Increasing Adolescent Vaccination Uptake with an emphasis on HPV Vaccine

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April 7, 2016
Objectives

After viewing this presentation, audience members should expect to:
1. Be able to describe the adolescent immunization platform.
2. Feel comfortable discussing HPV vaccine effectiveness and safety with families.
3. Have one or more evidence-based strategies for increasing vaccination rates that can be incorporated into daily practice.
4. Have new ideas about the ‘vaccine conversation’
Outline

• Adolescent Immunization Recommendations and Current Rates
• HPV Infection and Disease
• HPV Vaccine
• Evidence-based strategies for increasing immunization rates
• Communicating with parents and patients
ACIP Adolescent Immunization Schedule ("Adolescent Platform")

<table>
<thead>
<tr>
<th>Vaccines</th>
<th>11-12 yrs</th>
<th>13-15 yrs</th>
<th>16-18 yrs</th>
</tr>
</thead>
<tbody>
<tr>
<td>HPV</td>
<td>3-dose series</td>
<td></td>
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</tr>
<tr>
<td>Tdap</td>
<td>1 dose</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MCV4</td>
<td>1st dose</td>
<td></td>
<td>booster</td>
</tr>
<tr>
<td>Influenza</td>
<td></td>
<td>Annual immunization</td>
<td></td>
</tr>
</tbody>
</table>

- Range of recommended ages for all children
- Range of recommended ages for catch-up immunization

Tdap: tetanus, diphtheria, and acellular pertussis vaccine
MCV4: meningococcal conjugate vaccine
ACIP: Advisory Committee on Immunization Practices
<table>
<thead>
<tr>
<th>Vaccine</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tdap after 10 years of age</td>
<td>40.8%</td>
<td>55.6%</td>
<td>68.7%</td>
<td>78.2%</td>
<td>84.6%</td>
<td>86.0%</td>
<td>87.6%</td>
</tr>
<tr>
<td>≥3 doses HepB</td>
<td>87.9%</td>
<td>89.9%</td>
<td>91.6%</td>
<td>92.3%</td>
<td>92.8%</td>
<td>93.2%</td>
<td>91.4%</td>
</tr>
<tr>
<td>≥2 doses MMR</td>
<td>89.3%</td>
<td>89.1%</td>
<td>90.5%</td>
<td>91.1%</td>
<td>91.4%</td>
<td>91.8%</td>
<td>90.7%</td>
</tr>
<tr>
<td>≥2 dose of Varicella (no disease history)</td>
<td>34.1%</td>
<td>48.6%</td>
<td>58.1%</td>
<td>68.3%</td>
<td>74.9%</td>
<td>78.5%</td>
<td>81.0%</td>
</tr>
<tr>
<td>≥1 MCV4</td>
<td>41.8%</td>
<td>53.6%</td>
<td>62.7%</td>
<td>70.5%</td>
<td>74.0%</td>
<td>77.8%</td>
<td>79.3%</td>
</tr>
<tr>
<td>HPV ≥1 dose</td>
<td>37.2% (17.9%)</td>
<td>44.3% (26.7%)</td>
<td>48.7% (32.0%)</td>
<td>53.0% (34.8%)</td>
<td>53.8% (33.4%)</td>
<td>57.3% (37.6%)</td>
<td>60.0% (39.7%)</td>
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<tr>
<td>Among Males</td>
<td></td>
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Establishing Adolescent Immunization Platforms

Society for Adolescent Health and Medicine position statement

11 to 12 year visit: primary immunization platform

14 to 15 year visit: catch up on missed vaccines or complete multi-dose regimens

17 to 18 year visit: update vaccinations that were missed or are newly recommended


IDSA. *CID* 2007;44:e104-e108.
Building an Adolescent Immunization Platform

Puts focus on disease prevention among this age group

Presents opportunities for improved comprehensive care that includes other health issues (e.g., screening and prevention of risk behaviors)

