

How to build confidence in COVID-19 vaccines

DEPARTMENT OF HEALTH AND RACGP WEBINAR 5TH MAY 2021

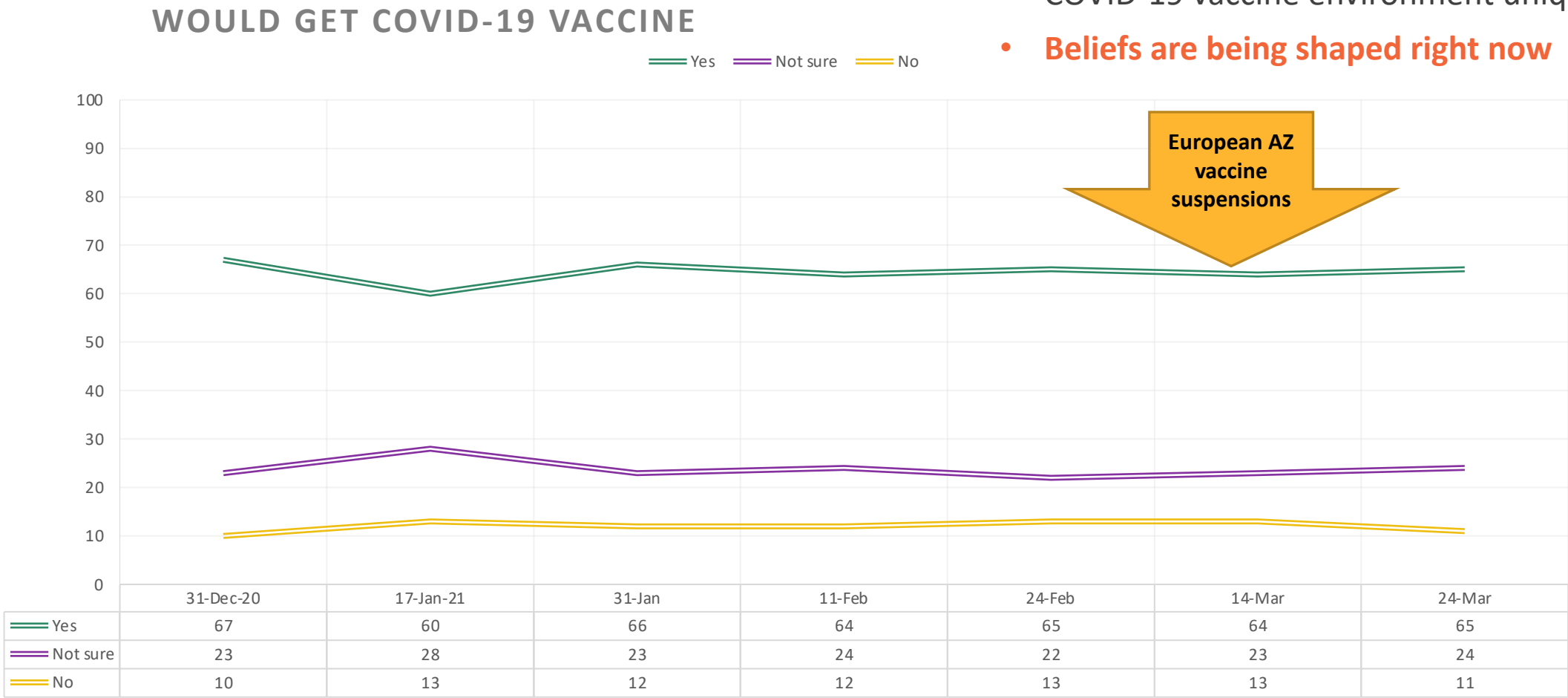
PRESENTED BY A/PROF MARGIE DANCHIN

Outline

- Intention to vaccinate and uptake COVID-19 vaccines available in Australia
- COVID-19 vaccine development and safety
- How to build vaccine confidence in your practice
- Discussing COVID-19 vaccines with people who have questions
- Responding to vaccine misinformation

COVID-19 vaccine acceptance – Australia

- New vaccines tend to be trusted less
- COVID-19 vaccine environment unique
- **Beliefs are being shaped right now**



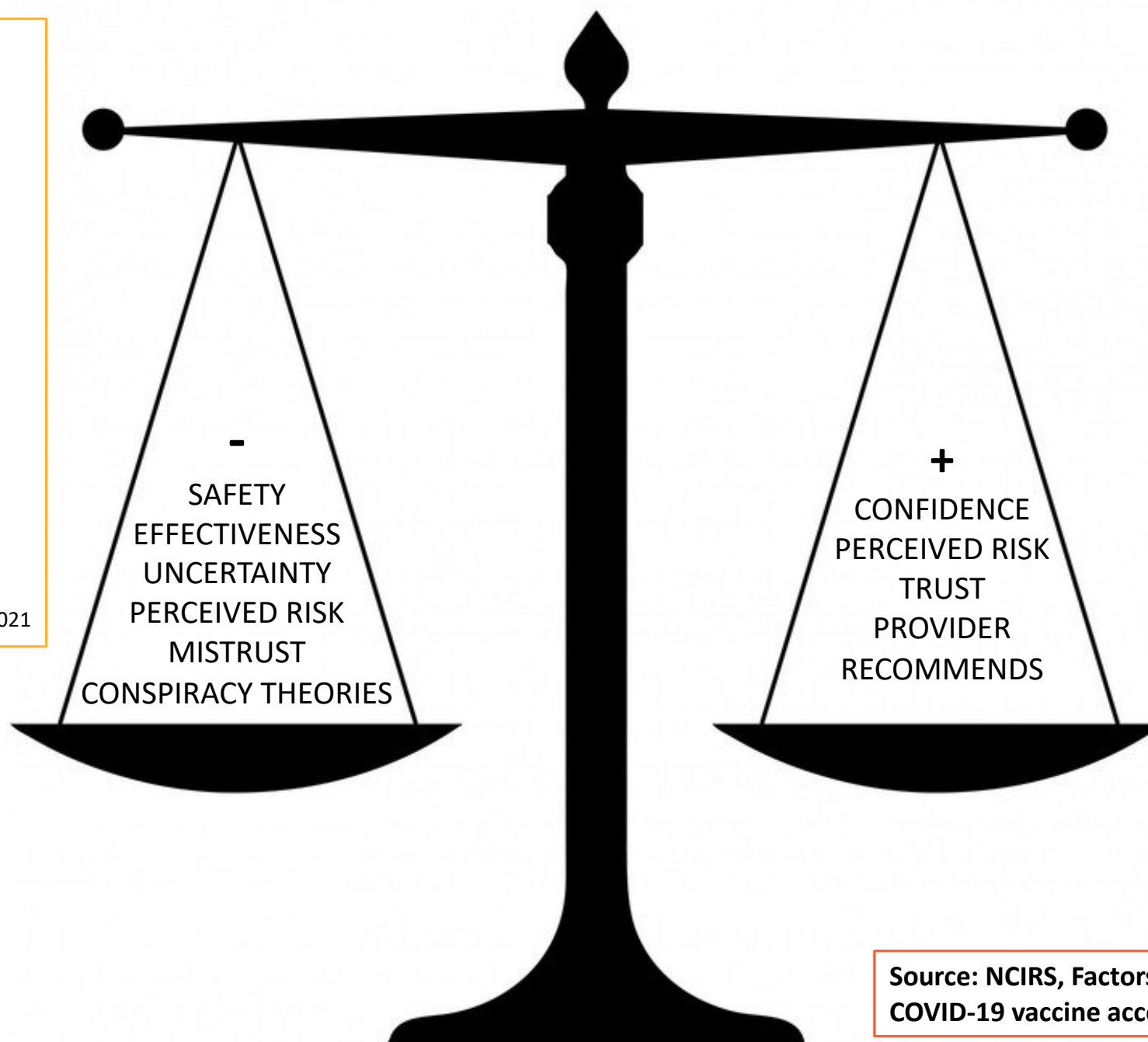
If a COVID-19 vaccine is available to you, will you get it?

