

COMMUNICATING ABOUT VACCINATION-RELATED RISKS



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ABBREVIATIONS AND ACRONYMS

CDC	(United States) Centers for Disease Control and Prevention
CIOMS	Council for International Organizations of Medical Sciences
EMA	European Medicines Agency
EPI	expanded program on immunization
ESAVI	events supposedly attributable to vaccination or immunization
EUL	emergency use listing
HW	health worker(s)
HPV	human papillomavirus
IEC	information, education and communication
MMR	measles, mumps, rubella
NIP	national immunization program(s)
NITAG	National Immunization Technical Advisory Group(s)
PAHO/WHO	Pan American Health Organization/World Health Organization
PHC	Professional health communicator
PSA	public service announcement(s)
RCCE	risk communication and community engagement
SIA	supplementary immunization activities
UNICEF	United Nations Children’s Fund
VPD	vaccine preventable disease(s)

GLOSSARY

Debunking: the act of correcting false information after an individual has been exposed. Its goal is to refute false claims with facts.

Disinformation: false information that is spread deliberately and intentionally.

Misinformation: false information that is spread without malicious intent.

Pre-bunking: the act of warning individuals about false information before they are exposed to it, with the goal of preventing it from taking root and spreading.

Social listening: the process of identifying and analyzing what the public is saying about a certain topic. Social listening should take place across a variety of platforms and media.

Troll: people who intentionally provoke or manipulate others, especially online.

Vaccine efficacy: the measure of how much a vaccine lowered the risk of getting sick in a clinical trial.

Vaccine effectiveness: the measure of how well vaccines work in the real world, outside of clinical trials.

INTRODUCTION

Why communicate about risks related to vaccination?

Trust is the bedrock of immunization programs. When populations trust their health care providers, the health system and their country's Ministry of Health, they are more likely to follow their vaccination recommendations (1). However, when this trust is eroded or broken, vaccine uptake can falter, leaving populations at risk for vaccine-preventable diseases (VPD).

Therefore, building and maintaining the public's trust should be a priority for national immunization programs (NIP) worldwide. This key component of all immunization programs is critical for uptake of new and routine vaccines over the entire life course, as is monitoring and responding to events supposedly attributable to vaccination or immunization (ESAVI)¹—especially considering that both real and perceived vaccine-related events can break trust.

Although there are many important things a government can do to strengthen the public's trust in vaccines and vaccination, one of the major things is to follow risk communications and community engagement (RCCE) principles as they relate to issues of vaccine safety. When governments and health care workers follow RCCE principles correctly and in a timely fashion, they can provide the public with information they need to decide to get themselves and the people they care for—be they children or aging adults—vaccinated. In the absence of clear communication, rumors about the risks of vaccination, distrust in the immunization program, and refusal or hesitancy to get vaccinated can flourish.

Experiences with COVID-19 vaccine introduction have demonstrated the public's enormous hunger for trustworthy, transparent, timely, and accessible communication that fills information gaps and answers the questions on everybody's minds: Are the vaccines safe? Do they work? Should I get myself and my loved ones vaccinated?

Solid risk communications can help the population answer these questions and decide to get vaccinated.

What is an ESAVI?

An event supposedly attributable to vaccination—also known as an ESAVI—is any unfavorable and/or unintended health situation that occurs after vaccination or immunization. It is important to note that an ESAVI does not necessarily have a causal relationship with the vaccination process or the vaccine: just because an event follows vaccination does not mean that vaccination caused it to happen.

ESAVI are classified as either non-serious or serious (2). Non-serious ESAVI:

- Do not endanger lives
- Disappear within 24-48 hours without treatment or with treatment of symptoms
- Do not require hospitalization
- Do not cause long-term disability
- Can include fever, local redness or pain, irritability, or rash

Serious ESAVI:

- Causes death or puts life at risk
- Requires hospitalization
- Causes persistent or significant disability
- Is suspected of having caused a congenital abnormality, stillbirth, or miscarriage
- Can include meningitis, neurotropic disease, thrombocytopenia, anaphylaxis, febrile convulsions

Serious ESAVI are extremely rare and depend on the vaccine being administered and to whom. For more information about the risks associated with each vaccine, refer to your country's regulatory authority or public health agency, or see the [CDC web page on side effects of vaccines](#) (3).

See [PAHO's web site on vaccine safety](#) (4) for additional information.

<1> Other WHO Regions use the term Adverse Events Following Immunization (AEFI).

At the same time, good risk communication is by no means the sole solution for all the complexities and potential barriers to getting vaccinated. Below are some things the RCCE framework **can** and **cannot** do to facilitate communicating about vaccine safety issues.

Communication can:

- Clarify what is known (about a new vaccine, an ESAVI, etc.), what information gaps still exist, and how these gaps will be filled;
- Provide accurate facts on vaccine safety and effectiveness;
- Respond empathetically and in a timely manner to concerns, doubts, and rumors about vaccination;
- Build trust with the public and help strengthen the National Immunization Program (NIP)/ Expanded Program on Immunization (EPI).

Communication cannot make up for:

- Weak data and/or lack of evidence;
- Issues with ESAVI surveillance mechanisms;
- Poor coordination among agencies and institutions;
- Lack of leadership;
- Lack of access and availability of vaccines;
- Political division and lack of trust in the government.

Failure to communicate effectively about risks related to vaccination and failure to address the population’s concerns can result in serious reputational issues to the NIP and the health system at large, decreased vaccine acceptance and uptake, and increased risk of outbreaks of vaccine-preventable diseases (VPD) among under-immunized population groups.

Intended Audience

The objective of this document is to help professional health communicators (PHCs) in the countries of the Region of the Americas improve their local and national communications on vaccine-related risks, to strengthen trust in immunization, and ultimately to increase uptake of new and routine vaccines across the life course. It is meant for health communications professionals, especially those working in the ministries of health supporting the NIP.

It is part of a series of publications by PAHO/WHO meant to improve communication around immunization that also includes:

- [Crisis communication related to vaccine safety: Technical guidance](#) (5): This document presents the technical guidance PHCs need to develop a communication plan for managing crises related to vaccine safety. Each chapter presents a phase (preparation, implementation, and evaluation) with suggested actions and support tools to prepare, implement, and evaluate a communication response in a crisis situation. Some sections can also be used to strengthen routine national communication activities such as interaction with media, message generation, and spokesperson preparation.
- [Communicating about Vaccine Safety: Guidelines to help health workers communicate with parents, caregivers, and patients](#) (1): These guidelines provide tools for staff working in the field of immunization to support effective communication between health personnel and the general population, with the aim of strengthening, maintaining or recovering trust in vaccines and the immunization programs in the Region of the Americas.

CHAPTER 1

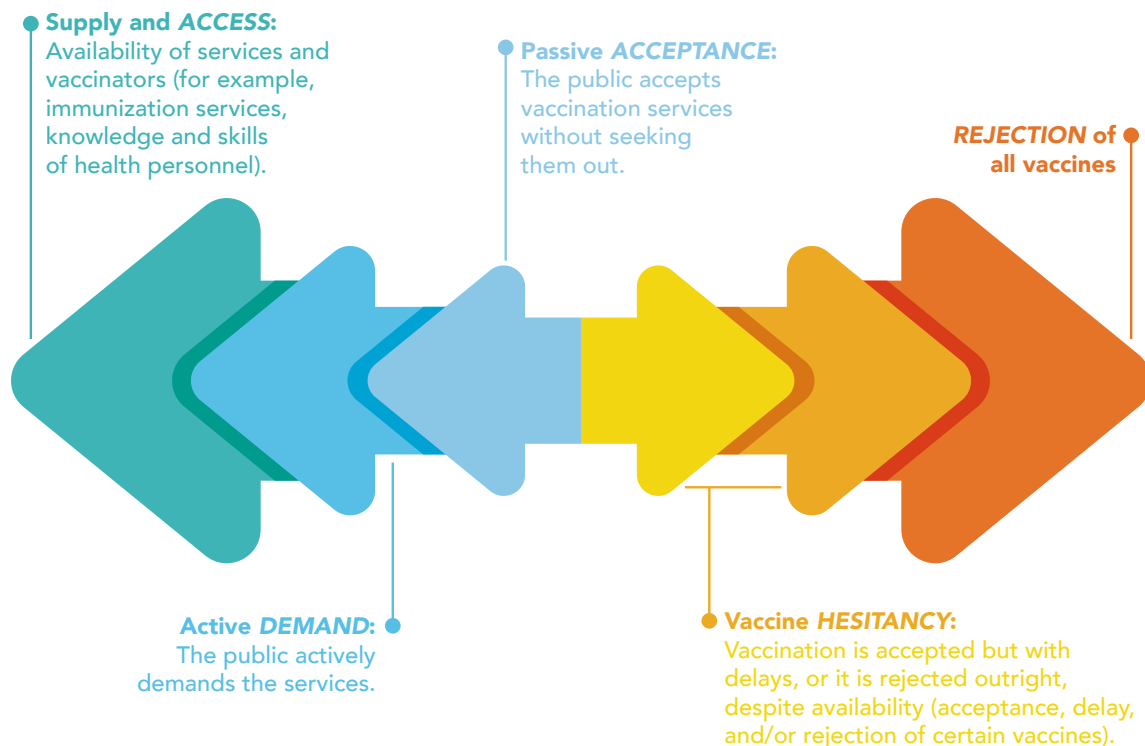
Framing decisions about vaccination and vaccine-related communication

Complexities of deciding to vaccinate

The decision to vaccinate is extraordinarily complex and context specific: multiple factors from the political, social, economic, and cultural spheres can influence trust, how communication about risks and/or ESAVI are received, and the decision process of an individual to get vaccinated. Convenient access to quality vaccination services is also critical, as logistical barriers to getting vaccinated can compound already existing concerns related to vaccine safety. The decision to vaccinate or not is also highly driven by emotions—especially fear (6). Likewise, the decision can depend on the specific vaccine being offered, as well as to whom it’s being offered. For example, the public can see new vaccines introduced in an emergency setting as unproven to be safe and effective versus “tried and true” vaccines that have been in use for generations; vaccines for infants can be perceived as riskier than vaccines for healthy adults. The WHO’s guide [Behavioural and social drivers of vaccination: Tools and practical guidance for achieving high uptake](#) (7) provides a framework for professionals interested in identifying and analyzing the various reasons for low vaccine uptake in a population and designing, monitoring and adapting interventions to combat this.

There is also a significant difference between vaccine refusal—when someone entirely rejects vaccination—versus vaccine hesitancy—when someone may question or have doubts about immunization. Vaccine hesitancy and vaccine demand—when someone actively seeks and demands vaccination services—can vary depending on the vaccine offered and to whom it’s being offered, and they can be thought of as a continuum that individuals move along (Figure 1):

Figure 1. The continuum of vaccine hesitancy and demand



Source: Strategic Advisory Group of Experts on Immunization (SAGE). Report of the SAGE Working Group on Vaccine Hesitancy. Geneva: WHO; 12 November 2014. Figure 1, The continuum of vaccine hesitancy between full acceptance and outright refusal of all vaccines; p. 9. Available from: https://www.asset-scienceinsociety.eu/sites/default/files/sage_working_group_revised_reportvaccine_hesitancy.pdf

Even in the context of all the factors discussed above, the clear recommendation of a health worker (HW) to an individual to get vaccinated can be incredibly impactful in moving them along the continuum toward vaccine acceptance and demand. For this reason, PAHO/WHO strongly suggests that NIP invest in training their personnel on how to communicate with users on vaccine safety. PHCs and other HWs can find more details about these strategies in the PAHO publication [Communicating about Vaccine Safety: Guidelines to help health workers communicate with parents, caregivers, and patients](#) (1).

Roots of vaccine hesitancy and refusal

Individual vaccine hesitancy and refusal can stem from multiple factors, but the principal ones tend to be:

- Fear of ESAVI; this fear can be based on both real and perceived risks (8–11);
- Mistrust in the government and institutions overseeing vaccine safety (11–15).

Reports of ESAVI—which tend to be sensationalized by the media and exaggerated on social media, even when investigations prove that vaccination was not the cause of the adverse event or that rumors are untrue—can stir strong emotions and leave a lasting impression in the public’s minds. Unfortunately, this can slow or halt vaccine uptake as even perceived risk of ESAVI can scare the population into inaction; for example, studies have shown that reports of ESAVI may influence parents’ and caregivers’ attitudes toward vaccines for their children more than factual messages encouraging them to vaccinate their children (10). New vaccines introduced in an emergency setting, such as a pandemic, can exacerbate fears of ESAVI. The introduction of COVID-19 vaccines is a prime example: people who refused to get vaccinated primarily listed safety concerns as their reason for rejecting vaccination; chief among the worries reported was that the vaccines were developed too quickly to have their safety and efficacy thoroughly tested; their long-term effects were unknown; and new technology (in the case of mRNA vaccines) carried additional unknown safety risks (8–10).²

Closely linked to fears of risks related to vaccination is public mistrust in government and the institutions in charge of vaccine safety. Studies have shown that parents who do not trust their government perceived vaccine safety and effectiveness to be low and who see the risk of vaccine-preventable diseases (VPD) as low were significantly more likely to refuse to vaccinate their children (12). Broad mistrust in the government can translate into a more specific doubt that the government cannot be trusted to provide safe and effective vaccines to its citizens. This is especially true among marginalized groups, who may have been negatively impacted by government policies and practices, may be less likely to get vaccinated, and often face additional barriers to accessing health services (13, 14). Similarly, mistrust in government and its immunization program has even formed part of some political identities, with some political leaders exacerbating their supporters’ concerns by fanning fears that vaccines are unsafe and ineffective (16, 17).

<2> [For more information about communicating ESAVI, see reference 5 \(Annex 1\)](#)

Considerations of communicating regarding risk perception and benefits of vaccination

Risk perception plays an important role in an individual's decision to vaccinate or not. People who see the risk associated with a disease as higher than the risk of getting vaccinated are more likely to vaccinate, while people who see the risks of vaccinating as higher than the risk of the disease are less likely to vaccinate (5).

Individuals' risk perceptions are not purely rational and are usually complex. In addition to the logical reasoning behind the risk perception are a variety of emotions, including how the individual thinks and feels about the risk. Like the decision to vaccinate, risk perceptions are also context-specific and can vary by population subgroup. As illustrated below, because of the emotional factor, it is not unusual for an individual's risk perception of a vaccine not to match their health worker's understanding of the individual's risk based on evidence.

Figure 2. Risk perceptions related to vaccination can seem much higher to the individual who needs to get vaccinated than to the HW making the recommendation for vaccination.



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Caption: Risk perceptions related to vaccination can seem much higher to an individual who needs to get vaccinated than to the health worker who is making the recommendation for vaccination.

When it comes to vaccination risk perception, routine immunization has been a victim of its own success in recent history. As VPD have become rarer—thanks to the vaccines that prevent them and maintaining high coverage levels that preclude widespread community transmission—members of the public have not been exposed to them and therefore have not suffered nor witnessed their devastating effects. Likewise, younger generations of HW in the Americas have not treated clients with diseases like measles, polio or diphtheria.³ Risk perceptions of the diseases covered under the routine immunization program tend to be lower now than they were in the past, as people do not see their children in iron lungs following polio outbreaks or their friends having miscarriages due to rubella infections during pregnancy. Despite the fact these amazing advancements are due to immunization, the fact that these pathogens no longer spread in the population the way they once did has led some individuals to see the risk of vaccination as higher than the risk of these VPD (18, 19). Similarly, the fact that vaccines are generally given to healthy individuals—as opposed to individuals who are ill and seeking treatment to feel better—can also make them seem unappealing to some people.

<3> This publication refers to users of vaccination services as clients.

In addition to risk perceptions being influenced by the prevalence of VPD, a variety of other factors can influence how individuals perceive both risks related to vaccination as well as risks of VPD. The factors can range from social to economic. Table 1 outlines some of the factors influencing risk perceptions of vaccination and of VPDs, as well as other factors that contribute to risk perceptions of both. It also includes examples of how these factors may sound in conversation.

Table 1. Factors that Influence Risk Perceptions of Vaccines and VPD and Examples of How They Might Be Communicated

Factors that raise risk perception of vaccines
<ul style="list-style-type: none"> - Fear of ESAVI, regardless of the actual risk (“I just know that my sisters and I will be the unlucky ones who get blood clots after getting the COVID-19 vaccine. We’re not going!”) - Lack of trust in the vaccines doing what they’re supposed to do (“I saw a woman online who said this vaccine gave her daughter the very disease it’s supposed to prevent. There’s no way I’m giving it to my son.”) - Distrust in the government and the agencies in charge of pharmacovigilance (“The government can’t do anything right w. including getting us safe vaccines that actually work!”) - Exposure to false information about vaccines, voids of accurate information on vaccination, and low health literacy to understand correct information—which can all lead to confusion, misperceptions, and unwarranted heightened risk perceptions of vaccination (“I saw a post on social media that said the vaccines make you sterile—no way am I letting something so dangerous near me!” “The ministry of health posted instructions on when to get my child their next shot depending on which vaccine brand they got, but it’s so complicated and confusing!”) - Lack of circulating VPD (“Why should I take the risk of getting vaccinated if this disease isn’t even around?”) - Being “healthy” and confident enough that an individual is not susceptible to serious outcomes of VPD (“I’m healthy and have no underlying conditions, so I don’t need to get vaccinated. My body can fight that disease off alone.”) - Lack of understanding about technology used to develop vaccines (“mRNA vaccines? That sounds like it could change my DNA.”) - Fear of needles and/or having a foreign substance injected into the body (“Getting an injection of a dead virus into my body grosses me out.”) - Lack of belief in effectiveness of vaccines/preference for “natural” immunity—which is always riskier than vaccination (“It’s better to strengthen my immune system by just getting the disease.”) - HW who are seen as untrustworthy, uncaring, unwelcoming and do not address concerns in a reassuring manner; health services that don’t provide culturally appropriate and quality services (“My doctor laughed off my question about if the vaccine will stop me from getting pregnant. Is he hiding something from me?”) - Taking advantage of herd immunity (“I don’t really need to get my child vaccinated because everyone else around her already is.”) - Unclear messages about ESAVI potential/low health literacy (“I heard the Minister of Health on the radio talking about risks of myocarditis after vaccination, but I didn’t even understand what she was saying. I guess it’s better to just not get vaccinated, because that sounded scary.”)

