

1 ON 1 VACCINE HESITANCY

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The background of the slide is a light gray gradient with several realistic water droplets of various sizes scattered across it. The droplets have highlights and shadows, giving them a three-dimensional appearance. The word "OBJECTIVES" is written in a large, bold, black, sans-serif font in the upper left quadrant.

OBJECTIVES

- DEFINE VACCINE HESITANCY
- IDENTIFY COMMON REASONS FOR VACCINE HESITANCY IN DIVERSE PATIENT POPULATIONS
- APPLY EVIDENCE-BASED COMMUNICATION STRATEGIES TO ADDRESS VACCINE CONCERNS IN ONE-ON-ONE INTERACTIONS
- DEMONSTRATE APPROACHES TO BUILD TRUST AND PROMOTE VACCINE CONFIDENCE IN CLINICAL SETTINGS

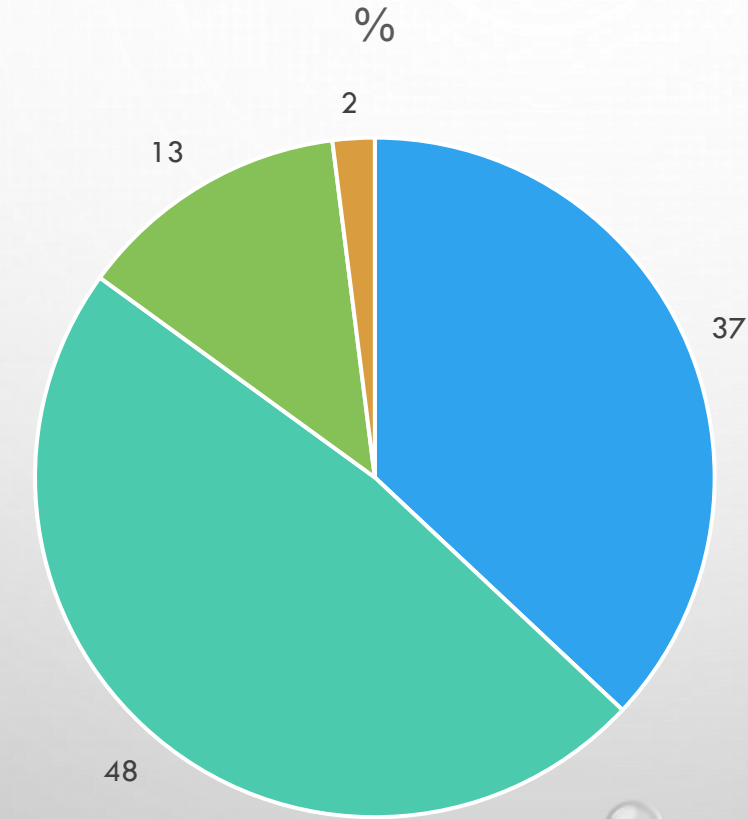
WHAT IS VACCINE HESITANCY?

- STATE OF INDECISION AND UNCERTAINTY
 - VARIES OVER TIME
 - VACCINE SPECIFIC
- HESITANCY IS A PERIOD OF VULNERABILITY AS WELL AS OPPORTUNITY
- INFLUENCED BY FACTORS SUCH AS COMPLACENCY, CONVENIENCE, AND CONFIDENCE
- IN 2019, WHO NAMED VACCINE HESITANCY AS ONE OF THE TOP 10 THREATS TO GLOBAL HEALTH

EPIDEMIOLOGY

- COMPLETE VACCINE REFUSAL IS ABOUT 1-2 % OF CHILDREN IN THE US
- 6% OF PARENTS REPORT HESITANCY ABOUT ROUTINE CHILDHOOD VACCINES
- 25% OF PARENTS REPORT HESITANCY ABOUT INFLUENZA VACCINES
- UNDER VACCINATION IS MORE COMMON IN CHILDREN WITH AUTISM SPECTRUM DISORDER

LEVEL OF VACCINE ACCEPTANCE:

