

Webinar: crisis communication for vaccine safety

18 February, 2021

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PAHO/WHO



OPS



WEBINAR

**Crisis communications for vaccine safety –
Comunicación de crisis relacionada con la seguridad de las vacunas**

Crisis communication related to vaccine safety: general features and preparation phase

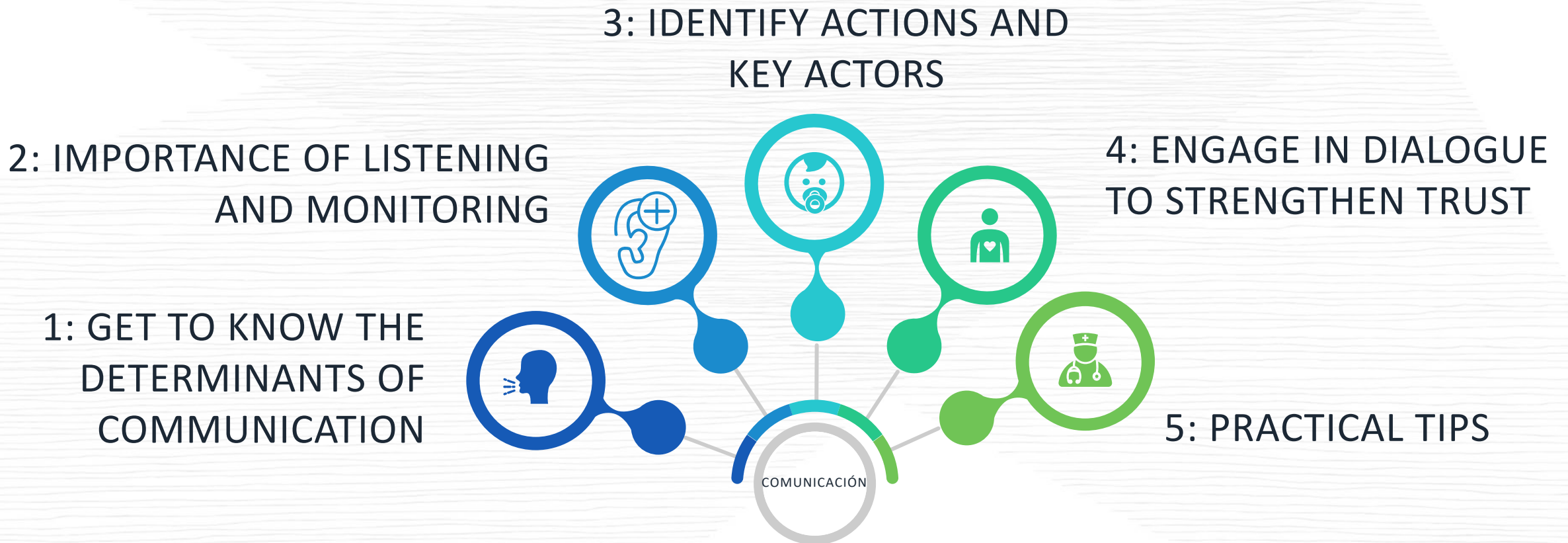
All good responses to a crisis begin with good preparation

Maria Bertoglia, MEpi
International consultant PAHO/WHO

PRESENTATION OBJECTIVES



GENERAL FEATURES OF EFFECTIVE COMMUNICATION AND PREPARATION PHASE



Vaccine crisis management: communication goals



Help maintain and strengthen **TRUST** in vaccines and vaccination between the public and authorities.



Build dialogue based on **BIDIRECTIONAL COMMUNICATION**, listening and promoting direct feedback to achieve better population health outcomes.



Every crisis is also an **OPPORTUNITY** to improve internal processes and consider **LESSONS LEARNED** to strengthen the immunization program.



ADAPT the communication strategy to each context, considering local **DETERMINANTS**, differences in risk perception, and specific cultural elements.



PREPARATION PHASE: KEY ACTIONS



Get to know the evidence

- Understand the determinants of communication.
- Monitor public perceptions.



Engage with key actors

- Identify collaborators and obstructionists.
- Create a list of key stakeholders.



Establish response mechanisms

- Training.
- Prepare messages.



Inform the public to build resilience

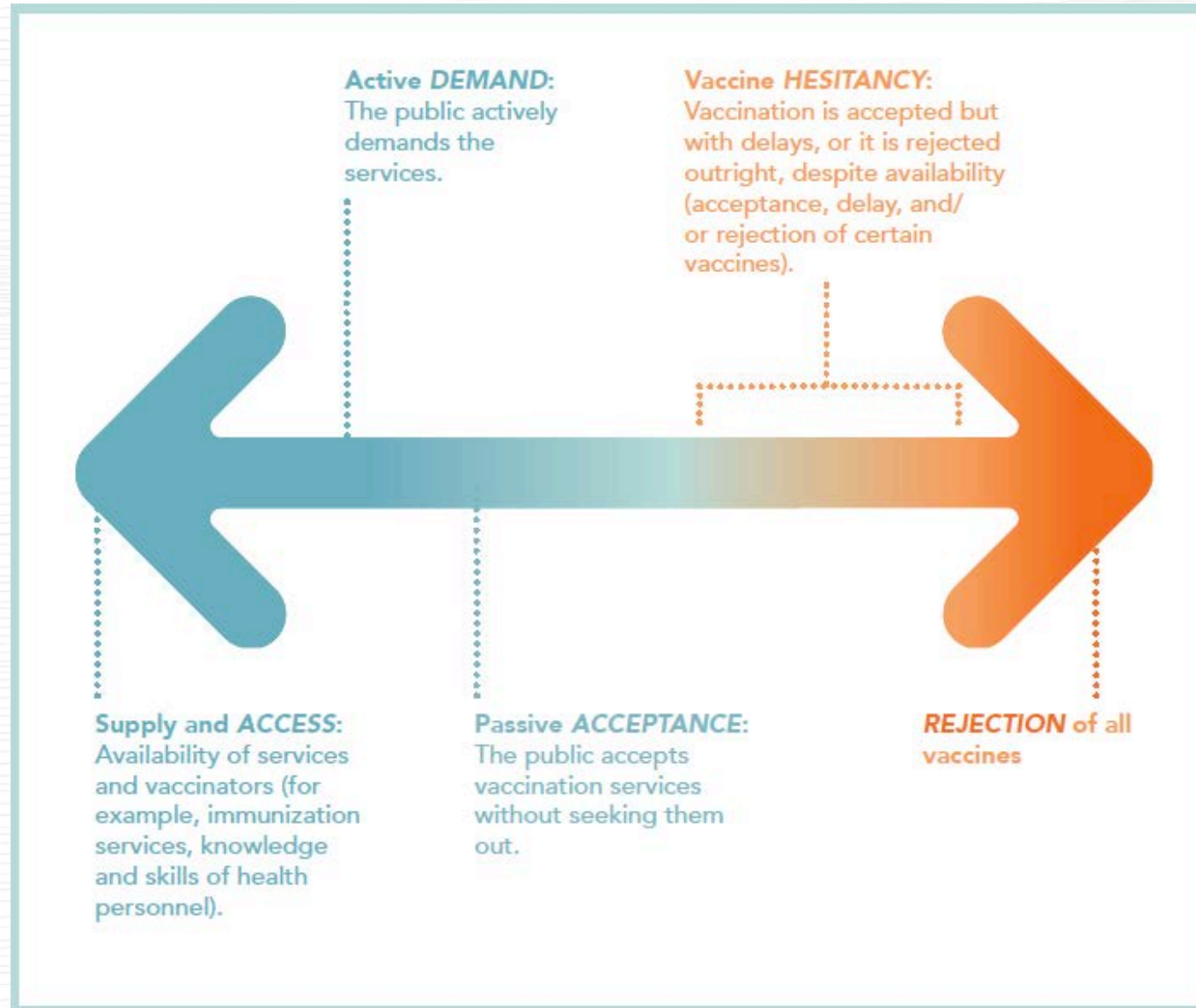
- Raise awareness about the benefits and risks related to immunization and vaccine-preventable diseases.