Factors that raise risk perception of VPD

- Fear of falling ill with a VPD (“I don’t want to be sick in bed for a week and miss out on work and seeing my friends.” “My dad says mumps was really painful when he had it as a kid. I don’t want my children to go through that too.”)
- Fear of dying from a VPD (“There’s no cure for this disease, so it’s better to prevent it.”)
- Fear of living with sequelae of VPD (“I don’t want my life to be more difficult because of the long-term effects of this disease.”)
- Fear of spreading a VPD to someone else (“I would never forgive myself if I gave this disease to my grandson.”)
- Outbreak of a VPD that wasn’t previously circulating in a specific geographic area (“I heard pertussis is suddenly going around. I think I’ll see if I need a booster.”)
- Seeing someone who shares similar characteristics suffer as a result of a VPD (“My neighbor just got out of the hospital for flu. I never thought that would happen to someone like him! I’d like to avoid that same fate.”)
- Fragile health systems (“If I catch this disease and get really sick right now, I’m not sure that there would be medication or available space at the hospital to help me.”)Fear of falling ill with a VPD (“I don’t want to be sick in bed for a week and miss out on work and seeing my friends.” “My dad says mumps was really painful when he had it as a kid. I don’t want my children to go through that too.”)
- Fear of dying from a VPD (“There’s no cure for this disease, so it’s better to prevent it.”)
- Fear of living with sequelae of VPD (“I don’t want my life to be more difficult because of the long-term effects of this disease.”)
- Fear of spreading a VPD to someone else (“I would never forgive myself if I gave this disease to my grandson.”)
- Outbreak of a VPD that wasn’t previously circulating in a specific geographic area (“I heard pertussis is suddenly going around. I think I’ll see if I need a booster.”)
- Seeing someone who shares similar characteristics suffer as a result of a VPD (“My neighbor just got out of the hospital for flu. I never thought that would happen to someone like him! I’d like to avoid that same fate.”)
- Fragile health systems (“If I catch this disease and get really sick right now, I’m not sure that there would be medication or available space at the hospital to help me.”)

Other factors

- “Noise” or competition to get messages on vaccine safety heard, especially with pandemic fatigue. This can apply to science-based messages promoting vaccination, as well as false information promoted by antivax groups (“I think I heard something about why I should get that vaccine, but I’m so sick of hearing about COVID-19 I tuned it out!” “I think I saw a post on social media about the COVID-19 vaccine changing your DNA, but I’m so sick of hearing about COVID-19 I tuned it out!”).
- High expectations of vaccines can lead to frustration and disappointment when the vaccines fail to live up to the population’s hopes, as well as heightened awareness of their risks (“I thought this vaccine was going to totally protect me from getting sick, but I got sick anyway. I guess the vaccine was for nothing.”)
- Social norms and opinions of respected leaders that can be in favor of or against vaccination (“The head of our civic association has been talking about how safe these vaccines are and has

really encouraged our neighborhood to get vaccinated. I know a lot of neighbors are talking about how they've already gone to get their shots. Maybe it's time for me to get mine too." "My pastor says we should protect all life, including from diseases that we could prevent with vaccination. It's our duty as a congregation to prevent VPD from spreading and causing harm.")

- Economic fears related to missing work ("If I get sick, I can't afford to miss work until I'm no longer contagious." "This vaccine might make me feel ill for a day or two, and I can't afford to miss work right now.")

Omission bias

Some individuals can face difficulties when weighing the risks of getting vaccinated or not, and they instead "make the decision not to decide" or indefinitely decide to "wait and see." In this case, individuals may choose a passive risk—the risks associated with VPD that come from not getting vaccinated—over the risk of taking action and getting vaccinated. This can especially be seen with new vaccines, where some individuals would prefer to face the known risks of getting the disease to the (perceived to them) unknown ESAVI. This is known as omission bias.

Hearing that some people become ill or die after vaccination—regardless of whether the applied vaccine was the cause or not—may be enough to discourage some individuals from getting vaccinated. However, it is important to remember that statistically speaking, some people are going to die after being vaccinated because people die every moment of every day. "The reality is even if everyone had gotten a placebo (shot), these (deaths) are *statistically bound* to happen. Even if everyone had gotten a placebo shot, there still would be deaths after the shot. In order for there to be no deaths after vaccination, that vaccine would have to not only be safe, but actually *prevent all deaths, from every cause*" (20).

Emphasizing benefits of vaccination in communication

When communicating openly and transparently about the risks associated with vaccination, PHCs should always emphasize the benefits of vaccination at the individual and population levels in order to balance risk perceptions of vaccines versus of VPDs. Messaging can assure populations that even after studies conducted as part of the clinical trials for new vaccines have been completed, surveillance for the vaccine's safety and effectiveness in the real world continue. In addition to messages about how vaccines are safe and effective at protecting individuals from a variety of diseases, messages can also remind people of vaccines' role in population-level achievements such as the global eradication of smallpox; the elimination of diseases like polio, rubella, and neonatal tetanus in the Americas; the decrease of chronic diseases like cervical and liver cancers; and the strengthened economy by keeping individuals from missing work due to illness. More information about this, as well as specific advice and examples, are available in Table 2, in the Risk Perceptions section.

At the same time, PHCs should also make clear individual- and population-level risks of not being vaccinated. Messages can remind individuals of their susceptibility to different VPD and what they and their loved ones may suffer should they lack the protection offered by vaccines. At the population level, the risk of having large groups un- or under-vaccinated could mean the return of deadly diseases not seen in the Americas for decades, undue stress on health systems that are already weakened due to COVID-19, and school or workplace closures if outbreaks occur, among other things. See the Risk Perceptions section of Table 2 for examples.

HWs should remind clients that there is no such thing as zero risk—in life or with medicine—but some risk does not mean that nothing is safe. In terms of immunization, any vaccination-related risks are so small that the benefits greatly outweigh them. For this reason, there is widespread consensus, backed with evidence, among scientists, health workers, regulatory authorities, national immunization technical advisory groups (NITAGs), and other experts that vaccines are safe and effective at preventing diseases and keeping the population healthy. If vaccines' safety and effectiveness were not proven and under constant surveillance, they would not be used. Good RCCE—as outlined in Section 3 of this document—can help inform individuals of this, help them understand the risks pertaining to them, grasp how immunization can help them lower their risks of VPD, and motivate them to seek the protective benefits of vaccination.

Risks associated with vaccination

An event supposedly attributable to vaccination, or ESAVI, is any unfavorable and/or unintended health situation that occurs after vaccination or immunization. The risks of vaccination are generally minor and can depend on the vaccine being administered and to whom (3, 18). Because vaccines work by stimulating an individual's immune system, it is normal for them to cause ESAVI. Common ESAVI of injected vaccines can include soreness, redness, and minor swelling at the injection site. Vaccines can also cause fatigue, malaise, or fever as the immune system works to learn about the pathogen (virus, bacteria, or other microorganism that can cause disease in an individual) and how to fight it should the individual be exposed to the disease in the future. These ESAVI can indeed be uncomfortable, but they are all much milder than having the diseases from which vaccines protect us. In extremely rare cases, some individuals might experience more severe ESAVI, including seizures, encephalopathy, myocarditis, and others. The rate of these ESAVI depends on the specific vaccine and demographic group in which it is applied, but regardless, *vaccines are recommended because their benefits far outweigh their risks*—as evidenced in multiple clinical trials and ongoing studies.

Box 1. Further Reading

To learn more, the following resources may be of interest:

- For more information about the risks associated with each vaccine, refer to your country's regulatory authority or public health agency or see the [CDC web page on side effects of vaccines](#) (3).
- To see details about ESAVI rates of selected vaccines, see [WHO's Vaccine Reaction Rates Information Sheets](#) (21).
- The WHO's [Emergency Use Listing Procedure](#) (EUL) (22).
- To learn about ESAVI surveillance in the Americas, see PAHO's [Manual for surveillance of events supposedly attributable to vaccination or immunization in the Region of the Americas](#) (2).

Following the RCCE principles outlined in Section 3 of this document will result in more effective communication about ESAVI, which in turn helps build trust in HW, the NIP, and the vaccines themselves. It is important for HW and public health messaging to be consistent and transparent about what to expect following vaccination and how to handle ESAVI, be it commonly reported events like arm soreness, which can be treated at home with over-the-counter medicines, or more serious ESAVI requiring the client to contact their health care provider to determine if further medical intervention or monitoring is required. Ministries of health should make the investment in training all HW—but especially those who administer vaccines—in interpersonal communication on vaccine safety and ensure that they have the tools and knowledge they need to communicate this information to their clients. For reference, see the PAHO publication [Communicating about Vaccine Safety: Guidelines to help health workers communicate with parents, caregivers, and patients](#) (1). For an example of a tool to help HW communicate key safety messages about a specific vaccine, see the WHO's [Health worker communication for COVID-19 vaccination flow diagram](#) (23). For an additional note about HW and interpersonal communication about vaccination, see Annex B of this document.

Likewise, health communications professionals should consider developing specific campaigns, strategies and interventions—or at least targeted messaging that has been pretested with the audience—geared at HW to help reinforce key points they should keep in mind when it comes to communicating with clients and the general public about vaccine safety issues.

CHAPTER 2

Theoretical framework

Principles of Risk Communication and Community Engagement (RCCE)

Following the principles of RCCE improves PHCs' efforts to communicate about the risks of VPD and vaccination (1). According to the WHO Strategic Communications Framework of six fundamental principles for communications to protect population health, these communications should be:

- Accessible;
- Actionable;
- Credible;
- Relevant;
- Timely;
- Understandable.

Accessible communication employs the right mix of channels to reach different audiences. These channels can include mass media (billboards, TV, radio, newspapers, advertisements, websites), social media, organizational and community media (local radio shows, organizational newsletters, fairs, meeting spots), and interpersonal communication (from community leaders, religious leaders, HW). At the local level, instances of interpersonal communication can be incredibly impactful for encouraging vaccination.

Actionable communication gives clear information and moves the audience toward action. The desired action can depend on the target audience and the communications objectives. In the case of the general population, the desired action might be getting vaccinated; for policy makers, the desired action could be investing in strengthening vaccination services. These actions can include informing the audience of the risks of not getting vaccinated, creating a sense of urgency to act, raising the audience's confidence in their ability to seek vaccination, influencing social norms in favor of immunization, and reinforcing the benefits of vaccination.

Credible and trustworthy communication comes from sources trusted by the audience. Public trust can be built through sources who are competent (their technical expertise is recognized with accurate information that's consistent with other experts), open and honest (they are transparent about what is known and what is still unknown), dependable (they follow through on what they say they will do), and empathetic (the source is caring, respectful, and nonjudgmental). *In many cases, how a source delivers a message is just as important as the content of the message!*

Relevant communication applies to the audience and the audience recognizes that applicability. To make messages relevant, the PHC delivering the communication should consider referring to the personal experiences of the audience and how the subject of the messages can affect them and their loved ones. In order to successfully do this, communicators must have a solid understanding of the audience and its communication preferences, as well as its attitudes toward vaccination and different vaccines. Engaging in a variety of listening activities will enable PHCs to tailor messages about vaccine safety and promote vaccination across the life course.

Timely communication reaches the audience when they need to hear the message and when they're ready to engage with it. In an emergency, being quick to communicate is crucial, as it establishes PHCs as an authority on the subject. Even when details are still being figured out, PHCs can share the knowns and unknowns of the situation, as well as the plan for filling knowledge gaps. For non-emergencies, PHCs can time communications for when the audience needs to act, such as before a seasonal flu immunization campaign.

Understandable communication is easy for the audience to comprehend and makes clear what they should do. The message should be simple, avoid technical jargon, make the point quickly, and be available in the language the target audience is most comfortable with. Attractive and simple accompanying graphics can increase comprehension. The more times an individual must read a message to understand it, the less likely they are to take the desired action!

Remember that these principles will look different as they're employed for different audiences. A "one-size-fits-all" approach will not result in successful communication!

Trust and RCCE

Just as trust is the bedrock of NIPs, it is also critical for effective RCCE on vaccination. There are many reasons why trust might be shaken, especially in the context of an emergency situation like a pandemic, and even more so when issues like public health and immunization become politicized. Despite this, it is important to remember that *it is never too late to start building trust, and doing so must be a priority from the highest levels of the organization.*

So, what can PHCs do when trust is low? The bullets below suggest actions in line with RCCE principles:

- Apologize for past mistakes and be clear about what the organization will do differently moving forward. A heartfelt apology from a high-level figure can show the audience that the organization recognizes its errors and is committed to improving in the future.
- Choose neutral and consistent spokespeople when immunization has been highly politicized. Spokespeople must have the audience's attention and trust, which is harder to achieve if that individual is also heavily pushing party lines or delivering inflammatory remarks that alienate individuals in different political parties.
- Emphasize expert consensus on vaccine safety and effectiveness, so that even if individuals are still learning to trust an organization, they see how it's aligned with other known experts. A message along the lines of "Don't just take my word that the vaccines are safe and work well. Look what the (CDC/ECDC/admired national scientist) has to say about it!" may go farther in this situation.
- Make an effort with local leaders, including religious leaders, mayors, community organization heads, and civic leaders (to name a few). Organizations should demonstrate a sincere desire to understand what their immunization-related concerns are, the barriers they face to getting vaccinated, what they understand from your messages about vaccination, how they prefer to receive updates and information, etc. Most importantly, the organization and its representatives must take this knowledge and apply it—or risk looking like all its efforts were just for show and it does not actually care about their concerns. This could easily land your organization in a worse situation than where it started.

Building trust is not something that is done once and then marked off the checklist. It must be continuous and thoughtful. It must respond as new challenges arise and the population's concerns and opinions change. It must meet people where they are in the course of their lives as they age and their vaccination needs shift.

Considerations of a digital world: Responding to false information about vaccine safety

The COVID-19 pandemic has brought to light the preponderance of false information that quickly and easily spreads online across social media platforms—especially regarding vaccine safety. It is easier for false information to spread than correct information for several reasons:

- **It takes more time to refute false information with the facts than to create an outrageous lie.** Anyone can immediately invent and share a falsehood about a vaccination-related risk. However, to prove that falsehood untrue, experts must first identify that the rumor exists, take the time to look at all the evidence on the matter, translate it into nontechnical language the audience will understand, consider the best channels to share it on, and evaluate the response to see if the message reached and has been understood by the target audience. This debunking takes time, effort, and resources.

COMMUNICATING ABOUT

- There is limited editorial oversight for social media content. Although some platforms have said they're making an effort to stop or slow the spread of false information, these attempts have been sluggish and wholly unable to keep up with bots, trolls, and others who spread blatant falsehoods about immunization. Practically anyone can create social media accounts to spread false information with little to no interference.
- Online culture creates an ideal breeding ground for mis- and dis-information to spread. Messages that evoke strong emotions—especially fear, outrage and sadness—are ripe for going viral; this combined with the adage “Bad news travels fast” means that memorable and dramatic stories about vaccine safety issues (whether these are real or invented) are shared easily.
- Politicized echo chambers online facilitate the growth of these negative feelings. It is generally difficult to break through these echo chambers, where members of a group mutually reinforce each other's beliefs that vaccines are dangerous and ineffective. False information about the risks of vaccines can escape antivax groups and become mainstream. Although the most ardent antivax conspiracy theorists are small in number compared to the rest of the population, they tend to try to make up for it with the amount of noise they create (24).
- Rumors shift and meld together as they spread. It is especially difficult to stay abreast of all the different pieces of false information when it continuously is reinvented as it spreads. Consider how two different false rumors can combine to create a new rumor:

Rumor 1: “COVID-19 vaccines cause infertility” +

Rumor 2: “COVID-19 vaccines have microchips”

= Rumor 3: “The microchips in COVID-19 vaccines cause infertility”

Unfortunately, this false information about imagined or overstated vaccination risks has a very real impact on vaccine uptake. Mis- and dis-information about COVID-19 vaccines not only cause uncertainty about new vaccines but also have the potential to shake trust in the routine schedule. Studies have shown that exposure to negative misinformation about vaccines—as little as 5–10 minutes—increases the risk perception of vaccination (8) and is associated with a lesser chance of getting vaccinated (9); exposure to false information about the risk of vaccination can lead people to perceive risks where there are none (or the risks are extremely low).

Misinformation is false information spread without malicious intent.

Disinformation is false information spread deliberately.

CHAPTER 3

The dos and don'ts of communicating about vaccination-related risks

Taking into consideration the content discussed above, PHCs should do some specific things and avoid others when communicating about risks related to vaccines and vaccination. This section gives advice on pre-bunking and debunking false information about vaccine risks, as well as specific dos and don'ts related to following RCCE processes and principles, messaging, risk perceptions, handling false information, collaborating with partners, pharmacovigilance, and practical recommendations to the general public.

Pre-bunking and debunking false information about vaccine risks

In the face of so much false information circulating about vaccine risks, combatting it can feel overwhelming. However, PHCs can use both pre-bunking and debunking as part of their response.

- **Pre-bunking happens** before an individual is exposed to false information and includes a warning that people might be exposed to false information about vaccination risks. The PHC might provide a watered-down example of the false information then refute it with strong evidence. Pre-bunking teaches individuals what manipulation tactics they might experience, how to spot sources of bad information and false information ahead of time, and how to keep it from taking root.

Examples of prebunking can take different forms, like these social media graphics from UNESCO:

Figure 3A.



