

# Communicating about Vaccination-related Risks

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**PAHO**



Pan American  
Health  
Organization



World Health  
Organization  
REGIONAL OFFICE FOR THE  
Americas

# Agenda

- Why talk about vaccination-related risks?
- Overview of the publication
- Factors that influence vaccination-related decisions
- Applying RCCE principles to vaccination
- Practical guidance

# Why talk about risks?

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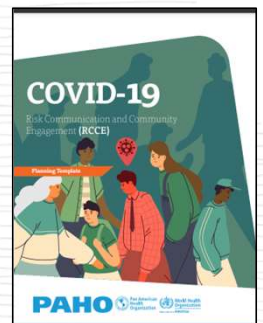
- Even if they are minor and/or rare, they exist.
- Help your audiences (general public, health workers) know what to expect.
- Build trust!
- ...And have that trust in case of an emergency.



# Risk Communication and Community Engagement (RCCE)

- Risk communication and community engagement (RCCE) are essential components of a broader health emergency preparedness and response action plan.
- For public health emergencies, risk communication includes the range of communication actions required through the preparedness, response and recovery phases, in order to encourage informed decision making, positive behavior change, and the maintenance of trust.

<https://www.paho.org/en/documents/covid-19-risk-communication-and-community-engagement-rcce>



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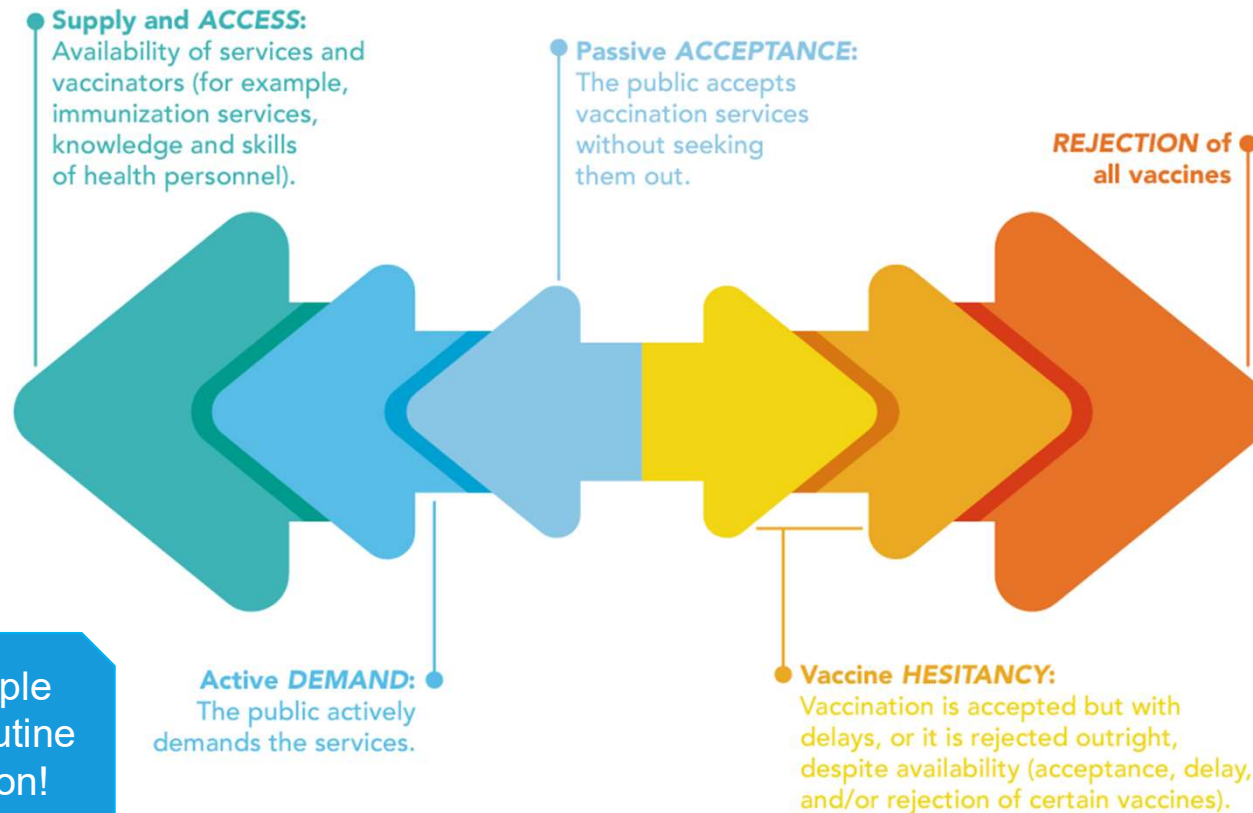


