



Breaking down 'vax hesitancy'

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I would like to acknowledge the Bedegal people that are the Traditional Custodians of this land.

I would also like to pay my respects to the Elders both past and present and extend that respect to other Aboriginal and Torres Strait Islanders



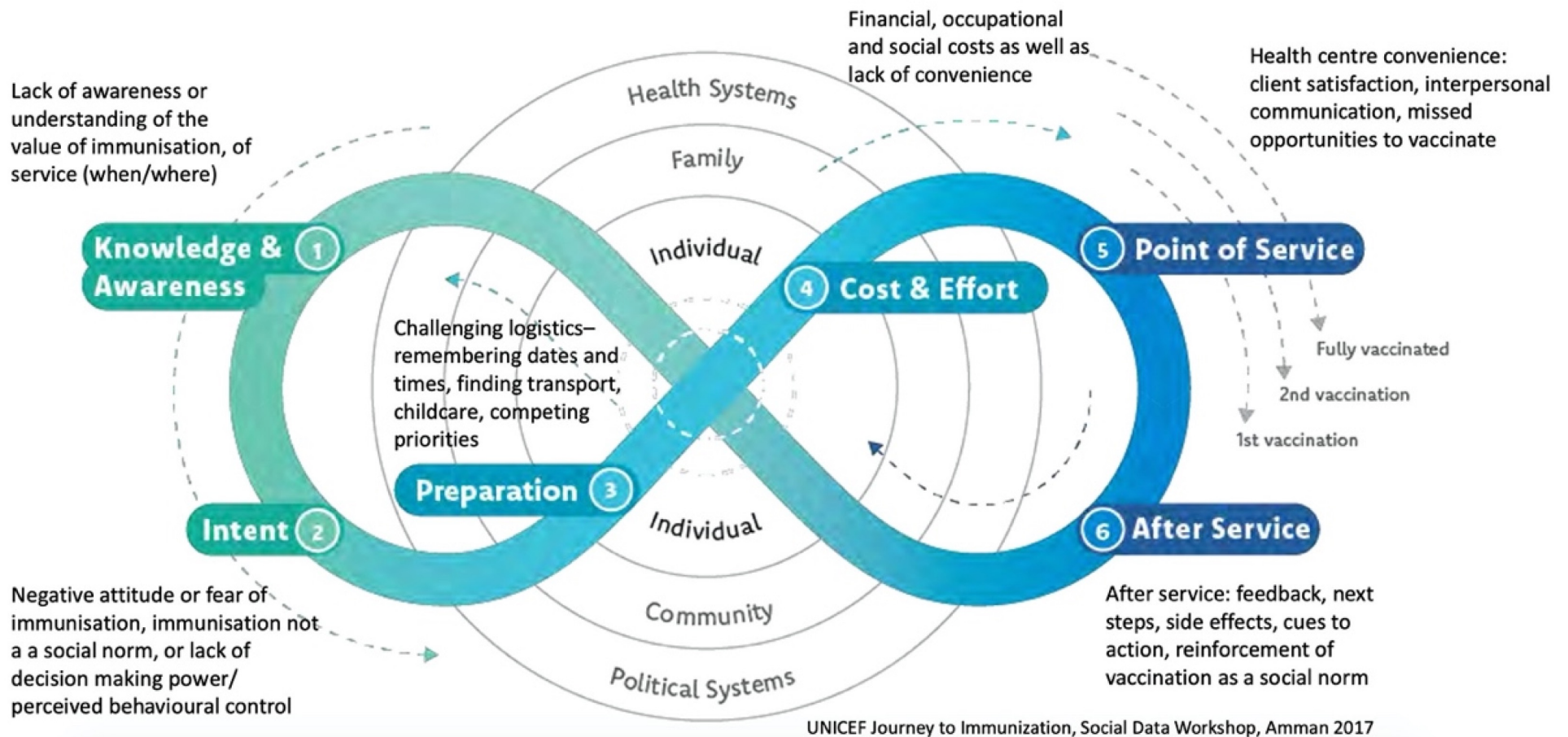


COI statement

- Receive funding from NHMRC and state government to undertake research
- Have previously received funding from drug companies for investigator driven research and consulting fees to present at conferences/workshops and develop resources (Seqirus, Moderna and Sanofi Pasteur).
- Have also participated in advisory board meeting for Sanofi Pasteur, Moderna and Pfizer.

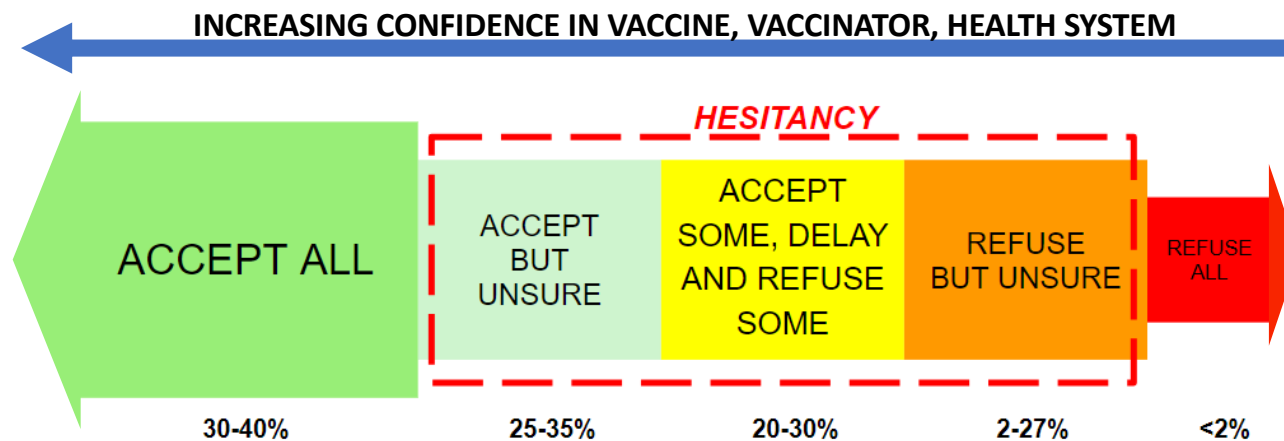


The journey to immunization – what are the barriers?



