

Effective Scripting:
Moving The Needle For Vaccine
Hesitant Parents

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This goals of this session are to help the participant:

- Gauge the emotional setting where parents make decisions about vaccination.
- Find common ground with parents to establish a trust relationship.
- Create and utilize effective scripting to present factual information to help parents make healthy decisions about vaccination.

I have no relevant financial disclosures.
- Kenneth Haller, MD

When a vaccine hesitant parent comes in...

What do we REALLY want to say?

- "Are you *kidding* me?"
- "Are you saying I want to poison your child?"
- "Do you think I'm an idiot?"
- "Why are *you* being an idiot?"
- "Jenny McCarthy is full of crap!"
- "If you *really* loved your child, you'd get them vaccinated."
- "I care about your child. Why don't *you*?"

What is Vaccine Hesitancy?

“Vaccine hesitancy refers to delay in acceptance or refusal of vaccines despite availability of vaccination services. Vaccine hesitancy is complex and context specific varying across time, place and vaccines. It includes factors such as complacency, convenience and confidence.”

- World Health Organization (WHO)

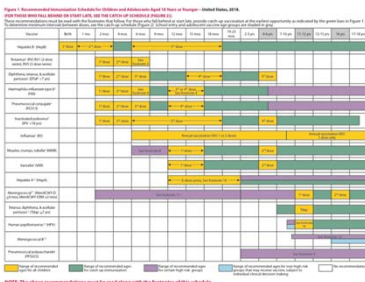
http://www.who.int/immunization/programmes_systems/vaccine_hesitancy/en/

Background

- 3% parents refused all vaccines & 19.4% refused or delayed >1 vaccines (2010)
- >1 of 10 parents following vaccination schedule other than that recommended by the CDC (2011)
- Increase in # of infants out of compliance with the ACIP schedule (2012)
- But increase of refusal and requests for alternative schedules → barriers to overcome
- 47% of parents accepted vaccines after initially refusing them (2013)

Edwards KM, Hackell JM; Committee on Infectious Diseases, The Committee on Practice and Ambulatory Medicine. Countering Vaccine Hesitancy. *Pediatrics*. 2016 Sep;138(3).

2018 Vaccination Schedule



Why these vaccines for kids?

- These microorganisms are – or have been – common in the population.
- They cause terrible disease in kids.
- Researchers have developed vaccines for them.

Microorganism	Bad disease	Common in kids	Got a vaccine
Pneumococcus	YES	YES	YES
Rotavirus	YES	YES	YES
Anthrax	YES	NO	YES
RSV	YES	YES	NO

Why this schedule/spacing?

- Based on how vaccines were tested and approved.
- Fits the need to get kids immunized as early and safely as possible.
- Represents a consensus of representatives from:
 - Advisory Committee on Immunization Practices (CDC)
 - American Academy of Pediatrics
 - American Academy of Family Physicians
- State and local jurisdictions decide which and when through regulations on entry to daycare and school.

So why do parents refuse vaccines?

Andrew Wakefield
The Lancet, Vol 351, February 28, 1998



The Panic Virus, Seth Mnookin, 2011

“It’s remarkable how static the makeup, rhetoric, and tactics of vaccine opponents have remained over the past 150 years. Then, as now, anti-vaccination forces fed on anxiety about the individual’s fate in industrialized societies; then, as now, they appealed to knee-jerk populism by conjuring up an imaginary elite with an insatiable hunger for control; then, as now, they preached the superiority of subjective beliefs over objective proofs, of knowledge acquired by personal experience rather than through scientific rigor.”

Vaccination

- Edward Jenner
- Milkmaids and Cowpox
- *Vaccinus* [Latin] of or from cows
- Ministers railed against vaccination since inoculation sometimes led to death: “Thou Shalt Not Kill.”
- Anti-vaccine political cartoons



The Cow-Pock – or – the Wonderful Effects of the New Inoculation! (1802), James Gillray



Vaccine Problems

- 1901 St. Louis, MO: 13 schoolchildren die of tetanus after they were treated with the diphtheria antitoxin
- 1901 Camden, NJ: 9 schoolchildren die after administration of commercial vaccine allegedly tainted with tetanus
- 1902: Biologics Control Act establishes the first federal regulation of the vaccine industry

The Cutter Incident

- In 1955, Cutter Laboratories was licensed by the US government to produce Salk polio vaccine.
- A production error caused some lots of the Cutter vaccine to be tainted with live polio virus
 - 120,000 doses of polio vaccine that contained live polio virus were produced.
 - 40,000 children developed abortive poliomyelitis
 - 56 developed paralytic poliomyelitis and of these
 - 5 children died as a result of polio infection.
 - An epidemic of polio in the families and communities of the affected children, resulting in a further 113 people paralyzed and 5 deaths.

