A short guide to communicating about vaccine-related crises and AEFIs

Background

The introduction and roll out of COVID-19 vaccines is a great opportunity for countries in the Western Pacific Region. At the same time, it creates numerous challenges. Among them is the need to prepare for and respond to adverse events following immunization (AEFIs) and vaccine-related crises. Multiple vaccine candidates are being developed, tested, approved and rolled out with unusual speed, using a range of vaccine technologies, and intended for use in vulnerable populations, particularly older adults. This context is understandably causing some people to be confused and concerned. At the same time, many people are eagerly awaiting access to the vaccine, seeing them as a step towards life returning to 'normal'.

AEFIs are to be expected as part of rolling out any vaccine. As COVID-19 vaccines are rolled out, we can anticipate AEFIs, which may or may not be directly caused by the vaccine: for example, older people may have underlying health conditions and could become seriously ill or even die, coincidentally after receiving the vaccine. These events may not be caused by or related to the vaccine or its quality, but communicating this will be challenging. We will also be called on to respond to crises such as vocal anti-vaxxers gaining traction with the public. The impact of these kinds of issues may be amplified by the very particular context in which COVID-19 vaccines are being developed: the speed of vaccine development and rollout, the use of new technology, the targeting of adults for vaccination, and the current infodemic.

As has been seen during recent events in this Region (e.g., challenges related to measles vaccination in Samoa, dengue vaccine in the Philippines, and HPV vaccine in Japan), vaccine-related crises and AEFIs can damage trust in immunization for months or even years, having a long-term public health impact. These events have shown that it is not the facts alone that matter, but people's feelings and perceptions. Unless effectively handled in a timely manner, these events can easily become politicized and result in lower routine immunization rates, leading to future outbreaks of vaccine-preventable diseases.

On the other hand, a crisis is always an opportunity to show leadership and express empathy and compassion. Communicating early about the possibility of AEFIs will help to establish trust in public health leaders and the health system when the time comes to address an AEFI, or a crisis. Effective risk communication around AEFIs and vaccine-related crises can minimize the negative impact of these events on immunization rates and contribute to the long-term building of trust.

Target audience for this short guide

This short guide has been developed for communications, community engagement and related professionals (e.g., risk communication, health promotion, vaccine demand) working for governments, WHO/UNICEF country offices and partner organizations.

How to use this short guide

This document aims to summarize key advice contained in guidance such as the global draft module on COVID-19 vaccine safety communication and Regional guidelines on Immunization Safety Surveillance. It can be used to help fill out the 'preparing for and responding to crises' section of the *COVID-19 Vaccine Communication and Community Engagement National Planning Checklist and Template*.

NOTE: In this short guide, we refer to 'vaccine-related crises *and* AEFIs', as:

1. An AEFI, if handled correctly, does not need to become a crisis; and,
2. We may face crises that are not directly related to vaccine safety but which can seriously undermine trust in a specific vaccine, the overall immunization program and/or the health system more broadly (e.g., prominent anti-vaxxers gaining traction with the public).

Types of events and crises you may want to prepare for

Consider your past experiences with immunization in your country and the types of vaccine-related crises you need to prepare for. Some ideas on the kinds of crises witnessed in the Western Pacific Region and elsewhere are described below. What lessons were learned from previous experiences that can be built on? Also consider how this vaccine introduction will be different from others; you may need to consider additional risks and concerns.

Adverse events following immunization (AEFI)

An AEFI is any unexpected medical event after immunization which may or may not be caused by the vaccine or vaccination. AEFIs may be:

- Anxiety-related – such as illness or fainting related to anxiety around being vaccinated. There may be clusters of these cases where people's physical symptoms are passed on via sight and/or sound (i.e., they see someone faint, and then they faint). While the cause may be psychological, the people affected by anxiety-related AEFIs exhibit real physical symptoms, such as faintness, nausea, or weakness. In these scenarios, it is important to avoid telling people that it is "all in their head" but to communicate with empathy and compassion.
- Coincidental – when someone happened to be ill or even die from another cause at around the same time they received the vaccine. Upon investigation, it is found that something else was the cause of their illness or death. With COVID-19 vaccines, people who are older and with underlying health conditions are among those who will be prioritized for vaccination. We are therefore likely to see more coincidental AEFIs, as these people are more likely to just happen to be sick with something else at the time they are vaccinated. Helping people to understand, in advance, that coincidental AEFIs can occur can help in limiting the impact of such events.
- A result of an error during the transport, storage, preparation or administration of the vaccine – such as when someone is accidentally injected with the wrong substance or when the vaccine has been improperly stored. When faced with this situation, you need to be as

open as you can about what is known, how it is being investigated and mitigated, and provide regular updates.

- Vaccine reactions of a mild or moderate nature – reactions such as pain or redness at the injection site are quite common, and fever and body aches can be part of the body's immune response. This can occur with many vaccines, including vaccines routinely given in childhood (BCG, measles etc). Ensuring people understand in advance that these reactions occur and are in some cases expected, but that they usually pass rapidly, can help. Explaining what people can do in response to mild or moderate reactions can also help alleviate worries (e.g., paracetamol to reduce fever and pain).
- Severe vaccine reactions – such as seizures or severe allergic reactions (e.g., anaphylaxis). Generally, severe reactions are extremely rare. However, in the case of a mass roll out, even a small risk can result in many reactions being reported if a very large number of people are being vaccinated – e.g., a 1 in 100,000 risk could result in 500 people experiencing severe reactions if the target population is 50 million. The public should be armed with information on the signs of a more severe reaction and what they should do if they, or a loved one, begins to experience such symptoms.

In order to prepare for all kinds of AEFIs, it is important to communicate transparently to the public as early as possible, ideally *before* the vaccine is even rolled out, about the common side effects, potential risks, as well as the benefits, of vaccination and the safety mechanisms that are in place to detect any issues. When an AEFI is first detected, the cause may not initially be clear, so communicators need to explain what is being done to investigate and respond to the event and to provide regular updates.

Prominent voices can actively undermine trust

As mentioned previously, when it comes to people's willingness to get vaccinated, feelings and perceptions can outweigh facts. Prominent negative voices, left unchecked, can therefore seriously undermine a vaccination campaign and immunization in general. Based on experience, we need to be ready for:

- Vocal and influential anti-vaxxers - e.g., when a prominent celebrity spreads anti-vaccination messages which gain some traction with the public. This includes voices within the country or from other countries.
- Political opponents who use anti-vaccine messaging opportunistically as a tactic to undermine the government.
- Religious leaders who tell their congregations that the vaccine, or vaccination in general, does not align with their religious beliefs.
- Health professionals who speak out against vaccination. Their concern is often specific to one, or a limited set of, vaccine/s. With COVID-19 vaccines, some health workers may speak publicly on their concern about issues such as the vaccine development process, the speed of the trials or the use of new technologies (e.g., messenger RNA vaccines).

Note that this is a list of 'prominent' voices – there's no need to respond to every troll (i.e., a person with negative intentions) with a handful of followers on social media. Instead, it is important to analyze the potential impact of the negative voice and to carefully consider if and/or how to engage (see Annex 1 for more details). Transparent and timely communication can help prevent these negative voices from gaining traction in the first place, as mis- and dis-information spreads rampantly when there is an information vacuum.

Divergence in messaging can create confusion and mistrust

On occasion, despite the best intentions, different parts of government can end up sharing divergent messaging. When this happens, it can create confusion and contribute to mistrust. Coordination of communications across government is essential to avoid divergence in messaging. It is important that there is a shared understanding of the value of risk communication approaches – such as being transparent about risks and communicating uncertainty – in building trust (and therefore protecting the economy) over the long-term.