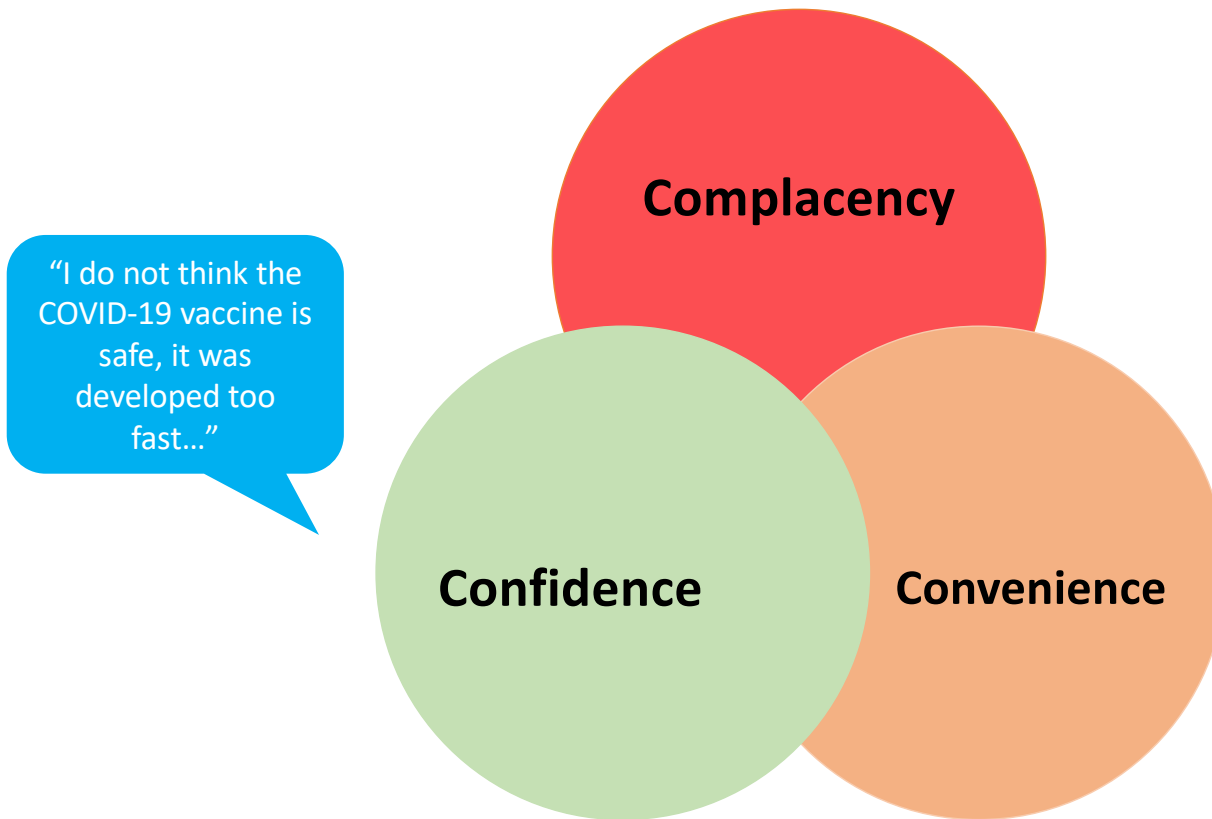
What is Vaccine Hesitancy?

- **A delay in acceptance or refusal of vaccines**, despite availability of vaccination services
- **Complex and context specific**, varying across time, place and vaccine
- Among the **Top 10 Threats to Global Health**
- *Willingness to accept a vaccine falls on a continuum*



