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Vaccine Hesitancy in the Era of COVID

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Merck & Co., Inc

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PopTalk Webinar Series

Vaccine Hesitancy in the Era of COVID
Jefferson College of Population Health

10 Years of Progress in Population Health
Connecting Health and Healthcare
Today’s Presenters

**Understanding Vaccine Hesitancy and How to Address It**

Nikki Parkerson, MD, FAAP  
Regional Medical Director, Mid-Atlantic  
Merck Vaccines

**Messaging to the Public about Vaccines: The Evidence Base and Lessons Learned**

Amy Leader, DrPH, MPH  
Associate Professor  
Thomas Jefferson University  
Associate Director, Community Integration  
Sidney Kimmel Cancer Center
What Is Vaccine Confidence?
What Is Vaccine Confidence?
Vaccine Hesitancy

- Refers to delay in the acceptance or refusal of vaccination despite availability of vaccination services
- Varies across time, place, and vaccines
- Influenced by factors such as complacency, convenience, and confidence

Vaccine Confidence

- Refers to the trust that parents, patients, or HCPs have in:
  - Recommended vaccinations
  - Providers who administer vaccines
  - Processes that lead to vaccine licensure and the recommended vaccination schedule

Vaccine Hesitancy Spectrum

- Refuse all vaccines
- Accept all vaccines on time

Vaccine hesitancy

(refuse some, delay some, accept some)

HCP=health care provider.
### Determinants of Vaccine Confidence¹

<table>
<thead>
<tr>
<th>Trust</th>
<th>Willingness to rely on someone else’s expertise and advice (eg, their vaccine recommendation)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attitudes &amp; Beliefs</td>
<td>Thoughts that parents have regarding vaccine-preventable diseases, vaccine safety, vaccine effectiveness, and vaccination benefits</td>
</tr>
<tr>
<td>HCP Confidence</td>
<td>A provider’s confidence both in vaccines and in their ability to communicate effectively to parents about vaccines</td>
</tr>
<tr>
<td>Information Environment</td>
<td>The significant role that news and entertainment media and parents’ social network can play in influencing knowledge, beliefs, and behaviors associated with vaccines</td>
</tr>
</tbody>
</table>

HCP=health care provider.

Evolution of Vaccine Confidence in a Vaccine Program

Who Is Lacking Vaccine Confidence?
Vaccine Hesitancy and Undervaccination Are Observed in All Age Groups

1.3% unvaccinated
(NIS-Child, N=25,059)

2.5% with an exemption from ≥1 vaccine
(2018–2019 school year, N=3,643,598)

54.7% unvaccinated against influenza
(BRFSS 2018–2019 flu season, N=302,148)

---

Vaccine Hesitancy and Undervaccination Are Observed in All Age Groups

Estimated Percentage of Unvaccinated Children

<table>
<thead>
<tr>
<th>Year</th>
<th>Unvaccinated (%)</th>
<th>NIS-Child, United States, 2013–2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>0.7</td>
<td>(N=13,611)</td>
</tr>
<tr>
<td>2014</td>
<td>0.8</td>
<td>(N=14,893)</td>
</tr>
<tr>
<td>2015</td>
<td>0.8</td>
<td>(N=15,167)</td>
</tr>
<tr>
<td>2016</td>
<td>0.8</td>
<td>(N=14,988)</td>
</tr>
<tr>
<td>2017</td>
<td>1.1</td>
<td>(N=15,333)</td>
</tr>
</tbody>
</table>

Estimated percentage of unvaccinated children aged 19–35 months, NIS-Child, United States, 2013–2017

<table>
<thead>
<tr>
<th>Birth Cohort</th>
<th>Unvaccinated (%)</th>
<th>NIS-Child, United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013-2014</td>
<td>1.1</td>
<td>(N=30,205)</td>
</tr>
<tr>
<td>2015-2016</td>
<td>1.3</td>
<td>(N=25,059)</td>
</tr>
</tbody>
</table>

Note that CDC has transitioned to reporting NIS-Child data by birth year rather than survey year.

