Strategies for Addressing Parents' Concerns and Questions about Vaccines for Children

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No single key

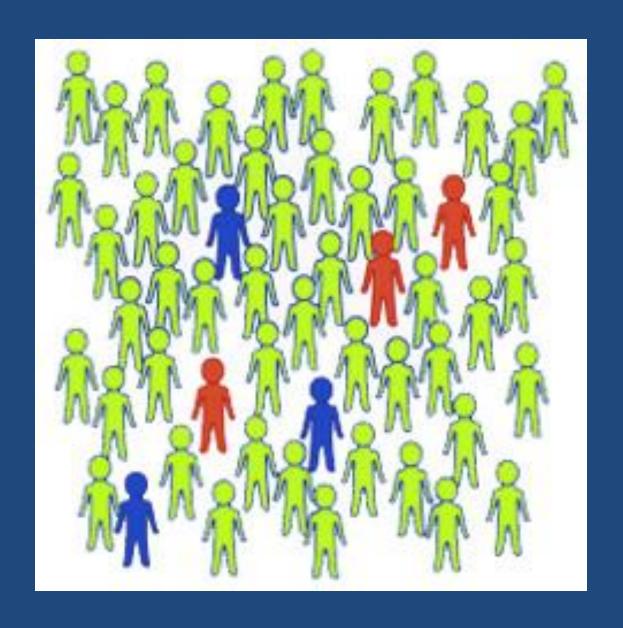


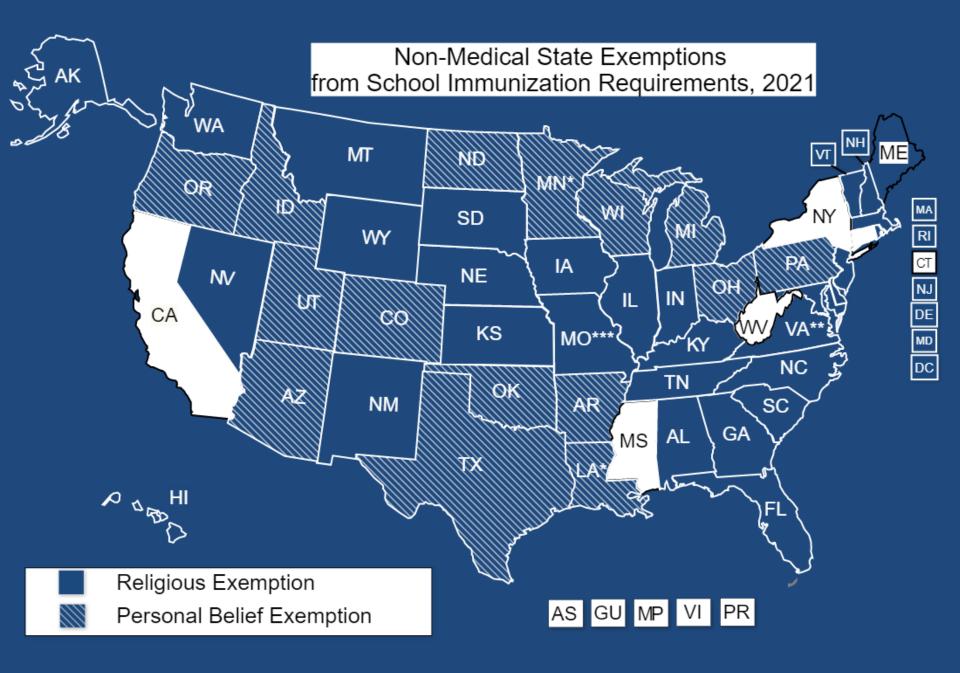
Overview

- Discuss different reasons children remain unimmunized
- Identify cultural logics that lead to vaccine hesitancy
- Consider ways forward in conversation with parents

Herd Immunity

Estimated Herd Immunity thresholds for vaccine preventable diseases									
Disease	Transmission	R_0	Herd immunity threshold						
Diphtheria	Saliva	6-7	85%						
Measles	Airborne	12-18	83 - 94%						
Mumps	Airborne droplet	4-7	75 - 86%						
Pertussis	Airborne droplet	12-17	92 - 94%						
Polio	Fecal-oral route	5-7	80 - 86%						
Rubella	Airborne droplet	5-7	80 - 85%						
Smallpox	Social contact	6-7	83 - 85%						
Source: (CDC 2003)									





PARENTS OF EARTH, ARE YOUR CHILDREN FULLY IMMUNIZED?



