The Covid Vaccine and Respectful Bridging in Pediatrics

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Objectives

1. Describe ways to talk with parents about the COVID-19 Vaccination including incorporating 6 health communication skills (e.g. respectful bridging, active listening, plain language, etc.)
2. Discuss key talking points in answering parents' questions about the COVID-19 Vaccine
3. Establish ways to acknowledge and address COVID-19 Vaccine misinformation

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The History of Vaccines

1796 – Dr. Edward Jenner & smallpox experiment

8 yo male using a cowpox sore from a dairymaid

1960-1970 Smallpox Campaign

1977 Last case in Somalia

1980 WHO and goal for global eradication

1955- Dr Salk and Dr. Sabin and polio vaccine

1947 Pat Tibball contracted polio – Placed in iron lung at Santa Rosa Hospital, San Antonio

1979 last case in US

1885 – Dr. Louis Pasteur rabies antitoxin

protecting Joseph Meister boy

1888 Pasteur Institute established

https://www.historyofvaccines.org/timeline/all

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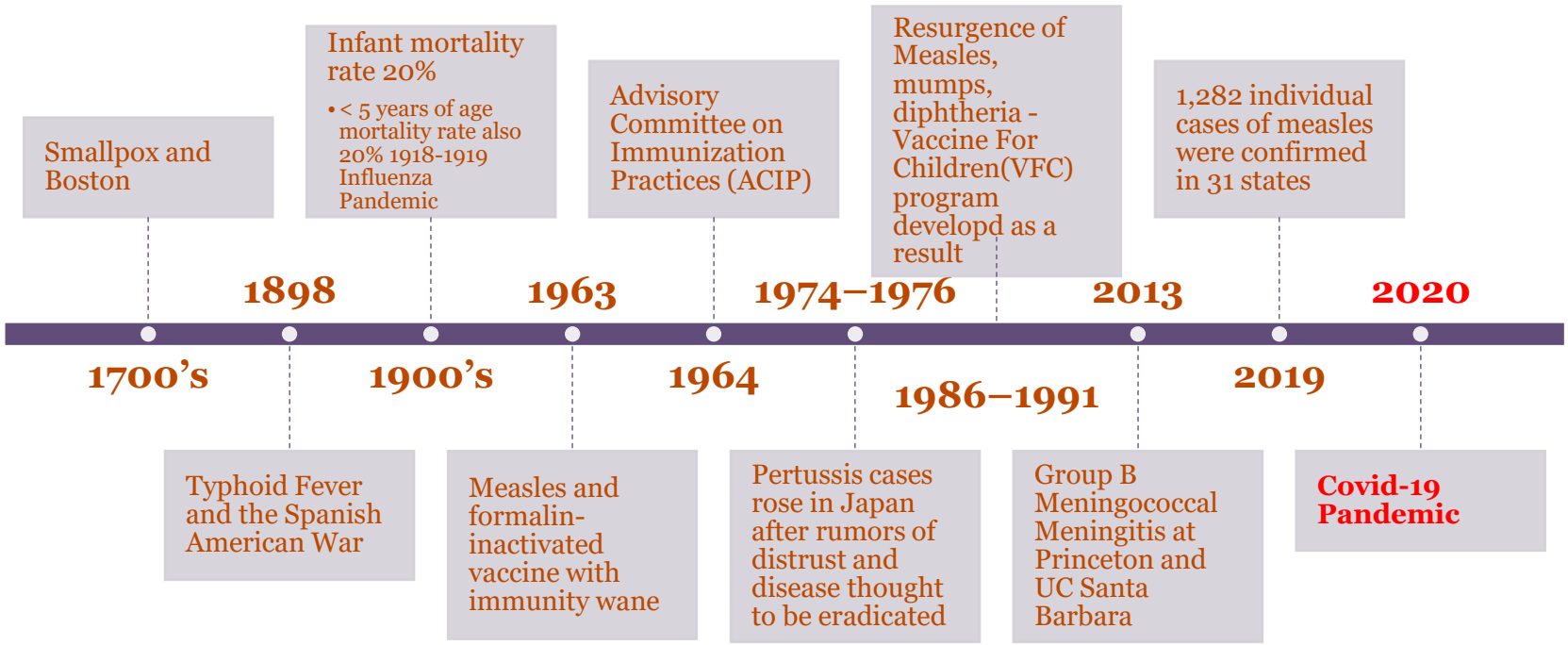
US – Why we continue to vaccinate



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Nationally

Table 1. Historical Comparison of Morbidity and Mortality for Vaccine-Preventable Diseases With Vaccines Licensed or Recommended Before 1980: Diphtheria, Measles, Mumps, Pertussis, Poliomyelitis, Rubella, Smallpox, Tetanus[a]

Vaccine-Preventable Disease	Prevaccine No. (y)					Most Recent Postvaccine Reported No.		Prevaccine Estimated Annual No. vs Most Recent Reported No. (% Reduction)	
	Estimated Annual Average		Peak		Vaccine Date(s), y[f]	Cases, 2006[g]	Deaths, 2004[h]	Cases	Deaths
	Cases[b]	Deaths[c]	Cases[d]	Deaths[e]					
Diphtheria	21 053 (1936-1945)	1822 (1936-1945)	30 508 (1936)	3065 (1936)	1928-1943	0	0	21 053 (100)	1822 (100)
Measles	530 217 (1953-1962)	440 (1953-1962)	763 094 (1958)	552 (1958)	1963, 1967, 1968	55	0	530 162 (99.9)	440 (100)
Mumps	162 344 (1963-1968)	39 (1963-1968)	212 932 (1964)	50 (1964)	1940s, 1967	6584	0	155 760 (95.9)	39 (100)
Pertussis	200 752 (1934-1943)	4034 (1934-1943)	265 269 (1934)	7518 (1934)	1914-1941	15 632	27	185 120 (92.2)	4007 (99.3)
Poliomyelitis, acute	19 794 (1941-1950)	1393 (1941-1950)	42 033 (1949)	2720 (1949)	1955, 1961-1963, 1967	0	0	19 794 (100)	1393 (100)
Poliomyelitis, paralytic	16 316 (1951-1954)	1879 (1951-1954)	21 269 (1952)	3145 (1952)	1955, 1961-1963, 1967	0	0	16 316 (100)	1879 (100)
Rubella	47 745 (1966-1968)	17 (1966-1968)	488 796 (1964)	24 (1968)	1969	11	0	47 734 (99.9)	17 (100)
Congenital rubella syndrome	152 (1966-1969)	Not available	20 000 (1964-1965)	2160 (1964-1965)	1969	1	0	151 (99.3)	Not available
Smallpox	29 005 (1900-1949)	337 (1900-1949)	110 672 (1920)	2510 (1902)	1798	0	0	29 005 (100)	337 (100)
Tetanus	580 (1947-1949)	472 (1947-1949)	601 (1948)	511 (1947)	1933-1949	41	4	539 (92.9)	468 (99.2)

[a]Footnote letters correspond to Box 1.

