Vaccine safety and effectiveness: communication in the modern day

Alexandria Williams, MSc.

Learning Objectives

Objective 1

- To explore factors that influence vaccine safety perceptions

Objective 2

- To define and understand vaccine hesitancy

Objective 3

- To learn best practices for when and how to communicate about vaccines

First, the results of a vaccine survey in Africa…

- **Goal**
  - To explore public knowledge and perceptions about the COVID-19 pandemic and COVID-19 vaccine

- Conducted between August and December 2020 by Africa CDC & LSHTM

- 15,000 adults (>18 yrs old) responded

- 15 African countries: **Burkina Faso**, Côte d'Ivoire, Democratic Republic of the Congo, Ethiopia, Gabon, Kenya, **Malawi**, **Morocco**, Niger, Nigeria, Senegal, South Africa, Sudan, Tunisia, and Uganda
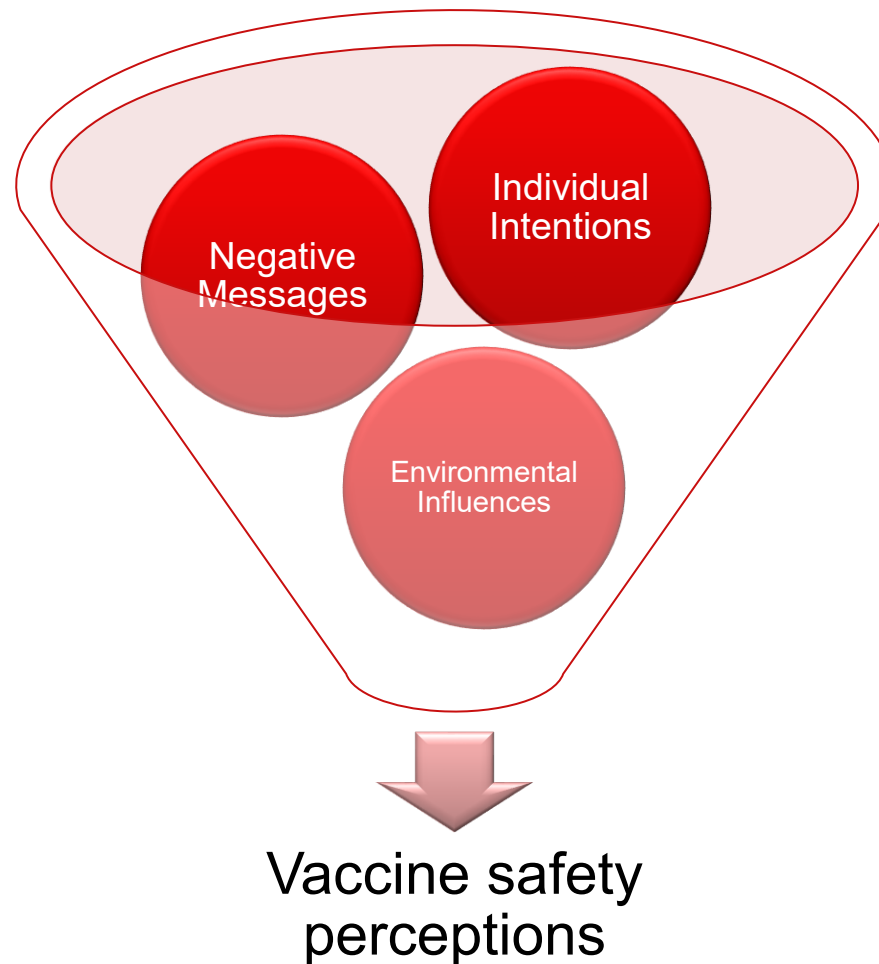
Findings
- Willingness to take a COVID19 vaccine varied across countries/regions and depended on overall trust in vaccines and their importance (**59-94% variability**)
- **18%** of respondents believed vaccines generally are not safe
- **25%** percent believed that a COVID-19 vaccine would be unsafe