MAKE SURE – CALLYOUR DOCTOR OR HEALTH DEPARTMENT TODAY. AND MAY THE FORCE BE WITH YOU.



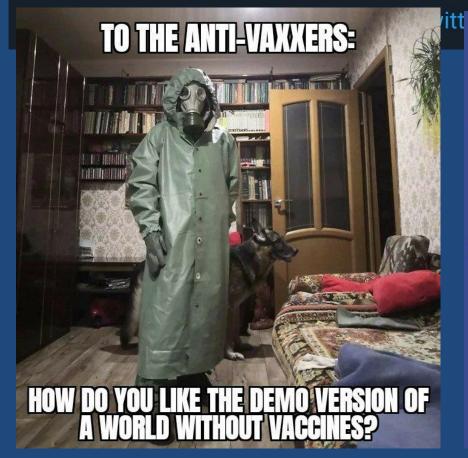


Carlos A. Rodríguez

@CarlosHappyNPO

For those who wanted a world with no vaccines... here's the world without ONE vaccine.

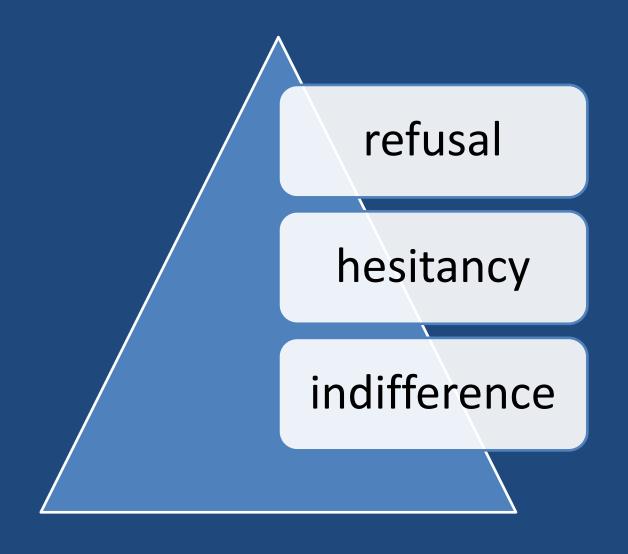




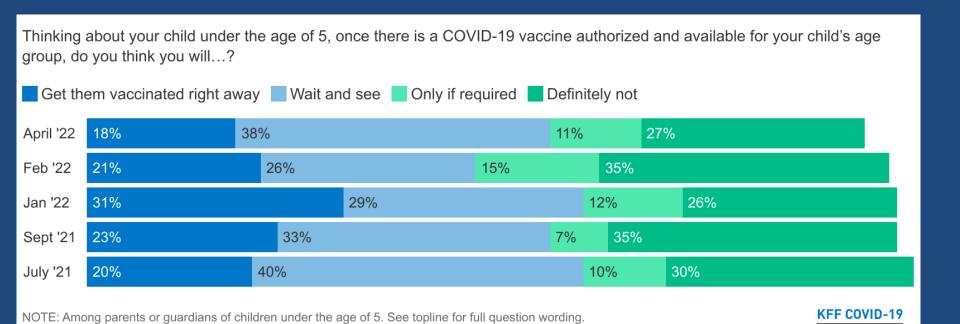
Hey Antivaxxers... What we're experiencing right now on a global scale, this is what a world without vaccines looks like. So after this is all over and we move on, don't expect us to tolerate your stupid bullshit anymore.

@ScienceMemeCorrectionTeam

Conceptualizing the unvaccinated



Parental intentions vary: under 5 covid vaccines



SOURCE: KFF COVID-19 Vaccine Monitor

Vaccine Monitor









Building Immunity For Your Child

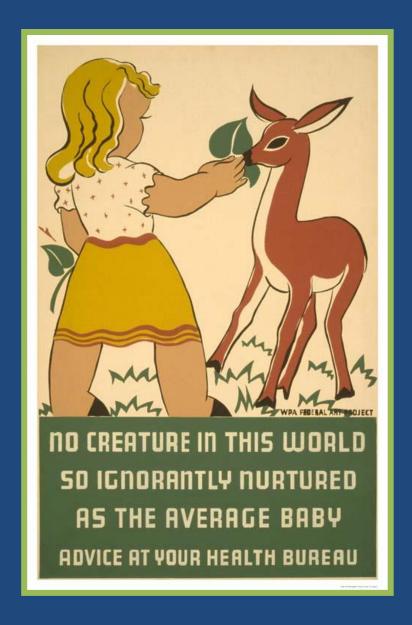
Mommy Diaries

CALLING THE SHOTS

WHY PARENTS REJECT VACCINES



Individualist Parenting



Choose the right car seat.