Vaccine Hesitancy and Undervaccination Are Observed in All Age Groups

Estimated median percentage of children enrolled in kindergarten with an exemption from one or more vaccines, United States, school years 2014–15 through 2018–2019

<table>
<thead>
<tr>
<th>School Year</th>
<th>Exempt (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014–2015</td>
<td>1.7</td>
</tr>
<tr>
<td>2015–2016</td>
<td>1.9</td>
</tr>
<tr>
<td>2016–2017</td>
<td>2.0</td>
</tr>
<tr>
<td>2017–2018</td>
<td>2.2</td>
</tr>
<tr>
<td>2018–2019</td>
<td>2.5</td>
</tr>
</tbody>
</table>

Vaccine Hesitancy and Undervaccination Are Observed in All Age Groups

### Adults, ≥18 years

<table>
<thead>
<tr>
<th>Flu Season</th>
<th>Unvaccinated (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014–2015</td>
<td>56.4</td>
</tr>
<tr>
<td>N=323,215</td>
<td></td>
</tr>
<tr>
<td>2015–2016</td>
<td>58.3</td>
</tr>
<tr>
<td>N=319,167</td>
<td></td>
</tr>
<tr>
<td>2016–2017</td>
<td>56.7</td>
</tr>
<tr>
<td>N=325,801</td>
<td></td>
</tr>
<tr>
<td>2017–2018</td>
<td>62.9</td>
</tr>
<tr>
<td>N=313,143</td>
<td></td>
</tr>
<tr>
<td>2018–2019</td>
<td>54.7</td>
</tr>
<tr>
<td>N=302,148</td>
<td></td>
</tr>
</tbody>
</table>

BRFSS=Behavioral Risk Factor Surveillance System.

Most Parents Have Positive Attitudes Toward Vaccines\textsuperscript{1}

In an online survey, 4,369 parents of 7,984 children ages 0 to 18 years in the United States were asked about their general attitude towards vaccines.

- **Babies, young children**: 79% responded "My attitude is positive—I believe that vaccines play an important role in healthcare" regarding vaccines for babies and young children.

- **Teens**: 72% responded "My attitude is positive—I believe that vaccines play an important role in healthcare" regarding vaccines for teens.

\textsuperscript{1} Data available on request from Merck, Professional Services-DAP, WP1-27, PO Box 4, West Point, PA 19486-0004. Please specify information package US-NON-05819.
However, Many Individuals May Be Misinformed About Vaccines¹,a

- **18%** mistakenly state that it is very or somewhat accurate to say that **vaccines cause autism**
- **15%** mistakenly agree that it is very or somewhat accurate to say that **vaccines are full of toxins**
- **20%** inaccurately report that it is very or somewhat accurate to say **it makes no difference whether parents choose to delay or spread out vaccines** instead of relying on the official CDC vaccine schedule
- **19%** incorrectly hold that it is very or somewhat accurate to say that **it is better to develop immunity by getting the disease than by vaccination**

Many who reported low trust in medical authorities also believed vaccine misinformation

This belief in vaccine misinformation was true across different demographic groups and political beliefs

¹Survey of Americans conducted from February 28–March 25, 2019 and September 13–October 2, 2019 designed to study how anti-vaccination claims are widely held, persist, and relate to an individual’s media consumption and levels of trust in medical experts.

Vaccine Confidence May Vary Among Racial or Ethnic Groups

There are disparities in vaccination uptake among ethnic and racial groups in the United States\(^1,2\)

A study exploring racial differences in African Americans’ and Whites’ vaccine acceptance showed that\(^1\):

- African American adults have lower confidence in vaccines than White adults: the clearest racial divide is the level of trust in the government’s role in vaccination.
- Cost is a greater barrier to vaccination uptake in African American adults than in White adults.

