Approaching the Vaccine-Hesitant Parent using C-A-S-E

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Disclosures

• Potential conflict
  – Principal Investigator
    • Adult PCV13 Prevnar 13 vaccine (Pfizer)
    • Menveo MCV4 vaccine (Novartis)
  – Safety Review Committee Member
    • Gardasil HPV4 vaccine (Merck)
  – Data and Safety Monitoring Board Member
    • 15-valent PCV (Merck)

• No off-label use discussion
Learning Objectives

• Relate a new approach to vaccine hesitancy
• Identify each of its 4 components
• Describe how it works in 3 common scenarios
The State of Vaccination

• The anti-vaccine movement is thriving
  – Successful vaccination makes its value invisible
  – Media seeks to portray controversy, “both sides”
  – Americans culturally opposed to “public health”

• Vaccine hesitancy major issue
  – Not just among exemptors and delayers
  – Even 25 to 30% of those up-to-date

• Education or information-transfer insufficient
• Both clinician and parent struggle
The Clinician in the Office

• Has little time for discussion
• Suffers a sense of rejection as wise advisor
• Feels sense of futility
• Recognizes problem of health illiteracy
The Parent in the Office

- Would like to be heard
- Wishes to be respected
- Seeks credible information
- Wants control; wants to make decision
Studies of Parents

- Want their children to be healthy
- Seek to make rational decisions
- Weigh benefits and risks
- Respect the clinician as trusted source
- Draw from the available evidence
  - Their own experience with the diseases
  - Their own experiences with the vaccine
  - What they hear from the media, family, friends
  - What they hear from the clinician
What the CDC Recommends

• Take time to listen...
• Solicit and welcome questions...
• Acknowledge risks and benefits...
• Have both science and stories available...
Take Time to Listen

• Eye-to-eye contact
  – Not just as you speak
  – But also as you listen
• Let the parent finish speaking
• Resist the urge to multi-task during conversation
Solicit and Welcome Questions

• Ask for questions
• Convey that you have time to answer these
• Give short enough answers that more is welcome
Acknowledge Risks and Benefits

- While severe side effects happen, they are rare
- The VIS lists known side effects
- OK to note that not vaccinating is also risky
Have Both Science and Stories Available

• While you may feel safer with scientific info...
• ...Most parents prefer experiences you can share
The C.A.S.E. for Vaccines

- A new model for talking to parents
- A mnemonic to organize a rapid, useful response
- Draws from Aristotelian teaching on rhetoric
- Created by Alison Singer, MD
  - President
  - Autism Science Foundation
- Lacks published studies of its efficacy
- Nonetheless has face validity, historical roots
- Lacks competing alternatives
The CASE Acronym

- Corroborate
- About Me
- Science
- Explain/Advise
The CASE Approach

• **Corroborate:**
  – Acknowledge the parents’ concern and find some point on which you can agree; set the tone for a respectful, successful talk

• **About Me:**
  – Describe what you have done to build your knowledge base and expertise

• **Science:**
  – Relate what the science says

• **Explain/Advise:**
  – Explain your advice to patient, based on the science
Break Up in Twos

• **Corroborate:**
  – Acknowledge the parents’ concern and find some point on which you can agree; set the tone for a respectful, successful talk

  WHAT PHRASING HAVE YOU FOUND HELPFUL WHEN A PARENT HESITATES ABOUT... ANYTHING...?
Corroborate

• “What is your main concern?”
  – Don’t permit a vague refusal
  – Make the parent get specific

• Then
  – “That's a valid concern”
  – “When I heard that, I sought out answers myself”
  – “We both want your child to be free of illness and injury”
  – “We both want to avoid unnecessary medications and their side effects”
Break Up in Twos

• **About Me:**
  – Describe what you have done to build your knowledge base and expertise

  **DO YOU EVER TALK ABOUT THIS SORT OF THING WITH YOUR PARENTS? WHAT HAVE YOU SAID?**
About Me

• “I’m committed to your child’s health, and I’ve dedicated my career to that work”
• “I’ve been studying medicine and pediatrics now for X years”
• “One of the areas where I read a great deal is about infections, immunity, and vaccination”
• “Vaccinations represent a major part of my professional effort as your child’s pediatrician”
Break Up in Twos

