Understanding and Addressing Parent Questions about Childhood Vaccines: Insights from Recent Communications Research and Practice

A collaboration between:

CDC's Current Issues in Immunization NetConference

NVPO's UpShot Webinar Series

Today's Agenda

Introduction

Glen Nowak, PhD, Professor of Advertising and Public Relations, Grady College of Journalism and Mass Communication, and Communications Consultant, National Vaccine Program Office

First-time Mothers and Vaccine-related Information: Initial Findings from a Longitudinal Study

Allison Fisher, MPH, Health Communications Specialist, National Center for Immunization and Respiratory Diseases, Health Communication Science Office, Centers for Disease Control and Prevention

Strategies to Strengthen Adolescent Vaccination in the Clinics and Health Care Settings

Henry Bernstein, DO, MHCM, FAAP, Associate Editor of American Academy of Pediatrics' Redbook Online, ex-officio member of the American Academy of Pediatrics' Committee on Infectious Diseases (COID), and Professor of Pediatrics, Hofstra Northwell School of Medicine

Using a Community Campaign to Promote Childhood Vaccination: Lessons Learned in Vermont

Nancy Erickson, Public Health Communication & Policy Advisor, Vermont Department of Health

Learning Objectives

1. Describe an emerging immunization issue
2. List a recent immunization recommendation made by the Advisory Committee on Immunization Practices
3. Locate resources relevant to current immunization practice
4. Implement disease detection and prevention health care services (e.g., smoking cessation, weight reduction, diabetes screening, blood pressure screening, immunization services) to prevent health problems and maintain health

Continuing Education Information

- For CE credit go to:

  www2a.cdc.gov/TCEOnline

- CE credit expires: **November 20, 2017**
- Course Code: **WC2661-101717**
- Instructions available in the resource pod

For Questions About …

The Online CE System

- Phone: 1-800-41-TRAIN
- Email: CE@cdc.gov

Immunization

- Phone: 1-800-CDC-INFO
  Monday through Friday from 8 a.m. to 8 p.m. ET
- Email: NIPInfo@cdc.gov

Do You Have A Question?

Please enter your question into the Q&A pod

Disclosure Statements

In compliance with continuing education requirements, all presenters must disclose any financial or other associations with the manufacturers of commercial products, suppliers of commercial services, or commercial supporters as well as any use of unlabeled product(s) or product(s) under investigational use.

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NVPO and the National Vaccine Plan

- The National Vaccine Plan (NVP) is the nation's leading roadmap for a 21st century vaccine and immunization enterprise.
- The NVP has five overarching goals:
  - Develop new and improved vaccines
  - Enhance the vaccine safety system
  - Support communications to enhance informed vaccine decision-making
  - Ensure a stable supply of, access to, and better use of recommended vaccines in the United States
  - Increase global prevention of death and disease through safe and effective vaccination

Goal 3: Support communications to enhance informed vaccine decision-making

- Communication research increases our understanding of the nature of informed decision-making and the elements that support such decisions.
- Health care providers, the public health community, and others can serve as strong and credible immunization advocates about the risk of vaccine-preventable diseases, the benefits of vaccination, recommended schedules, the supply and financing of vaccines, and the possible risks associated with vaccination.

First-time Mothers and Vaccine-related Information: Initial Findings from a Longitudinal Study

Allison Fisher, MPH, Health Communications Specialist, National Center for Immunization and Respiratory Diseases, Health Communication Science Office, Centers for Disease Control and Prevention

First-time Mothers and Vaccine-related Information: Initial Findings from a Longitudinal Study

National Center for Immunization & Respiratory Diseases

Allison Fisher, MPH

October 17, 2017

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CDC Research and Communication Activities

- CDC conducts ongoing mixed-method research into parent, patient, and healthcare provider (HCP) knowledge and attitudes regarding vaccines
- Research informs our understanding and shapes our education and outreach efforts across the lifespan
- Recent studies include:
  - Qualitative and quantitative research with pregnant women and prenatal care providers regarding maternal vaccinations
  - Surveys with parents and pediatricians regarding barriers and facilitators to on-time HPV vaccination
  - Focus groups and surveys to understand decision-making for adult vaccines
  - Ongoing surveys with parents and clinicians regarding infant vaccination knowledge, attitudes, and behaviors
- Focus today on one ongoing project

Longitudinal Mothers' Survey: Goal and Objectives

- Goal:
  - Examine mothers' knowledge, attitudes, beliefs, behaviors, and information needs throughout the vaccination process, from the second trimester of pregnancy to their child's 19th month of life
- Objectives:
  - Understand how mothers' needs, expectations, and attitudes change over time, and identify how best to meet those needs and expectations
  - Identify any critical decision points in the vaccination process

Longitudinal Mothers' Survey: Methods

- Series of 7 online surveys sent to a panel of 200 pregnant women/first-time moms beginning in their second trimester of pregnancy and ending when their child was 19 months old
  - 169 participants completed all 7 surveys (84.5% completion rate)
  - Excluded women under age 18, women pregnant with more than one baby, and women who reported that they would not accept any vaccines for their child
- Surveys were fielded from 6/14 through 3/16
- Conducted in partnership with NVPO
- Results from the baseline survey were presented at September 2015 NVAC meeting and published later that year[1]

JL Weiner, et al. Childhood immunizations: First time expectant mothers' knowledge, beliefs, intentions, and behaviors. Vaccine. 2015;33(S4):D92-8.

Planned and Self-reported Vaccination Behavior

- Most mothers (90%) had decided on vaccine plans by the baseline survey, and there was little variation between planned and actual behavior over the course of the surveys

	2nd Trimester	3rd Trimester	Post-2 month Visit	Post-4 month Visit	Post-6 month Visit	Post-12 month Visit	Post-15-18 month Visit
Receive all as scheduled	75	68.3	77.5	79.5	82.2	77.9	82.3
Receive all but space out or delay	10.5	16.1	15.2	13.6	10.9	13.4	13
Receive some but not all	4	4.3	5.6	6.3	6.3	7.6	4.1
Receive none			0.6		0.6	1.2	0.6
Not yet decided	10.5	11.3	1.1	0.6			

Vaccine Interest, Self-reported Knowledge, and Confidence

- Interest in vaccines as a topic was highest before the baby was born, with 48% reporting that they were "very interested" at baseline; however, over 1/3 of participants were still "very interested" after their child's 15-18 month visit
- Even after several vaccine visits, only 22% of mothers reported being "very satisfied" with their current level of knowledge regarding childhood vaccines
  - This did go up steadily with time and experience (6% at baseline)
- Confidence in the safety, effectiveness, and value of vaccines was stable during pregnancy but increased over time as children attended well-baby visits

Communication about Vaccines at Office Visits

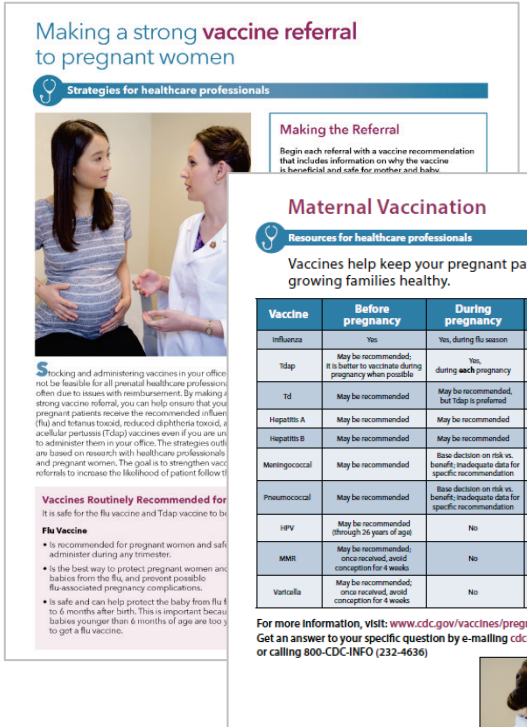
- Discussion about vaccine questions or concerns was most common at the 2-month visit (see below); participants also reported little discussion with their prenatal HCP about their baby's vaccines
- Satisfaction with vaccine discussions was stable across visits, but there was room for improvement

	Post-2 month Visit	Post-4 month Visit	Post-6 month Visit	Post-12 month Visit	Post-15-18 month Visit
Doctor	74.7	58.0	52.3	55.8	51.5
Nurse or nursing assistant	8.4	8.5	9.8	13.4	11.8
Nurse practitioner or physician assistant	5.1	5.7	5.7	2.3	1.2
Other	0.6			0.6	
I did not have any questions or concerns for my child's doctor or nurse about vaccines	10.7	26.7	31.6	27.3	34.9

Longitudinal Mothers' Survey: Conclusions

- Maternal decisions on vaccine acceptance were almost always made before a child was born and remained relatively stable over time
- Confidence in vaccines was relatively high and stable, but did increase with time and experience
- Participants most commonly spoke with their child's doctor about their vaccine questions and concerns; these discussions were most common at the 2-month well visit
- There is room for improvement in mothers' perceived satisfaction with vaccine discussions during office visits

Maternal Vaccination Print Resources



Making a strong **vaccine referral** to pregnant women

Strategies for healthcare professionals

Making the Referral

Begin each referral with a vaccine recommendation that includes information on why the vaccine is beneficial and safe for mother and baby.

