VACCINE HESITANCY

Communication is Everything

March 20-23

EPIC Educating Physicians in their Communities & Practices®

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

Faculty Disclosure Information

- 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

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

If a Parent Doesn't Say Yes Right Away*……..

ASK:

- Give parents a chance to ask questions and voice concerns
- Clarify and restate their concerns to make sure you understand

ACKNOWLEDGE:

- Emphasize it is the parent's decision
- Acknowledge risks and conflicting information sources
- Applaud them for wanting what is best for their child
- Be clear that you are concerned for the health of their child---not just public health safety

ADVISE:

- Allow time to discuss the pros and cons of the vaccine
- Be willing to discuss parents' ideas
- Offer written resources for parents

* aap.org/hpvtoolkit

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

GVAL

Global Vaccine Awareness League

Think Twice
Global Vaccine Institute

NATIONAL VACCINE
INFORMATION CENTER

People Advocating
PAVE
Vaccine Education

Resources for Factual & Responsible Vaccine Information

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN
Committed to the attainment of optimal, physical, mental, and social health and well-being for all infants, children, adolescents, and young adults.

Allied Vaccine Group
MEMBER

ACP-ASIM online
American College of Physicians
American Society of Internal Medicine

American Academy of Family Physicians

vaccine safety net
www.vaccinesafetynet.org

National Foundation for Infectious Diseases

WHO OMS

NNii

immunization action coalition
IAC
immunize.org

Georgia public health

GAVI
THE GLOBAL ALLIANCE FOR VACCINES & IMMUNIZATION

CDC
SAFER • HEALTHIER • PEOPLE

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

Source: AAP Periodic Survey of Fellows #66 and #84

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

http://www.Medscape.com/viewarticle/866456_print

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

Children’s Hospital of Philadelphia, “Vaccine Update for Healthcare Providers,” News & Views: Vaccines and Science Denialism

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

Children's Hospital of Philadelphia, "Vaccine Update for Healthcare Providers," News & Views: Vaccines and Science Denialism
http://www.euro.who.int/en/health-topics/disease-prevention/vaccines-and-immunization/publications/2016/best-practice-guidance-how-to- respond-to-vocal-vaccine-deniers-in-public-2017

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

https://www.ncsl.org/research/health/school-immunization-exemption-state-laws.aspx

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 community 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 PI
  - Package inserts (PI)
  - 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

Children's Hospital of Philadelphia, Vaccine Update for Healthcare Providers, "News & Views: Addressing Vaccine Hesitancy," March 21, 2017

What Do You Do to Protect Yourself When a Vaccine is Refused?

- 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%

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

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……"

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

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

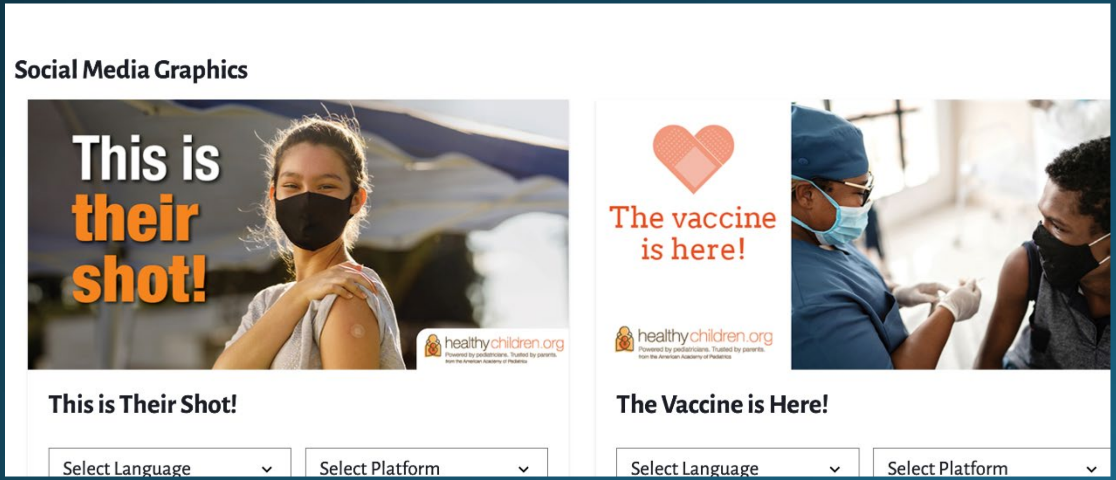
American Journal of Public Health, October 2015, Vol. 105, No. 10