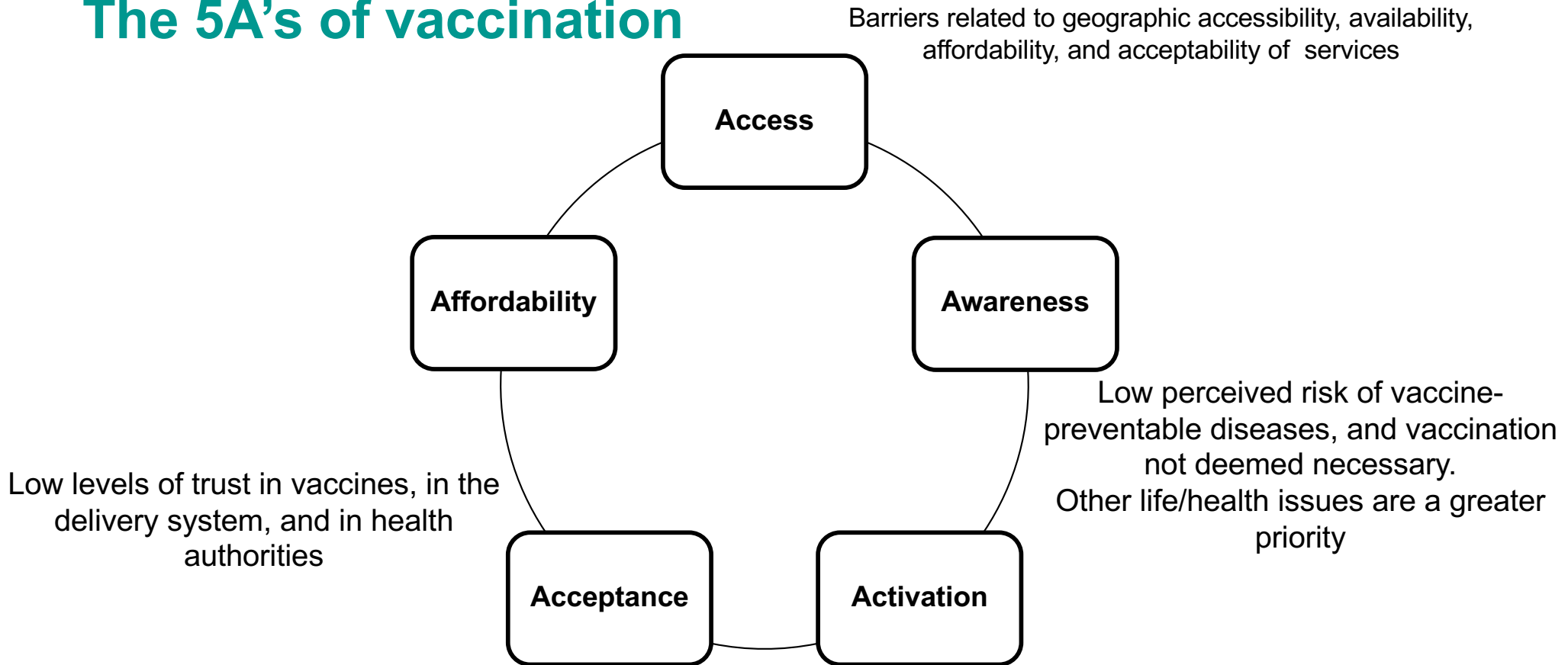
The majority of people accept vaccination, several are uncertain and will have questions, few people refuse.

3C's



The SAGE Working Group. Report of the SAGE working group on vaccine hesitancy. 2014.

