



WELCOME TO THE NILE WEBINAR FOR MAY 2021!

Immunize Nevada is a nonprofit 501c3 coalition that is widely recognized as Nevada's trusted resource for immunization information and community health outreach for all ages. We accomplish this by fostering education and statewide collaboration with a variety of health partners and collaborators.

You may view upcoming web trainings at ImmunizeNevada.org/NILE-webinars

Thank you for joining us today!





HOUSEKEEPING ITEMS

Connectivity Issues	Please log back in and we'll continue where we left off.	
Have a Question?	Locate the Q & A box and type them there. We will address questions throughout the presentation.	
CEU Claiming	Nursing/Pharmacy/CHW CEUs: Complete the post-event survey. Certificates will be emailed within one week of the live presentation.	
Recording & Slides	The recorded webinar and slides will be posted to ImmunizeNevada.org/NILE-webinars .	



DISCLAIMER

Immunize Nevada's NILE webinars are made possible by the generosity of speakers who donate their time and expertise to benefit the coalition. The expectation and goal is for community partners to gain knowledge on immunization/infectious disease-related topics through a non-branded, unbiased presentation.

The opinions expressed are those of today's presenter and do not necessarily reflect those shared by Immunize Nevada or its partners.



Let's Talk About Vaccines: Addressing Vaccine Hesitancy

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May 19, 2021

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VISITING IMMUNIZATION EXPERT INITIATIVE

- The Visiting Immunization Expert Initiative through the national American Academy of Pediatrics provides support for immunization experts to virtually visit organizations to address pediatric influenza and Human Papillomavirus (HPV) in effort to help physicians and practice staff make strong recommendations for HPV and pediatric influenza vaccination.
- This presentation is supported by the Centers for Disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services (HHS). The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. Government.



I have nothing to disclose
I have no conflicts of interest



Learning Objectives

- To be able to explain reasons underlying vaccine hesitancy
- To be able to describe approaches to dealing with the vaccine hesitant family to increase vaccine confidence
- To introduce the skills and framework to address vaccine hesitancy (motivational interviewing)