[YouGov & ICL COVID-19 Behaviour Tracker](#)

Less willing to receive

- Females
- Age 25-34
- Language other than English at home
- < Yr 12 education
- Outside capital city
- Financial distress

ANU Centre for Social Research and Methods, Feb, 2021



Source: NCIRS, Factors influencing COVID-19 vaccine acceptance

Intention to vaccinate amongst priority groups

COVID vaccine key cohort preparedness and communication strategies: a report for the Victorian Government



Mixed methods study

- 5000 surveys, 40 qual interviews, 2 focus groups
- March – April 2021
- HCW (n=2515)
 - **78% intend to accept** – doctors 8.6 x more likely than nurses
 - 1 in 7 unsure (14%)
 - 8% intend to refuse
 - Strong motivators for uptake included
 - A recommendation from a professional society
 - Vaccine availability workplace
 - Requirement for overseas travel
- Adults > 70 years and medically at risk (n=1585)
 - **87% intend to accept** - 1.7 x more likely if > 70
 - Approx one in ten unsure (9%)
 - 4% intend to refuse

HCW information preferences

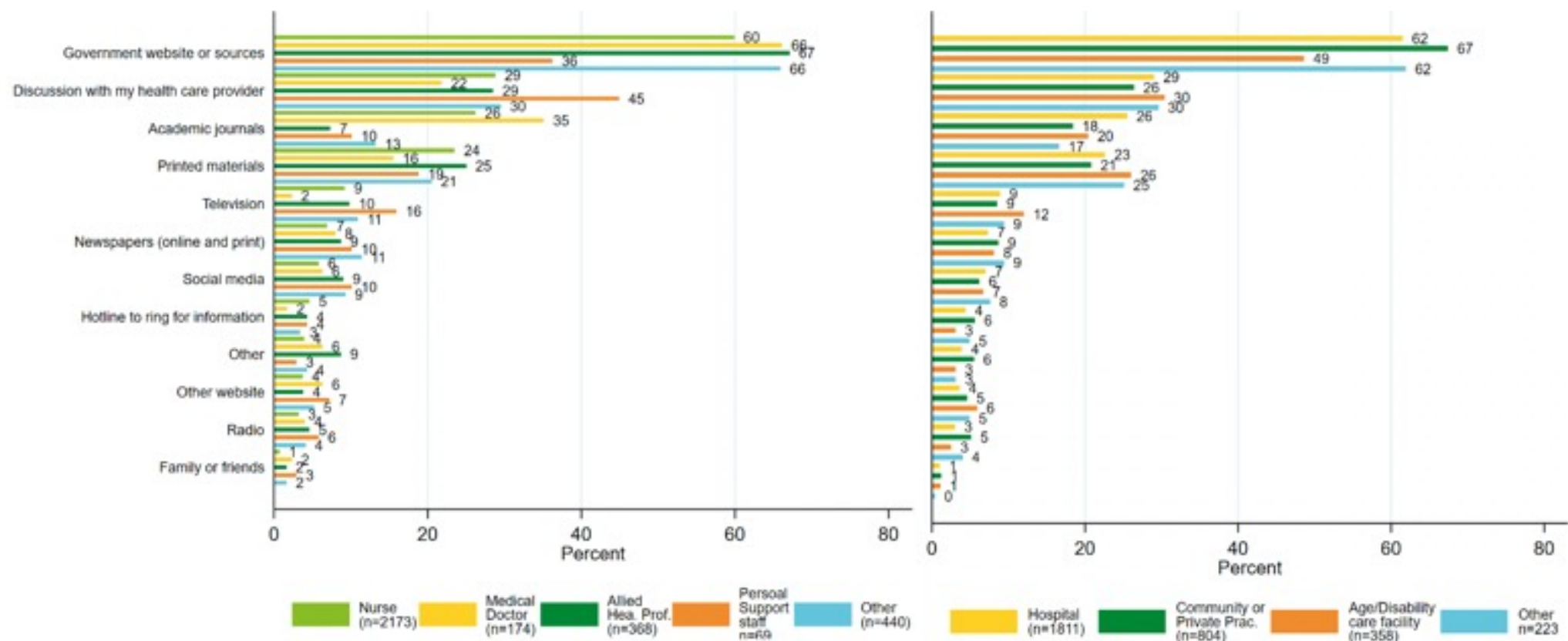


Figure 9: Preferred method of receiving COVID-19 vaccine information

HCWs want to receive information via **government websites and medical professionals** and preferably printed information for patients and training modules