Globally

Approximate annual number of deaths < 5 yo in 1995

	millions
Pneumococcus	**1·2**
Measles	**1·1**
Haemophilus (a b c d e f nst)	**0·9**
Rotavirus	**0·8**
Malaria	0·7
HIV	0·5
RSV	**0·5**
Pertussis	**0·4**
Tetanus	**0·4**
Tuberculosis	0·1
Hepatitis B	**<0·1**
Influenza virus	<0·1
Meningococcus	<0·1
Parainfluenza virus	<0·1
Varicella	<0·1
Total	6·7

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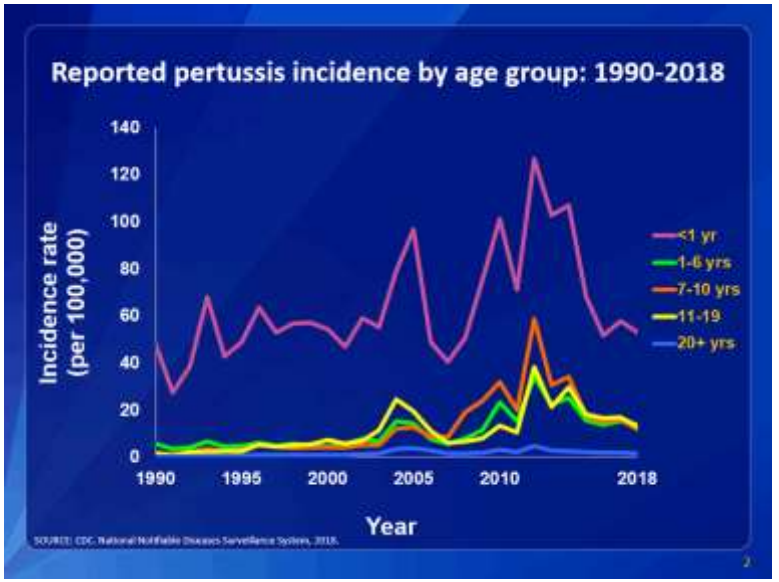
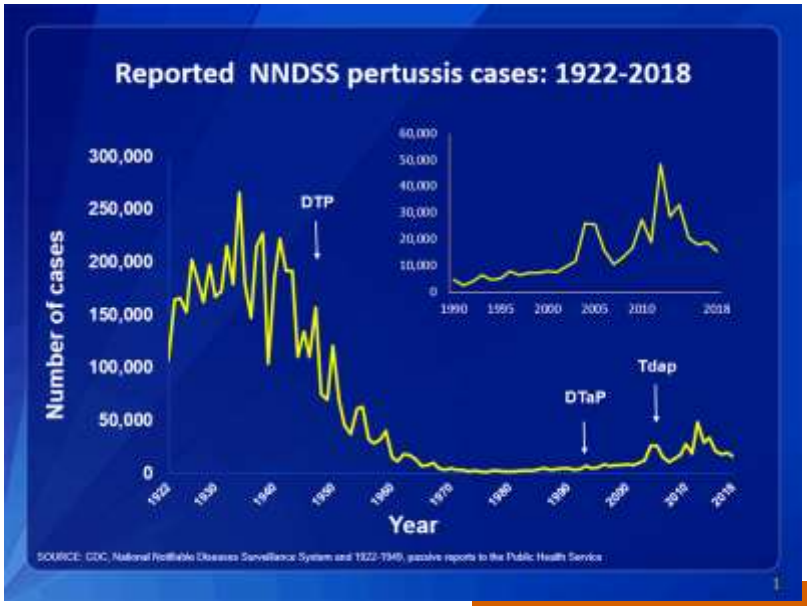
Pertussis still affecting infants

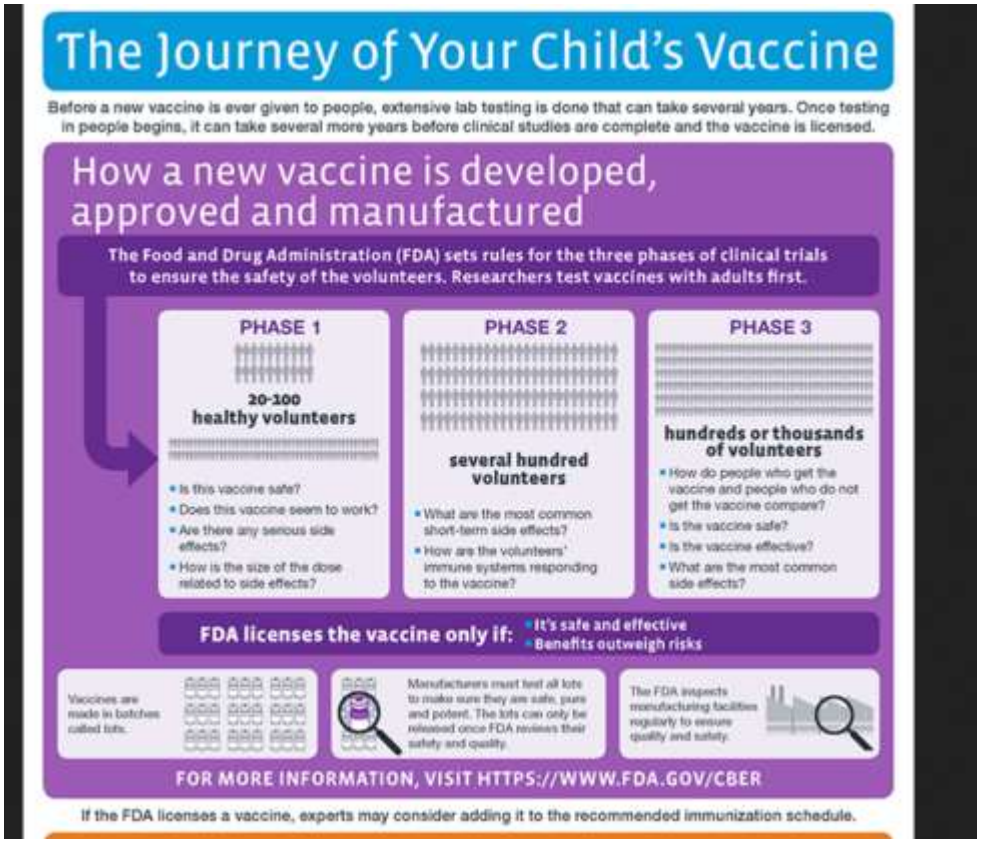


- **2014** 24.1 million pertussis cases over 160K deaths< 5yo
  - African region
    - 7·8 million [33%] cases
    - 92K [58%] deaths
    - Infants = 5 million (21%)
      - 85,900 (53%) estimated deaths
- **2019** US 15K cases
  - 1200 infants < 6 mo
    40% hospitalized, 3 deaths
  - Texas 1144 cases
- Acellular vs Whole
- Booster dosing importance
- PCR testing



FDA and Vaccines

- Vaccine developed in lab
  - Animals demonstrating safety
  - Clinical Trial volunteers
    - Phase 1 – size of dose and side effects
    - Phase 2 – several 100 volunteers
      - Short term side effects and dose relationship to immune response
    - Phase 3 – Thousands enrolled – effectiveness and clinical safety
      - Biologic License Application
      - FDA's Vaccines and Related Biological Products Advisory Committee (VRBPAC)
  - Benefit over risk will determine FDA grant license
  - Post licensure vaccine safety monitoring
    - Vaccine Adverse Event Reporting System (VAERS)
  - CDC Vaccine Safety Datalink
    - 8 MCO's = 9 million people
      - Adverse events and certain health conditions
  - Vaccine Manufacturing evaluation by FDA



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US Historical Vaccine and Safety Concerns – To understand why parents might have concerns

https://www.cdc.gov/vaccinesafety/concerns/concerns-history.html

- 1955 Cutter Incident – 250 cases of paralysis due to polio
- 1955-63 Simian virus contamination in IPV and OPV
- 1998 Hep B vaccine and Multiple Sclerosis(no link found)
- 1998 Rotavirus and Intussusception (Rota shield withdrawn in 1999)
- 2005-2008 GBS and Meningococcal vaccine (studies performed showing no link)
- 2007 Hib vaccine recall due to concern for B.cereus contamination
- 2009-2010 H1N1 and Narcolepsy found no association
- 2010 Porcine Circovirus found in rotavirus vaccines
- 2013 HPV recall due to glass
- 2003-2013 Vaccines and Autism with result of CDC Study showing no autism

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Why would parents consent to a trial for vaccines?

