



Vaccines: Recovering Confidence and Trust

July 2022

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Overview

- What is happening?
 - Vaccine Trends in SC
- Why is there a shift in confidence in vaccines and the medical profession?
- How do we respond?
 - Challenges and Opportunities



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Vaccine Trends in South Carolina



Flu Vaccine

Influenza Vaccines comparison in SC, Sept 1- Nov 28, 2018-2021

Year (9/1-11/28)	Total Flu vaccines (% change from previous yr)
2018	943,811
2019	1,122,658 (+18.9%)
2020	1,184,975 (+5.6%)
2021	1,040,031 (-12.2%)

COVID-19 VACCINATION AMONG ELIGIBLE RESIDENTS OF SOUTH CAROLINA BY POPULATION

Data as of 11:59 PM on July 23, 2022

AT LEAST 1 DOSE

Kids aged under 5
with at least 1 dose
population: **291,296**



1.6%

Kids aged 5-11
with at least 1 dose
population: **439,755**



21.8%

Residents aged 12 & older
with at least 1 dose
population: **4,486,989**



68.2%

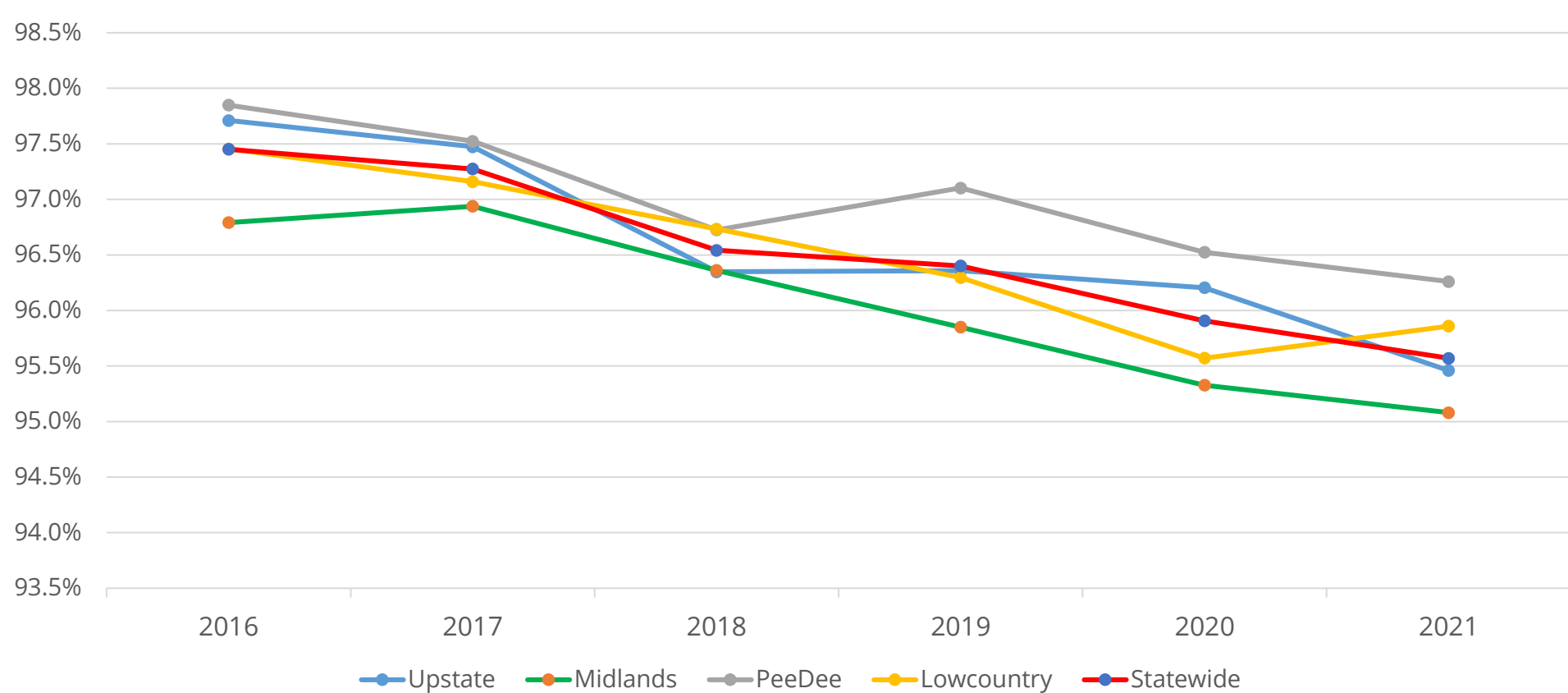
All Eligible Residents
with at least 1 dose
population: **5,218,040**



