

# 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

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- 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

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- 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

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- 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

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

# Studies of Parents

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- 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

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



# Take Time to Listen

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- 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

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- Ask for questions
- Convey that you have time to answer these
- Give short enough answers that more is welcome

# Acknowledge Risks and Benefits

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- 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

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- While you may feel safer with scientific info...
- ...Most parents prefer experiences you can share

# The C.A.S.E. for Vaccines

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- 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

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- **C**orroborate
- **A**bout Me
- **S**cience
- **E**xplain/Advise

# The CASE Approach

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- **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

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- **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

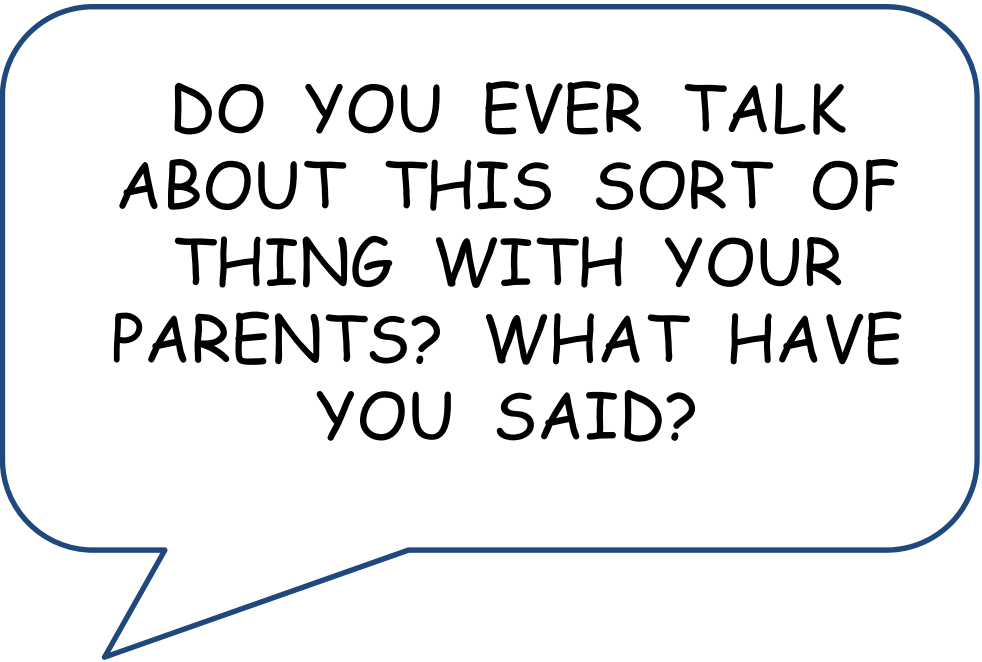
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- “What is your main concern?”
  - Don’t permit a vague refusal
  - Make the parent get specific
- Then
  - “That's a valid concern”
  - “When I heard that, I sought out answers myself”
  - “We both want your child to be free of illness and injury”
  - “We both want to avoid unnecessary medications and their side effects”

# Break Up in Twos

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- **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

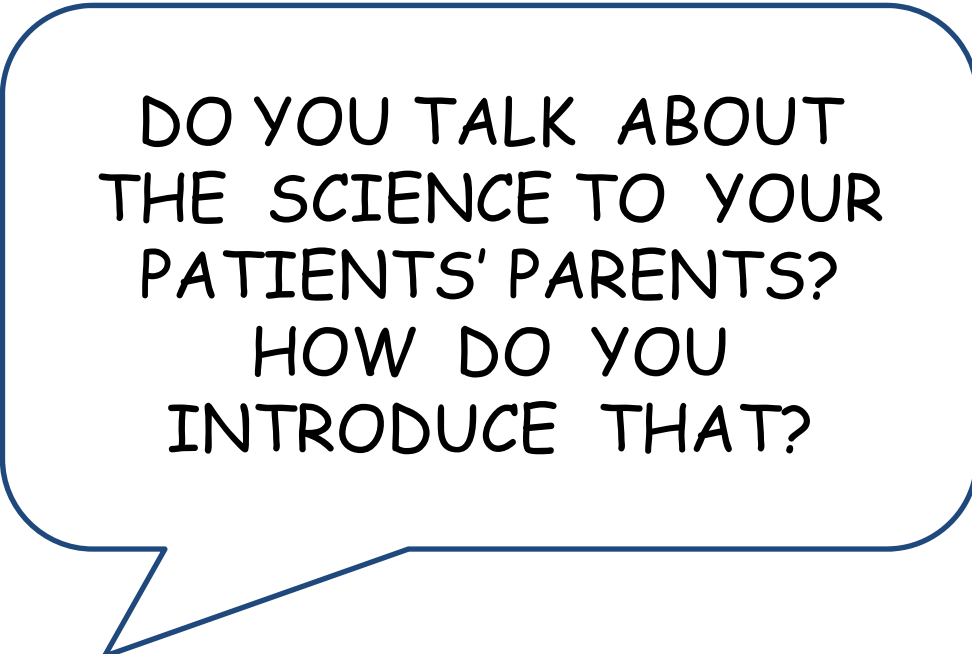
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- “I’m committed to your child’s health, and I’ve dedicated my career to that work”
- “I’ve been studying medicine and pediatrics now for *X* years”
- “One of the areas where I read a great deal is about infections, immunity, and vaccination”
- “Vaccinations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

