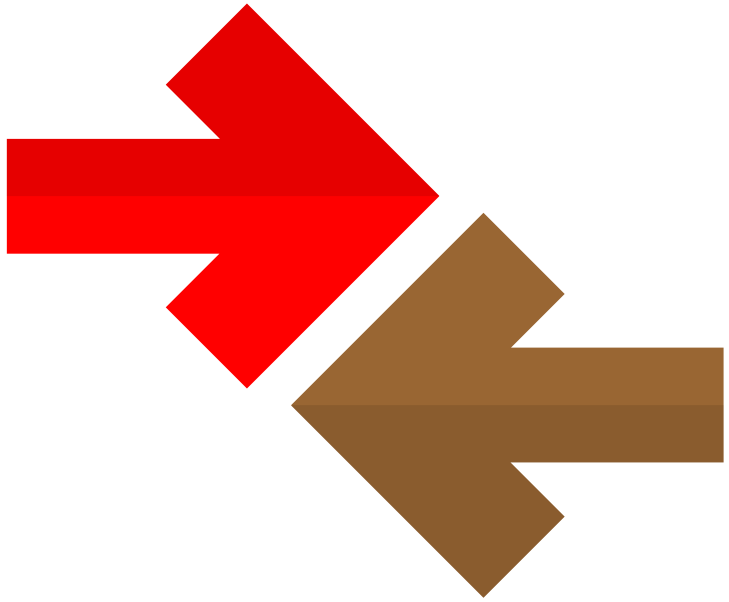
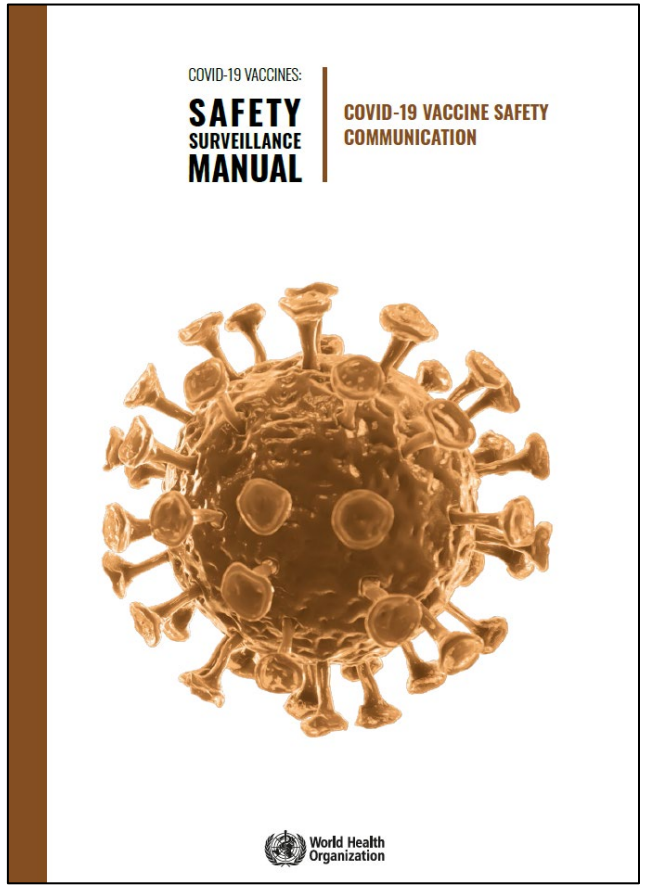
COVID-19 vaccine safety communication





Learning objectives: The learner will be able to

Comprehend the profile and intention of the potential vaccine beneficiaries

Identify the factors influencing vaccine safety perceptions

Demonstrate the approaches towards vaccine safety communications for COVID19

Formulate specific approaches to manage negative messages

Apply hypothetical scenarios to real life situations

Presentation structure

1. Factors influencing vaccine safety perceptions
2. The VSN and its important role for COVID19
3. Recommendations for vaccine safety communications for COVID19
4. The impact of negative messages and addressing them
5. Hypothetical Scenarios and examples of responses to them

Factors influencing vaccine safety perceptions

Individual intentions towards COVID-19 vaccination

Accepting

Address questions, provide resources

Depends on **motivation** to be vaccinated, **social / professional influences** and the **availability & access** to, a vaccine. May have questions about potential side effects.