• **Science:**
  – Relate what the science says

**DO YOU TALK ABOUT THE SCIENCE TO YOUR PATIENTS’ PARENTS? HOW DO YOU INTRODUCE THAT?**
• “Vaccines are better studied than any other medicine I prescribe or test I order”
• “Each vaccine is safer than any medicine I prescribe”
• “Vaccines are not fool-proof but they are the most effective means to prevent certain injuries and illnesses”
• “The decision what to give when is based on the vaccine’s effectiveness, safety, and specific need for the child at that particular age”
Break Up in Twos

• Explain/Advise:
  – Explain your advice to patient, based on the science

WHAT'S YOUR BOTTOM LINE? HOW DO YOU PHRASE YOUR RECOMMENDATIONS?
Explain/Advise

• “That’s why I am recommending this vaccine”
• “If this were my child, I would be vaccinating her today”
• “I got this vaccine”
• “I made sure my children got these vaccines”
• “That’s why if I were you, I would be getting these vaccines for your child”
C is for Corroborate

• “You and I ultimately want the same thing for your child.”
• “We want your child health and free of disease and injury.”
• “I know you are worried, scared.”
• “It is my job to help you with your concerns.”
A is for About Me

- “I am a professional not only committed to that, but trained and educated in the science of health and medicine.”
- “That includes vaccination.”
- “My expertise is why you came to see me.”
S is for Science

• “The vaccines I am recommending are the vaccines I believe your child needs.”
• “These vaccines have been proven both effective age as well as safe for children your child's age.”
E is for Explain/Advise

• “Here is my advice: get this vaccine today—it’s safe, it’s effective, and your child will benefit”
• “If your child were mine, I would do this.”
• “In fact, doing so may be more valuable to you than anything else we do in this visit.”
Three Common Concerns

• Vaccines may cause autism
• Too many vaccines too soon is harmful
• The vaccine(s) is no longer necessary
The CASE against Autism

- **Corroborate:**
  - “There’s certainly been a lot on TV and the internet about vaccines and autism so I can understand why you have questions”

- **About Me:**
  - “I always want to make sure I’m up to date on the latest information so that I can do what’s best for my patients, so I’ve researched this thoroughly.
  - “In fact, I just returned from a professional conference where experts reviewed the actual evidence”
More Against Autism

• **Science:**
  – “The evidence does not support that measles vaccine, the MMR, or any vaccine causes autism.
  – “The CDC, the AAP, the NIH, the IOM, and others have all reviewed the data
  – “All reached the same conclusion.
  – “Dozens of studies have been done.
  – “None show a link.”
Finishing the CASE against Autism

• Explain/Advise:
  – “Vaccines are critical to preventing death, disease, and disability.
  – “They prevent diseases that cause real harm.
  – “Choosing not to vaccinate does not protect children for autism, but does leave them at risk for disease.
  – Children need these vaccines.”
The CASE against Vaccine Overload

- **Corroborate:**
  - “Children today certainly get more shots than they did years ago.”

- **About Me:**
  - “Our practice follows the CDC schedule because it is carefully designed to protect children at the time they are most vulnerable to disease.
  - “I’ve read through the recommendations carefully…”
More against Vaccine Overload

• **Science:**
  – “Although children get more shots today, they actually receive fewer immune-reactive antigens than when they got fewer shots, because technology has enabled us to make vaccines that have only the part of the cell that induces immune response.
  – “Plus, the immunological challenge from a vaccine is nothing compared to what kids fight off every day.
  – “An ear infection is a bigger immunological challenge.”
Finishing Up against Overload

• Explain:
  – “We want all the kids in our practice to be immunized so that they have the greatest chance for a long, healthy life.
  – “If your daughter were my daughter, and I was sitting in your shoes, holding her in my lap, I would be getting her vaccinated today.”
The CASE against Unnecessary

• Corroborate:
  – “I can understand why you might feel that way.
  – “Most of the time when our children get the flu, we don’t test for it, and so parents don’t know when their children have had the flu.”
More against Unnecessary

