



**Facilitator's guide:
Communicating with patients
about COVID-19 vaccination**

© World Health Organization 2021

Some rights reserved. This work is available under the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 IGO licence (CC BY-NC-SA 3.0 IGO; <https://creativecommons.org/licenses/by-nc-sa/3.0/igo>).

Under the terms of this licence, you may copy, redistribute and adapt the work for non-commercial purposes, provided the work is appropriately cited, as indicated below. In any use of this work, there should be no suggestion that WHO endorses any specific organization, products or services. The use of the WHO logo is not permitted. If you adapt the work, then you must license your work under the same or equivalent Creative Commons licence. If you create a translation of this work, you should add the following disclaimer along with the suggested citation: “This translation was not created by the World Health Organization (WHO). WHO is not responsible for the content or accuracy of this translation. The original English edition shall be the binding and authentic edition: Facilitator’s Guide: Communicating with patients about COVID-19 vaccination. Copenhagen: WHO Regional Office for Europe; 2021”.

Any mediation relating to disputes arising under the licence shall be conducted in accordance with the mediation rules of the World Intellectual Property Organization. (<http://www.wipo.int/amc/en/mediation/rules/>)

Suggested citation. Facilitator’s Guide: Communicating with patients about COVID-19 vaccination. Copenhagen: WHO Regional Office for Europe; 2021. Licence: [CC BY-NC-SA 3.0 IGO](https://creativecommons.org/licenses/by-nc-sa/3.0/igo).

Cataloguing-in-Publication (CIP) data. CIP data are available at <http://apps.who.int/iris>.

Sales, rights and licensing. To purchase WHO publications, see <http://apps.who.int/bookorders>. To submit requests for commercial use and queries on rights and licensing, see <http://www.who.int/about/licensing>.

Third-party materials. If you wish to reuse material from this work that is attributed to a third party, such as tables, figures or images, it is your responsibility to determine whether permission is needed for that reuse and to obtain permission from the copyright holder. The risk of claims resulting from infringement of any third-party-owned component in the work rests solely with the user.

General disclaimers. The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers’ products does not imply that they are endorsed or recommended by WHO in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by WHO to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall WHO be liable for damages arising from its use.

Document number: WHO/EURO:2021-2282-42037-57838

Contents

Abbreviations

Introduction

Background for facilitator

Disclaimer

Slide notes and comments for facilitators

References

Appendices

Appendix 1. Pre- and post-training module self-reflection survey, evaluation and feedback survey

Appendix 2. Job aid and job aid explainer

Appendix 3. Conversation challenges 1-4

Abbreviations

HWs	Health Workers
ToT	Trainer of Trainers
COVID-19	Corona Virus Disease - 2019
COM-B	Capability, Opportunity, Motivation - Behaviour
MI	Motivational Interviewing
ECDC	European Centre for Disease Prevention and Control
US CDC	United States Centers for Disease Control and Prevention
WHO	World Health Organization

Introduction

This guide is designed to accompany the training module, *Communicating with patients about COVID-19 vaccination*. It provides detailed explanations, resources and guidance to accompany the slides in the training module and support those implementing the training. It is intended for training facilitators or trainers of trainers (ToT) who will be conducting the training at the country level either face-to-face or online with a group of participants. Facilitators can use this guidance document to help them adapt the training content to their local context and facilitate discussion with training participants. Facilitators are encouraged to have this guide available to them as a tool during the training session.

Background for facilitator

Health workers (HWs) play a central role in maintaining public trust in vaccination, including addressing concerns of patients. (Leask, J., et al, 2012) They need to be well educated and conversant on best practices in vaccination safety communication, including: specific and serious risks of vaccine preventable diseases, possible side-effects of vaccines, managing adverse events, the importance of clear language and framing conversations, motivational interviewing (MI) techniques and pain mitigation strategies. (MacDonald, E, N., & Dubé, È, 2018)

This training module is designed to equip HWs with knowledge, skills, confidence and resources to help them in their role to recommend the COVID-19 vaccines. It is tailored to specific patient positions on vaccination and provides a structured approach to assist HWs with interpersonal communication during COVID-19 vaccination consultations.

HWs who are knowledgeable about evidence-based immunization strategies and best practices are critical to implementing a successful vaccination program. (Sharing Knowledge About Immunisation, 2020) They are key to communication that vaccination is as safe and effective as possible. Some HWs administering COVID-19 vaccine may have extensive experience with immunization practices and including communication techniques, since they routinely administer recommended vaccines in their clinical practice. For others, administering the COVID-19 vaccine may be their first clinical experience with vaccination.

The training module offers a guided approach to facilitating effective conversations with patients about COVID-19 vaccination. While the focus is on interpersonal communication strategies, participants are directed to COVID-19 vaccine resources at the end of the training module to help build knowledge and awareness on COVID-19 vaccine safety and effectiveness.

Disclaimer

This tool is not vaccine specific, rather it provides the structure necessary to tailor conversation to patients' vaccine concerns. The focus of this tool is on interpersonal communication skills; it is not intended to provide guidance on vaccinology and vaccine administration procedures. To effectively

apply the communication techniques, a HW also needs to be knowledgeable and confident about vaccinology, specifics of COVID-19 vaccines used in their clinical setting, vaccine administration techniques, identifying and managing allergic reactions to vaccines and credible sources of COVID-19 vaccine information for patients advised in their local contexts.

A complementary online WHO training on COVID-19 vaccination for HWs is strongly recommended to support HWs' knowledge, skills and practices during COVID-19 vaccination consultations. A link to this training is provided under COVID-19 vaccine resources for HWs at the end of the training module.

Finally, HWs must rely on their own professional knowledge, skills and judgment in clinical decision-making when giving advice to patients and/or providing treatment. Information contained in this training module must be interpreted by HWs who have an understanding of the particular clinical circumstances of their patients.

Accompanying training materials are found in the appendices of this guide.

Slide notes and comments for facilitators

Slide 1. Title slide

Slide 2. Training module contents

Slide 3. Introduction to training module

Slide 4. Overview of training module

Slide 5. Expectations for this training module

Notes for facilitator: Accompanying training module materials include:

1. Pre and Post training self-reflection survey, post training evaluation and feedback survey
2. Job Aid: COVID-19 vaccination patient communication algorithm for HWs + Job aid explainer
3. Conversation challenge 1-4, dialogues between HWs and 4 different patients

It is recommended that participants have print copies of the training module with notes and accompanying training module materials during the training. The Job Aid is necessary to help facilitate the conversation scenarios.

Slide 6. Pre-training self-reflection

Notes for facilitator: Ensure all participants complete the pre-training self-reflection survey and return to the facilitator/ToT. Ten pre-training questions measure the level of confidence that the HW has in their professional capacity to address patient concerns and support patient information needs about COVID-19 vaccination. The goal is for HWs to be able to identify an improvement in their confidence levels as a result of participating in this training.

NOTE: Questions are available in Word format at the end of this guide. See appendix 1. Questions can also be made available in your local setting through an online survey tool (i.e. google survey or survey monkey) and a link can be inserted into the PPT.

Slide 7. Setting the scene for health workers

Notes for facilitator: Review training objectives and the message to HWs with all participants and ensure they are made aware of the disclaimer.

Message to HWs:

- HWs involved in immunization programmes are key to communicating that vaccination is as safe and effective as possible.
- Building confidence in COVID-19 vaccination among your patients through effective conversations is critical to promoting vaccine uptake, managing expectations and helping to protect communities.
- Before you can build confidence among your patients, you need to be confident in the COVID-19 vaccine and about getting the vaccine yourselves.
- This training module will help to provide you with effective skills in communication and guide you to the appropriate resources to help build your own confidence in safety and effectiveness of COVID-19 vaccines.

Disclaimer: This tool is not vaccine specific, rather it provides the structure necessary to tailor your conversation to vaccine concerns. The focus of this tool is on interpersonal communication skills and is not intended to provide guidance on vaccinology and vaccine administration procedures. To effectively apply the communication techniques, you need to be knowledgeable and confident about vaccinology, specifics of COVID-19 vaccines used in your clinical setting, vaccine administration techniques, identifying and managing allergic reactions to vaccines and credible sources of COVID-19 vaccine information for patients advised in your local contexts. In addition to this training, it is strongly recommended that you complete a complementary online WHO training on COVID-19 vaccination for HWs to support your knowledge, skills and practices during COVID-19 vaccination consultations. Recommended COVID-19 vaccine information is provided under COVID-19 vaccine resources for HWs at the end of this training module. Finally, you must rely on your own professional knowledge, skills and judgment in clinical decision-making when giving advice to patients and/or providing treatment. When interpreting information contained in this training module you must have an understanding of the particular clinical circumstances of your patients.

Slide 8. Learning outcomes

Notes for facilitator: These are learning outcomes for all training module participants. It is advised to review learning outcomes before starting the training module and after completion of the training module.

Slide 9. Part 1. Vaccine confidence and the role of health workers

Notes for facilitator: Introduce Part 1.

Part one covers learning outcome # 1: Define vaccine confidence and explain the impact of HWs.

Slide 10. How are concerns about COVID-19 vaccines expressed?

Notes for facilitator:

- It is common for new vaccines to be met with initial questions and concerns.
- This slide reflects some common examples of how questions and concerns about COVID-19 vaccination are being expressed by the public.
- Early data suggests high demand for the COVID-19 vaccine, that said there is variability between countries, cultures, demographic and ethnic groups. Perceptions about COVID-19 vaccination are constantly changing as the situation evolves. We know that many people have questions and concerns and often resort to HWs for clarification.
- Key factors that can impact COVID-19 vaccine acceptance, include: concern about side-effects, vaccine efficacy, risk perception and associated costs.
- HWs have an opportunity to promote vaccine confidence in their patients and the general public.
- HWs' efforts to build confidence among populations about COVID-19 vaccination will be a key factor necessary to curb the rate of infections and help to end the pandemic.

Slide 11. What is vaccine confidence?

Notes for facilitator:

- Vaccine confidence, is a multi-faceted concept, based largely on trust.
- Vaccine confidence is the trust that patients, public and HWs have in:
 - recommended vaccines;
 - HWs who administer vaccines;
 - processes and policies that lead to vaccine development, licensure, manufacturing, and recommendations for use.

- A person must have trust in all three of these items to feel fully confident in their decision to get vaccinated. The foundation of trust is critical, and this is something that must be built over time.
- This is a critical concept to think about when working with patient populations who may have a history of mistrust in the medical establishment or the government. (Lewandowsky et al., 2021)
- As HWs, you have an impact on the second sub-bullet – helping patients to trust you in your role as vaccine administrators. (US CDC, 2021)
- It's important to note that you can also help build trust in vaccines as well as the processes and policies by helping your patients to understand new vaccine technologies, what to expect in terms of vaccine side-effects, and how these vaccines are being continuously monitored for safety. Being honest about what you don't know is also important for building trust. (US CDC, 2021)
- By taking time to listen to patient concerns and answer questions, HWs can help patients become confident in their decision to be vaccinated. Also, when you decide to get vaccinated and share the reasons why you did, you can have a powerful influence on your patients and community. "Strong confidence in the vaccines within communities leads to more people getting vaccinated, which leads to fewer COVID-19 illnesses, hospitalizations, and deaths." (US CDC, 2021)

Slide 12. How do health workers impact vaccine confidence?