60.6%



School Required Immunization Rates in South Carolina, 2016-2021





**Number of South Carolina Certificates of Religious Exemption
 Presented to Public and Private School for Students Enrolled for Last Five School Years**

South Carolina Code Section 44-29-180 (A) requires schools to maintain records of vaccinations or immunizations. Annually, South Carolina Department of Health and Environmental Control (DHEC) requires public and private schools to complete the School Summary of Student Immunization Status to obtain the number of students enrolled in South Carolina schools that are adequately protected against certain vaccine-preventable diseases (DHEC Regulation 61-8). Principals/school administrators submit this report, which includes the number of students admitted to school with exemptions, within forty-five (45) calendar days after the beginning of each school year. This process also ensures that schools identify students who are not adequately protected, and can either refer them to a health care provider for vaccination or have an available list in the case of a disease outbreak. In the case of an outbreak, students who are not vaccinated against the disease will be recommended to be excluded from school until the outbreak has been declared over. The data below represents the number of students enrolled with South Carolina Certificates of Religious Exemption for the last five (5) school years.

County	2016-2017			2017-2018			2018-2019			2019-2020			2020-2021		
	Enrolled	#	%	Enrolled	#	%	Enrolled	#	%	Enrolled	#	%	Enrolled	#	%
Abbeville	3,323	33	0.99%	3,281	59	1.80%	3,266	71	2.17%	3,213	67	2.09%	3,179	87	2.74%
Greenville	86,244	1,678	1.95%	87,200	1,946	2.23%	87,923	2,178	2.48%	90,491	2,571	2.84%	90,686	2,485	2.74%
Spartanburg	50,053	1,126	2.25%	50,630	1,389	2.74%	50,683	1,608	3.17%	51,922	1,782	3.43%	51,182	1,735	3.39%
York	47,138	685	1.45%	48,389	837	1.73%	49,735	887	1.78%	50,631	1,014	2.00%	49,763	998	2.01%
Statewide	789,405	8,074	1.02%	798,558	9,427	1.18%	796,384	11,154	1.40%	804,433	12,775	1.59%	787,454	12,577	1.60%

References: School Summary of Student Immunization Status for the school years noted above.

DHEC Immunization Division, 12/10/2020



This is an official
DHEC Health Advisory

Distributed via Health Alert Network
March 18, 2022; 1:00 PM
10512-DHA-03-18-2022-VPD

