‘Conversations with Families who are hesitant about immunisation’
Dr Jenny Royle, Community Immunisation Paediatrician
Gold Coast Medicare Local and the Gold Coast Public Health Unit, 30th April 2014

Promoting immunisations
- Aim high
  - All the vaccines on the schedule
  - All on time
  - Extra vaccines for at-risk groups
  - Clear information and guidance
  - Knowledge of local disease cases
- Most parents are happy and keen to immunise
  - Keep it simple
  - Information in advance
  - Don’t raise concerns that aren’t there

Immunisation worries
- Most children dislike needles and are quite anxious about them
  - Some develop a considerable fear - Needle Phobia
  - ~10% of adults have Needle Phobia - onset is prior to age 10 in 70%
- Some people find the decision to immunise very difficult
  - Conscientiously object to a vaccine (Vaccine refusers on non-medical grounds)
  - Decline a vaccine or are hesitant about a vaccine
- Immunisations are not compulsory
  - Families choose to immunise, some families choose not to immunise
- It is very OK for parents to worry about vaccine side-effects
  - All medicines have side effects, just like aspirin and paracetamol
  - All immunisations have side effects, we need to ‘own’ vaccine side-effects
- You may have some families who …
  - Have looked into it, feel nervous and have questions
  - Want to exercise a degree of choice
  - Request a different schedule
    - Fewer vaccines than the schedule, fewer vaccines per visit, delay starting the vaccines
  - Just want you to sign a conscientious objectors form

Not immunising is a temporary state
- ‘For the time being’ someone has decided not to give that particular vaccine
  - It is a temporary state until something happens to revisit that decision
    - There will be a trigger to revisit this decision
    - When the conversation is revisited
      - The risk-benefit ratio may have changed
      - The family may feel comfortable proceeding
- Revisiting non-immunising (the trigger)
  - Family
    - Illness (child, family member)
    - Pregnant mother
    - Overseas travel
  - Vaccine Preventable Disease
    - Personal, media, new knowledge of previous events
  - A milestone
    - An age milestone
    - The passage of time
  - A Health Care Professional encounter

Conversations with hesitant immunisers - The ‘M.A.P.’- Mutually Agreed Plan
- An approach to helping families who have chosen to omit or delay immunisations
- A communication style to assist families feel more comfortable proceeding to immunise their children
1. **The overall style and approach**
   - Respect and listen, be non-judgmental and helpful

2. **Specific family concerns (elicit this information when taking a history)**
   - Why? Why does the family have a heightened worry about immunisation adverse events?
   - Parents opinions. Do the parents have the same or differing opinions on immunisation?
   - Where are they ‘at’? What options are they considering?

3. **The explanation**
   - Address the specific family concerns
   - Acknowledge vaccine side-effects
     - The level of worry about the vaccine doesn’t need to be zero
     - Families can still feel an element of risk because all medicines have side effects
       - Just like aspirin and paracetamol
     - All immunisations have side effects
       - We need to ‘own’ vaccine side-effects
         - For each immunisation there is a list of common and rare side-effects
         - All side-effects are significant
           - Helpful sheet with effects of Vaccines and Diseases (inside the back cover of the 10th edition Immunisation Handbook)
   - Provide local disease data (explain a recent or significant local case)
     - Have a risks - benefit discussion
     - Include explanation about ‘Why do we immunise?’ We make different vaccines for different reasons
       - Eg. Whooping cough. We have limited treatment options for whooping cough. We don’t have any treatment to fix the infection. We provide supportive care, look after infants in hospital, but we have to wait and see how they go.
       - Eg. Meningitis. We have treatment for meningitis but the treatment can’t guarantee a good outcome. The disease doesn’t declare itself early enough for us to guarantee a good outcome even though we have the specific treatment available.
       - Eg. Hepatitis B and HPV. To prevent cancer
   - Explain the Important Imported Diseases
     - Polio, diphtheria, measles
   - Apologize for limitations in the vaccine options available

**Advocacy**
- Unimmunised children and adults need advice
  - Tetanus prone wounds
  - ‘Please come back ... you are always welcome’
    - Something may crop up which may be a trigger for you to revisit this decision
      - Risk-benefit ratios may change
      - There might be an outbreak
      - You might decide to travel overseas

**Aboriginal & Torres Strait Islander vaccination needs** - Raising awareness of:
- Aboriginal identification
- Improving immunisation coverage and timeliness
- Improving Cultural Safety and immunisations for the Aboriginal Community

**Resources**
- NCIRS website (National Centre for Immunisation Research & Surveillance), FactSheet eg. ‘Vaccine Components’
- Department of Health website and handouts (eg. ‘Myths and Realities’ booklet)
- Recommended viewing ‘Jabbed’- science documentary aired 26th May, SBS, available on-line with SBS ‘on-demand’

**Acknowledgments**
- Maureen Penwright, Primary Health Care Support Officer & Sara Drew, Program Manager Gold Coast Medicare Local
- Lynne Waters Gold Coast Public Health Unit
- Michelle Wills, Senior Project Officer & Helen Moore, National Principle Advisor, Australian Medicare Local Alliance
  - ‘Immunisation in Understudied and Special Risk Populations: closing the gap in knowledge through a multidisciplinary approach’ - Aboriginal & Torres Strait Islander vaccination needs stream