

# Parental Vaccine Hesitancy: Clinical Implications for Pediatric Providers **CE**

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## ABSTRACT

Despite being recognized as one of the greatest public health achievements, vaccines are increasingly under scrutiny for a multitude of reasons. "Parental vaccine hesitancy," an emerging term in today's literature, encompasses a wide range of concerns regarding vaccines and is believed to be responsible for decreasing coverage of many childhood vaccines. The threat to herd immunity posed by poor vaccine uptake increases the risk for resurgence of vaccine-preventable diseases. Pediatric primary health care providers have an obligation to respond to the increasing prevalence of vaccine hesitancy by providing education related to vaccines to ensure the safety and health of the population. The purpose of this article is to examine the most common concerns surrounding vaccine hesitancy and outline strategies for pediatric providers to address concerns with parents in the clinical setting. *J Pediatr Health Care.* (2015) 29, 385-394.

## KEY WORDS

Vaccines, vaccine hesitancy, decision making, pediatric, children, exemptions

## OBJECTIVES

1. Define vaccine hesitancy.
2. Identify reasons for parental vaccine hesitancy.
3. Discuss the implications of vaccine hesitancy on the child and community.
4. Describe ways to approach vaccine concerns with parents.

Vaccines are one of the greatest achievements of public health and have been proven effective through

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substantial decreases in morbidity and mortality rates of infectious diseases (Mergler et al., 2013). Smallpox is considered to be the first vaccine, dating back to the ancient Chinese, who practiced variolation (The College of Physicians of Philadelphia, 2014b). The United States stopped routinely vaccinating against smallpox in 1972, and in 1980, the World Health Assembly declared that smallpox had been eliminated from the human population (World Health Organization, 2010). The creation of additional vaccines over the years has allowed the Advisory Committee on Immunization Practices to currently recommend vaccines that target 17 vaccine-preventable diseases (VPDs; Centers for Disease Control and Prevention [CDC], 2012a, 2012b, 2014e).

Healthy People 2020 is a national organization that sets 10-year goals, one of which includes increasing immunization rates to prevent infectious diseases (Healthy People 2020, 2014). Through the accomplishments of routinely vaccinating children, most vaccine-preventable diseases are rarely seen in the United States (Mergler et al., 2013). The success of effective immunization programs has resulted in parents who have little experience with VPDs and who question whether vaccines are necessary. The anxiety regarding vaccines among parents has led to the creation of the term *vaccine hesitancy* (Larson, Jarrett, Eckersberger, Smith, & Paterson, 2014).

Vaccine hesitancy can lead to delaying vaccines or even exemption altogether. Currently, all U.S. states allow exemption from vaccines for medical reasons, and 48 states acknowledge exemptions for religious reasons. Nineteen states permit exemptions for personal or philosophical reasons, termed “personal belief exemptions” (Diekema, 2014; Imdad et al., 2013). Each state mandates vaccine requirements for public and private schools, as well as day care centers (CDC, 2015b). If a child does not comply with state vaccination laws and does not have an exemption, the child may not be permitted to attend the school or day care facility. Although overall immunization rates in the United States remain high, this estimate does not account for the growing concerns parents have regarding vaccines.

The frequency of parents refusing or delaying vaccines for nonmedical reasons is increasing dramatically (Atwell & Salmon, 2014; Smith & Marshall, 2010). Underimmunized children pose a threat to herd

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immunity and increase the risk for outbreaks of VPDs, such as measles and pertussis. Herd immunity is established when persons susceptible to a disease are protected because a sufficient proportion of the population is immunized (Diekema, 2014). Establishing herd immunity varies by disease and ranges from 80% for rubella and mumps to closer to 95% for pertussis and measles. Herd immunity is especially important for children who are unable to get vaccines because of medical reasons or those too young for certain vaccines and rely on the vaccination of others to be protected (Diekema, 2014).

In the year 2014, there were 644 cases of measles in the United States (CDC, 2015a). These outbreaks of measles are being seen in clusters of unimmunized individuals throughout the country and represent the highest number of cases seen since measles was documented as eliminated within the United States in 2000 (CDC, 2014b). Data indicate that approximately 67% of the measles cases from January through May 2014 had occurred in persons who were not immunized (CDC, 2014b). Eighty-five percent of those unimmunized persons had previously declined the measles, mumps, and rubella (MMR) vaccine for personal, philosophical, or religious reasons (CDC, 2014b). Additionally, there have already been 162 cases of measles from January 1 through April 17, 2015 (CDC, 2015a). At the time of its report, the California Department of Public Health (2015) confirmed that 34 of the 59 people diagnosed with measles had an immunization record. Of those 34 people, 28 were not vaccinated against MMR, one person had received one dose of MMR, and only five persons had fulfilled the recommendations of at least two doses of the MMR vaccine (California Department of Public Health, 2015).

Pertussis is another reportable disease that has an increasing trend in incidence. In the year 2012 the most cases of pertussis were reported since 1955. Reporting of cases decreased the following year (CDC, 2014c). However, from January 1 through August 16, 2014, there were 17,325 cases of pertussis in the United States, which is an increase of 30% from the same period in 2013. Infants represent the age group with the most cases of pertussis, but the number of adolescents contracting pertussis is increasing (CDC, 2014d).

Influenza remains among the leading causes of death in the United States every year (HealthyPeople.gov, 2014). Only 42% of children from 6 months to 17 years of age were vaccinated with the influenza vaccine by the end of early flu season, around early November 2014 (CDC, 2014c). Even fewer U.S. adults 18 years and older (39.7%) received their flu vaccine by early November (CDC, 2014c). Efforts are needed to improve influenza vaccine coverage among both children and adults to decrease morbidity and mortality from the disease.

Considering the recent dramatic rise in VPDs, it is important to examine the reasons for vaccine hesitancy.

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