Stocking and administering vaccines in your office not be feasible for all prenatal healthcare profession often due to issues with reimbursement. By making a strong vaccine referral, you can help ensure that you pregnant patients receive the recommended influen (flu) and tetanus toxoid, reduced diphtheria toxoid, a acellular pertussis (Tdap) vaccines even if you are un to administer them in your office. The strategies outli are based on research with healthcare professionals and pregnant women. The goal is to strengthen vacc referrals to increase the likelihood of patient follow t

Vaccines Routinely Recommended for

It is safe for the flu vaccine and Tdap vaccine to b

Flu Vaccine

- Is recommended for pregnant women and saf administer during any trimester.
- Is the best way to protect pregnant women an babies from the flu, and prevent possible flu-associated pregnancy complications.
- Is safe and can help protect the baby from flu f to 6 months after birth. This is important becau babies younger than 6 months of age are too y to get a flu vaccine.

Maternal Vaccination

Resources for healthcare professionals

Vaccines help keep your pregnant patients and their growing families healthy.

Last Updated September, 2016

Vaccine	Before pregnancy	During pregnancy	After pregnancy	Type of vaccine
Influenza	Yes	Yes, during flu season	Yes	Inactivated
Tdap	May be recommended; it is better to vaccinate during pregnancy when possible	Yes, during **each** pregnancy	Yes, immediately postpartum, if Tdap never received in lifetime; it is better to vaccinate during pregnancy	Toxoid/ Inactivated
Td	May be recommended	May be recommended, but Tdap is preferred	May be recommended	Toxoid
Hepatitis A	May be recommended	May be recommended	May be recommended	Inactivated
Hepatitis B	May be recommended	May be recommended	May be recommended	Inactivated
Meningococcal	May be recommended	Base decision on risk vs. benefit; inadequate data for specific recommendation	May be recommended	Inactivated
Pneumococcal	May be recommended	Base decision on risk vs. benefit; inadequate data for specific recommendation	May be recommended	Inactivated
HPV	May be recommended (through 26 years of age)	No	May be recommended (through 26 years of age)	Inactivated
MMR	May be recommended; once received, avoid conception for 4 weeks	No	May be recommended	Live
Varicella	May be recommended; once received, avoid conception for 4 weeks	No	May be recommended	Live

For more information, visit: www.cdc.gov/vaccines/pregnancy
Get an answer to your specific question by e-mailing cdcinfo@cdc.gov
or calling 800-CDC-INFO (232-4636)

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

Mamá tú siempre protegerás a tu pequeño milagro.

Empieza ahora con tu vacuna contra la tosferina.

La tosferina (whooping cough) puede enfermar a los bebés recién nacidos durante los primeros meses de vida.

Habla con tu médico o conocida co

What Vaccines to Expect When You're Expecting

Information for pregnant women

The CDC wants you to know that vaccines are an important part of a healthy pregnancy. Certain diseases can be very serious for you and your developing baby during your pregnancy. Getting vaccines during your pregnancy can help protect you both and provide your newborn with some early disease protection.

Pregnant women should get:

- Flu vaccine
- Whooping cough vaccine (also called Tdap)

Your ob-gyn, midwife, or other healthcare professional may recommend other vaccines either before, during, or after your pregnancy. Talk to your healthcare professional about including vaccines as part of a healthy pregnancy.

You can find more information at www.cdc.gov/vaccines/pregnancy

Puedes empezar a proteger a tu bebé de **la tosferina** desde antes del nacimiento

Información para las mujeres embarazadas

Cuando tú te vacunas contra la tosferina durante tu tercer trimestre, tu bebé nacerá protegido contra esta enfermedad.

¿Por qué tengo que vacunarme contra la tosferina durante mi embarazo?

¿Es segura esta vacuna para mí y para mi bebé?

Si me aplicaron esa vacuna hace poco, ¿por qué me tengo que vacunar nuevamente?

You can start protecting your baby from whooping cough before birth

Information for pregnant women

When you get the whooping cough vaccine during your 3rd trimester, your baby will be born with protection against whooping cough.

Why do I need to get a whooping cough vaccine while I am pregnant?

Is this vaccine safe for me and my baby?

If I recently got this vaccine, why do I need to get it again?

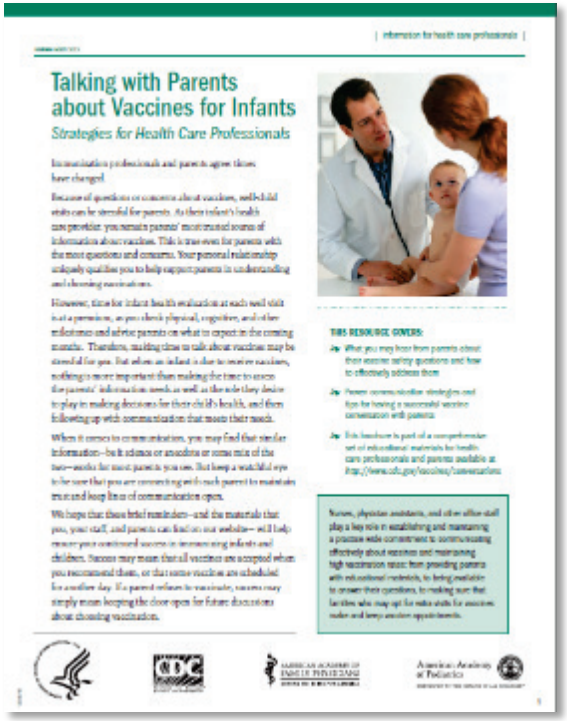
Are babies even getting whooping cough anymore in the United States?

www.cdc.gov/whoopingcough

www.cdc.gov/vaccines/pregnancy

Provider Resources for Vaccine Conversations with Parents

- Developed with partners AAP and AAFP
- Based on formative research and reviewed reguarly
- Uses risk communication principles
- Provides information for conversations on vaccines, vaccine safety, and vaccine preventable diseases
- Includes supplemental resources for parents

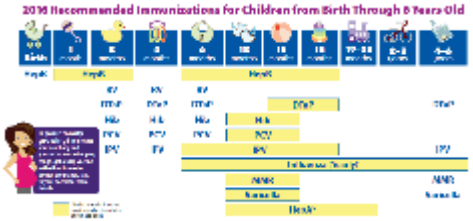


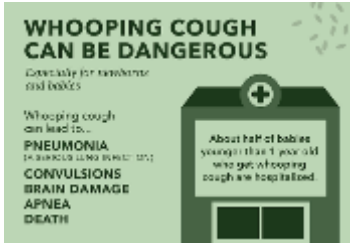
Talking with Parents about Vaccines for Infants

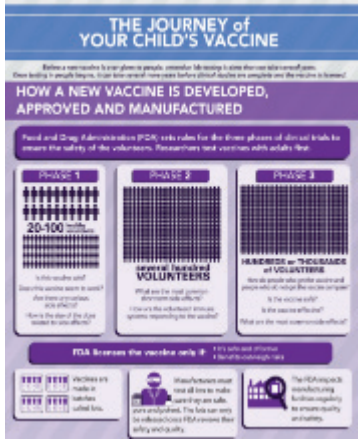
Strategies for Health Care Professionals

www.cdc.gov/vaccines/conversations

Resources for Parents







www.cdc.gov/vaccines/partners/childhood/multimedia.html

Resources for Parents:
If you Choose not to Vaccinate

- For parents who are considering or have decided to delay or refuse recommended vaccines
  - Tested in our cognitive interviews with vaccine hesitant parents
- Discusses:
  - Steps to take before or during an outbreak to help protect their family and community
  - The importance of notifying healthcare professionals that a child is not fully vaccinated
  - Considerations when travelling
- Main message: this is not a risk-free choice

If You Choose Not to Vaccinate Your Child, | Information for parents |

Understand the Risks and Responsibilities.