Creates parental/healthcare professional expectation of compliance with established adolescent immunization visits
Understanding the Burden

HPV INFECTION & DISEASE
HPV Infection

Most females and males will be infected with at least one type of HPV at some point in their lives

Estimated 79 million Americans currently infected
14 million new infections/year in the US
HPV infection is most common in people in their teens and early 20s

Most HPV infections are asymptomatic

MAJOR POINT NUMBER ONE

EVERYONE GETS THIS VIRUS
HPV Types Differ in their Disease Associations

- **Mucosal sites of infection**
  - High risk (oncogenic)
    - HPV 16, 18
  - Low risk (non-oncogenic)
    - HPV 6, 11

- **Cutaneous sites of infection**
  - "Common"
    - Hand and Foot Warts
  - Genital Warts
    - Laryngeal Papillomas
    - Low Grade Cervical Disease
  - Cancer Precursors
  - Low Grade Cervical Disease

- **~40 Types**
- **~80 Types**
Without vaccination, annual burden of genital HPV-related disease in U.S. females:

- 4,000 cervical cancer deaths
- 10,846 new cases of cervical cancer
- 330,000 new cases of HSIL: CIN2/3 (high grade cervical dysplasia)
- 1 million new cases of genital warts
- 1.4 million new cases of LSIL: CIN1 (low grade cervical dysplasia)

3 million cases and $7 billion
Numbers of Cancers and Genital Warts Attributed to HPV Infections, U.S.

How Many Cancers Are Linked with HPV Each Year?

5% of ALL cancers in the US are attributable to HPV!
MAJOR POINT NUMBER TWO

THE BURDEN OF DISEASE FROM HPV IS FAR GREATER THAN FOR ALMOST ANY OF THE OTHER VACCINES WE GIVE IN THE US
HPV VACCINE
HPV Prophylactic Vaccines

Recombinant L1 capsid proteins that form “virus-like” particles (VLP)
Non-infectious and non-oncogenic
Produce higher levels of neutralizing antibody than natural infection
Antibody response is higher for kids age 11-12 than older adolescents
### Adverse Events Following Any Dose of HPV Vaccine Among Females

<table>
<thead>
<tr>
<th>Adverse Event</th>
<th>HPV4 Vaccine</th>
<th>Adjuvant placebo</th>
<th>HPV2 Vaccine</th>
<th>Adjuvant placebo</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pain</td>
<td>84</td>
<td>75</td>
<td>92</td>
<td>87</td>
</tr>
<tr>
<td>Swelling</td>
<td>25</td>
<td>16</td>
<td>44</td>
<td>21</td>
</tr>
<tr>
<td>Erythema</td>
<td>25</td>
<td>18</td>
<td>48</td>
<td>24</td>
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<tr>
<td>Temp 100-101</td>
<td>4</td>
<td>--</td>
<td>13</td>
<td>14</td>
</tr>
<tr>
<td>Temp &gt;102</td>
<td>.4</td>
<td>.4</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Nausea</td>
<td>7</td>
<td>7</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Malaise</td>
<td>1.4</td>
<td>1.2</td>
<td>55</td>
<td>54</td>
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FDA product approval data, CDC
Key Messages About HPV Vaccine Safety

• Safety studies for HPV vaccine similar to safety reviews of MCV4 and Tdap vaccines
• More than 100 MILLION doses have been given
• The safety of this vaccine has been scrutinized more than any other vaccine because of the “controversy.”
  • Not just in the US but in many countries
  • NO unusual safety concerns have been found
  • Media reports are unfounded – not linked to the vaccine

IOM reviewed possible associations between adverse health events and eight vaccines

- Evidence “favors acceptance” of a causal relationship between HPV vaccine and anaphylaxis (yeast and latex components)
- Evidence “convincingly supports” a causal relationship between the injection of a vaccine and syncope

