

SARAH: An approach to vaccine communication in primary care

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Strategies to increase vaccine acceptance and uptake, Annecy

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SARAH

Support and Resources to Assist Hesitant parents with vaccination

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National Centre for Immunisation Research and Surveillance

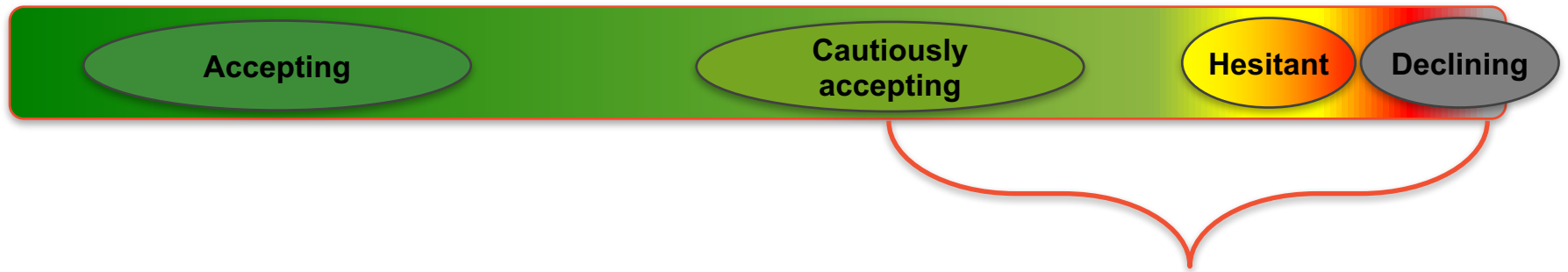
Contributors

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Vaccine acceptance is on a spectrum^{1,2}