Hesitating

Listen & address concerns. Facilitate **access to evidence-based information**

Due newness of disease, novel vaccine platforms & uncertainty surrounding vaccine safety.
Hesitancy is dynamic & can be influenced by communication with a trusted healthcare

Demanding

Address questions

Absolutely want a COVID-19 vaccine. High demand with low supply could lead to conflict and perceptions of '**favouritism**' that may **diminish trust** in the overall programme.

Rejecting

Minimize the group size by **good management** of vaccine safety issues

Rejection often based on **safety concerns**, but **experience, perceptions** and **values** could be involved.

Advocating

Provide tools that address safety concerns.

Motivated by a **personal experience**/ or **strong support** of vaccination. **Asset** in safety communication, sharing information rapidly via their social networks.

Anti-Vax Activist

Reduce impact on other groups.

Oppose all / just COVID-19 vaccination, engage in protests. May **source & share misinformation** about vaccine safety, particularly via social networks.

Factors influencing vaccine safety perceptions

Negative messages

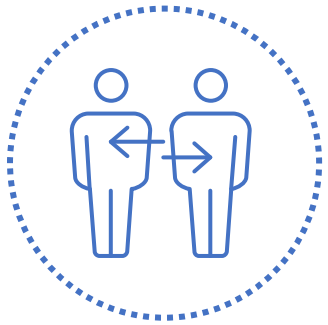
Misinformation:
false or misleading information

Disinformation:
false information, purposely shared to mislead others

Fake news:
fictitious information that imitates genuine news

Conspiracy theories:
explanations that allude to the hidden influence of powerful people

Factors influencing vaccine safety perceptions
Environmental influences



Social, cultural, community and religious influences

People with shared values and beliefs in tight-knit communities where ideas spread readily.

Historical issues affecting trust

Groups most at risk may include people living on a low-income, different kind of minorities, disabilities, or members of communities with inadequate health service access

Organisational influences

Mistrust among HCWs as a result of workplace infections and a perception of having been unsupported by governments in the face of overwhelming COVID-19 case numbers

Vaccination services

Negative previous experiences with health services may influence acceptance in adults.

Political influences

Leaders may create high expectations of COVID-19 vaccines. Over-confident communication could lead to mistrust if expectations are not met.

Vaccine Safety Net (VSN)

- ✓ Established by WHO, is a worldwide network of websites that provide reliable information on vaccine safety online, in several languages.
- ✓ Provides criteria for good information practices in terms of credibility, content, design and accessibility that can be used to check a website for providing evidence-based information on vaccine safety.
- ✓ Aims to counterbalance websites providing unbalanced, misleading and unreliable vaccine safety information.
- ✓ Facilitates access to reliable, understandable, evidence-based information on the safety of vaccines for online users in various geographical locations and speaking different languages.

Recommendations for vaccine safety communications for COVID19

Goal of COVID-19 vaccine safety communications approach

To empower people to make evidence-informed choices about COVID-19 vaccination.

Encourage trust in health authorities and those delivering the vaccine

Facilitate access to timely, accurate and credible information about COVID-19 vaccination safety via trusted channels

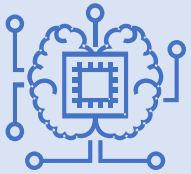
Provide people with a means of asking questions and having their concerns addressed

World Health Organization

MRB

Plan and prepare prior to vaccine introduction

Should take place **as early as possible**, ideally **well in advance** of vaccines being deployed.



For proactive communication, **integrate communications team** into any vaccine safety **planning and decision-making activities**.

Establishing **partnerships** with other vaccine safety stakeholders for **information sharing and dissemination**.

Develop a **communications plan** e.g. designating **responsibilities**, nominating **spokespeople**, defining **audiences** or population groups, and **developing materials**

Set up lines of communication

With influencers and mobilisers, such as community, religious or cultural leaders, HCW associations, trusted journalists and other influential people.

Identify and **meet their information needs** and offer opportunities to encourage promotion of positive vaccination behaviour.

