Australian vaccine rollout – 2021 timeframe and impacts

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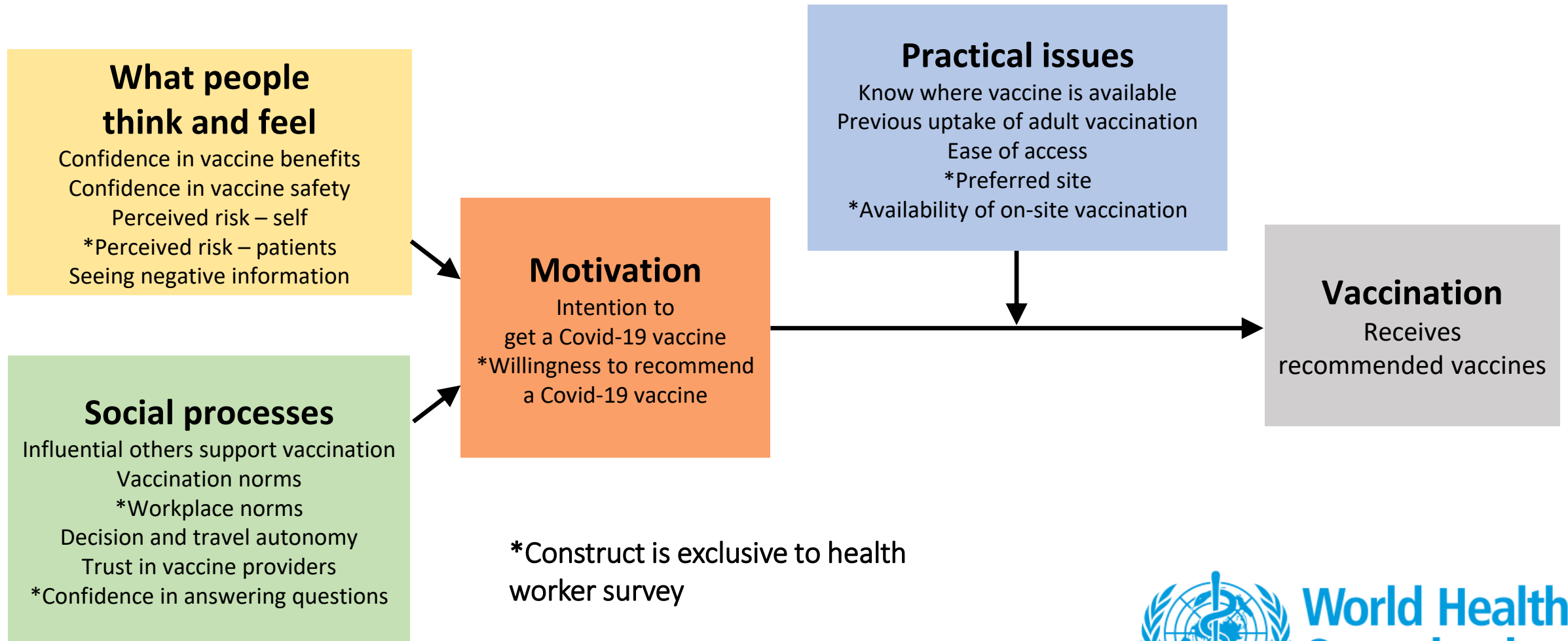
2 February 2020, Australasian College of Emergency Medicine

We are in a formative time

- Vaccine attitudes are normally quite stable
- New vaccines tend to be trusted less.
- COVID-19 vaccine environment unique
- Beliefs shaping right now
- Acceptance more volatiles now

