Excerpts from

Dr. Thad Woodard's Presentation on

Vaccine Safety and Vaccine Safety Communications

Alaska Immunization Conference

Anchorage

VacTrAK

VacTrAK is a web-based immunization information system that is available from the Alaska Division of Public Health. It is a confidential, population based system that maintains immunization information for Alaskans of all ages. VacTrAK is used to manage vaccine inventory and state supplied vaccine orders.

Effective December 1, 2013, health care providers are required to report all administered immunizations to VacTrAK, within 14 days of vaccine administration.

http://www.epi.alaska.gov/id/iz/vactrak/docs/VacTrAK_User_Accounts_Passwords.pdf

http://www.epi.alaska.gov/id/iz/vactrak/update/VacTrAK_Whats_New_20141020.pdf

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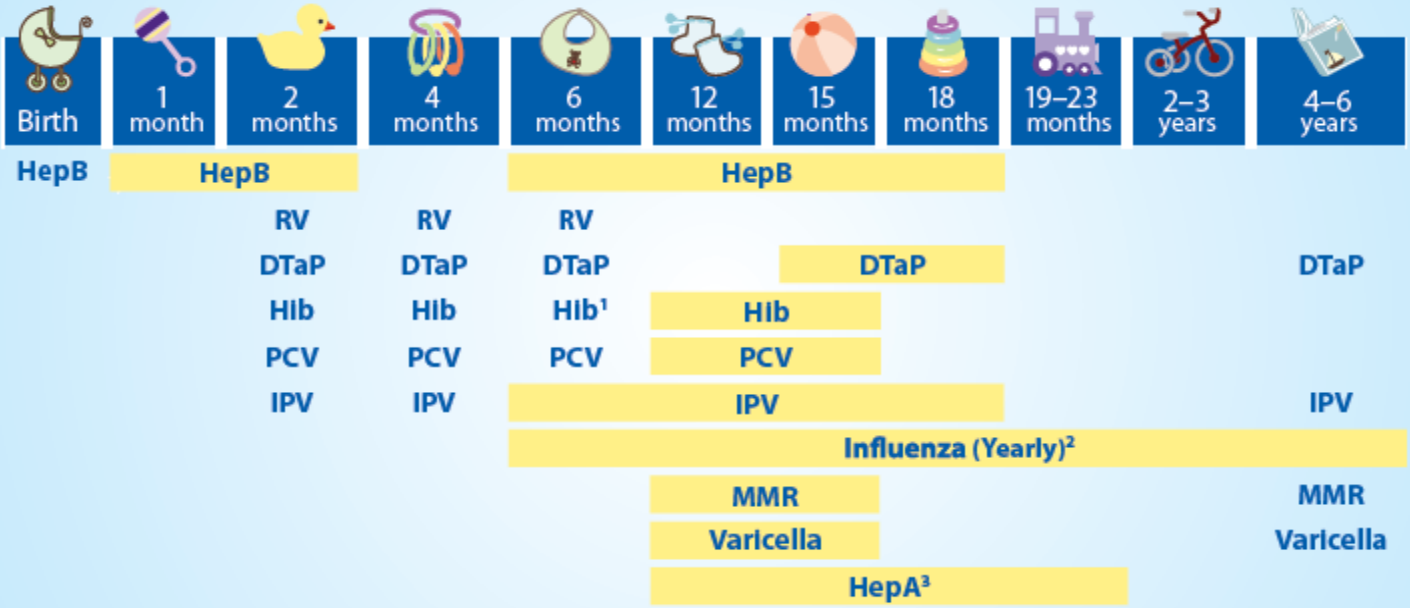
2014 Recommended Immunizations for Children from Birth Through 6 Years Old

Notes:

- If your child misses a shot, you don't need to start over. Just go back to the doctor for the next shot.
- Talk with your child's doctor if you have questions about the vaccines.
- If your child has any medical conditions that put him at risk for infection or is traveling outside the United States, talk to your child's doctor about additional vaccines they may need.
- Is your family growing? To protect your new baby and yourself against whooping cough, get a Tdap vaccine towards the end of each pregnancy. Talk to your doctor for more details.

For more information visit www.cdc.gov/vaccines

Shaded boxes indicate the vaccine can be given during shown age range.



