

Vaccine hesitancy and vaccine-preventable diseases

Vaccine-preventable diseases (VPDs) are defined as diseases for which there are vaccines available via routine vaccination programs. The VPDs included in this survey are: **diphtheria, tetanus, pertussis, polio, haemophilus influenza type b, pneumococcal disease, meningococcal disease, measles, mumps, rubella, varicella, and rotavirus**. Influenza, HPV and Hep B vaccines are excluded. This survey aims to understand vaccine hesitancy among families who have had a child contract a VPD **whereby the child or a sibling of the child was not vaccinated or vaccination was delayed by parental choice**. Any infant/child who has contracted a VPD but is too young to have received all doses of the vaccine according to the recommended immunization schedule is excluded from this survey. **Your contribution is greatly appreciated.**

1. Which of the following best describes your practice?
 - General paediatrician
 - Paediatric subspecialist; specify: _____
 - Other health care provider, specify: _____
2. Please indicate the first three digits of the postal code of your practice: ____ _
3. Practice setting (check all that apply):
 - a) Urban Suburban Rural/remote
 - b) Academic Non-academic
 - c) Inpatient hospital ward ED/urgent care centre Outpatient clinic Private office/community setting
4. In the past 12 months, have you seen a patient(s) who was diagnosed with a VPD whereby the patient or a sibling was not vaccinated or vaccination was delayed by parental choice? Yes No
 If YES, how many? 1–3 4–6 7–9 ≥10

If YES, please complete questions 5–17. IF NO, we thank you for completing the survey.

Please complete questions 5–17 with your most recent case in mind:

5. Please indicate which VPD the patient was diagnosed with:
 - Diphtheria Tetanus Pertussis Polio Haemophilus influenza type b Pneumococcal disease
 - Meningococcal disease Measles Mumps Rubella Varicella Rotavirus
6. What was the status of the child's vaccination against the VPD prior to contracting the VPD?
 - No immunization Partial immunization
7. Was this disease acquired outside of Canada? Yes No Don't know
8. Did this family refuse all other vaccinations for this patient? Yes No Don't know
9. Please specify the age and sex of the patient: Age: _____ (years) Sex: Male Female
10. Please specify your relationship to the patient:
 - I am the patient's primary healthcare provider
 - I am treating the patient for a VPD in hospital/emergency dept.
 - Other, please specify: _____
11. Please indicate the outcome/level of care provided to the patient for the VPD:
 - Office setting care Emergency department care Admitted to hospital ward Admitted to ICU
 - Death Other, please specify: _____
12. What were the parental concerns that resulted in the patient not being vaccinated? (check all that apply) Autism
 - Too many vaccines Vaccine additives Weakened immune system Risk of vaccine greater than disease
 - Previous adverse experience (child, parent, family/friend) Other, please specify: _____
13. Did you use a formal strategy or structured approach to discuss vaccination with the vaccine-hesitant parent(s) PRIOR to the patient contracting a VPD? Yes No I did not know the family prior to the VPD
14. Did you use a formal strategy or structured approach to discuss vaccination with the vaccine-hesitant parent(s) AFTER the patient contracted a VPD? Yes No
15. Please indicate your impression as to whether the vaccine hesitant parent(s) is likely to consent to vaccination for the patient in the future. Unlikely to vaccinate Likely to vaccinate Don't know
16. Please indicate your impression as to whether the vaccine hesitant parent(s) is likely to consent to vaccination for the patient's sibling(s) in the future. Unlikely to vaccinate Likely to vaccinate Don't know N/A – only child
17. Are you aware of tools that exist for managing vaccine hesitancy (e.g., CPS Practice Point – *Working with vaccine-hesitant parents*)? Yes No
 If YES, have you used any of these tools? Yes No

Investigators: K Allen, B Fallon, D Tran

Please return this survey with your monthly reporting form. Thank you for your participation.

08/2017