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THE BUSINESS OF PEDIATRICS: NETWORKING FOR SUCCESS

20th CNHN Pediatric Practice Management Seminar
Wednesday, December 6, 2017



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20 YEARS: The Business of Pediatrics 2017

Pediatric Practice and Vaccine Refusers



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20 YEARS: The Business of Pediatrics 2017

AAP: Countering & Addressing Vaccine Hesitancy

- AAP issued updated Clinical Report (September 2017): “Countering Vaccine Hesitancy”
- <http://pediatrics.aappublications.org/content/pediatrics/early/2016/08/25/peds.2016-2146.full.pdf>



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CLINICAL REPORT Guidance for the Clinician in Rendering Pediatric Care

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN[™]

Countering Vaccine Hesitancy

Kathryn M. Edwards, MD, Jesse M. Hackell, MD, THE COMMITTEE ON INFECTIOUS DISEASES, THE COMMITTEE ON PRACTICE AND AMBULATORY MEDICINE

Immunizations have led to a significant decrease in rates of vaccine-preventable diseases and have made a significant impact on the health of children. However, some parents express concerns about vaccine safety and the necessity of vaccines. The concerns of parents range from hesitancy about some immunizations to refusal of all vaccines. This clinical report provides information about addressing parental concerns about vaccination.

abstract

INTRODUCTION

Immunizations have had an enormous impact on the health of children, and the prevention of disease by vaccination is one of the single greatest public health achievements of the last century. However, over the past decade acceptance of vaccines has been challenged by individuals and groups who question their benefit.¹ Increasing numbers of people are requesting alternative vaccination schedules^{2,3} or postponing or declining vaccination.⁴ In a national telephone survey of 1500 parents of children 6 to 23 months of age conducted in 2010 with a response rate of 46%, approximately 3% of respondents had refused all vaccines and 19.4% had refused or delayed at least 1 of the recommended childhood vaccines.⁵ A study conducted in a metropolitan area of Oregon reported that rates of alternative immunization schedule usage have increased nearly fourfold in recent years,³ and in some parts of the country the use of “personal belief exemptions” from vaccinations has grown to rates in excess of 5% of the school-aged population.⁶

The Periodic Survey of Fellows (PS#66) conducted by the American Academy of Pediatrics (AAP) in 2006 revealed that 75% of pediatricians surveyed had encountered parents who refused a vaccine,⁷ and a follow-up survey in 2013 (PS#84) revealed that this figure had increased to 87% of pediatricians.⁸ According to the survey, pediatricians stated that the proportion of parents who refused 1 or more vaccines increased from 9.1% to 16.7% during the 7-year interval between surveys.^{7,8} Physicians stated that the most common reasons parents refused vaccines were that they believed that vaccines are unnecessary (which showed an increase over the 7-year span) and that they had concerns

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PEDIATRICS Volume 138, number 3, September 2016, doi:10.1542/peds.2016-2146

FROM THE AMERICAN ACADEMY OF PEDIATRICS

Vaccine acceptance vs refusal

- Categorization of parental attitudes towards vaccines:
 - Immunization advocate
 - Go along to get along
 - Cautious acceptor
 - Fence-sitter
 - Refuser



TABLE 2 Parental Concerns About Vaccines

Vaccine safety

- Too many vaccines
- Development of autism
- Vaccine additives (thimerosal, aluminum)
- Overload the immune system
- Serious adverse reactions
- Potential for long-term adverse events
- Inadequate research performed before licensure
- May cause pain to the child
- May make the child sick

Necessity of vaccines

- Disease is more “natural” than vaccine
- Parents do not believe diseases being prevented are serious
- Vaccine-preventable diseases have disappeared
- Not all vaccines are needed
- Vaccines do not work

Freedom of choice

- Parents have the right to choose whether to immunize their child
- Parents know what’s best for their child
- Believe that the risks outweigh the benefits of vaccine
- Do not trust organized medicine, public health
- Do not trust government health authorities
- Do not trust pharmaceutical companies
- Ethical, moral, or religious reasons



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Communication highlights

TABLE 4 Communication Highlights

Vaccines are safe and effective, and serious disease can occur if your child and family are not immunized.