HCWs trusted sources of information

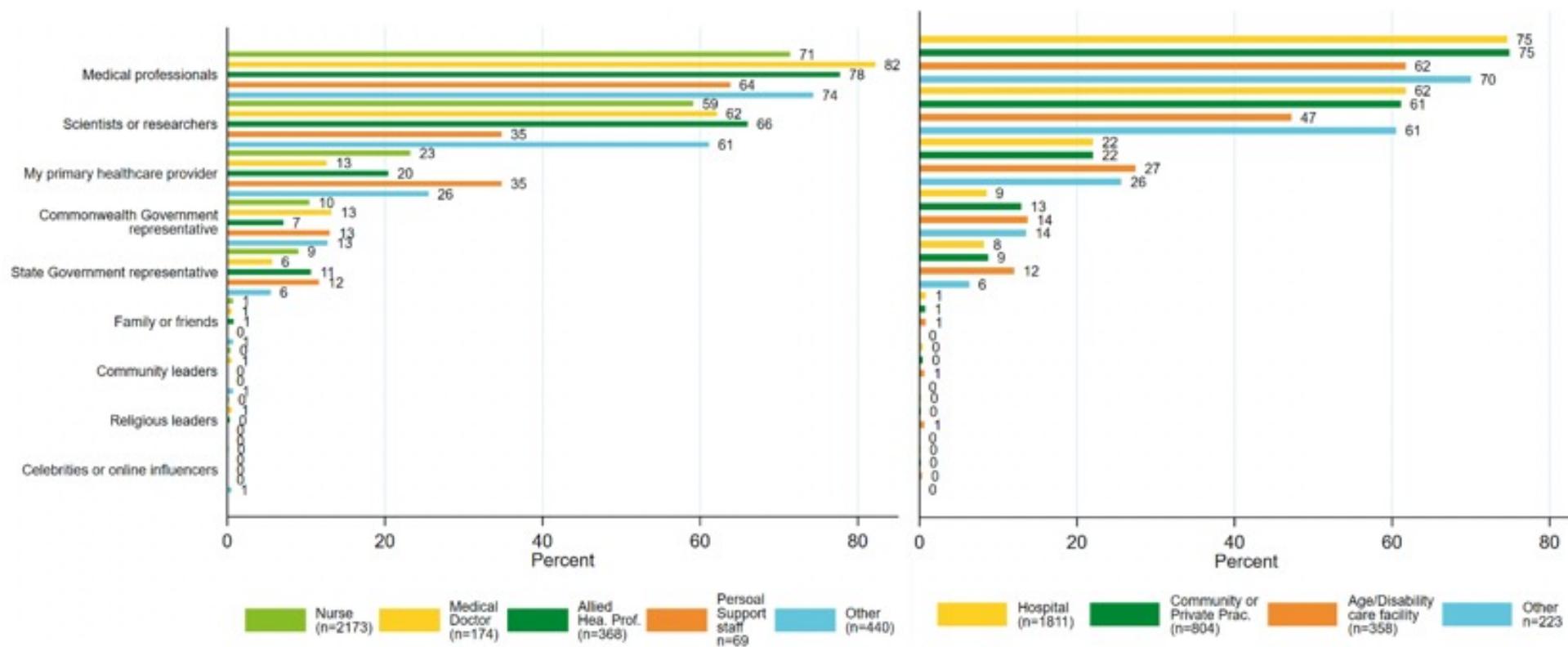


Figure 10: Trusted source of COVID-19 vaccine information

Medical professionals, scientists or researchers most trusted spokespeople - should be prioritised in communication campaigns to deliver key messages

Commonwealth and state government representatives were less trusted sources of information.

COVID-19 vaccine concerns

Need 60-80% coverage for herd immunity threshold

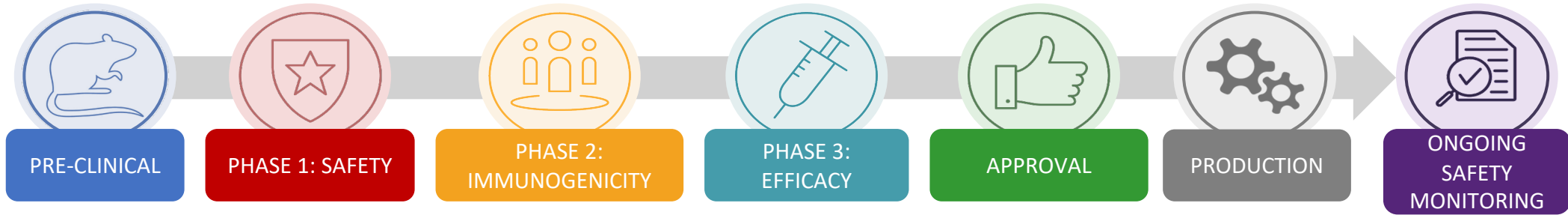
Main issues:

- Speed of development
- Vaccine safety
 - Anaphylaxis, blood clots, pregnancy/breastfeeding
- No previously approved mRNA vaccines
- Reluctance to trust medical and scientific establishments
- Conspiracy theories on social media platforms – “alter DNA”
- Practical issues with the vaccine rollout
 - Vaccine supply, availability/making appointments, locations and delays

