PREVENCIJA I PRISTUP REŠAVANJU PROBLEMA KOLEBLJIVOSTI PREMA VAKCINACIJI

RAD PO POZIVU: Perspektiva

INVITED PAPER: Perspective

PREVENTION AND MANAGEMENT OF VACCINE HESITANCY

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SAŽETAK

Kolebljivost prema vakcinaciji odnosi se na odlaganje prihvatanja ili odbijanje vakcina uprkos dostupnosti usluga vakcinacije. Kvalitetno sprovedene studije i klinička ispitivanja koja se razmatraju u ovom radu podržavaju metode kako za prevenciju, tako i za pristup rešavanju problema kolebljivosti prema vakcinaciji. Kliničari bi trebalo da znaju koje su vakcine predviđene za njihove pacijente i da svaki kontakt iskoriste za bavljenje ovim pitanjem. Istraživanja pokazuju da preporuke zdravstvenih radnika povećavaju obuhvat vakcinacijom. Preporuke koje pacijenti doživljavaju kao snažnije imaju jači efekat u povećanju prihvatanja vakcina. Formulisanje preporuka u vidu podrazumevanih pretpostavki pokazalo se efikasnijim nego predstavljanje vakcine razgovorno, kao jedne od opcija za pacijenta. Kada pacijent na snažnu preporuku odgovori kolebanjem, lekar bi trebalo da pacijenta motiviše putem motivacionog razgovora, po mogućstvu primenom procesa poznatog kao „Četiri P" (engl. four A's), koji se sastoji iz četiri koraka.

Ključne reči: vakcinacija, kolebljivost prema vakcinaciji, odbijanje vakcinacije

ABSTRACT

Vaccine hesitancy refers to the delay in accepting or refusing vaccines despite the availability of vaccination services. Well-conducted studies and trials reviewed in this article support methods both to prevent and manage vaccine hesitancy. Clinicians should know which vaccines their patients are due to receive and should use every encounter to address this issue. Research shows clinicians' recommendations increase vaccine uptake. Recommendations that patients perceive as stronger have a greater effect in increasing vaccine uptake. Using presumptive language to phrase the recommendation is more effective than presenting the vaccine conversationally as an option for the patient. When the patient counters the strong recommendation with hesitancy, the clinician should engage the patient with motivational interviewing, perhaps using a four-step process called the "Four A's".

Keywords: vaccination, vaccination hesitancy, vaccination refusal

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Primljeno • *Received*: November 3, 2025; **Revidirano • *Revised*:** December 22, 2025; **Prihvaćeno • *Accepted*:** December 25, 2025; ***Online first*:** March 25, 2026

DOI: 10.5937/smclk7-62537

UVOD

Kolebljivost prema vakcinaciji predstavlja odlaganje prihvatanja ili odbijanje vakcina uprkos dostupnosti usluga vakcinacije. Reč je o složenom i kontekstualno uslovljenom fenomenu koji varira u zavisnosti od vremena i mesta. Pored toga, kolebljivost prema vakcinaciji nije ujednačena: roditelji mogu prihvatiti neke vakcine, ali odlagati ili odbijati druge. Faktori koji utiču na ovu pojavu uključuju: sumnju u neophodnost vakcinacije (engl. *complacency*), odnosno malu percipiranu opasnost od bolesti, komfor (engl. *convenience*), odnosno pristup imunizaciji, i poverenje (engl. *confidence*), odnosno poverenje u vakcine, zdravstvene radnike i kreatore politika. Motivi se kreću od zabrinutosti za bezbednost i nepoverenja u institucije, do dezinformacija i ličnih uverenja. Ovaj pregledni rad prikazuje pristup zasnovan na dokazima za prevenciju i rešavanje pitanja kolebljivosti prema vakcinaciji.

MATERIJALI I METODE

Izvršili smo fokusirani pregled literature kako bismo identifikovali aktuelne trendove u kolebljivosti prema vakcinaciji na globalnom nivou, analizirajući istraživačke studije o metodama za unapređenje prihvatanja vakcina u kliničkom okruženju.

