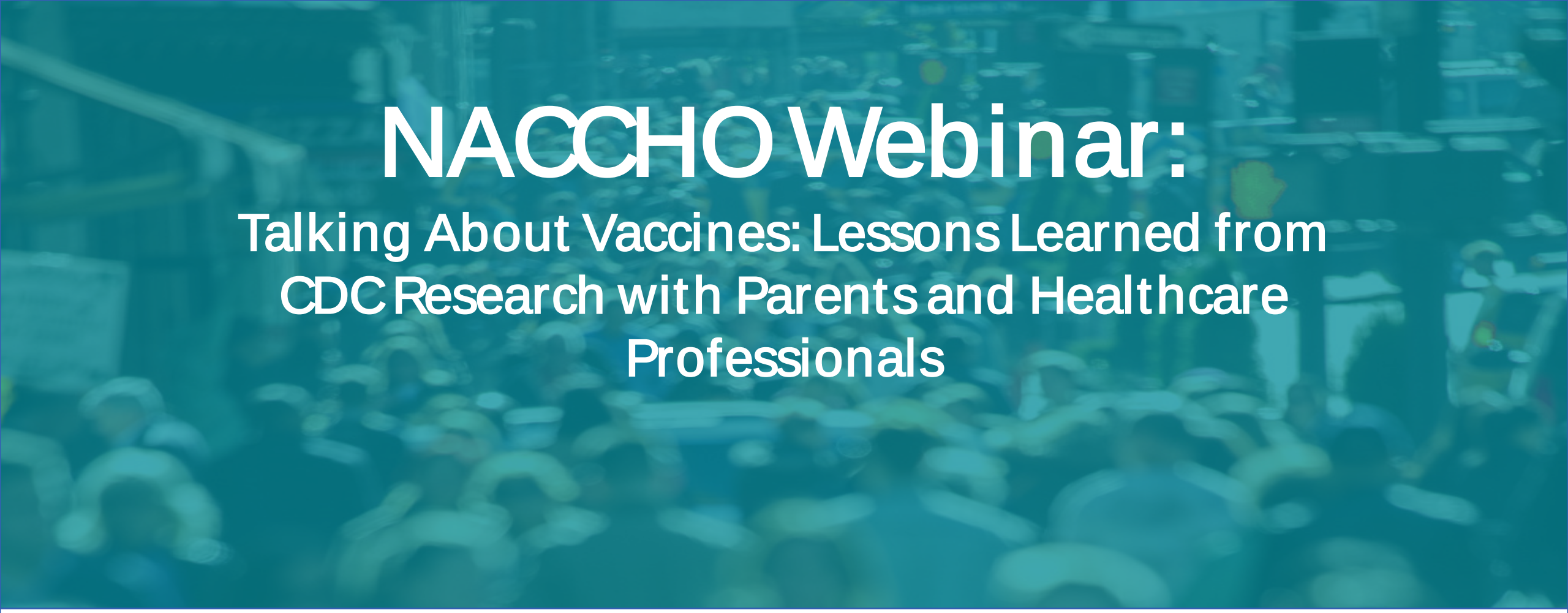

NACCHO Webinar:

Talking About Vaccines: Lessons Learned from CDC Research with Parents and Healthcare Professionals

Public Health
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Housekeeping

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- All participants will be placed in listen-only mode for the duration of this webinar.
- We will take questions at the end of all presentations today. You may submit your questions as we go along through the online platform using the Q&A feature at any time.
- The webinar will be recorded and available online after today. We will also share the slides from today's presentations as permitted by the speakers.

Before We Begin…

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- Please take a moment to answer our poll.

Talking About Vaccines: Lessons Learned from CDC Research with Parents and Healthcare Professionals

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Elizabeth Ryan, MPH (TEKsystems contractor)

NACCHO Webinar

August 1, 2019

Disclosure

- Presenters have no conflict of interest.
- Discussions on unlicensed products and off-label uses are in the context of ACIP considerations.
- The use of trade names is for identification purposes only and does not imply endorsement.
- Disclaimer – The opinions expressed in this presentation are solely those of the presenters and do not necessarily represent official positions of CDC.

Learning objectives

By the end of this webinar, participants will be able to:

- Describe different types of communications research conducted by CDC.
- Discuss key CDC communication research findings.
- Describe guidance for communicating about vaccines.
- Find maternal, childhood and adolescent immunization resources on the CDC website.

CDC Communication Research

Understanding vaccine knowledge, attitudes and beliefs

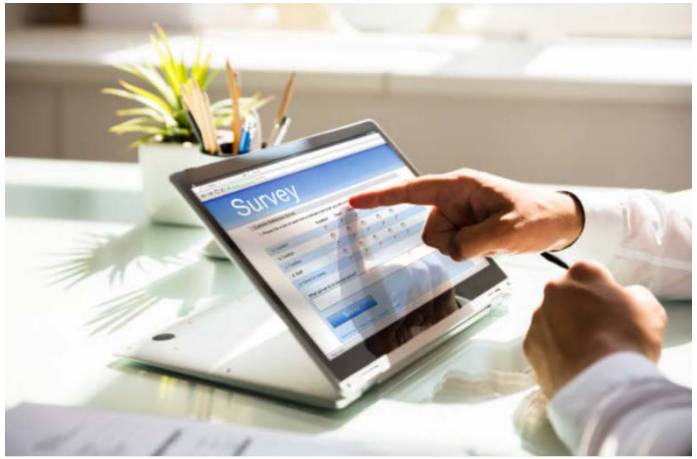
- CDC conducts ongoing research with parents and healthcare professionals in order to inform its maternal, childhood, and adolescent immunization education campaigns.
- This research helps CDC to better understand audiences' knowledge of diseases and vaccines. It also helps CDC develop and refine educational messages and materials.

