

Communicating with Patients about Vaccines

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Disclosures

- ❑ **JoEllen Wolicki is a federal government employee with no financial interest in, or conflict with, the manufacturer of any product named in this presentation.**
- ❑ **The speaker will not discuss a vaccine not currently licensed by the FDA.**
- ❑ **The speaker will not discuss the off-label use of any vaccines.**

What do we know?

BACKGROUND

What We Know...

- ❑ Vaccines protect from serious, often fatal diseases**
- ❑ Vaccines are safe and effective**
- ❑ Record low rates for most VPDs**
- ❑ Increasing number of vaccines for both children and adults**

What We (and Patients) See ...



The Vaccine Book

Making the Right Decision for Your Child

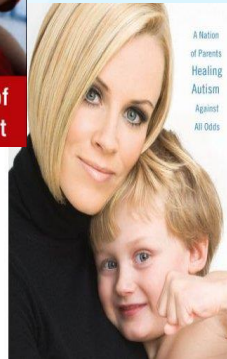
Robert W. Sears, MD, FAAP

Louder than Words



WORRIED ALL THE TIME

Overparenting in an Age of Anxiety and How to Stop It



JENNY MCCARTHY
New York Times Bestselling Author of *Louder Than Words*
MOTHER WARRIORS

A Nation of Parents Healing Autism Against All Odds



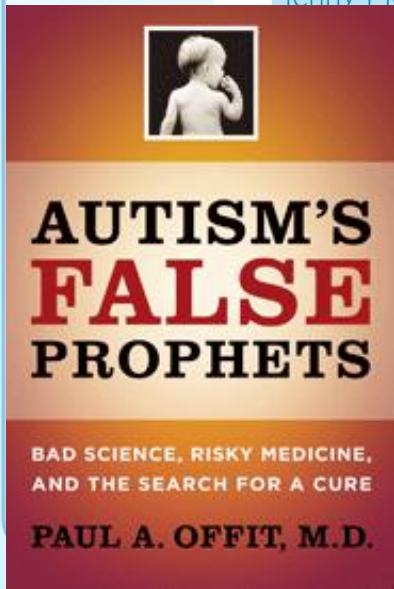
A Mother's Journey in Healing Autism

Jenny McCarthy

author of *Baby Loughs*



Vaccine Injury Compensation



AUTISM'S FALSE PROPHETS

BAD SCIENCE, RISKY MEDICINE, AND THE SEARCH FOR A CURE

PAUL A. OFFIT, M.D.



Amanda Peet
Vaccination spokesperson

GREEN OUR VACCINES
TOO MANY TOO SOON

Recommended Immunization Schedule for Persons Aged 0–6 Years—UNITED STATES • 2008
For those who fall behind or start late, see the catch-up schedule


Vaccine ▼	Age ▶	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	19–23 months	2–3 years	4–6 years
Hepatitis B ¹		HepB	HepB	HepB ²	HepB	HepB						
Rotavirus ³				Rota	Rota	Rota						
Diphtheria, Tetanus, Pertussis ⁴			DTaP	DTaP	DTaP	DTaP ⁵	DTaP					DTaP
Haemophilus influenzae type b ⁶			Hib	Hib	Hib ⁷	Hib						
Pneumococcal ⁸			PCV	PCV	PCV	PCV	PCV					PPV
Inactivated Poliovirus			IPV	IPV	IPV	IPV	IPV					IPV
Influenza ⁹								Influenza (Yearly)				
Measles, Mumps, Rubella ¹⁰							MMR					MMR
Varicella ¹¹							Varicella					Varicella
Hepatitis A ¹²							HepA (2 doses)					HepA Series
Meningococcal ¹³												MCV4

This schedule indicates the recommended ages for routine administration of currently licensed childhood vaccines, as of December 1, 2007, for children aged 0 through 6 years. Additional information is available at www.cdc.gov/vaccines/imz/whatsnew. Any dose not administered at the recommended age should be administered at any subsequent visit, when indicated and feasible. Additional vaccines may be licensed and recommended during the year. Licensed combination vaccines may be used whenever any components of the combination are indicated and other components of the vaccine are not contraindicated and approved by the Food and Drug Administration for that dose of the series. Providers should consult the respective Advisory Committee on Immunization Practices statement for detailed recommendations, including for high-risk conditions: <http://www.cdc.gov/vaccines/imz/whatsnew>. Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS). Guidance about how to obtain and complete VAERS form is available at www.vaers.hhs.gov or by telephone, 800-822-7967.