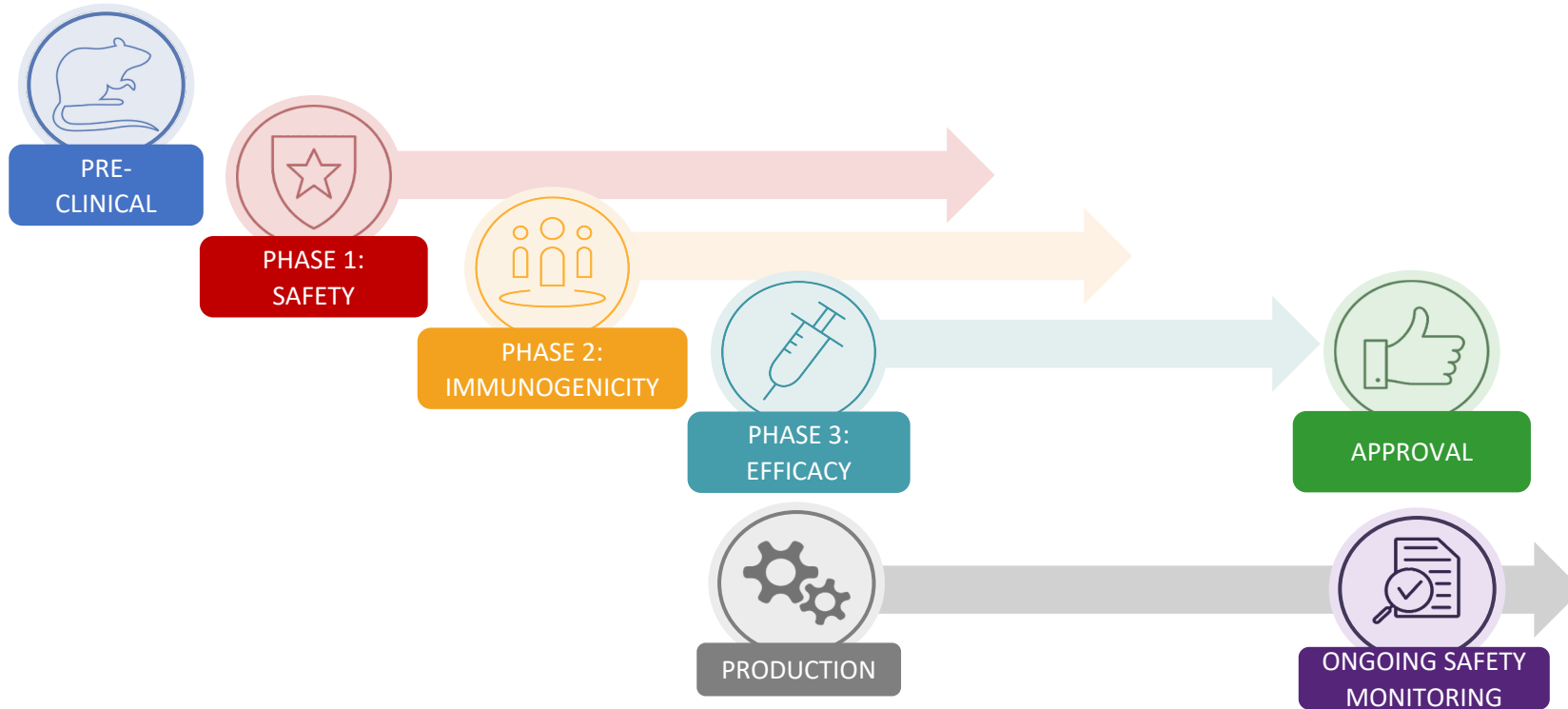


Vaccine development and approval

TRADITIONAL PROCESS (10-15 YEARS)



PANDEMIC PROCESS (OVERLAPPING PHASES, 12-18 MONTHS)

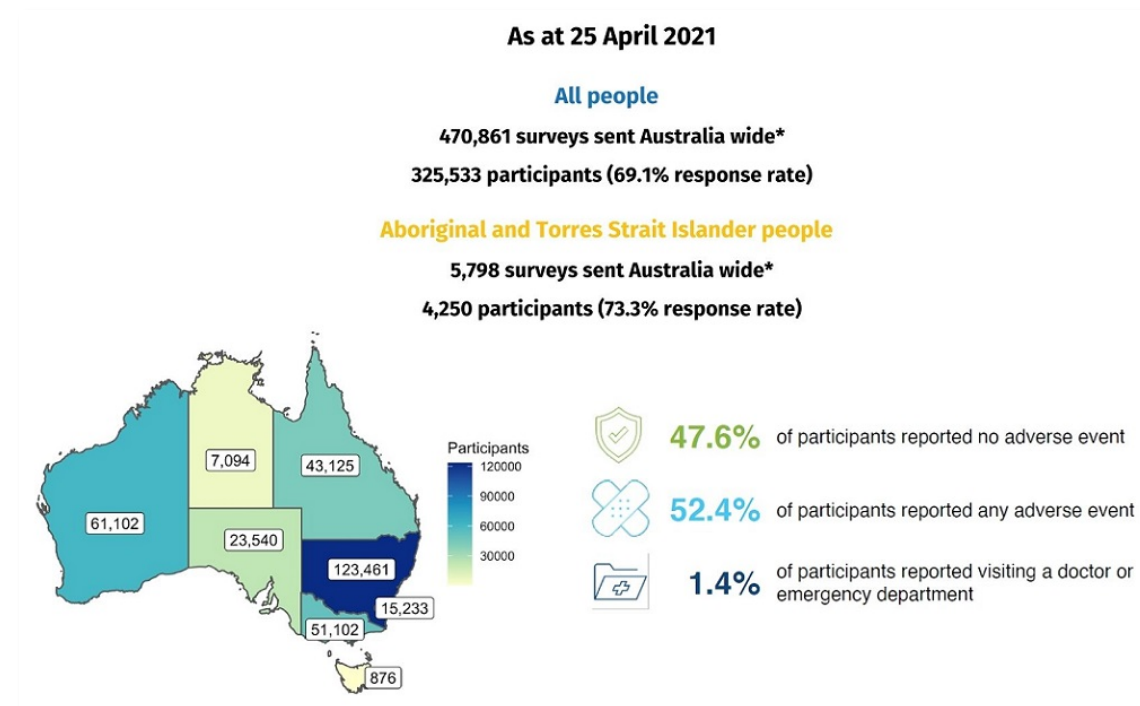


General vaccine safety

- **Local and systemic adverse events are common**
 - Worse after dose 2 Pfizer and dose 1 AZ and in <55 year olds

	Pfizer	AstraZeneca
Pain	83%	61%
Tiredness	47%	76%
Headache	52% (dose 2)	65%
Aches (myalgia)	37%	53%
Fever	4-8% (very low)	4-8% (very low)

- **Anaphylaxis:** 4.7 per million doses (Pfizer), 1 per million doses (AZ)



To see updated info about side effects experienced by people in Australia, visit:

<https://www.ausvaxsafety.org.au/safety-data/covid-19-vaccines>

AstraZeneca vaccine safety and recommendations

- Rare but serious side effect of AZ: Thrombosis with Thrombocytopenia Syndrome (TTS)
- Approximately 4 to 10 cases per million adults vaccinated
- Not linked to mRNA vaccines
- Appears to be an increased risk in younger adults, more cases in women but link to sex unclear