Concerns for 21-25%³

Ingredients

Too many

Too young

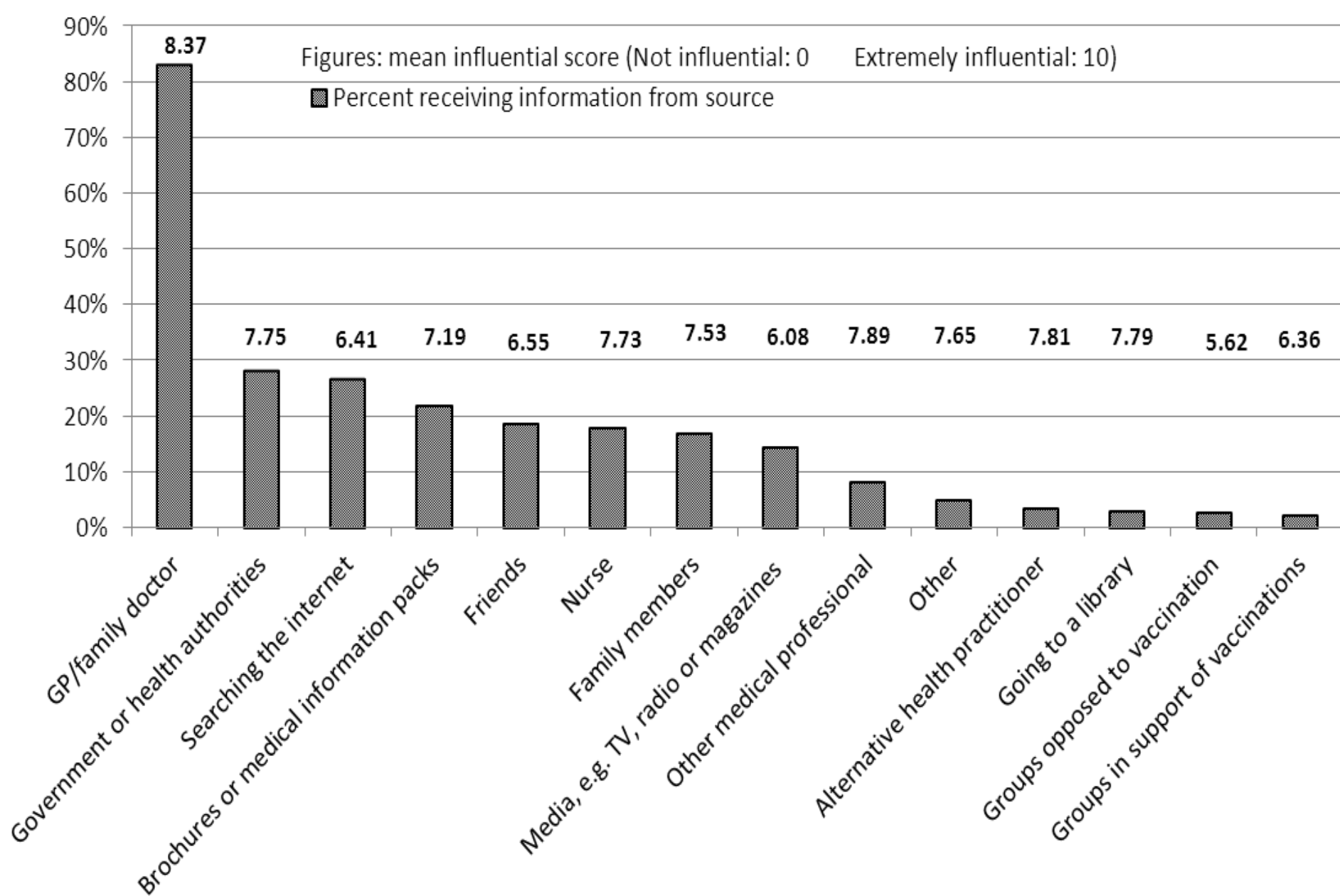
Immune system

Specific vaccines

1. Benin AL. et al *Pediatrics* 2006

2. Leask et al *BMC Pediatrics* 2012

3. NCIRs National Survey of Attitudes to Vaccination 2012



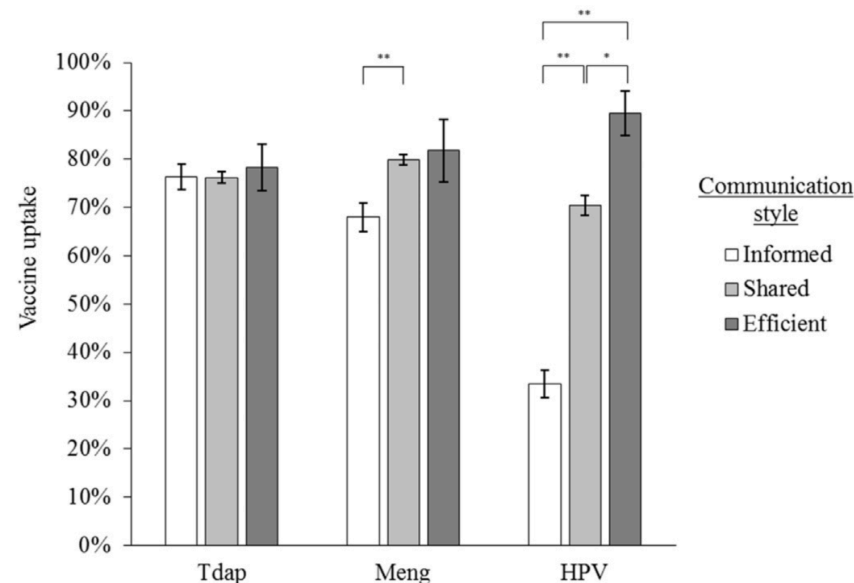
How should providers communicate?

Opel et al Pediatrics 2013;132

- Presumptive
 - “Well, we have to do some shots”
- Participatory
 - “What do you want to do about shots?”
- Participatory initiation associated with resisting recommendation AOR 17.5 (CI:1.2–253.5)

Moss et al Soc Sci Med 2016;159

- Recommendation strongly associated with higher uptake
- Paternalistic communication associated with higher uptake of menC and HPV vaccine



What do parents want?

- Valid consent
- Want the chance to ask questions but lack confidence (Jackson et al Health Expectations 2008;11)
- Lower vaccine uptake linked to a perception that the discussion with health professionals about immunisation concerns was inadequate in length and depth, dismissive, and difficult (Brown et al; Vaccine 2010)
- Presumptive/paternalistic styles don't meet the needs of the very hesitant and can backfire with the decliner
- Some anti-vaccination activists cite presumptive styles in their narratives
- Participatory initiation formats associated with increased odds of a highly rated visit experience. AOR = 17.3 (CI 1.5, 200.3)