Pros

- To contribute to medical research
- To benefit others
- To benefit their own child
  - Dissatisfied with current treatment options
- Likeability of those conducting the trial
- Desire to meet other people

Cons

- Fear of side effects
- Inconvenience
- Dislike of being involved
- Distrust with medicine
- Lack of time
- Pressure to consent
- Placebo use
- Uncomfortable with researcher
- Difficult to understand the study
- Increased Risk
- Medicine developed for adults

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Vaccine Protest

Causes

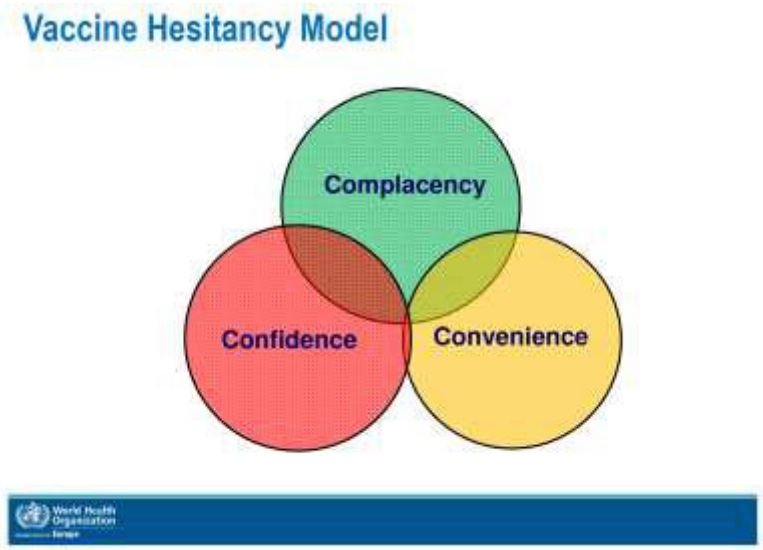
- Side effects
- Misinformation/disinformation
  - Autism
  - HPV
- Vaccine Overload
- Philosophical/religious beliefs
- Prenatal infections
- Ingredients
- Personal right/decision
  - Vaccine Coercion
    - Fines
    - School admission limitations

Historical Instances

- 1830's Intrusion of privacy and bodily integrity
- 1850's irregular medicine/quackery
- Early 1900's
  - Supreme Court Ruling Jacobson v. Massachusetts and small pox
    - Anti Vaccination League of America formed
  - Brazil Revolta da Vacina
- 1986 National Childhood Vaccine Injury Act
  - Safety and neurological problems
- 1999 US FDA removal of thimerosal
- 2020 Mandating flu vaccines in Massachusetts schools

Vaccine Hesitancy Solutions

- 2009-2010 Flu Pandemic and Vaccine Admin
  - Trust in government 43.4% vaccinate vs distrust 15% (have an understanding of this association)
  - Confidence in local hospitals
  - Disease perceived risk = Risk communication
  - Regular communication of vaccine process to public
  - Vaccine campaigning
  - Surveillance – Data availability and sharing
- Motivational Interviewing
  - Serial Surveys to understand the concerns public vs individual
    - I.e. HPV – I understand that you do not want to receive vaccine is that you think your child is too young for sex
  - MI Training
    - Assessment of competencies and skills of the interviewer
- Resolution methods
  - Unprotected people stories
  - Target to educate youth



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Recent Disinformation on Vaccines and Social Media

- More negative/misinformation than true information on social media

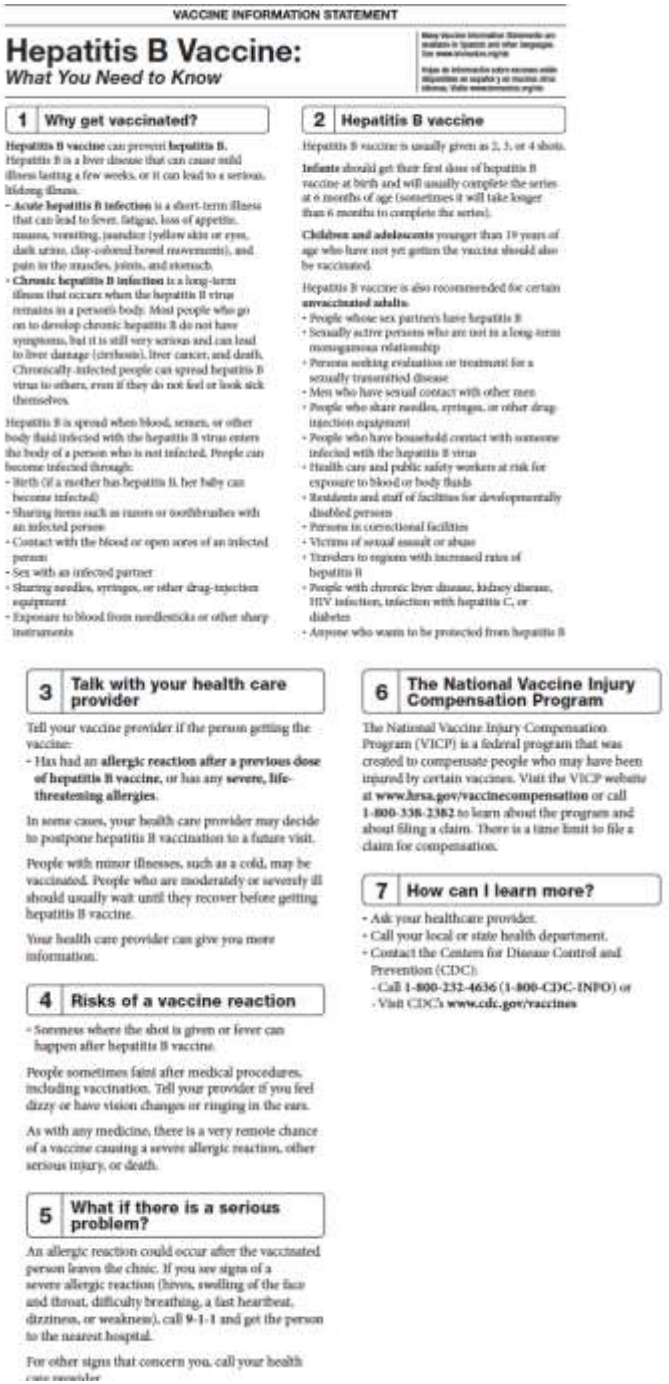
- Measles outbreak:
  - 19% whose level of knowledge changed substantially, 64% were more misinformed and 36% were better informed.

