

Webinar: communicating about vaccine safety

Guidelines for health workers

03 March, 2021

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PAHO/WHO



OPS



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

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Communicating about Vaccine Safety

Guidelines to help
health workers
communicate with
parents, caregivers,
and patients

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PRESENTATION OBJECTIVES

DECISION TO VACCINATE, INTERPERSONAL COMMUNICATION STRATEGIES



3: COMMUNICATION STRATEGIES

4: STRATEGIES TO IMPROVE THE VACCINATION EXPERIENCE

5: PRACTICAL TIPS FOR HCW

2: GET TO KNOW THE SPECTRUM OF HESITANCY

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

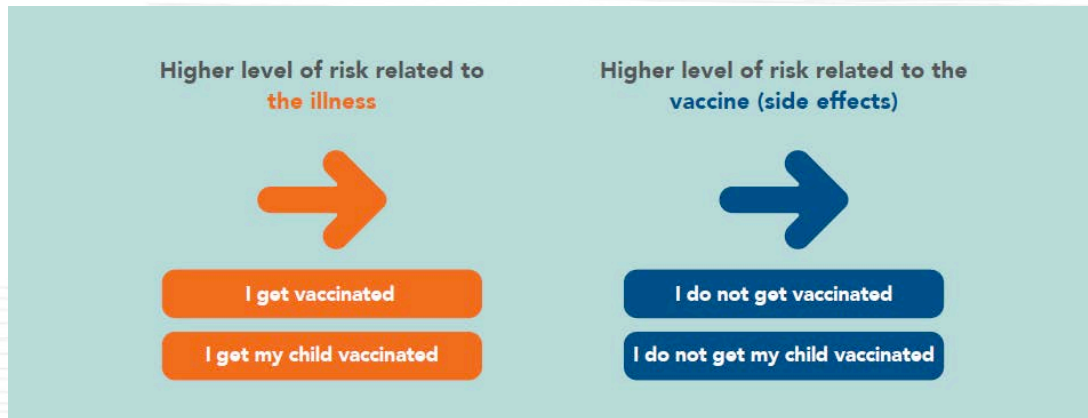




**GET TO KNOW THE FACTORS THAT
INFLUENCE THE DECISION TO VACCINATE**

WHAT DETERMINES THE DECISION TO VACCINATE

FACTORS AND BIASES THAT AFFECT THE DECISION



1 AFFECTIVE BIASES

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



WHAT DETERMINES OF THE DECISION TO VACCINATE?

FACTORS AND BIASES



2 LOSS AVERSION BIAS

WE TEND TO FOCUS MORE ON LOSSES THAN GAINS



3 CONFIRMATION BIAS

WE ARE MORE LIKELY TO TRUST MESSAGES THAT SUPPORT OUR CONCLUSIONS



4 AVAILABILITY BIAS

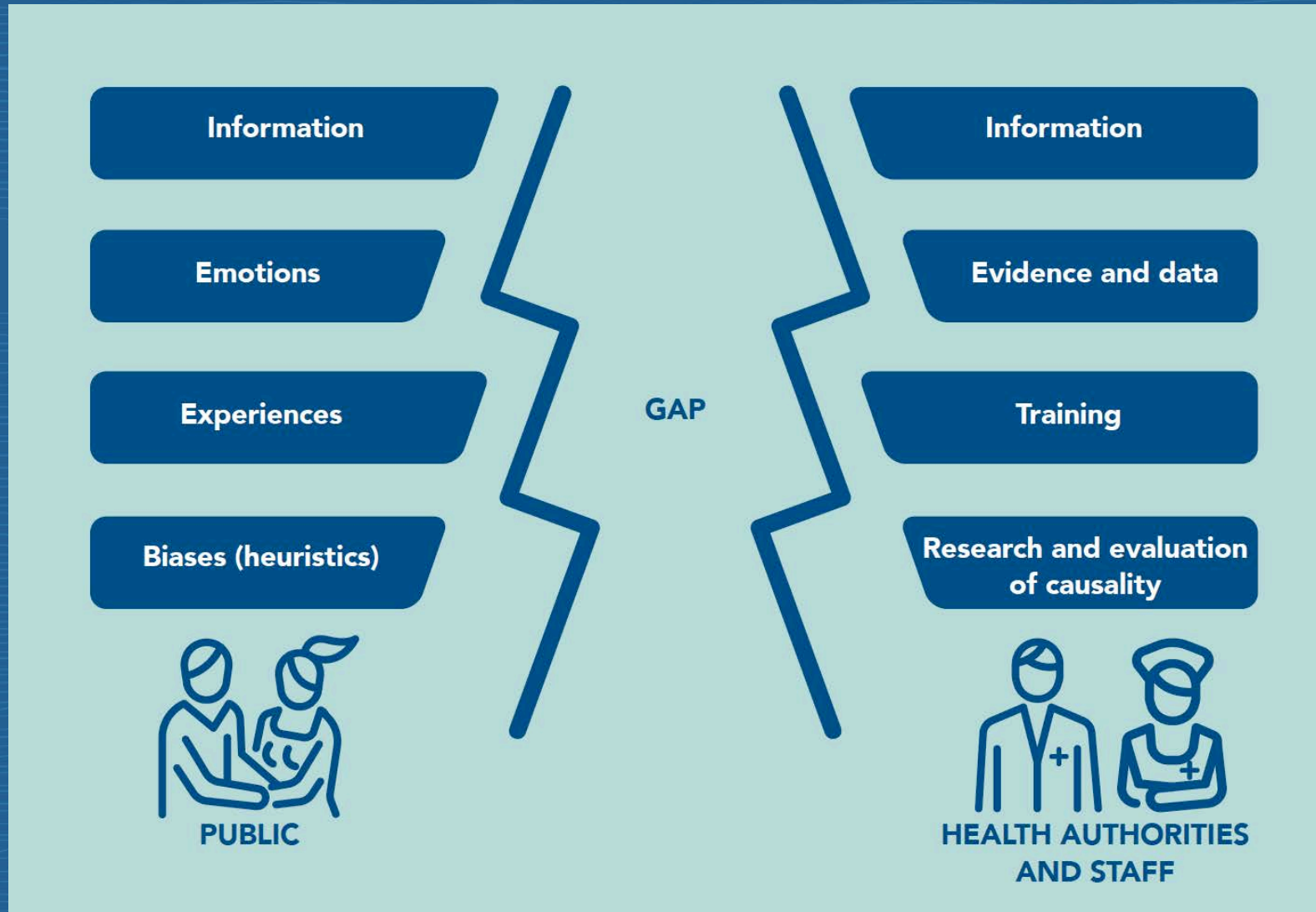
WE MAKE DECISIONS BASED ON FACTS THAT COME TO MIND IMMEDIATELY, FORGETTING DISTANT ONES