Monitor and evaluate

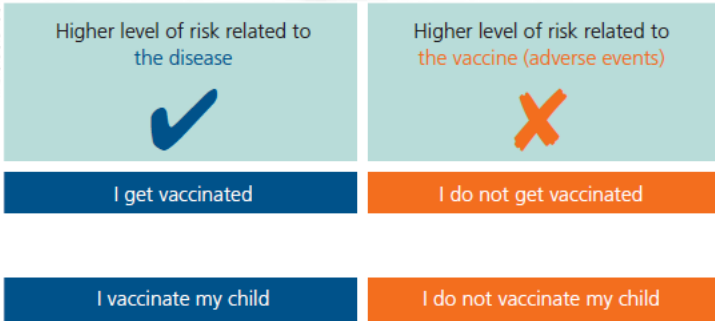
- Understand the event.
- Classify the event.
- Identify and design a communication response and performance indicators.

The Vaccine hesitancy spectrum: knowing whom to target with communication activities



RISK PERCEPTION AND THE DECISION TO VACCINATE

FACTORS THAT AFFECT INDIVIDUAL RISK PERCEPTION



CONFIRMATION BIAS

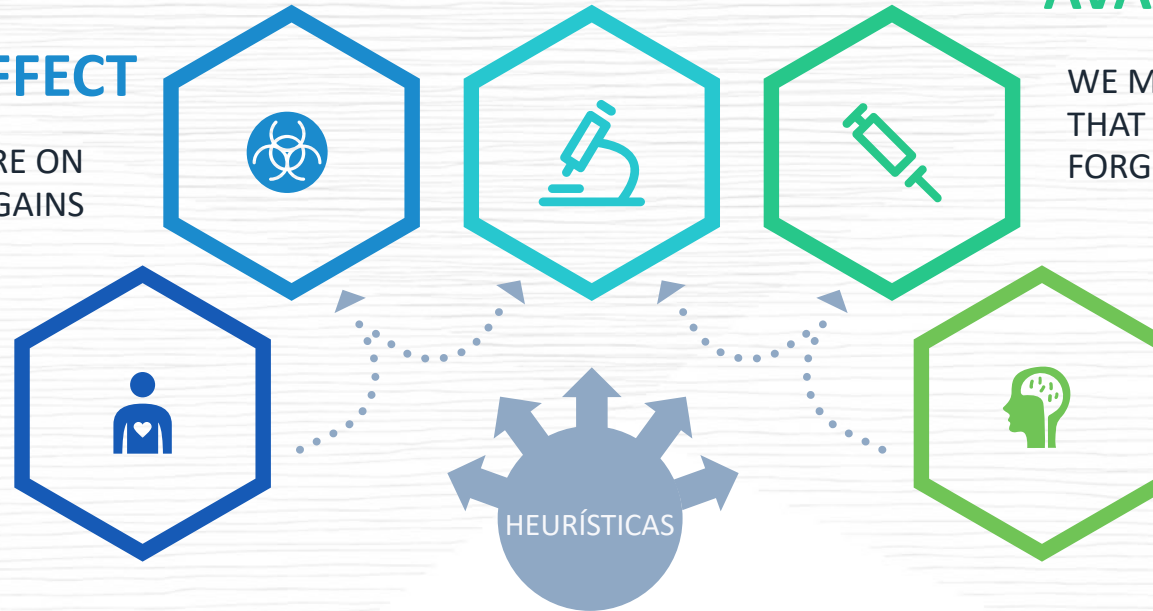
WE ARE MORE LIKELY TO TRUST MESSAGES THAT SUPPORT OUR CONCLUSIONS

AVAILABILITY HEURISTIC

WE MAKE DECISIONS BASED ON FACTS THAT COME TO MIND IMMEDIATELY, FORGETTING DISTANT ONES

SAFETY EFFECT

WE TEND TO FOCUS MORE ON LOSSES THAN GAINS



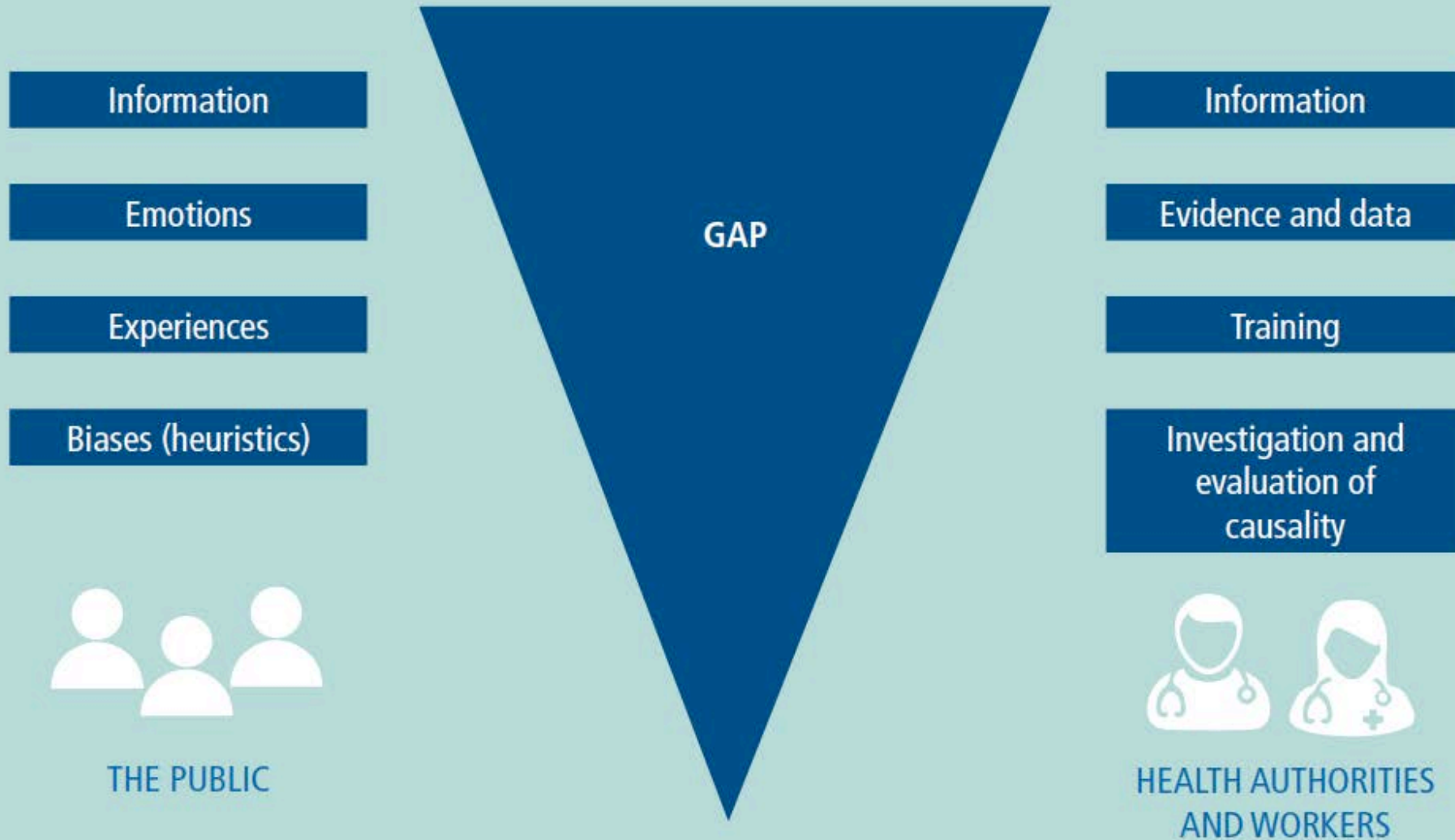
AFFECTIVE HEURISTIC

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

ANCHORING HEURISTIC

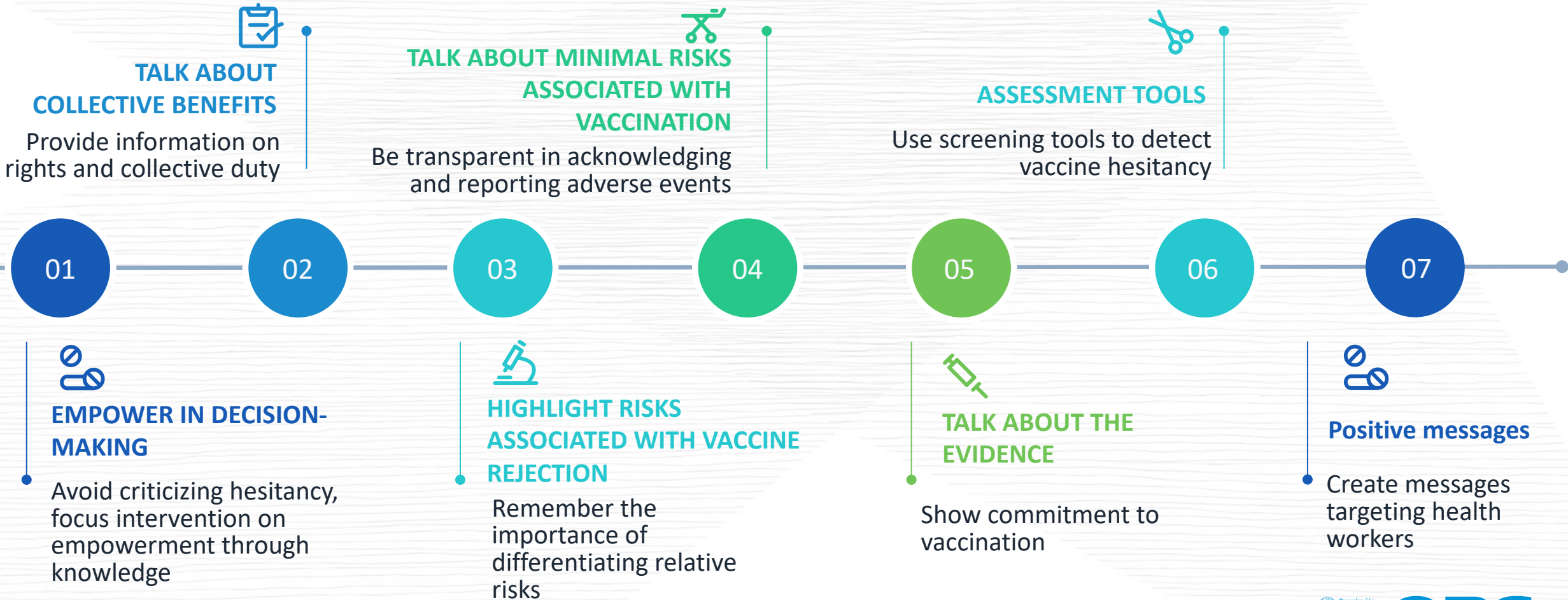
WE TEND TO BASE OUR DECISIONS ON FAMILIAR OPINIONS

THE RISK PERCEPTION GAP



WHEN THE GAP AFFECTS HEALTH WORKERS