Inadequate evidence was found for causal relationships between HPV vaccination and 12 other specific health events studied

Syncope can occur among adolescents who receive vaccines, including HPV vaccine. The ACIP recommends providers observe patients for 15 minutes after vaccination
MAJOR POINT NUMBER THREE

BECAUSE IT IS MADE WITH NEWER TECHNOLOGY, THIS IS ONE OF THE SAFEST AND MOST EFFECTIVE VACCINES WE HAVE
HPV VACCINE COVERAGE
Adolescent Vaccination Coverage
United States, 2006-2013

MMWR 2014; 63(29);625-633.
Impact of Eliminating Missed Opportunities by Age 13 Years in Girls Born in 2000

Missed opportunity: Healthcare encounter when some, but not all ACIP-recommended vaccines are given. HPV-1: Receipt of at least one dose of HPV.

MMWR. 63(29);620-624.
26 million: number of girls under 13 years of age in the United States

168,400: number who will develop cervical cancer if none are vaccinated

54,100: number will die from cervical cancer if none are vaccinated

For each year we stay at 30% coverage instead of achieving 80%

4,400: number of future cervical cancer cases we will not prevent

1,400: number of cervical cancer deaths we will not prevent

Adapted from Chesson HW et al, Vaccine 2011;29:8443-50
MAJOR POINT NUMBER FOUR

THERE ARE MANY PEOPLE IN THE US WHO WILL DIE IF CURRENT RATES STAY WHERE THEY ARE – ALMOST ALL OF THESE ARE PREVENTABLE DEATHS
What’s new?

• 9-valent vaccine
  • Includes 5 additional HPV types
  • Prevent 90% of cervical cancer

• Possibility of two dose recommendation in the near future
  • 0 and 6-12 months later

SO WHAT CAN WE DO?
### Top Five Reasons for Not Vaccinating Adolescents with HPV Vaccine

#### 2013 Top five reasons for not vaccinating adolescents

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<tr>
<th>Reason</th>
<th>%</th>
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<th>%</th>
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<tbody>
<tr>
<td>Lack of knowledge</td>
<td>15.5</td>
<td>Not recommended</td>
<td>22.8</td>
</tr>
<tr>
<td>Not needed or necessary</td>
<td>14.7</td>
<td>Not needed or necessary</td>
<td>17.9</td>
</tr>
<tr>
<td>Safety concern/Side effects</td>
<td>14.2</td>
<td>Lack of knowledge</td>
<td>15.5</td>
</tr>
<tr>
<td>Not recommended</td>
<td>13.0</td>
<td>Not sexually active</td>
<td>7.7</td>
</tr>
<tr>
<td>Not sexually active</td>
<td>11.3</td>
<td>Safety concern/Side effects</td>
<td>6.9</td>
</tr>
</tbody>
</table>

MMWR July 25, 2014

http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6329a3.htm#tab2
Providers underestimate the value parents place on HPV vaccine

Recommend the same way as you would recommend other adolescent vaccines

“Your child needs three shots today: HPV vaccine, meningococcal vaccine and Tdap vaccine.”

“Your child will get three shots today that will protect him/her from many cancers caused by HPV, as well as to prevent tetanus, diphtheria, pertussis and meningitis.”
4 Take-home Messages about HPV Vaccine

1. HPV Vaccine is SAFE
   More than 100 MILLION doses have been given. Safety studies findings for HPV vaccine similar to other vaccines

2. HPV Vaccine WORKS
   Vaccination can reduce HPV related cancer by 70 to 90%

3. HPV Vaccine LASTS
   Immunity lasts at least 10 years with no evidence of waning

4. The way you recommend the vaccine is important!
   Strong recommendation for all the vaccines without differentiating HPV from the others

STRATEGIES TO INCREASE VACCINATION COVERAGE
Evidence-based Strategies

Recommendations Regarding Interventions to Improve Vaccination Coverage in Children, Adolescents, and Adults

Task Force on Community Preventive Services

Am J Prev Med 2000;18(1S)
© 2000 American Journal of Preventive Medicine
Increasing Appropriate Vaccination

Diseases that can be prevented by vaccines remain major causes of illness and death for people of all ages in the United States.