- 190 countries over 10 yr period
  - 1-point increase in efforts by foreign vaccine disinformation campaigns 15% annual increase in the number of negative tweets about vaccination
  - 1-point increase in the foreign disinformation efforts
  - 2% decrease in annual vaccine coverage
  - cumulative decline of 12%

Why Informed Consent

- Individual autonomy vs common good of society
  - Vaccines mandated within public schools
  - Public benefit
- To help the individual to understand the risks

- To help with liability
  - Vaccine limited in production
  - Compensation
    - Relieve manufacturer and administrator of liability
- Foster physician/patient trust
- Public trust
  - Public health approach



VACCINE INFORMATION STATEMENT

Hepatitis B Vaccine:
What You Need to Know

1 Why get vaccinated?

Hepatitis B vaccine can prevent **hepatitis B.**
Hepatitis B is a liver disease that can cause mild illness lasting a few weeks, or it can lead to a serious, lifelong illness.

- **Acute hepatitis B infection** is a short-term illness that can lead to fever, fatigue, loss of appetite, nausea, vomiting, jaundice (yellow skin or eyes, dark urine, clay-colored bowel movements), and pain in the muscles, joints, and stomach.
- **Chronic hepatitis B infection** is a long-term illness that occurs when the hepatitis B virus remains in a person's body. Most people who go on to develop chronic hepatitis B do not have symptoms, but it is still very serious and can lead to liver damage (cirrhosis), liver cancer, and death. Chronically infected people can spread hepatitis B virus to others, even if they do not feel or look sick themselves.

Hepatitis B is spread when blood, semen, or other body fluid infected with the hepatitis B virus enters the body of a person who is not infected. People can become infected through:

- Birth (if a mother has hepatitis B, her baby can become infected)
- Sharing items such as razors or toothbrushes with an infected person
- Contact with the blood or open sores of an infected person
- Sex with an infected partner
- Sharing needles, syringes, or other drug-injection equipment
- Exposure to blood from needlesticks or other sharp instruments

2 Hepatitis B vaccine

Hepatitis B vaccine is usually given as 2, 3, or 4 shots.

Infants should get their first dose of hepatitis B vaccine at birth and will usually complete the series at 6 months of age (sometimes it will take longer than 6 months to complete the series).

Children and adolescents younger than 19 years of age who have not yet gotten the vaccine should also be vaccinated.

Hepatitis B vaccine is also recommended for certain **unvaccinated adults:**

- People whose sex partners have hepatitis B
- Sexually active persons who are not in a long-term monogamous relationship
- Persons seeking evaluation or treatment for a sexually transmitted disease
- Men who have sexual contact with other men
- People who share needles, syringes, or other drug-injection equipment
- People who have household contact with someone infected with the hepatitis B virus
- Health care and public safety workers at risk for exposure to blood or body fluids
- Residents and staff of facilities for developmentally disabled persons
- Persons in correctional facilities
- Victims of sexual assault or abuse
- Travelers to regions with increased rates of hepatitis B
- People with chronic liver disease, kidney disease, HIV infection, infection with hepatitis C, or diabetes
- Anyone who wants to be protected from hepatitis B

3 Talk with your health care provider

Tell your vaccine provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of hepatitis B vaccine,** or has any **severe, life-threatening allergies.**

In some cases, your health care provider may decide to postpone hepatitis B vaccination to a future visit.

People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting hepatitis B vaccine.

Your health care provider can give you more information.

4 Risks of a vaccine reaction

- Soreness where the shot is given or fever can happen after hepatitis B vaccine.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

5 What if there is a serious problem?

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call **9-1-1** and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

6 The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines. Visit the VICP website at **www.hrsa.gov/vaccinecompensation** or call **1-800-338-2382** to learn about the program and about filing a claim. There is a time limit to file a claim for compensation.

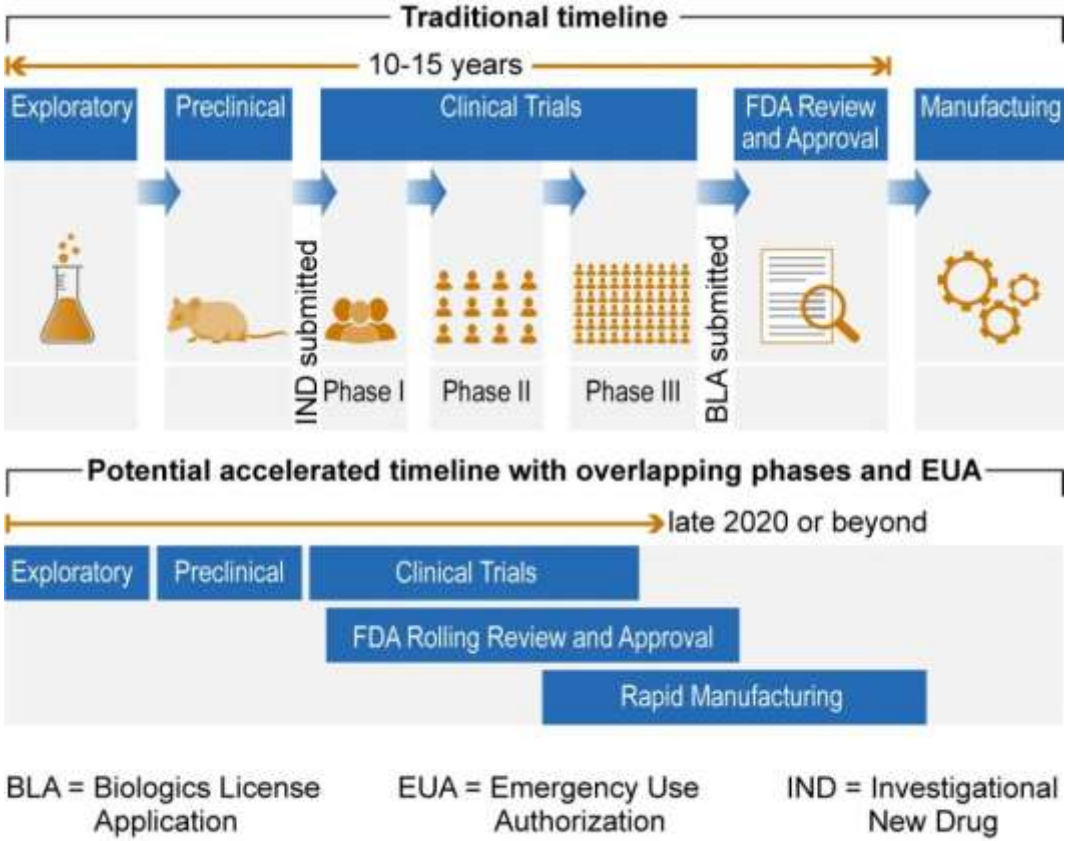
7 How can I learn more?

- Ask your healthcare provider.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call **1-800-232-4636** (**1-800-CDC-INFO**) or
  - Visit CDC's **www.cdc.gov/vaccines**

COVID Vaccine and dissemination

What was the Strategy?

- Engaging with state, tribal, territorial, and local partners, other stakeholders, and public
  - Communicate public health information, before and after distribution begins, around the vaccine and promote vaccine confidence and uptake.
- Distribute vaccines immediately: EUA/ Biologics License Application
  - Transparently developed, phased allocation methodology.
- Ensure safe administration of the vaccine and availability of administration supplies.
- Monitor data:
  - IT system capable of supporting and tracking distribution, administration, and other necessary data.



