Webinar: communicating about vaccine safety

*Guidelines for health workers*

03 March, 2021

Dr. Cuauhtémoc Ruiz Matus
Unit Chief of Comprehensive Family Immunization
PAHO/WHO
WEBINAR

Communicating for Vaccine Safety: Guidelines for Health Care Workers

Comunicación sobre vacunación segura: Orientaciones para el personal de salud
Communicating about vaccine safety

Factors that influence the decision to vaccinate, interpersonal communication strategies

Maria Bertoglia, MEpi
Immunization Consultant PAHO/WHO
Communicating about Vaccine Safety

Table of Contents

6 Acknowledgements
7 Acronyms and Abbreviations
8 Introduction
10 1. Factors that influence the decision to vaccinate
15 2. The spectrum of vaccine hesitancy
19 3. Communication strategies for interaction with parents, caregivers, and patients
27 4. Strategies to improve the vaccination experience
31 5. Frequently asked questions about vaccination
35 6. Frequently asked questions and key messages about vaccines against influenza, human papilloma virus, and measles, and vaccines in development against COVID-19
45 7. Debunking false information and misconceptions about vaccines
50 8. How to communicate about adverse events supposedly attributable to vaccination or immunization (ESAVIs)
52 9. Communicating with vaccine-hesitant colleagues
57 10. References
PRESENTATION OBJECTIVES

DECISION TO VACCINATE, INTERPERSONAL COMMUNICATION STRATEGIES

1: GET TO KNOW THE FACTORS THAT INFLUENCE THE DECISION TO VACCINATE

2: GET TO KNOW THE SPECTRUM OF HESITANCY

3: COMMUNICATION STRATEGIES

4: STRATEGIES TO IMPROVE THE VACCINATION EXPERIENCE

5: PRACTICAL TIPS FOR HCW
GET TO KNOW THE FACTORS THAT INFLUENCE THE DECISION TO VACCINATE
WHAT DETERMINES THE DECISION TO VACCINATE

FACTORS AND BIASES THAT AFFECT THE DECISION

WE TEND TO BE GUIDED BY EMOTIONS, THEY ALERT US TO POTENTIAL RISKS OR PREDISPOSE US TO ACT

1 AFFECTIVE BIASES
WHAT DETERMINES OF THE DECISION TO VACCINATE?

FACTORS AND BIASES

1. LOSS AVERSION BIAS
   We tend to focus more on losses than gains.

2. CONFIRMATION BIAS
   We are more likely to trust messages that support our conclusions.

3. AVAILABILITY BIAS
   We make decisions based on facts that come to mind immediately, forgetting distant ones.

4. ANCHORING BIAS
   We tend to base our decisions on familiar opinions.
THE RISK PERCEPTION GAP

- Information
- Emotions
- Experiences
- Biases (heuristics)

GAP

- Evidence and data
- Training
- Research and evaluation of causality

PUBLIC

HEALTH AUTHORITIES AND STAFF
The Vaccine hesitancy spectrum: knowing whom to target with communication activities
COMPONENTS OF THE VACCINE HESITANCY MODEL

CONFIDENCE is established in relation to...
1. The effectiveness and safety of vaccines.
2. The immunization program, including the skill and competence of the health workers who implement it.
3. The motivation of the authorities that decide which vaccines are given.

CONVENIENCE is measured by...
...physical availability, willingness to pay, geographical accessibility, ability to understand vaccination messages (language and health literacy) and the appeal of immunization services, since these are elements that may affect immunization acceptance and coverage. The quality of services (real or perceived) and how vaccination services are provided in a convenient and pleasant place, time, and cultural context can also influence the vaccination behavior and decision-making.

COMPLACENCY exists when...
...it is believed that the risks related to vaccine-preventable diseases are low and that there is no need to take preventive action through vaccination. This occurs, for example, when other health or life responsibilities are perceived as priorities.
FACTORS AND DETERMINANTS OF THE VACCINE HESITANCY

CONTEXTUAL FACTORS
- Media
- Leaders, activists
- Geographical barriers
- Perceptions of the pharmaceutical industry
- Historical trends
- Religious, political factors

INDIVIDUAL AND GROUP FACTORS
- Personal, family, or community experiences
- Beliefs, attitudes and knowledge
- Health system, trust in care providers
- Risk-benefit assessment
- Social norms

VACCINE/VACCINATION-SPECIFIC FACTORS
- Risk-benefit ratio
- New vaccines
- Route of administration
- Costs
- Strength of recommendation
- Routine program, campaign
- Reliability on the vaccine
- Vaccination schedule
COMMUNICATION RECOMMENDATIONS

