

**Developing**



**Relationships with your Patients:  
Addressing Confidence Concerns**

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# Conflicts of Interest

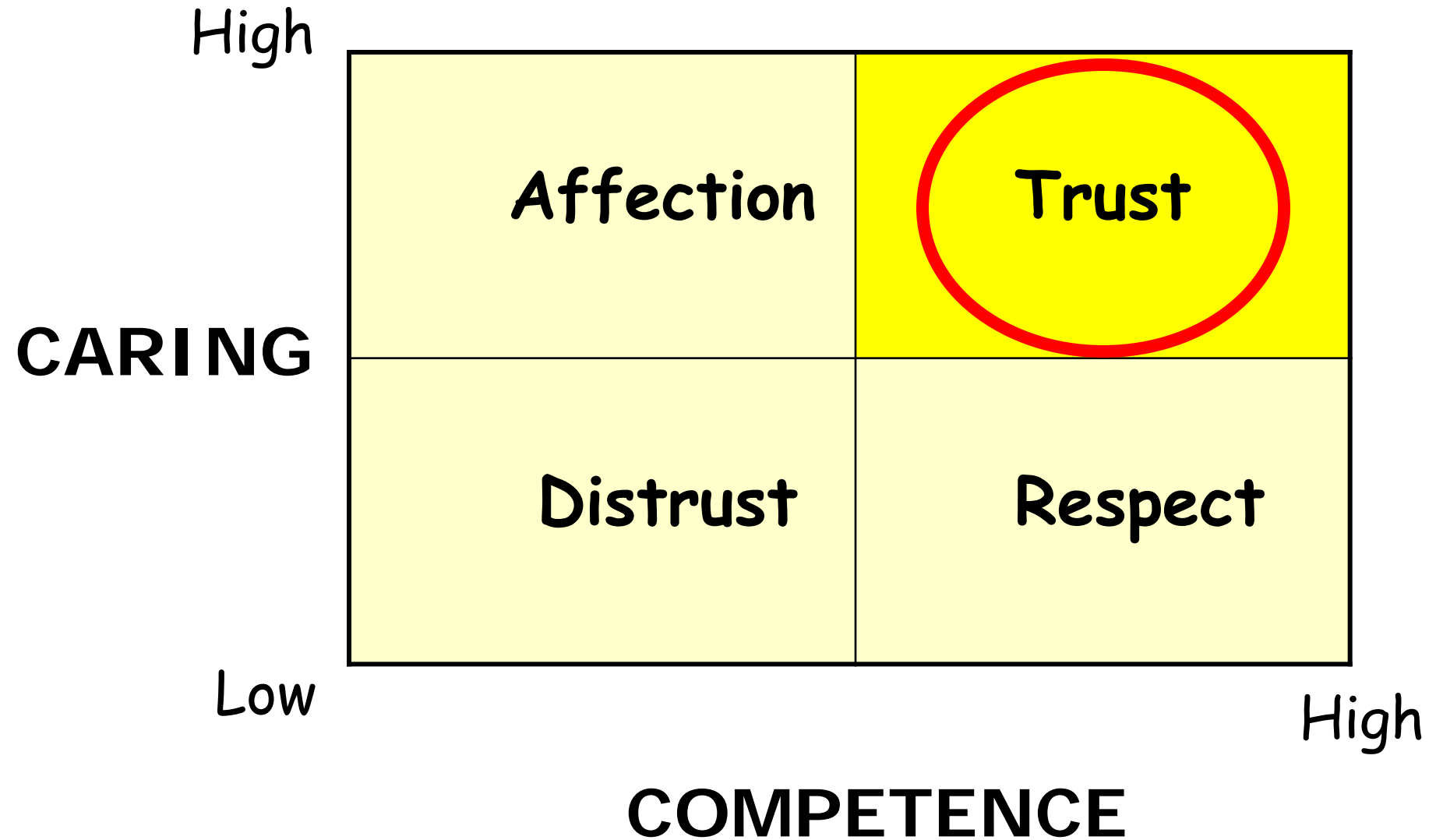
**No financial conflicts to declare**

**My Biases:**

- Consultant to Canadian Paediatric Society  
Imm/ID Cmt
- Consultant/Advisor to WHO HQ  
Immunization/Vaccines and Biologicals
- Canadian Centre for Vaccinology:  
Health Policy and Translation Group

**I believe vaccines are safe, effective,  
serious diseases can occur if not  
immunized**

# Trust = *Competence + Caring*



# Confidence/Trust Issues

## Patients/ Groups/ Communities

Healthcare providers

Immunization program

Specific vaccine (s)

One company's vaccine over  
another's

Vaccine manufacturer(s)

Government- fed, prov/terr

Practitioner

Program\*

# Key Role HCP in Vaccine Acceptance; Trust

“For all vaccines, the *attitude of the physician* .....is very influential in the decision to vaccinate a child.....”