Kolebljivost prema vakcinaciji u 21. veku

Imunizacija je učinila da bolesti koje se mogu sprečiti vakcinacijom postanu znatno ređe. Ovaj uspeh je, paradoksalno, doveo do toga da se potreba za vakcinacijom dovede u pitanje. Nadalje, kalendari imunizacije su složeni i podložni promenama, te se razlikuju među organizacijama i zdravstvenim ustanovama. Roditelji često dovode u pitanje potrebu za vakcinama, vreme njihovog davanja i broj imunizacija koje se preporučuju njihovoj deci. Ova pitanja mogu dovesti do nesporazuma, uz upliv nepotpunih i netačnih „činjenica“ iz neproverenih izvora, koje dodatno doprinose kolebljivosti prema vakcinaciji.

Svetska zdravstvena organizacija je 2019. godine označila kolebljivost prema vakcinaciji kao globalni problem [1]. Ova organizacija je istakla vakcinaciju kao jedno od najuspešnijih i najisplativijih sredstava javnog zdravlja, koje svake godine sprečava milione smrtnih ishoda. Kolebljivost prema vakcinaciji prepoznata je ne samo kao lokalni ili ideološki problem, već kao pojava koja može da ugrozi decenije napretka u kontroli bolesti koje se mogu sprečiti vakcinacijom. Kao ključne razloge koji leže u osnovi kolebljivosti, savetodavna grupa organizacije za vakcine navela je sumnju u neophodnost vakcinacije, otežan pristup imunizaciji i nedostatak poverenja. Kako je u pojedinim zajednicama došlo do opadanja obuhvata vakcinacijom, pragovi

INTRODUCTION

Vaccine hesitancy is the delay in accepting or refusing vaccines despite the availability of vaccination services. It is a complex and context-specific issue varying across time and location. Additionally, vaccine hesitancy is not uniform: parents may accept some vaccines but delay or refuse others. Factors that influence this phenomenon include complacency (a low perceived risk of the disease), convenience (access to immunizations), and confidence (trust in vaccines, healthcare providers, and policymakers). Motivations range from safety concerns and distrust in institutions to misinformation and personal beliefs. This review presents an evidence-based approach for preventing and managing vaccine hesitancy.

MATERIALS AND METHODS

We conducted a focused literature review to identify current trends in global vaccine hesitancy, analyzing research studies on methods to improve vaccine uptake in clinical settings.

Vaccine hesitancy in the 21st century

Immunization has made vaccine-preventable diseases far less common. This success paradoxically eliminated their own apparent need. Furthermore, immunization schedules are complicated and evolving, varying between organizations and medical authorities. Parents often question the need for vaccines, the timing, and the number of immunizations recommended to their children. These questions can lead to misunderstandings, with incomplete and untrue “facts” from unverified sources, further increasing the hesitancy.

The World Health Organization called vaccine hesitancy a global problem in 2019 [1]. The organization highlighted vaccination as one of the most successful and cost-effective public health tools, preventing millions of deaths each year. Vaccine hesitancy was identified as not just a local or ideological problem, but one that could undermine decades of progress in controlling preventable diseases. Vaccine complacency, inconvenience in access, and lack of confidence were the key reasons underlying hesitancy, as found by the organization’s vaccine advisory group. Because vaccination coverage in some communities waned, herd immunity thresholds were not being met, leading to outbreaks of vaccine-preventable illnesses such as measles, which had a 30% rise in cases globally the previous year.

The World Health Organization’s call predated the COVID pandemic [1]. Unfortunately, the pandemic

kolektivnog imuniteta nisu dostizani, što je dovelo do pojave epidemija bolesti koje se mogu sprečiti vakcinacijom, poput morbila, kod kojih je u godini koja je prethodila objavljivanju ovih nalaza zabeležen porast broja slučajeva od 30% na globalnom nivou.

Navedeno upozorenje Svetske zdravstvene organizacije prethodilo je pandemiji KOVID-19 oboljenja [1]. Nažalost, pandemija je dodatno pogoršala probleme poverenja u vakcine i medicinske organizacije. Dezinformacije tokom perioda pandemije KOVID-19 oboljenja pojačale su skepticizam prema vakcinama – platforme društvenih mreža i tzv. „eho-komore" umnožavale su lažne narative, podrivajući poverenje u rutinsku imunizaciju. Na globalnom nivou, dobiti od vakcinacije stagniraju: jedno istraživanje objavljeno u časopisu *Lancet* ukazalo je na stagnaciju ili čak nazadovanje po pitanju rutinske imunizacije, čak i u zemljama sa visokim dohodkom, usled kolebljivosti prema vakcinaciji, dezinformacija i poremećaja izazvanih pandemijom KOVID-19 [2]. Istraživanja sprovedena među roditeljima i starateljima pokazala su da se, iako se ukupni nivo kolebljivosti nije dramatično promenio, poverenje u informacije o vakcinama tokom pandemije dodatno poljuljalo, a stavovi roditelja polarizovali: jedni su postali skloniji prihvatanju vakcinacije, dok su drugi postali još kolebljiviji [3]. Sami kliničari su prijavili i „prenosni" efekat pandemije: skepticizam prema vakcinama protiv KOVID-19 oboljenja proširio se i na rutinske vakcine, što je ponovo bilo oblikovano uticajem medija, dezinformacijama i različitim nivoima poverenja u zdravstvene sisteme [4].