HOW TO OPTIMIZE COMMUNICATION WITH HEALTH WORKERS



MONITORING PERCEPTIONS ABOUT SAFETY

RELEVANT METHODOLOGICAL ASPECTS



OBJECTIVES

Precises, to understand public perception



PUBLIC

Define the public, consider sampling



COSTS

Associated costs, evaluate financing alternatives



FEASIBILITY

Analyze time needed and methodology



ACCEPTABILITY

Quantitative or qualitative methodologies



ETHICS

Ethical research issues



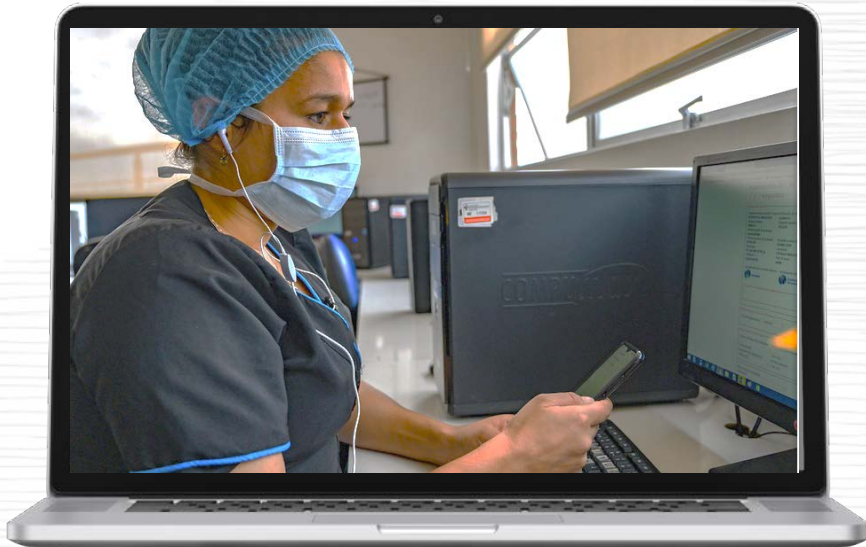
VALIDATION

Validate messages, formats and channels



PRESENTING

Reports for each audience



RESEARCH AND MONITORING TOOLS

EXAMPLES OF AVAILABLE TOOLS



Press summaries

Daily.
Non-exhaustive.



Opinion polls, questionnaires

Sensitive information, hard-to-reach populations.
Costs and personnel.



Scientific research

Various methodologies.
Costs and personnel.



Rumour monitoring

High sensitivity.
Time-consuming, low-impact signals.



Social media monitoring

High sensitivity.
Time-consuming, low-impact signals.