Recent research with parents and pregnant women

- **Pregnant women**
  - Mixed methods research with pregnant women—survey, focus groups, in-depth interviews (2014)
  - Online survey/message testing with ~250 pregnant women (2016)
  - Longitudinal study of 200 first time expectant mothers from 2nd trimester of pregnancy to child's 19th month of life (2016)
- **Parents of infants and young children**
  - National online poll of ~2,500 parents of children ages 0-7 years (2018, 2016, 2014)
  - 24 focus groups with mothers of children 0-23 months in 3 cities in English and more clear to Spanish (2018)
  - 24 cognitive interviews with vaccine-hesitant parents of children 0-23 months (2017)
- **Parents of adolescents**
  - Online surveys of ~1000 parents of children 9-16 about HPV vaccine (2015, 2016)

Recent research with healthcare professionals

- Evaluation of CDC childhood and preteen campaign materials in the pediatric office setting (2019)
  - Phase 1: Key informant interviews with practice and system-level decision makers who develop and select health education materials
  - Phase 2: Surveys and interviews with practicing physicians before and after incorporating NCIRD materials into their practices
- In-depth interviews with 16 ob/gyns and 8 certified nurse midwives (2016)
- Online surveys of ~700 pediatricians to assess HPV vaccine KABPs (baseline 2015, follow-up 2016)
- 2019: In-depth interviews with certified nurse midwives (not yet conducted)



Key Findings: Pregnant Women and Parents

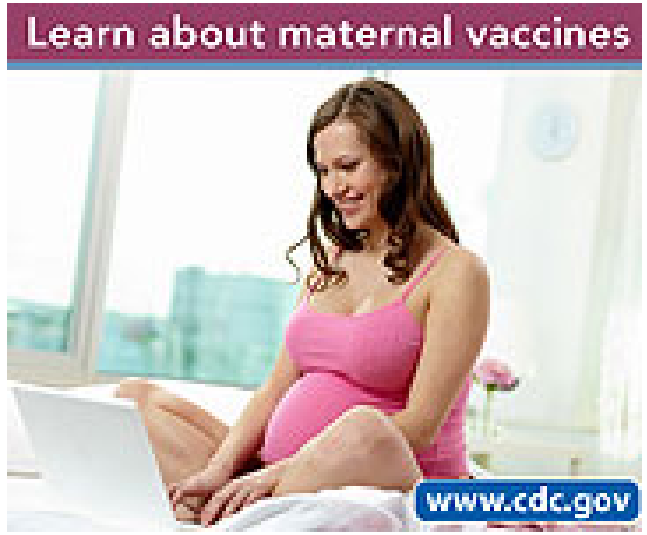
Pregnant women: Knowledge of vaccines

- Low awareness about diseases (pertussis and flu) and vaccines.
- 69% reported receiving a flu vaccine recommendation; 41% reported receiving a Tdap vaccine recommendation.
- Cited provider recommendation and belief that diseases could cause death as reasons for getting both vaccines; more likely to cite recommendation of family/friends as reason for getting flu vaccine; more likely to cite local disease cases as reason for getting Tdap.
- Cited safety concerns as reason for not receiving both vaccines; also cited low effectiveness as a reason for not receiving flu vaccine.
- Motivated by idea of protecting their babies.

Sources: CDC mixed methods research (2014), survey of pregnant women (2016), longitudinal study of first time expectant mothers (2014-16)

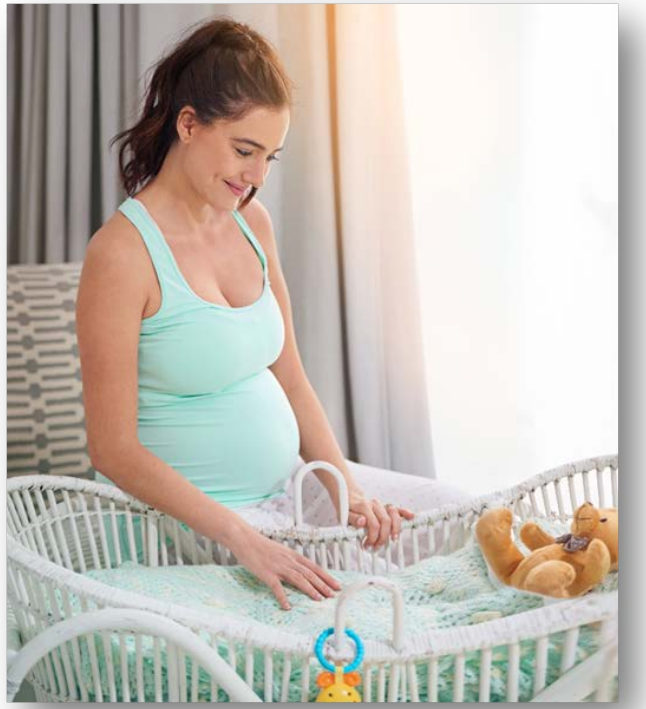
Pregnant women: Information seeking

- High information seekers, but not actively seeking information about pregnancy vaccines.
- However, 85% had made vaccine plans for their babies by 2nd trimester.
- Internet is #1 source of vaccine information during pregnancy, but want to receive it from prenatal care provider.