*Favin et al . International Health 2012; 4:229-238*

*Suryadevara M et al Vaccine 2015; 33: 6629–6634.*

Parents received vaccine information from MDs: < vac concerns vs from friends/family/books

*Wheeler M, Bутtenheim A. Human Vaccines & Immunotherapeutics 2013; 9:1782–1789*

HCP information or assurances - main reason why parents who planned to delay or refuse a vaccine for their child changed their minds

*Gust, D.A., et al., Parents with doubts about vaccines: which vaccines and reasons why. Pediatrics, 2008. 122(4): p. 718-25*

Mother’s lack of uptake of flu vaccination in pregnancy predicts infant immunization

*Fuchs EL. Self-reported prenatal influenza vaccination and early childhood vaccine series completion Orev Med 2016;88: 8-12*

# Building



# Amongst the Hesitant

## Key Points for Practitioners:

- do not have to like the patient/parent's world view
- do not have to agree with it
- BUT at very least must understand it.
  - i.e. respect patient/parent's views
  - implies conversation not a HCW monologue
- discussion can help shape patient/parent beliefs

# Do not Assume Parent/Patient is Hesitant

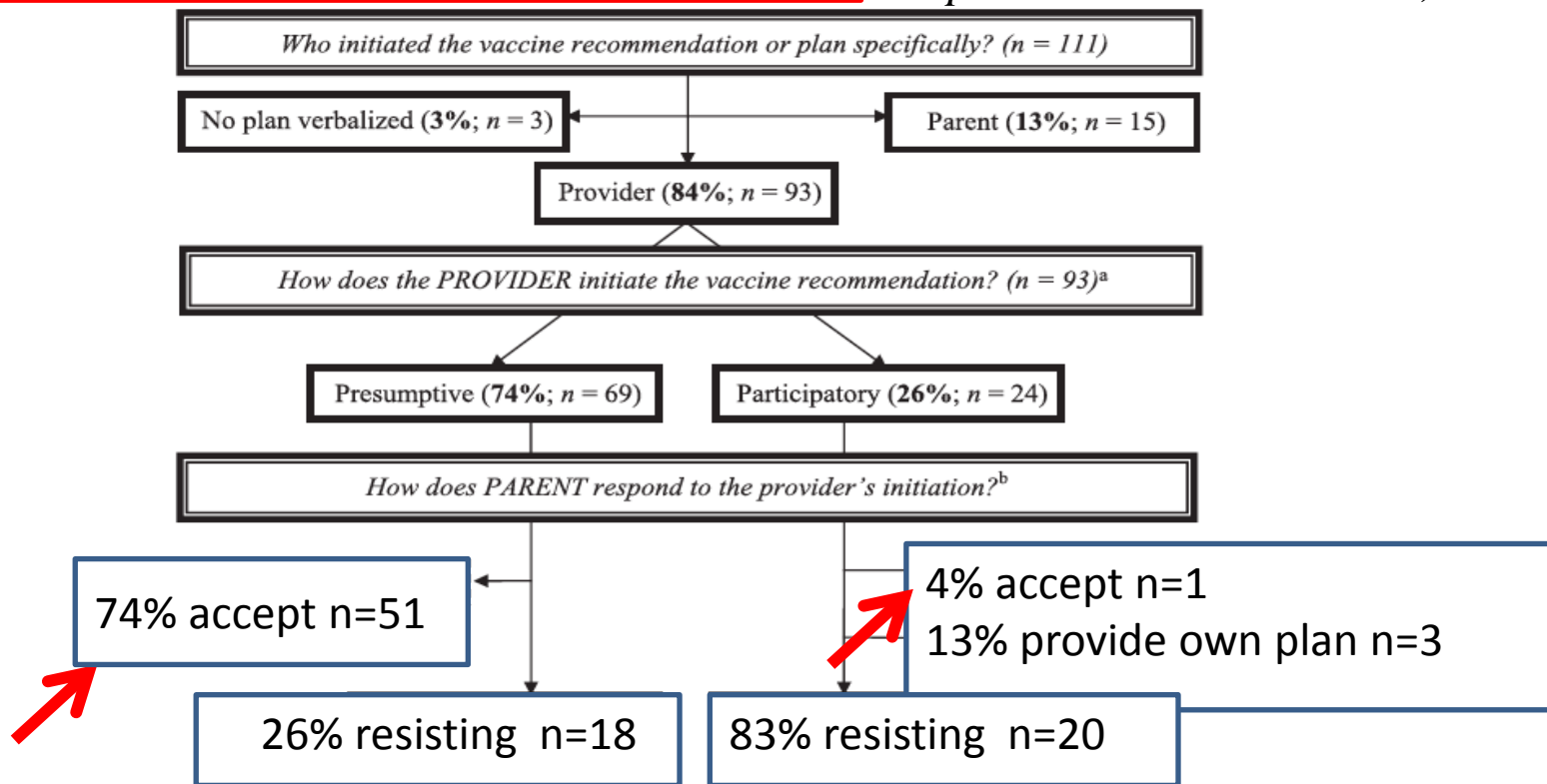
Vaccine Importance	Parent N=401	Provider N=105	P value
Child Health	9.5 (0-10)	9.3 (4-10)	<0.001
Meningitis	9.4 (0-10)	9.2 (2-10)	0.002
Hepatitis	9.5 (0-10)	8.7 (3-10)	<0.001
Rotavirus	9.0 (0-10)	8.4 (2-10)	0.535
Pertussis	9.5 (0-10)	9.3 (0-10)	0.006
Influenza	9.3(0-10)	7.0 (1-10)	<0.001
HPV	9.2 (0-10)	5.2 (0-10)	<0.001

