

Talking about vaccination with patients, parents and carers

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THE UNIVERSITY OF
SYDNEY



SKAI original development team

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- Paul Kinnersley - Cardiff University
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- The Friday Collective

NCIRS social science and communications teams

Other acknowledgements

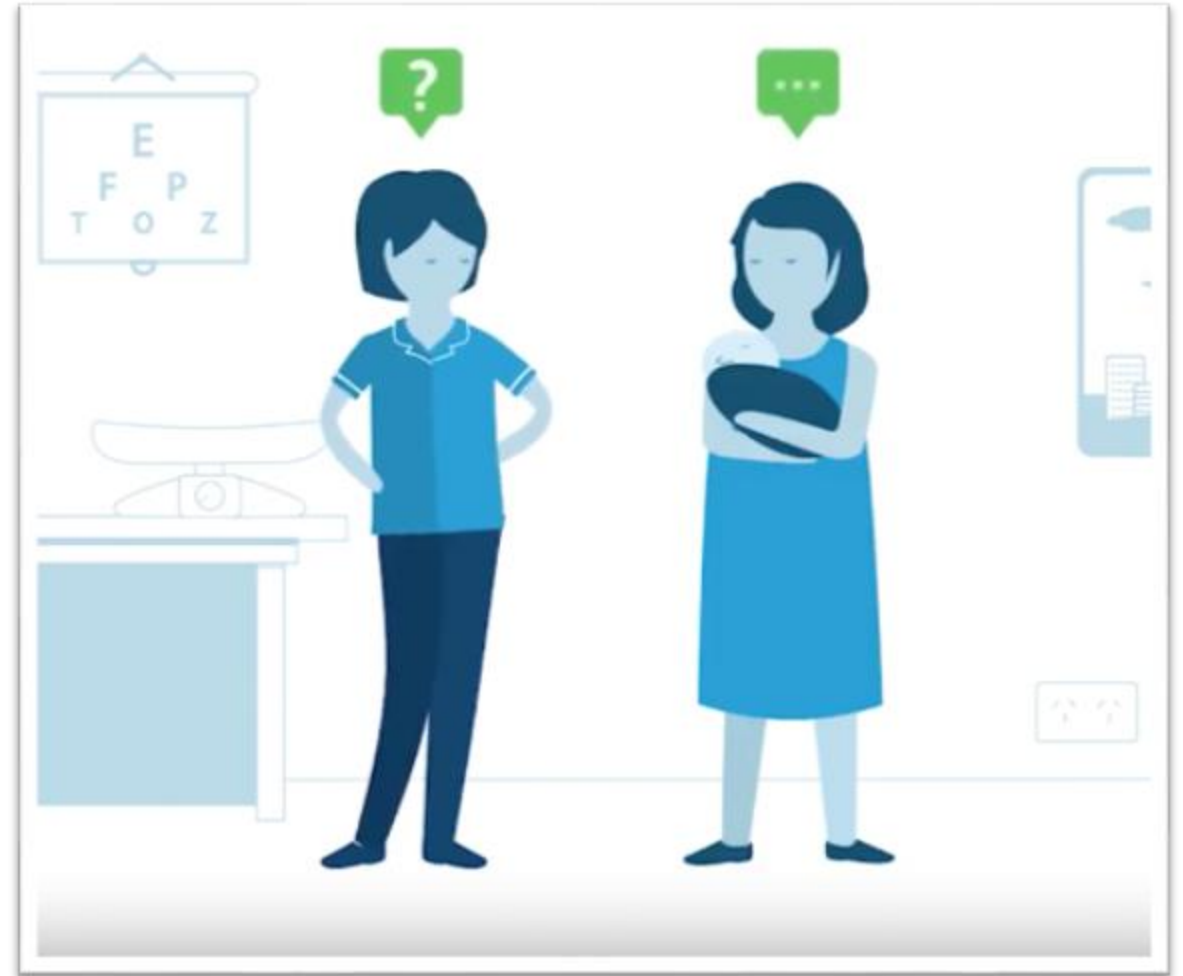
- Tom Snelling - Telethon Kids Institute
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Outline

- Hesitancy – what it is, why it happens
- Why good HCW communication is important
- Parent positions on vaccination
- SKAI approach to communication



First Nations perspectives show connection between service and community impacts

“So the service may have spoke to one mum, but guess who that mum has spoken to in the next couple of hours...20 mums and she is passing that on. **You might not have that flash brochure**...but the power and the time that you have put into her, she is putting that into her friends”.

A participant in Gaba Binggi project

Creighton A. Gaba Binggi (Good Needles): Developing an understanding of how two First Nations communities see and experience immunisation during pregnancy [MPhil]: University of Sydney; 2016.