African American participants have a higher level of trust in HCPs who share similar racial, ethnic, or cultural backgrounds than in HCPs who do not\(^3\)

---

Vaccine Hesitancy Also Exists With Health Care Providers

While HCPs are the most trusted influencers of vaccination decisions, their own hesitancy impacts their recommendations: 1

Questionnaires completed anonymously by 680 HCPs regarding their views on vaccination showed that:

- 5% did not routinely recommend common vaccines
- 13% expressed concerns with vaccine safety
- 31% expressed concerns with vaccine efficacy

Factors that can increase HCPs’ confidence in vaccines:

- Vaccine knowledge
- Professional society endorsement
- Support from colleagues

HCP=health care provider.
The Types of Mistrust May Be Rooted in Human Psychology

The Moral Foundation Theory proposes that a set of innate intuitions lead humans to certain emotional responses to particular interpersonal events. Six foundations have been shown to be involved in vaccine hesitancy:

<table>
<thead>
<tr>
<th>Foundation</th>
<th>Relation to vaccine hesitancy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care/harm</td>
<td>May underlie concerns about the harm that might result from vaccines, particularly if it affects vulnerable children</td>
</tr>
<tr>
<td>Authority/subversion</td>
<td>May be associated with distrust of scientists and government officials who promote vaccinations</td>
</tr>
<tr>
<td>Liberty/oppression</td>
<td>May be associated with the belief that mandatory vaccination policies violate parental civil liberties</td>
</tr>
<tr>
<td>Purity/degradation</td>
<td>May underlie concerns that vaccines are unnatural and that exposing children to diseases “naturally” is preferable</td>
</tr>
<tr>
<td>Fairness/cheating</td>
<td>May fuel outrage in response to the perception that pharmaceutical companies motivated by profit have an unfair voice in vaccine policy</td>
</tr>
<tr>
<td>Loyalty/betrayal</td>
<td>May be associated with virtues of in-group loyalty, patriotism, and sacrificing oneself for the group. Least likely to be associated with vaccine hesitancy.</td>
</tr>
</tbody>
</table>
Vaccination Uptake Is Influenced by 3 Psychological Realms


**Thoughts and Feelings**
- Include risk beliefs and anticipated regret
- Correlate to getting vaccinated
- Can motivate but the impact on actual vaccination behavior is not known

**Social Processes**
- Are influenced by:
  - Patient/provider and parent/child relationships
  - Social networks and social norms
- Can motivate through desire to protect others or defer vaccination by taking advantage of the protection provided by others

**Behavior**
- Bypassing any attempt to change what people think and feel
- Direct interventions on behavior without trying to change thoughts and feelings or social context are effective
- Incentives, sanctions, and requirements can change behavior
Challenges and Factors of Vaccine Hesitancy

Key challenges to hesitancy¹

Diminished prioritization of vaccination¹
Lack of confidence in vaccine safety and efficacy¹
Lack of uniform state policies on vaccination¹,²
Apprehension over following vaccine schedules¹,³

Factors influencing vaccination uptake⁴:

Access, affordability, awareness, acceptance, and activation

What Are Some Possible Solutions?
Remind Patients About the Power to Help Protect

- Viruses and bacteria that cause vaccine-preventable diseases still exist and can be transmitted by unprotected persons.
- Outbreaks of vaccine-preventable diseases still occur.
- Infection may lead to illness and complications, which can be serious and life-threatening.

**Vaccinations protect the individual vaccinated and those around them**

**Community protection**: When high levels of immunity in a community are induced by vaccination, a person with a transmissible, vaccine-preventable disease is unlikely to find a susceptible host to continue the transmission.

**Vaccine coverage within the community must be high** to achieve and sustain protection of those vulnerable to the disease, including children and those with underlying medical conditions.

---

Educate Patients About the Risks and Benefits of Vaccines

The FDA sets rules for 3 phases of clinical trials which test for the safety and efficacy of a new vaccine prior to licensure. The traditional phases include:

- **Phase 1**
  - Includes 20–100 healthy volunteers

- **Phase 2**
  - Includes several hundred volunteers

- **Phase 3**
  - Includes hundreds or thousands of volunteers

FDA only licenses a vaccine if it is safe and effective and its benefits outweigh its risks.

