



COVID-19 VACCINATION

CORA CONSTANTINESCU

VACCINE TALK & TIPS

FEBRUARY 1 WEBINAR



Disclosures: Dr. Cora Constantinescu

- Pediatric Infectious Disease, Clinical Assistant Professor, University of Calgary
- Merck
- Pfizer

Concerns and
denial are natural

Denial doesn't
stem from
ignorance





Objectives

At the end of this session, participants will be able to:

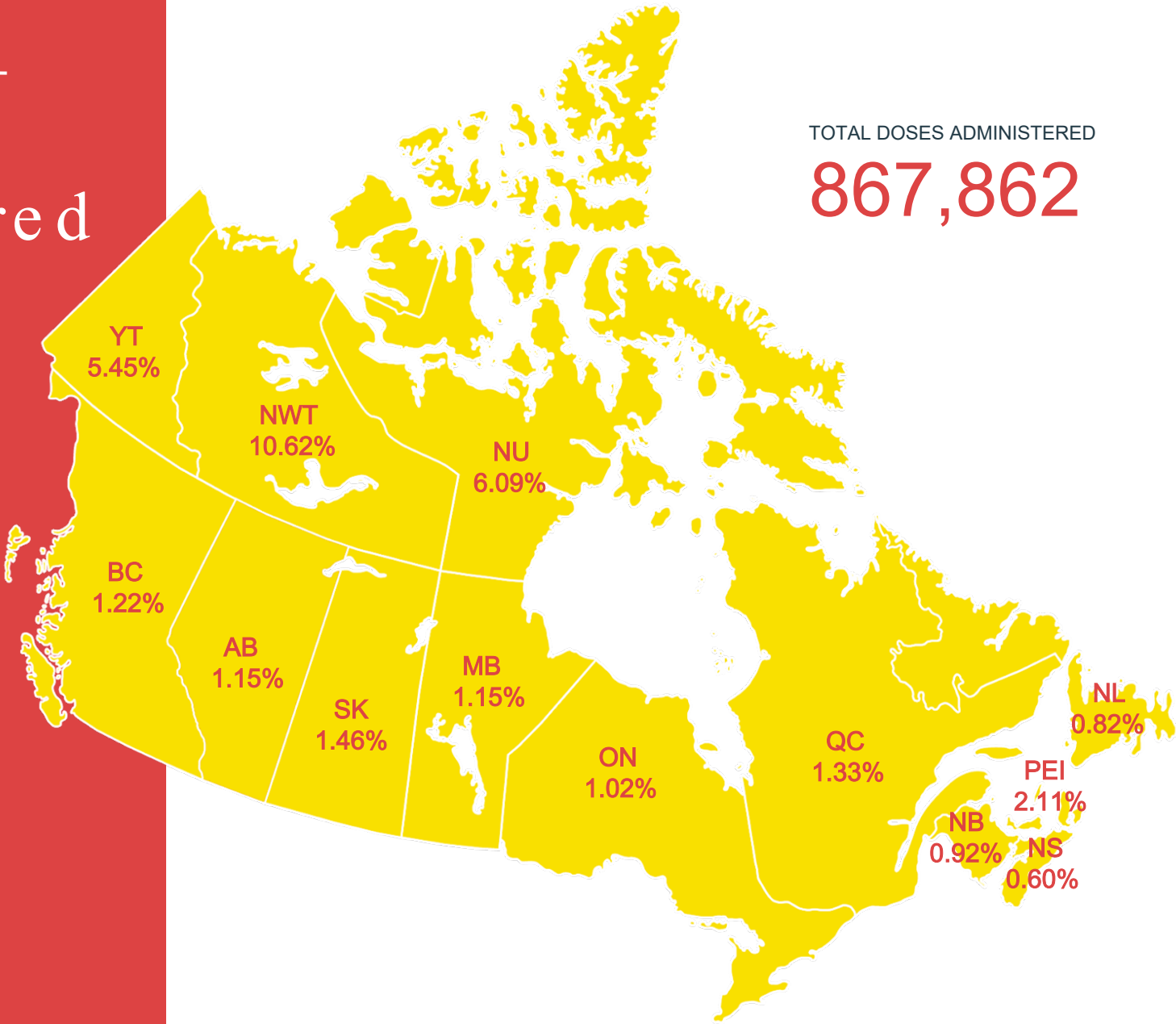
- Understand hesitancy around COVID-19 vaccine
- Have a communication plan to use in their practice

AS OF JANUARY 21, 2021

Over 850,000 doses
have been administered
in Canada

PROVINCES	DOSES ADMINISTERED
British Columbia	122, 359
Alberta	99,814
Saskatchewan	34, 080
Manitoba	31,369
Ontario	295, 817
Quebec	224, 879
New Brunswick	14, 257
Nova Scotia	11, 622
Prince Edward Island	6, 525
Newfoundland & Labrador	8, 549
Yukon	4,397
Northwest Territories	9,471