- Respondents were **more willing** to take COVID19 vaccine if they…
  - were older
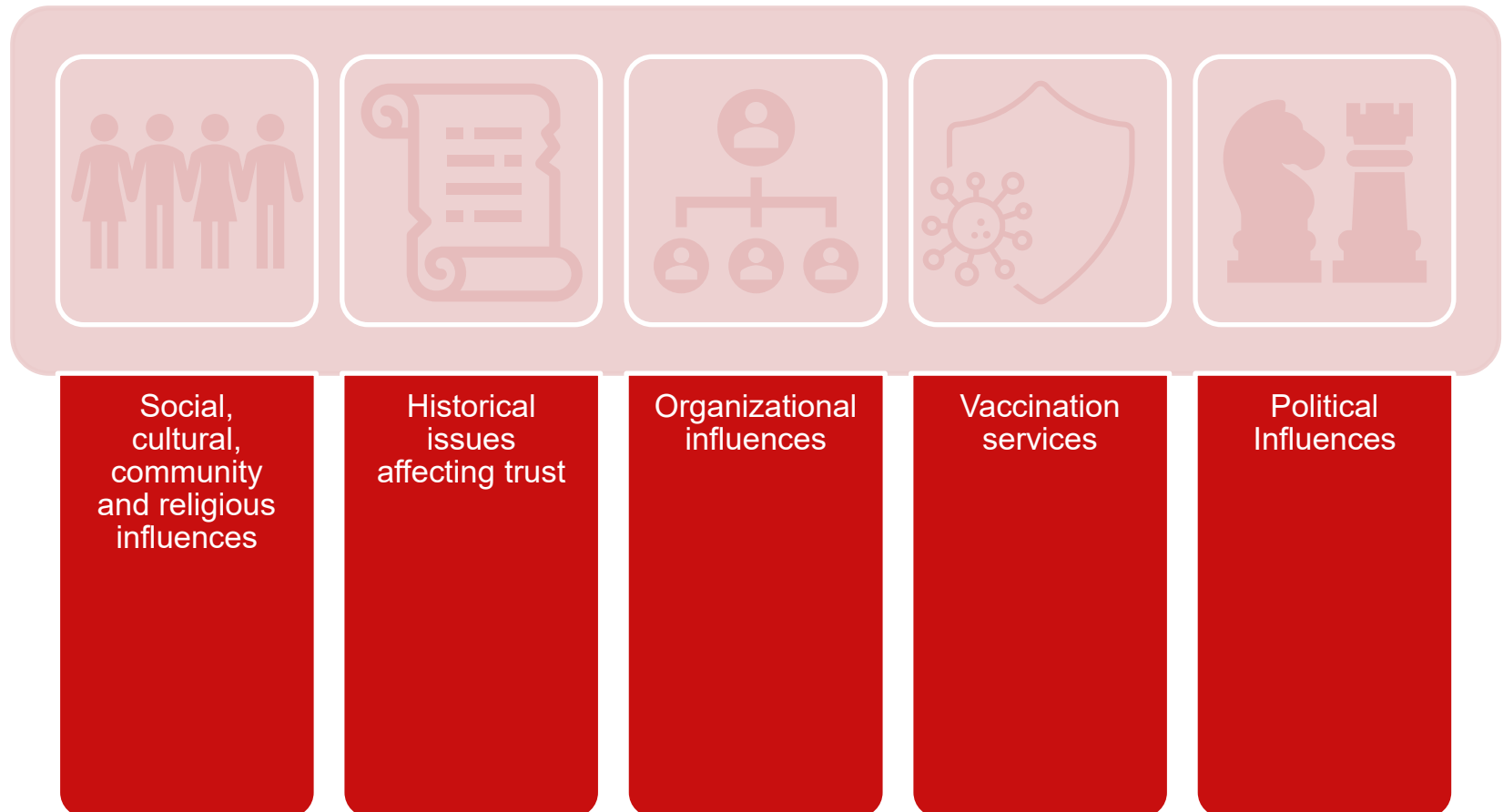 - knew someone who had tested positive for COVID-19
  - lived in rural areas

