Management of Pediatric & Adolescent Vacccine Refusal

Vaccines have led to a significant decrease in rates of vaccine preventable diseases and have made significant impact on the health of children.

A loss of vaccine confidence, reduced uptake, and subsequent outbreaks triggers costly public health responses and places a child's health at risk.

Assessing a parent's level of and reason for hesitancy will impact their decision to vaccinate. Evidence-based approaches to conversation, education and persistence can combat vaccine hesitancy.

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This guideline is the intended standard University Hospitals Rainbow Babies & Children's approach to care taken for children whose caregivers refuse vaccines.

Clinical Standard

The recommendations provided were written following evidence based clinical standards. The following questions were considered during the literature review and best practices:

1.What is the recommended universal (or standard) approach for practices that treat pediatric patients in which the family does not vaccinate or use alternate, delayed vaccine schedule in order to comply with patients/families' legal rights, meet accreditation standards, and maintain safety of caregiver staff and other patients? The approach shall include:

- Documentation method for refusal of vaccine
- Utilization of coding and problem lists
- Infection control measures to keep staff and patients safe

2. What is the recommended method of documentation in the patient's medical record to specify patient's that are unvaccinated so that care caregivers are aware can consider vaccination status in approach to care for suspected, acute infectious disease process?

3. What restrictions to care are permissible (legal and compliance) and supported by UH in response to patients/families who refuse vaccines? What is effect of such restrictions on access to care and how does this impact health equity?

4. What forms of education and social media interventions are effective in refuting vaccine myths and/or improving vaccine acceptance rates?

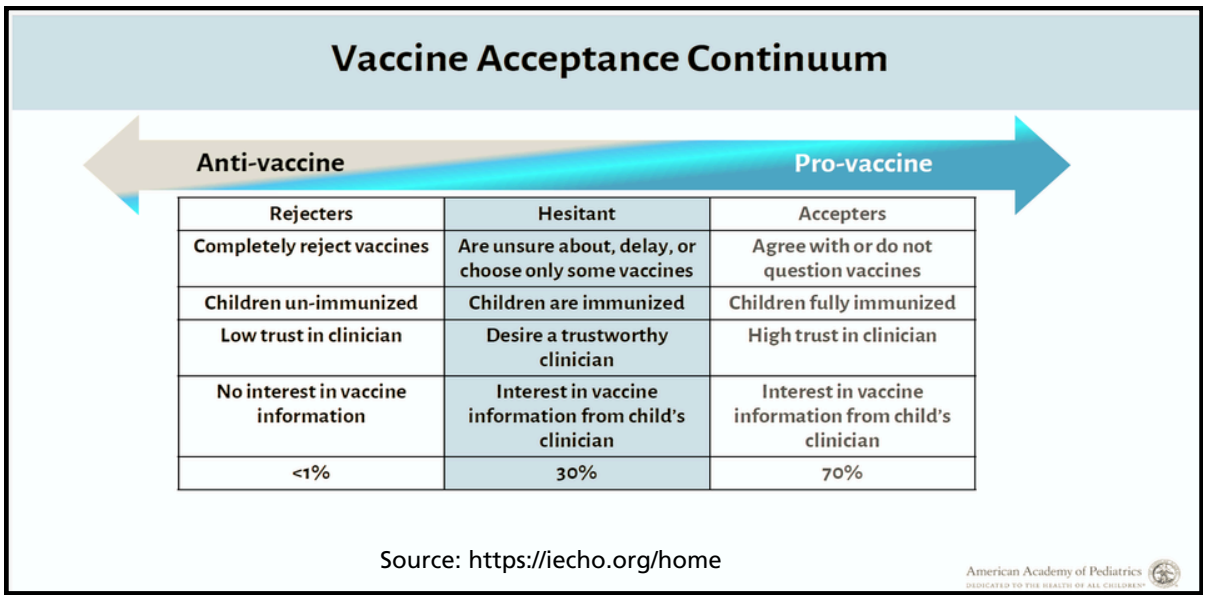
5. What publicly available resources and tools do we want to include in our guidance to support practices and staff?