If licensed, CDC carefully reviews all data about the vaccine from clinical trials and other studies to develop recommendations for the vaccine’s routine use.

**Considerations for vaccine recommendation:**
- How safe and effective is the vaccine at specific ages?
- How serious is the disease it prevents?
- How many people would get the disease if there was no vaccine?

After licensure and recommendation, FDA and CDC continue to monitor vaccine safety.

- Vaccine Adverse Event Reporting System (VAERS)
- Vaccine Safety Datalink (VSD)
- Clinical Immunization Safety Assessment Project (CISA)

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Words Matter in Vaccine Advocacy and Communication

Vaccine decision-making may be an emotional experience that is informed by thoughts and feelings\(^1\).

Using words that are easily misinterpreted or that put people into categories may counter the goal of achieving high vaccine coverage and community support for vaccination\(^2\).

Engaging in positive talk and addressing concerns about vaccines is helpful\(^1,3\).

Widely used vaccination terms may elicit strong reactions and consequences\(^2\):

- “vaccine hesitancy” “anti-vaccine”
- “anti-vaxxer”
- “herd immunity” “mandatory vaccination”
- “vaccine demand”

Words matter when trying to achieve a common goal of healthy communities through optimal vaccination uptake\(^2\).

What and How to Communicate About Vaccines
The Information-Deficit Model

The information-deficit model suggests that vaccine hesitancy and/or refusal may be due to a lack of understanding that can be overcome with educational intervention\(^1\)–\(^3\):

For example, “if only the public would understand the dangers of this disease, they would vaccinate against it”\(^1\)

Communication of scientific facts alone is unlikely to improve vaccine confidence\(^1\):

- **There is a lack of evidence** supporting the presumption that hesitancy and/or opposition are primarily driven by insufficient understanding of the facts\(^3\)

- **Providing more information may unintentionally cause** those presented with the facts to hold more tightly to their opposing beliefs\(^1\)

---

Correcting Vaccine Misinformation

Vaccine misinformation may lead to poor decision-making, with potentially serious implications\(^1,2\)

Meta-analyses have shown that vaccine misinformation may persist and be difficult to correct\(^1,2\)

Countering false vaccine information in ways that repeat it (eg, myths vs facts) may paradoxically amplify and perpetuate misinformation, increasing its influence\(^2\)

Corrective strategies may have unintended opposite effects, reinforcing misconceptions and reducing intentions to vaccinate\(^2\)

If well handled (using terms that accurately represent their intended meaning), conversation addressing patient concerns about vaccination can lead to greater understanding of the benefits and risks and the importance of vaccination. This conversation may correspond with positive influences on vaccine acceptance and coverage.\(^3\)

Deliver a Strong Recommendation

The use of presumptive language has been shown to be an effective way to increase vaccination uptake1

Presumptive formats presuppose that parents will vaccinate “We have some shots to do today.”

VS

Participatory formats provide parents with more decision-making latitude “Are we doing shots today?”

A strong provider recommendation is a key predictor of a patient receiving a vaccine and can significantly increase vaccination rates2,3

Two-thirds of patients who received a provider recommendation for influenza vaccine received the vaccine within 12 months; 84% of those without a recommendation remained unvaccinated4,a

Suggested Flow of Vaccine Communication


Make a strong recommendation

Patient responds in 1 of 3 ways:

- Yes
  - No resistance
  - Vaccinate

- Not sure
  - Ambivalence
  - Use motivational interviewing
    - 1. Explore thoughts
    - 2. Reflect back change talk
    - 3. Engage in collaborative (2-way) conversation
    - 4. Support autonomy and decision-making
    - 5. Summarize

- No
  - Resistance
**Motivational Interviewing** is a guiding style of communication, built around 3 components\(^1,\)\(^a\)

