Who’s immune to Fake News?
Addressing patient motivation and vaccine hesitancy
23 July 2020
Moderator

Ema Paulino,
ExCo member, Professional Secretary
FIP

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FIP would like to thank Sanofi Pasteur for funding this online event through an unrestricted educational grant.
Announcements

Webinar House Rules

1. This webinar is being recorded and live-streamed via Facebook.
2. The recording will be available on our website www.fip.org.
3. You may ask questions using the questions box.
4. You are welcome to provide feedback to webinars@fip.org.
5. We invite you to become a member of FIP at www.fip.org/membership_registration
Programme of today’s webinar

Overview

1. Introduction – Ema Paulino
2. Why adult immunisation matters
   *Jane Barratt, Secretary-General, International Federation on Ageing – 15 min*
3. Building confidence in vaccines in the age of fake news
   *Caterina Suitner, Psychologist, University of Padova, Italy – 15 min*
Programme of today’s webinar

Overview

4. Public awareness and motivation towards vaccination
   
   **Darragh O’Loughlin, CEO, Irish Pharmacy Union** – 15 min

5. Panel discussion and questions from the audience – 30 min

6. Wrap-up and take-home messages – 5 min
Introduction
Introduction

Photos from Nicco Harro’s post

**HOW TO LEGALLY DECLINE A VACCINE**

**STEP 1.** Do not refuse a vaccine otherwise you'll be considered a troublemaker. Instead you can politely decline their services by doing the following.

**STEP 2.** Ask the doctor if the vaccine has MRC-5 in it (they all do, these are animal fetal cells and there is no RNA). If it does, you have the right to decline.

**STEP 3.** Also ask if there is a possibility of a harmful reaction (an adverse reaction caused by multiple compounds or drugs interacting with each other from the vaccine (they all do). When the doctor says “yes it does”, that’s your “Get Out of Vaccine Jail Free Card”. Thank the doctor for their offer and walk away.

Remember, doctors have sworn the Hippocratic Oath (which is to do no harm) and they MUST honour it. This is how we can legally (and respectfully) decline their offered mandated services and there is absolutely NOTHING they can do about it! Now you know!

**PLEASE SHARE WITH EVERYONE YOU CARE ABOUT**

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DEBUNKED
Introduction
Introduction

• Misinformation regarding vaccines, lack of understanding regarding their important benefits, and limiting fears and beliefs are factors that present challenges to vaccination;
• The amount of misinformation about vaccines circulating on the Internet in recent years has generated a worrying level of hesitancy or outright opposition to the use of vaccines by growing anti-vaccination groups in many countries;
• This has been associated with the return or increase of diseases such as measles and whooping cough;
• Pharmacists play a critical role in building confidence in vaccines and providing evidence-based advice.
Jane Barratt

Secretary General

International Federation on Ageing
Why Adult Immunization Matters?
Healthy Ageing “as the process of developing and maintaining the functional ability that enables wellbeing in older age”
What is “functional ability” and why is it important?

- Personal characteristics
- Genetic inheritance

Health characteristics:
- Underlying age-related trends
- Health-related behaviours, traits and skills
- Physiological changes and risk factors
- Diseases and injuries
- Changes to homeostasis
- Broader geriatric syndromes

Environments

Functional ability

Intrinsic capacity
What is a “life-course approach to health”

Life stage

Social and environmental determinants of health
Families and communities, health services and systems and multisectoral factors related to sociocultural norms, economics, politics, physical environments and sustainable development

Principles in practice for the realization of rights
Apply a human rights-based, gender-responsive and equity-driven approach

A public-health framework for health ageing: Opportunities for public-health action

Hypothetical Trajectories of Physical Activities

- **A.** Optimal trajectory, intrinsic capacity remains high until the end of life.
- **B.** Interrupted trajectory, an event causes a decrease in capacity with some recovery.
- **C.** Declining trajectory, capacity declines steadily until death.

The dashed lines represent alternative trajectories.

