ncsl.org/research/health/school-immunization-exemption-state-laws.aspx>
- CDC's AFIX program:
<http://www.cdc.gov/vaccines/programs/afix/index.html>
- Refusal to Vaccinate form:
https://www.aap.org/en-us/Documents/immunization_refusaltovaccinate.pdf
- Real-life accounts of persons who have suffered or died as a result of vaccine-preventable diseases:
<http://www.immunize.org/reports>
<http://www.voicesforvaccines.org>



54

Additional Resources for HCPs and Staff

- CDC resources for vaccine conversations with parents: <http://1.usa.gov/18TMMbH>
- AAP webpage titled *Communicating with Families*: <http://bit.ly/14INSM5>
- AAP webpage titled *Refusal to Vaccinate*: <http://bit.ly/11K7cNR>
- AAP webpage with risk communication videos and role-playing scenarios: <http://bit.ly/14IKlh4>
- Why Immunize Kids? webpage with role-playing videos: <http://bit.ly/1J3EMEg>



55

Resources for Parents That You Can Download, Print, and Distribute

- CDC fact sheets on vaccine-preventable diseases: <http://1.usa.gov/1ikef0l>
- CDC 2-pager titled “If you Choose Not to Vaccinate Your Child, Understand the Risks and Responsibilities”: <http://www.cdc.gov/vaccines/hcp/conversations/downloads/not-vacc-risks-color-office.pdf>
- Every Child By Two booklet titled “Immunization Resources for Parents”: <http://bit.ly/1kevfP>
- Various handouts from the Immunization Action Coalition: <http://bit.ly/1LoOmmS>



56

Organizations That Support Your Efforts to Increase Immunization Rates

- American Academy of Pediatrics <http://www.aap.org>
- Every Child By Two <http://www.ecbt.org>
- Immunization Action Coalition <http://www.immunize.org; http://www.vaccineinformation.org>
- Immunizations for Public Health <http://www.vaccinesafety.edu>
- Institute for Vaccine Safety, Johns Hopkins Bloomberg School of Public Health <http://www.vaccinesafety.edu>
- National Association of Pediatric Nurse Practitioners <http://www.napnap.org>



57



58

Scenario 1

- A parent is in your office with her 12-month-old son.
- When you mention MMR vaccine, the mother asks, “Isn’t that the vaccine that causes neurologic problems?”
- How should you respond?



59

Scenario 2

- A married couple brings their 4-month-old daughter into your office for her wellness exam.
- When you mention the various immunizations their daughter needs, the father asks, “Is it safe to give a baby so many vaccines at once?”
- How should you respond?



60

Scenario 2: Applying the CASE Model

- **Corroborate.** Find a point of agreement with the parent
 - Mr. Jones, there has been a tremendous amount of press given to vaccines in the last several years
 - Like you, I want to do everything possible to help protect your baby
- **About me.** Briefly explain why you are an expert
 - In fact, all of my training as a pediatrician and as a parent has helped me understand and apply all of the research that supports immunizations
- **Science.** What does science say?
- **Explain and advise.** Strongly recommend vaccination.



61

Scenario 2: Applying the CASE Model (cont)

- **Corroborate.** Find a point of agreement with the parent
- **About me.** Briefly explain why you are an expert
- **Science.** What does science say?
 - There are many scientific studies that have provided answers to your exact concern
 - We've looked at the number of antigens a child is exposed to when vaccinated
 - Although your child will receive more vaccines than were available during the 1970s and 1980s, she will receive far fewer antigens than kids did back then
 - Having more vaccines at our disposal means we are able to help protect your baby from more diseases



62

Scenario 2: Applying the CASE Model (cont)

- **Explain and advise**
 - Vaccines have evolved to become more purified with fewer antigens
 - Children are subjected to far more antigens by going to the playground or touching a shopping cart
 - These vaccines will help protect your daughter from diseases that have taken the lives of many children over the course of the last 50 years
 - I want to help protect your baby from diseases and give her the best chance at a healthy and happy childhood
 - That is why I recommend following the CDC's recommended immunization schedule



63