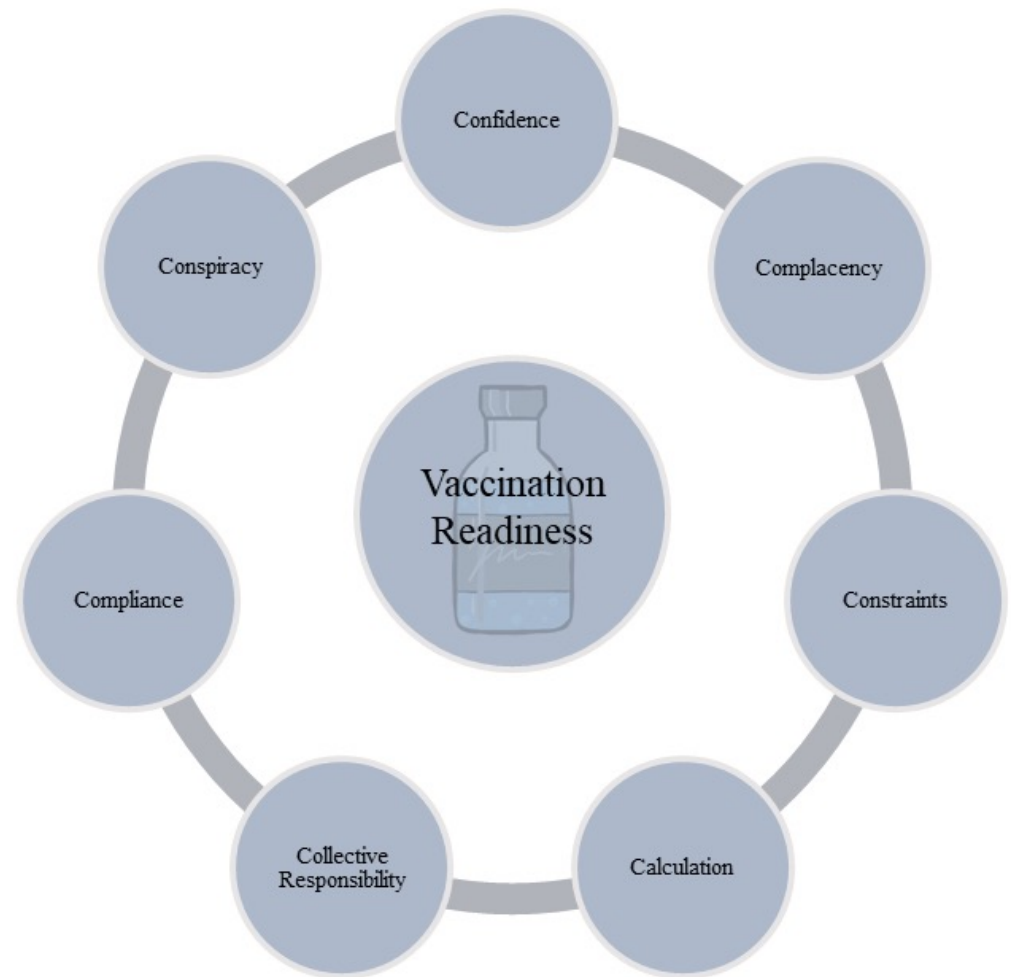
The 5A's of vaccination

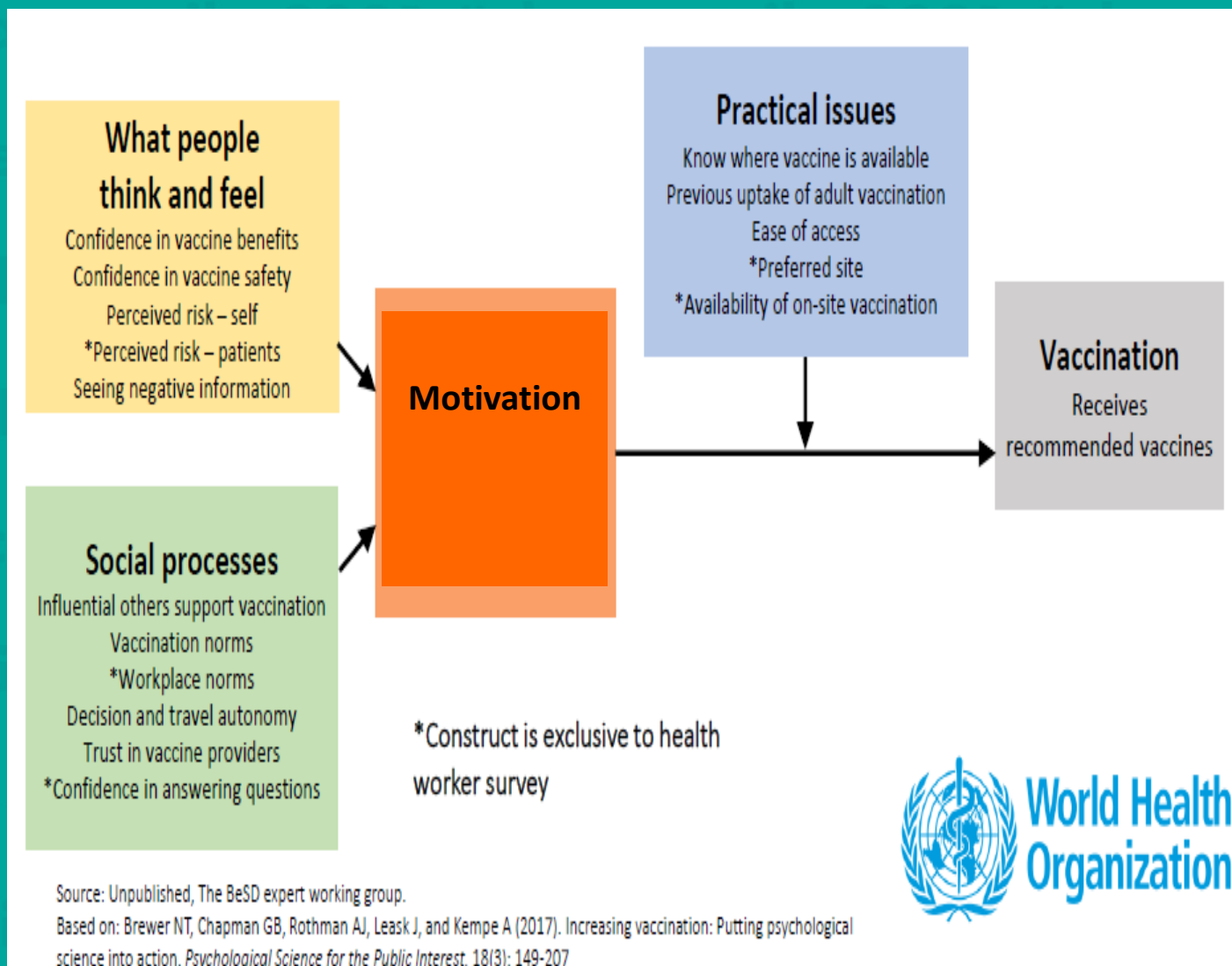


Thomson A, Robinson K, Vallée-Tourangeau G. The 5As: A practical taxonomy for the determinants of vaccine uptake. *Vaccine*. 2016;34:1018-24

7C's

- Originally 5C's
- Updated to include the role of mandates and misinformation
- Balance b/w individual and social





Confidence



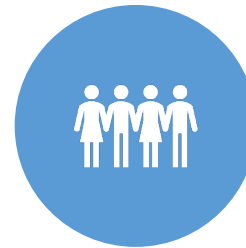
Vaccines, specifically
in the safety and
effectiveness