Who gets a COVID vaccine first? Access plans are taking shape
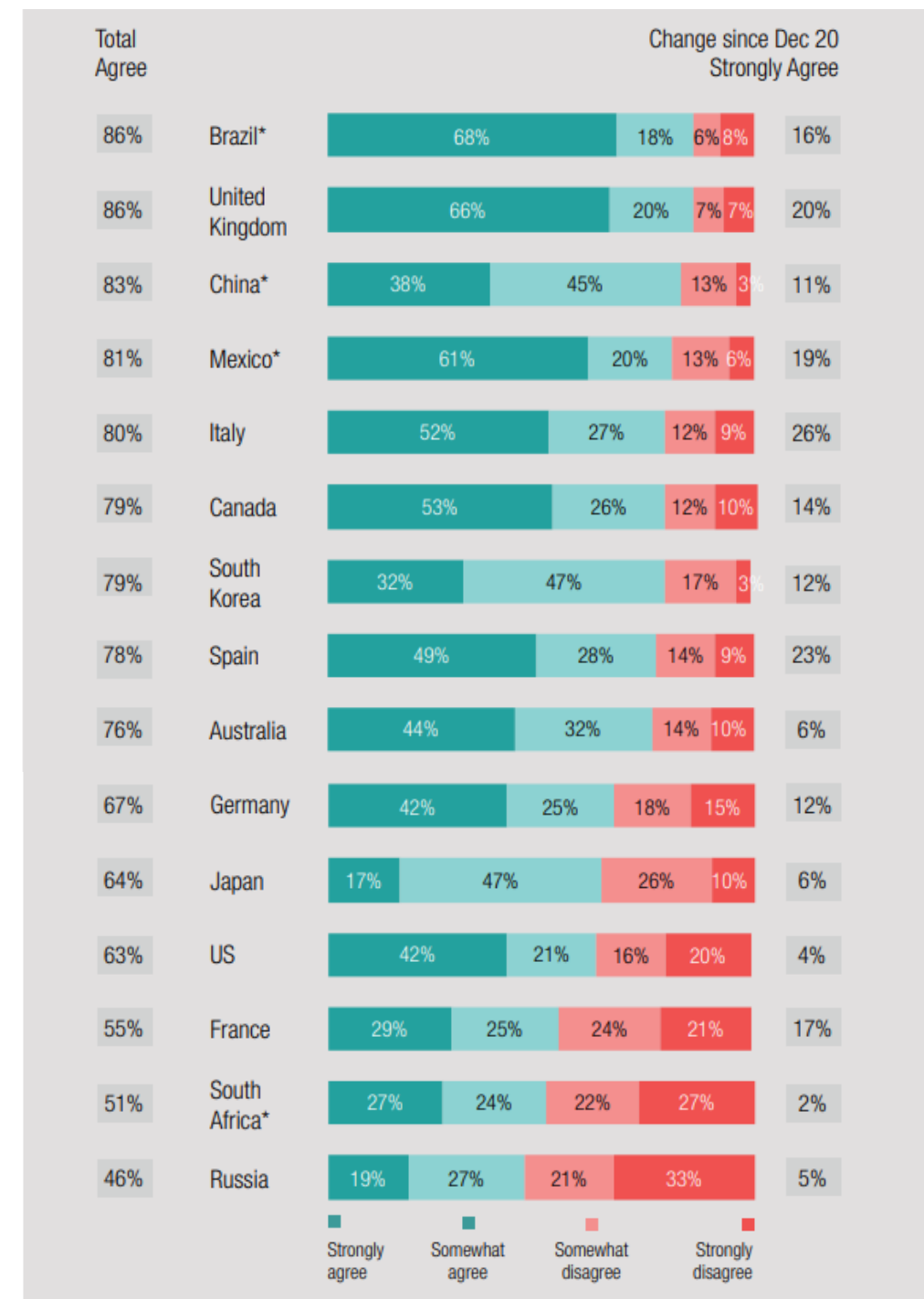
Advisory groups around the world release guidance to prioritize healthcare workers and those in front-line jobs.