Change in life expectancy for a person hospitalized with community acquired pneumonia

60% older adults have 2 or more underlying medical conditions

COPD and diabetes are

COPD, asthma (1.3-13.5x)

Chronic heart disease (3.3x)

Diabetes mellitus (1.4x)

Influenza vaccination reduces the death rates of 20% in older adults living in residential care homes.

Dual vaccination (influenza and pneumonia) is more effective in protecting older persons with chronic illness from developing complications from respiratory, cardiovascular, and cerebrovascular diseases

Barriers

- Lack of evidence
- Inconsistent policies, standards and guidelines
- Professional and public education
- Poor public health awareness
- Costs and Reimbursement
- Competing age cohorts
- Registers and other data collection limited and unconnected

Creator: Fox Photos | Credit: Getty Images Information extracted from IPTC Photo Metadata. Images may be subject to copyright
Components for an Effective Influenza Vaccination Campaign

Comprehensive adult influenza vaccine policies and programs

Clear vaccination communication strategy

- Well-defined audience
- Realistic timeline
- Multiple tools and channels
- Regular updates of information
- Multiple Stakeholders Engagement
Make behaviours (seem) more prevalent

Make behaviours (seem) more me

Make behaviours (seem) more advantageous
## Public Health Messages - Country Comparative Matrix

<table>
<thead>
<tr>
<th>Components</th>
<th>Elements</th>
<th>AU</th>
<th>BR</th>
<th>CA</th>
<th>CN</th>
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<th>DE</th>
<th>JP</th>
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<th>US</th>
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<tbody>
<tr>
<td><strong>Policies and programs</strong></td>
<td>Influenza vaccination is recommended by governmental and advisory bodies for at-risk population</td>
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<td></td>
<td>Influenza vaccination is funded under the National Immunization Program (NIP) or state/local immunization program for at-risk population</td>
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<td><strong>Communication strategy</strong></td>
<td>Published context-specific communication strategy and action plan which defines communication goals, target audiences, expected roles of partner organizations, communication tools and timeline</td>
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<td><strong>Well-defined audience</strong></td>
<td>Universal message distributed to undifferentiated population at the same time</td>
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<td>Dedicated and tailored information for specific at-risk audience</td>
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<td><strong>Multiple tools and channels</strong></td>
<td>Online communication resources such as web content, digital technology, social media, online publications, email etc.</td>
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<td>Messages are disseminated offline by TV, radio, printout (leaflet, poster, brochure, outdoor ads etc.)</td>
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<td>Interactive communication methods including consultation hotline, street campaign and face-to-face mobilization</td>
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<td><strong>Realistic timeline</strong></td>
<td>Timely flu season alert and vaccination reminder</td>
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<td>Specific events scheduled for intensive awareness campaign such as National Vaccination Day/Week/Month</td>
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<td><strong>Updates of information</strong></td>
<td>Information are updated on a regular basis to reflect the most recent evidence and policy, such as recommending newly licensed vaccines for specific recipient</td>
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<td><strong>Engagement of multiple stakeholders</strong></td>
<td>Communication on influenza by non-governmental organizations including ageing society, patient associations and advocacy groups</td>
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Well developed 🟢 Partially developed 🟡 Not yet developed / No evidence 🟥
COVID-19 has exposed in the most brutal way the inadequacy of our health care systems.

Vaccines do not discriminate when it comes to saving lives.
The International Federation on Ageing brings together global experts and expertise to influence and shape age-related policy to improve the lives of our constituency, and to better all of society.

With thanks

jbarratt@ifa.ngo
www.ifa.ngo
www.vaccines4life.com/
Caterina Suitner

Psychologist
University of Padova

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Building confidence in vaccines in the age of fake news

Caterina Suitner
Professor of Persuasion and Social Influence
Università degli Studi di Padova
Dipartimento di Psicologia dello Sviluppo e della Socializzazione
Vaccines are dangerous.
Attitudes towards vaccines
Online Information Gathering

Dis-trust

Online content

Conceivable bias
Output algorithm

Viral Suspicions: Vaccine Hesitancy in the Web 2.0

Bruno Gabriel Salvador Casara
University of Padova

Caterina Suttner
University of Padova and The New School

Maria Laura Bettinsoli
New York University Abu Dhabi
Clarke, 2008

- U.S.A. and U.K. press analysis
- coverage of news of the autism-vaccine link issue

Presentation of Autism-Vaccine Studies and Claims ($n = 279$), Combined Sample

- Both pro and anti-link present (31%)
- Neither pro nor anti-link present (27%)
- Only anti-link present (18%)
- Only pro-link present (24%)

FALSE BALANCE!