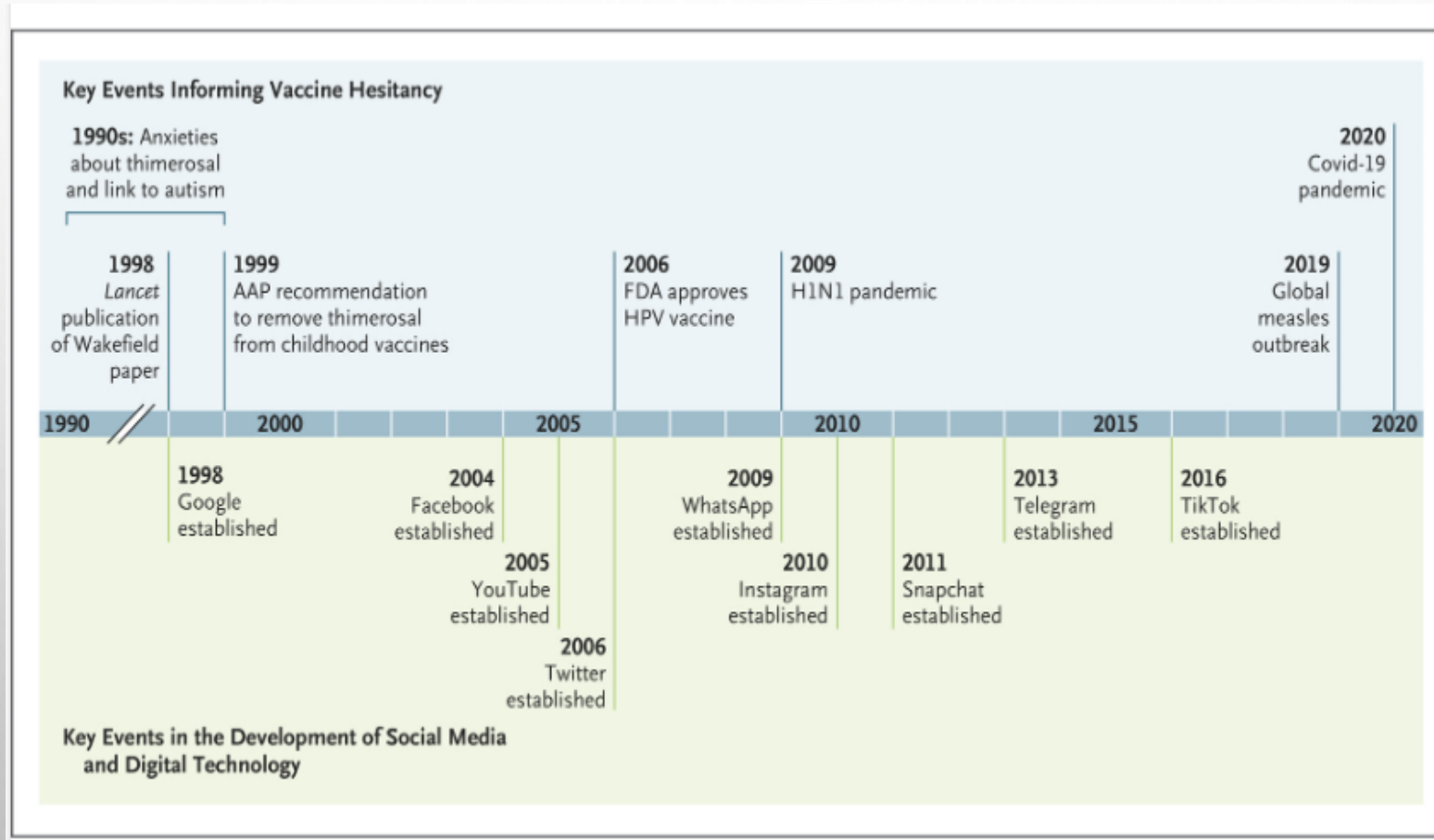


■ Unquestioning acceptor ■ Cautious acceptor/hesitant
■ Selective vaccinator ■ Refuser

WHY?