<table>
<thead>
<tr>
<th>Collaboration:</th>
<th>Open-ended questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Using a comfortable, non-confrontational tone and language</td>
<td>“What concerns do you have about vaccines?”</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Evocation:</th>
<th>Affirmations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leading patients (or parents) to draw their own conclusions</td>
<td>“You have thought a lot about this.”</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Honoring patient’s autonomy:</th>
<th>Reflective listening</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supporting patients in making their own decisions</td>
<td>“I hear you saying that...”</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>O-A-R-S</th>
<th>Summarization</th>
</tr>
</thead>
<tbody>
<tr>
<td>O</td>
<td>“Let me summarize...”</td>
</tr>
</tbody>
</table>

\(^1\) Motivational interviewing requires specialized training to be effective. 
Using Motivational Interviewing to Foster Change

**Ambivalence**

- Normal part of human nature and a step toward change\(^1\)–\(^3\)
- Has 2 incompatible sides\(^1\)–\(^3\):
  - Reasons for change (change talk)
  - Reasons against change (sustain or non-change talk)
- Must be resolved **before** moving to change\(^1,2\)
- Can be a form of resistance\(^3\)
- Could develop into resistance if HCP pushes too hard before patient is ready for change\(^3\)

**MI solution: evoking (eliciting patient’s own motivations for change), by strategically reflecting change talk over non-change talk\(^2,3\)**

**Patient:** “I think prevention is important, but I am worried about experiencing side effects.”

**HCP:** “You’re more than just a little worried about the side-effects of the vaccine, AND prevention is important to you. Tell me more about why prevention is a priority for you.”

**Resistance**

- Reflects opposition to a treatment\(^3,4\)
- Common cues\(^4\):
  - Arguing
  - Interrupting
  - Ignoring, not paying attention
  - Crossing arms
  - Being dismissive (“whatever”)

**MI solution: rolling with resistance and coming alongside, by reflecting on what you hear, trying to understand, and supporting autonomy\(^3,4\)**

**Parent:** “I think my child is too young for this vaccine. Someday, she may consider it, but not now.”

**HCP:** “It is hard for you to believe the vaccine is right for your child when she’s so young.”

“I can certainly understand why you feel that way. May I share the reasoning behind vaccinating early, and then you can tell me what you think?”

---

HCP=health care provider; MI=motivational interviewing.

Motivational Interviewing Framework: Use the Elicit–Provide–Elicit Script To Exchange Information

Readiness Ruler Gives an Opportunity for Evocative Questions

On a scale from 0 to 10, where 0 means ‘not at all important’ and 10 means ‘the most important thing for me right now,’ how important would you say it is for you to vaccinate your child?

And why are you at a __ and not 0 [or a lower number]?

Summary

Vaccine confidence is an important factor for achieving and maintaining the high vaccination rates needed to sustain community-level protection against vaccine-preventable disease.

Vaccine hesitancy is present in all age groups and involves many factors and challenges, such as:

- Complacency, convenience, and confidence
- Access, affordability, awareness, acceptance, activation

Providers and stakeholders must act to boost vaccine confidence and help reduce vaccine hesitancy, increasing vaccination rates to levels that will protect entire populations.

Motivational interviewing tools may assist with conversations with vaccine hesitant patients or parents.

It is important to understand the causes of vaccine hesitancy when trying to increase vaccination uptake.

When communicating with patients and parents, it is important to be mindful of how you discuss vaccines.

Messaging to the Public about Vaccines: The Evidence Base and Lessons Learned in a Pandemic

Amy Leader, DrPH, MPH
Associate Professor, Population Science, Medical Oncology
Associate Director, Community Integration, Sidney Kimmel Cancer Center
Teaching Faculty, Public Health Program, College of Population Health
Thomas Jefferson University
The COVID-19 pandemic may be the biggest news story of our lifetime

About half of Americans get news on social media at least sometimes

<table>
<thead>
<tr>
<th></th>
<th>Often</th>
<th>Sometimes</th>
<th>Rarely</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>23%</td>
<td>30</td>
<td>18</td>
<td>21</td>
</tr>
<tr>
<td>Don't get digital news</td>
<td></td>
<td></td>
<td></td>
<td>7</td>
</tr>
</tbody>
</table>

Note: This chart is not comparable to similar questions asked in the past due to question wording changes; see Appendix for more details.

