Communicating about vaccination with caregivers and patients

A communication training module for health workers

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Training purpose and learning outcomes

**PURPOSE**

To support health workers (HWs) in their role to confidently recommend vaccination to caregivers and patients.

**At the end of this training, the participant will be able to:**

1. take a proactive role as a HW in contributing to vaccine confidence;
2. effectively communicate benefits and risks to support a vaccination decision;
3. identify different perceptions and positions regarding vaccination;
4. respond to concerns about vaccination using motivational interviewing techniques; and
5. facilitate a clear and structured conversation to build confidence in vaccination.
Pre-training
self-reflection
Part 1: Vaccine confidence and the role of HWs
Vaccine confidence

Vaccine confidence is the **trust** that individuals have in:

- recommended vaccines
- vaccine policies and the health system that delivers vaccines
- **HWs who advise people about vaccines.**
The vaccine confident HW

Promotes and recommends vaccination

Builds trust among the public in the immunization programme

Shares their own positive stories about getting vaccinated and vaccinating others

HWs must have confidence in vaccination themselves in order to build confidence in vaccination with caregivers and patients.\(^2\)
Strengthening vaccine confidence among HWs

HWs' vaccine confidence increases when they are familiar with and know where to find up-to-date and accurate information on:

• vaccine-preventable diseases
• how vaccines work to prevent diseases
• vaccine safety and effectiveness
• vaccine administration techniques
• identification and management of severe reactions to vaccines.
How HWs contribute to vaccine confidence

HWs are the most trusted advisors and influencers of vaccination decisions.\(^{(3-5)}\)

**THEREFORE**, a HW recommendation is a major driver of vaccine uptake.

**HOWEVER**, HWs may underestimate their influence, feel they don’t have time to talk about vaccines or lack vaccine confidence.
What do you as HWs need to build your confidence in vaccination?

What can you do to help caregivers and patients trust vaccination?
Part 2: Discussing benefits and risks of vaccination
Perceptions of risk in the population

Concerns vary across the population, between and within different groups

**PERCEIVED RISKS FOLLOWING VACCINATION**

- I do not trust that this vaccine is safe for me.
- Why does my child need this vaccine? I did not get it when I was younger.
- It will harm my child to get several vaccines at one time.

**PERCEIVED RISKS OF THE DISEASE**

- I do not know anyone who has had these diseases so why are these vaccines important for our baby?
- I do not think this vaccine works. Natural protection is best.
- We do not need vaccines, we are healthy.
Perceptions of risks and benefits affect the vaccination decision

A person who perceives a **high level of risk related to disease**, and knows vaccines reduce this risk

**Is more likely to:**
- accept vaccination for themselves
- accept vaccination for their child.\(^7\)

A person who perceives a **high level of risk from vaccine reactions**, perceives a **low level of protective benefit from vaccines**, and/or perceives a **low level of risk related to disease**

**Is more likely to:**
- decline or delay vaccination for themselves
- decline or delay vaccination for their child.\(^7\)
An event *following* vaccination does not necessarily mean *because of* vaccination

People may experience a health problem following vaccination and assume it was caused by the vaccine.

Various diseases and health events, caused by factors independent of vaccination, occur in a population.

People’s perception of risk can be influenced by a health problem when it coincides in time with vaccination. This is known as a *coincidental event*. 

Without accurate information, a person may believe that any adverse health event following vaccination was caused by the vaccine received.

Informing caregivers and patients prior to vaccination about the expected reactions to vaccination, as well as how to seek help and report an adverse event that causes concern, builds vaccine confidence.
Perceptions of risk: Reactions to vaccines

Vaccines can cause reactions, but serious reactions are very rare. Adverse events following immunization (AEFIs) can be reactions to the vaccine or vaccination, or they can be coincidental. The various types of AEFIs are list below.\(^8\)

<table>
<thead>
<tr>
<th>CAUSE-SPECIFIC TYPE OF AEFI</th>
<th>DEFINITION</th>
<th>ADDITIONAL INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vaccine product-related reaction</td>
<td>An AEFI that is caused or precipitated by a vaccine due to one or more of the inherent properties of the vaccine product.</td>
<td>Very rare and HWs are trained how to manage them.</td>
</tr>
<tr>
<td>Vaccine quality defect-related reaction</td>
<td>An AEFI that is caused or precipitated by a vaccine due to one or more quality defects of the vaccine product.</td>
<td>Quality defects are extremely unlikely due to the highest standards applied in vaccine manufacturing and quality control (i.e. each batch is tested).</td>
</tr>
<tr>
<td>Immunization error-related reaction</td>
<td>An AEFI that is caused by inappropriate vaccine handling, prescribing or administration and thus is preventable.</td>
<td>Trained staff and proper equipment prevent such events.</td>
</tr>
<tr>
<td>Immunization anxiety-related reaction</td>
<td>An AEFI arising from anxiety about the immunization.</td>
<td>Common among adolescents and young adults. Proper procedures create a safe environment to prevent them.</td>
</tr>
<tr>
<td>Coincidental event</td>
<td>An AEFI that occurs after immunization but is caused by something other than the vaccine product, immunization error or immunization anxiety.</td>
<td>Very often a serious AEFI is caused by factors which have nothing to do with vaccination- such health conditions just coincide in time with vaccination.</td>
</tr>
</tbody>
</table>
Responding to perceptions of benefits and risks of vaccination

To build confidence in vaccination, a HW needs to communicate effectively about risks and benefits by:

- understanding perceptions and communicate about the known risks associated with contracting a vaccine-preventable disease;
- communicate about the benefit of vaccines in reducing the risk of disease; and
- inform about the known risks associated with vaccines and how these risks are mitigated.

