

Communication to counter vaccine hesitancy

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Introduction

Despite vaccination being one of the most successful, cost-effective public health interventions, vaccine hesitancy, leading to vaccination coverage below herd immunity thresholds, has resulted in global outbreaks of vaccine-preventable diseases (VPDs), including in South Africa. The negative impact of dangerous, highly contagious VPD outbreaks, such as measles, on morbidity, mortality and the overall healthcare system prompted the World Health Organization to proclaim vaccine hesitancy as among the top 10 threats to global public health in 2019.¹

Vaccine hesitancy continuum

Vaccine hesitancy is dynamic and context specific, varying across time, place and vaccines. It ranges from delaying vaccination, to refusing vaccination, despite the availability of vaccination services.^{2,3} Determinants of vaccine hesitancy include: confidence (in effectiveness, safety, the system, policy makers); complacency (perceived low risk of acquiring VPDs); and convenience (availability, accessibility, appeal of immunisation services including time, place, language, and cultural contexts).^{2,3} Most vaccine-hesitant caregivers are mid-way on the spectrum as illustrated in Figure 1, and delay rather than refuse vaccinating their children.^{2,3}

Role of healthcare professionals (HCPs) in addressing vaccine hesitancy

There is no single strategy to address all dimensions of vaccine hesitancy. HCPs are well-established as the public's most trusted source of vaccine-related information, and are important influencers of parental vaccination-related decision-making.⁴ However, recent evidence showed that only 74% of South Africans trust doctors and nurses the most for medical and health advice.⁵ This gap should be addressed by capacity building of HCPs, particularly in communicating with patients, aimed at building trust.

Communication strategies with caregivers

Vaccine hesitancy can be expressed by anybody, including caregivers (or parents), adolescents, pregnant women, the elderly and even scientists and HCPs themselves.³ Caregivers often pose questions such as: "What are the risks of vaccinating my child?"; "Is it not better for my child to develop immunity from getting sick than from vaccination?"; "Are vaccines actually safe for my child?"; "Is it not better for my child to get fewer vaccines simultaneously?"; "Is my child going to get sick after being vaccinated?"^{2,3}

Table I presents a summary of different scenarios with suggested communication approaches for effective communication with caregivers within the spectrum of vaccine hesitancy.^{2,3} The best way to identify vaccine-hesitant caregivers is to always open the conversation using a **presumptive approach**, presenting vaccination acceptance as a default. Some caregivers will immediately accept all vaccinations, while others might be vaccine-hesitant.³

Caregivers need to **trust** HCPs before engaging in vaccination-related conversation.³ Vaccinating a child makes many caregivers feel nervous and stressed. Friendly, caring, open and honest communication helps to **build confidence**. Risk-benefit communication may cause anxiety, but reassurance provided by a trusted HCP is likely to succeed. In contrast, if vaccination results in an adverse event following immunisation without having mentioned the risks, trust will be destroyed.³

