

**Program 0139-0000-21-200-H06-P/T**

**Quarterly AKPhA Newsletter**

Release Date 1/11/2021

Expiration Date 1/11/2024

CPE Hours: 1.0 (0.1 CEU)

This lesson is a knowledge-based CPE activity and is targeted to pharmacists and technicians in all practice settings.

**Learning Objectives**

At the completion of this activity, the participant will be able to:

1. State two positive changes you can make to your practice following participation in this series.
2. Summarize three practice updates or changes you acquired while participating in this series.

**Disclosure**

The author(s) and other individuals responsible for planning AKPhA continuing pharmacy education activities have no relevant financial relationships to disclose.

**Fees**

CE processing is FREE for AKPhA members. Non-members must submit \$20 per quiz at: <https://alaskapharmacy.org/payments/>

**To Obtain CPE Credit** for this lesson you must complete the evaluation and quiz linked at the end and score a passing grade of 70% or higher. If you score less than 70%, you may repeat the quiz once. CPE credit for successfully completed quizzes will be uploaded to CPE Monitor within 60 days.



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**Vaccine Hesitancy**

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With the launch of the COVID-19 vaccines, we once again revisit a familiar topic that lingers around the discussion of immunizations: vaccine hesitancy. The World Health Organization (WHO) defines vaccine hesitancy as “the reluctance or refusal to vaccinate despite the availability of vaccines” and in January 2019, named it among the top 10 threats to global health.<sup>1</sup>

From the introduction of the first smallpox vaccine in 1796 to the current COVID-19 mRNA vaccines, a number of vaccine technologies have been developed to prevent the mortality and morbidity associated with infectious disease.<sup>2,3</sup> Vaccines currently prevent 2-3 million deaths per year and improved global vaccination, may prevent an additional 1.5 million deaths.<sup>1</sup>

Vaccine Technologies <sup>4</sup>	
Types	Examples
Live-attenuated vaccines	Measles, mumps, rubella (MMR), varicella, smallpox
Inactivated (killed) vaccines	Influenza, polio, rabies
Subunit, recombinant, polysaccharide, conjugate vaccines	Haemophilus influenzae type b (Hib), human papillomavirus (HPV), shingles
Toxoid vaccines	Diphtheria, tetanus

Vaccine hesitancy is a complex and dynamic issue, with a number of contributing components. Understanding the factors behind vaccine reluctance, will help lead conversations regarding immunizations. The WHO Strategic Advisory Group of Experts (SAGE) on Immunization recognized the “3Cs” model determinants of vaccine hesitancy: confidence, complacency, and convenience. In the model, confidence is defined as trust in the safety and efficacy of vaccines and the system delivering them. Complacency refers to low perceived disease risk or vaccine benefit. Lastly, convenience addresses the accessibility and availability of resources.<sup>5</sup>

**Strategies to encourage vaccination:**

Presumptive vs Participatory Approach: A presumptive approach informs the patient or caregiver that vaccinations are due whereas the participatory approach poses questions regarding thoughts about vaccinations. For example, if discussing immunizing children, in a

participatory approach the healthcare provider could ask parents “Do you want to vaccinate your child today.” In the presumptive approach, the parent would be informed that “Today your child is due for 2 vaccines. We will be giving MMR and Varicella vaccines.”<sup>6</sup>

Researchers studying provider-parent discussions at health visits found when a presumptive approach is used only 26% of the parents resisted vaccination, 83% of parents resisted vaccination when participatory approach was deployed.<sup>7</sup> Furthermore, it was noted that many resistant parents would eventually agree to the original recommendation if the providers continued pursuing it.

4-Step CASE Model Approach: Another talking strategy is the 4-step CASE (Corroborate, About Me, Science, and Explain/Advise) Model approach.<sup>8</sup>

“The COVID-19 vaccine was rushed”		
Step	Approach	Suggested Verbiage for Customers
Step 1: Corroborate	Providers corroborate by respectfully acknowledging the patient’s concerns with the goal of finding a point of agreement	I understand why you might be concerned, vaccine development is an extensive process that usually takes several years.
Step 2: About Me	Providers share expertise and what they have done to build knowledge-base.	I recently completed a COVID-19 vaccine training module that provided information about the development, manufacturing, and approval process...
Step 3: Science	Translate what science says about the subject.	The COVID-19 vaccines were able to be developed so quickly due to years of advanced research on related viruses and funding provided by public funders and private philanthropists. This allowed the preclinical, phase I, II, and III trials, as well as manufacturing, to happen in parallel (at the same time) instead of sequentially (one after another)
Step 4: Explain/Advise	Explain or offer advice based on scientific data. Give patients symptoms caused by the actual disease, realistic expectations, discuss potential side effects, recommend how to manage adverse effects. Employ motivational interviewing techniques, addressing reluctance or refusal to vaccinate.	The COVID-19 vaccines have gone through all the same rigorous safety regulations set by the Food and Drug Administration as previous vaccines. COVID-19 has caused severe illness and death for many people, getting the vaccine will help protect you from getting COVID-19. You may have some side effects like pain/swelling at the injections site, fever, chills, tiredness, or headache. These are normal signs indicating that your body is responding to the vaccine and building protection.

In order to overcome vaccine hesitancy, pharmacists can be an advocate, educator, provider and host. Encourage the people around you to get vaccinated. Provide the most up to date and correct information regarding vaccines. Immunize your co-workers and volunteer at community events. Invite outside staff to come to your workplace and provide immunizations. In accordance with CDC's standards of immunization, every provider has a responsibility to assess immunization status at every visit, give a clear and strong recommendation for vaccination, administer immunization or refer to a provider who can, and document the immunization.<sup>9</sup>

On a final note, there are a lot of resources at your disposal. The American Academy of Pediatrics (AAP) has many materials, references, parent resources, FAQs, and a parent website available ([healthychildren.org](http://healthychildren.org)). The Centers for Disease Control (CDC) ([www.cdc.gov](http://www.cdc.gov)) contains a plethora of vaccine information for adults, parents, and healthcare professionals. The Immunization Action Coalition (IAC) at [immunize.org](http://immunize.org) has an entire library of PowerPoint Presentations addressing all aspects of hesitancy available for download and review. Lastly, the WHO's Vaccine Safety Net program is also a valuable resource to evaluate credible vaccine information.

#### References

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9. *Standards for Practice Adult Vaccine Administration and Referral | CDC.* (2019, March 8). <https://www.cdc.gov/vaccines/hcp/adults/for-practice/standards/referral.html>

## Continuing Education Quiz and Evaluation

Quiz/Evaluation: <https://alaskapharmacy.org/ce-events/home-study-ce/ce-quiz-quarterly-akpha-newsletter-first-quarter-2021/>

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disclaim any liability to you or your patients  
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