The suspension of the vaccination campaign

An AEFI or safety event could lead to the suspension of the vaccination campaign. Such a suspension may be temporary -- to allow for an investigation to be conducted, for example – so careful communication is required to allow for the early restart of vaccination and minimize the impact to the broader immunization programme. It is important to communicate early and openly, even before the vaccine is rolled out, about the safety mechanisms in place. This will help people feel confident that there is a robust system set up to detect and respond to any adverse events. It will also help them to understand that investigations take time, and often they find that there's nothing wrong with the vaccine. If it becomes necessary to suspend vaccination temporarily, it is important to communicate very openly about the reasons for the decision and when vaccination may be restarted. Note also that the suspension of vaccination in a neighbouring country or other significant changes in the national situation (e.g. a large increase in COVID-19 cases straining the capacity of the health system) may also require proactive communication. Investing in community feedback systems helps to ensure fears, needs and concerns are identified at an early stage.

The unexpected

In order to be prepared for a crisis that we cannot predict, we should make sure there are mechanisms in place (such as trained spokespeople, procedures for rapid clearance) to allow for timely and transparent public announcements and ongoing communications.

Before a crisis occurs or an AEFI is reported

How to communicate before a crisis or AEFI occurs

Careful communication *before* a crisis or AEFI takes place ensures that people are less likely to respond entirely negatively when an issue does arise. This communication should start before the vaccine is even rolled out, and continue throughout the vaccination campaign. Some principles to keep in mind as you carry out this ongoing communication are as follows:

- Communicate with openness and transparency – while communicating the benefits of vaccination, be transparent about the risks and the systems in place to detect and respond to AEFIs. Being upfront about these risks ensures that people are empowered to make their own evidence-informed decisions and are less likely to feel shocked or that they've been misled if an issue arises later. Ensure that your messaging covers:
    - What AEFIs are and why they are being monitored (see Annex 2 for some messaging that can be adapted)

  - The role of trials in the evaluation of vaccine safety and efficacy
  - What is known about safety, known AEFIs, and their rates during vaccine trials and rollout so far
  - What we know now, where uncertainty remains, and what is being done to fill information gaps
  - Plans for ongoing monitoring of AEFIs and plans for detecting and managing safety signals
  - The benefits of the vaccine

- Do not overpromise – no vaccine is 100% safe. COVID-19 vaccines will not be a 'silver bullet' or be enough to immediately stop the outbreak.
- Acknowledge uncertainty – with new vaccines like the ones for COVID-19, there is a lot that is still unknown. Communicate what you don't know, as well as what you know.
- Prime people to expect that they may see or hear misinformation – and encourage them to seek information from reputable sources and not to spread the misinformation further.

What to prepare

Note: this checklist is designed to be used in conjunction with the COVID-19 Planning Document and template.

Examine your national risk communication and community engagement (RCCE) strategy and/or related standard operating procedures and see if they include:

- ❑ An annex that outlines the standard response to vaccine-related crises and/or AEFIs (WHO WPRO has a template that can be used to create hazard-specific annexes)
- ❑ Procedures for the rapid clearance and release of information during emergency situations
- ❑ A mechanism for coordination of communication across government at the national level, including with the Prime Minister's/President's office
- ❑ A mechanism for coordination of communication between the national and sub-national levels of governmental response agencies
- ❑ A mechanism for coordinating with partner agencies who would be involved in communicating around a vaccine-related crisis or AEFI (such as WHO, UNICEF)
- ❑ Pre-identified spokespeople who are trained and able to communicate about vaccine-related crises
- ❑ A system for bringing together different sources of intelligence on community perceptions (e.g., hotlines, surveys, social media listening) and using it to inform communications and the broader response
- ❑ An updated media contact list
- ❑ An updated matrix of key audiences, their preferred communication channels and influencers

Ideally, a lot of this should exist already, however you may need to update and refine these items to ensure they are relevant for AEFIs and vaccine-related crises and fill any gaps. Other preparedness activities may include:

- ❑ Gaining the agreement of the highest levels of government, including the Prime Minister's/President's office, for the rapid and transparent release of information on AEFIs and vaccine-related crises