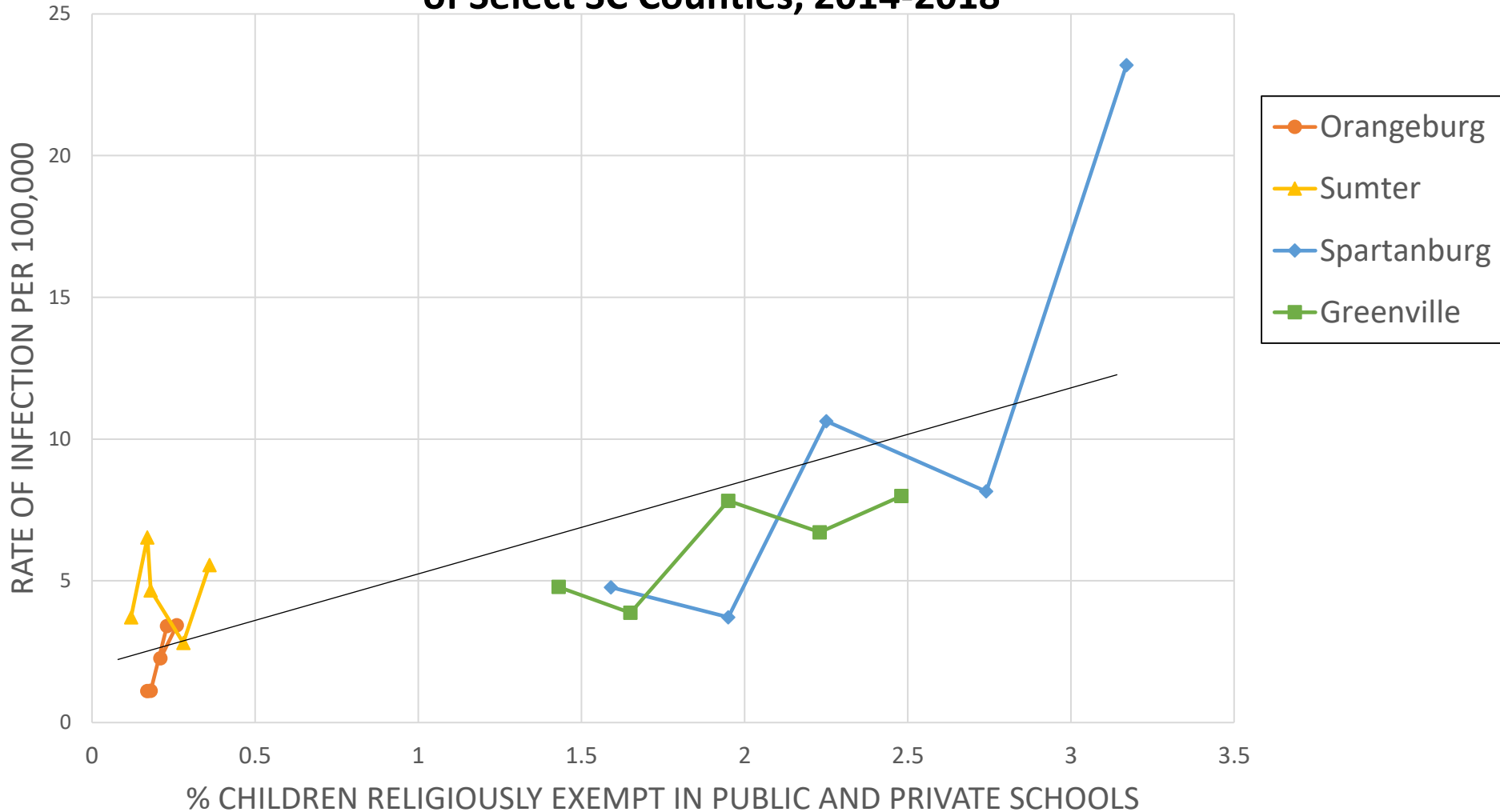
Potential for the Resurgence of Vaccine Preventable Diseases

Additionally, in recent years, the number of exemptions from school vaccination requirements have increased in South Carolina. **During the past 8 years, the number of children in South Carolina public and private K12 schools with a religious exemption has nearly tripled from about 5,826 students in the 2014-2015 school year to about 15,964 students in the 2021-2022 school year, an increase of approximately 10,000 students.**

Impact of Exemptions on Vaccine Coverage and Disease Outbreaks

- States with less rigorous requirements for nonmedical exemptions and those that grant permanent medical exemptions have significantly higher vaccine exemption rates than those states with more rigorous requirements or those that only grant temporary exemptions
- Higher rates of immunization exemptions correlate with higher rates of vaccine preventable illnesses and disease outbreaks, such as pertussis and measles

Correlation of VPD Infection Rate and Religious Exemption Rate of Select SC Counties, 2014-2018





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South Carolina's mumps outbreak, explained

Per DHEC, 79 total confirmed cases in SC as of 11/26

BY CONNER MITCHELL CMITCHELL@POSTANDCOURIER.COM

NOV 26, 2019 UPDATED SEP 14, 2020



All 3 SC measles cases in unvaccinated children

by Elizabeth Thomas | Friday, November 2nd 2018

South Carolina: Chickenpox outbreaks prompt calls for vaccination

by PRESS RELEASE

March 22, 2022

US News

No Comments

The New York Times

Disneyland Visitor With Measles May Have Exposed Hundreds to Infection

The theme park was the site of a major outbreak about five years ago.