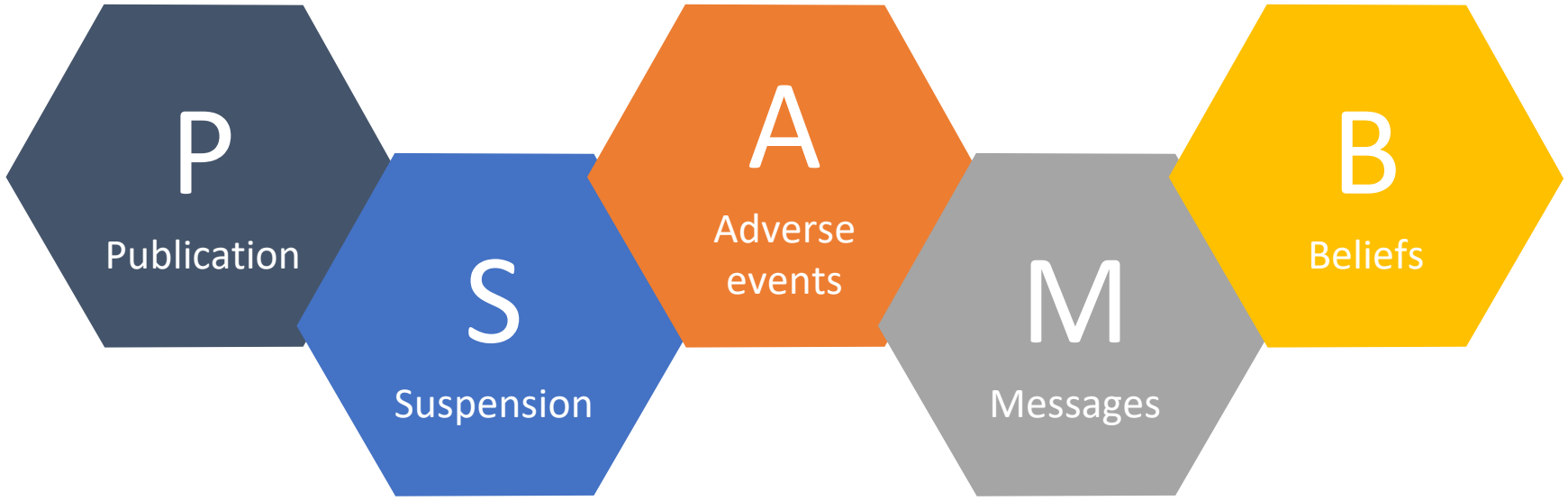
Create multiple forums for the public to ask questions or raise concerns, such as public meetings, website feedback forms, email, telephone hotlines, online chat, or a social media platform

Identify potential threats to confidence in vaccine safety

Publication of new data on COVID-19 vaccines

Adverse events

Community attitudes and beliefs



Events such as a temporary vaccine suspension or recall

Negative messaging in the media

World Health Organization

MRB

Listen proactively

Use multiple data sources to formulate tailored and targeted communications to:

- ❑ **Identify audiences and provide insights into what they are thinking, their concerns and questions**
- ❑ **Identify community influencers and trusted sources**
- ❑ **Detect negative messaging and anti-vaccine activity as per specific contexts and locations.**

Ways to listen to the public include

- ✓ qualitative methods (interviews, focus groups, observations)
- ✓ tracking public opinion via surveys of representative samples
- ✓ insights from community and religious leaders and other influential people
- ✓ tracking calls to hotlines and other forms of public feedback
- ✓ monitoring traditional media
- ✓ digital and social media listening

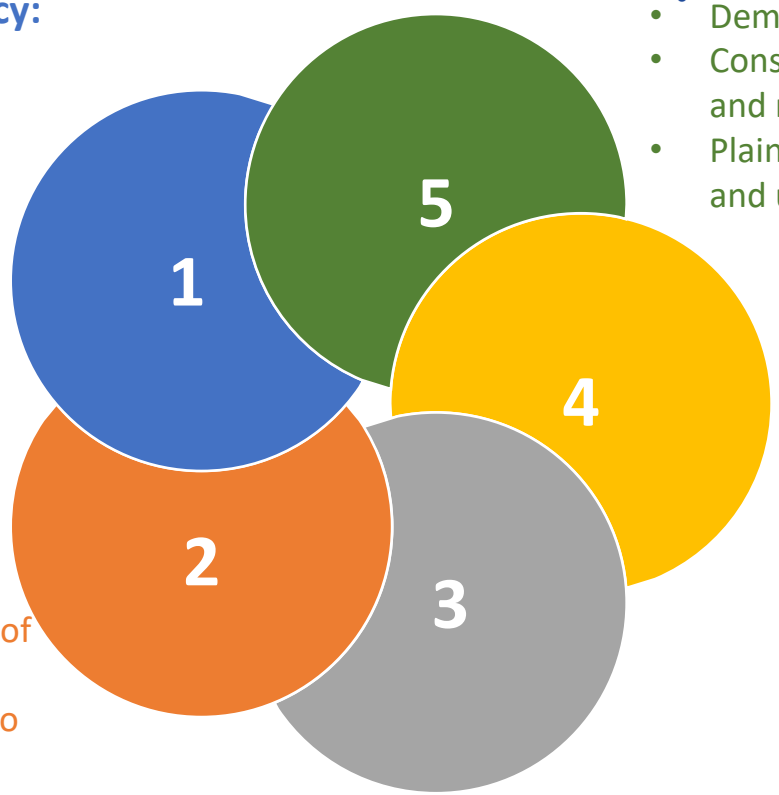
Communicate in ways that build understanding and trust