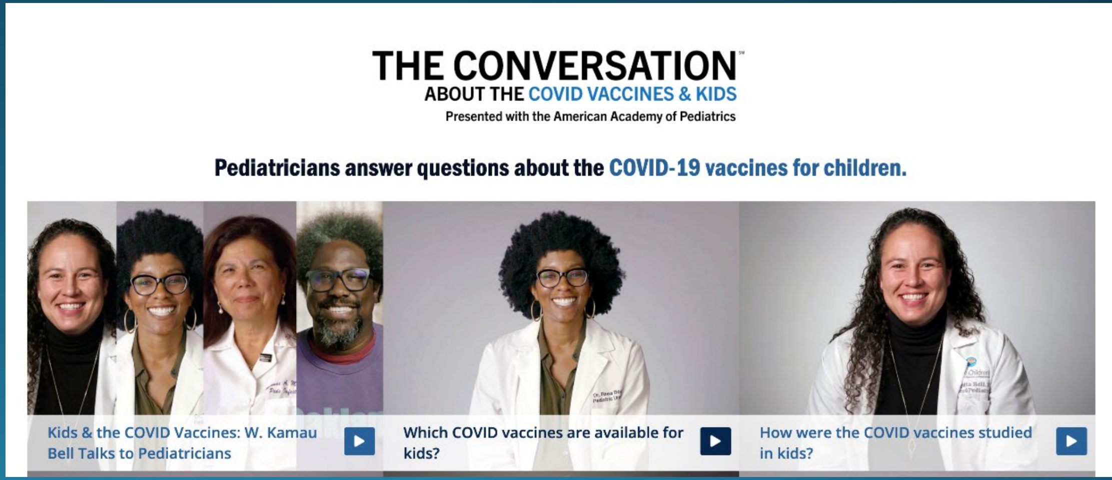
What DOES Work (cont'd)

- Referral to IAC (Immunization Action Collation) page **www.vaccineinformation.org** citing family stories regarding VPD (Vaccine Preventable Disease) 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**

American Journal of Public Health, October 2015, Vol. 105, No. 10

AAP Resources for Providers and Parents (Vaccine Campaign Toolkit)

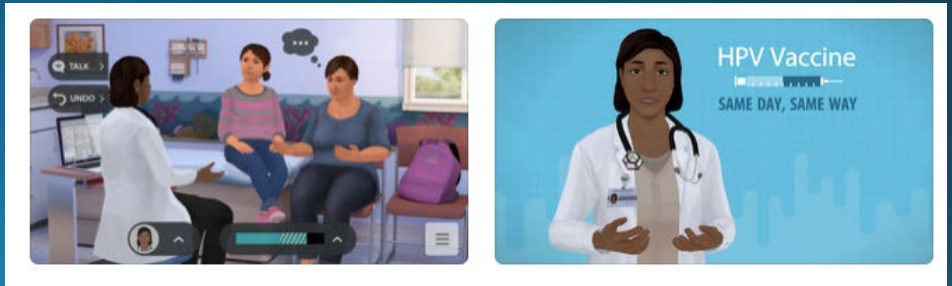




[SOURCE:AAP]()

HPV Vaccine: Same Way, Same Day App

- Brief, interactive role-play simulation
- Designed to enhance healthcare professionals' ability to introduce HPV vaccine and address hesitant parents' concerns
- Developed by Academic Pediatric Association, American Academy of Pediatrics, and Kognito
- Free
- Available for mobile devices:
  - From the Google Play Store
    https://play.google.com/store/apps/details?id=com.kognito.hpv_immunization
  - From the Apple iTunes Store
    https://itunes.apple.com/us/app/hpv-vaccine-same-way-same-day/id1356847181?mt=8



Changing the Conversation

LANGUAGE THAT WORKS TO IMPROVE VACCINE ACCEPTANCE
Communications Cheat Sheet

de Beaumont
BOLD SOLUTIONS FOR HEALTHIER COMMUNITIES.

TIPS

TAILOR YOUR MESSAGE FOR YOUR AUDIENCE. *Americans' perceptions about vaccines and their safety differ by political party, race, age, and geography.*

EXPLAIN THE BENEFITS OF GETTING VACCINATED, NOT JUST THE CONSEQUENCES OF NOT DOING IT. *Say, "Getting the vaccine will keep you and your family safe," rather than calling it "the right thing to do." Focus on the need to return to normal and reopen the economy.*

TALK ABOUT THE PEOPLE BEHIND THE VACCINE. *Refer to the scientists, the health and medical experts, and the researchers – not the science, health, and pharmaceutical companies.*

AVOID JUDGMENTAL LANGUAGE WHEN TALKING ABOUT OR TO PEOPLE WHO ARE CONCERNED. *Acknowledge their concern or skepticism and offer to answer their questions.*

USE (AND REPEAT) THE WORD "EVERY" TO EXPLAIN THE VACCINE DEVELOPMENT PROCESS. *For example: "Every study, every phase, and every trial was reviewed by the FDA and a safety board."*

