

## ASK THE PRECEPTOR – VACCINE CONCERNS

“Typical” approach\* from preceptors at:

- Kaiser Permanente
- Palo Alto Medical Foundation
- Gardner Packard Children’s Health Center
- Peninsula Pediatric Medical Group
- UCSF

\* To be modified based on exploration of family’s perspective, context, other detail

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When you meet a family who does not want to give vaccines...

- What questions do you typically ask?
- What information do you usually provide?
- What resources have you found helpful - either for your own use or for patient education?

Most important question is what makes them hesitant? Where does it come from? I then try to address the specific concern as best as I can. Often they become comfortable but others I have to work with over multiple years to get them ok to do this. Most of them come around but it can be a process.

CHOP vaccine education center is a great resource for lots of materials for vaccine hesitancy. They have brochures on “too many vaccines” and “aluminum”. I hand those out as needed. <http://www.chop.edu/centers-programs/vaccine-education-center>

But for most people, it is just the relationship that helps to break down the barriers. NO brochure will do it on its own.

I have a nice comment from a 13 yr old who got mad at her mother for refusing vaccines and relented at 12 and 13 when she could be aware of it more. She said, “Mom why didn’t you vaccinate me when I was a baby! Now I have to get all these shots now!”

The best teaching point is the relationship works better than any brochure or website.

- You MUST show them that you care about them and their child before they'll listen. That's the single most important step. I think it's best to start the conversation after you've done the history and exam -- they see how you love working with their child and that their child likes you.
- Savor small victories. You probably won't go from refusal to acceptance of all vaccines in one visit. Keep coming back to it. Your relationship with the family will grow with each visit and you have to keep bringing it up.
- Signing a vaccine refusal contract at every visit reminds families every time -- even when you start to get tired of talking about it. It can be an office policy so you don't seem like the mean doc.

- When I do bring it up, I start open-ended so that I can tailor my counseling. I also like to show that I am listening and not forcing a solution on the family -- they are already anticipating resistance.
- Families are more receptive if they understand that we are concerned for their children and not just trying to be right.
  - I often say "I would feel terrible if (name) were to get xxx and develop xxx."
  - I also use the car seat analogy "It's the same for why we use car seats -- you're a great driver but no matter how well you drive we can't predict who else will be on the road and we have to protect (name) from other germs and infections out there that we can't see or predict."
  - I will highlight any local outbreaks. There's measles somewhere...
  - Every now and then, I find a pretty resistant parent who is tough to get through to. In those cases, I highlight how it's protecting other children who are on chemotherapy or are very sick and can't be vaccinated. If (name) were to have one of these infections and be around other children, could cause serious harm to them.
    - Chicken pox can kill newborns, and babies in the womb of staff/friends/family members can too. Any child can also get severe complications.

- I also state that there are not exemptions and entering kindergarteners will need to be vaccinated eventually -- and their kids are most vulnerable now when young.

- Families usually fall into three categories:
  - Concern about unknown toxicity from contents within vaccines (preservatives usually)
    - Usually more educated parents. I explain why we use preservatives and adjuvants, and discuss environmental exposure
    - Logic can usually work. They tend to like the idea of vaccines, and when we discuss environmental exposure and minuscule amounts in each vaccine -- they have a pretty good chance of coming around. Use specific examples from the websites I list below
  - Link to Autism
    - See if there's any personal story (My brother's son got autism, etc)
      - Acknowledge how hard it must be and explain the evidence that we know
    - If no personal story:
      - State clearly that vaccines do not cause Autism
      - Make sure they know the original author, Andrew Wakefield, was discredited
      - Explain how we recognize Autism with age, and it naturally falls at time of lots of vaccines
      - Ask them to look into the websites you'll direct them too
  - Too much at once
    - The challenge comes in moving them from a drawn out vaccine schedule to a more succinct one. Usually bringing up that some kids get a little fussy for 48h after vaccines and that minimizing the # of times they get them is better. Or that they are already not having a great day if they get a shot, so we want to give them fewer of those days.
- Resources I point families to:
  - CHOP Vaccine Education Center (<http://www.chop.edu/centers-programs/vaccine-education-center>)
  - CDC Ingredients of Vaccines Fact Sheet (<https://www.cdc.gov/vaccines/vac-gen/additives.htm>)
  - CDC Vaccine Safety (<https://www.cdc.gov/vaccinesafety/index.html>)

I will try to have a f/u visit in 2 weeks to discuss what they've read and answer questions. When possible, I like to do this virtually (phone or virtual visit) so they can stay at home and it levels the physician-patient power dynamic which makes them a little more receptive.

I heard this talk by a Mayo Pediatrician that I thought brought up some good points with an always loved in medicine mnemonic (CASE):

[http://www.mnaap.org/pdf/Making\\_the\\_CASE\\_for\\_Vaccines\\_MNAAP.pdf](http://www.mnaap.org/pdf/Making_the_CASE_for_Vaccines_MNAAP.pdf)

Also a line that I have found to be particularly effective with many parents is ensuring parents understand that vaccines use our body's natural immune system to work. They strengthen our immune system by stimulating natural defenses to fight against some of the worst diseases for kids. It has talking points pulled from pages 13-15 in this Australian

guide: <http://www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/13ACB374291E3532CA257D4D0081E4AA/%24File/full-publication-myths-and-realities-5th-ed-2013.pdf>

However, in my experience, I really feel like I have to take a tailored approach with each family as I never know what kinds of messages will resonate with patients and parents the most.