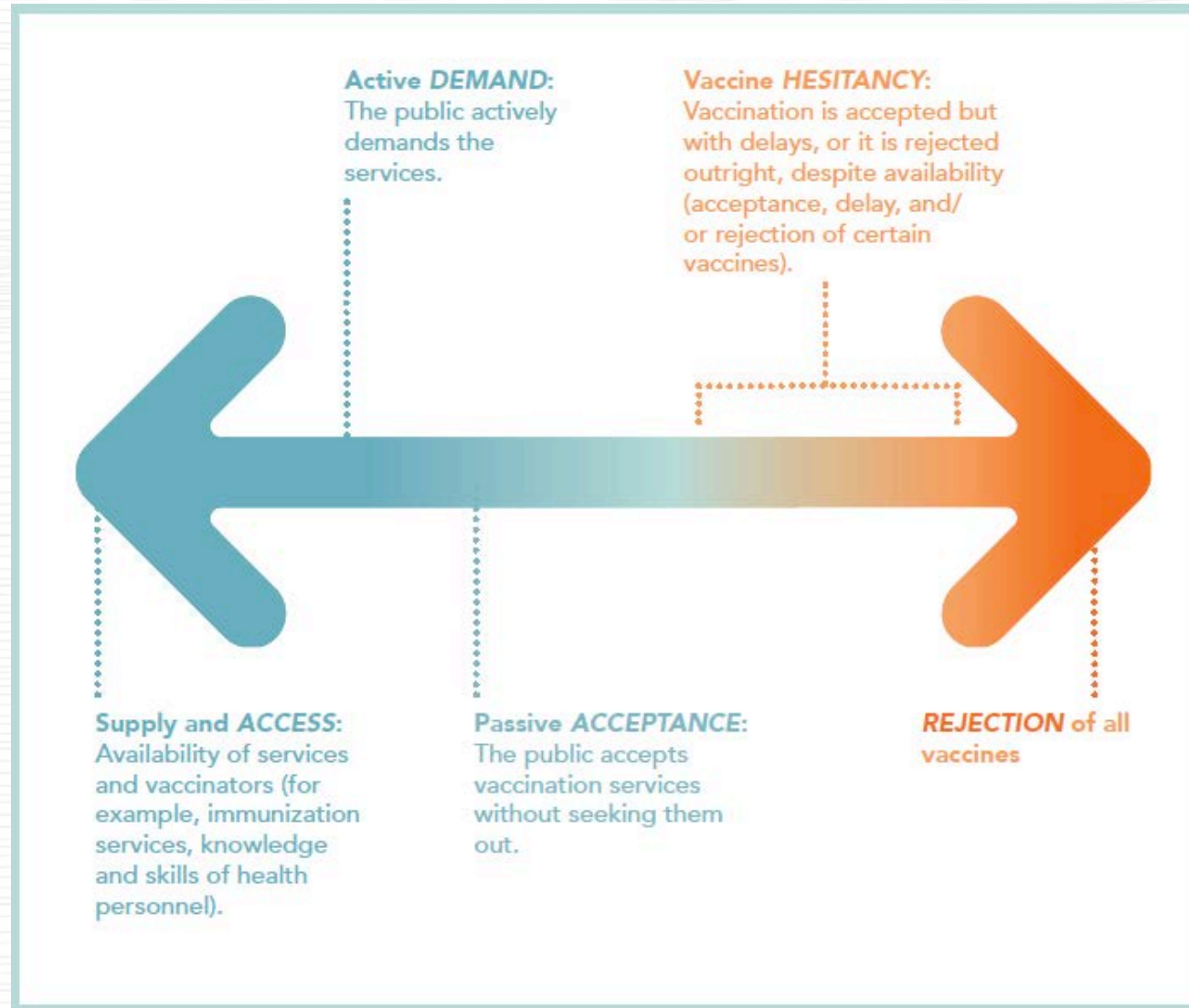
5 ANCHORING BIAS

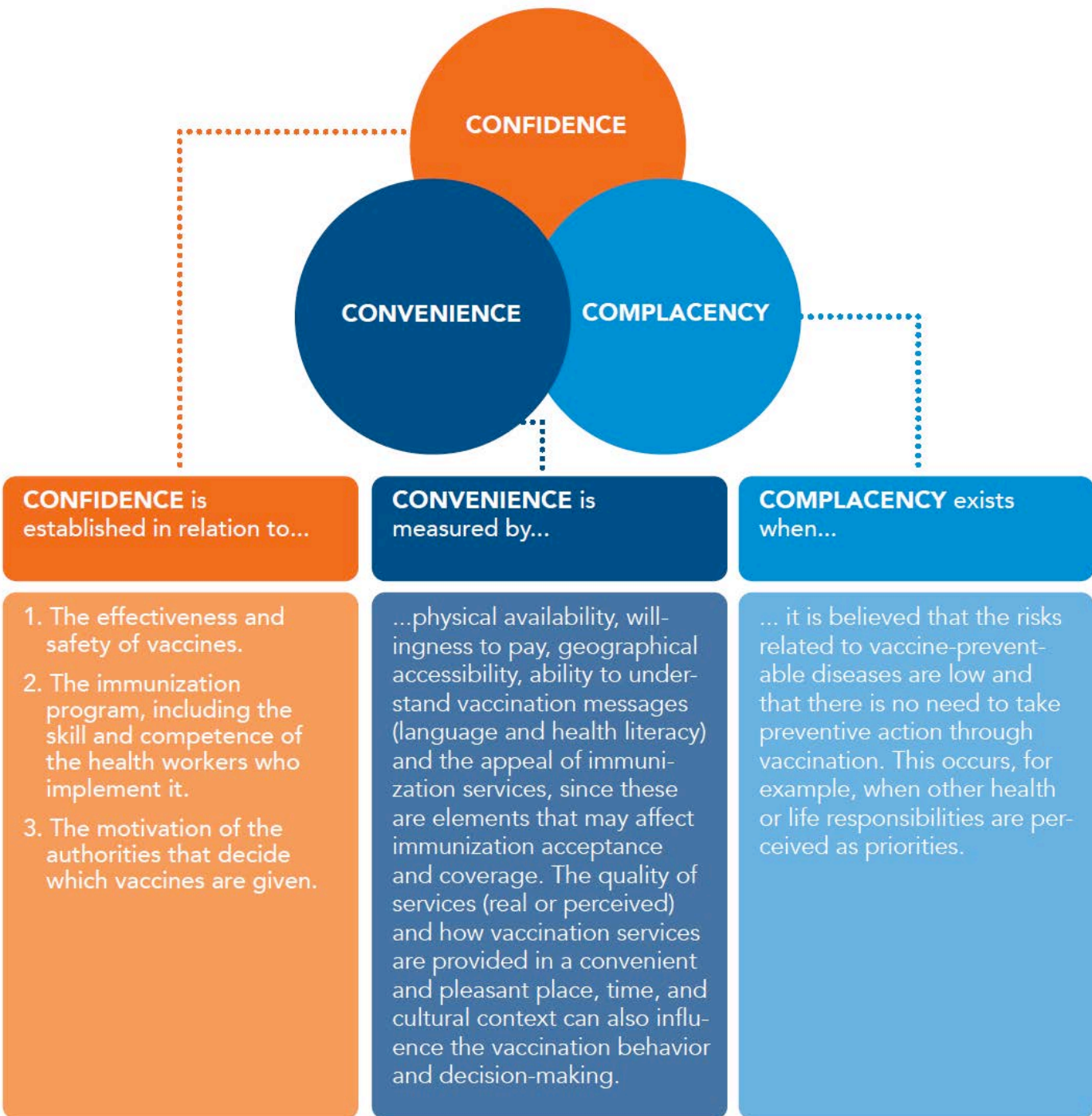
WE TEND TO BASE OUR DECISIONS ON FAMILIAR OPINIONS

THE RISK PERCEPTION GAP



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

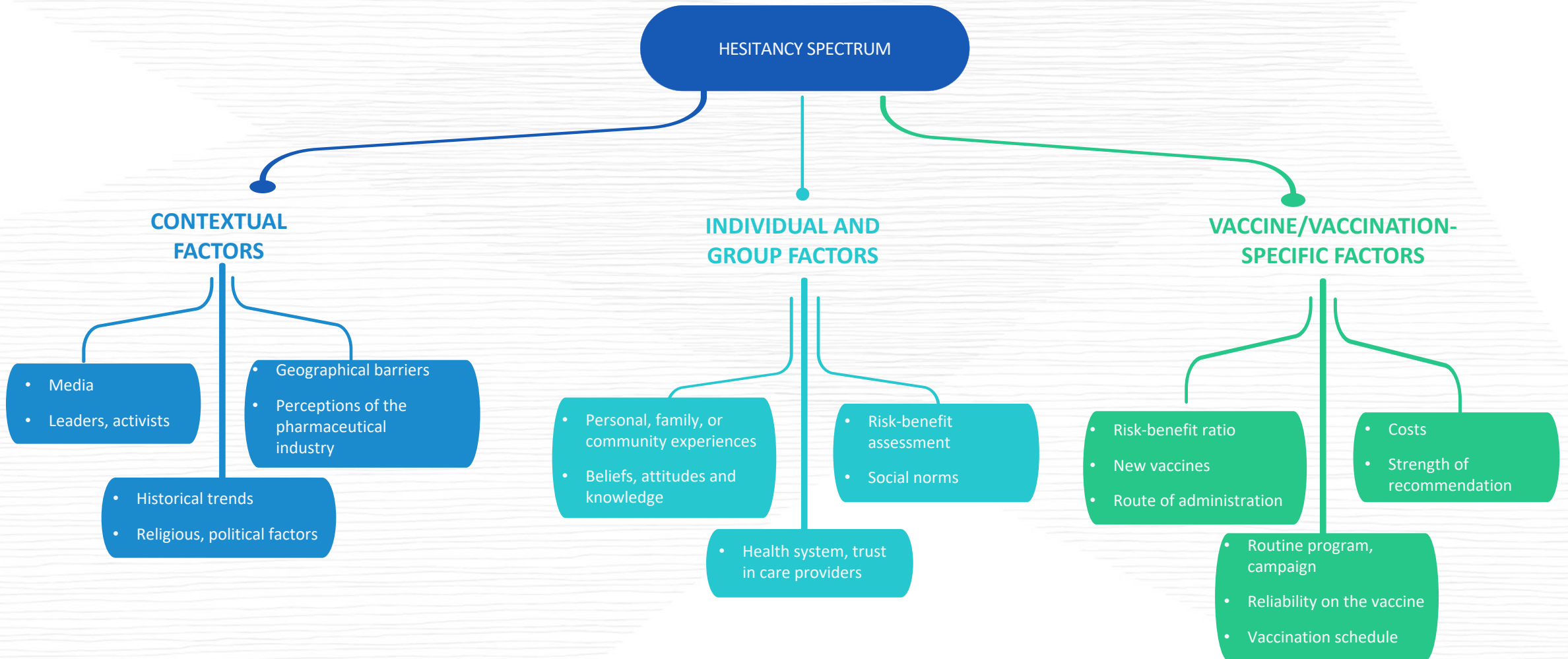




COMPONENTS OF THE VACCINE HESITANCY MODEL

FACTORS AND DETERMINANTS

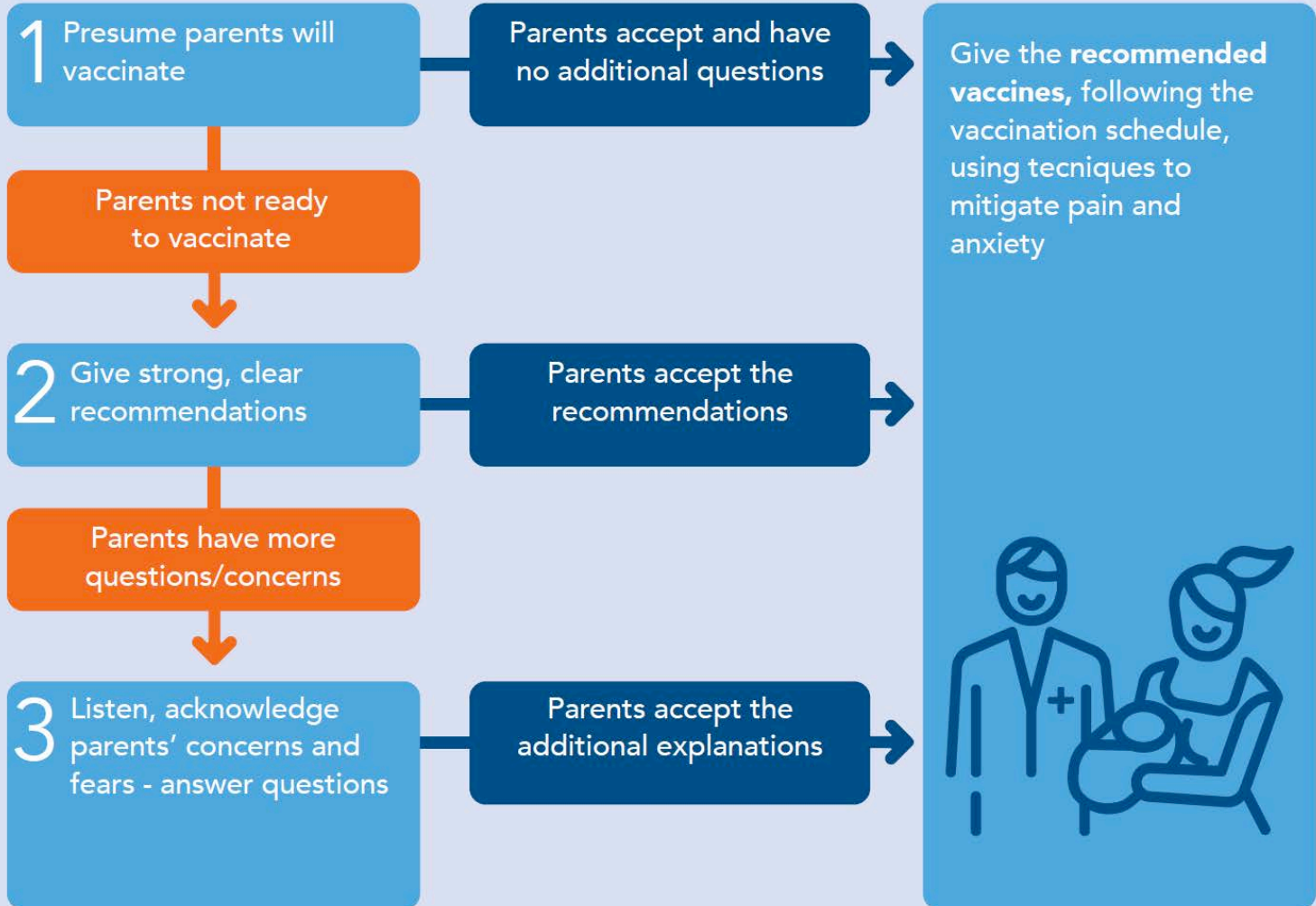
OF THE VACCINE HESITANCY





COMMUNICATION AND INTERACTION STRATEGIES

COMMUNICATION RECOMMENDATIONS



Presumptive approach	Participatory approach
<p>"Today we are going to give your child the pentavalent vaccine to protect them against five serious diseases: diphtheria, tetanus, whooping cough, <i>Haemophilus influenzae</i> type b infection, and hepatitis B."</p>	<p>"Have you thought about what vaccines your baby needs today to be protected from illness?"</p>
<p>"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."</p>	<p>"What do you think about vaccines? Is it all right with you for us to vaccinate your baby today?"</p>



Core principles for building trust

C ompetence	Show that you have the necessary competence in the field of immunization, and the interpersonal skills to answer common questions.
O bjectivity	Make it clear that you have no conflict of interest with regard to the pharmaceutical industry.
T ransparency	It is essential to communicate with patients transparently, honestly, and openly, without trying to hide any information from them.
I nclusiveness	Acknowledge the relevance of all points of view.
C onsistency	It is important to be consistent in the messages on vaccination you provide to every patient, during every visit.
E mpathy	Engage in a two-way dialogue, taking into account other people's concerns regarding vaccination safety.

