


Vaccine Hesitancy
Vermont's Approach in 2014

VERMONT
DEPARTMENT OF HEALTH

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Objectives

- Identify catalyst for vaccine hesitancy efforts in Vermont
- Identify key components of the plan to address vaccine hesitancy in Vermont
- Highlight goals and issues for public education campaign and targeted social media efforts
- Discuss importance of support from primary care providers and other interested groups

Vermont Specifics

- VT's first school immunization law passed in 1979; child care in 2008
- Medical, religious and philosophical exemptions have always been allowed
- Increase in non-medical exemptions since 2008, when two-doses of varicella were required
- Legislation passed in 2012 added steps to request a non-medical exemption and increased school reporting requirements

What prompted anti-vaccine efforts?

- 2012 - Legislation to eliminate the philosophical exemption introduced
- Passed the state Senate; numerous hearings in the state House
- Increased media attention; misinformation
- Vaccine “choice” coalition formed; constant presence at the Legislature
- Vaccine choice receive “support” from NVIC

New legislation: Act 157 (2012)

- Require parents to “read” parental education material developed by Health Department
- Require completion of non-medical exemption forms annually
- Reduced provisional admittance from1-year to six months
- Require school reporting for K, 1, 7 and 8th grades; with details on reason for non-vaccination
- Schools must make aggregate immunization rates publicly available

Moving forward

- Accept limitations: short period between passage of legislation and implementation
- Listen to feedback – VT PHA identified a need to improve how we present information
- Identify what was learned in the process –
  - Vaccine hesitancy is an issue in Vermont
  - Need to more effectively reach parents of young children with accurate information

Strategies to Address Vaccine Hesitancy

- Develop a comprehensive plan
- Use data to “your” advantage – avoid misinterpretation and misuse by “vaccine choice” groups
- Clearly identify a priority group
- Use social media to connect with parents
- Maintain a close working relationship between primary care providers and public health

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Vermont Immunization Program

2013 Annual Report

Immunizations are the single most important way to protect your family against serious and sometimes deadly diseases. Many of the diseases that vaccines prevent can't be easily treated or cured. Some are especially dangerous for infants and young children as they spread easily from person to person. Even one infected person can cause an outbreak of diseases like measles and chickenpox.

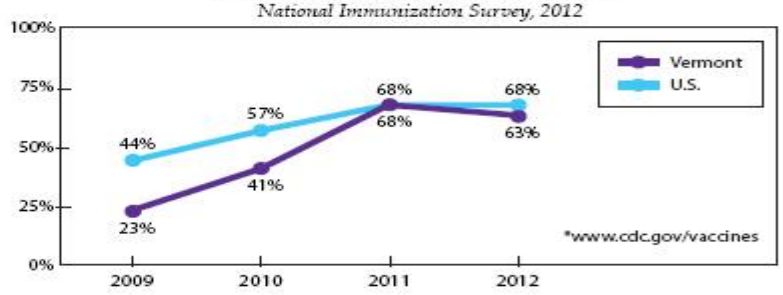
The Immunization Program conducts ongoing assessments of population health status to identify populations at risk for vaccine preventable disease, and to find opportunities to reduce risk and promote health. Program activities are developed based on best practices to ensure access to affordable vaccines, support vaccination in the medical home, and provide the public with information needed to vaccinate with confidence.

Data highlights

The vast majority of Vermonters are immunized, but a small number of children and adults are not. The following data outlines the populations of concern and opportunities for increased protection.

Vermont immunization rates, 19–35 month olds, by vaccine (National Immunization Survey, 2012)
Immunization rates for Vermont toddlers (19–35 months) are below state and national goals, according to new statistics from the Centers for Disease Control and Prevention (CDC). Results from the 2012 National Immunization Survey show that 63 percent of children under 3 years of age in Vermont received the full series of recommended vaccines. The 2012 U.S. rate was 68 percent, and the Healthy People 2020 goal for the series is 80 percent. In Vermont, immunization rates for individual vaccines such as measles, polio, pertussis and pneumococcal dropped in 2012 after three years of increasing rates.