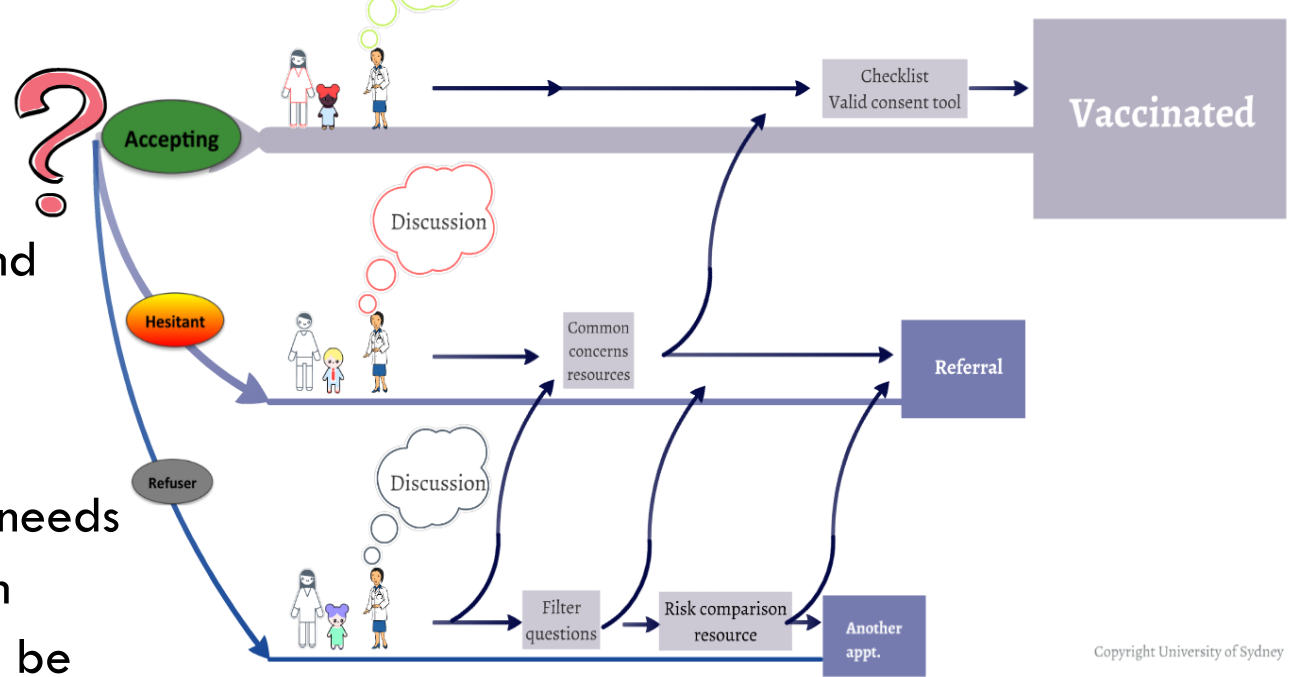
Can we find a happy medium?

“Pursuing vaccine recommendations may temper the negative effects that participatory initiation formats have on vaccine acceptance without any concomitant negative effects on parental experience”

Opel et al Am J Public Health 2015

SARAH

- Aims for vaccination and parental/provider satisfaction
- Targeted and tailored
- Responsive to clinician needs
- Capable of integration
- Consent process should be straightforward
- Uses a guiding style for hesitancy/declination
- Includes a recommendation
- Informed by motivational interviewing
- Adopts tools from SDM and debiasing/debunking



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Phased development – aligned to MRC guidance¹

Phase 1 developing intervention: now – Dec 2016

- Investigator workshops
- Stakeholder feedback and system modification
- Audit existing knowledge tools online
- In-depth interviews with GPs and nurses
- Focus groups with accepting, hesitant, selective/delaying parents
- Stakeholder consultations
- Conversation analysis pre- and post-SARAH training