PEW RESEARCH CENTER
As in past years, most social media news consumers expect news there to be inaccurate

% of social media news consumers who say they expect the news they see on social media to be ...

<table>
<thead>
<tr>
<th></th>
<th>Largely accurate</th>
<th>Largely inaccurate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2020</td>
<td>39%</td>
<td>59%</td>
</tr>
<tr>
<td>2019*</td>
<td>40</td>
<td>59</td>
</tr>
<tr>
<td>2018*</td>
<td>42</td>
<td>57</td>
</tr>
</tbody>
</table>

*July 2019 and August 2018 questions were filtered on a different measurement of social media news use. See the topline for details. Note: Respondents who did not give an answer not shown. Source: Survey of U.S. adults conducted Aug. 31-Sept. 7, 2020. *News Use Across Social Media Platforms in 2020*

PEW RESEARCH CENTER
Why has the anti-vaccine movement been so successful?

• They are smaller numerically, but occupy a more central position in social media networks.

• They message heavily and appeal to social media users who haven’t made up their mind about vaccines.

• They speak through “stories” rather than data.
Harnessing the power of the anti vaccine movement

- Occupying a central position in social media networks

Instagram content and sentiment

Positive (54% of sample)

Information (63% of sample)

Narrative/personal (37% of sample)

Negative (46% of sample)
Do *likes* matter?

**Average like count by post characteristic**

- **Personal Stories**: 77.38
- **Informational Message**: 40.93

**Average like count by post sentiment**

- **Positive Sentiment**: 20.56
- **Negative Sentiment**: 93.2

*Kearney MD, et al. Characterizing HPV Vaccine Sentiments and Content on Instagram. Health Educ Behav. 2019*
An opportunity for narrative engagement

- Narrative communication leverages the **power of storytelling**
- Narratives strengthen knowledge, promote engagement, and provide mental and behavioral models
- It does not present and defend arguments about how and why to achieve or avoid consequences related to health decisions or health care
- Rather, it amplifies feelings of **empathy, transportation, and perceived similarity** to strengthen the effects of narrative health messaging.
- This is in contrast to non-narrative communication that utilizes expository and didactic styles, often presenting propositions in the form of reasons and evidence supporting a claim.
<table>
<thead>
<tr>
<th>HPV Roundtable Sample Tweets</th>
<th>Narrative-focused Sample Tweets</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Parent of an 11- or 12-year-old? It’s #Time2Vax! Make sure your child gets the three vaccines that protect against infections that cause whooping cough, HPV cancers and meningitis.</strong></td>
<td><strong>Meet David. He’s a dad. 2 great kids — Gavin 12 and Grace 10. He does dad stuff. Helps get his kids ready for school, listens to Kidz Bop, makes pancakes on Saturdays. Next week is the yearly doctor visit. Whooping cough, meningitis, and HPV vaccines are on the to-do list.</strong></td>
</tr>
<tr>
<td><strong>Summer’s winding down, but cancer prevention is revving up! Make sure the 11- and 12-year old youth in your life get the HPV vaccine. The HPV vaccine is given as a series of two shots and doctors recommend that girls and boys get vaccinated against HPV at age 11 or 12. The series should be completed by age 13.</strong></td>
<td><strong>At the last soccer game, while cheering Gavin from the sidelines, it hits David — wait, the HPV vaccine is for boys? What exactly does the vaccine protect against in boys? Does it protect more or hurt more? He needs to find out more. <a href="http://bit.ly/ACSParentFlyer1">http://bit.ly/ACSParentFlyer1</a></strong></td>
</tr>
<tr>
<td><strong>Don’t wait to vaccinate! Doctors say it’s #Time2Vax girls and boys with the HPV vaccine at age 11 or 12. Cancer protection decreases as age at vaccination increases. <a href="http://bit.ly/ACSParentFlyer1">http://bit.ly/ACSParentFlyer1</a></strong></td>
<td><strong>David is close with Andre, a fellow soccer dad. They chatted about HPV vaccine. Andre’s son already got the 2 doses of HPV vaccine earlier this year. He didn’t know much about it either, but after learning more he is happy his son is now protected against certain cancers. David will be sure to ask about it.</strong></td>
</tr>
<tr>
<td><strong>#Back2School = #Time2Vax! Ask for the HPV vaccine at your child’s back-to-school doctor visit. The HPV vaccines are proven to be safe, effective, and provide lasting protection.</strong></td>
<td><strong>During his son’s visit to the doctor, David felt prepared to ask questions about HPV vaccine. He learned a lot — it protects against certain cancers, needs 2 doses, &amp; has minimal to no side effects. David felt good about this, and good about protecting his son. An easy choice!</strong></td>
</tr>
</tbody>
</table>
# CDC’s Strategy to Reinforce Confidence in COVID-19 Vaccines