B B C

NEWS

Polio: New York reports first US case in nearly a decade

Means to curb exemptions

- Although annual renewals of personal belief/religious exemptions are unlikely to change the decision of the most resistant parents, they would eliminate many exemptions sought because of convenience rather than conviction
- Annual renewal of religious and medical exemptions is something DHEC is considering

Where are we? Why?

- Increased rates of vaccine refusal and parents seeking exemptions for their children
- Outbreaks of Vaccine Preventable Diseases are increasing
- Skepticism and Mistrust of Medicine, Public Health
 - COVID-19 → mask mandates, stay at home orders, vaccine requirements/changes

The Death of Expertise

- “is more than a natural skepticism toward experts.”
- “...we are witnessing the *death of the ideal of expertise itself*; a Google-fueled, Wikipedia-based, blog-sodden collapse of any division between professionals and laypeople, students and teachers, knowers and wonderers.”

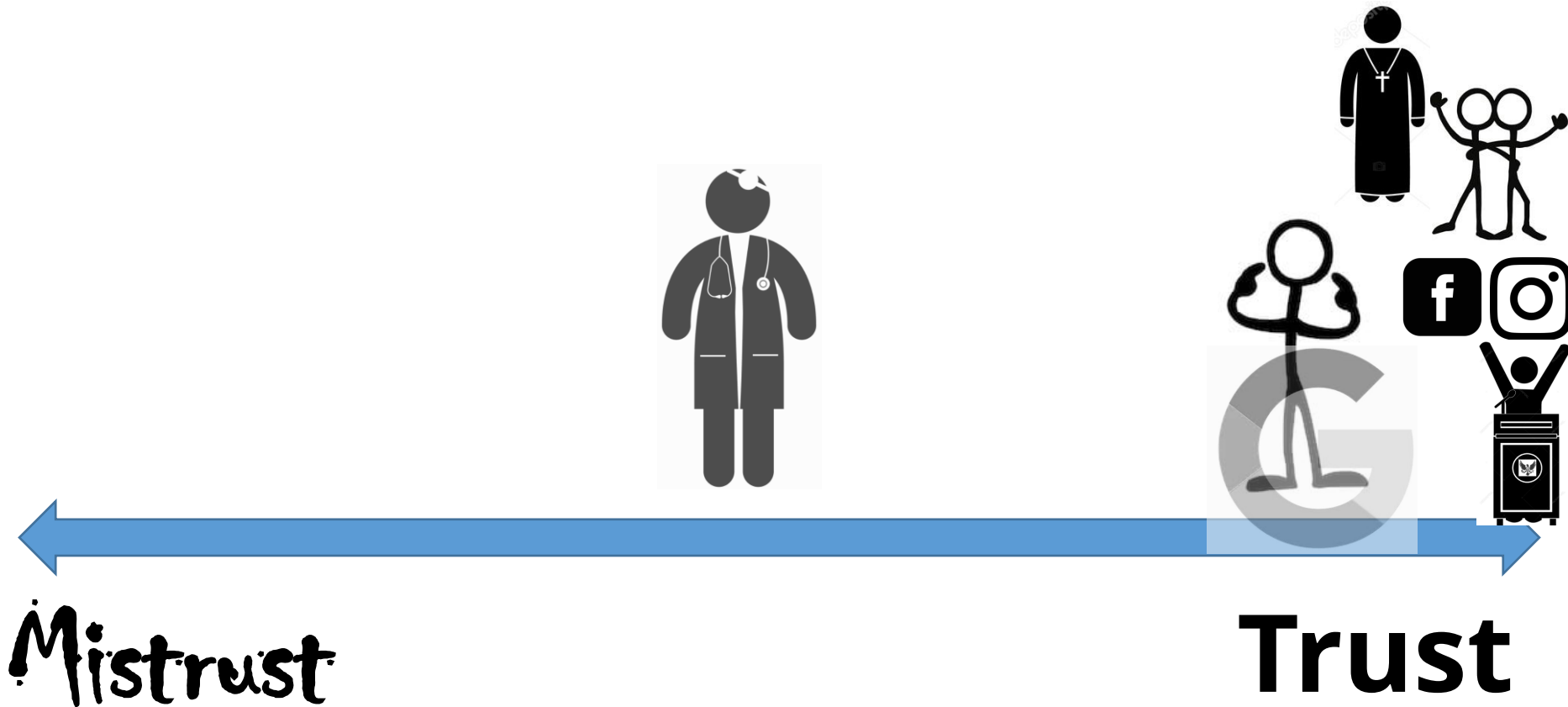
Sources of Influence, Authority, Expertise