- Framing vaccination-related decisions (hesitancy)
- Theoretical framework: RCCE principles
- Practical guidance on:
  - Following RCCE principles
  - Handling false information (*prebunking* and *debunking*)
  - Messaging
  - Managing risk perceptions
  - Collaborating with partners
  - Pharmacovigilance
- Real-world examples

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# The continuum of vaccine hesitancy and demand



Can vary depending on the vaccine, who is getting vaccinated, and the context



Fluid! Individuals can move along the continuum.

Antivaxxers are a vocal, but SMALL & aggressive, minority.



# How do we think about risks & vaccination?

Risk perception related to the decision to vaccinate

Higher level of risk related to the disease 	Higher level of risk related to the vaccine (adverse events) 
I get vaccinated	I do not get vaccinated
I vaccinate my child	I do not vaccinate my child

# Influencing factors for risk perceptions

Let's take a moment to think about the different factors that influence individuals' risk perceptions for vaccination and vaccine-preventable diseases:

<https://tinyurl.com/26ymwdce>



# What factors increase risk perception for vaccination?

Lack of circulating VPD

Lack of trust in vax effectiveness

Exposure to false info

Fear of ESAVI (even if untrue)

Low health literacy

Overconfidence in herd immunity, immune system

Mistrust in institutions meant to keep the public safe

Fear of needles

Dismissive HW



# What factors increase risk perception for vaccine-preventable diseases (VPD)?

Seeing someone  
"like you" suffer as  
a result of VPD

Outbreak of  
VPD

Fear of  
spreading VPD

Fear of VPD  
(death, illness,  
long-term  
impacts)

Fragile health  
systems



# Factors influencing risk perception for VPD or vaccination

- "Noise"/competition for audience's attention
- Social norms/opinions of respected leaders and influencers
- Economic factors (missing work, school)

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# Building trust – critical to RCCE!

- **Must be priority!**
- **Never too late to start!**
- **Ongoing activity!**



# Risk comms & community engagement

- **Accessible** – channels your audiences uses
- **Actionable** – clear information that encourages the audience to take action to protect oneself and others
- **Credible** – from trustworthy sources (transparent, dependable, empathetic)
- **Relevant** – audience understands why message applies to them
- **Timely** – first in an emergency to inform the public what is known, unknown, and how gaps are being filled. Evidence should not be rushed!
- **Understandable** – simple, no jargon
- **Periodic** – let audiences know when they can expect updates



# Quiz time!

Please go to the following website to access **Quiz 1** on trust:

Go **menti.com** and use code: **7253 2240**



# Quiz 1: Trust

1. A journalist discovers the local health authority recently covered up information about a severe ESAVI. As a communications professional, do you encourage the authority to:
  - A. Apologize.
  - B. Say nothing and hope it blows over.
  - C. Blame the mistake on someone else.
1. Un periodista descubre que hace poco, la autoridad sanitaria local ha ocultado información sobre un ESAVI grave. Como profesional de la comunicación, animarías a la autoridad a...:
  - A. Pedir disculpas.
  - B. No decir nada; esperar que pase.
  - C. Echar la culpa a otra persona.

# Apologize

## A. Apologize

Apologize for past mistakes and be clear about what the organization will do differently moving forward. A heartfelt apology from a high-level figure can show the audience that the organization recognizes its errors and is committed to improving in the future.