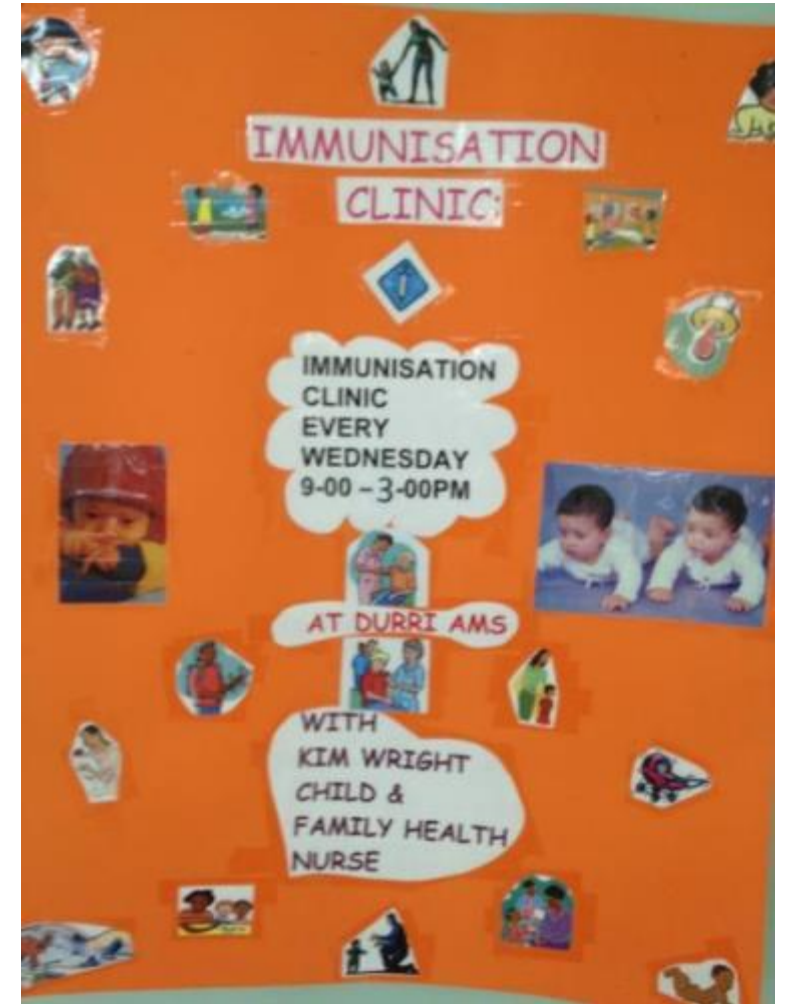
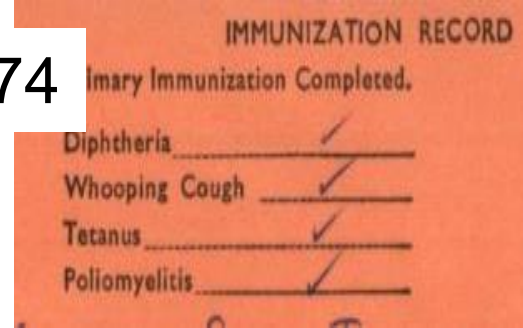


Photo by Telpia Joseph

Why a vaccination communication guide?

- Schedules are increasingly complex
- Social changes – intensive parenting
- High profile safety scares
- Availability of misinformation
- Politicisation of vaccination