Communicate with openness and transparency:

- Provide access to all information, without withholding.
- Keep promises to share information and regularly update the public with new information.
- If specific information is unavailable, say so. When details are scarce, communicating hope is appropriate.

Communicate with clarity:

- Demystify vaccine safety for the general public.
- Consider health literacy when developing statements and materials.
- Plain language communication, get to the point quickly, and understand audience information needs.



Be responsive and timely with communications:

- Do not wait to be certain if concerns about the safety of COVID-19 vaccines arise.
- Anticipate and be forthcoming with information as info becomes available.
- Keep the public updated about actions being taken by governments
- In the event of AEFIs, if information is evolving, be transparent and say that.
- Partnering with the media can help to disseminate information quickly.
- Social media may offer a useful means of providing brief, frequent, and real-time updates.

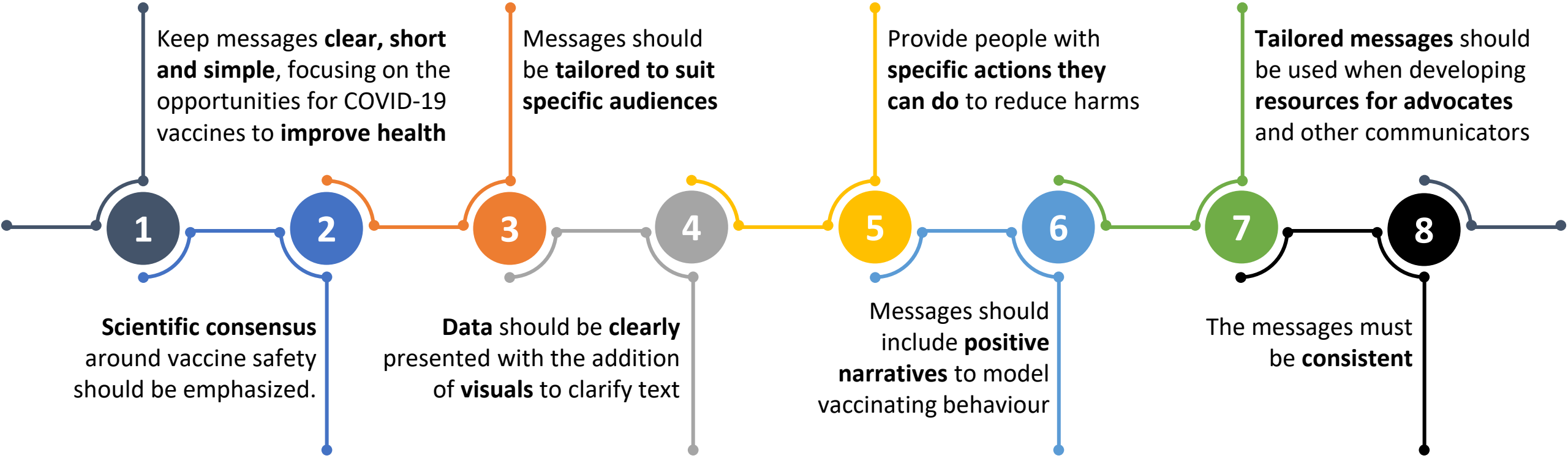
Accept and acknowledge uncertainty:

- Convey uncertainty about vaccine safety, when it exists, in an appropriate way
- Identify likely scenarios the public may need to consider and what decisions may need to be taken and when, and explain what is being done to reduce uncertainties.