Key Summary Statements

- If patients or families do not readily accept the recommendations for routine vaccines, we recommend repeated, persistent offering of vaccines along with motivational interviewing.
- We recommend that if a routinely recommended vaccine is refused, the vaccine refusal form should be completed and signed each time the vaccine is refused and recorded in the medical record.
- We do not recommend routine practice dismissal for vaccine refusal. Vaccine refusal should be seen as an opportunity for on-going education.
- Practice dismissal should only occur after documentation of repeated counseling sessions at multiple encounters AND a trusted patient/provider relationship (not just based on disagreement) cannot be maintained.
- We recommend that practices accept patients with a known history of vaccine refusal with the intent of educating parents or guardians and optimizing children's health.

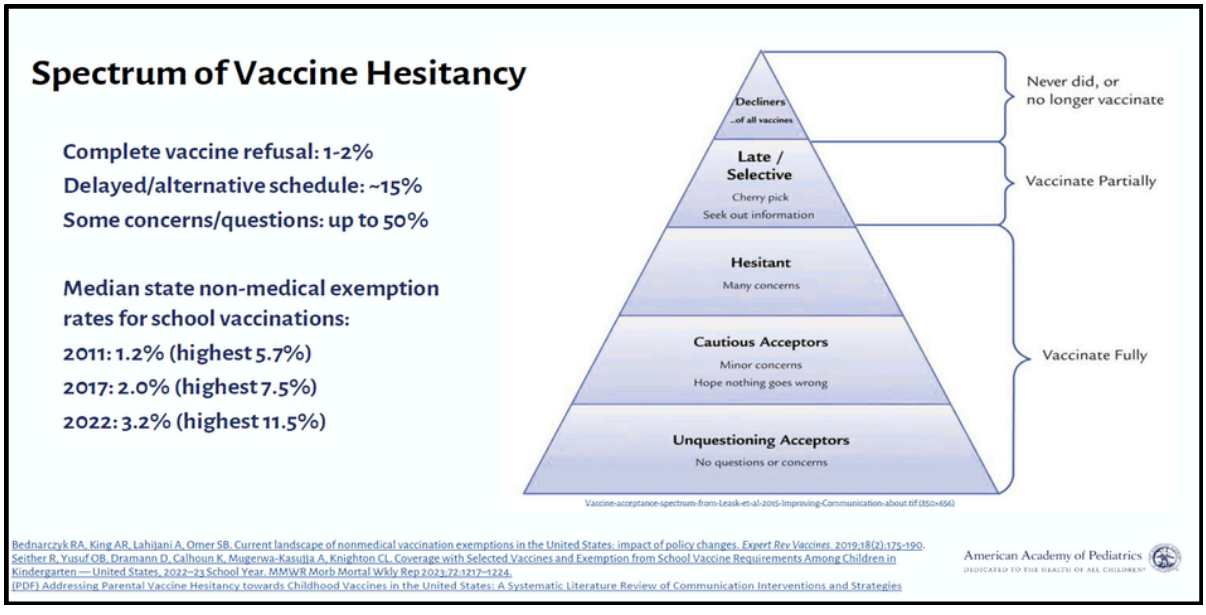
Guideline Contents

1. Definitions and Description of Vaccine Attitudes and Behaviors



Source: https://iecho.org/home

2. Spectrum of Vaccine Hesitancy

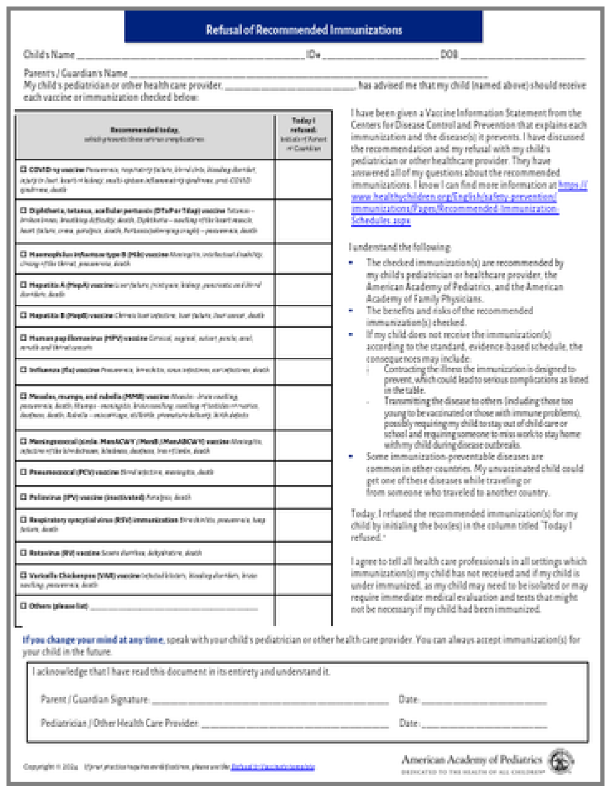


3. Recommendations

- If patients or families do not readily accept the recommendations for routine vaccines, we recommend repeated, persistent offering of vaccines along with motivational interviewing.
- Routine practice dismissal for vaccine refusal is not recommended.
  - There are no data that suggest dismissing families or threatening to dismiss families leads to vaccine uptake.
  - It is also unclear where patients seek care once they have been dismissed by a practice. As a shortage of pediatric primary care providers persists, this can impact the long-term health of children.
  - As increasing numbers of unvaccinated patients cluster in practices tolerant of vaccine delays or refusal, the risk of vaccine preventable diseases in practices and communities increases.

4. Best Practices: Documentation of Vaccine Refusal

- A vaccine refusal form is recommended to be completed and documented in the electronic medical record each time a routinely recommended vaccine is offered and refused.
- The American Academy of Pediatrics has created a word document to document Refusal of Recommended Immunizations Word Document It should be built within the EMR, or should be scanned into the encounter record.
- If the family refuses to sign the form, the provider should document refusal to sign on the document in the presence of a witness and scan into the encounter record.


Refusal of Recommended Immunizations