% OF POPULATION: 1.16%



4 Key Groups to First Receive COVID-19 Vaccinations

Based on the NACI's recommendation



Those at risk of severe illness and death from COVID -19 (i.e. advanced age, high -risk health conditions)



Individuals most likely to transmit COVID -19 to those at high risk (i.e. household contacts of those at high risk, healthcare providers at assisted living facilities)



Those who are essential to maintaining COVID -19 response or contribute to essential services (first responders, healthcare workers, others who cannot work remotely)



Those at high risk of infection based on living or working conditions where infection could lead to disproportionate consequences (i.e. Indigenous communities)

AEFI Monitored in Real Time: Canada

WHAT YOU NEED TO KNOW AS OF JAN. 15, 2020

No safety signals
(potential safety
issues) have been
identified.

66 total AEFI reports
since last update (49
new non-serious and
17 new serious)

90 total AEFI reports
(0.015% of all doses
administered)

63 total AEFI reports
were non-serious
(0.010% of all doses
administered)

27 total AEFI reports
were serious (0.004%
of all doses
administered)

601,901 total doses
administered as of
January 9, 2021

A person is holding a large white rectangular sign in front of their chest. The sign has a red rectangular area in the center containing yellow text. The person's hands are visible on the left and right sides of the sign, and their arms are visible at the top. The background is blurred.

Vaccine Acceptance & Hesitancy



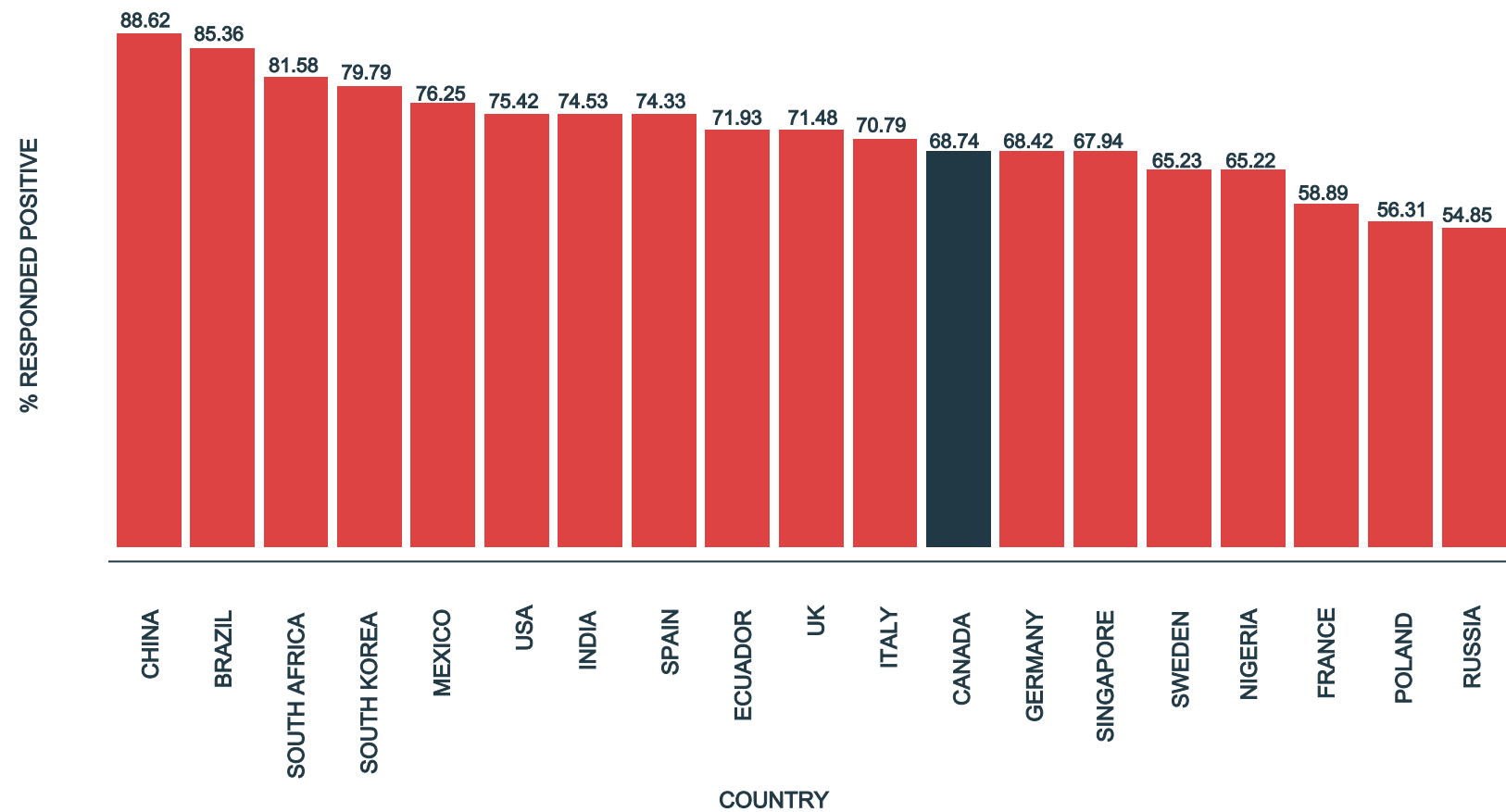
Issues with vaccine acceptance before a vaccine was even rolled out