Phase 2 feasibility and pilot: Jan 2017-June 2018

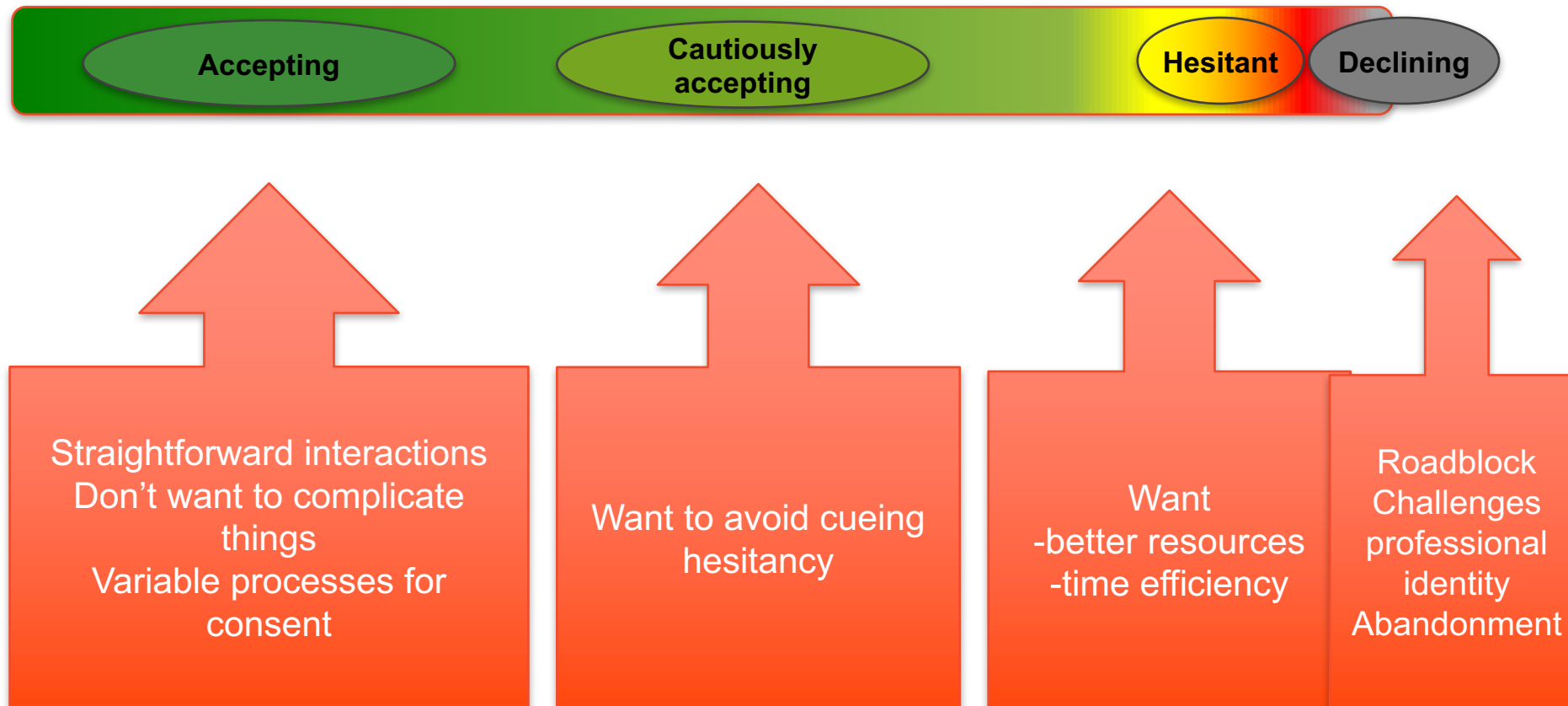
- Develop digital platforms
- Pilot integration into primary care lead clinics

Medical Research Council: Developing and Evaluating Complex Interventions

<http://www.mrc.ac.uk/documents/pdf/complex-interventions-guidance/>

Formative provider interviews

n=26 GPs and nurses in regions with higher vaccine objection rates



11 parent focus groups

Accepting

Hesitant

Selective
or delay

Process begins in pregnancy

Prefer open question to tick-box screener

Want to know what to expect, how to manage reactions.