Sources: CDC mixed methods research (2014), survey of pregnant women (2016), longitudinal study of first time expectant mothers (2014-16)

Common questions pregnant women have about maternal vaccination



- Are these diseases really dangerous?
- Is vaccination safe for me and my baby?
- Can’t I just get it after my baby is born?
- Why is vaccination needed every pregnancy?
- Why hasn’t my doctor talked to me about this?
- Isn’t it enough to make sure everyone around my baby is vaccinated (or stay away from sick people?)

Parents of infants/young children: Vaccine KABPs

- Make vaccination decisions before pregnancy, during pregnancy or before the 2 month visit. Once parents start vaccinating at 2 mos, there is very little change later to delay or refuse.
- In 2018 national online poll of parents:
  - 89% of parents reported that their child received all vaccines at the time they were recommended.
  - 15% of parents reported being somewhat or very hesitant about childhood vaccines.
  - 8% reported not vaccinating according to the recommended schedule.
- Recognize that vaccinations are an important part of a child's overall health and are aware of CDC's childhood immunization schedule.

Source: Longitudinal study of first-time expectant mothers, National online poll of parents, Focus groups with parents of children 0-23 months

What motivates parents of infants/young children

- Values-based statements that resonated most:
  - Every child deserves a happy, healthy life (English/Spanish)
  - I want the freedom to choose what's best for my child (English/Spanish)
  - Protecting children from harm (English)
  - I want my children to grow up in a better world (Spanish)
  - I want my children to grow up free from the threat of VPDs (Spanish)
- Parents motivated by messages mentioning:
  - local occurrences of vaccine-preventable diseases
  - risk of not vaccinating on schedule
  - comparison of risks and benefits of vaccines.
- Messages focused on vaccinating children to avoid sickening others did not resonate as highly.

Source: Focus groups with parents of children 0-23 months (2018)

Questions/concerns and trusted information sources

- Many parents have at least some vaccine questions, but questions do not necessarily equal concerns. Most common questions include:
  - Ingredients
  - Side effects
  - Number and timing of vaccines
- Most trusted sources of vaccine information:
  - Child's doctor/HCP (93%)
  - Scientific or medical journal (41%)
  - Family (38%)
  - Prenatal care provider (36%)
  - Internet/social media (18%)
    - Search engine (71%)
    - WebMD (45%)
    - CDC (40%)
    - AAP (36%)
    - Mayo Clinic (31%)

Souce: National Online Poll of Parents

Attitudes of vaccine-hesitant parents of infants/young children

- Questions/concerns did not differ by sex, race/ethnicity, geographic region or parental experience.
- Some considered themselves as vaccinating on time as long as they get caught up by a certain time (e.g. by age 2, or before starting school).
- Some were unable to cite which specific vaccines they have delayed.
- Had concerns about both short-term and long-term side effects.
- Level of trust in doctor's advice varied. Some felt HCPs were pushing them to vaccinate or withholding information.
- Had not thought about vaccinating their child as a way to protect others in their community.

Source: In-depth interviews with vaccine-hesitant parents, 2017

Parents of adolescents: HPV vaccine attitudes

- Believe that Tdap and meningitis vaccines are more important than HPV and flu vaccines.
- Very motivated by cancer prevention.
- Common reasons for not accepting HPV vaccine:
  - Concern about safety/side effects (ex: infertility, death)
  - Not needed/necessary
  - Lack of knowledge
  - Child is not sexually active
  - Not recommended by child's doctor

- More likely to accept HPV vaccine if provider recommends it.
- Parents of boys are twice as likely to say that HPV vaccine was not recommended by child's doctor as parents of girls.

Sources: National Immunization Survey-Teen (2017), Online Surveys of Parents (2016)

Key Findings: Healthcare Professionals

Prenatal care providers: Vaccine KABPs

- 1/3 provided Tdap vaccination on site in their practice.
- Main consideration in deciding whether to provide vaccines was cost.
  - Billing, reimbursement, obtaining vaccine stock, patient costs
- Discussed Tdap and flu vaccines during initial pregnancy visit, with a focus on Tdap in the 3rd trimester.
- Certified nurse midwives and ob/gyns differed in their approach to discussing vaccines.
  - CNMs less comfortable making a strong personal recommendation.
- Felt patients were concerned about safety of vaccine ingredients for their babies and getting sick from flu vaccine.
- Only half used written handouts with patients.

Source: In-depth interviews with ob/gyns and certified nurse midwives (2016)

Pediatricians and family physicians: Vaccination barriers

- Cite the lack of training in medical school on how to communicate with parents about vaccines as a barrier.
- Receive the most pushback about HPV vaccine. Flu vaccine and MMR vaccine also mentioned.
- Worried about overwhelming parents with too much information.
- Believe that office staff can play important role in supporting, or undermining, a strong vaccine recommendation.