Less Disease and More Vaccines = More Attention to Vaccine Risks

- ❑ Low disease awareness = increased focus on vaccine risks**
- ❑ Low tolerance for vaccine risks**
- ❑ Full and complicated immunization schedule**

Immunization – A Complex Communication Environment

- ❑ “When prevention works, nothing happens”
- ❑ Dynamic, changing
- ❑ Competing and conflicting
 - Health messages
 - Guidance and advice
 - Purposes and objectives
- ❑ Many places to find and get information
- ❑ Time is often limited
- ❑ Different groups of patients  different interests, different needs

What have we learned?

RESEARCH

Research with Health Care Professionals

□ Guiding principles and lessons learned

- Strong support among health care professionals for the existing immunization schedule
- Discussing vaccine safety issues and concerns with parents is now a standard
- Bottom line is that kids are getting immunized but discussion and education are taking longer than in the past
- Health care professionals are still the most trusted source of vaccine information and advice for most parents
- Educational materials should supplement—not replace—conversations between health care professionals and parents

Research with Parents

- ❑ 2008 through 2011 HealthStyles parent mail surveys
- ❑ 2008 and 2009 focus group research with mothers
- ❑ 2008 online testing of draft educational materials with mothers
- ❑ 2010 and 2012 national poll of parent vaccine attitudes and behaviors
- ❑ 2010 cognitive interviews and focus groups with mothers to test readability of Vaccine Information Statements (VIS)
- ❑ 2011 focus groups and intercept interviews with parents to discuss vaccination barriers and facilitators and to test message concepts
 - Includes research with high and low acculturation Hispanic parents and with fathers

Parents

❑ Mothers

- Are the decision makers when it comes to their children's health.
- Consistently listed doctor's visits and immunizations among the most important things you can do to keep your children healthy.
- Questioned the need for vaccinations based on concerns about efficacy or a perceived low prevalence of VPDs
- Most often turn to their children's doctors if they have questions.
- Want to hear consistent things from multiple sources they deem credible.

❑ **The internet also was a frequently cited source of information, primarily through the use of search engines (e.g., Google).**

❑ **Stories and personal recommendations from doctors had an impact.**

What We Hear about Vaccine Conversations...

□ Health care professionals say:

- “A hot topic...brought up by many parents.”
- “I’ve spent more time talking to patients in the last 5 years [about vaccines] than...in the previous 20.”
- “Sometimes I feel like a car salesman. It wears you down after a while.”

What We Hear about Vaccine Conversations...

□ Patients say:

- “...when I was talking to my physician, I almost felt a slight bit of anger when I told him I didn’t want to do all the shots at the same time...I feel like we were going back and forth about it.”
- “I switched doctors...the first physician...used a lot of big words. I really could never even understand what she was talking about. I go to...doctor who welcomes all of your questions...”
- “I trust my doctor...He went to med school. He knows way more than I will by seeing it on my computer.”

What can we do?