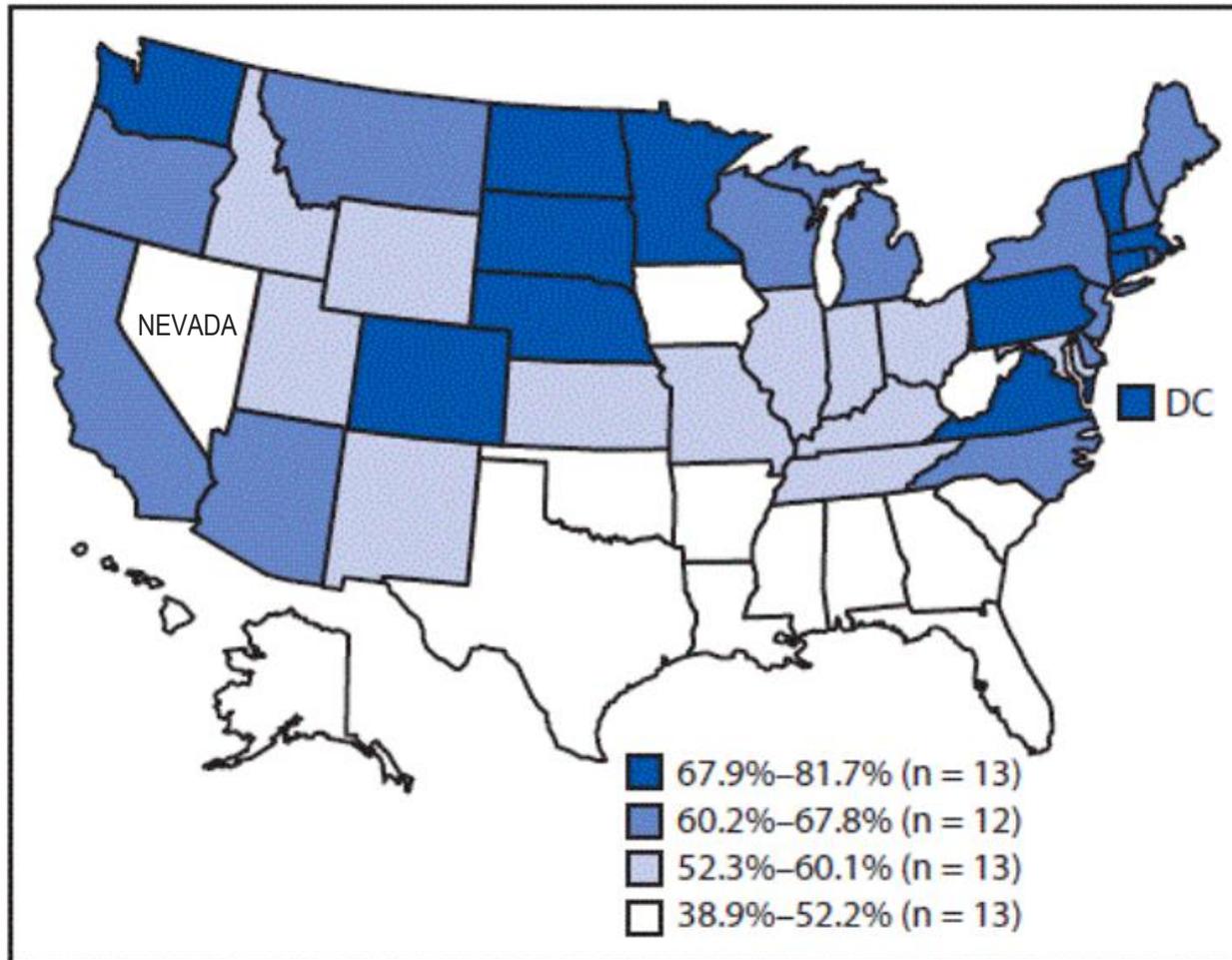
Worldwide vaccination prevents 2-3 million deaths every year.

In US vaccination prevents 42,000 deaths per birth cohort.



Vaccines do not save lives
VACCINATION does

ESTIMATED VACCINATION COVERAGE WITH ≥ 2 DOSES OF INFLUENZA VACCINE BY 24 MONTHS OF AGE, NATIONAL IMMUNIZATION SURVEY, 2017-2019