- In the U.S., an estimated 800,000 to 1.4 million persons have chronic Hepatitis B virus infection (CDC).
- Flu seasons are unpredictable and can be severe. Between 1976 and 2007, estimates of flu-associated deaths range from a low of about 3,000 to a high of about 49,000 people (CDC).
- In addition to the interventions cited below, the Task Force recommends worksite interventions to promote flu vaccinations among healthcare and non-healthcare workers.

Task Force Recommendations and Findings

This table lists interventions reviewed by the Community Guide, with a summary of the Task Force finding (definitions of findings). Click on an underlined intervention title for a summary of the review.

<table>
<thead>
<tr>
<th>Enhancing Access to Vaccination Services</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Home Visits to Increase Vaccination Rates</strong></td>
<td>Recommended March 2009</td>
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</table>
## Task Force Recommendations

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<th>Increasing Demand</th>
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<td>Health care system-based interventions</td>
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<td>Reducing out-of-pocket costs</td>
<td>Reminder and recall</td>
<td>Immunization information systems</td>
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<td>Vaccines in schools and child care centers</td>
<td>Combination community-based interventions</td>
<td>Provider assessment and feedback</td>
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<td>Vaccines in WIC settings</td>
<td>School and childcare requirements</td>
<td>Provider reminders</td>
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<tr>
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<td>Standing orders</td>
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http://www.thecommunityguide.org/vaccines/index.html
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STANDING ORDERS
Standing Orders

• Single physician order for *all* patients for recommended vaccines
• Stipulate that all patients meeting certain criteria should be vaccinated – age, underlying medical condition

• Components
  1. Nurse/MA tracks immunization history
  2. Nurse/MA identifies eligible patients
  3. Nurse/MA educates patients – alert provider if patient still has questions or wants to talk with the provider
  4. Nurse/MA administers vaccines
Benefits of Standing Orders

- Shown to be effective in both adults and children
  - For children, use of standing orders is associated with a median increase in vaccination coverage of 28%
  - Most effective evidence-based method
- Overcome administrative barriers and save time

http://www.thecommunityguide.org/vaccines/RRstandingorders.html
The Denver Health Story

- Large vertically integrated community health system
  - Cares for about 1/3 of all children in Denver
  - 9 community health centers, 16 school-based health centers
- For many years, had ‘typical’ immunization process, with similar rates to national average
The Denver Health Story

• Implemented a system of standing orders predicated on the idea of taking the provider out of the immunization equation from birth to adulthood
• Tdap, HPV, MCV4 presented as a standard “bundle” of adolescent immunizations
• Vaccines given early in visit whenever possible
• Providers involved only if refusal or questions
# Adolescent Vaccination Rates

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<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Tdap</td>
<td>86.0</td>
<td>84.6</td>
<td>74.0</td>
<td>87.1</td>
<td>95.9</td>
</tr>
<tr>
<td>MCV4</td>
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Standing Orders: My Recommendation

• Consider implementing standing orders for vaccination, particularly for the adolescent immunization ‘bundle’
• Allows more time for focusing other important aspects of preventive and sick visits for those without significant concerns
• Remember that having standing orders is not a substitute for a provider conversation for families with questions
REMININDER/RECALL
Reminder/Recall

- Reminder: notify families whose children are due soon
- Recall: notify families whose children are overdue
- Postcards, letters, telephone calls, or text messages
- Can be automated using EHRs or Immunization Information System (IIS)
- Reminder/recall conducted in practice settings shown to be very effective in increasing rates
Impact of Reminder/Recall on Vaccination Rates among Adolescents

Percentages of adolescents 11-18 years of age who received any vaccination at 4, 12, and 24 weeks: Text4Health-Adolescents, New York City, 2009

Reminder/Recall

- Only 16% of physicians nationally are conducting
  - Expensive
  - Time-consuming
  - Can be difficult to assess who to remind/recall

- How can we make it easier for providers to do reminder/recall?
Could Reminder/Recall be Conducted Centrally by Public Heath Departments?