COMMUNICATION STRATEGIES

Communication Challenges

❑ Provider

- Has little time for discussion
- Suffers a sense of rejection as wise advisor

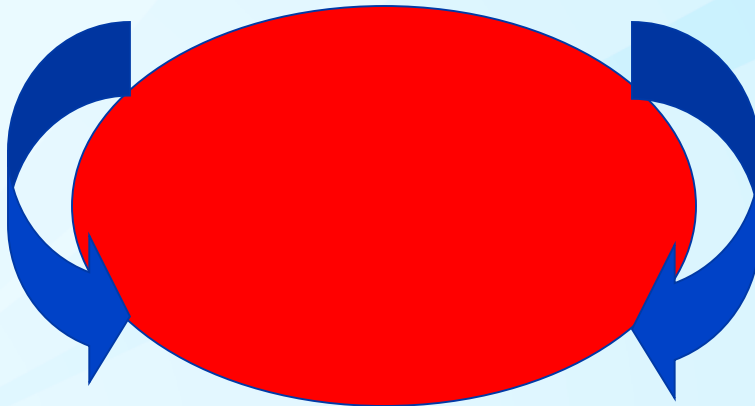
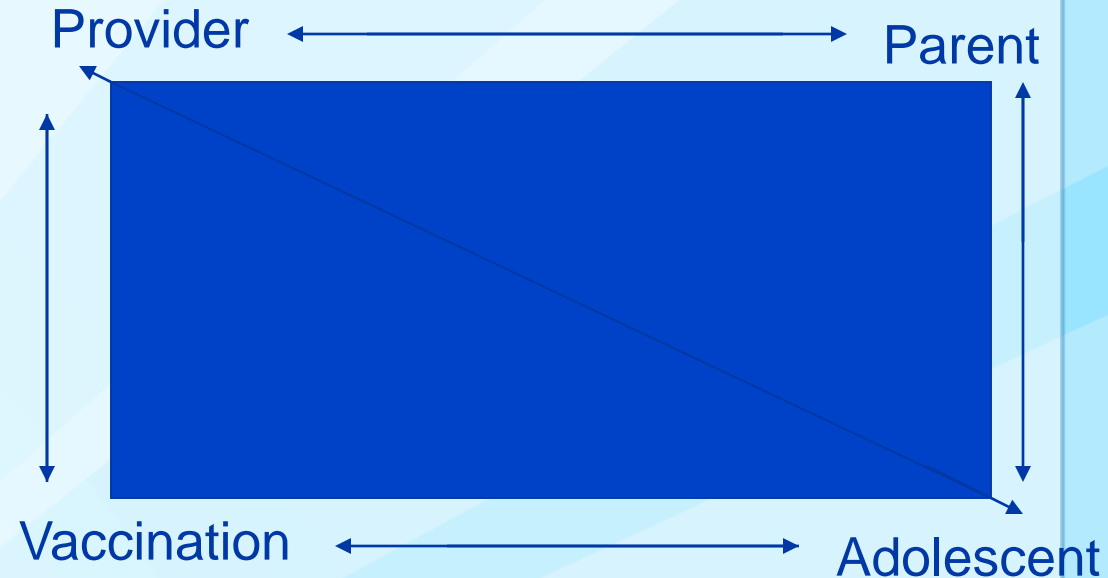
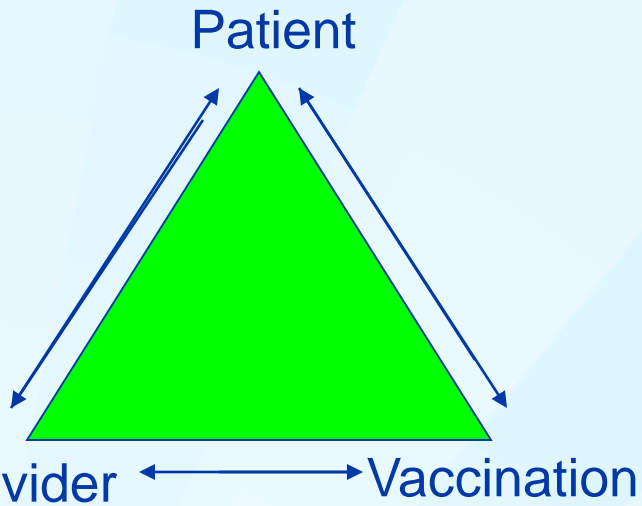
❑ Patient

- Wants to be heard
- Looking for reliable information
- Wants control; wants to make decision

Key Drivers of Communication Planning

- ❑ **The facts don't speak for themselves. Personal accounts from peers or health care professionals are persuasive and memorable.**
- ❑ **There is a spectrum of parental and patient attitudes, beliefs, and behaviors requiring some tailoring and layering of communication practices and materials.**