Use These Words MORE:	Use These Words LESS:
The benefits of taking it	The consequences of not taking it
Getting the vaccine will keep you safe	Getting the vaccine is the right thing to do
A return to normal	Predictability/ certainty
Your family	Your community
Medical experts	Scientists/health experts
Research	Discover/create/ invent
Medical researchers	Drug companies
Damage from lockdowns	Inability to travel easily and safely
A transparent, rigorous process	The dollars spent; number of participants
Safety	Security
Pharmaceutical companies	Drug companies
Advanced/ groundbreaking	Historic
Vaccination	Injection/ inoculation
America's leading experts	The world's leading experts
Skeptical/concerned about the vaccine	Misled/confused about the vaccine

APHA · National Collaborative for Health Equity · RESOLVE TO SAVE LIVES

www.changingthecovidconversation.org

CHANGING THE COVID CONVERSATION
Communications Cheat Sheet

Effective communication is always important in public health, but it's never been more important to understand the perceptions of Americans and modify your language accordingly. These recommendations are based on the "Changing the COVID Conversation" poll, conducted by Frank Luntz in partnership with the de Beaumont Foundation, Nov. 21-22, 2020. Learn more at debeaumont.org/changing-the-covid-conversation.

TIPS

FOCUS ON THE BENEFITS OF SUCCESS, NOT JUST THE CONSEQUENCES OF FAILURE.
- *We understand that people are tired, but public health measures are not the enemy — they are the roadmap for a faster and more sustainable recovery.*
- *Scientists and medical professionals are developing and preparing to distribute a safe and effective vaccine that will help us return to normal day-to-day activities.*

EMPHASIZE THAT THE SCIENCE IS SETTLED.
- *The science is clear. There is no doubt that mask wearing, hand washing, and social distancing reduce the spread of COVID-19 and saves lives.*

DON'T EXPECT PEOPLE TO TAKE PUBLIC HEALTH MEASURES BECAUSE IT'S GOOD FOR THEM. SPEAK TO THE CONSEQUENCES OF NOT TAKING THESE MEASURES.
- *Because COVID-19 is highly infectious, one infection can quickly grow into an outbreak that could shutter a neighborhood, community, or entire city.*

DON'T LET POLITICS OR PARTISANSHIP SLIP INTO YOUR MESSAGING, BECAUSE THAT WILL HARM YOUR CREDIBILITY. KEEP YOUR LANGUAGE NEUTRAL AND REPEATEDLY EMPHASIZE "EVERY" AND "ALL."

Use These Words MORE:	Use These Words LESS:
the pandemic	the coronavirus
eliminate/ eradicate/ get rid of the virus	defeat/crush/ knock out the virus
social distancing	physical distancing
an effective and safe vaccine	a vaccine developed quickly
protocols	orders/ imperatives/ decrees
face masks	facial coverings
essential workers	frontline workers
personal responsibility	national duty
a stay-at-home order	a government lockdown/ shutdown
public health agencies	government health agencies
policies that are based on facts/ science/data	policies that are sensible/ impactful/ reasonable

Sample Language

SHORT: We all have a responsibility to slow the spread of COVID-19. It is imperative that we protect each other by doing things like wearing masks and practicing social distancing so we can return to a strong economy and normal day-to-day activities.

LONGER: We all want a return to normal, and we all want the economy and our schools to open. And we also want to protect our family and friends from the pandemic.

Our finest medical researchers are clear: If we fail, there will be even worse consequences for our families and our economy.

We all have a personal responsibility to slow the spread of the pandemic and eliminate the virus as quickly as possible.

Therefore, it's imperative that we take an effective, fact-based approach … by doing things like wearing face masks and practicing social distancing.

Let's do what needs to be done now so we can return to a strong economy and normal day-to-day activities.

de Beaumont
BOLD SOLUTIONS FOR HEALTHIER COMMUNITIES.

SOURCE: de Beaumont

Be sure everyone in the office understands the mission

- Human stories often influence people more than statistics
- To understand the human stories behind HPV, listen to survivors
  - Shot By Shot
  - Unprotected People at www.immunize.org

Presentation by Jill Roark and Allison Fisher Health Communication Science Office, National Center for Immunization and Respiratory Diseases, Centers for Disease Control and Prevention from GA AAP Webinar, Atlanta, GA March 16, 2016.

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

Pediatric News, Doug Brunk, November 9, 2019

Take Home Messages

- Immunization education and periodic updates are imperative for <u>ALL</u> 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
- <u>**Provider recommendation is key!**</u>

https://www.popsci.com/anti-vax-movement-top-10-global-health-threats/

VACCINE ACCEPTANCE is BEST with STRONG

PROVIDER RECOMMENDATION & STAFF SUPPORT *

*https://www.Medscape.com/viewarticle/882522_print

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