Globally, health care workers are among the first groups of people to have access to the COVID-19 vaccine. Prioritization has been given to health care workers for a number of reasons:

- Health care workers have an elevated risk of exposure, infection, and disease.\(^1\), \(^2\)
- Protecting health care workers will prevent the loss of a critical workforce.\(^3\)
- Health care workers are a trusted source of vaccine information and play a key role in promoting vaccine acceptance and uptake.\(^4\)

However, recent surveys suggest a high rate of COVID-19 vaccine hesitancy among health care workers is driven by low confidence in the safety and efficacy of the vaccine, with many indicating that they would rather “wait-and-see”. Developing effective strategies that increase vaccine confidence and lead to maximal vaccine uptake is crucial. High vaccine confidence among health care workers will also be important to ensure vaccine uptake in the general population.\(^5\)

This research brief provides an overview of the issues surrounding vaccine confidence, barriers to building confidence and outlines strategies that may assist in building vaccine confidence. Sources are provided throughout the brief for further reference and a resource section is included at the end for additional reading.

**THE WHY**

**Vaccine Confidence and COVID-19 Vaccines**

The decision to vaccinate involves a complex mix of psychosocial, cultural, economic, political, and other factors that often go beyond exposure to misinformation and anti-vaccine movements. One suggested model for understanding people’s decisions to vaccinate is based around four Cs: \(^6\), \(^7\)

- **Confidence**: Trust in the vaccine safety and efficacy, health system, and government
- **Convenience**: Issue of physical availability, access to time off/transportation, ability to understand language/health literacy and the degree to which vaccination services are delivered at a time and place in culturally appropriate context
- **Complacency**: Perceived risks of disease are low and the vaccine is not perceived to be necessary to prevent disease
- **Calculation**: Faced with conflicting information and weighing pros and cons may lead to state of indecision
Vaccine confidence is defined as the trust that patients, parents, or health care providers have in:

- The recommended immunizations
- The provider(s) who administers vaccines
- The process that leads to vaccine development, licensure, manufacturing, and recommendations for use

Although health care workers may have high confidence in vaccines in general, the rapid development and deployment of the COVID-19 vaccine has generated safety and efficacy concerns. A survey conducted by the American Nurses Foundation in October 2020 exploring nurses’ knowledge of and attitudes towards COVID-19 vaccine development found that 37% of respondents were not confident that a COVID-19 vaccine would be safe and effective and 36% of respondents indicated that they would not voluntarily receive the vaccine.

The Kaiser Family Foundation survey on COVID-19 vaccine hesitancy in the US found that almost a third (29%) of health care workers were hesitant about receiving the vaccine. Worry about possible side effects and wanting to wait to see how the vaccine worked for other people were two of the most common reasons mentioned for being hesitant.

**THE WHAT**

**Challenges in Building COVID-19 Vaccine Confidence**

The COVID-19 vaccines bring some unique challenges that have not typically been an issue for other vaccines. While many factors influence vaccine confidence in health care workers, research shows the following as the main challenges to overcoming vaccine hesitancy:

**Rapid development and novelty of COVID-19 vaccines**

The unprecedented speed of trials to test COVID-19 vaccine safety and efficacy has increased people’s perception of risk. There is also currently no long-term safety information, and efficacy in some demographic groups is not well understood.

New vaccine platforms (e.g., nucleic acid-based vaccines) have led to new concerns, such as the fear that these vaccines will alter a person’s DNA. Other uncertainties including the lack of transparency in the vaccine development process and the duration of vaccine protection may undermine confidence.

**Information sharing and social media**

Social media can spread and amplify misinformation, disinformation, and anti-vaccine narratives that become difficult to refute. News media may overemphasize rare events and create associations between vaccines and unrelated adverse events increasing the perception of risk of COVID-19 vaccines.

**Politicization of the pandemic and COVID-19 vaccine development**

Governments have downplayed the pandemic and suppressed science, undermining public trust in both institutions. Political involvement in vaccine development has been shown to be associated with a decreased willingness to receive the COVID-19 vaccine.