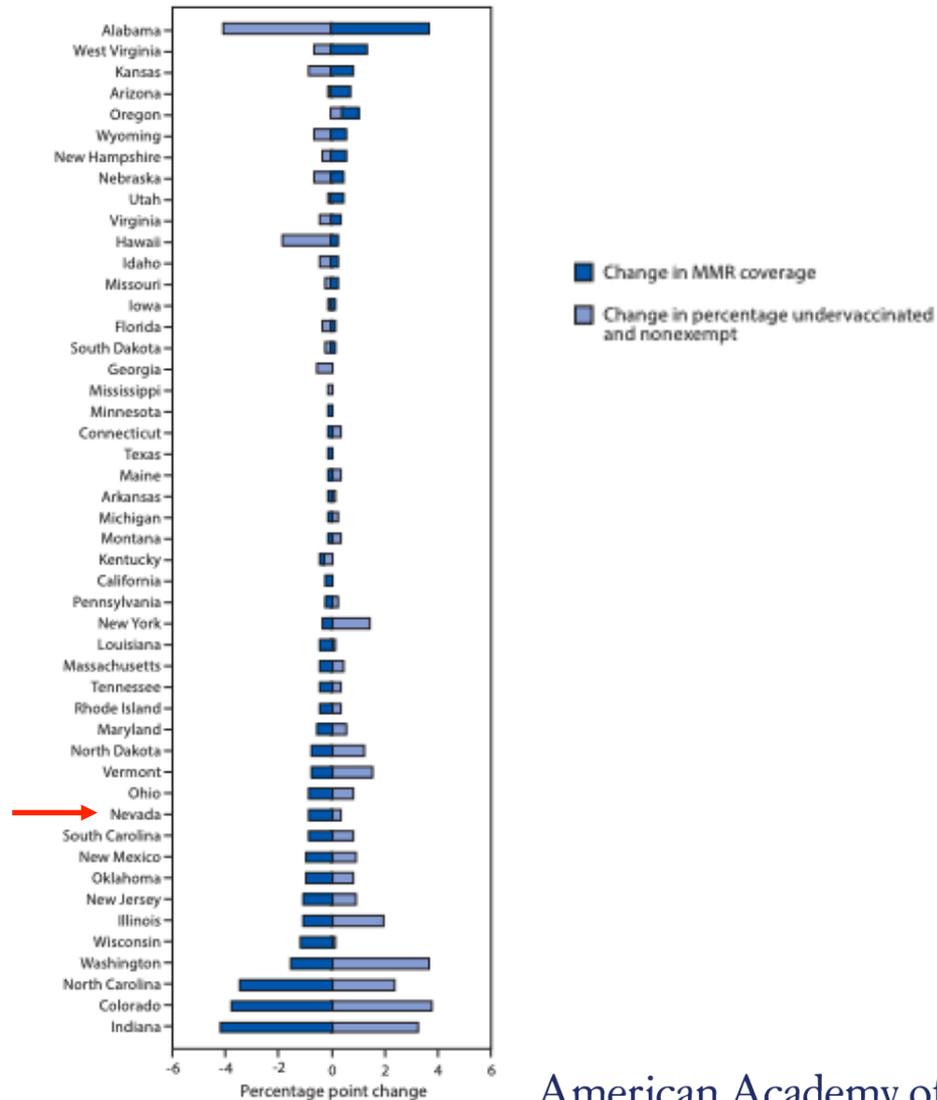


Source <https://www.cdc.gov/mmwr/volumes/69/wr/mm6942a1.htm> American Academy of Pediatrics

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Change in Percentage of Kindergartners Who Are Fully Vaccinated With MMR and in the Percentage Who Are Under-Vaccinated and Non-Exempt by State, 2018-19 to 2019-20 School Years





MISSING VACCINATIONS DURING COVID-19 PUTS OUR CHILDREN & COMMUNITIES AT RISK

Source: <https://www.bcbs.com/the-health-of-america/infographics/missing-vaccinations-during-covid-19-puts-our-children-and-communities-at-risk>

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DECREASES IN VACCINATIONS

UP TO
26%  DROP

FOR MMR, DTaP, & POLIO
VACCINES BETWEEN
JAN-SEPT 2020

AN ESTIMATED
9M DOSES

OF THESE VACCINES
COULD BE MISSED
BY THE END OF 2020

 **INCREASES**
RISK OF MEASLES
& WHOOPING COUGH
OUTBREAKS

 **LOWERS**
CURRENT COMMUNITY
PROTECTIONS AGAINST
THESE DISEASES

Source: <https://www.bcbs.com/the-health-of-america/infographics/missing-vaccinations-during-covid-19-puts-our-children-and-communities-at-risk>

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THESE ARE CHALLENGING TIMES, BUT...

