

ECHO IDAHO

Maternal Care

Supporting Parents Through Early Childhood Immunization Decisions

3/12/25

Lisa Barker, MD

St. Luke's Pediatrics

None of the planners or presenters for this educational activity have relevant financial relationship(s) to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.



University of Idaho
School of Health and Medical
Professions



Learning Objectives

- Understand the challenges of vaccine hesitancy
- Learn to make a strong vaccine recommendation
- Discuss communication strategies that can be used to address vaccine hesitancy
- Practice using a clinical case



“Vaccine hesitancy is not a new phenomenon, but the proliferation of anti-vaccination misinformation through social media has given it new urgency”

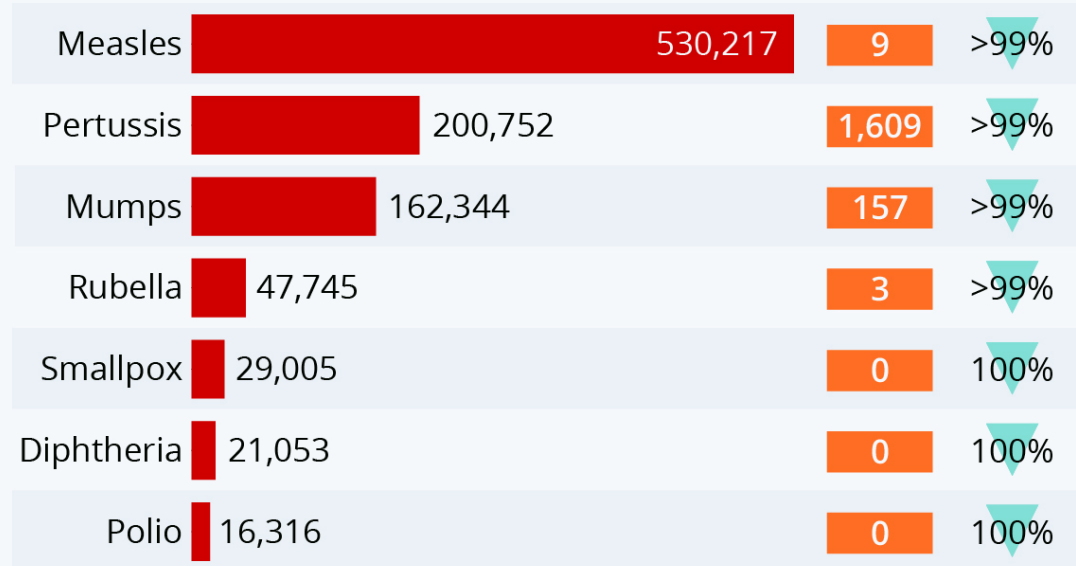
Wilson SL, Wiysonge C. *BMJ Global Health* 2020

Vaccine Successes

How Vaccines Helped All But Eradicate Diseases

Annual 20th century morbidity and 2021 morbidity for vaccine-preventable diseases in the U.S.

