

How Physicians Handle Parents' Vaccine Concerns

Source: Kempe A, Daley MF, McCauley MM, et al. Prevalence of parental concerns about childhood vaccines: the experience of primary care physicians. *Am J Prev Med.* 2011;40(5):548-555; doi:10.1016/j.ampre.2010.12.025

Researchers from the University of Colorado, Denver and the Centers for Disease Control and Prevention (CDC) assessed the practices and attitudes of pediatricians and family medicine physicians toward parents with immunization safety concerns during office visits. The authors delivered surveys via internet or mail to a representative sample of physician members of the American Academy of Pediatrics (AAP) and the American Academy of Family Physicians (AAFP) from February to May 2009.

Eighty-eight percent of surveyed pediatricians (366/416) and 78% of the family practice physicians (330/423) responded. In a typical month, 79% of the physicians reported that at least one parent refused a vaccine and 8% reported that at least 10% refused a vaccine. Twenty percent of the respondents reported that more than 10% of parents requested an extended schedule of immunization and 64% agreed to comply with a deferral request for primary series immunizations at least some of the time. More than half of physicians spent up to 19 minutes and 8% spent at least 20 minutes addressing parental immunization concerns.

A higher proportion of pediatricians reported decreased job satisfaction due to parental vaccine concerns than family practitioners (46% vs 21%, $P < .0001$). Responding pediatricians also more frequently required parents to sign a vaccine refusal form (53% vs 31%, $P < .001$), and more frequently would dismiss families from their practices because of vaccine refusal than family physicians (25% vs 3%).

The authors conclude that the burden of communicating with parents about vaccines is high, especially among pediatricians.

Commentary by

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Dr Shane has disclosed no financial relationship relevant to this commentary. This commentary does not contain a discussion of an unapproved/investigative use of a commercial product/device.

Vaccine safety concerns, fueled in part by a recently retracted publication,¹ remain ubiquitous as shown by this national survey. While education of families is a rewarding responsibility of child health care providers, it can be burdensome and become distracting when it is the primary focus of an encounter. Time devoted to discussing vaccine safety concerns reduces the opportunity for discussions about other health prevention and anticipatory guidance topics. Strategies to address this issue include group discussions with parents, the use of physician extenders to address vaccine concerns and reinforce safety messages, and incorporating messages and educational materials on practice websites. Links to AAP, AAFP, NNii, and CDC websites (www.healthychildren.org, www.aap.org/immunization, www.immunizationinfo.org) can provide parents with reliable information

and resources and reinforce messages from providers.

Compared with previous similar surveys,² this investigation demonstrated an increased number of requests for an alternative immunization schedule rather than complete vaccine refusals. The individual nature of parents' concerns makes addressing parental vaccine safety issues challenging as effective discussions must target specific concerns. The authors propose that the increased number of immunizations comprising the primary schedule may account for a newly expressed concern regarding the number of immunizations. Explanations that the co-administration of multiple immunizations will "not overwhelm the immune system" and that delay of immunizations will place age-eligible children at risk for a preventable disease are helpful in addressing these concerns.

An interesting aspect of the survey results was the difference in attitudes between family practitioners and pediatricians about parental vaccine safety concerns. A greater percentage of pediatricians than family practitioners required parents to sign a vaccine declination form, would dismiss families from their practice if they refused primary series vaccines, and reported less job satisfaction due to discussions regarding vaccine safety. Some of these inter-specialty differences may be due to the greater frequency of vaccine administration by pediatricians as compared with family practitioners.

The recent outbreaks of vaccine-preventable diseases and continued childhood influenza morbidity and mortality remind us that routine immunizations are an extremely effective public health measure for saving lives and preserving health. Pediatricians and family practitioners are effective educators of families concerning the benefits of immunizations. Addressing parental vaccine safety concerns has become a time-consuming task and has affected job satisfaction. Targeting education to the concerns of families and incorporating personal experiences may be effective strategies to address parental vaccine concerns. The authors observe that establishing trust is paramount and that the physician's personal messages relaying their individual choices and experiences about immunizations were felt to be most effective when addressing vaccine safety concerns.

Editors' Note

We must distinguish between antivaccinationists who are intentional misinformers and vaccine-hesitant parents who want to do what is best for their child, but face a conundrum: who and what to believe about all those shots? It is unhelpful, unfair, and inaccurate to presume the hesitant parent is simply unable to understand risk. Influencing parents' immunization decision-making is not merely a matter of educating about science-based decision making. Parents need to know that you care, before they care what you know. Herein, caring means taking the time to understand where a parent is coming from so as to be able to develop a respectful dialogue about immunization. Cultural values influence what and whom we believe when it comes to immunization or global warming or nanotechnology or a host of other issues.³

References

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