Mistrust

Trust

Sources of Influence, Authority, Expertise





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Challenges & Opportunities



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Why aren't people getting
vaccinated today?

Vaccine Hesitancy Concerns

- whether the vaccines might cause permanent injury, including autism;
- whether it is better to get natural disease;
- whether they or their loved ones are not at risk for the vaccine-preventable disease;
- whether the VPD disease is even really dangerous;
- whether the vaccine will work;
- whether the vaccine poses religious or moral issues; and
- whether they can trust the government officials or the pharmaceutical industry.

Challenges

- Almost all the concerns raised by the vaccine hesitant fall in four categories:
 - Vaccination may not be
 1. effective,
 2. safe,
 3. needed,
 4. And/or reasonable alternatives to vaccine may be available.
- Misinformation
- Distrust
- Politicization in current pandemic → impact on routine pediatric care

Opportunities

Strong Vaccination Recommendation

A strong recommendation by a health care provider is a powerful motivator for patients to comply with vaccination recommendations. A recommendation from a health care provider remains the number one reason parents decide to vaccinate. Even initially reluctant adults are likely to receive an influenza vaccination when the health care provider's opinion of the vaccine is positive.

Language Matters

care providers use in recommending vaccines. **Presumptive** or announcement language uses phrases such as “The nurse will return with the vaccines due” or “We have to do some shots.” **Conversational** or participatory language uses phrases such as “What are you planning to do about the vaccines?” With **parents of infants**, more than **70% of health care providers** use **presumptive** or announcement language to signal their recommendations.²⁹ However, **parents of adolescents** report **hearing presumptive language less than 15% of the time.**³⁰

Presumptive > Conversational

Opel and colleagues video-recorded 111 preventive care encounters with parents of infants who were 19 months and younger.²⁹ Their analysis of the encounters showed that parents hearing presumptive language were 17.5 times more likely than parents hearing conversational language to accept the vaccines recommended! In the observational study of

arrived. In 16% of visits, the parent initiated the discussion. In 72% of the visits, where the health care providers used presumptive language, the parent accepted the recommendation for the influenza vaccination as compared to 17% where the health care providers used conversational language.

Effective Vaccine Discussion

- C.A.S.E. (Corroborate, About Me, Science, Explain/Advise)
 - **Corroborate:** identify a shared goal or aspiration.
 - **About Me:** establish or reestablish the clinician's ethos or professional standing. The clinician needs to convey a command of both experience and evidence to address concerns
 - **Science:** summarize the relevant scientific information
 - **Explain/Advise:** in terms of the common ground and the science so that the patient hears the clinician's recommendation in a way that addresses the basis for hesitation



C.A.S.E. in Action

MMR Vaccine

Parent: I don't want my child to have the vaccine that causes autism, the MMR vaccine.