If you choose to delay some vaccines or reject some vaccines entirely, there can be risks. Please follow these steps to protect your child, your family, and others.

With the decision to delay or reject vaccines comes an important responsibility that could save your child's life, or the life of someone else.

Any time that your child is ill and you:

- call 911;
- ride in an ambulance;
- visit a hospital emergency room; or
- visit your child's doctor or any clinic

you must tell the medical staff that your child has not received all the vaccines recommended for his or her age.

Keep a vaccination record easily accessible so that you can report exactly which vaccines your child has received, even when you are under stress.

Telling healthcare professionals your child's vaccination status is essential for two reasons:

- When your child is being evaluated, the doctor will need to consider the possibility that your child has a vaccine-preventable disease. Many of these diseases are now uncommon, but they still occur, and the doctor will need to consider that your child may have a vaccine-preventable disease.
- The people who help your child can take precautions, such as isolating your child, so that the disease does not spread to others. One group at high risk for contracting disease is infants who are too young to be fully vaccinated. For example, the measles vaccine is not usually recommended for babies younger than 12 months. Very young babies who get measles are likely to be seriously ill, often requiring hospitalization. Other people at high risk for contracting disease are those with weaker immune systems, such as some people with cancer and transplant recipients.

Before an outbreak of a vaccine-preventable disease occurs in your community:

- Talk to your child's doctor or nurse to be sure your child's medical record is up to date regarding vaccination status. Ask for a copy of the updated record.
- Inform your child's school, childcare facility, and other caregivers about your child's vaccination status.
- Be aware that your child can catch disease from people who don't have any symptoms. For example, Hib meningitis can be spread from people who have the bacteria in their body but are not ill. You can't tell who is contagious.

CDC | U.S. Department of Health and Human Services, Centers for Disease Control and Prevention | American Academy of Family Physicians | American Academy of Pediatrics

Summary

- CDC routinely conducts lifespan research and evaluation to inform vaccine communication and education activities with HCPs and the general public
- Parent confidence in vaccines nationally is high and stable, and reflects high coverage with recommended childhood vaccines
- Pregnant women we surveyed were generally supportive of vaccines, and most had decided on a plan for vaccination before their child's birth
- Regardless of vaccination behavior, most parents discuss vaccines with their child's doctor; our communication efforts work to support both HCPs and parents in these discussions

For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

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Strategies to Strengthen Adolescent Vaccination in the Clinics and Health Care Settings

Henry Bernstein, DO, MHCM, FAAP, Associate Editor of American Academy of Pediatrics' Redbook Online, ex-officio member of the American Academy of Pediatrics' Committee on Infectious Diseases (COID), and Professor of Pediatrics, Hofstra Northwell School of Medicine

Optimizing Adolescent Immunizations

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American Academy of Pediatrics
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Recommended 2017 Universal Immunization Schedule

Vaccine	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18 mos	19-23 mos	2-3 yrs	4-6 yrs	7-10 yrs	11-12 yrs	13-15 yrs	16 yrs	17-18 yrs
Hepatitis B[7] (HepB)	1st dose	2nd dose			3rd dose												
Rotavirus[2] (RV) RV1 (2-dose series); RV5 (3-dose series)			1st dose	2nd dose	See footnote 2												
Diphtheria, tetanus, & acellular pertussis[3] (DTaP: <7 yrs)			1st dose	2nd dose	3rd dose			4th dose				5th dose					
Haemophilus influenzae type b[4] (Hib)			1st dose	2nd dose	See footnote 4		3rd or 4th dose, See footnote 4										
Pneumococcal conjugate[5] (PCV13)			1st dose	2nd dose	3rd dose		4th dose										
Inactivated poliovirus[6] (IPV: <18 yrs)			1st dose	2nd dose	3rd dose							4th dose					
Influenza[7] (IIV)					Annual vaccination (IIV) 1 or 2 doses									Annual vaccination (IIV) 1 dose only			
Measles, mumps, rubella[8] (MMR)					See footnote 8		1st dose					2nd dose					
Varicella[9] (VAR)							1st dose					2nd dose					
Hepatitis A[10] (HepA)							2-dose series, See footnote 10										
Meningococcal[11] (Hib-MenCY ≥6 weeks; MenACWY-D ≥9 mos; MenACWY-CRM ≥2 mos)			See footnote 11											1st dose		2nd dose	
Tetanus, diphtheria, & acellular pertussis[12] (Tdap: ≥7 yrs)														Tdap			
Human papillomavirus[13] (HPV)														See footnote 13			
Meningococcal B[11]															See footnote 11		
Pneumococcal polysaccharide[5] (PPSV23)											See footnote 5						

Range of recommended ages for all children

Range of recommended ages for catch-up immunization

Range of recommended ages for certain high-risk groups

Range of recommended ages for non-high-risk groups that may receive vaccine, subject to individual clinical decision making

No recommendation

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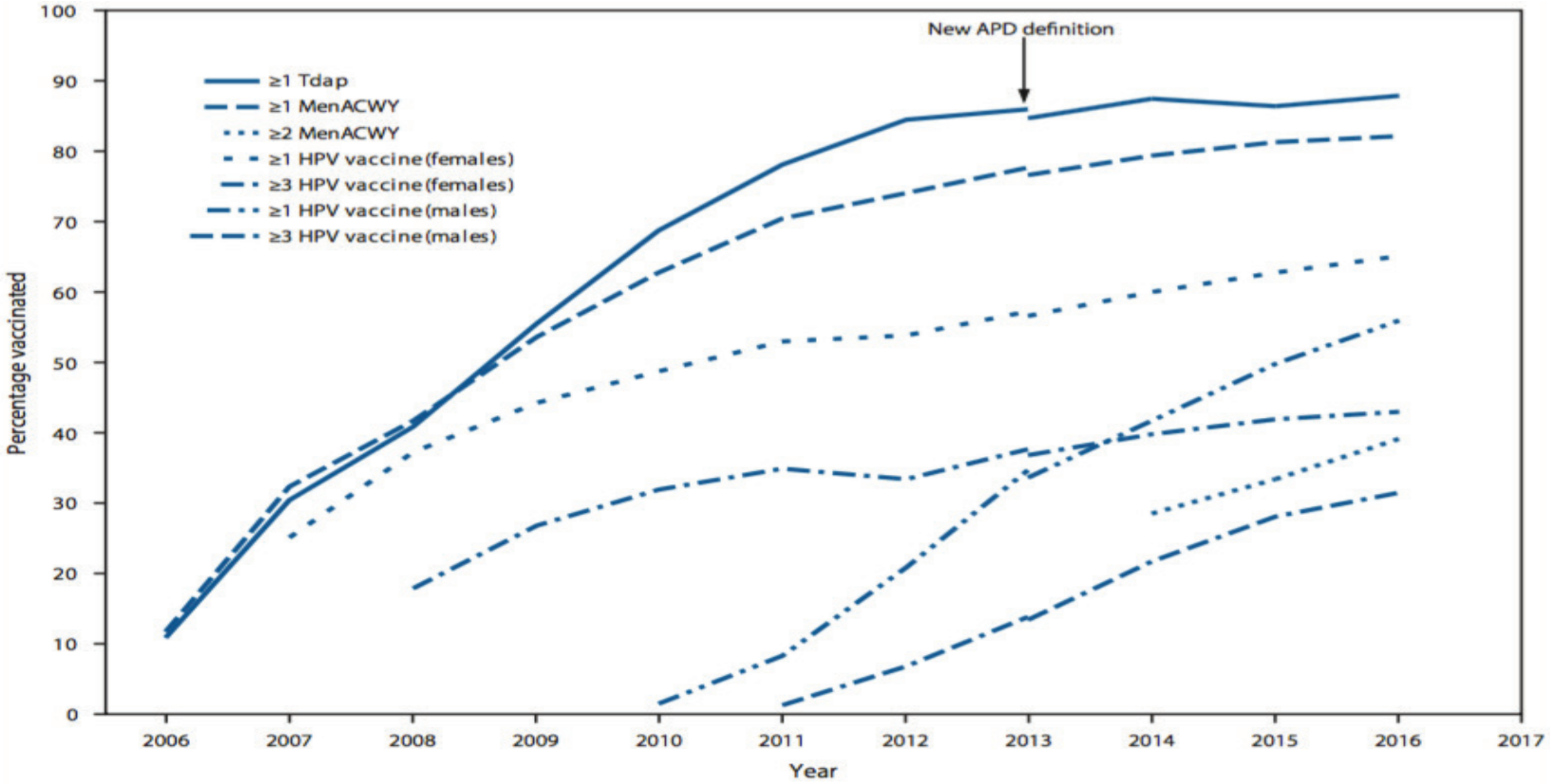
No recommendation