1974



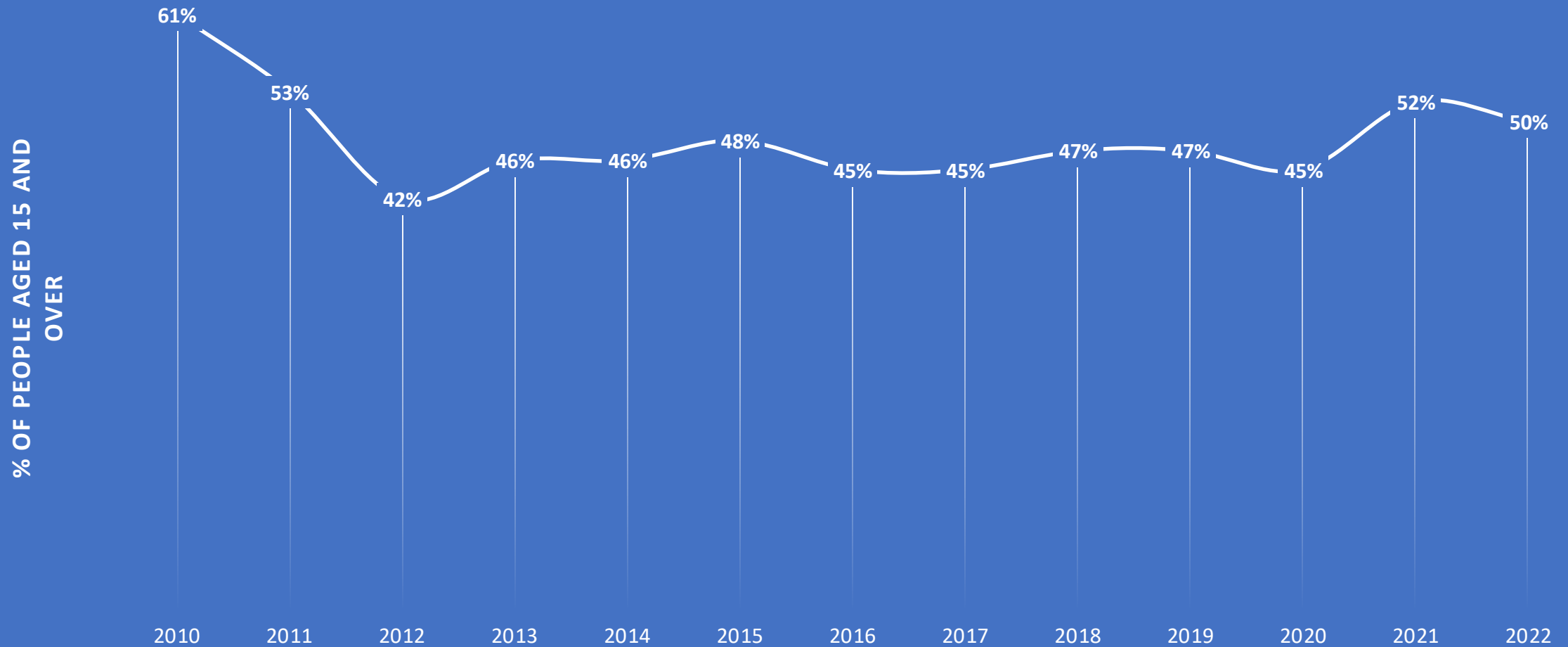
2025

Age	Diseases
Birth	<ul style="list-style-type: none"> • Hepatitis B (usually offered in hospital)
2 months (can be given from 6 weeks of age)	<ul style="list-style-type: none"> • Diphtheria, tetanus, pertussis (whooping cough), hepatitis B, polio, <i>Haemophilus influenzae</i> type b (Hib) • Rotavirus • Pneumococcal • Meningococcal B (Aboriginal and Torres Strait Islander children)
4 months	<ul style="list-style-type: none"> • Diphtheria, tetanus, pertussis (whooping cough), hepatitis B, polio, <i>Haemophilus influenzae</i> type b (Hib) • Rotavirus • Pneumococcal • Meningococcal B (Aboriginal and Torres Strait Islander children)
6 months	<ul style="list-style-type: none"> • Diphtheria, tetanus, pertussis (whooping cough), hepatitis B, polio, <i>Haemophilus influenzae</i> type b (Hib) • Pneumococcal (Children with specified medical risk conditions) • Pneumococcal (Aboriginal and Torres Strait Islander children in WA, NT, SA, Qld) • Meningococcal B (Aboriginal and Torres Strait Islander children with specified medical risk conditions)
6 months to <5 years (annually)	<ul style="list-style-type: none"> • Influenza
12 months	<ul style="list-style-type: none"> • Meningococcal ACWY • Measles, mumps, rubella • Pneumococcal • Meningococcal B (Aboriginal and Torres Strait Islander children)
18 months	<ul style="list-style-type: none"> • <i>Haemophilus influenzae</i> type b (Hib) • Measles, mumps, rubella, varicella (chickenpox) • Diphtheria, tetanus, pertussis (whooping cough) • Hepatitis A (Aboriginal and Torres Strait Islander children in WA, NT, SA, Qld)
4 years	<ul style="list-style-type: none"> • Diphtheria, tetanus, pertussis (whooping cough), polio • Pneumococcal (Children with specified medical risk conditions) • Pneumococcal (Aboriginal and Torres Strait Islander children in WA, NT, SA, Qld) • Hepatitis A (Aboriginal and Torres Strait Islander children in WA, NT, SA, Qld)
≥ 5 years (annually)	<ul style="list-style-type: none"> • Influenza (Children with specified medical risk conditions) • Influenza (Aboriginal and Torres Strait Islander children)

