



# Effective Communication about Adolescent Vaccines

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## Goals and Objectives

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- Increase the awareness of physician, parent, and adolescent perspectives on vaccination
- Discuss barriers to vaccination and to completion of series
- Discuss communication skills that may be effective in changing parent's and patient's perspective
- Share some best practices and anecdotal experiences among the audience

Cheers! Vaccine are a success!!

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"And a toast to vaccines!  
Thanks to vaccines, we  
won't need to have 10  
children in hopes that  
3 or 4 of them live  
to adulthood."

somee cards  
user card



## Adolescents Still Need Vaccines

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- 11-12 year old
  - Tdap
  - Meningococcal (Quadrivalent)
  - HPV (2 doses 6 months apart if less than 15 years old)
- 16 year old
  - Meningococcal booster (Quadrivalent)
  - Meningococcal Serogroup B
    - Booster 2-3 doses depending on brand
- HPV requires 3 dose series if given after 15 years old

## Present Problem

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- Vaccines are victims of their own success
  - Cornerstone of pediatric care
- Anti-vaccine movement
- Varied physician, parent, and adolescent perspectives
- Failure to complete recommended series
- Barriers to care
  - Access
  - Insurance coverage
  - Time

## Key Barriers

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- Physician perceptions
- Parent perceptions
- Decrease health care utilization in Adolescents
  - Less preventive care visits
  - More emergent visits
  - Competing priorities
- State school requirements
- Concerns of safety of vaccines

## Physician's perspective

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- The Periodic Survey of Fellows (AAP) – 2006 to 2013
  - Encountered parents who refused a vaccine – 75% (2006) to 87% (2013)
- Most pediatricians thought parents refuse because they believe vaccines were unnecessary and had concerns about autism
- Addressing vaccine hesitancy is time consuming
- Decreased job satisfaction

Don't confuse your google search with my MD degree....

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You see, Timmy, the difference is that I went to medical school and your Mom went to Google. So, who you gonna trust?



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## Parent's perspective

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- “Not Necessary”
  - It is not a problem
  - My child is not sexually active
  - Burden of the disease is down the road
- My child is “too young” (13% of parents)
- Disease no longer exists or is not a threat
- Vaccine Hesitancy – spectrum of parental attitudes toward vaccines
  - Heterogeneous group
  - Issues of confidence to complacency to convenience
  - Only absolute refusal in 3% of parents but varies geographically
- 65% parents report not receiving a recommendation from health care provider

## Parent's concerns – Vaccine Hesitancy

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- 44% parents reported concern over pain
- 34% expressed unease about too many vaccines at once
- 26% worried about development of autism
- 13.5% vaccine could lead to chronic illnesses
- 13.2% felt vaccines not tested enough
- Distrust of health care professionals and the government
- Concerns of sexual activity post-vaccination
- 80% of parents stated that their decision to vaccinate was positively influenced by their primary care provider
- One-on-one contact with an informed, caring, and concerned pediatrician

## Approaching the Parent

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- Understanding the range of parental attitudes towards vaccines
- Parental Positions
  - Unquestioning acceptor/immunization advocate
  - Well informed (“well read”) and open minded
  - Cautious Acceptor but willing to vaccinate – “phased” approach
  - Misinformed parent who is “resistant” but “correctable” with education
  - Vaccine-hesitant – significant concern
    - Late or selective vaccinator
  - Vaccine refuser – philosophical or religious belief
    - “convinced and content”

## Overcoming Vaccine Hesitancy in Parents

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- Strongly and equally endorse vaccination
- Allow questions and answer with confidence without wavering
- Focus on the benefits
  - HPV prevents cancer
  - Tdap prevents pertussis
- Increase awareness of vaccine schedule and review timeline for completion
- Persevere – able to convince parents 30% of the time after refusal and 47% ultimately accepted
- Document vaccine discussions and any refusal
- “chunking and checking” – avoid information overload