*Healey CM et al. Parent and provider perspectives on immunization: Are providers overestimating parental concerns? Vaccine 2014;32: 579–584*

# Use Effective Parental/Patient Discussion Techniques

## a) Presumptive: Tell don't ask:

*Opel et al Pediatrics 2013; 132: 1037-46.*



## b) Address Concerns : Motivational Interviewing

client centred, semi-directive, aimed at changing behaviour

shift from **TALKING TO** → **WORKING WITH**

<http://motivationalinterview.net/clinical/interaction.html>

*Healey CM and Pickering L.. Pediatrics 2011;127: S127–S133*





## Scenario -1

Ms B, is a 28 year old first time mother who is also a grade 5 teacher. She brought her 2 mo old baby for well baby check up with family doctor

When immunization was raised – she suddenly became very anxious and defensive.....

# Scenario -1

## Intervention OARS: Motivational Interviewing Model\*

O  
Open  
ended  
questions

- What do you think about vaccines?

A  
Affirmation

- I understand

R  
Listen  
reflectively

- You are concerned by

S  
Summarize

- Let me summarize

\*<http://motivationalinterview.net/clinical/interaction.html>

# Listen Carefully / be Care Filled



*So young and small for vaccination.....*

- what is specific concern?
- I understand that you are worried because your baby is so young and still so small....
- Can you be more specific?
  - do not plant new concerns

More general questions may help

*“What would it take to move you to a yes ?.....what is / are your worries here .....”*



# Never Assume You Know Concern(s)

## *Examples*

- Too early in life- want to wait until older
- Needles cause pain- I don't want my baby to be hurt
- Vaccine are not safe at this age
- I heard about a baby who died/seizure/fever.... after immunization
- I am worried about vaccines and autism, multiple sclerosis etc
- My partner/friend/mother etc are against vaccine
- Vaccines are made from embryos and I am anti abortion
- Natural is always best  
etc, etc, etc

**These are all different but each are about trust – in vaccine, in program, in your advice as a HCW**

# Scenario 1: Next Steps

## **Reflective listening-**

- verify the concern(s) you heard
- Beware: although many parents are concerned about pain  
often not say directly

## **Summarize what heard-**

- see if you have understood
- then *Do you have other worries or concerns?*

## **Address the concern(s)**

- be straight forward, honest and succinct
  - do not over burden with information;
  - fit information to situation
- listen to make sure mother has understood AND see if are there more concerns