Source: GAO analysis of GAO-20-215SP, FDA, HHS, and Pharmaceutical Research and Manufacturers of America (PhRMA) documentation. | GAO-20-583SP

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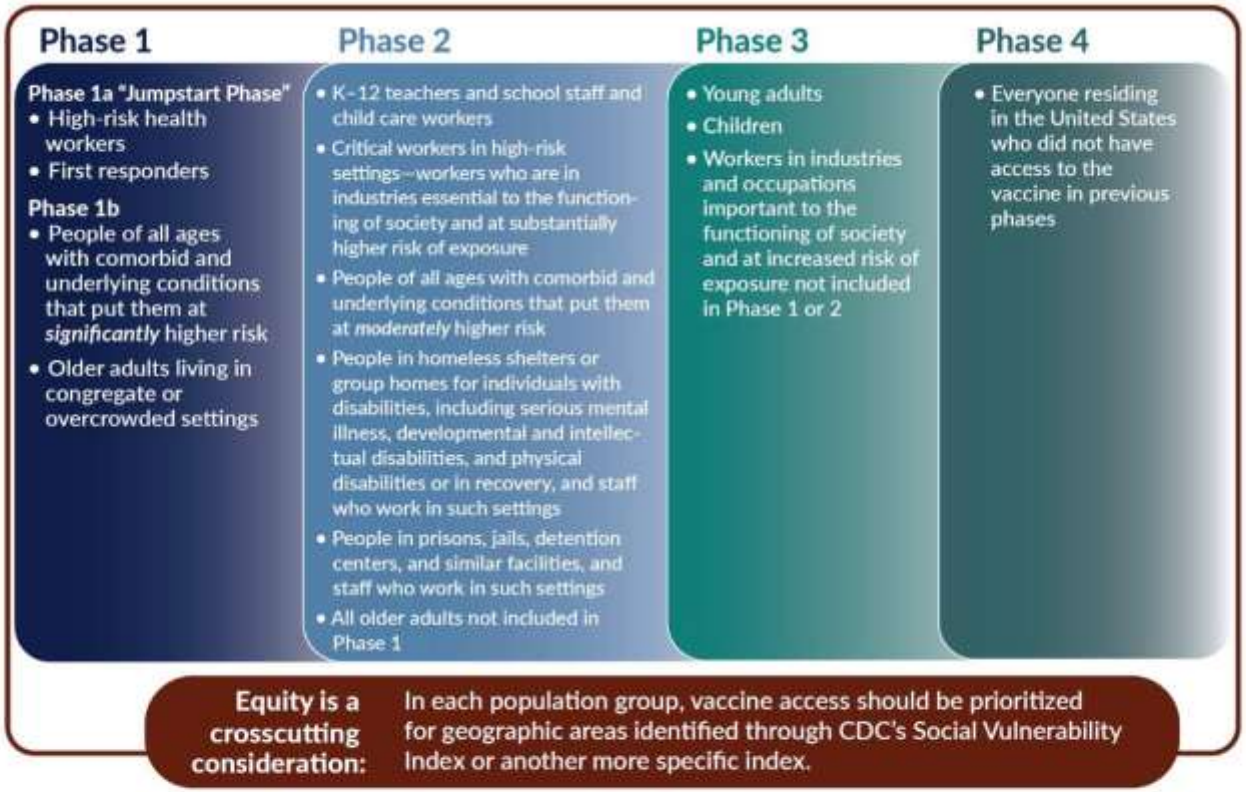
COVID Phased approach



NATIONAL ACADEMY of MEDICINE

FIGURE: A Phased Approach to Vaccine Allocation for COVID-19

The National Academies of SCIENCES ENGINEERING MEDICINE

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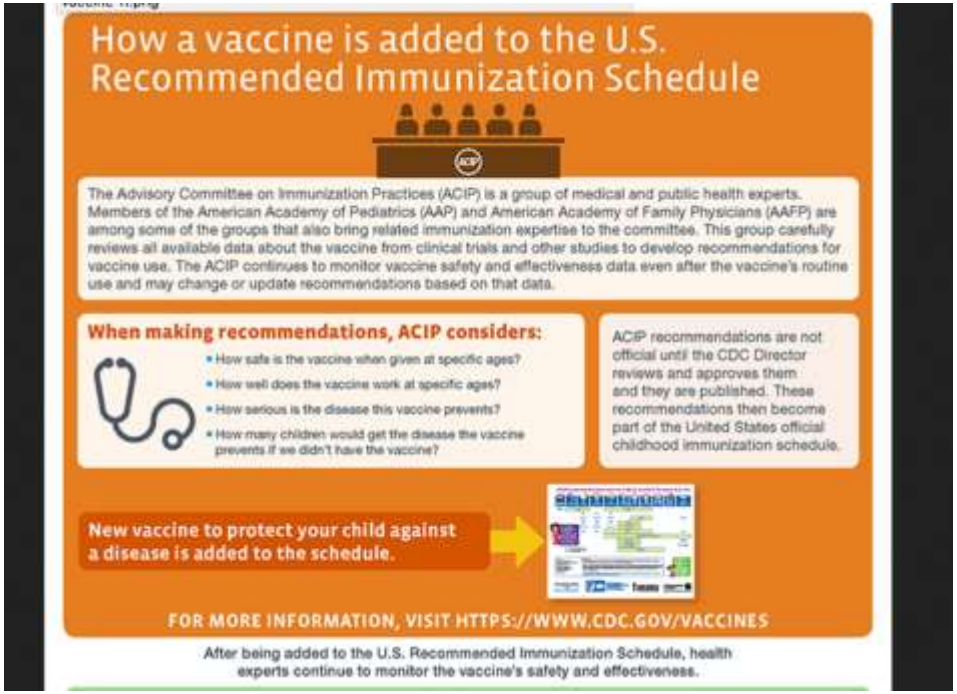
Educate on how the vaccine is added to the schedule and monitoring

Recommended Schedule



Monitoring

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Table 1. Immunization Schedule for Children 6 Months through 17 Years of Age

Type	Product*	Recipient Age	For Most People		Those Who **ARE** Moderately or Severely Immunocompromised	
			Doses	Interval Between Doses†‡	Doses	Interval Between Doses†‡
mRNA vaccine	**Moderna** (Blue vial cap with magenta-bordered label)	**6 months through 5 years**	**Total doses: 2 doses**		**Total doses: 3 doses**	
			Dose 1 to 2	At least 4–8 weeks‡	Dose 1 to 2	At least 4 weeks
					Dose 2 to 3	At least 4 weeks
	Moderna (Blue vial cap with purple-bordered label	**6 through 11 years**	**Total doses: 2 doses**		**Total doses: 3 doses**	
			Dose 1 to 2	At least 4–8 weeks‡	Dose 1 to 2	At least 4 weeks
					Dose 2 to 3	At least 4 weeks
	Moderna (Red vial cap with blue-bordered label)	**12 through 17 years**	**Total doses: 2 doses**		**Total doses: 3 doses**	
			Dose 1 to 2	At least 4–8 weeks‡	Dose 1 to 2	At least 4 weeks
					Dose 2 to 3	At least 4 weeks
	Pfizer-BioNTech (Maroon vial cap with maroon-bordered label)	**6 months through 4 years**	**Total number: 3 doses**		**Total number: 3 doses**	
			Dose 1 to 2	At least 3–8 weeks‡	Dose 1 to 2	At least 3 weeks
			Doses 2 and 3	At least 8 weeks	Dose 2 to 3	At least 8 weeks
	Pfizer-BioNTech (Orange vial cap with orange-bordered label)	**5 through 11 years**	**Total number: 3 doses**		**Total number: 4 doses**	
			Dose 1 to 2	At least 3–8 weeks‡	Dose 1 to 2	At least 3 weeks
			Dose 2 to 3	At least 5 months	Dose 2 to 3	At least 4 weeks
					Dose 3 to 4	At least 3 months
	Pfizer-BioNTech (Purple vial cap with a purple-bordered label or gray vial cap with gray-bordered label)	**12 years through 17 years**	**Total number: 3 doses**		**Total number: 5 doses**	
			Dose 1 to 2	At least 3-8 weeks‡	Dose 1 to 2	At least 3 weeks
			Dose 2 to 3	At least 5 months	Dose 2 to 3	At least 4 weeks
					Dose 3 to 4	At least 3 months
					Dose 4 to 5	At least 4 months

