A Four-Step Vaccination Counselling Guide for Health Care Providers

This guide lists strategies for use by family doctors, paediatricians, nurses, and allied health professionals who are working to ease parent/patient concerns and barriers to vaccination. The information presented here synthesises current knowledge on evidence based vaccination practice, psychology and behavioural sciences.

The guide was developed as part of the UNICEF Ukraine project Capacity Development and Community Engagement to Overcome Misinformation About Vaccination, implemented in partnership with the Ukrainian Catholic University, funded by USAID Ukraine.
The factors that influence vaccination hesitancy

The main reasons for vaccination hesitancy are fears relating to side-effects and uncertainty about the production and quality of vaccines. Several studies have identified links between vaccine uptake rates and provider recommendations. This said, healthcare communication requires rapport and clinical time is scarce. Public perceptions of vaccination information, which often varies by information source, also present additional communications challenges.

Several biases underly the reasoning that accompanies immunisation anxiety, as follows:

- people tend to assume the existence of links between discrete arguments, such as linking a child’s disease symptoms to vaccine side-effects
- those who opt against vaccination display confirmation bias when exploring their decisions
- there is also a tendency to pay greater attention to the consequences of action rather than inaction
- a general preference for lower-risk options may see parents who trust vaccination efficacy hesitate on the issue of adverse reactions, this tension could lead to cognitive dissonance
- there is also a tendency to prefer options that maintain the status quo. Those who have limited experience of the disease to which the vaccination relates may find it hard to identify with the benefits and seek options that are consistent with their own prior experiences
- the details of vaccination could induce cognitive load, which has the potential to confound decision making and associated reasoning processes.

The evidence suggests three primary considerations for those seeking to motivate vaccine uptake, as follows:

- vaccination decisions are associated with parents’ perceptions of risk of infectious diseases, and confidence in vaccines
- social norms influence vaccination behaviour
- drawing on positive intentions, whilst avoiding the need to focus on specific thoughts and feelings, such as default options, simplified procedures, and reminders.

Therefore, building on psychology and behavioural science, this guide will help healthcare professionals to communicate effectively with patients through these four steps:

Be prepared, listen, use appropriate messages and plan with patient.
Step one: be prepared

- be prepared and reach out to your patients prior to their vaccination consultation
- prepare brochures and/or handouts
- think about establishing groups, to provide consistent messaging about the safety and efficacy of vaccines
- send information in advance
- make a presumptive suggestion (not a question) ‘it is time for your child to make a vaccination’
- collate several simple facts
- use reliable sources of information

It is time for your child to get their vaccination. We can go ahead and do it today.

Step two: listening

- build rapport and accept questions and worries
- express your sympathy and the fact that the health and well-being of the child/patient is a shared interest
- establish mutual trust, through verbal and non-verbal communications channels
- make patients/parents feel comfortable
- listen and show a respectful attitude to the parents concern
- provide feedback
- avoid judgments
- connect to the situation of the particular patient/parent
- make use of similarities between your family’s lifestyle and the patients’.
What are your concerns?  
I’m sorry to hear about this situation (in the event of barriers and/or concerns around adverse effects)

Your questions are absolutely understandable. You’re doing what any good parent would do. I know that your child’s safety is very important to you. You’re doing the best for your baby.

Can I share some results from our investigations? Do you mind (or would it help) if I share some facts with you? This vaccination was studied extensively and has been found to be very safe.

It’s great that you’re exploring the topic. Whilst the internet contains some useful information, it also contains erroneous information.

I know what it feels like. My children (and my wife/husband/relatives) are also vaccinated. I also share a healthy lifestyle, but I seek vaccination as well to help my immune system.

Let’s agree that we should both do our best to protect your child.

The decision to refuse vaccination is not a safe decision, nor is it risk free. Vaccination provides efficient and safe protection.

Without vaccination, your child is more likely to get the infectious disease. I can tell you that the adverse effects are extremely rare, and the chances of contracting the infectious disease are much higher.

