

DRAFT REPORT

WORKING GROUP ON VACCINES CONFIDENCE

Observations - Challenges- Strategies

6th Life Course
Immunisation Summit
2021-2022



Information Transporter Vectors

→ The trend of anti-vaxxers using social networks and platforms to spread their messages and fake scientific evidence intensified during the COVID pandemic, especially after the new vaccines were made available.

→ The uncertainty and the fear related to the pandemic have increased the people's need for information. The use of social media has become one of the principal sources of information and opinions, so people have been exposed more to fake news from untrustworthy sources.

→ People's attitudes and perceptions of vaccines as a part of public health surveillance can be achieved by social media-based text mining. Public health monitoring on social media has proven to be a powerful tool for analysis and political discussion on vaccination.

→ During the pandemic has been proved extremely important to track attitudes to restrictions and vaccines, identify and react to changes and dynamic shifts in the main social groups, and change our messaging accordingly.

→ The social platform had been extremely slow to contain fake information and conspiracy theories via their networks. They have finally taken a few reluctant steps later in the pandemic. Still, the way it has been done it had limited results and, in some cases, has fueled the suspicion that the "big" are trying to stop "independent voices".

→ People struggle to evaluate the credibility of the sources from which they are getting information to help them decide on health-related problems. We knew the issue existed before, but we didn't take steps to address it earlier, leaving people more exposed to fake information when they need more information, guidance and reassurance.

→ Using social media as a public health surveillance tool is relatively new territory. We need to be careful how to collect, evaluate, and analyse the information we collect. Various parameters must be taken into consideration. Not all people are active in social media and express opinions, even if many have accounts and monitor discussions without participating actively.

→ Rolling Sentiment Analysis and Behavioural Insights and Social Marketing Techniques are used by few healthcare authorities to predict future behaviour and develop effective strategies instead of reacting to already occurred changes. But not all healthcare authorities are prepared to use advanced tools.

Organisations, institutions, healthcare authorities and providers must become more active in using the social media platforms to communicate the scientific evidence and fact check the various arguments made by anti-vaxxers.

Communicating the Scientific Evidence Effectively on Social Media Platforms

STRATEGIES

Offer an Easy to Understand Way of Testing the Accuracy of Vaccine Information Online

We must offer people a meaningful and easy-to-understand way of translating and testing the accuracy of the information they receive. We need to protect the credibility of the institutions we want to become the most trusted source of information and make sure that the persons responsible for communicating this information are trusted beyond doubt by the broader society.

We must utilise social media monitoring tools to trace anti-vaccine discussions and arguments, allowing us to fact check them and respond in real-time. The priority must not be to change the opinion of hardcore anti-vaxxers but to limit the appeal of their arguments to people who read the discussion even if they are not actively participating.

Make Use of Social Media Monitoring Tools to Track and Counter Anti Vaccine Discussions

Flexible and Quick To Adapt Vaccine Campaigns and Messaging

Our campaigns and messages must become more flexible and easy to adapt to counter the anti-vaxxer's messages quickly in real-time. We must utilise the various techniques and prepare ourselves to be one step ahead and set the narrative.

Impact of the COVID Pandemic

→ A new fear has been added due to the novelty of the COVID vaccines, with some people being afraid that in response to the urgency of the pandemic, the usually slow and methodical process followed previously for the development of vaccines has been abandoned and, therefore, side effects and long term implications of the vaccines have not been studied thoroughly.

→ The COVID pandemic and following vaccination campaigns have hardened the hard end of anti-vaxxers. In their minds, vaccination is one more tool along with the social distancing and the various restrictions imposed by governments, which they consider an attack on personal freedom.

→ COVID 19 is a very tough test for vaccine confidence in general. We have a perfect vaccine, a target disease that is life-threatening and killing people, and we have public awareness to the absolute maximum level. Our performance in vaccination coverage will show us the ceiling for other vaccinations.

→ The COVID pandemic has revealed variations of vaccine hesitancy. It has proved that anti-vaxxers must not be considered a solid group but instead as many different groups, each having different attitudes, thought processes, and motives and therefore, different strategies must be applied.

→ Initially, not enough attention has been given to the information and education offered to GPs, especially pediatricians, on the COVID 19 disease. With COVID infection looking as having limited implications for children and being more a trivial disease, they couldn't justify to parents the risk associated with the vaccines' novelty.

→ Sentiments at the far end of the anti-vaxxers spectrum are now politicised and polarised, making it extremely difficult to change their views and attitudes by simply using scientific evidence and facts, leaving us with minimal tools and arguments we can successfully use.

→ We must not lose the momentum and immediately switch from COVID immunisation to a holistic approach protecting all against all vaccine-preventable diseases. It will be challenging after COVID, with people being tired of living under constant threat for so long to start talking about threats from other diseases. There will be a gap that could cause problems with vaccination rates.