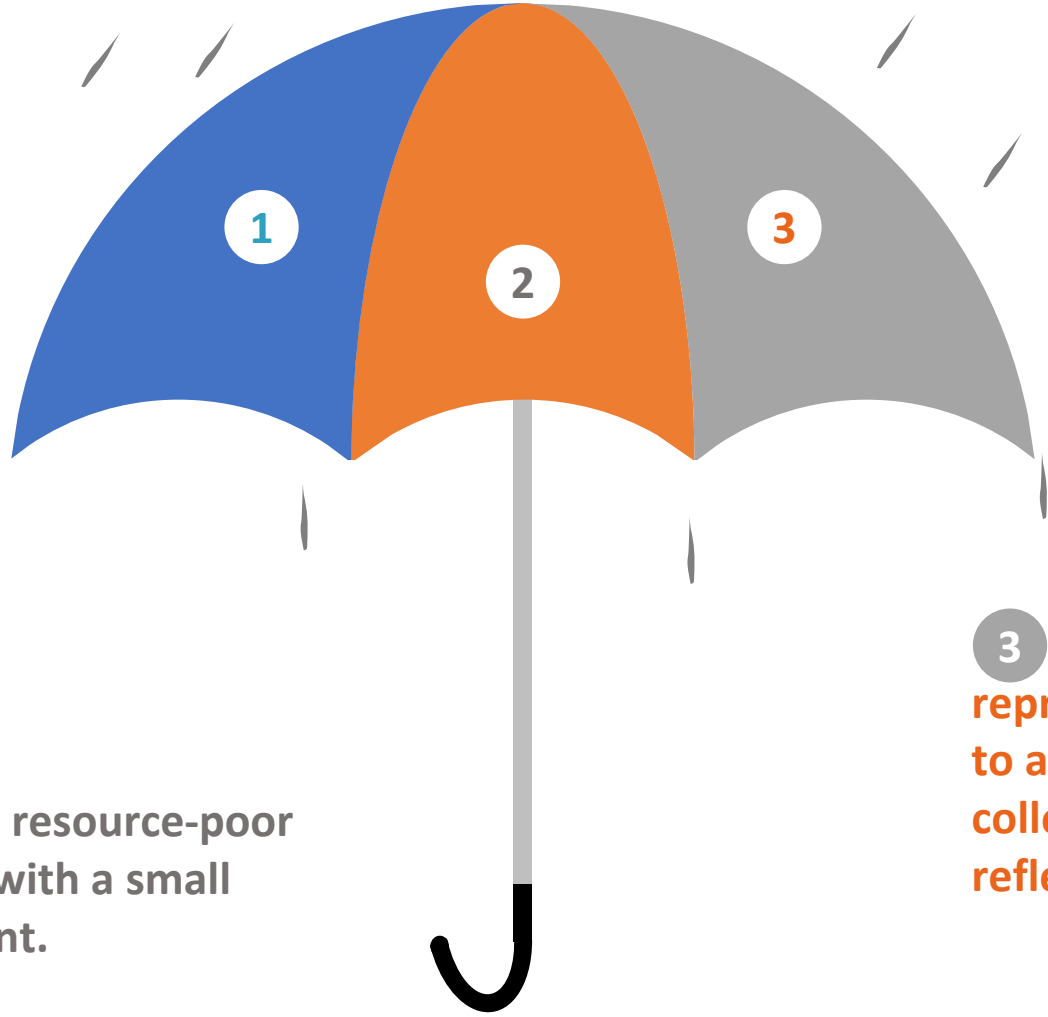
Act and speak with empathy:

- Participate in meetings with community members or stakeholders.
- Using personal language and showing concern helps build trust.
- Identify spokespeople communicating with competence and empathy, not just with their words, but also with their non-verbal communication and their tone.
- Listen to, acknowledge, and respond to people's emotions about COVID-19 vaccines.

Construct messages about COVID-19 vaccine safety using an evidence-based approach



Pre-test messages with representatives of target audiences and adjust as needed



1 Public responses to COVID-19 vaccine safety messages may be unpredictable and not reflect previous experiences, so pre-testing messages is essential

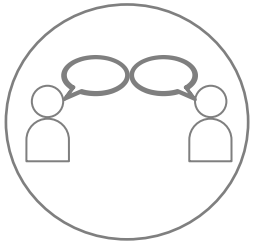
2 In time- and resource-poor settings, testing with a small group is important.

3 Test the messages with representatives of the target audience to assess their impact, not with colleagues whose responses may not reflect those of the target audience.

Work closely with the media

Traditional media (television, radio, print) will act as an **important intermediary** between health authorities and the public.