# Quiz 1: Trust

2. The health authority decides to issue an apology, based on your recommendation. Who do you suggest serves as the spokesperson to issue the apology?
- A. Send many different people to different media outlets and hope the audience sees someone they trust.
  - B. A bombastic politician who is loved by their political party but reviled by others.
  - C. A neutral, consistent expert within the MOH.
2. La autoridad sanitaria toma tu sugerencia y pide disculpas. ¿Quién sugieres que actúe como portavoz para presentar las disculpas?
- A. Asignar a varias personas distintas a diferentes medios de comunicacion y esperar que la audiencia vea a alguien en quien confie.
  - B. Un político grandilocuente que es amado por su partido político, pero odiado por los demás.
  - C. Un experto neutral y cosistente dentro del Ministerio de Salud.

## C. Neutral, consistent expert

Choose neutral and consistent spokespeople when immunization has been highly politicized. Spokespeople must have the audience's attention and trust, which is harder to achieve if that individual is also heavily pushing party lines or delivering inflammatory remarks that alienate individuals in different political parties. Also, having only one spokesperson ensures that the message is delivered consistently across platforms and forums.



# Quiz 1: Trust

3. Which message would you **not** include in the apology talking points?
- A. Experts around the world agree that vaccines are safe and effective.
  - B. We promise this will never happen again.
  - C. We understand this situation caused concern for the public and are deeply sorry.
3. ¿Qué mensaje **no** incluirías en los puntos de discusión de la disculpa?
- A. Expertos de todo el mundo coinciden en que las vacunas son seguras y eficaces.
  - B. Prometemos que esto no volverá a ocurrir.
  - C. Entendemos que esta situación haya preocupado al público y lo lamentamos profundamente.



**B. We  
promise this  
will never  
happen  
again.**

Making promises you can't keep only sets you up for broken trust in the future. Respond empathetically and emphasize expert consensus on vaccine safety and effectiveness, so that even if individuals are still learning to trust an organization, they see how it's aligned with other known experts.

# Quiz 1: Trust

4. To demonstrate good will toward the affected public, the health authority holds a series of conversations with local leaders. What do you suggest is done with the concerns brought forth by these leaders?
- A. Nothing. They're not experts on this topic and don't know what they're talking about.
  - B. Develop a highly technical brief explaining why there's no need for those concerns and share it with them.
  - C. Adapt your messaging and approach to address the concerns in simple language.
4. Para demostrar su buena voluntad hacia la población afectada, la autoridad sanitaria mantiene una serie de conversaciones con los líderes locales. ¿Qué sugieres que se haga con las preocupaciones planteadas por estos líderes?
- A. Nada. No son expertos en este tema y no saben de lo que hablan.
  - B. Elaborar un informe muy técnico explicando por qué no son necesarias esas preocupaciones y compartirlo con ellos.
  - C. Adaptar tus mensajes y abordaje para responder a las preocupaciones en un lenguaje sencillo.





## **C. Adapt messages, simple language**

By ignoring feedback from members of the public and making information inaccessible, you risk looking like all your efforts were just for show. This could easily land your organization in a worse situation than where it started.

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# Make a (crisis) plan

- ✓ See what data and info you already have available, and what gaps exist
  - ✓ Identify partners and hold regular meetings
  - ✓ Identify and train the spokesperson
  - ✓ Engage in social listening for different key groups (especially those at highest risk of infection and/or severe disease, or most likely to have concerns)
  - ✓ Identify channels
  - ✓ Have a set of validated messages on vaccine safety on hand. Update them as new information becomes available.
  - ✓ Be ready to adapt and translate for different audiences
  - ✓ Have a plan for trolls (people who intentionally provoke others online)
  - ✓ Monitor, adjust, evaluate
-  Communicate about vaccine safety continuously – don't wait for a crisis!


# Messaging

- ✓ Pretest when possible
- ✓ Simplify, but don't be superficial
- ✓ Lead with critical info: what do people need to know now?
- ✓ Include both oral and written messages

- ✓ Explain technical terms that keep coming up


World Health Organization

If a vaccine has an efficacy of 80 percent:



It does not mean that the vaccine will only work 80% of the time.

It does mean that in a vaccinated population, 80% fewer people will contract the disease when they come in contact with the virus.