Source: United Nations Educational, Scientific, and Cultural Organization. #ThinkBeforeSharing: Stop the spread of conspiracy theories. Paris: UNESCO; [date unknown] cited 3 Feb. 2023. Available from: <https://en.unesco.org/themes/gced/thinkbefresharing>

Or short video public service announcements (PSAs), like this example from WHO:

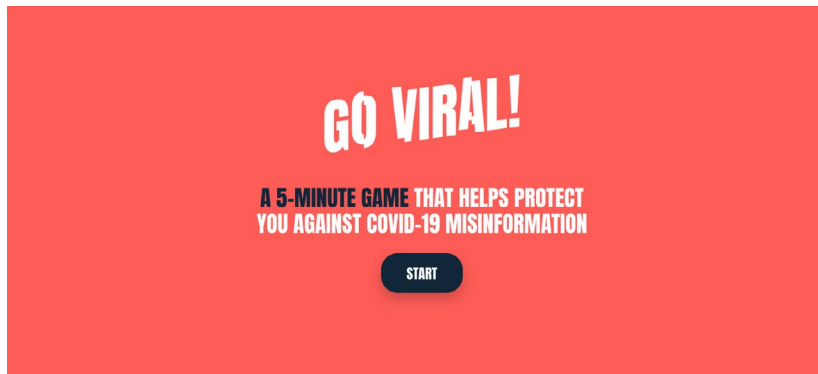
Figure 3B. PSA.



Source: World Health Organization. Countering misinformation about COVID-19. Geneva: WHO; 13 May 2020. Available from: <https://www.who.int/news-room/feature-stories/detail/countering-misinformation-about-covid-19>

There are even online games to teach people about false information spreading tactics in a fun and engaging way, including one called [Go Viral!](#) (26) that was supported by WHO.

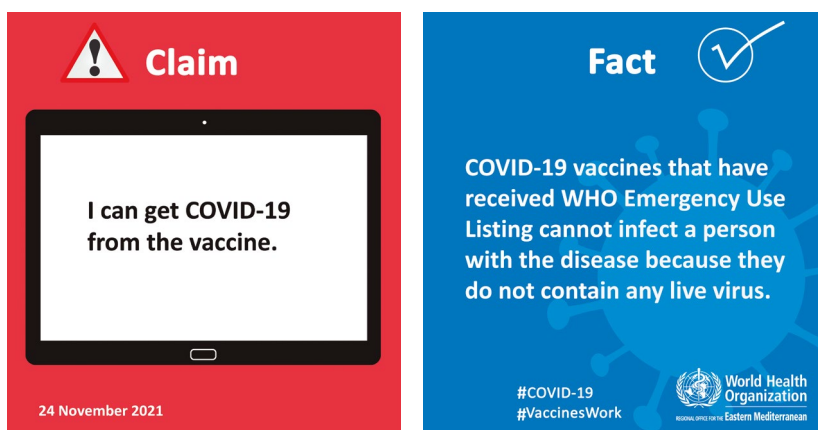
Figure 3C. Go Viral!



Source: Social Decision-Making Lab, DROG, Tilt, Gusmanson, and the UK Cabinet Office. Go Viral! Launched October 2020. Cited 3 Feb. 2023. Available from: <https://www.goviralgame.com/en>

- Debunking happens after an individual is exposed to false information about vaccination risks. Its goal is to refute false claims with facts. However, even after a piece of false information is debunked, there is still a good chance that the false information and the associated biases remain in people's memories.

Figure 4A. Examples of debunking:



Source: World Health Organization Regional Office for the Eastern Mediterranean. COVID-19 vaccine myth busters. Cairo: EMRO; January 2022. Available from: <https://www.emro.who.int/health-topics/corona-virus/covid-19-vaccine-myth-busters.html>


Figure 4B.

Micronutrients, such as vitamins D and C and zinc, are critical for a well-functioning immune system and play a vital role in promoting health and nutritional well-being.

There is currently no guidance on the use of micronutrient supplements as a treatment of COVID-19.

WHO is coordinating efforts to develop and evaluate medicines to treat COVID-19.

FACT:
Vitamin and mineral supplements cannot cure COVID-19



World Health Organization #Coronavirus #COVID19

22 September 2020

Source: World Health Organization. Coronavirus disease (COVID-19) advice for the public: Mythbusters. Geneva: WHO; 19 January 2022. Available from: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/myth-busters>

Figure 4C.

Myth

Millions have died because of COVID-19 vaccines

Fact

Death from adverse reactions to vaccines are very rare. Millions have died because of severe illness and health complications related to COVID-19. Ever since it began spreading around the world, COVID-19 has already claimed over five million lives.

World Health Organization
REGIONAL OFFICE FOR THE EASTERN MEDITERRANEAN

#COVID19 #Coronavirus

January 2022

Source: World Health Organization. COVID-19 vaccine myth busters. Geneva: WHO; January 2022. Available from: <https://www.emro.who.int/health-topics/corona-virus/covid-19-vaccine-myth-busters.html>

Figure 4D.

DO COVID-19 VACCINES CAUSE YOU TO TEST POSITIVE FOR COVID-19?

DO COVID-19 VACCINES CAUSE YOU TO TEST POSITIVE FOR COVID-19?

DO COVID-19 VACCINES CAUSE YOU TO TEST POSITIVE FOR COVID-19?

FACT

No. The COVID-19 vaccine will not affect the COVID-19 diagnostic test (PCR or antigen). Vaccines will protect you from severe disease and death due to Covid-19.

World Health Organization
REGIONAL OFFICE FOR SOUTH-EAST ASIA

0:00/1:43

Source: World Health Organization Regional Office for South-East Asia. Fact or fiction. New Delhi: WHO South-East Asia; 2022. Available from: <https://www.who.int/southeastasia/outbreaks-and-emergencies/covid-19/What-can-we-do-to-keep-safe/fact-or-fiction>

Figure 4E.

Vaccination Week in the Americas 2020

LOVE. TRUST. PROTECT.

#GetVax
www.paho.org/vwa

PAHO

- Do vaccines cause autism?
No. There is no evidence of a link between any vaccine and autism or autistic disorders. Furthermore, there is no association between the measles, mumps and rubella (MMR) vaccine and autism. A single study, which was poorly designed and already discredited, reported such an association in 1998. Since then, hundreds of well-designed studies have confirmed that there is no risk of autism from vaccination.
- Do vaccines contain dangerous and toxic ingredients?
- Do I need to be vaccinated if vaccine-preventable diseases are rare or don't exist in my country?
- Do vaccines have damaging and long-term side-effects?
- If clean water and good hand washing stop diseases from spreading, do I need to get vaccinated?
- Are vaccine-preventable diseases just an unfortunate part of life?
- Will giving a child more than one vaccine at a time overload their immune system?
- Can vaccines contain microchips that enable governments or others in power to track immunized people?
- Can pregnant people get vaccinated?
- Does the vaccine against HPV encourage risky sexual behavior for adolescents who receive it?

Source: Pan American Health Organization. Debunking immunization myths. Washington, DC: 2020. Available from: <https://www.paho.org/en/topics/immunization/debunking-immunization-myths>

One of the ways pre-bunking works to “inoculate” people against false information is to appeal to individuals’ rational sides by teaching them the approaches trolls and antivaxxers use to spread disinformation. Disinformation techniques can include inventing and/or cherry-picking data and quotes from experts to make it seem like vaccines are unsafe and ineffective; creating false dichotomies; preying on peoples’ emotions about vaccine safety concerns (especially fear and outrage); and creating conspiracy theories. Pre-bunking encourages individuals to consider what an antivaxxer has to gain by spreading false information; for example, is the source of information shilling “natural supplements” to take the place of vaccines (of course, no vitamin or supplement can do what vaccines do for immunity against VPD) or attempting to politicize the issue of vaccine safety in favor of a political candidate or party? Pre-bunking encourages individuals to pause and gauge their emotions when presented with information about vaccine safety that causes them to have a strong emotional reaction, and it urges them to consider what that piece of inflammatory information is meant to do and who it is meant to serve. Additionally, pre-bunking provides individuals with trusted sources—such as their country’s ministry of health, PAHO, or other scientific and professional societies—so that they can check suspicious information.

Debunking is a little more complicated—though not as complicated as studies once suggested. Initially, experts proposed that this approach could do unintentional damage by exposing individuals to false information that they were not previously aware of, but subsequent studies suggest that this is not the case, and it is safe to repeat misinformation if the goal is to correct it (25). Likewise, researchers have found that the phenomenon known as the backfire effect—wherein correcting someone who has been misinformed can actually lead them to dig their heels in even more and remain convinced of their views—is less prevalent than once assumed (25). Timing debunking efforts is important: responding too early to a piece of false information might draw unnecessary attention to something that might otherwise die out on its own, but responding too late can give the false information the time and space it needs to reach more of the audience.

For both pre-bunking and debunking, social listening is critical, as it can alert PHCs to rumors and false information that need to be addressed.

Dos and don'ts of communicating vaccination-related risks

The following table breaks down concrete advice and provides some examples of dos and don'ts as related to:

- RCCE processes and principles;
- Collaborating with partners;
- Messaging;
- Pharmacovigilance;
- Risk perceptions;
- Practical recommendations from ministries of health to the general public.
- Handling false information;

VACCINATION-RELATED RISKS

All effective RCCE is inclusive and tailored to the audience it is meant to reach. It takes into consideration issues of equity, gender, and cultural diversity, and it is accessible to populations with different abilities, levels of literacy, and native languages. PAHO's [material Communicating with a focus on equity, gender and cultural diversity in the framework of access to vaccination against COVID-19. Practical Guide](#) (available in Spanish) provides more information on communicating with inclusive use of language, guidelines for representing sociocultural diversity, and checklists for assessing relevance (26).

Table 2. Dos and don'ts of communicating about vaccination-related risks

RCCE processes and principles	
Do!	Don't!
<p>Build trust as an institution continuously over time so that when the public needs information about risks related to vaccination, they recognize the organization as a trustworthy, transparent source of information. A solid base will count for a lot.</p> <p>Building trust is an ongoing process, done by being transparent as an organization. Share timely, easily understandable information about what the organization does, how, and on what timeline. It is never too late to start this process.</p>	<p>Don't wait until the public is questioning vaccine safety to appear and try to assuage their fears.</p>
<p>Have a crisis communications plan ready in the event that the organization has to respond to any events that shake confidence in the immunization program (e.g., ESAVI, new vaccine introduction, new rumors, etc.). As part of this plan, PHCs should anticipate potential risks ahead of time and plan accordingly.</p> <p>A mishandled crisis can weaken or break trust in the NIP at large, pharmacovigilance systems, HW, and the government.</p> <p>The Crisis communication related to vaccine safety: Technical guidance (5) provides support to develop a crisis communications plan related to vaccine safety.</p>	<p>Don't wait until there's a vaccine safety crisis to get organized. If the organization or PHC has to start from square one and scramble to figure out who partners are across multiple organizations and how to work with them, the stressful situation will worsen—leaving more room for errors—and delay the response even more.</p>
<p>Define communications objectives clearly and tangibly regarding vaccine safety and risks. What should communications say to build confidence in the NIP and post-marketing surveillance systems? What messaging will increase vaccine uptake? To whom? How? At what point in the ESAVI data analysis process will you take each of these actions?</p> <p>Identify the information and data already available and what you might need still in order to do this effectively. This could include trial data on vaccine efficacy and ESAVI, as well as data on vaccine effectiveness and ESAVI prevalence in the real world, in addition to information collected from social listening (see below).</p> <p>Be clear about the information you do not have and what you are doing to obtain it.</p>	<p>Don't communicate blindly without a strategic plan in place when the stakes are so high.</p> <p>Don't communicate without having the most complete information possible. Even in instances when there is limited data available (e.g., an ESAVI), PHCs can avoid paralysis by knowing what data <i>is</i> currently available and then following crisis communications principles and steps mentioned below.</p>

Develop a policy for dealing with trolls (people who intentionally provoke or manipulate others, especially online) spreading disinformation about vaccine safety on social media. PHCs should decide ahead of time under what circumstances they will engage with trolls and how. It is possible that there is a real person behind an account asking a genuine question—however not-science-based it might seem—and PHCs might consider responding. They should be aware, however, that some trolls place “bait” to get a response and further rile the situation up, so any response should be calm, respectful, and factual.

If it appears trolling messages are gaining traction, use pre-bunking and debunking techniques (below) to address them.

Don't feed the trolls by engaging in emotionally-charged online arguments. These exchanges attempt to corner PHCs and other organizational representatives into a “gotcha” moment and to manipulate audiences.

Don't allow emotions to get the best of you when crafting responses on social media or to the press.

Well in advance, choose trustworthy, reliable, empathetic spokespersons who have communications training and are also subject matter experts on vaccine safety and risk. They can clearly interpret and explain data about risks and benefits of vaccination. If a subject matter expert with this profile is unavailable, the spokesperson should have at least enough technical knowledge to understand questions and answer them comfortably. They should receive communication training and practice what they learn before speaking to media, as ESAVI are easy to sensationalize, especially when involving vulnerable groups like children or pregnant people.

The spokesperson should be readily available to speak to the press at any time, so they (ideally) should not be an emergency incident manager; likewise, to prevent the issue of immunization from being politicized, they should not be seen as inflammatory, and they should have the trust of all parts of the population.

[Crisis communication related to vaccine safety: Technical guidance](#) (5) provides additional support in how to choose and train a spokesperson.

When choosing spokespersons, don't:

- Wait until the last minute;
- Have untrained spokespersons who are extremely technically qualified but unable to translate technical information into accessible and appropriate messages for the audience;
- Have spokespersons who do not fully grasp the complexities of the technical matter and confuse terms and critical information the audience needs;
- Have spokespersons who are not trusted by the target audience;
- Have spokespersons who do not have media training;
- Have spokespersons who are cold and/or dismissive of the audience's concerns.

Train technical staff—from HWs to non-communications professionals who will serve as spokespeople—in communications skills they will need in order to effectively communicate about vaccination. Colleagues working in pharmacovigilance should also have access to training. Frequent trainings allow staff to keep skills fresh and ensure new staff can

Don't leave technical medical and immunizations professionals on their own to handle communications issues.

participate as well, and easily available job aides that staff can keep on hand facilitate their communication with different audiences.

[Crisis communication related to vaccine safety: Technical guidance](#) (5) and its accompanying [virtual course](#) (27) provide additional resources for training spokespeople. [Communicating about Vaccine Safety: Guidelines to help health workers communicate with parents, caregivers, and patients](#) (1) focuses on training HWs.

Use a variety of platforms and trusted messengers to communicate about benefits and risks of vaccination. This can include the options listed under accessible communication in the section of this document on RCCE: everything from mass media to social media to local leaders can help you get your messages to your target audience.

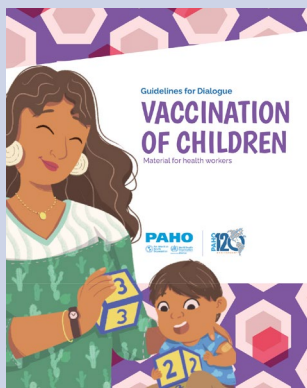
Don't assume one channel or platform will reach everyone who needs to be reached.

Engage continuously with stakeholders (including religious, community, opinion leaders and representatives of minority and marginalized groups) to understand their perceptions of vaccine risks and safety, what they understand from messages on the subject, and which channels they prefer for receiving information. Messages should be tailored to different stakeholders for different vaccines given at different points over the life course, as perceptions and concerns about vaccine safety can change depending on the vaccine, the age group for which it is intended, and the social, cultural and environmental factors surrounding it. Building relationships with stakeholders in an ongoing manner is a way to build trust in the organization, and it makes it easier to be on firm ground when it is time to communicate delicate issues.

Don't guess what you think the audience wants, needs and understands regarding topics related to vaccination across the life course.

Don't use one approach for all vaccines, ignoring the different concerns and contexts around each one.

PAHO's Dialogue [guides](#) (28) address messaging for different groups.



Continuously engage in audience/social listening—or identifying and analyzing what the public is saying about vaccination—**and adapt the messages, platforms and spokespeople accordingly.** Social listening identifies knowledge gaps—such as vaccine safety terms, concerns about vaccine safety or specific ESAVI—and questions about safety data and procedures, etc. It also reveals the public’s tolerance for different risks related to vaccines, allowing PHCs to assess if the audience hears and understands messages as intended and acts upon those messages.

PHCs should be aware of knowledge gaps as concerns, questions, risk tolerances, and trust can vary greatly at the local level. If certain geographical areas or population subgroups have low vaccine coverage due to reasons besides access issues, PHCs should engage in targeted RCCE activities for these groups.

PHCs can also monitor informal media like blogs and social media; these channels are especially critical for staying on top of rumors, misinformation, and disinformation.

PHCs should develop a process to track and compile vaccine safety-related questions and rumors mentioned at the following points of contact:

- When people call government hotlines or submit questions to government web site contact forms;
- During press conferences;
- At health centers.

The World Health Organization’s social listening tool, EARS, is available for free at <https://www.who-ears.com/> (29). The Collective Service also has free dashboards at <https://www.rcce-collective.net/> If budgets allow, organizations can often contract press agencies for monitoring services.

Countries should invest in capacity building for social listening in order to best respond to their own local and national contexts.

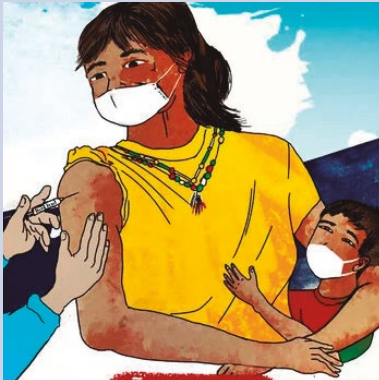
Don’t overestimate your ability to understand what your audience needs and comprehends about your messages related to vaccine safety and risks.

Don’t allow rumors and misinformation to run unchecked without a response.