→ For a significant percentage of previously considered anti-vaxxers has been proved that their attitude against vaccines was soft and the motive to get vaccinated and return to some normality of social life was stronger than their scepticism against vaccines. The challenge is how to keep them on the positive side for other vaccinations in the future.

GPs, frontline paediatricians and community pharmacists have the background to understand advanced information about the process, the trials and the safety data of the new vaccines and translate it to their patients. They must become our infectious diseases prevention ambassadors.

The Importance of Pediatricians, GPs and Community Pharmacists Becoming Infectious Disease Prevention Ambassadors

STRATEGIES

Prioritising Communication Target and Not Viewing All Anti Vaxxers as in the Same Group

We must prioritise our communication targets and stop considering all anti-vaxxers as one group having the same characteristics and sensitivities. The people in the middle ground must be our priority, who have fears, concerns and doubts often fueled by their lack of the tools and the knowledge to understand fast changes in the difficult field of health science.

We must now switch to communicating the importance of prevention through vaccination for all vaccine-preventable diseases, especially the seasonal ones for which vaccination must now become routine at the beginning of each season.

Attitudes and Acceptance Rates for Vaccinations are Often Interlinked.

We Must Avoid Viewing All Those Not Vaccinated As Being Anti Vaccine

We must avoid considering everyone not vaccinated as an anti-vaxer. Oversimplification could be harmful and could lead to losing people who could be persuaded to make the correct choices. From the vaccination records, we know the ones who made the decision late or have been reluctant. Dedicated communications campaigns could help them to remain on the right side.

Building Trust

→ The trust component is powerful in every aspect of vaccination. Public trust in the healthcare care authorities, the government, the healthcare professionals and the pharmaceutical industry affect a person's decision to get vaccinated and define the success of vaccination programs.

→ The role of Nurses and Midwives is crucial in the acceptance of vaccines. They are seen as a trustworthy point of information for patients; they build relations of trust, conform open discussion on concerns and fears with them, and are often more accessible than the physicians.

→ Vaccine hesitancy in parents regarding children vaccination is even greater than for themselves. It is very high even in parents with good knowledge of immunization and increased acceptance of optional vaccines, and new approaches are needed to address it.

→ Vaccine hesitancy among pregnant women is higher, with significant concerns over implications that could affect the fetus. They need more attention, care, and information to be persuaded about the vaccine's safety for the unborn child.

→ Even though in an ideal world, we would wish for all involved in immunization policies to be trusted by the public, the reality is that not all stakeholders are equally trusted by the public, with people questioning their motives. Advice offered by governments is often rebuffed based on political views.

→ The challenge is that we didn't invest in the education of nurses and midwives on infectious diseases and vaccinations, resulting in them not having the knowledge, skills, and tools to advocate and advise the patients. Some improvement has been made during the COVID pandemic, and we have to make sure that trained nurses will remain involved in the immunization programs.

→ Questioning whether a vaccine is necessary for a child is a risk assessment analysis made by the parent, who usually doesn't know the facts for doing it. It is challenging for the healthcare professional to build such trust that the parent will leave the assessment and subsequently the decision to trust his judgment.

→ Obstetricians' role is decisive for immunization during pregnancy. Pregnant women trust their doctors, and they will likely follow their advice. The challenge is that often obstetricians do not consider vaccinations as an integral part of their role and the protection of the mother and the child.

People often trust experts beyond their views and trust the organisation this person represents. Choosing the correct person or expert to communicate the facts and de-politise the scientific evidence is often a path to communicating efficiently.

We Must Identify The Trusted Person and Effective Communicators in Organisations

STRATEGIES

Ensure We Maintain and Increase HCP knowledge So They Remain Trusted Sources of Information

Frontline paediatricians, GPs, Nurses and pharmacists have acquired significant higher levels of knowledge on vaccines not by choice or a higher plan but by their need to answer asked by the patients. They must now become integral parts of the decision-making process.

They have a vital role in the process and are crucial in implementing a successful vaccination policy. Therefore, the first concern of policymakers must be how to train, be involved in the decision-making process, and engage in the implementation of frontline healthcare professionals.

Incentivising and Equipping HCPs to Help Parents Understand and Translate the Information They Receive to Make the Correct Decision

Infectious Diseases Prevention Through Vaccination Must Become a Priority for All Specialists

Physicians of other than infectious diseases specialities should stop considering vaccinations out of their scope and field. Spreading education on vaccinations across all specialities is crucial to ensure that every physician will advocate vaccinations in every consultation.

Hesitancy

→ Vaccine hesitancy is behaviour influenced by many factors, and COVID helped us understand the complexity of confidence. We must define the various groups based on the primary factor that drives their hesitancy and develop targeted strategies for each; Personal fear, suspicion of conspiracy, letting others take the risk first attitude etc.