- Vaccination is an essential medical service for all children and adolescents, ideally in the medical home
- Stress and focus on the need for preventive services
- Administer all due (or overdue) vaccines at the same time, during the same visit
- Implement strategies to catch patients up on vaccine, especially those under 2 years of age (reminder/recall)
- Ensure safe delivery of vaccines (eg, PPE, physical distancing)



FOR A SAFE RETURN TO IN-PERSON SCHOOL

- Many school-aged children missed recommended vaccines over the last year due to COVID-related disruptions
- Schools may not have focused on compliance with school vaccination requirements during the 2020-21 school year
- COVID-19 vaccine is now available for those 12 and older and is urged for a safe return for school.
- The AAP supports co-administration of routine and/or overdue immunizations with COVID-19 vaccine.
- We do not yet know when COVID-19 vaccine will be available for younger children.
- We need to get children caught up now on vaccine doses missed so they can safely return to in-person learning

Sources: https://www.ncqa.org/wp-content/uploads/2021/03/March-4-Adolescent-Immunization-Webinar-Slides_FINAL.pdf
[Committee on Infectious Diseases. COVID-19 vaccines in children and adolescents. Pediatrics. 2021; doi: 10.1542/peds.2021-052336](#)

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Vaccine hesitancy is not new

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1802 cartoon satirizing the concerns of those who feared smallpox vaccine

Source: James Gillray, Library of Congress, Prints & Photographs Division

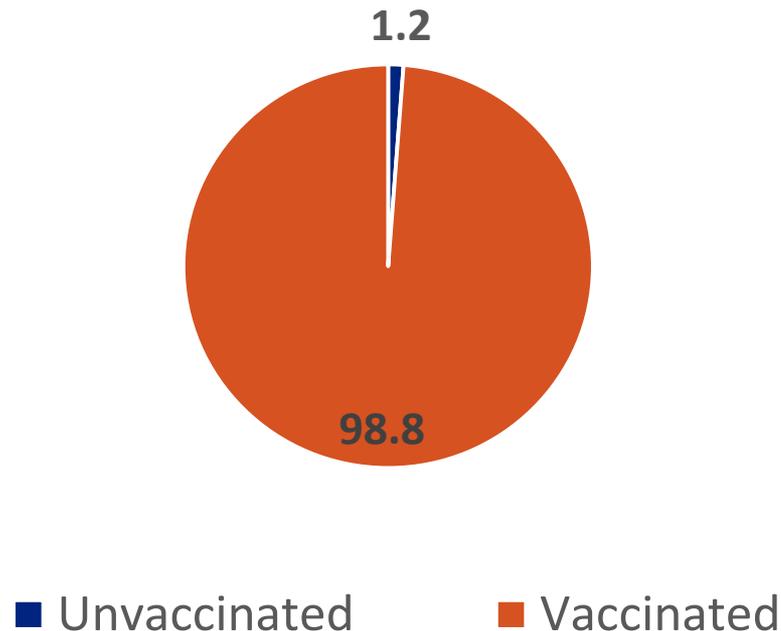
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MOST PARENTS VACCINATE