Swine Flu Vaccine

- 1976: fear of a strain of flu similar to the 1918 pandemic strain
- Ford admin spearheaded a crash vaccine program
- Became known in the press as Swine Flu
- Government rolled out its vaccine on October 1.
- By late November over 500 of 40,000,000 vaccine recipients had developed Guillan-Barre Syndrome, 7 X > expected for the population and not statistically significant
- In a hail of negative press, the program was halted on December 16

Whole cell pertussis vaccine

- Pertussis component of DPT well known as cause of high fevers in recipients
- 1980s: concerns about neurological damage from DPT vaccine.
- Vaccine manufacturers face lawsuits, threaten to leave the market
- Congress passes The National Childhood Vaccine Injury Act (NCVIA) of 1986
 - National Vaccine Injury Compensation Program (NVICP)
 - Vaccine Adverse Event Reporting System (VAERS).

Rotashield

- 1998: RotaShield (Wyeth) was licensed for use in the United States.
- Clinical trials had found it to be 80 to 100% effective at preventing severe diarrhea caused by rotavirus A
- No statistically significant serious adverse effects had detected.
- VAERS: increased risk for intussusception evident in one of every 12,000 vaccinated infants
- Wyeth withdrew it from the market in 1999.

Beyond vaccines...

- Tuskegee Syphilis Experiments
- Administered by US Public Health Service 1932-1972
- According to one mother:
“[Tuskegee] always sticks in my mind. That you really don’t know what’s happening, and here these people were guinea pigs, and I just don’t want my children to be part of that.”



With science on our side, why doesn’t *everyone* believe us?

- Poor risk assessment
- Creation of anti-vaccine martyrs
- Anti-vaccine advocates
 - Compassionate messages with personal narratives
- Pro-vaccine physicians
 - Science-only messages with statistics
 - Annoyance/accusation of parents

Poor risk assessment

- Proximity
- No experience of real disease risk
- Magical thinking
- Adrenaline: fight/flight/**freeze**
- Complicity with the potentially dangerous act
- Confusing association with causality
- AIDS vs. Pickup truck

Creation of anti-vaccine martyrs

- Andrew Wakefield’s license to practice medicine in the UK was taken away, established his *bona fides* as someone willing to give up everything for what he believes.
- J. B. Handley, co-founder of Generation Rescue: “To our community, Andrew Wakefield is Nelson Mandela and Jesus Christ rolled up into one... He’s a symbol of how all of us feel.”

Anti-vaccine advocates: Compassionate messages

- Wakefield: “What happens to me doesn’t matter. What happens to these children does matter.”
- Jenny McCarthy, actress, anti-vaccination stalwart, and president of Generation Rescue: “In profound solidarity with all the families still struggling, I decided to speak up. I wanted to give voice to options too often unspoken, and share hope for victories within reach. My family was given gifts that I wanted to share. Whether you’re in need at 3PM or 3AM, you have come to the right place. We are here for you, together resolving our heartaches and celebrating our victories.”



National Vaccine Information Center

Your Health. Your Family. Your Choice.

- “The National Vaccine Information Center (NVIC) is dedicated to the prevention of vaccine injuries and deaths through public education and to defending the informed consent ethic in medicine. As an independent clearinghouse for information on diseases and vaccines, NVIC does not advocate for or against the use of vaccines. We support the availability of all preventive health care options, including vaccines, and the right of consumers to make educated, voluntary health care choices.”
- “American Academy of Pediatrics (AAP) is a private membership organization representing 60,000 pediatricians. The AAP issues vaccination guidelines for its members and works to increase vaccine use and mandatory vaccination of all children.”
- <http://www.nvic.org/>



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Wakefield’s Paper

- Purported to show a link between behavioral changes characteristic of autism and MMR vaccine.
- Editors of *The Lancet* set up a news conference for this “preliminary report.”
- Wakefield goes off script: “With the debate that has been started, I cannot continue to support the continued use of the three vaccines together... My concerns are that one more case of this is too many and that we put children at no greater risk if we dissociated those vaccines into three...”