Vaccination Coverage Among Adolescents 13-17 U.S., 2006-2016



MMWR August 25, 2017 / 66(33);874–882

Provider Recommendation Matters

Table 1: Major Reasons Parents Report Nonreceipt of Tdap, MenACWY, or HPV Vaccines

Reasons	No Provider Recommendation			With Provider Recommendation		
	Tdap	MenACWY	HPV	Tdap	MenACWY	HPV
Provider did not recommend	**33.7**	**49.1**	**16.3**	N/A	N/A	N/A
Lack of knowledge	23.7	19.1	17.0	32.6	7.4	22.3
Not necessary	20.8	18.3	20.4	15.0	18.2	15.3
Not age appropriate	5.8	4.4	5.8	5.7	15.2	7.2
Not a school requirement	1.9	5.7	N/A	0.7	5.6	N/A
Not sexually active	N/A	N/A	19.1	N/A	N/A	20.1
Safety concerns	0.8	0.5	8.7	1.0	3.6	12.9

Dorell C, Yankey D, Strasser S. Parent-reported reasons for nonreceipt of recommended adolescent vaccinations, National Immunization Survey—Teen, 2009. *Clin Pediatr (Phila).* 2011;50(12):1116-1124.

Unhelpful and Helpful Strategies

UNHELPFUL – Directing Style *"This is what you should do"*	HELPFUL – Guiding Style *"May I help you?"*
Righting reflex – using information and persuasion to achieve change	**Giving or signposting appropriate resources**
Missing cues	**Eliciting concerns**
Using jargon	**Asking permission to discuss**
Discrediting information source	**Acknowledging/listening/empathizing**
Overstating vaccine safety	**Determining readiness to change**
Confrontation	**Informing about benefits *and* risks**
	Care with body language

Leask et al. Communicating with parents about vaccination: a framework for healthcare professionals. BMC Pediatrics 2012, 12: 154

Adolescent/Parent Barriers

Decision process about vaccination

- Parents are the primary decision-makers
- Increasing role for adolescents in vaccination decisions

Knowledge about adolescent vaccination

- Lack of awareness about recommended vaccines
- Impact of changing immunization schedules
- Concerns about vaccine safety

Lack of preventive care

- Adolescents do not attend routine preventive care visits
- Families may not receive reminder notices because providers have outdated contact information

Strategies to overcome barriers to adolescent immunization. (Reprinted with permission from Gowda C. Schaffer SE, Dombkowski KJ, Dempsey AF. Understanding attitudes toward adolescent vaccination and the decision-making dynamic among adolescents, parents, and providers. *BMC Public Health*. 2012;12-509.)

Ways to Address Barriers

Motivational interviewing strategies

Treat every encounter as a vaccination opportunity

Decision process about vaccination

- Parents are the primary decision-makers
- Increasing role for adolescents in vaccination decisions

Knowledge about adolescent vaccination

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EDUCATIONAL TOOLS

PROVIDER INTERVENTIONS

REMINDER-RECALL NOTICES

Phone calls, texts, emails

Overcoming Vaccine Hesitancy

- **Strongly endorse** all vaccines
- **Ask** open-ended questions in responding to concerns
- **Remain unwavering** in recommendation
- Focus on **benefits**:
  - HPV prevents cancer
  - MenACWY prevents meningitis
  - Tdap prevents pertussis
- Talk about **why AND when**
- Discuss **evidenced-based** and safety-tested schedule
- **Persevere, persevere, persevere**

Bernstein HH, Bocchini JA Jr; American Academy of Pediatrics, Committee on Infectious Diseases. Practical approaches to optimize adolescent immunization. Pediatrics. 2017;3(139):e20164187

The Importance of Persistence

- Pediatricians reported that they were able to convince ~30% of parents to vaccinate their children after they had initially refused.

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Vaccine Delays, Refusals, and Patient Dismissals: A Survey of Pediatricians

Catherine Hough-Telford, MD,[a] David W. Kimberlin, MD,[a] Inmaculada Aban, MS, PhD,[a] William P. Hitchcock, MD,[b,f] Jon Almquist, MD,[c] Richard Kratz, MD,[d] Karen G. O'Connor, BS[e]

- 47% of initially resistant parents accepted vaccines when providers pursued their original recommendation.

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The Architecture of Provider-Parent Vaccine Discussions at Health Supervision Visits

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Potential Parental Attitudes

Parental Position	Definition	Targeted Strategy
Unquestioning acceptor/immunization advocate	Accepts, does not question, and may be uninformed, but is open to education on vaccines	Build rapport and briefly discuss risks and benefits
Well-informed	Is open-minded	Discuss the risks and benefits thoroughly
Cautious acceptor	Willing to vaccinate despite their awareness of the rare adverse effect profile of vaccines	Build rapport and briefly discuss risks and benefits
Misinformed	Is open to education and, with the appropriate information, is willing to vaccinate	Provide education
Vaccine-hesitant	Has significant concerns about the risks of vaccination	Establish rapport and trust, provide information, and answer questions; use the guiding style
Vaccine refuser	Entirely refuses all vaccines either due to philosophical or religious beliefs	Address concerns; use motivational interviewing

Bernstein HH, Bocchini JA Jr; American Academy of Pediatrics, Committee on Infectious Diseases. Practical approaches to optimize adolescent immunization. Pediatrics. 2017;3(139):e20164187

Informed Decision-Making

| information for parents |

If You Choose Not to Vaccinate Your Child, **Understand the Risks and Responsibilities.**

Reviewed March 2012

If you choose to delay some vaccines or reject some vaccines entirely, there can be risks. Please follow these steps to protect your child, your family, and others.