HERE'S YOUR VACCINE

VACCINES ARE SAFE AND LEGAL SO WERE TABACCO THALIDOMIDE, DDT MESH IMPLANTS, VIOXX 4 BILLION PAID INJURY COMP

CORONAVIRUS
Cruise ship
Virus spreads through city
All sporting events cancel
Panic buying
Lockdown expand
washing advice
Elderly most at risk
death toll rises
Panic

Increasing COVID-19 vaccination model constructs

What people think and feel
Confidence in vaccine benefits
Confidence in vaccine safety
Perceived risk – self
*Perceived risk – patients
Seeing negative information

Social processes
Influential others support vaccination
Vaccination norms
*Workplace norms
Decision and travel autonomy
Trust in vaccine providers
*Confidence in answering questions

Motivation
Intention to
get a Covid-19 vaccine
*Willingness to recommend
a Covid-19 vaccine

Practical issues
Know where vaccine is available
Previous uptake of adult vaccination
Ease of access
*Preferred site
*Availability of on-site vaccination

Vaccination
Receives
recommended vaccines

*Construct is exclusive to health worker survey

World Health Organization

Vaccine intentions globally

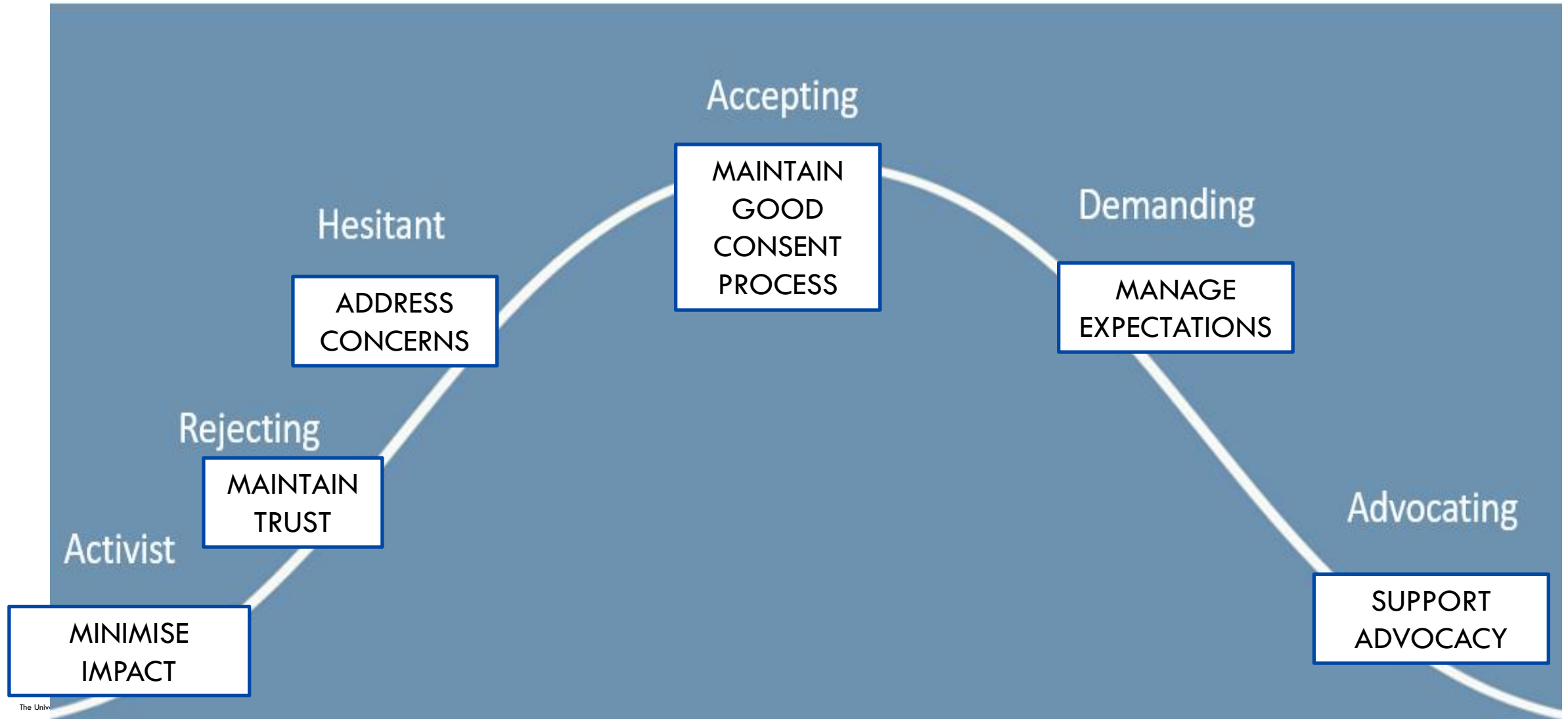**FIG 1:** IF A VACCINE FOR COVID-19 WERE AVAILABLE,
I WOULD GET IT

Q. To what extent do you agree or disagree with each of the following: If a vaccine for COVID-19 were available, I would get it
(base in January excludes those who report receiving the vaccine)

- Early success with vaccines is building public confidence