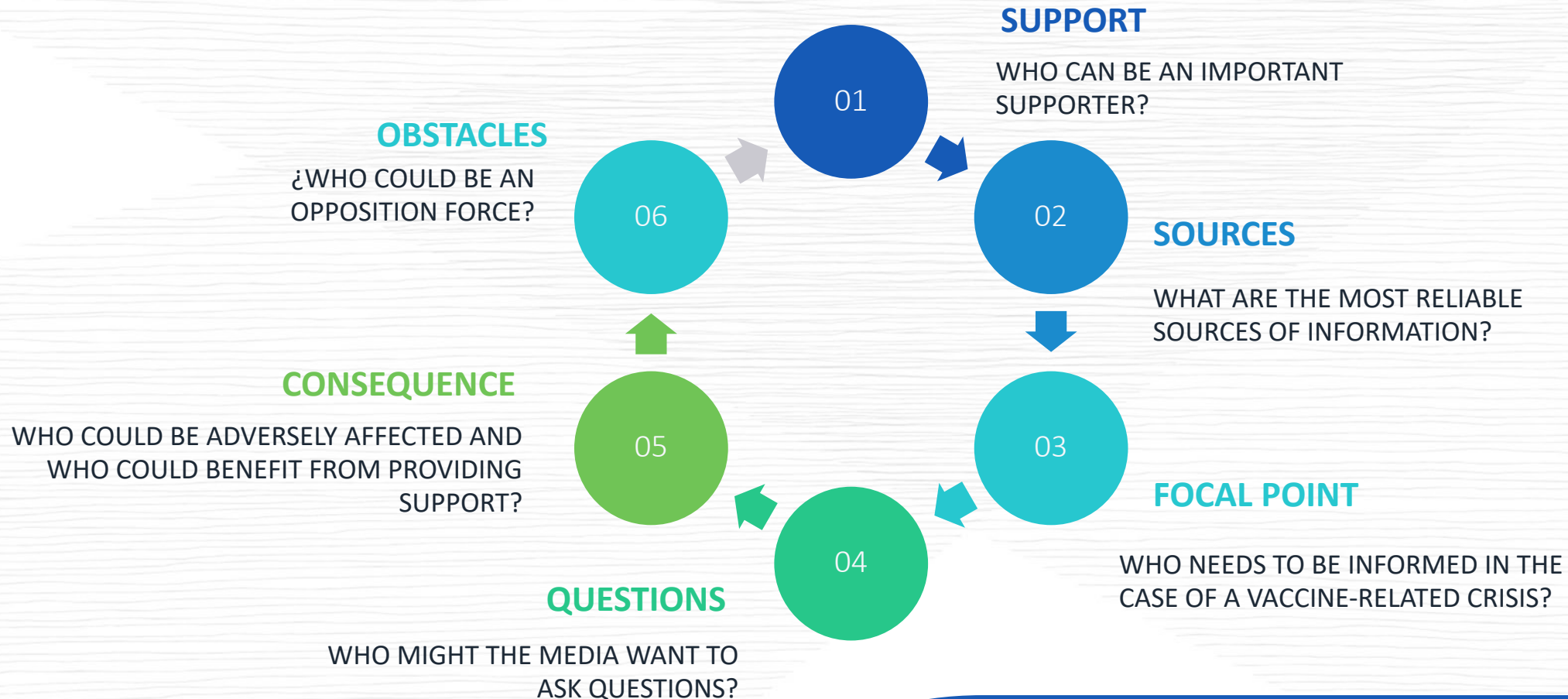
Information HWs

Existing capacity, low cost.
Could distort perception.



WORK WITH KEY ACTORS

QUESTIONS TO IDENTIFY KEY ACTORS



It is fundamental to build robust relationships before the crisis. Once the crisis happens, it is no longer an ideal time to initiate new relationships.

COORDINATION MECHANISMS

ESTABLISH INTERNAL COORDINATION MECHANISMS



PREPARE THE MESSAGES



DESIGN AND SHARE AMONG MEMBERS.

INFORME THE PUBLIC AND BUILD RESILIENCY



RAISE AWARENESS.

BUILD KNOWLEDGE ON RISKS AND BENEFITS.



1

2

3

4

5



TRAIN PERSONNEL

INCLUDE SPOKESPERSONS AND HWs REPRESENTATIVES AS MEMBERS OF THE COMMUNICATION GROUP.



UNDERSTAND THE MEDIA

NATURAL PARTNERS.

UNDERSTAND HOW THE PRESS WORKS AND WHICH COMMUNICATION CODES THE USE.



MONITORING AND EVALUATION

MONITOR EVENTS.

Key trust-building elements

Competence	Demonstrates knowledge to manage a crisis.
Objectivity	The information and actions to manage a crisis should not be affected by conflicts of interest.
Transparency	It is fundamental for communication to be transparent, honest, and open. Facts should not be hidden.
Inclusivity	Consider all relevant opinions.
Consistency	All communication strategies should be coordinated and aligned and consider contextual and cultural differences.
Empathy	Dialogue should be bidirectional, considering concerns about vaccine safety and focusing on individual and population well-being.

UNDERSTAND THE MEDIA

NATURAL PARTNERS FOR FACILITATING DIALOGUE WITH THE PUBLIC



FUNCTIONING

- Factors that cause a fact to be considered newsworthy
 - Characteristics
 - Subjective attitudes
 - Strategies



COMMUNICATION CODES

- Each type of media has its own communication codes



OBJECTIVES

- Timely information
- Official positions
- Appealing, clear and truthful messages
- Key images, figures, testimonies
 - Clarification of rumors
 - Correcting mistakes

In addition to reporting, the media help to modify attitudes or behaviors and promotes social mobilization.

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MEDIA



- Coverage
- Images (national laws)
- Impact
- Body language

TELEVISION

- Immediacy
 - Reach
- Low cost
- Interactivity
 - Live

RADIO

- In-depth reports and analytical articles
 - Digital
- Final editing

PRESS



FACEBOOK

- Parents
- Dialogue
- Frequently updates its algorithms

TWITTER

- Real-time
- Journalists

VACCINE SAFETY NET

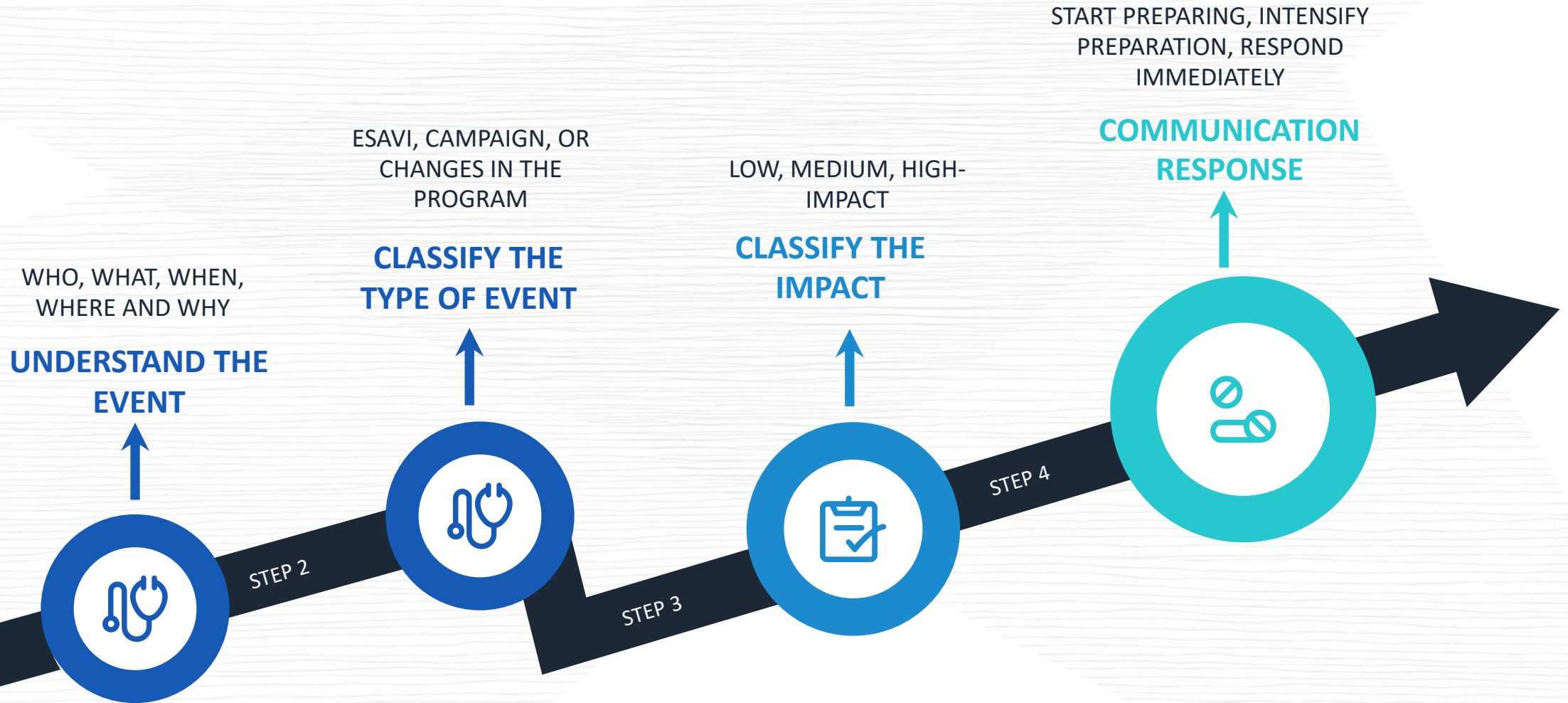
- Repository of validated sites
- WHO



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PROCESS FOR RESPONDING TO AN EVENT