Briefing journalists **regularly,** and **supporting their information needs** around vaccine safety issues and concepts, may help **reduce** sensationalist reporting.



Develop **mutually beneficial relationships** with the media by being **easily accessible** and **responding promptly** to requests for information.

Engaging with journalists regularly is important.

Become a go-to source for vaccine safety information by providing **clear and concise** media releases and background information and offering **names of third parties** for journalists to speak to about vaccine safety issues.

Build a social media presence

1. **Social media help to communicate regularly and give real-time updates**
2. **Some audiences primarily use social media for communicating.**
3. **Anti-vaccine activists use social media to spread negative messaging.**

WHY

HOW

- ✓ **Listen** to what key audiences are saying and use this information to inform communications
- ✓ Choose **1-2 platforms** to communicate on; do not spread efforts across many platforms
- ✓ Commit to **two-way communication**, including interacting, replying and conversing.
- ✓ Be **active and interact regularly** to build an online community
- ✓ Use an **authentic, personal approach** and create **safe spaces** to encourage audiences to ask questions
- ✓ Regular interaction requires substantial input, so **allocate resources specifically for social media** in the communications plan.

Careful management of negative messages

- ✓ **Negative messages include distorted, false or misleading opinions, misinformation and expressions of anti-vaccine sentiment**

Not all negative messages warrant a response.

- A vocal minority may generate a large proportion of the negative messages, which can then be amplified. Only respond to messages that have spread beyond the source community and are getting considerable reach and engagement from target audiences.
- People may express fear and anxiety about vaccine safety. Respond with compassion by acknowledging and informing people with concerns.

Listening will help analyse the situation, determine whether it is appropriate to respond or not, and allow close monitoring of the popularity of the negative messages, which can be used to inform a reactive strategy.

- Responses should be directed to the audience when responding to negative messages.
- Do not argue with or try to convince the person spreading the negative message.
- Emphasize factual information and content that triggers positive emotions, such as the health benefits of vaccines.
- Expose flawed arguments, explain why any misinformation is incorrect and, if possible, provide alternative explanations.

Pre-prepared messages in the form of Frequently Asked Questions (FAQs) can be useful when responding.

- Listening is important to help identify appropriate and relevant questions.
- FAQs developed without good understanding of community knowledge and attitudes may not address the real questions.

Careful management of negative messages

✓ **Criteria for prioritizing responses to vaccine safety issues:**

- It is **inevitable** that some groups will make negative claims about the safety of COVID-19 vaccines.
- It is **not possible or appropriate** to respond to every new claim, particularly if many arise.
- Communicators must consider **resources and opportunity costs** in responding; the **level and scale** of response should depend on the potential **impact** of the claim.

✓ **Events meeting at least one of the following criteria will require a response:**

The AEFI is genuine

The confidence of HCW who are both recipients and recommenders of the vaccine is likely to be affected

The event or story is gaining attention as shown by social listening or opinion monitoring

A respected opinion leader who is trusted in the community is advancing a view.

The alleged adverse event is unsubstantiated but publicised by a group of people who experience symptom/syndrome

The issue or event touches on moral foundations that are highly correlated with vaccine acceptance.

Hypothetical scenario 1

Early concerns among influential experts	Example Response

An influential doctor with high-media reach shares concerns about alleged 'shortcuts' on safety for the COVID-19 vaccines, the number of adverse events of special interest (AESI) being monitored, and the 'too many uncertainties' about the vaccine's safety. The general population hear these concerns in the media. Some of them share their views that COVID-19 is 'the same as the flu anyway'	• Communicators should engage early with professional leaders, ideally prior to such events. Proactively communicate about the unique vaccine safety considerations for the COVID-19 vaccines. Respond promptly with sufficient detail and do not be dismissive about concerns. Correct the false belief that shortcuts are being taken for the COVID-19 vaccine safety by providing information about how it is being assessed in phase I, II and III vaccine trials
	• Directly and specifically address the differences between AESIs and adverse events following immunization (AEFIs), using the level of detail appropriate for the audience. Associate discussions of vaccine safety with existing ideas people have about common medicines that may have common side effects and rare adverse effects.
	• Communicate about the clinical trial outcomes that are known, using appropriate, accessible formats. Engage with local expert advocates to broaden the coalition of voices addressing concerns. Communicate:
	  • what AESIs are and why they are listed and being monitored
	  • the role of phase II and III trials in the evaluation of vaccine safety
	  • what is known about safety, named AEFIs and their rates from COVID-19 vaccine trials so far
	  • what we know now, where uncertainty remains and what is being done to fill information gaps
	  • plans for ongoing monitoring of AESIs and plans for detecting and managing safety signals
	  • the potential benefits from a COVID-19 vaccine.
	• In some settings it may be reasonable to identify positive religious and community leaders as communication partners. Talk to them early about the upcoming vaccine programme. Ask them to be ready to be called if there are concerns about the vaccine to answer their questions.