- ❑ Ensuring that the communications team (or equivalent) is involved in vaccine safety planning and decision-making activities and processes
- ❑ Producing and pre-testing messages and content templates (e.g., a scenario-based message matrix, holding statements) for different kinds of vaccine safety events and AEFIs
- ❑ Training communicators and spokespeople, including at the sub-national level, on communicating vaccine-related crises
- ❑ Engaging with health care workers, including on how to communicate about vaccines and AEFIs
- ❑ Sensitizing journalists to the possibility of AEFIs and vaccine-related crises and how their careful reporting can keep the public informed without unfairly jeopardizing future life-saving immunization efforts
- ❑ Ongoing monitoring of drivers and barriers to the public's acceptance of vaccines (such as through surveys)
- ❑ Ensuring that there are human resources and funding available to allow for the scale-up of communication activities, if needed (e.g., staff or volunteers to answer questions coming in through hotlines and on social media)
- ❑ Creating a decision-making tool to help you decide if, when and/or how to engage with people who are actively undermining the vaccination campaign such as prominent anti-vaxxers (see annex 1, below, for an example that can be adapted and contextualized)
- ❑ Developing relationships with major social media companies to limit the impact of disinformation while promoting accurate information from trusted sources (such as the national health authorities, UNICEF and WHO).
- ❑ Engaging with community leaders and influencers who are trusted by the public. Consider involving them in the design of communication strategies for vaccine-related crises (e.g., to jointly develop locally-appropriate analogies to explain vaccine safety systems).

When a crisis occurs or an AEFI is reported

How to communicate when a crisis or AEFI arises

Communicating about an AEFI or during a potential crisis can feel uncomfortable – our first instinct may be to try to ease community concerns and reassure people. However, it is essential that we are open and transparent about what is happening, and that we are proactive in communicating ahead of others in order to build and maintain trust. The assumption that the public will panic if they have access to accurate information is not supported by evidence. Lack of honesty and withholding information, on the other hand, can erode trust. In this digital age, news travels fast. If you don't announce the issue yourself, someone else will, and they will get to frame the story to suit their own objectives. On the other hand, you can have tremendous influence on how the issue is perceived and contribute to the building of trust over the longer term by following the principles laid out below:

- Communicate first. People are more likely to believe the first source and message that they receive. Even if little information is known at this point about the AEFI or crisis, communicating early will increase your credibility and trust.
- Be frequent in updating the public. Let the community know when you will share updated information and always fulfil that commitment, even if no new information is available.
- Be transparent and honest about what has happened, including if there are things you don't yet know. Share what you are doing to find out more information.

- Avoid over-reassuring people. For example, even if you mention that most AEFIs turn out not to be caused directly by the vaccine, also acknowledge that serious AEFIs do occur, which is why there are safety monitoring systems in place.
- Be empathetic – show that you care and that you understand that people may be concerned.
- Respond to commonly raised questions and concerns, even if the answer is just to say, 'we don't know that yet'. Address misunderstandings and rumours.
- Let people know how they can get in touch for further information or to raise concerns (such as through a hotline, website or social media account).

What to do

Activities in the first 1-2 days of being notified of a serious AEFI (e.g., one resulting in serious illness, disability or death and/or likely to cause wide-spread concern) or crisis:

- ❑ Gather your core group of communicators, assess the potential impact of the event on trust in vaccination, and decide on the scale of your communications response (e.g. from a note posted to your website to a national press conference)
- ❑ Adapt or develop messaging for the current situation
- ❑ Share information on the event immediately. Be open about what is not yet known and what you are doing to find out more information.
- ❑ Alert other government ministries/departments, levels of government and partners and share messaging
- ❑ Activate coordination mechanisms to ensure alignment of messaging across government and partners
- ❑ Enhance capacity to answer questions coming in through trusted influencers (e.g., health care workers) and two-way platforms such as hotlines or social media (e.g., through surge staffing and provision of FAQs)
- ❑ Adapt or create communication materials and translate into relevant languages and formats for target audiences
- ❑ Use the listening system to continuously monitor community perceptions, concerns and needs. Use the intelligence gathered to inform communication activities and the broader response.
- ❑ Continue to update the public. Short, frequent updates can be effective.