- *"Hesitancy is not driven by the public buying into conspiracies – it was more likely to be thoughtful people being hesitant because they didn't know what they needed to know to make the right decision"*

COVID-19 vaccines: the world view, January 2021.
https://assets.ipsos-mori.com/worldeconomicforum/Ipsos_vaccine_paper_Jan2021.pdf

Total Agree		Strongly agree	Somewhat agree	Somewhat disagree	Strongly disagree	Change since Dec 20 Strongly Agree
86%	Brazil*	68%	18%	6%	8%	16%
86%	United Kingdom	66%	20%	7%	7%	20%
83%	China*	38%	45%	13%	3	11%
81%	Mexico*	61%	20%	13%	6%	19%
80%	Italy	52%	27%	12%	9%	26%
79%	Canada	53%	26%	12%	10%	14%
79%	South Korea	32%	47%	17%	3	12%
78%	Spain	49%	28%	14%	9%	23%
76%	Australia	44%	32%	14%	10%	6%
67%	Germany	42%	25%	18%	15%	12%
64%	Japan	17%	47%	26%	10%	6%
63%	US	42%	21%	16%	20%	4%
55%	France	29%	25%	24%	21%	17%
51%	South Africa*	27%	24%	22%	27%	2%
46%	Russia	19%	27%	21%	33%	5%

Range of vaccination positions

Vaccine communication

1. Communicate clearly
2. Strive for maximum credibility
3. Communicate with empathy
4. Communicate with openness, frankness, and honesty
5. Recognise that uncertainty is inevitable
6. Account for levels of health literacy and numeracy
7. Empower people to act
8. Appeal to social norms
9. Consider diverse community needs
10. Be proactive in combating misinformation

ARTICLE

OPEN

Toward effective government communication strategies in the era of COVID-19

Bernadette Hyland-Wood [1], John Gardner[2], Julie Leask[3] & Ullrich K. H. Ecker[4]

Responding to misinformation

– Is it affecting behaviour?

– Is it gaining traction?

– Prepare people – "you may hear"