Soutce: Evaluation of childhood and preteen campaign materials (2019)

HCP use of educational materials

- Most likely to use educational materials with new parents or parents who are “on the fence” about vaccines.
- Commonly requested topics:
  - Information about the latest myths circulating online
  - Updated statistics on VPDs relevant to the region/state
  - Data on vaccine efficacy for any schedule changes
  - Talking points for vaccine schedule changes
  - Information to share with parents about “how vaccines work”
  - Information to answer parent questions about ingredients

- Few are sharing materials with parents electronically—prefer hard copies.
- Cost of printing educational materials is a barrier in private practices.
- However, do request many formats, including print, posters, scripts, videos, and content for practice websites

Pediatrician attitudes towards HPV vaccine

- Perceive the HPV vaccine to be less important to parents than Tdap and meningococcal vaccines.
- Between 15% and 25% of physicians believe the HPV vaccine is not necessary for their 11-12 year old patients.
- Many reported that they anticipate having an uncomfortable conversation when it comes to discussing the HPV vaccine with parents of adolescent patients.
- Believe that parental hesitancy is the biggest contributing factor in vaccine delay or refusal.
- 80% or more reported that bundling vaccine recommendations is important to HPV vaccination uptake.
- Even though pediatricians report providing high quality recommendations, there is a disconnect in HPV vaccination rates.

Source: HPV pediatrician online surveys (2015 and 2016)

Communication Guidance

Encourage HCPs to create a culture of immunization

- Identify an office immunization champion.
- Get the entire practice on board with communicating positively about vaccines.
- Empower support staff to discuss vaccines before provider enters the room.
- Use educational materials to supplement the conversation and help save time.
  - Fact sheets that answer common questions about vaccines
  - Posters that are rich in factual information
  - CDC’s parent-friendly immunization schedules
- Share resources before the vaccine visit.
  - Put information in welcome packets.

Share effective ways for HCPs to introduce vaccines

- Start the vaccine discussion early.
  - Early in pregnancy for maternal vaccines
  - During pregnancy for childhood vaccines
  - At age 9 for HPV vaccine
- Present maternal immunizations as a routine part of obstetric care.
- Use a presumptive approach that assumes the woman/parent will accept vaccines.
  - Ex: You are due for a Tdap shot and a flu shot today.
  - NOTE: This does NOT mean pushing or pressuring to vaccinate
- Talk about cancer prevention when introducing HPV vaccine.
- Make a strong recommendation for on-time vaccination.
- Listen to and be prepared to respond to common questions.

www.cdc.gov/vaccines/hcp/conversations/talking-with-parents.html

Help HCPs make effective recommendations for HPV vaccine

- An effective recommendation from a clinician is the main reason parents decide to vaccinate.
- Parents value the HPV vaccine and clinicians underestimate the value that parents place on HPV vaccine.
- Recommend HPV vaccination the same way and on the same day you recommend meningococcal and Tdap vaccines.
- Give a bundled recommendation grouping all of the vaccines together:

"Now that your child is 11/12, he/she is due for three vaccines today. These will help protect him/her from the infections that can cause meningitis, HPV cancers, and pertussis. We'll give those shots at the end of the visit. Do you have any questions for me?"

Source: CDC and Smith et al. *Vaccine*. 2016.

Support HCPs in responding to parent questions

- Questions don't necessarily mean that parents will refuse to vaccinate.
- Try to understand the concerns behind questions.
- If you don't know the answer, share what you *do know*.
- Acknowledge both the benefits and risks of vaccination—parents want to know about side effects.
- Document questions and concerns for future conversations.

https://www.cdc.gov/vaccines/hcp/conversations/preparing-for-parent-vaccine-questions.html
https://www.cdc.gov/hpv/hcp/answering-questions.html

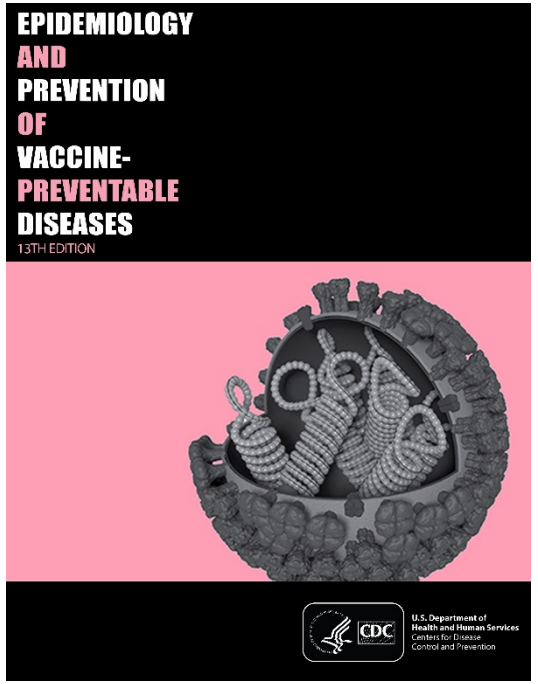
CDC Resources for Healthcare Professionals

#HowIRecommend videos

www.cdc.gov/vaccines/howirecommend

Immunization training resources

- **You Call the Shots:** Web-based modules that discuss vaccine-preventable diseases (VPDs) and explain the latest recommendations for vaccine use. CE/CME credit offered.
- **Current Issues in Immunization Net Conference (CIINC)**: Live 1-hour audio and visual presentations with on-demand replays. Offered 4-5 times per year. CE/CME credit offered.
- **Pink Book Webinar Series:** Online series of 15 1-hour webinars. Provides an overview of the principles of vaccination, general recommendations, immunization strategies for providers, and specific information about VPDs and vaccines. CE/CME credit offered.
- **Webcasts:** Topics include HPV, pertussis, flu, vaccine storage and handling, and more. CE credits offered.