- Potential advantages
  - Reducing burden of conducting reminder/recall by practices
  - Reaching children without usual source of primary care
Centralized Reminder/Recall

Centralized Reminder/Recall

- Having the health department, through the IIS, conduct reminder/recall was both more effective and less costly than reminder/recall performed in private practices.
- Collaboration in this arena could also lead to other important public/private collaborations.

Communicating with Families
How much of a problem is vaccine hesitancy?

- Percentage refusing all vaccines remains small (2-3%).
- Prevalence of under-vaccination ≤2 years of life in 8 managed care organizations increased from 42% in 2004 to 54% in 2008.*
- Increasing frequency of requests to “spread-out” the series or refusal of specific vaccines.

*Glanz et al, JAMA Pediatr 2013
“Costs” of Vaccine Hesitancy

- Less time on other preventive care
  - Average visit = 18 minutes
  - What is being sacrificed?

- Increased pain or trauma for children
  - 84% of pediatricians think it is more painful for children to bring them back repeatedly for shots rather than give them multiple simultaneously

- Physician burn-out
  - 50% of Peds report their job less satisfying because of having to talk about vaccines with hesitant parents
“Costs” of Vaccine Hesitancy

- Increased levels of under-vaccination
  - Under-vaccinated tend to remain under-vaccinated
  - Outbreaks of Vaccine Preventable Diseases
    - Pertussis
    - Varicella
    - Pneumococcal disease
    - MEASLES!!!!
<table>
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<tr>
<th>Response</th>
<th>Frequency Used</th>
<th>Perceived Effectiveness</th>
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<td>Often or Always</td>
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<tr>
<td>Informing parents that you immunize your own children according to recommended schedule</td>
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<td>25</td>
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<td>Explaining that deviating from schedule puts their child at risk for vaccine preventable diseases</td>
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<td>Informing parents that ‘spreading out’ vaccines is against your recommendation</td>
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<td>Discussing recent outbreaks of vaccine preventable diseases</td>
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<td>31</td>
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<td>Telling parents that you think it is more painful for their child to come back for multiple visits for shots rather than get them all</td>
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Strategies for talking with vaccine hesitant parents
Face to face interventions for informing or educating parents about early childhood vaccination (Review)
“The limited evidence available is low quality and suggests that face to face interventions to inform or educate parents about childhood vaccination have little to no impact on immunization status, or knowledge or understanding of vaccination.”
4. Discussion

Our systematic review did not reveal any convincing evidence on effective interventions to address parental vaccine hesitancy and refusal. We found a large number of studies that evaluated
Physician Communication Training and Parental Vaccine Hesitancy: A Randomized Trial

Nora B. Henrikson, PhD\textsuperscript{a}, Douglas J. Opel, MD, MPH\textsuperscript{b,c}, Lou Grotheus, MS\textsuperscript{a}, Jennifer Nelson, PhD\textsuperscript{a}, Aaron Scrol, MA\textsuperscript{a}, John Dunn, MD, MPH\textsuperscript{a}, Todd Faubion, PhD\textsuperscript{d}, Michele Roberts, MPH, MCHES\textsuperscript{a}, Edgar K. Marcuse, MD, MPH\textsuperscript{b,c}, David C. Grossman, MD, MPH\textsuperscript{a,c.f}

abstract

BACKGROUND AND OBJECTIVES: Physicians have a major influence on parental vaccine decision-making through communication. This randomized trial aimed to [13 additional words, truncated for brevity].
Physician Communication Training and Parental Vaccine Hesitancy: A Randomized Trial


abstract

BACKGROUND AND OBJECTIVES: Physicians have a major influence on parental vaccine decision making, and communication interventions designed to improve decision making have been shown to be effective [1, 2]. However, it is not clear how well such interventions work in the real-world context of primary care practice. We tested the effects of a communication training intervention on maternal vaccine hesitancy and physician self-efficacy and their impact on parental influenza vaccine decisions.