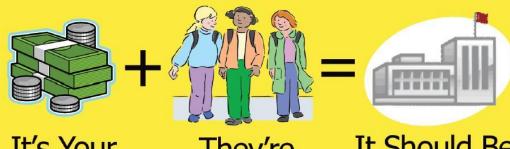
One size doesn't fit all.





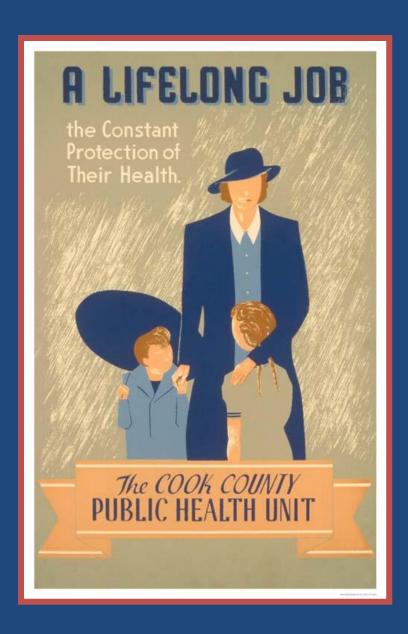


SCHOOL CHOICE



It's Your Tax Money

They're Your Kids It Should Be Your Choice



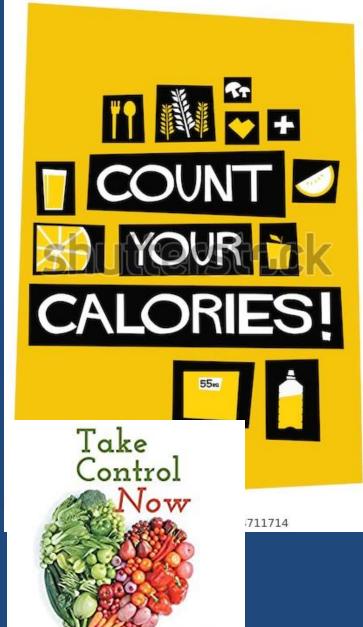
Individual responsibility for health

AT THE END OF THE DAY, YOUR HEALTH IS YOUR RESPONSIBILITY

JILLIAN MICHAELS

PICTURE QUOTES . com





Your health is your responsibility

Parents as Experts



Benefits vs Risks





Evaluating Benefit



Evaluating Benefit

- Likelihood of infection
- Severity of disease



(chickenpox)



(small pox)

Estimating Risk



TABLE 3. Recommended schedule for routine active vaccination of infants and children*

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Vaccine	At birth (before hospital discharge)	1-2 months	2 months [†]	4 months	6 months	6-18 months	12-15 months	15 months	4-6 years (before school entry)
Diphtheria-tetanus- pertussis§			DTP	DTP	DTP			DTaP/DTP1	DTaP/DTP
Polio, live oral	1 1		OPV	OPV	OPV**				OPV
Measles-mumps- rubella Haemophilus influenzae type b				30 00			MMR		MMR**
HbOC/PRP-T 5.55 PRP-OMP55			Hib Hib	Hib Hib	Hib		HIP44		
Hepatitis 8***	1 1		10000000	A-200-50			01745E40		
Option 1 Option 2	HepB	HepB ^{†††} HepB ^{†††}		HepB ^{†††}		HepB ^{†††} HepB ^{†††}			

Vaccine ▼ Age ►	Birth		2 months		6 months		15 months	18 months	19–23 months	2–3 years	4–6 years
Hepatitis B ¹	HepB	He	рВ			He	рВ				
Rotavirus ²			RV	RV	RV ²						
Diphtheria, Tetanus, Pertussis ³			DTaP	DTaP	DTaP	see footnote ³	D	ГаР			DTaP
Haemophiius influenzae type b ⁴			Hib	Hib	Hib ⁴	Н	ib				
Pneumococcal ⁵			PCV	PCV	PCV	P	CV			PF	sv
Inactivated Poliovirus ⁶			IPV	IPV	IPV				IPV		
Influenza ⁷					Influenza (Yearly)						
Measles, Mumps, Rubella ⁸						MI	MR	5	see footnote	8	MMR
Varicella ⁹						Vari	cella	5	ee footnote	9	Varicella
Hepatitis A ¹⁰							HepA (2	2 doses)		HepA	Series
Meningococcal ¹¹											cv

