

Transcript Details

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Why Health Literacy Matters for Vaccine Decision-Making

Announcer:

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

Dr. May:

Welcome to *On the Frontlines of Pediatric Vaccines* on ReachMD. I'm Dr. Alexandria May, and joining me to discuss the role of health literacy in vaccine decision-making is Dr. Mobeen Rathore. He's the Founding Director of the University of Florida Center for HIV and AIDS Research, Education, and Service, a Professor and Associate Chair in the Department of Pediatrics Jacksonville, as well as the Chief of the Division of Pediatric Infectious Diseases and Immunology at the University of Florida College of Medicine in Jacksonville. Dr. Rathore, thanks for being here today.

Dr. Rathore:

My pleasure.

Dr. May:

To start us off, how does health literacy influence the way patients and their families make decisions about vaccination?

Dr. Rathore:

Historically, health literacy was from publications, journals, medical literature, and such. And now, health literacy seems to be coming from the media, social media, the web, LinkedIn, and all those resources. And so, while health literacy is extremely important, I think one should be careful not to equate information to knowledge. Just because you are seeing some information on social media, as Abraham Lincoln said, "Everything you hear on social media may not be true."

Dr. May:

And what are some of the most common misconceptions or knowledge gaps that you encounter in conversations about vaccines?

Dr. Rathore:

I think the most important issue with vaccination is the extreme amount of misinformation and disinformation in the media about how vaccines cause so many problems that it has got nothing to do with. We all know about vaccines and autism. We know about the whole fraudulent study that was published from the UK on the MMR vaccine causing autism, a study that was subsequently withdrawn, and all but one author retracted it.

But it seems like that information has stayed with us and has permuted into other areas. Almost anything anyone has is sometimes attributed to a vaccine, none of which is true. Many of these things have been debunked over and over again by studies looking at hundreds and thousands of children who have received vaccines.

Dr. May:

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 Dr. Mobeen Rathore about how health literacy can support informed decisions about vaccines.

Now, Dr. Rathore, let's shift our focus to practical strategies that can help patients and families navigate vaccine information with confidence. How can healthcare professionals guide patients in distinguishing credible information from inaccurate or misleading claims?

Dr. Rathore:

Yeah, I think it's important for us as healthcare professionals, first of all, to be knowledgeable about the safety and efficacy of the

vaccines and also acknowledge when there are issues that are real. So with the vaccines that are available, we need to be very certain that we understand that each of those vaccines have been well-studied and have been given to hundreds, millions of people, actually, all around the world.

And while any medication—even as simple as Tylenol—can have a side effect, there are no major side effects that are associated with most of these vaccines. And I think we also need to be very confident that, at least until recently, the system in place to look at any side effects or serious side effects from vaccines are identified quickly and are actually taken.

And you may remember back in the '90s, we had a vaccine—the first vaccine for prevention of rotavirus—and there was a signal of causing intussusception. There were only nine cases. And CDC, at that time, looked at that, stopped the vaccines, and subsequently, that vaccine was removed from the market.

If, God forbid, there is an issue with the vaccine, it will be picked up by the prevailing system that we have in the United States to pick up any signal for any serious adverse event. The CDC, the VAERS—Vaccine Adverse Event Reporting System—looks at that and looks at it on an ongoing basis. And for any signal they have, they will go and investigate and see if that relationship to a vaccine is real or not. So we have a system in place that looks out for our children to make sure that if there's any issue, the vaccine will be removed.

Dr. May:

And what communication approaches have you found most effective when explaining vaccines to patients and families that have varying levels of health literacy?

Dr. Rathore:

Yeah, I'll tell you there are lots of things we can do. There's a whole body of communication literature. I'm not the expert on that. I'll tell you, after explaining to people the safety and how important it is—you know, I grew up in northern United States, and I've seen these terrifying and horrific diseases. Vaccine-preventable diseases. And then when I began practicing in the United States, I'm probably one of the few remaining pediatricians who have seen a lot of horrific diseases like meningitis and others caused by these diseases, which are prevented by the vaccine.

So after explaining to them the safety and the terrible diseases that these vaccines prevent, the thing that I often tell people—I think this is important to me—is, "Listen, I'm giving these vaccines to all my children, and now I'm recommending and suggesting and giving it to all my grandchildren. And while I love all children, there are no children I love more than my own children and grandchildren, and I cannot give you a better or stronger recommendation." Now, that may not sound very scientific, but I think it's very personal and it's very important.

Dr. May:

Absolutely. Now, beyond conversations in the clinic, how can schools, community organizations, and public health programs play a role in improving vaccine education?

Dr. Rathore:

Yeah, I think this is extremely important. I think parental groups need to demand that their children—especially those parents who vaccinate their children—should demand that schools have strict vaccine policies, so their children are protected.

No vaccine is 100 percent protective. We all know that. And then there are children who cannot get the various vaccines for various underlying health conditions, and some will not respond to the vaccine because of their underlying health condition. And the young infants and children, before they're eligible for vaccines, are all at risk.

So, I think as parents, you need to organize and demand that if your kids are going to go to childcare centers or go to schools, that there should be strict policies, and that the children should get the vaccines. Because, yes, vaccines protect individuals. But vaccines also protect communities.

You know, we forget. We have not seen these terrifying diseases. If you go back and look back at history when the initial polio vaccine was introduced in the United States, I'm sure we have all read about how the lines were formed around the blocks so kids can get their polio vaccine, because parents and grandparents had seen how devastating polio could be.

And so now we don't see those diseases, and as those disease fall, it becomes an impression in the eyes and minds of people and parents that, "Oh, you know, these diseases are not here. They are somewhere else. Our kids are protected." But, let me tell you, I live in Florida, and if your child is not vaccinated, their exposure to a deadly disease, as we have seen in measles recently, is only a flight away.

You know, some child coming from some other part of the world who has an infection can expose you. There are over 2,000 diseases,

and it's still ongoing, which we have seen since December in the United States and the big outbreak of measles in West Texas. These are signs that if we don't vaccinate or if the vaccination system becomes weak, we are all in for these horrific diseases coming back.

Dr. May:

And finally, Dr. Rathore, what would you like clinicians to keep in mind as they work to improve vaccine understanding and confidence among their patients?

Dr. Rathore:

Physicians and nurses are still the most listened to professionals by our patients. And so I think physicians should talk with their families. And don't talk at them, talk with them. Discuss with them. There's a lot of information out there. Be cognizant of the fact that all parents want to do what's best for their children. Our job is to make them understand why vaccines are what they can do for their children, and why it is the best thing they can do for their children. I mean, literally, if you think about it, other than clean water, vaccines are the best and the most important thing in our toolbox to keep and make children and populations healthy.

Dr. May:

That's a great way to round out our discussion. I want to thank my guest, Dr. Mobeen Rathore, for joining me to discuss how we can help patients and families better understand vaccination and make informed decisions. Dr. Rathore, it was great having you on the program.

Dr. Rathore:

My pleasure. Thank you.

Announcer:

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