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How to Curb Patients' Vaccine Hesitancy

Dr. Birnholz:

The World Health Organization identified vaccine hesitancy as one of the top 10 threats to global health this year, acknowledging the rising trend among parents worldwide to delay, if not outright refuse vaccinations for their children. How and why we got to this point, and what we as the medical community can do to curb this systemic issue is going to be the focus of today's discussion.

Welcome to Vaccine Nation on Reach MD. I'm Dr. Matt Birnholz, and joining me today is pediatric infectious disease specialist, Dr. Claudette Poole, who is an Assistant Professor of Pediatrics and Associate Fellowship Program Director for Pediatric Infectious Diseases at the University of Alabama at Birmingham. Dr. Poole, it's great to have you on the program.

Dr. Poole:

Thank you. Thank you for including me in this important discussion.

Dr. Birnholz:

So, just to help level-set for a second, where is this designation of vaccine hesitancy from the WHO coming from? And what are the implications of that label from your vantage point?

Dr. Poole:

So I think we're seeing a growing trend globally of people choosing not to vaccinate their children, and they're making that decision based on, you know, just insufficient information, but concern that they cannot trust their public health officials that are, you know, recommending this as part of their routine

childhood vaccine schedule. And due to, you know, falling rates of population vaccines, we are seeing a reemergence of vaccine-preventable diseases globally.

Dr. Birnholz:

Right. So this label, vaccine hesitancy, it sounds like far more than just a warning shot for eminent risks to what we call herd immunity. It sounds like we might already be past that point, both here and abroad; is that right?

Dr. Poole:

Yes, that is correct. So, I think the label of vaccine hesitancy is to distinguish, you know, inadequate access to vaccines. So, there are many parts of the world because of, you know, poor health infrastructure that they are unable to deliver vaccines, so you still have ongoing vaccine-preventable diseases in those countries and those communities. This is in contrast to that where you have a high-functioning healthcare system where, in the past, these diseases were not occurring in these populations. And it's almost out of choice that people are choosing not to receive the vaccine. So, it's a completely different problem that we're dealing with that, is in some ways, more difficult to address.

Dr. Birnholz:

Exactly. And I want to stay on that point of difficulty for a moment, because I think there's still a fair amount of confusion by clinicians outside the lines of primary care pediatrics as to why this is even happening, or the notion of refusing vaccines must be just far outside the mainstream; way out in the periphery. But what are you seeing out there from your take as a pediatric infectious disease specialist?

Dr. Poole:

You know, there are lots of people who have looked at this question of vaccine hesitancy, and there's are lots of different explanations of why people are pausing before just proceeding with vaccines. So there certainly is a small group of people that are highly suspicious and believe very strongly that vaccines are causing harm, and these people are gaining a broader and broader platform in which to disseminate their viewpoints and opinions. And I think what's ended up happening because of their growing platform, more people are exposed to that viewpoint and opinion, which is causing this larger group of people that are now choosing to not vaccinate. And I think it's more a factor of probably social media and the internet that is able to provide a platform to fringe opinions.

Dr. Birnholz:

And if we think about those fringe opinions, which have become far more mainstream it seems like over the last 10 years, rather than the opposite trend that we would have expected after some of these theories of vaccine risks were debunked over and over and over again, what are the common fears that are persisting? And are any of them actually substantiated?

Dr. Poole:

So, the one fear that a lot of people use is the fear of vaccines being linked in some way to autism, and that is a myth that keeps getting perpetuated, and it's hard to counter that because autism is a very, very broad diagnosis that covers a whole spectrum of different conditions of which maybe we don't have a specific cause to point to, although the growing body of evidence shows genetic causes for this. So this is what a lot of proponents that fall in the anti-vaccination can't be used as a concern for vaccines. And then, you know, you can pick any vaccine and there will be some myth or theory out there of some potential harm being caused by that vaccine, and then there are the really fringe conspiracy theorists out there who claim that, you know, vaccines are harming our children and are unnecessary and are just a big hoax by big pharma to make money.

Dr. Birnholz:

I think you also said, you know, there is a distrust in governing bodies, organizations, institutions that has only grown worse over the last decade. Would you say that's a fair assessment?

Dr. Poole:

Yes, absolutely. And I mean that goes across all sort of government bodies, and there is just this erosion of trust of sort of public institutions.

Dr. Birnholz:

And it also seems that there is a ready-made blame-game on the pediatrics field for allowing this trend to get worse, if we can say that was an allowance. But is that even a fair accusation? Or does the issue run much deeper than that?

Dr. Poole:

Yeah, I don't think that's a fair accusation, pediatricians are on the forefront of trying to take care of their children and families, and they have to work with families that are coming with lots of concerns and are trying their very best to work with families and get these children vaccinated. So, they will sometimes come up with creative schedules or, you know, try to work around families so that they can get them on board to vaccinate their children. So, I don't think they are part of the issue when it comes to hesitancy, but I certainly think as a group, we need better tools to help change the discussion on public forums.