Evaluate the political, social, economic, and cultural contexts in which messages are shared. PHCs should especially consider these contexts for underserved groups and minorities who may have more mistrust in healthcare and/or the government, making them more concerned about issues around vaccine safety for their population group.

Don’t assume your messages exist in a void or that your audience is homogenous with the same lived experiences, including facing racism, oppression, prejudice, and other difficult circumstances that can erode trust in the government and/or health system.

For example, an indigenous person designed the material below, in their native language, to encourage vaccination among indigenous peoples in [Paraguay](#)



Source: Community health at the center of COVID-19 vaccination in indigenous communities in Paraguay. Washington, DC: PAHO; 9 August 2021. Available from: <https://www.paho.org/en/stories/community-health-center-covid-19-vaccination-indigenous-communities-paraguay>

Don't ignore specific concerns that different racial or ethnic groups may have around vaccine safety; these should be addressed by a trusted individual.

Monitor and address potential concerns of specific groups who may perceive vaccine-related risks to be higher than the general population, including pregnant and breastfeeding people, parents of young children, and older adults or individuals who might have concerns related specifically to vaccine safety with their medical conditions (i.e., individuals who are immunosuppressed from undergoing cancer treatment, who are HIV positive, who have had organ transplants, etc.).

Likewise, some topics might be extra sensitive for other reasons; for example, human papillomavirus (HPV) vaccination for pre-teens and teens can make some groups uncomfortable because of HPV's relation to sexual activity.

Messaging should address these audiences' concerns directly and clearly.

Examples [1](#):



Don't use a "one size fits all" approach to communicating sensitive topics like risks associated with vaccination, especially for groups who may perceive greater risk based on where they are in the life course or medical condition.



Source: Pan American Health Organization/World Health Organization. Breastfeeding and COVID-19 vaccines—Social media collection. Washington, DC: PAHO; 6 August 2021. Available from: <https://www.paho.org/en/documents/breastfeeding-and-covid-19-vaccines-social-media-collection>

Example 2:



Source: World Health Organization. Immunization [image library]. Geneva: World Health Organization; 4 Feb. 2023. Available from: <https://who.canto.global/v/MKTPG/album/>

Communicate about vaccine safety early in campaigns and continually in order to build a strong base of trust in immunization with the population. Organizations will need this trust in the event of a crisis. Before any event that might shake trust in the immunization program—like the introduction of a new vaccine or an unforeseen immunization campaign—organizations and PHCs should proactively share information with multiple stakeholders. This dissemination will enable HW to have all the critical details they need to address client concerns and questions, as well as prime the general population to know what to expect and what action to take.

Don't overestimate the amount of trust the general public has as a baseline in the immunization program. In the event something goes wrong, a lack of trust will make handling the crisis much more difficult.

Silence can make it look like the organization and PHCs don't know what's going on, have been caught off guard, or are asleep at the wheel.

Don't allow all your communication to be purely reactive, with messages appearing only when things go wrong.

Be transparent. If something could potentially disrupt trust in an NIP—such as a serious ESAVI—PHCs and HWs should communicate that risk early and often, sharing all available information. Communications should acknowledge uncertainties and information gaps clearly and provide concrete information about what the organization is doing to get further information and when it will have it. PHCs and other HWs should remind people that the situation is fluid and new information might lead to changes.

Managing a crisis effectively will help increase trust in the NIP and pharmacovigilance systems, as well as mitigate safety concerns in the future.

[Crisis communication related to vaccine safety: Technical guidance](#) (5) provides additional information about communicating about ESAVIs.

In a crisis, don't allow for information vacuums (a lack of information from a credible source), which are ripe for rumors to spread, fear to grow, and trust to be broken.

Don't hide or manipulate information.

Don't be rigid, extrapolate information, or make guesses.

Acknowledge and address people's concerns about vaccination risks with empathy and compassion, as this builds trust and connection. Even when science does not back clients' fears or their concerns are hard for trained HWs to understand, clients deserve empathy and respect. Some traditionally underserved audiences will have more and deeper concerns about vaccine safety, and it is the PHC's role to anticipate and counter these concerns.

When communicating interpersonally, HWs and other providers should use mirroring to relay back what they've heard the client's concerns to be. (Mirroring involves one person repeating back to a conversation partner what they understood their partner to say to ensure they properly understood. The partner then has the opportunity to correct any misunderstandings.)

Example 1:



Don't be dismissive or ridicule your audience's concerns—even if you don't share them or science doesn't back them—as this will alienate them and erode their trust.

If a parent/guardian has questions, do not brand them as an "antivaxxer." Remember that questions about vaccines and their effects are perfectly legitimate and dialogue is encouraged.



Source: Pan American Health Organization/World Health Organization. The best vaccine – Social media collection. Washington, DC: PAHO; 28 August 2021. Available from: <https://www.paho.org/en/documents/best-vaccine-social-media-collection>

Example 2:



Source: World Health Organization. COVID-19 vaccines only contain safe ingredients [social media image]. Geneva: World Health Organization; [date unknown] 11 Feb. 2023. Available from: https://cdn.who.int/media/images/default-source/health-topics/coronavirus/vaccine-facts/23-3-2022/facts_squared-en_23_3-en_9_9237a01a-07ad-447b-970b-a04f6459af3e.png?sfvrsn=7dc14f4c_6

Evaluate your communications efforts and use lessons learned to improve your future efforts. An evaluation will help you see which elements of your communication campaign were effective and which were not, and what can be improved in the future.

[Crisis communication related to vaccine safety: Technical guidance](#) (5) provides ways to evaluate communications.

Don't continue to repeat the same communications mistakes. An evaluation will help you see what these are for a specific campaign; some undesirable consequences may include:

- Lack of coordination with partners, resulting in different agencies sharing different information and messages with the public.
- Lying to the public about what happened and being found out, leading to a total breakdown of trust between you and the general public.
- Not equipping HW with the skills and knowledge they need in order to have a successful bidirectional communication with their clients, resulting in missed opportunities to vaccinate.
- Not training your spokespeople ahead of time in how to speak with the media and avoid jargon, resulting in technical information being misinterpreted and fear and confusion among the general public growing.

Messaging

Do!

Pretest all messages and, if possible, involve the target audiences in message development. If PHCs cannot formally test messages with stakeholders, they can ask by family members, friends, and other people who do *not* work in the health field for their feedback: what do they understand as the message’s main points? Some input is better than none! PHCs and other HWs should consider comprehension, bias, and completeness: what will this specific audience understand about the issue at hand? Based on this reflection and feedback, PHCs should adjust messages as necessary.

Testing messages not only increases the likelihood that an audience will correctly interpret messages, it is also a valuable way of engaging with communities and building trust around vaccine safety.

Any translation into other languages should rely on native speakers ideally familiar with the topic and population group as early in the process as possible to ensure accuracy. Literal word-for-word translations often do not work, especially when using idioms, and the target audience can experience these as a lack of knowledge and/or care for them.

Keep messages about vaccine safety and risks simple and easy to understand.

Lead with the most critical information people need in order to act. This key information should be easy to spot and understand. Attention spans are short, and the vaccine message is competing with many others.

Remember that not *all* people want *all* the information. Medical and health information can be overwhelming and make decision making difficult, especially for individuals with low health literacy. Messaging should focus on the most critical information and emphasize that, and it should be thorough and clear enough that the audience can make sound decisions about vaccination on the basis of the message.

Don't!

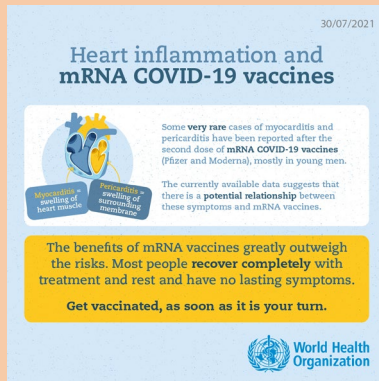
Don't assume that just because the message sounds good to you and your colleagues that the audience will understand it as it's meant to be understood.

Don't overload people with too much information, especially if it's highly technical and complex.

Don't bury the most important points you want to make.

See Annex D for an example of a press release issued by Ecuador describing ESAVI related to COVID-19 vaccination.

Example 1:



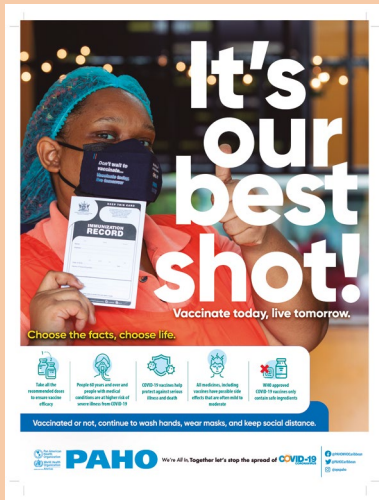
Source: World Health Organization. Heart inflammation and mRNA COVID-19 vaccines. Geneva: World Health Organization; 30 July 2021. Available from: <https://who.canto.global/v/MKTPG/album/IQPEO?display=fit-View&viewIndex=0&gSortingForward=false&gOrderProp=uploadDate&from=fitView&column=image&id=lod-96bh594sn633kc4fr18i4d>

Example 2: This poster from the Dominican Republic assures the audience that the vaccines are safe, effective, free, and will not give anyone the disease they’re meant to prevent.



Source: Pan American Health Organization/World Health Organization. *Vacúnate contra el cólera*. Washington, DC: PAHO; 8 February 2023. Available from: <https://www.paho.org/es/documentos/afiche-vacunate-contra-colera>

Example 3: from Trinidad and Tobago

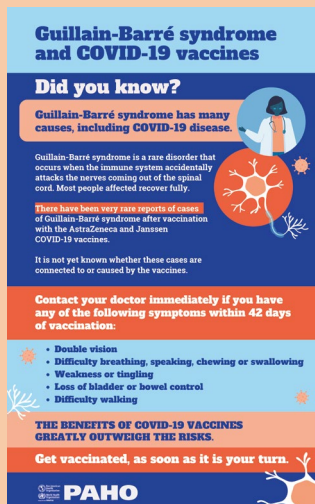


Source: Pan American Health Organization/World Health Organization. Trinidad & Tobago: COVID-19 vaccination campaign. Washington, DC: PAHO; [date unknown] 11 Feb. 2023. Available from: <https://www.paho.org/en/campaigns/trinidad-tobago-covid-19-vaccination-campaign>

Make messages culturally, linguistically, and practically accessible for different audiences.

Messages should avoid jargon as much as possible. If technical language is unavoidable, the message should define and explain those words concepts (even if health professionals would consider the terms to be basic, common knowledge). For example, some terms like "vaccine efficacy," "vaccine effectiveness," "myocarditis," and "Guillain-Barre Syndrome" have become widespread among the general public because of extensive news coverage. These terms should appear in messages *with definitions*. Message should also use terms consistently, so people become familiar with them.

Example 1 and 2:

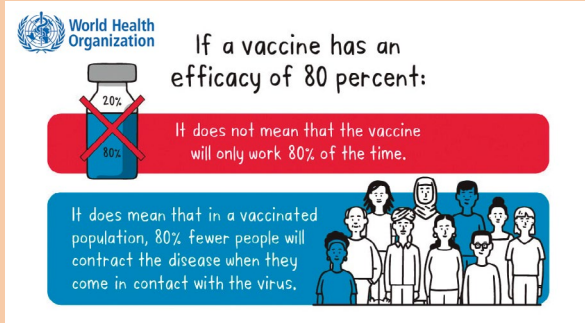


Don't overestimate health literacy among a target audience.

Don't use overly technical jargon that can confuse the public and make them uneasy; this can make them hesitant to get vaccinated.

Don't assume people know definitions of common vaccine safety vocabulary.

Source: Pan American Health Organization/World Health Organization. Guillain-Barré syndrome and COVID-19 vaccines: Materials. Washington, DC: PAHO; 11 November 2021. Available from: <https://www.paho.org/en/documents/guillain-barre-syndrome-and-covid-19-vaccines-materials>



Source: World Health Organization. Vaccine efficacy, effectiveness and protection. Geneva: WHO; 14 July 2021. Available from: <https://www.who.int/news-room/feature-stories/detail/vaccine-efficacy-effectiveness-and-protection>

Uruguay produced a series of short videos where children asked doctors and scientists questions about COVID-19 vaccines. Because they were speaking to kids, the experts used simple and concise explanations.



Source: Pan American Health Organization/World Health Organization. Niños y niñas les preguntan a científicos sus dudas respecto a la vacunación [Boys and girls ask scientists about their doubts about vaccination]. Washington, DC: PAHO; [date unknown] 11 Feb. 2023. Available from: <https://www.paho.org/es/historias/ninos-ninas-les-preguntan-cientificos-sus-dudas-respecto-vacunacion>

Have translations evaluated by a native speaker before publication.

Don't risk making linguistic or cultural mistakes that could lead to confusion about vaccine safety or distrust in your institution.

Include messages for oral communication in addition to written messages. Populations may have different levels of formal literacy, and oral messaging can reach those who do not read. PHCs should research what channels work best for audio messages. If messages will be aired at certain times (for example, on radio or TV programs), the PHC should determine what times the target audience tends to access that media.

Don't exclude illiterate populations from your messaging.

Adapt immunization messages according to the target audience you're trying to reach across the life course.

Don't blast the entire population with messages that might not pertain to them, especially considering the near constant stream of messages being bombarded at them at any given time.

PHCs should tailor explanations of the evidence of vaccine safety to address the concerns of different population groups, so people understand risks and benefits for people like them. For example, parents of young children tend to be more averse to ESAVI or potential risks associated with vaccines (6), so messages targeting them should assure them vaccination is safe for their children. It should encourage them to follow the routine immunization schedule and explain that mild ESAVI can be beneficial to increase vaccine uptake. Likewise, messages about the safety and importance of being vaccinated against influenza during pregnancy should be geared at pregnant people, their partners/families, and their health care providers. Older adults may have more chronic health considerations that weigh on their mind, but they could be more susceptible to being overwhelmed by complex messaging.

Example 1, 2, 3, 4:



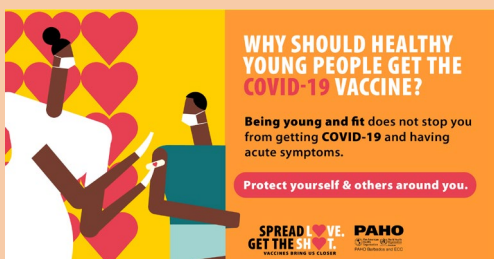
Source: Pan American Health Organization/World Health Organization. Pregnancy, Lactation, Fertility and Menstruation and COVID-19 Vaccines: Materials. Washington, DC: PAHO; 10 December 2021. Available from: <https://www.paho.org/en/documents/pregnancy-lactation-fertility-and-menstruation-and-covid-19-vaccines-materials>



World Health Organization. Influenza seasonal. Geneva: WHO; [date unknown] 11 Feb. 2023. Available from: https://www.who.int/health-topics/influenza-seasonal#tab=tab_1



Source: World Health Organization. Cervical Cancer Elimination Initiative [infographic]. Geneva: WHO; 14 January 2021. Available from: <https://www.who.int/initiatives/cervical-cancer-elimination-initiative>



Source: Pan American Health Organization/World Health Organization. Why should healthy young people get the COVID-19 vaccine? [Spread the love. Get the Shot. Vaccines bring us closer Facebook graphic]. Washington, DC: PAHO; [date unknown] 11 Feb. 2023. Available from: <https://www.paho.org/en/campaigns/spread-love-get-shot-vaccines-bring-us-closer>

This example from Honduras reminds parents that they can help prevent cervical cancer by getting their daughters vaccinated.



Source: Honduras Secretary of Health/PAHO. [Poster encouraging HPV vaccination for daughters.] Washington, DC: PAHO; [date unknown] 3 Feb. 2023.

Available from: <https://www.paho.org/sites/default/files/2021-10/Afiche%2017x22%20VPH%20LOW.pdf>

This example from Honduras assures the audience that COVID-19 vaccines are safe and effective for older adults, while also emphasizing the risk of COVID to older adults.



Source: Pan American Health Organization/World Health Organization. Afiche - Promoción vacunación contra la COVID-19 para adulto mayor [Poster: Promoting COVID-19 vaccinations for older adults]. Washington, DC: PAHO; 22 September, 2021. Available from: <https://www.paho.org/es/documentos/afiche-promocion-vacunacion-contra-covid-19-para-adulto-mayor>

Have a set of standard messages—ideally previously validated—related to vaccine safety on hand that can be quickly updated or adapted in the case of an emergency. These templates can be formatted as FAQ or a fact sheet for ease of use.

Don't start from scratch each time there is an ESAVI or other event where vaccination might have caught the public's attention in a negative way.

Make multiple vaccines options—and their drawbacks and benefits—clear, easy to understand, and easy to compare. For example, when COVID-19 vaccines were first introduced, some populations had to decide which vaccine to get and when. PHCs framed messages that addressed this choice within the wider context of the risk of waiting for an individual's "preferred" vaccine to be available and potentially contracting the disease during that time.

Don't miss the opportunity to increase risk perception of contracting the disease the vaccine is meant to prevent.