- Pushed faster than ever seen before.
- Many of the COVID-19 vaccine antigen carrying platforms (e.g. mRNA vaccine, adenovirus carrier vaccine, etc.) are new.
- Production cannot meet demand and scarcity exists even among prioritized groups.
- More than one type of COVID-19 vaccine is likely to be used within Canada.

HOW DOES CANADA VACCINE ACCEPTANCE COMPARE TO THE WORLD

A global survey with around 14,000 from 19 countries

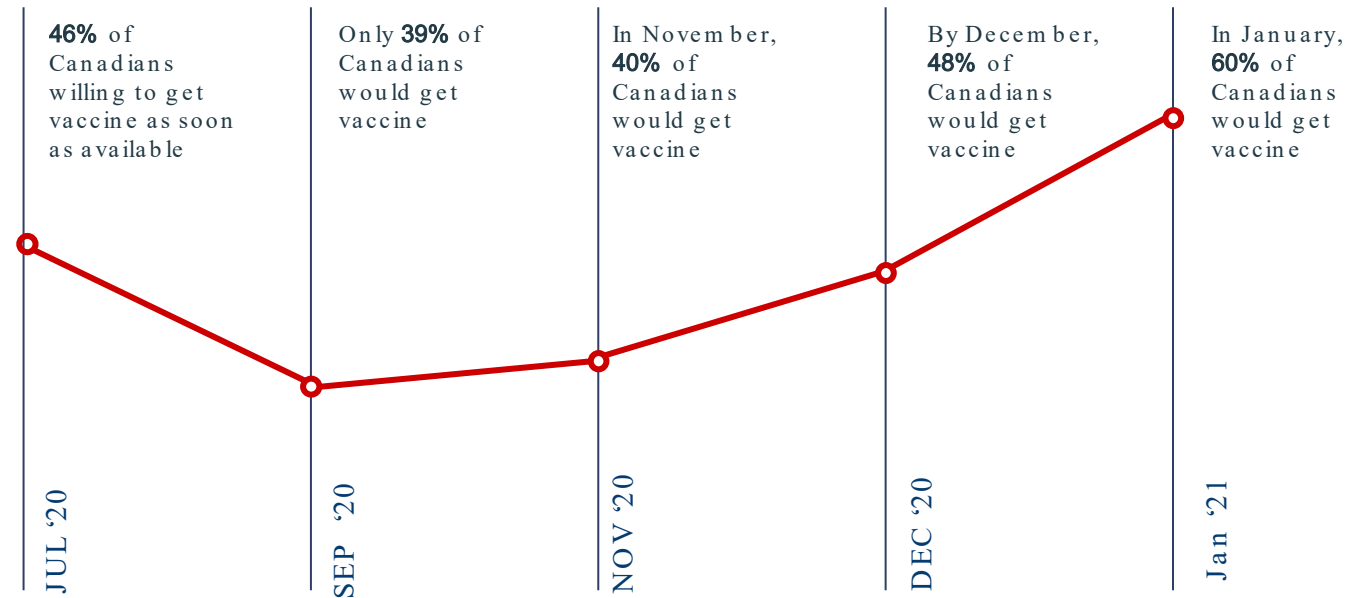
Nature Medicine, 2020



WILLINGNESS TO BE VACCINATED

Just over half of
Canadians currently
willing to get the
vaccine right away

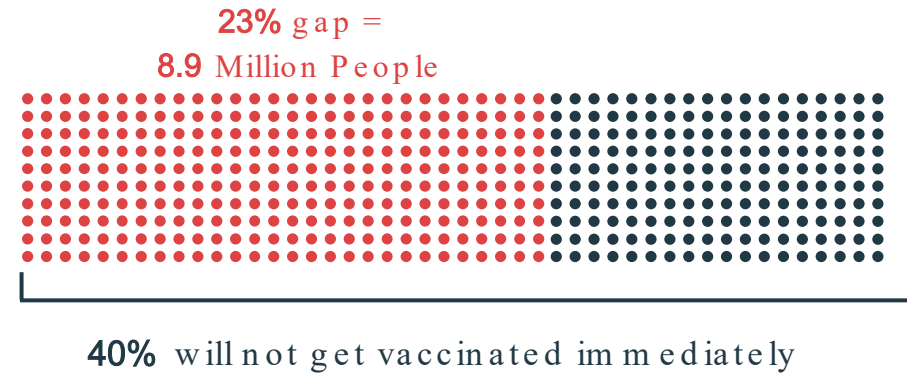
Angus Reid, 2020 | Base: Total
(n=1,580)