Child's Name ______________ ID# ______________ DOB ______________

Parents / Guardian's Name ______________

My child's pediatrician or other health care provider, ______________ has advised me that my child (named above) should receive each vaccine or immunization checked below:

Recommended today,	Today I refused. Initials of Parent or Guardian
☐ COVID-19 vaccine [illegible]	
☐ Diphtheria, tetanus, acellular pertussis (DTaP or Tdap) vaccine [illegible]	
☐ Haemophilus influenzae type B (Hib) vaccine [illegible]	
☐ Hepatitis A (HepA) vaccine [illegible]	
☐ Hepatitis B (HepB) vaccine [illegible]	
☐ Human papillomavirus (HPV) vaccine [illegible]	
☐ Influenza (flu) vaccine [illegible]	
☐ Measles, mumps, and rubella (MMR) vaccine [illegible]	
☐ Meningococcal (MenACWY / MenB / MenABCWY) vaccine [illegible]	
☐ Pneumococcal (PCV) vaccine [illegible]	
☐ Poliovirus (IPV) vaccine (inactivated) [illegible]	
☐ Respiratory syncytial virus (RSV) immunization [illegible]	
☐ Rotavirus (RV) vaccine [illegible]	
☐ Varicella Chickenpox (VAR) vaccine [illegible]	
☐ Others (please list) ______________	

I have been given a Vaccine Information Statement from the Centers for Disease Control and Prevention that explains each immunization and the disease(s) it prevents. I have discussed the recommendation and my refusal with my child's pediatrician or other healthcare provider. They have answered all of my questions about the recommended immunizations. I know I can find more information at https://www.healthychildren.org/English/safety-prevention/immunizations/Pages/Recommended-Immunization-Schedules.aspx

I understand the following:

- The checked immunization(s) are recommended by my child's pediatrician or healthcare provider, the American Academy of Pediatrics, and the American Academy of Family Physicians.
- The benefits and risks of the recommended immunization(s) checked.
- If my child does not receive the immunization(s) according to the standard, evidence-based schedule, the consequences may include:
  - Contracting the illness the immunization is designed to prevent, which could lead to serious complications as listed in the table.
  - Transmitting the disease to others (including those too young to be vaccinated or those with immune problems), possibly requiring my child to stay out of child care or school and requiring someone to miss work to stay home with my child during disease outbreaks.
- Some immunization-preventable diseases are common in other countries. My unvaccinated child could get one of these diseases while traveling or from someone who traveled to another country.