## Improving Communication Skills with Parents

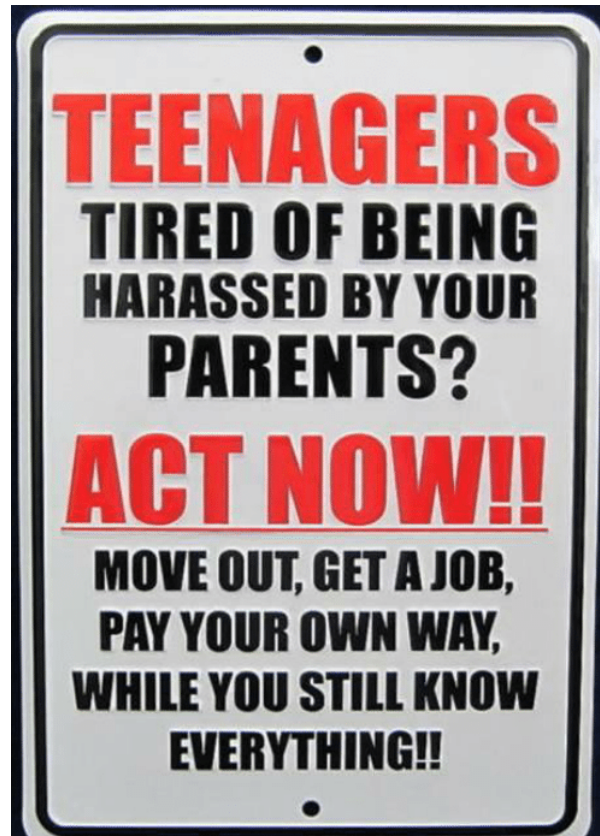
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- Listen first
- Watch body language
- Ask permission to discuss
- Show empathy and acknowledge concerns
- “More is Less” – let the parent’s ask the question
- Give a strong recommendation
  - Don’t hesitate
  - “I have vaccinated my own family members”
- Talk about issues around sexuality early and often
- Presumptive approach

## Addressing Vaccine refusal for HPV

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- It prevents **CANCER**
- Elicits a better immune response in younger children and teens
- Do not delay vaccination! No practical way to know when your child will initiate sexual activity
- Co-administration with other vaccine boosts immunization rates
  - Increases adherence
  - Increases the likelihood of completion of series
- Presumptive delivery – HPV is part of a routine immunization schedule and it is not “optional”
- No evidence that giving the vaccine increases promiscuity
- It is safe! No serious adverse outcome has been associated with HPV and it has been continuously monitored for vaccine safety



Great Advice!

## Adolescent Perspective

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- “I’m invincible!”
- “I hear it burns”
- “Why do I have to come here and sit with these kids in the waiting room of my pediatrician’s office?”
- “I’m missing soccer practice” or “I have baseball practice today and this is going to make my arm sore”.
- “I’m not sick, why do I have to go to the doctor?”
- Developmental stages
- Confidentiality
- Trust of adults



## Communicating with Adolescents

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- Start early with engaging them in discussion and in their healthcare
- Introduce concept of Patient Centered Medical Home (PCMH)
- Identify the adolescent's interests, concerns, and priorities
  - Create a safe space
  - Ensure confidentiality
  - Start with non-threatening or potentially embarrassing topics
    - School, sports, extracurricular activities, friends
    - Use non-verbal cues to break down barriers
    - Compliment and encourage
- Maintain eye contact and show interest
- Encourage them to answer questions first (before parents) and assess their concerns, understanding of their health care issues, and health history
- Offer opportunity to have one on one time with just you without parent or siblings present as early as age 11 years old

## Approaching the Adolescent

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- Involve them in their care and in the discussion of vaccines
  - Make aware of the need for routine vaccination and preventive visits
  - Foster and maintain the relationship
  - Talk about transitions to adult care early on
  - Encourage them to answer questions about their health
    - Medical history, medications, allergies, family history
  - They are our next generation of parents
- Understand their cognitive development
  - Reasoning skills
  - Abstract thinking
  - Risk taking behavior
  - Seeking independence