Objective 1

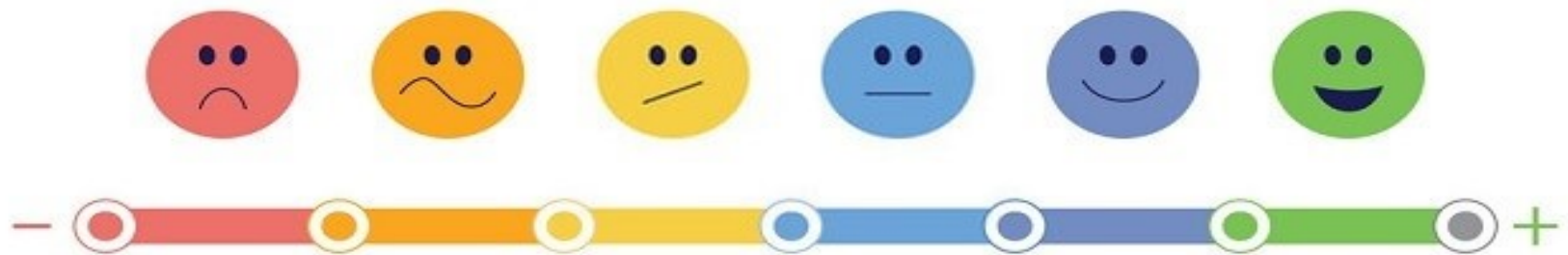To explore factors that influence vaccine safety perceptions

Influencers of vaccine perceptions

Negative Messages

Individual Intentions

Environmental Influences

Vaccine safety perceptions

Understanding the **environment** that influences vaccine perceptions

| Social, cultural, community and religious influences | Historical issues affecting trust | Organizational influences | Vaccination services | Political Influences |

Individual intentions towards vaccines

Anti-vaccine activism	Rejection	Hesitation	Acceptance	Demand	Advocacy
• Not possible to stop but impact on other groups can be affected by environment (previous slide)	• Minimize size of this group by good communication and management of vaccine safety issues	• Listen to and address concerns transparently and effectively to support well-informed decisions	• Address questions during vaccination encounters; provide resources to share	• Address questions during vaccination encounters	• Support constructive advocacy with tools to address safety concerns

Types of **negative messaging**

- misinformation
  - false or misleading information

- disinformation
  - false information, purposely shared to mislead others

- conspiracy theories
  - explanations that allude to the hidden influence of powerful people

- fake news
  - fictitious information that imitates genuine news.

Negative messages and misinformation

- Social media is a big driver of misinformation, particularly within people's social 'bubbles', or through people they trust.

- Research has shown that 'exposure to negative messages and opinions about vaccines (in traditional or social media) is associated with decreases in vaccine confidence and uptake.'

- More reading

    - [Just the facts, or more detail? To battle vaccine hesitancy, the messaging has to be just right](#)

    - [Social media and vaccine hesitancy](#)

Objective 2

To define and understand vaccine hesitancy

What is vaccine hesitancy?

WHO: '*a delay in acceptance or refusal of vaccines despite availability of vaccine services*.'

PRIMARY DRIVERS OF HESITANCY

Concerns about **safety and side effects** from COVID-19 vaccination, driven by the speed of the clinical development process and the vaccines' novelty.

Lack of **knowledge**. (including misinformation!)