# Break Up in Twos

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- **Science:**
  - Relate what the science says



DO YOU TALK ABOUT  
THE SCIENCE TO YOUR  
PATIENTS' PARENTS?  
HOW DO YOU  
INTRODUCE THAT?

# Science

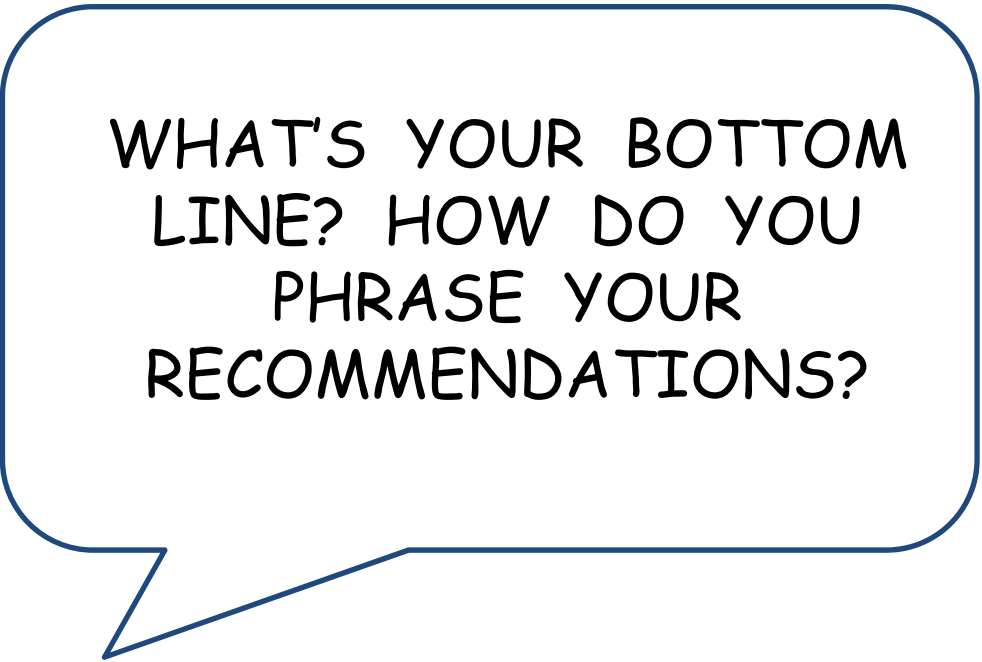
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- “Vaccines are better studied than any other medicine I prescribe or test I order”
- “Each vaccine is safer than any medicine I prescribe”
- “Vaccines are not fool-proof but they are the most effective means to prevent certain injuries and illnesses”
- “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

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- **Explain/Advise:**
  - Explain your advice to patient, based on the science



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

# Explain/Advise

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- “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

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- “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

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- “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

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- “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

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- “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

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- 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

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- **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

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- **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

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- **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

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- **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

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- **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

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- 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

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- **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

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- **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

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- **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
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# Classic Aristotelian Rhetoric

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- 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

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- 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

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- **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

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- 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

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- 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

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- 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](http://www.cdc.gov/vaccines)
- AAP and AAFP harmonize with CDC ACIP
- Also publishes the Adult Schedule

# Vaccine-Specific Details

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- 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

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- **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

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- 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

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- **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

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- 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

