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Addressing Vaccine Hesitancy and Rejection in the Clinical Encounter: the SKAI Project

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SARAH Collaboration: Support And Resources to Assist Hesitant parents with vaccination

Acknowledgements
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Donald Trump Has Long Linked Autism to Vaccines. He Isn’t Stopping Now That He’s President.

Among the conspiracy theories in regular rotation by President Trump is his insistence there is a connection between autism and vaccines.

He’s made this discredited link — a theory based and popularized on a now-debunked and retracted study by Andrew Wakefield — via speeches, tweets, even the Republican debate stage.
Coverage is stable with persistent gap

92% Fully vaccinated

~4.7%

Lack of Opportunity (Access, Awareness, Activation, Affordability)²,³

~3.3%¹

Lack of Acceptance

² Thomson A et al. (2016) Vaccine. 34;1018-1024.
Vaccine acceptance is on a spectrum\textsuperscript{1,2}

\begin{itemize}
\item \textbf{No Concerns 48-57\%}\textsuperscript{3,4}
\item \textbf{Concerns for 43-52\%}\textsuperscript{3,4}
  \begin{itemize}
  \item Minor 35-38\%
  \item More highly hesitant 8-12\%
  \end{itemize}
\end{itemize}

Vaccine ingredients
- Too many vaccines in the first 2 years
- Weakening of the immune system
- Specific vaccines ie MMR and autism

\begin{itemize}
\item 1. Benin AL. et al \textit{Pediatrics} 2006
\item 2. Leask et al \textit{BMC Pediatrics} 2012
\item 3. Chow et al \textit{Aust Fam Physician} 2017
\item 4. Costa-Pinto et al \textit{Unpublished data} 2017
\end{itemize}
Vaccine decision making

– Fears about vaccination may lead to rejection of some or all vaccines

– Healthcare providers (HCPs) are identified as most trusted source of vaccine information: GPs, nurses and paediatricians

– Good communication can motivate a hesitant parent towards vaccine acceptance, whilst poor communication can contribute to rejection of vaccines and marginalize cautious parents

– Clear need and desire for training and resources to increase vaccine knowledge and communication in primary and secondary care
Strategies and Resources for primary care

We aim to improve vaccine decision-making and acceptance of vaccination amongst parents of children aged 5 years or less in Australia.

We hypothesize that the integration of the SKAI system and resources into primary health care in Australia can arrest the development, or reverse, vaccine refusal amongst vaccine hesitant parents.
Methods

- The **SKAI Package** has been built on the **Vaccine communication Framework (VCF)** and involves:
  - Identifying parental position on vaccination
  - Strategies and resources tailored to parental needs based on their level of hesitancy (Leask et al. *BMC Pediatrics* 2012)

- There are 4 phases of development of the SKAI package
  - **Phase 1:** develop and formatively evaluate the SKAI resources
  - **Phase 2:** Integrate SKAI into primary care immunisation clinic flows
  - **Phase 3:** RCT to assess the efficacy of SKAI to *reduce decisional conflict among vaccine-hesitant parents*
  - **Phase 4:** Scale-up and implement SKAI into clinical practice in Australia
Methods – Phase 1

Phase 1: intervention development and evaluation of resources

– follows the Medical Research Council’s guidelines for Developing Complex Interventions

– Studies conducted included
  – 3 SARAH Investigator workshops in Sydney
  – 26 in-depth Provider Interviews with general practitioners and immunisation nurses - barriers to vaccine discussions
  – 11 focus groups with parents
  – 16 stakeholder interviews

– Led to the Sharing Knowledge About Immunisation (SKAI) Package which includes
  – Three communication pathways stemming from parental positions
  – Parent and provider resources tailored to each position
11 parent focus groups

Identified what resources and approach parents wanted tailored to degree of hesitancy
Provided feedback on the SKAI resources

Parents in all groups had questions about vaccination or vaccines – even those who had screened as ‘unquestioning acceptors’

| 1. Process begins in pregnancy | 2. Want control over level of detail in information |
| 3. Want to feel more prepared to manage common reactions | 4. Trust and relationship with provider crucial |

| Prefer to read more about pros | Want ‘balance’ and neutrality |
| Option for information on serious side effects | Want information on serious side effects |
| | Links to more in depth information/evidence |
The SKAI Package

Position on vaccination
- Ready: Fully vaccinated, Valid consent
- Hesitant: Fully vaccinated, Parent satisfied
- Declining: Re-consider decision, Aware of implications

Position-specific goals
- Pre-vaccination checklist
- Common side-effects and management
- Offer information about rare serious side-effects
- Acknowledge emotion
- Explore and reinforce motivation
- Clear recommendation
- Ask permission to discuss
- Compare risks
- Inform of what to look out for

Position-specific actions

Based on
The SKAI Resources

Available at http://www.ncirs.edu.au/research/social-research/sarah-project/
Summary

– The SKAI package aims to optimise the frequency and effectiveness of vaccine discussions between health care providers and parents to
  – Maintain high immunisation coverage rates in Australia
  – Ensure ongoing confidence and trust in the National Immunisation Program

– Vaccination is increasingly complex and vaccine hesitancy needs to be acknowledged and addressed by providers as part of their practice
  – Clinicians find vaccine refusal very challenging
  – Primary care encounters are highly influential
  – Recommendations are important
Summary

– SKAI applies clinical expertise and evidenced-based communication science to build an effective system to support vaccination discussions in Australia for the first time
  – Navigate the tensions between the public health goal of full vaccination and parental satisfaction and trust

– The next steps
  • SKAI training: develop a curriculum for training health professionals to use the SKAI resources
  • Integrate of the SKAI system into primary care immunisation practice prior to evaluation in an RCT
Thank you!