COMMUNICATING INDIVIDUAL AND COLLECTIVE BENEFITS



VACCINATE YOUR CHILDREN AGAINST

MEASLES

VACCINES SAVE LIVES

MEASLES CAN CAUSE:

- PNEUMONIA
- PERMANENT BRAIN DAMAGE
- DEAFNESS
- PREMATURE BIRTH
- BABIES WITH LOW BIRTHWEIGHT
- DEATH

MEASLES SYMPTOMS:

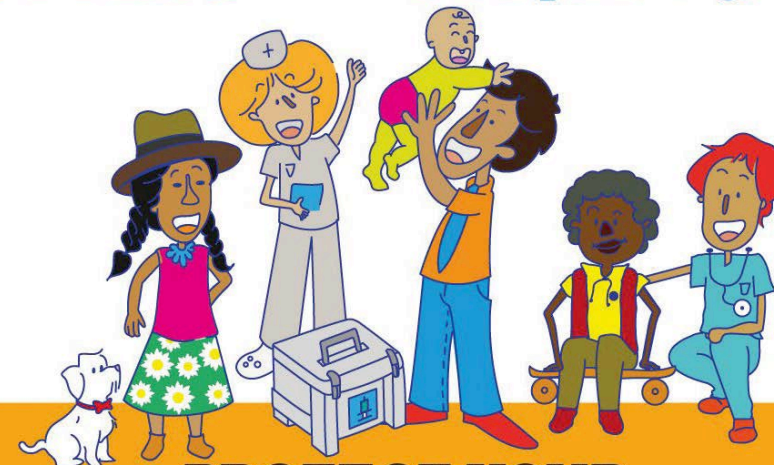
- HIGH FEVER
- RUNNY NOSE
- COUGH
- RED EYES
- RASH OR SPOTS ON SKIN

Symptoms usually appear 7-14 days after being infected



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**PROTECT YOUR
COMMUNITY
FROM MEASLES**

Do your part

#GetVax because #VaccinesWork



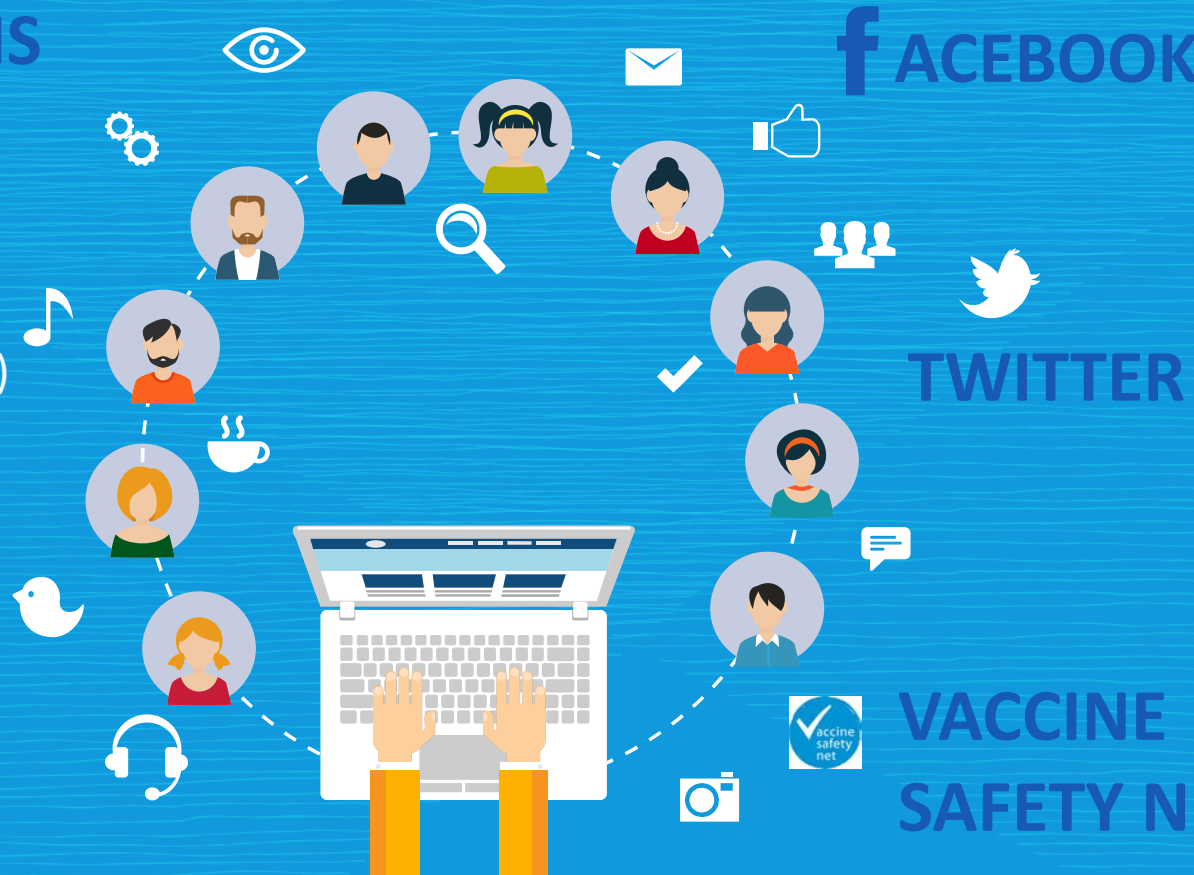
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SOCIAL MEDIA



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**



- Parents
- Dialogue
- Frequently updates its algorithms

- Real-time
- Journalists

- Repository of validated sites
- WHO

VACCINE SAFETY NET



STRATEGIES TO IMPROVE THE VACCINATION EXPERIENCE

PAIN MITIGATION STRATEGIES



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



Hypothetical conversation



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.

The hypothetical conversation continues ...



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”

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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