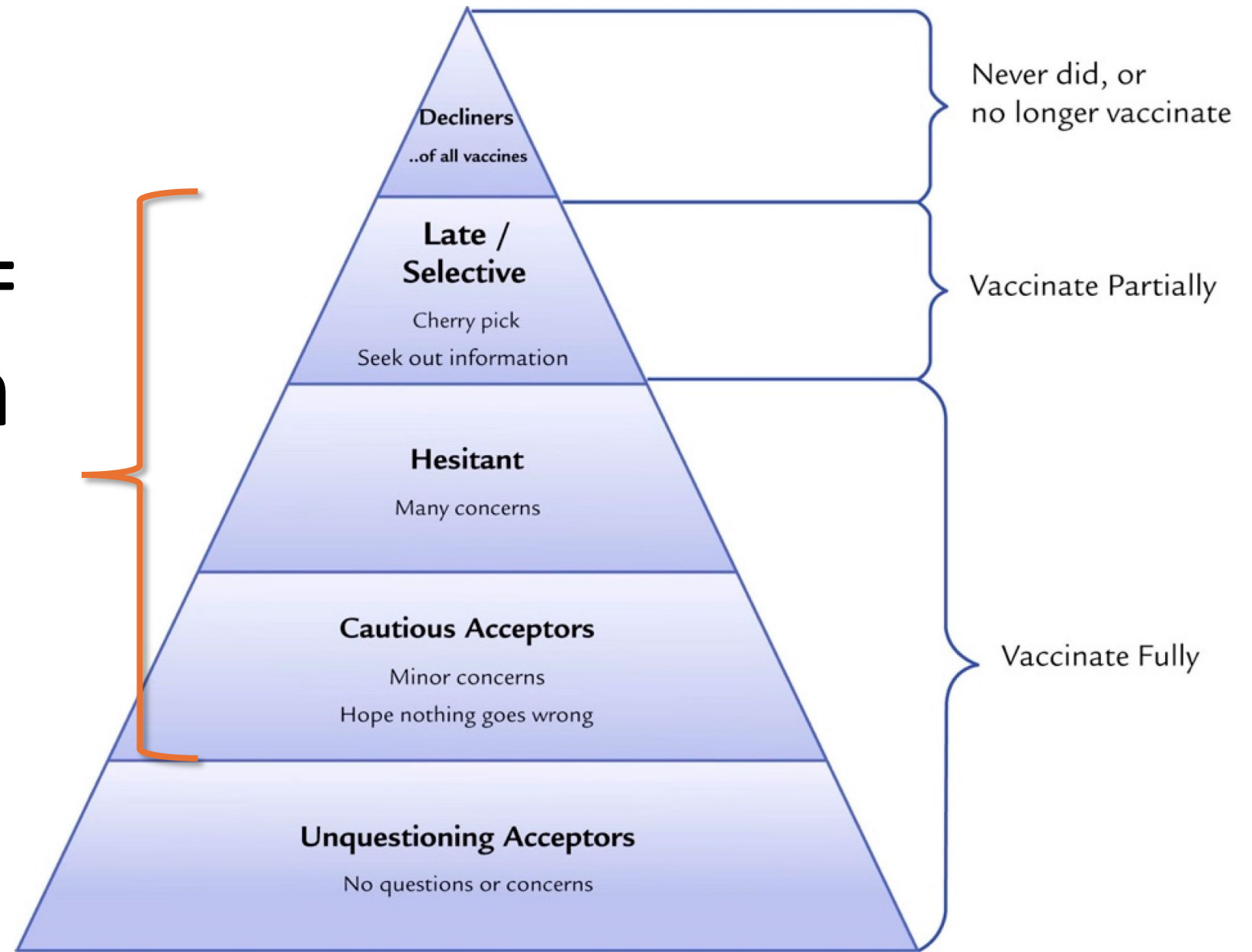
■ Annual 20th century morbidity ■ Reported cases in 2021 ▼ Decrease



Source: Centers for Disease Control and Prevention



Vaccine Hesitancy = Continuum of Beliefs and Behaviors



Vaccine acceptance spectrum from Leask et al. 2015. Improving Communication about Vaccination, adapted from Julie Leask's online blog [60].

How Big is the Problem?

- In 2019, the WHO named **vaccine hesitancy** as a top 10 threat to global health
- **6-25%** of parents are vaccine hesitant (higher for influenza and HPV vaccines)
- **1/3** of US Children aged 19-35 months were not following the recommended early childhood immunization schedule
- Idaho: **80%** of 2023-2024 kindergarteners were up to date on MMR vaccine, **14%** had an exemption on file



Contributing Factors

- Confidence
 - Safety - side effects, vaccine components
 - Lack of confidence in specific vaccines (ie MMR and autism)
 - Distrust (healthcare system, vaccine development process)
- Complacency
 - Low risk perception
- Convenience
 - Accessibility and affordability

