



Communicating with patients about **COVID-19 vaccination**

Evidence-based guidance for effective conversations
to promote COVID-19 vaccine uptake



www.euro.who.int

Photo © WHO / Ploy Phutpheng

Contents

1. Introduction
2. Expectations for this training module
3. Pre-training self-reflection
4. Setting the scene for health workers
5. Learning outcomes
6. Six-part training module
7. Post-training self-reflection and evaluation
8. References

Introduction

This training module is designed to equip health workers (HWs) with knowledge, skills, confidence and resources to help them in their role to recommend the COVID-19 vaccine.

It is tailored to specific patient positions on vaccination and provides a structured approach to assist HWs with interpersonal communication during COVID-19 vaccination consultations.

Intended Audience

- HWs directly involved in COVID-19 vaccination consultations;
- Clinical and Immunization Programme Managers;
- Trainers of Trainers (ToTs);
- HW bodies and organizations;
- Immunization advocates and champions.

Overview of training module

Part 1: Vaccine confidence and the role of health workers

Part 2: Communicating risk to patients

Part 3: Vaccine acceptance and demand

Part 4: Responding to different patient positions

Part 5: Putting the pieces together

Part 6: Being pro-active to promote vaccine confidence & acceptance

Expectations for this training module

- A self-paced learning tool to be completed independently or facilitated by a ToT.
- Facilitators/ToTs can adjust content to allow for local considerations.
- Participants are guided through slides focusing on a combination of theory and practical skill building scenarios.
- Scenarios demonstrate research-based strategies for effectively discussing vaccines during vaccination consultations that can be utilized in the participant's clinical practice.
- Content is intended to be practical and adaptable to most vaccine consultation settings.
- Expected duration for completion: 3 hours.
- Completion of the pre- and post-training self-reflection and post-training feedback survey is important to consolidate learning and evaluate the module.



Pre-training self-reflection

[Insert link to survey](#)

Setting the scene for health workers

Training Objectives:

1. To support you in your role to confidently recommend the COVID-19 vaccine to your patients.
2. To provide you with communication strategies and tools you can use to:
 - Facilitate effective conversations during vaccination consultations,
 - Inform your patients about COVID-19 vaccines,
 - Promote COVID-19 vaccine uptake.



Learning outcomes

At the end of this training module, the participant will be able to:

1. Define vaccine confidence and explain the impact of HWs;
2. Understand and communicate risk to support a patient's vaccination decision;
3. Examine vaccine acceptance and demand to understand patients' vaccination behavior;
4. Describe vaccine hesitancy and factors that contribute to it in the context of COVID-19;
5. Identify the different attitudes and positions of patients about COVID-19 vaccination;
6. Determine appropriate communication needs and identify communication goals for a COVID-19 vaccination consultation aligned with the patient's position about vaccination;
7. Apply a structured approach using strategies grounded in motivational interviewing to respond to concerns regarding COVID-19 vaccine safety and effectiveness;
8. Deliver clear, concise messages to encourage COVID-19 vaccine confidence and acceptance;
9. Provide guidance to patients to correctly identify credible sources of information on COVID-19 vaccination and vaccine safety.



Part 1: Vaccine confidence & the role of health workers

How are concerns about COVID-19 vaccines expressed?

I'm not too sure that it's safe to be vaccinated.

We don't really need this vaccine, we're young and healthy!

I was already sick with COVID so I don't need the vaccine.

Unknown effects of this new vaccine might be worse than COVID!

I don't like needles.

This virus doesn't exist! Vaccine companies just want money...

I heard COVID is like the flu and I was so sick last year after my flu shot..



Health Worker Opportunity: To promote vaccine confidence

What is vaccine confidence?