Range of recommended ages for all children except certain high-risk groups

Range of recommended ages for certain high-risk groups

Estimating Risk

- Fear of "too much too soon"
- Considering family history
- Assessing unique child



Filtered through ideologies and experiences

- Trust in institutions
- Confidence in neutrality of scientific process (as they understand it)
- Local norms *vaccine hesitancy clusters*
- Convenience of access

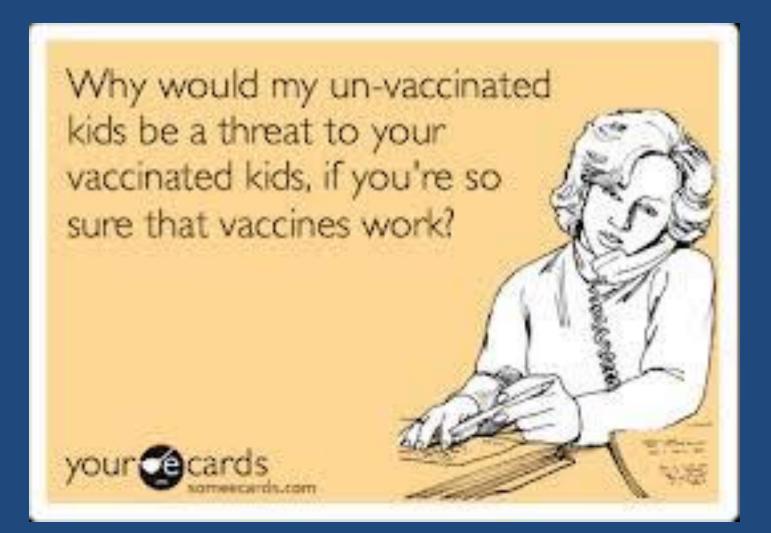
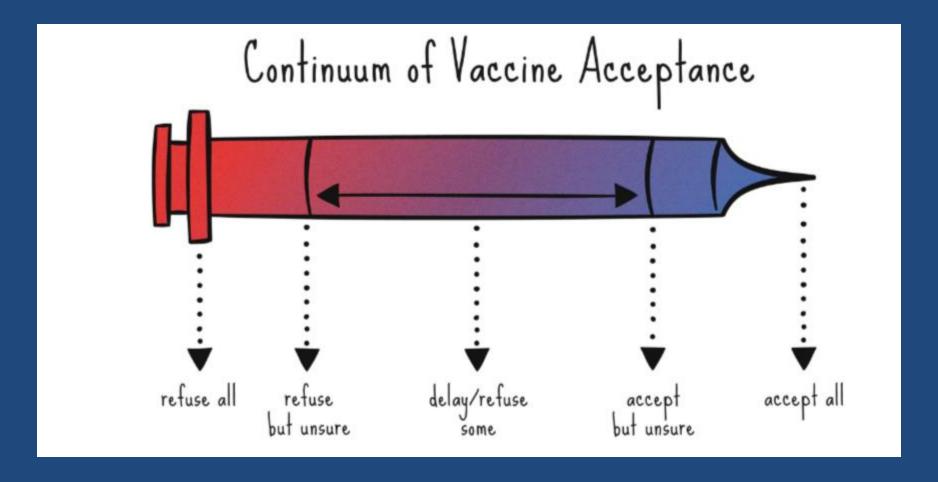


Figure out where parents are



Focus on spaces for engagement

Places to start

- Don't assume parents are ignorant or victims of misinformation just because they refuse vaccines
- Assume that parents want their kids to be healthy and happy
- Hear specific vaccine concerns, which might draw on experiences, religious or political views, concerns about individual child

Conversations that don't help

- Statistics-heavy approaches
- Fear-based information
- Correcting incorrect information (may actually make them more entrenched)

Conversations that might help

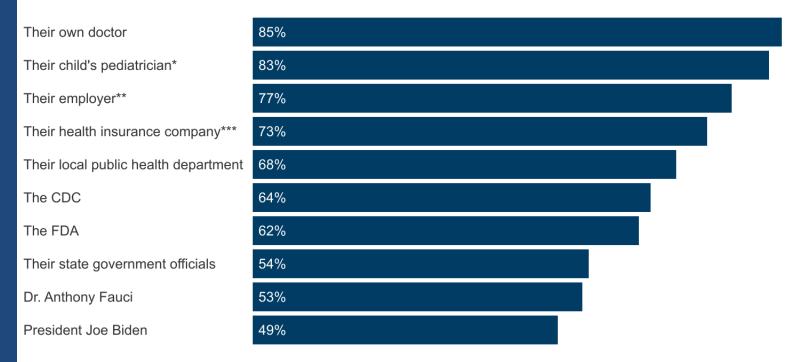
- Lead with empathy (in healthcare in general)
- Be open to ongoing discussion. Not "one and done"
- Identify structural barriers to access— especially important for the indifferent
- Connect with trusted messengers for information
- Identify family goals and how vaccines align
- Discuss individual and community goals