Ban extended on flu vaccine for children

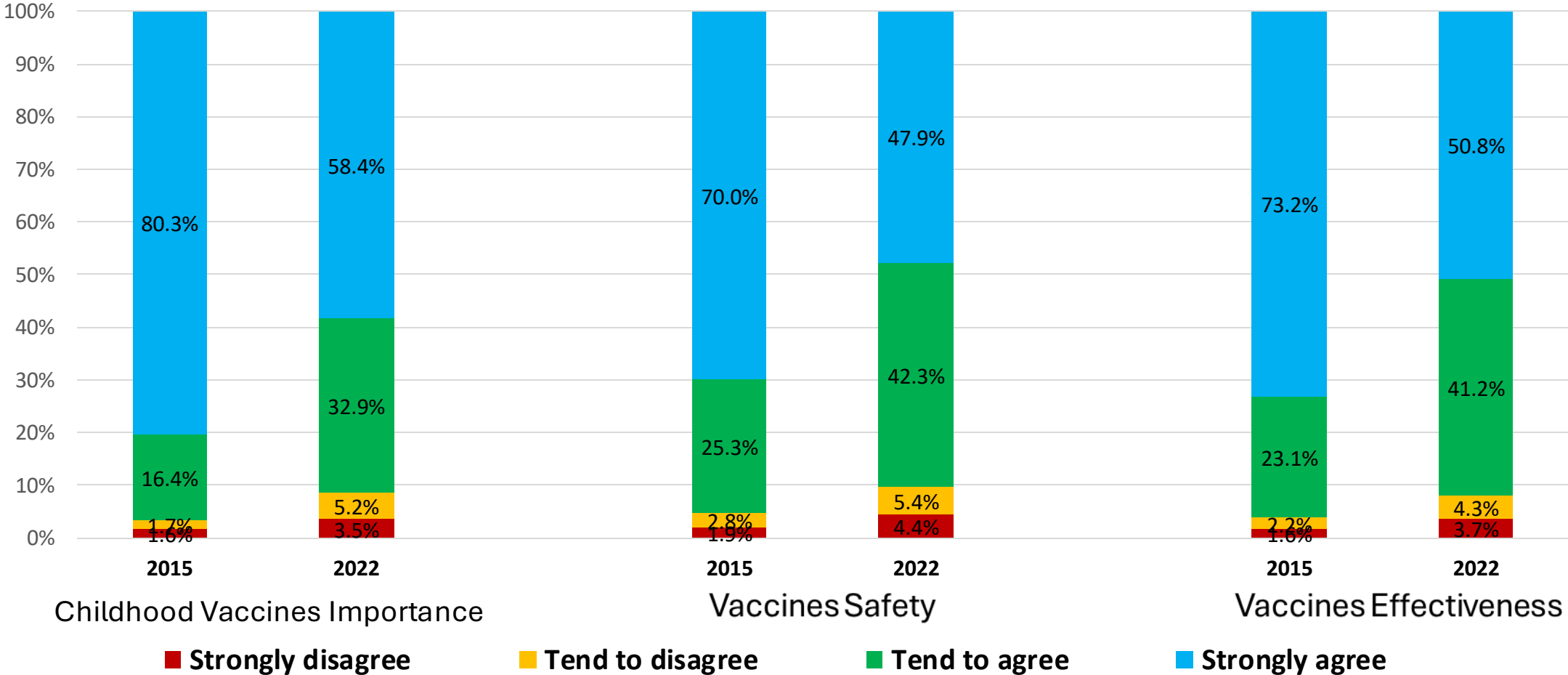


Trust in national government



Data visualized by Madji Sabahezain, SABII team, sourced from the Australian Bureau of Statistics,
<https://www.abs.gov.au/statistics/measuring-what-matters/measuring-what-matters-themes-and-indicators/cohesive/trust-national-government>

Significant decline in the general population's confidence in childhood vaccines' importance, safety and effectiveness after COVID-19 pandemic in Australia



Data analysed by Majdi Sabahelzain, SABII team, sourced from the Vaccine Confidence Project, LSHTM, UK.

Influences on trust in vaccination

- The pandemic – for some
- Beliefs
- Moral intuitions
 - Purity
 - Choice



Helps, C et al Journal of Public Health Policy. 2018
Ward PR et al. PLoS ONE 2017
Wiley et al Social Science and Medicine 2020
Hooker and Leask, Journal of Bioethical Inquiry 2020.
Leask J, et al. Vaccine 2006.
Amin, A. B., et al Nature Human Behaviour 2017

Influences on trust in vaccination

- Negative experiences
- Damaged relationships
- Exposure to others' stories

“at her one year vaccinations my daughter had a very overt reaction to the vaccines... she was despondent and floppy and she couldn't make eye contact and it was scary as a parent.... that made me look into them”

Father, NSW



1. Maria Christou Ergos PhD thesis
2. Helps, C et al Journal of Public Health Policy. 2018
3. Ward PR et al. PLoS ONE 2017
4. Wiley et al Social Science and Medicine 2020
5. Christou-Ergos M, et al. SSM-Qualitative Research in Health. 2022
6. Christou-Ergos, M et al. Vaccine. 2023.

Hesitant

Group discussion

- What were the nurse's communication strategies?
- What about their non-verbal communication?
- How do you think the parent was feeling?

Vaccine hesitancy and refusal can be challenging

- Parents look to their family doctor or nurse immuniser when they are concerned
- Ritualised practices that may be ineffective^{1,2}
- May be overly directive, occasionally coercive^{3,4}
- Dismissive communication associated with non-vaccination³
- Knowledge limitations⁵
- Some health workers are vaccine-hesitant^{5,6}



¹Leask J *NSW Public Health Bulletin* 2009;20

²Opel D et al. *Vaccine* 2012;30

³Brown K et al. *Vaccine* 2010

⁴Kempe A *Pediatrics* 2015;135

⁵Leask J et al *ANZJPH* 2008;32

⁶Verger P *EBioMedicine* in press



Ready

Confident
Want chance to ask questions



Hesitant

Are ambivalent
Many concerns: safety, reactions, too many, autism etc
Strong sense of responsibility to make 'right decision'
Want child treated individually



Declining

May not want to discuss or disclose
May talk about having 'done my own research'.
May have had a bad experience with healthcare
Vaccines seen as unsafe
Some are alternative, some not

Jackson C, et. al. Health Expectations. 2008;11:232-51.
Leask J, et. al., Vaccine. 2006;24(49-50)
Chow M et al Aus Fam Phys 2017
Berry NJ, et. al., *Vaccine* 2018;36(44):6480-6490
Ward PR, et. al., Journal of Risk Research, 21:9, 1117-1130
Wiley KE, et al Soc Sci Med, 2021

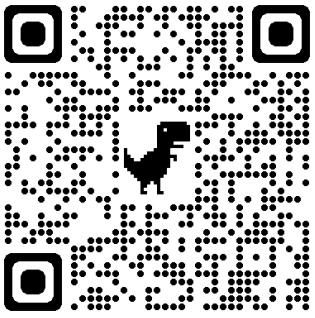


Strategies and resources to support conversations about vaccination.