→ People's choices are often influenced by their sense of duty and responsibility to their social circles or networks and their commitment to them. The obligation to protect my primary family circle, the responsibility to my extended family and friends circle, the duty to my community and finally, the commitment to my country affect decisions.

→ Anti-vaxers arguments and polarised discussions are not always limited to the COVID vaccines but trigger broader debates doubting the value of vaccination in general and other vaccines. It is uncertain how many of these doubts will remain after the pandemic and how they will affect decisions for other vaccine-preventable diseases.

→ There is no clear cut between the various groups, and hesitancy is often more personal, with more than one factor contributing to a decision. Other factors must be added to the equation, such as social determinants, culture and socio-economic backgrounds, to help define the groups as clearly as possible so that strategies will be more effective.

→ The approach must take into consideration cultural and social characteristics. There are societies in which devotion to family is more robust to duty against the whole community and the country. In contrast, in others, the family bonds are weaker than the social responsibility and the greater good.

→ Undoubtedly, increased interest in the pandemic has pushed more people to search for information. As a result, more people have been exposed both to credible information about vaccines and to the arguments made by anti-vaxxers. Anti-vaxxers have found themselves with a greater stand than before, with more people paying attention to reasons unrelated to anti-vaxxers' strategies.

Hesitancy

→ How people assess risk in their thought process and what data they use is decisive for vaccinations. Considering the perceived immediate risk of taking a vaccine that is not adequately tested against the possibility of being infected sometime in the future by a disease that possibly will only have mild symptoms is the equation that drove the hesitancy.

→ Vaccination is one of the very few medical practices for which people feel they have the right to their personal opinion and choice, which doesn't correspond with the fact that if they get infected, and in need of hospital care, they expect the healthcare systems will offer it even if in times of health systems constraints that would limit the services to people who made different choices.

→ Healthcare professionals' hesitancy, especially those in primary care, often drives patients' hesitancy for COVID vaccinations. Initial doubts and lack of knowledge on the vaccine safety during pregnancy or for patients with chronic conditions have caused a wait to see approach resulting in patients' advice to delay their vaccination until other people have been vaccinated and more data are collected.

→ Future risk versus immediate risk perception is challenging to address. The fear of the unknown, the fear of change, the lack of evidence, and the ability to process data drive aversion to perceived risks. When the disease spreads and reaches a person's close social cycle, often experiencing severe disease implications, it changes the balance of the risk equation.

→ The health systems' limited capacity and resilience in times of pandemics have raised several important ethical issues to be addressed. Should personal choices define how we prioritize our resources and capacity when availability is scarce? When does a personal choice that could end up in the public health system stop being personal and becomes public?

→ There is a significant difference in the level of education, information and real-time facts that a healthcare professional working in a hospital facility compared to the primary healthcare physicians. The problem is that most patients are only in touch with the primary care and not with the hospitals. Early Decisions made based on the doubts or the uncertainty of their provider are tough to change later.

The various factors that contribute to hesitancy offer a clear guide not only for the paths and the messages we must use to communicate efficiently but also a clear map of the inequalities in education. We must follow a step by step approach, identify the source of hesitancy for each group, and work beyond instant messaging.

Developing Strategies That Counter the Factors that Contribute to Hesitancy Within Each Group

STRATEGIES

Education on health literacy and prevention must become an integral part of our education systems. Starting education on health prevention early through schools and during childhood and continuing during adulthood through various channels such as the workplaces, we will empower people to make their own decisions based on scientific evidence.

Fighting Misinformation Through Education on Health Literacy and Prevention

Ongoing Vaccine Immunisation and Communication Skills Training for HCPs

Frontline healthcare professionals need continuous training on infectious diseases, immunisation and communication skills to become the primary source of information for their patients. The more they know and understand about vaccine-preventable diseases, the easier it will be to make their own decision on getting themselves vaccinated first and then explain it to patients if they have any questions.

We must avoid softening the consequences of the infection for political gain in the short term. Pressure on policymakers is significant, and no one wants always to be the bearer of bad news. The scientific community must communicate the real consequences of the disease openly. Real-life examples often help people to assess risks at a personal level.

The Scientific Community Communicating the Real Consequences of the Disease

Communication strategies must become more targeted and clever. Different people in different countries and social groups have different priorities and respond to other messages. Communication campaigns must become more innovative and targeted.

Vaccine Communication Strategies Must Become Targeted Per Country and Social Group

STRATEGIES

Communicating the Wider Implications and Consequences on Health Services Provided Due to Low Uptake

The broader implications of the COVID pandemic to patients suffering from other conditions such as facing delays in admission, lower quality of services due to the provider's constraints, fewer resources made available to them, or avoiding admission due to their fear of being infected in the hospital must be made clear to all people so that they understand all the wider consequences their decision has.