Footnotes:

1 The State of Alaska distributes PedvaxHib vaccine to enrolled health care providers who provide immunization services to prevent Hib disease. It is 3 dose series recommended at 2 months, 4 months, and 12 months.

2 Two doses given at least four weeks apart are recommended for children aged 6 months through 8 years of age who are getting a flu vaccine for the first time and for some other children in this age group.

3 Two doses of HepA are needed for lasting protection. The first dose of HepA vaccine should be given between 12 months and 23 months of age. The second dose should be given 6 to 18 months later. HepA vaccination may be given to any child 12 months and older to protect against HepA. Children and adolescents who did not receive the HepA vaccine and are at a high risk should be vaccinated against HepA.

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

AMERICAN ACADEMY OF FAMILY PHYSICIANS
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American Academy of Pediatrics
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Questions? Contact the Alaska Immunization Helpline at immune@alaska.gov or 1-888-430-4321

ALASKA DIVISION OF Public Health

Vaccine-Preventable Diseases and the Vaccines that Prevent Them

Disease	Vaccine	Disease spread by	Disease symptoms	Disease complications
Chickenpox	Varicella vaccine protects against chickenpox.	Air, direct contact	Rash, tiredness, headache, fever	Infected blisters, bleeding disorders, encephalitis (brain swelling), pneumonia (infection in the lungs)
Diphtheria	DTaP* vaccine protects against diphtheria.	Air, direct contact	Sore throat, mild fever, weakness, swollen glands in neck	Swelling of the heart muscle, heart failure, coma, paralysis, death
Hib	Hib vaccine protects against *Haemophilus influenzae* type b.	Air, direct contact	May be no symptoms unless bacteria enter the blood	Meningitis (infection of the covering around the brain and spinal cord), intellectual disability, epiglottis (life-threatening infection that can block the windpipe and lead to serious breathing problems), pneumonia (infection in the lungs), death
Hepatitis A	HepA vaccine protects against hepatitis A.	Direct contact, contaminated food or water	May be no symptoms, fever, stomach pain, loss of appetite, fatigue, vomiting, jaundice (yellowing of skin and eyes), dark urine	Liver failure, arthralgia (joint pain), kidney, pancreatic, and blood disorders
Hepatitis B	HepB vaccine protects against hepatitis B.	Contact with blood or body fluids	May be no symptoms, fever, headache, weakness, vomiting, jaundice (yellowing of skin and eyes), joint pain	Chronic liver infection, liver failure, liver cancer
Flu	Flu vaccine protects against influenza.	Air, direct contact	Fever, muscle pain, sore throat, cough, extreme fatigue	Pneumonia (infection in the lungs)
Measles	MMR** vaccine protects against measles.	Air, direct contact	Rash, fever, cough, runny nose, pinkeye	Encephalitis (brain swelling), pneumonia (infection in the lungs), death
Mumps	MMR**vaccine protects against mumps.	Air, direct contact	Swollen salivary glands (under the jaw), fever, headache, tiredness, muscle pain	Meningitis (infection of the covering around the brain and spinal cord) , encephalitis (brain swelling), inflammation of testicles or ovaries, deafness
Pertussis	DTaP* vaccine protects against pertussis (whooping cough).	Air, direct contact	Severe cough, runny nose, apnea (a pause in breathing in infants)	Pneumonia (infection in the lungs), death
Polio	IPV vaccine protects against polio.	Air, direct contact, through the mouth	May be no symptoms, sore throat, fever, nausea, headache	Paralysis, death
Pneumococcal	PCV vaccine protects against pneumococcus.	Air, direct contact	May be no symptoms, pneumonia (infection in the lungs)	Bacteremia (blood infection), meningitis (infection of the covering around the brain and spinal cord), death
Rotavirus	RV vaccine protects against rotavirus.	Through the mouth	Diarrhea, fever, vomiting	Severe diarrhea, dehydration
Rubella	MMR** vaccine protects against rubella.	Air, direct contact	Children infected with rubella virus sometimes have a rash, fever, swollen lymph nodes	Very serious in pregnant women—can lead to miscarriage, stillbirth, premature delivery, birth defects
Tetanus	DTaP* vaccine protects against tetanus.	Exposure through cuts in skin	Stiffness in neck and abdominal muscles, difficulty swallowing, muscle spasms, fever	Broken bones, breathing difficulty, death

* DTaP combines protection against diphtheria, tetanus, and pertussis.
** MMR combines protection against measles, mumps, and rubella.