Each Encounter Takes its Own Shape

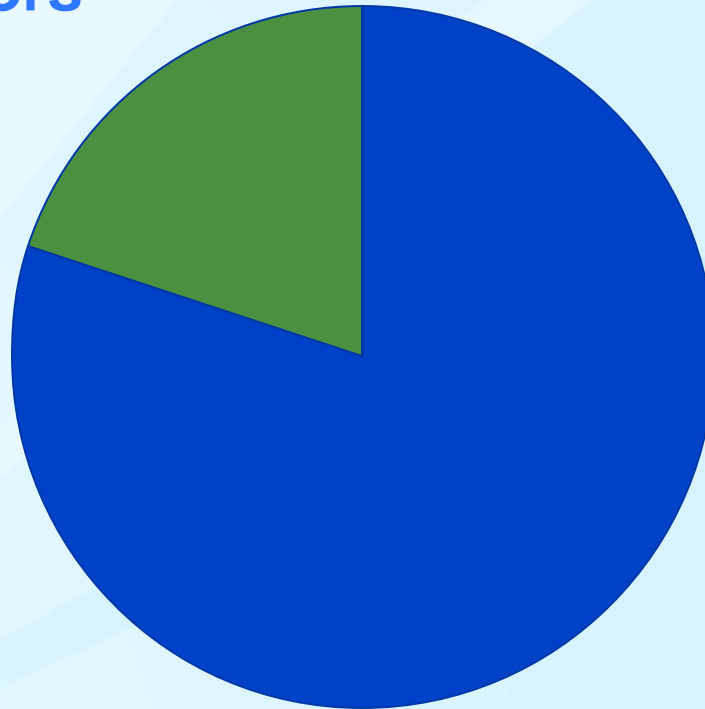


Sometimes it can feel like going around in circles!