– Fill the gap – <u>early</u> and factual communication

– Use trusted people or organisations

– Don't feed the trolls

van der Linden, S., Maibach, E., Cook, J., Leiserowitz, A., & Lewandowsky, S. (2017). Inoculating against misinformation. *Science*, *358*(6367), 1141.2-1142. https://doi.org/10.1126/science.aar4533
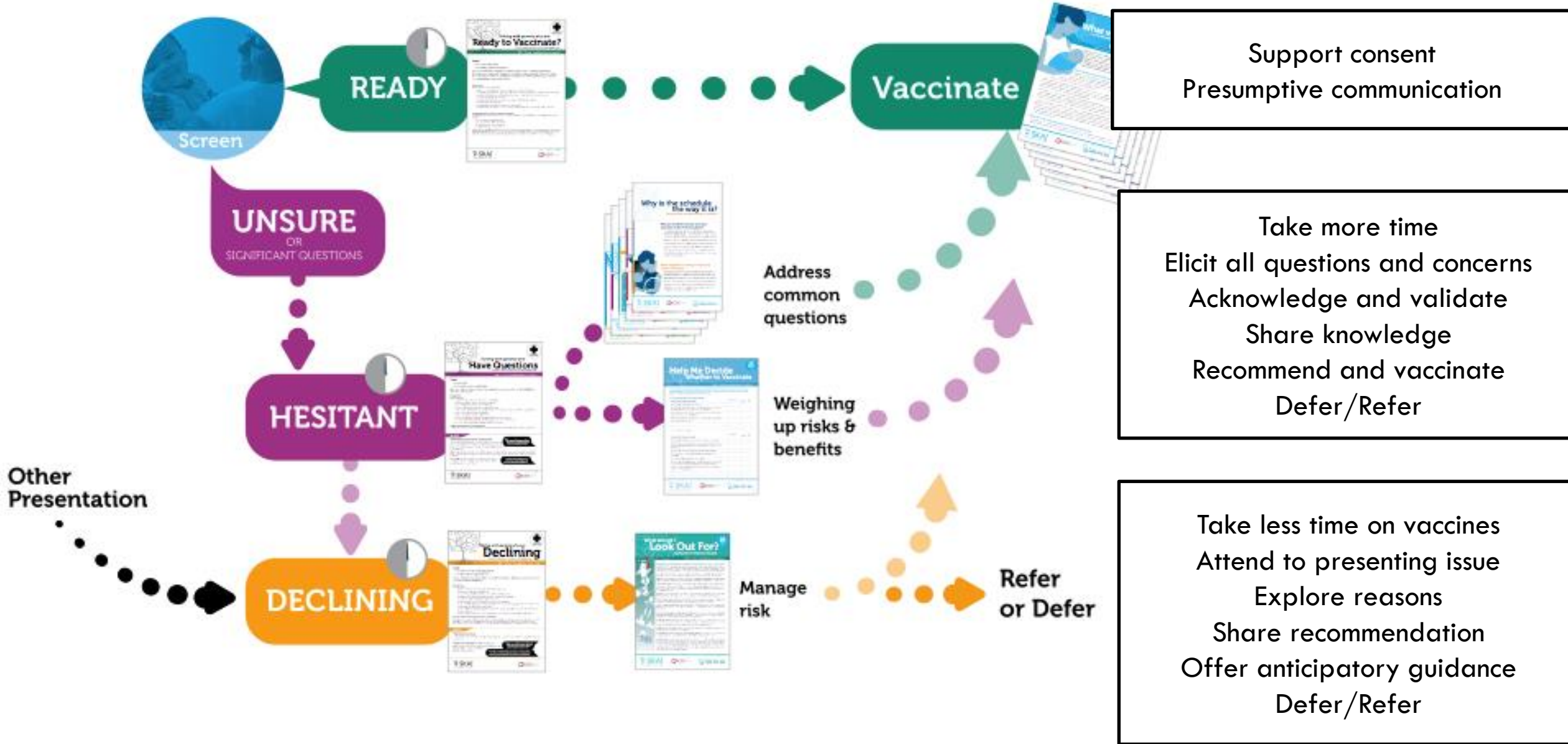
The Debunking Handbook, 2020 https://www.skepticalscience.com/Debunking-Handbook-now-freely-available-download.html
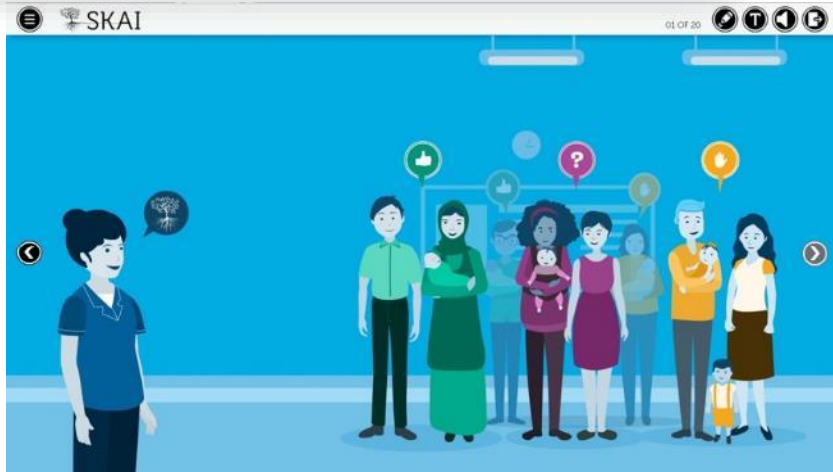
NCIRS National Centre for Immunisation Research and Surveillance