Question I ask : What brought you to the decision not to give vaccines ( or delay vaccines)? I think it is a good opening for discussion.

Info I provide: A packet of info that contains

- Recommended vaccines/schedule.
- CDC Vaccine Info Statements
- CDC handout “ If You Choose Not to Vaccinate Your Child, Understand the Risks and Responsibilities.”

I also provide parents with info on Dr. Paul Offit from CHOP. He is an excellent resource/website on refuting the anti-vaccine community.

I have found over the years that most parents who do not vaccinate their children are set in their decision and nothing I say will change their mind, at least not for a long while, if ever. These parents have done their own research or read much on their own and have come to the conclusion not to vaccinate, even if what they have read is erroneous.

All parents, whether they vaccinate or not, truly believe they are making decisions that they believe are in their child’s best interest and that is what I keep in mind.

The nonvaccinating parents really do not want harm to come to their children and that is what can be so frustrating for pediatricians because it may seem so contradictory. I continue to see vaccine refusers in my practice in the hope that I can get a parent to permit a vaccine now and then. If I can get a parent to change his/ her mind, then I work with them and allow them to set a pace for vaccines. Anything is a victory. But, I understand that not all pediatricians feel they can/should do this and will refuse to see vaccine refusing families. This is something residents who go into general practice will have to decide for themselves.

For those parents who are not sure about vaccines, but also are not outright refusing them, my approach is different. I will just be forthright and say which vaccines will be given, etc, like I do for non-refusers. I don’t approach giving vaccines with a question like “would you like to proceed with vaccines today?” but rather “ today your child is due for...” That approach often works well.

When you meet a family who does not want to give vaccines...

- What questions do you typically ask?
  - What are your concerns about vaccination?
  - What are your questions?
  
- What information do you usually provide?
  - Vaccinations are recommended and safe
  - They have saved thousands of lives (or more)
  - We often need to do more intervention when unvaccinated children get fevers
  - Kids are exposed to thousands or more of antigens in the environment every day so vaccinations are a part of this exposure and help build their immune system, just like antigens in the environment
  
- What resources have you found helpful - either for your own use or for patient education?
  - Paul Offit's work- book and articles

*Interview:*

<https://www.acsh.org/news/2016/10/07/debunking-vaccine-myths-dr-paul-offit-10269>

*Excerpt*

*Are we winning in educating the public on vaccines?*

*Dr. Offit: I think there is evidence that we are winning. Mainstream media has gotten much better at covering the vaccine story. You don't really see the two sides being presented where frankly only one side is supported by the science. I think we have to some extent moved from balanced to perspective on this issue.*

*I think there are 3 reasons we are winning :*

*1.The data have matured— we have 17 studies showing MMR doesn't cause autism.*

*2.The Measles 2015 outbreak that started at Disneyland theme park spreading from Southern California to 25 states. 189 children - mostly children - then spread up into 2 Canadian provinces involving a few hundred more people. That got people's attention because sadly as much as we try to educate about vaccines, nothing educates like the virus.*

*3.This is going to sound counterintuitive, but I think Andrew Wakefield has actually been good for science. It's not just that he was wrong. He was fraudulent and wrong. People don't like a fraud. I think the anti-vaccine movement hooked to his star and as he came crashing down, at some level, they came crashing down with him.*

- Some of our patients use the Sears Vaccine book to vaccinate on an alternate schedule

The Vaccine Book: Making the Right Decision for Your Child by  
Robert W. Sears

Dr. Offit doesn't agree with the Sears approach:

<http://pediatrics.aappublications.org/content/pediatrics/123/1/e164.full.pdf>

But we have found the kids do get fully immunized (just with more visits) and parents feel heard (better than no vaccines)

What are some examples of situations where you were able to navigate successfully - or unsuccessfully? What seemed to work or not work?

- Meeting them where they're at.
- Reassuring them about the MMR-autism lack of causality data
- Taking a few visits to vaccinate
- Compromise works best, usually!
- Prioritizing DTaP, Hib and Prevnar when you have to pick

What are the most important lessons you've learned in working with families? What would you like to make sure residents learn about the issue of vaccine refusal?

- Our role is to help educate families about the importance of vaccination
- Be open to concerns and hear them
- Take time and listen
- Like all of pediatric counselling, different approaches work with different families. Take the time to work with them, address their concerns, have the data and vaccinate !

## References and Resources

CHOP Vaccine Education Center

<http://www.chop.edu/centers-programs/vaccine-education-center>

CDC Ingredients of Vaccines Fact Sheet

<https://www.cdc.gov/vaccines/vac-gen/additives.htm>

CDC Vaccine Safety

<https://www.cdc.gov/vaccinesafety/index.html>

School requirements

<http://www.shotsforschool.org/>

Summary of SB 277 and Medical Exemptions

<http://www.immunizeca.org/wp-content/uploads/2015/10/Medical-Exemptions-SB277-final.pdf>

AAP Refusal to Vaccinate recommendations and form

[https://www.aap.org/en-us/Documents/immunization\\_refusaltovaccinate.pdf](https://www.aap.org/en-us/Documents/immunization_refusaltovaccinate.pdf)

CDC Contraindications to commonly used vaccines

<https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html>