Reviewer's report

Title: Communicating with parents about vaccination: guidelines for health professionals

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Reviewer: Lynne Sturm

Reviewer's report:

As the authors argue, “there is an urgent need to build an evidence base which informs vaccine communication, given that the parent-provider interaction remains integral to maintain public confidence”. In this thoughtful paper, the authors develop communication strategies tailored to parental stance/position toward child vaccination, based on clinical experience and a thorough literature review. The examples of dialogue with parents with different positions on vaccination should prove especially helpful to providers and researchers.

Compulsory Revisions:

1. In order to provide evidence-based guidelines on communication with parents about vaccination, in my opinion (although others may beg to differ) two criteria seem necessary. First, one needs identification of subgroups of parents who differ on their “position toward vaccination”, the characteristic governing the tailoring of communication strategies. The article’s literature review identifies the categories/typology that appears to cut across the small number of studies available (all from the United States). Second, communication strategies which are posited to maximize achievement of communication goals (For Goals and Strategies, see table 3) should be empirically evaluated. The authors have nicely summarized strategies which are derived from clinical practice literature (e.g., Motivational Interviewing) which appear to have face validity for match to Parental Position. However, there have not been formal empirical comparisons of these strategies to “care as usual” or to other strategies (e.g., contemplation stage strategies employed with pre-contemplation stage positioned parents). Thus, it appears premature to describe these guidelines as completely evidence based, and I suggest the article be modified accordingly. The authors allude to this in their final sentence of the paper "It is evidence based but now needs to be more fully evaluated to determine whether it achieves its aims”.

2. (Discretionary Revision) Literature Review: Review of clinical guidelines for talking to parents could be expanded. For example, authors might wish to include Healy & Pickering, 2011 “How to communicate with vaccine hesitant parents”, Pediatrics, 127, S127. Also, you might note the development of a tool to capture individual differences on hesitancy, although the length of this survey complicates easy use in practice settings: Opel (2011) “development of a survey to identify vaccines-hesitant parents : the Parent Attitudes about Childhood Vaccines Survey”. Human Vaccination. 7 (4), 419-425.
3. (Discretionary Revision) Do the authors intend these guidelines to be readily usable by health care providers? If so, then the discussion of Risk Communication strategies on page 8 might be expanded with more “how to” details. For example, what kinds of written materials have been found to be useful? How might health care providers present decision aids, especially web-based, to parents in clinical practice?

a. (Discretionary Revision) The authors cite a single reference (Cox, Cox & Zimet) but an unambiguous recommendation about using gain and loss framed messages for vaccination is by no means established to date. See O’Keefe and Nan “The relative persuasiveness of gain-and loss-framed messages for promoting vaccination: A meta-analytic review”. Health Communication (published online: you can email author at: d-okeefe@northwestern.edu to request pre-publication manuscript)

4. Tailoring Advice:

a. page 8, first sentence is incomplete sentence.(Minor Essential Revision)

b. (Discretionary Revision) A bit more description about how health care providers can identify parent’s position on vaccination other than “initial questions and observations of their body language” would be helpful. Are there other questions besides “what questions do you have” that the authors recommend?

d. (Major Compulsory Revision) I suggest adding one to two paragraphs about motivational interviewing. It may help to spell out about how the different parent positions on vaccination mirror in part stages of the transtheoretical model (precontemplation, contemplation, action, etc.), and how the goals for the consultation vary according to the stage/position of the patient. In turn, the health care provider’s communication strategies depend on what stage of the model/position the patient voices at the visit. In summary, the authors should not assume that the reader is well versed in motivational interviewing strategies.

Additional Discretionary Revisions

e. Do the authors have any recommendations about explaining/discussing herd immunity and potential benefits to others from childhood vaccination?

5. Tables:

a. Some communication strategies listed in Table 3 are not explained in the narrative (e.g., avoiding scientific “ping pong”. I suggest doing so.

b. Table 2: the Helpful column is nearly all motivational interviewing strategies. Authors may wish to cite accordingly.

c. Is there any published information (case reports, studies) of the usefulness of offering attendance at special clinics after adverse events?

**Level of interest:** An article of outstanding merit and interest in its field

**Quality of written English:** Acceptable
**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interests.