Klinička strategija za povećanje obuhvata vakcinacijom

Lekari bi trebalo da koriste svaki klinički susret da svojim pacijentima obezbede imunizaciju, a ne samo preventivne, odnosno rutinske preglede. Zauzete porodice često mogu da zapostave rutinsku preventivnu zdravstvenu zaštitu i da se jave lekaru isključivo zbog akutnih stanja ili kada se pojave neki konkretni zdravstveni problemi kod njih samih ili članova porodice. I posete zbog akutnih stanja i kontrole hroničnih bolesti ključne su za održavanje ažurnog vakcinalnog statusa. Čak i ako data specijalistička ambulanta ne sprovodi vakcinaciju, ove posete mogu predstavljati važnu priliku da se razmotri i razreši eventualna kolebljivost prema vakcinaciji kod pacijenta.

Da bi se svaki klinički susret iskoristio za vakcinaciju, lekar treba da ima pristup vakcinalnoj dokumentaciji svakog pacijenta i da je pažljivo pregleda. Temeljan uvid u vakcinalni status pacijenata pretvara pasivni sistem u proaktivni. Time se obezbeđuje da svaki kontakt sa pacijentom bude prilika za zaštitu od bolesti koje se mogu sprečiti vakcinacijom i smanjuje

aggravated the issues regarding trust in vaccines and medical organizations. COVID-era misinformation heightened vaccine skepticism – social media platforms and echo chambers amplified false narratives, undermining confidence in routine immunizations. Globally, vaccination gains are stalling: one *Lancet* study reported stagnation or reversal of routine immunization, even in high-income countries, because of hesitancy, misinformation, and COVID-19 disruptions [2]. Surveys of parents and caregivers found that while overall hesitancy did not dramatically change, trust in vaccine information grew more uncertain during the pandemic, and parental attitudes polarized: some became more accepting, while others became more hesitant [3]. Clinicians themselves reported a "spillover" effect from the pandemic: COVID-19 vaccine skepticism extended to routine vaccines, which again was shaped by media, misinformation, and differing trust in health systems [4].

A clinical strategy to improve vaccine uptake

Physicians should use every clinical encounter to provide immunizations to their patients, not just well visits. Busy families may falter in routine preventive care and may only present for acute visits or when specific health concerns arise with themselves or their family members. Both acute-care and chronic-condition visits are key to maintaining an up-to-date vaccination status. Even if a specialty clinic does not carry vaccines, these visits can be a key opportunity to address any hesitancy the patient may have.

To use any and every clinical encounter for vaccination, the clinician will need to access and review the vaccine records for each patient. Careful review of patient vaccination records transforms a passive system into a proactive one. It ensures each patient encounter is an opportunity to protect against vaccine-preventable diseases and reduces missed opportunities. This also provides a foundation for effective communication and trust-building with patients.

Vaccines have very few contraindications [5]. Furthermore, most contraindications are temporary. Parents will often highlight their child's acute illness as a barrier to vaccination. Adult patients will question getting a vaccine on top of their presenting concern. In reality, illness is only a precaution, not a contraindication to vaccination, and this only if the illness is acute and moderate to severe. More specifically, acute and not chronic, and moderate or severe and not mild. Moderate illness means that the symptoms interfere with daily activities of living, while the symptoms of severe illness prevent daily activities of living.

broj propuštenih prilika. Ovakav pristup istovremeno predstavlja osnovu za efikasnu komunikaciju i izgradnju poverenja sa pacijentima.