The delivery system

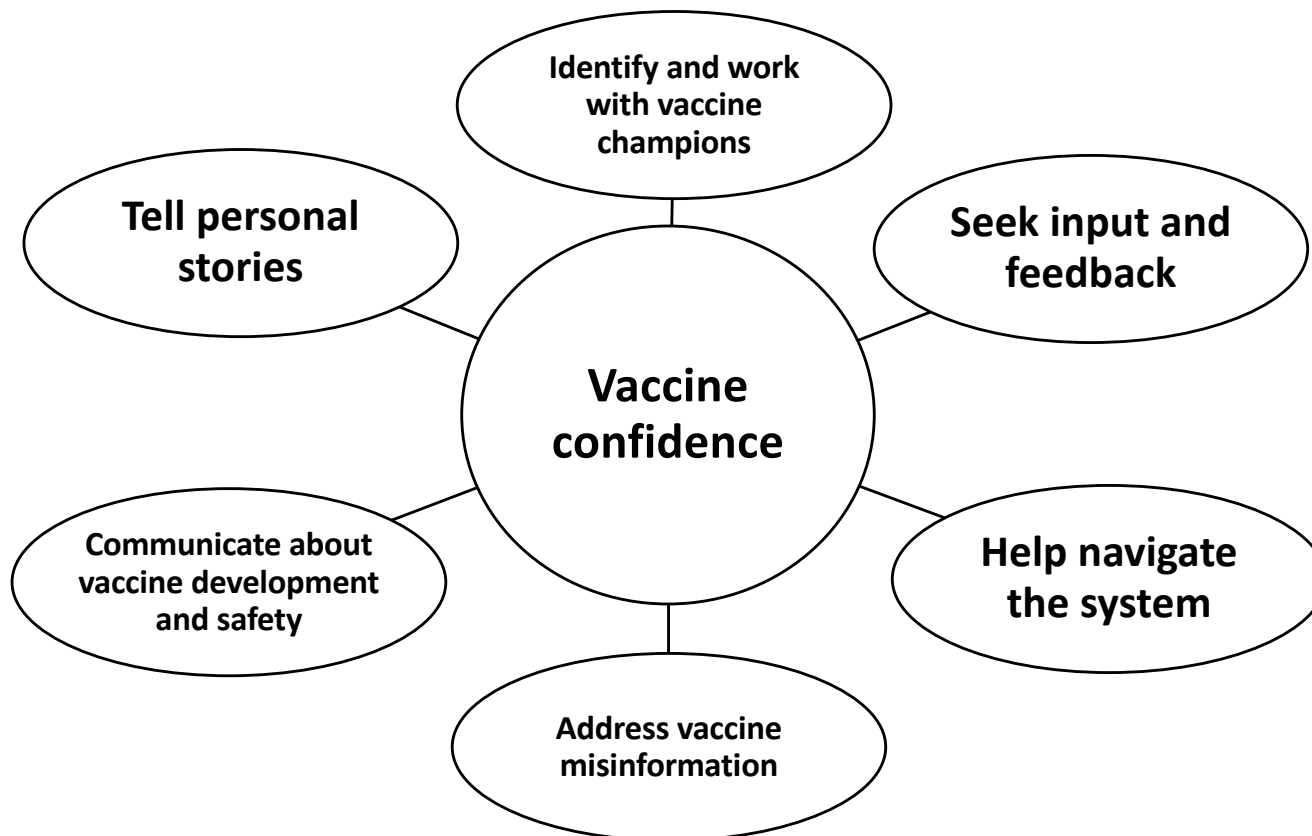


Health professionals



Those who
recommend and
develop the vaccines

Strategies to build vaccine confidence



Complacency/calculation

Low perceived risk

Disease severity

Other life responsibilities have a higher priority

Perceived severity of disease

The subjective feeling concerning the seriousness of disease including health and social consequences

“malaria is the worst and can kill you” and “if you get malaria, it is worse than dengue and Zika.”

A qualitative UK study found that participants agreed that if something was very serious then they would implement all the infection control recommendations, if it was a matter of life and death (Morrison & Yardley, 2009).

Visualising and presenting risk

How do you communicate risk?

What information do you think is important to compare / What do you usually compare?

How do you define what matters most to your staff?



Communicating Risk

Concern about vaccine safety can reduce vaccine coverage rates and result in the resurgence of vaccine-preventable diseases

**Goal of effective
Risk Communication:** Develop an
informed decision-making
partnership

Risk perception is influenced by experience as well as personal, religious and cultural contexts.

Be aware of cultural and emotional differences keeping in mind some people are adversarial or misinformed

Lewandowsky, S., et al. (2021)

Principles of Risk Communication

Communicate current knowledge

- Consider what the staff member already knows.
- Use varied information formats (visual, audio, printed material, websites) tailored to a range of educational levels and languages as appropriate to your patient population.
- Provide guidance on how to assess website reliability and provide a list of reliable ones.

Your professional opinion matters

- Your strong recommendation to get vaccinated has been shown to increase uptake.
- Use statements such as, “I believe this vaccine will protect you”.

Respect differences of opinion about vaccination

- Some people will express reluctance or refusal to accept the vaccine for themselves
- Ask permission to explore underlying reasons without being judgmental.

Represent risks and benefits of vaccines fairly and openly

- Contrast the known versus theoretical risks of the vaccine with the known risks associated with the vaccine-preventable infection.

Adopt a patient- centred approach

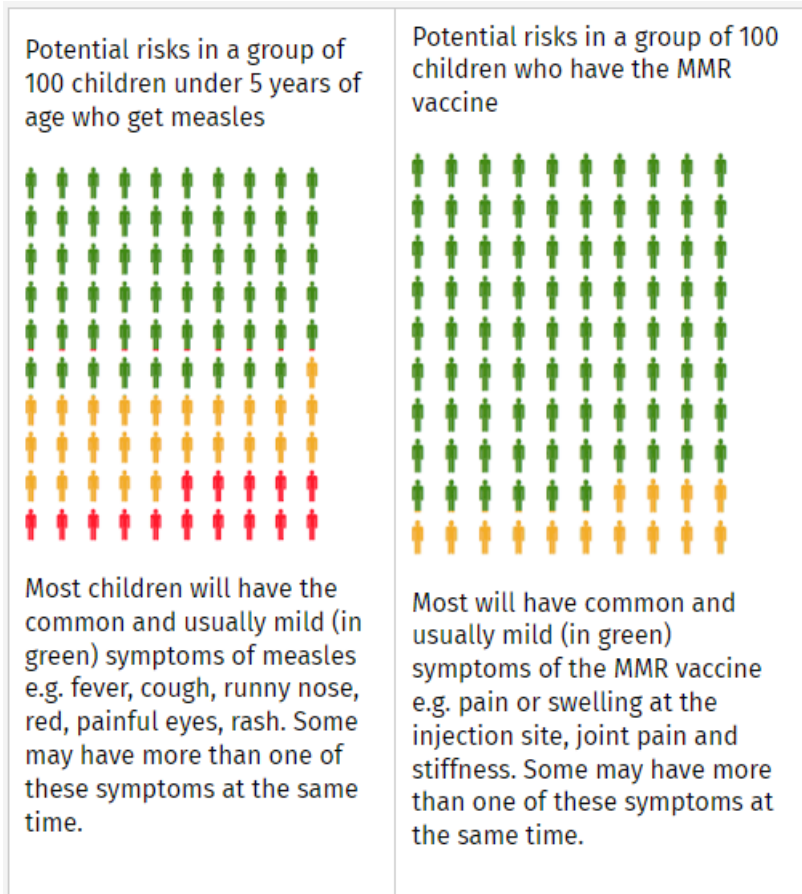
- Effective decision-making is best done in a partnership.
- Understand that individuals have input into the decision to vaccinate and retain responsibility for their own health.

