

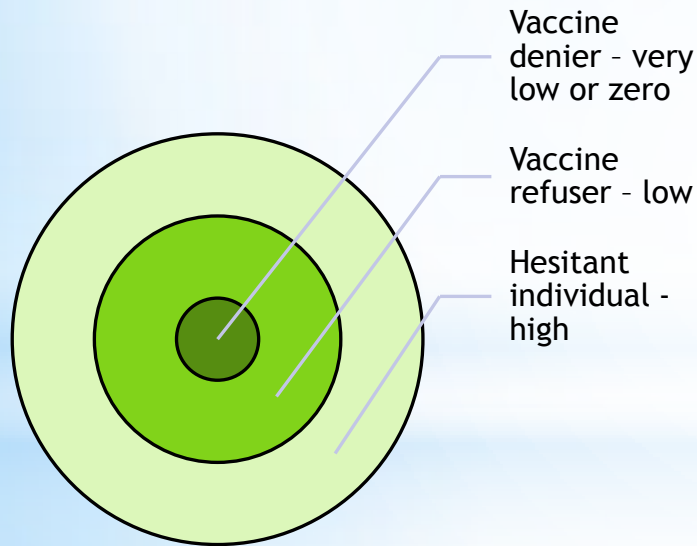
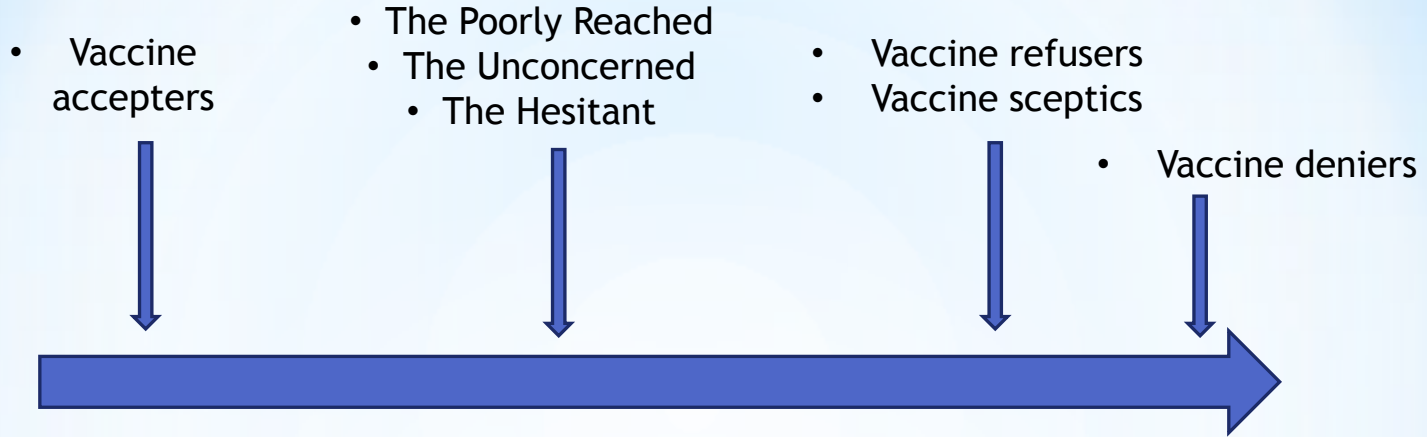
# \*Talking to parents

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# \* Aims and objectives

- \* To discuss different groups and their vaccine beliefs.
- \* To discuss strategies for discussions around vaccinations.
- \* To discuss common myths and themes from practice.



Probability to change one's mind to vaccine acceptance

# \*The spectrum of vaccine beliefs

Category	Chance of positive outcome (immunisation)
<b>The Hesitant</b>	
Uninformed	High
Misinformed	May slowly change their position and frequently consent to immunisation at a later date
Well-read and open-minded	You need to be prepared for discussion with client, but often ultimately agree to immunise. May start with certain vaccines and agree to add others over time.
<b>The unconcerned</b>	
Uninformed	High
Informed but self-serving	You need to be prepared for discussion with parent, but often ultimately agree to immunise. May start with certain vaccines and agree to add others over time.
<b>Poorly reached</b>	
Socially excluded	Social & cultural sensitivity, engagement strategies (from planning to implementation and evaluation); community intermediaries can help.
Working and time pressured	Extended hours or alternative locations can help address this group.