Percent of children born in 2016-17
who received vaccine by 24 months of age



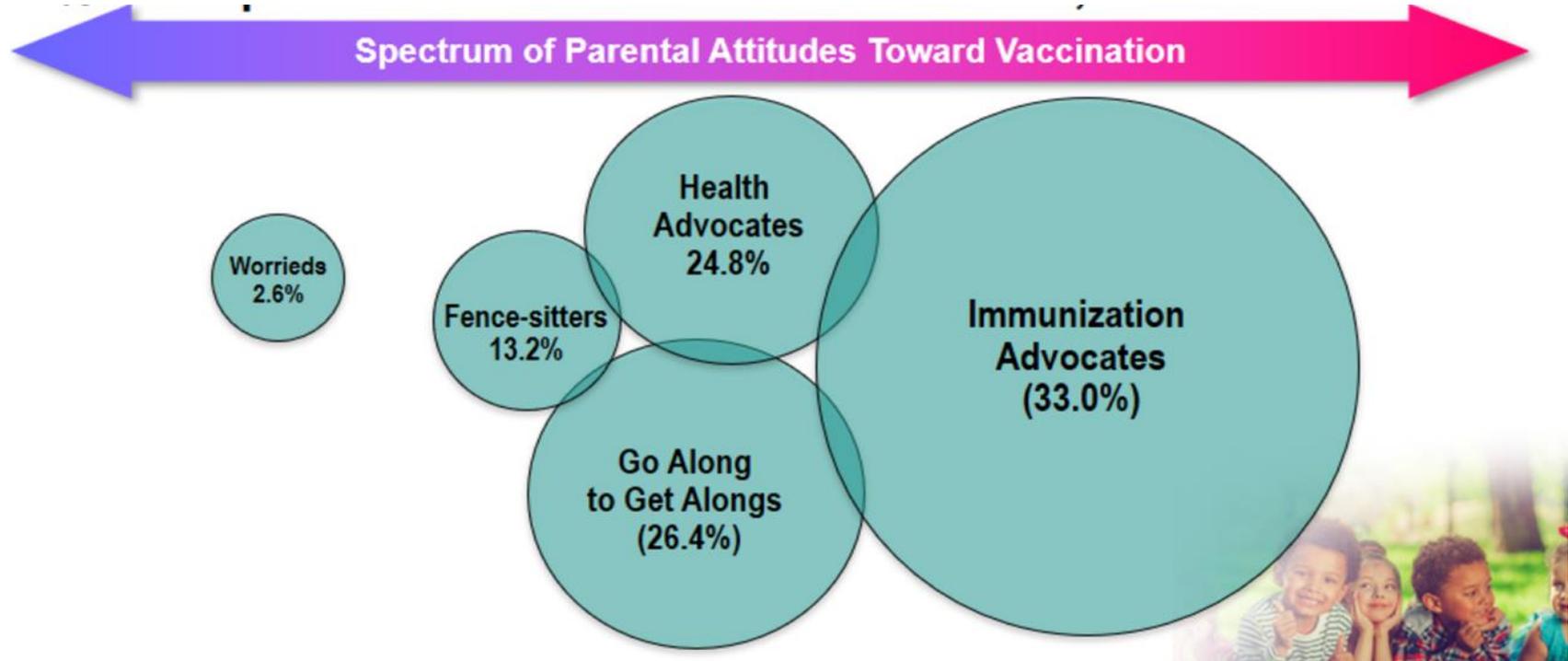
Data source: Vaccination Coverage By Age 24 Months
MMWR. 10/23/2020 69(42).

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PARENTS DIFFER IN ATTITUDES TOWARDS VACCINATION



Data: Gust et al. Am J Behav. 2005;29(1): 81-92.