Notes for facilitator:

Emphasize that HWs are the most trusted advisors and influencers of vaccination decisions. A HW recommendation is a major driver of vaccine uptake, however, HWs may underestimate their influence, don't have much time to talk about vaccines or lack vaccine confidence. (Dubé, È, 2020)

- Research indicates patients are more likely to vaccinate when their health care providers recommend it. (ECDC, 2015)
- HWs knowledge and attitudes about vaccines have been shown to be an important determinant of their own vaccine uptake, their intention to recommend the vaccine to their patients and the vaccine uptake of their patients.
- Therefore, your recommendation and your example are likely to affect the attitudes and decisions of many other people. As the ECDC stated: *"Healthcare workers are considered to be the most trusted source of vaccine-related information for patients. They are in the best position to understand hesitant patients, to respond to their worries and concerns, and to find ways of explaining to them the benefits of vaccination"*. (ECDC, 2015)
- A recent study shows, trust in medical and scientific experts is a positive predictor of willingness to receive a COVID-19 vaccine. (Kerr, J, R, et al., 2020)
- To this end, HWs must feel confident in their own decision to get vaccinated and to recommend vaccination to their patients.
- Recommending the COVID-19 vaccine and leading by example are likely to increase vaccine acceptance in the general public, as well as among colleagues and other healthcare professionals. (Lewandowsky, S. et al. 2021)

Slide 13. Part 2: Communicating risk to patients

Notes for facilitator:

Introduce Part 2.

Part two covers learning outcome # 2: Understand and communicate risk to support a patient's vaccination decision.

Slide 14. Risk perception and decision-making

Notes for facilitator:

- A key factor in vaccination decision-making is how people perceive risk. HW's must recognize how patients perceive risk and how these perceptions influence vaccination decision-making.
- **Definition of risk perception:** Risk is the possibility of a negative future outcome. Individuals perceive risk according to how probable they believe it is that a specific type of event will take place (probability), and how concerned they are with the consequences of such an event (severity). Risk can also be a feeling. Feelings about risk have a stronger impact on behaviour than knowledge about risk.
- Both disease and vaccination may be associated with risk.
- A person may think that the disease is likely and/or severe, and he or she may feel that vaccine side-effects are likely and/or severe.
- The general rule that applies is:
 - if people perceive high levels of risk of disease they will be more likely to vaccinate;
 - whereas, if people perceive high levels of risk of vaccination they will become less likely to vaccinate.
- In absence of disease, fear of disease has been replaced by fear of vaccines for some people. (WHO, 2017. Vaccination and trust)

Slide 15. Communicating risk

Notes for facilitator:

- Communicating risk to patients is an essential component of the vaccination consultation.
- HWs must feel competent and confident to facilitate a risk conversation and know where to access evidence-based resources to strengthen knowledge. Examples of risk related COVID-19 vaccine resources are provided at the end of the training module under COVID-19 vaccine resources for HWs.
- It is common for new vaccines to be met with initial hesitancy especially regarding vaccine safety concerns. HWs must keep in mind public concern about vaccine safety can reduce vaccine coverage rates and result in the resurgence of the vaccine-preventable disease and a prolonged pandemic situation.

- Your goal as a HW is to facilitate a collaborative discussion with your patients addressing patient concerns to develop an informed decision-making partnership.
- This conversation can be delicate as risk perception is influenced by experience as well as personal, religious and cultural contexts. Patients may express cultural, political and emotional differences causing them to be adversarial or misinformed.

Slide 16. Principles of risk communication

Notes for facilitator:

These principles of risk communication can help HWs facilitate a clear, confident and patient-centred risk discussion with patients. Review these principles as a group and encourage HWs to take time to study these principles and keep them in mind during vaccination consultations.

Slide 17. COVID-19 vaccine risk communication

Notes for facilitator:

- Risk communication is best tailored to the patient's concerns. Five key risk communication points are suggested for HW's conversation about COVID-19 vaccines and vaccination. **Click on the links on the this slide to supporting risk communication resources HWs can draw upon to help guide conversations.** These are links to WHO resources in English.
 - HWs must be knowledgeable about the COVID-19 vaccines used in their clinical setting and feel confident to discuss safety and efficacy concerns with patients. It is recommended to consult your national health authority, professional organization or the WHO for information, recommendations and updates on authorized COVID-19 vaccines used in your practice setting.
1. When discussing side-effects, be sure to emphasize that:
 - Common side-effects (i.e. pain at injection site, tiredness, low grade fever) are an indication of a good immune response—so while they may be unpleasant, it means the vaccine is doing its job.
 - Common side-effects are generally short-lived, and the patient should feel better within a day or two.
 - If side-effects persist for several days patients should seek medical advice from their health care provider.
 - It is very important to return for the second dose (in a 2 dose vaccine series) for best protection, even if the patient did not feel well after receiving the first dose.
 2. When promoting safety of any COVID-19 vaccine emphasize the following:
 - All authorized vaccines go through careful clinical trials to test safety and effectiveness.
 - For COVID-19 vaccines regulatory authorities and the WHO set up rigorous standards of safety, quality and effectiveness that must be met before a vaccine can be authorized for use.
 - So far, of the vaccines that have been authorized for use in the European Region, no vaccine trial has reported any serious safety concerns.
 - Trials for vaccines have had fully independent safety monitoring boards, and safety data are continuously reviewed by the WHO and expert panels.

3. Vaccine safety is a broad subject. Be ready to tailor your response to the patient's specific concern(s). You might need to help the patient prioritize their main concern given the time limited interaction. Emphasize COVID-19 vaccines are being held to the same safety standards as all other vaccines. Refer to COVID-19 resources for HWs at the end of the training module.

- For information related to mRNA COVID-19 vaccines, see: WHO Pfizer-BioNTech and Moderna fact sheets and job aids for more information.
- For information related to ChAdOx1-S (recombinant) vaccines, see:
 1. WHO Interim recommendations for use of the AZD1222 (ChAdOx1-S (recombinant)) vaccine against COVID-19 developed by Oxford University and AstraZeneca.
 2. Public Health England, Information for Healthcare Professionals on COVID-19 Vaccine AstraZeneca.

4. In discussing the effectiveness of the COVID-19 vaccines with patients it is important to emphasize the benefits of vaccination. For instance, "COVID-19 vaccination will help protect you from getting COVID-19 disease". "Getting a COVID-19 vaccine will help create an immune response in your body against the virus." "Getting vaccinated may also protect people around you--your family, your coworkers, patients--particularly people at increased risk for becoming severely ill from COVID-19". This messaging must be tailored to the COVID-19 vaccine(s) used in your clinical setting.

It is also necessary to promote continued use of recommended precautions to decrease risk of transmission of the virus causing COVID-19 disease because the extent to which vaccines will prevent transmission is still being researched.

5. Address evidence-based pain mitigation strategies in all your conversations with accepting patients and only if it arises as a concern with vaccine hesitant or vaccine refusing patients. See recommended pain mitigation strategies advised by the WHO.

Slide 18. Present the risks & benefits to patients

Notes for facilitator:

- It is necessary to deliberately present and review with your patients the key risks associated with contracting the virus causing COVID-19 disease (without using fear tactics) as well as the risks and benefits of the COVID-19 vaccines used in your clinical practice.
- Deliver clear, concise messages about the risks of COVID-19 disease and the benefits and risks of COVID-19 vaccination.
- Framing the risks and benefits in the right context is very important.
- This slide presents examples of the primary risks and benefits you want to relay. Vaccine risks may vary depending on which vaccine you are using in your clinical setting. Be familiar with the vaccine's safety and efficacy profile and confident to discuss common and rare side-effects.
- Presenting a risk/benefit analysis should be adapted to the patient's level of health literacy and should be culturally appropriate.
- A visual aid, printed material or credible website can help to lay out the information.
- Although information on the COVID-19 vaccines is evolving, you can nonetheless review your knowledge about the risks involved if the patient contracts the virus, the common side-effects of the vaccines used in your practice, the known risk of rare adverse reactions and the overall benefits of the COVID-19 vaccines.

- As a good practice, it is recommended to review precautions still necessary post-vaccination to prevent virus transmission and explain why.
- Also reassure patients on the mechanisms your clinic has in place to address the rare event of a severe allergic reaction.
- The examples presented in this slide are general risks and benefits that can be adapted to your clinical setting.

Click on each circle for further information on risks of COVID-19 disease, risks of COVID-19 vaccines and benefits of COVID-19 vaccines.

Slide 19. Risks of COVID-19 disease

Notes for facilitator:

Openly present the risks of the COVID-19 disease tailoring to your patient's risk profile. Information on this slide details the main risks of COVID-19 disease. HWs can use this as a guide to review with their patients. Present the facts and avoid using scare tactics.

- Potential risk factors for COVID-19 disease that have been identified to date include:
 - Age
 - Race/ethnicity
 - Gender
 - Some medical conditions
 - Poverty and crowding
 - Certain occupations
 - Pregnancy

(US CDC, 2021. COVID-19, people at increased risk)

Click on the blue arrow to return to Slide 18 and review the next circle in the Risk Benefit discussion.

Slide 20. Benefits of COVID-19 vaccines

Notes for facilitator:

- Openly and enthusiastically present the benefits of the COVID-19 vaccine including efficacy.
- This conversation must be tailored to the vaccines used in your clinical practice setting.
- This slide outlines the general points you want to emphasize.
- Above the vaccine itself, remind patients the vaccine is an important step toward stopping the pandemic and resuming many of the things we stopped doing because of the pandemic.

Click on the blue arrow to return to Slide 18 and review the next circle in the Risk Benefit discussion.

Slide 21. Risks of COVID-19 vaccines

Notes for facilitator:

- Openly discuss the risks of the vaccine tailoring this conversation to the COVID-19 vaccines used in your clinical practice. Review the common side-effects and what to expect to help promote vaccine acceptance. This slide provides some examples of common side-effects you want to emphasize with patients.
- When discussing less common reactions such as allergic reactions, emphasize the protocols your clinical setting has in place to address allergic reactions (i.e. appropriate medical treatment and supervision).
- Remind patients no vaccine is 100% effective therefore precautions are still necessary post vaccination to prevent virus spread. Review precautions with patients and offer print information if available.

Click on the blue arrow to return to Slide 18 and then click on the blue arrow on the bottom right to continue with the training.

Slide 22. Part 3: Vaccine acceptance and demand

Notes for facilitator:

Introduce Part 3.

Part three covers learning outcome # 3-4: Examine vaccine acceptance and demand to understand patients' vaccination behavior; Describe vaccine hesitancy and factors that contribute to it in the context of COVID-19.

Slide 23. Understanding vaccine acceptance and demand

Notes for facilitator:

- Many health behaviour change models exist which can help us analyze vaccination intentions and behaviours. The WHO Regional Office for Europe has adapted the COM-B model; (the letters stand for Capability, Opportunity, Motivation—Behaviour) to help explain vaccination behaviour. This model helps us to understand vaccine acceptance and demand in the public.
- The core of the model are three factors that need to be in place for vaccination to occur: capability, opportunity and motivation. Capability and motivation factors are individual determinants. Opportunity factors are context determinants, that is factors outside of the individual, in the physical and social surroundings.

- **Capability** refers to individuals' knowledge and information levels regarding vaccination, or skills and personal ability to book appointments and follow through on intentions to vaccinate, these are equally important barriers or drivers to vaccination.
- **Motivation** refers to the internal processes of individuals which influence vaccination decision making and behaviours, this includes risk perceptions, safety concerns and worry, confidence and trust.
- **Opportunity** refers to the physical and social processes that are important determinants for vaccination behaviours. Vaccination more than many other health behaviours (e.g. physical exercise, healthy diets, smoking cessation) relies on physical opportunity in the form of a well-functioning public health and vaccination service delivery system as well as appropriate legislation, vaccination supply, qualified staff and sufficient financial resources in the health system. Social opportunity is likewise an important factor for vaccination that is easily distinguishable from physical opportunity, as it relates to social, community and cultural support, values and norms.
- These factors all interact; capability and opportunity both influence motivation; and all three factors influence vaccination behaviour. Conversely vaccination behaviour influences all three factors; in fact, past vaccination behaviours are predictors of future vaccination behaviours.
- HWs must be aware of the individual and contextual interacting factors that influence a patient's vaccination behaviour. Identifying and exploring the factors with patients can help the HW to tailor their response to their patient's concern about vaccination.