Recommendation:

- ATAGI recommends Pfizer preferred for adults aged under 50 years
- AZ can be used in adults <50 years where the benefits outweigh the risks and the person has made an informed decision
- Second dose can be administered to anyone who has safely received the first dose



<https://theconversation.com/im-over-50-and-can-now-get-my-covid-vaccine-is-the-astrazeneca-vaccine-safe-does-it-work-what-else-do-i-need-to-know-159814>

- [https://www.who.int/news/item/16-04-2021-global-advisory-committee-on-vaccine-safety-\(gacvs\)-review-of-latest-evidence-of-rare-adverse-blood-coagulation-events-with-astrazeneca-covid-19-vaccine-\(vaxzevria-and-covishield\)](https://www.who.int/news/item/16-04-2021-global-advisory-committee-on-vaccine-safety-(gacvs)-review-of-latest-evidence-of-rare-adverse-blood-coagulation-events-with-astrazeneca-covid-19-vaccine-(vaxzevria-and-covishield))
- <https://www.health.gov.au/news/atagi-statement-on-astrazeneca-vaccine-in-response-to-new-vaccine-safety-concerns>

Resources



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Patient information sheet on AstraZeneca COVID-19 vaccine and thrombosis with thrombocytopenia syndrome (TTS)

Patient information about the AstraZeneca vaccine and the COVID-19 vaccination program.

New documents on AstraZeneca and TTS :

- [Patient information on AstraZeneca vaccine and thrombosis with thrombocytopenia syndrome](#)
- [Information on weighing up risks and benefits of AstraZeneca COVID-19 vaccination](#)

Updated documents

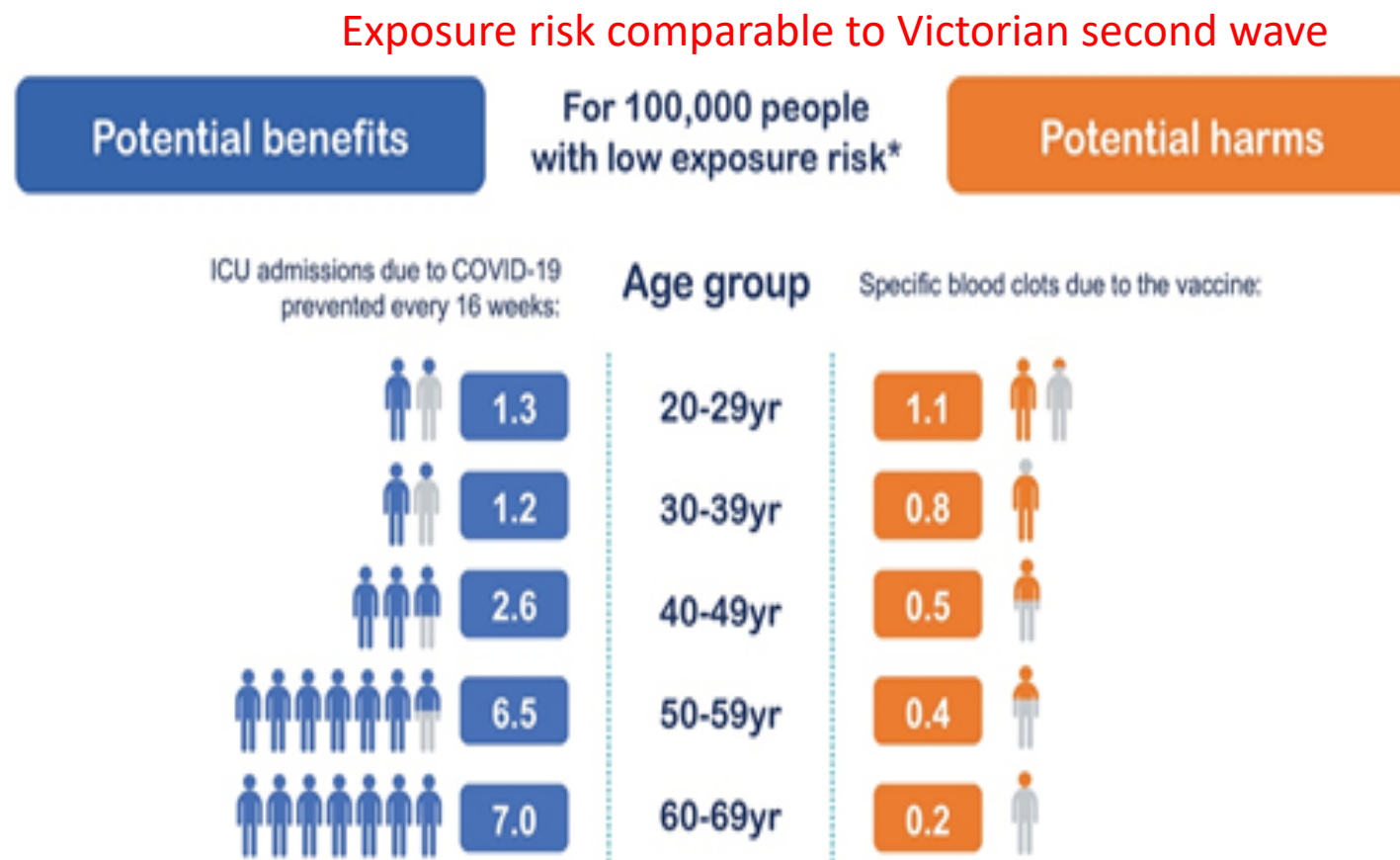
- [Preparing for your COVID-19 vaccination](#)
- [AstraZeneca vaccine information sheet](#)
- [After your AstraZeneca vaccine](#)
- [Pfizer vaccine information sheet](#)
- [COVID-19 vaccine consent form](#)

Thrombosis with Thrombocytopenia Syndrome (TTS)

- Benefit-risk analysis needs to consider
 - **COVID disease rates and severity**
 - **age groups**
 - **availability of alternative vaccines**