SUMMARY OF THE PROCESS FOR AN ADEQUATE RESPONSE



EVENT

Events Supposedly Associated with Vaccination or Immunization (ESAVI)



DEFINITION

Any unexpected health situation: unfavorable or unintentional symptom, abnormal laboratory finding, symptom or disease

Impact level

Low: not serious, or not relevant in the context

Medium: Serious, relevant

High: Serious, unknown, media attention, dramatic, cluster, vulnerable groups

Key actions

- Be prepared (messages, spokespeople)
- Expect anxiety and public insecurity
- Transparency
- Monitoring
- Changes in the immunization program

EVENT

Campaign, change in the immunization program

DEFINITION

- Introducing a new vaccine
- Replacing a vaccine
- Vaccination campaigns
- Suspension or temporarily recalling

Impact level

Low: small changes in formulation, no media or public attention

Medium: Vaccine replace, with no or very little public attention

High: Negative media coverage, public concern, reasons not understood, cultural sensitivities, change related to vaccine safety



Key actions

- Carefully explain the reasons for the changes
- On suspension or temporary withdrawn, clarify that is a precautionary measure
- Pandemic vaccines should always be considered new vaccines (flu subtype)

EVENTO

Publications, debate on vaccination

DEFINITION

- Scientific publications
- Unconfirmed rumors
- Personal stories on social media
- Critical articles
- Critical scientific studies

Impact level

Low: Little to no public attention, does not raise concerns or fears, not plausible

Medium: Some public attention, promotes some concern and fears, plausible story

High: significant attention and triggers fears, large audience, credible and influential source vulnerable groups, during changes in the program



Key actions

- Debates are common, evaluate if a response is needed
- Unreliable scientific research are not infrequent. They often do not generate public reactions
- Response must consider risk perception gap emotional aspects

What is the main objective on communicating the public on a crisis related to vaccines?



Be prepared for a crisis. It will happen.

A crisis can harm public TRUST on vaccines and vaccination.

The main communication objective in a crisis related to vaccine safety is to build, keep or rebuild TRUST on the importance of vaccines and the benefits of vaccination and immunization.

Risk communication and vaccine crisis management

Exercise 1

Case study: 1

COVID-19 vaccine introduction in country A

During a vaccination campaign to vaccinate health workers in country A, you receive a report that a HW has died just a few days after receiving his COVID-19 jab.

Case description

Sex: Male

Age: 64

Profession: HW

Comorbidities: Hypertension; experienced myocardial infarction six months ago

Response mechanism:

You are part of the national communication task force on COVID-19.



The Squint

THE ALL-SEEING NEWSPAPER



High Impact

Nurse dies after being vaccinated

By Juan Presa

In shock: The Montes Grises community woke up after the news that Manuel Facundo Vera had died in the last hours. The health professional would have been vaccinated a few days ago. His sister, Teresa, indicated that immediately after the vaccine he would have felt feverish and somewhat tired.

No conclusive answers have yet been obtained from the authorities regarding the relationship between these events. The fear around vaccines has gripped the entire Puerto Alto region.

DESIGNER MASKS

.....

NEW EMPLOYEES

.....

Breaking News



Context

Two hours after having received the first report

Second report

You receive a second report regarding the death of another person following COVID-19 vaccination.

This time, a 90-year-old resident of a long-term care facility passed away.

Vaccination

Both men had received the same vaccine product from the same batch, however, in two different vaccination spots.

Impact

You receive messages expressing concern and are worried that these events will have an impact on the current mass immunization campaign as well as potentially routine immunization, including influenza vaccine campaigns.

History of 2 vaccinees

1. 64 year-old HW, history of HTN and uncontrolled diabetes; experienced myocardial infarction 6 months ago.
2. Elderly man and resident in long-term care facility; 90 years old; multiple comorbidities. At time of vaccination, presented symptoms of pneumonia.

Let's answer some
questions together

Questions for Zoom



Question 1:

What type of event are we facing? (use the impact algorithm)

- **ESAVI**
- Mass vaccination campaign or change in the immunization programme.
- Public debate or critical publication.

Question 2:

What impact level are we facing?

- Low
- Medium
- **High**

Question 3:

Which actions would you implement?

- Use the messages prepared in the Preparedness Phase and prepare spokesperson(s).
- Be ready to respond to population concerns.
- Be transparent in your communication and communicate with the public about what you know at this stage.
- Monitor both public opinion and how the public reacts to your communication response.



Thank
you!

Phase II: Responding to a vaccine crisis

Katharina-Sophia Dolezal

Co-author of “Crisis communication related to vaccine safety: Technical guidance”

Objectives of this presentation



1. Introduction to the main elements and steps of crisis response and how to implement a crisis response plan.
2. Key trust-building elements while responding to a crisis.
3. Key messages: COVID-19 vaccine introduction and roll out.

What is the main objective when responding to a vaccine crisis?

The main communication objective and goal when responding to a vaccine crisis is to build, maintain and/or restore trust in vaccines, vaccination and in the authorities delivering them.

PHASE 1: PREPARATION		PHASE 2: IMPLEMENTATION		PHASE 3: EVALUATION	
Get to know the evidence	<ul style="list-style-type: none"> Understand the determinants of communication about vaccination safety Monitor public perceptions 	Coordinate and commit	<ul style="list-style-type: none"> Bring together the response group Share information 	Evaluate	<ul style="list-style-type: none"> General feedback Evaluate the work of the actors Evaluate relationships with the public
Contact key actors	<ul style="list-style-type: none"> Identify collaborators and obstructionists Create a list of actors 	Create the response and implement the communication strategies	<ul style="list-style-type: none"> Identify the key audiences Define the communication goals Adapt the messages Select the media outlets 	Share the lessons learned	<ul style="list-style-type: none"> Identify good practices Prepare a report with the positive and negative elements
Establish response mechanisms	<ul style="list-style-type: none"> Train personnel Prepare the messages 	Share the information	<ul style="list-style-type: none"> Prepare the spokespersons Inform the public Inform the media 	Revise the crisis communication plan based on lessons learned	<ul style="list-style-type: none"> Incorporate a correction plan to optimize the response in the future
Inform the public to build resiliency	<ul style="list-style-type: none"> Raise the population's awareness about the benefits and risks related to immunization and vaccine-preventable diseases 	Monitor and continue the response	<ul style="list-style-type: none"> Monitor public opinion Monitor the media Ongoing response 		
Monitor and evaluate events	<ul style="list-style-type: none"> Understand the event Classify the event Identify and design the communication response and indicators 				

Responding to a vaccine crisis

Response phase: key actions



Coordinate and
commit



Create the response plan
and implement
communication strategy



Share the information



Monitor and continue
the response

Coordinate and commit



Action I: Gather the response group

- Gather all relevant stakeholders
- Meet regularly and keep each other informed throughout the entire crisis

Action II: Share information

- Define information sharing mechanism
- Create a two-way communication stream: you inform stakeholders and let them inform and update you

Create the response plan and implement communication strategy



Action I: Identify the key audiences

- Who are the most affected by the crisis?
- Who could serve as an active influencer?
- Who are other groups of stakeholders that may help you influence the situation positively?

Action II: Define communication goals

- Define your comms goal.
- Define objectives.

Action III: Tailor/adapt messages

- Draft messages according to comms goals and objectives.
- Think about your key audiences and what you would like them to retain?
- Include risk/benefit communication.
- Tailor messages should to target audience.

Action IV: Select communication channels

- How can you reach your target audiences best?
- Think about tools available.
- Think about appropriate channels.

Share information

Action I: Prepare the spokesperson

- Make to that spokespersons are trained in vaccine safety and crisis comms.
- Understand the media's agenda.
- Understand who else will be interviewed, for how long and what channels will be used.
- Simulate possible scenarios.

Action II: Inform the public

- Understand the public's KAP, behaviour and concerns.
- Make sure communication is evidence-informed and tailored to the needs of target populations.
- Try to ensure that all stakeholders speak with one voice.