Current Vaccination Gap

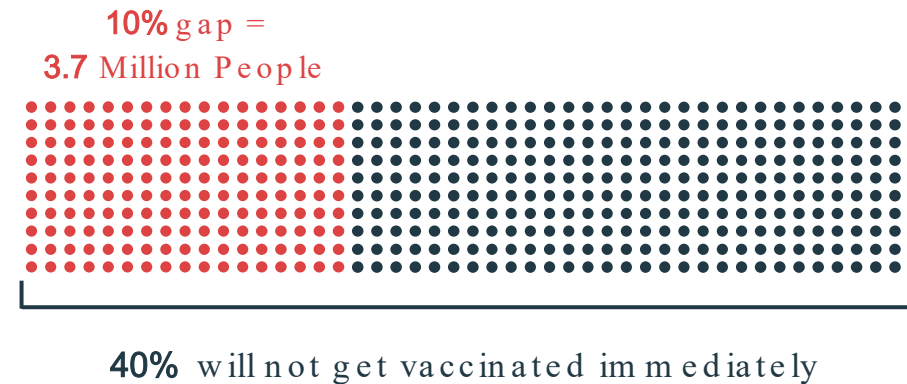
If **80%** effective, need **83%** uptake for herd immunity
(assumes $R_0=2.5$)

60% willing to get vaccine



If **95%** effective, need **70%** uptake for herd immunity
(assumes $R_0=2.5$)

