Counseling Parents About Immunization
What’s the Most Effective Message?

Despite mountains of research and decades of utilization that overwhelmingly supports the safety and effectiveness of childhood vaccinations, there are still plenty of parents who, for a variety of reasons, are hesitant to have their children vaccinated.

Their reasons range from fears that vaccines can cause autism (which have their origin in a now-debunked 1998 article published in the British journal, The Lancet, that claimed a causal relationship between the MMR vaccine and autism) to beliefs that vaccinations simply are unnecessary.

“There are a number of different reasons parents have,” said Chris Barry, PA-C, MMSc, a PA at Jeffers, Mann & Artman Pediatrics in Raleigh, N.C., and AAPA’s medical liaison to the American Academy of Pediatrics. “It depends on the age of the patient. With infants, parents often feel the children are getting too many vaccines at once. They’re concerned about potential side effects, whether the vaccinations are necessary and whether the vaccines have any long-term effects.”

A 2009 study published by the Association of Schools of Public Health looked at more than 11,000 parents of children aged 24 to 35 months and found that the common reasons parents gave for delaying or refusing vaccinations were that they didn’t believe the vaccines were necessary to protect their child’s health, that their children wouldn’t get a disease and that the vaccines weren’t safe.

“There have always been people opposed to vaccinations,” said Ari Brown, MD, owner of 411 Pediatrics in Austin, Texas, and author of the “Baby 411” series of books. Opposition to vaccination, Brown said, has existed for almost as long as vaccinations have been used. “In 1998 and 1999, we had kind of a Hollywood minute because of the thimerosal incident. There was this huge outpouring of concern. There were parents who were scared because of what they heard on the news or from friends.”

Brown said resistance comes in different degrees. “There are some parents who may not have knowledge of every vaccine, but if the provider recommends them, they’ll probably agree,” she said. “Then there is a group of concerned parents who are afraid but not necessarily opposed. They tend to need reassurance from a healthcare provider.”

Since 2010, Brown has seen a drop in parents who are concerned. But, she said, “There’s a small number that will never vaccinate their kids no matter what you say. They just don’t believe in it.”

Concern and opposition can come from the parents of older children as well. For example, many parents don’t see the need for vaccination against the flu, Barry said. “The most common reason is that they’ve never had the flu and have never been vaccinated. There’s also the myth that the vaccine can give someone the flu.” The HPV vaccination, which is recommended for boys and girls ages 11 to 12, raises different concerns among parents. “A lot of parents don’t want to acknowledge the sexuality issue,” Barry said. “Some think that the vaccine will make their child promiscuous. But studies have shown that children who receive the vaccine are no more promiscuous than those who don’t. I try to show them that, and I try to tell them that by giving this vaccine, they’re protecting their kids against different forms of cancer.”

In the case of the flu vaccine, parents sometimes learn the hard way. “Sometimes, parents don’t get the flu vaccine for their child and their child gets really sick,” Barry explained. “The first thing they say is, ‘I’m getting one next year.’”

PAs who encounter parents reluctant to have their children vaccinated should listen to parents’ concerns and avoid pressuring them, Barry noted. “When they’re concerned about side effects, I tell them that there are potential risks, but they’re infinitesimally minimal compared to the risk of not vaccinating the child. We’ll go over some of the potential side effects and what they should be concerned about.”

When parents are concerned that their children are receiving too many vaccines at once, Barry points out that the child’s immune system is capable of handling a thousand times more antigens than they’re being exposed to during the vaccination. “I also let them know that they’re being exposed to many more antigens in everyday life,” Barry said.

It’s important to consider what uncertain parents need in order for them to feel comfortable vaccinating their children, according to Brown. “The most effective message is the emotional argument,” she noted. “You can give them all of the science, but at the end of the day, it is ‘I am a healthcare provider and a parent, and I vaccinated my children.’ Parents really do trust you, so if you’re recommending what you do for yourself and your family, they’re likely to believe you. If you don’t have a child, use somebody you love as an example—a niece, a nephew—it works.”

PAs should also show empathy to concerned parents. “You’re there to protect them,” Brown said. Empathy can be demonstrated by something as simple as sitting down in the exam room when you address parents’ concerns. “What I say is sit down, shut up and care,” Brown says. “If you sit down, they’ll perceive that you care and that you’re spending more time with them. Let the patient talk, don’t interrupt them and show that you’re listening. You’re demonstrating that you respect their ability to do what’s best for their child.”

Even if you’re met with stiff parental opposition, don’t close the door. “I set aside some time every day to follow up with parents and ask if they’ve had a chance to think about it,” Barry said. “I think that’s appreciated and it shows that we’re interested in them and want to treat their child. Sometimes, the conversation continues over a long period of time, and we just try to maintain our desire to immunize the child and provide protection against these illnesses.”

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