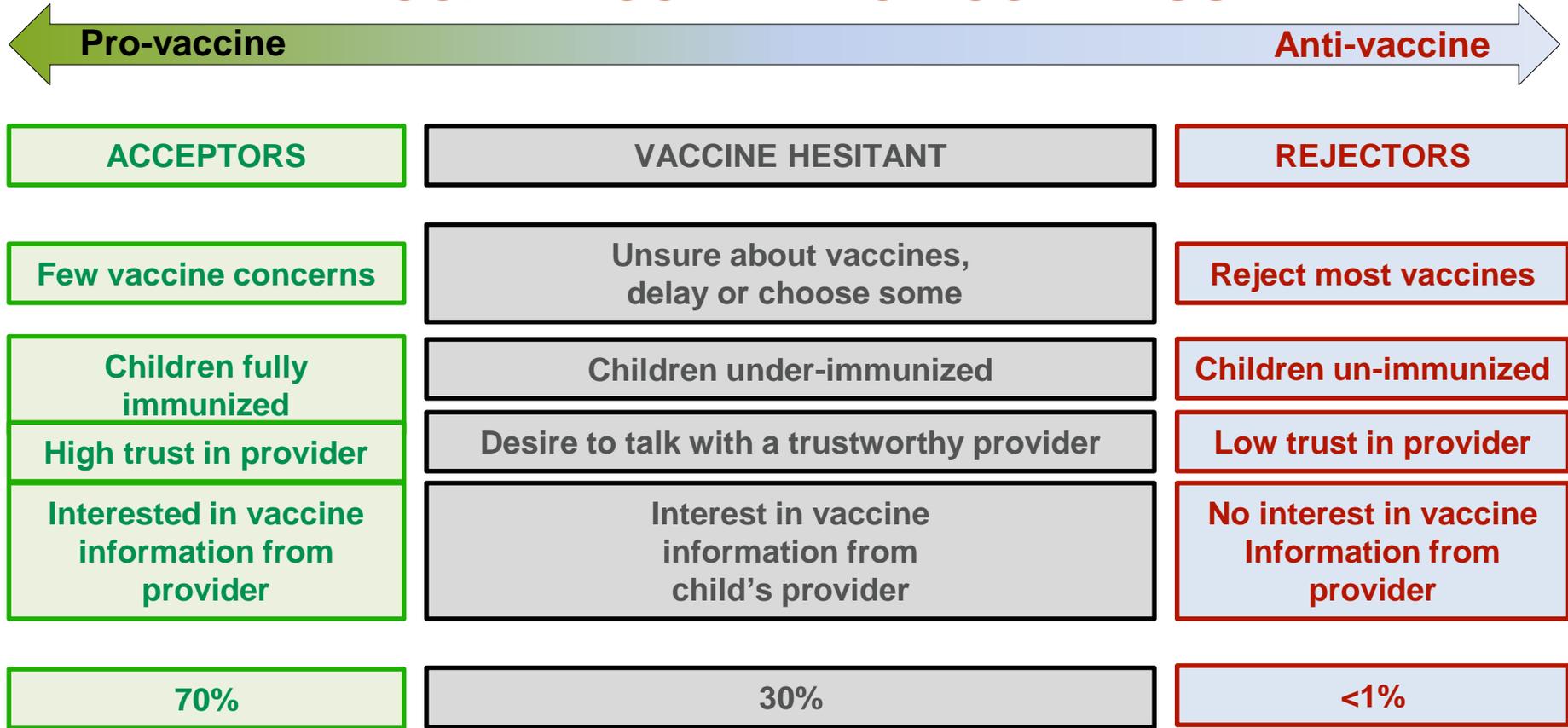
Figure: Sanofi Pasteur 9/15 MKT30043

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VACCINE ACCEPTANCE CONTINUUM



- Influenced by complacency, convenience, etc.
- Context-specific, varying across time, place & vaccines
- Assumes vaccination services are available



WHAT IS MOTIVATIONAL INTERVIEWING?

- Patient-centered method for enhancing intrinsic motivation to change health behaviors by exploring and resolving ambivalence
- Studies have illustrated the efficacy of MI as a promising strategy to encourage positive health behavior change in substance abuse, oral health and diet and exercise
- Now being used in addressing vaccine hesitancy

Source: AP Motivational Interviewing. <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/HALF-Implementation-Guide/communicating-with-families/Pages/Motivational-Interviewing.aspx>

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MOTIVATIONAL INTERVENTION TOOLS



Asking open-ended questions



Reflective listening



Eliciting pros and cons of change



Inquiring about the importance and confidence of making a change



Summarizing the conversation

**A strong clinician recommendation is
the single best predictor of vaccination**



VACCINATION INITIATION RATES DEPEND UPON A HIGH QUALITY RECOMMENDATION

- If there is no recommendation or vaccination is presented as an option 20-30%
- If it is a low quality recommendation 50%
- If it is a high quality recommendation (same way, same day) 70-90%



Parents and physicians may speak different languages



MESSAGE FRAMING

- Concerns
- Beliefs
- Values
- Priorities
- Socio-cultural context
- Language

Source <https://www.nfid.org/wp-content/uploads/2021/03/NFID-COVID-19-Communications-Report.pdf>

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COMMUNICATE WITHOUT CONFRONTATION

- The goal is to persuade, not win a debate
- You don't need to correct every erroneous idea
- Belief wins out over science; belief is stronger than proof
- Belief won't and can't be changed by evidence



WE NEED TO BE AWARE...