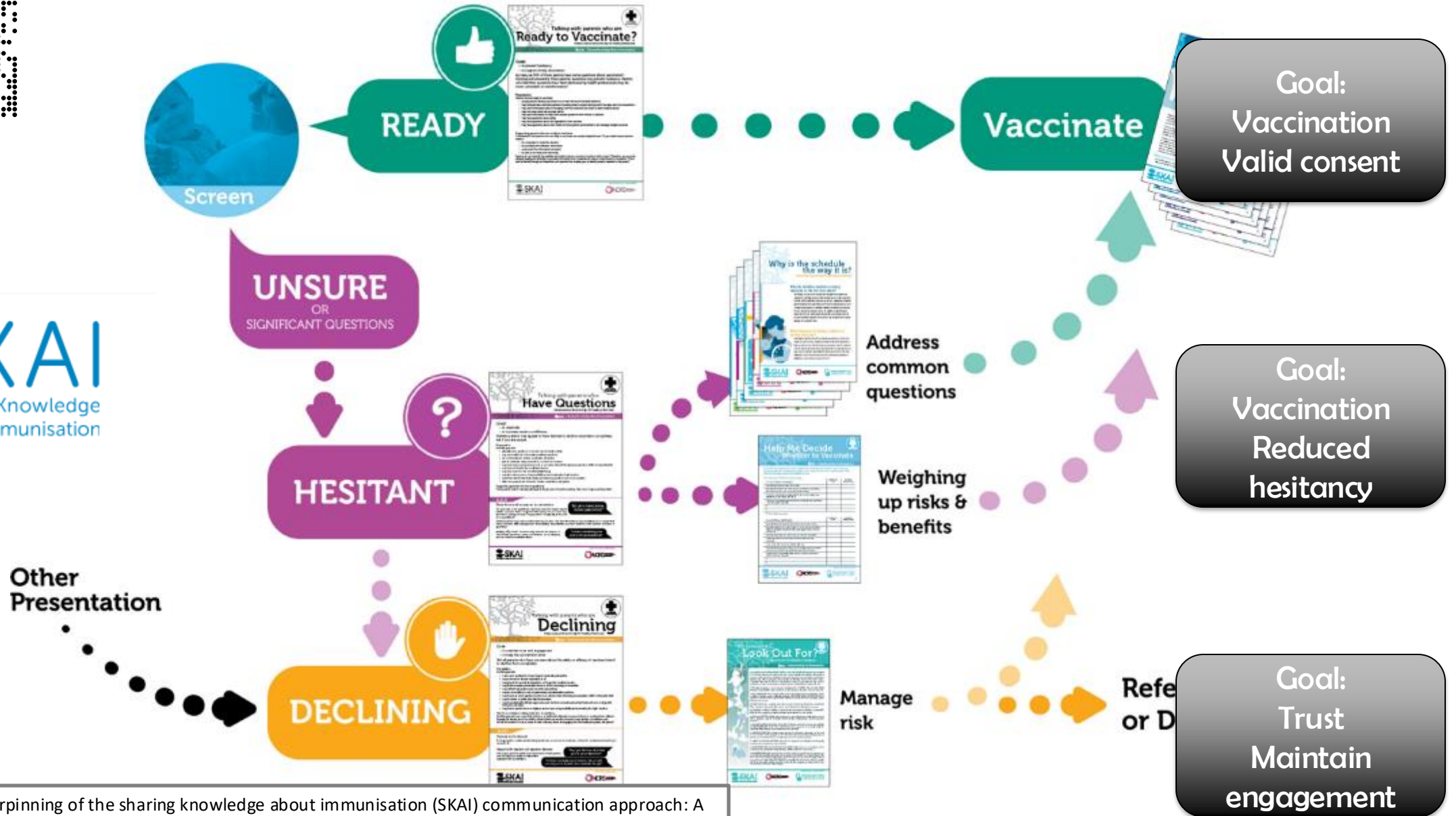
- Pregnancy & Newborn
- Childhood
- Adult
- Misinformation
- Aboriginal and Torres Strait Islander (including flu)

Aged-based information:
Arabic, Chinese (simplified),
English, Vietnamese





Skai.org.au Vaccine Communication Pathways



Randall, S., et al. Underpinning of the sharing knowledge about immunisation (SKAI) communication approach: A qualitative study using recorded observations. *Patient Education and Counseling* 2020;103:1118-1124.

Initiating the conversation



Ready

He's due for his xyz vaccines today.
Do you have some questions?



Hesitant

He's due for his xyz vaccines today. I noticed you had a few questions here on the SKAI sheet

What questions would you like answered before getting your child's needles?

I have no questions



Declining

I noticed she has no vaccines on her record.
Do you mind if we discuss that?

I'd like to understand your decision if that's OK.

Tips for talking with people who are hesitant or declining

Part 1

Elicit questions and concerns

- Use open-ended questions, e.g. *“What questions do you have?”* *“Tell me about that”*
- Active listening (pause, nod)
- Resist the urge to correct wrong information at this stage

Acknowledge the person's concerns and experience

- *“It sounds like you had a strong reaction to that vaccine”*
- *“I can see you have done a lot of thinking about this”*



How to acknowledge people who are hesitant or declining

1. Be curious – ask the person about their views on vaccination
2. Avoid the righting reflex
3. Take note of your own feelings and manage them
4. Recognise the root causes
5. Know when to let go



Be aware of what may be under the surface

VACCINATION

PROTECTION

SELF-DETERMINATION

PURITY

TRAUMA

BELONGING

Hooker C, Leask J. Risk communication should be explicit about values. A perspective on early communication during COVID-19. *Journal of Bioethical Inquiry* 2020;17(4):581-9.

Leask J, Hooker C. How risk communication could have reduced controversy about school closures in Australia during the COVID-19 pandemic. *Public Health Research and Practice* 2020 30(2):33022007 <https://doi.org/10.17061/phrp3022007>

Tips part 2

Set agenda

“Let’s check her over and discuss the rash she got last time. And then we can talk about some of your concerns and hopefully try and answer some of those questions. Would that be okay?”