Vaccines vary (and parents often think so too)

- Duration of protection (rubella v influenza)
- Severity of illness (small pox v varicella)
- Ability to limit transmission (measles v covid)
- Possible short term reactions of vaccine
- Long-term risk of viral infection (HPV, varicella, measles, polio)

Trusted sources matter

Percent who say they have a **great deal** or a **fair amount** of trust in the following to provide reliable information about the COVID-19 vaccines:

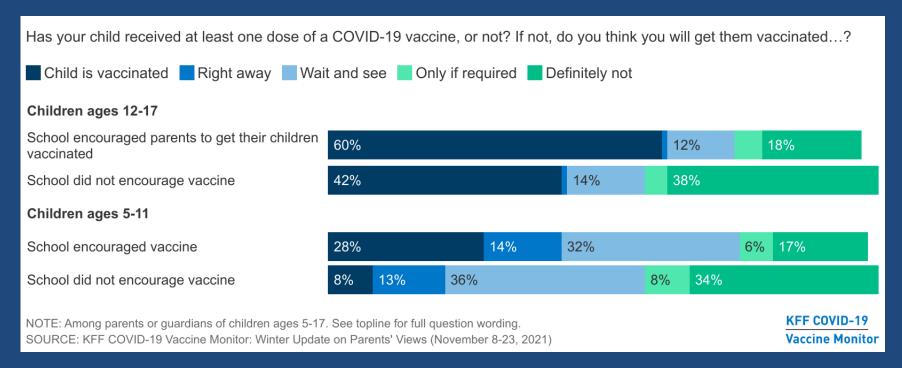


NOTE: *Among those who are parents or guardians of children under 18. **Among those who are employed and not self-employed. ***Among those who are insured. See topline for full question wording.

SOURCE: KFF COVID-19 Vaccine Monitor (April 13-26, 2022)

KFF COVID-19 Vaccine Monitor

Schools matter





Class privilege matters

Percent of parents of children ages 12-17 who said their child's school has done each of the following:

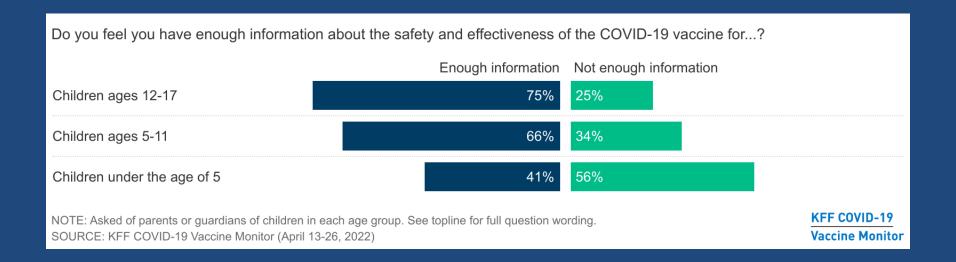
	Total parents of children ages 12-17	Less than \$40k	\$40k-\$89k	\$90k
Provided them with information about how to get a COVID-19 vaccine for their child	42%	39%	35%	50%
Encouraged parents to get their children vaccinated	40%	34%	34%	49%
Said they will require students to be vaccinated for COVID-19 in order to return to school in-person	7%	12%	5%	7%
Asked about their child's COVID-19 vaccination status	11%	14%	8%	11%

NOTE: Asked of parents or guardians of children between the ages of 12 and 17 who will be enrolled in school in the fall. See topline for full question wording.

SOURCE: KFF COVID-19 Vaccine Monitor: Parents And The Pandemic (Jul. 15-Aug. 2, 2021).

KFF COVID-19
Vaccine Monitor

Room for discussion



Room for improving access

- More after-hours
- More opportunities to connect
- More partnerships- schools, providers, agencies

Community and/or Personal Benefit?

Parents always weigh perceptions of risk of disease against benefits of vaccine.

- How safe is vaccine?
- How serious is infection?
- How well do I think my child will handle it?
- How does this align with other family goals?

Thank you.



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