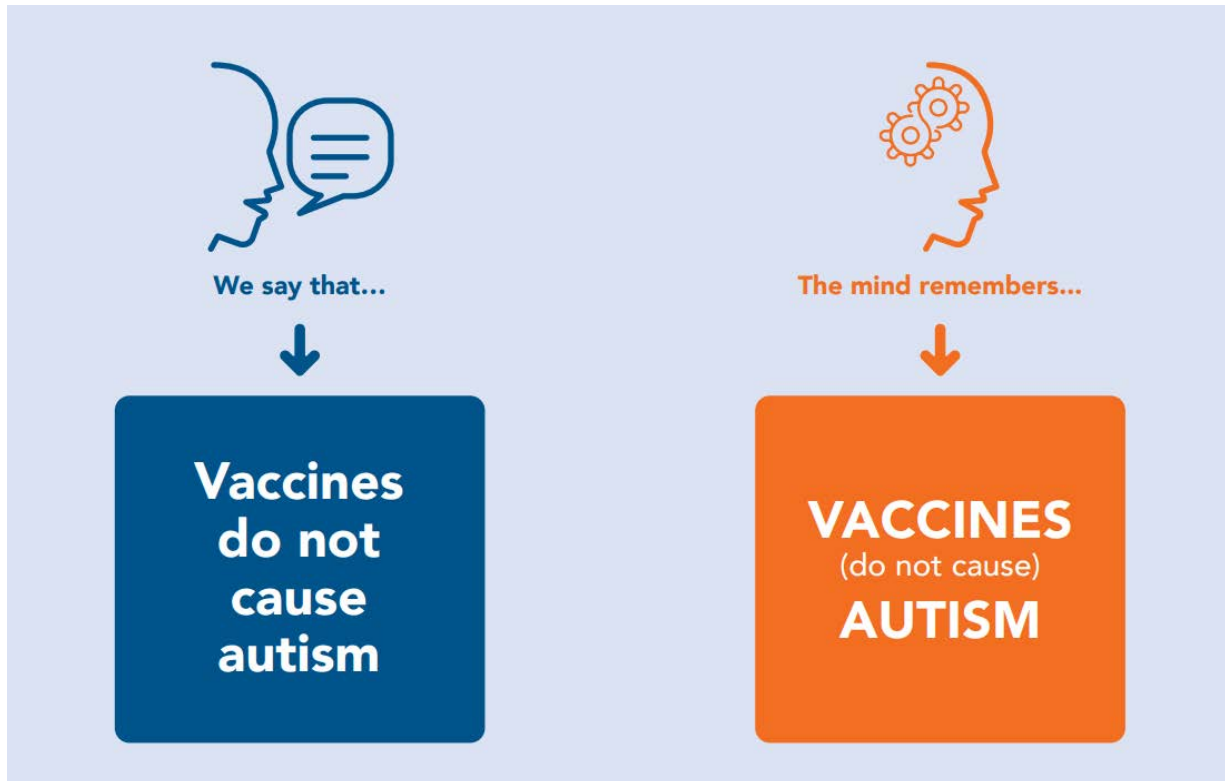


1. Understand how false information gets into our minds.
2. Understand the reasons why it is so difficult to remove false information once it takes root.
3. Present basic strategies for replacing false information with evidence.
4. Example: how to address false information and misconceptions that establish 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.

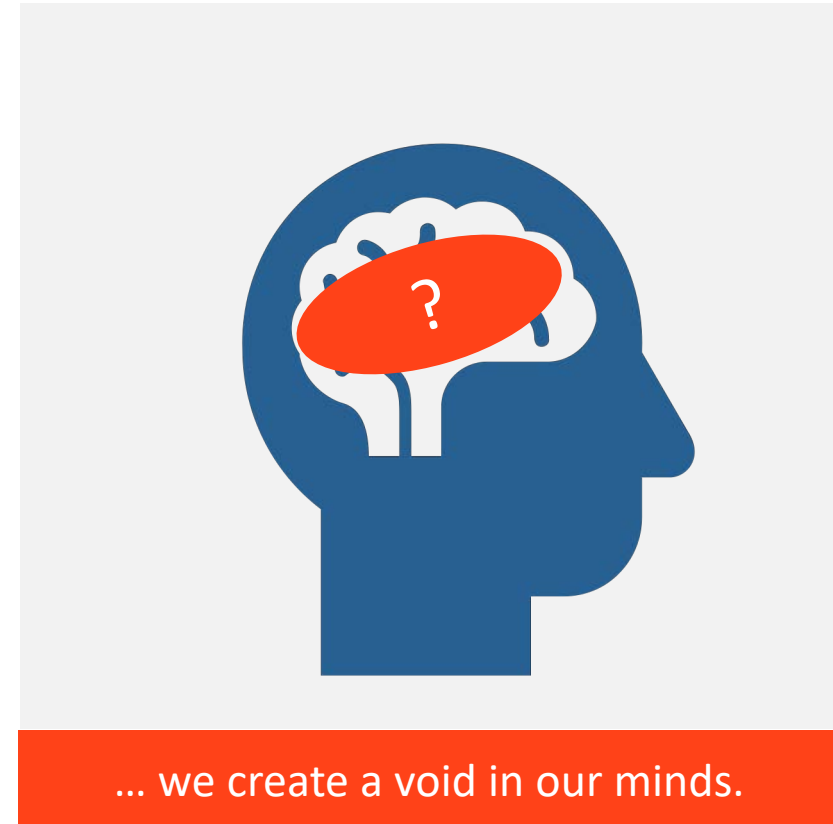
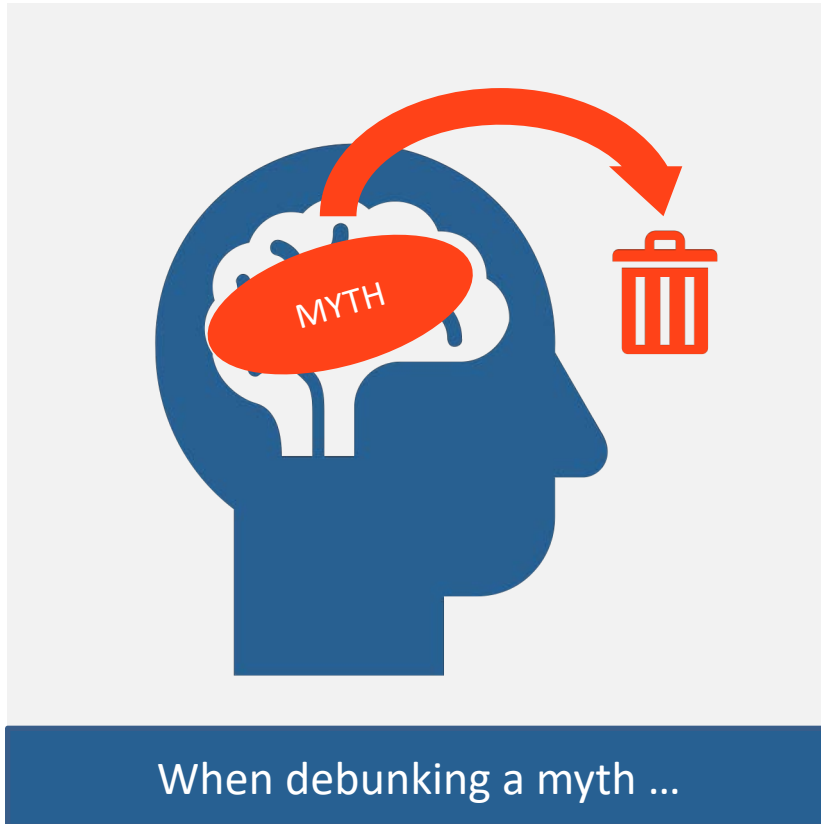


Why it is not enough to say “this is not true”



- 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 ...