- ADMINISTRATION OF VACCINES
- CONCERN ABOUT INGREDIENTS
- VACCINATION SCHEDULE
- BELIEF THEY DO NOT WORK
- LACK OF CONCERN ABOUT DISEASE
- BELIEF THAT IT IS BETTER TO BE NATURALLY INFECTED
- BELIEF THAT HPV VACCINE WILL ENCOURAGE SEXUAL ACTIVITY
- BELIEF THAT MMR CAUSED AUTISM
- BELIEF THAT HEP B VACCINATION IS LINKED TO MULTIPLE SCLEROSIS

SOCIAL MEDIA AND DIGITAL TECHNOLOGY



SYSTEMATIC REVIEW

STRATEGIES THAT INCREASED VACCINE RATE BY MORE THAN 25%:

- DIRECTLY TARGET UNVACCINATED OR UNDER VACCINATED POPULATIONS
- INCREASE VACCINE KNOWLEDGE AND AWARENESS
- IMPROVE CONVENIENCE AND ACCESS TO VACCINATION
- TARGET SPECIFIC POPULATIONS
- MANDATE VACCINATIONS OR SANCTION AGAINST NON-VACCINATION
- ENGAGE RELIGIOUS OR OTHER INFLUENTIALS LEADS TO PROMOTE VACCINATION

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TRIPLE A APPROACH:

ASK: ASK THE PARENT IF THEY HAVE THE IMMUNIZATION SCHEDULE AND IF THEY HAVE ANY QUESTIONS ON IT.

ACKNOWLEDGE: ACKNOWLEDGE ANY OF THE QUESTIONS OR CONCERNS.

ADVISE: “WOULD YOU LIKE ME TO REVIEW WHAT I KNOW ABOUT THE IMMUNIZATION SCHEDULE?”

DIRECT RECOMMENDATION

- ONE OF THE KEY FACTORS OF INCREASING VACCINATION RATES
- PRESUMPTIVE COMMUNICATION
- IF PROVIDER FACED RESISTANCE, YET STILL CONTINUED TO RECOMMEND THE VACCINE, 50% OF HESITANT PARENTS VACCINATED THEIR CHILDREN
- PROVIDE PERSONAL EXAMPLE

FACE-TO-FACE COMMUNICATION STRATEGIES

- ENGAGE IN CONVERSATION WITH THE PARENTS
- MOTIVATIONAL INTERVIEWING TECHNIQUES:
 - OPEN QUESTIONS
 - AFFIRMATIONS
 - REFLECTIONS

(Jarrett et al., 2015; Tuckerman et al., 2022)

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INCREASE VACCINE KNOWLEDGE AND AWARENESS

- POSITIVE, NONCONFRONTATIONAL DISCUSSION
- ACKNOWLEDGE THAT THERE ARE SIDE EFFECTS

TARGET EDUCATION BASED ON CONCERNS

- PAIN WITH INJECTION
- MISCONCEPTIONS
- RISK OF THE DISEASE
- VACCINE SAFETY, ADVERSE EVENTS, AND BENEFITS

HELPFUL AND NOT HELPFUL STRATEGIES FOR ADDRESSING PARENTAL CONCERNS:

Unhelpful	Helpful [51]
Directing style – “this is what you should do”	Guiding style – “may I help you?”
Righting reflex – using information and persuasion to achieve change	Care with body language
Missing cues	Eliciting concerns
Using jargon	Asking permission to discuss
Discrediting information source	Acknowledging/listening/empathising
Overstating vaccine safety	Determining readiness to change
Confrontation	Informing about benefits <i>and</i> risks
	Giving or signposting appropriate resources

KEY MESSAGES

- UNDERSTAND COMMON ISSUES RELATED TO VACCINE HESITANCY
- UNDERSTAND THAT VACCINES ARE EFFECTIVE AND ARE HELD TO HIGH SAFETY STANDARDS
- PROVIDE POSITIVE, NONCONFRONTATIONAL YET DIRECT RECOMMENDATION FOR VACCINES IS THE MOST IMPORTANT INFLUENCE