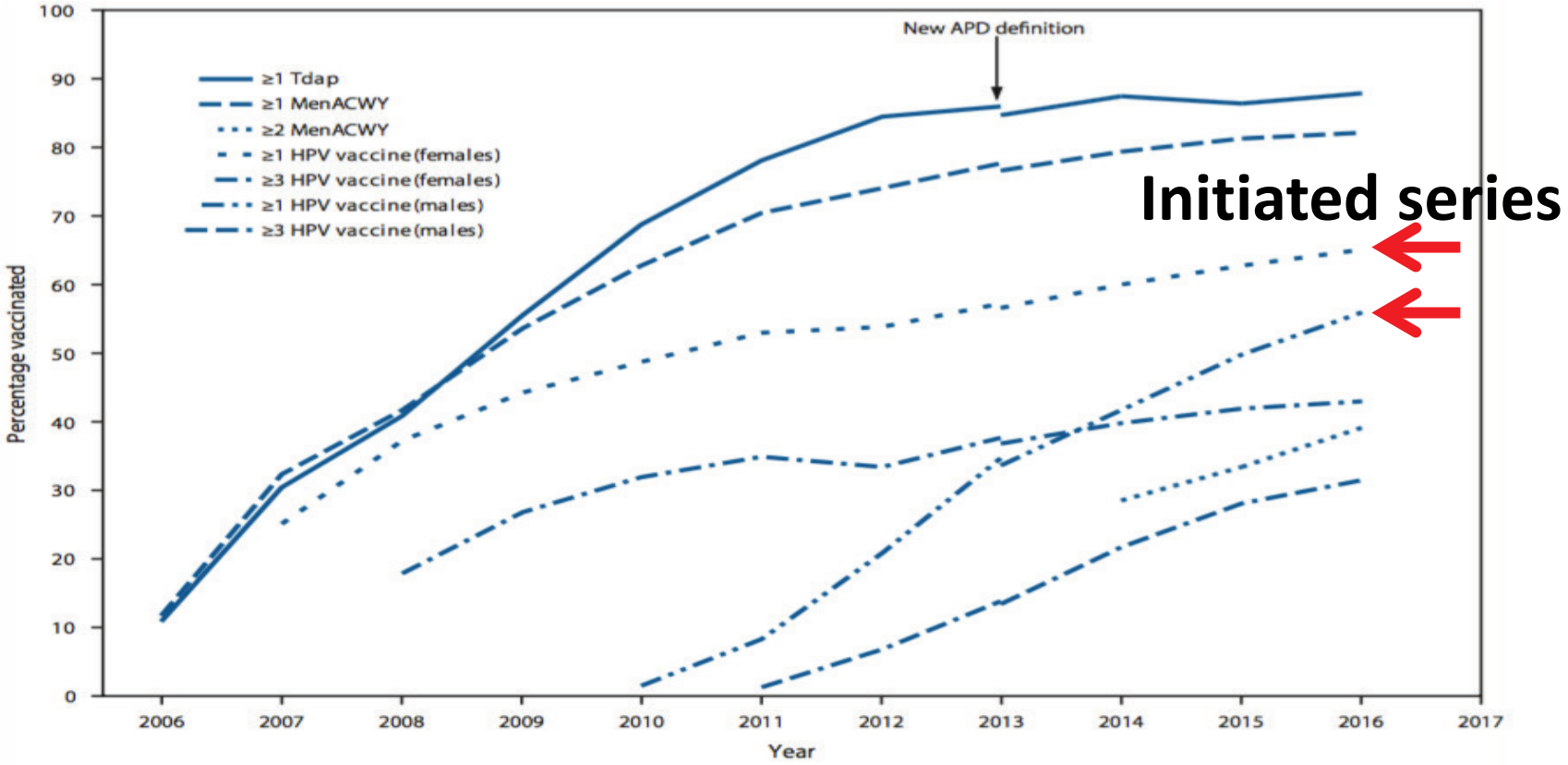
https://www.cdc.gov/vaccines/hcp/patient-ed/conversations/downloads/not-vacc-risks-color-office.pdf

School-Based Interventions

- Schools partnering with local practitioners and clinics
- School nurses

Vaccination requirements for entry

HPV Vaccination Coverage Among Adolescents 13-17 (U.S., 2006-2016)



MMWR August 25, 2017 / 66(33);874–882

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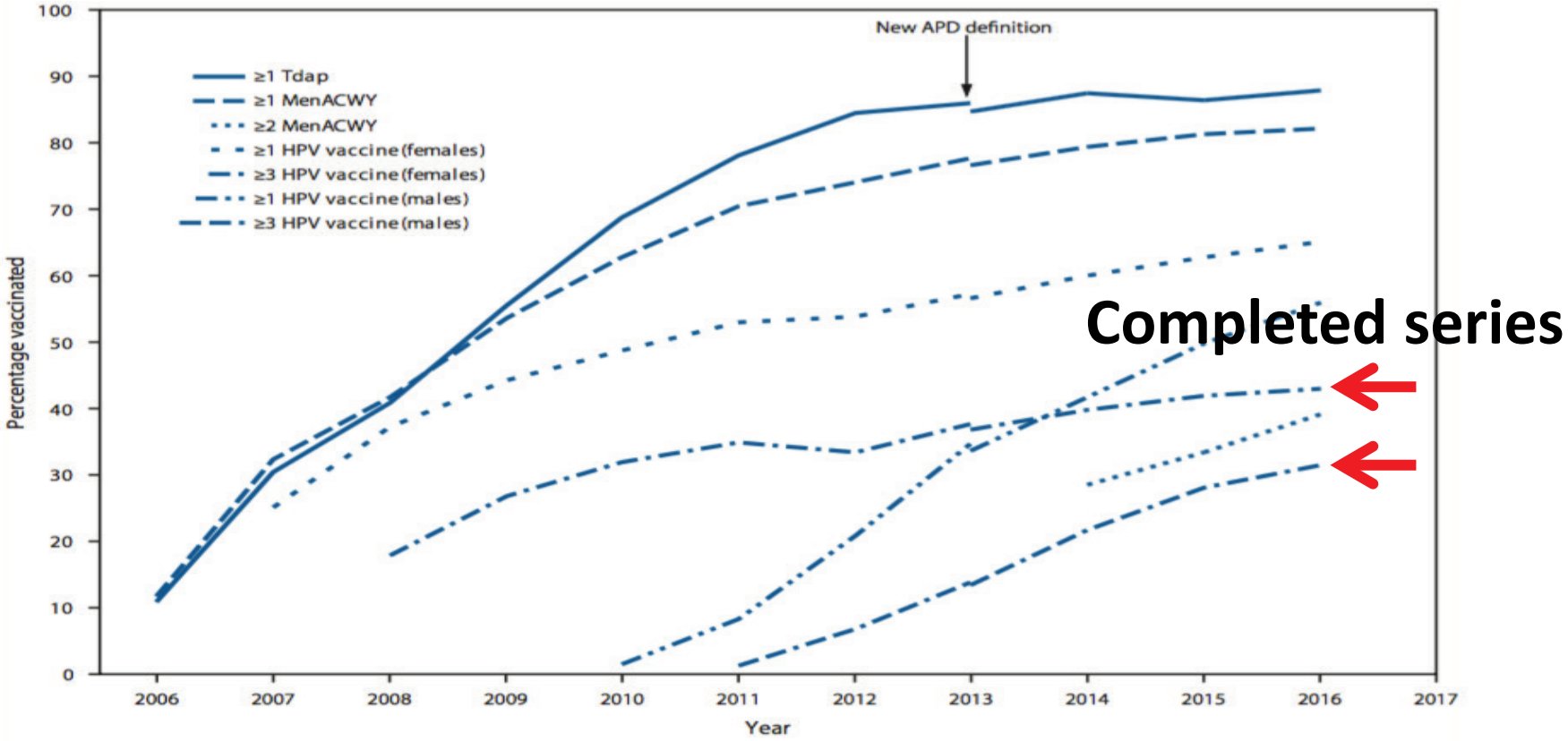

MMWR August 25, 2017 / 66(33);874–882

Top 5 reasons for not vaccinating adolescents against HPV (by gender)

Reason	Parents of Girls		Parents of Boys	
	%	(95% CI)	%	(95% CI)
Lack of knowledge	15.5	(13.0-18.5)	15.5	(13.7-17.6)
Not needed or necessary	14.7	(12.5-17.3)	17.9	(15.9-20.1)
Safety concern/Side effects	14.2	(11.8-16.8)	6.9	(5.6-8.5)
Not recommended	13.0	(10.8-15.5)	22.8	(20.6-25.0)
Not sexually active	11.3	(9.1-13.9)	7.7	(6.4-9.2)

MMWR July 25, 2014. Vol 63. No. 29

Successful Techniques in Advocating for HPV Vaccines

Perspectives of parents

- Want to prevent cancer
- Trust provider recommendations
- Think benefits outweigh the risks
- Want a strong recommendation
- Providers should emphasize cancer prevention

Techniques shared by providers

- Normalize the HPV vaccine
- Co-administer with other vaccines
- Give a strong recommendation

Adapted from Perkins RB et al. Missed Opportunities for HPV Vaccination in Adolescent Girls: A Qualitative Study. *Pediatrics.* Volume 134, Number 3, September 2014. Table 4 Summary of Successful Techniques

Announcement Delivery Strategy in HPV Vaccination

	3-Months Posttraining			6-Months Posttraining		
	Coverage at 3 Mo (%)[a]	Coverage Δ Over Previous 3 Mo (%)[b]	*P*	Coverage at 6 Mo (%)[a]	Coverage Δ Over Previous 6 Mo (%)[b]	*P*
≥1 dose						
Control	37.3	6.4	--	41.2	9.5	--
Announcement	38.0	11.5	**.003***	42.0	14.9	**.02***
Conversation	30.3	8.4	.10	33.7	11.5	.24
≥ 1 dose, girls						
Control	39.6	7.2	--	44.0	11.2	--
Announcement	41.0	12.0	**.004***	45.2	15.7	**.045***
Conversation	33.0	8.8	.21	36.4	11.9	.69
≥ 1 dose, boys						
Control	35.7	6.0	--	39.2	8.4	--
Announcement	35.8	11.6	**.003***	39.7	14.7	**.01***
Conversation	28.3	8.1	.11	31.9	11.3	.13

Adapted Brewer NT, Hall ME, Malo TL, et al. Announcements versus conversations to improve HPV vaccination coverage: a randomized trial. *Pediatrics*. 2017; 139(1):e20161764.