Additionally, a HW should:

- tailor the discussion about risks and benefits to the concerns and knowledge of the patient or caregiver; and
- direct to accurate, trustworthy and clear information about vaccination and who to contact in case of a serious AEFI.
Key messages for a conversation about risks and benefits\(^{(9,10)}\)

- Risks of vaccine-preventable diseases
- Benefits of vaccines
- Risks following vaccination
Risks of vaccine-preventable diseases

KEY MESSAGES

• Infection can lead to severe complications, hospitalization, long-term disabilities and death.

• Many vaccine-preventable diseases have no specific treatment or cure.

• Some diseases spread rapidly in a community in which many people are not vaccinated. Many of these diseases are not seen because of the success of vaccination.

• The risk of serious illness posed by a vaccine-preventable disease is much greater than the risk of a serious reaction to a vaccine.
Benefits of vaccines

**KEY MESSAGES**

- Vaccines protect a person by training and strengthening the immune system to defend against vaccine-preventable infections.
- Vaccines are highly effective at protecting against severe diseases.
- Vaccination is much safer than contracting the disease.
- Timely vaccination protects children from serious diseases that can lead to hospitalization, missed days or weeks at school, life-long disability or even death.
- Most vaccines prevent the spread of infection in the community. Therefore, these vaccines indirectly protect vulnerable individuals who cannot get vaccinated due to their health condition.
- The World Health Organization estimates that every year, more than two million deaths are prevented worldwide due to immunization.
Risks following vaccination

**KEY MESSAGES**

- Common side effects are usually mild and resolve quickly.
- Not all adverse events seen after vaccination are caused by the vaccine itself. There are multiple underlying causes which do require a thorough review.
- No vaccine protects 100% against the disease; however, vaccination significantly reduces risks from diseases.
- Serious adverse reactions following immunization are extremely rare. Some of these reactions are more likely to occur following infection with the virus or bacteria than following vaccination.
- Medical professionals have been trained to further reduce the risk and manage a serious adverse reaction to a vaccine should one of these rare events occur.
- Encourage patients to report any adverse event following immunization which causes concerns.


**DISCUSSING BENEFITS AND RISKS**

**Communication scenario**

Scenario: A mother of a healthy one-year-old asks you why her child needs the measles and rubella containing vaccine when no one around them has measles or rubella. She tells you she is worried about the vaccine side-effects she read about on a popular social media site.

Action: What are the benefits and risks you would include in your conversation with this mother to increase her confidence in the vaccine?

---

**RISKS OF DISEASES**

Measles and rubella are highly infectious diseases that can easily spread between unvaccinated people and cause serious complications or death. (11)

**RISKS OF MMR VACCINE**

The vaccine may produce minor swelling at the injection site, a non-infectious rash, mild cold symptoms or a fever 7 to 12 days after administration.

Severe allergic reactions are extremely rare. In the unlikely event of a severe reaction, we have procedures in place to provide immediate and effective care. (11)

**BENEFITS OF MMR VACCINE**

Vaccination is much safer than contracting measles or rubella. (11)
Part 3: Conversation steps to build confidence in vaccination
Building vaccine confidence

Willingness to accept a vaccine falls on a continuum

Increasing confidence in vaccine, vaccinator, health system

<table>
<thead>
<tr>
<th>ACCEPT</th>
<th>NOT READY</th>
<th>OPPOSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>The majority of people accept vaccination</td>
<td>Some are uncertain and will have questions or concerns</td>
<td>Few people refuse</td>
</tr>
</tbody>
</table>

Questions before accepting | Conflicted | Concerns and / or doubts |
Conversation steps
The following conversation steps can build vaccine confidence with caregivers and patients.

**STEP 1**
**PRESUME VACCINATION**
Present acceptance of vaccination as the norm.

**STEP 2**
**IDENTIFY PERCEPTIONS AND POSITION**
Determine where the person is on the continuum of vaccine acceptance and what their concerns are.

**STEP 3**
**RESPOND TO PERCEPTIONS AND POSITION**
Use the appropriate practice techniques to respond effectively.
Presume vaccination

Start the conversation with a confident statement or announcement presuming vaccine acceptance: *(12)*

“Today we are going to give your child the pentavalent vaccine to protect him against five serious diseases....”

Hopeful statements:

**• improve vaccine acceptance**

**• establish acceptance of vaccination as the norm**

**• indicate the HW’s confidence in vaccination.**
### Step 2

**Identify perceptions and position**

Listen to the response to your presumptive statement in order to understand perceptions and identify the person’s position when it comes to vaccine acceptance.\(^{(13)}\)

<table>
<thead>
<tr>
<th><strong>ACCEPT</strong></th>
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<tbody>
<tr>
<td>Questions before accepting</td>
<td>Conflicted</td>
<td>Concerns and / or doubts</td>
</tr>
<tr>
<td>“We are ready.”</td>
<td>“I am not sure... I do not know... I would like to wait a little while.”</td>
<td>“No, I am not convinced this is safe for my child.”</td>
</tr>
<tr>
<td>“I think it is okay, but I have some questions.”</td>
<td></td>
<td>“Vaccines are dangerous, there is no way I will ever let my child get vaccinated.”</td>
</tr>
</tbody>
</table>
Identifying serious concerns and/or doubts about vaccination...