Example [here](#):

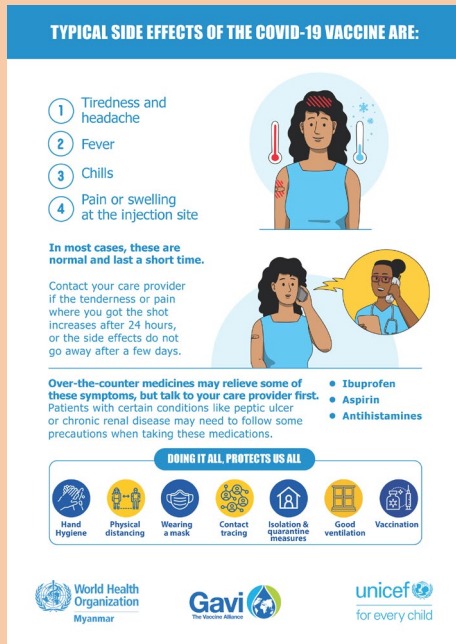


Source: Pan American Health Organization/World Health Organization. The best vaccine – Social media collection. Washington, DC: PAHO; 28 August 2021. Available from: <https://www.paho.org/en/documents/best-vaccine-social-media-collection>

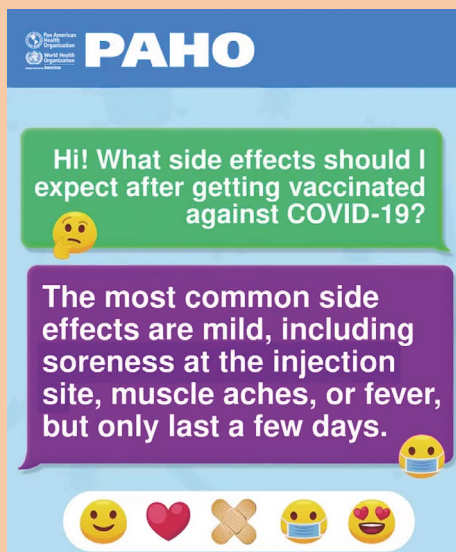
Communicate clearly about ESAVI reactions: what is normal, how to manage them, and when and how to contact a health care provider.

Messages should clearly explain when an ESAVI is of concern and the client should consult a healthcare provider.

Example 1, 2:



Source: Pan American Health Organization/World Health Organization. Typical side effects of the COVID-19 vaccine are. Washington, DC: PAHO; 21 June 2021. Available from: <https://www.paho.org/en/documents/typical-side-effects-covid-19-vaccine-are>



Source: Pan American Health Organization/World Health Organization. COVID-19 vaccines risk cards – social media collection. Washington, DC: PAHO; 13 September 2021. Available from: <https://www.paho.org/en/documents/covid-19-vaccines-risk-cards-social-media-collection>

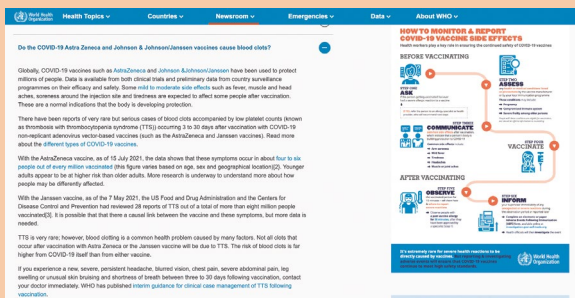
Don't leave the audience in the dark about what to expect following vaccination, which could potentially raise fears about what's normal and break trust.

Don't minimize ESAVI by making them seem overly rare (for example, fever in a newborn is common).

Simplify numbers and figures when talking about ESAVI:

- Use concrete numbers to describe frequency and risk instead of “low,” “moderate,” or “high.”
- Use whole numbers rather than decimals or fractions.
- If an ESAVI is more prevalent in one group than in the general population, say so.

Example:



Source: World Health Organization. Coronavirus disease (COVID-19): Vaccines safety [screenshot of FAQ page]. Geneva: WHO; 24 January 2022. Available from: [https://www.who.int/news-room/questions-and-answers/item/coronavirus-disease-\(covid-19\)-vaccines-safety](https://www.who.int/news-room/questions-and-answers/item/coronavirus-disease-(covid-19)-vaccines-safety)

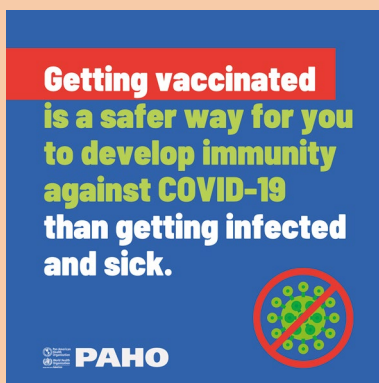
Don't use highly technical statistics that are not friendly for the general public. Not only are they confusing, they can also be manipulated by ill-intentioned groups.

Don't:

- Use non-numeric terms like “high,” “low,” or “moderate” without a more concrete reference, as these can be interpreted differently by different people. What is considered a low risk to one person is not necessarily a low risk in another person's book!
- Use fractions and decimals.
- Use the term “statistically significantly different.”

Clearly label graphics, images, social media tiles, etc. with your **organization's logo** so people can identify it as being from a trustworthy source.

Example:



Source: Pan American Health Organization/World Health Organization. COVID-19 vaccine facts – social media collection. Washington, DC: PAHO; 27 May 2022. Available from: <https://www.paho.org/en/documents/covid-19-vaccine-facts-social-media-collection>

Don't miss the opportunity to establish your organization as a knowledgeable, trusted source of information on vaccine safety.

Use simple, clear graphics and pictures to illustrate messages and help the audience process complex information/visualize data. Pictographs or images should have numeric labels so clients can more easily understand the risk.

PHCs should adhere to the following best practices for graphics. Graphics should be

- Based on fact
- Simple (but not simplistic)
- Colorful, with contrasting colors to highlight differences
- Clearly labeled
- Prominent logo of trustworthy, expert organization

Don't use complicated graphs filled with technical information that can be easily misinterpreted, used to mislead, or ignored completely if the information looks too overwhelming to the audience.

Don't use maps, histograms or line charts with legends and/or long titles. These are better reserved for scientific publications or communications with technical experts.

Be forthright about potential risks from vaccination. Be clear about what data does—and does not—say.

If you do not have a piece of information, explain how you are working to obtain it. If possible, provide a timeline.

Don't mislead the public about risks of vaccination, however rare they may be. This includes everything from findings from clinical trials to real world surveillance data, to possible ESAVI, to higher risks for certain groups.

Don't oversell or extrapolate trial data for what it means for an individual, as this can backfire and break trust.

Don't overemphasize risk and generate undue concern or panic.

Use narratives/storytelling to convey information and connect with your audience. For example, a parent who is concerned about getting their child vaccinated with the MMR vaccine might emotionally connect with a story of a parent in a similar situation but who ultimately decided to vaccinate their child.

For example:

- Families Fighting Flu (31) has compiled impactful [stories](#) of families who suffered complications or death from influenza due to not being vaccinated.
- PAHO has collected stories of individuals who work in immunization or who have been impacted by vaccination. The examples include stories of indigenous [midwives](#) (32) in Guatemala promoting vaccination and a [video](#) about girls in Bolivia talking about getting their HPV vaccines.

Don't rely purely on technical information, which can seem cold, dry and impersonable to the audience—especially for sensitive topics.



Source: an American Health Organization/World Health Organization. Las niñas en Tarija reciben la vacuna de VPH para prevenir el cáncer de cuello uterino [Girls in Tarija receive the HPV vaccine to prevent cervical cancer] Washington, DC: PAHO; [date unknown] cited 11 Feb. 2023. Available from: <https://www.paho.org/en/stories/girls-tarija-receive-hpv-vaccine-prevent-cervical-cancer>

Consider including language encouraging the audience to stop and think before making a decision about vaccination. A recommendation to pause reduces the chance that emotions, like fear, will guide a client's decision, especially if emotions are high and/or misinformation efforts are exacerbating fears about the vaccine and ESAVIs.

Don't use inflammatory messages that rile the audience up—especially if your message is meant to move the target audience closer to vaccination acceptance.

Don't allow anti-vaxxer messages to create undue anxiety that causes vaccine hesitancy.

Develop specific messages and guidance for HW so they receive the information and guidance they need to effectively communicate about vaccine safety and effectiveness.

Don't forget your most important vaccine advocates when developing your communications messaging and plans.

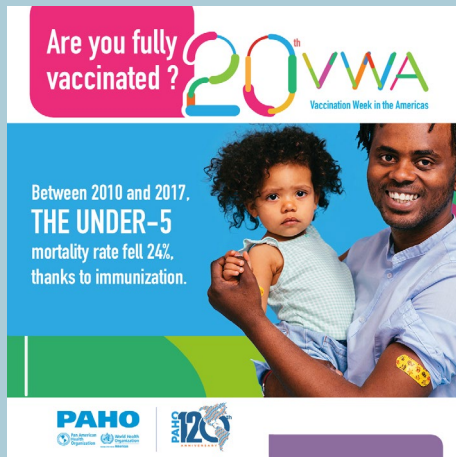
Risk perceptions

Do!

Emphasize the benefit of vaccination at the individual and population level and the risks of being unvaccinated. Communications should be clear and concise about benefits and risks, using plain language. PHCs should strive to be clear about the benefits of vaccination; do not assume people already know them.

Messaging should include the risks of taking no action (i.e., not vaccinating) compared to risks of vaccination, and it should emphasize the benefits to others of vaccination, like that getting vaccinated helps lower the risk to society at large, especially at-risk groups.

Example:



Source: Pan American Health Organization/World Health Organization. Vaccination week in the Americas 2022 [communication materials]. Washington, DC: PAHO; 20 April 2022. Available from: <https://www.paho.org/en/campaigns/vaccination-week-americas-2022>

Examples:



Don't!

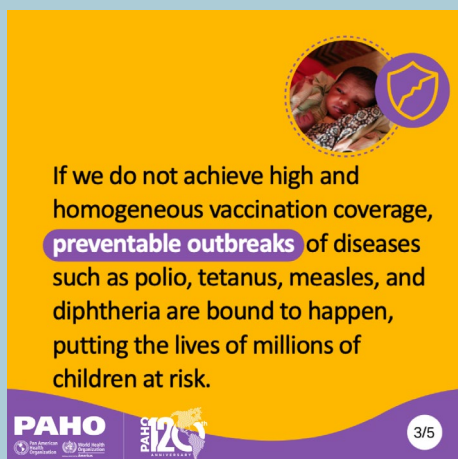
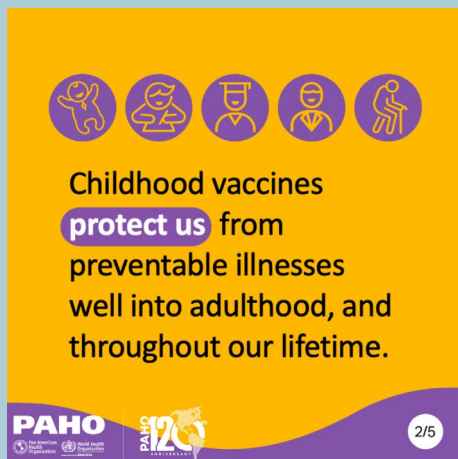
Don't focus so much on creating awareness of risks of vaccination that messaging creates undue fear and unbalanced risk perceptions.

Likewise, don't exaggerate risks of not getting vaccinated, which can break trust.



Source: Pan American Health Organization/World Health Organization. 8 days of action for vaccination [campaign materials]. Washington, DC: PAHO; 20 October 2022. Available from: <https://www.paho.org/en/campaigns/8-days-action-vaccination>

Examples:



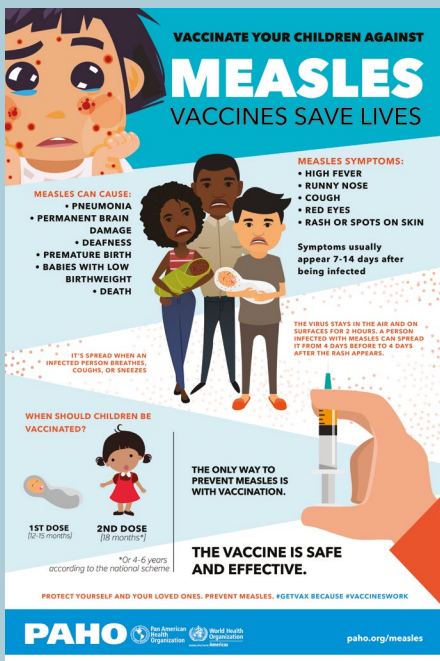
Source: Pan American Health Organization/World Health Organization. PAHO/WHO estimated vaccination coverage report - Social media collection. Washington, DC: PAHO; 28 July 2022. Available from: <https://www.paho.org/en/documents/pahowho-estimated-vaccination-coverage-report-social-media-collection>

Example:



Source: Pan American Health Organization/World Health Organization. World polio day 2021 [campaign materials]. Washington, DC: PAHO; [date unknown] cited 11 Feb. 2023. Available from: <https://www.paho.org/en/campaigns/world-polio-day-2021>

Measles poster



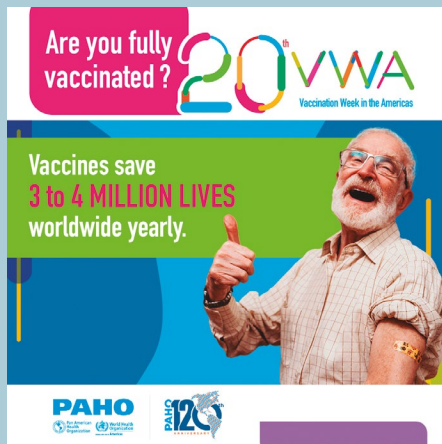
Source: Pan American Health Organization/World Health Organization. Measles vaccines save lives [poster]. Washington, DC: PAHO; 20 August 2018. Available from: <https://www.paho.org/en/documents/print-ready-poster-measles>.

Highlight the history of the many successes of vaccination in eliminating and eradicating diseases, saving lives, and preventing illness when discussing the risks of vaccination.

Don't let fear related to newer vaccines overtake the known successes of new vaccines.

Don't lose sight of why a vaccine was approved in the first place: the benefits from its ability to save lives and reduce disease prevalence and severity far outweigh any risks.

Example:



Source: Pan American Health Organization/World Health Organization. Vaccination week in the Americas 2022 [communication materials]. Washington, DC: PAHO; 20 April 2022. Available from: <https://www.paho.org/en/campaigns/vaccination-week-americas-2022>

Don't let fear related to newer vaccines overtake the known successes of new vaccines.

Don't lose sight of why a vaccine was approved in the first place: the benefits from its ability to save lives and reduce disease prevalence and severity far outweigh any risks.

Emphasize expert consensus of scientists, HW, and other professionals (like members of NITAGs) that vaccines are safe and effective.

Don't give voice to antivaxxers and their pseudo-science-based perspectives.

Talk about the indirect benefits of vaccination beyond preventing communicable disease.

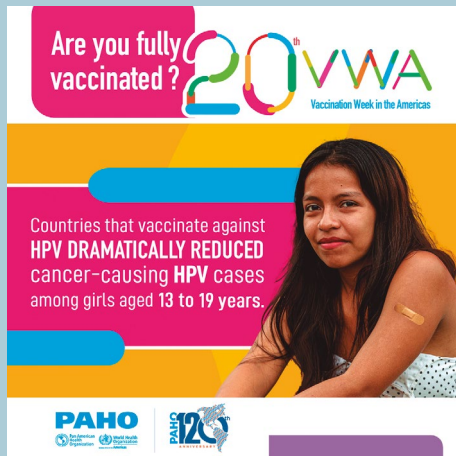
Don't allow for wild misinformation about the risks of vaccines to dominate the conversation about vaccine safety and risks, overshadowing vaccines' many contributions to society.

For example, vaccination:

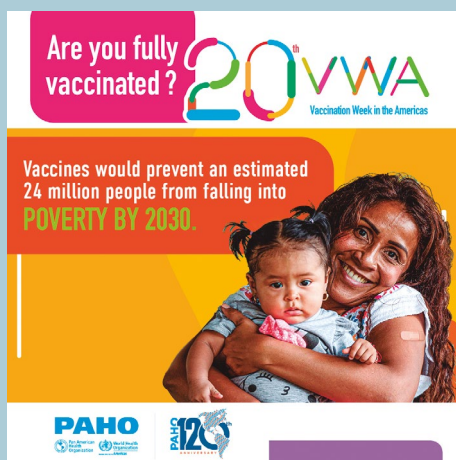
- Reduces antimicrobial resistance;
- Improves healthy aging and lessens the financial and burden of disease by improving the quality of life for older people by preventing flu, pneumococcal disease, etc.;
- Protects those who are too young to be vaccinated, are immunocompromised, or have weak immune systems (including the elderly) through herd immunity;
- Prevents chronic diseases that stem from vaccine-preventable diseases, like cervical cancer and cirrhosis;
- Prevents immune system weakening caused by measles (which can affect healthy children from high socio-economic levels as well) and thus prevents other infectious disease;
- Prevents permanent disability;

- Prevents aggravating chronic conditions in the elderly, like cardiovascular, and renal diseases;
- Prevents economic loss;
- Reduces burden on stressed health systems.

Example:

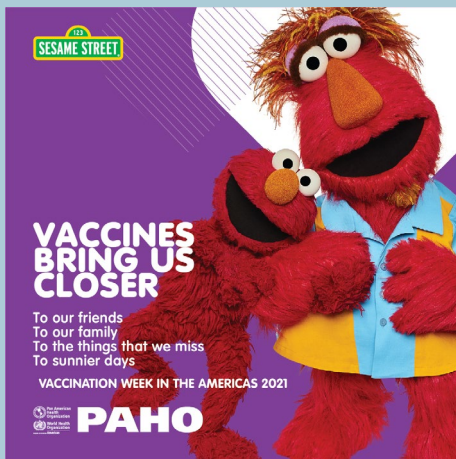


Example:

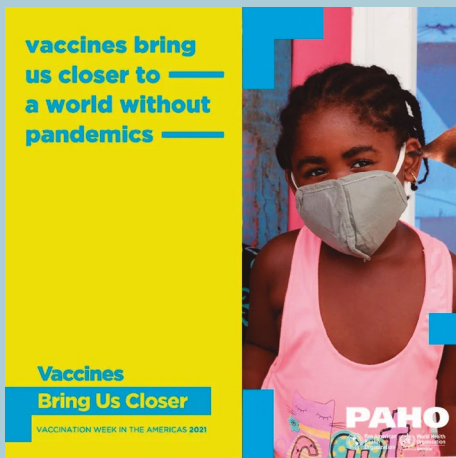


Source: Pan American Health Organization/World Health Organization. Vaccination week in the Americas 2022 [communication materials]. Washington, DC: PAHO; 20 April 2022. Available from: <https://www.paho.org/en/campaigns/vaccination-week-americas-2022>

Example:



Example:



Source: Pan American Health Organization/World Health Organization. Vaccination week in the Americas 2021 [communication materials]. Washington, DC: PAHO; 20 April 2022. Available from: <https://www.paho.org/en/campaigns/vaccination-week-americas-2021>

Talk about risks and benefits using **both frames**.