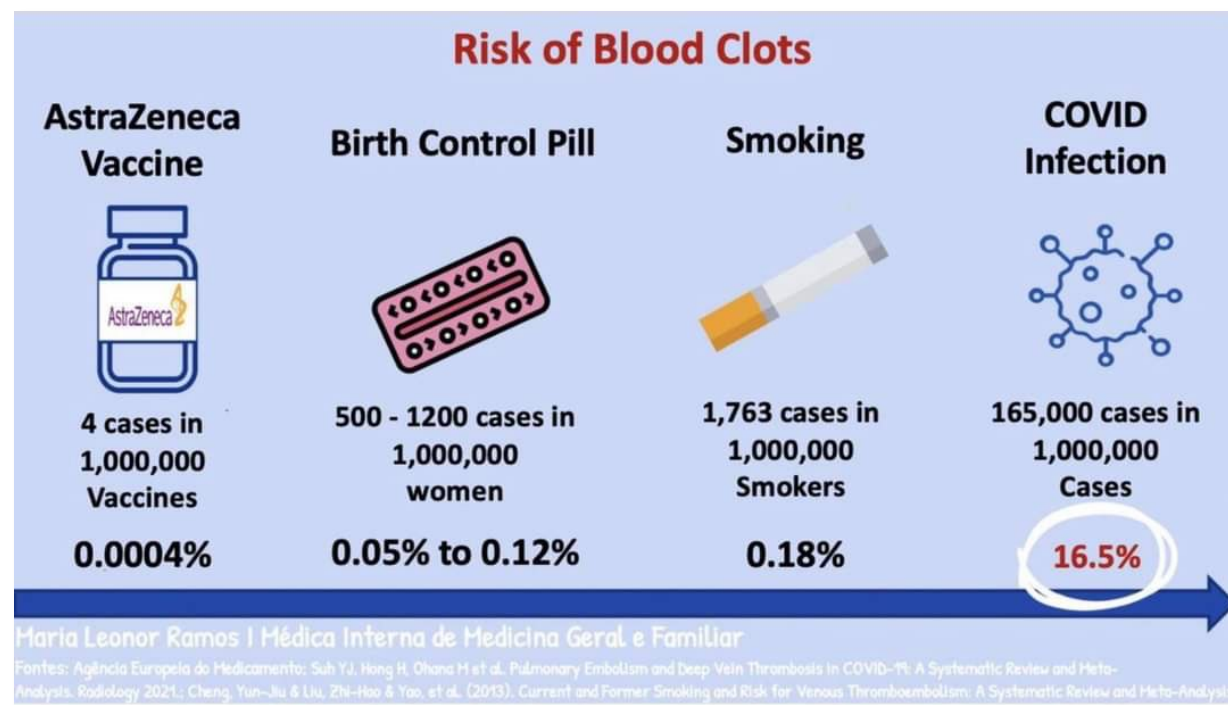
- Benefits include
 - prevention of hospitalisation
 - ICU admissions, death
 - Long COVID

Risk ICU and death increases 3-fold with each decade of life








Risk TTS - which risk comparison to use?

- Compare risks from other causes of blood clots or everyday risks?
- Beware of creating new concerns (e.g. birth control pill clots)
- Avoid overstating precision



How does the risk of serious side-effects from the AstraZeneca vaccine compare with other risks?

Chance in a million of...	25-year-old	55-year-old
serious harm due to vaccine side-effects 	11 in a million	4 in a million
dying with coronavirus 	23 in a million	800 in a million
dying due to an accident or injury 	110 in a million	180 in a million
dying in a road accident 	38 in a million	23 in a million
being hit by lightning this year 	1 in a million	1 in a million

Figures show the chance of dying with coronavirus since the start of the pandemic. Figures for accidents and car crash fatalities are for 2018

Source: Winton Centre for Risk and Evidence Communication

BBC

<https://www.bbc.com/news/explainers-56665396>

Vaccine safety for women who are...

- **Planning pregnancy**

- **No evidence of increased risk of pregnancy complications** in women who become pregnant after vaccination

- **Breastfeeding**

- Women **can continue breastfeeding** before or after vaccination
- **No evidence of increased risk of complications in breastfeeding women** vaccinated against COVID-19

- **Currently pregnant**

- Recommended to wait until after pregnancy to be vaccinated if the woman has no risk factors for severe COVID-19 and/or not at high risk of exposure to COVID-19