After the crisis or AEFI

It may be tempting to quickly move on to the next issue, however, it is important to consider whether you need to close the loop on the crisis or AEFI. The results of AEFI investigations, in particular, will need to be reported, along with any changes in vaccination practice that will be occurring as a result. Communicating transparently about the results of the AEFI investigation will build trust over the longer term, as it shows that safety mechanisms are working. Finally, you may want to consider holding a short after-action review to capture lessons learned during the response so that you can update plans and strategies to respond more effectively in future.

Annex 1: Tool for deciding when and how to engage with negative voices

1. Consider if it's worth responding to this person and their comments:
    - How much influence does this person have? Are their comments being repeated in the media and/or is it being taken seriously by people within a certain community?
    - If their comments are taking place on social media, how many followers do they have and how many people have liked or shared their content?

2. Before responding, try to figure out what is motivating this person:
    - Is their comment a genuine question, concern or misunderstanding? Have they shared a rumour by accident?
    - Is it coming from a declared antivaxxer? If so, you're unlikely to change their mind.

3. Decide *who* should respond. Is this person of a high-enough profile that it warrants a response from your agency or senior spokesperson? Or is this better coming from someone else, such as a trusted influencer, partner, a more junior staff-member or your sub-national counterpart?

4. Respond when necessary, while being respectful. Those who are supportive or undecided will be watching how you treat those who oppose you, so be kind.
    - If they appear to have merely misunderstood the facts or have a genuine question or concern, you can consider responding directly to them.
    - If they are a declared antivaxxer, you will want to avoid drawing further attention to them. Instead, respond indirectly by sharing factual information on your public platforms. Without naming anyone, you can use the formula, "You may hear <insert incorrect information>. However, the fact is <insert correct information>."

5. Report disinformation (i.e., posts or comments that are deliberately incorrect, misleading and harmful) being shared on social media and block anti-vaccine activists, if needed.

Annex 2: Sample key messages on adverse events following immunization

The set of generic key messages below can be used as source material to help you communicate about adverse events following immunization. However, this messaging should always be adapted for the particular vaccine, campaign and local context. For more specific messaging to help you communicate COVID-19 vaccines, please refer to the document, *How to talk to the public about COVID-19 vaccines*, and/or check in with your local UNICEF or WHO office.

- We understand that people have questions about the safety of vaccines and the potential for side effects. It is reasonable that you want this information to be able to decide what makes sense for you and your family.
- Vaccines go through robust clinical trials and are only approved for use in the wider population after their safety and efficacy has been rigorously tested, and the benefits are shown to far outweigh any risks.
- However, as with any medicine or medical product, adverse reactions are possible after receiving a vaccine. This may include some common side effects such as redness and soreness at the injection site, mild fever and body aches. Mild reactions go away after a few days on their own.
- Serious vaccine reactions, on the other hand, are rare. To ensure that we catch these, including any potential rare vaccine reactions that may not have been seen in the trials, we have surveillance systems in place for what health workers and scientists call 'adverse events following immunization'. The term 'adverse event following immunization' includes any unexpected medical event after someone has received a vaccine, which may or may not be caused by the vaccine.
- In fact, it is often the case that, upon investigation, it is found that the adverse event was not directly caused by the vaccine itself. For example, sometimes it is purely coincidental (i.e., someone just happened to be sick with something else at around the same time) and sometimes it is related to the patient's anxiety over being vaccinated.
- Regardless, serious reactions are possible, which is why there are safety mechanisms in place. Health workers are trained to watch for and react to any adverse event. <Add any signs or symptoms that people should be looking out for> If you are concerned or unsure, you should contact your health worker or call the hotline <insert number>. Of course, if you or a loved one feels severely unwell after being vaccinated please seek medical care immediately and inform your healthcare professional of your recent immunization history.
- It is important to note that we are recommending this vaccine because it can save many lives. The risks are far outweighed by the benefits. <Insert strong messaging on the benefits of the vaccine and why you are recommending that people get vaccinated>