Vakcine imaju vrlo malo kontraindikacija [5]. Štaviše, većina kontraindikacija je privremena. Roditelji često ističu akutnu bolest svog deteta kao prepreku za vakcinaciju. Odrasli pacijenti mogu dovoditi u pitanje primanje vakcine u isto vreme kada imaju zdravstveni problem zbog kojeg su se javili lekaru. Zapravo, bolest predstavlja samo meru opreza, a ne kontraindikaciju za vakcinaciju, i to samo ako je bolest akutna i umerenog do teškog intenziteta. Preciznije, bolest mora biti akutna, a ne hronična, i umerena ili teška, a ne blaga. Umerena bolest znači da simptomi ometaju obavljanje svakodnevnih životnih aktivnosti, dok teška bolest onemogućava obavljanje svakodnevnih životnih aktivnosti.

Preporuke lekara imaju svoju težinu [6–10], a jače preporuke su efikasnije [11]. Istraživanja su pokazala da formulacije u obliku podrazumevanih pretpostavki (engl. *presumptive language*) šalju signal snažne preporuke kliničara [12]. Ovo potkrepljuju i opservacione studije [12–16] i klinička ispitivanja [17–21]. Konverzacijski, neutralni jezik, poput: „Šta mislite o vakcinaciji danas?“ ili „Da li želite da vaše dete primi vakcinu danas?“ se ne preporučuje. Umesto toga, preporučuje se formulisanje podrazumevanih pretpostavki, kao na primer: „Danas su vam po redu vakcine.“ ili „Preporučujem da vaše dete danas primi predviđene vakcine.“

Navedene studije i randomizovana kontrolisana ispitivanja su pokazala dramatično poboljšanje u obuhvatu vakcinacijom kada se koristi ovakav način izražavanja. Zašto to funkcioniše? Davanje snažne preporuke signalizira pacijentu šta treba da učini i da alternative nisu razborite opcije. Snažna preporuka koristi činjenicu da je pacijent potražio susret sa lekarom. Pacijent veruje proceni i preporukama lekara u vezi sa njegovom akutnom bolešću ili hroničnim zdravstvenim problemom. Lekar bi trebalo da iskoristi ovo poverenje kao osnovu za razgovor o vakcinaciji.

Ako se roditelj koleba uprkos snažnoj preporuci lekara, lekar ne bi trebalo da ulazi u raspravu, grdi ili pokušava da „obrazuje“ roditelja. Studije su pokazale da ovakvi pristupi obično ne uspevaju [22–24], pa čak mogu imati suprotan efekat [25–28]. Takođe, ove studije su pokazale da edukativne intervencije, same za sebe – bilo da su to objave javnih servisa, bilbordi, informacije u čekaonicama, distribuirane brošure ili ponuđeni linkovi ka informativnim veb-stranicama – ne poboljšavaju obuhvat vakcinacijom [22–24]. Nekoliko kliničkih studija je pokazalo da napori ka edukaciji ponekad mogu imati kontraefekat i povećati rešenost primaoca da se NE vakciniše [25–28]. Preporučuje se umesto toga primena motivacionog razgovora zasnovanog na doka-

Clinicians' recommendations matter [6–10], and stronger recommendations are more effective [11]. Studies have found that presumptive language signals a clinician's strong recommendation [12]. Observational studies [12–16] and interventional trials [17–21] support this. Conversational, neutral language, such as: "What are your thoughts about vaccination today?" or "Would you like your child to get vaccines today?" is not recommended. Using presumptive language is recommended instead, such as: "You are due for vaccines today." or "I recommend your child get the vaccines due today."

The above-mentioned studies and randomized controlled trials demonstrated a dramatic improvement in vaccine uptake when this type of language is used. Why does it work? Voicing a strong recommendation signals to the patient what should be done and that the alternatives are not prudent options. A strong recommendation utilizes the reason why the patient has sought out an encounter with a physician. The patient is trusting the physician's assessment and recommendations regarding their acute illness or management of a chronic issue. The physician should build on this trust.

If the parent hesitates despite the physician's strong recommendation, the doctor should not argue, scold, or attempt to educate. Studies have shown that these approaches usually fail [22–24] and even backfire [25–28]. These studies have also shown that educational interventions alone – whether they be public service announcements, billboards, waiting room communications, distributed pamphlets, or proffered links to informational web pages – fail to improve vaccine uptake [22–24]. Several interventional trials have shown that educational efforts can even backfire and increase the recipients' resolve NOT to vaccinate [25–28]. The recommendation is to use evidence-based motivational interviewing instead. Randomized trials have shown that this approach in clinical encounters works in improving vaccine uptake [18,29–32]. The same trials indicate that this effort takes even less time than trying to educate the family or using other tactics. Studies support the finding that this interviewing technique can give patients and caregivers more confidence in vaccines overall. Participants in these studies have notably highlighted that motivational interviewing improved their understanding of the need for vaccination and even alleviated doubts and concerns.