• **About Me:**
  – “I used to think that children never got the flu but the studies are compelling.
  – “In retrospect those sore throats with fever with negative strep testing were often the flu.
  – “Same thing with the viruses leading up to ear infections”
  – “Same thing with fevers and coughs that made us worry about pneumonia.”
More against Unnecessary

• **Science:**
  – “The hospitalization rates in infants less than 2 due to the flu rival the rates in the elderly
  – “More than 40% of school children get the flu on average every year”
  – “The vaccine works really well; it reduces the risk by 45 to 90% depending on the year”
Finishing Up against Unnecessary

• Explain:
  – “We care about our patients and don’t want to practice substandard care.”
  – “All our patients need to be vaccinated against the flu.”
  – “My children are fully vaccinated.”
  – “I am too.”
The CASE Approach

• **Corroborate:**
  – Acknowledge the parents’ concern and find some point on which you can agree; set the tone for a respectful, successful talk

• **About Me:**
  – Describe what you have done to build your knowledge base and expertise

• **Science:**
  – Describe what the science says

• **Explain/Advise:**
  – Give your advice to patient, based on the science
Classic Aristotelian Rhetoric

• Aristotle taught the CASE method
  – To persuade one needs more than just evidence
  – Need three things
    • **Logos** (the information and reasoning you have)
    • **Pathos** (your passion, compassion, and conviction)
    • **Ethos** (your professional standing w/ the parent)
Rationale

• Information alone insufficient
• It’s an emotional information too
  – One needs to feel good about the decision
  – One has to feel strongly about the decision
• Your role is more than just a technician’s
The CASE Approach

• **Corroborate:**
  – Acknowledge the parents’ concern and find some point on which you can agree; set the tone for a respectful, successful talk *(PATHOS)*

• **About Me:**
  – Describe what you have done to build your knowledge base and expertise *(ETHOS)*

• **Science:**
  – Describe what the science says *(LOGOS)*

• **Explain/Advise:**
  – Give your advice to patient, based on the science *(PATHOS)*
Your Sources of Information

• Parents want more than information
  – Wants to trust you because of who you are (ethos)
  – Expects you to have passion for what you advise (pathos)

• You on the other hand want data you can trust
  – What are the actual recommendations?
  – What are the data that support these?
  – Where can you find information to support your CASE?
Source of Recommendations

- Advisory Committee on Immunization Practices (ACIP)
- Group of volunteer experts
- Meets three times a year
- Organized by Centers for Disease Control and Prevention (CDC)
- Sole source of federal vaccine recommendations for civilian population
  - The federal government does not require vaccines
  - School and daycare mandates are state-based
ACIP Recommendations

- 2012 Child & Adolescent Immunization Schedule
- Updated at least annually in January
- Provides catch-up schedule too
- Published widely in dozens of journals
- Available on line from the CDC Vaccines site
  — www.cdc.gov/vaccines
- AAP and AAFP harmonize with CDC ACIP
- Also publishes the Adult Schedule
Vaccine-Specific Details

• ACIP publishes its recommendations in MMWR
• These provide details
  – Dose and route
  – Timing variations and exceptions
  – Contraindications and precautions
  – Other issues
  – Basis for recommendations
  – Well-referenced
• Know how to find them starting at CDC vaccines
Specific Advice re Parents

• **Understanding Vaccines and Vaccine Safety**
  
  **Resources for Vaccine Conversations**

• Fact sheets provide information about vaccine testing, safety, monitoring, and the process for establishing the US immunization schedule

• Let’s find it and review its contents

• Start at the CDC vaccines site

  [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines)
CDC Information

• Don’t plan on printing and giving to parents
• Don’t plan on emailing them the links
• Instead read and remember to make your CASE
Other Sources

- AAP Provider Resources
  [www2.aap.org/immunization](http://www2.aap.org/immunization)
- AAP Parent Resources
  [www.healthychildren.org](http://www.healthychildren.org)
- IAC Provider Resources
  [www.immunize.org](http://www.immunize.org)
- MNAAP
  [www.mnaap.org](http://www.mnaap.org)
Summary

- Persuade rather than inform
  - CASE
    - Corroborate → About Me → Science → Explain/Advise
  - Aristotelian Rhetoric
    - Pathos → Ethos → Logos → Pathos

- Know your sources of information
  - ACIP and its recommendations
  - CDC and its resources