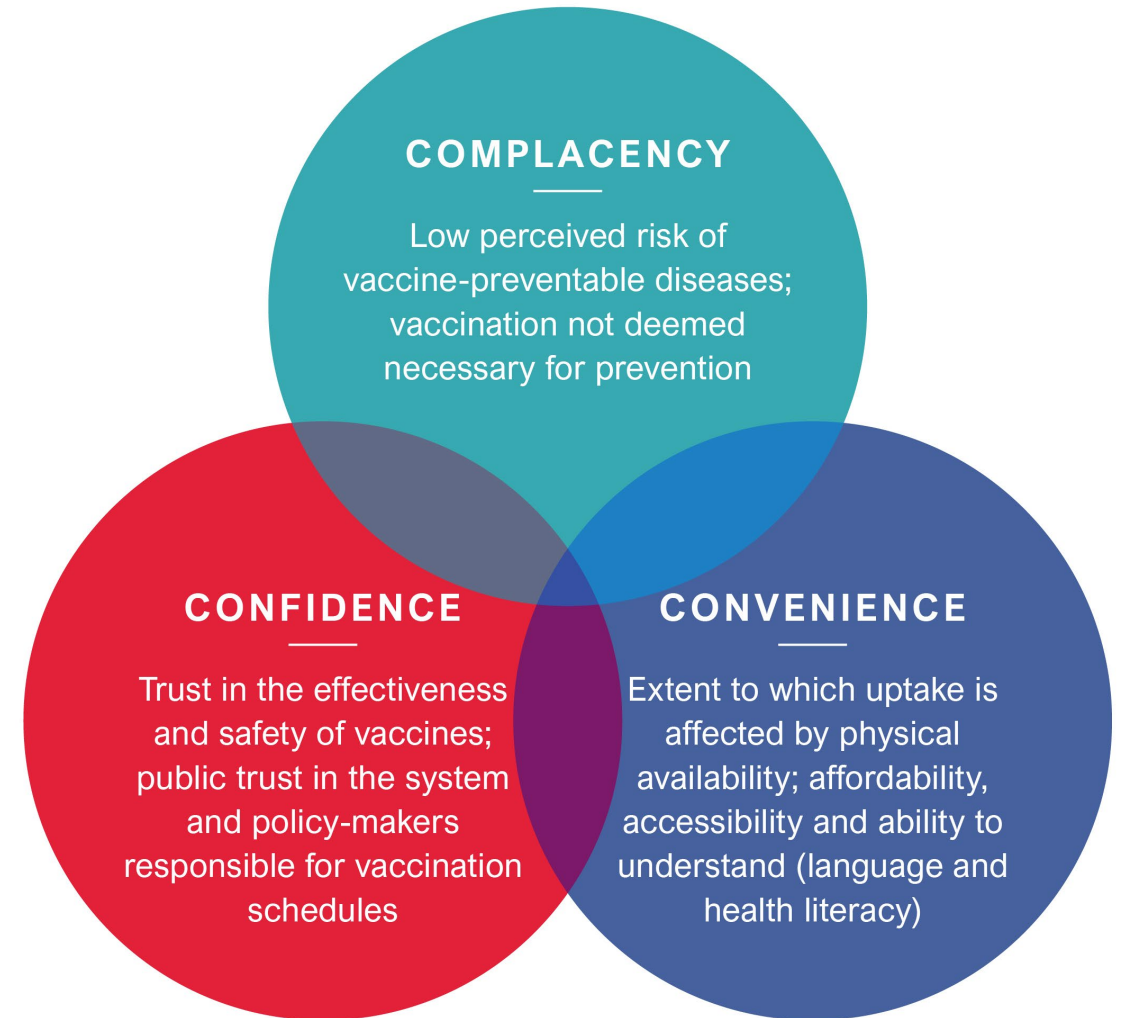


Figure 1: The 3C (Confidence, Complacency, Convenience) Model of Vaccine Hesitancy was developed by the SAGE Working Group

Contributing Factors

- Traditional media outlets
- Advent of social media platforms
 - Spread of *misinformation* and *disinformation*
- Introduction of new vaccines and combinations of vaccines
- Decline in public's trust of experts
- Preferences for alternative health
- Political polarization

HEALTH
MISINFORMATION
IS BAD FOR
OUR HEALTH.



Talking with Parents About Vaccines...