Motivational interviewing requires the creation of a safe space where everyone feels comfortable being honest. The physician should be empathetic towards the parent or caregiver, avoid conflict, and be an active listener. They should start by asking the parent to name

„Četiri P“ u pristupu rešavanju problema kolebljivosti prema vakcinaciji putem motivacionog razgovora

PITANJE
“Šta vas najviše brine u pogledu ove vakcine?”

PRIHVATANJE
“Jasno je da ste zaista promislili o ovome. Razumem zašto vas to toliko zabrinjava.“

POTVRDA
“I ja sam se oko toga pitao kada je objavljena preporuka, pa sam to dalje samostalno istražio.“

PRUŽANJE ODGOVORA
“Želite li da čujete šta sam ja saznao o tome?” ili “Želite li da dalje ispitam to što vas brine i da vas kontaktiram sa novim informacijama?”

Preuzeto od: Voices for Vaccines. Becoming Trusted Messengers. Ažurirano: 2025. Pristupljeno: 15. 9. 2025. Dostupno: https://www.voicesforvaccines.org/course/becoming-trusted-messengers/.

Slika 1. „Četiri P“ u pristupu rešavanju problema kolebljivosti prema vakcinaciji putem motivacionog razgovora

The “Four A’s” of addressing vaccine hesitancy through motivational interviewing

ASK
“What is your main concern with this vaccine?”

ACKNOWLEDGE
“It’s clear you’ve really thought about this. I can imagine why this would be so concerning to you.”

AFFIRM
“I had that concern myself when the recommendation came out, and so I did my own investigation.”

ANSWER
“May I tell you what I learned?” or *“May I investigate your concern and contact you with what I find?”*

From Voices for Vaccines. Becoming Trusted Messengers. Updated: 2025. Accessed: September 15, 2025. Available from: https://www.voicesforvaccines.org/course/becoming-trusted-messengers/.

Figure 1. The “Four A’s” of addressing vaccine hesitancy through motivational interviewing

zima. Randomizovana klinička istraživanja su pokazala da ovaj pristup u kliničkim susretima poboljšava obuhvat vakcinacijom [18,29–32]. Iste studije ukazuju da ova metoda zahteva čak manje vremena od pokušaja da se porodica edukuje ili drugih taktika. Studije podržavaju nalaz da ova tehnika razgovora povećava poverenje pacijenata i staratelja u vakcine uopšte. Učesnici ovih studija posebno su istakli da im je motivacioni razgovor unapredio razumevanje potrebe za vakcinacijom, pa čak i ublažio sumnje i razloge za brigu.

Motivacioni razgovor zahteva stvaranje bezbednog prostora gde svi imaju slobodu da budu iskreni. Lekar treba da bude empatičan prema roditelju ili staratelju, da izbegava sukobe i da bude aktivan slušalac. Trebalo bi da počne tako što će zamoliti roditelja da navede najveću brigu ili strah koji ima u vezi sa preporučenom vakcinom. Brige ili strahovi roditelja treba da budu uzeti u obzir kao stvarni, a ne da roditelji zbog njih budu kritikovani. Dalje se preporučuje postavljanje otvorenih pitanja, traženje dozvole pre davanja informacija i strpljenje. Lekar takođe treba da naglasi da je svestan da roditelj već ima određeno znanje i da donosi dobre odluke po pitanju dobrobiti svog deteta.

Koristan način za rešavanje problema kolebljivosti prema vakcinaciji putem motivacionog razgovora u kliničkom okruženju jeste takozvani pristup „Četiri P“ (engl. *four A’s*)[1] [33]. Kao što je prikazano na Slici 1, ova tehnika se odnosi na četiri zadatka koja treba obaviti određenim redosledom.