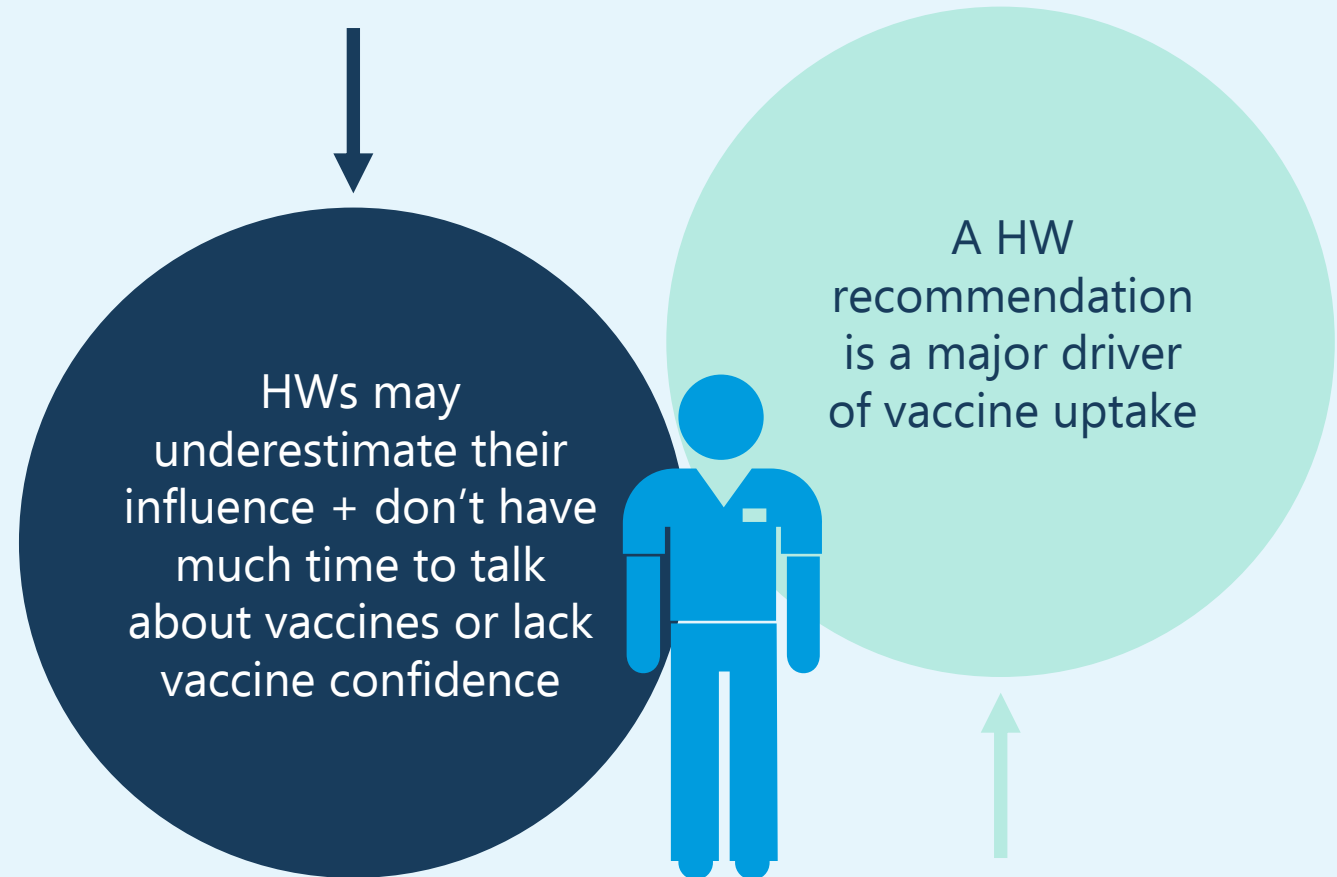
The **trust** that patients, the public and HWs have in:

- Recommended vaccines;
- HWs who administer vaccines;
- Processes and policies that lead to vaccine development, licensure, manufacturing, and recommendations for use.



How do health workers impact vaccine confidence?

- **Most trusted advisors and influencers** of vaccination decisions.
- A HW's strong recommendation is a strong facilitator of vaccination uptake.
- A HW's relationship with patients supports them in their decision to vaccinate.
- Patients require consistent and accurate information about vaccine safety and benefits from all their health care providers, conveyed in a respectful and positive manner.



A photograph of two men sitting at a table, both wearing white face masks. The man on the right is looking towards the man on the left. The image has a blue tint. A plastic bottle is visible on the table in the bottom right corner.

Part 2: Communicating risk to patients

Risk perception and decision-making

- Disease and vaccination are associated with risk.
- A person may think disease is likely and/or severe and may feel vaccine side-effects are likely and/or severe.