# Motivational Interviewing

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- A collaborative, person-centered form of guiding to elicit and strengthen motivation for change
- Change behavior
- Encourage self-reflection
- Allow them to come to their own conclusion
- Core skills
  - Ask open-ended questions
  - Affirm the patient's efforts and strengths
  - Be a reflective listener
  - Assessing readiness for change

## Resources for Improving Adolescent Communication

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- AAP Bright Futures
- Healthychildren.org
- CDC – “Teen Health Services and One-on-One Time with a healthcare Provider – An Infobrief for Parents”

## Improving Vaccination Rates

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- Every visit is an opportunity
  - Sick visits
  - Well visits
- Establish a system to check immunizations for all patients scheduled for the day
- Strengthen the Medical Home concept with Adolescents
- Educational resources:
  - Display Immunization schedules throughout office and website
  - CDC resources - schedules, education, application for mobile devices
  - CDC Online quiz for adolescents – “What vaccines do you need?”
  - College Physicians of Philadelphia: [historyofvaccines.org](http://historyofvaccines.org)

## Utilizing technology to increase vaccination rates

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- EHR Prompts for Health Care Providers
- Prompts for parents
  - Bright Futures handouts
  - Tablets in waiting area with vaccine information
- State Immunization Information Systems
- Reminder/Recall Systems
  - Parents and Adolescents
  - E-mail or text vs. mailed
- Utilize EHR capabilities to run reports for your practice

## Increased Access and Opportunities to Vaccinate

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- School Based Clinics
- Health Departments
- Mobile vans
- OB/Gyn offices
- Pharmacies

## School Based Settings

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- School vaccination requirements
- Go to where the children/teens are
- Most teens comfortable with school based settings
- Ensures recommended vaccines are received
- Communicates with PCMH
- **Enter into state immunization registry**
- If clinic not available on campus, partner with local public health departments



## HPV VACCINE IS CANCER PREVENTION

### HPV Champion Toolkit

This toolkit has the best resources available to help you:

- Educate other healthcare professionals
- Discuss HPV vaccination with parents
- Make necessary changes in your practice to improve HPV vaccination rates.

By focusing on ways you can make changes that will lead to improved HPV vaccination rates, YOU are an HPV champion.

**HPV VACCINE IS CANCER PREVENTION**

HPV vaccine protects against HPV types that most commonly cause anal, cervical, oropharyngeal, penile, vaginal, and vulvar cancers.

Every year in the U.S., 27,000 people get cancer caused by HPV.

That's 1 person every 20 minutes of every day, all year long.

Most of these cancers can be prevented by HPV vaccine.

#### Toolkit Resources:

- Making a Change in Your Office
- What's New with HPV Vaccine
- Grand Rounds / Resident Teaching Sessions
- CME / MOC Activities for Clinicians
- Video Clips
- Printable Resources
- Public Communication
- Articles about HPV
- Success Stories
- The National HPV Vaccination Roundtable.

<https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/immunizations/HPV-Champion-Toolkit/Pages/HPV-Champion-Toolkit.aspx>

## Three Points to Remember

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- **Vaccines are Safe**
- **Vaccines are Effective**
- **Vaccines Save Lives**

## Question #1

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- The HPV vaccine has been associated with serious adverse events, increased teen promiscuity, and has had no impact on the reduction of cervical cancer.
- True or False?

## Question #2

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- The greatest impact on parent's decision to vaccinate is a recommendation from their doctor
- True or False?

## The End

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- Questions
- Comments
- New Ideas
- Anecdotal stories

## Reference Articles

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- “Practical Approaches to Optimize Adolescent Immunizations”, Bernstein et al, *Pediatrics* 2017;139.
- “Countering Vaccine Hesitancy”, Edwards et al, *Pediatrics* 2016:138
- “Primary Care Physicians Perspectives About HPV Vaccine”, Allsion et al, *Pediatrics* 2016:137
- “Achieving Quality Health Services for Adolescents”, Committee on Adolescence, *Pediatrics* 2016:138