Want control over level of information detail

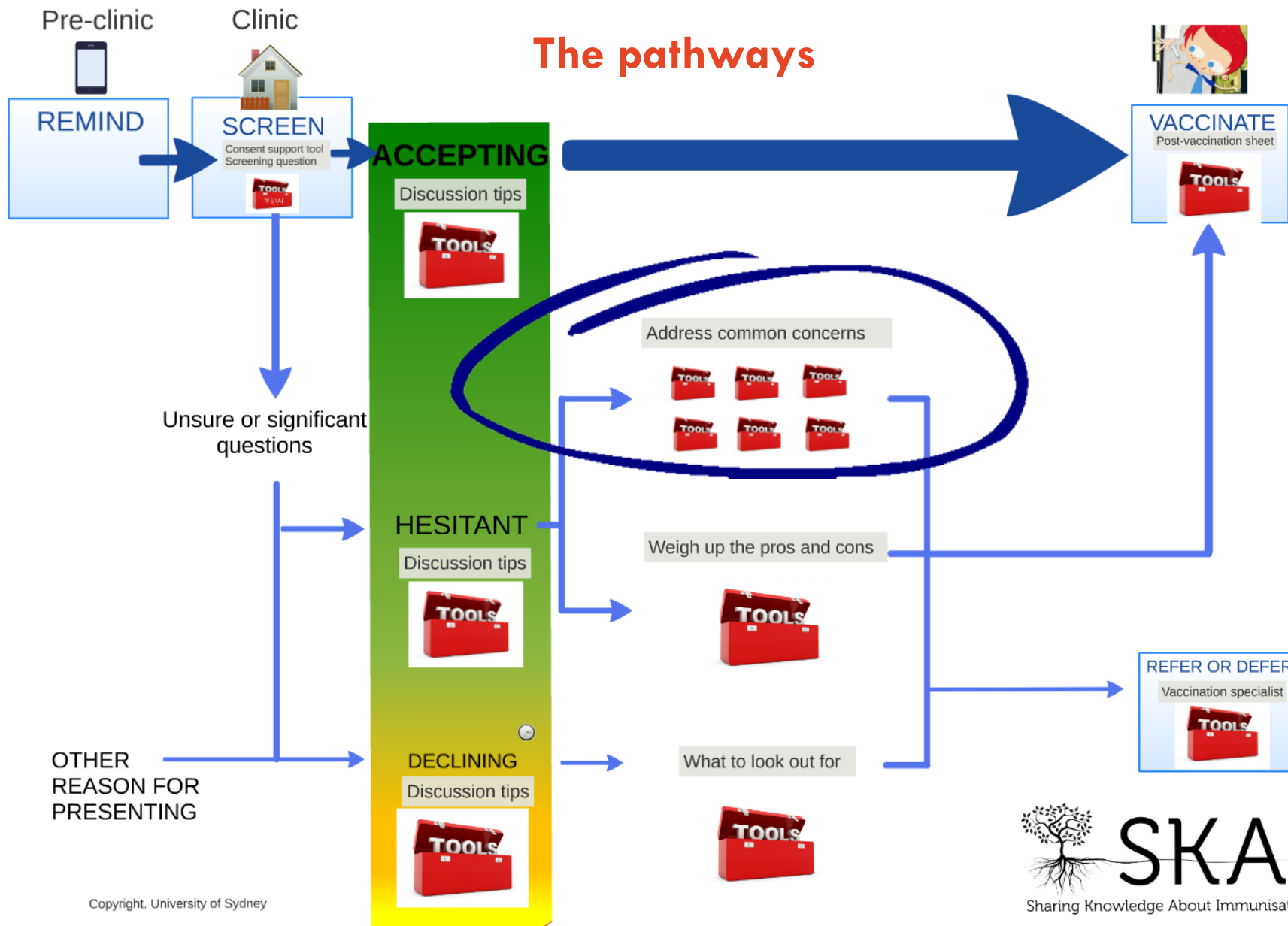
Prefer to read more about pros

Option for info on serious side effects

Want 'balance' and neutrality

Want info on serious side effects

The pathways



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Resources



What about autism?

Many large studies have found
vaccines do not cause autism

What is in vaccines?

All ingredients in vaccines
are tested for safety

Why is the schedule the way it is?

Vaccines are timed to protect children

How do vaccines affect immunity?

Vaccines Strengthen Natural Immunity

How are vaccines shown to be safe?