# Tailor your Response

## Confidence issues

- Listen and listen again
- Understand the concerns; tailor response to fit
- Your stories can be powerful
- e.g. vaccine safety concerns



robust safety system

*Shelby & Ernst. Story and Science .How providers and parents can utilize storytelling to combat anti-vaccine movement. Hum Vac and Immuno 2013; 9:1795-1801*

1. Evidence-based pre-licensing review and approval
2. Good practice standards and regulations for manufacturers
3. Evidence-based vaccine recommendations (NITAGs)
4. Immunization competencies for health care providers
5. Pharmacovigilance for adverse events following immunization
6. AEFIs: Causality assessment
7. Vaccine safety and efficacy signal detection
8. Canadian Immunization Research Network special immunization clinics (SICs)

*MacDonald NE, Law BJ, CPS Infectious Dis & Imm Comt. Paediatr Child Health in press  
Parrella A et al. Vaccine 2013;31:2067-74*

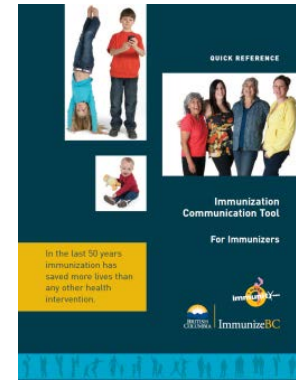
**Safer than Drugs**

# Address the Concerns

## BC ASK program

- Acknowledge concern(s)
- Steer the conversation
- Knowledge – know the facts

[http://www.immunizebc.ca/sites/default/files/docs/ict\\_final.pdf](http://www.immunizebc.ca/sites/default/files/docs/ict_final.pdf)



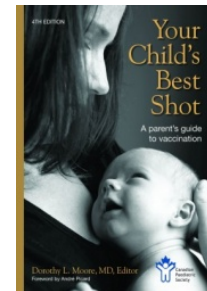
## Tell your stories\*\*

<http://immunize.ca/en/publications-resources/personal.aspx>

If interested **-Offer resources** where can find more information on topic

## Your Child's Best Shot 4<sup>th</sup> Ed

<https://bookstore.cps.ca/stock/details/your-childs-best-shot-a-parents-guide-to-vaccination-4th-edition>



## A Parent's Guide to Immunization: PHAC

<http://healthycanadians.gc.ca/publications/healthy-living-vie-saine/parent-guide-vaccination/index-eng.php>

## Immunize Canada Website

# What if: Outright Vaccine Refuser

- Do Not dismiss from practice
- Build trust – show caring and competent
- Not a debate
- Try to discern concerns & address them
- **Responsibilities for refusers WHO EURO**  
<http://www.euro.who.int/en/health-topics/disease-prevention/vaccines-and-immunization/publications/2012/if-you-choose-not-to-vaccinate-your-child,-understand-the-risks-and-responsibilities>
- Consider referral to “expert” - gen peds, peds ID, PH



Information for parents

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

If you choose to delay some vaccines or refuse 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 refuse vaccines, you are taking on an important responsibility that could just your child's health and even life into risk.

Are you that your child is it and you:

- make an emergency call.
- 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 the reasons:

- When your child is being evaluated, the doctor will need to consider the possibility that your child has a vaccine-preventable disease, such as measles, mumps, pertussis or diphtheria. These diseases will occur, and the doctor will need to consider that your child may have one.
- If your child has a vaccine-preventable disease, the healthcare workers who help your child can take precautions, such as testing your child, so that the disease does not spread to others.

Some people are at higher risk of infection:

One group at high risk for contracting disease is infants who are too young to be vaccinated. For example, the measles vaccine is an orally administered live disease-causing virus (1-2 months). Very young babies who get measles are likely to be severely ill, often requiring hospitalization.

Other people at high risk of contracting disease are those with weaker immune systems, due to other existing diseases or medications that are taking (such as some people with cancer, autoimmune diseases or transplant recipients).

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

- Ensure that your child is adequately immunized for his or her age according to the routine immunization schedule.
- Talk to your child's doctor or nurse to be sure your child's medical and immunization records are up to date regarding vaccine status. Ask for a copy of a written record.
- Keep your child's school, childcare facility and other caregivers updated on your child's vaccination status.
- Be aware that unimmunized children can catch disease from people who don't have any symptoms. You cannot tell who is contagious.

