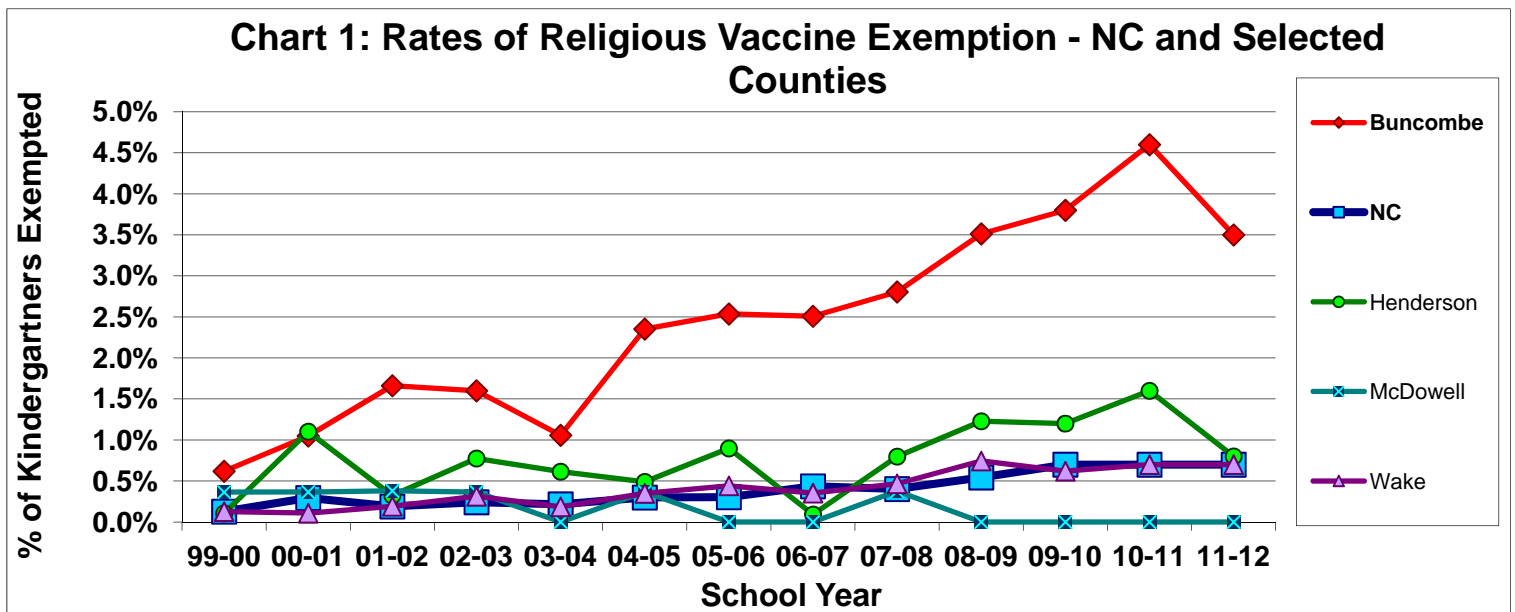


Vaccine Exemptions: How you can help improve immunization rates

For the past several years, Buncombe County has had the highest rate of vaccine exemptions for kindergartners in North Carolina. During the 2011-12 school year, 3.7% of Buncombe County kindergartners did not have all the required vaccines for school-entry. (See <http://www.immunize.nc.gov/schools/kindergarten.htm> for these required vaccines.) While this exemption rate is higher than we want it to be, the good news is that the 2011-12 school year was the first year since 2006-7 that the rate did not increase.

In NC, there are 2 types of vaccine exemptions that are allowable by law.

- Medical exemption - Used when a child has an allergy to a component of a vaccine or a medical condition that is a contraindication to the receipt of a required vaccine. Medical exemptions can only be requested by a physician licensed to practice medicine in NC. Only 0.2% of kindergartners in Buncombe County in 2011-12 had medical exemptions.
- Religious exemption - A parent submits a written statement of their religious objection to any or all required vaccines, allowing their child to be exempted from the requirement for those vaccines. While the law states that this exemption is only for those with “bona fide” religious objections, the written statement does not have to be signed by a religious leader or submitted to the state for review or approval. Parents of 3.5% of kindergartners in Buncombe County in 2011-12 claimed religious exemptions (see Chart 1).