CONCLUSIONS: This physician-targeted communication intervention did not reduce maternal vaccine hesitancy or improve physician self-efficacy. Research is needed to identify physician communication strategies effective at reducing parental vaccine hesitancy in the primary care setting.
It’s complicated! No easy solutions!
Why Don’t We Know More about How to Communicate with Parents and Patients about Vaccines?

- Tons of research on parents’ knowledge, attitudes, beliefs
- Little research on what communication techniques actually change parents’ behavior
- Research in this area is complicated!
- We’ve been focused on the ‘what’ more than the ‘how’
SOME IDEAS ABOUT “THE HOW” OF TALKING WITH PEOPLE ABOUT VACCINES
An Interesting Study...

The Architecture of Provider-Parent Vaccine Discussions at Health Supervision Visits
Douglas J. Opel, John Heritage, James A. Taylor, Rita Mangione-Smith, Halle Showalter Salas, Victoria DeVere, Chuan Zhou and Jeffrey D. Robinson
Pediatrics 2013;132;1037; originally published online November 4, 2013;
“Participatory versus Presumptive”

- Participatory: Linguistically provide parents with more decision making latitude
  - “Have you thought about what shots you’d like to get today?”

- Presumptive: Linguistically presuppose that parents would get shots
  - “Well, we have some shots to do today”
Participatory versus Presumptive

• “Among all parents, a larger proportion resisted vaccine recommendations when providers used a participatory rather than presumptive initiation format (83% vs 26%; P < .001).”
• “This finding remained true among vaccine hesitant parents (89% vs 30%; P < .001).”
Participatory versus Presumptive

- Another important result from this study: among parents who initially resisted, 47% agreed to be vaccinated when the physicians continued to discuss the recommendation, addressing their specific concerns, so don’t give up!

- Follow up studies are in the works, with an RCT planned.
Why might a presumptive style work?

- Most parents perceive decisions about vaccination to be complicated.
- As humans, when we make decisions we perceived to be complicated, we tend to have a status quo bias, meaning we go with what is expected or ‘normal’.
- By assuming a presumptive tone, parents are made to feel that getting the vaccine is what most people do, that it is the socially acceptable ‘norm,’ and are therefore less likely to resist.
Case

• An 11 year old girl is sent to your school-based health center by her PCP for her adolescent vaccines (he doesn’t stock vaccines).
Case

• An 11 year old girl is sent to your school-based health center by her PCP for her adolescent vaccines (he doesn’t stock vaccines).

• You offer a ‘presumptive’ recommendation for the vaccines, saying “Great, you’re here for your vaccines, we can go ahead and do her tetanus/diphtheria/whooping cough vaccine, her meningitis vaccine, and her HPV vaccine”
Not so fast…

- Her mother says, “We’re okay doing that tetanus shot and the meningitis one, but we’re going to hold off on the HPV vaccine.”
How do you approach this situation?

• Difficult – parents often set in their ways
Conventional Wisdom

• Improve parents’ knowledge and they will make the right decision
Vaccine Communication 2.0

- Becoming increasingly clear that simply correcting parents’ knowledge gaps – whether through informational brochures, community campaigns, or direct provider conversations – is often not enough to address parents who have concerns about vaccines.