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*Halperin B, Melnychuk R, Downie J, Macdonald N. Paediatr Child Health 2007;12:843-5.*

*MacDonald NE, Desai S, Gerstein B; CPS ID/IMM Cmt Help with Vaccine Hesitant Parents, an Update Paediatr Child Health in press*

*O'Leary ST et al Characteristics of Physicians Who Dismiss Families for Refusing Vaccines Pediatrics 2015; 136:1103-11*



# What if - Serious AEFI Previous Immunization

**Consider a referral to a SIC (Special Immunization clinic)**

Network of peds, adult ID specialists & allergists

- expertise in addressing challenging AEFIs or immunocompromised
- use standardized approach and registry

**SIC locations and contact information (current as of March 2014)**

City	Hospital	Contact telephone number
Halifax, Nova Scotia	IWK Health Centre	902-470-7859
Quebec City, Quebec	<i>Centre hospitalier universitaire de Québec (CHUL)</i>	418-525-4444 ext 48290
Montreal, Quebec	<i>Centre hospitalier universitaire Sainte-Justine</i> Montreal Children's Hospital	514-345-4931 ext 5862 514-624-7855
Sherbrooke, Quebec	<i>Centre hospitalier universitaire de Sherbrooke</i>	819-346-1110 ext 70337
Ottawa, Ontario	Children's Hospital of Eastern Ontario	613-737-7600 ext 2651
Toronto, Ontario	Hospital for Sick Children	416-813-8097 ext 208097
Hamilton, Ontario	McMaster Children's Hospital	905-521-2100 ext 76947
Sudbury, Ontario	Health Sciences North	705-523-7300 ext 3219
Saskatoon, Saskatchewan	Royal University Hospital	306-844-1159
Edmonton, Alberta	Stollery Children's Hospital	780-248-5540
Calgary, Alberta	Alberta Children's Hospital	403-955-2200
Vancouver, British Columbia	BC Children's Hospital	604-875-2422

*KA Top, j Zafack, G De Serres, SA Halperin; for the PCIRN Investigators. Canadian paediatricians' approaches to managing patients with adverse events following immunization: The role of the Special Immunization Clinic network. Paediatr Child Health 2014;19(6):310-314*

# Scenario 2

A PHN offered H1N1 vaccine to a rural Metis family during H1N1 pandemic

- family did not accept .....
- not alone – many do not accept



<https://metisraconteur.files.wordpress.com/2012/07/parks-canada-mc3a9tis-paintings.jpg?w=584>

When asked why in a study ?

- E.g. *“Why did they pick on the Metis to have that shot first? Like that’s what I wanna know.”*

Problem: perception singled out for “testing” of vaccine

Lived experience – not trust gov’t , nor HCW as bad past experiences

Can only address this concern if listen and understand problem.....

no simple solution

–local person of trust might be able to help

*Driedger SM et al. Factors influencing H1N1 vaccine behavior among Manitoba Metis in Canada: a qualitative study BMC Public Health 2015; 15:128*

# Scenario 2 cont'd

Other concerns raised by Metis in the study ?

- *“I think the media played a big role in putting a scare into a lot of people.”*
- *“On the news some people got them and gone and died from it. They got sick and they were dying. So I didn't want to take that chance. I didn't get the needle.”*

Lack confidence in the vaccine/immunization program

- OARS approach- Beware - may not be only concern

Further concerns

- *“People were saying, ‘oh you should or you shouldn't and you might be more susceptible to getting more sick or it could make you sick.’ So I just chose not to.”*

Social network misinformation:

hard to address singly- need community strategy

**Can only address these confidence issues if listen and understand problem, context and cultural factors**

*Driedger SM et al. Factors influencing H1N1 vaccine behavior among Manitoba Metis in Canada: a qualitative study BMC Public Health 2015; 15:128*

# Scenario 3

George was a 55 year old moderately obese man with hypertension and poorly controlled diabetes.

He visited his local pharmacy on November 12, 2015 to have several of his prescriptions refilled.