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How should we talk to patients, especially those who are hesitant, about immunizations?

A suggestion from the Autism Science Foundation

New 4-step Framework for Communicating Science: Making the CASE for Vaccines

- **C**orroborate: Acknowledge the parents' concern and find some point on which you can agree. Set the tone for a respectful, successful talk.
- **A**bout Me: Describe what you have done to build your knowledge base and expertise
- **S**cience: Describe what the science says
- **E**xplain/Advise: Give your advice to patient, based on the science

AUTISM SCIENCE FOUNDATION

Perhaps we should tell stories

Personal stories and visual images of patients and parents affected by vaccine-preventable diseases and reports of disease outbreaks serve as useful reminders of the need to maintain high immunization rates. Ongoing dialogue including provider recommendations may successfully reassure vaccine-hesitant parents that immunization is the best and safest option for their child.

"How to Communicate With Vaccine-Hesitant Parents," *Pediatrics 2011;127:S127*–S133

This was also the "off the cuff" answer to how to improve immunization acceptance among those who are resistant by cognitive psychologists Christopher Chabris and Daniel Simons, authors of *The Invisible Gorilla*.

This is a common method used by anti-vaccine supporters and seems to work.

An undated handout image of a painting of Benjamin Franklin's son, Franky, who died of smallpox. Photo: Ann C. Boswell via The New York Times

"In 1736 I lost one of my sons, a fine boy of four years old, by the small-pox, taken in the common way. I long regretted bitterly, and still regret that I had not given it to him by inoculation. This I mention for the sake of parents who omit that operation, on the supposition that they should never forgive themselves if a child died under it, my example showing that the regret may be the same either way and that, therefore, the safer should be chosen."

Benjamin Franklin

Motivational Interviewing- Guiding style

- Guiding style best suited to address change
- Use three principles with guiding style:
  - Work in collaboration with patient
  - Emphasize patient autonomy over decisions
  - Elicit patient motivation for change
- Examples:
  - Directing style: "OK, so your weight is putting your health at serous risk. You already have early diabetes. (*Patient often resists at this point.) . . . Overweight is conceptually very simple, if you think about it. Too much in, not enough out. So you need to* eat less and exercise more. There no way you can get around that simple fact." (*Patient replies with a "yes, but . . .” argument.)*

  - Guiding style: "OK, let’s have a look at this together and see what you think. From my side, losing some weight and getting more exercise will help your diabetes and your health, but what feels right for you? (*Patient often expresses ambivalence at this point.) . . . So you can see the value of these things, but you struggle to see how you can succeed at this point in time.* OK. It’s up to you to decide when and how to make any changes. I wonder, what sort of small changes might make sense to you? (*Patient says how change might be possible.)*

Rolinick, S. et al., Motivational Interviewing, *BMJ* 2010; 340

Motivational Interviewing- Vaccines: notes of lecture by Laurence Baker, PhD, (Clinical Associate Professor, UHSU) Anchorage, April, 2011

- 3 categories of parents
  - Social contract (get vaccines)
  - Entrenched (non-vaccinators, about conspiracy)
  - Vaccine hesitant (largest group of non-vaccinators)
- How to rapidly build trust
  - Become curious
    - "On 1 to 10 scale where do you stand on this vaccine?" (if entrenched move on)
    - "What makes you say this number versus a higher number?" (forces a positive comment)
    - "What could you imagine that would make you choose a higher number?"
  - Empathize
    - "This is really a tough decision."
    - Let person think about this dilemma.
    - Often they will resolve this by turning to someone they trust.
  - Ask permission to provide advice
    - Gives person some control
  - Now you can educate

Questioning our own motives and our own process is critical to a skeptical and scientific outlook. We must realize that the default mode of human psychology is to grab onto comforting beliefs for purely emotional reasons, and then justify those beliefs to ourselves with post-hoc rationalizations. It takes effort to rise above this tendency, to step back from our beliefs and our emotional connection to conclusions and focus on the process. The process (i.e. science, logic, and intellectual rigor) has to be more important than the belief.

-Stephen Novella

Science is a way of trying not to fool yourself.

-Richard Feynman