Hypothetical scenario 2

Rumours	Example Response
A video about adverse events allegedly reported during phase II COVID-19 vaccine trials is shared via a local, known anti-vaccination Facebook group with 80,000 followers. Mainstream media organizations want to report the story.	• Use the criteria in this manual to prioritise the level of response. • Investigate the reach of the rumour. It may be possible to give trusted journalist(s) background information about the rumour and the potential harm in reporting it. • If the rumour has been shared widely beyond original communities, address concerns on website or social media platform to enable advocates to respond. • If the rumour has not been shared widely, not formally responding could be considered since responding may draw more attention to the topic. • Avoid strategies that encourage polarization, such as entering into debates with those with strong beliefs. • Debunk information with well-referenced facts.

Hypothetical scenario 3

Vaccine components	Example Response
A group publicly expresses concern that a COVID-19 vaccine is made with new technology that modifies genes.	• This issue will be specific to mRNA and DNA vaccine platforms. Governments should work with experts to rapidly produce information that answers FAQs about these vaccine platforms before the launch phase. Information should be specific to the vaccine(s) the country plans to introduce. • Draft information about technically complex matters should be pre-tested on target audiences. Health literacy assessment tools like PEMAT can be used. • Governments should proactively provide information about the vaccine platforms and how different vaccines are production.

Hypothetical scenario 4

Social media bombardment or attack	Example Response
The Facebook page of a hospital recruiting for a candidate COVID-19 vaccine trial is attacked by anti-vaccine activists. The most frequent comments are: “COVID-19 is mutating”, “the vaccine will not work”; “we don't know anything about COVID-19 so how can we make an effective vaccine”; “recruit politicians for vaccine trials and then we will trust you”; “let us live our lives, we don't need vaccines (young people, not parents)”; “we will never accept mandatory immunization”.	• Manage the immediate attack by banning offending individuals from the Facebook page and deleting false and offensive comments. Do not engage directly with the activists. Seek support from partners. See the Anti-Anti-Vaxx Toolkit for specific guidance on managing an activist Facebook attack. • Use listening techniques to determine whether these questions and concerns are more widespread and reflect target audiences’ concerns. If so, communicate with broader audiences using other means. It is important not to argue with the people spreading the negative messages. • Counter any widespread negative messages by providing clear and simple explanations and exposing flawed arguments by providing evidence-based information. Emphasize the scientific consensus on COVID-19 vaccine safety. Provide opportunities for people to ask questions. Foster the audiences’ trust by addressing concerns promptly, being transparent, and not over-reassuring.

Hypothetical scenario 5

Cluster of immunization stress-related responses	Example Response
A COVID-19 vaccine that caused moderate pain at the injection site in 10% of vaccine recipients in phase III trials is given in a mass vaccination campaign. At one clinic, there were long queues waiting to be vaccinated on a particular afternoon, a group of vaccine recipients complain of headaches and dizziness after the vaccine was given, and some faint. The issue is reported widely in the media that evening.	• Anxiety associated with shared beliefs about the cause of symptoms can spread easily and quickly, especially via the media or social media. This 'contagion' of fear can interfere with immunization programmes. • Spokespeople should acknowledge the symptoms and the distress experienced by the vaccine recipients and state that the causes are being investigated. They should identify the process for investigation and what others should do in the meantime. They should be available to update journalists on the incident. • Public sentiment should be monitored using listening techniques. Local leaders and health care workers should be engaged to reassure the community. Health care workers should be provided with messages and communication materials that explain acute stress responses (including syncope or fainting). Work with the media to disseminate information. Engage audiences on social media, and counter negative messages as appropriate. Communicate and address concerns promptly and transparently. • Prior to launching an immunization programme, develop a plan to respond to stress response clusters, including pre-testing messages in potential priority groups, nominating spokespeople and points of contact for the media, and training spokespeople and health care workers in communication.