Unlike some states, NC does not allow philosophical or personal belief exemptions to vaccines. It is thought that because the law does not make people “prove” their religious objection, most religious exemptions are in fact philosophical ones. Beliefs that parents may have that lead them to not vaccinate their children include:

- doubts about vaccine safety
- mistrust of pharmaceutical companies and government
- concern that the number of vaccines given to young children will overwhelm their immune systems
- uncertainty about the need for certain vaccines (as vaccines have been successful, public is less aware of vaccine-preventable diseases)
- belief that natural immunity is better or safer than immunity from vaccines

Research suggests that parent education on vaccines needs to begin early, ideally during prenatal care. The earlier parents-to-be receive medically-accurate information on the importance & safety of vaccines, the easier it may be to ward off the influence of misinformation and prevent vaccine hesitancy or refusal. The first immunization that is recommended for infants is the hepatitis B vaccine administered just after birth. Mothers and other persons who are going to be around the newborn should receive the Tdap and influenza vaccines at least 2 weeks before the baby is born. Parents need factual information about these and other vaccines, as well as the vaccine-preventable diseases they can protect their children from, *before* the overwhelming post-partum time at the hospital.

Although the internet is often a major source of information, **parents name their child's medical provider as the most trusted source of vaccine information and advice.** Numerous studies have found that the advice of their child's medical provider led vaccine-hesitant parents to vaccinate their children. We need to listen to parents' concerns and counter any mistaken perception of the risks posed by vaccines or the risks of vaccine-preventable diseases. Parents need to understand the consequences of not vaccinating their children. In addition to the potential health risk if a child is exposed to a disease he was not vaccinated against, an unvaccinated child may be excluded from child care, school, sports events, or other organized activities during disease outbreaks. This means that a parent could miss many days of work to stay home with the child. We also need to explain to parents that exemptions pose a threat to the herd immunity that protects those who cannot be vaccinated because of their age or medical conditions.

As trusted medical experts, your efforts to promote vaccinations are of the utmost importance. We recognize the many demands that are made of physicians, but just a brief recommendation from you for vaccination—even as short as 20 seconds—can be persuasive. I have included tips from the CDC for talking about vaccines with parents as well as a list of medically accurate websites that you can share with parents, your staff, or review yourself (see below).

The Buncombe County Department of Health wants to work with local medical providers to help counter the myths about vaccines and improve our community's vaccination rate. We would love to hear from providers about their "best practices" for convincing parents to follow the recommended vaccination schedule or to catch their children up on their vaccines after once believing it was best to delay. If you have ideas that you would like to share with us, want more information on addressing vaccines with parents or patients, or if you are interested in

working more closely with us on this issue, please contact me at
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Communication Tips for Talking with Parents about Vaccines

From "CDC Commentary--Overcoming Vaccine Concerns and Refusals" 6 Jun 2011 [cited 21 Oct 2012], at <http://www.medscape.com/viewarticle/742313>