1. Presume parents will vaccinate
   - Parents accept and have no additional questions

   Parents not ready to vaccinate

2. Give strong, clear recommendations
   - Parents accept the recommendations

   Parents have more questions/concerns

3. Listen, acknowledge parents’ concerns and fears - answer questions
   - Parents accept the additional explanations

   Give the recommended vaccines, following the vaccination schedule, using techniques to mitigate pain and anxiety

   Presumptive approach
   “Today we are going to give your child the pentavalent vaccine to protect them against five serious diseases: diphtheria, tetanus, whooping cough, Haemophilus influenzae type b infection, and hepatitis B.”

   Participatory approach
   “Have you thought about what vaccines your baby needs today to be protected from illness?”

   “Your child needs a shot today. At the end of our appointment, I will give you a vaccination schedule and review when you will need the next one to keep your child protected.”

   “What do you think about vaccines? Is it all right with you for us to vaccinate your baby today?”
Core principles for building trust

<table>
<thead>
<tr>
<th>Competence</th>
<th>Show that you have the necessary competence in the field of immunization, and the interpersonal skills to answer common questions.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Objectivity</td>
<td>Make it clear that you have no conflict of interest with regard to the pharmaceutical industry.</td>
</tr>
<tr>
<td>Transparency</td>
<td>It is essential to communicate with patients transparently, honestly, and openly, without trying to hide any information from them.</td>
</tr>
<tr>
<td>Inclusiveness</td>
<td>Acknowledge the relevance of all points of view.</td>
</tr>
<tr>
<td>Consistency</td>
<td>It is important to be consistent in the messages on vaccination you provide to every patient, during every visit.</td>
</tr>
<tr>
<td>Empathy</td>
<td>Engage in a two-way dialogue, taking into account other people’s concerns regarding vaccination safety.</td>
</tr>
</tbody>
</table>
COMMUNICATING INDIVIDUAL AND COLLECTIVE BENEFITS

VACCINE YOUR CHILDREN AGAINST
MEASLES
VACCINES SAVE LIVES

MEASLES CAN CAUSE:
- PNEUMONIA
- PERMANENT BRAIN DAMAGE
- DEAFNESS
- PREMATURE BIRTH
- BABIES WITH LOW BIRTHWEIGHT
- DEATH

MEASLES SYMPTOMS:
- HIGH FEVER
- RUNNY NOSE
- COUGH
- RED EYES
- RASH OR SPOTS ON SKIN

Symptoms usually appear 7-14 days after being infected

PROTECT YOUR COMMUNITY FROM MEASLES
Do your part

#GetVax because #VaccinesWork
RECOMMENDATIONS

- Address fears and doubts through **dialogue and evidence**
- **Emotional** aspects of communication (cognitive biases)
- **Personal** stories
- **Professional** accounts
- **Combine** evidence with entertaining messages
- **Negative** comments
- **Ethics** and data **confidentiality**
STRATEGIES TO IMPROVE THE VACCINATION EXPERIENCE
BREASTFEEDING
- Strong favorable recommendation.
- Suggest that the mother breastfeed (or give a bottle) before, during and after vaccination.

SUGAR SOLUTION
- Limited favorable recommendation.
- Sugar solutions of between 20-50%.

HOLDING
- Children should be held or accompanied by their parents or caregiver.
- Older children should be seated, except if history of fainting.
PAIN MITIGATION STRATEGIES

DISTRACTION TECHNIQUES
• Effective distraction techniques.
• Toys, videos or music.

STRATEGIES FOR ADULTS
• Breathing techniques.

NOT RECOMMENDED
• Topical anesthetics.
• Warming up the vaccine, manual stimulation at injection site, prior administration of oral analgesics.
What is the main objective on communicating about vaccine safety?

The main communication objective is to **build, keep or rebuild TRUST** on the importance of vaccines and the benefits of vaccination and immunization.
Communicating about vaccine safety

Exercice 1
Case study I
Introduction of COVID-19 Vaccines

Hypothetical conversation between a health worker/vaccinator and an elderly patient
Good morning. I hope you are doing well. Today we are going to vaccinate you against COVID-19, as you belong to one of the high risk groups.

Good morning! To be honest, I am in doubt and have some questions regarding the COVID-19 vaccine. I would prefer not to be vaccinated. The vaccine is too new – I would rather wait.

Tell me more about your doubts and the questions you have. I will do my best to answer them.

