

Covid-19 Vaccination Comms Strategy

[REDACTED]

Background

The development of vaccination against Covid-19 is viewed as a potential game changer. For these hopes to be realised requires not only that the vaccine(s) is effective and safe but also that the population is willing to receive it in sufficient numbers. The level of coverage required will depend on its level of effectiveness and the background transmission rate at the time but is likely to exceed 60%. Indeed, a recent Royal Society/British Academy report suggests that the figure may be as high as 80%.

Surveys suggest that uptake is likely to vary by country and be lower in Europe than Asia. Recent surveys in the UK indicate that approximately a third of people have doubts about taking the vaccine with additional people reluctant to be included among the first phase of recipients. Surveys also suggest that uptake is likely to be lower in deprived and BAME groups. Of these, it is important to distinguish between a small number of 'anti-vaxxers' who have an unconditional refusal to take the vaccine and a larger number of people who are 'vaccine hesitant' and who have concerns and questions that need to be addressed before they are willing to take the vaccine. More specifically, among the vaccine-hesitant, around half report a lack of trust in government or pharma and cite concerns around safety, exacerbated by the speed of development and implementation, as the major reason for their hesitancy.

General Recommendations

1. The success of any vaccination programme depends upon gaining the trust of the 'vaccine hesitant'. Accordingly, it is essential to avoid problematising this group, to acknowledge that theirs is a reasonable stance, that their concerns are reasonable and to address their questions as fully as possible. Failure to treat them with respect is likely to increase the traction of anti-vaxxers and so reduce vaccine take-up.
2. Trust concerning the vaccine is bound up with general questions of trust and confidence in Government. However, the way the vaccine is rolled out and the messaging surrounding this roll-out will also be critical.
3. Accordingly, the preparations for covid-19 vaccination need to extend beyond logistics to include a communication strategy.
4. This strategy must above all be consistent, with coordination between all relevant parties (Scottish Government, vaccine developers, PHS, Health Boards and employers). Already, the ambiguities and changing messaging surrounding the AstraZeneca/Oxford University vaccine are likely to have had an adverse effect on public confidence.
5. This strategy must ensure that messages surrounding the vaccines are accurate and proportionate. In particular, it is crucial to avoid hype. The potential of the vaccines should not be overstated, nor should limitations be hidden. This will help avoid a backlash if and when problems (e.g. ineffectiveness for certain populations, side effects and coincidental adverse effects) emerge later.
6. It is equally important that there is full transparency both about the processes by which vaccines are assessed/approved and about what is in the vaccines (e.g. that they are halal)

7. While it is possible to anticipate some of the questions and concerns that people have about the vaccine (see Appendix for a preliminary list) it is crucial to initiate a public dialogue in order to identify and address all the relevant issues. Moreover, the process of dialogue itself is likely to increase trust and the perceived legitimacy of the vaccine program.
8. Given the imminent possibility of a vaccination becoming available, development of a communication strategy and of a dialogue process needs to start now.

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Appendix. List of potential questions

- Q. How does the vaccine work?
- Q. What is in the vaccine?
- Q. What is the difference between active and passive immunity and which one is this?
- Q. Why are some people getting it before others?
- Q. Is one of the vaccines better than the other? Can I choose which one I get or when I get it?
- Q. Why should I take it?
- Q. Why do young, healthy people need to have the vaccine?
- Q. Is it effective?
- Q. Why isn't it 100% effective?
- Q. Does it work straight away?
- Q. How long will it protect me for? Will I need to get it every year?
- Q. Do I need to get the vaccine even if I have already had covid-19?
- Q. Do I still need to get the flu vaccine?
- Q. Is it ok for me to get other vaccines if I have this one?
- Q. Is it safe?
- Q. How can I be sure it is safe?
- Q. How can I be confident this isn't another thalidomide?
- Q. Are there any side-effects?
- Q. Can the vaccine give me covid-19?
- Q. Can the vaccine weaken my immune system?
- Q. Can the vaccine cause allergies?
- Q. Are there any groups who should not get it (e.g. pregnant, immunocompromised, allergies)
- Q. I am not feeling well at the moment, should I delay having the vaccine?
- Q. I live with someone who is old/clinically vulnerable (etc), is it safe for me to get the vaccine?
- Q. Do I still need to do the other things (face shields, physical distancing, hand hygiene)
- Q. Can I travel to other countries without self-isolating after I have had the vaccine?
- Q. Where can I find out more information ?