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

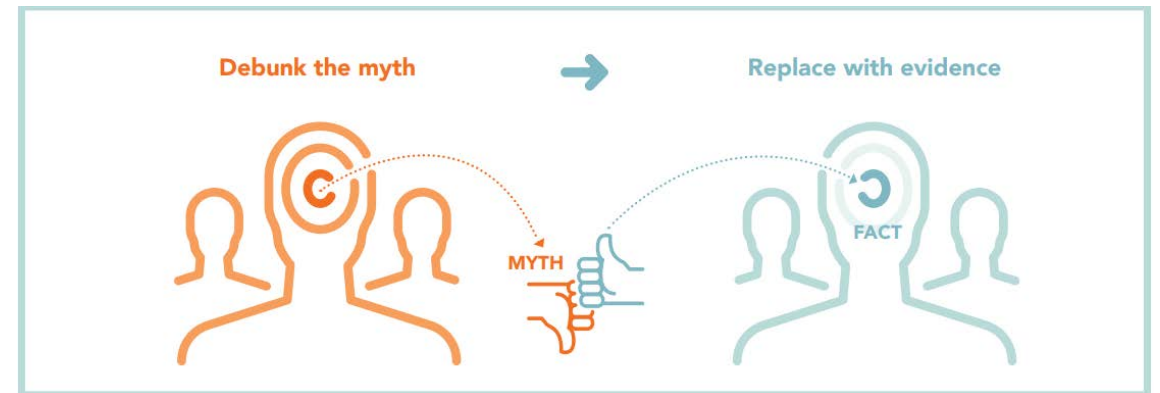
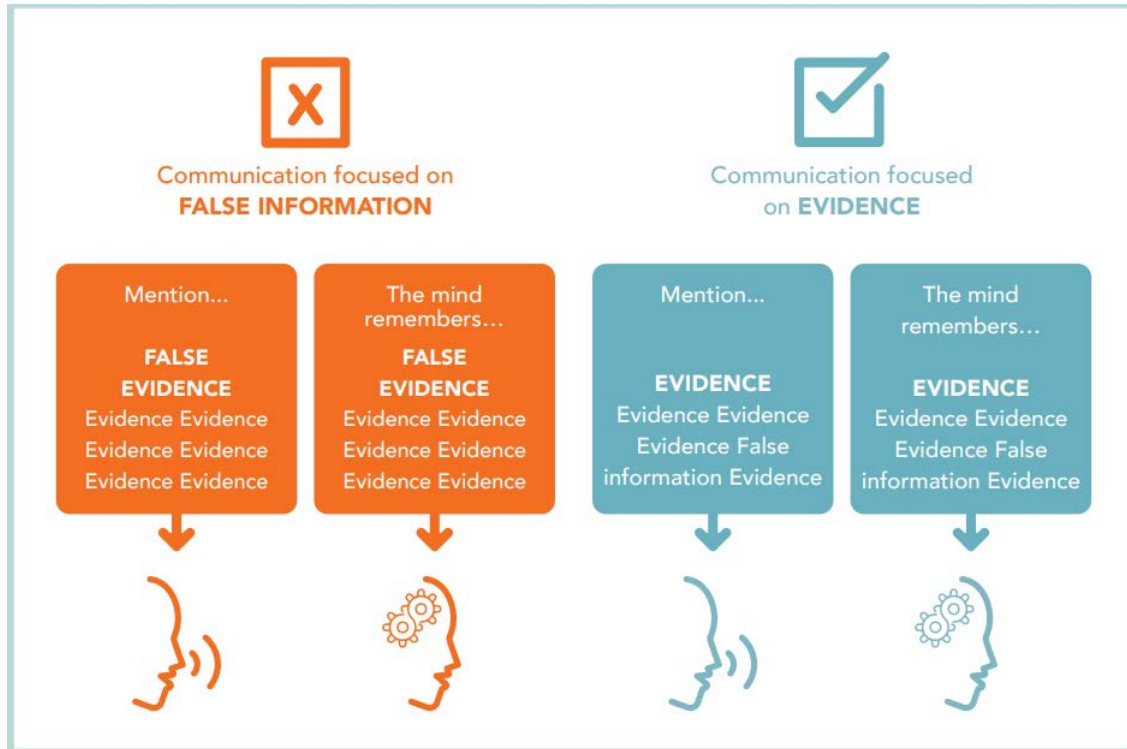
before communicating about false information, to make it clear from the outset that this information is false.

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

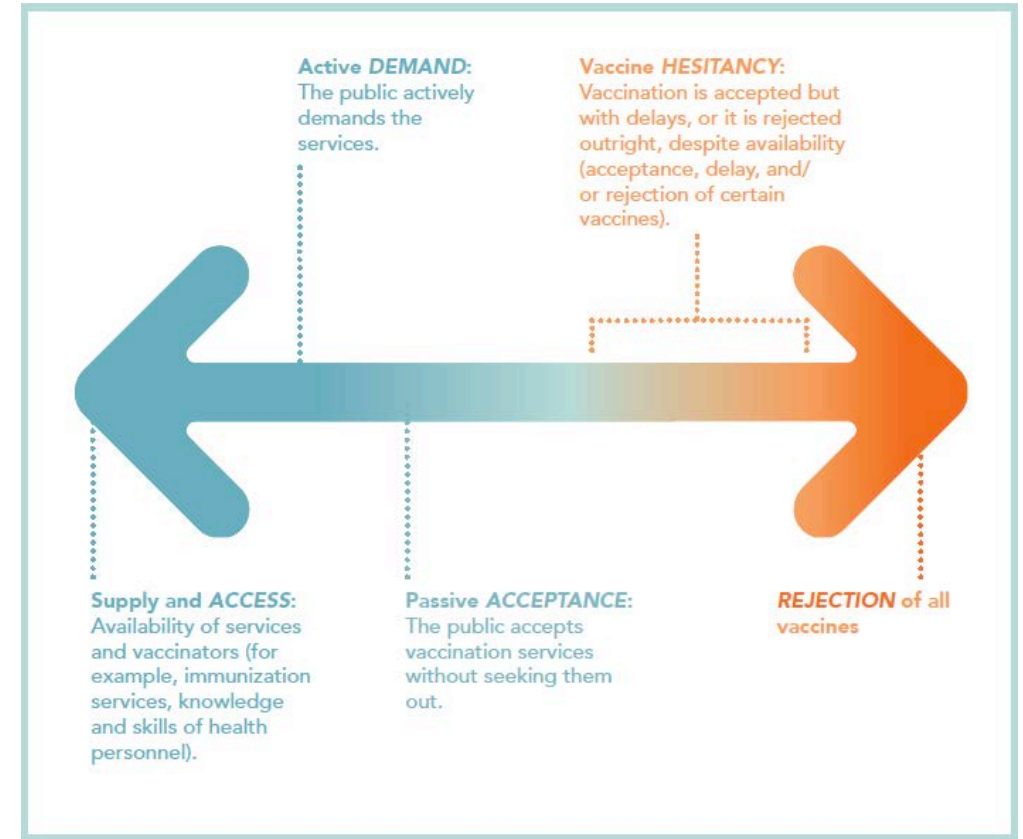
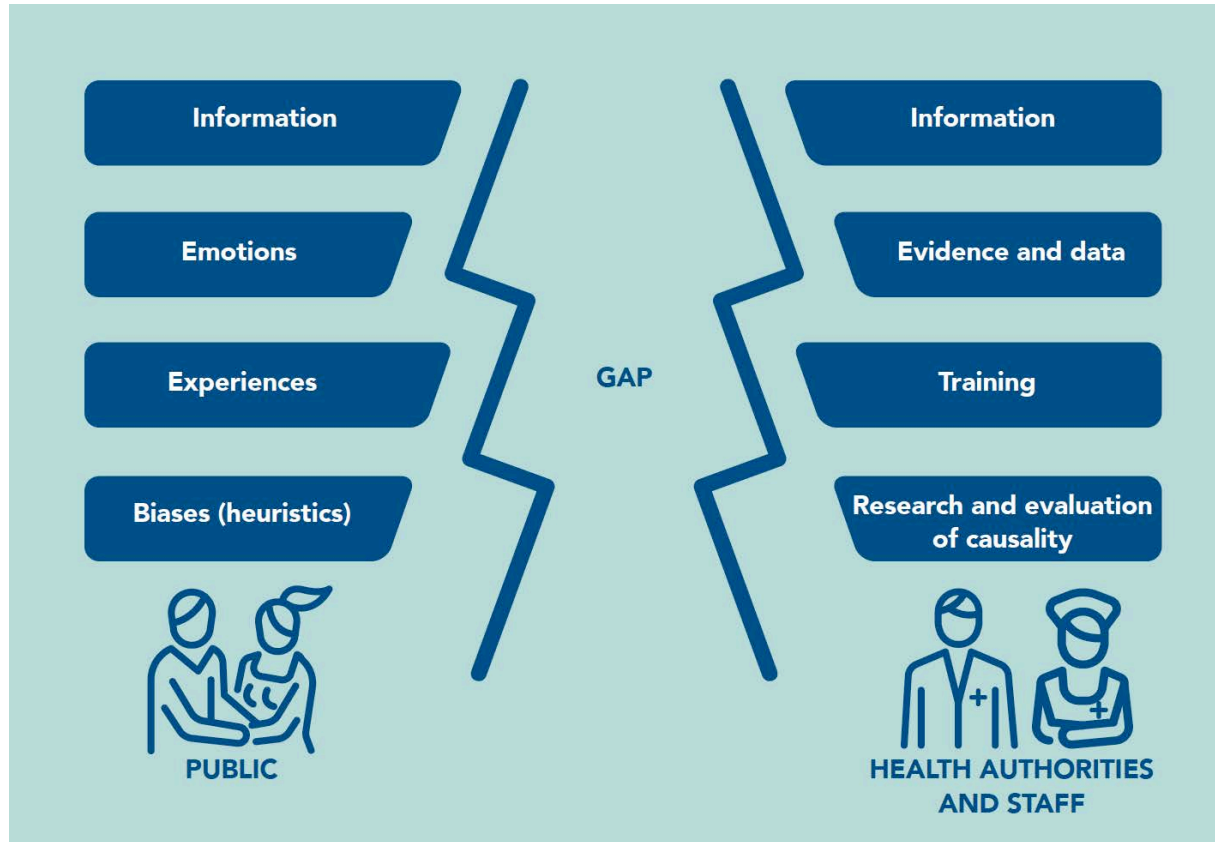
How to communicate with vaccine-hesitant colleagues