Thank you! I am part of a Whatsapp group of retirees of the company I used to work for. It is a group of former colleagues. We share all kinds of information, including tips on leading a healthy lifestyle. I find this group very trustworthy – the information always seems up-to-date. We receive more trustworthy information there than can be read on the news. News channels do not always publish the truth.

Recently, a colleague shared an article which stated that the new COVID-19 vaccines were not adequately tested, are not very effective and were developed too quickly when compared to other vaccines.
Let’s finish this exercise together and look at how we can best address our patient’s question!
Thank you
Session II
Debunking misinformation, how to communicate about AEFI/ESAVI and how to communicate with vaccine-hesitant colleagues

Katharina-Sophia Dolezal
Co-author of “Communicating about vaccine safety”
Objectives of this presentation

- Debunking misinformation and myths about vaccines
- How to communicate about events supposedly attributable to vaccination (ESAVI)
- How to communicate with vaccine-hesitant colleagues
Part 1
Debunking misinformation and myths about vaccines
Objectives of this chapter

1. Understand how false information gets into our minds.
2. Understand the reasons why it is so difficult to remove false information once it takes root.
3. Present basic strategies for replacing false information with evidence.
4. Example: how to address false information and misconceptions that establish a relationship between vaccines and autism.
We are constantly surrounded by information. This is why EVERYTHING depends on how we communicate and present this information.
Why it is not enough to say “this is not true”

- Humans are not rational.
- Throughout human evolution, constantly confronted with uncertainty, people have developed mechanisms to facilitate risk perception. These mechanisms are called heuristics or cognitive biases.
- We tend to be guided by emotions.
- It is important to consider cultural differences and nuances when communicating the facts.
Why debunking myths is not that easy ...

When debunking a myth ...

... we create a void in our minds.
3 rules on how to correct misinformation

1. Focus on the evidence and do not repeat the false information, so that the correct information becomes more prominent than the myth.

2. Issue a warning before communicating about false information, to make it clear from the outset that this information is false.

3. Replace the myth with concrete evidence regarding the benefits of vaccination, and the risks associated with vaccine-preventable diseases.
Correcting misinformation and myths

The most effective technique for debunking false information is a **COMBINATION of providing an alternative explanation** (replacing false information with evidence) and **a warning before mentioning the myth**.
Example: Vaccine against measles, mumps, rubella (MMR)

“I read online that vaccine cause autism. Is it true?”

1. **Focus on the evidence:** “We are going to resolve this doubt by reviewing the evidence confirming the safety of the measles vaccine.”

2. **Warn about false information:** “Many studies have been conducted that rule out this myth or false information, and they have confirmed that the alleged association is false. The measles vaccine is the best way to protect your child from a life-threatening disease, and it has been shown that it does not cause autism.”

3. **Replace misinformation with accurate, concrete information:** “The measles vaccine protects your child from serious complications, such as pneumonia, brain inflammation, brain damage, deafness, and even death. In addition to protecting your child, this vaccine protects those who cannot be vaccinated, such as children who have received transplants, and very young babies.”
Part 2
How to communicate about events supposedly attributable to vaccination (ESAVI)
Objectives of this chapter

1. Define ESAVI.
2. Look at communication strategies to support dialogue on ESAVI.
An adverse event supposedly attributable to vaccination or immunization (ESAVI) is any medical occurrence (whether a sign, abnormal laboratory finding, symptom, or disease) unfavorable and unintended that occurs after vaccination and does not necessarily have a causal relationship to the vaccination or the vaccine.
Key messages: how to communicate about ESAVI

- It is crucial to communicate in a transparent way to foster trust. The public needs to feel that authorities share their concerns and are working to investigate the issue and that risk mitigation strategies are being developed. Update the population regularly.
- It is not recommended to jump to conclusions before the ESAVI expert committee has finished its investigation.

Acknowledge the population’s uncertainties, anxiety and concerns.

Have a strong vaccine safety monitoring system in place.

Serious adverse events are very rare.

The appearance of an adverse event does not mean vaccines are not safe.

It is recommended to conduct training sessions both on communication and safety reporting and monitoring.
Part 3
How to communicate with vaccine-hesitant colleagues
Objectives of this chapter

1. Understand recommended communication strategies when speaking to vaccine-hesitant colleagues.
The hesitancy spectrum and the risk perception gap

- Information
- Emotions
- Experiences
- Biases (heuristics)

GAP

- Information
- Evidence and data
- Training
- Research and evaluation of causality

PUBLIC

HEALTH AUTHORITIES AND STAFF

Active DEMAND: The public actively demands the services.