For example: "99.7% of people who get their first dose of a COVID-19 vaccine have no allergic reaction to the vaccine. 0.3% of people have an allergic reaction to their first dose of the vaccine" (35).

Don't miss an opportunity to make data more easily understood.

Handling false information

Do!

Engage in pre-bunking: PHCs should alert audiences that they might see or hear false information about vaccine-related risks, give correct information to combat the rumor, and teach audiences some of the common techniques used to spread false information. PHCs can deliver pre-bunking activities and messages across a variety of channels, not just online. Effective, wide-spread pre-bunking can lead people to think critically and be more effective in identifying false information—and less likely to fall prey to rumors.

To stay on top of false information that may begin to circulate more widely, PHCs should engage in social listening. As suggested above in the RCCE processes and principles section of this table, PHCs should regularly do the following:

Monitor informal media, like blogs and social media, for rumors and misinformation; these channels are especially critical for staying on top of rumors.

Develop a process to track and compile vaccine safety-related questions and rumors at the following points of contact:

- When people call government hotlines or submit questions to government web site contact forms
- During press conferences
- At health centers to HW

The World Health Organization’s social listening tool, EARS, is available for free at <https://www.who-ears.com/#/> (29). The Collective Service also has free dashboards at: <https://www.rcce-collective.net/> (30). If budgets allow, press agencies can often also be contracted for monitoring services.

Countries should invest in capacity building for social listening in order to best respond to their own local and national contexts.

Don't!

Don't miss the opportunity to get ahead of false information about vaccine safety.

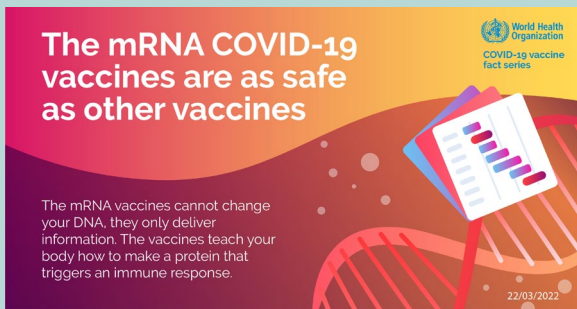
Don't let trolls and anti-vaxxers control the narrative on vaccine safety.

Engage in active, accessible debunking, following these four steps:

1. Lead with the facts, which should be clear, simple, catchy and credible. Messaging should also avoid repeating memorable myths.

Don't emphasize rumors and false claims when debunking, which gives attention and voice to antivax groups and trolls.

Example:



Source: World Health Organization. COVID-19 advice for the public: Getting vaccinated. Geneva: WHO; 13 April 2022. Available from: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/covid-19-vaccines/advice>

2. **Clearly label a rumor as false** before repeating it. Warn that what follows is a myth or false news. Mention the myth only once.

This [example](#) from Ecuador clearly labels myths as false.



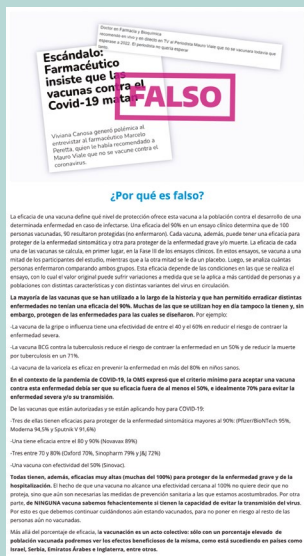
Source: Pan American Health Organization/World Health Organization. Mitos y verdades de las vacunas contra COVID-19, Aclara tus dudas [Myths and truths about the COVID-19 vaccine, clearing your doubts]. Washington, DC: PAHO, 7 May 2021. Available from: <https://www.paho.org/es/documentos/mitos-verdades-vacunas-contra-covid-19-aclara-tus-dudas-0>

Don't leave a knowledge gap by just saying a rumor is false; fill that gap by sharing the factually correct information.

Don't feed the trolls by engaging in emotionally charged online arguments meant to confuse or manipulate audiences.

3. Explain why a rumor or false information is incorrect and how it leads the audience to wrong conclusions. Identifying and explaining misinformation tactics, and/or emphasizing the authors' motivations, further supports the debunking.

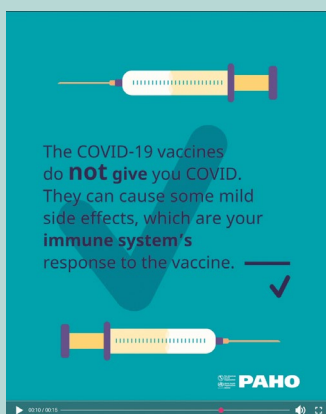
This [example](#) (from Argentina) clearly labels the myth as false information before it provides a brief and jargon-free explanation of the truth:



Source: Confiar. Falso: las vacunas no sirven si no tienen más del 90% eficacia [False: Vaccines are useless if they are not more than 90% effective] [screen shot]. Buenos Aires: Telam; 17 June 2021. Available from: <https://confiar.telam.com.ar/falso-las-vacunas-no-sirven-si-no-tienen-mas-del-90-de-eficacia/>

4. Repeat the facts within the messaging. Make them catchier than the misinformation.

Example



Source: Pan American Health Organization/World Health Organization. Myths and truths about COVID-19 vaccines – Social media collection. Washington, DC: PAHO: 8 July 2021. Available from: <https://www.paho.org/en/documents/myths-and-truths-about-covid-19-vaccines-social-media-collection>

Time your response to rumors about vaccine safety carefully. On one hand, responding too early could draw extra attention to a new piece of false information that might otherwise fizzle out (and for which you have limited data). On the other hand, responding too late to misinformation allows it to grow unchecked.

If PHCs detect a piece of false information early, they can consider pre-bunking to warn people they may be exposed to it.

Don't forget to engage in social listening to stay on top of new pieces of misinformation that begin to circulate.

Don't fan the flames of a new rumor by immediately calling attention to it when it hasn't gotten much attention.

Don't delay responding for so long that the false information spreads wildly.

Report false information about vaccine safety and effectiveness on social media through that platform's reporting mechanism. Although reporting does not guarantee the social media platform will remove bad information, it alerts platforms to the magnitude of the problem—and that people are watching their response.

The WHO's [How to report misinformation online](#) (35) details how to report false information on different platforms.

Don't allow social media platforms to become complacent in their response to false information about vaccine safety.

When dealing with a vocal vaccine denier who is spreading false information about vaccine safety in public, **address the general public instead of the vaccine denier.** In a public discussion, PHCs and other HWs should confidently emphasize the scientific consensus on the data that vaccines are safe and effective. They should practice listening to audiences' concerns, identifying the topics and techniques employed by vaccine deniers, and responding before facing a vocal vaccine denier.

The WHO EURO publication [How to respond to vocal vaccine deniers in public: Best practice guidance](#) (36) provides additional information.

Don't waste time and energy trying to publicly convince the vaccine denier, as this will just bring them more attention (and they won't be convinced anyway).

Collaborating with partners

Do!

Maintain an ongoing close collaboration with partners, including across government agencies, health worker leaders, members of NITAGS and scientific experts. PHCs can thus ensure that everyone has the same information at the same time and unify messages, which helps to build relationships and improve trust, not just among partners, but also with the public.

Part of PHCs' role is to communicate proactively and transparently about the results from these collaborations. For example, PHCs can share findings about both the safety profiles of all vaccines available in the country, real-world effectiveness of vaccines, or joint campaigns. This information helps the general public and the media to know who the key actors collaborating with the MoH are, as well as who are trustworthy sources for vaccination-related topics.

It is especially important for ministries of health/ the NIP to work with regulatory authorities to align messages and have mechanisms in place to coordinate and communicate quickly and smoothly in the case of an ESAVI. Crisis communications plans enable the PHC to identify the focal points from each agency ahead of time so that coordination is easier and timely.

[Crisis communication related to vaccine safety: Technical guidance](#) (5) provides additional information on collaborating with partners.

Don't!

Don't allow disunified messages about vaccine safety and risk to create confusion among the public and increase undue risk perception of vaccination.

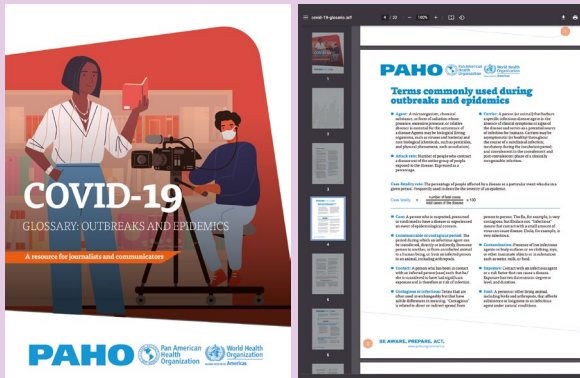
Build relationships with journalists and editors so that they are able to report responsibly on vaccine-related stories. By educating traditional media members—for example, about vaccine safety terminology, how safety data is calculated and what it means, why it's important not to sensationalize stories about ESAVI and give proper follow-up coverage—the PHC increases the likelihood that these more respected media outlets will provide well-informed, accurate coverage and minimizes the likelihood of sensationalized, fear-mongering stories.

Don't send out a press release and hope for the best.

Inflammatory media coverage following ESAVI has been linked with low vaccine coverage in the associated campaigns, underscoring how vital good working relationships with media are.

The following are excellent resources for PHCs to share with media contacts before a story breaks:

[COVID-19 Glossary: Outbreaks and Epidemics. A resource for journalists and communicators](#) (37).



See also [Recommendations for verifying information about COVID-19 vaccines. A guide for journalists](#) (38):



Work with the education sector to incorporate vaccine-related health literacy in schools. This outreach enables children (and their parents/caregivers) to learn the important benefits of vaccination from an early age, the same way they learn about healthy diets and exercise. They might then grow into adults who hopefully are better able to understand vaccine safety events, keep these scares in context, and more fully appreciate the benefits of immunization.

Likewise, PHCs can collaborate with the education sector to teach students how to spot false information about vaccine safety online as part of digital literacy curricula.

Don't leave the next generation to fall prey to false or exaggerated misinformation about risks related to vaccination and to grow up without recognizing the full benefits of vaccination.

Ensure that all HW have knowledge about vaccine benefits, risks and safety, including being able to refute common rumors and misperceptions and telling clients what to expect following vaccination.

If not already available, consider developing an infographic or other on-hand document on vaccines and vaccination for all HWs.

Don't allow HW to dissuade or miss the opportunity to promote vaccination because they are misinformed or uninformed about vaccination risks and benefits.

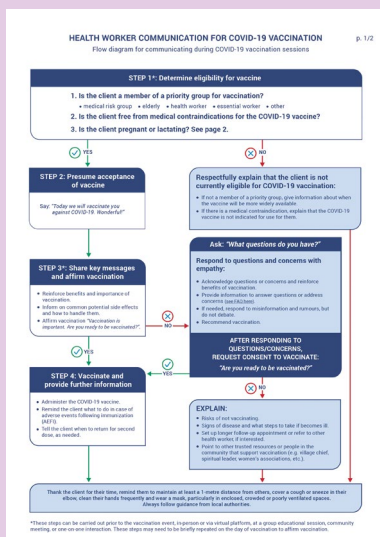
Train HWs and pharmacists on how to talk about vaccination risks and benefits. PHCs can encourage empathetic two-way communication by supplying these client-facing groups with valuable tools; clients will have their questions on vaccine safety answered and feel more reassured. This training outreach is an important form of building the public's trust with the NIP.

Don't assume HW already have the skills, time, and/or knowledge to discuss proactively and empathetically the benefits of vaccination with all their clients and to address their concerns.

PHCs should encourage all HWs (not just vaccinators and NIP staff) to ask clients proactively if they have questions about vaccines or what they might have heard about a vaccination that is causing them concern. Visual cues like posters hung in the health facility emphasizing vaccines' safety and benefits may increase dialogue between HW and their clients. Allowing parents to express their concerns about vaccination and feel like they have been heard and understood by HW can increase parents' willingness to vaccinate their children.

[Communicating about Vaccine Safety: Guidelines to help health workers communicate with parents, caregivers, and patients \(1\)](#) provides valuable resources for all these groups.

Example:



Source: World Health Organization. Health worker communication for covid-19 vaccination flow diagram. Geneva: WHO; [date unknown] cited 11 Feb. 2023. Available from: <https://www.who.int/publications/m/item/health-worker-communication-for-covid-19-vaccination-flow-diagram>

Engage with communities to understand what they know about vaccine safety. The act of dialoguing alone can build trust in the immunization program! PHCs can use what they learn from these dialogues to fill knowledge gaps or to address false information about vaccine safety in messaging. This engagement is especially critical for reaching underserved populations or those with low vaccine uptake.

For more information, see PAHO’s publication on [The Knowledge Dialogues Methodology](#) (39).

Don’t ignore the most important piece of the puzzle—the public—by making them feel like you don’t care about their concerns, questions and input.

Collaborate with academia, civil society organizations, and international aid agencies when possible to monitor how attitudes toward vaccination change, especially during non-emergency periods. In particular, PHCs should consider establishing relationships with **organizations that engage in fact checking**, as the COVID-19 pandemic has highlighted the extent to which false information can impact the population’s health. In the event of an immunization-related crisis, these relationships will strengthen the communication response.

Don’t risk duplicating efforts among partners also working in communication related to vaccination.

Don’t miss the opportunity to share rich data and other resources to improve efforts across agencies and organizations.

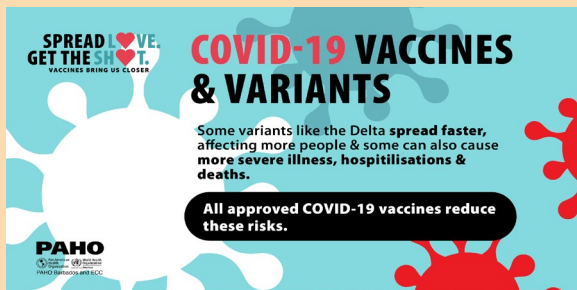
Pharmacovigilance

Do!

Emphasize that vaccines are continuously surveilled and studied after they're introduced, ensuring that public safety is a constant, ongoing activity.

PHCs should be ready to communicate not only the real-world evidence about the safety and effectiveness of the vaccines included in the NIP but also the quality of the evidence and how changes—like new variants—might affect it.

Example:



Source: Pan American Health Organization/World Health Organization. Why should healthy young people get the COVID-19 vaccine? [Spread the love. Get the Shot. Vaccines bring us closer Facebook graphic]. Washington, DC: PAHO; [date unknown] 11 Feb. 2023. Available from: <https://www.paho.org/en/campaigns/spread-love-get-shot-vaccines-bring-us-closer>

Don't!

Don't let the audience think that once vaccine trials are completed, there is no thought given to safety issues.

Don't mislead the public—however unintentionally—about vaccine safety and effectiveness as situations change.

When a new vaccine is introduced, be ready to talk about ESAVI. Sometimes vaccine trials do not capture extremely rare ESAVI because the trial does not include enough people for the safety signal to appear. This means that, once vaccines are introduced into the general population and more people are vaccinated, ESAVI that were not seen during trials can emerge. Trials can also exclude certain groups (e.g., pregnant people, infants, immunocompromised people, etc.) that are included in vaccination efforts once the vaccine is introduced. PHCs should identify these potential unknowns are ahead of time in order to anticipate and respond to negative ESAVI.

When a serious ESAVI occurs, PHCs can remind the public that these events rare and that they have been picked up because **the surveillance system works.**

Don't be caught off-guard with no crisis communications plan in place when an ESAVI occurs.

Don't allow for a missed opportunity to build trust in vaccine safety surveillance and the wider NIP.

Don't misconstrue safety signal data to diminish a possible vaccine-related risk.

Following crisis communications principles, PHCs should communicate early and often how safety data is collected and what actions, if any, people need to take.

[Crisis communication related to vaccine safety: Technical guidance](#) (5) provides insight about crisis responses to ESAVI.

Emphasize that vaccine trials measure different things and take place at different times and in different epidemiological situations; in other words, one trial will not necessarily measure the same things as another trial.

Be clear about what the trials/post-intro surveillance studies do and do not say regarding risks of ESAVI, especially serious ESAVI.

Again, PHCs should emphasize that all vaccines continue to be monitored once approved for use in the general public precisely to identify any new ESAVI and to assess the safety and effectiveness of the vaccine in real-life and evolving situations.

Don't compare apples to oranges: if vaccine trials measured different things, avoid making broad generalizing statements about which vaccine is "better" or "riskier," as this can damage trust and lead to low vaccine uptake.

Don't extrapolate trial data or make broader statements about vaccine safety than the data backs up; don't overpromise on vaccine safety or effectiveness.

Stay informed about the safety and effectiveness profiles of each vaccine. PHCs should regularly check national regulatory authorities (NRA), PAHO and WHO web pages for updates to communicate as needed, following RCCE principles.

Don't miss the opportunity to stay up to date on all available and reliable scientific information about the vaccines used in your country.

Follow international news related to vaccine safety and effectiveness. ESAVI abroad can make their way into other countries' news and may impact domestic national programs. PHCs should be ready to engage in social listening and activate crisis communication plans if needed.

Don't be caught unprepared if negative news from another country about a vaccine—be it related to ESAVI, effectiveness, or regulatory approval—has the potential to shake trust in the NIP in your country.