Present clear, concise evidence-based messages

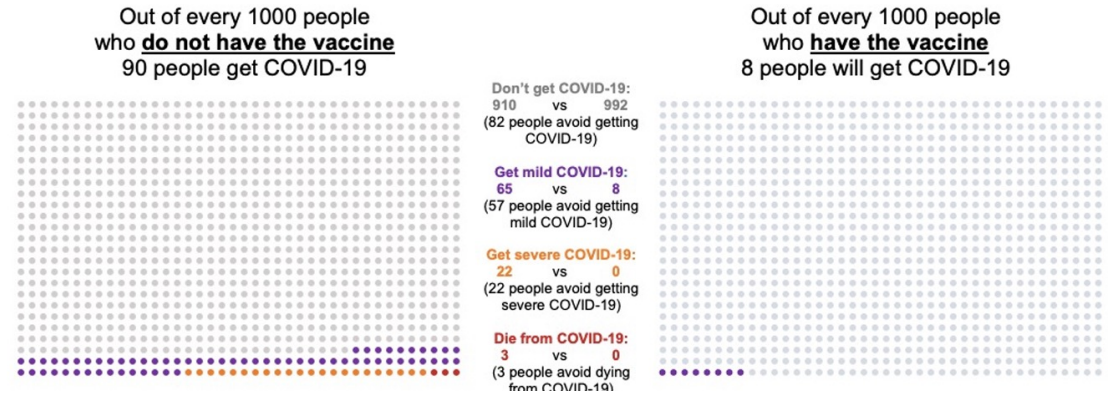
- Encourage questions, address misinformation, and provide credible and appropriate resources, for those who want more information.
- Respond to specific concerns avoiding lengthy discussions.
- Reaffirm your conviction that the vaccine is important to prevent serious disease and complications.

Adapted from the Public Health Agency of Canada. 2006. National Advisory Committee on Immunization. Canadian Immunization Guide.

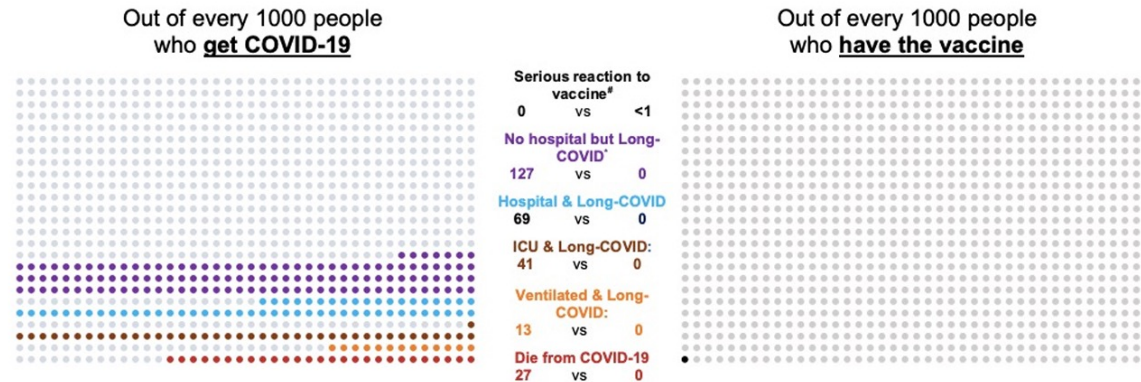
Examples



What are the benefits of the AstraZeneca vaccine?



What are the serious harms of getting COVID-19 or getting the AstraZeneca vaccine?



* Long-COVID is when people have symptoms that last for months or years after COVID-19. We are still learning more about this.

TTS is a blood clotting problem linked to the AZ vaccine and occurs in 0.02 out of 1,000 people who get the AZ vaccine. About 0.0006 out of 1000 vaccinated people will die from TTS.

Constraints

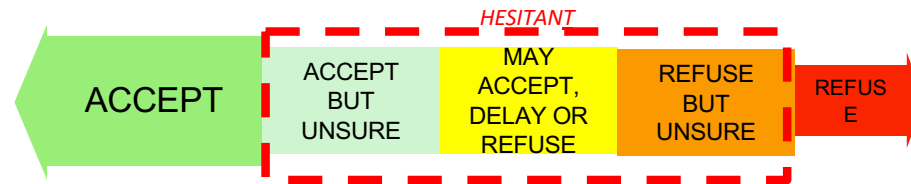
- Access, affordability, availability of vaccination
- Convenience, appeal, appropriateness of vaccination services
- Rights, regulation, legislation
- Structural efficiency
- Availability of information

CONTEXTUAL

19



Responding to different patient positions



Individuals may express one or more of the attributes in each category...

Acceptors

- Intend to vaccinate because they see the importance.
- Immunization Advocates or 'go along to get along' groups.
- May have questions about the vaccine safety and side effects.
- Report a good relationship with their health provider and trust the medical profession.
- Lack detailed knowledge about vaccination.
- Have process questions such as what to expect during and after vaccination.
- Want information about managing common reactions and when to seek medical advice.
- Want information to help them answer questions from friends or family.

Hesitators

- Focused on questions or concerns about vaccine safety.
- Express doubts about vaccine safety and necessity.
- Present with a lot (sometimes written) of questions.
- Don't intend to decline vaccination altogether, rather plan to vaccinate, delay vaccination, or select out vaccines.
- Had a bad experience such as an Adverse Event Following Immunization (AEFI).
- Lack trust in the medical profession and/or government authorities
- Have heard or read something frightening.
- Willing to rely on Herd Immunity.