The quotes on this slide reflect examples of how Capability, Motivation and Opportunity factors may be expressed by patients. Review each quote. Ask participants if they have any examples of how these factors are expressed by their patients.

Slide 24. What is vaccine hesitancy?

Notes for facilitator:

- Through an extensive review of literature, the WHO SAGE Working Group on vaccine hesitancy established that vaccine hesitancy is a behavioral phenomenon and refers to “a delay in acceptance or refusal of vaccination despite availability of vaccination services. Vaccine hesitancy is complex and context specific, varying across time, place and vaccines..” (MacDonald, 2015. Vaccine Hesitancy)
- Lack of confidence in vaccines is considered a threat to the success of vaccination programs.
- Acceptance of vaccination is the norm in the majority of populations globally. However, a smaller number refuse some vaccines but agree to others and some delay vaccination or accept vaccination but are unsure in doing so.

- Willingness to accept a vaccine is thus set on a Continuum of Vaccine Acceptance, between those that accept all vaccines with no doubts, to complete refusal with no doubts, with vaccine hesitant individuals the large heterogeneous group between these two extremes.
- HWs must recognize that hesitant individuals encompass a wide range of people who differ from the very small percentage who refuse all vaccinations. Within this heterogeneous group, many may have questions, want more information, or take the “wait and see approach”.
- Communication strategies must be adapted when addressing patients from these various categories on the Continuum.
- The Sage Working Group emphasized that hesitancy is a behavioral phenomenon which is vaccine and context specific. It was concluded that this practical definition of vaccine hesitancy was needed to ensure that immunization programme managers, policy makers, clinicians and researchers would consistently use a standard term to cover the broad range of factors causing low vaccination uptake while excluding those not related to personal and or community behavior choices (i.e. curtailment of vaccine services in the presence of conflict or natural disaster). (MacDonald, E, N, 2015. Vaccine Hesitancy)
- **Remember:** the majority of people accept vaccination, several are uncertain and will have questions, few people refuse.

Slide 25. Factors affecting COVID-19 vaccine hesitancy

Notes for facilitator:

- It is important to examine the factors in society that may lead to hesitancy towards the COVID-19 vaccine to understand patients' behaviour and their vaccination decisions. HWs must be aware of these factors in conversations with patients.
- Facilitators can ask HWs to consider how these factors may affect the vaccination behaviours of their patients.

Click on each circle for an explanation of each factor. Then use the arrow on the preceding slide to return to slide 25.

After you have reviewed all factors with participants click on the blue arrow on bottom right corner to continue with the training.

Slide 26. Convenience

Notes for facilitator:

- Some people encounter access barriers related to affordability and availability of vaccines that block one's physical opportunity and decision to get vaccinated.
- Convenience is an issue when uptake is affected by physical availability, affordability and willingness to pay, geographical accessibility, ability to understand (language and health literacy) and appeal of vaccination services. Even if a positive intention to vaccinate exists, structural barriers – such as difficult access – may block the implementation of the vaccination decision. (WHO, 2017. Vaccination and trust)

Click on blue arrow to return to factors affecting vaccine hesitancy.

Slide 27. Low perceived risk of infection

Notes for facilitator:

- Some young and healthy individuals believe they are not at risk from COVID-19. HWs can remind these patients even survivors of mild COVID-19 may suffer long-term health consequences. These patients could benefit from an open risk/benefit discussion. Refer to the risk communication section in this training module for guidance. (Lewandowsky et al., 2021)

Click on blue arrow to return to factors affecting vaccine hesitancy.

Slide 28. Vaccine deniers

Notes for facilitator:

- A proportion of people who are not intending to be vaccinated against COVID-19 are committed vaccination opponents and often believe in conspiracy theories.
- Vaccine opponents refuse vaccinations in general. Although the percentage is small, they can be vocal and sometimes they can hijack public discussion through spreading disinformation or conspiracies online and falsely-balance reporting by the media. A common recommendation among practitioners and researchers is to focus on protecting the public against messages of vaccine denialism instead of seeking to convince committed opponents of vaccination. (Lewandowsky et al., 2021)

Click on blue arrow to return to factors affecting vaccine hesitancy.

Slide 29. Safety concerns

Notes for facilitator:

- Many people understand the need for a COVID-19 vaccine but have safety concerns especially regarding the development process.
- Vaccine safety concerns may be the most common factor affecting COVID-19 vaccine hesitancy. Ensuring patients have access to information tailored to their specific safety concern(s) is essential for building trust and promoting acceptance. Information topics for patients include: the vaccine development process, how vaccines are tested, safety and efficacy of the vaccines. Resources for patients are provided at the end of this training module. HWs are encouraged to gather up-to-date patient friendly resources from their professional health care bodies and/or associations as well as national health authorities. (Lewandowsky et al., 2021)

Click on blue arrow to return to factors affecting vaccine hesitancy.

Slide 30. Politics of COVID-19 vaccination

Notes for facilitator:

- In many countries, COVID-19 and measures to address it, including vaccination, have become heavily politicized.
- The delayed rollout of COVID-19 vaccines across Europe has become politicized. When vaccine supplies are limited it is important for HWs to listen to concerns and provide a reassuring voice to promote vaccine acceptance. Important messaging when vaccine supplies are limited is discussed further later in the training module. (Lewandowsky et al., 2021)

Click on blue arrow to return to factors affecting vaccine hesitancy.

Slide 31. Cultural and socioeconomic differences in vaccine acceptance

Notes for facilitator:

- Groups that frequently encounter inequity in health care access lack access to vaccine programs.
- There is no doubt that the COVID-19 pandemic has hit the poorest and underprivileged hardest. People of color, immigrants, LGBTQ individuals, homeless or low-income people, people with disabilities and other marginalized populations traditionally face obstacles and inequities in healthcare and this situation has been exacerbated by the COVID-19 pandemic. They may also have collective histories of experience with medical malpractice that affect their trust in the health system. Research indicates that groups that frequently encounter discrimination in their everyday lives have a larger degree of hesitancy towards vaccines. HWs must pay special attention to these groups to ensure they have access to vaccination services and tailored information regarding vaccination. Consider involving trusted community leaders, peers and advocates in messaging to underserved communities. (Lewandowsky et al., 2021)

Click on blue arrow to return to factors affecting vaccine hesitancy.

Slide 32. Freeriding

Notes for facilitator:

- Some people decide to become “freeriders” letting others get the vaccine believing they get the beneficial effect of herd immunity without being vaccinated. HWs can remind patients we don’t know how long the protection offered by COVID-19 vaccines will last. Further, we do know that no one is risk-free from coronavirus. Explain to these patients that by remaining unvaccinated, even if you do not belong to a high-risk group, you increase the possibility of contracting coronavirus, getting sick and spreading the virus to others. Furthermore, belonging to a low-risk group does not necessarily mean that one is safe from severe illness. (Lewandowsky et al., 2021)

Click on blue arrow to return to factors affecting vaccine hesitancy.

On slide 25 click on the blue arrow on the bottom right corner to continue with the training.

Slide 33. Part 4: Responding to different patient positions

Notes for facilitator:

Before continuing with this slide it is a good opportunity to offer a 5 minute break to participants.

Part 4. Covers learning outcome # 5-6: Identify the different attitudes and positions of patients about COVID-19 vaccination; Determine appropriate communication needs and identify communication goals for a COVID-19 vaccination consultation aligned with the patient’s position about vaccination.

Slide 34. How do I identify vaccine hesitancy?

Notes for facilitator:

To assess vaccine behaviours and identify vaccine hesitancy in your patient, you must first determine where your patient is on the Continuum of Vaccine Acceptance.

1. Start the conversation with a presumptive statement presenting vaccination as the default. A presumptive statement is one that assumes the patient is willing to be vaccinated and has been shown to increase vaccine uptake. Such announcements signal the HW’s confidence in the vaccine and helps to establish vaccination as the norm. These statements are more effective at increasing uptake than more reluctant language (such as ‘What do you think about getting the COVID-19 vaccine today?’). (MacDonald, E, N, & Dubé, È, 2018)
2. Allow the patient to respond, listen closely to the response and determine their stance toward COVID-19 vaccination uptake, remembering that the majority will accept vaccines, many have questions and few will refuse. (Dubé, È, 2020)

Slide 35. Individuals may express one or more of the attributes in each category

- Depending on the response, patients will fall into one of these 3 broad categories: Acceptors of vaccine, vaccine hesitators, or vaccine refusers.
- Study and be familiar with the key attributes listed in each category to understand how these patients commonly present.

Notes for facilitator: Review the attributes in each category with participants. You may consider asking participants if they know of any other common attributes expressed by patients to include in these categories.

Slide 36. How do I respond to vaccine hesitancy?

Notes for facilitator:

- Once you have determined where your patient stands on the Continuum of Vaccine Acceptance it is time to tailor your conversation to the attitudes and behaviours expressed.
- You will continue your conversation down one of three pathways.

1. Accept All

This conversation pathway is the shortest and most straightforward with the goal being to **Vaccinate and Congratulate.**

2. Hesitant

This conversation pathway is longest of the 3 and requires you to initiate a conversation guided by MI techniques. When a patient expresses hesitance after an announcement of vaccination, the HW should switch rapidly to acknowledging and empathizing with the person's concerns. The structure and communication techniques will be further elaborated on.

3. Refuse All

This conversation pathway should also be short but may not always be straightforward. The key is not to dismiss these patients, rather acknowledge their concerns while being persistent with your strong recommendation to vaccinate and leave the door open for discussion. Every future encounter with these patients is an opportunity for the health care team to gently approach the subject again.

Slide 37. Responding to the acceptor

Notes for facilitator:

Review the steps in the accept pathway with all participants.

- The Accept pathway is the most straightforward of all the conversation pathways.
- **The goal of this conversation pathway is to vaccinate and congratulate.**
- Keep the conversation brief however be sure to screen for contraindications and precautions to make sure it will be safe for your patient to receive the vaccine. Offering a pre-vaccination screening checklist is an efficient way to help determine if there is any reason a patient should not get the COVID-19 vaccine. An example of such as checklist from the US CDC is provided at the end of this training module and can be considered for adaptation to your clinical setting. See WHO Job Aids on Moderna and Pfizer vaccines to review contraindications and precautions. See Information for Healthcare Professionals on COVID-19 Vaccine AstraZeneca to review contraindications and precautions. All resources for HWs are listed at end of training module.
- Ask if there are questions before proceeding with the vaccine and be ready to respond with confidence or know where to access information.
- Proactively share knowledge on the common side-effects of the COVID-19 vaccines used in your clinical setting and explain pain mitigation strategies.
- Although decided, these patients may have process related questions. It is important to proactively explain the process and respond to questions in an effort to maintain the patient's trust and prevent hesitancy. It is your responsibility to provide information that is of value or importance to the patient. This is best achieved through an interaction with patients that enables you to identify what is important to them. (Sharing Knowledge About Immunisation (SKAI), 2020)
- Explain the process of the visit, keeping it brief. For example, "The vaccine is given through an injection into your shoulder. You may feel a slight pinch when the needle goes in. Afterwards, we want you to stay here for [15 or 30 minutes, depending on patient history] to be sure you don't have any allergic reactions."
- Explain there is a post-vaccination observation for 15-30 mins to monitor for allergic reactions and that this is a general rule with all injectable vaccines. Ensure and reassure that appropriate medical treatment and supervision is readily available.
- After the vaccine you want to ensure to book an appointment for the next dose immediately to promote timely completion of the COVID-19 vaccination series. Sending the patient a reminder or scheduling a recall results in more timely vaccination uptake and avoids loss to follow-up.
- Review with patient next steps, including an explanation of post-vaccination behaviors still necessary to prevent virus transmission in the community. Explain these measures are important because we don't yet know if the vaccine reduces transmission of the virus. Emphasize that these precautions will need to be observed until the vaccine is in widespread use and disease rates start to decline.