Practical recommendations from ministries of health to the general public

Do!	Don't!
<p>Assess stories that inspire a strong emotional reaction for trustworthiness. Anyone can be targeted for disinformation, so everyone should pause when presented with a piece of information about vaccine safety or effectiveness that generates an emotional reaction. They should consider the following (and share these strategies with their audiences):</p> <ul style="list-style-type: none"> • Is this information from a trustworthy source, like a ministry of health or a trusted health authority? • Is this information meant to incite enough fear or anger in the audience to change individuals' behavior? • Is the person who originally shared this information able to benefit in any way from sharing false information? For example, are they selling supplements or promoting a lifestyle change that they say could replace vaccination? <p>If the answer to any of these questions is yes, audience members should check the claim against a knowledgeable, trustworthy person or organization.</p>	<p>Don't let grifters who make money from shilling "vaccine alternatives" scare you away from getting vaccinated. There is no vitamin, no diet change, and no amount of exercise that can replace vaccination.</p>
<p>Consult with trustworthy and knowledgeable expert sources to address questions and concerns about vaccines and vaccine safety. Health care providers, public health officials, the ministry of health or other regulatory authority, or international health organizations like WHO and PAHO are credible sources of information.</p>	<p>Don't get information on vaccine safety from noncredible sources; if something doesn't seem right to you, check it against an official source.</p>
<p>Think twice before sharing information about vaccine safety that does not come from an official source.</p>	<p>Don't spread false information about vaccine safety that could result in your loved ones choosing not to get vaccinated and putting themselves at risk of serious disease and death.</p>
<p>Get all recommended vaccines. Especially if an individual is responsible for the health of someone else in their family—such as a child or an older adult—they should make sure they're up to date with all their vaccinations as well.</p>	<p>Don't leave yourself or your loved ones at risk for vaccine-preventable diseases.</p>

Examples of best practices

The following examples illustrate some of the “dos and don’ts” from the above table.

Traditional and social media monitoring of public opinion on vaccine safety

Media monitoring can offer important insight into the general public’s opinions and concerns about vaccines and vaccination. Monitoring both traditional media (e.g., newspapers, magazines, radio, and TV programs) and social media (e.g., blogs, Facebook, Twitter, Instagram, TikTok, etc.) is important in order to have a clearer picture. Thorough monitoring can help health communications professionals anticipate tricky questions and prepare responses ahead of time. For example, in 2015, the [European Union](#) (40) was preparing for a referral procedure to assess a possible causal relationship between HPV vaccination and two chronic syndromes. The European Medicines Agency (EMA) conducted daily media screenings and weekly analysis to identify public concerns, expectations, and information needs. Among their findings were a lack of public trust in vaccine safety data, the feeling that regulatory agencies were “in cahoots” with pharmaceutical companies, and a sense of disrespect felt by clients who saw themselves or their children as being ignored following their perceived ESAVI. This media analysis allowed authorities to target their messages to fill information gaps, prepare for media questions they otherwise would not have anticipated, and change their tone to be more empathetic and understanding toward people who saw themselves or their loved ones as victims.

Likewise, when Israel (41) detected wild poliovirus as part of routine surveillance in 2013, the country decided to conduct supplementary immunization activities (SIA) to increase polio vaccine coverage. Social and traditional media monitoring brought a planned antivax rally to the attention of the health authorities, and they were able to coordinate an effective response: they brought people who had suffered from polio to address the crowd, thus increasing the public’s risk perception of the disease. The communications campaign that supported the SIA helped parents who were initially hesitant to get their children vaccinated to seek immunization services. A few months into the campaign, 75% of the target population had been vaccinated.

Responding to false information about vaccines

Telam—the National News Agency of Argentina—and partners created a microsite called [Confiar](#) (to trust in Spanish) that responded to rumors, myths and other false information related to COVID-19 vaccines and vaccination in the height of the infodemic as vaccines were introduced in the country. In addition to verifying facts about COVID-19, the site (42) provided tools to help people detect fake news on social media and other platforms. Individuals who visited the site could find facts about common rumors related to COVID-19 vaccines sorted by “true or false,” debunked fake news, data and news articles about COVID-19, and a toolbox allowing users to check the origin of photos, videos, or posts shared online. The site also shared information on how to report fake news on a variety of channels and platforms.



Source: Telam. Confiar. Argentina: 2021. Available from: <https://confiar.telam.com.ar/>

Using diverse channels to reach audiences with vaccine safety information



Different audiences will have their own preferences for receiving information about vaccine safety issues, and making use of those preferred channels is critical to ensure those messages reach them. Consider activities in both Haiti and Ecuador: In [Haiti](#), the population was facing the aftermath of a deadly earthquake, social and political unrest, security threats and high levels of vaccine hesitancy that all resulted in low uptake of COVID-19 vaccines. To improve uptake, the Ministry of Health launched a series of initiatives (43) that included trusted health workers going door-to-door to talk about vaccination and handing out informative pamphlets; call-in radio programs promoting vaccine safety information; town criers (pictured) and sound machines sharing information about the benefits of vaccination; and communiques of key vaccine information at places of worship. To bolster these efforts, the Ministry of Health also held vaccine advocacy meetings with religious, community, media, and political leaders. As a result of this initiative, vaccine uptake rose dramatically in the geographic areas where the campaign took place.

Figure reproduced from: Pan American Health Organization/World Health Organization. COVID-19: Increasing vaccination coverage in Haiti through community outreach. Washington, DC: PAHO; 2022. Available from: <https://www.paho.org/en/stories/covid-19-increasing-vaccination-coverage-haiti-through-community-outreach>

Meanwhile, in [Ecuador](#), indigenous community members concerned about COVID-19 vaccine misinformation took to the airwaves to promote vaccination on the radio. The programming was in the Amazon Kichwa, Shuar, and Achar languages and reached remote native communities in the rainforest in the northeast part of the country who tend to have minimal contact with health services due to their isolated locations (44). In addition to the long-range radios used for programming and public service announcements (PSAs), the radio team also acquired short-wave walkie talkies to communicate important information about COVID-19 and hear from community members. In response to reported concerns about COVID-19 vaccines, the radio programs shared messages dispelling rumors and assuring the communities that the vaccines were safe, would not impact fertility, would not kill village elders, and were not mandatory.



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Collaborating with local leaders for vaccine introduction

Local leaders—be they religious, civic, educational or community leaders—can offer valuable insight into how their communities perceive vaccine safety issues; they can also serve as ambassadors for vaccination, assuring those around them that immunization is safe and effective and encouraging them to seek vaccination services. During the 2014–2015 Ebola outbreak in West Africa, Phase III vaccine efficacy trials for Ebola virus disease were underway. From the CIOMS Guide to vaccine safety communication (41):

Planning and implementing those vaccine efficacy trials involved several communication challenges related to what was known about the vaccines, the selection of vaccine recipients and controls, and respecting an informed consent of participants with limited literacy. The general acceptability of the intervention was also subject to concern initially, as outbreak control measures had been complicated by traditional rituals, perception of disease transmission and mistrust on the part of several communities.

In each country, investigation teams, including communication professionals, worked closely with political and religious leaders to identify perception issues related to prevention of Ebola virus disease and use of an experimental vaccine, serving as advocates for the population. Local workers and communities were engaged to present the study purposes. Where the protocol included vaccination of frontline workers, national and local public figures were vaccinated early in some trials to ease population concerns and to indicate that supporting the evaluation of vaccines against Ebola virus was a collective responsibility (p 24).

Conversely, if local leaders do not trust in the government, the health system, or the vaccines offered, they can stifle immunization efforts. For example, in the Indian state of Kerala, health authorities faced resistance to the introduction of the pentavalent vaccine from a group of local HW and traditional healers, who vocally doubted the safety and efficacy of the new vaccine (41). Mainstream media picked up these concerns and spread them more widely to the general public. In response, health authorities requested that a committee of community doctors and local pediatricians form to do a risk-benefit assessment of the pentavalent vaccine. After studying all the information presented about the vaccine, including the plans for ESAVI monitoring and reporting, the committee determined that the benefits of the vaccine outweighed the risks. The Minister of Health communicated this finding at a high-level press conference, and the government and UNICEF also held workshops, HW trainings, and advocacy events to socialize the committee’s report for HW leaders, state leaders, and other concerned leaders, with materials available in English and the local language. The health authorities used mass media to distribute information, education, and communication (IEC) materials, and they made special efforts to reach out to local leaders in areas with more hesitancy about the pentavalent vaccine.



Figure reproduced from Pan American Health Organization/ World Health Organization. “Salud sobre ruedas”: Abordando la renuencia a la vacunación contra COVID-19 a través de diálogo, abordajes participativos, y trabajo hombro a hombro con líderes comunitarios en Alta Verapaz. Washington, DC: PAHO; 2022. Available from: <https://www.paho.org/es/historias/salud-sobre-ruedas-abordando-renuencia-vacunacion-contracovid-19-traves-dialogo>

In [Guatemala](#), some regional departments were rife with hesitancy toward COVID-19 vaccines to the point of violence: in one municipality, fearful community members held HW hostage while they destroyed COVID-19 vaccines. To prevent further violence, vaccination efforts using the country’s community-level health service, Health on Wheels, halted its efforts (45). When the municipality’s leaders requested the Health on Wheels brigades visit more remote areas of the territory to provide primary health care, civic leaders and the Health on Wheels team, in conjunction with Mayan language interpreters, held a dialogue. During the conversation, the Health on Wheels team heard the community’s concerns about COVID-19 vaccines (which mainly stemmed from false information). After a series of meetings, the parties reached an agreement that municipality leaders would allow for the Health on Wheels’ team to promote and offer COVID-19 vaccines without fear of violence, as long as community leaders remained present and the HW respected individuals’ final decisions on whether to get vaccinated or not.

Sensational media coverage of ESAVI following influenza vaccination

The media can be great partners in communicating about vaccine safety and efficacy to the public; however, they can also do serious damage to confidence in vaccines if they do not do their due diligence when reporting on ESAVI—including doing follow up reporting when an ESAVI turns out to be unrelated to immunization. Both [South Korea](#) (46) and [Italy](#) (47) suffered crises in vaccine confidence and low uptake of influenza vaccines when media reporting questioned vaccine safety and efficacy.

VACCINATION-RELATED RISKS

During Italy's 2014–2015 flu season, three older adults unfortunately passed away within 48 hours of getting vaccinated against influenza, leading the Italian Medicines Agency to recall two batches of the vaccine out of an abundance of caution. Although further studies concluded that there was no link between the vaccines and the deaths, the media had already placed so much inflammatory attention on the possible link that public confidence was severely shaken (47). As a result, immunization of adults 65 years and older dropped from the previous year, and hospitalizations and mortality from flu were also higher.

Similarly, early in South Korea's 2020—2021 flu season, the media focused their attention on vaccine safety matters related to cold chain issues (46), which set the stage for later coverage of the deaths of vaccinated individuals. Although the flu vaccines were not responsible for the 28 deaths the media covered, damage was done. There was a significant increase in passive surveillance (ESAVI reporting) and a decrease in vaccine coverage, as well as a higher mortality ratio for unvaccinated individuals compared to vaccinated.

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Annex A. Three Phases of the Communication Responses to a Crisis

PHASE 1: PREPARATION		PHASE 2: IMPLEMENTATION		PHASE 3: EVALUATION	
Get to know the evidence	<ul style="list-style-type: none"> Understand the determinants of communication about vaccination safety Monitor public perceptions 	Coordinate and commit	<ul style="list-style-type: none"> Bring together the response group Share information 	Evaluate	<ul style="list-style-type: none"> General feedback Evaluate the work of the actors Evaluate relationships with the public
Contact key actors	<ul style="list-style-type: none"> Identify collaborators and obstructionists Create a list of actors 	Create the response and implement the communication strategies	<ul style="list-style-type: none"> Identify the key audiences Define the communication goals Adapt the messages Select the media outlets 	Share the lessons learned	<ul style="list-style-type: none"> Identify good practices Prepare a report with the positive and negative elements
Establish response mechanisms	<ul style="list-style-type: none"> Train personnel Prepare the messages 				
Inform the public to build resiliency	<ul style="list-style-type: none"> Raise the population's awareness about the benefits and risks related to immunization and vaccine-preventable diseases 	Share the information	<ul style="list-style-type: none"> Prepare the spokespeople Inform the public Inform the media 	Revise the crisis communication plan based on lessons learned	<ul style="list-style-type: none"> Incorporate a correction plan to optimize the response in the future
Monitor and evaluate events	<ul style="list-style-type: none"> Understand the event Classify the event Identify and design the communication response and indicators 	Monitor and continue the response	<ul style="list-style-type: none"> Monitor public opinion Monitor the media Ongoing response 		

From Pan American Health Organization/World Health Organization. Crisis communication related to vaccine safety: Technical guidance. Washington, DC: PAHO; 2021. Figure 1, The three phases of the communication response to a crisis; p2. Available from: <https://iris.paho.org/handle/10665.2/53221>

Annex B. Health Workers and Communicating about Vaccine Safety

A HW's recommendation in favor of vaccination can be incredibly impactful in terms of vaccine uptake. However, in order for these recommendations to have the maximum effect, HWs must deliver them empathetically and with fact-based information, keeping in mind cultural considerations and possible barriers. For this reason, PAHO strongly encourages NIP to invest in their HW not just by training them in the clinical skills they need to perform their duties but also in two-way interpersonal communication about vaccination. In addition to trainings, NIPs can develop tools and visual aids to ensure HW have the scientific knowledge they need on hand when conversing with clients and community members who may come to them seeking advice on vaccination.

HW must remember that all medical interventions—from surgeries to medications and vaccines—have risks, and their job to provide these risks and benefits to a client, who must weigh the risks against the benefits before deciding a course of action. A successful conversation about a medical intervention between a HW and their client would include a two-directional dialogue in which the client feels comfortable asking questions about the risks and the HW listens empathetically before responding in simple, transparent, straightforward terms that respectfully answer the client's questions. Whether the client is considering a major operation or a routine vaccination, these communications are critical to building trust between the HW (and their recommendation for the intervention) and the client; this is especially key in the discussion of risks.

For reference, see the PAHO publication [Communicating about Vaccine Safety: Guidelines to help health workers communicate with parents, caregivers, and patients](#) (1). For an example of a tool to help HW communicate key safety messages about a specific vaccine, see the WHO's [Health worker communication for COVID-19 vaccination flow diagram](#) (23). For information about the safety profile of each vaccine, see the CDC's web page about [potential side effects from vaccines](#) (3).

Annex C. Ecuadorian Government Press Release on ESAVI Incidence¹

Less than 1 in 10 million COVID-19 vaccinations linked to a serious ESAVI

Quito, 13 April 2022

Around the world, COVID-19 vaccines have been proven safe and effective, especially in terms of the onset of severe symptoms and mortality from this disease. After an evaluation process, the Ministry of Public Health (MSP) has reported events supposedly attributable to vaccination or immunization (ESAVIs).

This term refers to unfavorable or abnormal signs, findings, symptoms, or conditions. ESAVIs occur after vaccination but there is not necessarily a causal relationship.

Within this context, the MSP formed a National Advisory Commission on serious ESAVIs to determine whether there is a causal relationship with vaccination. The information was presented in a press conference held this Wednesday, 13 April 2022.

The commission is composed of independent experts in neurology, pediatrics, internal medicine, vaccine-preventable diseases, and microbiology. It has been studying serious ESAVIs that put people's lives at risk. The Deputy Minister of Health Governance and Surveillance, José Ruales, explained that the commission has the support of technical personnel from the national regulatory and surveillance agency (ARCSA), the MSP, and the Pan American Health Organization/World Health Organization (PAHO/WHO).

In total, 32.6 million doses were injected between January 2021 and 12 March 2022, with 3,582 reported ESAVIs. Of these, 3,496 were classified as non-serious ESAVIs; that is, they do not endanger the life of the person. This represents a frequency of 10.71 cases per 100,000 doses administered.

The remaining 86 cases are probable serious events (0.26 cases per 100,000 doses). To date, three of these have been identified as vaccine-related (0.9 cases per 10 million doses); the others are mostly coincident or indeterminate events and no deaths have been attributed to the vaccine.

In terms of non-serious ESAVIs, most cases were concentrated in the 18-44 age group, followed by the 45-64, 65-74, under 18, and over 75 age groups.

The most prevalent signs and symptoms were fever, headache, general malaise, injection-site pain, nausea, dizziness, fatigue, skin reddening, and diarrhea.

¹ Ministry of Health. En menos del 1 por 10 millones de dosis de vacunas se presentaron ESAVI graves relacionados con la vacunación COVID-19 [Serious vaccine-related ESAVI occurred in fewer than 1 in 10 million vaccine doses COVID-19]. Quito: Government of Ecuador; 13 April 2022. Available from: <https://www.salud.gob.ec/en-menos-del-1-por-10-millones-de>

Annex Table 1. ESAVI symptoms by percentage

Signs and symptoms reported	Percentage
Fever	22.41
Headache	15.52
Malaise	13.79
Pain at injection site	10.34
Pain	10.34
Nausea	6.90
Dizziness	5.17
Fatigue	5.17
Skin redness	5.17
Diarrhea	5.17

Source: National Agency for Regulation and Control and Health Surveillance (ARCSA).

Severe ESAVI are present in low numbers. Of the 86 mentioned, 58 are in the 18 to 64 age group. They are followed by adolescents aged 12 to 17, those over 65 and those aged 3 to 11. Of the total, only three are related to the COVID-19 vaccine. Allergic reaction and Thrombosis Syndrome due to thrombocytopenia and others were detected.

The MOH recalls that the rates of severe ESAVI are within the expected range. They are similar to those reported in other countries of the region and the world. On the subject, the Minister of Health, Ximena Garzón, explained that serious ESAVI, especially thrombosis, does not occur frequently. "It is very rare," commented the Health Authority.

