



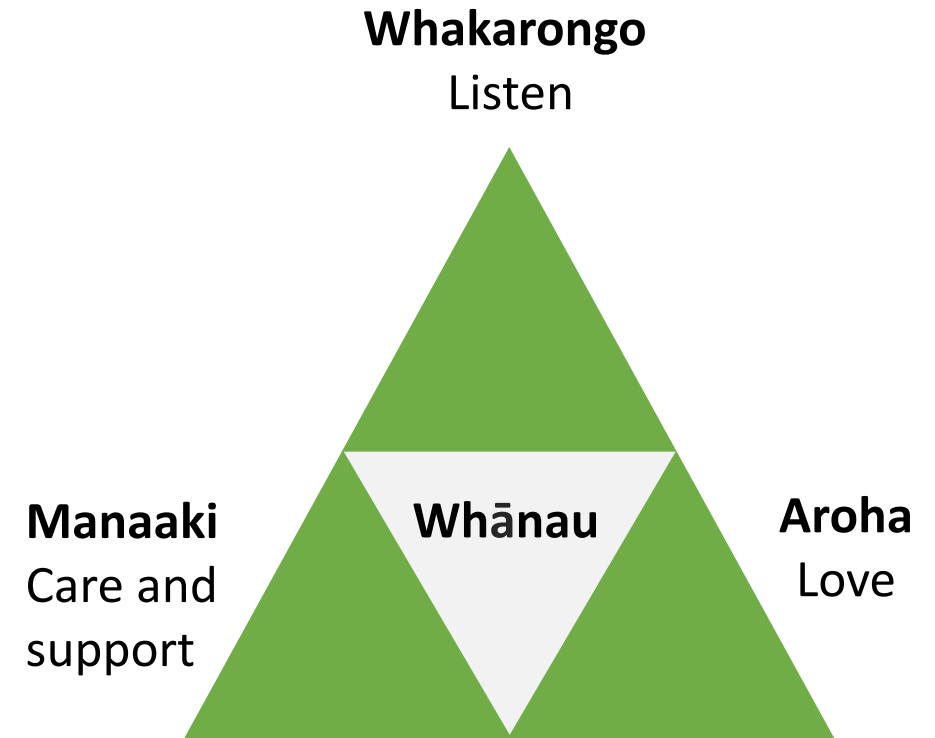
Let's talk about immunisation

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Talking about immunisation

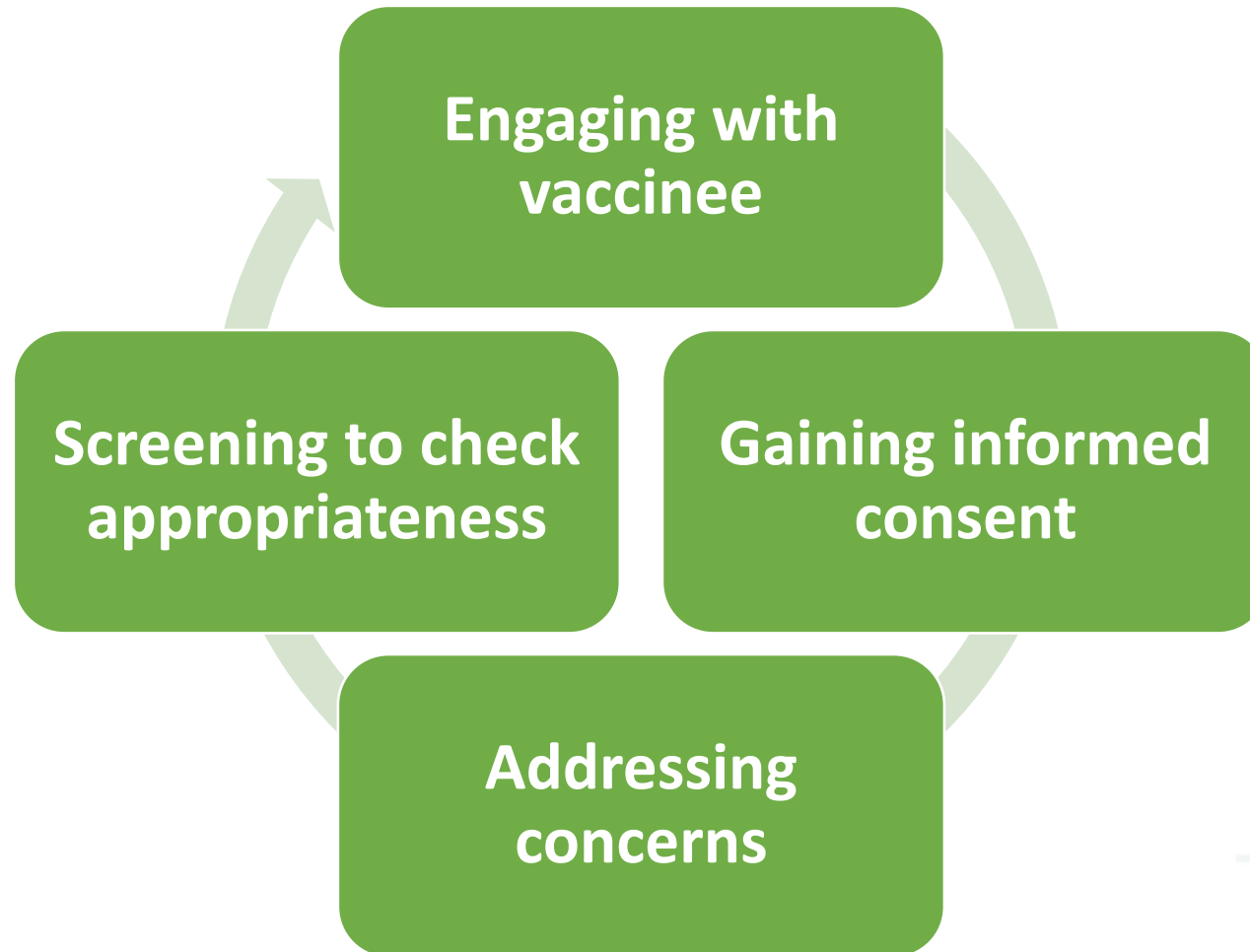
Consider there are many world views around wellbeing, and how you might approach whānau and other cultures on this topic.

