

Talking with Parents about Vaccines for Infants

Physicians, nurses, and parents agree: times have changed.

Because of questions or concerns about vaccines, well-child visits can be stressful for parents. As their infant's healthcare provider, you remain parents' most trusted source of information about vaccines, and your personal relationship uniquely qualifies you to help support parents in understanding and choosing vaccinations.

However, time for infant health evaluation at each well visit is at a premium, as you check physical, cognitive, and other milestones and advise parents on what to expect in the coming months. Therefore, making time to talk about vaccines may be stressful for *you*. But when an infant is due to receive vaccines, nothing is more important than making the time to assess the parents' information needs as well as the role they desire to play in making decisions for their child's health, and then following up with communication that meets their needs.

When it comes to communication, you may find that similar information—be it science or anecdote or some mix of the two—works for most parents you see. But keep a watchful eye to be sure that you are connecting with each parent to maintain trust and keep lines of communication open.

We hope that these brief reminders—and the materials that you, your staff, and parents can find on our website—will help ensure your continued success in immunizing infants and children. Success may mean that all vaccines are accepted when you recommend them, or that some vaccines are scheduled for another day. If a parent refuses to vaccinate, success may simply mean keeping the door open for future discussions about choosing vaccination.



THIS RESOURCE COVERS:

- ✎ What you may hear from parents about their vaccine safety questions and how to effectively address them when raised
- ✎ Proven communication strategies and tips for having a successful vaccine conversation with parents

Nurses and other office staff can play a key role in establishing and maintaining a practice-wide commitment to communicating effectively about vaccines and maintaining high vaccination rates, from providing parents with educational materials, to being available to answer their questions, to making sure that families who may opt for extra visits for vaccines make and keep vaccine appointments.

What You May Hear From Parents

As you plan for responding to parents' concerns, it may be useful to think of parental questions in the following categories.

Questions about whether vaccines cause autism

Parents may encounter poorly designed and conducted studies, misleading summaries of well-conducted studies, or anecdotes made to look like science—claiming that vaccines cause autism. Many rigorous studies show that there is no link between MMR vaccine or thimerosal and autism. Visit www.cdc.gov/vaccines/hcp for more information to help you answer parents' questions on these two issues. If parents raise other possible hypotheses linking vaccines to autism, four items are key: (1) patient and empathetic reassurance that you understand that their infant's health is their top priority, and it also is your top priority, so putting children at risk of vaccine-preventable diseases without scientific evidence of a link between vaccines and autism is a risk you are not willing to take; (2) your knowledge that the onset of regressive autism symptoms often coincides with the timing of vaccines but is not caused by vaccines; (3) your personal and professional opinion that vaccines are very safe; and (4) your reminder that vaccine-preventable diseases, which may cause serious complications and even death, remain a threat.

"All those people who say that the MMR vaccine causes autism must be on to something."

"Autism is a burden for many families and people want answers—including me. But well designed and conducted studies that I can share with you show that MMR vaccine is not a cause of autism."

Questions about whether vaccines are more dangerous for infants than the diseases they prevent

Today, parents may not have seen a case of a vaccine-preventable disease firsthand. Therefore, they may wonder if vaccines are really necessary, and they may believe that the risks of vaccinating infants outweigh the benefits of protecting them from infection with vaccine-preventable diseases. Visit www.cdc.gov/vaccines/hcp for up-to-date information on diseases and the vaccines that prevent them that you can share with parents. You may be able to provide information from your own experience about the seriousness of the diseases, the fact that cases and outbreaks of vaccine-preventable diseases are occurring now in the U.S., and that even when diseases are eliminated in the U.S., they can make a rapid return in children and adults who are not immunized if travelers bring the diseases into the U.S. You also can remind parents about ongoing efforts to ensure the safety of vaccines, including the large-scale reporting system, Vaccine Adverse Event Reporting System (www.vaers.hhs.gov), used to alert FDA and CDC to any possible problems with a vaccine so that they can be studied in more detail.

"I'm really not comfortable with my 2-month-old getting so many vaccines at once."