Other issues addressed in the discussion

Minister Garzón clarified that the successful Vaccination Plan has made it possible to mitigate the impact of the disease by drastically reducing hospitalizations and deaths due to COVID-19. She invited the public to go to vaccination centers to access their first and second doses, as well as the application of the first and second boosters against the disease.

Annex D. Summary of Key Points

The following summarizes key actions governments and PHCs working on immunization can take to improve communication about risks related to vaccination.

Build or repair trust constantly—it's never too late to start!

- **Communicate about vaccine safety early and continually in campaigns** to build a strong base of trust in immunization with the population.
- Share **timely, easily understandable, transparent information**. Don't mislead, make guesses, or extrapolate. Inform the public what you know, what gaps exist, and how you will fill them.
- **Choose neutral spokespeople** when immunization has been highly politicized. Spokespeople must have the audience's attention and trust, be empathetic and compassionate in acknowledging concerns, have communications training, and be able to manage technical information related to vaccine safety and risk in a jargon-free way.
- **Emphasize expert consensus** on vaccine safety and effectiveness, so that even if individuals are still learning to trust a specific organization, they realize that it is aligned with other known experts.
- **Make an effort with local leaders**, including religious leaders, mayors, community organization heads, and civic leaders—to name a few. Show your sincere desire to understand them; take what you learn and apply it, or risk looking like all your efforts were just for show.
- **Apologize** for mistakes made in the past and be clear about what will be done differently moving forward.

Collaborate with partners early and often

- **Maintain a close collaboration with partners**, including across government agencies, health worker leaders, and scientific experts so that everyone has the same information at the same time, and messages can be unified.
- **Plan ahead with partners** by identifying contacts at each agency and establishing relationships and how workflows will go in the event of an ESAVI or other disruption to the immunization program.
- **Work with the media** so journalists and editors fully understand vaccine safety terminology, how safety data is calculated and what it means, etc.
- **Train HW and pharmacists on how to talk about vaccination risks and benefits**. Encourage empathetic two-way communication so clients can have their questions on vaccine safety answered and feel more reassured. **Ensure that all HW have knowledge about vaccine benefits, risks and safety**, including being able to refute common rumors and misperceptions and telling clients what to expect following vaccination.
- Work across sectors to incorporate **vaccine-related health literacy in schools**, so children and parents/caregivers learn the important benefits of vaccination from an early age.

Engage in risk communication and community engagement (RCCE) activities

- Have your **crisis communications plan ready** in the event you need to communicate about any event that can shake confidence in the immunization program. Think about the information and data you already have and what you might need still in order to do this effectively.
- Use a **variety of platforms and messengers** to communicate about benefits and risks of vaccination.
- Continuously engage in **audience/social listening, and adapt your messages, platforms and spokespeople** accordingly. Monitor informal media like blogs and social media for rumors and misinformation about vaccine safety; note questions posed during press conferences, to HW, and hotlines or web contact forms. Monitor and address potential **concerns of specific groups** who may perceive vaccine-related risks to be higher than the general population.

VACCINATION-RELATED RISKS

- Ensure messages are **jargon-free, easy to understand, and appropriate** for the social, cultural and political context in which the audience will receive them. **Adapt** them for different audiences' needs.
- **Pretest** your messages about vaccine safety and keep them simple and easy to understand. **Lead with the most critical information** people need in order to act.
- Use **storytelling** to convey information and connect with your audience.
- When communicating about ESAVI, **be clear about what's normal**, how ESAVI can be managed, and when and how to contact a health care provider. If an ESAVI is more prevalent in one group vs. the general population, say so.
- **Simplify numbers and figures** when talking about risks of ESAVI: use whole, concrete numbers.
- Use **simple, clear graphics and pictures** to help illustrate your point and help the audience process complex information/visualize data. Clearly label everything with your organization's logo.
- **Evaluate** your communications efforts and use lessons learned to improve your future activities.

Handle false information

- **Pre-bunk** to warn people they might be exposed to false information about vaccine safety. Teach them the **approaches trolls and antivaxxers use to spread disinformation**, such as inventing or cherry-picking data and quotes from experts to make it seem like vaccines are unsafe and ineffective; preying on peoples' emotions about vaccine safety concerns (especially fear and outrage); and creating conspiracy theories. Encourage them to **consider what an antivaxxer has to gain** by spreading false information. Advise people to **pause and gauge their emotions when responding to information about vaccine safety** if they are having a strong emotional reaction and to consider what that piece of inflammatory information is meant to do and who it is meant to serve.
- **Debunk** false information by clearly labeling rumors as false and leading with the correct information. Don't simply state a piece of information isn't true: fill knowledge gaps with facts. Don't wait too long to debunk circulating rumors, leaving them to spread more widely; on the other hand, don't draw attention to a rumor just as it begins to spread in case it dies out on its own.
- Develop a policy for **dealing with trolls**.
- **Report false information** about vaccine safety and effectiveness when you see it on social media.

Manage risk perceptions

- Emphasize the **benefit of vaccination** at the individual and population level and the **risks of being unvaccinated**.
- Highlight the **history of the many successes of vaccination** in eliminating and eradicating diseases, saving lives, preventing illness when emphasizing the safety and effectiveness of vaccines. Talk about the **benefits of vaccination** beyond preventing communicable disease.

Communicate about pharmacovigilance

- **Emphasize that vaccines are continuously surveilled and studied** after they're introduced, so ensuring public safety is a constant, ongoing activity.
- When a new vaccine is being introduced, **be ready to talk about ESAVI** that were not picked up during trials due to limited sample sizes. When a serious ESAVI occurs, remind the public that they are rare and have been picked up because **the surveillance system works**.
- Emphasize that **vaccine trials measure different things** and take place at different times and in different epidemiological situations.
- **Stay informed about the safety and effectiveness profiles of each vaccine** by checking the national regulatory authority (NRA), PAHO, and WHO web pages.

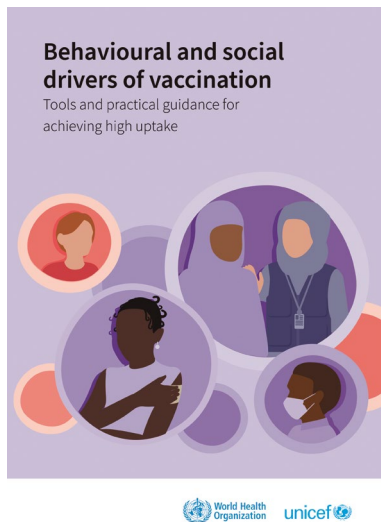
Advise the general public to do the following

- When presented with a piece of information about vaccine safety or effectiveness that gives you a strong emotional reaction, **pause for a moment** and consider if the source is trustworthy; if the information is meant to provoke an emotional response; and if the person who originally shared the information has something to gain from sharing information meant to break trust in vaccines.
- If individuals have doubts or questions about vaccine safety, **consult with a trustworthy, knowledgeable expert source on the matter**, such as a health care provider, a ministry of health source, or a regulatory authority.
- Think twice before sharing information about vaccine safety that doesn't come from an official source.
- **Get all your recommended vaccines.** If you're responsible for the health of someone else in your family—such as a child or an older adult—make sure they're up to date with their vaccinations as well.

Annex E. Useful PAHO and WHO resources

The following resources may be of use for health communication professionals working in the field of immunization.

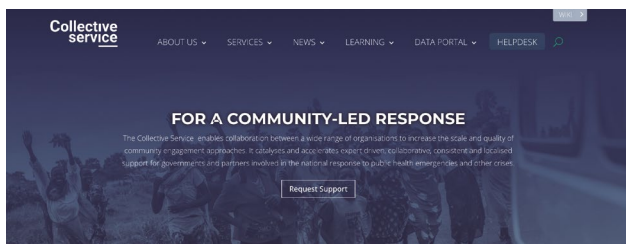
Behavioral and Social Drivers (BeSD) of Vaccination



This guidebook supports the use of the BeSD of vaccination tools to understand what drives uptake of vaccines. It is intended for immunization program managers, research advisors and others who are collecting, analyzing and using data for immunization program planning and evaluation. Routine tracking of BeSD data will offer insights into how to continually improve program implementation. Using the validated tools presented here will equip programs and partners to understand the reasons for low vaccine uptake, track trends over time and reduce coverage inequities by gathering and using data to systematically design, implement and evaluate tailored interventions.

Keywords: behavior, data collection, interventions

The Collective Service



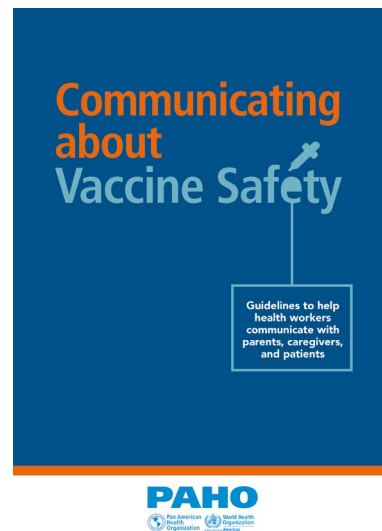
The Collective Service was founded in June 2020 during the COVID-19 pandemic to transform how the public health and the humanitarian sectors coordinate, implement, monitor, and resource collaborative approaches to community-led

responses for public health emergencies.

It supports governments and partners involved in national and local responses for public health emergencies through its three major platforms: RCCE coordination, data for action, and surge support.

Keywords: behavior, data collection, evaluation, social listening

Communicating about Vaccine Safety: Guidelines to help health workers communicate with parents, caregivers, and patients



Studies show that telling people about the quality, safety, effectiveness and availability of vaccines is not enough to influence behavior change related to immunization, and in general, doesn't increase coverage. For this reason, it's necessary to understand the reasons why people choose not to get vaccinated or not get their children vaccinated, in order to begin a two-way respectful dialogue using the best, most effective messages. Given this context, the main objective of these guidelines is to provide tools for staff working in the field of immunization to support effective communication between health personnel and the general population, with the aim of strengthening, maintaining or recovering trust in vaccines and the immunization programs in the Region of the Americas.

Keywords: health workers, interpersonal communication

Crisis communication related to vaccine safety: Technical guidance



Vaccine- and vaccination-related crises require a communication response that is different from the communication strategies used to promote the benefits and importance of vaccines in general. This document presents the technical guidance needed to develop a communication plan that is appropriate for managing crises related to vaccine safety. This guidance will be useful for managers in the areas of immunization and vaccine and vaccination safety. They will also help preparedness and response teams working in safety crises to optimize their communication plans in order to regain, maintain, or strengthen trust in vaccines, vaccination, and immunization programs in general. Each chapter presents a phase (preparation, implementation, and evaluation) with suggested actions and support tools to prepare, implement, and evaluate a communication response in a crisis situation. Also, some sections can also be used to strengthen routine national communication activities such as interaction with media, message generation, spokesperson preparation among others.

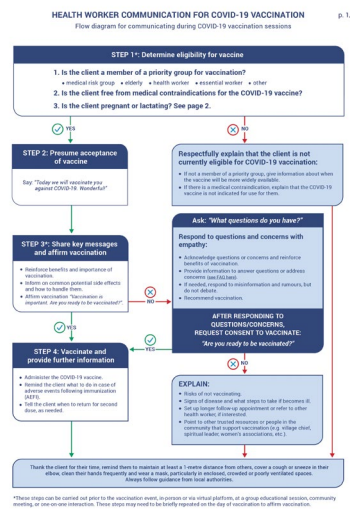
Keywords: communication plans, evaluation, media relations

Early AI-supported Response with Social listening (EARS)

Listening to people’s questions and concerns about vaccines they’re sharing publicly online is an important way for health authorities to learn about what matters most to people right now. This social listening platform aims to show real time information about how people are talking about emergency and routine vaccine-related issues so we can better support the communities we serve, especially during an infodemic.

Keywords: combatting false information, social listening

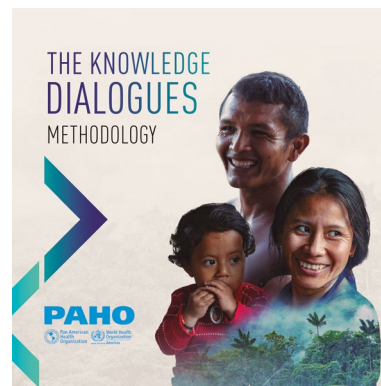
Health worker communication for COVID-19 vaccination flow diagram



The Health Worker Communication for COVID-19 Vaccination Flow Diagram supports health workers by outlining key steps and messages to communicate during a COVID-19 vaccination session.

Keywords: health workers, interpersonal communication

The Knowledge Dialogues Methodology



Knowledge dialogues, also called intercultural dialogues, are processes of communication and exchange between people, groups or communities that come from different backgrounds or cultures.

In the case of the health sector, exchanges take place between certain groups or individuals and trained health personnel. Its objective is, among others, to improve access to health services and build intercultural health, with emphasis on solving previously raised problems and their causes, mutual understanding and the creation of solid links. This publication, which contains the methodology applicable to this field, is aimed at health personnel or other areas and sectors in order to contribute to the search for ways to know, share and build healthy practices. The groups considered in this case are the indigenous and Roma populations, and the Afro-descendants, although strictly speaking the methodology can be applied to working with any group (migrants, displaced persons, adolescents, the elderly, etc.) that presents problems of universal access to health and universal health coverage.

Keywords: cross-cultural communication, health workers, indigenous populations, interpersonal communication, populations in vulnerable situations

[Recommendations for verifying information about COVID-19 vaccines. A guide for journalists](#)

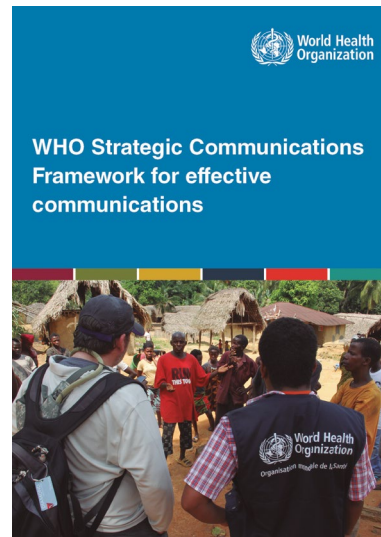


The COVID-19 pandemic has shown that access to quality information can be a matter of life and death. With a view to providing practical tools for journalists, this guide reveals the mechanisms of disinformation and identifies the most common forms of fake news about COVID-19 vaccines that have circulated and continue to circulate.

The content is clear, concise, and relevant, with sections that help to understand how vaccines are made, how to evaluate scientific evidence in a publication, how to present a fact-check, and how to communicate responsibly. The guide includes multiple examples and resources that will orient media professionals in their work on COVID-19.

Keywords: combatting false information, media relations

[WHO strategic communications framework for effective communications](#)



WHO recognizes that effective, integrated and coordinated communication is integral to carrying out WHO's goal to build a better, healthier future for people all over the world. The purpose of this framework is to describe a strategic approach for effectively communicating WHO information, advice and guidance across a broad range of health issues: from chronic health issues to emerging and novel risks. This strategic approach is presented as a framework of principles for effective practice that apply to a broad range of communications functions. It reflects inputs and review by WHO communicators across WHO's country, regional and headquarters offices. Tactics are included to develop communication products and activities that apply the principles.

Keywords: communication plans, evaluation

Annex F. Sample Messages

Messages help communicate critical information to audiences. They should be culturally appropriate, jargon-free, and easy to understand for the target audience. Engaging in social listening across a variety of platforms can give communications professionals insight on what to address in messages and how messaging should be adapted. Pretesting messages helps ensure that the communications professional is effectively communicating what they intend!

When developing messages, PHCs should collaborate early and often with partners. Documents should include a clear heading stating the topic of messages, their development date, and the relevant contacts for follow up. Contacts are especially important if there are questions or concerns about the messages. The key messages (your topline messages) should appear at the top and go into further detail below.

During a crisis or evolving situation, messages should also address what is still unknown and how various groups are filling those knowledge gaps. Effective communication is timely, credible, correct, and empathetic!

Here is an example of messages in a talking points format:

Sample messages on vaccination

(Date)

(Names and email addresses of individuals responsible for the messages)

Key points:

- There are vaccines to prevent more than 20 life-threatening diseases. Thanks to vaccines, we can prevent 3.5–5 million deaths every year globally.
- The Region of the Americas leads the world in immunization achievements, but these wins are at risk as fewer individuals are getting all their needed vaccines.
- Vaccine-preventable diseases that have not been seen in the Americas for years could become more common as unvaccinated individuals can catch and spread these diseases.
- Everyone should talk to their health care provider to make sure they and their loved ones are up-to-date on all their vaccines.

More information:

- The Region of the Americas was the first Region of the world to eliminate polio, smallpox, measles, rubella, and congenital rubella syndrome. The Region has also eliminated neonatal tetanus.
- The Region is a leader in introducing new vaccines: 45 countries in the Americas have introduced the HPV vaccine, 37 have introduced the pneumococcal vaccine, and 22 have introduced the rotavirus vaccine.
- Yet 1.4 million of the 15 million children in the Americas do not complete their basic vaccination schedules, meaning they do not have all the vaccines they need to keep them protected from dangerous diseases.
- Also, 18 countries in the Americas report lower than 80% coverage with the first dose of the measles, mumps and rubella (MMR) vaccine; PAHO recommends countries maintain coverage of 95% or above.
- Regional coverage for diphtheria, tetanus and pertussis (DTP3) in 2021 was 80%.
- PAHO is working with countries in the Region to strengthen their immunization programs and to increase vaccination coverage, ensuring all people have the vaccines they have the right to.
- Individuals should make sure they and their loved ones have gotten all the vaccines their health care providers recommend in order to be protected from dangerous diseases.

VACCINATION-RELATED RISKS

Definitions:

- DTP3: The third dose of the diphtheria, tetanus and pertussis vaccine.

Resources:

- PAHO web: www.paho.org/immunization
- WHO web: https://www.who.int/health-topics/vaccines-and-immunization#tab=tab_1

NOTES



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