Vaccines and faith

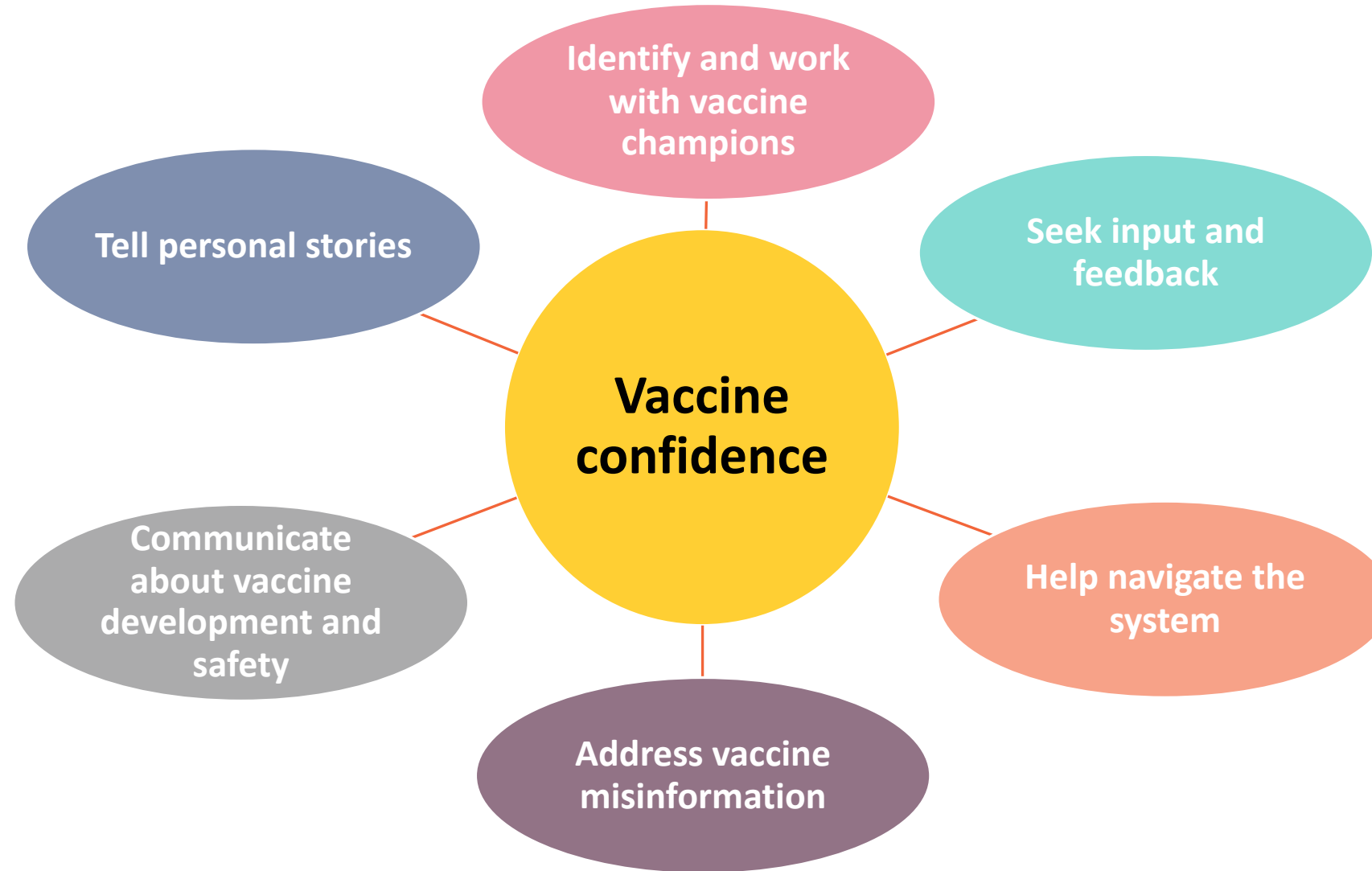
- Taking COVID-19 vaccines during Ramadan does not invalidate the fast (*British Islamic Medical Association*)
- COVID-19 vaccines are Halal (*Australian Federation of Islamic Councils*)
- COVID-19 vaccines do not contain any cells from an aborted foetus



Take away messages about vaccine safety

- Hundred of millions of doses of vaccines already delivered
- Vaccine safety is constantly being monitored
- Safety issues are rare
- Information and pandemic conditions may continue to change
- Media headlines can be misleading

Strategies to build vaccine confidence in your setting



Identify and work with vaccine champions

- Vaccine champions should **look like** and **be trusted by** people in your practice
- Brainstorm strategies for your clinic (e.g. what has worked to promote flu vaccines?)
- Empower vaccine champions through practice meetings, they can also engage with patients via email blasts, social media, blog posts



Seek input and feedback

- Organise live Q&A sessions, town hall meetings, brown bag sessions
- Create a feedback process (e.g. email inbox, post box, physical question box, anonymous survey)
- Follow through and respond to queries and concerns

Seek input and
feedback



Help navigate the system

- Help people appraise information quality
- Support understanding of individual vaccine eligibility
- Communicate where, when, and how people will be offered the vaccine (eg if at workplace)



Help navigate the
system

Communicate about development and safety

- Tailor messages for your organisation
- Emphasise scientific consensus
- Use visuals
- Keep messages short, clear, simple and focused on positive narratives

Communicate
about vaccine
development and
safety

- Key resources:
 - Australian Government COVID-19 vaccine information
 - <https://www.australia.gov.au/covid19vaccines>
 - Melbourne Vaccine Education Centre (MVEC)
 - <https://mvec.mcri.edu.au/covid-19/>
 - AusVaxSafety
 - <https://www.ausvaxsafety.org.au/our-work/covid-19-vaccine-safety-surveillance>
 - COVID-19 vaccine FAQs | NCIRS
 - <https://www.ncirs.org.au/covid-19/covid-19-vaccines-frequently-asked-questions>
 - Translated Australian Government COVID-19 vaccine information
 - <https://www.health.gov.au/initiatives-and-programs/covid-19-vaccines/covid-19-vaccine-information-in-your-language>

Tell personal stories



Tell personal stories/plans

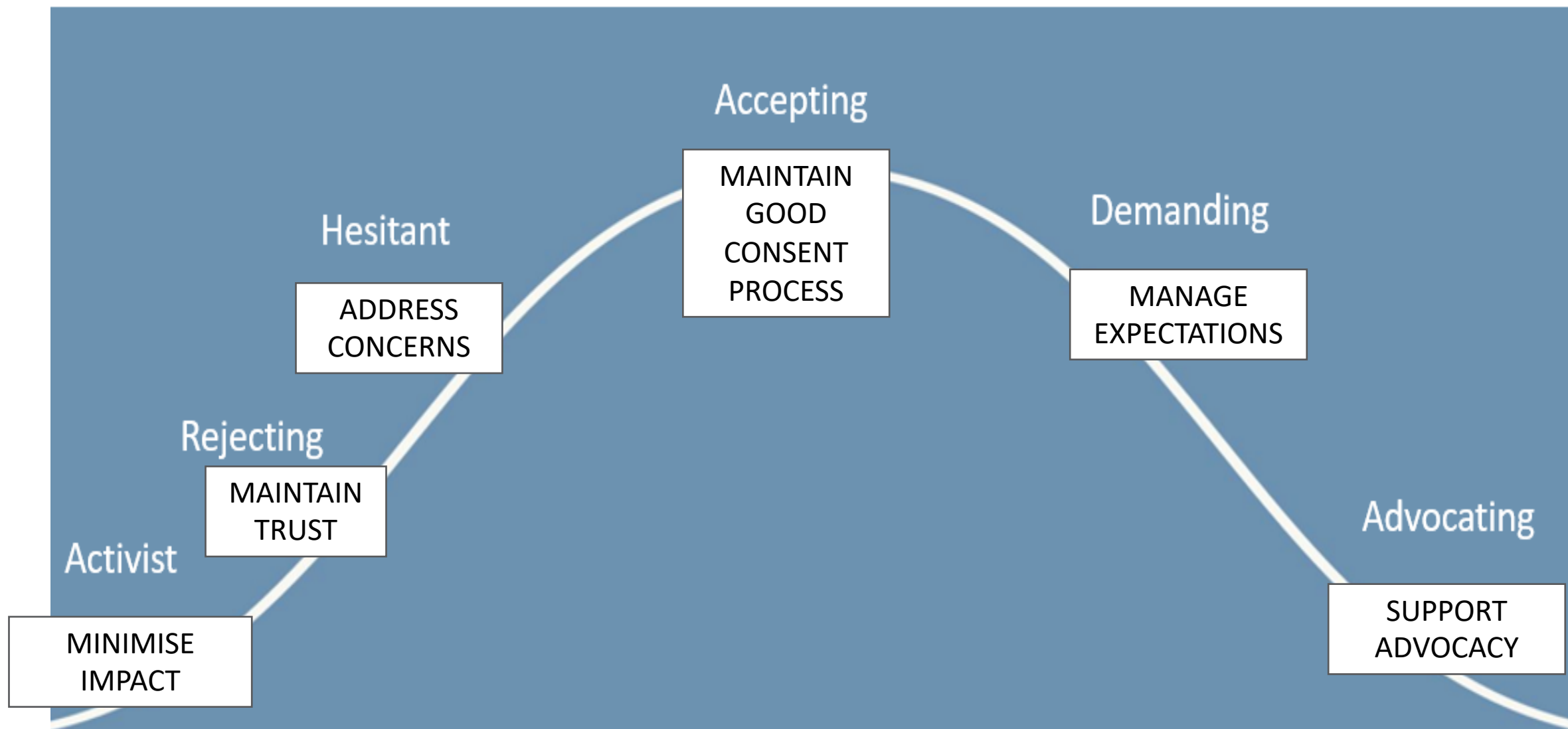
- Share your reasons for deciding to get vaccinated
- If you've been vaccinated, talk about the experience
- Share photos (avoid needles!)
- Be transparent