What Determines Trust? Low Concern Settings

All other factors

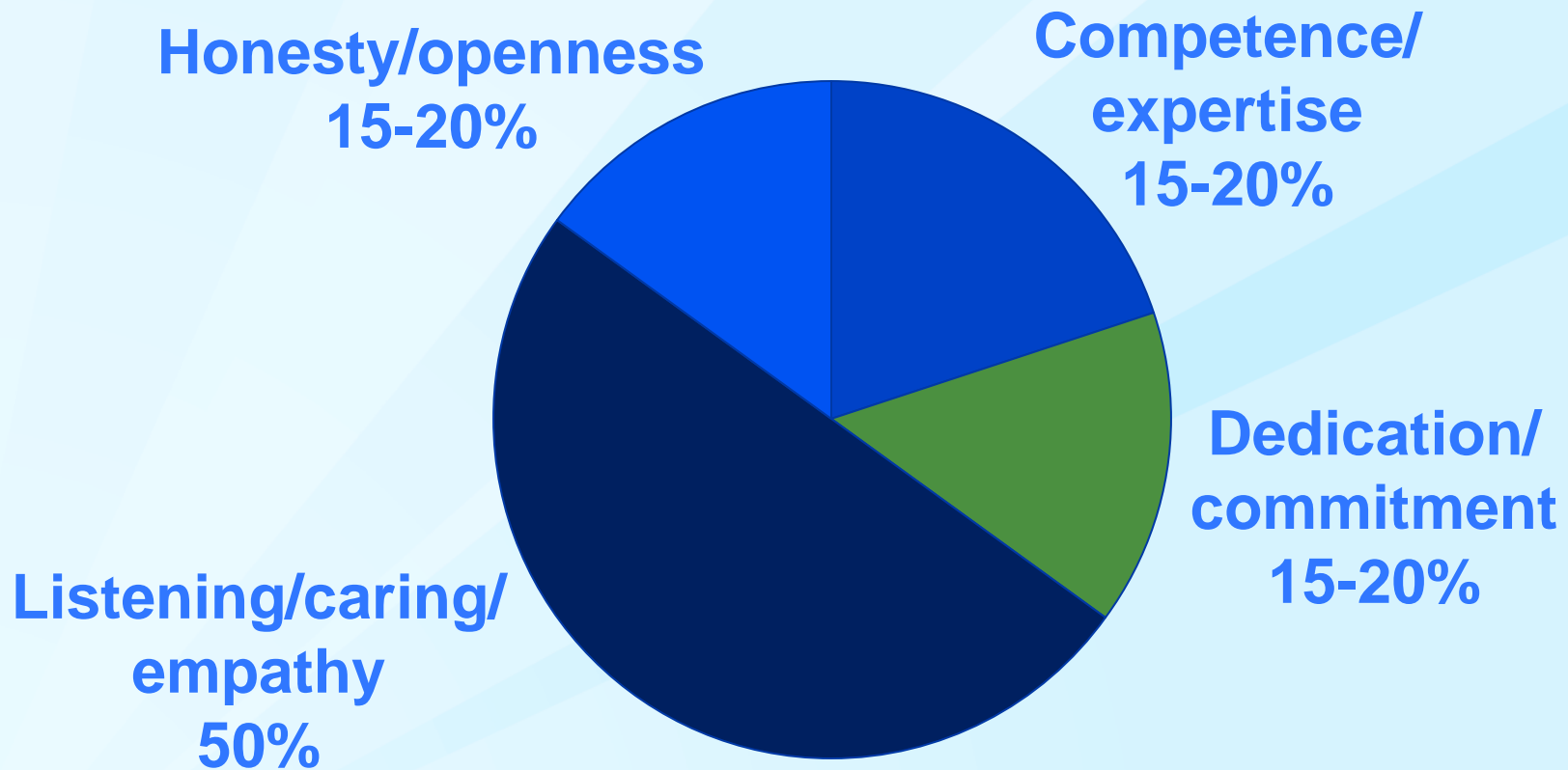
15-20%



Competence/
expertise

80-85%

What Determines Trust? High Concern Settings



Key Drivers of Communication Planning

- ❑ Health care professionals play the most important role in addressing parents' questions and concerns.
- ❑ A strong recommendation from you is the main reason patients/parents decide to vaccinate.
- ❑ Vaccine safety issues are a concern for many parents.
- ❑ Using risk communication strategies can maintain trust.

Risk Communication

- ❑ **Science of communicating information effectively in:**
 - High-concern, high-stress
 - Emotionally charged, or
 - Controversial situations
- ❑ **When done correctly, this approach will strengthen credibility**

What Does All of This Mean to You and Your Patients?

- ❑ Educate about vaccines and the diseases they prevent**
- ❑ Communicate benefits of vaccines**
- ❑ Discuss risks and side effects of vaccines and what to do should a side effect occur**
- ❑ Provide your recommendation**
- ❑ Reinforce social norm to vaccinate**

What Does All of This Mean to You and Your Patients?

- ❑ Give resources prior to the vaccination visit
- ❑ Use language they understand/prefer
- ❑ Layer information
- ❑ Use personal stories
- ❑ Use credible resources to reinforce your messages


AND

- ❑ Ensure all staff are communicating the same messages

Vaccine Information Statements (VISs)

- ❑ A VIS outlines the benefits and risks of a vaccine
- ❑ All vaccine providers are required by the National Vaccine Childhood Injury Act to give a VIS to vaccine recipients or their parents/legal representatives prior to every dose of specific vaccines
- ❑ Give a VIS regardless of the patient's age