Countering Vaccine Hesitancy: Communication Highlights (1)

- Vaccines are safe and effective, and disease can occur if not immunized
- Individual concerns should be respected and addressed
- Vaccines are thoroughly tested and monitored for safety
- Nonmedical vaccine exemptions increase rates of unvaccinated children
- Unvaccinated children put others at risk

PEDIATRICS
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Countering Vaccine Hesitancy
Kathryn M. Edwards, MD, Jesse M. Hackell, MD, THE COMMITTEE ON INFECTIOUS DISEASES, THE COMMITTEE ON PRACTICE AND AMBULATORY MEDICINE

Countering Vaccine Hesitancy: Communication Highlights (2)

- Strong health care provider commitment to vaccination can influence hesitant parents
- Personalizing vaccine acceptance is often effective
- Most parents accept vaccine recommendations when they are presented as required immunizations
- Current vaccine schedule is the only one recommended by CDC and AAP

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Using a Community Campaign to Promote Childhood Vaccination:

Lessons Learned in Vermont

Nancy Erickson, Public Health Communication & Policy Advisor, Vermont Department of Health

It's OK to ask

About Immunizations: Vermont's Story

October 17, 2017

VERMONT DEPARTMENT OF HEALTH

Nancy Erickson, CPPH • Public Health Communication & Policy Advisor

In the healthiest state…falling childhood immunization rates

VERMONT'S INDEPENDENT VOICE

SEVEN DAYS

The 20th Annive

news+opinion arts+life home+design food music movies e

Community National Bank *presents* **Taste of Newport**
TUESDAY, SEPTEMBER 22ND 5:00PM - 7:00PM

NEWS + OPINION + NEWS DECEMBER 06, 2011

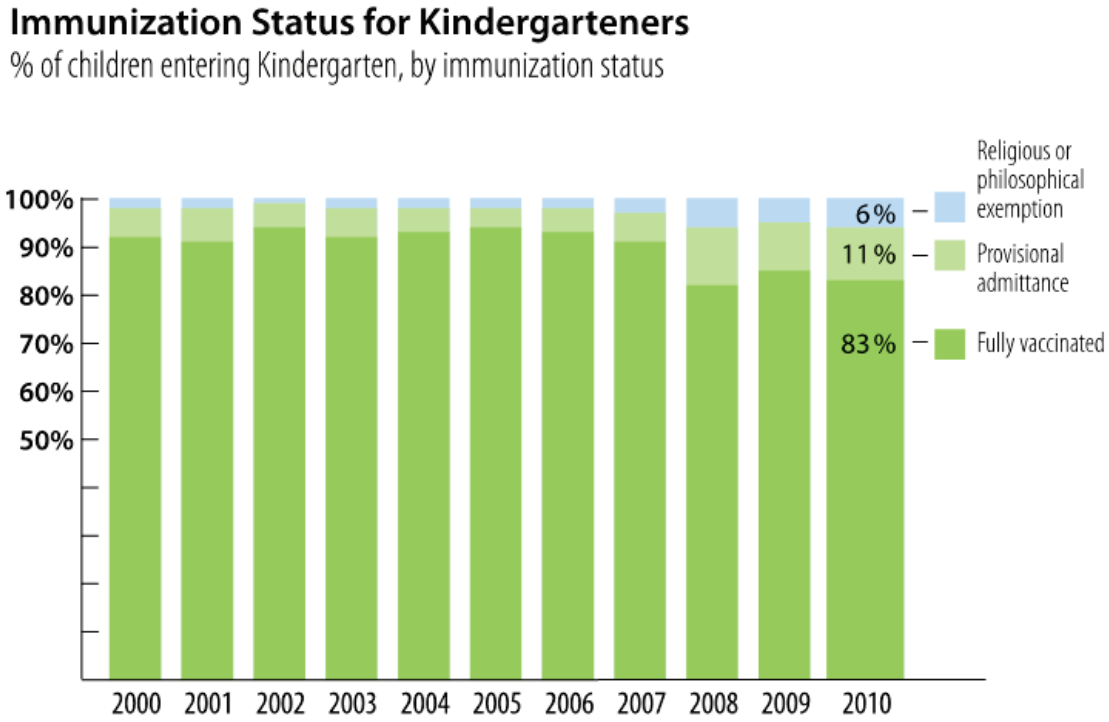
Like 394 Tweet Pin it Email Print Favorite Share

Vermont is the Healthiest State in the Nation... Again

By TYLER MACHADO @TYLERMACHADO

The United Health Foundation has just released the 2011 edition of America's Health Rankings, and once again, **Vermont comes out on top as the healthiest state in the country.**

If you feel like you've heard this before, it might be because Vermont has claimed a sort of health-ranking dominance in the past few years. Our state has come out on top in four out of the past five years, and hasn't finished



Context: Vaccine Questions & Questioners

2009

- Anti-vaccine sentiments at H1N1 flu forums
- Successful school-based vaccine clinics

2010

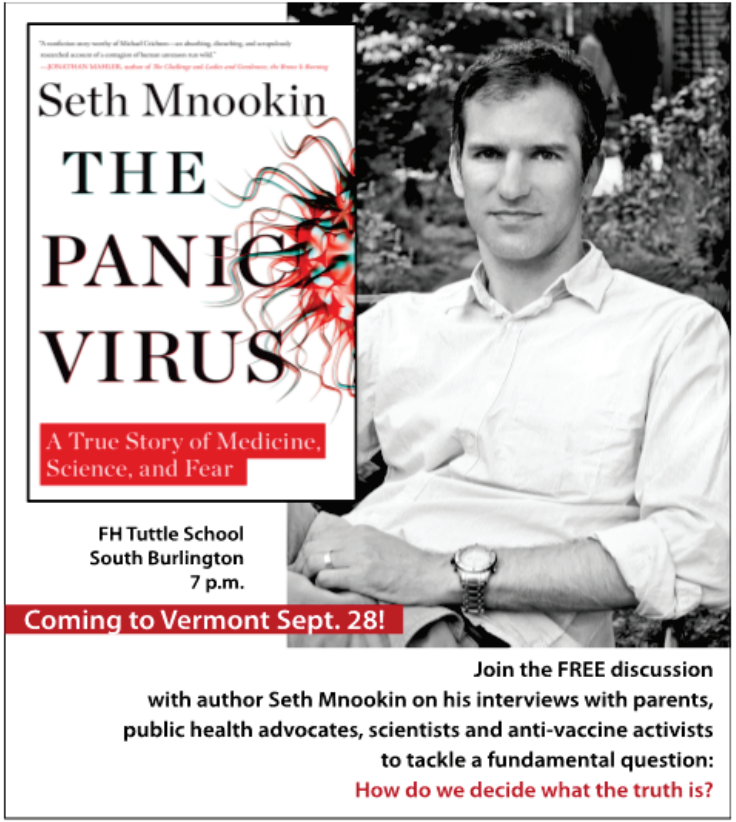
- Health Dept./University of Vermont research on attitudes of vaccine-hesitant moms

2011

- Louder anti-vaccine voices
- Health Dept. Public Health Stat on immunizations

2012

- Whooping cough on the rise – 500+ cases



December 12, 2012

Whooping cough epidemic declared in Vermont

Health department urges all adults to get vaccinated

Dec. 13, 2012 | 5 Comments

Switch

Switch

Tweet 2 | +1 0 | Pin it | A A

Patsy Kelso, state epidemiologist, talks Thursday at the Vermont Department of Health in Burlington about the whooping cough outbreak in Vermont. / TIM JOHNSON/FREE PRESS

Written by
Tim Johnson
Free Press Staff Writer

FILED UNDER

News
Local News

A whooping cough epidemic is affecting Vermont, according to the Vermont Department of Health, which is calling on all adults 19 and older to get vaccinated.