Prvim „P“ kliničar *pita*. Na ovaj način, lekar podstiče roditelja/pacijenta da bude precizan kada je u pitanju ono što ga brine u vezi sa vakcinom i da navede oko čega se najviše koleba.

npr. *“Šta vas najviše brine u pogledu ove vakcine?”*

the single greatest concern or fear they have regarding the recommended vaccine. The parents’ concerns or fears should be validated, rather than berated. It is further recommended to ask open-ended questions, to ask permission before giving information, and to be patient. The physician should also reinforce that they are aware that the parent already has certain knowledge and makes good decisions for the well-being of their child.

A helpful way to address vaccine hesitancy through motivational interviewing in the clinical setting is the “Four A’s” approach [33]. As shown in Figure 1, the “Four A’s” mnemonic refers to four tasks that should be accomplished in a specific order.

With the first A, the clinician *asks*. In this way, the clinician encourages the parent/patient to be specific about their concerns regarding the vaccine and name what they are most hesitant about.

e.g., *“What is your main concern regarding the vaccine?”*

With the second A, the clinician *acknowledges*. The clinician recognizes that the patient/parent is concerned and ultimately is the decision-maker for their own, i.e., their child’s healthcare, including whether to vaccinate.

e.g., *“In the end, it is your decision. You need to want to do this. I am not going to make you do this.”*

The clinician should acknowledge that the patient wants to do the right thing.

e.g., *“It’s clear you’ve really thought about this. I can imagine why this would be so concerning to you.”*

With the third A, the clinician *affirms*. The clinician affirms that it is okay to have questions.

e.g., *“That’s a great question. I heard that as well, so I investigated that.”*

1 prim. prev.
engl. The four A’s: *ask, acknowledge, affirm, answer*
sr. „Četiri P“: *pitati, prihvatiti, potvrditi, pružiti odgovor*

Drugim „P", kliničar *prihvata*. Lekar prihvata da je pacijent/roditelj zabrinut i da je na kraju krajeva on donosilac odluka o sopstvenoj, tj. zdravstvenoj zaštiti svog deteta, uključujući i odluku o tome da li će se vakcinisati.

npr., *„Na kraju krajeva, to je vaša odluka. Potrebno je da sami želite da ovo uradite. Neću vas terati da to uradite."*

Lekar treba da potvrdi da razume da pacijent želi da uradi pravu stvar.

npr.,*"Jasno je da ste zaista promislili o ovome. Razumem zašto vas to toliko zabrinjava."*

Trećim „P" kliničar *potvrđuje*. Lekar potvrđuje da je u redu da pacijent ima pitanja.

npr., *"To je odlično pitanje. I ja sam to čuo, pa sam istražio tu stvar."*

Najzad, četvrtim „P", kliničar *pruža* odgovore, ali samo nakon što dobije dozvolu da odgovori. Lekar treba da pita da li pacijent želi da mu on saopšti šta su saznali o datoj temi.

npr., *"Želite li da čujete šta sam ja saznao o tome?"*

Druga opcija, kada je kliničar trenutno bez odgovora po pitanju nekog novog uzroka za brigu, treba to i da otvoreno kaže, te da ponudi da se na tu temu podrobnije informiše.

npr., *"Želite li da dalje ispitam to što vas brine i da vas kontaktiram sa novim informacijama?"*

Primenom ovih strategija, lekar se fokusira na svoj odnos sa pacijentom. Izbegava se debata ili konfrontacija, a pacijentu se ukazuje poštovanje. Da, može se desiti da pacijent zaustavi lekara već na prvom „P". Ako se to dogodi, tj. ako pacijent odbije razgovor na tu temu, lekar bi to trebalo da to poštuje i da stane. Biće budućih susreta, a poverenje i vera pacijenta u lekara važniji su od ispunjavanja preostalih „P" koraka u okviru jedne posete. Bitno je samo da lekar uloži trud. Pacijent će to osetiti i poštovati lekara zbog toga.