1. **Take time to listen.** If parents need to talk about vaccines, give them your full attention. Resist the urge to multitask. This can actually save you time in the long run. Maintain eye contact with parents and restate their concerns to be sure you understand their viewpoint. Your willingness to listen will likely play a major role in helping parents choose vaccination.
2. **Solicit and welcome questions.** If parents seem concerned about vaccines but are reluctant to talk, ask them open-ended questions to let them know that you want to hear from them. Try putting yourself in parents' shoes and acknowledge their feelings and emotions, including their basic desire to protect their children. Remind them that their infant's health is your priority, too.
3. **Keep the lines of communication open and the conversation going.** If parents come to you with a long list of questions or information from the Web or other sources, try not to think of this as a lack of respect. Spending time to research vaccines means that this is an important topic for them. It doesn't mean they won't value your advice.
4. **Use a mix of science and personal experience.** Facts can be great, but *too much science* will frustrate some parents, and starting with the facts often doesn't work. On the other hand, *too many anecdotes* will frustrate other parents. Try to strike the right balance. Don't be afraid to share stories from your experience about an unprotected child who became ill, or that children in your family have received all of their vaccines.
5. **Talk openly about benefits and risks of vaccines.** Always discuss the known side effects associated with vaccines. Your openness helps sustain trust and keeps parents listening. Remind parents of the overwhelming benefit of preventing serious diseases by immunizing. If you are faced with a parent who is considering delaying a shot, tell them that not vaccinating their child leaves them at risk for diseases. Let them know that this is a risk that worries you.
6. **Reduce the stress of immunizations.** Give parents some ways that they can make the vaccination visit less stressful for the child. This helps put them in control, and also can make the experience less stressful for the parent. For infants, they can distract the baby during the vaccination with a favorite toy or soothe the baby by making eye contact, and talking softly. After the vaccine is given, suggest that mom cuddle or breastfeed. Toddlers can be distracted by telling a favorite story, singing, or taking deep breaths and "blowing out the pain." Encourage parents to praise their child and reassure them that everything is okay. Stickers or a visit to the treasure chest help, too! Don't forget that it's hard for parents to see their baby in pain. Reassurance helps -- remind them that the pain of the injection is temporary and the protection from disease is long-lasting!
7. **Document and follow up with highly concerned parents.** If a parent expresses a high level of concern about vaccines, you may want to document their questions and concerns. This record can be a helpful reference during future visits. Some practices follow up with a call or e-mail a few days after the visit. This will show that you care and reinforce trust.

Unfortunately, a parent may at times decide to delay or decline a vaccine. In these situations, a few things should be considered:

- CDC doesn't recommend excluding a child from your practice if the parent declines immunizations. While you may be trying to protect other children in the practice, but remember that without a medical home, the child is at risk for many different health problems -- not just vaccine-preventable diseases. They need your quality care.
- CDC suggests you share their fact sheet *If You Choose Not to Vaccinate Your Child, Understand the Risks and Responsibilities*. This tool explains the risks involved with this decision and the additional responsibilities parents need to take on. Many parents don't realize they are putting their children at risk by not vaccinating them, and that they will need to take special precautions when their children are ill and visiting the pediatrician or emergency department, to avoid spreading an infection to others, and to alert clinicians about appropriate diagnoses.
- Tell the parent that you would like to continue the conversation about vaccines during the next visit, and then make sure to do so.
- Last, you may wish to have them sign the American Academy of Pediatrics (AAP) *Refusal to Vaccinate form*. Ask parents to sign this form each time a vaccine is refused so that you have a record in their child's medical file.

Online Resources for Parents on Immunizations for Babies and Children

The video at this link addresses common questions parents have about the hepatitis B vaccine:

<http://kckidsdoc.com/the-hepatitis-b-vaccine-6-common-questions-answered.html>

1. Why does my newborn baby need a hepatitis B vaccine?
 2. What is hepatitis B?
 3. If my prenatal labs show that I am not infected with hepatitis B, why does my baby still need to get vaccinated?
 4. Isn't hepatitis B an infection spread through sex and drug use?
 5. How could my baby get infected with hepatitis B?
 6. What if I wait until my child is older to get vaccinated?
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American Academy of Pediatrics

<http://www2.aap.org/immunization/families/whyimmunize.html>

The Children's Hospital of Philadelphia (CHOP)

<http://www.chop.edu/service/vaccine-education-center/home.html>

<http://www.chop.edu/video/vaccines-and-your-baby/home.html>

Clear Answers & Smart Advice about Your Baby's Shots by Dr. Ari Brown

<http://www.immunize.org/catg.d/p2068.pdf>

Every Child by Two

<http://www.vaccinateyourbaby.org/>

<http://www.ecbt.org/parents/>

Parents of Kids with Infectious Diseases (PKIDs)

<http://www.pkids.org/index.html>

http://www.pkids.org/diseases/pertussis/silence_the_sounds_of_pertussis/family_stories.html

Stories of Vaccine-Preventable Diseases from California Immunization Coalition

<http://shotbyshot.org/>

Immunization Action Coalition

<http://www.vaccineinformation.org/>

Additional Online Vaccine Resources for Medical Providers

CDC's Provider Resources for Vaccine Conversations with Parents

<http://www.cdc.gov/vaccines/spec-grps/hcp/conversations.htm>

Immunization Action Coalition

<http://www.immunize.org/>