"There's no proven danger, but if you're very uncomfortable, we can give some vaccines today and schedule you to come back in two weeks for the rest, but this is not recommended. Remember, any time you delay a vaccine, you leave your baby vulnerable to disease. It's really best to stay on schedule."

Questions about the number of vaccines and vaccine ingredients

Some parents may have a general concern that there are too many vaccines. AAP's fact sheet *The Childhood Immunization Schedule: Why Is It Like That?* (www.cispimmunize.org/pro/pdf/Vaccineschedule.pdf) may be useful for those parents, as well as for parents who have specific questions. Some parents may be able to specify their concerns: whether each vaccine is needed, whether giving several vaccines at one time can cause harm, whether vaccine ingredients are harmful, or how well each vaccine works. For these parents, you can specifically reinforce the seriousness of the diseases prevented by vaccines, and share your knowledge that no evidence suggests that a healthy child's immune system will be damaged or overwhelmed by receiving several vaccines at one time. The AAP's *Questions and Answers about Vaccine Ingredients* (www.cispimmunize.org/pro/pdf/Vaccineingredients.pdf) can help you counter myths that have circulated about vaccine ingredients. Finally, you may need to share with some parents that not only should each vaccine series be started on time to protect infants and children as soon as possible, but each multi-dose series must be completed to provide full protection. With respect to timing and spacing of vaccines, the childhood vaccine schedule is designed to provide protection at the earliest possible time against serious diseases that may affect infants early in life.

"What are all these vaccines for? Are they really necessary?"

"I know you didn't get all these vaccines when you were a baby. Neither did I. But we were both at risk of serious diseases like Hib and pneumococcal meningitis. Today, we're lucky to be able to protect our babies from so many serious diseases with vaccines."

Questions about known side effects

It is reasonable for parents to be concerned about the possible reactions or side effects listed on the Vaccine Information Statements, especially fever, redness where a shot was given, or fussiness that their child may experience following vaccination. Remind parents to watch for the possible side effects and provide information on how they should treat them and how they can contact you if they observe something they are concerned about. To reinforce how rare serious side effects really are, share your own experience, if any, with seeing a serious side effect from a vaccine.

"I'm worried about the side effects of vaccines. I don't want my child to get any vaccines today."

"I'll worry if your child *doesn't* get vaccines today, because the diseases can be very dangerous—most, including Hib, pertussis, and measles, are still infecting children in the U.S. We can look at the Vaccine Information Statements together and talk about how rare vaccine side effects are."

Questions about unknown serious adverse events

Parents who look for information about vaccine safety will likely encounter suggestions about as-yet-unknown serious adverse events from vaccines. It is not unreasonable that parents find this alarming. You can share what the world was like for children before there were vaccines. And you can share that increases in health problems such as autism, asthma, or diabetes don't have a biologic connection to vaccination. We have no evidence to suggest that vaccines threaten a long, healthy life. We know lack of vaccination threatens a long and healthy life!

"You really don't know if vaccines cause any long-term effects."

"We have years of experience with vaccines and no reason to believe that vaccines cause long-term harm. I understand your concern, but I truly believe that the risk of diseases is greater than any risks posed by vaccines. Vaccines will get your baby off to a great start for a long, healthy life."

Communication Strategies—How to Have a Successful Dialogue

A successful discussion about vaccines involves a two-way conversation, with both parties sharing information and asking questions. These communication principles can help you connect with parents by encouraging open, honest, and productive dialogue.

Take advantage of early opportunities such as the prenatal, newborn, 1-week, and 1-month visits to initiate a dialogue about vaccines. These also are good opportunities to provide take-home materials or direct parents to immunization websites that you trust. This gives parents time to read and digest reputable vaccine information before the first and all future immunizations. And when parents have questions, you can build on the reputable information that they already have reviewed.

Take time to listen.

If parents need to talk about vaccines, give them your full attention. Despite a full schedule, resist the urge to multi-task while a parent talks. Maintain eye contact with parents, restate their concerns to be sure you understand their viewpoint, and pause to thoughtfully prepare your reply. Your willingness to listen will likely play a major role in helping parents with their decisions to choose vaccination.

Solicit and welcome questions.