FAKE NEWS!
False Balance

“aims for neutrality [and] requires that reporters present the views of legitimate spokespersons of the conflicting sides in any significant dispute . . . with roughly equal attention”

Entman (1989)
Falsely balanced massages....

• reduce the perceived agreement between experts (Koehler, 2016)
• reduce the trust in experts (Koehler, 2016, Kohl et al., 2016)
• increase a sense of ignorance (Dixon & Clark, 2012)
Community divide

Pro
Control
Anti
False B.
Trust in Vaccines

- Pro
- Control
- Anti
- False B.
Google trends & Vax Coverage 2004-2016

% vaccinated

Year
Confirmatory bias in Online Searches

1. Opinion about vaccination
2. Google Search

* Digit the keywords you would use on Google for searching information about vaccines.

Keyword 1
Keyword 2
Keyword 3
173 F NOT VACCINATED
Age 29,16
Where (73 rows excluded)
Each error bar is constructed using 1 standard error from the mean.
Online Information Gathering

Viral Suspicions: Vaccine Hesitancy in the Web 2.0

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New York University Abu Dhabi
The role of risk perception

The perceived likelihood of having health issues is associated with health intention and behaviours

Health Belief Model (Rosenstock, 1974)
Extended Parallel Process Model (Witte, 1992)
Protection Motivation Theory (Rogers, 1975)

a meta-analysis of 34 studies (N = 15998) found that the perceived likelihood of getting ill predicts vaccination behaviour (r = .26).
Brewer et al 2007
Unrealistic optimism, trust in science, and conspiracy beliefs: Towards a better understanding of the hesitancy to get vaccinated against COVID-19

Paweł Muniak  Dariusz Dolinski  Oliver Genschow  Caterina Suitner Bruno Gabriel  Wojciech Kulesza

a representative sample within the United States: 1000 participants
515 women, 485 men, AGE 18-82, M = 45.33, SD= 15.95
(Q1) Are you going to take a shot once the COVID-19 vaccine is available on the market?
(Q2) In the coronavirus (COVID-19) case, can we rely on the results of research conducted by scientists?
(Q3) I believe that some secret powers (e.g., countries, big corporations) are responsible for coronavirus/COVID-19?
(Q4) How likely is it that you will become infected with coronavirus (COVID-19)?
(Q5) How likely is it that your fellow countrymen will become infected with coronavirus (COVID-19)?
people judge it more likely that their compatriots will be infected with the coronavirus than themselves
people believe more in science than in conspiracy
Thank you
Darragh O’Loughlin

Secretary General (CEO)
Irish Pharmacy Union
FIP Online Series: Increasing Vaccine Coverage Through Pharmacists

WHO’S IMMUNE TO FAKE NEWS?
Addressing Patient Motivation and Vaccine Hesitancy

DARRAGH J O’LOUGHLIN MPSI
Secretary General, Irish Pharmacy Union

@Darragh_OL
Every winter
in the WHO European Region
up to
60 000
people over age 65
are expected to die of #influenza
or complications of influenza.

