Talking to parents about risks and benefits of immunization

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On August 21-22, New Mexico was fortunate to have Donna Weaver, immunization nurse educator with the Centers for Disease Control and Prevention as a special guest speaker. She is an expert trainer with CDC and regularly can be seen on the annual CDC Immunization Updates and training programs.

Ms. Weaver talked at four different venues during her short visit to New Mexico. On August 21, Ms. Weaver spoke at UNM Pediatrics’ special Grand Rounds on the history and importance of vaccines. Over 60 physicians, residents, nurses, pharmacists, and students attended the noontime lecture.

Later that afternoon, Ms Weaver spoke to an audience of about 60 APS nurses, Department of Health nurses, Pharmacists and Pharmacy students on how to talk to parents about risks and benefits of immunizations.

Ms Weaver served as keynote speaker at our August 22 meeting at the Marriott Pyramid and spoke to about 75 members. After lunch, Ms. Weaver traveled to Santa Fe and presented to a group of about 30 Santa Fe school nurses.

Ms. Weaver focused her talks on important communication tools (see box), and also spoke on common fears and misconceptions about vaccines. She systematically addressed the fears about vaccine contents, thimerosal, immune overload, adverse events, licensure and safety studies, media hype and misinformation. With vaccines frequently in the spotlight, it’s important to share correct information and scientific studies with parents. Her talks were excellent and generated good questions and discussion. We were honored to have Ms. Weaver as our guest speaker.

Key points from Ms. Weaver’s presentation on how to communicate risks and benefits to parents

- Establish rapport with parents, trust is vital
- Be open and honest; listen
- What are the parents’/patients’ concerns?
- Where are they getting their information?
- Be prepared to respond with evidence-based information
- Keep your message simple and individualized
- Discuss each vaccine separately
- Share personal experience
- Be a role model
- Provide information handouts
- Direct to reputable websites, books, videos
- Appeal to civic duty
- It’s not Provider vs. Parent: We all want the same thing — healthy children
- Respect the parent’s decision
The NMIC hosted CDC’s immunization expert, Ms. Donna Weaver, at four speaking engagements during her stay in Albuquerque.

Clockwise from top: Donna Weaver; 8/21 UNM Pediatrics presentation by Ms. Weaver; NMIC meeting on 8/22; Ken Campbell, Anna Pentler, Donna Weaver and Dr. Yabo Beysolow, also of the CDC; 8/21 APS presentation; presenter, Mack Sewell, DOH State Epidemiologist; ladies ‘power table’ at the NMIC meeting.
School pilot influenza clinics

With the new ACIP recommendation for all children 6 months through 18 years of age to be immunized each year against influenza, New Mexico is embarking on a large-scale pilot project to vaccinate children in schools. The purpose of this project is to determine effective strategies and methods to vaccinate this large school-aged population, so that successful models can be replicated when the ACIP recommendation is fully rolled out next influenza season.

Schools and childcare centers in Jal, Grants, Albuquerque, Santa Fe, Las Cruces, T or C, Magdalena, Mora, Dexter, and San Felipe are partnering with local Public Health Offices and local providers to coordinate clinics. Clinics will start in early October and run through December. Over 70 schools will participate, and the Immunization Program anticipates immunizing up to 20,000 students.

The Department of Health Immunization Program is providing inhalable influenza vaccine to be used in most children. Some children with contraindications to the inhalable vaccine or chronic health problems will be able to receive injectable vaccine. During school registration, an explanatory letter, consent forms and Vaccine Information Sheets were distributed to parents for their review and signature so that their child can receive influenza vaccine as part of these on-site school clinics.

Concurrently, the New Mexico Department of Health Epidemiology and Response Division will collect data on influenza illness and absenteeism in some of the participating schools and their communities. We hope to see a big reduction in influenza and influenza-like illness in the communities participating in the pilot project.

In September, the CDC released the latest immunization rates for 2007 for each state and for the country. New Mexico’s rate improved from 71.6% in 2006 to 76.0% in 2007. We are making good progress at increasing the number of children protected on time.

SHOT BRIEFS

There are a couple of new, recently licensed combination vaccines that are now available. Here are brief descriptions of the latest vaccines:

**Pentacel®** This vaccine has five components: Diphtheria and Tetanus Toxoids and Acellular Pertussis Adsorbed, inactivated Poliovirus and Haemophilus b Conjugate (Tetanus Toxoid Conjugate) Vaccine. It is indicated for use in children six weeks through four years of age (prior to fifth birthday). Pentacel vaccine should be administered during the following visits: 2 month, 4 month, 6 month, and 15-18 month. The use of Pentacel could eliminate one shot from each of the visits. Providers must keep careful track of which combination vaccines they use and which vaccines their patients may have received elsewhere. Other combination vaccines such as PEDIARIX® (Diphtheria and Tetanus Toxoids and Acellular Pertussis Adsorbed, Hepatitis B (Recombinant) and Inactivated Poliovirus Vaccine Combined) or Comvax (Haemophilus b Conjugate and Hepatitis B) could duplicate some of the components of Pentacel.

**KINRIX®** is a combination vaccine for children four through six years of age. KINRIX has four components: Diphtheria and Tetanus Toxoids, Acellular Pertussis Adsorbed, and inactivated Poliovirus. KINRIX offers similar protection to separately administered vaccines, with a comparable safety profile and the advantage of one less shot. But KINRIX is not approved for use in children younger than four or older than seven.

We also recently have a new version of the Rotavirus vaccine:

**ROTARIX®** is a live virus oral vaccine. Vaccination series consists of two 1-ml doses administered orally. The first dose should be administered to infants beginning at 6 weeks of age. There should be an interval of at least four weeks between the first and second dose. The 2-dose series should be completed by 24 weeks of age. Rotarix and RotaTeq have slightly different age restrictions, and Rotarix has a 2-dose vs. a 3-dose schedule. In comparison, the first dose of RotaTeq should be administered between 6 and 12 weeks of age, with subsequent doses administered at 4 to 10-week intervals. The third dose should not be given after 32 weeks of age. The series should not be started later than 24 weeks of age in order to complete by 32 weeks.
### Calendar of upcoming events

#### October
- **10/11**  Influenza clinic, National Hispanic Cultural Center  
  Bi-national health fair
- **10/15**  Minigrant application review team meeting
- **10/16**  NMIC Steering Committee meeting, 2:00-4:00

#### November
- **11/10-15**  Got Shots? Protect Tots! fall immunization week
- **11/20**  NMIC Steering Committee meeting, 2:00-4:00

#### December
- **12/5**  Full NMIC meeting and sixth anniversary celebration

#### January
- **1/15**  NMIC Steering Committee meeting, 2:00-4:00

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**Contact us...**

NM Immunization Coalition News is published quarterly. Please contact Maggie June at 505-272-3032 or via email at mjune@salud.unm.edu if you have any questions or have an item to submit for the newsletter.