Slide 38. Responding to the refuser

Notes for facilitator:

Review the steps in the Refuse pathway with all participants.

- The goal of the Refuse pathway is to build trust and engagement rather than dismiss the patient.
- When you leave the door open for discussion, see every patient encounter as opportunity to revisit and gently discuss vaccines.
- You want to keep these conversations brief avoiding confrontation.
- Engaging in debate about the validity of your patient's beliefs can result in extended, unproductive consultations and should be avoided. It can increase the risk of these patients disengaging from the healthcare system altogether.
- Resist correcting misinformation before the patient has had the chance to express all their concerns as this tends to close down the conversation. Patients may perceive this as adversarial and feel the need to defend themselves. This undermines trust and can result in a lengthy, unproductive consultation.
- Ask for permission to share information before providing facts.
- Even if the patient isn't ready to vaccinate, making your position clear is important through your strong recommendation to vaccinate.
- You can present options tailored to the patient's concerns such as sharing credible resources or offer referral to a specialist service or community advocate (if available).
- It is very important to inform about the risks involved if refusing the vaccine. For example, the patient is not protected against COVID-19 and may get ill, the patient may need specialized health care, there is risk of spreading the infection to family and friends. The patient must also watch for signs and symptoms of diseases in the community and seek professional medical advice if they experience symptoms. Advise on other prevention methods including frequent hand washing, wearing a mask covering mouth and nose, avoiding crowded places. You can offer information from the WHO on recommended precautions to decrease risk of COVID-19 infection provided in the patient information resources at the end of this training module.
- Leave the door open by letting the patient know they are welcome back to your clinic if they have more questions or change their mind.

Adapted from Sharing Knowledge About Immunisation (SKAI), 2020.

Slide 39. Responding to vaccine hesitancy using motivational interviewing (MI)

Notes for facilitator:

- Let us now discuss the conversation pathway responding to vaccine hesitant patients. This pathway requires you to initiate a conversation guided by MI techniques.
- MI is a person-centred communication approach to elicit and strengthen motivation and commitment to change.
- It is a validated patient communication style and often used by health providers working in chronic disease management with successful results.
- With regard to immunization, the MI approach aims to inform patients about vaccinations, according to their specific needs and their individual level of knowledge, with respectful acceptance of their beliefs. The use of MI calls for a respectful and empathetic discussion of vaccination and helps to build a strong relationship between the HW and patient.
- The four elements of the spirit of MI enable HWs to provide a respectful relationship with empathy:
 1. Partnership — Achieving equality, strengthening collaboration
 2. Acceptance — A positive, empathic attitude that reinforces autonomy
 3. Evocation — Having the patient verbalize the change
 4. Compassion/altruism — Acting in a caring way
- The traditional counselling style involves telling and educating your patient how to behave and what to do by:
 - Giving more facts about vaccines
 - Giving more facts about vaccine preventable diseases
 - Using fear-based tactics
- Studies indicate this traditional style is an ineffective approach to address vaccine hesitancy and may in fact backfire to reinforce hesitancy.
- The goal is to shift your conversation style from the traditional didactic counselling – telling your patients what to do and instead use a collaborative partnership style to build a trusting relationship.

Adapted from Dubé È. 2020. Quick and Efficient Vaccine Communication; Gagneur, A. 2020. Motivational interviewing: A powerful tool to address vaccine hesitancy.

Slide 40. Motivational interviewing skills for vaccination

Notes for facilitator:

- This slide reviews 4 essential interaction techniques used in MI.
 - Once you have identified your patient is vaccine hesitant, you can initiate a conversation by the following MI techniques to explore the patient's primary concern(s).
1. Ask **OPEN-ENDED QUESTIONS** to explore reasons behind vaccine hesitancy, use open-ended questions such as:
 - What
 - How
 - Tell me
 - Why

For instance, "What is your greatest concern about the vaccine?" OR "Tell me what you heard about the vaccine?"

2. Use **REFLECTIVE LISTENING** to confirm what the patient is saying. This is a very important skill and harder than it may seem. The HW must show interest in what the person has to say and respect for the person's values and opinions. The HW can use **simple reflection**: directly repeating what the person says OR **complex reflection**: repeating what you think the person means.

Example of **simple reflection**: "You are afraid of the side-effects."

Example of **complex reflection**: "It sounds like you want to make the best choice for your health"

3. **AFFIRMATION** requires the HW to recognize the patient's strengths and validate their concerns as a strategy to identify common goals.

For instance, "You are concerned about your health" OR "You took time to look for information about vaccines"

4. **SUMMARIZE** the interaction. This is a form of reflective listening. Provides a transition to concrete action (i.e. vaccination, follow-up visit, referral)

For instance, "It sounds like your concerns were mainly about side-effects. Now that we have discussed the common ones, what do you think you want to do?"

This statement transitions to an action and allows the patient to determine their decision based on the HW's reflection of the conversation.

Gagneur, A. 2020. Motivational interviewing: A powerful tool to address vaccine hesitancy.

Slide 41. Respectfully sharing knowledge to build trust

Notes for facilitator:

- In conversations with vaccine hesitant patients you will need to share knowledge in an effort to build trust and acceptance.
- A MI technique to share knowledge or give advice while building trust is the **ELICIT – SHARE – VERIFY** approach.
- This interaction technique is meant to *explore concerns further* and *share information to address specific patient concerns*.

1. **ELICIT:** Ask information on what the patient knows about vaccines and ask permission to give more information. This method promotes collaboration in a respectful manner to build trust.

For example:

“What do you know about the side-effects of the vaccine?”

Following the response:

“If you agree, I could give you some additional information.”

2. **SHARE:** Provide information tailored to the patient’s concern. This is also an opportunity for the HW to provide their strong recommendation for vaccination and explain why.

For example:

“Most side-effects of the COVID-19 vaccine are mild and should not last longer than 3 days, such as...”

“Safety studies indicate serious allergic reactions are rare and...”

“I can strongly recommend this vaccine because the risk of COVID-19 disease far outweigh the risks of side-effects.”

3. **VERIFY:** What the patient understood and what they will do with this information (i.e. what is their intention now?). This helps to ensure the patient understand what you have said and offers a moment for clarification.

For example:

“Given our discussion, how do you view the decision now? Remember I am here to help talk through any concerns you may have.”

Adapted from Dubé È. 2020. Quick and Efficient Vaccine Communication; Gagneur, A. 2020. Motivational interviewing: A powerful tool to address vaccine hesitancy.

Slide 42. The hesitancy conversation objective

Notes for facilitator:

This slide presents the Continuum for Vaccine Acceptance once again.

- In conversations with vaccine hesitant patients the HWs' objective is to increase vaccine confidence and move the patient along the Continuum toward vaccine acceptance.

Slide 43. Guiding your conversation with a vaccine hesitant patient

Notes for facilitator:

- This pathway guides you through the conversation steps/flow with a vaccine hesitant patient. The HW aims to be patient-centered and collaborative.
- Start with a presumptive statement, assuming vaccine acceptance – listen to the patient's response and identify where the patient stands on the Continuum of Vaccine Acceptance – ask an open-ended question to explore the patient's concern– reflect the patient's concern and acknowledge the patient's concern – affirm the patient's strengths and provide encouragement– elicit with permission what the patient knows, share your knowledge, verify the patient's understanding about what you shared – summarize the interaction.
- At the end of the pathway you will help your patient determine 1 of 3 actions: Vaccinate, Refuse, Still hesitant.
- If the patient accepts vaccination – follow the appropriate Accept response steps outlined earlier. Remember the goal is to vaccinate and congratulate.
- If the patient refuses – follow the appropriate Refuse response steps outlines earlier. Remember, do not debate or dismiss, provide credible resources if patient is willing to accept them, leave the door open for discussion.
- If the patient is still hesitant: Refer to credible information resources, offer referral to specialist service or community advocate if available, offer to schedule a follow-up for a new discussion.

Slide 44. Part 5: Putting the conversation pieces together

Notes for facilitator:

Introduce Part 5.

Part five covers learning outcome # 7: Apply a structured approach using strategies grounded in MI to respond to concerns regarding COVID-19 vaccine safety and effectiveness.

Slide 45. Tailoring the conversation to attitudes and beliefs

- The following four conversation challenges are examples of potential scenarios HWs may encounter with adult patients in the context of COVID-19 vaccination.
- These conversations apply the recommended conversation structure grounded in MI to respond to concerns regarding COVID-19 vaccine safety and effectiveness.

Notes for facilitator:

- Read each of the 4 scenarios together as a group. For each patient scenario, review the communication strategy in the box and discuss possible responses as a group using the communication techniques learned. Examples of potential responses are provided.
- In small breakout groups of 3-5 persons follow the instructions for the role play activity.
- The following 1-2 slides after each scenario provides a full dialogue between the HW and patient, applying the recommended communication structure and employing the communication techniques discussed. Complete dialogues of the conversation challenges can also be found in Appendix 3 of this guide.

Slide 46. 1. Conversation challenge – the fence sitter

Notes for facilitator:

Read the first patient scenario together as a group. Review the communication strategies in the box one by one. Before reading the associated examples of conversation guidance provided in the box, discuss how to respond to this patient applying MI skills. Remember these conversations must be tailored to the specifics of the COVID-19 vaccines used in your clinical practice. Then read the associated response examples for guidance.

Slide 47. Role play activity conversation challenge #1

Notes for facilitator:

- In small groups, perform a role play between two members of the group.
- One person act as the HW who is applying the principles of risk communication and MI.
- The other person act as the “fence sitter” patient described on the previous slide.
- Others can be observers and provide feedback after the role play.
- After completing the role play, discuss as a group the responses in the role play and read the following example conversation on the next 2 slides.

If conducting the training on a web-based platform such as Zoom, consider dividing the group into smaller groups using breakout sessions to conduct the role play activity. Give each group 5 to 10 minutes in a breakout room or small group setting. After this time is up, lead a discussion with the larger group to understand how the breakout sessions went. Ask an individual from each group to provide feedback on the response strategies used by the person who played the HW. For instance, what did the HW do well and what strategies could be applied to this scenario?

Slide 48-49. Dialogue conversation challenge #1

- This slide and the next present the full dialogue between the HW and the “fence sitter” patient, applying the recommended communication structure and employing the communication techniques discussed.
- At the end of this conversation, the HW gives the patient the time to reflect and determine the next step. The action will be one of the three possibilities: vaccinate, refuse, remain hesitant. Follow the appropriate pathway tailored to the decision.
- After discussing feedback from the group activity, facilitators or 2 participants can read out loud the dialogue emphasizing the MI skills that you hear.

Notes for facilitator: After completing this scenario together as a group, ask participants if they have questions or need clarification before moving to the next scenario.

Slide 50. 2. Conversation challenge – the doubter

Notes for facilitator:

Read the second patient scenario together as a group. Review the communication strategies in the box one by one. Before reading the associated examples of conversation guidance provided in the box, discuss how to respond to this patient applying MI skills. Remember these conversations must be tailored to the specifics of the COVID-19 vaccines used in your clinical practice. Then read the associated response examples for guidance.

Slide 51. Role play activity conversation challenge #2

Notes for facilitator:

- In small groups, perform a role play between two members of the group.
- One person act as the HW who is applying the principles of risk communication and MI.
- The other person act as the “doubter” patient described on the previous slide.
- Switch roles, so different people have the chance to play the HW and Patient.
- Others can be observers and provide feedback after the role play.
- After completing the role play, discuss as a group the responses in the role play and read the following example conversation on the next 2 slides.