**Questions before accepting**
- Have many questions or serious concerns which may cause them to initially refuse vaccination.
- May have had negative experience(s) with the medical system.
- May accept some vaccines but have concerns about others.
- Have heard or read something causing concern or even fear.
- Still likely to be persuaded once their concerns are addressed.

**NOT READY**
- Conflicted

**Concerns and / or doubts**

**OPPOSE**
- May have an ideological position opposing vaccination.
- Do not want to discuss vaccination at all.
- Believe vaccine-preventable diseases are benign or even beneficial to the immune system.
- Unlikely to be persuaded.
- Very small group in a population.

...versus opposition to vaccination
STEP 3

Respond to perceptions and position

Depending on the person’s position, the HW needs to respond using the appropriate techniques.

**ACCEPT**

**Questions before accepting**

- Vaccinate according to protocol and vaccination schedule.

**NOT READY**

- **Conflicted**
  - Confidence building opportunity
    - Initiate a conversation guided by motivational interviewing techniques.

**OPPOSE**

- **Concerns and / or doubts**
  - Secure trust
    - Leave the door open for discussion.
Responding to a person who opposes vaccination \(^{(14,15)}\)

<table>
<thead>
<tr>
<th>OPPOSE</th>
</tr>
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<tbody>
<tr>
<td>Do not dismiss, argue with or judge the person</td>
</tr>
<tr>
<td>Acknowledge and explore concern(s)</td>
</tr>
<tr>
<td>Share knowledge with permission</td>
</tr>
<tr>
<td>Give your strong recommendation</td>
</tr>
<tr>
<td>Inform about risks</td>
</tr>
<tr>
<td>Secure trust - leave the door open for discussion</td>
</tr>
</tbody>
</table>
Responding to a person who is not ready to accept vaccination

**MOTIVATIONAL INTERVIEWING TO BUILD VACCINE CONFIDENCE:^{16,17}**

- A person-centred communication approach designed to support a person’s motivation and decision-making.
- Aimed at exploring reasons for concern and changing perceptions and behaviour.
- Requires partnership, acceptance, empathy.

<table>
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</table>

Shift in communication style

Traditional didactic talk

Collaborative conversation
Motivational interviewing techniques to build confidence in vaccination (16,17)

1. **ASK OPEN-ENDED QUESTIONS**
   - Explore reason(s) for not being ready to accept vaccination.

2. **LISTEN AND REFLECT BACK**
   - Acknowledge a person’s concerns.

3. **GIVE POSITIVE FEEDBACK**
   - Provide reassurance and encouragement.

4. **SHARE KNOWLEDGE**
   - Respectfully respond with evidence to address specific concerns.

5. **SUMMARIZE AND DECIDE ACTION**
   - Review the main points discussed in the conversation and guide the person toward an action.
Motivational interviewing techniques in practice

Sara is in your office for her son Isaac’s 6-month visit. It is time for his next set of routine childhood vaccines according to the national vaccination schedule.

I am not sure about giving Isaac these vaccines again. After the last time he was really upset and he did not sleep well for days.
Ask open-ended questions

Ask Sara an open-ended question, starting with “what”, “how”, “tell me...”, to explore the reasons she is not ready to accept vaccination today.\(^{16,17}\)

**BENEFITS**: 
- Invites the caregiver or patient to elaborate on their concerns and position. 
- Avoids a “yes” or “no” response. 
- Helps the HW better understand concerns in the words of the patient or caregiver. 
- Helps the caregiver or patient put their fears or concerns into words so they can be addressed.
Listen and reflect back

Listen and reflect-back your understanding of Sara’s concern(s) and clarify if you understood correctly.\(^{16,17}\)

I can hear that you are worried. It sounds like you are questioning if today’s vaccines are necessary and safe for Isaac. Am I correct?

I am worried this vaccine will make Isaac sick. Besides, I have never heard of these diseases so I do not see why this is important. Does he really need another vaccine?

**Benefits:**
- Acknowledges caregiver or patient’s concerns.
- Allows them to explain what they mean.
- Shows interest in what they have to say and respect for their values and beliefs.
- Increases a caregiver or patient’s openness and receptivity.
Give positive feedback

Encourage Sara and emphasize her strengths.\(^{(16,17)}\)

I can see that the health and safety of Isaac is very important to you. It is very good that you are thinking about the risks and benefits of vaccination and raise this important question.

**BENEFITS:**
- Provides reassurance by acknowledging motivations and good intentions to do what is best for one’s health.
- Identifies common goals.
- Creates a comfortable environment where the caregiver or patient may be more open to change.
Share Knowledge
Respectfully share information to address Sara’s specific concerns and build trust. (16,17)

**ELICIT**
Ask what the person knows and for permission to complete their knowledge

“What do you know about the side-effects of this vaccine?”

“If you agree, I could give you some additional information about these vaccines...”