Vaccination saves lives.

www.euro.who.int/influenza
© WHO 10/2018
Influenza vaccination coverage rates insufficient across EU Member States

None of the European Union (EU) Member States could demonstrate that they reach the EU target of 75% influenza vaccination coverage for vulnerable groups, according to a new report from the European Centre for Disease Prevention and Control (ECDC). Influenza vaccination coverage remains low in many countries, and leads to severe disease, hospitalisations and premature deaths. If no improvements in the vaccine uptake will be seen, significant burden on the healthcare systems can be expected also during this upcoming winter season.
Vaccination: a Public Health Imperative

- Flu:
  - Fewer than one in three older people vaccinated against flu
  - For people with chronic illnesses, coverage was below 40%
  - Vaccine uptake among healthcare workers as low as 40%
  - Among pregnant women, uptake below 10%

  [WHO Europe/ECDC survey 2018]

- HPV:
  - 1 in 100 women in Europe will develop cervical cancer
  - HPV vaccine almost 100% effective in preventing persistent HPV infections that can cause cancer
  - Vaccination rates undermined by false information
Vaccination – Opportunities for Pharmacy

- Identification of vaccine-eligible patients (screening)
- Familiarity with national at-risk criteria
  - Elderly
  - Long term / residential care
  - Chronic illness
  - Immunocompromised
  - Pregnancy
  - etc.
- Pharmacists recognise patients’ risk factors
- Can interact efficiently with patients in a very short time
- Pharmacists are trusted source of information
- Can offer education on influenza vaccination during flu season
- Promote other vaccines – e.g. HPV – offering factual information
- Pharmacies provide efficient, accessible vaccination service
Vaccination during Covid-19

- Minimise patient time in pharmacy
- Appointment based service, not walk-in
- Web-based booking system for patients
- Appointments available only at times that suit pharmacy
- Generates schedule for pharmacist
Vaccination during Covid-19

- Minimise pharmacist contact time with patient – administration only
- Provide vaccine information including allergy risks and potential ADRs online
- Patient acknowledges understanding and gives consent in advance
Vaccination – Falsehoods and Fake News

- Anti-Vax misinformation campaigns
- Pseudoscience that preys on fear, ignorance and mistrust in institutions
- Significant public health risk
- Spread online, through social media and by word-of-mouth
Vaccination – Falsehoods and Fake News
Vaccination – Fighting the Falsehoods

- Pharmacists as part of national information campaign
- Consistent message with other stakeholders
  - Government
  - Health Service
  - Other healthcare professions
  - Patient groups
  - Civil society
- Pharmacists have more public contact than other professions
- Make every contact count
- Opportunistic prompting of patients to think about relevant vaccines
Minister for Health launches new alliance aimed at improving vaccination rates and reducing vaccine hesitancy

From Department of Health
Published at: 10 September 2019
Last updated 10 September 2019

Minister for Health Simon Harris TD has today (Tuesday) launched the Vaccine Alliance aimed at boosting the uptake of childhood vaccines and reducing vaccine hesitancy.

The Alliance will include healthcare professionals, policy makers, patient advocates, students, and representatives from groups most affected by vaccine hesitancy.

Simon Harris, Irish Minister for Health

“I'm not a medical expert, I don't give medical advice and I think that's a very good rule of thumb for everybody to follow.

If you want to be a clinician, if you want to be a pharmacist, if you want to be a scientist - go study one of those disciplines. Then come back and give scientific advice.”
Any questions?

Please use the questions box
Wrap up

Conclusions
<table>
<thead>
<tr>
<th>Date</th>
<th>Title</th>
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<tbody>
<tr>
<td>6 August</td>
<td>An overview of current pharmacy impact on immunisation – Presentation of key findings from FIP's report 2020</td>
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<tr>
<td>3 September</td>
<td>Give it a shot: Advocating for pharmacy-based vaccination and achieving legislative changes</td>
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<tr>
<td>15 September</td>
<td>Can the World afford low vaccination coverage rates? Broadening vaccination gateways through pharmacies</td>
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<tr>
<td>16 September</td>
<td>Influenza vaccination: Strategic elements of development, supply and delivery for optimal prevention</td>
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<tr>
<td>18 September</td>
<td>Vaccination in practice - A training course – Part 1. The value of vaccines for society and special populations</td>
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<tr>
<td>19 November</td>
<td>Vaccination in practice - A training course - Part 2. Vaccine safety and confidence</td>
</tr>
<tr>
<td>13 January</td>
<td>Vaccination in practice - A training course - Part 3. Vaccination procedures and common errors</td>
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Thank you for attending!

Please provide feedback through the survey you will see at the end of the event