Aftermath

- Hysteria ensues.
- Media discussions of vaccine safety require “balance.”
- Letters to *The Lancet* almost immediately questioning/condemning the paper.
- Multiple studies show no credible link between MMR and Autism.
- Most co-authors ask to have their names be removed.
- Brian Deer does investigative reports on Wakefield’s paper in *The Times* of London in 2004 and in the *British Medical Journal* in 2010.
- The UK’s General Medical Council (GMC) conducts a 217-day hearing from July 2007 to May 2010 finding Wakefield unfit to practice.
- On February 2, 2010, the *Lancet* had quietly retracts Wakefield’s 1998 paper.

Brian Deer’s Report on Wakefield’s Paper

- Wakefield hired 1996 at £150/hour by a lawyer working to bring a lawsuit against vaccine manufacturers.
- Wakefield filed for a patent for a “safer” single measles vaccine in the UK in June 1997.
- Patients included in the study were recruited from anti-MMR groups; the study was funded for planned litigation.
- Records of the 12 children in the study showed that at least 5 had documented pre-existing developmental problems.
- Children who were portrayed as having their first behavioral concerns within days of MMR did not in fact begin having symptoms until months later.
- Wakefield obtained blood samples for controls at his child’s birthday party, paying each child £5 for participating.

Pro-vaccine providers Annoyance/accusation of parents

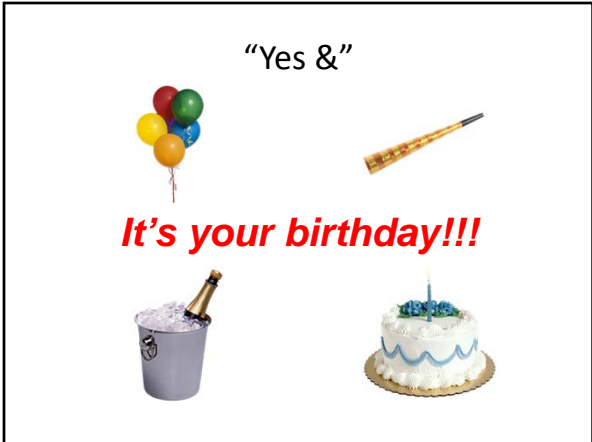
- *Deadly Choices: How the Anti-Vaccine Movement Threatens Us All*, Dr. Paul Offit, ID specialist at CHOP, co-developer of a rotavirus vaccine: “There’s a war going on out there... On one side are parents... On the other side are doctors... Caught in the middle are children...”
- *The Ladue News*, a local pediatrician, 2009: “I tell parents that there is absolutely no data to support [a vaccine-autism link, and failure to vaccinate children is] foolish and dangerous. Immunization is safe and effective with minimal minor side effects. There is a small but real chance of complications, including fatal complications, with both the chicken pox vaccine, which can lead to pneumonia, encephalitis and hepatitis, and the influenza vaccine, which can develop into pneumonia or other secondary bacterial infections.”

Pro-vaccine providers
Why this is so hard for us

- We are smart people:
 - We believe in Science.
- We are caring people:
 - We do this to help people.
- Vaccine Hesitancy/Denial threatens us at our core.
 - It's a struggle to remember it's not about us.

So what can we do?