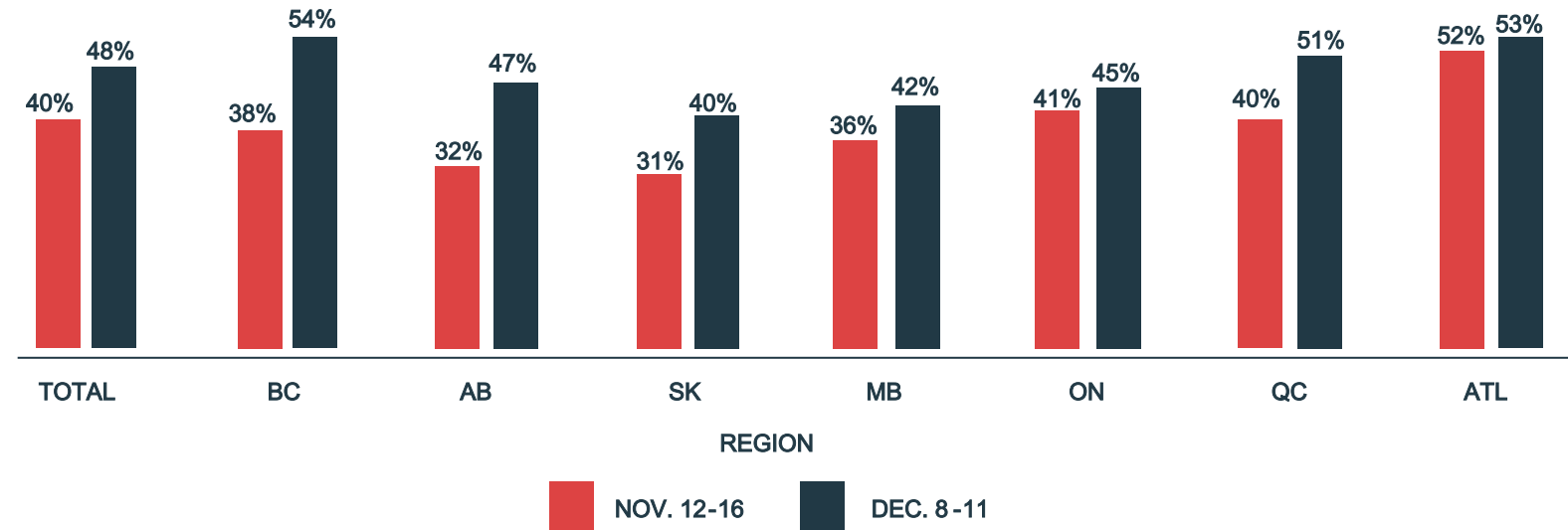
60% willing to get vaccine



COVID-19 VACCINE HESITANCY ACROSS CANADA

Change in willingness
to be vaccinated as
soon as vaccine is
available

Angus Reid, 2020



Health Care Workers (HCW) Can Be Vaccine Hesitant Themselves

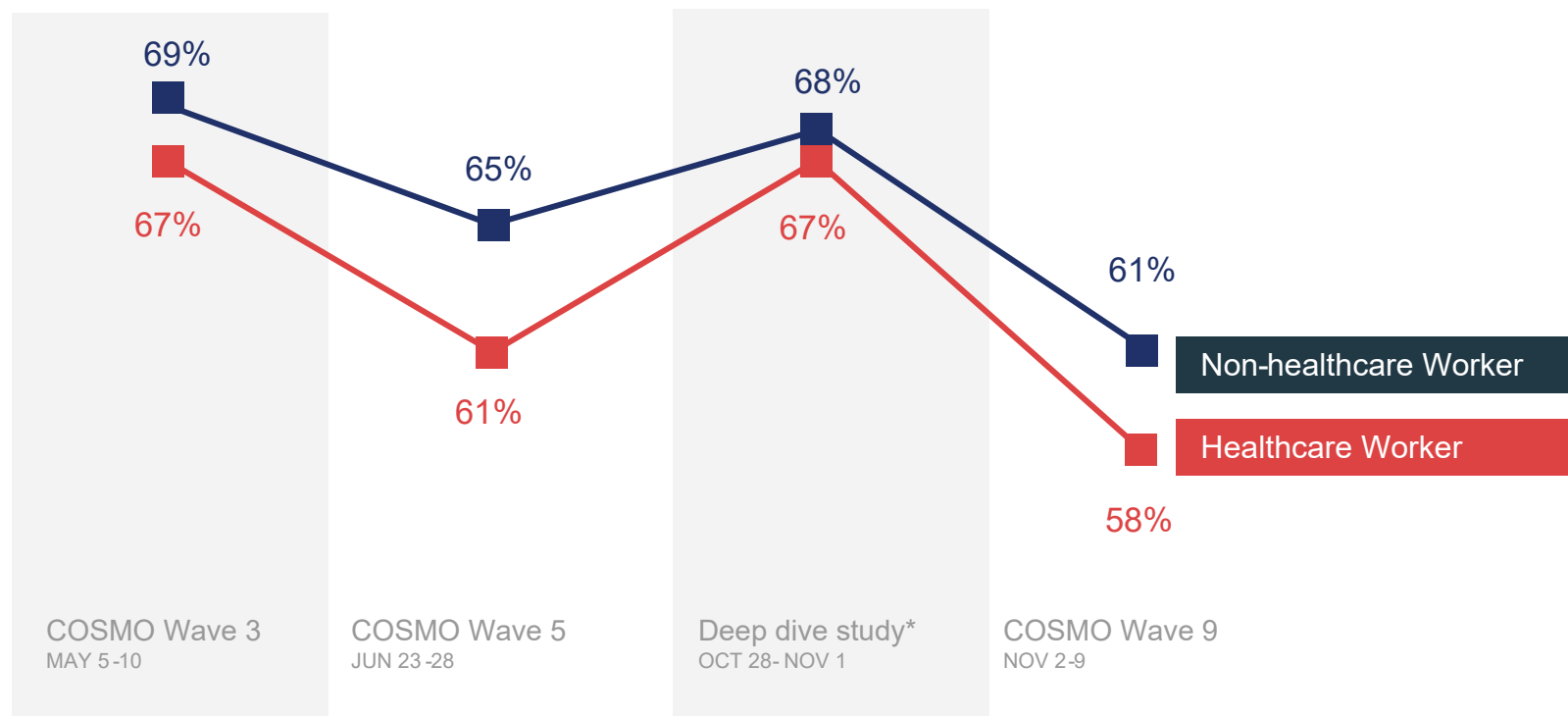
1. The nature of their hesitancy is similar to their patients'.
2. Knowledge about vaccines, safety, efficacy helps to build HCW confidence.
3. Knowledge however is NOT enough: they also need societal endorsement and support from colleagues.
4. Important to strengthen trust between HCW and health authorities.



Healthcare Workers' Vaccine Hesitancy

Declining confidence over time

If a safe COVID -19 vaccine becomes available and is recommended, would you get it?



*Note that two studies use different wording and scales for this question:

- COSMO: "If a safe COVID-19 vaccine becomes available and is recommended, would you get it?" (7-pt scale)
- Deep dive study: "If a COVID-19 vaccine became available and is recommended for me, I would get it." (5-pt scale)
- Data points based on small sub-sample size. Statistically significant but not generalizable beyond sample (see Annex)

Insights from COSMO

- The number of respondents reporting that they agree that they will get a safe COVID -19 vaccine has declined gradually since the beginning of the pandemic. 67% of healthcare workers agreed in Wave 3 but this percentage has declined to 58% by Wave 9.
- Healthcare workers have also been slightly less likely to agree that they would get an effective COVID -19 vaccine since Wave 3 compared to non -healthcare workers. 63% agreed in Wave 3, while only 51% agree in Wave 9.