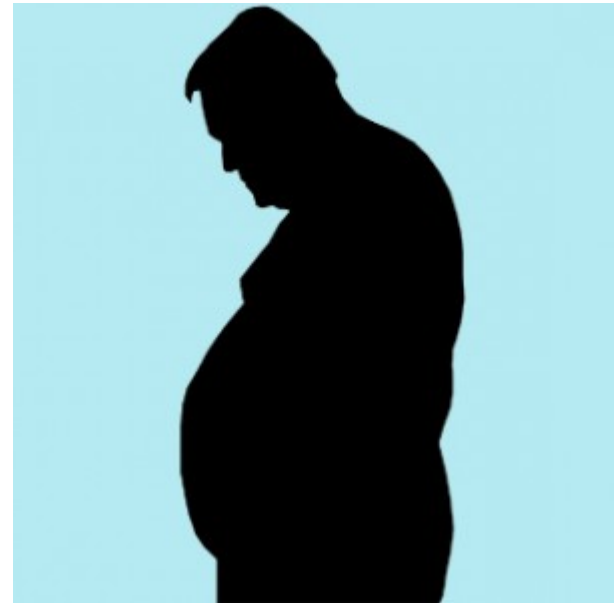
The pharmacist asked if he had had his flu shot – i.e presumptive

George said an emphatic NO

Don't want the **flu**  
come get a **shot!**

Your Lawtons pharmacist can now give flu shots and other injections.

Talk to a member of our pharmacy team... before you get the flu.



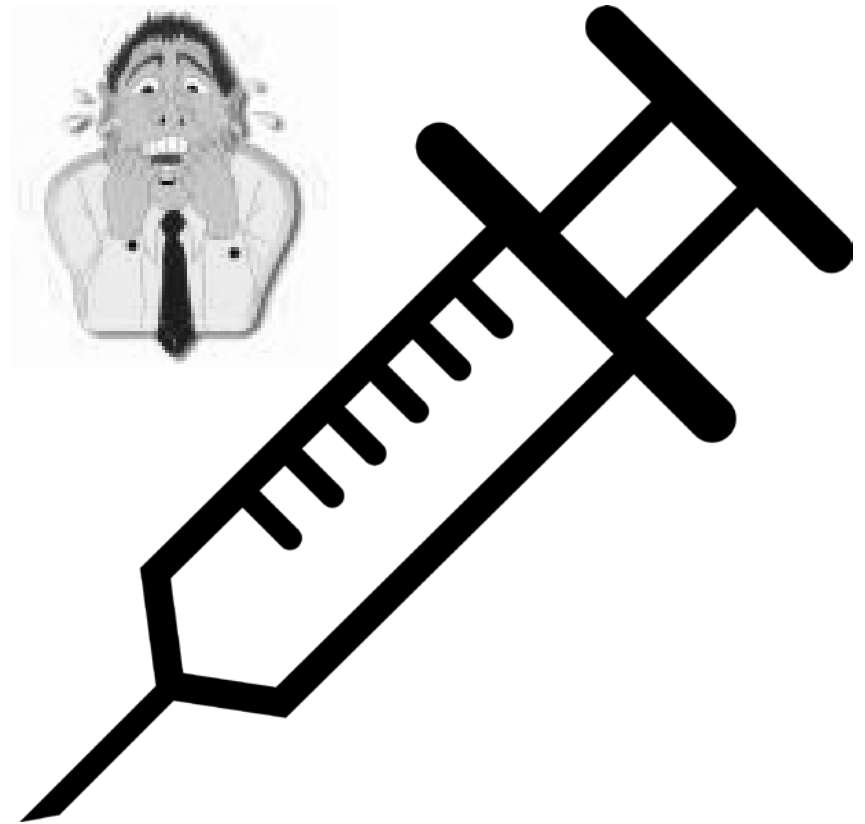
# Scenario 3 cont'd

## OARS

Pharmacist briefly employs  
MI to find out why.....

George sheepishly confesses  
**“deathly afraid of  
needles”** .....so afraid  
avoids blood tests .

Pharmacist informed George  
- programs that can help  
- talk to his FP, ask for  
referral to address this fear



*Brackett et al Using motivational interviewing in the community pharmacy to increase adult immunization readiness: A pilot evaluation J Am Pharm Assoc 2015; 55:182-6*  
*Mc Murtry M et al Far From “Just a Poke ”Common Painful Needle Procedures and the Development of Needle Fear Clin J Pain 2015;31:S3–S11*

# Addressing Vaccine Confidence Issues and Building Trust



Not Simple

Context, time & vaccine specific

Presumptive > than participatory

Motivational interviewing- discern concern(s)

Be patient – listening is key

Everyone's story is a little different

Community/ social network has big impact

Do not suggest new concerns

Provide the “right” information, tell stories

Refer on when needed

Remember HCW have huge impact on  
vaccination decisions