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Addressing Vaccine Hesitancy in Pediatric Care

Announcer:
You're listening to *On the Frontlines of Pediatric Vaccines* on ReachMD. Here's your host, Dr. Alexandria May.

Dr. May:
This is *On the Frontlines of Pediatric Vaccines* on ReachMD, and I'm Dr. Alexandria May. Joining me today to discuss the impact of misinformation on pediatric vaccine hesitancy is Ms. Kira Anson, who's a Registered Nurse with a Master of Science in Nursing and board certification in emergency nursing.

Ms. Anson, welcome to the program.

Ms. Anson:
Thank you, Dr. May. Thank you for the nice introduction. And thanks for having me. I want to add that I'm also a PhD student at the University of Missouri Kansas City, and I'm here with support of my chair, Dr. Sarah Patel.

Dr. May:
That's amazing. Thank you for that. Let's start with the big picture, Ms. Anson. What does vaccine hesitancy look like in your practice today, and how has it evolved over the past few years?

Ms. Anson:
So I think it's interesting to talk about vaccine hesitancy as a concept. If you read about it in academic literature, it's both a behavior and a belief system.

Vaccine hesitancy was more like a fringe thing. It was a lot of hippie crunchy moms that weren't vaccinating their children. They'd often say things like, natural immunity is better. But it was more of a feeling that they had. It was really vague and ideological.

And then COVID-19 hit, and then the whole world kind of collided with it. And it was all under this umbrella of a person's right to decide what was best for their children. And now, we see a lot of like conspiracy theories that vaccines are there to implant chips into us. I read one study that said that their preacher told them not to vaccinate their children because the government was using vaccines as a form of eugenics.

Yeah, it's stunning. It's absolutely stunning. And then we see a lot of social media propaganda that natural immunity is better than getting a vaccine. And then I hear a lot of references right now to this Brady Bunch episode—which is really weird—where all of them got the measles and it was just like this little rash, and everybody got better in a couple days. It was nowhere near close to the reality where one in five kids ends up with pneumonia.

Dr. May:
And building on that, how is misinformation showing up in conversations with parents? Could you walk us through the most common myths or misconceptions that they bring in?

Ms. Anson:
Yeah, absolutely. So misinformation's really interesting, because we think of it as this insidious thing, where people are out there trying to change minds.

But really, if you have a bad feeling towards something, you actively go seek out information that confirms whatever you believe. So it's almost like a confirmation bias. But really, what people are doing is trying to close off that cognitive loop, where they are looking for

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information that supports what they already believe.

A recent study by Guess et. all in 2020 found this in relation to vaccines, especially. They found that even if you're exposed to one piece of misinformation, you'll keep going and looking for more and more. And this is all independent of algorithms or even targeting by social medias—not that this doesn't happen. This happens all the time, but we're more apt to look at what we're exposed to.

So, bringing this back to your question, in the ER, every triage patient is asked their vaccination status, and if the answer is no, I always ask why—partially because I'm kind of nosey, I'm curious, and it's what I've been studying, so I want to know what's going on. But also, we need to understand if there's like an underlying medical condition, right? We need to know, are you immunocompromised? A lot of parents don't think about it, because they're worried about their kid in an emergency.

This comes up in a lot of ways that are more like excuses. Especially with the flu vaccine, parents will check in with their kids for flu-like symptoms. You ask the status, and parents will say, oh, the flu vaccine causes the flu.

So the most common themes I see are that we get too many vaccines. I see that a lot. And this was echoed recently in the changes to the vaccine schedule. I hear a lot of “profit before patients” and that Big Pharma is out to get us. And I'm sure you know vaccines. It’s a lot more affordable to vaccinate your child than it would be to get sick.

Dr. May:
Absolutely.

Ms. Anson:
I think the most recent thing that I saw—because I'm working on a proposal right now—is it's 83 cents to produce and administer the MMR vaccine, but the most recent outbreak was 50,000 dollars per kid per measles. Yeah, I know.