By the end of last week 522 cases of pertussis (as whooping cough is also known) had been reported statewide, Commissioner Harry Chen told a news conference Thursday. That's more than 10 times the usual number for this time of year. More cases are being reported daily, said state epidemiologist Patsy Kelso.

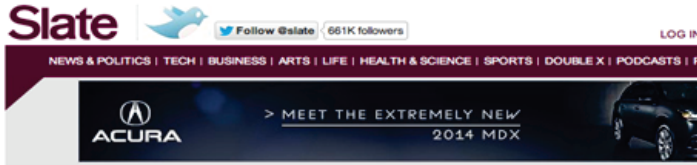
– News Conference –
Health Commissioner
Harry Chen, MD:

"These are epidemic numbers for our small state."

Context: Talking about Immunization

2013

- Legislative battle over ending personal exemption to vaccines required for school entry – the bill does not pass
- Vaccine opponents organize
- Health Dept. ID's funding for social marketing campaign
- Doctors organize (AAP, AAFP)



HOME / MEDICAL EXAMINER : HEALTH AND MEDICINE EXPLAINED.

What's the Matter With Vermont?

Anti-vaccine activists derailed a bill that could have blunted the whooping cough epidemic.

By Helena Rho | Posted Thursday, Feb. 21, 2013, at 11:17 AM

Vermont's State House in Montpelier
Photo by Jordan Silverman/Getty Images

Imagine coughing so hard and for so long that you turn blue and stop breathing. Pertussis, or whooping cough, can do that to an infant. The disease is caused by the bacterium *Bordetella pertussis* and occurs in three stages. The catarrhal stage, characterized by runny mucous, is highly contagious. It's followed by the paroxysmal stage—unstoppable, sustained, violent coughing accompanied by a "whoop" when you inhale. (Listen to a baby with whooping cough here, or see a video of a boy with whooping cough here.) In the final, convalescent stage, a cough can linger for several weeks. Pertussis can affect anyone, but it poses the most danger to infants.

A pertussis vaccine became available in the 1940s, and incidence of the infection dropped from around 200,000 per year to barely over 1,000 by 1976. But today the United States is in the middle of a pertussis epidemic. According to the Centers for Disease Control and Prevention, more than 41,000 cases of pertussis were reported nationwide in 2012. At least 18 people have died, mostly infants younger than 3 months of age—too young to be fully vaccinated. There hasn't been such a major outbreak since 1959. The states with the most cases per

Developing the Campaign 2012 - 2013

- Focus group research with the "fence sitters" – pregnant women & moms who question vaccines
- Confirms campaign objectives, insights and strategies
- Guides creative platform and identity

TARGET AUDIENCE

Persona: Meg

TRAITS

Social

Researches online

Learning from websites to make responsible decisions for her baby

VALUES

Strives to strike a balance: extreme opinions rub her the wrong way

Maintaining her pregnancy "by the book"

MEDIA HABITS

Runs most of her life on her iPad

Uses her smartphone for texting and research

Watches video primarily online and often on her tablet

Reads the community weekly newspaper

MEG – PREGNANT & ON THE FENCE
Town: Middlebury, VT
Age: 27
Family: Married to husband Rob, an engineer
Household Income: $130,000
Education: Ithaca College
Profession: Development Manager at Middlebury College

Developing the Campaign 2012 - 2013

Objective: Raise childhood vaccination rates

Insights:

- Today's parents have no history with the diseases vaccines protect against
- Alternative vaccine schedules are becoming more popular

Campaign Strategies:

- Target the undecided
- Leverage health care professionals
- Create positive, supportive, approachable brand
- Present information in tiers: bite / snack / meal
- Address and acknowledge parents' fears/concerns

Objective: Transform parent hesitancy into confidence in the decision to vaccinate

Insights:

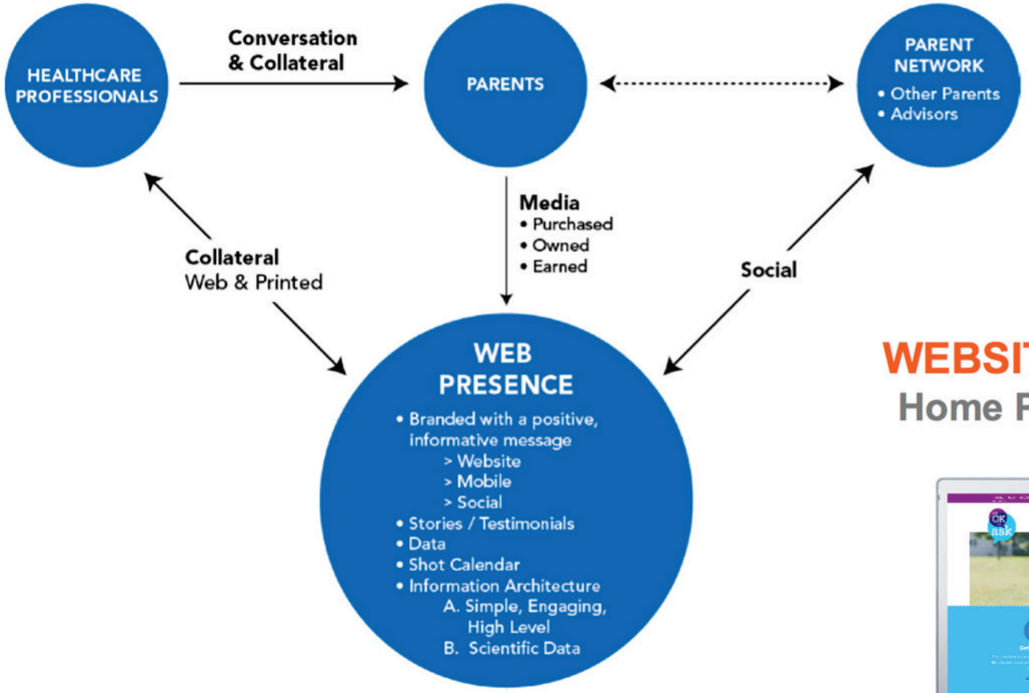
- Focus on the "fence sitters"
- Health care pros are trusted advisors
- The right balance of information affects perception

Campaign Platform & Identity: Key Attributes:

- Genuine
- Factual, balanced, serious
- Impactful
- Non-judgmental

It's OK to ask

PROGRAM ARCHITECTURE



WEBSITE

Home Page

OKtoAskVT.org

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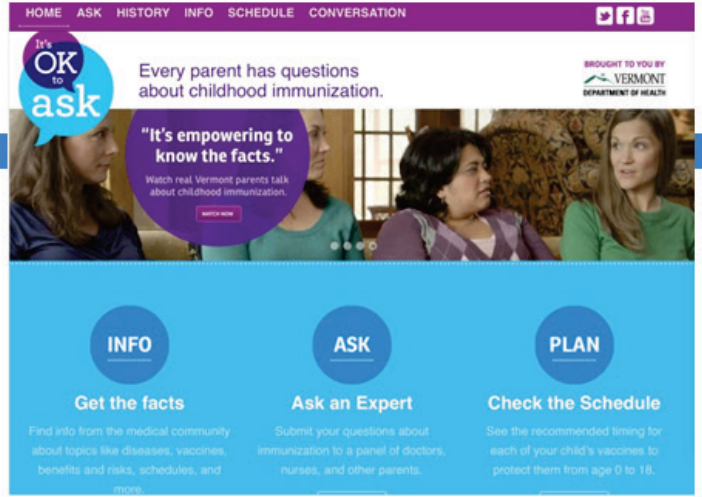
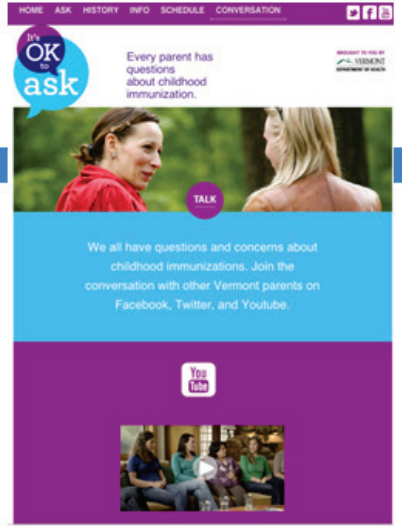
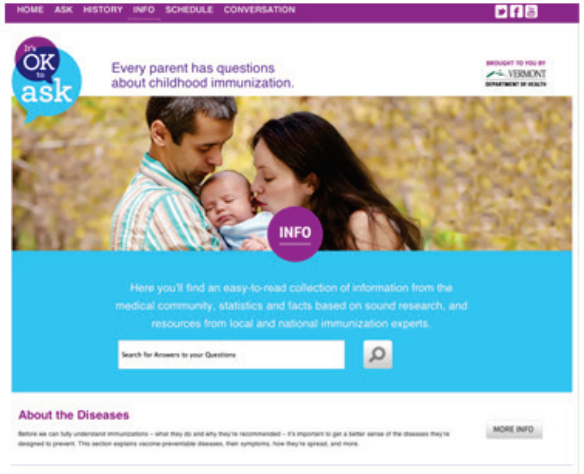
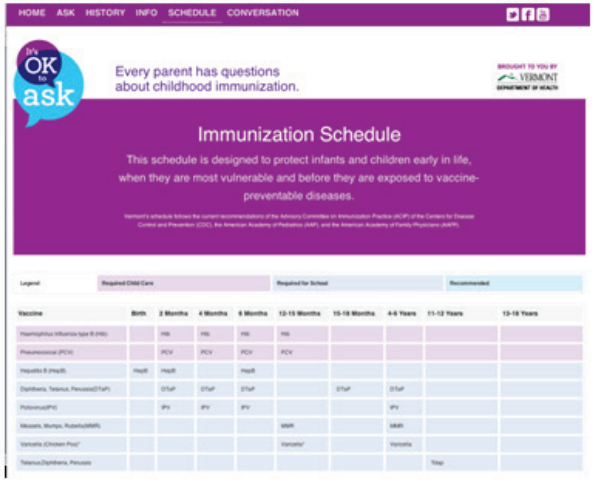








Launching the Campaign – April 2013

HOME ASK HISTORY INFO SCHEDULE CONVERSATION

It's OK to ask

Every parent has questions about childhood immunization.

BROUGHT TO YOU BY VERMONT DEPARTMENT OF HEALTH

"It's empowering to know the facts."

Watch real Vermont parents talk about childhood immunization.

WATCH NOW

INFO

Get the facts

Find info from the medical community about topics like diseases, vaccines, benefits and risks, schedules, and more.

ASK

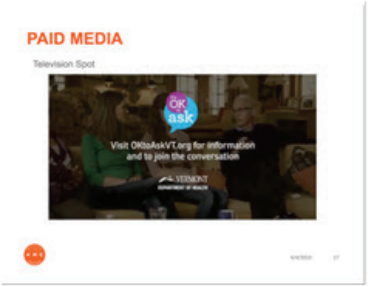
Ask an Expert

Submit your questions about immunization to a panel of doctors, nurses, and other parents.

PLAN

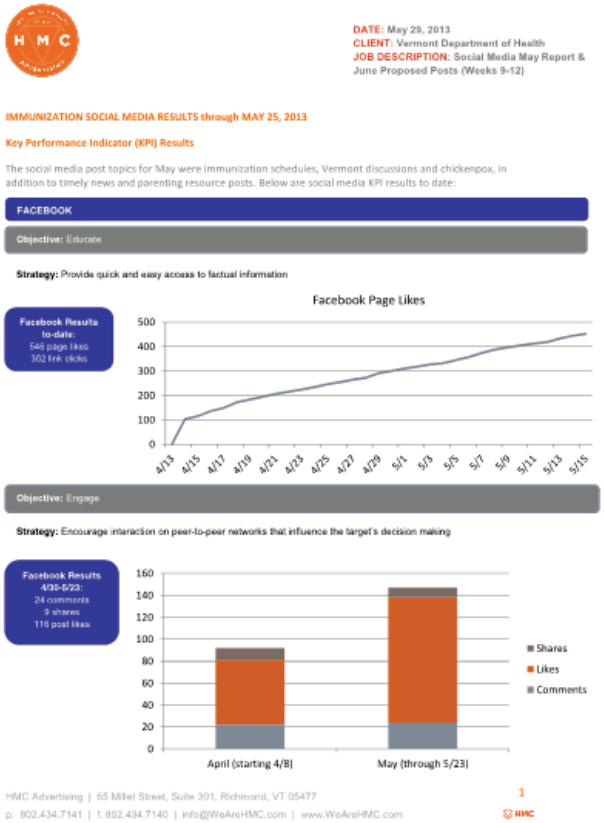
Check the Schedule

See the recommended timing for each of your child's vaccines to protect them from age 0 to 18.



oktoaskvt.org

Results: One month later / One year later



DATE: May 29, 2013
CLIENT: Vermont Department of Health
JOB DESCRIPTION: Social Media May Report & June Proposed Posts (Weeks 9-12)

IMMUNIZATION SOCIAL MEDIA RESULTS through MAY 25, 2013

Key Performance Indicator (KPI) Results

The social media post topics for May were immunization schedules, Vermont discussions and chickenpox, in addition to timely news and parenting resource posts. Below are social media KPI results to date:

FACEBOOK

Objective: Educate

Strategy: Provide quick and easy access to factual information

Facebook Results to-date:
546 page likes
302 link clicks

Objective: Engage

Strategy: Encourage interaction on peer-to-peer networks that influence the target's decision making

Facebook Results 4/30-5/23:
24 comments
9 shares
116 post likes

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August 2014

23,000 unique visits to website

- 1:1 match with # intended audience

Google search results up 250%

- Over year before

Engaged social media users

- 70/day of 2,000+ FB, 600+ Twitter

Vaccination rates at K entry

- 86% have all required vaccines (up 3%)
- 8% admitted provisionally (down 3%)
- 6% with exemption (no change)

Actions and Results

off message VERMONT'S POLITICS & NEWS BLOG

Archives | RSS

Like 1.3k Tweet Pin it Email Print Favorite Share

TUESDAY, MAY 12, 2015

HEALTH / STATEHOUSE

House Votes to End Philosophical Vaccination Exemption

POSTED BY TERRI HALLENBECK ON TUE, MAY 12, 2015 AT 8:56 PM

2013/14 School Year

- School by school IZ rates published online

2015 Legislative Session

- Parents, doctors, health commissioner testimony & stories
- Philosophical (personal belief) exemption ends, eff. 7/1/16

2016/17 School Year

- 90% have all required vaccines at Kindergarten entry
- 6% admitted provisionally
- 4% with exemptions

Kindergarten -12th grade:

- 94% have all required vaccines
- 97% have MMR series

Summary/ Where are we now? PBS Newshour 9/25/17

Goal: Transform vaccine hesitancy into confidence in decision to vaccinate

- Understand your audience. Focus on the fence sitters, not the opponents
- Leverage the credibility of health care professionals. They are trusted advisors.
- Parents seek full factual information to make their own decisions. The right balance and tone affects perception.
- Personal stories/testimonials are powerful .....

healthvermont.gov

Recap

- Maternal decisions on vaccine acceptance are almost always made before a child is born and remain relatively stable
- Parent confidence in vaccines is high nationally. Regardless of vaccination behavior, most parents discuss vaccines with their child's doctor—most commonly at the 2-month well-visit.
- The best predictor of adolescent vaccinations is a strong recommendation
- Acknowledge, listen, and empathize with parent concerns and discuss the benefits and risks
- A factual, genuine, and non-judgmental approach is key for health care providers and public health campaigns—personal stories and testimonials are powerful

Continuing Education Information

- For CE credit go to:

  www2a.cdc.gov/TCEOnline

- CE credit expires: **November 20, 2017**
- Course Code: **WC2661-101717**
- Instructions available in the resource pod

Q&A

Thank You!