**SHARE**
Give evidence-based information/advice

“Serious and life threatening diseases that were once common in childhood are now rare in our country because of this vaccine...”

“It is important to receive all doses in the vaccine schedule to build sufficient long-term immunity...”

**VERIFY**
Verify understanding and planned behaviours

“Does this help to address your concern?”

“How do you feel now?”

**BENEFITS:**
- Invites a caregiver or patient to have a collaborative discussion.
- Demonstrates respect for concerns and position.
- Provides evidence tailored to a caregiver or patient’s expressed concern(s).
- Helps the HW guide the conversation toward an outcome.
Summarize and decide action

Summarize the conversation and transition to an action. (16,17)

**BENEFITS:**
- Helps to guide the conversation in a way that is meaningful to the person.
- Helps the HW bring the conversation to a close while building trust.
- Guides the person toward a concrete action (vaccination, follow-up visit)

---

**DECIDE ACTION**

**ACCEPT**  
Vaccinate

**STILL NOT READY**  
Offer opportunity for a new discussion and/or educational material about vaccination.

---

Here is what I heard today...

Did I miss anything?

Given our discussion, how do you feel about vaccination now?
The conversation objective

To increase vaccine confidence and move closer to acceptance of vaccination

- ACCEPT: Questions before accepting
- NOT READY: Conflicted
- OPPOSE: Concerns and / or doubts
Conversation steps to build confidence in vaccination

1. PRESUME VACCINATION
   Present acceptance of vaccination as the norm

2. IDENTIFY PERCEPTIONS AND POSITION
   Determine where the person is on the continuum of vaccine acceptance and what their concerns are

3. RESPOND TO PERCEPTIONS AND POSITION
   Use the appropriate practice techniques to respond effectively

- **ACCEPT**
  - Questions before accepting
  - Use Motivational Interviewing Techniques
    - Ask open-ended questions to explore concern(s)
    - Listen and reflect back to acknowledge concerns
    - Give positive feedback to provide encouragement
    - Elicit, share knowledge, verify understating
    - Summarize and decide action

- **NOT READY**
  - Conflicted
  - Concerns and/or doubts

- **OPPOSE**
  - Secure Trust
    - Do not dismiss, argue or judge
    - Acknowledge and explore concern(s)
    - Share knowledge with permission
    - Give your strong recommendation
    - Inform about risks
    - Leave the door open for discussion

- **STILL NOT READY**
  - Offer opportunity for a new discussion and/or educational material about vaccination
Part 4: Applying the steps in conversations with caregivers and patients
Applying the conversation steps through role-play

The following four conversations are examples of potential scenarios HWs may encounter with caregivers and patients in the context of vaccination.

Role-play with these scenarios to practice applying the conversation steps.
Conversation considerations for the role of the HW\(^{(18)}\)

- Take a guiding approach.
- Work collaboratively with the caregiver or patient to build trust.
- See the concern from their perspective to understand their perceptions and position about vaccination.
- Listen attentively without interrupting.
- Respond to the main concern, providing clear and concise messages.

- Avoid the traditional style of telling the patient or caregiver what to do.
- Do not assume to know the cause of concern without first listening and understanding the concern(s).
- Do not argue or make judgmental statements.
- Do not overwhelm the caregiver or patient with evidence and arguments unrelated to their expressed concern.
- Avoid a lengthy discussion that is unproductive.
CONVERSATION SCENARIO 1

Necessity of vaccines

Anton has brought his six-year-old son Ivan to the local primary health care facility for a periodic medical examination. The doctor sees that during the COVID-19 pandemic Ivan fell behind on his routine immunizations. The doctor tells Anton that Ivan is eligible to get his routine vaccines today, which include measles-mumps-rubella (MMR) and diphtheria, tetanus, and pertussis (DTaP) vaccines.

Anton replies:
“Oh, the nurse usually calls us to the clinic for an appointment for that. We did not receive any notification in the last year so we thought he must not need it. I do not really see the need to do it today, maybe we can wait a little longer. After all, Ivan is a healthy boy.”

*Example dialogue available in Annex 2
## Necessity of vaccines

### Conversation Steps

<table>
<thead>
<tr>
<th>Step</th>
<th>Sample Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td><strong>Presume Vaccination</strong></td>
</tr>
<tr>
<td>2</td>
<td><strong>Identify Perceptions and Position</strong></td>
</tr>
<tr>
<td>3</td>
<td><strong>Respond to Position</strong></td>
</tr>
<tr>
<td></td>
<td>Ask open-ended questions to explore concern(s)</td>
</tr>
<tr>
<td></td>
<td>Listen and reflect back to acknowledge concerns</td>
</tr>
<tr>
<td></td>
<td>Give positive feedback to provide encouragement</td>
</tr>
<tr>
<td></td>
<td>Elicit, share knowledge, verify understating</td>
</tr>
<tr>
<td></td>
<td>Summarize and decide action</td>
</tr>
</tbody>
</table>
Tina and Dimas are new parents. They are in your office with their 2-month-old baby Adam for an examination. You welcome them and start the conversation to let them both know that today Adam can start the routine immunization schedule. He will receive 3 vaccines to protect him against 8 serious diseases. These include, rotavirus, pneumococcal disease, diphtheria, tetanus, whooping cough, haemophilus influenzae type b infection, polio, and hepatitis B.