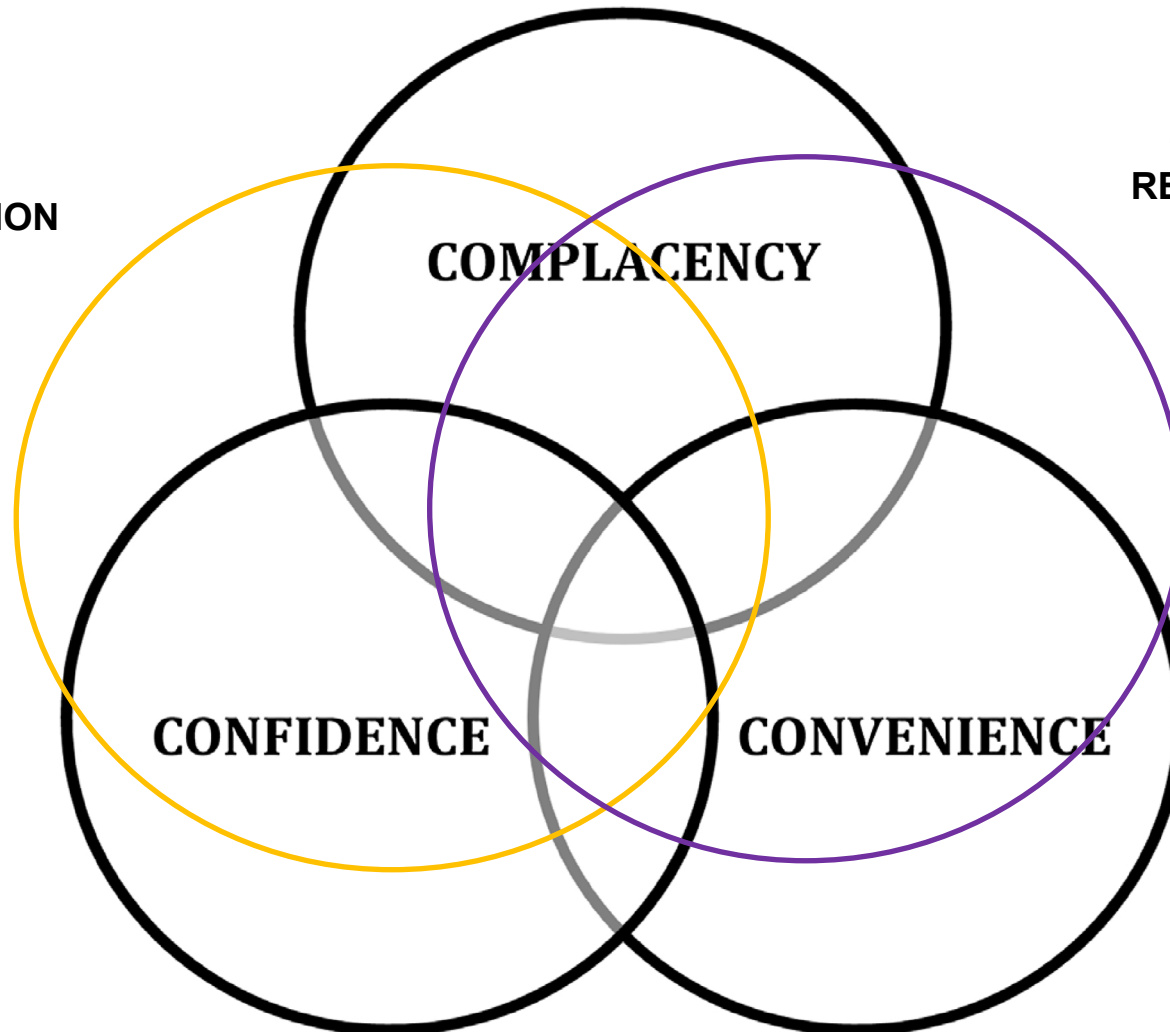
A person is holding a large white rectangular sign. The sign is held by two hands, one on the left and one on the right, which are visible at the edges of the frame. The person holding the sign is wearing a blue shirt. Overlaid on the sign is a red rectangular box containing the text "What do we know about VH and vaccine communication?" in yellow. The background is blurred, showing other people and what appears to be an outdoor setting.