www.cdc.gov/vaccines/ed/index.html

CDC-Medscape CME programs

- Making the Case: Championing for HPV Cancer Prevention in Your Practice
  https://www.medscape.org/viewarticle/898084

- Medscape CME: Pediatric Immunization: Navigating Difficult Conversations with Parents
  https://www.medscape.org/viewarticle/907254

Slide Deck: How to create a culture of immunization

- Content geared for nurses, medical assistants and non-clinical office staff.
- Intended for use by physicians or vaccine coordinators during staff meetings or lunch-and-learn presentations.
- Can be customized with an organization's slide template and logo.
- Health departments can also modify and use during HCP training.

www.cdc.gov/vaccines/partners/childhood/professionals.html

Maternal immunization resources

Making a strong **vaccine referral** to pregnant women

Strategies for healthcare professionals

Making the Referral

Begin each referral with a vaccine recommendation that includes information on why the vaccine is beneficial and safe for mother and baby. Tailoring your message with scientific data or personal anecdotes may help convey the vaccine's importance to individual patients.

Provide information on where patients can get the vaccine(s) you recommend. For help locating vaccines in your area, the HealthMap Vaccine Finder is available at: http://vaccine.healthmap.org.

Always write a patient-specific prescription. This will help your patients obtain the vaccine at another location where a prescription may be required.

Anticipate questions on why patients cannot get vaccinated in your office. For example, if you stock flu vaccine, but not Tdap, be prepared to explain why you offer one vaccine but not the other.

Re-emphasize vaccine importance. Remember to emphasize the fact that just because you do not stock a specific vaccine in your office does not mean it is not important, is less important than other vaccines you do stock, or that you have concerns about its safety.

Have a plan in place to answer questions from other immunization providers who are concerned with vaccinating your pregnant patients. Questions should be answered promptly, as it is likely your patient is with them at the time they contact you.

Stocking and administering vaccines in your office may not be feasible for all prenatal healthcare professionals, often due to issues with reimbursement. By making a strong vaccine referral, you can help ensure that your pregnant patients receive the recommended influenza (flu) and tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis (Tdap) vaccines even if you are unable to administer them in your office. The strategies outlined are based on research with healthcare professionals and pregnant women. The goal is to strengthen vaccine referrals to increase the likelihood of patient follow through.

Vaccines Routinely Recommended for Pregnant Women

It is safe for the flu vaccine and Tdap vaccine to be given to pregnant patients at the same time.

Flu Vaccine

- Is recommended for pregnant women and safe to administer during any trimester.
- Is the best way to protect pregnant women and their babies from the flu, and prevent possible flu-associated pregnancy complications.
- Is safe and can help protect the baby from flu for up to 6 months after birth. This is important because babies younger than 6 months of age are too young to get a flu vaccine.

Tdap Vaccine

- Is recommended during every pregnancy, ideally between 27 and 36 weeks gestation.
- When given during pregnancy, boosts antibodies in the mother, which are transplacentally transferred to her unborn baby. Third trimester administration optimizes neonatal antibody levels.
- Helps protect infants, who are at greatest risk for developing pertussis and its life-threatening complications, until they are old enough to start the childhood pertussis vaccine series.

February 2015

Toolkit for Prenatal Care Providers

Increasing the Use of Maternal Vaccines by Ob-gyns, Nurse-Midwives, and Other Healthcare Professionals

This comprehensive toolkit is intended to help prenatal care providers increase the rates of maternal immunization. Ob-gyns, nurse-midwives, and other healthcare professionals who serve pregnant women can all use this toolkit. The resources here include recommendations from CDC and other relevant details about vaccinating pregnant women.

We want your feedback for this toolkit! What do you find to be most helpful? Is something missing? Your input is important! Please email feedback to adultvaccines@cdc.gov.

Why Maternal Vaccines Are Important

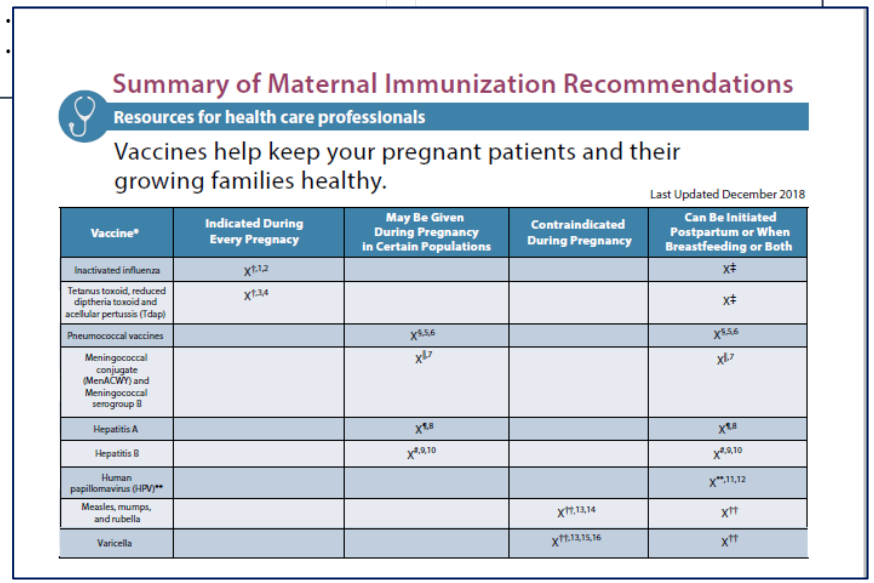
- Tdap (Pertussis) Vaccine
- Rationale: Why Vaccinate Pregnant Women? (Tdap)
- Influenza (Flu) Vaccine and Pregnancy
- ACIP Recommendations and Pregnancy (Flu)