**THE HOW**

**Strategies to Build Vaccine Confidence**

Efforts to build vaccine confidence should focus on increasing trust in vaccine effectiveness and safety, in the public health response, and in health systems and government more broadly. A number of organizations have developed strategies specifically focused on building confidence in COVID-19 vaccines, including The National Academies of Sciences, Engineering, and Medicine; The US Centers for Disease Control and Prevention (CDC); Social Science in Humanitarian Action Platform; The American Pharmacists Association; and the American Psychological Association.

The following table synthesizes and combines evidence-based approaches to build vaccine confidence drawing from academic literature and organizations’ strategies and guidance documents. The list is not exhaustive and focuses on approaches that are relevant to building confidence among health care workers in hospitals and other health care settings.
<table>
<thead>
<tr>
<th>Approach</th>
<th>Description</th>
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</table>
| Engage vaccine champions                      | • Identify and partner with trusted leaders from different areas and occupational groups in the facility to help convey information and facilitate dialogue  
• Share their stories and reasons for choosing to receive the vaccine  
• Co-design targeted strategies for effective communication                                                                                                                                                               |
| Host small discussions                        | • Hold culturally and linguistically appropriate discussions with staff across all occupational groups to address questions, concerns and get input on how to increase vaccine confidence  
• Bring the discussion to where people are based  
• Consider applying principles of Motivational Interviewing\(^{25}\) - empathy, collaboration, evocation and support for autonomy                                                                                                    |
| Communicate across multiple channels          | • Share key messages in multiple formats and across multiple channels (e.g., videos, blogs, emails, posters)  
• Make information available in multiple languages and use visuals  
• Tailor messages to specific populations                                                                                                                                                                                                                                     |
| Educate and empower staff                     | • Educate clinical and non-clinical staff on COVID-19 vaccines and communication around vaccines  
• Provide an opportunity for staff to ask and have questions answered (e.g., dedicated phone line, email, social media livestreams)  
• Empower and provide resources to staff to have vaccine conversations with colleagues, family, friends, and community members                                                                                                                                                 |
| Work towards racial equity                    | • Acknowledge existing inequities and systemic racism  
• Acknowledge disparities in COVID-19 health outcomes by race and ethnicity  
• Make a commitment to advance health equity and work with trusted leaders to create health for all communities                                                                                                                                                        |
| Measure and communicate inequities in vaccine distribution | • Monitor vaccine distribution within the organization and communicate findings  
• Work with leaders to implement solutions to address inequities                                                                                                                                                                                                               |
| Make vaccine uptake visible                   | • Provide pins, stickers, lanyards  
• Create photo galleries in break rooms  
• Record and share testimonials  
• Encourage people to share with colleagues, friends, and family that they received the vaccine                                                                                                                                                                             |
**Things to Consider When Building Vaccine Confidence**

Communication is fundamental to building vaccine confidence. Being credible, clear, empathetic, and honest have been shown to be essential in building trust and promoting acceptance of vaccines.\(^{26}\) A better understanding of the barriers to and motivators of vaccination for particular populations can help target communication activities and messaging accordingly. Please refer to the Ontario Hospital Association’s research brief on effective communication strategies for more detailed guidance and recommendations.

Emotions such as fear, anxiety, and regret, are important drivers of vaccination.\(^{27,28}\) Fear of infection or the severity of COVID-19 might strengthen a person’s intention to get vaccinated but eliciting anger can have the opposite effect.\(^{29}\)

Social norms, the shared rules within a group that determine behaviour, may increase uptake if the norm is to vaccinate but can be counterproductive if members of the group refuse to vaccinate.\(^{30}\)