If conducting the training on a web-based platform such as Zoom, consider dividing the group into smaller groups using breakout sessions to conduct the role play activity. Give each group 5 to 10 minutes in a breakout room or small group setting. After this time is up, lead a discussion with the larger group to understand how the breakout sessions went. Ask an individual from each group to provide feedback on the response strategies used by the person who played the HW. For instance, what did the HW do well and what strategies could be applied to this scenario?

Slide 52-53. Dialogue conversation challenge #2

- This slide and the next present the full dialogue between the HW and the “doubter” patient, applying the recommended communication structure and employing the communication techniques discussed.
- At the end of this conversation, the HW gives the patient the time to reflect and determine the next step. The action will be one of the three possibilities: vaccinate, refuse, remain hesitant. Follow the appropriate pathway tailored to the decision.
- After discussing feedback from the group activity, facilitators or 2 participants can read out loud the dialogue emphasizing the MI skills that you hear.

Notes for facilitator: After completing this scenario together as a group, ask participants if they have questions or need clarification before moving to the next scenario.

Slide 54. 3. Conversation challenge – the opponent

Notes for facilitator:

Read the third patient scenario together as a group. Review the communication strategies in the box one by one. Before reading the associated examples of conversation guidance provided in the box, discuss how to respond to this patient applying communication skills for responding to a refusing patient. Remember these conversations must be tailored to the specifics of the COVID-19 vaccines used in your clinical practice. Then read the associated response examples for guidance.

Slide 55. Role play activity conversation challenge #3

Notes for facilitator:

- In small groups, perform a role play between two members of the group.
- One person act as the HW, who is applying the principles of risk communication and MI.
- The other person act as the “opponent” patient described on the previous slide.
- Switch roles, so different people have the chance to play the HW and Patient.
- Others can be observers and provide feedback after the role play.
- After completing the role play, discuss as a group the responses in the role play and read the following example conversation on the next 2 slides.

If conducting the training on a web-based platform such as Zoom, consider dividing the group into smaller groups using breakout sessions to conduct the role play activity. Give each group 5 to 10 minutes in a breakout room or small group setting. After this time is up, lead a discussion with the larger group to understand how the breakout sessions went. Ask an individual from each group to provide feedback on the response strategies used by the person who played the HW. For instance, what did the HW do well and what strategies could be applied to this scenario?

Slide 56-57. Dialogue conversation challenge #3

- This slide and the next present the full dialogue between the HW and the “opponent” patient, applying the recommended communication structure and employing the communication techniques discussed.
- After discussing feedback from the group activity, facilitators or 2 participants can read out loud the dialogue emphasizing the conversation skills that you hear.

Notes for facilitator: After completing this scenario together as a group, ask participants if they have questions or need clarification before moving to the next scenario.

Slide 58. 4. Conversation challenge – go along to get along

Notes for facilitator:

Read the fourth patient scenario together as a group. Review the communication strategies in the box one by one. Before reading the associated examples of conversation guidance provided in the box, discuss how to respond to this patient applying communication skills for responding to an accepting patient. Remember these conversations must be tailored to the specifics of the COVID-19 vaccines used in your clinical practice. Then read the associated response examples for guidance.

Slide 59. Role play activity conversation challenge #4

Notes for facilitator:

- In small groups, perform a role play between two members of the group.
- One person act as the HW who is applying the principles of risk communication and MI.
- The other person act as the “go along to get along” patient described on the previous slide.
- Switch roles, so different people have the chance to play the HW and Patient.
- Others can be observers and provide feedback after the role play.
- After completing the role play, discuss as a group the responses in the role play and read the following example conversation on the next 2 slides.

If conducting the training on a web-based platform such as Zoom, consider dividing the group into smaller groups using breakout sessions to conduct the role play activity. Give each group 5 to 10 minutes in a breakout room or small group setting. After this time is up, lead a discussion with the larger group to understand how the breakout sessions went. Ask an individual from each group to provide feedback on the response strategies used by the person who played the HW. For instance, what did the HW do well and what strategies could be applied to this scenario?

Slide 60-61. Dialogue conversation challenge #4

- This slide and the next present the full dialogue between the HW and the “go along to get along” patient, applying the recommended communication structure and employing the communication techniques discussed.
- After discussing feedback from the group activity, facilitators or 2 participants can read out loud the dialogue emphasizing the conversation skills that you hear.

Notes for facilitator: After completing this scenario together as a group, ask participants if they have questions or need clarification before moving to the next slide.

Slide 62. Conversation considerations

Notes for facilitator:

Review each of these key conversation considerations with HWs. HWs can remember these and keep them in mind during their conversations with all patients.

Slide 63. Keep in mind

Notes for facilitator:

Advise HWs:

- The long-term goal of these conversations is to move the patient towards a “yes” for acceptance. This may take more than one visit and this is to be expected. The short-term goal may be to win The patient’s confidence.
- Conversations that guide the patient to explore their reasons for hesitancy can help increase confidence and trust in the COVID-19 vaccine.
- **Adequate training and practice can help lead to positive outcomes.**

Slide 64-68. COVID-19 vaccination communication algorithm for health workers

Notes for facilitator:

The next 4 slides review the accompanying training module Job Aid for HWs: COVID-19 vaccination communication algorithm for HWs.

- This Job Aid can be used in HWs clinical practice setting to assist HWs with communication during vaccination consultations.
- Refer to this for prompts before or during your vaccination consultations with patients.
- It is intended to keep your conversations structured, collaborative, concise and tailored to patient concerns.
- Sample messages provided apply the steps for identifying vaccine hesitancy as well as MI techniques with patients who are vaccine hesitant.
- Examples of common patient concerns pertaining to the COVID-19 vaccine are provided and corresponding HW responses using MI techniques.
- Conversation tips are provided to keep in mind with all patients and to help keep HW conversations with patients on track.
- See job aid and accompanying job aid explainer with guidance on its use. Appendix 2.

Slide 69. Part 6: Being pro-active to promote vaccine confidence & acceptance

Notes for facilitator:

Introduce Part 6.

Part six covers learning outcome # 8-9: Deliver clear, concise messages to encourage COVID-19 vaccine confidence and acceptance; Provide guidance to patients to correctly identify credible sources of information on COVID-19 vaccination and vaccine safety.

Slide 70. Messaging to patients when COVID-19 vaccine supply is limited

Notes for facilitator:

Review the content on the slide and emphasize to participants the following:

- You can promote vaccine confidence by being proactive in discussions about when the COVID-19 vaccine will be available in your local setting.
- Consider providing general information to patients about the timeline for COVID-19 vaccines:
 - COVID-19 vaccine distribution will progressively continue in 2021.
 - In the first few months, there will not be enough doses available to vaccinate all adults due to high global demand.
 - The first doses will go to priority groups identified by national health authorities (e.g. healthcare workers, persons over 60 years of age, people with chronic disease).
 - Vaccine production and supplies will increase over time.
 - The goal is for everyone to be able to easily get a COVID-19 vaccine as soon as large quantities are available.
- The key here is to foster a sense of reassurance and start the conversation early to proactively recommend the COVID-19 vaccine.
- Encourage patients to continue taking steps to protect themselves from COVID-19 and let them know how you plan to share updates about vaccine availability in your clinic.

US CDC, 2021. Essential Workers COVID-19 Vaccine Toolkit

Slide 71. Messaging to patients about what happens after the vaccine

Notes for facilitator:

Review the content on the slide and emphasize to participants the following:

- After administering the vaccine take a moment for congratulating the patient. Then advise the patient on what to expect and how to behave.
- This discussion will help to promote vaccine acceptance and build trust with your patient.
- The key here is to foster a sense of trust in their decision by helping patients understand what to expect.
- Be deliberate by acknowledging the limitations of the COVID-19 vaccine. For instance, no vaccine is 100% effective AND we currently do not know how much protection COVID-19 vaccines will provide under real-world conditions, therefore it is important for everyone to continue using all the tools available to help stop this pandemic.

US CDC, 2021. Essential Workers COVID-19 Vaccine Toolkit

Slide 72. Guiding your patients to reliable COVID-19 vaccination resources

Notes for facilitator:

- Review with participants the key advice to relay to patients on how to identify credible vaccination resources.
- Some relevant patient resources are provided from the WHO and European regional health authorities. It is advised to update this resource list with credible country level information provided by national health authorities.

Slide 73. Top tips for navigating the infodemic

Notes for facilitator:

Share this resource with HWs and message the following:

- We are all being exposed to a huge amount of COVID-19 information on a daily basis, and not all of it is reliable.
- The WHO has provided some tips for identifying reliable sources of information and stopping the spread of misinformation.
- You can share these tips with your patients and networks.

Slide 74. COVID-19 vaccine resources for health workers

Notes for facilitator:

- This slide offers training and educational materials HWs can use to prepare for COVID-19 vaccination consultations and explain COVID-19 vaccine to patients.
- Remember to also check with your professional association or your national health authority for COVID-19 vaccine updates and resources.

Slide 75. Post training self-reflection and evaluation

Notes for facilitator:

- All participants are asked to take 15 minutes to complete the post-training self-reflection survey, and post-training evaluation and feedback survey and return to the facilitator or ToT.
- Completion is important to consolidate learning and evaluate the module.
- Ten post training self-reflection questions measure the level of confidence that the HW has in their professional capacity to address patient concerns and support patient information needs about COVID-19 vaccination after having completed the training module. The goal is for HWs to be able to identify an improvement in their confidence levels as a result of participating in this training.
- The post training evaluation aims to determine if the training is effective at meeting the outcomes proposed, whether it is accessible and acceptable to participants and whether it can influence a change in professional practice behaviour.

NOTE: Questions are available in PDF format at the end of this guide. See appendix 1. Questions can also be made available in your local setting through an online survey tool (i.e. google survey or survey monkey) and the link can be inserted into the PPT.

Slide 76. Training module references

Notes for facilitator: The list of references cited can be found at the end of this guide.

Slide 77. Thank you

Acknowledgements

This training module was developed by the Vaccine-preventable Disease and Immunization Programme of the WHO Regional Office for Europe. The development leads were Sideeka Narayan, Siff Malue Nielsen and Brett J Craig. The developers extend warm thanks to everyone who provided valuable input: Ève Dubé, Holly Seale, Katrine Bach Habersaat, Liudmila Mosina, Oleg Benes, Sergi Deshevoi, Martha Scherzer, Wiebe Kulper-Schiek, Catharina de Kat, Cassandra Butu, Miljana Grbic and the Vaccine-preventable Diseases & Immunization (VPI) unit at the WHO Regional Office for Europe.