Why it Matters

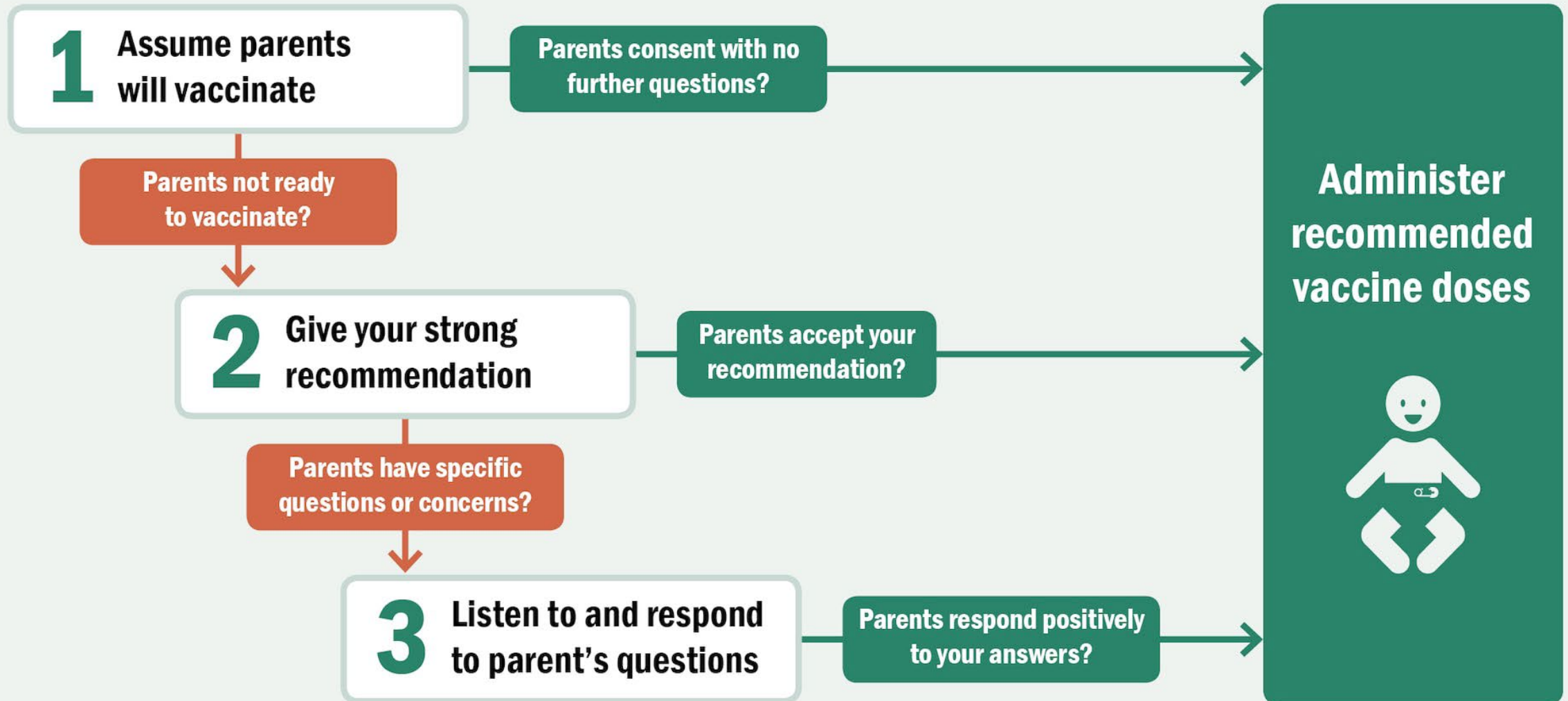
- The **messenger** is as important as the vaccine message itself
- Doctors, APPs, nurses, and office staff all play an important role in vaccine communication
 - Create a pro-vaccination climate
- The healthcare practitioner is one of the **most** influential sources of information about vaccines
 - Parents who changed their minds credited the healthcare practitioner

Timing of Vaccination Information

- Pregnancy
 - The earlier the better!
 - Vaccine attitudes are formed before making vaccine decisions as parents
 - Prenatal visits with OB/Gyn
 - Meet/greet visit with Pediatrician
- Stepwise delivery of vaccine information
 - Can positively influence parents' intent to vaccinate
 - Reinforces positive beliefs/attitude about childhood vaccination



Vaccine Communication



Vaccine Communication

- **Make a strong recommendation**

- Presumptive approach
- Blanket recommendation

Accepting
parents

- **Further the conversation if hesitancy arises**

- CASE communication model
- Motivational interviewing
- Ask – Acknowledge – Advise

Hesitant
parents



Presumptive/Blanket Recommendations

- **The participatory approach:**
 - “What do you want to do about George’s vaccinations today?”

VS.

- **The presumptive approach:**
 - “Claire is due for varicella, DTaP, and Hep A vaccines today. Do you have any questions?”
- **Blanket recommendation**
 - Recommend all vaccines equally

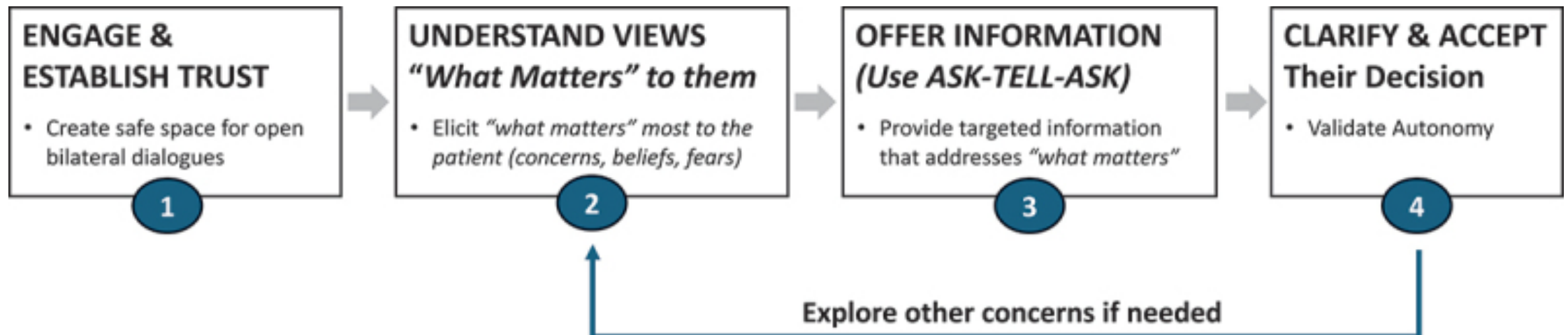
What doesn't work...