# \* Perspectives

- \* Focus on the behaviour and its determinants - not just the message
- \* Develop accessible, friendly and adapted places for vaccination services
- \* Reframe the discussion so that the main focus is on being protected, rather than vaccine safety
- \* Make those who accept vaccination more visible - build on and reinforce vaccination as a social norm
- \* Show that being unprotected is socially unacceptable
- \* Ensure any decision to remain unprotected is an active one
- \* Use all media to advocate for the need to be protected and to protect
- \* Actively counter misinformation
- \* Get to know your communities
- \* Maintain your skills and knowledge
- \* View immunisation as one part of a larger health challenge
- \* Involve communities in planning programmes
- \* Be accessible and respectful
- \* Strengthen your communication skills...

# \*Tips for discussion

- \* Listen, evaluate, categorise
- \* Recognise legitimate concerns
- \* Provide context
- \* Refute misinformation
- \* Provide valid information
- \* Educate about potential consequences
- \* Make a clear recommendation

# \*The CASE approach

Corroborate:	Acknowledge the patient's concern and find some point on which you can agree. This sets the right tone.
About Me:	Describe what you have done to build your knowledge base and expertise.
Science:	Describe what the science says.
Explain/Advise:	Give advice to patient, based on the science.

## \*Elicit-Provide-Elicit

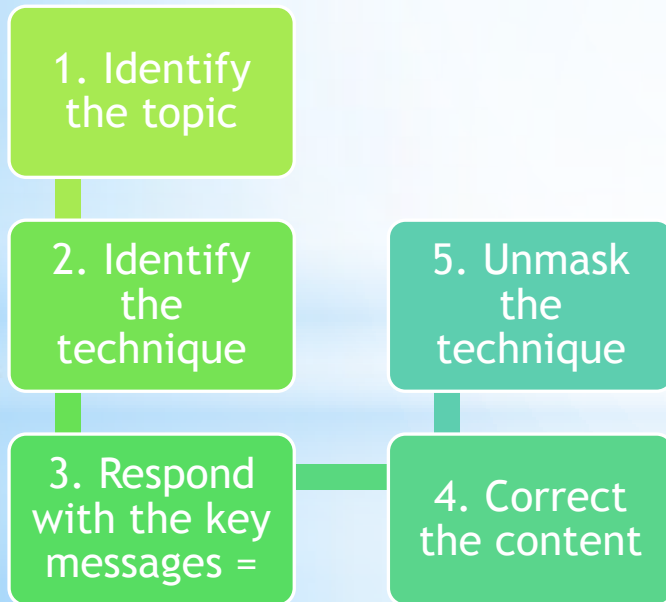
\* Would it be ok if...

\* Research shows...

\* What do you think about that?

# \*Vaccine deniers

Categories	Chance of positive outcome (immunisation)
Active resisters	
Convinced and content	Success is unusual, but discussion may lead them to re-examine their position in the future. Extensive discussion is seldom productive.
Committed and missionary	Patients in this category have strongly held beliefs and do not appreciate the value of immunisation; extensive discussion is non-productive.



Topic	Technique
Threat of disease	Conspiracies
Alternatives	Fake experts
Effectiveness	Selectivity
Trust	Impossible expectations
Safety	Misrepresentation & false logic



The flu vaccine gave me flu. Kids in England don't need Polio vaccine anymore MMR causes autism HPV is given too young -I don't want her to be thinking about sex at 12 Kids need to catch childhood diseases to help their development Vaccines bypass the natural defence systems There are too many diseases in each vaccine - a child can't cope with them all. Vaccines are part of a conspiracy theory. The vaccines haven't been tested well enough. France gives the single measles vaccine so why can't we have it? HPV vaccine causes ME and paralysis It's not fair that my child can't have the BCG My child is fit and healthy. She doesn't need vaccinations HPV vaccine encourages girls to be promiscuous I'd rather have a homeopathic alternative

# Myths, fears, misconceptions

- How would you respond?
- Are there any others?
- Share your experiences...

# \*References

- \* ECDC (2012) Let's talk about protection. Available from:
  - \* <http://ecdc.europa.eu/en/publications/Publications/lets-talk-about-protection-vaccination-guide.pdf>
- \* WHO (2016) Best practice guidance//How to respond to vocal vaccine deniers in public. Available from:
  - \* [http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0005/315761/Best-practice-guidance-respond-vocal-vaccine-deniers-public.pdf?ua=1](http://www.euro.who.int/__data/assets/pdf_file/0005/315761/Best-practice-guidance-respond-vocal-vaccine-deniers-public.pdf?ua=1)
- \* Other useful links:
  - \* Vaccine Knowledge Project: <http://vk.ovg.ox.ac.uk/>
  - \* <http://www.bandolier.org.uk/painres/download/Bando084.pdf>
  - \* <http://theconversation.com/six-myths-about-vaccination-and-why-theyre-wrong-13556>
  - \* <http://ecdc.europa.eu/en/publications/Publications/lets-talk-about-hesitancy-vaccination-guide.pdf>