## Build Trust

**Objective:** Share clear, complete, and accurate messages about COVID-19 vaccines and take visible actions to build trust in the vaccine, the vaccinator, and the system in coordination with federal, state, and local agencies and partners.

- Communicate transparently about the process for authorizing, approving, making recommendations for, monitoring the safety of, distributing, and administering COVID-19 vaccines, including data handling.
- Provide regular updates on benefits, safety, side effects and effectiveness; clearly communicate what is **not** known.
- Proactively address and mitigate the spread and harm of misinformation via social media platforms, partners, and trusted messengers.

## Empower Healthcare Personnel

**Objective:** Promote confidence among healthcare personnel* in their decision to get vaccinated and to recommend vaccination to their patients.

- Engage national professional associations, health systems, and healthcare personnel often and early to ensure a clear understanding of the vaccine development and approval process, new vaccine technologies, and the benefits of vaccination.
- Ensure healthcare systems and medical practices are equipped to create a culture that builds confidence in COVID-19 vaccination.
- Strengthen the capacity of healthcare professionals to have empathetic vaccine conversations, address myths and common questions, provide tailored vaccine information to patients, and use motivational interviewing techniques when needed.

## Engage Communities & Individuals

**Objective:** Engage communities in a sustainable, equitable and inclusive way—using two-way communication to listen, build trust, and increase collaboration.

- **Empower vaccine recipients to share their personal stories and reasons for vaccination within their circles of influence.**
- Work with health departments and national partners to engage communities around vaccine confidence and service delivery strategies, including adaptation of vaccination sites to meet community needs.
- Collaborate with trusted messengers—such as faith-based and community leaders—to tailor and share culturally relevant messages and materials with diverse communities.
From the CDC Social Media Toolkit:

Less of these!

More of these!
Classes Start
September, January, or April

“Our program exposes students to the many different aspects of public health. Students get the opportunity to find their passion and sharpen their skills as they prepare to make a difference in the world.”

– Rosemary (Rosie) Frasso, PhD, MSc, MSc, CPH
Program Director, Public Health

JCPH Virtual Open House
February 10 | 5:30-7:30 pm
Register Here

Learn more at: Jefferson.edu/MPH  |  Questions: JCPH.Admissions@jefferson.edu
Economic Evaluation of Vaccines: Challenges & Opportunities  
February 17, 2021 | 12:00-1:00 pm ET  
Register Now

The Five Myths About Poverty:  
What you may think, and what we know…  
March 3, 2021 | 12:00-1:00 pm ET  
Register Now

Controlling High Blood Pressure:  
An Evidence-Based Blueprint for Change  
March 17, 2021 | 12:00-1:00 pm ET  
Register Now
Thank You!