

Vaccination Education for Parents

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Clinical Question:

Is education on required immunizations for parents of children ages 0-6 years more likely to increase the number of children receiving vaccinations and decrease communicable diseases?

Sources of Evidence:

Kaufman, J., Ryan, R., Walsh, L., Horey, D., Leask, J., Robinson, P., & Hill, S. (2018). Face-to-face interventions for informing or educating parents about early childhood vaccination. *Cochrane Database of Systematic Reviews*, 2018 (5), 1-57. doi:10.1002/14651858.cd010038.pub3.

Saeterdal I, Lewin S, Austvoll-Dahlgren A, Saeterdal I, Lewin S, Austvoll-Dahlgren A, Glenton C, & Munabi-Babigumira S. (2014) Interventions aimed at communities to inform and/or educate about early childhood vaccination. *Cochrane Database of Systematic Reviews*, 2014(1), 1-11. DOI:10.1002/14651858.CD010232.pub2.

Zangger Ebby, A. (2017). Impacting parental vaccine decision-making. *Pediatric Nursing*, 43(1), 22-34.

Synthesis of Evidence:

Three research articles were reviewed as evidence for this report. Two systematic reviews and one quasi-experimental study.

Kaufman et al. (2018) reviewed a total of ten studies including seven randomized control trials and three cluster randomized control trials, to assess the effects of face-to-face interventions for informing or educating parents about early childhood vaccination on vaccination status and parental knowledge, attitudes and intention to vaccinate. There were a total of 4,526 participants included in this systematic review. The involved participants were children aged less than 6 years old, parents, guardians, expectant parents, and vaccine program organizers. In all ten studies the interventions were an even mix of educational sessions that were less than 10 minutes or sessions that lasted 15 minutes to several hours. The findings were consistent across all studies showing that immunization-focused educational messages may be sufficient enough to improve vaccination coverage and knowledge.

Saeterdal et al. (2014) included two cluster-randomized studies in this systematic review, to assess the effects of interventions aimed at communities to inform and/or educate people about vaccination in children six years and younger. The population included children aged 0-6 receiving vaccinations. The interventions in this study were aimed at parents, caregivers, and communities and focused on face-to-face education using posters, leaflets, and radio. This review provides limited evidence that interventions aimed at communities to inform and educate about early childhood vaccinations may improve attitudes towards vaccination and probably

increase vaccination uptake under some circumstances. However, some of these interventions may be resource intrusive when implemented on a large scale and further rigorous evaluations are needed. The interventions may achieve most benefit when targeted areas or groups that have low childhood vaccination rates.

Zangger Ebby (2017) conducted a quasi-experimental study that included 23 participants who either scored greater than a 20 on the Parent Attitude about Child Vaccines survey (PACV). Parents were asked to fill out a PACV survey to assess hesitancy towards vaccines. Voice over PowerPoint presentations were used to educate hesitant parents while waiting to see their healthcare providers. Results of this study showed there may be an impact and education may be beneficial if there was a larger sample size.

Conclusion:

Of the three articles reviewed, the article by Kaufman suggested immunization-focused educational messages may be sufficient to improve vaccination coverage and knowledge. The review by Saeterdal found little supportive evidence that interventions aimed at communities to inform and educate about early childhood vaccination may improve attitudes towards vaccination. The article also goes on to state that it is believed that if the population and sample size was larger, a better correlation could be made between the number of vaccinations in children and the education being provided prior. The study by Zangger Ebby concluded that given a bigger sample size education to vaccine hesitant parents would prove to be beneficial and would lead to an increase in vaccination rates among children.

Implications for Nursing Practice:

There is evidence to suggest that education may improve vaccination rates in children. The major barriers to practice were the amount of time it takes to discuss parents' concerns regarding vaccines, availability of the vaccine and access to the service, knowledge about vaccines and religious or philosophical beliefs. It is important to identify these barriers prior to providing education. The results of these studies could be applied to patient care because there is no harm in educating parents about the benefits of childhood vaccinations, whether the education be delivered face-to-face, pamphlets, leaflets, or by the use voice over PowerPoints.