Vaccine-hesitant individuals are a heterogeneous group, and their individual concerns should be respected and addressed.

Vaccines are tested thoroughly before licensure, and vaccine safety assessment networks exist to monitor vaccine safety after licensure.

Nonmedical vaccine exemptions increase rates of unvaccinated children.

Unvaccinated children put vaccinated children and medically exempt children who live in that same area at risk.

Pediatricians and other health care providers play a major role in educating parents about the safety and effectiveness of vaccines. Strong provider commitment to vaccination can influence hesitant or resistant parents.

Personalizing vaccine acceptance is often an effective approach.

The majority of parents accepted the provider's vaccine recommendations when they were presented as required immunizations to maintain optimal disease prevention.

The current vaccine schedule is the only one recommended by the CDC and the AAP. Alternative schedules have not been evaluated.



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Dismissal of vaccine refusers?

- Pro's and con's to approach...
 - Ethical concerns
 - Threat of practice dismissal drives acceptance (anecdotal)
 - Exposure of practice patients (and staff) to illness from under-immunized children
 - Care alternatives for child may be limited in community
 - Non-vaccinating children may cluster in practices who do not dismiss
 - Dismissal must be conducted within state laws (prohibiting abandonment of patients)

“The decision to dismiss a family who continues to refuse immunization is not one that should be made lightly, nor should it be made without considering and respecting the reasons for the parents’ point of view.⁴⁴ **Nevertheless, the individual pediatrician may consider dismissal of families who refuse vaccination as an acceptable option.** In all practice settings, consistency, transparency, and openness regarding the practice’s policy on vaccines is important.”

Medscape Survey 2016

Medscape Vaccine Acceptance Report 2016

Susan B. Yox, RN, EdD; Laura A. Stokowski, RN, MS | July 27, 2016

[Contributor Information](#) | [References](#)



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Do you accept/retain families in your practice whose children are not vaccinated on the recommended schedule?



Medscape Survey 2016

Medscape Vaccine Acceptance Report 2016

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If you accept unvaccinated children in your practice, what modifications do you require to protect your other patients or to limit your legal liability?

To protect other patients:

Make no special modifications

82%

Require use of separate waiting and/or exam room

9%

Must schedule routine visits during separate hours

8%

To limit liability:

Require waiver mitigating legal exposure should child contract or transmit vaccine-preventable illness

44%

Refuse to sign documentation for school/daycare attendance

23%

Require families to participate in specific vaccine education program

8%

None besides documenting refusal in EHR

41%



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AAP “Refusal to Vaccinate” Form

- Available online from the American Academy of Pediatrics
- https://www.aap.org/en-us/Documents/immunization_refusaltovaccinate.pdf

Refusal to Vaccinate

Child's Name _____ Child's ID# _____
 Parent's/Guardian's Name _____

My child's doctor/nurse _____ has advised me that my child (named above) should receive the following vaccines:

Recommended	Declined
<input type="checkbox"/> Hepatitis B vaccine	<input type="checkbox"/>
<input type="checkbox"/> Diphtheria, tetanus, acellular pertussis (DTaP or Tdap) vaccine	<input type="checkbox"/>
<input type="checkbox"/> Diphtheria tetanus (DT or Td) vaccine	<input type="checkbox"/>
<input type="checkbox"/> Homophilus influenzae type b (Hib) vaccine	<input type="checkbox"/>
<input type="checkbox"/> Pneumococcal conjugate or polysaccharide vaccine	<input type="checkbox"/>
<input type="checkbox"/> Inactivated poliovirus (IPV) vaccine	<input type="checkbox"/>
<input type="checkbox"/> Measles-mumps-rubella (MMR) vaccine	<input type="checkbox"/>
<input type="checkbox"/> Varicella (chickenpox) vaccine	<input type="checkbox"/>
<input type="checkbox"/> Influenza (flu) vaccine	<input type="checkbox"/>
<input type="checkbox"/> Meningococcal conjugate or polysaccharide vaccine	<input type="checkbox"/>
<input type="checkbox"/> Hepatitis A vaccine	<input type="checkbox"/>
<input type="checkbox"/> Rotavirus vaccine	<input type="checkbox"/>
<input type="checkbox"/> Human papillomavirus (HPV) vaccine	<input type="checkbox"/>
<input type="checkbox"/> Other _____	<input type="checkbox"/>

I have been provided with and given the opportunity to read each Vaccine Information Statement from the Centers for Disease Control and Prevention explaining the vaccine(s) and the disease(s) it prevents for each of the vaccine(s) checked as recommended and which I have declined, as indicated above. I have had the opportunity to discuss the recommendation and my refusal with my child's doctor or nurse, who has answered all of my questions about the recommended vaccine(s). A list of reasons for vaccinating, possible health consequences of non-vaccination, and possible side effects of each vaccine is available at www.cdc.gov/vaccines/pubs/via/default.htm. I understand the following:

- The purpose of and the need for the recommended vaccine(s).
- The risks and benefits of the recommended vaccine(s).

That some vaccine-preventable diseases are common in other countries and that my unvaccinated child could easily get one of these diseases while traveling or from a traveler.

If my child does not receive the vaccine(s) according to the medically accepted schedule, the consequences may include:

- Contracting the illness the vaccine is designed to prevent (the outcomes of these illnesses may include one or more of the following: certain types of cancer, pneumonia, illness requiring hospitalization, death, brain damage, paralysis, meningitis, seizures, and deafness; other severe and permanent effects from these vaccine-preventable diseases are possible as well).
- Transmitting the disease to others (including those too young to be vaccinated or those with immune problems), possibly requiring my child to stay out of child care or school and requiring someone to miss work to stay home with my child during disease outbreaks.

My child's doctor and the American Academy of Pediatrics, the American Academy of Family Physicians, and the Centers for Disease Control and Prevention all strongly recommend that the vaccine(s) be given according to recommendations.

Nevertheless, I have decided at this time to decline or defer the vaccine(s) recommended for my child, as indicated above, by checking the appropriate box under the column titled "Declined." I know that failure to follow the recommendations about vaccination may endanger the health or life of my child and others with whom my child might come into contact. I therefore agree to tell all health care professionals in all settings what vaccines my child has not received because he or she may need to be isolated or may require immediate medical evaluation and tests that might not be necessary if my child had been vaccinated.

I know that I may readdress this issue with my child's doctor or nurse at any time and that I may change my mind and accept vaccination for my child any time in the future.

I acknowledge that I have read this document in its entirety and fully understand it.

Parent/Guardian Signature: _____ Date: _____
 Witness: _____ Date: _____

I have had the opportunity to rediscuss my decision not to vaccinate my child and still decline the recommended immunizations.

Parent's initials: _____ Date: _____ Parent's initials: _____ Date: _____

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ICD-10 Codes: Immunization not carried out or underimmunization status

- Z28.0 Immunization not carried out due to contraindication
 - **Z28.01** **acute illness of patient**
 - Z28.02 chronic illness or condition of patient
 - Z28.03 immune compromise state of patient
 - Z28.04 patient allergy to vaccine or component
 - Z28.09 other contraindication
- Z28.1 patient decision for reasons of belief or group pressure
- Z28.2 patient decision for other/unspecified reason
 - Z28.20 patient decision for unspecified reason
 - Z28.21 patient refusal
 - Z28.29 patient decision for other reason
- Z28.3 Underimmunization status (delinquent or lapsed schedule)
- Z28.8 Immunization not carried out; other reason
 - Z28.81 patient had disease
 - **Z28.82** **because of caregiver refusal**
 - Z28.89 for other reason
- Z28.9 immunization not carried out; unspecified reason