Today, I refused the recommended immunization(s) for my child by initialing the box(es) in the column titled "Today I refused."

I agree to tell all health care professionals in all settings which immunization(s) my child has not received and if my child is under immunized, as my child may need to be isolated or may require immediate medical evaluation and tests that might not be necessary if my child had been immunized.

If you change your mind at any time, speak with your child's pediatrician or other health care provider. You can always accept immunization(s) for your child in the future.

I acknowledge that I have read this document in its entirety and understand it.

Parent / Guardian Signature ______________ Date ______________

Pediatrician / Other Health Care Provider ______________ Date ______________

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American Academy of Pediatrics

Click here for the American Academy of Pediatrics' vaccine hesitancy form

Presumptive Recommendation

Starting with presumptive recommendation improves uptake - several studies have show taking a presumptive approach works, while participatory does not.

Presumptive:

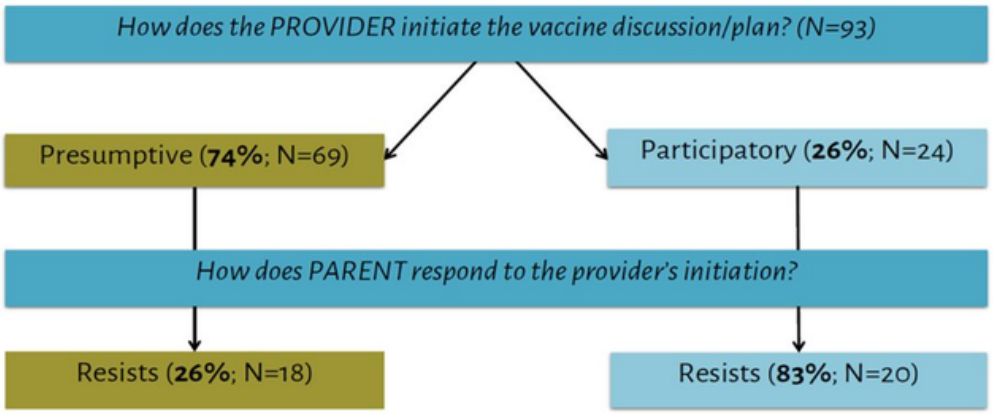
"Sally is due for 3 vaccines today."

Participatory:

"Are you planning to get Sally vaccinated today? "

Evidence for Presumptive Format

A study in *Pediatrics* (2013) by Opel et al. found:

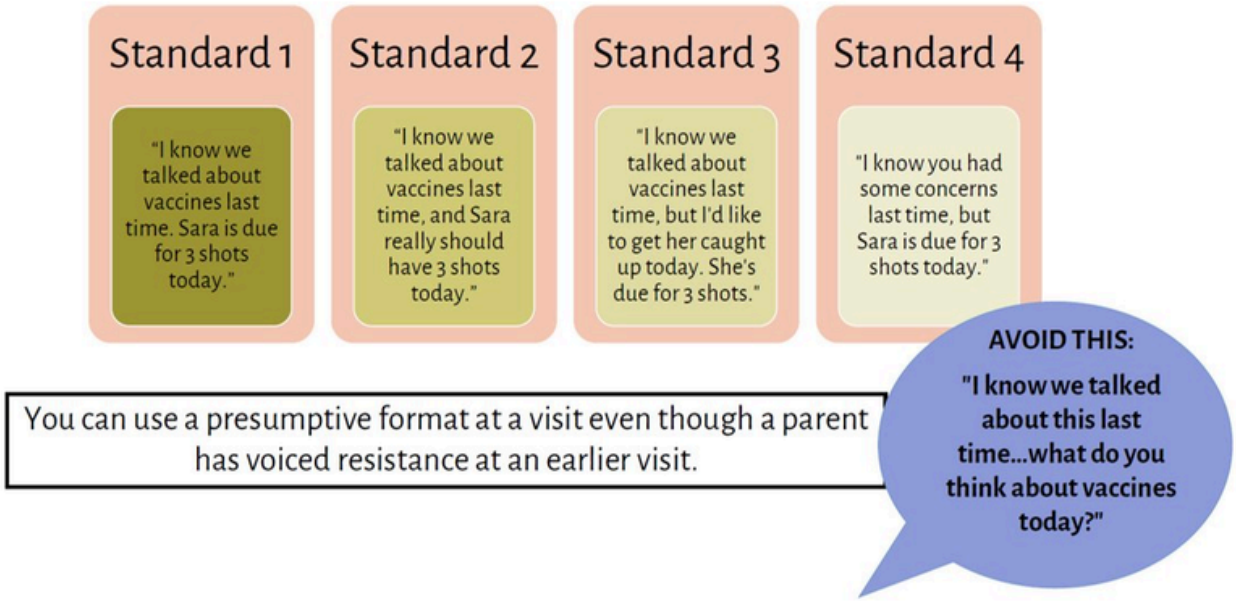


Standards for Presumptive Format

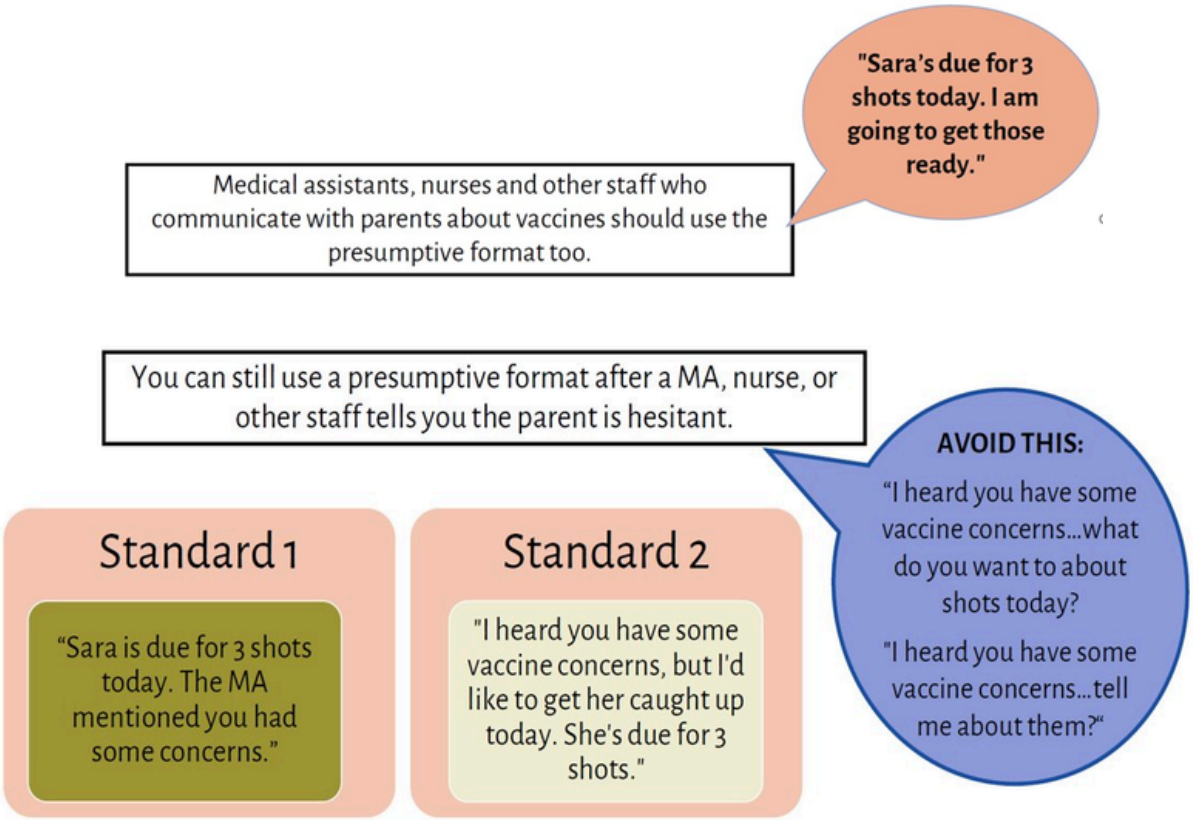
Source: https://iecho.org/home

Presumptive Recommendation, continued

Standards for Presumptive Format



Medical Assistants and Nurses should use this technique as well



Including Motivational Interviewing

- How is this different than shared clinical decision making?
  - Vaccines universally recommended
  - Start with strong recommendation for the standard of care
- Hearing Hesitancy?
  - shift to motivational interviewing - a collaborative communication approach
  - Keep moving toward goal of vaccination

Why use Motivational Interviewing (MI) with a vaccine hesitant parent?