Action III: Inform the media

- Use network of trustworthy journalists and media channels.
- Maintain regular contact with media and share information.

Monitor and continue the response

Action I: Monitor public opinion

- Conduct rapid analysis (e.g. survey, chat, hotline) to obtain an understanding of the knowledge, attitudes, beliefs and concerns of public.
- Make sure to also gather information from health workers.
- Establish mechanism to capture this data.
- Make sure to have a mechanism in place to catch rumours.

Action II: Monitor the media

- Monitor what the media is publishing and how this influences public opinion.
- Make sure to work with journalists and other trustworthy sources. These can be your allies and help you influence the situation positively. Your contacts may be able to reach your target group.



Make sure to base your communication and active response on the results from these monitoring activities.

Good communication is always tailored to the needs and concerns of people.



**Building trust during
a crisis**

KEY ACTIONS IN A NUTSHELL



Activate your stakeholders

Start collaborating with partners and key stakeholders before a crisis hits. Activate this mechanism once you are in a crisis.

- Consistency
- Professionalism
- Credibility



Respond immediately

Be the first one to respond (both internal and potentially external response).

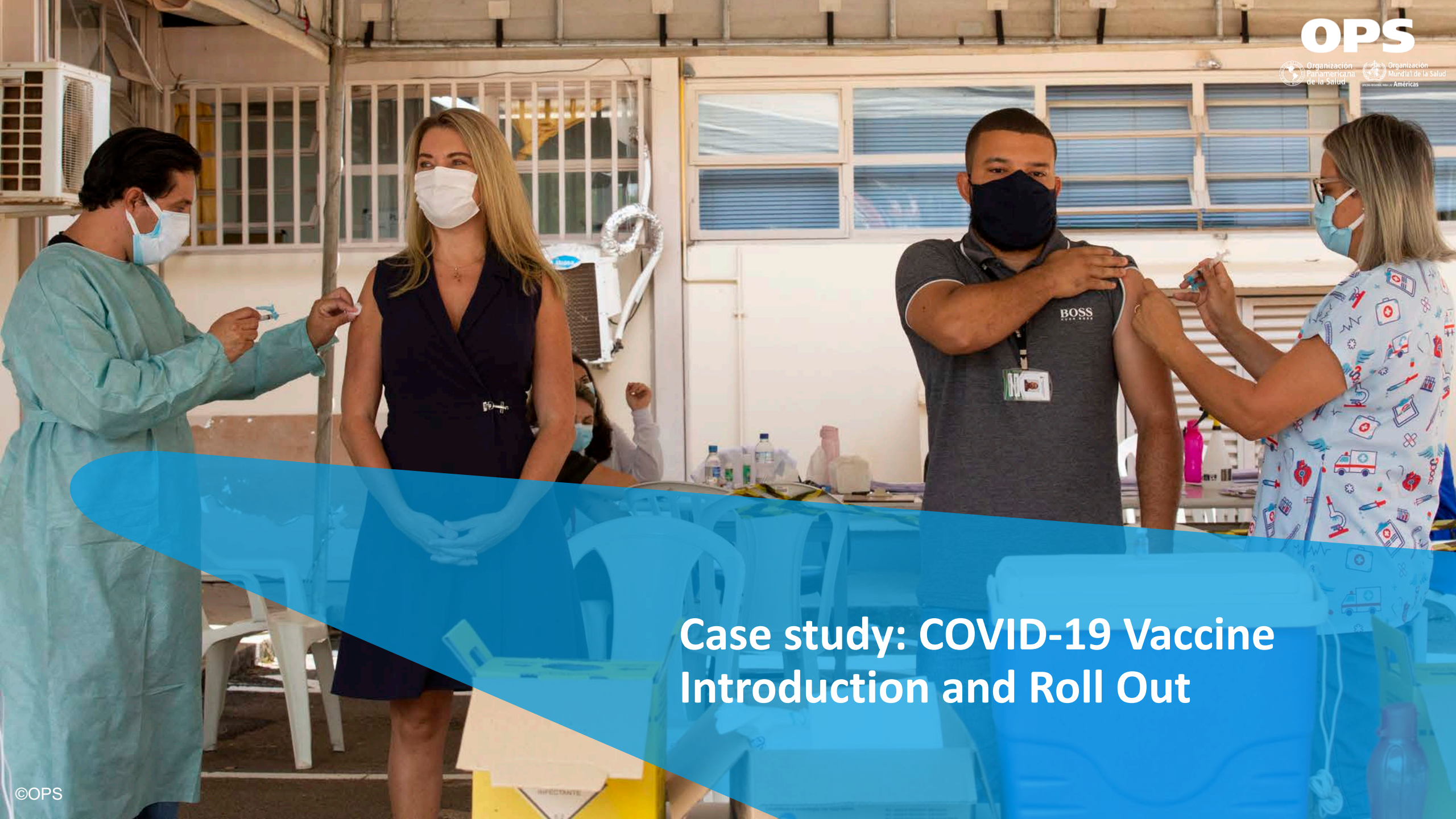
- Professionalism
- Visibility
- Transparency



Monitor public opinion

Define key audiences and monitor their perceptions and concerns about vaccines. Tailor comms strategy accordingly.

- Credibility
- Impartiality
- Empathy



Case study: COVID-19 Vaccine Introduction and Roll Out

Key message:

A strong programme is a driver for acceptance



Vaccine acceptance relies on strong vaccine introduction and deployment overall.

Successful planning and distribution based on an appropriate legislation framework will be a driver for uptake; a weak deployment will be a barrier.

easy, equitable and safe access to vaccination

appropriate transportation and storage to preserve the safety and effectiveness of the vaccine

surveillance and strong systems for detection and rapid response to safety signals

a well-prepared and trained health work force as well as clear

well-argued prioritization of recipients and distribution plans.

Key message: Prepare for safety event



- **Rarely has a rapid, coordinated and impactful response to vaccine safety signals been more important**
- Vaccinating risk groups increases the risk of a coincidental event
- Mass vaccination in new arenas (+ characteristics of vaccine) increase risk of immunization error
- Some population concerns about vaccine safety
- Massive global population and media focus and interest
- Vocal vaccine deniers ready to use any event to share concerns
- Event in one country may affect vaccine acceptance and uptake regionally and globally

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**.



Thank
you!

Risk communication and vaccine crisis management

Exercise 2

Case study 2

COVID-19 vaccine procurement in country A

During the planning phase of COVID-19 vaccine introduction in Country A, you are notified that the bilateral agreement with Country B to procure a certain amount of doses has been successful signed and endorsed.

Case description

However, on the next day, a well-known and well-read local newspaper publishes an article criticizing the product to be of “low quality and low effectiveness as it was produced in Country B.”

Response mechanism:

You are part of the national communication task force on COVID-19.



The Squint

THE ALL-SEEING NEWSPAPER



Breaking News

the end of news?

MY NEWS ARE BETTER
THAN YOURS

.....

BUY YOUR OWN TRUTH

.....

NOBODY REALLY CARES

.....

Concern for vaccines from Arstotzka and Kolechia

by Juan Presa

Concern about the quality of the vaccines that would be arriving in the country increased when it became known that some of the shipments correspond to the Popevac vaccine, manufactured in the Arstotzka and Kolechia Republics after the binational cooperation agreement signed last year. The quality of these vaccines is in question after a report that examined the manufacturing conditions in one of the laboratories in Arstotzka's capital.



Context

Two hours after having been notified about the article

Notification

Hotlines established at the Ministry of Health start receiving hundreds of calls expressing concerns regarding the procured products.

Social media

Some influencers on social media start posting about not having the intention to get vaccinated, should this product be used.

Impact

Given the impact this event may have on the level of trust in vaccination and the authorities delivering them, you wish to take action immediately to restore trust and ensure a smooth roll out of COVID-19 vaccines in Country A.

Let's answer some
questions together

Questions for Zoom

Question 1:

Which key messages would you share with the public?