Outcome: Set the in-group norm

Range of vaccination positions

Source: Covid-19 vaccines: safety surveillance manual communication module

<https://www.who.int/publications/i/item/10665338400>



Recommended communication practices

- **Elicit questions and concerns**
 - Use open-ended questions: *“What questions do you have?”*
 - Resist the righting reflex
- **Acknowledge concerns and share knowledge**
 - *“Having questions is very normal.”*
 - Share facts on vaccine safety and effectiveness
 - Elicit and reinforce motivation
- **Discuss disease severity**
 - Centre discussion on disease, not vaccines
- **Recommend vaccination**
 - And explain where to go
- **Continue the conversation**
 - Keep communication open



Clinical risk communication

- Risk communication discussions need to help people to
 - assess their personal eligibility
 - help them weigh risks and benefit
- Need to
 - **Support valid consent** - ATAGI guidelines for informed consent
 - **Help people to weigh risk and benefit**
 - comparisons of risks and outcomes need to communicate magnitude not acceptability of risk
 - Numerical risk formats enable more precise understanding of risk
 - Verbal formats useful if limited numeracy
 - Visuals helpful if low health-literacy or low English-proficiency ie icon arrays
 - Same denominator and time period should be used when comparing across risks
 - Smaller denominator makes the probability easier to understand

Clinical risk communication

- **Societal values**
 - Elicited using tools such as decision aids
 - Use broader concept of concept of benefit given low disease rates
 - protection for communities, especially most vulnerable
 - establish as the social norm - knowing if others are vaccinating influences decisions
 - social mobility – visit elderly grandparents
 - freedom from lockdowns and school closures
 - ability to travel
 - financial security
- **Recommendation from a health care provider**
 - most important predictor of vaccine acceptance
 - should come with respect for autonomy

Examples of good communication



https://www.greaterthancovid.org/the-conversation/?utm_source=betweenusa&utm_medium=vanity%20url



Kimberley Coronavirus Animation

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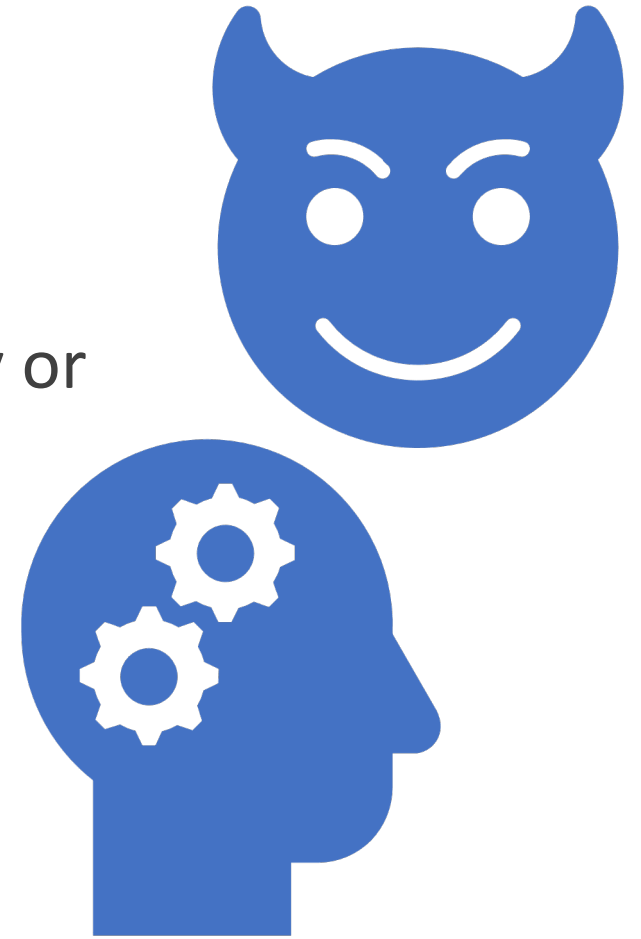


Ka kite, COVID – we're getting immunity. Video / @covid19nz

NZ advertisement: **Do it for each other**
 “The metaphorical door to freedom”
 “I’m going home to see my mum”
 “We’re coming to school everyday...all year long”

Why is misinformation so appealing and hard to correct?

- Conspiracy theories flourish at times of uncertainty
- Easy or familiar explanations feel true
- Repetition reinforces beliefs
- Misinformation may support people's sense of identity or world view
- No one likes to be wrong
- Myth-busting can backfire



Acknowledgements

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