Clinician: If the MMR vaccine caused autism, I wouldn't want your child to have it either. **(CORROBORATE)**

I have been studying this claim for many years and have read the studies about whether the MMR vaccine causes autism. I've also been reading the studies about autism itself. **(ABOUT ME)**

Dozens of very large, well-done studies have shown that the MMR vaccine does not cause autism. In fact, the studies about autism show that children who are going to get autism display signs long before they receive the MMR vaccine. On the other hand, the MMR vaccine prevents measles, and I have seen how serious measles can be; one in three children become so sick they have to be hospitalized. Some even die. **(SCIENCE)**

You and I both want your child to be healthy, and we certainly do not want to cause autism. Your choosing not to get the MMR vaccine will not protect your child from autism, and it will leave your child at risk for diseases that can result in hospitalization or worse. As your child's doctor, I urge you to have your child get the MMR vaccine. **(EXPLAIN/ADVISE)**



Patient concern #1

"The COVID-19 vaccines were rushed through and only approved with an emergency use authorization and not a full licensure. We don't know yet if they really work or if they are really safe."

Clinician case response

CORROBORATE

"I agree with you that many treatments are too new and under-studied to prescribe. And, as one of your healthcare team's clinicians, I wouldn't want to recommend a vaccine to you until we have well-established effectiveness and safety data."

ABOUT ME

"I, too, was worried at first that these vaccines were emergently authorized and that they may have been authorized for use without all the usual requirements for testing before licen-

sure. But I found very reassuring facts in my readings of the medical literature."

SCIENCE

"The Food and Drug Administration, or FDA, sped up its meetings and communications but still required the manufacturers to go through the entire pre-licensure testing that the FDA requires for all of the vaccines it licenses. These vaccines were studied for effectiveness and safety in placebo-controlled, double-blinded, randomized controlled trials involving tens of thousands of patients. The available vaccines are proven to be effective and safe with data in tens of thousands of recipients."

EXPLAIN/ADVISE

"It's because of these very large, well-done safety and efficacy trials that I have the confidence to make a strong recommendation to you to get the COVID-19 mRNA vaccine when it becomes available to you."



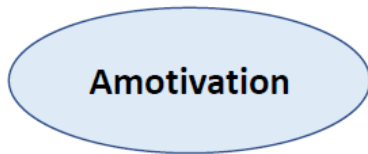
Enabling COVID-Related Behavior Change through Motivational Interviewing-Based Brief Conversations

Matt Orr, PhD

Associate Dean – Continuous Professional Development & Strategic Affairs

Clinical Associate Professor – Family & Preventive Medicine

University of South Carolina School of Medicine Columbia—Prisma Health



"It's not important to me at all."



Intrinsic Motivation

Autonomous Motivation

For the sheer joy or interest of activity itself

"I exercise because I really enjoy it."



Enabling Healthcare Providers to Use a Patient-Centered Approach to Educating Patients about the COVID-19 Vaccine in Medically Underserved and Rural Communities in South Carolina

Environmental Control

Brief Conversation Guide for Building Vaccine Confidence

Helping patients make well-informed decisions takes building an atmosphere of trust and respect.

Raise the Subject

"Would it be okay if we talked for a couple of minutes about the COVID-19 vaccine?"
(Recommend the vaccine if this has not already been done)

Listen to Understand

Ask
their perspective

"What are your thoughts about the vaccine?"
"How do you feel about it?"

Reflect
what they are saying

It's been difficult for you to trust that the vaccine is safe given what's happened in the past.
"You've been considering the vaccine; you just don't like some of the things you've been hearing."

Reflect
with affirmation

"You're committed to your health, and you want to protect it."
"Your health really matters to you and you're trying to do what's best for yourself."

Emphasize Autonomy
Throughout

"It's really up to you."
"It's your choice."

Ask Permission

"Would it be okay if..."

(Optional Scaling Tool) To Assess Readiness:

- "On a scale from 1 to 10, where 1 is not at all ready to get vaccinated and 10 is absolutely ready, what number would you say you are?"
- "What makes you a 5 (e.g.) and not a lower number?"
- "What would put you at a 6 (e.g.) or a higher number?"