- To downgrade other countries does not correspond to the behaviour of intelligent people.
- COVID-19 vaccines are safe and effective. They have been approved by the National Regulatory Authority. All COVID-19 vaccines introduced in this country have passed rigorous clinical trials look at both safety and efficacy to protect against severe COVID-19 infection and death.
- We have to understand that the population may be concerned. However, we can assure that that we communicate in a transparent and open manner and will share the safety and efficacy data with the population. The vaccine procured is safe and effective.
- Every medical intervention bears risks. The population needs to simply accept this to end the pandemic.



Question 2:

Which communication channels would you use to disseminate these messages?

- The local newspaper in which the article was first published.
- Television, newspapers and local gazettes.
- Radio
- Social media channels.
- Official website of the government and other trusted sources of information.



Thank
you!

Crisis communication related to vaccine safety Tools to strengthen Global and Regional Surveillance of ESAVI/AEFI

Closing remarks

Desirée Pastor
Immunization Regional Advisor
Immunization Unit
PAHO/WHO



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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.

ESAVI SURVEILLANCE TOOL DIAGRAM

THE FOLLOWING TOOLS ARE PART OF THE ESAVI REGIONAL SURVEILLANCE SYSTEM



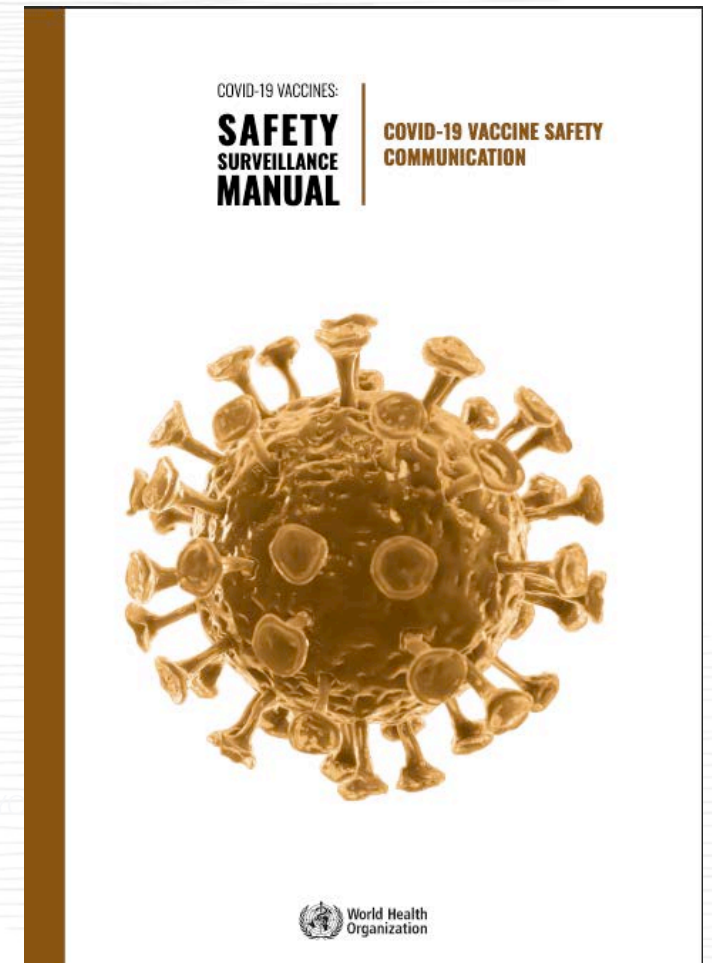
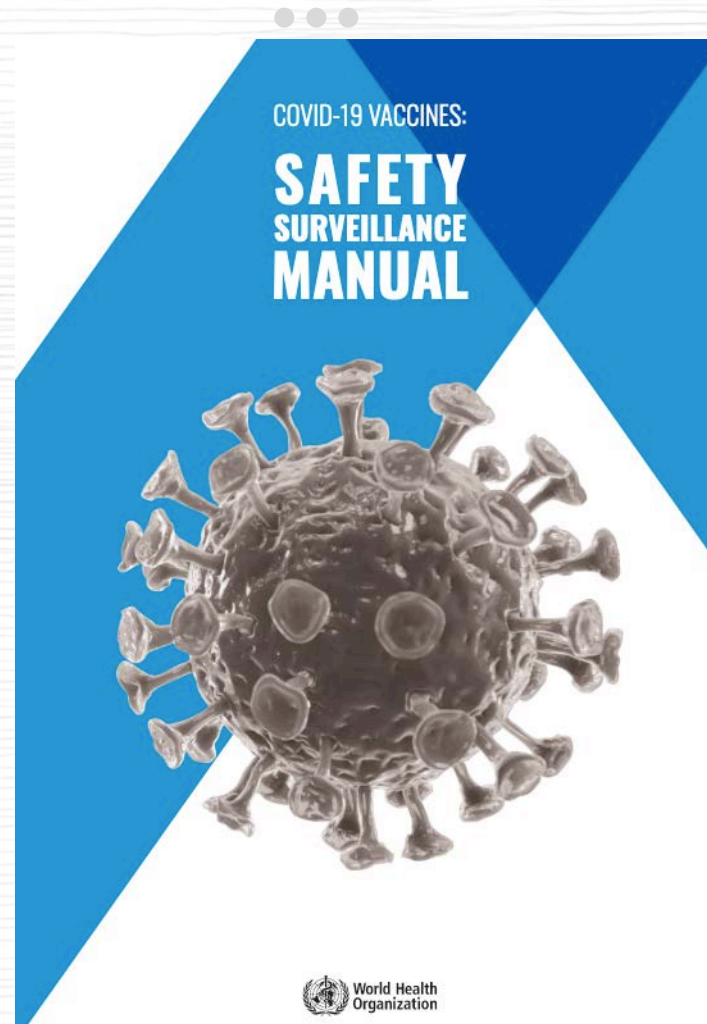
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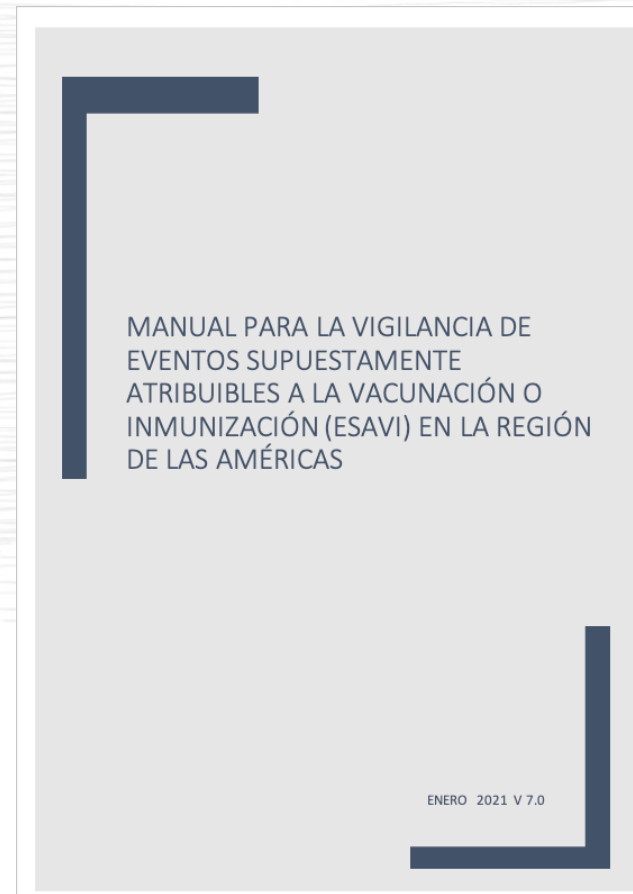
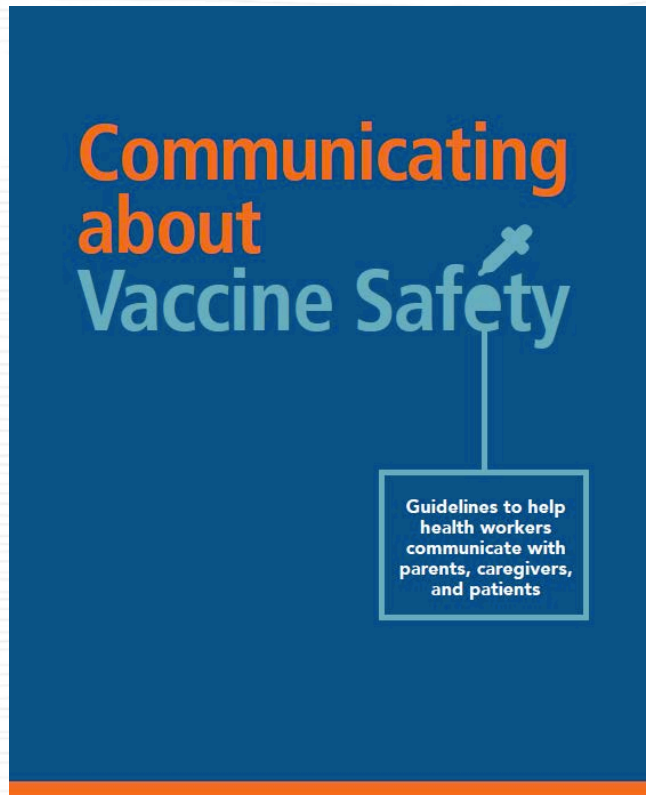
AVAILABLE TOOLS