- **Whakarongo:** acknowledge fears and concerns – connect as a parent/your own experiences
- **Manaaki:** respect and empathy rather than challenge their beliefs
- **Aroha:** consider discussing immunisation as a way to protect and preserve future generations



Courtesy of Denise Tahuri: Niho Taniwha model

What do we need to communicate as vaccinators?



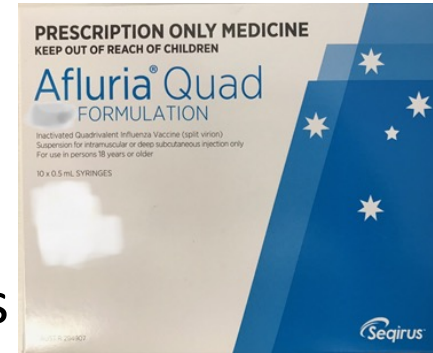
What do whānau want/need to know?

- Why are we being offered a vaccine ?
- What information do we need to know?
- Our baby/pēpi is being offered a 'new' vaccine ? Why ?
- What other information do we want/ need to know?

Hapū wāhine

- **Influenza (Afluria® Quad)**
 - Funded annually anytime during every pregnancy to prevent serious complications
 - Route/site: IM/ deltoid
- **Tdap (Boostrix®)**
 - Diphtheria, tetanus & acellular pertussis
 - Route/site: IM/ deltoid
 - **Timing: from 2nd trimester each pregnancy** to protect newborns
- **Immunisation in pregnancy**
 - **Active** immunity for mum
 - **Passive** immunity for baby

Coverage needs to be increased!



Fundamental components of informed consent:

For every vaccination event obtain informed consent

That they have a choice/options

Why they are being offered the treatment/ procedure

The probable benefits, risks, side-effects, failure rates and alternatives, and the risks and benefits of not receiving the treatment

What is involved in what they are being offered

Finish with an ***immunisation recommendation***

Understand the specific concerns

- Not every parent has the same concerns
- Ask what they are worried about
- Ask them to describe what they already know about disease risk and vaccine benefit
- Correct misconceptions

Be attentive to their concerns!



Stay on message

“Vaccines are very safe and effective, and serious disease can occur if your child is not vaccinated.”

- ie, in all the studies almost all measles occurred in unvaccinated people
- Consequences for others . . .

Altruism – unvaccinated children put others at risk

If you are unsure of the answer– call 0800 IMMUNE or website



Addressing a myth: HPV example

Core facts

- The HPV virus causes a range of cancers as well as genital warts.
- **We now have a vaccine with a very good safety profile that can prevent many cases.**

Warning

- There are myths circulating on the Internet, Facebook, twitter... about the safety of this vaccine.
- **These are untrue.**

Alternative explanation

- **Sometimes when something occurs after a vaccine, people blame the vaccine.**

Fact

- **Evidence indicates HPV vaccine has a very excellent safety profile.**

MMR and autism

Core facts

- **Measles mumps and rubella can be very serious diseases and MMR vaccine has prevented millions of cases.**

Myth

- Fraudulent research that received a lot of media attention led to the myth that MMR vaccine causes autism.
- **This is not true.**

Alternative explanation

- Sometimes when something occurs after a vaccine, people blame the vaccine.

Fact

- **Lots of scientific research shows MMR vaccine is very safe.**

Where to get more information?

- www.immune.org.nz
 - Ministry of Health - immunisation
 - 0800 IMMUNE: 0800 466 863
 - NCIRS –National Centre for Immunisation Research & Surveillance
 - CHOP – Children’s Hospital of Philadelphia
- <https://www.chop.edu/centers-programs/vaccine-education-center>
- Vaccine Safety Net sites
 - SKAI (Sharing Knowledge About Immunisation)
 - www.healthed.govt.nz





Thank You