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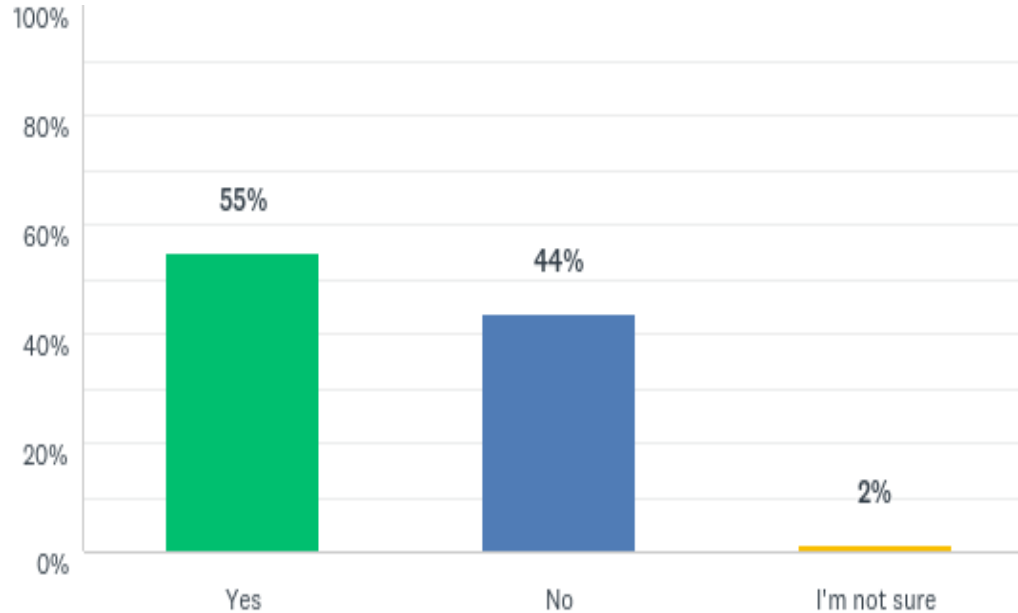
What about CNHN practices?

- CNHN recently surveyed member practices about office policies and/or approach re: vaccine refusal or hesitancy
- Responses: 62
- Snapshot for today's discussion



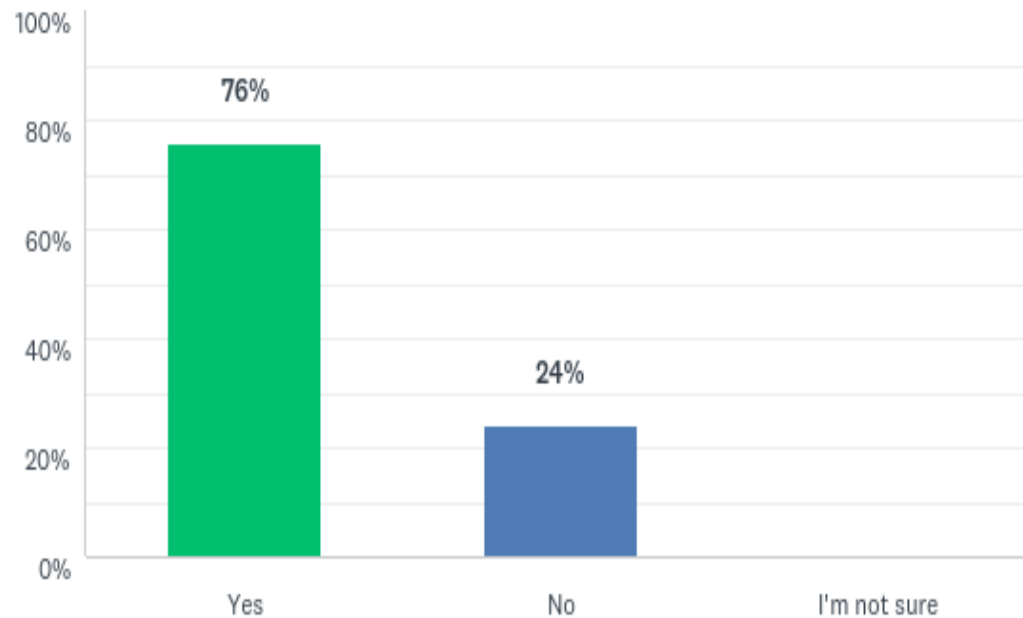
Q1: Does your practice have a written immunization policy for providers to follow?