# Messaging

- ✓ Adapt the message according to audiences' needs
- ✓ Simplify numbers when talking about ESAVI
  - ✓ Talk about “1 in every X persons” rather than “XX thousand persons”
  - ✓ Fewer than 1 in 10 million COVID-19 vaccinations linked to a serious ESAVI
- ✓ Use concrete numbers when possible, instead of “high” or “low” or percentages.
- ✓ Clearly label images with your logo



# Messaging

- ✓ Culturally and linguistically accessible
- ✓ Check translations with native speakers
- ✓ Reflect your audience




# Messaging

✓ Be transparent


**TYPICAL SIDE EFFECTS OF THE COVID-19 VACCINE ARE:**

- 1 Tiredness and headache
- 2 Fever
- 3 Chills
- 4 Pain or swelling at the injection site



**In most cases, these are normal and last a short time.**


Contact your care provider if the tenderness or pain where you got the shot increases after 24 hours, or the side effects do not go away after a few days.



**Over-the-counter medicines may relieve some of these symptoms, but talk to your care provider first.** Patients with certain conditions like peptic ulcer or chronic renal disease may need to follow some precautions when taking these medications.

- Ibuprofen
- Aspirin
- Antihistamines

**DOING IT ALL, PROTECTS US ALL**



World Health Organization Myanmar | Gavi The Vaccine Alliance | unicef for every child

✓ Use storytelling and emotions



**Gisela Juarez**  
Beneficiaria  
Vacuna de VPH

porque mis padres, me alegra que  
hayan pensado en mi futuro.

1:22/11:43

# Risk perceptions

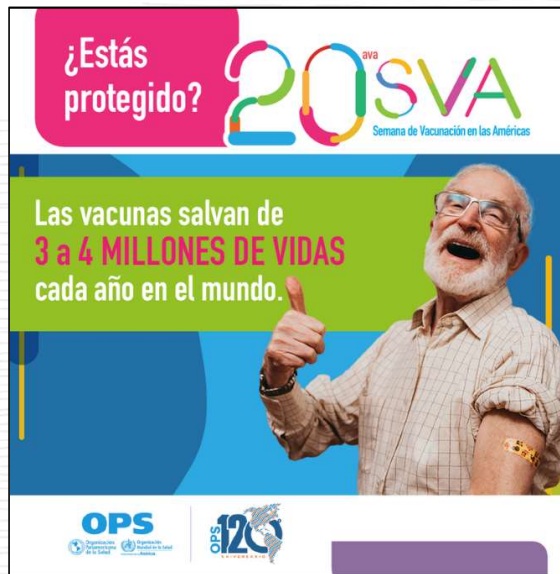
- ✓ Emphasize health benefits of vaccination (individual and population)
- ✓ Don't minimize risks of vaccination, but put them in perspective with risks of inaction: illness, death



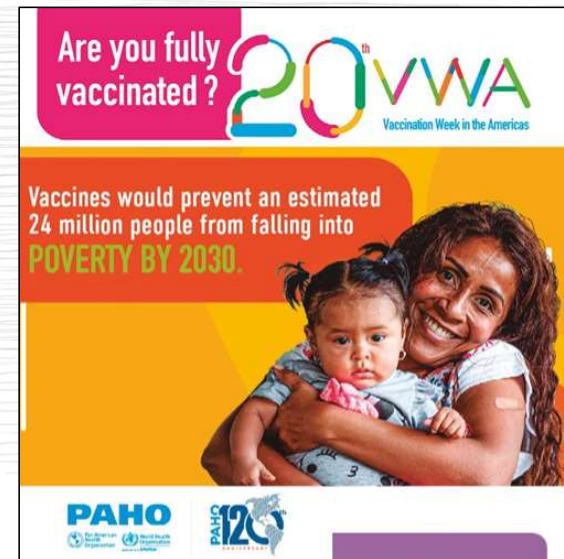


# Risk perceptions

✓ Highlight the history of success of vaccines



✓ Mention benefits beyond health



# Pharmacovigilance

Continuous monitoring of ALL vaccines has been standard procedure in ALL countries for DECADES!