Implementation Resources

- Standards for Adult Immunization Practice
- Strategies for Increasing Adult Vaccination Rates

Maternal Vaccination Information

- Guidelines for Vaccinating Pregnant Women
- Recommended Immunization Schedules for Adults



Summary of Maternal Immunization Recommendations

Resources for health care professionals

Vaccines help keep your pregnant patients and their growing families healthy.

Last Updated December 2018

Vaccine*	Indicated During Every Pregnacy	May Be Given During Pregnancy in Certain Populations	Contraindicated During Pregnancy	Can Be Initiated Postpartum or When Breastfeeding or Both
Inactivated influenza	X[1,1,2]			X‡
Tetanus toxoid, reduced diptheria toxoid and acellular pertussis (Tdap)	X[1,3,4]			X‡
Pneumococcal vaccines		X[5,5,6]		X[5,5,6]
Meningococcal conjugate (MenACWY) and Meningococcal serogroup B		X[1,7]		X[1,7]
Hepatitis A		X[1,8]		X[1,8]
Hepatitis B		X[8,9,10]		X[8,9,10]
Human papillomavirus (HPV)**				X**,11,12
Measles, mumps, and rubella			X††,13,14	X††
Varicella			X††,13,15,16	X††

www.cdc.gov/vaccines/pregnancy

Provider Resources for Vaccine Conversations with Parents

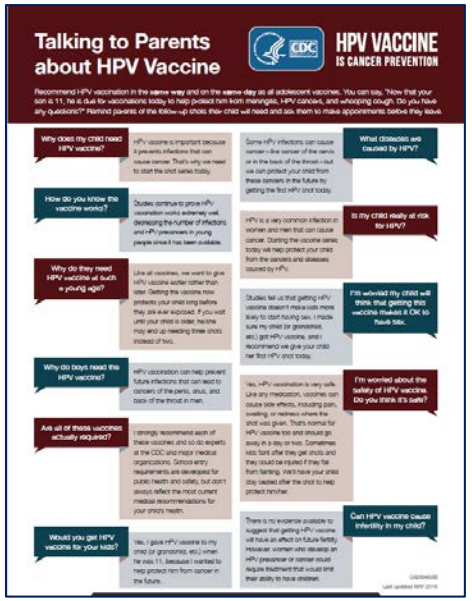
- Talking to Parents about Vaccines for Infants
- Preparing for Questions Parents May Ask about Vaccines
- Understanding Vaccines and Vaccine Safety
  - How Vaccines Work
  - The Recommended Childhood Immunization Schedule
  - Ensuring the Safety of U.S. Vaccines
  - The Advisory Committee on Immunization Practices
- Diseases and the Vaccines that Prevent Them
- If You Choose Not to Vaccinate, Understand the Risk and Your Responsibilities

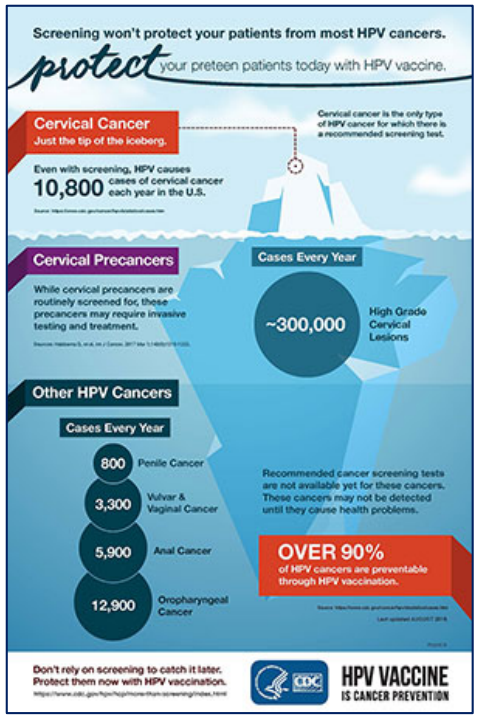
www.cdc.gov/vaccines/conversations

HPV vaccine resources

- Clinical guidance
- Tips for boosting vaccination rates
- CE courses
- #PreteenVaxScene webinars
- Tips for talking with parents
- Fact sheets for parents