The good news is that by deciding to get vaccinated you are actively protecting your child.
<p>| Guiding versus directing approaches in pro vaccine communication |
|---|---|---|
| <strong>don’t do</strong> | <strong>why traditional messages do not work</strong> | <strong>suggested improved messages</strong> |
| don’t persuade people that their viewpoints are wrong | parents should be encouraged to review their viewpoints, and this should be done not to attack but rather to support. Efforts to debunk deeply rooted, anti-vaccine myths is not only ineffective but may enfore these misconceptions. | instead of focusing on the correction of erroneous views, it’s a good strategy to allow for your interlocutor’s worries and highlight some new relevant circumstances. This approach allows interlocutors the opportunity to change their position without losing face. |
| don’t scare and/or highlight risks | the interaction can be complicated by the feeling of fear. Although fear messages are effective in the short term, they breed long-term resentment (thereby affecting future vaccine uptake adversely) and are undermined by anger responses. | placing special emphasis on confidence and motivation. It is important to highlight the disease risk and that vaccine is the only effective method that parents can use to protect their children. |
| don’t ignore verbal or non-verbal hints | people make more positive decisions when they are in a good mood. People perceive the verbal and non-verbal signs and in a few seconds subconsciously form their attitude. Avoid impulsivity and irritation. In a dispute, someone always loses. Remember to pay attention to the tone of the voice - do not teach or be too lenient. | employ relaxing body language; mind the tonality of your voice - it should not be preaching or patronizing, but rather caring and concerned; establish eye contact; avoid becoming irritated; determine when the patient is ready for a change; acknowledge/listen/empathize; avoid specialized terms; use personal and/or similar examples from your own experience. |
| don’t start the conversation with the argument on herd immunity | the research demonstrates that societal advantages have little relevance to the direct benefits for individuals. | it’s better to emphasise the evidential benefit as they relate to the children. Address the patient and the child by name, show your care for them. |</p>
<table>
<thead>
<tr>
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<tr>
<td>don’t claim that vaccines are 100% safe and that side effects do not exist</td>
<td>this compounds patients’ suspicion.</td>
<td>provide information about vaccine’s benefits as well as vaccine reactions. Emphasize that being exposed to the hazard or suffering from a disease is quite different to getting the vaccine. Emphasize that you are an expert with deep knowledge in the topic.</td>
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<td>don’t repeat myths</td>
<td>the main goal is to oppose its falsehood. People often memorize inaccurate information, so it makes sense not to debunk myths, but rather to create a different storyline.</td>
<td>do not repeat a myth but present an easy and catchy fact that can replace a myth: say firmly that the conception is a sheer myth; explain why the myth is false; provide new fact; prepare several strong responses in advance.</td>
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<td>don’t highlight that other people are refusing to vaccinate</td>
<td>this negative example is associated with reduced coverage (‘if others are not vaccinating then why should I?’ or ‘if others forge vaccination records, so can I’). The previous experiments show that people tend to act as others do.</td>
<td>demonstrate the positive improvements in vaccination coverage in your specific community. Tell people if the majority of parents have chosen to vaccinate their children.</td>
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Identifying parental views on immunization might help health care providers to communicate with parents appropriately. However, the general recommendations can be applied in any situation: establishing mutual trust, accepting questions and worries, and bringing the parent to the appropriate decision.

Tailored counselling strategies for specific hesitancy types

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<tr>
<th>Hesitancy level</th>
<th>Counselling strategy</th>
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<tr>
<td>parents/patients are interested in additional information on vaccinations for their children</td>
<td>inform them about both the vaccine and the disease, minimize hurdles (remind them that no additional medical testing is needed before vaccination), simplify the process as much as possible, don’t miss an opportunity - offer to vaccinate during this visit, and boost confidence in the safety of vaccination (speak confidently and caringly).</td>
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<td>parents are reasonably reluctant to immunise their children</td>
<td>draw attention to the benefits of vaccination, identify and respond to reasonable doubts, foster confidence through the provision of memorable facts.</td>
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<td>parents have come across negative information about adverse consequences in the media</td>
<td>stress that benefits of vaccination exceed the risks, emphasize that vaccination helps prevent the risks of infectious diseases, enhance confidence in vaccine safety, elaborate on social norms, place special emphasis on the interests of the child.</td>
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<td>parents are convinced vaccine oppositors but are ready to listen to the other side of the argument</td>
<td>suggest that parents read additional verified information, intensify risk assessment, dispel myths, start with discussion of vaccination possibility.</td>
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<td>parents are committed to persuade vaccine providers of the anti-vaccination position</td>
<td>the consultation should be based on a guiding principle of dialogue and mutual respect, with focus on building rapport, communication styles, eliciting the parent’s own reasons for immunisation (“what will help you be sure of vaccination safety?”, “what benefits do you see in protection against infectious diseases”). You can offer to continue the conversation next time and reference to additional reliable source of information.</td>
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Step three: guiding decisions through appropriate messaging

Behavioural science techniques for effective vaccine promotion

**Message**

I vaccinate my own children against the measles (other infectious diseases) too, because I know that the vaccine protects against the disease.

I spend a lot of time investigating this issue and as a doctor I strongly recommend that you vaccinate your child.

Vaccinating is relatively easy. What is more difficult is to treat the measles or other infectious disease complications. Imagine how much you will regret if your child gets sick while you knew that risks could have been prevented.

This is especially dangerous for young children (or during pregnancy / for the elderly / those who frequently interact with other people).

Number of children that are vaccinated in our district is growing. The numbers of those who risk contracting this deadly disease are dwindling.

Over the last month, more than _ _ _ children have been vaccinated in our city. Other parents and your neighbours have already protected their children from infectious diseases with vaccination.

It is time for your child to get vaccinated. Today your child is going to get the vaccination.

It’s easy: vaccination takes just a few minutes. There’s no need for any analysis. Vaccination against measles, mumps and rubella is free of charge: for children, adults and those in contact with infected people.