*Effective Scripting for
Successful Vaccination Efforts*



Skills of Master Physicians

- Do the little things
- Take time and listen
- Be open
- Find something to like, to love
- Remove barriers
- Let the patient explain
- Share authority
- Be committed and trustworthy

Healing Skills for Medical Practice
Larry R. Churchill, PhD, and David Schenck, PhD
18 November 2008 Annals of Internal Medicine Volume 149 •
Number 10

Skills of Good Actors

- Actively listen & watch what is going on
- Connect with the actor across from you
- Find what you like about characters
- Be prepared before you go onstage
- Do your work, let your colleagues do theirs
- Let your partner explain
- Treat all your colleagues with respect.
- Be committed and trustworthy

Acting Essentials: A Practical Beginning Acting Handbook
Alex Golson
McGraw-Hill 2002

Health Care Providers and Actors

- Competence
- Respect for colleagues
- Clear communication
- Awareness of self and others
- Empathy for clients (patients/audience)
- Ability to connect

“Yes &”: Improv & Health Care

- “Yes, &... is the most important rule in improv... [It] means that whenever two actors are on stage, they agree with each other to the Nth degree.”
 - Halpern C., Close D., Johnson K. H. (1994). Truth in Comedy. Colorado Springs, CO: Meriwether.
- Unconditional Positive Regard: close and positive “regarding,” as active engagement with the other
 - Rogers, Carl r. (1951), Client-centered Therapy: Its Current Practice, Implications, and Theory
- Desired cognitive/emotional stance of the improviser toward her partners.
 - Iberg J. R. (2001). Unconditional positive regard: constituent activities, in Rogers' Therapeutic Conditions: Evolution, Theory and Practice

Create Trust

- Assume parents love their kids.
- Recognize that parents have a very different knowledge base.
- Ask parents about the basis for their fears.
- Honor and value their emotions.
- Acknowledge that parental fear is real and even healthy.
- Share your stories.
- Help parents recognize the appropriate target for fear.
- Provide a fertile ground in which trust can grow.

Scripting the Vaccine Encounter

- Make vaccines an expectation, not an option.
- People come to health care providers for expertise and professional advice.
- Say: “Today we’ll be giving little Harriet her first vaccines. It’ll be three shots and a squirt in her mouth.”
- Not: “We recommend giving Harriet her vaccines today. What would you like to do?”
- Your accountant doesn’t say, “It’s April, and we recommend you file your taxes. What would you like to do?”
- EVERYONE in your office has to be on the same page!

Scripting the Vaccine Encounter

- At the first checkup, give a “roadmap” of encounters for the coming year.
- Say: “We’ll be giving Harriet her first vaccines at her 2 month visit. These will be repeated at 4 and 6 months to make sure she’s fully protected. After that she won’t need vaccines till 12 months. What questions do you have for me?”

Scripting the Vaccine Encounter

- Make your narrative personal.
- New graduate: “I’ve not seen these diseases because most people have gotten vaccines. I don’t want your child to be the case I remember for my entire career.”
- Seasoned pro: “I’ve seen life-threatening diseases nearly disappear. I don’t want your child to be the next child I see with an infection we can prevent.”
- Both: “And I know you don’t want that either.”

Scripting the Vaccine Encounter

- “Yes &”
- Find where you can agree
- Make use of everyday metaphors.
- Try: “You know. You’re right. It’s unlikely your child will not get pertussis/measles/flu. It’s also unlikely you’ll be in a car accident on the way home, but I know you’re going to put her in her car seat because it *might* happen. And I know you don’t want to take that chance.”

Our Roles & Our Scripts

- People respect doctors, nurses, health care providers. *Use that.*
 - Be aware of tone of voice, body language, being on the same physical level
- “Yes &...”
 - **Avoid contradiction and the conjunction “but.”**
 - “That’s wrong, but what you need to know is...”
 - “I care about your kid; if *you* loved your kid...”
 - **Agree, and use the conjunction “and.”**
 - “I hear the fear in your voice. Fear for your child’s safety is normal and natural and healthy.
 - “I know you love your kid. I want the best for him too, and here’s what I’m afraid of...”

Where the Rubber Meets the Road

*Arrange yourselves in groups of 2.
 One person is a health care provider.
 The other is a vaccine-hesitant parent.
 Spend two minutes having a conversation about vaccines.
 Then switch roles for two minutes.*

Our Challenge: Meeting Parents Where They Are While Serving Kids

- Assume parents love their kids.
- Ask parents about the basis for their fears and discomfort.
- Honor and value emotions.
- Acknowledge that parental fear and discomfort is real and even healthy.
- Share your stories.
- Help parents recognize the appropriate target for fear.
- Provide a fertile ground in which trust can grow.