Vermont children 19–35 months who completed the full immunization series*
National Immunization Survey, 2012



Campaign Development

- Contract with a marketing group
- Review key research findings
- Focus groups held
- Working with local pediatricians to create a "Vermont" feel
- Importance of ongoing funding for social media

Priority Group

Persona: Meg

TRAITS

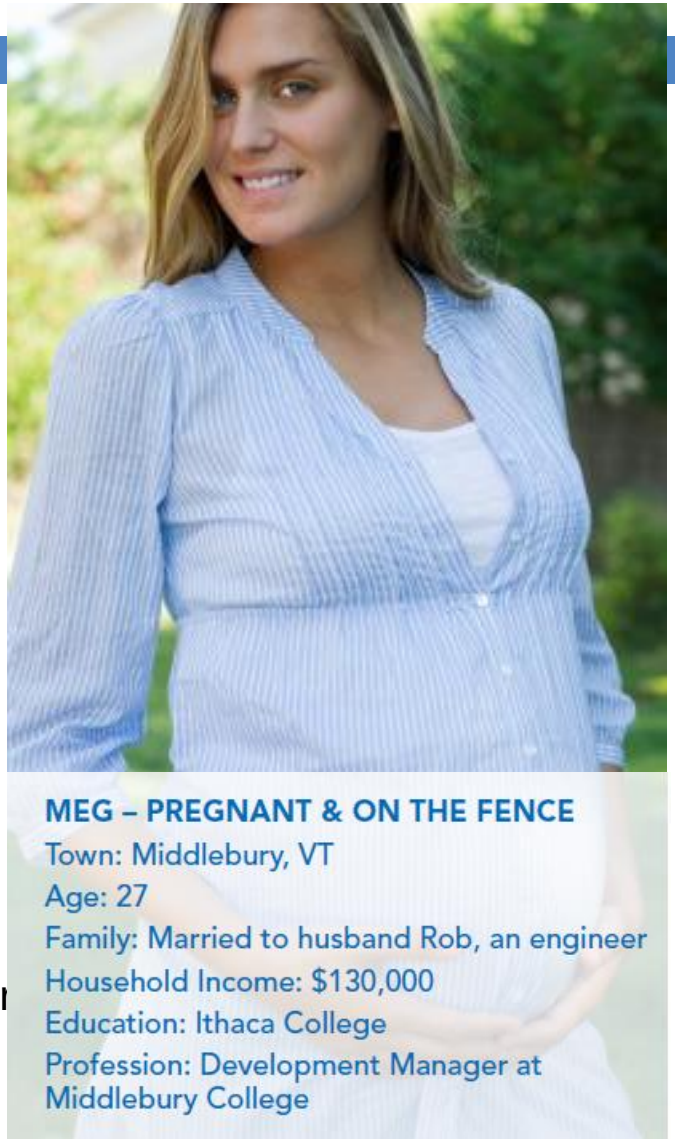
- Social
- Researches online
- Learning from websites to make responsible decisions for her baby

VALUES

- Strives to strike a balance: extreme opinions rub her the wrong way
- Maintaining her pregnancy “by the book”

MEDIA HABITS

- Runs most of her life on her iPad
- Uses her smartphone for texting and research
- Watches video primarily online and often on her
- Reads the community weekly newspaper



Insights

- Priority group perceptions
- No history with the diseases
- Alternative vaccination schedule increasing
- The right balance of information impacts perception
- Healthcare professional are trusted advisors

Challenges: Vaccine Hesitant Parents

Acceptance isn't solely based on efficacy

- Different cultural worldviews
- Social networks
- Risk perception
- Emotions

Different Interpretations of Data

- Anomalies in the data
- Looking for 100%

Challenges: Silent Majority

Perspective

- Nobody got sick isn't much of a story
- Trusting the establishment isn't "trendy"
- Most people are not ready to discuss their beliefs in a public forum accessible to anyone