- Exposure to 'good' information does not reliably instill accurate beliefs
- There may be skepticism of scientific information when it contradicts existing beliefs or predispositions
- This seems especially true when the issue is identity relevant.
- Social identity is a source of strength and superiority
- This resistance could potentially prevent such information from having the intended effect of reducing people's misperceptions.



REMEMBER THAT...

- Social networks help form or reinforce beliefs
- If we as health professionals attack those beliefs, we lose the ability to persuade



COMMUNICATION TIPS

- The health professional should:
 - ✓ Ask
 - ✓ Listen
 - ✓ Use body language
 - ✓ Check back
 - ✓ Summarize
 - ✓ Affirm the parent



USE THE OPPORTUNITY

- Seize the moment
- Do not “profile” the parent or family
- Bundle the recommendation - all vaccines are important
- Ask for parent’s (and teen’s) question
- Answer the question accurately and calmly
- When a second question comes, such as
“some people...”, stay positive
- Show caring (“I’d feel better”)



SOME PARENTS NEED REASSURANCE

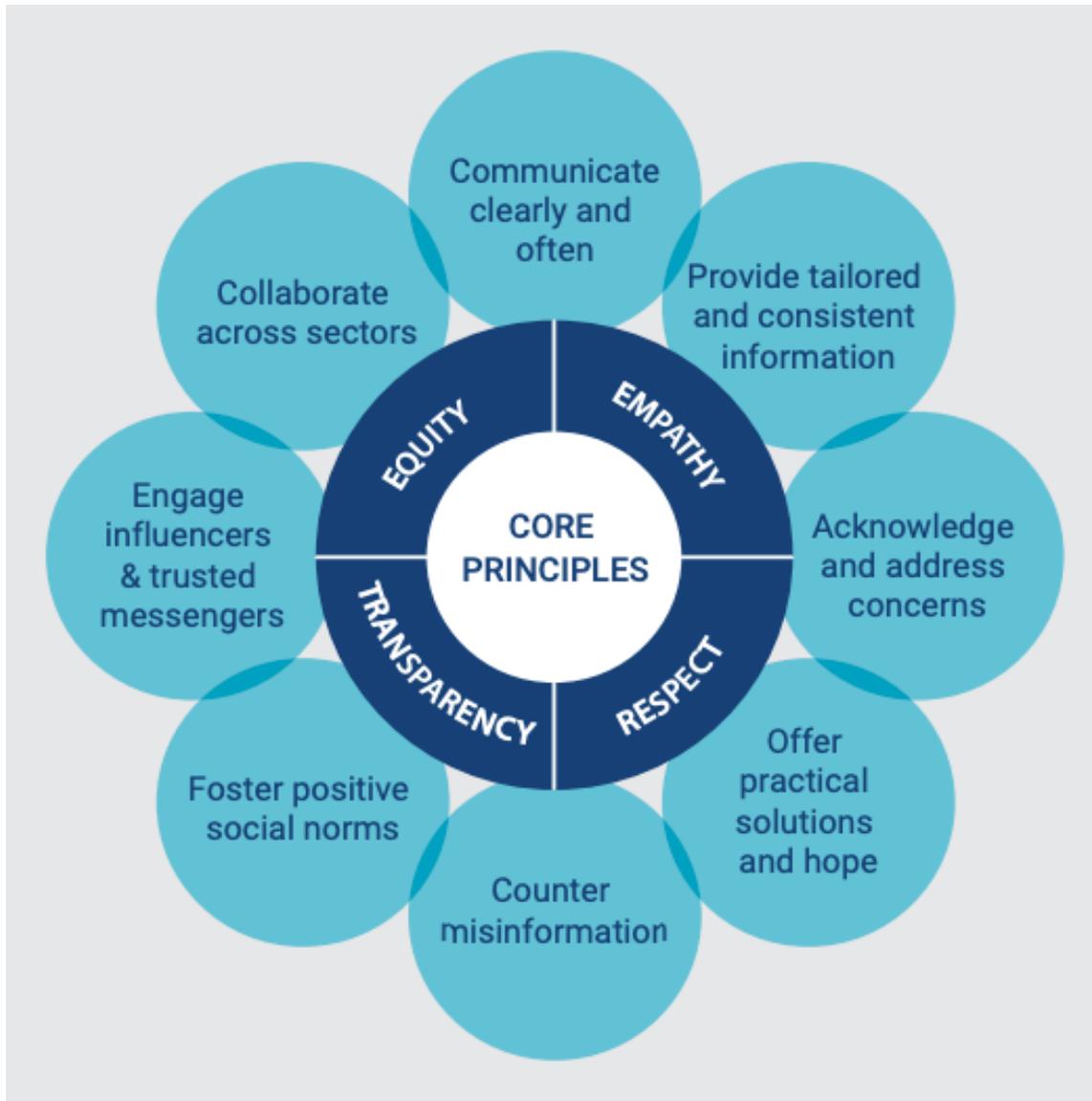
- Many parents simply accept a recommendation
- Some parents may be interested in vaccinating, yet still have questions. Interpret a question as they need additional reassurance from YOU, the clinician they trust with their child's healthcare
- Ask parents about their main concern (be sure you are addressing their real concern)