www.cdc.gov/hpv/hcp

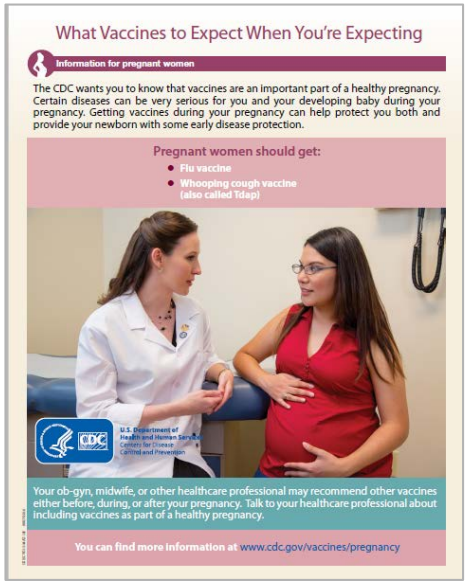


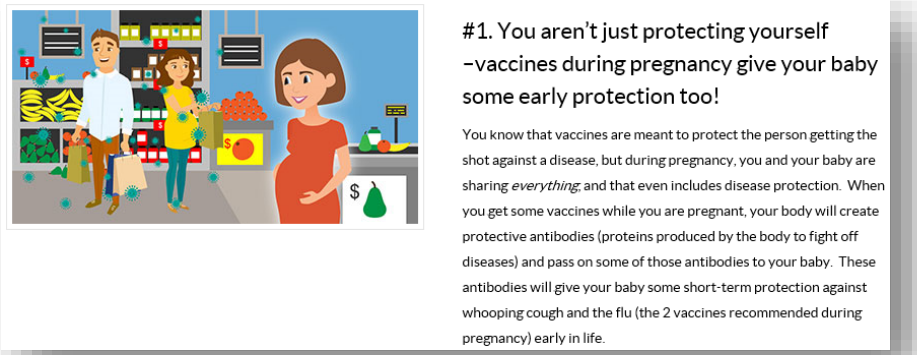


CDC Resources for Parents

Maternal immunization resources

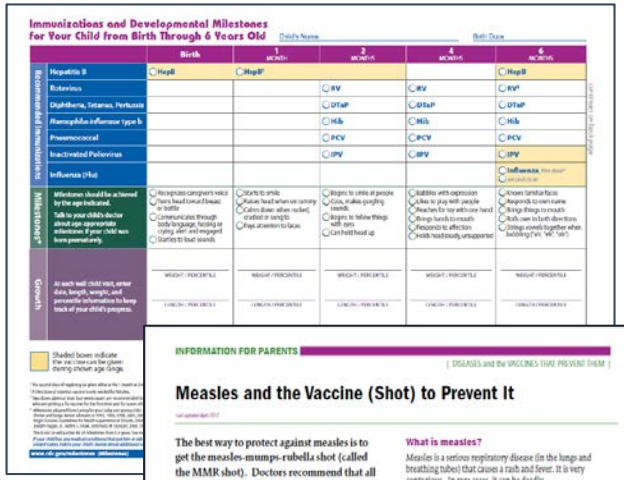
- Quiz
- Video
- Listicle
- Fact sheets (English and Spanish)