- Answered: 62 Skipped: 0



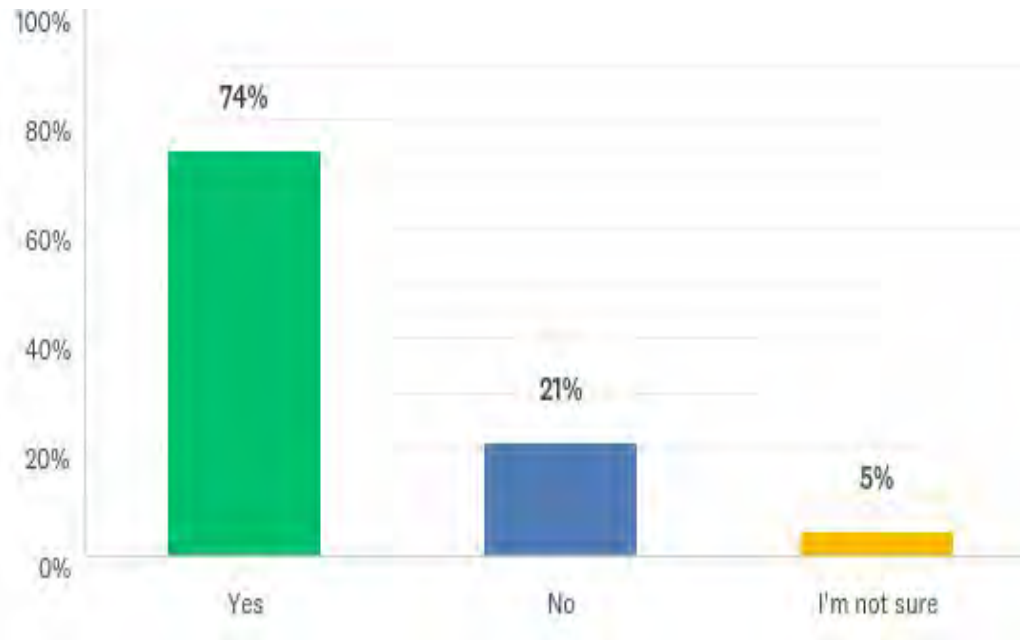
Q2: Does your practice have a policy for families who request alternative or delayed immunization schedules?