WORKING WITH VACCINE HESITANT FAMILIES

- Provide clear and concise messaging
- Redirect misinformation
- Help to build confidence in those who question
- Remember - questions and concerns are reasonable
- Align with the family - find commonality
- All communication needs to be proactive, empathetic, transparent and tailored to each family
- Finally - make a personal recommendation for vaccine





Source <https://www.nfid.org/wp-content/uploads/2021/03/NFID-COVID-19-Communications-Report.pdf>

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Keep entire office staff on message

Source: <https://trending.com/images/2019-02-22/pediatric-office-staff-had-these-shirts-made-to-wear-at-work>

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Despite aggressive media attention to the concerns of the vaccine-anxious and discussions focusing on vaccine hesitancy and anti-vaxxer populations, social determinants of health and in particular, access barriers play a large role in children not being up to date with vaccines.



POTENTIAL BARRIERS TO VACCINATION

- Literacy and health literacy
 - Languages, translation services, comprehension
- Transportation
 - Access to cars, public transit systems
- Location: rural health vs suburban vs urban
 - Distance to primary care, community-based care
- Insurance status
 - Private vs public insurance vs no insurance
- Immigration status
 - Documented vs undocumented, fear of public charge
- Family structure and dynamics
 - Work demands, parental time off, number of children
- Easy excuses to avoid vaccines





Nevada's Statewide Immunization Information System

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RESOURCES

American Academy of Pediatrics:

- For clinicians/health professionals:
 - <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/immunizations/Pages/Communicating-with-Families.aspx>
- For parents:
 - <https://www.healthychildren.org>

Immunization Action Coalition: www.immunize.org

Centers for Disease Control and Prevention (CDC):

www.cdc.gov/vaccines/partners

Vaccine Education Center - CHOP:

www.chop.edu/centers-programs/vaccine-education-center

UNICEF: <https://vaccinemisinformation.guide/>





ONLINE COURSE

Preventing and Treating Influenza
During the COVID-19 Pandemic

PediaLink
The AAP Online Learning Center



Preventing and Treating Influenza During the COVID-19 Pandemic

AVAILABLE:
09/28/2020 - 09/27/2021

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Register



<https://shop.aap.org/preventing-and-treating-influenza-during-the-covid-19-pandemic/>



Thank You





Diego Rivera Detroit Industry 1933, fresco, Detroit Institute of Arts

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LAST MINUTE QUESTIONS & HOUSEKEEPING ITEM REVIEW

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