Distrust in the **political and economic motives** of the government and corporations.
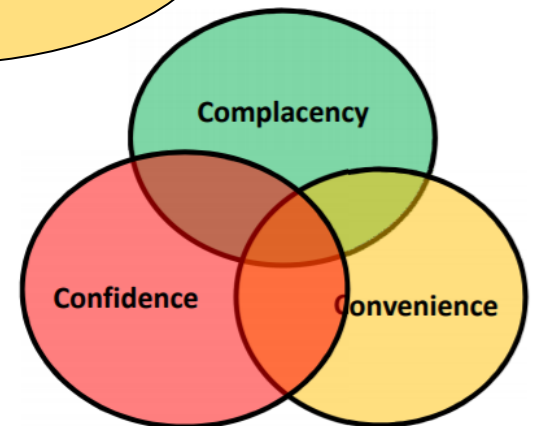
Vaccine hesitancy is…

- A global problem that varies between and within countries;

- Context, time, place, program and vaccine specific;

- Not a new problem but a problem increasingly being recognized;

- More likely with:

  - new or newly introduced vaccines than with older locally well-accepted vaccines

  - mass campaigns than with routine immunization

- Listed in top ten threats to global health, among others such as climate change and a global flu pandemic (2019)

Objective 3

To learn best practices for when and how to communicate about vaccines

COVID-19 vaccine communication goals

to **encourage** trust in health authorities and those delivering vaccines

to **empower** people to make evidence-informed choices about COVID-19 vaccination

to **facilitate** access to timely, accurate and credible information about COVID-19 vaccination safety

Goals

When to communicate about vaccines? **ALWAYS!**

But particularly important with…

Recommended and new vaccines

- explain clearly and transparently the benefits and risks

Public concerns

- address upcoming or persistent rumors about vaccine safety

Vaccine safety crises

- prepare to address the issue should it arise

Five ways to communicate about COVID vaccines (and in life) effectively

Communicate with openness and transparency

Be responsive and timely with communications

Communicate with clarity

Accept and acknowledge uncertainty

Act and speak with empathy

Roadmap to vaccine communication

1. Planning before vaccine

2. Establish communication channels

3. Identify potential threats

6. Pre-test messages with target audience

5. Construct messages

4. Listen proactively

7. Work closely with media

8. Build a social media presence

9. Manage negative messages

You (a public health professional) and the media

Questions to ask yourself

- Who are the media in your area?

- What do these media sources do?

- What are they looking for?

- How can I form a relationship with them? (off-record events, journalist invites)

Tips for regularly supplying targeted material to journalists
- Provide "people" stories on the benefits of immunization
- Provide "news" stories on outbreaks and trends in immunization
- Provide "interest" stories about volunteers delivering vaccine
- WILL - it happen again?

News outlets and journalists are important too, but what about social media messaging?!

Social media is a great way to give regular and real-time updates

Many audiences (and anti-vaccination campaigns) use social media as the primary source of information for learning/communicating about COVID

Not all messaging warrants a response!

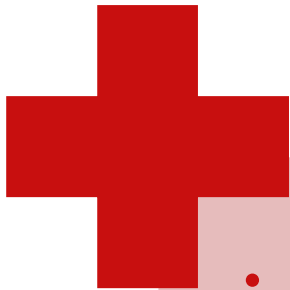|	
Listen to what key audiences are saying	Choose 1-2 platforms to communicate on
Use two-way communication: interacting, replying, conversing	Use an authentic, personal approach and personal stories that elicit emotion to address fear
Allocate resources specifically for social media communication	Fill data deficits with quality info

Messaging that works (and doesn't)

Positive	Negative
• Positive tone • Protection of loved ones and community • Missed moments • Validating concerns and answering questions • Exposing flawed arguments	• Negativity and fear • Guilt • Overpromising • 'Back to normal' • Posting headlines in form of question that repeat a rumor

Negative messaging has an impact!

The Washington Post

Wellness

Does the AstraZeneca vaccine cause blood clots? How scientists determine what's a side effect.