Share your knowledge

“I have a fact sheet here that explains it. Would you like me to work through it with you now?”

Help the person find their own reasons to vaccinate (reinforce motivation)

“Are there any particular diseases that concern you?”

Recommend vaccination

“I think it’s important he is vaccinated”

“Would you be willing to starting the vaccines today?”

Vaccinate, refer or defer

Plan and close



Tips for communicating with the hesitant



Elicit questions

“Can you tell me more?”



Acknowledge concerns

“It sounds like you’re worried that...”



Set brief agenda

“Let's go through that concern.”



Elicit motivation

“What might make you consider vaccinating?”



Share knowledge

“Can I share some information?”



Recommend vaccination

“I think you should vaccinate”



Close

“Let’s revisit next time we meet”

Leask J et al. *Med J Aust.* 2021;215(1):9-12 e1.

Randall, S., et al. *Patient Education and Counseling* 2020;103:1118-1124.

NCIRS <https://skai.org.au/healthcare-professionals/>

Opel et al *Am J Prev Med*, 2015

The Trauma-Informed Vaccination Checklist

Personnel in a trauma-informed service:

- Recognise that trauma is common and can affect all levels of service delivery
- Endeavour to prevent further trauma in their interactions with service users



Staff training



Safe space



Avoid triggers



Consider gender of staff



Supportive behaviours



Informed consent



Respect boundaries



Transparency



Post-vaccination support

Source: Maria Christou Ergos PhD thesis

The authors acknowledge the five anonymous members of the provider reference group for their assistance with refining this guidance.

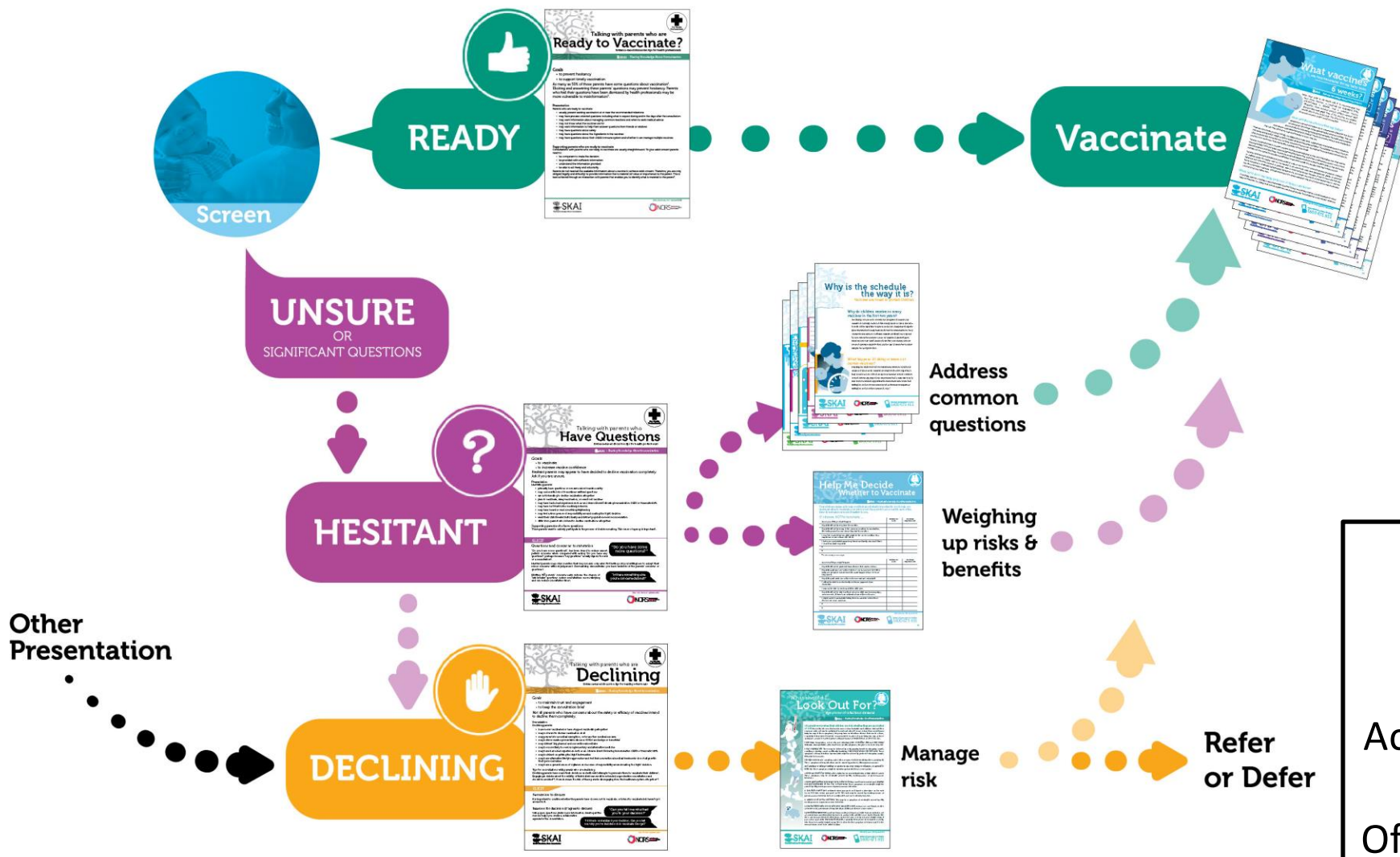
Each service should consider what is feasible to implement within its unique context