* Complete the primary series with same product. If the vaccine product previously administered cannot be determined or is no longer available, any age-appropriate mRNA COVID-19 vaccine product may be administered at least 28 days after the first dose. Any COVID-19 vaccine product (age appropriate) may be administered for a booster dose. It does not need to be the same product used for the primary series.

† Persons with a recent SARS-CoV-2 infection may consider delaying a primary series or booster dose by 3 months from symptom onset or positive test (if infection was asymptomatic).

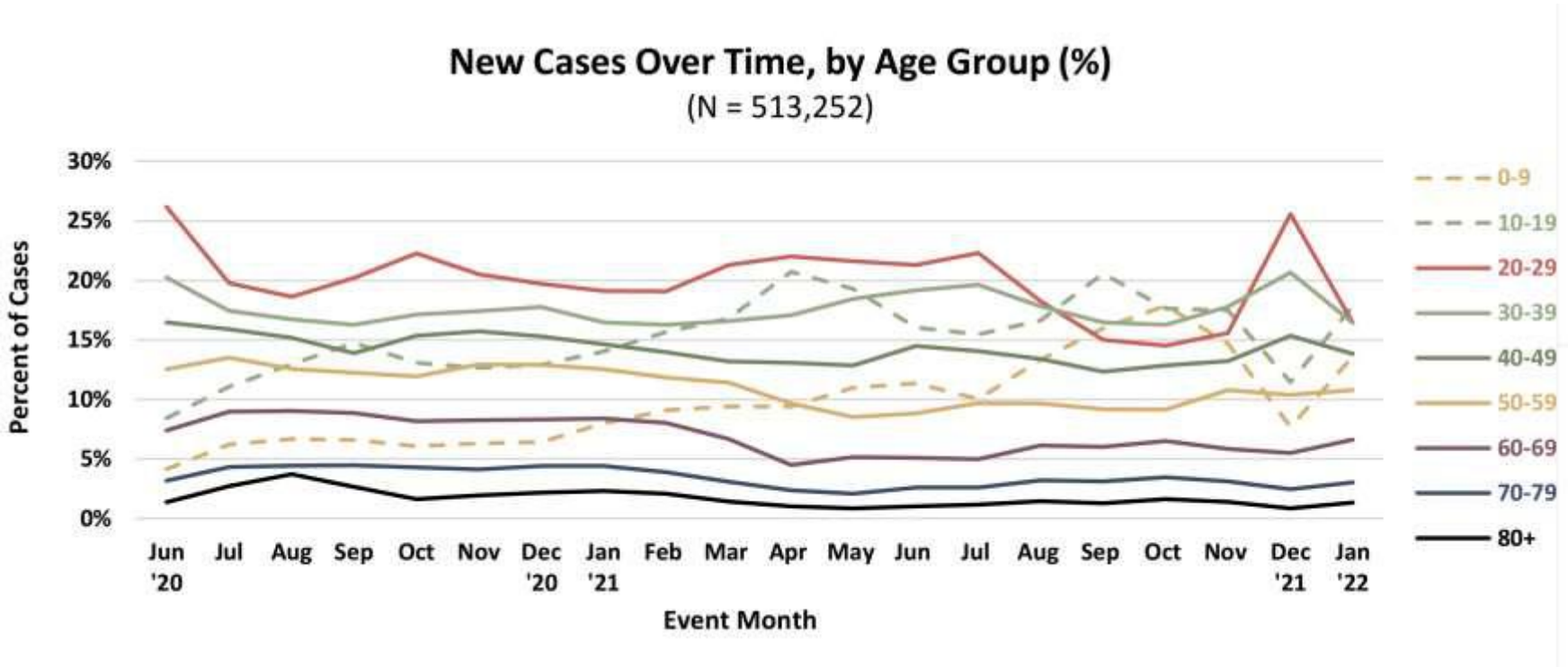
‡ Some studies in adolescents and adults have shown the small risk of myocarditis associated with mRNA COVID-19 vaccines might be reduced and peak antibody responses and vaccine effectiveness may be increased with an interval longer than 4 weeks. An 8-week interval may be optimal for people who are not moderately or severely immunocompromised and ages 6 months–64 years, especially for males ages 12–39 years.

What is happening in our community with Covid: Dotted lines = pediatric cases

CITY OF SAN ANTONIO
METROPOLITAN HEALTH DISTRICT

COVID-19 Monthly Epidemiological Report
January 2022

*Unless otherwise indicated, this report is based on a combination of data extracted from Texas Health Trace on **11/12/2021** and National Electronic Disease Surveillance System on 02/14/2022, and includes cases with event dates† through **01/31/2022**. Due to the recent surge, some January data is still being obtained and any missing data has not been included in this report (including hospitalization and death comorbidities, average age of death, and vaccination breakthroughs). Results are subject to change.*