Objectives of this chapter

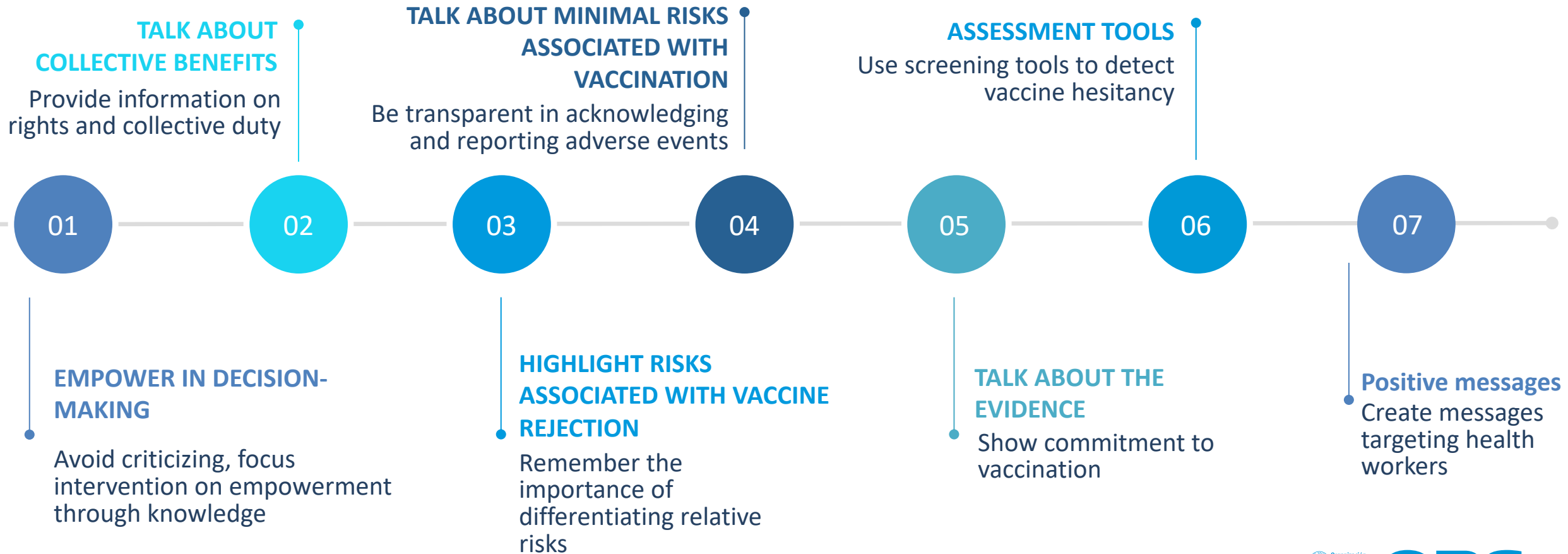


1. Understand recommended communication strategies when speaking to vaccine-hesitant colleagues.

The hesitancy spectrum and the risk perception gap



WHEN THE GAP AFFECTS 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**.

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ORGANIZACIÓN MUNDIAL DE LA SALUD



THANK YOU!

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

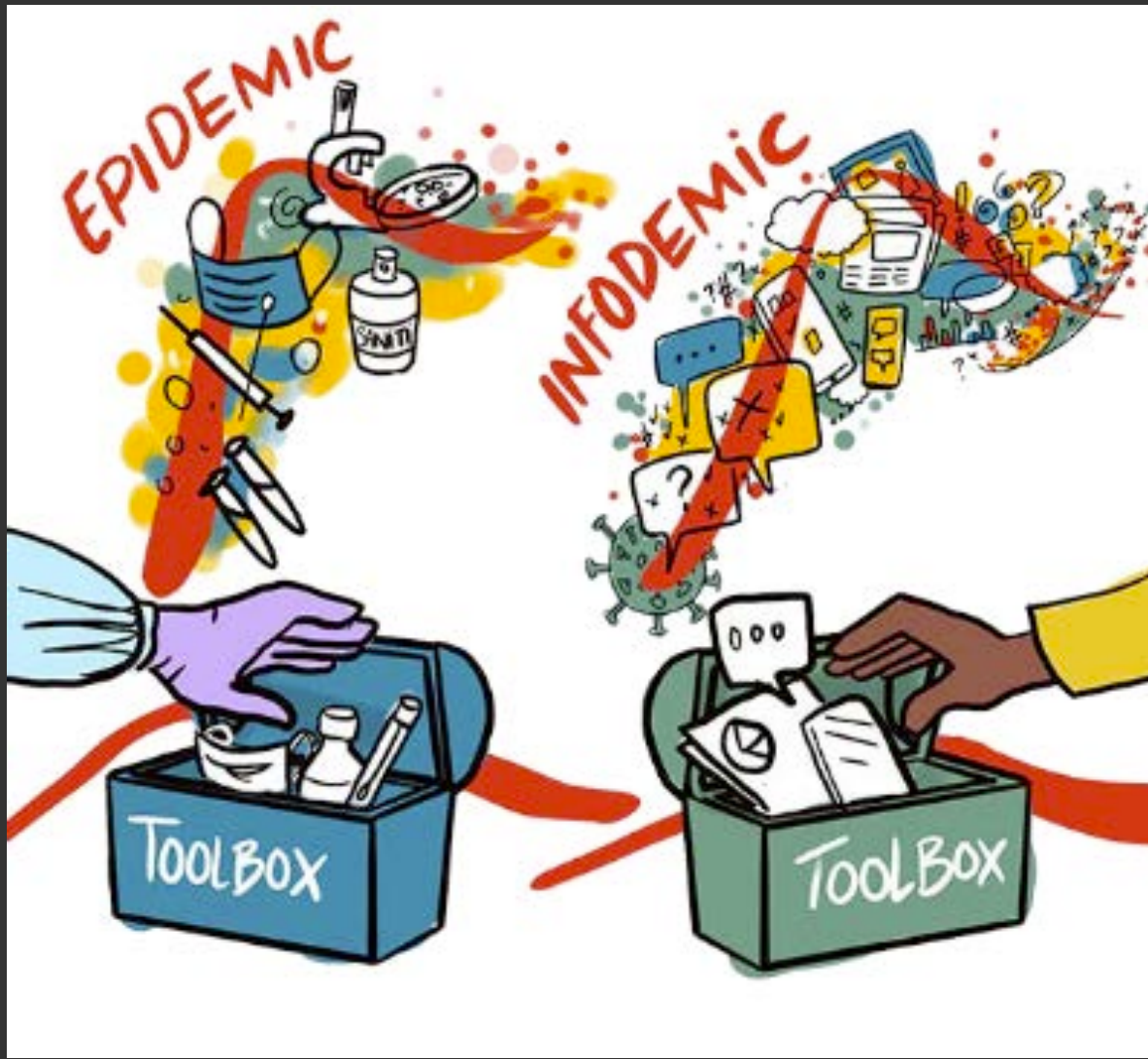
Case description

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

Context

Next day

Report 2

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.