Role play bingo

Opens conversation	Finds out questions and concerns	Elicits views of partner
Acknowledges and validates parent	Summarises	Shares knowledge
Shares relevant resource	Helps parent find their own reasons to vaccinate	Recommends vaccination

- Locate your bingo card
- Listen to the next conversation
- Mark off each communication practice as you hear it
- Yell "bingo" when all are marked-off

Hesitant



As permission to discuss
 Elicit reasons for decision
 Acknowledge and validate person
 Offer anticipatory guidance
 Offer opportunity to discuss again

Declining

Take home messages

- Most people are ready to vaccinate. Pay attention to pre- and post vaccination procedures.
- Some people are hesitant or plan to decline
 - Ask, listen and understand before addressing issues
 - Validate the person
 - Give information in small chunks, using resources, and check for understanding.
 - Recommend vaccination and vaccinate if person is ready.
 - If not ready at all, keep it brief and close with a plan.

Use the SKAI resources to support this process

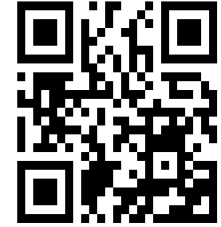


SKAI

Sharing Knowledge
About Immunisation



skai.org.au



Childhood vaccinations

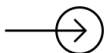
I am vaccinating



SKAI Childhood

Information about
vaccination for children
up to 5 years of age.

[View more](#)



2
months



12
months

Annual flu vaccination



4
months



18
months

Vaccination for
Aboriginal and Torres
Strait Islander
children



6
months



4
years

Other vaccines



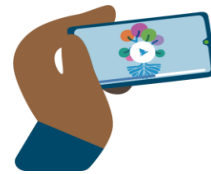
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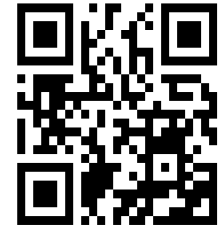


SKAI

Sharing Knowledge
About Immunisation



skai.org.au



Childhood vaccinations

I have questions >

Information about diseases and vaccines >

Your vaccine visit >

Resources >

What about autism?

Many large studies have found vaccines do not cause autism

How do we know?

A number of high quality studies have compared the health of large numbers of vaccinated and unvaccinated children over many years. The largest study included 537,303 children born in Denmark and found that unvaccinated children were just as likely to develop autism as vaccinated children.¹ When the results of this study were combined with the results of nine other studies all around the world, researchers were able to confirm that vaccination could not be causing autism.²

Then, what causes autism?

It is not known exactly why some children develop autism. The idea that vaccination caused autism was attractive to some people who wanted to find a clear cause. However, this idea arose from a few studies that were badly conducted and have since been proven wrong. Current research suggests that autism cannot be explained by a single cause, but is probably due to a combination of developmental, genetic and environmental factors.



Is an influenza vaccine recommended for my child?

SKAI - Sharing Knowledge About Immunisation

If your child is six months or older, it is recommended they get an influenza vaccine every year. Influenza vaccines are free for all children from six months up to five years, and are the best way to protect your child against influenza, sometimes called the flu.

An influenza vaccine protects your child against several types of influenza virus. It is given as a needle, usually in the leg or arm. The best time to get the vaccine is before the influenza season, which is usually June to September.

Is influenza serious?

If your child has influenza, they will probably have a fever and a dry cough, a bloodshot nose, sneezing, headache and a sore throat. They may look and feel tired. They might vomit, or have diarrhoea. Even though some of the symptoms are similar, influenza is usually more serious than a cold. Even if your child is usually healthy, influenza can make them very unwell. Influenza can be more serious for older children and adults to get severe influenza and need treatment in hospital.

Is influenza common in Australia?

Influenza is common, up to four in 10 children in Australia get influenza each year.¹ Influenza can spread more easily in places where children spend lots of time together, like children's centres, playgroups or schools. When someone with influenza sneezes or coughs, they send tiny droplets carrying the influenza virus into the air. If your child breathes in these droplets, or touches a surface where they have landed and then touches their nose, mouth or eyes, they can catch influenza too.

How often should my child get an influenza vaccine?

Children need to get an influenza vaccine every year. This is because the types of influenza viruses circulating often change from year to year. Also, protection from influenza vaccines generally lasts less than a year.

How will my child feel after vaccination?

Immediately after they get an injection, most children will cry for a minute or two. You can help them feel better by cuddling them, breastfeeding them or keeping them distracted with a toy or an activity that they enjoy. For a day or two afterwards, some children will feel a little unwell. The most common reactions are redness, soreness or swelling at the spot where the needle went in, mild fever (temperature), slight headache, feeling achy, and tiredness. Usually these symptoms last between 12 and 24 hours and then go better. If you are worried about your child, you can get help from your doctor or your nearest emergency department. You can also call Health Direct on 1800 022 222.

SKAI - Sharing Knowledge About Immunisation

© NCIRS 2016

What will happen at your vaccination appointment?