ZAKLJUČAK

Iako smo postigli veliki napredak u razvoju vakcina i uspeli da kontrolišemo mnoge bolesti koje se mogu sprečiti vakcinacijom, kolebljivost prema vakcinaciji i dalje predstavlja značajnu pretnju – pretnju koja se dodatno pogoršala načinom na koji se pristupilo pandemiji KOVID-19 oboljenja. Pandemija je poremetila rutinske tokove vakcinacije, pojačala nepoverenje i polarizovala stavove roditelja prema imunizaciji. Teret i odgovornost je na lekarima da i dalje štite pacijente od bolesti koje se mogu sprečiti vakcinacijom. Dobro utemeljene strategije podržavaju davanje snažnih preporuka uz korišćenje formulacija u vidu podrazumevanih pretpostavki kako bi se poboljšao obuhvat vakcinacijom. Dok dokazi jasno pokazuju da aktivnosti edukacije same po sebi ne uspevaju da reše problem ko-

Finally, with the fourth A, the clinician *answers*, but only after obtaining permission to answer. The clinician should ask whether they might share what they have learned.

e.g., *"May I tell you what I learned?"*

Alternatively, when the clinician is momentarily stumped with a novel concern, they should acknowledge this and offer to investigate it further.

e.g., *"May I investigate your concern and contact you with what I find?"*

In using these strategies, the clinician focuses on their relationship with the patient. A debate or confrontation is avoided, and respect for the patient is shown. Yes, the individual may stop the clinician at the first A. If this happens, i.e., if after permission is asked the patient declines, the clinician should respect this and stop. There will be future encounters, and the patient's trust and confidence in the doctor should matter more than completing the remaining A's at a particular visit. It is just important that the clinician makes the effort. The patient will sense this and respect the clinician for that.

CONCLUSION

While we have made great progress with the development of vaccines and succeeded in controlling many vaccine-preventable diseases, vaccine hesitancy remains a significant threat – one that has been exacerbated through the management of the COVID-19 pandemic. The pandemic disrupted routine vaccination pathways, amplified distrust, and polarized parental attitudes about immunization. It is the burden and responsibility of clinicians to continue protecting patients from vaccine-preventable diseases. Well-evidenced strategies support making strong recommendations with presumptive language to improve vaccine uptake. While evidence clearly shows that educational efforts fail to resolve vaccine hesitancy, data clearly demonstrate that motivational interviewing directed toward vaccine hesitancy improves vaccine uptake.

The "Four A's" approach to motivational interviewing provides a helpful framework to guide clinicians during a patient encounter efficiently and effectively. Clinicians are critical in preventing and managing vaccine hesitancy because of their relationship with the patient. Through thoughtful, empathetic, and evidence-based communication, we can rebuild trust in vaccines and continue reducing the global burden of preventable illnesses.

lebljivosti prema vakcinaciji, podaci takođe jasno ukazuju da motivacioni razgovori usmereni na kolebljivost prema vakcinaciji poboljšavaju obuhvat vakcinacijom.

Pristup „Četiri P" motivacionom razgovoru pruža koristan okvir koji usmerava kliničare tokom susreta sa pacijentom na efikasan i delotvoran način. Kliničari imaju ključnu ulogu u prevenciji i pristupu rešavanja problema kolebljivosti prema vakcinaciji zbog njihovog odnosa sa pacijentom. Kroz promišljenu i empatičnu komunikaciju utemeljenu na dokazima možemo ponovo izgraditi poverenje u vakcine i nastaviti sa smanjenjem globalnog opterećenja bolestima koje se mogu sprečiti.

AUTORSTVO

Dr Jakobson je predstavio glavne nalaze iznete u ovom radu na 15. Medicinskoj konferenciji srpske dijaspore, održanoj 12. juna 2025. godine. Dr Rajs je dodatno razradio detalje, izradio ilustrativnu sliku (Slika 1) i obezbedio reference iz objavljenog spiska literature.

IZJAVE O SUKOBU INTERESA:

Robert M. Jakobson daje sledeću izjavu: član Eksterne komisije za praćenje podataka u Merck & Co.; vlasnik nasleđenih akcija – Zimvie, Baxter, Eli Lilly, Johnson & Johnson, Abbot, Zimmer, Medtronics, AbbVie, Becton Dickinson, 3M, Hubbell, Takeda, & Embecta

AUTHORSHIP

Dr. Jacobson presented the major findings reported in this paper at the 15th Serbian Diaspora Medical Conference on June 12, 2025. Dr. Reis expanded on the details, created the illustrative figure (Figure 1), and provided citations of the published literature.

CONFLICT OF INTEREST DISCLOSURES:

Robert M. Jacobson declares the following: External data monitoring committee member at Merck & Co.; owner of inherited stock – Zimvie, Baxter, Eli Lilly, Johnson & Johnson, Abbot, Zimmer, Medtronics, AbbVie, Becton Dickinson, 3M, Hubbell, Takeda, & Embecta

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