VACCINE INFORMATION STATEMENT	
Influenza Vaccine <i>What You Need to Know</i>	(Flu Vaccine, Inactivated) 2013-2014
<small>Many Vaccine Information Statements are available in Spanish and other languages. See www.hhs.gov/vaccines. Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.hhs.gov/vaccines.</small>	
1 Why get vaccinated?	Flu vaccine is recommended every year. Children 6 months through 8 years of age should get two doses the first year they get vaccinated.
Influenza ("flu") is a contagious disease that spreads around the United States every winter, usually between October and May. Flu is caused by the influenza virus, and can be spread by coughing, sneezing, and close contact. Anyone can get flu, but the risk of getting flu is highest among children. Symptoms come on suddenly and may last several days. They can include: <ul style="list-style-type: none">• fever/chills• sore throat• muscle aches• fatigue• cough• headache• runny or stuffy nose Flu can make some people much sicker than others. These people include young children, people 65 and older, pregnant women, and people with certain health conditions—such as heart, lung or kidney disease, or a weakened immune system. Flu vaccine is especially important for these people, and anyone in close contact with them. Flu can also lead to pneumonia, and make existing medical conditions worse. It can cause diarrhea and seizures in children. Each year thousands of people in the United States die from flu, and many more are hospitalized. Flu vaccine is the best protection we have from flu and its complications. Flu vaccine also helps prevent spreading flu from person to person.	Flu viruses are always changing. Each year's flu vaccine is made to protect from viruses that are most likely to cause disease that year. While flu vaccine cannot prevent all cases of flu, it is our best defense against the disease. Inactivated flu vaccine protects against 3 or 4 different influenza viruses. It takes about 2 weeks for protection to develop after the vaccination, and protection lasts several months to a year. Some illnesses that are not caused by influenza virus are often mistaken for flu. Flu vaccine will not prevent these illnesses. It can only prevent influenza. A "high-dose" flu vaccine is available for people 65 years of age and older. The person giving you the vaccine can tell you more about it. Some inactivated flu vaccine contains a very small amount of a mercury-based preservative called thimerosal. Studies have shown that thimerosal in vaccines is not harmful, but flu vaccines that do not contain a preservative are available.
2 Inactivated flu vaccine	Tell the person who gives you the vaccine: <ul style="list-style-type: none">• If you have any severe (life-threatening) allergies. If you ever had a life-threatening allergic reaction after a dose of flu vaccine, or have a severe allergy to any part of this vaccine, you may be advised not to get a dose. Most, but not all, types of flu vaccine contain a small amount of egg.• If you ever had Guillain-Barré Syndrome (a severe paralyzing illness, also called GBS). Some people with a history of GBS should not get this vaccine. This should be discussed with your doctor.• If you are not feeling well. They might suggest waiting until you feel better. But you should come back.
There are two types of influenza vaccine: You are getting an inactivated flu vaccine, which does not contain any live influenza virus. It is given by injection with a needle, and often called the "flu shot." A different, live, attenuated (weakened) influenza vaccine is sprayed into the nostrils. This vaccine is described in a separate Vaccine Information Statement.	



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

Materials Targeted for Patients

- ❑ Plain language pieces
- ❑ Basic overview of disease and vaccine
- ❑ Some include an abbreviated story
- ❑ Clearly show benefits and risks

| DISEASES and the VACCINES THAT PREVENT THEM |
INFORMATION FOR PARENTS

Measles

Last updated: April 2011

What is measles?
Measles is a serious respiratory disease caused by a virus. It spreads easily through coughing and sneezing. There is no cure for measles, and in rare cases, it can be deadly. The measles, mumps, rubella (MMR) vaccine protects against measles.

What are the symptoms of measles?

- Measles starts with a fever, which can get very high (over 104 degrees).
- Soon after, it causes a cough, runny nose, and red eyes.
- Then a rash of tiny, red spots breaks out. It starts at the head and spreads to the rest of the body.
- The rash can last for a week, and coughing can last for 10 days.
- Some children who get measles also get diarrhea or an ear infection.

How serious is measles?
Measles can be dangerous, especially for babies and young children. In the U.S., 1 out of 4 people who get measles has to be treated in the hospital.

For some children, measles can lead to pneumonia, ear infections, and other complications. It can also cause lifelong brain damage, deafness, and death. One or two out of 1,000 children in the U.S. die from the disease, even with the best care.

How does measles spread?
Measles spreads when an infected person breathes, coughs, or sneezes.

It is very contagious. You can catch measles just by being where a person with measles has been, even after they've recovered. You can catch measles from an infected person even if you don't have any symptoms.