References

1. Dubé, È. 2020. Quick and Efficient Vaccine Communication. Vaccine Hesitancy Workshop. PPT.
2. Dubé, È., et al. 2013. Vaccine Hesitancy, An Overview. *Human Vaccines & Immunotherapeutics* 9(8), 1763–1773.
3. Leask, J., et al. 2012. Communicating with parents about vaccination: a framework for health professionals. *BMC Pediatrics*.12:154.
4. Habersaat, K.B., Jackson, C. 2020. Understanding vaccine acceptance and demand—and ways to increase them. *Bundesgesundheitsbl.* 63, 32–39.
5. MacDonald, E, N., & Dubé, È. 2018. Addressing vaccine hesitancy in immunization programs, clinics and practices. *Paediatrics & Child Health*. Vol 23(8):559.
6. MacDonald, E, N. 2015. Vaccine hesitancy: Definition, scope and determinants. *Vaccine*. Volume 33, Issue 34, Pages 4161-4164.
7. Gagneur, A. 2020. Motivational interviewing: A powerful tool to address vaccine hesitancy. *Can Commun Dis Rep.* 46(4):93–7.
8. Gagneur, A., et al. 2018. Motivational interviewing: A promising tool to address vaccine hesitancy. *Vaccine*. 36, 6553–6555.
9. Nyhan, B., et al. 2014. Effective messages in vaccine promotion: A randomized trial. *Pediatrics*. 133(4), 835-42.
10. WHO Regional Office for Europe. 2017. Vaccination and trust. How concerns arise and the role of communication in mitigating crises. Available from https://www.euro.who.int/__data/assets/pdf_file/0004/329647/Vaccines-andtrust.PDF Accessed on January 25, 2021.
11. Kerr, J, R., et al. 2020. Predictors of COVID-19 vaccine acceptance across time and countries. *BMJ Yale*. Available from <https://www.medrxiv.org/content/10.1101/2020.12.09.20246439v1.full.pdf> Accessed on February 01, 2021.
12. Lewandowsky, S., et al. 2021. The COVID-19 Vaccine Communication Handbook. A practical guide for improving vaccine communication and fighting misinformation. Available from <https://sks.to/c19vax> Accessed on February 01, 2021.
13. Public Health Agency of Canada. 2008. Immunization competencies for health professionals. Available from <https://www.phac-aspc.gc.ca/im/pdf/ichp-cips-eng.pdf> Accessed on March 01, 2021.
14. ECDC. 2015. Vaccine hesitancy among healthcare workers and their patients in Europe. Available from <https://www.ecdc.europa.eu/sites/default/files/media/en/publications/Publications/vaccine-hesitancy-among-healthcare-workers.pdf> Accessed on February 04, 2021.
15. WHO. 2017. Conversations to build trust in vaccination. Online Training PPT. Available from <https://www.bing.com/search?q=Conversations+to+build+trust+in+vaccination.&qs=n&form=QBRE&sp=-1&pq=conversations+to+build+trust+in+vaccination.&sc=0-44&sk=&cvid=3CD69A28361040268243327EE2D58CF9>. Accessed on January 06, 2020.
16. Sharing Knowledge About Immunisation (SKAI). 2020. E-Learning Module. Available from <http://www.ncirs.org.au/health-professionals/skai-supporting-health-professionals>. Accessed on January 06, 2021.
17. US CDC, 2021. Benefits of Getting a COVID-19 Vaccine. Available from <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/vaccine-benefits.html> Accessed on February 04, 2021.

18. US CDC, 2021. COVID-19, people at increased risk. Available from <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/index.html> Accessed on March 05, 2021.
19. US CDC, 2021. Essential Workers COVID-19 Vaccine Toolkit. Available from <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/toolkits/essential-workers.html> Accessed on March 05, 2021.

Appendices

Appendix 1. Pre- and post-training module self-reflection survey, evaluation and feedback survey

For each of the following questions please rate your confidence on a scale of 1 to 5 (where 1 = not at all confident; and 5 = very confident).

Note: the self-reflection survey is not anonymous, as it needs to be linked with your post-training responses to evaluate achievement of module learning outcomes, however, only de-identified data will be made available for analysis.

The following 10 pre- and post- training questions measure, the level of confidence that you have in your professional capacity to address patient concerns and support patient information needs about COVID-19 vaccination.

How confident are you in your ability to:

1. Talk to patients about COVID-19 vaccination
 - 1 (Not at all confident)
 - 2
 - 3
 - 4
 - 5 (Very confident)

2. Talk to patients about the risks of COVID-19 disease?
 - 1 (Not at all confident)
 - 2
 - 3
 - 4
 - 5 (Very confident)

3. Talk to patients about the benefits of COVID-19 vaccination?

- 1 (Not at all confident)
- 2
- 3
- 4
- 5 (Very confident)

4. Talk to patients about the risks of COVID-19 vaccination?

- 1 (Not at all confident)
- 2
- 3
- 4
- 5 (Very confident)

5. Answer questions patients ask about the safety and effectiveness of COVID-19 vaccines and vaccination?

- 1 (Not at all confident)
- 2
- 3
- 4
- 5 (Very confident)

6. Recommend the COVID-19 vaccine when patients are hesitant about the COVID-19 vaccines and/or vaccination?

- 1 (Not at all confident)
- 2
- 3
- 4
- 5 (Very confident)

7. Avoid conflict with patients who decide to decline the COVID-19 vaccine?

- 1 (Not at all confident)
- 2
- 3
- 4
- 5 (Very confident)

8. Establish an ongoing dialogue with patients about COVID-19 vaccination when they decide to delay or refuse the COVID-19 vaccine?

- 1 (Not at all confident)
- 2
- 3
- 4
- 5 (Very confident)

9. Provide patients with appropriate information and resources about COVID-19 vaccination and vaccine safety?

- 1 (Not at all confident)
- 2
- 3
- 4
- 5 (Very confident)

10. Access appropriate information and resources for health workers about COVID-19 vaccines and vaccination?

- 1 (Not at all confident)
- 2
- 3
- 4
- 5 (Very confident)

Adapted from:

1. Henrikson et al 2015, Physician Communication Training and Parental Vaccine Hesitancy: A Randomized Trial, *Paediatrics*, 136:1.
2. Sharing Knowledge About Immunisation (SKAI). 2020. E-Learning Module. Available from <http://www.ncirs.org.au/health-professionals/skai-supporting-health-professionals>. Accessed on January 06, 2021.

Post training module self-reflection survey

Note: the self-efficacy survey is not anonymous, as it needs to be linked with your pre-module responses to evaluate achievement of module learning outcomes, however, only de-identified data will be made available for analysis.)

For each of the following questions please rate your confidence on a scale of 1 to 5

(where 1 = not at all confident; and 5 = very confident).

Now that you have completed the training module, how confident are you in your ability to:

1. Talk to patients about COVID-19 vaccination

- 1 (Not at all confident)
- 2
- 3
- 4
- 5 (Very confident)

2. Talk to patients about the risks of COVID-19 disease?

- 1 (Not at all confident)
- 2
- 3
- 4
- 5 (Very confident)

3. Talk to patients about the benefits of COVID-19 vaccination?

- 1 (Not at all confident)
- 2
- 3
- 4
- 5 (Very confident)

4. Talk to patients about the risks of COVID-19 vaccination?

- 1 (Not at all confident)
- 2
- 3
- 4
- 5 (Very confident)

5. Answer questions patients ask about the safety and effectiveness of COVID-19 vaccines and vaccination?

- 1 (Not at all confident)
- 2
- 3
- 4
- 5 (Very confident)

6. Recommend the COVID-19 vaccine when patients are hesitant about the COVID-19 vaccines and/or vaccination?

- 1 (Not at all confident)
- 2
- 3
- 4
- 5 (Very confident)

7. Avoid conflict with patients who decide to decline the COVID-19 vaccine?

- 1 (Not at all confident)
- 2
- 3
- 4
- 5 (Very confident)

8. Establish an ongoing dialogue with patients about COVID-19 vaccination when they decide to delay or refuse the COVID-19 vaccine?

- 1 (Not at all confident)
- 2
- 3
- 4
- 5 (Very confident)

9. Provide patients with appropriate information and resources about COVID-19 vaccination and vaccine safety?

- 1 (Not at all confident)
- 2
- 3
- 4
- 5 (Very confident)

10. Access appropriate information and resources for health workers about COVID-19 vaccines and vaccination?

- 1 (Not at all confident)
- 2
- 3
- 4
- 5 (Very confident)

Adapted from:

3. Henrikson et al 2015, Physician Communication Training and Parental Vaccine Hesitancy: A Randomized Trial, *Paediatrics*, 136:1.
4. Sharing Knowledge About Immunisation (SKAI). 2020. E-Learning Module. Available from <http://www.ncirs.org.au/health-professionals/skai-supporting-health-professionals>. Accessed on January 06, 2021.

Evaluation and feedback survey

Please take time to complete this short survey directly after the training. This aims to determine if the training is effective at meeting the outcomes proposed, whether it is accessible and acceptable to participants and whether it can influence a change in professional practice behaviour. Your feedback is important for follow-up analysis and can help improve this training for future use.

1. Please select your professional group.

- Medical
- Nursing
- Midwifery
- Pharmacy
- Program Manager
- Other

Please indicate the extent to which the following learning outcomes were met through this training module:

2. Define vaccine confidence and explain the impact of health workers;

- Not met
- Partially met
- Entirely met

3. Understand and communicate risk to support a patient's vaccination decision;

- Not met
- Partially met
- Entirely met

4. Examine vaccine acceptance and demand to understand patients' vaccination behavior;

- Not met
- Partially met
- Entirely met

5. Describe vaccine hesitancy and factors that contribute to it in the context of COVID-19;

- Not met
- Partially met
- Entirely met

6. Identify the different attitudes and positions of patients about COVID-19 vaccination;

- Not met
- Partially met
- Entirely met

7. Determine appropriate communication needs and identify communication goals for a COVID-19 vaccination consultation aligned with the patient's position about vaccination;

- Not met
- Partially met
- Entirely met

8. Apply a structured approach using strategies grounded in motivational interviewing to respond to concerns regarding COVID-19 vaccine safety and effectiveness;

- Not met
- Partially met
- Entirely met

9. Deliver clear, concise messages to encourage COVID-19 vaccine confidence and acceptance;

- Not met
- Partially met
- Entirely met

10. Provide guidance to patients to correctly identify credible sources of information on COVID-19 vaccination and vaccine safety.

- Not met
- Partially met
- Entirely met

11. Rate your overall satisfaction with this training module

- Not satisfied
- Partially satisfied
- Entirely satisfied

12. Was this training module appealing to you?

- Not appealing
- Partially appealing
- Entirely appealing

13. Was this training module acceptable to you?

- Not acceptable
- Partially acceptable
- Entirely acceptable

14. Was this training module user-friendly for you?

- Not user-friendly
- Partially user-friendly
- Entirely user-friendly

15. Do you think this training will influence your professional practice behaviour during vaccination consultations?

- Yes, I can use all of the strategies discussed in my practice
- Yes, I can use some of the strategies discussed in my practice
- No, I will not use the strategies discussed in my practice.

16. What MAIN reason motivated you to complete this training module?

- Relevant to my practice (i.e. I communicate to patients about COVID-19 vaccination)
- I am interested in improving communication skills during vaccination consultations
- I am interested in vaccination professionally
- I wanted to learn more about professional resources for COVID-19 vaccines and vaccination
- Other (please specify in the next question)

If you stated 'Other' in the previous question, please specify below.

17. What SECONDARY reason motivated you to complete this training module?

- Relevant to my practice (i.e. I communicate to patients about COVID-19 vaccination)
- I am interested in improving communication skills during vaccination consultations
- I am interested in vaccination professionally
- I wanted to learn more about professional resources for COVID-19 vaccines and vaccination
- Other (please specify in the next question)

If you stated 'Other' in the previous question, please specify below.

(OPTIONAL) Please provide any other feedback or suggestions for improvement of this training module.