Emphasize that public safety is a constant, ongoing activity!  
**ALL vaccines** are continuously monitored after they're introduced.



# Pharmacovigilance

- ✓ **New vaccine** – be ready to talk about ESAVI
  - ✓ If an ESAVI occurs, remind people it was picked up because surveillance system works!
- ✓ **Trials** measure different things, take place in different contexts with different people
- ✓ **Stay informed** (intl. news, vaccine profiles)





## Why is false info everywhere?

- Rumors are invented quickly. Researching to refute takes more time.
- Limited content oversight on social media platforms.
- Sensational, emotion-inducing content goes viral more easily.
- Echo chambers reinforce misconceptions.
- Rumors shift and meld as they spread.

# Prebunking

- Happens **before** people are exposed to false information.
- Serves as a warning about false information.
- "Vaccination" against false info (watered down version of a myth is presented & refuted).
- Offers trustworthy sources of information.
- Encourages rational thinking.
- Teaches individuals how to spot false info & what manipulation tactics are used and why:
  - Cherry picking data.
  - Inventing quotes and "experts."
  - Preying on emotions.
  - Creating false dichotomies/two incorrect answers.
  - Red herrings.
  - Think about who benefits from false information.
- Social listening strategies and tools can help refine the prebunking messages by targeting them against specific pieces of false information.

# Prebunking examples

#ThinkBeforeSharing



**IS THIS A CONSPIRACY THEORY? PROBABLY NOT IF:**

- ✓ The author has recognized qualifications
- ✓ The sources are backed by fact-checking sites
- ✓ The tone is objective and factual



CHECK YOUR SOURCES. WHEN IN DOUBT, DON'T SHARE. STOP THE SPREAD.



#ThinkBeforeSharing

**HOW DO CONSPIRACY THEORIES DAMAGE AND MISLEAD?**

- ! They identify an enemy and a plot that can fuel discrimination against a group
- ! They spread mistrust leading to apathy or radicalization
- ! They undermine science and medical advice



CONSPIRACY THEORIES CAN HAVE SERIOUS CONSEQUENCES. TAKE THEM SERIOUSLY. CHECK BEFORE SHARING. STOP THE SPREAD.



#ThinkBeforeSharing

**THE COVID-19 PANDEMIC HAS SEEN A RISE IN CONSPIRACY THEORIES. WHAT ARE THE RED FLAGS?**

- ! Claims that the virus was artificially created
- ! Claims that the virus was spread intentionally
- ! Claims that vaccines and cures are being withheld deliberately
- ! Claims that sanitary measures are being used to harm



RELY ON VERIFIED INFORMATION. WHEN IN DOUBT, DON'T SHARE. STOP THE SPREAD.



#ThinkBeforeSharing

**THE SIX THINGS CONSPIRACY THEORIES HAVE IN COMMON**

- ✓ A 'secret' plot
- ✓ A group of conspirators
- ✓ Supporting 'evidence'
- ✓ They suggest nothing happens by accident
- ✓ They assume the world is good or bad
- ✓ 'Someone' is to blame!



THE FIRST STEP TO PREVENT CONSPIRACY THEORIES IS TO KNOW THAT THEY EXIST. BE AWARE. STOP THE SPREAD.



# Debunking

- Happens **after** people are exposed to false information.
- Seeks to refute myth with facts; myth is clearly labeled.
- Timing is key.
- Even after debunked, it's easy for false information to stay in people's memories.
- Social listening is critical!

**Myth**

Millions have died because of COVID-19 vaccines

**Fact**

Death from adverse reactions to vaccines are very rare. Millions have died because of severe illness and health complications related to COVID-19. Ever since it began spreading around the world, COVID-19 has already claimed over five million lives.

#COVID19  
#Coronavirus

January 2022

Quick, simple, concrete, emotional

More complex, longer



# Quiz time!

Please go to the following website to access Quiz 2 on false information:

Go **menti.com** and use code: **1927 4144**



## Quiz 2: False information

1. Anti-vaxxers like US politician Robert F. Kennedy work for free to advocate against vaccination.

- A. TRUE
- B. FALSE

1. Las personas antivacunas, como el político estadounidense Robert F. Kennedy, trabajan gratis para abogar contra la vacunación.