- Several investigators are looking at trying to address parents’ personal values, rather than (or in addition to) knowledge, attitudes, and beliefs.
Motivational Interviewing Techniques for Difficult Vaccine Discussions

- Disclaimer: MI has not been tested and proven effective for convincing parents who are hesitant about vaccination
- HOWEVER, it has been shown to be effective in other health interventions, and the principles that make it effective make sense for vaccine conversations
- Current study testing it for HPV conversations, and providers showing improved self-efficacy
Motivational Interviewing in a Nutshell

Motivational interviewing is a patient-centered, guiding communication style for enhancing a person’s own motivation for change or behavioral activation.

The reasons to vaccinate don’t come from the provider or outside expert but from the patient or parent.
MI Skills

OARS

- Open-Ended Questions
- Affirmations
- Reflection
- Summary
What Usually Happens if the Parent is Resistant or Hesitant?

• The provider might ask the parent why she does not want the vaccine. In this case the parent will begin to argue for all the reasons she does not want her child to be vaccinated. In the process, the patient strengthens her resolve against the vaccination.

• The provider is now left open to falling into additional conversation traps.
Persuasion Trap – when the provider becomes the champion for the vaccine and tries to convince the hesitant or resistant parent of the benefits. This usually ends up in an argumentative type of “yes, but” cycle.
The Lecture Trap

• Lecture (Data Dump Trap)—the tendency here is to provide the full story about some aspect of the vaccine

• Ends up putting people off and raising resistance because it implies that they don’t know the full story and you’re going to give it to them.

• Also, it can be counter-productive because you end up raising concerns that the patient had not previously considered.
In Summary

• Directive patient/provider recommendations followed by a closed-question work fine for the patient who is ready to be vaccinated or for the patient who expects the provider to tell him or her what to do.

• For patients who are unsure or resistant, a closed-ended question following a recommendation can lead to less productive conversations.
Starting the Conversation the MI Way

**Eliciting**

- The provider asks in a non-threatening way to share the parent’s concerns.

**Example:**

“So you seem to have concerns about the HPV vaccine. Well, that’s perfectly understandable – a lot of parents have questions about this one. Would you mind sharing what your particular concerns are?”

“Well, I’ve heard that it’s a vaccine to prevent a disease that’s transmitted by having sex, and she is a looooonong way from having sex.”
The provider reflects back what the patient is saying to be sure he/she understands (empathy) and summarizes what has been heard before proceeding, again with permission, to make a recommendation.

Example:

“I can hear that you are concerned about that she is too young for the HPV vaccine because HPV is transmitted by sexual activity. Well, that’s perfectly understandable – a lot of parents are worried about that too. I’ve thought a lot about this. Is it okay if I go over how I’ve come to think about this vaccine?”
Example:

“I used to think of this vaccine as something to prevent a sexually transmitted disease, but realized it’s really about preventing cancer. Almost everyone gets this virus, so I think it’s important for everyone.”
It is now that the provider makes a clear personalized recommendation.

Example:

“Personally, I think this is a really important vaccine. Having said that, this is a decision that only you can make. What do you think?”
In Summary

• For parents who initially refuse vaccination, by continuing the conversation in the MI way, you may be more likely to engage parents at any level of motivation—not just those who are ready.

• When patients are invited to feel heard, feel respected, and feel assured that they will not be pressured, they may be more likely to explore openly and honestly all of their thoughts about the vaccine.

• This type of exploration may lead patients to new ways of seeing the situation and to form different conclusions.

• The movement toward acceptance of the vaccine is not guaranteed but it may be more likely when using MI than when not.

• The whole process typically takes only about one to three minutes.
Take Home Points

- HPV Vaccine is a highly safe and effective vaccine
- Increasing uptake of HPV vaccine will save lives
- Standing orders are an evidence-based method that can greatly increase vaccination uptake without much involvement of provider
- Reminder/recall also substantially increases rates—a centralized approach using the state IIS more effective, cost-effective and potentially more sustainable
- A presumptive recommendation and motivational interviewing MAY be effective