The general rule:



- if people **perceive** high levels of **risk of disease**, they will be *more likely to vaccinate*;



- if people **perceive** high levels of **risk of vaccination**, they will become *less likely to vaccinate*.

Communicating risk

Vaccination requires effective risk communication

It is essential that the public:

- understands the risks associated with vaccine-preventable diseases;
- understands the benefits and risks associated with vaccines;
- knows where to find accurate, trustworthy and clear information about these.



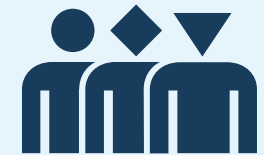
Common for new vaccines to be met with initial hesitancy.

Public concern about vaccine safety can reduce vaccine coverage rates and result in the resurgence of vaccine-preventable diseases.



Goal of effective risk communication: Develop an informed decision-making partnership.

Health Workers play a vital role in the success of immunization programs by providing information through risk communication.



Risk perception is influenced by experience as well as personal, religious and cultural contexts.

When communicating risk with patients be aware of cultural and emotional differences keeping in mind some people are adversarial or misinformed.

Principles of risk communication



Communicate current knowledge

- Consider what your patient already knows.
- Use varied information formats tailored to educational levels and languages.
- Provide guidance on how to assess website reliability and provide a list of reliable ones.



Your professional opinion matters

- Your strong recommendation to get vaccinated has been shown to increase uptake.
- Use statements such as, "I believe this vaccine will protect you".
- Remember: A trusted Health Worker is proven to be essential in the decision-making process.



Respect differences of opinion about vaccination

- Some patients will express reluctance or refusal to accept the vaccine for themselves or their family members.
- Ask permission to explore underlying reasons without being judgmental.



Represent risks and benefits of vaccines fairly and openly

Contrast known versus theoretical risks of the vaccine with known risks associated with the vaccine-preventable infection.



Adopt a patient-centred approach

- Effective decision-making is best done in a partnership between the Health Worker and patient.
- Individuals have input into the decision to vaccinate and retain responsibility for their own health.



Present clear, concise evidence-based messages

- Encourage questions, address misinformation, and provide credible and appropriate resources, for those who want more information.
- Respond to specific concerns avoiding lengthy discussions.
- Reaffirm your conviction that the vaccine is important to prevent serious disease and complications.

COVID-19 vaccine risk communication

Key risk communication points for your conversation:

1.

Provide reassurance the COVID-19 vaccine is safe and effective, providing protection against coronavirus.



2.

Proactively explain potential side-effects of COVID-19 vaccine
(common and rare)



3.

Promote safety of the COVID-19 vaccines



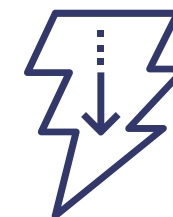
4.

Discuss effectiveness of COVID-19 vaccines and continued recommended precautions to decrease risk of COVID-19 disease.



5.

