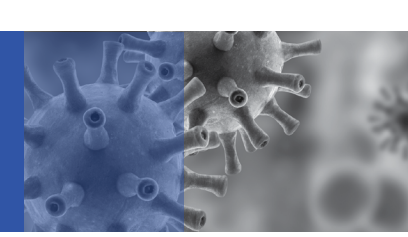


PrOTCT Framework

for COVID-19 vaccine discussions with parents and caregivers

Version 5, August 3, 2022



“What do you think of the new vaccine for kids? Do you think my child should get it? Is it safe?”

When patients ask these questions, it may be tempting to dive into answering. This framework will help approach these conversations thoughtfully to achieve a positive, effective interaction that builds trust while sharing important information.

Pr: **Presume** they will get the vaccine with positive statements

Talking tip:

- I have already gotten the COVID vaccine for my children/ many of my patients who are children.
- I am happy to help your child get it too so they can be protected and help protect their family.¹

O: **Offer** to share your knowledge about the vaccine in a positive interaction where parents' and caregivers' opinions can be heard with the goal to support them through the decision process to vaccinate their child. For example, a parent may be pro-vaccine for other vaccine preventable diseases, but may think their child is now protected against COVID as they had Omicron in the last few months

Talking tip:

- I have been thinking a lot about this vaccine for my patients and educating myself on the science around it. Can I share some of what I know with you?²
- Use motivational interview techniques such as **OARS**:
Open ended questions: Tell me where you are at when it comes to wanting this vaccine for your kids.
Affirmation: You are doing the right thing to try and see the personal benefit of this vaccine to your child and to put this in the context of your own personal situation
Reflect and Summarize: It sounds like you are not opposed to vaccines, but wondering whether this vaccine would still benefit your child if they have already been infected with Omicron.

Provider resources:

- [Vaccines Emerging Evidence \(CEP\)](#)
- [Ensuring Patient Confidence in Vaccines \(CEP\)](#)
- [Patient Resources and FAQs](#)

T: **Tailor** the recommendation to their specific health concerns^{3,4}

Talking tip:

- Tailor the conversation around whether the child has had an Omicron infection and explain benefits that apply to their situation:*
- **If they had Omicron:** We now know that Omicron infection provides poor immunity in kids: a study showed that 1 in 3 kids did not reach the threshold for neutralizing antibodies post infection) and the immune response did not show cross-protection against other COVID variants. By comparison, hybrid immunity has been shown in both adults and children to be more enduring and provide broader protection is shorter than with other variants and the immune response does not have cross-protection against other variants.^{5,6}
 - **If they have not been infected:** Whereas Omicron has infected many kids, some kids have not had it: in those, the vaccine is best option to protect children and infants from hospitalization, which can happen even in healthy children. Even mild COVID in kids has been associated with long lasting symptoms like “long COVID” or multisystem inflammation.
 - The vaccine can help keep your child and their friends and family safe and keep them from missing school and other activities if there is an outbreak.

Provider resources:

- [Ensuring Patient Confidence in Vaccines \(CEP\)](#)
- [Patient Resources and FAQs](#)

C: Address specific **concerns** (should not be the bulk of the conversation)

Talking tip:

- Are there any other particular concerns about this vaccine you would like me to address? We can also discuss ways to make getting the vaccine more comfortable for your child, such as creating a child friendly environment, comfort positions, distractions, or pain relief.²*

Provider resources:

- [Ensuring Patient Confidence in Vaccines \(CEP\)](#)
- [Patient Resources and FAQs](#)

T: **Talk** through a specific plan for where and when to get the vaccine

Talking tip:

- You can do the following to get the vaccine:²*
- Discuss timing of vaccination for the child. For example, parents may choose to wait if the child has had a recent COVID-19 infection as waiting may give stronger long term protection (NACI recommends waiting 8 weeks post infection).
 - Review timing of other routine vaccinations to ensure they are not given concurrently with the COVID-19 vaccine.
 - Provide appointment time, information sheets and vaccine schedule.
 - Consider creating an individualized vaccine plan for the child so the parent and child know exactly what to expect before, during, and after the appointment
 - Keep the conversation going. If your patient does not book a vaccine appointment, schedule a time for them to discuss it further with you.

Provider resources:

- [COVID-19 vaccines \(CEP\)](#)

References

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