# Recommendations for developing COVID-19 vaccine communication materials

Controlling the COVID-19 pandemic will rely largely on people accepting COVID-19 vaccines.* Evidence-based communication materials can help address the hesitancy some people may feel.

This guide, developed by NCIRS and drawing on global literature, highlights factors that may facilitate or act as barriers to people's acceptance of the vaccines. The aim is to help organisations promoting COVID-19 vaccines produce targeted communications and address people's questions and concerns.

*Hesitancy is not the only reason people may not vaccinate. Practical issues like ease of access and cultural appropriateness of services matter too. To optimise COVID-19 vaccine uptake, such factors beyond vaccine acceptance must also be addressed.

## POTENTIAL BARRIERS TO COVID-19 VACCINE ACCEPTANCE

### SAFETY CONCERNS

Including the speed of development and potential compromised quality; newness of the technology and potential for long-term side effects.

### EFFECTIVENESS CONCERNS

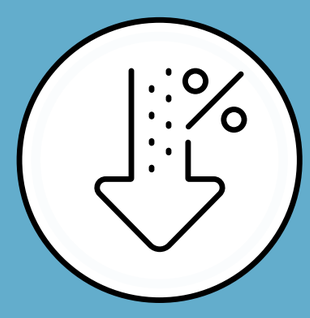
Including how well the vaccine will work in the real world and how long immunity will last.

### PERCEIVED SCIENTIFIC UNCERTAINTY

Perceived insufficient data about safety and effectiveness, exacerbated by divergent expert views.

### LOW PERCEIVED RISK OF DISEASE

Lack of concern about developing severe COVID-19 disease; view that symptoms are mild and a vaccine is unnecessary.



### DOUBTS ABOUT SERIOUSNESS OF THE PANDEMIC

Perception that the threat has been exaggerated by health authorities or the media.

### SUBSCRIBING TO MISINFORMATION OR CONSPIRACIES

Myths include ‘fetal material is being used to extract RNA for vaccine production’ and ‘the pandemic is a myth to mandate vaccination’.


### LACK OF TRUST IN STAKEHOLDERS

Lack of trust in or suspicion about the motives of stakeholders involved in vaccine development.

### PERCEIVED LACK OF INFORMATION

Perceived inadequate information about the vaccines and the vaccine rollout.

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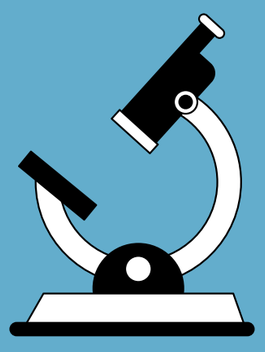
## POTENTIAL FACILITATORS OF COVID-19 VACCINE ACCEPTANCE

### HIGH PERCEIVED RISK OF DISEASE

Including feeling susceptible due to older age, having a chronic health condition or occupation.

### CONFIDENCE IN COVID-19 VACCINES

Including confidence in effectiveness and safety as well as duration of protection and low instances of severe side effects.

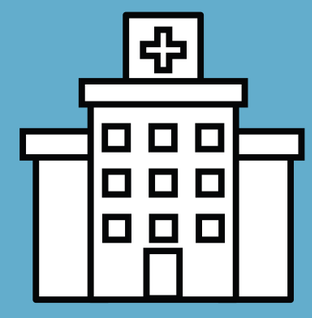


### TRUST IN SCIENCE

Trust in scientists and vaccine development processes; this was also found to affect likelihood of recommending COVID-19 vaccines to others.

### TRUST IN GOVERNMENT

Trust and confidence in government and/or health systems.



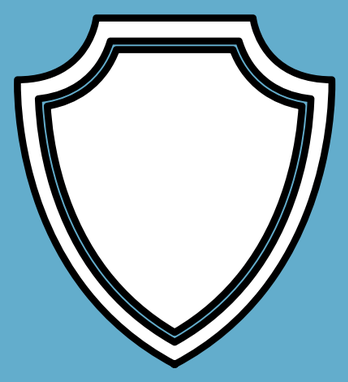
### HEALTHCARE PROVIDER RECOMMENDATION

Specifically, anticipating that a trusted healthcare provider would recommend a COVID-19 vaccine. Healthcare providers were nominated as a trusted source of information on COVID-19 vaccines.

### DESIRE TO PROTECT VULNERABLE PEOPLE*

Sense of responsibility to protect at-risk community members.

*Data from health and aged care workers only.



## CHARACTERISTICS OF PEOPLE WHO EXPRESSED RESERVATIONS ABOUT VACCINATING*

- <55 years
- female
- lower health literacy or education level
- lower household income or socioeconomic status
- nurse or paramedic as occupation†

† Data from healthcare workers only.

*These characteristics are based on survey data and should be interpreted with caution. Such data do not account for the complex factors that influence people's intentions, and can encourage inappropriate profiling of groups as less accepting of COVID-19 vaccines. Any approach designed to foster uptake must be further informed by an understanding of broader social, economic and cultural determinants of COVID-19 vaccine acceptance, such as financial costs of vaccinating, access to transport and cultural appropriateness of services.

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## IMPLICATIONS FOR COVID-19 VACCINE COMMUNICATION

**Be open and forthcoming with information**

Provide logistical information, technical details, post-market surveillance data; emphasise numbers already vaccinated.

**Address doubts about the pandemic threat**

Explain complex concepts such as exponential growth and herd immunity in ways that are understood by the general population.

**Address misinformation and conspiracies**

Emphasise factual information, expose flawed arguments and provide alternative explanations.

**Ensure information is straightforward, easy to digest and visual**

Use varied formats including images, graphs.

**Address specific questions and concerns**

Such as the speed of vaccine development, perceived scientific uncertainty, effectiveness, short-term side effects, safety and risk of unanticipated long-term side effects.

**Address low perceived risk of developing severe COVID-19 disease**

Emphasise broad range of potential benefits of vaccination. With caution, appeal to anticipated regret or other negative emotions, but always pre-test in target groups.

**Empower people to be vaccine ambassadors**

Highlight stories of vaccinated individuals and share tips for talking about COVID-19 vaccines with others.

**Pre-test messaging**

Under time pressure, even testing with small groups is useful. Disseminate widely using multiple channels; complement with opportunities for two-way communication.

This guide is based on a review of COVID-19 acceptance literature prepared by researchers from the National Centre for Immunisation Research and Surveillance (NCIRS). This group includes Maryke Steffens, Dr Kasia Bolsewicz, Bianca Bullivant, Dr Catherine King, Dr Frank Beard and Salema Barrett. The research is part of the NCIRS COVID-19 Vaccination Messaging Study, which aims to support acceptance of COVID-19 vaccines and positive vaccine intentions in key groups, and is funded by NSW Health.

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