Refusers

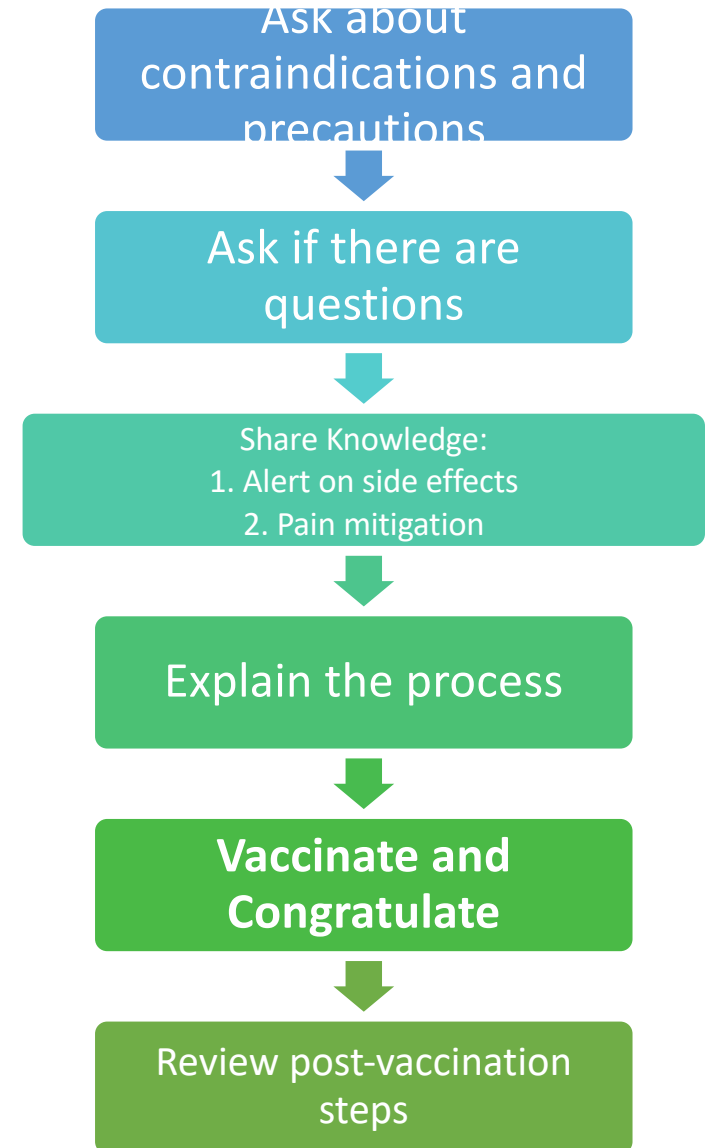
- Never vaccinated or stopped vaccinating altogether.
- Hold an existing philosophical position on vaccination, or religious beliefs.
- Cluster in communities with religious, philosophical or alternative beliefs.
- Had negative experience(s) with the medical system (i.e. AEFI).
- Don't want to discuss vaccination at all.
- Present for a medical exemption or for another medical concern.
- Believe vaccine preventable diseases (VPDs) are benign or beneficial.
- Distrust pharmaceuticals and conventional medicine.
- More likely to seek complementary and alternative medicine.



Responding to the **Acceptor**

- ✓ **Goal is to vaccinate and congratulate.**
- ✓ Keep the conversation brief and straight forward.
- ✓ Screen for contraindications and precautions.
- ✓ Prevent vaccine hesitancy by addressing questions (if any), acknowledging concerns and sharing knowledge including side effects and pain mitigation strategies
- ✓ Explain the process and protective behaviours still necessary post-vaccination to prevent virus transmission.

Acknowledgement: WHO Europe Communicating with Patients about COVID-19 Vaccination










Responding to the Refuser



- ✓ **Goal is to build trust and engagement**
- ✓ Keep the conversation brief
- ✓ **Do not dismiss** - Every encounter is an opportunity to revisit and discuss vaccines
- ✓ Avoid confrontation
- ✓ Seek permission before providing facts
- ✓ Be persistent, give your **Strong Recommendation to vaccinate**.
- ✓ Share expert information, or offer referral to a specialist service or community advocate (if available).
- ✓ Inform about risks of vaccine refusal in a non-judgmental way
- ✓ Leave the door open for discussion



Elements of an effective conversation with health workers expressing vaccine hesitancy

1.  **Announce** - assume vaccination
2.  **Listen** - determine hesitancy
3.  **Ask permission to discuss** - understand the concern, use open-ended questions
4.  **Acknowledge concerns** - use reflective listening
5.  **Share expert knowledge** – provide evidence with permission
6.  **Provide your strong recommendation**
7.  **Secure trust** - leave the door open for discussion

Adapted from the AIMS method,

Acknowledgement: WHO Europe

Conversation considerations

Actively listen to understand patients' concerns, frame vaccination in a way that matters to them.

Use facts sparingly – too many can confuse.

Avoid jargon
Use language and content that fit the patient.

Stories can be powerful and compelling – especially if personal.

Frame data clearly and positively. (e.g. better to say "99% safe" rather than "1% risk" of side-effects).

Respect the patient's informed decision.

Be non-judgemental and non-Confrontational.

Build Trust

Keep in mind



The long-term goal of these conversations is to move the person towards a “yes” for acceptance. This may take more than one conversation. The short-term goal may be to win their confidence.



