Welcome to Addressing Vaccine Hesitancy with Patients with Disabilities and their Families



Thursday, April 6, 2023 12:00PM – 1:00PM





Accessibility



American Sign Language (ASL) Interpreting: To see the interpreter AND the presenter/presentation slides, adjust your gallery view to "speaker view" in the top right of your screen.



Captioning: To enable closed captioning, select "closed caption" at the bottom right of your screen.



Housekeeping

- This webinar is being recorded. Please access today's slides and recording through the following link: <u>https://eziz.org/covid/education</u>
- Please use the "Q&A" icon or the "raise your hand" feature to ask a question.

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For post-webinar questions, contact rachel.jacobs@cdph.ca.gov.



Questions & Answers

During today's session, please use the **Q&A panel** to ask your questions.







Addressing Vaccine **Hesitancy with** Patients with **Disabilities and Their Families**

Dr Noemi Spinazzi, MD, FAAP - UCSF Benioff Children's Hospital Oakland

Where are we now?

- Return to pre-pandemic activity
 - Decreased requirement for masking
 - Including in schools and healthcare facilities
 - Decreased requirement for testing
 - Including to return to school/work
 - Decreased availability of remote work options
 - Return to in-person services
- Waning immunity for those with past infection
 - A third of children who are infected with Covid-19 do not mount an antibody response
 - Immunity from natural infection wanes over time
 - Even for those who have been infected, we know that infection + vaccine offers better immunity

Misinformation is rampant

Skafle, I., Nordahl-Hansen, A., Quintana, D. S., Wynn, R., & Gabarron, E. (2022). Misinformation about COVID-19 vaccines on social media: rapid review. *Journal of medical Internet research*, 24(8), e37367

- 19 studies in which the effect of social media misinformation on vaccine hesitancy was measured or discussed
- Misinformation spread on social media had a negative effect on vaccine hesitancy and uptake.

COVID VACCINATION IS ASSOCIATED WITH CARDIAC ARREST PEER-REVIEWED STUDY IN NATIONAL

COVID vaccination associated with increase in cardiac arrest 911 calls?



Balanced View of Medical Facts

It's important to acknowledge that most children who become infected with COVID-19 do well even if unvaccinated

Yet, COVID-19 is a leading cause of death among children (March 2020- April 2022) (Flaxman S, Whittaker C, Semenova E et al. Covid-19 is a leading cause of death in children and young people ages 0-19 years in the United States. medRxiv 2022.05.23.22275458)

| Age group | Rank of COVID-19 among causes of death |
|-------------|---|
| <1 year | 4 |
| 1-4 years | 5 |
| 5-9 years | 5 |
| 10-14 years | 4 |
| 15-19 years | 4 |

Facts to Highlight

<u>Safety</u>

Most common side effects are short lived fever, arm pain, fatigue

More serious side effects are very rare and treatable (anaphylaxis, myocarditis)

The risk of adverse cardiac outcomes were 1.8 – 5.6 times higher after SARS-CoV-2 infection than after mRNA COVID-19 vaccination among males ages 12-17 years

Effectiveness

Very effective at preventing severe disease and death

Decreases risk of Covid-induced myocarditis, MIS-C, and long covid

Many Children Are Still Admitted for COVID-19

Proportions of COVID-19-Associated Hospitalizations with COVID-19 as a Likely Reason for

Admission by Age and Variant Predominance Period — COVID-NET, June 2020–November 2022



https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2023-02/slides-02-24/COVID-06-Taylor-508.pdf

Underlying Medical Conditions Increase Risk

Underlying Medical Conditions among Children and Adolescents Ages ≤17 Years — COVID-NET, June–November 2022



Data are limited to hospitalizations where COVID-19 is a likely primary reason for admission.

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Underlying Medical Conditions Increase Risk

Underlying Medical Conditions among Children and Adolescents by Age Group — COVID-NET, June–November 2022



https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2023-02/slides-02-24/COVID-06-Taylor-508.pdf

COVID-19 Often Causes Serious Disease in Kids

Severity of COVID-19-associated hospitalizations among children and adolescents 6 months–17 years, COVID-NET, December 19, 2021 – March 31, 2022 (Omicron period)



BiPAP: bilevel positive pressure, CPAP: continuous positive pressure Source: COVID-NET data. Accessed May 21, 2022.

Most Children Hospitalized for COVID-19 are Unvaccinated

Monthly Rates of COVID-19-Associated Hospitalization by Vaccination Status

and Age Group, December 2021 - December 2022

Monthly Rates of COVID-19-Associated Hospitalization by Vaccination Status

and Age Group, June 2021 - December 2022



Death rates by vaccination status and receipt of bivalent booster doses among people ages 5 years and older April 3 – December 3, 2022 (23 U.S. Jurisdictions)



In November 2022, people ages 5 years and older with **bivalent booster** had **12.7 times lower risk of dying** from COVID-19, compared to **unvaccinated people** and **2.4 times lower risk of dying** from COVID-19 than people **vaccinated without a bivalent booster**

Unvaccinated 🔵 Vaccinated without updated booster 🔵 Vaccinated with updated booster

https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2023-02/slides-02-24/COVID-10-Oliver-508.pdf

COVID-19 Vaccine and Down Syndrome

Data collected between March and December 2021

Mean age: 27 yo (SD 12)

Of 2172 individuals with DS, 1973 (91%) had received at least one vaccine dose

(5%) were unvaccinated by choice, and 92 (4%) were unvaccinated for other reasons.