It’s safe: people are vaccinated with safe vaccines that effectively protect from diseases.

**Evidence**

**Messenger**

The advice from health care providers plays a significant role in the patient’s decisions on health issues. Recent studies show that appropriate interactions with a therapist that emphasize the benefit of vaccination encourage parental decisions.

**Incentive**

Messages that stimulate feelings of anticipated regret are reported to be powerful in changing peoples’ vaccine uptake, as this method is used to appeal to a feeling of ‘lost opportunity’ where a negative immunization-avoidance-related scenario occurs. Cost-benefit weightings are also effective for hesitant people, as they promote the idea that it is cheaper to prevent a disease than to treat it (multiple vaccinations at one time are safe and will save time from separate visits to the clinic. In case of illness the child will not be able to attend kindergarten / school for a long time). The specific patient and child’s well-being should be addressed, rather than the wider pediatric context.

**Norm**

Hesitancy levels can be reduced by providing social norm feedback. Studies show that people tend to change their behaviour in accordance with social conventions.

**Default**

When acceptance is presented as the presumptive norm that will facilitate a choice, vaccine uptake increases.
New brochures, handouts, posters, interesting facts. You can find the layouts of the materials here and print them. The design of your office can also help you in the counselling. For example, posters or stickers of smiling and healthy children or the calendar of vaccination.

Do you generally consider the importance of preventing infectious diseases, aware of the risks? Can we get back to the vaccination issue again? We can arrange for you to read the additional information I recommend and you will prepare your questions.

Please meet my daughter/son/grandchild (photo). She/he has been vaccinated against measles, because I am certain of the quality of the vaccine and I know that it will help them to prevent infection. As a father/mother/grandmother, I want the best for my child/family. As a doctor, I know that it is easier to prevent measles/or other relevant diseases than to treat them. That is why I recommend that your children get vaccinated, and I am here to help with that every day.

Let’s plan your next visit. Can you please sign here to finalise the date of your next visit? Here is a note with the date of your next visit: can you please add it to your calendar?

“I’m vaccinated” stickers, sharing stories/selfies on social media encourage self-promotion of parents/patients.

Salient
Everything new and bright attracts people’s attention. Make sure you update your vaccination materials from time to time. You can also come up with interesting and unusual vaccination facts.

Preparing for a decision
A question of intent is an effective tool. If patients/parents promise to think or express support for the issue, the likelihood that they will be vaccinated increases. People try to choose the easiest way to make decisions and often follow similar previous examples of other people or previous decisions.

Affect
People do not always operate through reasonable processes. On the contrary, people tend to trust their instincts. Messages should address emotions.

Commitment
Committing to a specific action can motivate action, help people overcome forgetfulness, and build a sense of responsibility. Commitment strategies and implementation plans are effective tools to guide the parents actions.

Ego
The stickers/selfies or any other kind of acknowledgement can make the patients feel the reward but also to become promoters of vaccination. The health care professional can become the ambassadors of the vaccination as well (e.g. signs ‘I’m vaccinated against influenza, which protects you’).
Step four: make a plan together with your patient

- encourage parents to make plans and commit to further actions
- schedule next visits to continue the discussion
- ask the parents to mark appointments in their calendars
- use reminders (sms, social media, letters, messengers, etc.)

Do you have any more questions or concerns? Let me recommend to you some resources about vaccination? Please write/call if you have any questions.

The vaccine is absolutely necessary for your child. I recommend that you get the vaccine today.

I suggest we discuss it again during your next visit. Let’s arrange a date for your next visit. I will call you tomorrow/next week to check how your child feels/remind you about your next/planned visit.
Place a check in one box:

- I will get a vaccination for my child to reduce the risk of getting the disease
- I will not get my child vaccinated and accept that this may increase the risk of getting the disease

Check list to do with your child before the beginning of flu season/Christmas/beginning of new school year

- Count the stars
- Find as many animals as possible on the clouds
- Freeze berries for winter/try to freeze the soap bubble in the snow
- Write your wishes/plans/letters to Saint Nicolas
- Get vaccinated against flu/measles/etc
- Your ideas

Mark in the calendar the date of your next doctor’s visit and/or vaccination appointment.

7 Questions to Ask Your Doctor Before the Vaccination

Please feel free to ask me any questions and share your concerns. I’ve prepared a list of questions that you may have.

- How do vaccines work exactly?
- Should I do anything to prepare my child for the vaccination?
- What diseases do these vaccines prevent?
- Why is it important for my child to get these vaccines?
- What are the risks of vaccinating, and how do they compare to the risks of Diseases like measles or the flu?
- What are the adverse reactions to these vaccines, and what should I do if my child experiences one?
Useful and trusted resources

World Health Organisation (WHO)
https://www.who.int/topics/vaccines/en/

Center for Disease Control and Prevention (CDC), USA
https://www.cdc.gov/vaccines/index.html

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Selected references:


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