Tina replies: “This makes me so nervous. I have never heard of these diseases, and why does he need so many vaccines?”

*Example dialogue available in Annex 2*
**Fear of vaccines**

**Conversation Steps**

<table>
<thead>
<tr>
<th>Conversation Steps</th>
<th>Sample Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1 PREMUSE</strong> <strong>VACCINATION</strong></td>
<td><strong>Sample Responses</strong></td>
</tr>
<tr>
<td><strong>IDENTIFY PERCEPTIONS AND POSITION</strong></td>
<td>Now that Adam is 2-months-old, he can start the routine immunization schedule. Today, he will receive 3 vaccines to protect him against 8 serious diseases...</td>
</tr>
<tr>
<td><strong>RESPOND TO POSITION</strong></td>
<td>Tina is nervous and questions the need for vaccines. She is not ready to accept routine immunization for her child.</td>
</tr>
<tr>
<td>Use motivational interviewing techniques</td>
<td><strong>Sample Responses</strong></td>
</tr>
<tr>
<td></td>
<td>Ask open-ended questions to explore concern(s) I can hear that you are worried. Tell me, what is it that concerns you the most about Adam getting vaccines today?</td>
</tr>
<tr>
<td></td>
<td>Listen and reflect back to acknowledge concerns It sounds like you are concerned about the number of vaccines recommended for Adam and you are questioning why they are important for him. Is this correct?</td>
</tr>
<tr>
<td></td>
<td>Give positive feedback to provide encouragement These are very good questions and very important that you both voice your concerns about safety issues.</td>
</tr>
<tr>
<td></td>
<td>Elicit, share knowledge, verify understating If is okay, I can share some information about the safety and reasons for multiple vaccines at the same time and explain why they are so important for Adam.</td>
</tr>
<tr>
<td></td>
<td>Summarize and decide action Given our discussion about the vaccines recommended for Adam today, what do you think you want to do?</td>
</tr>
</tbody>
</table>
Understanding risk

Alex is in your office with his daughter Silvia for her 1-year-old visit. You announce that Silvia will be receiving her first dose of the MMR vaccine today to protect her against measles, mumps and rubella.

Alex says: "I have read a lot about this vaccine. I heard it can be very damaging for children. It seems to me this vaccine does more harm than good. I am not sure it is safe for Silvia."

*Example dialogue available in Annex 2
## Understanding risk

### Sample Responses

<table>
<thead>
<tr>
<th>Conversation Steps</th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>1 PRESUME VACCINATION</strong></td>
<td>Silvia will be receiving her first dose of the MMR vaccine today to protect her against measles, mumps and rubella.</td>
</tr>
<tr>
<td><strong>2 IDENTIFY PERCEPTIONS AND POSITION</strong></td>
<td>Alex questions the safety of the MMR vaccine. He is not ready to accept the vaccine for his child.</td>
</tr>
<tr>
<td><strong>3 RESPOND TO POSITION</strong></td>
<td>Use motivational interviewing techniques</td>
</tr>
<tr>
<td></td>
<td>Ask open-ended questions to explore concern(s)</td>
</tr>
<tr>
<td></td>
<td>Tell me, what have you read about this vaccine that makes you concerned about its safety?</td>
</tr>
<tr>
<td></td>
<td>Listen and reflect back to acknowledge concerns</td>
</tr>
<tr>
<td></td>
<td>You feel comfortable with vaccines that protect against diseases, as long as the vaccines are safe. But you are worried about what you read specifically about the measles vaccine. Is this right?</td>
</tr>
<tr>
<td></td>
<td>Give positive feedback to provide encouragement</td>
</tr>
<tr>
<td></td>
<td>I can see that you have put a lot of thought into this. It is very good that you are taking the time to look for information about this vaccine.</td>
</tr>
<tr>
<td></td>
<td>Elicit, share knowledge, verify understanding</td>
</tr>
<tr>
<td></td>
<td>If you agree, I can share some information about studies on the MMR vaccine that you may find helpful.</td>
</tr>
<tr>
<td></td>
<td>Summarize and decide action</td>
</tr>
<tr>
<td></td>
<td>Today we discussed the safety of the MMR vaccine and why it is important for Silvia. What do you want to do?</td>
</tr>
</tbody>
</table>
Maryam responds: “No way, I will never vaccinate my children. I do not believe in vaccines. Besides, natural protection is best for Fatima.”

Maryam has brought her 18-month-old daughter Fatima to the primary health care facility after she received a call from the nurse inviting Fatima for a standard child examination with the doctor. At the examination you let Maryam know that Fatima has missed some important childhood vaccines and she is eligible to get caught up on her routine vaccines today.