Watch later Share

Watch on YouTube

eLearning program



Conversation Guides

Talking with parents who are Ready to Vaccinate

Evidence-based discussion tips for health professionals

Goals

- to prevent hesitancy
- to support timely vaccination

As many as 50% of these parents have some questions about vaccination. Eliciting and answering these parents' questions may prevent hesitancy. Parents who feel their questions have been dismissed by health professionals may be more vulnerable to misinformation².

Presentation

Parents who are ready to vaccinate:

- usually present seeking vaccination at or near the recommended milestone
- may have process-oriented questions including what to expect during and in the days after the consultation
- may want information about managing common reactions and when to seek medical advice
- may not know what the vaccines are for
- may want information to help them answer questions from friends or relatives
- may have questions about safety
- may have questions about the ingredients in the vaccines
- may have questions about their child's immune system and whether it can manage multiple vaccines

Supporting parents who are ready to vaccinate

Consultations with parents who are ready to vaccinate are usually straightforward. To give valid consent, health professionals need to:

- be competent to make the decision
- be provided with sufficient information
- understand the information provided
- be able to act freely and voluntarily.

Parents do not need all the available information about a vaccine to achieve valid consent. Therefore, health professionals are obliged (legally and ethically) to provide information that is material (of value or importance) to the parents. The best achieved through an interaction with parents that enables you to identify what is material to the parents.

Talking with parents who Have Questions

Evidence-based discussion tips for health professionals



Goals

- to vaccinate
- to increase vaccine confidence

Hesitant parents may appear to have decided to decline vaccination completely. Ask if you are unsure.

Presentation

Hesitating parents:

- primarily have questions or concerns about vaccine safety
- may come with lots of (sometimes written) questions
- are not intending to decline vaccination altogether
- plan to vaccinate, delay vaccination, or select out vaccines
- may have had a bad experience such as an Adverse Event Following Immunisation (AEFI) or traumatic birth
- may have lost trust in the medical profession
- may have heard or read something frightening
- may feel a strong sense of responsibility around making the 'right' decision
- want their child treated individually and distrust population-level recommendation
- differ from parents who intend to decline vaccinations altogether.

Supporting parents who have questions

These parents want to actively participate in the process of decision-making. This sense of agency is important¹.

ELICIT

Questions and concerns to saturation

"Do you have some questions?", has been found to reduce unmet patient concerns when compared with asking "Do you have any questions?" perhaps because "Any questions" usually signals the end of a consultation³.

Hesitant parents may often mention their key concern only after first testing out your willingness to accept their minor concerns without judgement. Summarising demonstrates you have understood the parents' concerns or questions⁴.

Eliciting **all** parents' concerns early reduces the chance of 'late breaker' questions, makes consultations more satisfying and can reduce consultation time⁴.

"Do you have some more questions?"

"Is there something else you're concerned about?"

Talking with parents who are Declining

Evidence-based discussion tips for health professionals



in trust and engagement
the consultation brief

Parents who have concerns about the safety or efficacy of vaccines intend to decline vaccination completely.

Parents who have declined or have stopped vaccinating altogether

intend to discuss vaccination at all

only for a medical exemption, or for another medical concern

Parents who decline vaccine preventable diseases (VPDs) are benign or beneficial

to them. They may value 'big pharma' and conventional medicine

and are more likely to seek complementary and alternative medicine

Parents who decline due to a bad experience such as an Adverse Event Following Immunisation (AEFI) or traumatic birth

intend to get the 'right' information

Parents who decline due to alternative lifestyle approaches and feel that conventional medical treatments do not align with their values

intend to exercise a general sense of vigilance and a sense of responsibility around making the 'right' decision.

Parents with parents who are declining

who have made their decisions and will resist attempts to persuade them to vaccinate their children¹.

Parents who question the validity of their beliefs can result in extended, unproductive consultations and

if not managed well, it can increase the risk of these parents disengaging from the healthcare system altogether^{1,4}.

discuss

Parents who decline to confirm whether the parents have chosen not to vaccinate, or intend to vaccinate but haven't got started.

Parents who decline to discuss (if agree to discuss)

parents yields more information. Hearing all the

concerns helps to create a collaborative

consultation.

"Can you tell me what led you to your decision?"

"I'd like to understand your decision. Can you tell me why you've decided not to vaccinate George?"



SKAI

Sharing
Knowledge
About
Immunisation

First Nations

Pregnancy &
newborn

Childhood

Aboriginal and Torres
Strait Islander

Adult

- Talking about vaccination with Aboriginal and Torres Strait Islander families (guide)
- Example of a supportive flu vaccine yarn (guide)
- Flu Vaccine Information Sheet (FAQ)
- Summary of flu and COVID-19 vaccination communication resources



Talking about vaccination with Aboriginal and Torres Strait Islander families

Conversation Guide for providers as a downloadable PDF

Building rapport

Building rapport leads to trust and a comfortable environment. Greet with a smile and take the time to chat with the person or family, before discussing their health. **Building rapport will take time and sometimes more than one appointment.**

A person walks in wearing a sporting jersey or hat.

"How'd your team go in their last game?"

"How is your week going?"

Opportunistic vaccination

"Did anyone else come with you today who might want the vaccination now too?"

Part 3 Have a go

Role play scenarios 20 mins

- 3 in each group (healthcare provider, parent, observer)
- Act out the scenario, using your character
- Debrief in your group: what was it like for the provider, parent, observer?

Full group discussion (20 mins)

- What was easy in the conversation?
- What was difficult?
- What approaches will you try in future?



<https://skai.org.au>