What is the MMR vaccine?
The MMR vaccine is a shot that combines vaccines for measles, mumps, and rubella. The vaccine protects your child's body to fight the measles virus. Almost all children (9 out of 10) who get two doses of MMR vaccine will be protected.

Why should my child get the MMR vaccine?
Getting your child the MMR vaccine protects him or her from measles and other diseases. It also protects other people who can't get the vaccine. For 1 year old are too young to get the vaccine, but they need it. A high level of vaccination in the community helps protect everyone.

Benefits of the MMR vaccine

- Saves lives.
- Protects young children from serious disease.
- Keeps others safe.

Side effects of the MMR vaccine

- The most common side effects are usually mild and include the following:
 - Fever in 1 out of 6 people.
 - Mild rash in 1 out of 20 people.
- Swollen glands in the cheeks or neck in very few people.
- Fever high enough to cause a seizure (jerking or staring) occurs in 1 out of 3,000 people. These seizures are usually very mild, such as a fever or rash.

Is the MMR vaccine safe?
The MMR vaccine is very safe and effective at preventing measles (as well as mumps and rubella). Vaccines, like any medicine, can have side effects. Most children who get the MMR vaccine have no side effects. Those that do occur are typically very mild, such as a fever or rash.

If my child does not get the MMR vaccine, will he get measles?
Almost everyone who has not had the MMR vaccine will get sick if they are exposed to the measles virus.

Before the measles vaccine, 48,000 people were hospitalized for measles each year in the U.S. About 1,000 suffered brain damage or became deaf. About 450 died.

Today, because of the MMR vaccine, only about 50 people in the U.S. get measles each year. But this number goes up when people stop getting the vaccine. When vaccination rates dropped in the late 1960s, measles cases went way up—and so did measles deaths.

In 2008, there were 140 cases of measles reported in the U.S. Nine out of 10 people who got measles had not received the MMR vaccine or did not know if they had been vaccinated.

If most people in the U.S. are vaccinated, where do measles cases come from?
Most measles cases come from the U.S. from people traveling from other countries. About 150,000 to 175,000 people die from measles each year around the world—mostly in places where children do not get the measles vaccine.

One Mom's Measles Story
Megan Campbell knows first-hand how serious measles can be. Her 10-month-old son got measles from an infected child in the waiting room at his doctor's office. That child, who was not vaccinated, had gotten measles while on a trip outside of the U.S.
Megan's son got better and had no lasting effects of the illness. But he was very sick with measles. He spent 3 days in the hospital with an IV (a needle in the vein to give fluids) because he was unable to eat or drink. When he went home, he had another week of high fevers—up to 104 degrees. His parents had to wake up through the night to give him medicine to keep the fever down.
At 10 months, Megan's son was too young to get the MMR vaccine. That's why he got sick with measles. At 12 months, Megan took him to get the MMR vaccine. Even though he couldn't get measles again, his mom knew the vaccine would protect him against mumps and rubella, two other serious diseases.
Says Megan: "This way, he won't suffer from mumps or rubella, or spread them to anyone else."

What can I do to protect my child from measles?

- ✓ Vaccinate your child on time.
- ✓ Talk with your child's doctor if you have questions.
- ✓ Keep a record of your child's vaccinations to make sure your child is up-to-date.

Some people in the U.S. choose not to get their children the MMR vaccine. These children are at higher risk for getting measles. And they can spread the disease to babies who are too young to get the vaccine.