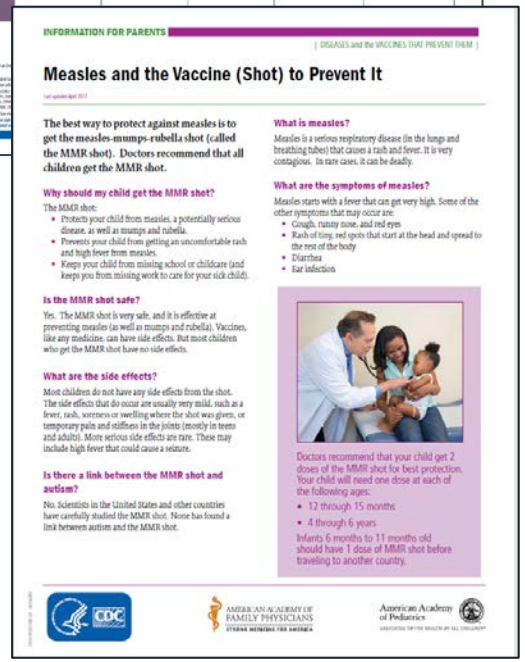


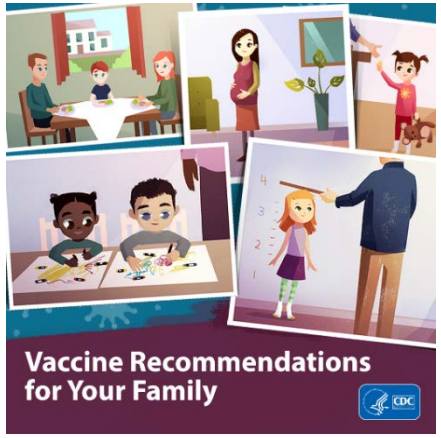


www.cdc.gov/vaccines/pregnancy

Infant immunization resources







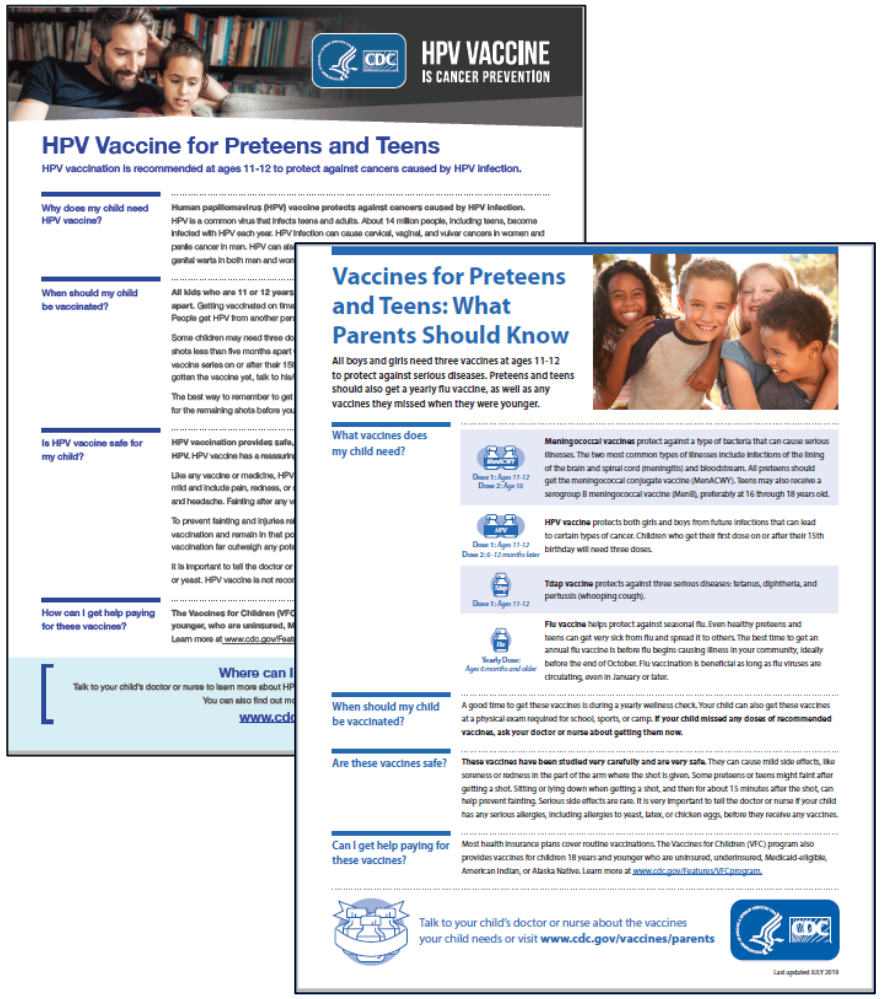
www.cdc.gov/vaccines/parents/resources

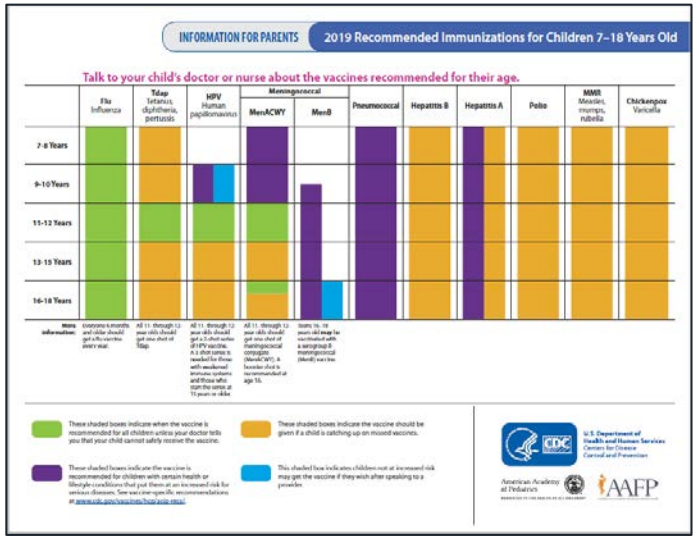
Infant immunization FAQs

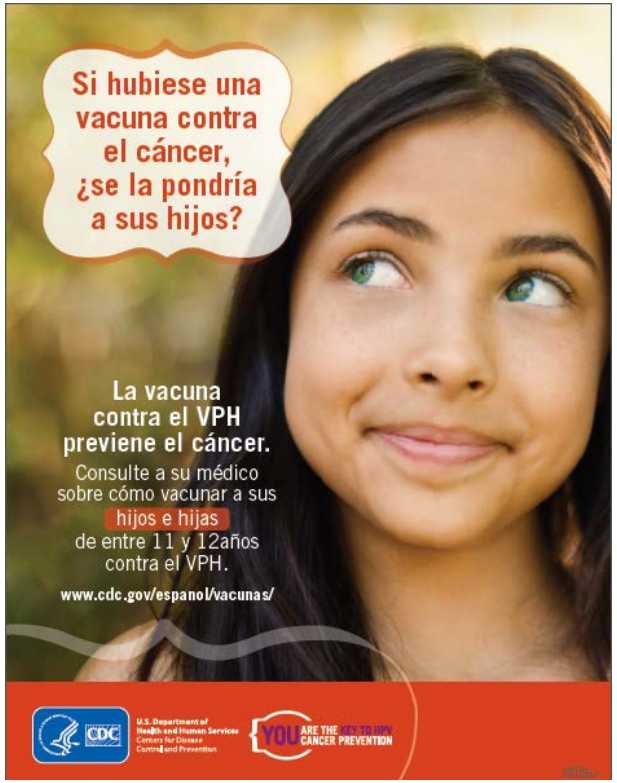
- Written for parents of children ages 0-2
- English and Spanish
- HTML and PDF
- Co-branded with AAP and AAFP

www.cdc.gov/vaccines/parents/parent-questions.html

Adolescent immunization resources







www.cdc.gov/vaccines/partners/teens/index.html

Questions?

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For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

Thank you!

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- For more information please visit the NACCHO Immunization Program website - https://www.naccho.org/programs/community-health/infectious-disease/immunization

- Please complete our online evaluation that will appear in a new browser window on your computer once you have exited the webinar. We will also distribute the evaluation via email.