Most participants had either no side effects (54%) or mild ones such as pain at the injection site (29%), fatigue (12%), and fever (7%).

Severe side effects occurred in <0.5% of participants.

Individuals with DS who were unvaccinated by choice were more likely to be younger, previously recovered from COVID-19, and also unvaccinated against other recommended vaccines.

COVID-19 Vaccine and Children with Cancer

Survey of parents (93% White)

Parents expressed higher concerns about vaccine side effects for their children than for themselves



COVID-19 Vaccination Hesitancy and Autism

Approximately 35% of parents intended to vaccinate their child against COVID-19. Positive vaccine beliefs were associated with intentions to vaccinate

Belief in vaccine harm, healthcare provider trust, or parent vaccination status were not associated with intention to vaccinate.

Relying on trusted relationships alone may not be sufficient when discussing COVID-19 vaccines

Motivational Interviewing and COVID-19 Vaccine

- 1. Ask for permission
- 2. Avoid immediately trying to convince patient or argue for vaccination.
- 3. Explore patients' concerns and values
- 4. Strive to create a safe and collaborative space for patients
- 5. Provide accurate information
- 6. Support patient making an informed decision that is aligned with their culture, values and priorities
- 7. Help patients make plans, address barriers. Provide follow-up and support

Motivational Interviewing and COVID-19 Vaccine

1. Establish rapport: Listen to patient's concerns and validate their feelings

- 2. Elicit change talk: Ask open-ended questions designed to elicit change talk
- **3. Provide information:** Use one or more of the four MI consistent ways to give information
- 4. Explore ambivalence: Acknowledge mixed feelings. Explore pros and cons
- 5. **Summarize and reflect**: Throughout the conversation but especially change talk
- 6. **Empower the patient:** Support patient's autonomy. Encourage patients taking an active role

Source: PESI. Motivational Interviewing for Vaccine Hesitancy in diverse patient populations

Examples of Questions to Elicit "Change Talk"

"If you were to get the vaccine for your children, why might you do it?"

"What are some positives, some pros, that you are aware of about vaccination?"

"How might vaccines be helpful to you and your family?"

"What are some of the benefits of getting vaccinated?"

"How important is it for you to protect yourself and your loved ones from infectious diseases?"

"What information would help you feel more comfortable about getting your children vaccinated?"

"What impact do you think your decision about vaccination will have on your community and those around you?"

Reflections, Commitment to Action

"How are you feeling now about getting vaccinated?"

"What do you think you'll do about the vaccination?"

"How have your thoughts about vaccination changed after our talk?"

"How important is it for you now to get vaccinated, on a scale of 0 to 10"

"How confident are you after our talk, that the vaccine is safe and effective?"

"What is your next step moving forward about getting vaccinated?"

"When do you think you'll decide to get vaccinated?"

Following-up these answers with reflections and ask for commitment.

People Remember Stories

Scientists like data

People respond to stories



Additional Obstacles

Systemic racism and ableism in healthcare - fuels distrust

Need for specific vaccine appointment - adds to coordination needs, transportation needs, etc

Ever-changing recommendations about vaccine schedule creates confusion



Resources



COVID-19 Materials for People with Intellectual and **Developmental Disabilities and Care Providers**

Español (Spanish) | Print

COVID-19 is challenging to explain, live through, and communicate about. The materials on this page were created to help make communicating about COVID-19 a little easier. Choose from videos, posters, social stories, and interactive activities to

These materials (also available in Spanish) will cover 5 basic topics: getting the COVID-19 shot, washing your hands, getting a

people to get a booster

References

<u>Advisory Committee on Immunization Practices (ACIP)</u> notes from June 17, 2022 Meeting and February 22-24, 2023 Meeting, accessed 04/02/2023

Choi, K., Becerra-Culqui, T., Bhakta, B., Bruxvoort, K., & Coleman, K. J. (2022). Parent intentions to vaccinate children with autism spectrum disorder against COVID-19. *Journal of Pediatric Nursing*, *63*, 108-110.

Hüls, A., Feany, P. T., Zisman, S. I., Costa, A. C., Dierssen, M., Balogh, R., ... & Trisomy 21 Research Society COVID-19 Initiative. (2022). COVID-19 vaccination of individuals with Down syndrome—Data from the Trisomy 21 Research Society survey on safety, efficacy, and factors associated with the decision to be vaccinated. *Vaccines*, 10(4), 530.

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Skeens, M. A., Hill, K., Olsavsky, A., Buff, K., Stevens, J., Akard, T. F., ... & Gerhardt, C. A. (2022). Factors affecting COVID-19 vaccine hesitancy in parents of children with cancer. *Pediatric blood* & *cancer*, *69*(6), e29707.

Questions?

Resources & Wrap-Up

Rachel Jacobs, CDPH



Resources

- Disability Rights Education & Defense
 Fund (DREDF) COVID-19 Vaccines for
 California Youth with Disabilities
 #AskToVax
- <u>Ableism Video</u>
- <u>CDC COVID-19 Resources for People with</u>
 <u>Disabilities</u>





Upcoming Opportunities

Monday

My Turn and myCAvax Office Hours

Next session: Monday, April 17, 12PM-1PM

Friday

Provider Consolidated Webinar

Next session: Friday, April 7, 9AM-10:30AM

Note: Session to include COVID-19 Vaccine and COVID-19 Therapeutics





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