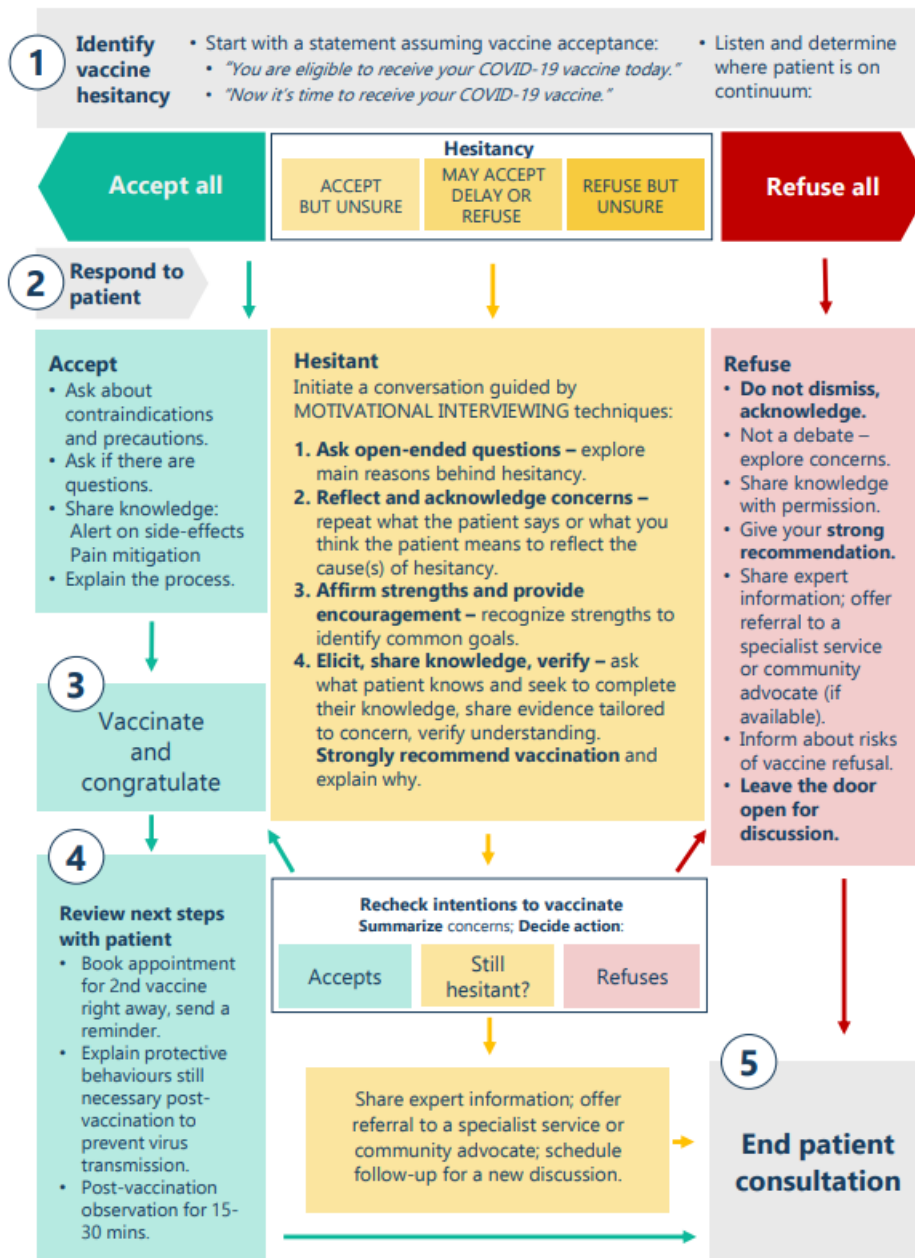
Thank you for completing this survey. We value your feedback.

Adapted from:

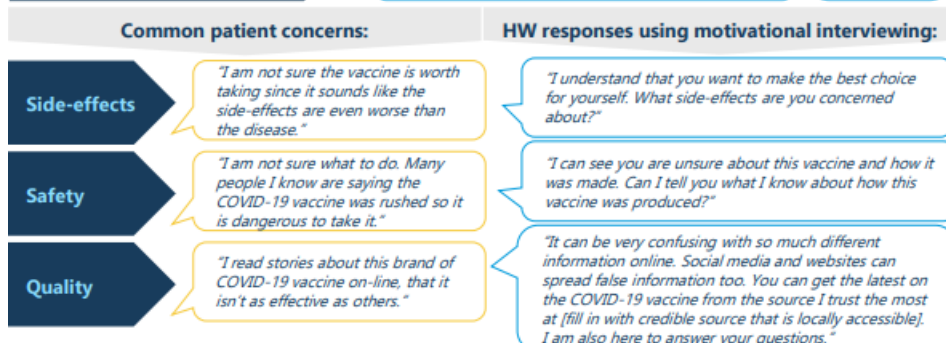
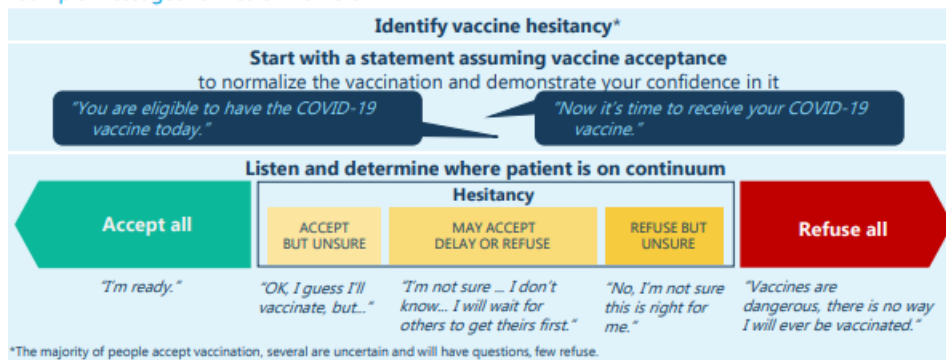
1. Sharing Knowledge About Immunisation (SKAI). 2020. E-Learning Module. Available from <http://www.ncirs.org.au/health-professionals/skai-supporting-health-professionals>. Accessed on January 06, 2021.

Appendix 2. Job aid and job aid explainer

COVID-19 vaccination communication algorithm for health workers



Sample messages for health workers



- Conversation tips:**
- Listen actively to show interest and concern.
 - Respond with empathy and understanding.
 - Do not judge or minimize patients' concerns or questions.
 - Offer positive encouragement.
 - Be respectful and avoid arguing.
 - Give your strong recommendation.

1. Gagneur, A. 2020. Motivational interviewing: A powerful tool to address vaccine hesitancy. Can Commun Dis Rep. 46(4):93-7.
 2. Sharing Knowledge About Immunisation (SKAI). 2020. Discussion Guides.
 3. WHO. 2017. Conversations to build trust in vaccination.
 4. Leask, J., et al. 2012. Communicating with parents about vaccination: a framework for health professionals. BMC Pediatrics. 12:154.

© World Health Organization 2021. Some rights reserved. This work is available under the CC BY-NC-SA 3.0 IGO license. (<https://creativecommons.org/licenses/by-nc-sa/3.0/>)

Job aid explainer: COVID-19 vaccination patient communication algorithm for health workers

Purpose: This interpersonal communication tool is designed to support HWs in facilitating structured and collaborative COVID-19 vaccination conversations with patients, aiming to increase vaccine confidence and acceptance.

Target audience:

- HWs involved in vaccination consultations
- Immunization Programme Managers
- Vaccination Champions/Advocates

Objectives for the user:

1. To help HWs distinguish between different attitudes and positions of patients about vaccination;
2. To determine appropriate communication needs of patients and identify communication goals in a COVID-19 vaccination consultation;
3. To apply a structured conversation approach using strategies grounded in motivational interviewing and provide a tailored response to patients' concerns regarding COVID-19 vaccination.
4. To build trust with patients and support them in their decision regarding COVID-19 vaccination.

How to use:

- To be used in HWs' clinical practice setting as a reference tool for conversations before or during vaccination consultations with patients.
- It is intended to keep conversations structured, collaborative, concise and tailored to patient concerns regarding COVID-19 vaccination.
- The algorithm starts with a determination of where the patient is on the Vaccine Acceptance Continuum. Then the HW follows the appropriate conversation guidance pathway using evidence-based interpersonal communication techniques tailored to the patient's response(s).
- For further guidance and best results, it is recommended to first participate in the PDF training module: Communicating with Patients about COVID-19 Vaccination.
- Continued training and practice is recommended for best results.

Job aid limitations:

- The focus of this tool is on interpersonal communication skills and is not intended to provide guidance on vaccine administration procedures.
- To effectively apply the communication techniques, a HW also needs to be knowledgeable about vaccinology, specifics of COVID-19 vaccines used in their clinical settings and credible sources of COVID-19 vaccine information for patients advised in their local contexts.
- A complementary training on [COVID-19 vaccination for health workers](#) is recommended to support HWs knowledge, skills and practices during COVID-19 vaccination consultations.

Appendix 4. Conversation challenges 1-4

Conversation challenge # 1 – the fence sitter

Scenario: Kasia is a 58-year-old female in the community who is overweight. She is in your office for her routine diabetes 2 visit. At the end of the visit, you shift the conversation to the COVID-19 vaccine.

HW: Kasia I want to let you know some great news, you are eligible for the COVID-19 vaccine today.

(Use a presumptive statement, assuming Kasia will get the COVID-19 vaccine today)

Kasia: I know about the COVID-19 vaccine but I'm not sure if I should get it. I've heard the side-effects are worse than the disease, but I am also worried about getting COVID.

HW recognizes Kasia is signaling uncertainty about the vaccine. She has concerns about the vaccine side-effects yet she is not refusing the vaccine. HW determines Kasia is Vaccine Hesitant.

HW: Okay, we can talk about this. Tell me what you have heard about the vaccine side-effects?

(An open-ended question, tailored to the patient's concern)

Kasia: Well, I know that vaccines protect us but I'm not sure about this one. I've read a lot on the internet about terrible side-effects from the COVID-19 vaccine, like allergic reactions. I'm worried about getting sick from the vaccine or having a bad reaction my body won't be able to handle.

HW: You sound quite worried *(empathic response)*. As you said, the vaccine protects us against the virus. It sounds like you want to make the best choice for your health, but you are worried about the side-effects. *(Reflective listening and acknowledgment of Kasia's concern)*. It's very good that you are thinking about what's best for your health and looking for information about the vaccine. *(Affirm and encourage strengths)*. If it's okay with you, I could give you some additional information. *(Elicit)*

Kasia: Sure! I want to know what I am risking.

HW: Yes! You should definitely be aware of risks. *(Affirmation)* As with all medicines, side-effects can occur after getting a COVID-19 vaccine. The main side-effects of this vaccine are pain at the site of the injection, headache, fatigue, muscle aches, fever and chills. However, these mild side-effects subside after 24-72 hours. Serious side-effects like an allergic reaction are extremely rare. The rates of severe allergic reactions following this vaccine are very low. A recent safety study reported a rate of around 1 in 200,000 with this vaccine. To guard against those unlikely events, people who receive these vaccines are asked to remain under observation for 15-30 minutes after the injection so that trained medical staff are on hand to help in the rare case you experience a severe allergic reaction. *(Share)*

The fact is: The risk of contracting COVID-19 and experiencing severe illness or serious complications, by far outweighs the risks of the COVID-19 vaccine. That's why I *strongly recommend for you to get vaccinated today*. Does this help to clarify what you are risking? (*Verify*)

Kasia: Well... it does help to know what to expect. Thank you for taking the time to understand my concerns.

HW: I'm happy to help. Given our discussion on the side-effects of the vaccine what do you think you want to do? (*Summarize and decide action*)

Summary message to HWs when responding to vaccine hesitancy:

Initiate a conversation guided by MI techniques:

1. Ask **OPEN-ENDED QUESTIONS** – Explore main reasons behind hesitancy.
2. **REFLECT and ACKNOWLEDGE CONCERNS** – Repeat what the patient says or what you think the patient means to reflect the cause(s) of hesitancy.
3. **AFFIRM STRENGTHS and PROVIDE ENCOURAGEMENT** – Recognize strengths to identify common goals.
4. **ELICIT, SHARE KNOWLEDGE, VERIFY** – Ask what patient knows and seek to complete their knowledge, share evidence tailored to concern, verify next steps. **Strongly recommend vaccination** and explain why.
5. **SUMMARIZE** concerns; **DECIDE ACTION:**

Conversation challenge # 2 – the doubter

Scenario: Alex is a 76-year-old male who regularly experiences shortness of breath. He is visiting the nurse for a blood pressure check. He lets the nurse know he received a letter from the clinic recommending he book a time for the COVID-19 vaccine.

Alex: I got this letter from the clinic, to say I should book an appointment for the COVID-19 vaccine.