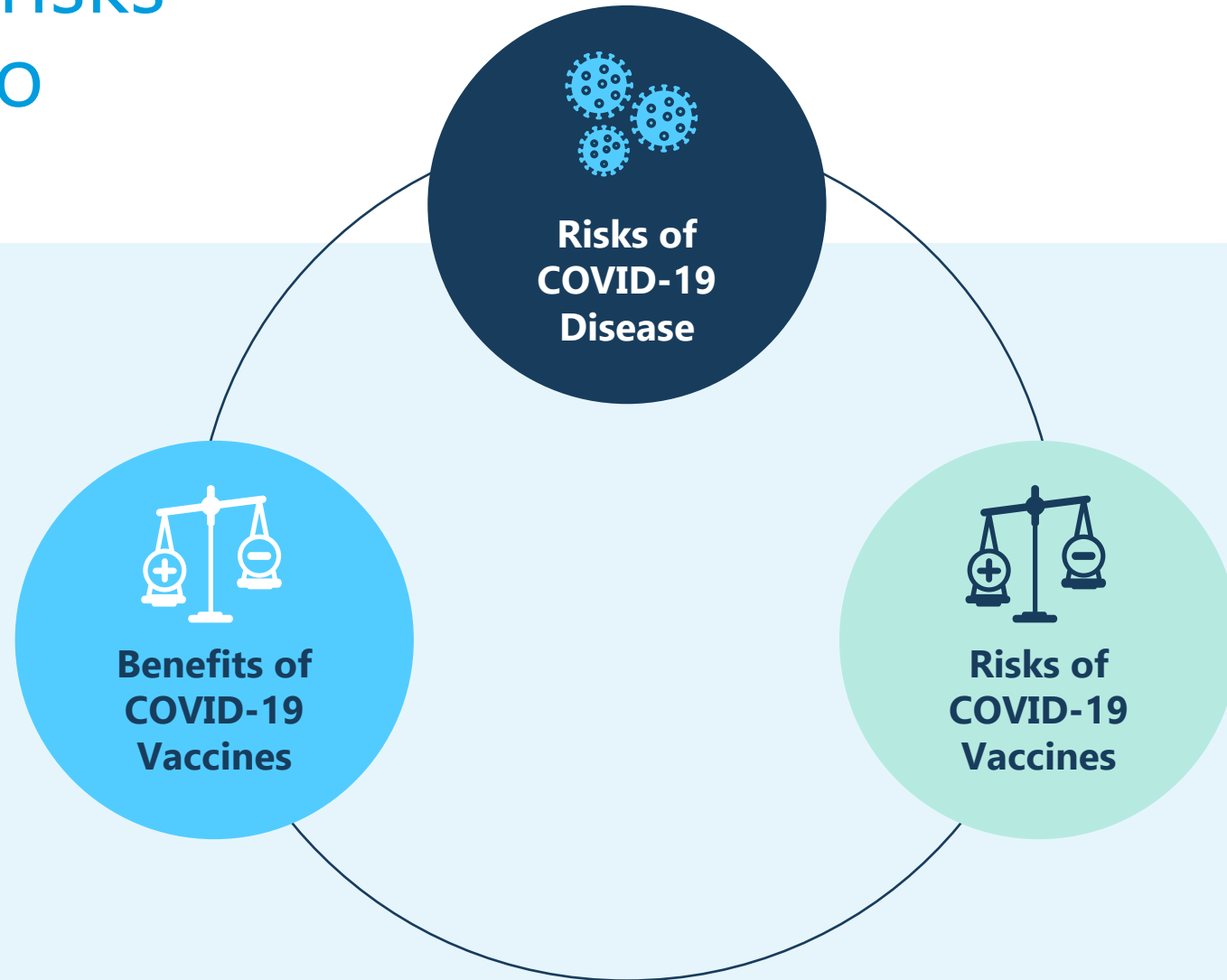
Recommend pain mitigation strategies



NOTE: See more resources to support health workers in COVID-19 risk communication at end of module

Present the risks & benefits to patients

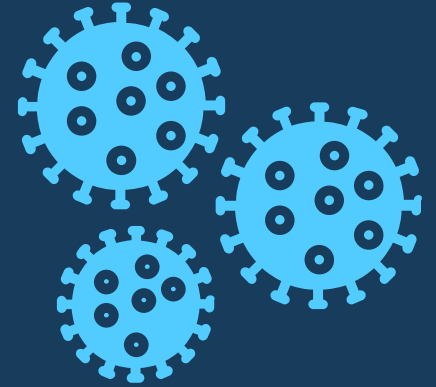
CLICK ON EACH CIRCLE
FOR MORE INFORMATION



CLICK TO CONTINUE
WITH TRAINING

Risks of COVID-19 Disease

- COVID-19 can have serious, life-threatening complications.
- Risk of severe illness and serious complications from COVID-19 far outweighs any benefits of natural immunity.
- Once infected, there is no way to know how COVID-19 will affect an individual.
- Anyone can get sick with COVID-19 and become seriously ill.
- Adults aged 60 yrs+, and adults with underlying medical conditions such as high blood pressure, heart and lung problems, diabetes, obesity or cancer, are at higher risk of developing severe illness from COVID-19.
- Severe illness from COVID-19 can result in hospitalization, admission to intensive care, intubation or mechanical ventilation, or death.
- Getting sick from COVID-19 could spread the virus to friends, family and others.
- Some patients can have symptoms that last for weeks or months after recovery from illness.
- People who had mild illness can experience persistent, late symptoms and/or less common serious long-term complications including: heart and lung problems, kidney injury, rash, hair loss, smell and taste problems, sleep issues, difficulty with concentration, memory problems, depression, anxiety, changes in mood.