- Answered: 62 Skipped: 0



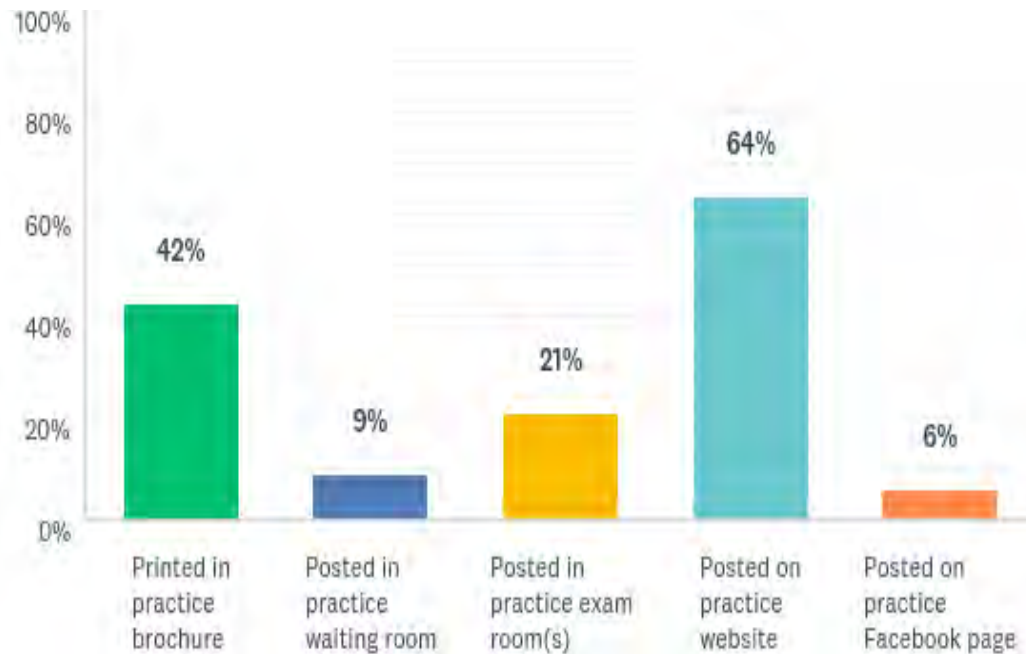
Q3: Does your practice share your immunization policy with patients & families?

- Answered: 62 Skipped: 0



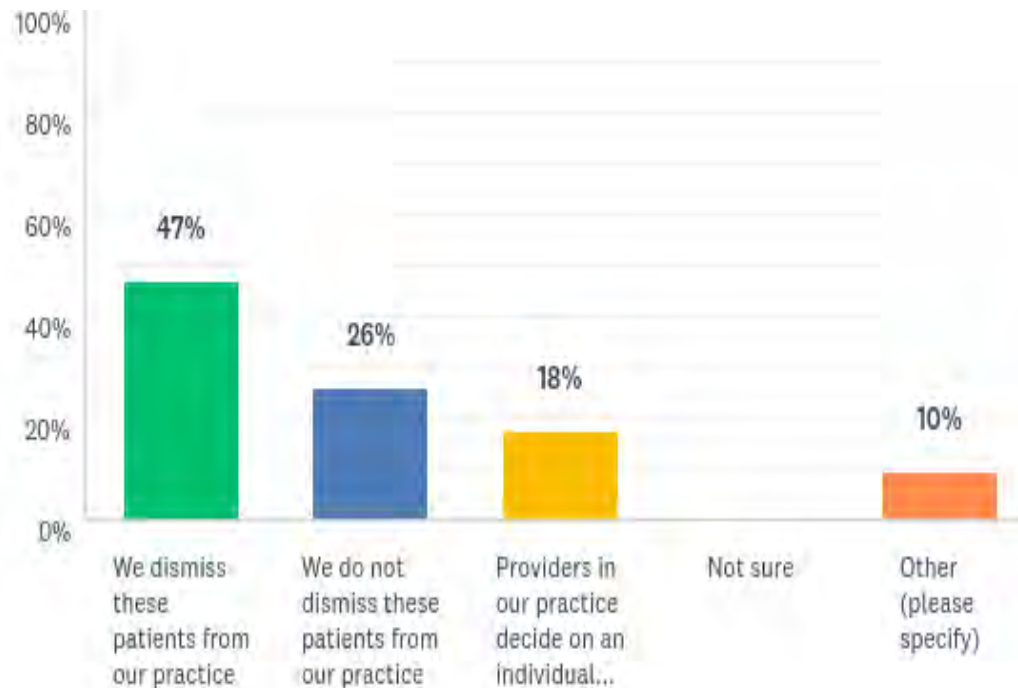
Q4: If "Yes" to question 3, please indicate how you share your practice policy (Check all that apply)