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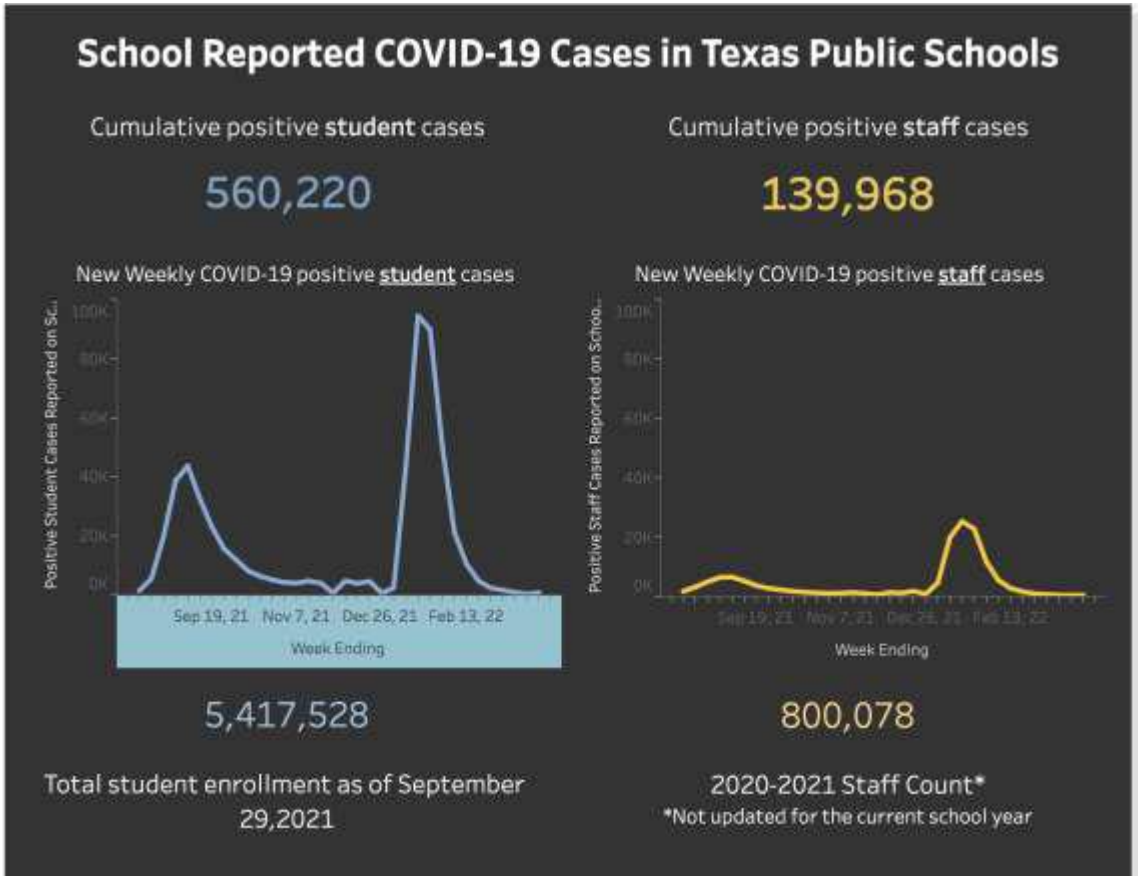
School reported Covid Cases

Student Blue Staff Yellow



TEXAS Department of State Health Services

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Bexar County Vaccine Received Data by Age

First Dose

TEXAS Health and Human Services | Texas Department of State Health Services

COVID-19 Vaccination in Texas

Select a Texas county below to view the number people who have received at least one dose of COVID-19 vaccine and those who are fully vaccinated as outlined by the CDC.

Alternatively, click on a county on the map. Click the Revert button at the bottom of the screen to remove filters.

People Vaccinated with at least One Dose	People Fully Vaccinated	People with Booster Dose
1,516,158	1,281,226	515,309

Measures to Show

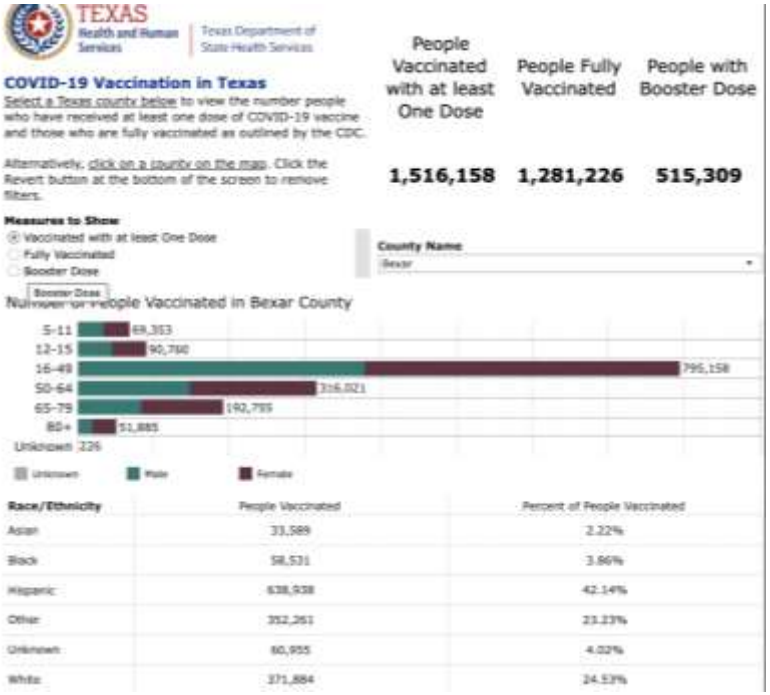
- Vaccinated with at least One Dose
- Fully Vaccinated
- Booster Dose

County Name: Bexar

Number of People Vaccinated in Bexar County

Race/Ethnicity	People Vaccinated	Percent of People Vaccinated
Asian	28,668	2.24%
Black	48,919	3.82%
Hispanic	536,981	41.91%
Other	305,769	23.87%
Unknown	41,827	3.26%
White	319,062	24.90%

Fully Vaccinated



TEXAS Health and Human Services | Texas Department of State Health Services

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People Vaccinated with at least One Dose	People Fully Vaccinated	People with Booster Dose
1,516,158	1,281,226	515,309

Measures to Show

- Vaccinated with at least One Dose
- Fully Vaccinated
- Booster Dose

County Name: Bexar

Number of People Vaccinated in Bexar County

Race/Ethnicity	People Vaccinated	Percent of People Vaccinated
Asian	33,589	2.22%
Black	58,531	3.86%
Hispanic	638,938	42.14%
Other	352,261	23.23%
Unknown	60,955	4.02%
White	371,884	24.53%

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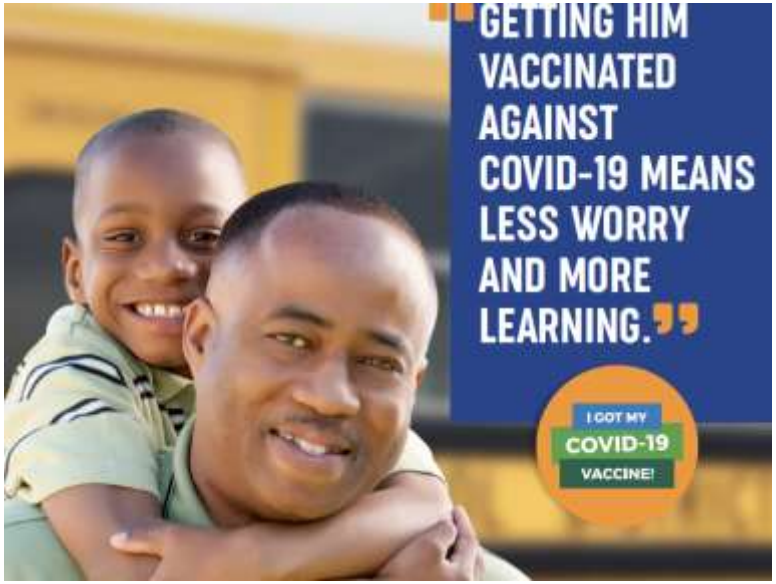
Preparation phase: how you can start before the patient/parent enters the room

- Creation of a letter about the covid vaccine welcoming to receive
  - Tell about your own stories you may have encountered of covid infected children
  - Safe/effective
  - Side effects
- Posters in the office
  - Include not just effectiveness but side effects
- Social Media and websites related to the organization you work for with references to other pertinent sites
  - Frequently asked questions
- Know the covid vaccine sites in your area
  - https://www.vaccines.gov/search/



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Covid Vaccine 6mo-5yrs

Stronger protection against severe disease and hospitalizations

No confirmed cases of myocarditis or pericarditis for infants, children and adolescents in vaccine trial

- Moderna ***2 Dose***= ¼ of adult dose
  - 25 micrograms, 28 days apart
  - 51 % efficacy 6 months and 2 years old
  - 37 % efficacy 2 - 5 yrs
- FDA amended Moderna (EUA) to include use of the vaccine in individuals **6 months through 17 years of age**

- Pfizer ***3 Dose*** ~1/10th of adult dose
  - 3 mcg, 21 days after 1st dose then 8 weeks after 2nd dose
  - 80% efficacy 6mo-5yrs

https://www.cdc.gov/vaccines/covid-19/downloads/COVID-19-immunization-schedule-ages-6months-older.pdf

Development of Key Talking Points…but use caution in data dumping

What do we know about the Covid variants and protection from the vaccine?