Hypothetical scenario 6

A community with questions	Example Response
An influential community leader is urging people not to be vaccinated, saying that the vaccine is not safe, “it is a conspiracy and it is being given to people in lower-income countries to control fertility”.	• The National Immunization Programme manager can provide information about vaccine safety and the importance of vaccination to community leaders before the launch. Vaccine safety communication resources tailored to the local needs and culture can be proposed, with support from the Vaccine Safety Net or the Vaccine Safety Communication e-library. If vaccination resistance develops during the launch, work with positive influencers to engage with the resisting religious and community leaders. For example, it will be helpful to provide a simple one-page guideline on vaccine safety for these leaders, and to share information about how other leaders have previously dealt with such issues.

Hypothetical scenario 7

Safety signal	Example Response
An AEFI signal for one COVID-19 vaccine is being investigated. Regardless of the outcome, it has the potential to undermine confidence in other COVID-19 vaccines although no AEFI signal has been detected for the other vaccines.	• Implement a vaccine safety communication plan. Use the criteria described in this module to prioritise the level and scale of response. Assess community sentiment and concerns using listening techniques. Prepare and pre-test messages, if possible, prior to vaccination campaign in anticipation of this issue. Tailor these messages to questions and concerns of different audiences, as needed. • Messages about vaccine safety should come from knowledgeable people (such as the National AEFI Committee spokesperson) with good communication skills. They should convey clear information about differences between the COVID-19 vaccines and focus on the benefits of COVID-19 vaccination. Messages should be short and simple, emphasizing evidence-based information and scientific consensus on COVIID-19 vaccine safety. Confirm that messages are consistency with vaccine safety partners. • If the AEFI safety signal receives widespread media or public attention, communicate promptly and transparently. Brief journalists. Communicate and interact with audiences on social media. Provide health care workers with communication materials to respond to people's concerns. Continue to update audiences on the progress of the investigation and recommend what actions individuals should take in relation to the incident (e.g., continue to be vaccinated, continue to be vaccinated with other available vaccine(s))

Hypothetical scenario 8

False rumour	Example Response
A rumour is circulating that a COVID-19 vaccine has caused a spike in the incidence of a specific autoimmune disorder common in one of the groups of adults with comorbidities that is a COVID-19 vaccination priority target group. Investigations have shown the link is not plausible and no safety signal has been detected in AEFI monitoring. Some health care workers and a prominent immunologist are giving support to the rumour. A significant number of health care workers are refusing vaccination, stating their concerns about 'reactions'.	• Respond rapidly with sufficiently detailed, frank information to address the claims. This can be done by a professional with sound and relevant knowledge in immunology or vaccine safety and be in the form of an online statement that can be shared by relevant professional networks. • Assess whether more proactive modes of response are needed via listening for sentiment and spread of rumour among health care workers (see Appendix E). Develop and, if possible, pre-test messages tailored to the concerns and information needs. Messages should explain why the rumour is incorrect, what is known about the vaccine's safety in that group and expose flawed arguments. Recruit respected opinion leaders, advocates and other influencers within health communities and professional societies to disseminate information to disprove the rumour. Initiate dialogue with health care workers to allow them to ask questions and have their concerns addressed.

Key points to remember

Negative claims about COVID-19 vaccine safety are inevitable but the level and scale of response should be decided, taking into consideration resources and opportunity costs and the potential impact of the claim.

Understanding the source, environment and the context in which communications on COVID19 vaccines take place is the key to the correct communication response.

There is no, “one size fits all” situations in vaccine safety communications:

- each scenario has to be evaluated and responded to based on its merit
- messages should be tailored to suit specific audiences, barriers and enablers, to ensure they are relevant and engaging.

The goal of vaccine safety communication should be to empower people to make evidence-informed choices and facilitate access to timely, accurate and credible information about COVID-19 vaccination safety

Maintaining credibility, transparency and honestly will provide the best results in the long run.

References

- Appendix A: Spectrum of vaccination intentions for COVID-19 vaccines
- Appendix B: Managing negative messages (misinformation and anti-vaccine activists)
- Appendix C: Development of a COVID-19 vaccine safety communication plan
- Appendix D: Planning and preparing COVID-19 vaccine safety communication
- Appendix E: Guidance on social listening
- Appendix F: Development of evidence-based messages
- Appendix G: Responding to the needs of the media
- Appendix H: Communication on social media
- Appendix I: Frequently Asked Questions
- Appendix J: General resources.