- A. VERDADERO
- B. FALSO



## Quiz 2: False information

**FALSE.** In July 2023, *The New York Times* reported that Robert F. Kennedy earned millions of dollars in 2021 by fighting vaccination.

He brought in **\$2.25 million** in 2021. His "charity," the Children's Health Defense, made **\$15.6 million** in 2020.

Sources:  
<https://projects.propublica.org/nonprofits/organizations/260388604/202203199349322705/full>

<https://www.nytimes.com/2023/06/30/us/politics/robert-f-kennedy-jr-money.html>

## Quiz 2: False information

2. Mary claims there have been 22,000 ESAVI reported following 3.6 million doses of a vaccine – but doesn't describe the ESAVI (arm pain vs. severe allergic reaction) or note the reports are entered by any individual to a public database and therefore not verified. Mary is:
- A. Inventing experts
  - B. Cherry picking data
  - C. Creating a false dichotomy
  - D. Trying to earn money
2. María afirma que se han notificado 22,000 ESAVI tras 3,6 millones de dosis de una vacuna, pero no describe el ESAVI (dolor en el brazo frente a reacción alérgica grave) ni señala que los informes son introducidos por cualquier persona en una base de datos pública y, por tanto, no se verifican. María:
- A. Inventa expertos
  - B. Usa datos selectivos
  - C. Crea una falsa dicotomía
  - D. Intenta ganar dinero

## Quiz 2: False information

### B. Cherry picking data

Mary is sharing only the part of the data that supports her belief and is conveniently leaving out the critical information that paints the whole picture.



## Quiz 2: False information

3. You're in a heated discussion about MMR vaccination with your neighbor Santiago. When you share data published by the MOH about vaccine safety in your country, Santiago says, "Well you're just paid by the pharmaceutical companies to say that!" Santiago is:
- A. Using base rate fallacy
  - B. Cherry picking data
  - C. Creating a false dichotomy
  - D. Employing a red herring
3. Mantienes una acalorada discusión sobre la vacuna triple viral con tu vecino Santiago. Cuando compartes los datos publicados por el Ministerio de Salud sobre la seguridad de las vacunas en tu país, Santiago dice: "¡Pues a ti te pagan las farmacéuticas para decir eso!". Santiago:
- A. Utiliza la falacia del tipo básico
  - B. Usa datos selectivos
  - C. Crea una falsa dicotomía
  - D. Emplea una cortina de humo

## Quiz 2: False information

### D. Employing a red herring

Santiago is shifting the topic to something that is unrelated to what you were discussing.



## Quiz 2: False information

4. Aunt Sandra posts an image on social media that says “If the COVID vaccine works so well, how come vaccinated people can still spread the disease?” Aunt Sandra is:

- A. Trying to make money
- B. Appealing to fear
- C. Creating a false dichotomy
- D. Inventing experts

4. La tía Sandra publica una imagen en las redes sociales que dice "Si la vacuna COVID funciona tan bien, ¿cómo es que las personas vacunadas pueden seguir contagiando a los demás con la enfermedad?" La tía Sandra:

- A. Intenta ganar dinero
- B. Apela al miedo
- C. Crea una falsa dicotomía
- D. Inventa expertos



## Quiz 2: False information

C. Creating a false dichotomy.

Aunt Sandra is presenting only two options for an answer to her question, and both answers are false: either the vaccines prevent 100% of transmission, or the vaccines have totally failed.



# Collaborating with partners

- ✓ **Journalists/editors:** Educate (how safety data is calculated, key terms, etc.) to prevent or respond to sensational stories
- ✓ **Education sector:** Vaccine health literacy (like diet, exercise, etc.)
- ✓ **Health worker** (including health promoters, CHW): Communicate about vaccine risks and safety, what to expect
- ✓ **Academia, NGOs:** Social listening, fact checking
- ✓ **Communities:** Build trust, listen
- ✓ ...In addition to recommendations for crisis comms

**Thank you!**  
**Gracias!**  
**Obrigada!**  
**Merci!**

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