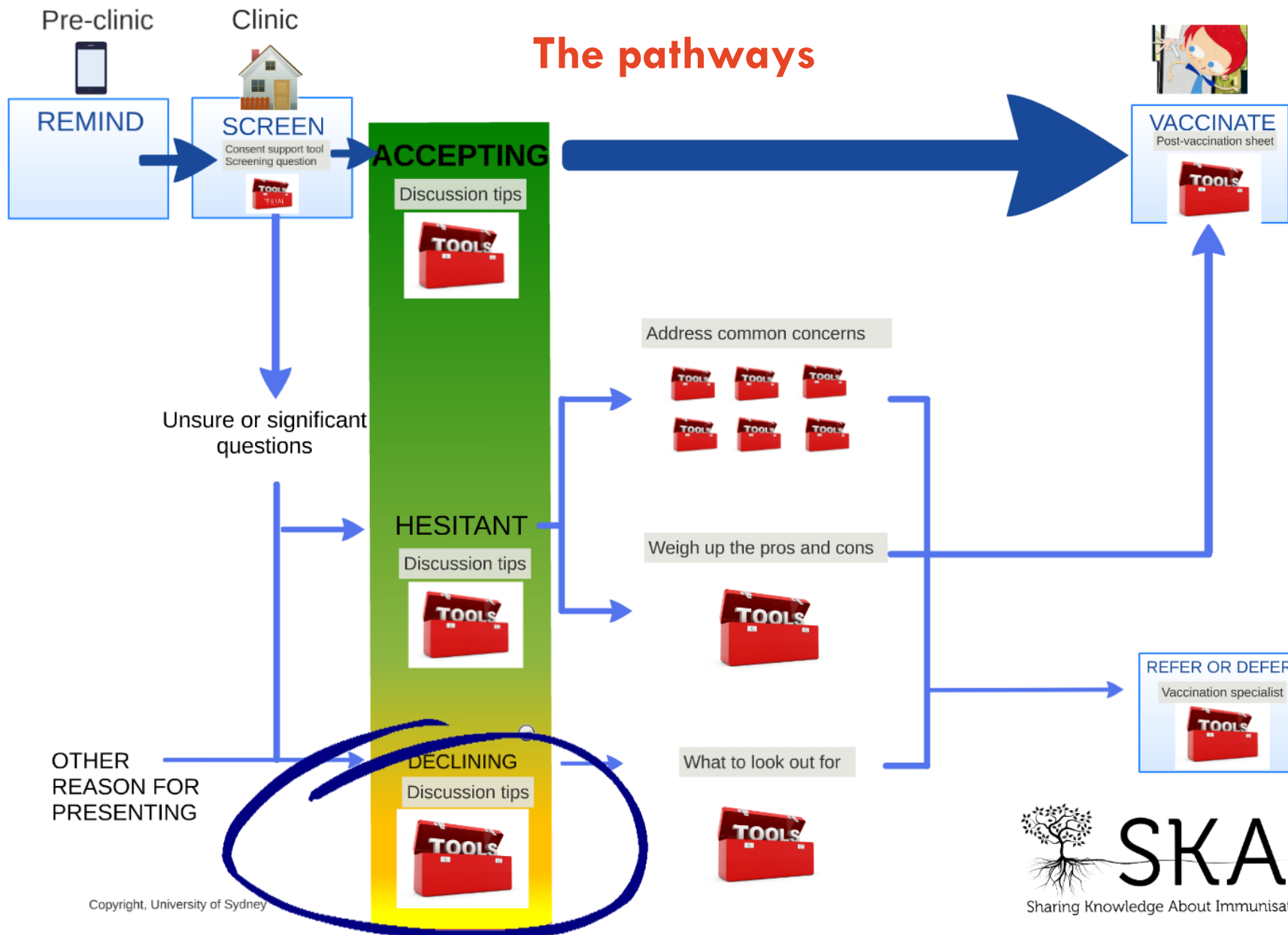
Vaccines are carefully tested



Available at

<http://www.ncirs.edu.au/research/social-research/sarah-project/>

The pathways



Discussion tips

- Open questions designed to focus conversation
- Moderated language
- Includes recommendation
 - Exploring the decision
 - Reflecting and clarifying
 - Sharing your views
 - Closing

Implementation

- Paper-based
- Digital
 - Health Pathways for Primary Health Networks
 - Practice software insert
 - Website

Training

- 15 minute
- 2 hr online or face-to-face
- Half day

Summary

- Vaccination is increasingly complex
- Vaccine hesitancy needs to be addressed
- Primary care encounters are highly influential
- Clinicians find declination challenging
- Recommendations are important
- SARAH applies knowledge from SDM and MI to vaccination hesitancy discussions
- Hope to make interactions satisfying, effective and good for public health
- Evidence informed but needs evaluation in experimental conditions

Thank you