Is the MMR vaccine linked to autism?
Many large and reliable studies of children have been done in the U.S. and other countries. None has found a link between autism and the MMR vaccine.
There are a couple of reasons people believe autism is linked to vaccination. The first is because sometimes signs of autism don't appear until around the age the MMR vaccine is given. If a child is diagnosed shortly after getting vaccinations, this may seem like cause and effect.
Another reason some people think MMR is linked to autism is a study published in 1998 from the United Kingdom. It claimed that the MMR vaccine could contribute to the development of autism. That study got a lot of attention in the news. Since 1998, 10 out of 11 of the study's authors have withdrawn their support of the study, and the journal has retracted it.
Where can I learn more about the MMR vaccine?
To learn more about MMR or other vaccines, talk to your child's doctor. Call 800-CDC-INFO (800-233-4636) or go to <http://www.cdc.gov/vaccines> and check out the following resources:

- Measles Infographic: <http://www.cdc.gov/measles>
- Common Questions Parents Ask about Infant Immunizations: [http://www.cdc.gov/measles/qa-9/infants/parents-questions.htm](http://www.cdc.gov/measles/qa/qa-9/infants/parents-questions.htm)
- Vaccine website for parents: <http://www.cdc.gov/vaccines/parents>

The Centers for Disease Control and Prevention, American Academy of Family Physicians, and American Academy of Pediatrics strongly recommend all children receive the MMR vaccine according to the recommended schedule.

Making a C.A.S.E. for Vaccines

- ❑ **A model for talking to parents**
 - Created by Allison Singer, MD, President, Autism Science Foundation
- ❑ **A mnemonic to organize a rapid, useful response**
- ❑ **Lacks published studies of its efficacy**
- ❑ **Nonetheless, draws on communication strategies and principles**

Framework for Communicating: C.A.S.E

- ❑ **Corroborate:** Acknowledge the parent's concern; find some point on which you can agree; validate the emotion
- ❑ **About me:** Describe what you have done to build your knowledge base and expertise
- ❑ **Science:** Describe what the science says; provide accurate, truthful, and documented information
- ❑ **Explain/advise:** Advise parent/patient based on the science

C.A.S.E. Example

❑ Corroborate:

- “I understand you are concerned about whether the vaccine is safe, considering your renal disease.”

❑ About me:

- “Because I have heard this from other patients, I have done some research on this subject. I always want to provide the safest care based on the most up-to-date information.”

C.A.S.E. Example

❑ **Science:**

- “We are recommending vaccination because your renal disease puts you at higher risk for invasive pneumococcal disease.”

❑ **Explain/advise:**

- “I strongly recommend pneumococcal vaccine to help keep you healthy and reduce the risk of this serious disease for you. CDC and renal and immunology experts recommend the vaccine for renal patients, too. ”

ADDITIONAL RESOURCES

CDC Resources for Staff Education

- ❑ Competency-based education for staff is critical.
- ❑ Multiple education products available free through the CDC website:
 - Immunization courses
 - Netconferences
 - You Call the Shots self-study modules
- ❑ Continuing education is available

www.cdc.gov/vaccines/ed/default.htm

The screenshot displays the CDC website's 'Vaccines & Immunizations' section, specifically the 'Education & Training' page. The page features a navigation menu on the left with categories like 'Vaccine-Related Topics' and 'Additional Resources'. The main content area is titled 'Education & Training' and includes a 'For Health Professionals' section with a list of resources such as 'Immunization Courses', 'Epidemiology & Prevention of Vaccine-Preventable Diseases course', 'NetConferences', 'Curriculum Brochure', and 'On-Site Training'. There are also sections for 'Immunization Courses' and 'Epidemiology & Prevention of Vaccine-Preventable Diseases Course'. The page includes a search bar, a printer-friendly version link, and a 'Quick Links' section. The footer contains contact information for the CDC.

Vaccine and Immunization Resources

❑ Questions? E-mail CDC

- Providers

nipinfo@cdc.gov

- Parents and patients

www.cdc.gov/cdcinfo

❑ CDC website

www.cdc.gov/vaccines

❑ Twitter for health care personnel

@CDCIZlearn

❑ Influenza

www.cdc.gov/flu

❑ Vaccine Safety

www.cdc.gov/vaccinesafety

❑ State Immunization Programs

www.cdc.gov/vaccines/imz-managers/awardee-imz-websites.html

What Am I Asking You To Do

- **Share** reliable information about vaccines
- **Educate** about VPD disease
- **Listen** to patient's concerns
- **Respond** to questions and concerns with credible information
- **Give** a strong recommendation for vaccination



Questions??

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