Social media

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

Impact

The information is received with concern, you believe that health professionals are not handling the infodemic correctly.



Let's answer some
questions together



Thank
you!

**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**



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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



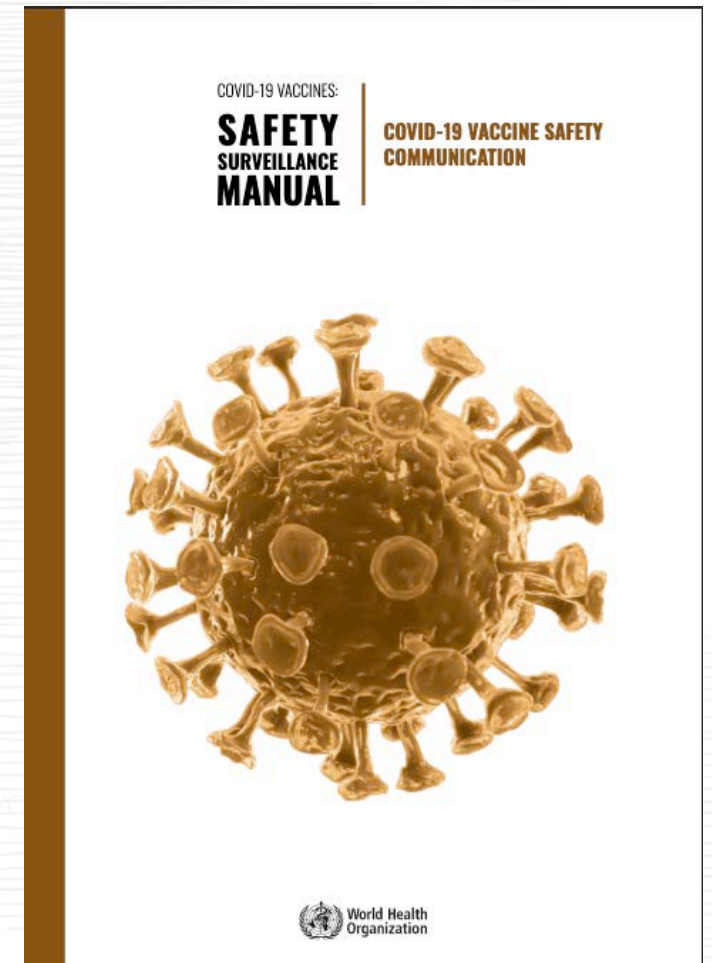
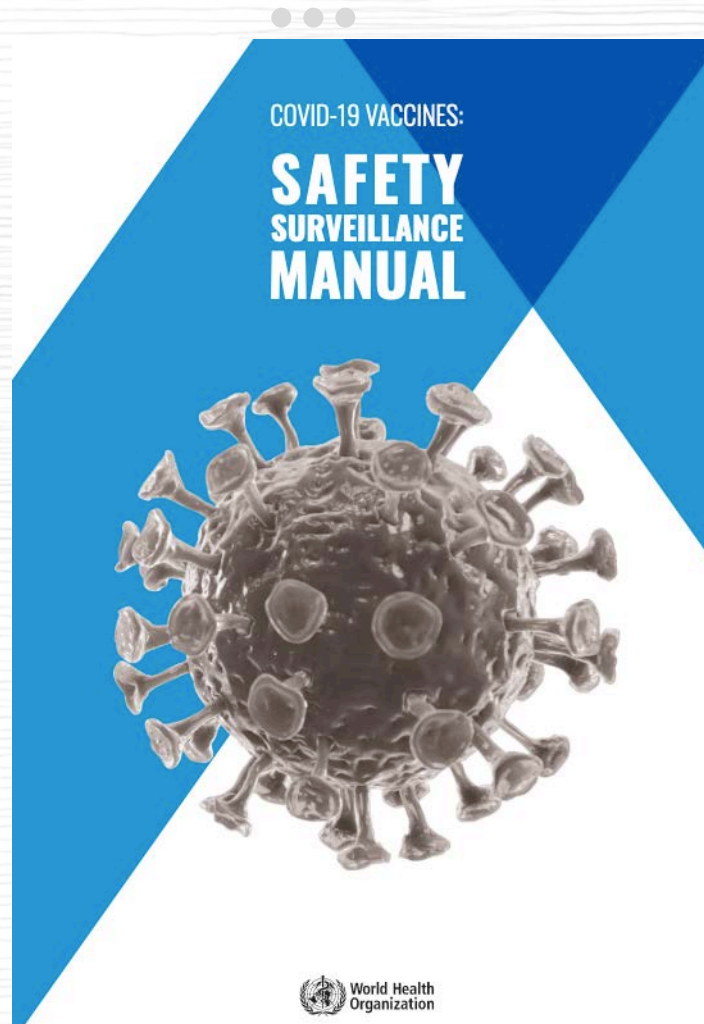
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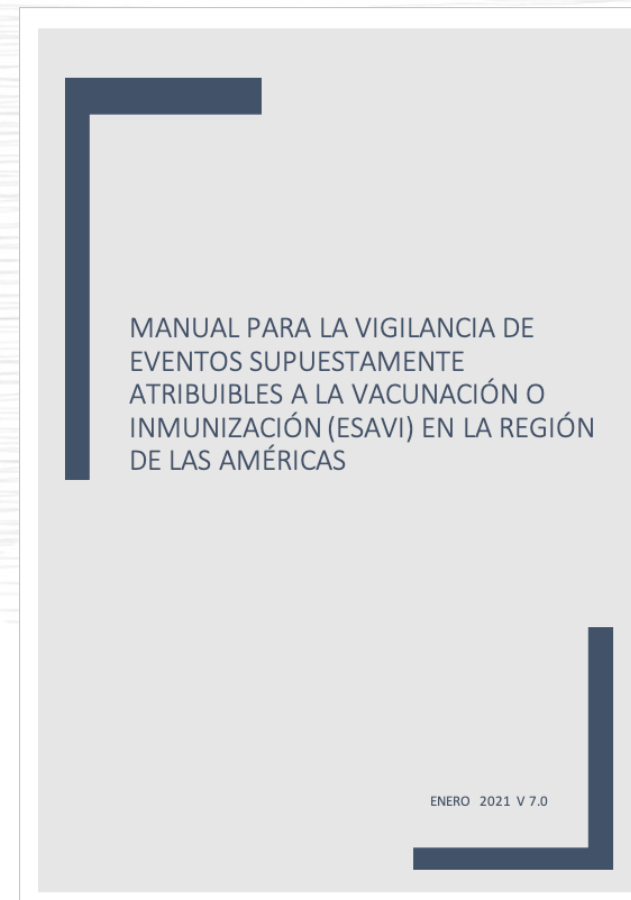
AVAILABLE TOOLS

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 for crisis communication related to vaccine safety
- [Accesing content and recording of the webinar: https://www.paho.org/en/events/crisis-communications-vaccine-safety](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

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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 Organización Mundial de la Salud Américas

Página 1

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 Organización Mundial de la Salud Américas

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.

PAHO The Pan American Organization of Public Health

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COVID-19

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

15 January 2021

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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