- Offering only the facts and numbers
- Sharing VIS sheets
- Showing images of measles
- Fear-based messaging
- Overstating vaccine safety
- Attempting to correct/debunk myths

Remember... vaccine decisions are often based on emotion, not logic, reason, or facts

Communication with Vaccine Hesitant Parents

- CASE
- Motivational interviewing
- Ask – Acknowledge – Advise



What if Families Continue to Decline?

- Continue the conversation
- Inform families about signs/symptoms of vaccine-preventable diseases
- Invite families to return for a nurse visit for vaccines
- Share resources



San Francisco public health flyer

Summary

- Vaccine hesitancy is an important and growing problem
- Start vaccine conversations early and build trust
- Choose the messenger carefully
- Start with strong, presumptive, blanket recommendations
- Incorporate dialogue-based communication
- Tailor the information to the target audience
- Provide balanced information – parents want to hear the pros AND cons
- Work on preventing misinformation (because correcting it is tricky)

References

- www.cdc.gov/vaccines
- Immunization Action Coalition – immunize.org
- Kempe A et al. Parental Hesitancy about Routine Childhood and Influenza Vaccinations: A National Survey. *Pediatrics* 2020.
- Olson O, Berry C, Kumar N. Addressing Parental Vaccine Hesitancy towards Childhood Vaccines in the United States: A Systematic Literature Review of Communication Interventions and Strategies. *Vaccines* (Basel). 2020 Oct 8;8(4):590.
- Seither R, Yusuf OB, Dramann D, et al. Coverage with Selected Vaccines and Exemption Rates Among Children in Kindergarten — United States, 2023–24 School Year. *MMWR Morb Mortal Wkly Rep* 2024;73:925–932. DOI: <http://dx.doi.org/10.15585/mmwr.mm7341a3>
- Vaccine acceptance spectrum from Leask et al. 2015. Improving Communication about Vaccination, adapted from Julie Leask’s online blog [[60](#)].

Clinical Case Presentation

10-yo patient with juvenile idiopathic arthritis that is treated with Adalimumab, an immunosuppressive medication. The patient's mother expresses various concerns about her child receiving childhood vaccines.

Case

- **Age:** 10
- **Gender:** M
- **Insurance:** Commercial Health Insurance
- **Relevant Medical History:** Juvenile idiopathic arthritis
- **Current Medications:** Adalimumab (Humira) prefilled syringe 20mg/0.2 mL every other week
- **Relevant Social History:** Full-time student at local public school. The parents are divorced, and the mother is primarily in charge on healthcare decisions.
- **Other Pertinent Information:** Has received 2 doses of Hep B, 3 doses of DTap, 2 doses of Hib, 2 doses PCV15, and 2 doses of polio. The patient gets regular well care visits and sees a juvenile rheumatologist. They are well controlled on current medication.
- **Patient goals for treatment:** The parent has previously refused vaccines due to concerns of exacerbating the arthritis. With vaccine-preventable cases in the community, they are open to the conversation about what vaccines are needed and how to give them. They do not want to give vaccines at one time but want to prioritize what the child receives.
- **Provider goals for treatment:** Establish effective communication around vaccine hesitancy. Get patient up to date on recommended immunizations

Issues to Address

- Some immunocompromised patients are unable to receive live vaccines
- Importance of family members and caregivers to be fully vaccinated
- Using open-ended questions to understand why the family is hesitant to vaccinate
 - “You sound worried. Let’s talk it through. Do you have specific concerns about the vaccines?”
- Empathize!
 - “I understand how hard it can be to make decisions about vaccinations. You are not alone in feeling this way.”
 - Acknowledge risk
- Respond to specific concerns using reflective listening
 - “it sounds like you think kids get too many shots...”
- Offer expertise
 - “I have done a lot of research on this issue, can I share it with you?”
 - Be familiar with anti-vaccine talking points
- Maintain a strong recommendations
- Acknowledge autonomy

- What might you say to a vaccine refusing parent to start a conversation?
 - “OK, can I just talk it through so that I understand your decision?”
 - “Could I ask how confident you are about vaccines being safe?”
 - “I understand you are concerned, but I’d love to give you my view if that’s okay?”