HW: Alex, the letter was correct, and in fact, you can get your COVID-19 vaccine today. (*Presumptive statement*)

Alex: I don't know if I trust the vaccine, I'm worried that it was rushed too quickly and I can't be sure that it's safe. This vaccine makes me nervous, I don't know if it's been fully tested... maybe they skipped some steps. You know these companies just want to make money.

HW recognizes Alex is signaling uncertainty about the vaccine. He distrusts the safety of the vaccine but not yet showing signs of refusal. Nurse determines Alex is Vaccine Hesitant.

HW: I can hear that you are worried. Tell me, what have you heard about the vaccine development that makes you uncertain about its safety? *(An open-ended question, tailored to the patient's concern)*

Alex: Well, I've been talking to my family and friends. A lot of people are worried about the vaccine being too rushed. I read that vaccines take years to develop but this one only took months, so I just don't know if corners were cut and whether it's really safe.

HW: If I understood you correctly, you're worried about this vaccine because it's new and was developed quickly in comparison to other vaccines. *(Reflective listening)*

Alex: Yes that's right. I don't want to be a lab rat.

HW: I can understand your worry *(Acknowledging patient)*. I think it's important that you voice your concern, and you are thinking about safety issues. *(Affirm and encourage strengths)*. If you agree, I could share with you some additional information about the vaccine development and explain why I recommend this vaccine for you. *(Elicit)*

Alex: well, okay sure..

HW: You are right that the vaccine was developed quite fast in comparison to other vaccines. *(Acknowledging patient)*

Because of the high risk from COVID-19 and rapid infection rates around the globe, the clinical trials proceeded faster than has been possible with other vaccines. This is because many tens of thousands of people quickly signed up to participate in vaccine trials, compared to the more usual 12 to 18 months it takes to recruit a fraction of that for other vaccines. In the case of COVID-19, a lot of resources, including worldwide scientists and investments were rapidly put toward the development of a vaccine. All vaccines have to go through pre-clinical and three phases of clinical trials. The testing processes for the vaccines didn't skip any steps, instead vaccine developers conducted some stages of the process simultaneously to gather as much data as quickly as possible. *(Share)*

For the COVID-19 vaccines regulatory bodies set up rigorous standards of safety, quality and effectiveness that must be met before a vaccine could be authorized for use. So far, none of the vaccine trials have reported any serious safety concerns. Once vaccines are authorized for use, safety data are continuously monitored by national authorities and the WHO. *(Share)*

Does this new information help to clarify things for you? *(Verify)*

Alex: Well, it helps to know this background. But what about the vaccine side-effects?

HW: Yes, it is important you are informed (*Build rapport and trust*). In terms of side-effects, you might expect mild ones such as a sore arm, headache, fatigue, muscle aches, fever and chills. Most importantly you will also have protection against COVID-19. I can highly recommend this vaccine to protect your health. Without vaccine protection you are vulnerable to a severe infection that could put you in the hospital. I can confidently say to you the benefits of the vaccine far outweigh the risks. (*Strong recommendation*) (**Pause for reflection**) Do you have more questions about the vaccine you would like to discuss? (*Verify*)

Alex: No, I think it's a bit clearer now.

HW: So Alex, given our discussion on the vaccine's safety would you be willing to have it now? (*Summarize and decide action*)

Summary message to HWs when responding to vaccine hesitancy:

Initiate a conversation guided by MI techniques:

1. Ask **OPEN-ENDED QUESTIONS** – Explore main reasons behind hesitancy.
2. **REFLECT and ACKNOWLEDGE CONCERNS** – Repeat what the patient says or what you think the patient means to reflect the cause(s) of hesitancy.
3. **AFFIRM STRENGTHS and PROVIDE ENCOURAGEMENT** – Recognize strengths to identify common goals.
4. **ELICIT, SHARE KNOWLEDGE, VERIFY** – Ask what patient knows and seek to complete their knowledge, share evidence tailored to concern, verify next steps. **Strongly recommend vaccination** and explain why.
5. **SUMMARIZE** concerns; **DECIDE ACTION:**

Conversation challenge # 3 – the opponent

Scenario: Eva is a 42-year-old female health assistant working in a long-term care residence. She is in your office complaining of back pain. You use the opportunity to offer the COVID-19 vaccine.

HW: Eva, your work in a long-term care home is extremely vital in these pandemic times. You are considered an essential worker. As you are well aware, long-term care settings are prone to infection outbreaks, therefore it is very important for you to safeguard your health so you can continue your important work. I have some good news, you are eligible for the COVID-19 vaccine today, (*Presumptive statement*) this will provide you with an increased measure of protection.

Eva: No way! I don't believe in vaccines. And besides, I was already sick with COVID last year, so I have natural protection.

HW recognizes Eva is signaling she never vaccinates and prefers natural immunity. She may hold a philosophical position on vaccination causing her to believe vaccines are unsafe = Refuses All.

HW: Eva, I would like to understand your decision, can you tell me more about why you don't believe in the vaccine? *(Do not debate or correct misinformation. Explore concern)*

Eva: I've read plenty on the internet about how vaccines can make you sick. That's why I never take the flu shot. Anyway, I just think natural protection is better for me.

HW: I see you have done a lot of thinking about this and I can understand you are concerned about vaccines. *(Acknowledging)* If it's okay with you, I'd like to share with you my view. *(Share knowledge with permission)*

Eva: Sure..... but I can tell you I'm not getting the vaccine today.

HW: That's okay. You are right that a previous infection with COVID-19 produces antibodies in your system providing protection against infection. However, experts do not yet know how long someone is protected from getting sick again after recovering from COVID-19. Natural immunity also varies from person to person. I can assure you that the COVID-19 vaccine we use is the best way to prevent you from getting sick again. It is very safe and serious side-effects are rare. In fact, safety data is being continuously monitored by experts, when a concern comes up, new research is done to check whether the results are consistent or not. *(Share)*

Due to the severe health risks associated with COVID-19 and the fact that reinfection with COVID-19 is possible, I strongly recommend to vaccinate regardless of whether you already have been sick with COVID-19. *(Give your strong recommendation)* Especially because you are at a high risk for contracting COVID-19 at your workplace.

I would like to share with you this COVID-19 vaccine decision aid to take home with you. It can help you weigh the risks of the vaccine and the disease. *(Share credible resources tailored to patient's concern)*

Eva: I guess I could take a look at it, but I'm still feeling pretty cautious.

HW: I understand that you have decided not to vaccinate today. Please know you are taking an important responsibility. What this means is that if you experience any of these signs and symptoms, you should seek medical attention. *(Offer print information about signs and symptoms of COVID-19 infection)* You can help to protect yourself and others by performing frequent handwashing and wearing a mask covering your mouth and nose, however, be aware there is still a risk of reinfection. *(Inform about risks and responsibilities of vaccine refusal)*

You are welcome back to the clinic any time if you have questions or have a change of mind. *(Leave the door open for further discussion.)*

Eva: Okay thanks

Summary message to HWs when responding to a vaccine Refuser:

1. Goal is to build trust and engagement
2. Keep the conversation brief
3. Do not dismiss - every encounter is an opportunity to revisit and discuss vaccines
4. Avoid confrontation
5. Seek permission before providing facts
6. Be persistent by giving your **strong recommendation**.
7. Share credible resources or offer referral to a specialist service or community advocate (if available).
8. Inform about risks of vaccine refusal
9. Leave the door open for discussion

Conversation challenge # 4 – go along to get along

Scenario: Maria is an 80-year-old female in the community. She arrives at the clinic for a routine blood test and asks the nurse. *“Can I get my COVID vaccine? I am worried about getting COVID and I really want to see my grandchildren again.”*

HW: Hello Maria, I understand that you would like to get your COVID-19 vaccine today.

Maria: Yes that’s right, I am worried about getting COVID and I really want to see my grandchildren again...

Maria is asking for the COVID-19 vaccine and shows signs of motivation = Acceptor

HW: I can understand your worry (*Building rapport*). It’s great to hear you are ready for the vaccine. (*Encouragement*) First, we want to make sure it will be safe for you to receive the vaccine. Have you completed the pre vaccination check list? This will help us determine if there is any reason you should not get the COVID-19 vaccine today. (*Ask about contraindications and precautions*)

Maria: Yes, here it is

HW: Great! I can see that you are in fact eligible for the COVID-19 vaccine. Do you have questions before I administer the vaccine? (*Ask if there are questions*)

Maria: Yes, I would like to know if it is painful?

HW: That’s a great question. Let’s take a moment to review the possible side-effects of the vaccine and what you can do for relief. This COVID-19 vaccine is given through an injection into your shoulder. You

may feel a slight pinch when the needle goes in. Afterwards, we want you to stay here for 15 minutes to be sure you don't have any allergic reactions. *(Explain the process)* In terms of some of the common side effects, you might have some pain and swelling at the injection site, or you might have a mild fever and body aches. It's important to remember these side-effects indicate your body is responding well to the vaccine. These usually improve within a few days after vaccination, but if for some reason they last longer I want you to contact the clinic. To reduce pain, you can apply a clean, cool, wet washcloth over the area. If you experience a fever, make sure to drink plenty of fluids. *(Share knowledge: alert on side effects and pain mitigation)*. A 2nd dose will be required in 3-4 weeks. The first dose starts building protection, however a 2nd dose is necessary to get the most protection the vaccine can offer. *(Explain the process)*

Maria: Okay thanks for the information

HW: Okay, so let us go ahead with the vaccine now.

HW Vaccinates Maria.

Congratulations, you've taken a significant step to protect your health. *(Vaccinate and congratulate)* So we don't forget, let's book another appointment in 3 to 4 weeks from now for your next dose. You will be contacted with a reminder close to the date. *(Book appointment for 2nd dose and send reminder)*

Maria: Thank you! Sounds good.

HW: Maria I want to let you know, it takes time for the body to build protection after any vaccination. COVID-19 vaccines requiring 2 doses may not protect you until 1-2 weeks after the 2nd dose. Therefore it is very important to continue with all measures to protect yourself and others including, wearing a mask to cover your mouth and nose outside of your home, take 1 meter physical distance from others, perform frequent handwashing and try to avoid crowded, closed and close contact spaces. *(Review post-vaccination steps)*

Maria: Good to know!

HW: Well, it was great to see you today and we will see you soon again for your next dose. I will show you where you can wait while you will be monitored for 15 minutes. *(Post-vaccination steps)*

Maria: Thank you

Summary message to HWs when responding to a vaccine Acceptor:

1. Goal is to **vaccinate and congratulate**.
2. Keep the conversation brief and straight forward.
3. Screen for contraindications and precautions.
4. Prevent vaccine hesitancy by addressing questions (if any), acknowledging concerns and sharing knowledge including side-effects and pain mitigation strategies.
5. Explain the process and protective behaviours still necessary post-vaccination to prevent virus transmission.
6. Book appointment for 2nddose immediately and remind patient, to avoid a loss to follow-up.

The WHO Regional Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

Member States

Albania
Andorra
Armenia
Austria
Azerbaijan
Belarus
Belgium
Bosnia and Herzegovina
Bulgaria
Croatia
Cyprus
Czechia
Denmark
Estonia
Finland
France
Georgia
Germany
Greece
Hungary
Iceland
Ireland
Israel
Italy
Kazakhstan
Kyrgyzstan
Latvia
Lithuania
Luxembourg
Malta
Monaco
Montenegro
Netherlands
North Macedonia
Norway
Poland
Portugal
Republic of Moldova
Romania
Russian Federation
San Marino
Serbia
Slovakia
Slovenia
Spain
Sweden
Switzerland
Tajikistan
Turkey
Turkmenistan
Ukraine
United Kingdom
Uzbekistan

Document number: WHO/EURO:2021-2282-42037-57838

World Health Organization Regional Office for Europe

UN City, Marmorvej 51,
DK-2100 Copenhagen Ø, Denmark
Tel.: +45 45 33 70 00 Fax: +45 45 33 70 01