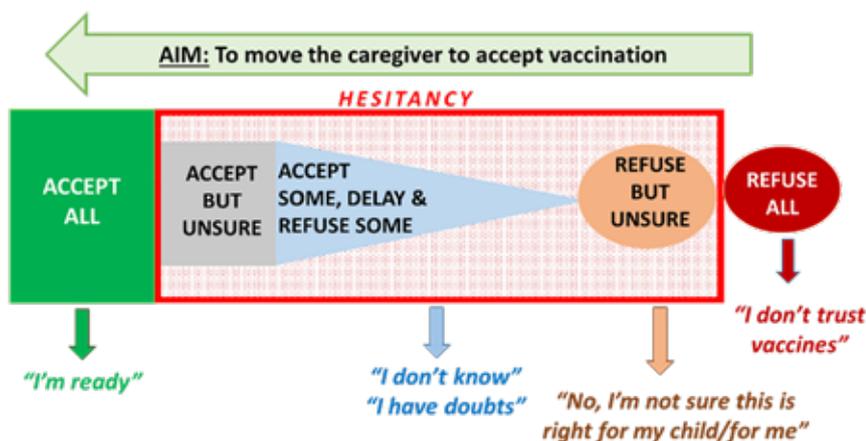


Figure 1: The spectrum of vaccine hesitancy^{2,3}

Table I: Communication approaches and strategies during vaccination^{2,3}

Approach	Strategies and steps	Examples
Identify vaccine-hesitant individuals		
Presumptive approach	Open conversation presenting vaccination as default	"Today I'll give Mpho the measles vaccine."
Child presented for vaccination; caregivers do not seem vaccine-hesitant		
Building trust and confidence	Inform about possible side-effects and that benefits of vaccination far outweigh the risks associated with getting a VPD; Share data on diseases prevented by vaccination; Explain why vaccines are recommended and when (schedules and doses); Safety of vaccines (manufacturing standards and registration)	
Child presented for another reason; notice child is due for vaccination/missed vaccination/s		
Building trust	First resolve issue for which the child was brought to the clinic	
After gaining trust, use presumptive approach	Presuming caregivers are willing to vaccinate their child; Indicate the child is due for vaccination today; List the necessary vaccines; Answer all questions.	"It's time for an annual influenza vaccine. Mpho is old enough to receive the vaccine."
AVOID: Participatory approach where you initiate the conversation by inviting caregivers to consider whether or not they want to accept vaccination for their child. This creates the impression that the HCP is not confident about vaccination and increases vaccine hesitancy. E.g.: "Do you want to vaccinate your child today?" "Would you like to hear about the vaccines we offer for today's visit?"		
AVOID: Berating caregivers for forgetting, or questioning about missed vaccinations, as this will erode trust.		
Vaccine-hesitant caregivers		
Motivational interviewing	Step 1: Use open-ended questions to explore reasons behind hesitancy	"What do you think?" "What did you understand?"
Main principles:	Step 2: Reflect and respond	When caregiver is afraid of side-effects
• Avoid "righting reflex" i.e. tendency to advise caregivers about the right path for good health	Use a <u>simple reflexion</u> by directly repeating what the person says OR	"I understand that you are afraid."
	Use a <u>complex reflection</u> by repeating what you think the person meant	"You want to make the best choice for your child but you are nervous."
• Explore and understand caregiver's own motivations	Follow-up complex reflections with <u>open-ended questions</u>	"I understand that you want to make the best choice for your child. What side effects are you concerned about?"
• Encourage and support confidence in the person's ability to change	Step 3: Affirm strengths and validate concerns	"It is great that you are starting to think about vaccines." "The health of your children is important to you."
• Empathise	Step 4: Three-tied approach of Ask-Provide-Verify	
	<u>ASK</u> what the caregiver knows about vaccines	"So what do you already know about vaccination?"
	Then <u>PROVIDE</u> or share information on vaccines	"Could I provide you with some information, based on what you just shared?"
	Lastly <u>VERIFY</u> comprehension and how this information will be used	"Given our discussion, how do you view the decision now? Remember I am here to help talk through any concerns you may have."
	NOTE: Explore concerns further, as the conversation is developing. Be careful not to add potential concerns by mentioning issues not raised by the caregiver	
	Step 5: Summarise and determine the action to take	"The main point to remember is ..."; "What that means to you is ..."
	OUTCOME: Caregiver agrees → Vaccinate and affirm the positive decision made	"It is great that you want to protect your child."
	OUTCOME: Caregiver still hesitant → Consider referring caregiver to a specialist or community advocate; Alternatively schedule another visit	"Let's revisit this once you've had a chance to think more about vaccination. When could you come back?"
	OUTCOME: Caregiver refuses vaccination → Do not dismiss from the clinic, do not debate and leave door open for future discussion	"I understand. Please know that if you change your mind and want to talk about vaccinating, we are always available."
	Explain caregiver's <u>responsibilities</u> :	
	• Understand their own decision, and that they are taking responsibility for protecting their child's health	"I understand that you have decided not to vaccinate today. Please know you are taking an important responsibility. What this means is ..."
	• Seek medical assistance if the child is ill and inform medical staff that the child has not received all recommended vaccines	
	• Take responsibility to learn about the signs and symptoms of VPDs	
AVOID: Directive approach "Vaccines are good for you. Your child must get them." AVOID: Argumentative approach "You are wrong. Research supports vaccines." Very little or no time is spent on exploring reasons and motivations behind hesitancy. Results in decreasing trust between HCP and caregiver.		

Having established trust and gained the confidence and full attention of caregivers, HCPs should use the **presumptive approach**, where vaccination is routine practice, and no debate is expected.³ Because trust has already been established, most caregivers will agree to vaccination. Caregivers responding with doubts about vaccination, may not be convinced by evidence of vaccine safety and effectiveness, nor evidence of how dangerous VPDs are. This approach may actually backfire and reinforce vaccine hesitancy.³

Instead, a subtle approach of **motivational interviewing (MI)**, aimed at exploring reasons for hesitancy and changing attitudes and behaviour, is much more effective.³ MI is a person-centred, directed intervention for enhancing a person's internal motivation to change, while exploring and resolving their own hesitations. The caregiver is engaged and allowed to feel involved in the decision to change in a respectful and non-judgmental atmosphere.

Conclusion and future implications

HCPs who are knowledgeable about the science behind vaccination, feel more empowered to promote vaccination with confidence, which in turn will increase public confidence in vaccination, and result in increased vaccination uptake. This is key to creating a society in which caregivers recognise the value of vaccination and demand it as a

human right for their children. During this time of COVID-19, personal communication to build public confidence in vaccination is essential, as the world is awaiting a COVID-19 vaccine. A recent survey has shown that only 67% of South Africans will accept a COVID-19 vaccine when it becomes available (<https://www.ipsos.com/en-za/three-four-adults-globally-say-they-would-get-vaccine-covid-19>). Regardless of the reason for bringing a child to the clinic, always use brief presumptive communication. Should the caregiver accept vaccination, vaccinate, should the caregiver not accept vaccination or be hesitant, use MI techniques, and should the caregiver still decline vaccination, leave the door open for discussing vaccination again in future.

References

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