REFERENCES

- BAHTA, L. (2017). APPROACHES TO VACCINE HESITANCY. MINNESOTA DEPARTMENT OF HEALTH. WEBINAR SUMMARY. [HTTPS://WWW.HEALTH.STATE.MN.US/COMMUNITIES/PRACTICE/RESOURCES/TRAINING/DOCS/1709VACCINEHESITANCYSUMMARY.PDF](https://www.health.state.mn.us/communities/practice/resources/training/docs/1709VACCINEHESITANCYSUMMARY.PDF)
- BOOM, J.A. & HEALTH, C.M. (2023). STANDARD CHILDHOOD VACCINES: PARENTAL HESITANCY OR REFUSAL. *UPTODATE*. RETRIEVED AUGUST 23, 2023, FROM [HTTPS://WWW.UPTODATE.COM/CONTENTS/STANDARD-CHILDHOOD-VACCINES-PARENTAL-HESITANCY-OR-REFUSAL?SEARCH=VACCINE%20HESITANCY&SOURCE=SEARCH_RESULT&SELECTEDTITLE=1~16&USAGE_TYPE=DEFAULT&DISPLAY_RANK=1](https://www.uptodate.com/contents/standard-childhood-vaccines-parental-hesitancy-or-refusal?search=vaccine%20hesitancy&source=search_result&selectedtitle=1~16&usage_type=default&display_rank=1)
- CDC. (2022). PEDIATRICIANS' PERSONAL APPROACH WITH PARENTS INCREASES COVID-19 VACCINATIONS AT WORCESTER, MA CLINIC. *VACCINES & IMMUNIZATIONS*. RETRIEVED FROM [HTTPS://WWW.CDC.GOV/VACCINES/COVID-19/HEALTH-DEPARTMENTS/FEATURES/WORCHESTER-CONFIDENCE-PROGRAM.HTML](https://www.cdc.gov/vaccines/COVID-19/health-departments/features/worcester-confidence-program.html)
- JARRETT, C., WILSON, R., O'LEARY, M., ECKERSBERGER, E., & LARSON, H.J. (2015). STRATEGIES FOR ADDRESSING VACCINE HESITANCY- A SYSTEMATIC REVIEW. *VACCINE*, 33, 4180-4190.
- KUROSUKY, S.K., DAVIS, K.L., & KRISHNARAJAH, G. (2016). COMPLETION AND COMPLIANCE OF CHILDHOOD VACCINATIONS IN THE UNITED STATES. *VACCINE*, 34, 387-394.
- LARSON, J.J., GAKIDOU, E., & MURRAY, C. (2022). THE VACCINE-HESITANT MOMENT. *THE NEW ENGLAND JOURNAL OF MEDICINE*, 387(1), 58-65.
- LEASK, J., KINNERSLEY, P., JACKSON, C., CHEATER, F., BEDFORD, H., & ROWLES, G. (2012). COMMUNICATING WITH PARENTS ABOUT VACCINATION: A FRAMEWORK FOR HEALTH PROFESSIONALS. *BMC*, (12)154. DOI: 10.1186/1471-2431-12-154.
- ORENSTEIN, W.A. & AHMED, R. (2017). SIMPLY PUT: VACCINATION SAVES LIVES. *PROCEEDINGS OF THE NATIONAL ACADEMY OF SCIENCES*, 114(16), 4031-4033.
- SHEN, S. C., & DUBEY, V. (2019). ADDRESSING VACCINE HESITANCY: CLINICAL GUIDANCE FOR PRIMARY CARE PHYSICIANS WORKING WITH PARENTS. *CANADIAN FAMILY PHYSICIAN*, 65(3), 175-181. [HTTPS://WWW.CFP.CA/CONTENT/65/3/175](https://www.cfp.ca/content/65/3/175)
- TADDIO, A., MCMURTRY, C. M., SHAH, V., PILLAI RIDDELL, R., CHAMBERS, C. T., NOEL, M., ... & HELPKIDS&ADULTS. (2015). REDUCING PAIN DURING VACCINE INJECTIONS: CLINICAL PRACTICE GUIDELINE. *CANADIAN MEDICAL ASSOCIATION JOURNAL*, 187(13), 975-982. [HTTPS://DOI.ORG/10.1503/CMAJ.150391](https://doi.org/10.1503/CMAJ.150391)
- TUCKERMAN, J., KAUFMAN, J., & DANCHIN, M. (2022). EFFECTIVE APPROACHES TO COMBAT VACCINE HESITANCY. *THE PEDIATRIC INFECTIOUS DISEASE JOURNAL*, 41(5), E243-E245.