Use Ask-Offer-Ask to Give Key Information

Ask
their understanding

"What do you understand about the vaccine?"
"Tell me more about what you've heard."

Offer information
(Ask permission first)

"Would it be okay if I shared my perspective?"
"I have some information I could share, if that would be okay."

Ask
what the information means to them

"What are your thoughts about that?"
"What do you make of that information?"

Elicit next steps and Offer support

Summarize the conversation:

"I just want to be sure I'm with you. You are concerned about...at the same time, you would like to..."

Elicit next steps:

"Where does this leave you?"
"Where would you like to go from here?"

Offer your support to the patient:

"How can I/we help you (take that step)?"
"I'm here for you when you are ready."

Use Reflective Listening
Throughout

"There is information out there that is causing you doubt, at the same time, you like the idea of being protected from the virus."



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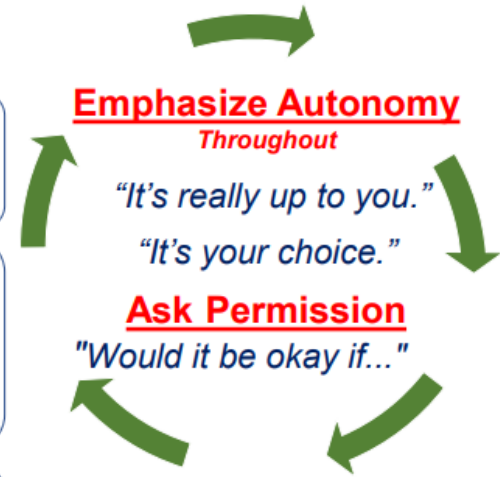
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 “Your health really matters to you and you’re trying to do what’s best for yourself.”*

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Throughout**

*“It’s really up to you.”
 “It’s your choice.”*

**Ask Permission
“Would it be okay if...”**



(Optional Scaling Tool) To Assess Readiness:

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A green downward-pointing arrow is positioned to the left of the section header.

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Summarize the conversation:

"I just want to be sure I'm with you. You are concerned about...at the same time, you would like to..."

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"Where does this leave you?"

"Where would you like to go from here?"

Offer your support to the patient:

"How can I/we help you (take that step)?"

"I'm here for you when you are ready."

A circular diagram consisting of four green arrows pointing clockwise, surrounding the text.

Use Reflective Listening

Throughout

"There is information out there that is causing you doubt, at the same time, you like the idea of being protected from the virus."

Where to we go from here?

- Your vaccine recommendation matters
 - Presumptive language is more effective
- In dialogue with a patient regarding their reluctance, consider using CASE approach
 - Ask what they understand about the vaccine (shows respect),
 - Offer Information (CASE) asking permission first (shows respect)
 - Ask for their feedback (shows humility). Stress decision is theirs (respects autonomy)

Summary

- Expect vaccine hesitancy and exemptions to increase post-COVID
- Communicating from a posture of honesty and transparency shows respect for the other person, resists expert hubris, and reflects a posture of humility → garners trust in you and your medical expertise

Need Help Responding to Vaccine-Hesitant Parents?

Science-based materials are available from these respected organizations

American Academy of Pediatrics (AAP)

Healthcare providers can find numerous resources on the AAP's website to help with parents and caregivers who have questions about vaccinating their child at www.healthychildren.org/english/safety-prevention/immunizations/pages/default.aspx. When parents cannot be convinced, consider using AAP's Refusal to Vaccinate form at www.aap.org/en-us/documents/immunization_refusal-to-vaccinate.pdf.

California Department of Public Health

The Immunization Branch of the California Department of Public Health has developed several excellent provider pieces that discuss common questions parents may have regarding vaccines for their children. These include

- "Vaccine Safety: Answers to Parents' Top Questions" – www.eziz.org/assets/docs/IMM-916.pdf
- "Community Immunity" – www.eziz.org/assets/docs/IMM-1056.pdf

Centers for Disease Control and Prevention (CDC)

Among CDC's many online immunization resources is the "Parent's Guide to Childhood Immunization," a 64-page booklet that can be ordered or printed at www.cdc.gov/vaccines/pubs/parents-guide. In addition, visit CDC's "Talking to Parents about Vaccines" web section at www.cdc.gov/vaccines/hcp/conversations/conv-materials.html.