- Answered: 33 Skipped: 29



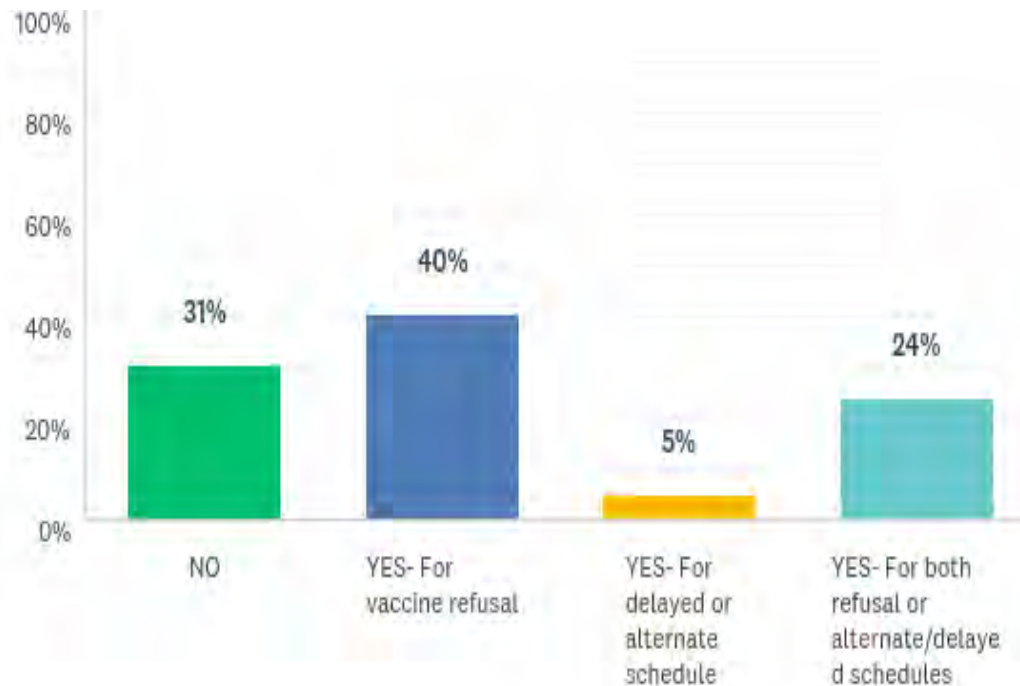
Q5: What ACTION does your practice take for families who refuse immunizations?

- Answered: 62 Skipped: 0



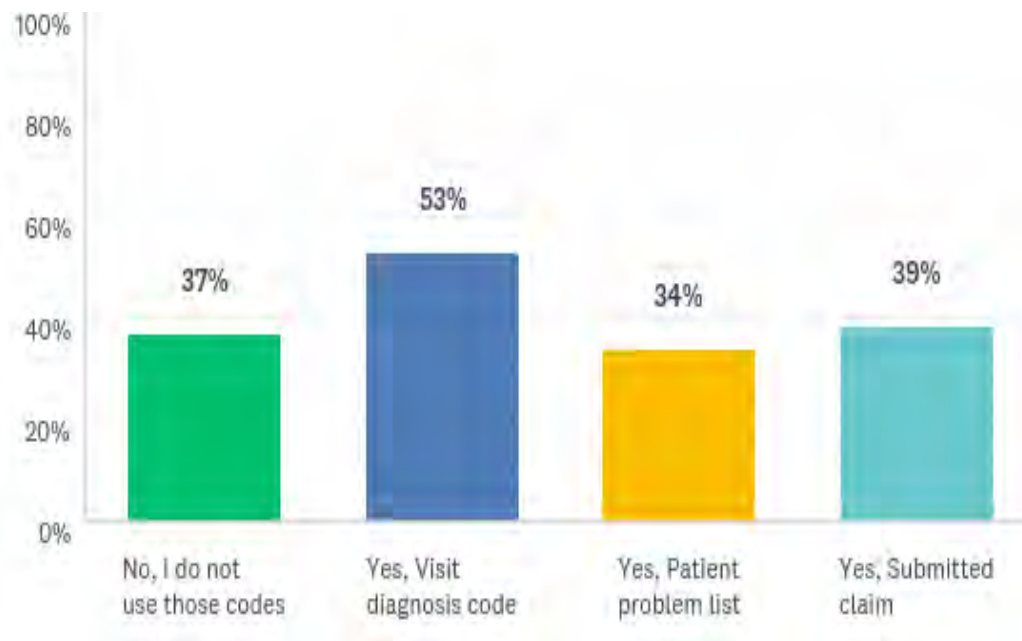
Q6: Do you require parents to sign the AAP "Refusal to Immunize" form (or equivalent)?