Dr. Birnholz:

For those just tuning in, this is Vaccine Nation on Reach MD. I'm Dr. Matt Birnholz, and today I'm speaking with Dr. Claudette Poole from the University of Alabama at Birmingham, about the rise in vaccine hesitancy and refusals in the U.S. and abroad.

So, Dr. Poole, I want to then focus on solutions-based thinking here. First off, who do you think has the strongest or most impactful roles in helping turn things around here? Can any one group pave the way? Or is it going to take a village, as they say?

Dr. Poole:

No, it's definitely going to take a village. I don't think there's any one group that can change this, so we'll have to change the narrative on multiple levels. It's going to involve tools for pediatricians to change the discussions they're having with families. It's going to require, you know, organizations like the American Academy of Pediatrics and the Center for Disease Control and Prevention, and the American Committee of Immunization Practices to come out with a stronger, more accessible narrative regarding vaccines. And then it's also going to require policy. I think we have to make it harder for individuals to opt out of vaccines. Because again, the way I see it is they are – there is always going to be this core group of people that feel very strongly about vaccines and will go through great lengths to avoid vaccinating their children. But I do think the vast majority of people who are being swept along, if they're faced with greater hurdles that they need to overcome, my guess is that the vast majority of people will say, 'You know what, I think I'll just move forward with vaccinating my children.' So it's definitely got to come on multiple fronts.

Dr. Birnholz:

And regarding that subject of hurdles, you mentioned some of the key stakeholders that are going to be needed to turn things around, for reversing anti-vac sentiments. But as someone who's familiar with both the pediatric and infectious disease circles, what kinds of barriers are those clinical groups specifically meeting and need to address in order to move the needle the vaccine hesitancy?

Dr. Poole:

So, there's a lot of disinformation that we need to dispel that, as clinicians and physicians, we have to step out of falling back on the realm that we're most comfortable with, which is evidence of statistics, because that doesn't always resonate well with laypeople who are not medical by nature. So we need to do a better job of using stories as our narrative as we try to change public perception. And as we work with our lawmakers to change policy, I think, you know, evidence is important, but we also need to use a stronger narrative that resonates with people.

Dr. Birnholz:

And does that narrative translate into certain counseling methods or practice tips that you recommend for clinicians who are dealing with the parents opposed to vaccines?

Dr. Poole:

Yeah, I think, we need to inform families so that when they are making this decision of delaying

vaccines, that they understand that these are not esoteric risks; these are real risks that they have to think through if they're going to choose to delay vaccinating their child. We live in a very global environment now and even if you yourself don't travel, that's not to say you're not going to encounter somebody who travels. So, these infections are real, they cross borders, and you know, we have various effective vaccines that can protect you. So, it's just completely nonsensical to allow that risk. So that's where I like to bring real stories of real patients I take care of, and sort of describe what the disease actually does to real people; not that it's a scare tactic, but just to make it tangible and real for people.

Dr. Birnholz:

Dr. Poole, before we wrap up, my last question to you on that note, are there any other resources that you recommend to patients and your peers; whether they be the stories that you are talking about, the case samples, and other resources to help better understand the scope of this issue?

Dr. Poole:

Yeah, there are wonderful resources that are provided by the American Academy of Pediatrics. I mean, they have lots of tips and discussion points on how to deal with parents that are hesitant. The Red Book, which is published by the American Academy of Pediatrics, has a whole chapter on how to address the hesitant parent. Certainly, on the CDC website regarding vaccines, there's lots of information, tips and tools, for the pediatrician on how to, speak to parents and answer questions when they are hesitant, because I think if we are going to be successful in addressing parental concerns as providers, we really do need to know our facts. So the days of sort of just, rolling out your vaccine schedule and doing it without really knowing everything about those vaccines are past, because you're going to have very informed parents coming in who are going to know all the ingredients and concerns of all the very rare side effects that can occur with these vaccines. And, as a provider, you need to be able to address that, speak to those things, and answer their questions. So it's going to require, I think, providers and pediatricians really educating themselves on what's in the vaccines, what are the side effects of the vaccines, what is the failure rate of the vaccines, so that we can speak with authority.

Dr. Birnholz:

Well, Dr. Poole, I feel like I should have you on every week because this narrative needs to keep happening in order to move that needle on vaccine hesitancy. I very much want to thank you for joining me to talk about these current controversies; both here and abroad. It was great having you on the program today.

Dr. Poole:

Thank you. And I really do welcome the opportunity, and I certainly would do it again.

Dr. Birnholz:

I'm Dr. Matt Birnholz, and you've been listening to VACCINATION on ReachMD. To access this episode and others in this series, visit Reach-MD-dot-com-slash-VACCINATION, where you can be part of the knowledge.