[CLICK HERE TO RETURN
TO RISKS AND BENEFITS](#)

Benefits of COVID-19 Vaccines

- Vaccines help to prevent symptoms of COVID-19 by creating an antibody response.
- Vaccines are effective at protecting against severe disease, hospitalization and death.
- Vaccination is a safer way to protect yourself than contracting the virus that causes COVID-19.
- Vaccination will be an important tool to help stop the pandemic.



Risks of COVID-19 Vaccines

- No vaccine is 100% effective*

Review common side-effects and duration (for example):

- Pain and swelling at injection site
- Fever, chills, tiredness, headache
- Short-lived

Review less common reactions (for example):

- May cause allergic reactions from mild to severe however the risk of a severe allergic reaction is low*.

* Review precautions still necessary post vaccination to prevent virus spread and mechanisms in place to address allergic reactions (i.e. appropriate medical treatment and supervision)



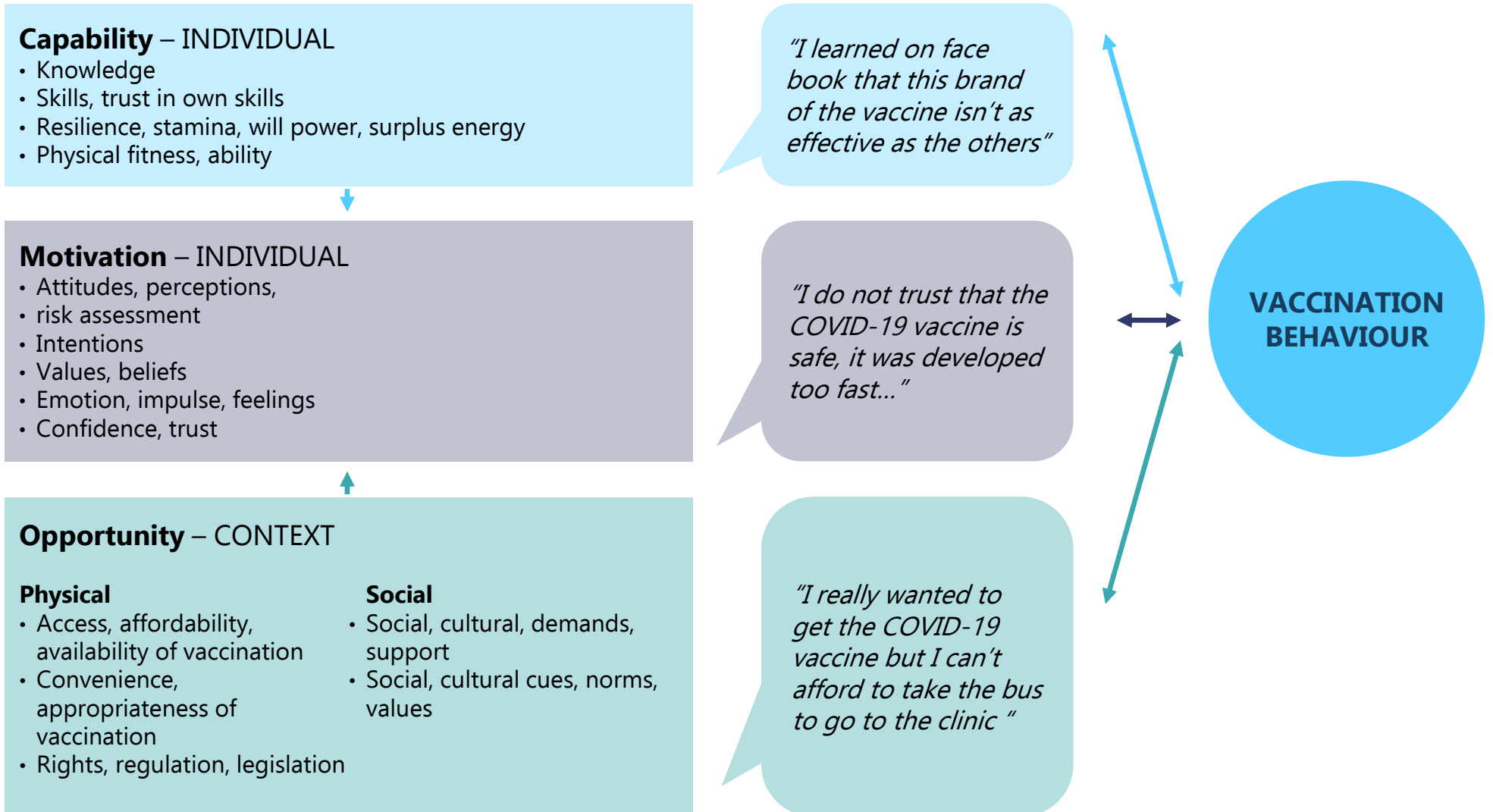
CLICK HERE TO RETURN
TO RISKS AND BENEFITS



Part 3: Vaccine acceptance and demand

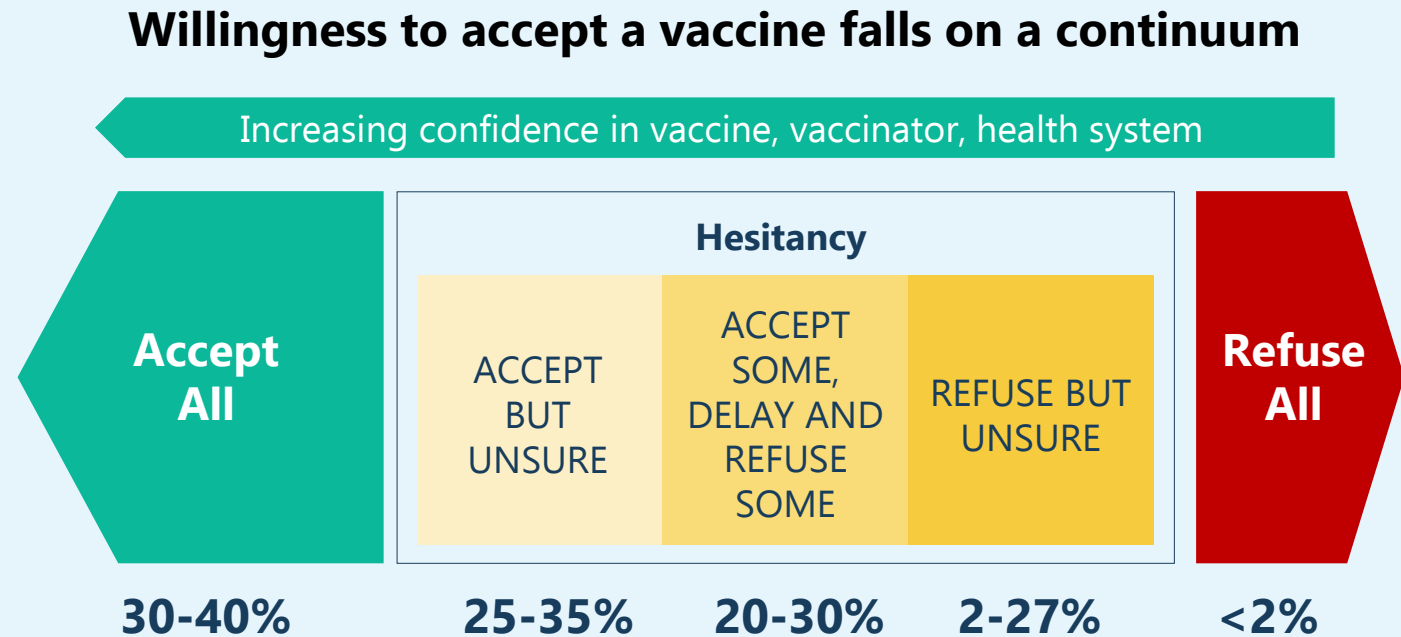
Understanding vaccine acceptance and demand

3 Factors influence vaccination behaviour



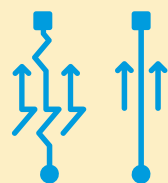
What is **vaccine hesitancy**?