- Answered: 62 Skipped: 0



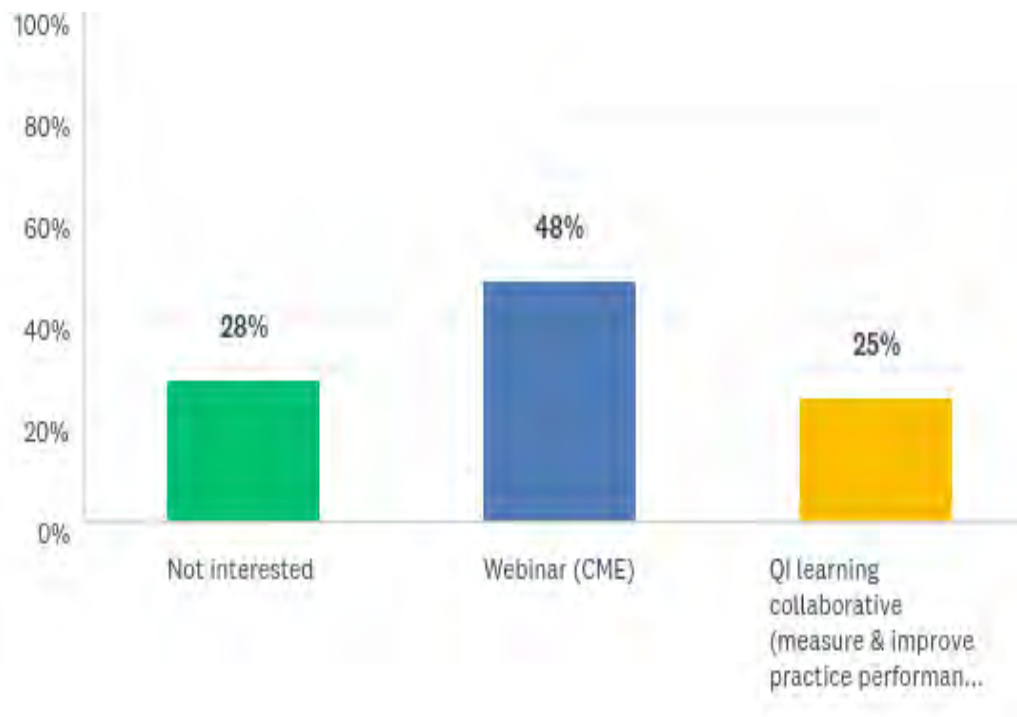
Q7: Do you routinely use an ICD-10 code indicating "vaccine not given, due to... (e.g. caregiver refusal)"? (Check all that apply)

- Answered: 62 Skipped: 0



Q8: Would you be interested in additional provider/practice learning opportunities to promote immunization in vaccine hesitant families

- Answered: 61 Skipped: 1



Audience Discussion & Practice Feedback