Vaccine HESITANCY: Vaccination is accepted but with delays, or it is rejected outright, despite availability (acceptance, delay, and/or rejection of certain vaccines).

Supply and ACCESS: Availability of services and vaccinators (for example, immunization services, knowledge and skills of health personnel).

Passive ACCEPTANCE: The public accepts vaccination services without seeking them out.

REJECTION of all vaccines
WHEN THE GAP AFFECTS HEALTH WORKERS

01. EMPOWER IN DECISION-MAKING
   - Avoid criticizing, focus intervention on empowerment through knowledge

02. TALK ABOUT COLLECTIVE BENEFITS
   - Provide information on rights and collective duty

03. HIGHLIGHT RISKS ASSOCIATED WITH VACCINE REJECTION
   - Remember the importance of differentiating relative risks

04. ASSESSMENT TOOLS
   - Use screening tools to detect vaccine hesitancy

05. TALK ABOUT THE EVIDENCE
   - Show commitment to vaccination

06. TALK ABOUT MINIMAL RISKS ASSOCIATED WITH VACCINATION
   - Be transparent in acknowledging and reporting adverse events

07. Positive messages
   - Create messages targeting health workers
Key message:
Consider carefully your response to hesitancy and anti-vaxxers

BEWARE ...

• Anti-vaccination lobbyists feed on attention. Be careful not to give them the attention they want.
• The more we talk about vaccine hesitancy towards COVID-19 vaccination, the more we risk creating a social norm of vaccine hesitancy.

FOCUS ON ...

• Invest in health workers so they can respond to questions.
• Adhere to trust-building principles of transparency, sincerity, clarity, competence.
• Prepare a tailored communications plan – focusing on risk and trust – and stick to it.
• If possible, avoid public encounters or debates with vaccine deniers.
Communicating about vaccine safety

Exercice 2
CASE STUDY 2

Communicating with vaccine-hesitancy colleagues

During a meeting of the health team, one of your colleagues tells you that he feels deep mistrust in the COVID-19 vaccine.

Case description

In the afternoon, a patient tells you that he has decided not to get vaccinated, despite being in the high-risk group, following the recommendation of a health professional.

Response mechanism

You belong to the health team of a Primary Health Center.
Infodemic
During the day, your colleague tells you that he has read an article that criticizes COVID-19 vaccines and that he has reviewed various social media posts that support his belief.

Several professionals from the center have shared the videos and messages on social networks criticizing the vaccines against COVID-19.

The information is received with concern, you believe that health professionals are not handling the infodemic correctly.
Let’s answer some questions together
Communicating about vaccine safety: guidelines to health workers

Tools to strengthen Global and Regional Surveillance of ESAVI/AEFI

Closing remarks

Desirée Pastor
Immunization Regional Advisor
Immunization Unit
PAHO/WHO
Purpose and general objective of the Regional ESAVI Surveillance System

**Purpose:**
To develop a regional ESAVI surveillance system that it is sensitive, timely, standardized, trusty and integrated, with the collaboration of all actors involved on vaccine safety, to maintain the trust on vaccination and the acceptance on immunization in the Americas.

**General objective:**
To contribute to the timely detection and appropriate classification on serious ESAVI and risk signals, for the generation of a fast and appropriate response at the national and regional levels.
The following tools are part of the ESAVI regional surveillance system:

01. Risk management plans, map and dashboard

02. Manuals, investigation and analysis tools

03. Strengthening of national capacities

04. Active surveillance

05. Strategic alliances and communication

Risk plans, maps and COVID-19 vaccines dashboard

Online courses, subregional workshops, website

Sentinel surveillance, health workers and pregnant studies

Global and regional manuals, WHO adapted tools
AVAILABLE TOOLS

- Manual that provides guidance prior to, during and after COVID-19 vaccine introduction
- Target audience: Government authorities, immunization programmes, regulatory authorities, ministries of health, pharmacovigilance centres and manufacturers
- COVID-19 vaccine safety communications chapter
• Technical guidelines for crisis communication related to vaccine safety
• Accessing content and recording of the webinar: https://www.paho.org/en/events/crisis-communications-vaccine-safety
• ESAVI Surveillance Regional Manual
• Targets health authorities and provides useful tools for the local level.
• Risk communication for ESAVI surveillance teams chapter
Other COVID-19 publications:

• COVID-19: Myths and rumors
• Facts that healthcare workers need to know
• Guidelines to create a risk communication strategy
• COVID-19: Communication activities