**What do we know
about VH and vaccine
communication?**

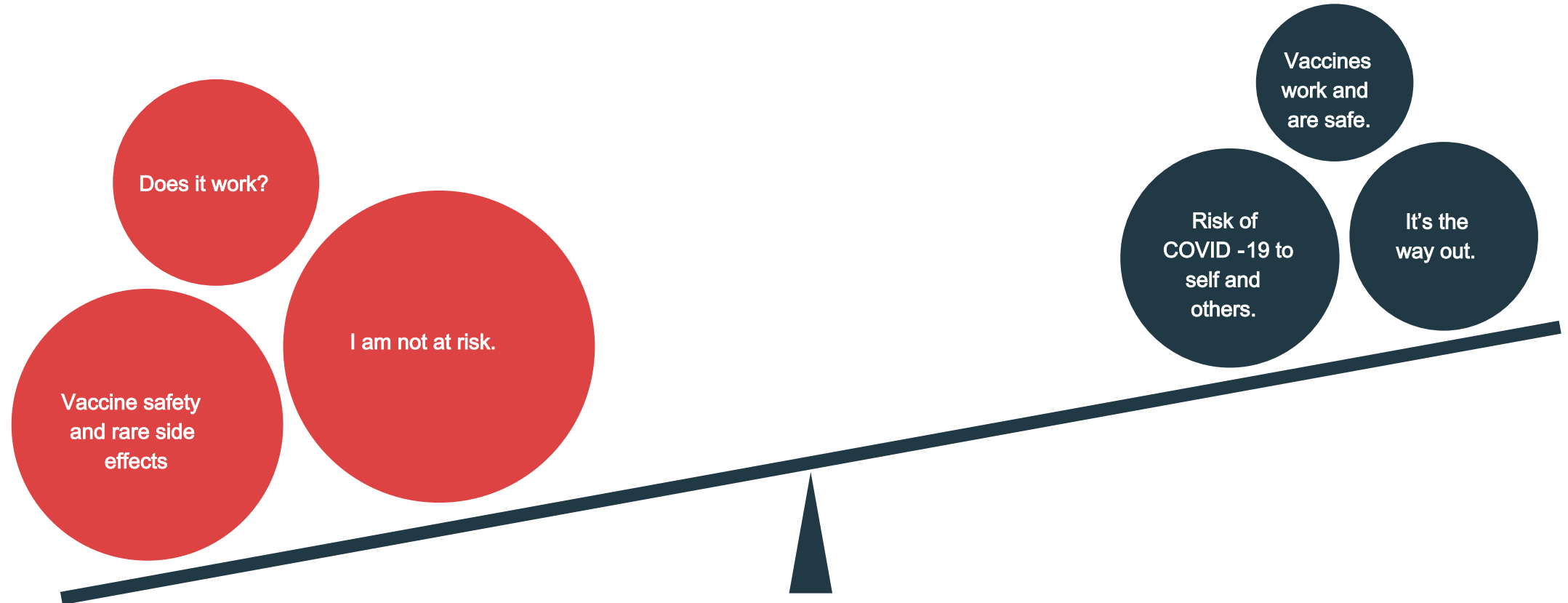


CALCULATION

**COLLECTIVE
RESPONSIBILITY**

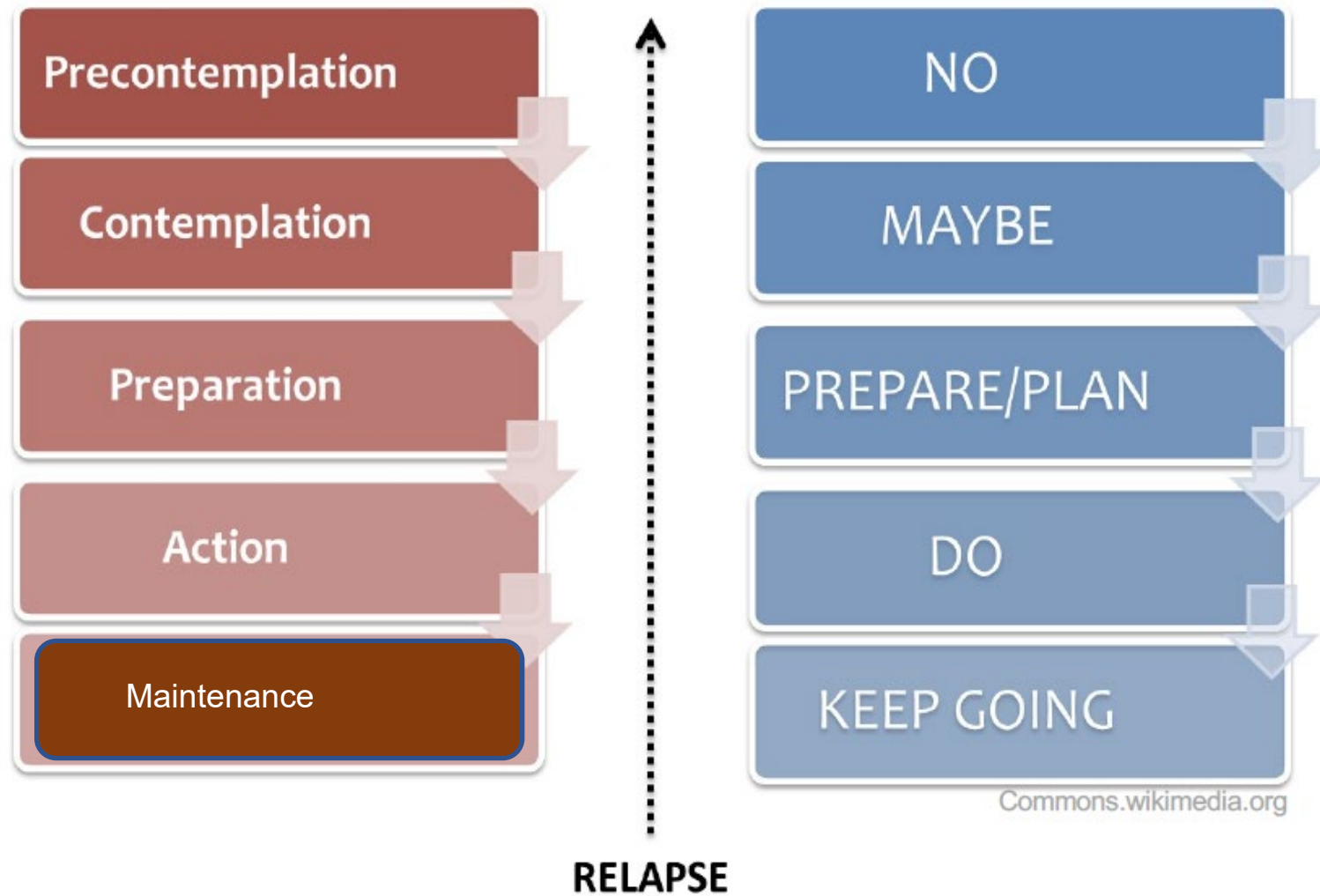


The Gist of Vaccine Information



Transtheoretical Model

Stages of Change



COVID-19 Vaccine Communication Framework

P r

Proactively start the conversation with a Presumptive statement.

O

Offer to share your knowledge about the facts and your experience with having had the vaccine.

T

Tailor the recommendations to their specific health concerns.

C

Address specific concerns (should not be the bulk of the conversation).

T

Talk through a specific plan for where and when to get the vaccine.

PR

Proactively start the conversation with a Presumptive statement.

I am here to support you as you make the decision to take the vaccine. I had the chance to take the vaccine myself and am happy to help you get protected too.

O

Offer to share your knowledge about the facts and your experience with having had the vaccine.

I have been thinking a lot about this vaccine for my patients and educating myself on the science around it. Can I share some of what I know with you?

T

Tailor the recommendations to their specific health concerns.

Here is why you are the right person for this vaccine: you have high blood pressure and diabetes but good quality of life. Because of your conditions, you are at high risk of being hospitalized with COVID, so we need to maintain the good quality of life you have right now.

C

Address specific concerns (should not be the bulk of the conversation).

I had the chance to take the vaccine myself and am happy to help you make the decision too, so you can be protected.

T