- MI is effective and efficient
- What we think will change someone's mind:
  - persuasion
  - knowledge and facts
- What actually leads to change?
  - connecting to a person's values
  - ambivalence toward change is typical

5 MI skills to use in vaccine conversations:

- **Open Ended Questions**
  - "why would you prefer to wait on the MMR vaccine today?
- **Affirmation**
  - "You have put a lot of thought into this and you want to do what's best for your son's future."
- **Reflection**
  - "It sounds like you're most concerned about side effects of the measles vaccine. Do I have that right?"
- **Autonomy Support**
  - "This is your decision to make. I am here to support you."
- **Ask Permission to Share**
  - "Great questions. Would it be ok if I share with you my experiences with the measles vaccine?"
  - "So, what do you think about that?" (do a check back)

Presumptive Recommendation and MI Skills Together

- **Open Ended Questions**
  - "...but would you mind telling me more about your concerns with the MMR vaccine?"
- **Affirmation**
  - "I can tell you want what's best for your child."
- **Open Ended Questions, explore ambivalence (more below)**
  - "I'm wondering, what benefits you might see from vaccination today?"
- **Reflection**
  - "So what I'm hearing from you is..."
- **Autonomy Support**
  - You need to decide what's best for you and your daughter."
- **Ask Permission to Share**
  - "May I share some information that might be helpful?"
  - (after sharing) "How does that sound to you?"

Exploring Ambivalence

- It's okay to hear out negative motivations. There is no need to refute every statement.
- Look for opportunities to re-focus a conversation
  - On benefits of vaccination
  - Reminding parent of their own positive feelings
  - Promoting change talk

- "I'm wondering, do you see any benefits from vaccination today?"
- "Well I guess it would be bad if he got sick with one of these diseases."

AAP Vaccination Resources

- AAP Immunization Schedule
- AAP Communicating with Families and Promoting Vaccine Confidence
  - toolkits, educational videos, parent focused resources and more around vaccine hesitancy and misinformation
- AAP Fact Checked
  - this series addresses health related misinformation, especially around vaccines
- AAP Refusal to Vaccine and Coding

AAP Vaccination Coding Resources

- Standalone Immunization Counseling
  - Codes 90482-90484 represent standalone immunization counseling performed by a physician or other qualified health care professional (QHP). Code selection is based on the total time spent counseling on immunizations that ultimately were not administered on the date of service (DOS).
  - Documentation should indicate the immunization(s) counseled on, the conversation, the reason the vaccine was declined and/or the reason for the patient's under immunization status. A total time statement must indicate that this time applies only to standalone vaccine counseling.
  - CPT codes 90482-90484 can be reported on the same date as evaluation and management (E/M) services, such as preventive care or illness-related office visits. A25 modifier should be appended to the E/M visit code to indicate that the visit is a separately identifiable service from the immunization counseling.
  - These codes also may be reported as the only service if the patient was scheduled for an immunization-only visit and the physician or other QHP was called in to answer the parent's or caregiver's questions or concerns.
  - It's important to document the reasons an immunization was declined, such as allergies, chronic or acute conditions, or religious beliefs, as well as the patient's immunization status. Underimmunization status may be related to a manufacturer or delivery delay of the immunization product, caregiver refusal or a lapse in the patient's adherence to the immunization schedule.
  - The primary ICD-10-CM code for standalone immunization counseling is Z71.85 - Encounter for immunization safety counseling. Code also notes indicate that Z71.85 should be followed by a code from range Z28, Immunization not carried out, and underimmunization status. To report the codes from this range on a claim, a 4th, 5th or 6th digit is required.

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