*Example dialogue available in Annex 2*
## Efficacy of vaccines

<table>
<thead>
<tr>
<th>Conversation Steps</th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>1 PRESUME VACCINATION</strong></td>
<td>I want to let you know that Fatima can get caught-up on her routine vaccines today.</td>
</tr>
<tr>
<td><strong>2 IDENTIFY PERCEPTIONS AND POSITION</strong></td>
<td>Maryam signals she is refusing routine immunization today.</td>
</tr>
<tr>
<td><strong>3 RESPOND TO POSITION</strong></td>
<td>Acknowledge and explore concern(s) I would like to understand your decision, can you tell me more...</td>
</tr>
<tr>
<td></td>
<td>Share knowledge with permission I can see you have done a lot of thinking about this and I understand you are concerned about vaccines. If it is okay with you, I would like to share with you what I know about vaccines.</td>
</tr>
<tr>
<td></td>
<td>Give your strong recommendation Considering the high risk if severe complications from these diseases, I highly recommend that all children Fatima’s age get fully vaccinated as soon as possible.</td>
</tr>
<tr>
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<td>Inform about risks I understand that you have decided not to vaccinate today. I would like you to keep in mind the risks...</td>
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<td>Secure trust – leave the door open for discussion You are always welcome to come back to the clinic for another talk.</td>
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Keep in mind

- The goal of these conversations is to move the person towards acceptance of vaccination. This may take more than one visit. The short-term goal may be to win their confidence.
- Conversations that guide the person to explore their perceptions and position can help increase confidence and trust in vaccination, and in you as their HW.
- Adequate training and practice can help lead to an increase in positive outcomes.
- Your strong recommendation matters!
Resources for HWs

Vaccine-preventable diseases
WHO vaccine position papers
The immunological basis for immunization series
WHO recommendations for routine immunization – summary table
How to talk about vaccines
Vaccines and immunization: myths and misconceptions
Vaccine safety and false contraindications to vaccination
Myths and facts about immunization
How to respond to concerns about vaccination: WHO vaccine safety supporting document
Risk scales: benefits of vaccines far outweigh the risks: WHO vaccine safety supporting document
Talking with parents about vaccines for children
Vaccine Safety Net
Communicating about vaccine safety
Interpersonal communication for immunization
Vaccine-preventable diseases
Communication on immunisation
Let’s talk about protection: enhancing childhood vaccination uptake
Let’s talk about hesitancy: enhancing confidence in vaccination and uptake
Questions and answers about childhood vaccination
European vaccination information portal
Provider resources for vaccine conversations with parents
Sharing knowledge about immunization

World Health Organization (WHO)
WHO Regional Office for Europe (2017)
WHO Regional Office for Europe (2015)
WHO Regional Office for Europe (2015)
WHO Regional Office for Europe (2012)
WHO
Pan American Health Organization (2020)
UNICEF
European Centre for Disease Prevention and Control (ECDC)
ECDC
ECDC (2016)
ECDC (2016)
ECDC
European Union
Center for Disease Control and Prevention
National Centre for Immunization Research and Surveillance, Australia
Post-training self-reflection and evaluation
References


Annex 1

This training module is accompanied by a facilitator guide which includes slide-by-slide instructions, background information and notes to provide the facilitator with the information necessary to guide participants through the training slides.

The facilitator guide will soon be available here: https://iris.who.int/handle/10665/375060
Anton has brought his six-year-old son Ivan to the local primary health care facility for a periodic medical examination. The doctor identifies that during the COVID-19 pandemic Ivan fell behind on his routine immunizations. The doctor tells Anton that Ivan is eligible to get his routine vaccines today, which include MMR and DTaP vaccines.

HW: Anton I have good news, we can get Ivan caught up on his vaccines today. These include the MMR and DTaP vaccines.
Anton: Oh, the nurse usually calls us for an appointment for that. We have not been notified about any vaccines for a long time, so we thought he must not need it. I do not really see the need to do it today.
HW: You are right the nurse usually calls. The pandemic caused some delays for us, and Ivan has not received some important vaccines. Now we are doing our best to catch-up. I can see from Ivan’s records that he has received these vaccines in the past. Tell me, what is your reason for not feeling you want to vaccinate Ivan today?
Anton: Well, I know that vaccines can protect him from different diseases. I just do not see why he needs these now. After all this time through the pandemic, he did not get very sick from COVID or anything else. So why now? And if he missed vaccines, I do not want him to go through the pain of starting the vaccines all over again.
HW: I want to make sure we address your concerns today. It sounds like you are questioning why it is important for Ivan to get vaccinated today, and you are worried that Ivan may have to start the vaccine schedule all over again. Is this correct?
Anton: Yes.
HW: Okay, I can understand your concerns. It is great that you are asking these questions and thinking about what is best for Ivan. First, I can reassure you that Ivan will not have to start the routine immunization schedule from the beginning. It is great Ivan has received some doses which has given him good protection so far, but more is still needed. If it is okay with you, I could share some information about the important vaccines Ivan can receive today by continuing the schedule and explain why I recommend these vaccines.

Anton: Sure.
HW: You are right, vaccines do protect against some very serious diseases. These diseases continue to pose a serious health risk. They are still circulating in some places and can reappear anywhere. And they can easily spread to unvaccinated or undervaccinated persons no matter what their age. The vaccination schedule includes more than one dose of some vaccines to enable children to develop full and long-lasting immunity. If children like Ivan remain only partially vaccinated, they are vulnerable to catching these diseases which may cause pneumonia, deafness, brain damage or even death. If fewer children are fully protected this could lead to a potential outbreak of any of these diseases and the impact could be fatal. This is why I strongly recommend that all children get fully vaccinated as soon as possible to gain the best protection against these harmful diseases. Ivan should receive 2 vaccines today. The first protects against measles, mumps and rubella. The second protects against diphtheria, tetanus and whooping cough. Does this help to clarify why Ivan would benefit from being vaccinated today?
Anton: Yes, this is helpful to know, I feel better about it now.
HW: I am glad we could talk about your concerns. Considering what we have discussed, what do you think you want to do?
Now that Adam is 2 months old, he can start the routine immunization schedule. Today he will receive 3 vaccines to protect him against 8 different serious diseases. These include, rotavirus, pneumococcal disease, diphtheria, tetanus, whooping cough, haemophilus influenzae type b infection, polio, and hepatitis B.