A good conversation weaves together:

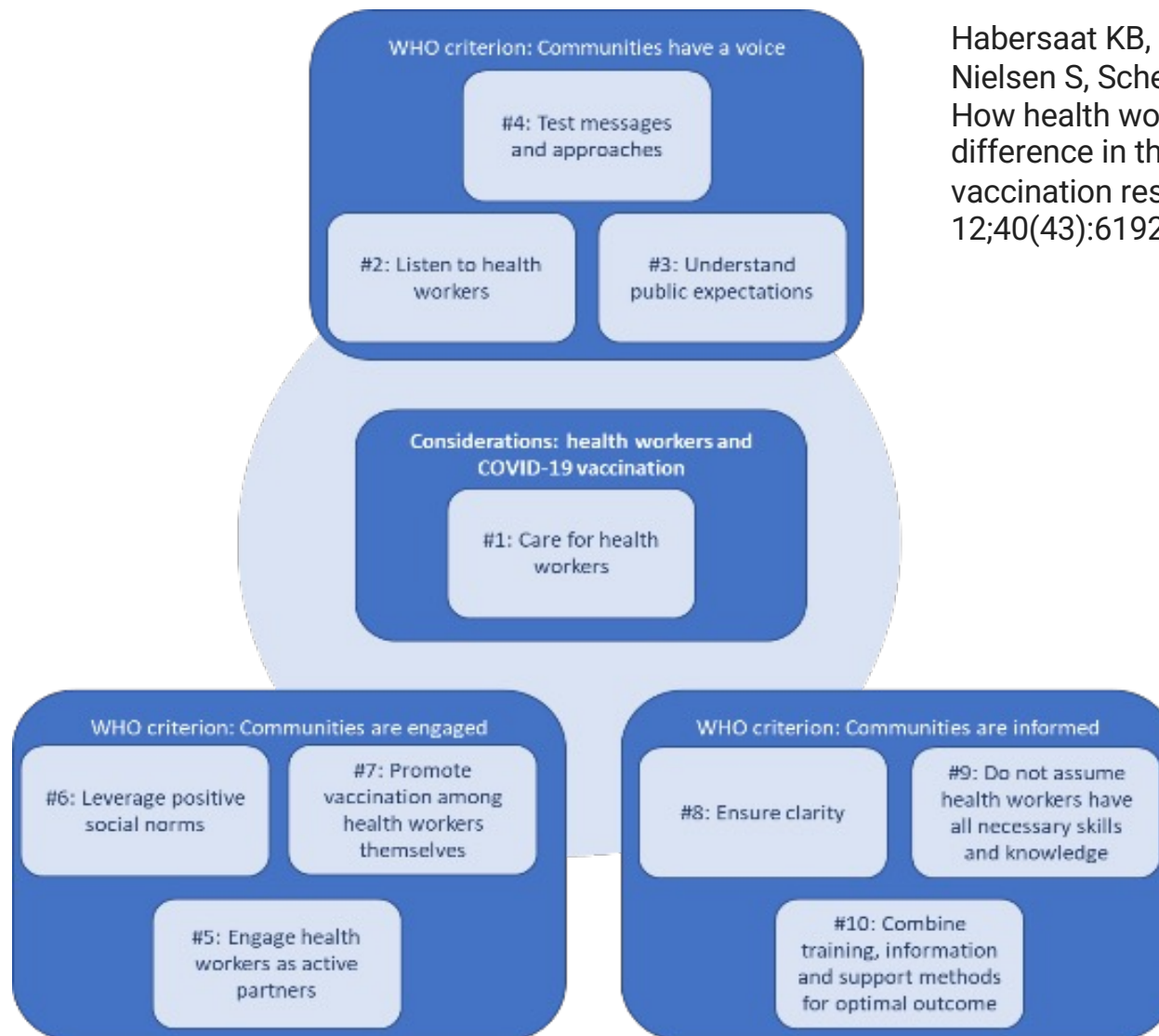
Listening

The art of asking appropriate questions

The ability to craft effective messages



Conversations that guide the people to explore their reasons for hesitancy can help increase confidence and trust in the vaccine.



Habersaat KB, Narayan S, Malue Nielsen S, Scherzer M, Salvi C, Seale H. How health workers can make a difference in the public COVID-19 vaccination response. *Vaccine*. 2022 12;40(43):6192-6195.

Ten considerations with action examples

Consideration	Action examples
Care for health workers	<ul style="list-style-type: none">• Ensure support and recognition from management.• Establish mechanisms to improve mental health and well-being.• Provide legal and personal support in case of adverse event.
Listen to health workers	<ul style="list-style-type: none">• Conduct studies with health workers.• Establish feedback mechanisms.• Conduct supportive observations or visits at vaccination sites.
Test approaches and messages	<ul style="list-style-type: none">• Test information materials in focus groups with health workers.• Ask health workers to define which incentives and rewards will be appreciated.• Conduct exercises to test crisis response plans with health workers.

Ten considerations with action examples

Consideration	Action examples
Engage health workers as active partners	<ul style="list-style-type: none">• Invite health workers to co-create interventions aimed at health workers.• Form alliances with health worker organizations.• Engage volunteers and retirees to support vaccination effort.
Leverage positive social norms	<ul style="list-style-type: none">• Engage health workers as the faces of campaigns.• Conduct peer-to-peer training.• Focus on those who do vaccinate rather than the hesitant.
Ensure clarity	<ul style="list-style-type: none">• Check that information is meaningful, culturally sensitive and tailored to the category of health workers receiving them• Provide information which transparently addresses the concerns health workers have• Provide clear and practical information about how, when where vaccination is provided and the role of health workers

Ten considerations with action examples

Consideration	Action examples
Do not assume health workers have all necessary skills, confidence, and knowledge	<ul style="list-style-type: none">• Establish mechanism to be accessible and responsive.• Consider needs related to introducing a new vaccination, to evolving evidence and the rapid emergency use approvals.• Consider needs related to vaccination in a new setting and to new vaccinators, or those who have not vaccinated adults before.
Combine training, information, and support methods for optimal outcome	<ul style="list-style-type: none">• Train with audit and feedback, interacting with other learners (peer-to-peer) and post education automatic reminders.• Tailor trainings to categories of health workers, testing them for meaningfulness and cultural sensitivity.• Initiate collaborative team-based learning activities.

Thank you!

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