Anger spreads faster online

Information consumers

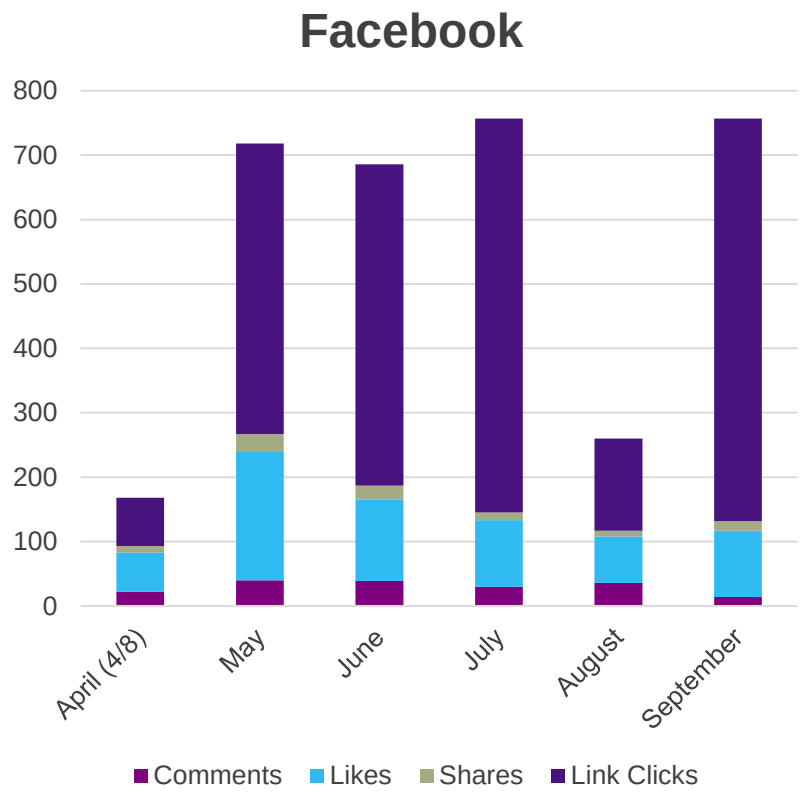
Campaign Strategy

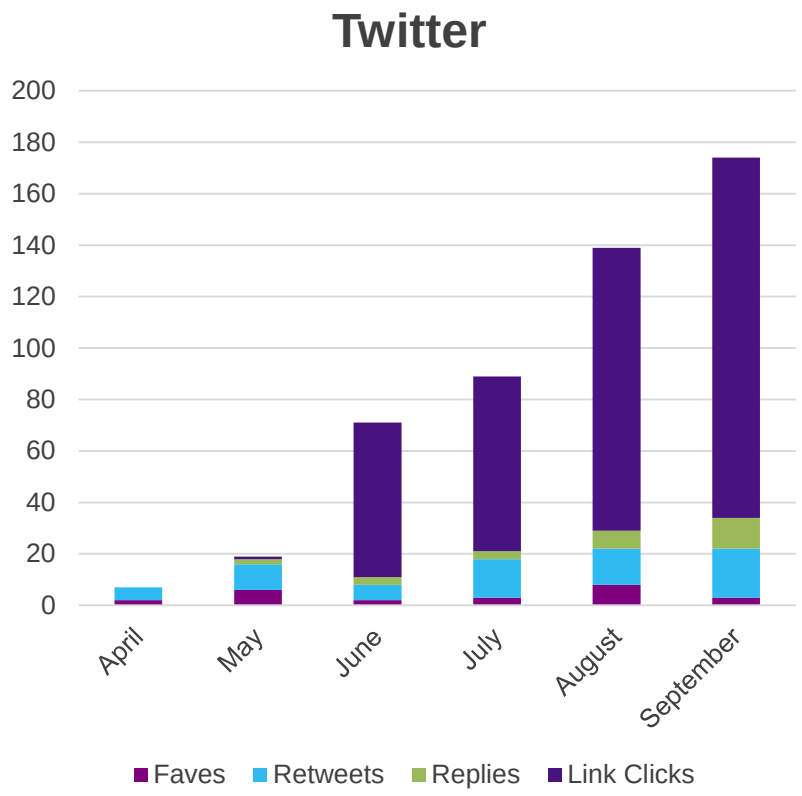
- Present information in a way that parent's fears and concerns are addressed and acknowledged
- Create a brand that is positive, approachable and transparent
- Provide audience with the information they need via the channels they use
- Provide healthcare professionals effective tools

"It's Ok to Ask" Campaign

Effectiveness: Social Media

Engagement: Consumption





Public health primary care integration

- Primary care providers – informed throughout the planning process
- Child Health Improvement Programs – conducting research, using QI efforts to promote vaccines
- Medical society, AAP, AAFP, NP groups - communication
- Non-profits

Future planning

1) How to maintain effort and address new initiatives (HPV, adult, IIS-HL7)
2) Limited Funding
3) Should efforts be maintained or enhanced?
4) Campaign questions
   - Should we try to maintain web, FB, Twitter, YouTube at current level?
   - What's the right length of time for a campaign?

Thank-you!!

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