Talk through a specific plan for where and when to get the vaccine.

You can do the following the get the vaccine. Provide schedule (2 doses).



Pain is an important factor in vaccine

uptake.

- Meta-analysis, 35 studies included in the final analysis.

- Avoidance of influenza vaccines related to needle fear in influenza vaccine occurred in:
 - 16% of adult patients.
 - 27% of hospital employees.
 - 18% of workers at long term care facilities.
- Important factor in COVID-19 vaccines as they are reported to have more pain and injection site reactions than influenza vaccines.

5 Commitments to Comfort Principles

1. Create a Comfort Plan

- a. Ask for preferences for comfort management and offer choice when able (e.g., preferred pain management strategies, comfort positions).

2. Use Numbing Cream

3. Use Simple, Positive Language

- a. Communicate in a way that reduces fear and distress prior, during, and after the immunization.
 - i. Avoid saying “it will be over soon” or “it will be OK” or words that amplify fear or pain, for example “this is a really painful shot”.
 - ii. Talk about what is going well/went well, for example “you did a great job relaxing your arm”
 - iii. After the immunization is over tell the individual “they did well”, or “by doing this today you are saving lives/keeping yourself and others safe.

4. Use Comfort Positions: Upright comfortable position

- a. If they feel faint or have a history of fainting with needles:
 - i. encourage alternating muscle tension and relaxation (for second increments), or have them lie down.

5. Shift Attention

- a. Examples: using electronics (music/games), slow deep breathing, asking ‘small talk’ friendly questions, or focusing on a picture or poster on the wall.

15-