This makes me so nervous. I have never heard of these diseases, and why does he need so many vaccines?

I can hear that you are worried. Tell me, what is it that concerns you the most about Adam getting vaccines today?

Three vaccines seems like a lot. I am worried it will be too much for his little body to handle. Are they all really necessary?

I did not get some of these vaccines when I was younger, and I was fine.

It sounds like you are both concerned about the number of vaccines recommended for Adam, and you are questioning why they are important for him. Is this correct?

Well, yes... I wonder if it is safe for him to get all of these vaccines and at the same time? Could they harm him if his body is not strong enough yet?

These are very good questions and very important that you voice your concerns. Many parents with new infants have the same concerns. If it is okay, I can share some information about why it is so important that Adam is protected against many diseases as soon as possible as well as the safety of multiple vaccines given at the same time.

Sure, I would like to know more about this.

Infants like Adam need vaccines early because they are especially vulnerable to harmful diseases at a young age. Many vaccine-preventable diseases have no treatment or cure and can be life-threatening. Infants are given vaccines to protect them during the vulnerable early stage of their lives. The vaccines recommended for Adam today are given together to protect against several diseases at once.

Research shows that it is safe for infants and young children to receive multiple vaccines at the same time. In fact, because infants face hundreds of microbes every day, their bodies are well trained to deal with each one separately, even at the same time. Getting several vaccines at the same time does not cause any health problems. Instead, it will help to ensure that Adam gets the best protection. Also, giving several vaccines at the same time means fewer clinic visits. This saves you time and can be less traumatic for Adam.

You are right, there are some vaccines, such as the rotavirus vaccine, that are relatively new in our country, which is why you were not offered it when you were a child. This vaccine is given by droplets in the mouth to prevent severe diarrhea in small children. Cases of severe diarrhea caused by rotavirus have gone down dramatically in the years since this vaccine has been available.

Does this help to clarify your main concerns?

Yes, I think so.

Yes, thank you.

Good, I am glad we could address your concerns today. Today we have talked about the vaccines recommended for Adam at his age and the safety of multiple vaccines. Given our discussion, what you want to do next is ... (provide guidance on what to do to get Adam vaccinated).
Understanding risk

Alex is in your office with his daughter Silvia for her 1-year-old visit. You announce that Silvia will be receiving her first dose of the MMR vaccine today. Alex expresses his concern about the safety of the MMR vaccine:

HW: As part of today’s visit, Silvia will be receiving her first dose of the MMR vaccine to protect her against measles, mumps and rubella.

Alex: I have read a lot about this vaccine online. I heard it can be very damaging for children. It seems to me this vaccine does more harm than good. I am not sure it is safe for Silvia.

HW: Tell me, what have you read about this vaccine that makes you question its safety?

Alex: You know, I have talked about it with other parents. A lot of people are worried about the link between the measles vaccine and autism. I even read there is something harmful in this vaccine that can cause these development problems in kids. I know vaccines protect against diseases, but I do not feel good about this one.

HW: So, you feel comfortable with vaccines that protect against diseases when vaccines are safe, but you are worried about what you read regarding autism and the measles vaccine. Is this right?

Alex: Well, yes.

HW: I can see that you have put a lot of thought into this. It is very good that you are taking the time to look for information about this vaccine. If you agree, I can share some information about studies on autism and the MMR vaccine that you may find helpful.

Alex: Yes please, I want to have all the right information and know exactly what is going on.

HW: Of course, I can understand that. One publication many years ago suggested a link between the measles vaccine and autism, but this study was proven to be false, and the author lost his medical licence as a result. Since then, hundreds of additional credible studies around the world and the WHO have determined that there is no link between the MMR vaccine and autism. In fact, studies have shown that autism occurs both among the unvaccinated and vaccinated with the same frequency. What may confuse people is that autism generally develops around the age when a measles vaccine is administered.

We have substantial evidence that measles can cause serious complications in unvaccinated children, including pneumonia, seizures, brain damage and even death. Mumps and rubella can also lead to serious complications, for example, brain damage, hearing loss and problems in pregnancy. All three diseases are highly infectious conditions and can spread easily between unvaccinated people. In fact, we have seen an increase in measles cases in the European region among unvaccinated persons. This is why I strongly recommend that Silvia get fully vaccinated as soon as she is eligible to give her the best protection against these diseases. With this vaccine, there are some mild reactions that may occur such as soreness from the injection or redness where the shot is given, fever, or a mild rash. Does this information help to clarify your concern?

Alex: Yes, I think it is a bit clearer now.

HW: I am happy we could have this discussion about the safety of MMR vaccine and why it is important for Silvia. Given our discussion, what you want to do next is … (provide guidance on what to do to get Silvia vaccinated).
CONVERSATION SCENARIO 4

Distrust of vaccines

Maryam has brought her 18-month-old daughter Fatima to the primary health care facility after she received a call from the nurse inviting her for a standard child examination with the doctor. At the examination you let Maryam know that Fatima has missed some important childhood vaccines and she is eligible to get caught up on her routine vaccines today.