Covid and Mis-c vs Covid vaccine

Does the vaccine affect fertility or puberty?

How long does the vaccine last?

Side effects and myocarditis

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Covid Vaccine and Myocarditis Gaining Knowledge

Vaccine and Myocarditis

- 1626 cases were confirmed after reported to VAERS as of December 10, 2021 after 7,141,428 total doses
- Self limited usually
- 2 deaths still under investigation
- 98% are out of hospital - 87% of those hospitalized were resolved upon discharge
- Age 16-31 (median 21)
- Males 82% of cases
- Risk ~ 1/15,000 in males

Covid and Myocarditis and Mis-C

- 2020 increase in all myocarditis cases by 42% = 4560 confirmed cases
  - Myocarditis distribution similar among males and females
  - 40% confirmed covid diagnosis
- Children and older adults most affected
- Risk ~ 1/700
- **Mis-C (primary clinical criteria= cardiac illness)**
  - 7880 cases with 66 deaths
  - Median age 9 years
  - Risk 1/3000-4000 of those < 21 that are covid positive

Covid-19 Vaccine Side Effects/ Contraindications

Side effects

- Pain at injection site
- Fever
- Chills
- Fatigue
- Headache
- Muscle pain
- Nausea
- Lymph node swelling
- < 3yrs:
  - Fussiness
  - Sleepiness
  - Loss of appetite

Contraindications

- Severe allergic reaction after a previous dose of an mRNA COVID-19 vaccine or any of its components
- Immediate allergic reaction of any severity to a previous dose of an mRNA COVID-19 vaccine or any of its components (including polyethylene glycol [PEG])
- Immediate allergic reaction of any severity to polysorbate (due to potential cross-reactive hypersensitivity with the vaccine ingredient PEG
- https://portal.ct.gov/vaccine-portal/Vaccine-Knowledge-Base/Articles/Ingredients-In-Vaccine?language=en_US

VACCINE ACCEPTANCE CONTINUUM

Pro-vaccine ⟷ Anti-vaccine

Acceptors	Hesitant	Rejectors
Agree with or do not question vaccines	Are unsure about, delay, or choose only some vaccines	Completely reject vaccines
Children fully immunized	Children under-immunized	Children unimmunized
High trust in provider	Desire a trustworthy provider	Low trust in provider
Interest in vaccine information from child's provider	Interest in vaccine information from child's provider	No interest in vaccine information
70%	**30%**	**< 1%**

American Academy of Pediatrics

Covid-19 vaccine need for Participatory and *not* Presumptive approach

- New vaccine so may take some time
- Can still use key features of presumptive approaches
- Strong personal recommendation is still appropriate

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Covid Vaccine

Risk/Limitation

- Side effects including rare adverse events
- Missed day(s) from school/work
- Not protecting against a future variant (false security)
- Loss of personal choice

Benefit

- Proven safety and effectiveness
- Limit of disease in individual including hospitalization, death and long term affects
- Limit of transmission to others
- Less days missed from school/work
- Decrease emergence of variants

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Motivational Interviewing

Think 5-10 minutes or less

- **Empathy and collaboration**
  - Set up a comfortable environment
  - People come from different education backgrounds, cultural backgrounds, socioeconomic status
- ***Ask permission to discuss the covid-19 vaccine but be wise about your question (be specific)**
  - May I ask you what concerns you might have about the covid vaccine?
  - May I ask you what have you heard or read about the covid vaccine that is concerning to you?
  - Respect the answer no…..welcome though another time for them to discuss should they want
- **Consider asking a scaled question:**
  - "On a scale of 1-10 how likely are you to get the covid vaccine for your child? 1 is never; 10 is signed up
- **Be ready to respond to the questions they ask about vaccines, health, and mental health**
  - " I understand you might be worried about safety…"
  - Don't bring in other controversial information into the conversation
  - And if you're not, it's ok, be honest and tell them you will follow up
- **Regroup/Repeat, Summarize and Empower (Autonomy support)**
  - Where are they currently at?
  - What are their next steps?

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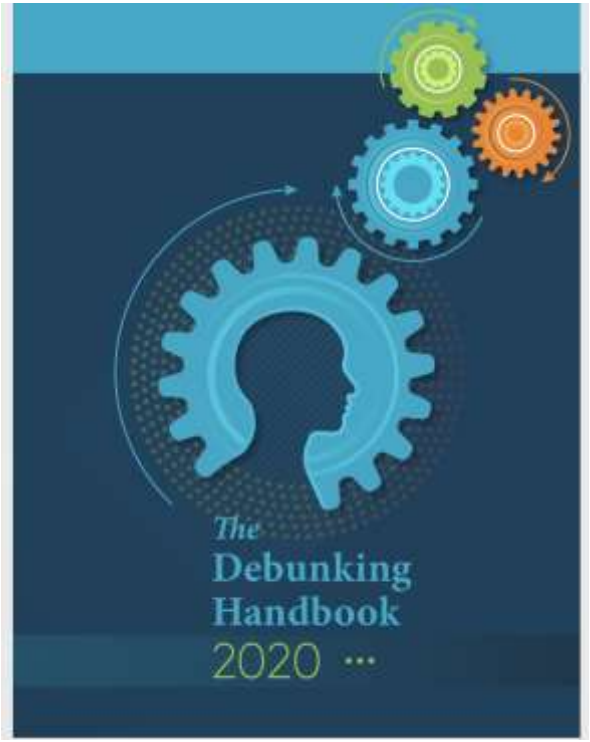
How to Debunk – Respectful Bridging

- Ask the parent about the resource and what to consider
  - Be careful about social media
    - Encourage to verify claims with valid resources
  - Consider information source, what is their track record and what their motives might be
- Warn and then explain how the myth misleads – one time!
  - Explain why was thought to be correct and why is now wrong
- Lead with the fact and restate
  - Backfire and overkill backfire not as common
  - Why the alternative is correct
    - Important to see inconsistency in order to resolve
- Putting the complicating facts into your own words
- Use Resources such as the Debunking Handbook



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In addition

- Each visit is an opportunity to discuss vaccine hesitancy
  - Resist dismissing someone
- Explain your meanings of common, rare, extremely rare
- 99% safe instead of 1% experience side effects
- The risks of herd immunity
  - Individuals exposed are at risk of experiencing complications – who are these people?
    - Immunocompromised
    - Chronic medical conditions
    - Infants
- Use open ended questions and stray away from using “but” in your responses
- Tell your stories
  - Vaccine preventable diseases
  - Pertussis in infants you have seen and now covid bronchiolitis
  - Other Covid cases in children you have sent to the hospital including Mis-c cases
- Ask to speak at local schools/organizations around you about the covid vaccine

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Vaccine hesitancy

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Informed consent

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