COVID-19 vaccines: Frequently asked questions

Q1. What types of vaccines are researchers developing?

Q2. How are COVID-19 vaccines being tested?

Q3. Why are clinical trials sometimes paused and restarted?

Q4. What is the process for getting a COVID-19 vaccine approved in Australia?

Q5. How is vaccine safety monitored after a vaccine is approved for use?

Q6. Why are COVID-19 vaccines being developed so quickly?

Q7. Are shortcuts being taken in vaccine safety assessment?

Q8. Which COVID-19 vaccines are likely to be used in Australia?

Q9. When will COVID-19 vaccines be available in Australia?

Q10. Who will get a COVID-19 vaccine first and how is this decided?

Q11. Where will people be able to access the vaccine, and will it be free?

Q12. Will the COVID-19 vaccine be mandatory?

Q13. Why are multi-dose vials being used to store COVID-19 vaccines?

Q14. What are the likely side effects from COVID-19 vaccines?

Q15. How many doses will be required and what will be the schedule?

Q16. What is herd immunity and how does it relate to the COVID-19 vaccination program?

Q17. Will we still need other COVID-19 prevention measures like social distancing and lockdowns if a COVID-19 vaccine is available?

Communication pathways – a useful model from childhood vaccination

Support consent
Presumptive communication

Take more time
Elicit all questions and concerns
Acknowledge and validate
Share knowledge
Recommend and vaccinate
Defer/Refer

Take less time on vaccines
Attend to presenting issue
Explore reasons
Share recommendation
Offer anticipatory guidance
Defer/Refer

E-learning

Mobile version

Cards

- Parent site http://www.talkingaboutimmunisation.org.au/
- Provider site http://providers.talkingaboutimmunisation.org.au/
- E-learning module via http://ncirs.org.au/health-professionals/skai-supporting-health-professionals

How health services can increase uptake

– **Recommend vaccination**

– Provide opportunistic vaccination

– Provide convenient service

– Send a reminder about second dose

– Audit and act on clinic performance

– Ensure high quality vaccination experience

Summary

- Hesitancy with a new vaccine is normal
- Intentions are likely to increase in absence of any major issues
- You are influential
- Address concerns and questions with empathy
- Recommend vaccination
- Help people access the vaccine

Resources

- NCIRS website https://www.ncirs.org.au/
- Australian government https://www.health.gov.au/initiatives-and-programs/covid-19-vaccines-hub
- State or territory websites
- WHO Covid-19 vaccines: safety surveillance manual https://www.who.int/publications/i/item/10665338400
- Addressing vaccine misinformation
  - Vaccine communication handbook https://hackmd.io/@scibehC19vax/home
  - Child vaccination hesitancy tips: SKAI http://providers.talkingaboutimmunisation.org.au/
- COSSI Six-point strategy for high uptake
  - A COVID-19 vaccination strategy to support uptake amongst Australians. Collaboration on Social Science in Immunisation, October 2020 https://www.ncirs.org.au/cossi/cossi-reports-and-publications