HW: Maryam, it looks like Fatima missed some important vaccines in the last year. I want to let you know that she can get caught-up on her routine vaccines today.

Maryam: No way, I will never vaccinate my children again. I do not believe in vaccines. Besides, natural protection is best for Fatima.

HW: Maryam, I would like to understand your decision. Can you tell me more about why you do not believe in vaccines?

Maryam: Well, my cousin’s baby had a seizure after a vaccine. I cannot remember which one or the details of what happened exactly. Ever since then I do not trust vaccines. When I grew up, we did not have all of these vaccines. It was normal to get a bit sick. I just think natural immunity is better than the kind from vaccines.

HW: Your cousin’s experience sounds worrying. I would be concerned too if I was in your position. I can see you have done a lot of thinking about this. If it is okay with you, I would like to give you my view on why I recommend vaccination.

Maryam: Sure, but it will not change my mind.

HW: I understand you do have concerns. It is important to remember that the consequences of vaccine preventable diseases can be extremely damaging and, in some cases, life-threatening. These include paralysis, brain injury, liver cancer, deafness, blindness, and more. You are right that an infection caused by a vaccine preventable disease produces antibodies providing some immunity. However, not vaccinating Fatima leaves her vulnerable to harmful diseases such as diphtheria which causes death in 1 out of 10 people who contract it. Young children like Fatima also have the highest risks of complications from these diseases that could lead to hospitalization or even death. Unfortunately, many vaccine-preventable diseases have no treatment or cure. When you consider the seriousness of these risks, vaccination is definitely the better choice. Serious reactions caused by routine vaccines are very rare, and even in those cases as health professionals we are trained on how to respond. More common reactions are mild and tend to resolve on their own.

Considering the much higher risk of severe complications from these diseases, I highly recommend that all children Fatima’s age get fully vaccinated as soon as possible.

If you would like, I could share some evidence with you that can help you weigh the risks of the vaccines and the diseases.

Maryam: I can take it with me, but I am still not comfortable with Fatima getting vaccines today.

HW: I understand that you have decided not to vaccinate today. Please know you are taking an important responsibility. I would like you to consider some things. What this means is that Fatima is highly vulnerable to these diseases whenever she gets exposed. This is why she needs to be vaccinated as soon as possible. Even if it is past the scheduled time, Fatima can still be vaccinated and start being protected as soon as she receives the missing doses. I will share with you today some information and other credible sources where you can learn more about vaccination. Please know, you are welcome back to the clinic any time if you have questions or have a change of mind.

Maryam: Okay, thanks.
Efficacy

Layla is a 70-year-old patient in your practice. She has mobility issues, heart disease and diabetes type two. She is in your office today for a routine visit. You let her know the flu season is here and recommend that she get vaccinated against the flu today. Layla responds to say "last year I was so sick after I got the flu vaccine. I do not think I should get it again. It does not work.”

HW: Layla, now it is time for you to receive the flu vaccine.
Layla: Last year I was so sick after I got the flu vaccine. I do not think I should get it again. It does not work.
HW: I am sorry to hear you were sick. Tell me more about how you felt after you received the flu vaccine?
Layla: I had a really bad cough and a sore throat, and I was sneezing all the time. I had terrible body aches, and I could not sleep. I hear these vaccines can have these effects. It took me so long to get better and I do not want to take any risks with my conditions.
HW: That must have been a lot to handle and I can understand you are concerned for your health. It sounds like you felt very unwell, and you are worried that the vaccine made you feel this way. Is this correct?
Layla: Well yes, I have heard some people get sicker from the vaccine than having the flu.
HW: I think it is really important that you are thinking about what is best for your health. If it is okay with you, I would like to share what I have learned about this vaccine and why I recommend it to all my patients like you.
Layla: Okay, I would like to hear what you have to say.
HW: You are right, the flu vaccine does have side-effects that begin soon after vaccination, however side-effects are mild and resolve on their own in 1-2 days. These include, soreness, redness and swelling at the injection site, body aches and fatigue. This flu vaccine is inactivated- this means you cannot get influenza from a flu vaccine. On the contrary, the flu vaccine creates antibodies in your body about two weeks after vaccination to provide protection against flu illness. Now, it is possible to get sick with flu even if you have been vaccinated. For instance, you may be exposed to a flu virus shortly before getting vaccinated or during the period that it takes the body to gain protection after vaccination. This exposure may result in you becoming ill with flu before the vaccine begins to work. Seasonal flu vaccines are designed to protect against the influenza viruses that research indicates will be most common during the upcoming season. So it is also possible that you are exposed to a flu virus or other respiratory viruses that are not included in the seasonal flu vaccine.
While some people who get a flu vaccine may still get sick with influenza, flu vaccination has been shown in several studies to reduce the severity of illness.
Given your health status, I strongly recommend that you get vaccinated today. Does this information help to clarify your concern?
Layla: Yes, I feel better about the vaccine now. Thanks for taking the time to talk to me about it.
HW: I am glad we could have this discussion today. Now that we have talked about the risks and the benefits of flu vaccination, what do you think you would like to do?
The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

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