Dr. May:
That's outstanding. That's just an incredible cost.

Ms. Anson:
Right. So I don't know who's making money from vaccinations. But with these numbers, the 50,000 dollars is not just kids that ended up in the PICU. That's anybody who didn't go to the doctor and just stayed at home. That's per case— 50,000 dollars per case.

Dr. May:
Now, when parents start believing this misinformation, how do you think it influences their trust in healthcare providers and ultimately their vaccination decisions?

Ms. Anson:
I think you hit the nail on the head. That's really the biggest problem, because patients really do try to trust their pediatricians. They really want to. They trust their primary care provider.

There's a general mistrust of health as an institution, the institution of health. Many think that we, collectively, are out to get them and covering up data. This is very true of vaccines. I think the COVID-19 pandemic brought in this onslaught of fear around vaccines and the misconception about how they're produced and how studies work. And then this general mistrust in science, and a mistrust in science breeds a mistrust in vaccines. And so we're really fighting against something here.

Dr. May:
Absolutely. For those just tuning in, you're listening to *On the Frontlines of Pediatric Vaccines* on ReachMD. I'm Dr. Alexandria May, and I'm speaking with Ms. Kira Anson about combating misinformation and building confidence in pediatric vaccines.

So, Ms. Anson, now that we have some background on vaccine hesitancy, let's talk about the best ways providers can respond to it. What approaches have you found most effective when addressing misinformation and guiding parents towards evidence-based decisions?

Ms. Anson:
So communication strategies still remain the number one intervention that we have. But then these big, large-scale interventions don't necessarily work. We keep trying to change what we're saying as the information that we're giving about vaccines or combating misinformation with right information, and that doesn't necessarily work.

I think as healthcare providers, we tend to be very paternalistic and all knowing, which adds to this exclusivity of science, and that breeds distrust as well. But these face-to-face dialogues that we can have with people really help. I think one of the best interventions that I've seen so far is a Facebook group called Moms on a Mission, and they do one-to-one counseling with people. They combat

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misinformation directly. They say, tell me why you feel that way. And they kind of undo these ideas that people have. And that takes time. We can't dismiss people just because they don't think like we do.

Dr. May:
Absolutely. And moving beyond even just a single visit, how can clinicians help build lasting vaccine confidence in families?

Ms. Anson:
I think we need to listen and be patient, because it's not just going to happen in one visit. We need to be understanding. Parents love their children. They want to do what's right for them, and I think they think they're harming them. And we need to work with them and not against them.

Going over the vaccine information—I know as a nurse I just hand it out all the time. I'm like, here we go. We're doing this today. Gotta get your tetanus. Let's go. Let's go. But actually going over the information and seeing what would be expected versus not expected is very important.

Also, talk about the vaccine reporting system. You can report anything to it. It doesn't necessarily mean that it was a vaccine injury. My husband didn't know that. I was telling him today, yeah, anything you want—you can get in a car accident and be like, well, I got a vaccine today.

So that's the problem. We need to not dismiss them. We need to try to understand what the underlying psychological reason is the person is hesitant to vaccinate. And this may take more than one conversation. It may be vague, and it may be very complex.

Dr. May:
As we wrap up, Ms. Anson, do you have any final thoughts you'd like to share with our audience?

Ms. Anson:
So this is a growing problem, right? This is the focus of my research. It keeps getting bigger and bigger every single year, every day. We have to be very mindful of our approach. There's so much information out there, and discerning facts from reality is really complex. I know that scientific literature is really complex. Statistics are incredibly hard to interpret, and at the end of this dialogue, there's just an innocent little kiddo that none of us wants to get sick.

Dr. May:
Absolutely. Those are great takeaways for us to consider as we end today's program. I want to thank my guest, Ms. Kira Anson, for sharing her insights on addressing vaccine hesitancy and misinformation about pediatric vaccinations.

Ms. Anson, it was great having you on the program.

Ms. Anson:
It was nice to meet you, Dr. May. Thanks for having me.

Announcer:
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