If parents seem concerned about vaccines but are reluctant to talk, let them know that you want to hear their questions.

Put yourself in parents' shoes and acknowledge parents' feelings and emotions, including their fear and desire to protect their children. Remind parents that you know why they are concerned—their infant's health is their top priority. Remind them that it is yours too.

Don't be offended, and don't offend.

Some parents may come to you with a long list of questions or information from a variety of sources. Don't interpret this as a lack of respect for you or a lack of intelligence on the part of the parent. If you appear offended by questions, or if you imply that a parent's questions are uncalled for, dialogue may shut down and trust may be eroded.



Science versus anecdote?

Too much science will frustrate some parents. Too little science will frustrate others. For some parents, too much anecdotal information won't hit the mark. For others, a story from your experience about an unprotected child who became ill, or knowing that children in your family have received all of their vaccines, will be exactly on target. Which approach to use will depend on your knowledge of the family. Watch and listen. Be prepared to use the mix of science and personal stories that will be most effective in addressing parents' questions.

Acknowledge benefits and risks.

Never state that vaccines are risk-free and always discuss honestly the known side effects caused by vaccines. But don't forget to remind parents that the diseases vaccines prevent can return. It's honest to say that not vaccinating is a risk that will worry you.

Respect parents' authority.

Many parents today want to work in partnership with their child's physician. Of course, you work in partnership with parents every day, for example, by eliciting reports from them about how their infants are progressing. By talking respectfully with parents about their immunization concerns, you can build on this partnership, build trust, and support parents in the decision to choose vaccination.

Reduce the stress of shots.

Show parents ways they can make the vaccination visit less stressful for the child. It can begin by reinforcing that crying is a normal response for the child and suggesting that they stay calm so that the child does not become aware of their stress. For infants, you can suggest that parents use a favorite blanket or toy to distract the baby from the pain of the shots, and that they touch and soothe the baby, talk softly, and smile and make eye contact during the shots. After shots for infants, mothers may wish to cuddle or breastfeed. For toddlers, there are many more

options to distract from the pain of the shot, including telling a favorite story, singing, or taking deep breaths and blowing out the pain. After the shots, toddlers can be praised for getting through the shots and reassured that everything is OK.

After the Office Visit

Document parents' questions and concerns.

A thorough record of your discussion will be an invaluable reference during the child's future visits.

Follow up.

If parents express extreme worry or doubt, contact them a few days after the visit. A caring call or e-mail will provide comfort and reinforce trust.

What If Parents Refuse to Vaccinate?

Excluding children from your practice when their parents decline immunizations is not recommended. It can put the child at risk of many different health problems—not just vaccine-preventable diseases. Remember, unvaccinated infants did not decide for themselves to remain unvaccinated. They need your care. Make sure that parents are fully informed about clinical presentations of vaccine-preventable diseases, including early symptoms. Diseases like pertussis and measles are highly contagious and may present early as a non-specific respiratory illness. Parents who refuse vaccines should be reminded at every visit to call before bringing the child into the office, clinic, or emergency department when the child is ill so appropriate measures can be taken to protect others. When scheduling an office visit for an ill child who has not received vaccines, take all possible precautions to prevent contact with other patients, especially those too young to be fully vaccinated and those who have weakened immune systems.

If a parent refuses to vaccinate, you can share the fact sheet *If You Choose Not to Vaccinate Your Child, Understand the Risks and Responsibilities* (www.cdc.gov/vaccines/hcp), which explains the risks involved with this decision including risks to other members of their community, and the additional responsibilities for parents, including the fact that, when their child is ill, they should always alert healthcare personnel to their child's vaccination status to prevent the possible spread of vaccine-preventable diseases. You also can tell the parent that you would like to continue the dialogue about vaccines during the next visit, and then make sure to do so. You may wish to have them sign AAP's *Refusal to Vaccinate* form (www.cispimmunize.org/pro/pdf/RefusaltoVaccinate.pdf) each time a vaccine is refused so that you have a record of their refusal in their child's medical file.

Remember, not all parents want the same level of medical or scientific information about vaccines. By assessing the level of information that a particular parent wants, you can communicate more effectively and build trust.