**Table 2: Examples of interventions to increase vaccine acceptance and considerations for implementation**

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Informational campaigns</strong>&lt;br&gt;E.g., fear appeals, myth debunking</td>
<td>• Fear messages may increase intentions to get vaccinated but anger toward the message may undermine its impact (affect heuristic)&lt;br&gt;• Correcting misinformation and refuting myths can be ineffective or counterproductive (belief perseverance and back-fire effect)&lt;br&gt;• Sharing statistical probabilities of rare events and instead highlight the typical experience (base rate fallacy)</td>
</tr>
<tr>
<td><strong>Incentives</strong>&lt;br&gt;E.g., cash payments, gift cards,</td>
<td>• Reducing out-of-pocket costs (e.g., transportation fare) may increase vaccine uptake&lt;br&gt;• Incentives may heighten perceived risks and decreased uptake&lt;br&gt;• Rewards may decrease voluntary behaviour</td>
</tr>
<tr>
<td><strong>Default appointments</strong>&lt;br&gt;E.g., make vaccine appointments “opt-out”</td>
<td>• May work for people who already intend to get vaccinated but anger people who have low confidence&lt;br&gt;• May increase the number of “no-shows” to scheduled appointments</td>
</tr>
<tr>
<td><strong>Increase observability</strong>&lt;br&gt;E.g., stickers, buttons, lanyards</td>
<td>• Visible signals of broad vaccine acceptance can help establish vaccination as a social norm&lt;br&gt;• Some signals, such as buttons/stickers, may be counterproductive if uptake is low</td>
</tr>
<tr>
<td><strong>Highlight natural scarcity</strong>&lt;br&gt;E.g., reinforce privilege to be prioritized</td>
<td>• May counter “wait-and-see” attitude&lt;br&gt;• Fear of not being able receive a second dose may increase hesitancy to get first dose</td>
</tr>
</tbody>
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Heuristics and cognitive biases, mental shortcuts that allow people to solve problems and make judgements quickly, influence vaccine decision-making.\(^{31}\) For example, people tend to assign more value to rare events and often ignore the true rate of occurrence leading to inaccurate probability judgments (base rate fallacy). When deciding whether to be vaccinated, people may exaggerate the risk of an anaphylactic reaction even though the likelihood of this happening is incredibly low. A useful list of cognitive biases can be found [here](#).

**Other Approaches to Increase Vaccine Acceptance and Uptake**

Interventions that draw on marketing\(^{32}\), psychological science\(^{33}\), and behavioural insights\(^{34}\) can also increase vaccine acceptance and uptake. The following table outlines examples of interventions that may be implemented as part of or in combination with vaccine confidence strategies.
RESOURCES

- The American Psychological Association – Building Vaccine Confidence Through Community Engagement
- American Pharmacists Association – Vaccine Hesitance: Understanding and Addressing Vaccine Hesitancy During COVID-19
- Center for Public Interest Communications A practitioner’s guide to the principles of COVID-19 vaccine communications – includes a set of principles for sharing vaccine information that can help increase trust, acceptance and demand for vaccination
- First Draft News Vaccine Insights Hub – insights, intelligence, and reporting guidance on emerging health and vaccine misinformation
- The US Centers for Disease Control and Prevention (CDC)
  - Vaccinate with Confidence – strategy to reinforce confidence in the COVID-19 vaccine
  - How to Build Healthcare Personnel’s Confidence in COVID-19 Vaccines – outlines steps facilities can take to make HCWs more confident in the decision to get vaccinated
  - Toolkit for Medical Centers, Pharmacies, and Clinicians – ready-made materials that can be used or adapted to build confidence about COVID-19 vaccination among your healthcare teams and other staff
- Recipient Education Toolkit – communication strategies and tips for effectively setting expectations and addressing questions from COVID-19 vaccine recipients
- Long-term Care Facility Toolkit – information and resources to help build vaccine confidence among healthcare personnel (HCP) and residents
- World Health Organization (WHO)
  - Vaccine Safety Net (@VaccineSafetyN) – network of websites, established by the WHO to provide reliable information on vaccine safety
  - Vaccination and Trust – scientific evidence behind WHO’s recommendations on building and restoring confidence in vaccines and vaccination, both in ongoing work and during crises
  - Manufacturing, safety and quality control of vaccines