COVID-19 Vaccines: Safety Surveillance Manual

- 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 to support health workers communicate with parents, caregivers, and patients
- Webinar: tentative date march 2021
- 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

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Vacunas contra la COVID-19: Actividades de comunicación y participación de la comunidad
Lista de verificación y plantilla para la planificación nacional

Resumen

Las vacunas seguras y efectivas contra la COVID-19, una vez que estén disponibles, serán una herramienta valiosa para manejar la pandemia de COVID-19. La introducción de las vacunas contra la COVID-19 planteará una serie de oportunidades y de dificultades técnicas, operativas y políticas a nivel nacional, regional y mundial. La ejecución de actividades de comunicación y participación de la comunidad para apoyar el despliegue de las vacunas contra la COVID-19 será una tarea esencial, compleja y desafiante para los ministerios de salud y sus asociados. Las actividades de comunicación y participación de la comunidad deben comenzar de inmediato para manejar las expectativas, en particular en torno al suministro y la disponibilidad de vacunas en las primeras fases del despliegue y la preparación del público para la introducción.

Este documento está dividido en las siguientes secciones:

- SECCIÓN 1: una lista de verificación de los componentes esenciales de un plan nacional de comunicación y participación de la comunidad relativo a la vacuna contra la COVID-19;
- SECCIÓN 2: una plantilla del plan que puede utilizarse junto con la lista de verificación;
- GLOSARIO: breves explicaciones de algunos términos clave.

Cómo utilizar este documento

Los planes de comunicación y participación de la comunidad relativos a las vacunas contra la COVID-19 deben elaborarse de conformidad con documentos técnicos de planificación sobre vacunas a nivel nacional e integrarse en los planes nacionales de respuesta ante la emergencia por la COVID-19. Las actividades de comunicación y participación de la comunidad deben incorporarse en todos los componentes relacionados con la introducción de las vacunas, lo que incluye evaluaciones de las necesidades y actividades de microplanificación y presupuestación.

Este documento se actualizará de acuerdo con los nuevos resultados científicos y a medida que evolucionen tanto la epidemia como la situación.

¿A quién está dirigido?

El propósito de esta herramienta es que los ministerios de salud la utilicen en colaboración con otros asociados clave en las actividades de comunicación y participación de la comunidad relativas al despliegue de las vacunas (como organismos de las Naciones Unidas, entre otros, la OPS/OMS y el UNICEF, miembros de los grupos de trabajo sobre comunicación de los riesgos y participación comunitaria a nivel de los países).

Si desea más información, consulte: [Guidance on developing a national deployment and vaccination plan for COVID-19 vaccines](#) [en inglés].

7 de diciembre de 2020

OPS Organización Panamericana de la Salud
OMS Organización Mundial de la Salud

COVID-19

Guía para elaborar una estrategia de comunicación de riesgos sobre las vacunas contra la COVID-19

Un recurso para los países de las Américas

OPS Organización Panamericana de la Salud
OMS Organización Mundial de la Salud

COVID-19

Addressing COVID-19 Vaccine Myths
Material for general public and healthcare workers

15 January 2021

COVID-19 vaccines and safety

Vaccine safety is always a top priority, and this is no different for the COVID-19 vaccines being developed. All vaccines go through three different trial phases before they are approved for use in the population. The trial phases aim to ensure the safety and ability of the vaccine to protect against the disease (efficacy) as well as other questions about it, including how many doses are needed and when it should be given.

The vaccines that are being developed against COVID-19 are following these same phases, but in some cases the phases might overlap or be sped up when enough data is available. Once COVID-19 vaccines are approved for use in the general population, monitoring for safety continues. This monitoring is a normal part of immunization programs and is done for all vaccines.

The timeline for COVID-19 vaccine trials

It's true that the COVID-19 vaccines have been developed more quickly than any other vaccine, but each COVID-19 vaccine candidate is going through the same clinical trials, whose focus is on safety efficacy, that all other vaccines have. Since COVID-19 has affected the entire world, there have been global collaboration and increased government funding unlike ever before that have allowed the COVID-19 vaccines to develop more quickly than previously experienced.

Additionally, the virus that causes COVID-19 is not the first coronavirus to cause an epidemic. Many scientists have been working on coronavirus vaccines since the SARS and MERS epidemics, allowing for a head start in the vaccine development process. What's more, the technology to use mRNA for vaccines has been in development for over a decade.

mRNA technology and DNA

While the COVID-19 vaccines are the first mRNA vaccines to be approved, they aren't the first ones to be studied in humans. mRNA vaccines provide "instructions" for our cells to make the protein that is found on the surface of the virus that causes COVID-19. The cells that create that protein won't make us sick, but help our bodies build an immune response similar to what happens in natural infections. The mRNA never enters the cell's nucleus, where our DNA is.

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COVID-19

10 things healthcare workers need to know about COVID-19 vaccines

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1. Why do we need a vaccine against COVID-19?

COVID-19 is easily transmitted and can lead to long-term serious illness and death, even for people who are young and healthy. An effective COVID-19 vaccine is going to be one important way to protect people from this disease.

2. When will we have COVID-19 vaccines to use in the general population?

Right now there are not enough doses of COVID-19 vaccines for the entire population. Therefore, vaccines will need to be introduced in phases and countries must prioritize the population to be vaccinated in the first phases, based on the values framework, epidemiological scenario and other considerations, such as presence of comorbidities and sociodemographic risks.

The Pan American Health Organization (PAHO) considers frontline health workers to be the highest priority group to be vaccinated against COVID-19.

3. Why are frontline health workers going to be among the first to be vaccinated for COVID-19?

Frontline health workers are prioritized because:

- They are at higher risk of being infected with COVID-19, and possibly at a higher risk of complications or death. There is also a risk that they can spread COVID-19 to people—like their patients—who are at high risk of complications or death.
- They work under intense and challenging conditions and put themselves at higher risk in order to help others as part of the COVID-19 response.
- They are essential to their communities and keep health systems running.

4. How do we know COVID-19 vaccines were developed in a safe and effective manner?

Vaccine safety is always a top priority. All vaccines go through different trial phases before they can be approved for use in the population. The trial phases aim to ensure the safety of the vaccine, if and how well it can protect against disease, and other aspects like the number of doses and who could be vaccinated. The vaccines that are being developed against COVID-19 are following these same trial phases, but in some cases the phases might

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Thank
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