Other CDC materials, designed to help healthcare providers work with hesitant parents, include the following:

- "If You Choose Not to Vaccinate Your Child, Understand the Risks and Responsibilities" – www.cdc.gov/vaccines/hcp/patient-ed/conversations/downloads/not-vacc-risks-color-office.pdf
- "Infant Immunizations FAQs" – www.cdc.gov/vaccines/parents/parent-questions.html

Immunization Action Coalition (IAC)

IAC's Talking about Vaccines web section provides healthcare professionals with top vaccination resources from trusted sources such as CDC, AAP, IAC, VEC, and many more. Visit www.immunize.org/talking-about-vaccines. Refer parents to IAC's website for the public at www.vaccineinformation.org.

IAC has developed several patient handouts for vaccine-hesitant parents. These include:

- "Clear Answers and Smart Advice About Your Baby's Shots," an excerpt from the popular book "Baby 411" by Dr. Ari Brown – www.immunize.org/catg.d/p2068.pdf
- "Decision to Not Vaccinate My Child" – www.immunize.org/catg.d/p4059.pdf
- "Reliable Sources of Immunization Information: Where Parents Can Go to Find Answers!" – www.immunize.org/catg.d/p4012.pdf
- "Vaccines Work!" – www.immunize.org/catg.d/p4037.pdf



Institute for Vaccine Safety, Johns Hopkins University

The Institute for Vaccine Safety collects vaccine-specific safety information. Of particular interest is its "Components of Vaccines" section, which contains tables specifying the contents of various vaccines: www.vaccinesafety.edu/components.htm.

Vaccinate Your Family (formerly Every Child By Two)

Created by Vaccine Your Family, www.vaccinateyourfamily.org/questions-about-vaccines focuses on answering parents' commonly asked questions about vaccines. It features video clips and links to current vaccine news stories.

Vaccine Education Center (VEC) Children's Hospital of Philadelphia

VEC offers handouts in English and Spanish as well as four colorful booklets covering immunization of infants, teens, and adults, as well as one about vaccine safety. These educational materials can be downloaded at www.chop.edu/centers-programs/vaccine-education-center/resources. VEC has developed a number of patient handouts covering vaccine topics of interest. These include the following:

- "Vaccine Safety: Are Vaccines Safe?" – www.chop.edu/centers-programs/vaccine-education-center/vaccine-safety/are-vaccines-safe
- "Vaccine Safety: Dosing Safety" – www.chop.edu/centers-programs/vaccine-education-center/vaccine-safety/dosing-safety
- "Vaccine Safety: Immune System and Health" – www.chop.edu/centers-programs/vaccine-education-center/vaccine-safety/immune-system-and-health
- "Vaccine Ingredients" – www.chop.edu/centers-programs/vaccine-education-center/vaccine-ingredients

For parents with concerns about vaccines and autism

AAP has issued a statement that can be printed at www.healthychildren.org/English/health-issues/conditions/Autism/Pages/Where-We-Stand-Autism.aspx. Parents may wish to investigate further at www.healthychildren.org/English/health-issues/conditions/Autism/Pages/default.aspx. IAC also recommends these books:

- *Autism's False Prophets: Bad Science, Risky Medicine, and the Search for a Cure*, by Paul A. Offit, MD
- *Unstrange Minds: Remapping the World of Autism*, by Roy Richard Crinker, PhD

And, here are two more well-researched handouts for parents, one from IAC and another from VEC:

- "MMR Vaccine Does Not Cause Autism: Examine the Evidence!" – www.immunize.org/catg.d/p4026.pdf
- "Vaccines and Autism: What you should know" – <https://media.chop.edu/data/files/pdfs/vaccine-education-center-autism.pdf>

Health and Environmental Control
ies.

Additional Resources

<https://www.immunize.org/catg.d/p2070.pdf>



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Thank You

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