Source: India.com

Mashable India   CORONAVIRUS ▾ ENTERTAINMENT ▾ CULTURE ▾ TECH ▾ SCIENCE ▾ MOBILITY SOCIAL GOOD OUTREACH

COVID-19 Vaccine: UP Man Dies A Day After Taking Covishield Shot, Suffered Breathlessness And Chest Pain

The Brussels Times

Latest News: Ghent will be the first to produce Volvo's…

BRUSSELS   BELGIUM   SPORTS   POLITICS   MAGAZ

Almost 75% of Brussels primary care workers don't show up for vaccine

Wednesday, 24 February 2021

Take home messages

- Vaccine perceptions are influenced by individual and environmental factors, as well as negative messaging (especially emotional)

- Vaccine hesitancy is complex and context-specific; can be simplified using the 3 C's model of determinants: confidence, complacency, and convenience.

- COVID vaccine messaging plays a key role in maintaining public confidence in vaccination; it should be planned in advance with allocated resources

- Partnerships should be established with key vaccine safety stakeholders and the media

Play *Bad News!*

- [Fake news game confers psychological resistance against online misinformation](#)

- Play the game: [Bad News](#)!

- 'confers resistance against bad online information by putting players in the position of the people who create it'

Thanks for your attention!

Questions?

Helpful resources to explore and further reading

- [COVID-19 Vaccine Communications Toolkit](#)

- [Majority of Africans would take a safe and effective COVID-19 vaccine](#)

- Join [Vaccine Safety Net](#) -a global network of websites, established by the WHO, that provides reliable information on vaccine safety

- [Vaccine Safety Events: managing the communications response](#)

- [A Covid-19 Vaccination Plan for Africa](#)

References

- Guide to COVID-19 vaccine communications. Center for Public Interest Communications (2020). https://digitallibrary.un.org/record/3894424?ln=en

- Messaging recommendations. AdCouncil (2021). https://adcouncil-covid-vaccine-education-initiative.s3.amazonaws.com/TOOLKIT_MESSAGING+RECOMMENDATIONS.pdf

- Covid-19 vaccines: safety surveillance manual. Geneva: World Health Organization (2020). Licence: CC BY-NC-SA 3.0 IGO.

- Report of the sage working group on vaccine hesitancy (2014). https://www.who.int/immunization/sage/meetings/2014/october/1_Report_WORKING_GROUP_vaccine_hesitancy_final.pdf

- Pulitzer Center–Global Health NOW panel, Consortium of Universities for Global Health virtual conference (March 2021)

Extra slides

Titre de la présentation

Determinants of vaccine hesitancy

CONTEXTUAL INFLUENCES Influences arising due to historic, socio-cultural, environmental, health system/institutional, economic or political factors	a. Communication and media environment b. Influential leaders, immunization program gatekeepers and anti- or pro-vaccination lobbies. c. Historical influences d. Religion/culture/ gender/socio-economic e. Politics/policies f. Geographic barriers g. Perception of the pharmaceutical industry
INDIVIDUAL AND GROUP INFLUENCES Influences arising from personal perception of the vaccine or influences of the social/peer environment	a. Personal, family and/or community members' experience with vaccination, including pain b. Beliefs, attitudes about health and prevention c. Knowledge/awareness d. Health system and providers-trust and personal experience. e. Risk/benefit (perceived, heuristic) f. Immunisation as a social norm vs. not needed/harmful
VACCINE/ VACCINATION–SPECIFIC ISSUES Directly related to vaccine or vaccination	a. Risk/ Benefit (epidemiological and scientific evidence) b. Introduction of a new vaccine or new formulation or a new recommendation for an existing vaccine c. Mode of administration d. Design of vaccination program/Mode of delivery (e.g., routine program or mass vaccination campaign) e. Reliability and/or source of supply of vaccine and/or vaccination equipment f. Vaccination schedule g. Costs h. The strength of the recommendation and/or knowledge base and/or attitude of healthcare professionals