- **A delay in acceptance or refusal of vaccines**, despite availability of vaccination services
- **Complex and context specific**, varying across time, place and vaccine



Factors affecting COVID-19 vaccine hesitancy

CLICK ON EACH CIRCLE
FOR MORE INFORMATION



Convenience



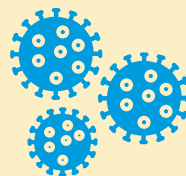
**Vaccine
deniers**



**Safety
concerns**



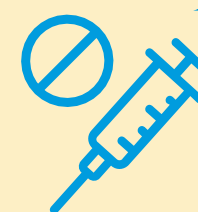
**Politics of
COVID-19
vaccination**



**Low perceived
risk of
infection**



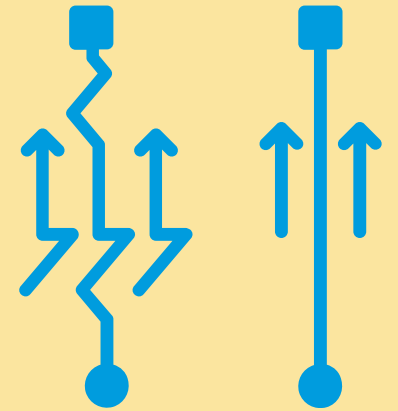
**Cultural and
socioeconomic
differences in
vaccine acceptance**



Freeriding

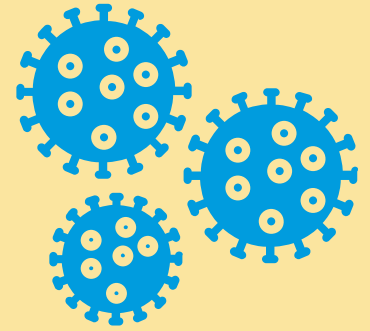
CLICK TO CONTINUE
WITH TRAINING

Some people encounter access barriers related to affordability and availability of vaccines that block one's physical opportunity and decision to get vaccinated.



[CLICK HERE TO RETURN TO
FACTORS AFFECTING COVID-19
VACCINE HESITANCY](#)

Some young and healthy individuals believe they are not at **risk from COVID-19.**



[CLICK HERE TO RETURN TO
FACTORS AFFECTING COVID-19
VACCINE HESITANCY](#)

A proportion of people who are not intending to be vaccinated against COVID-19 are committed **vaccination opponents** and often believe in **conspiracy theories**.



[CLICK HERE TO RETURN TO
FACTORS AFFECTING COVID-19
VACCINE HESITANCY](#)

Many people understand the need for a COVID-19 vaccine but have **safety concerns** especially regarding the development process.



[CLICK HERE TO RETURN TO
FACTORS AFFECTING COVID-19
VACCINE HESITANCY](#)

In many countries,
COVID-19 and measures
to address it, including
vaccination, have become
heavily politicized.



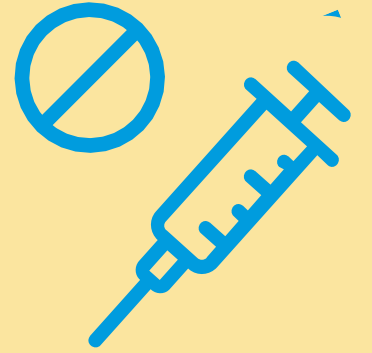
[CLICK HERE TO RETURN TO
FACTORS AFFECTING COVID-19
VACCINE HESITANCY](#)

Groups that frequently encounter **inequity in health care access** (i.e. Immigrants, refugees, racialized groups, LGBTQ, homeless or low-income people, people with disabilities and other marginalized populations communities) may lack access to vaccine programs.



[CLICK HERE TO RETURN TO
FACTORS AFFECTING COVID-19
VACCINE HESITANCY](#)

Some people decide to become “**freeriders**” letting others get the vaccine believing they get the beneficial effect of herd immunity without being vaccinated.



[CLICK HERE TO RETURN TO
FACTORS AFFECTING COVID-19
VACCINE HESITANCY](#)

A healthcare worker in a white coat and mask is seated at a desk, facing a patient. The patient is wearing a dark shirt and a white face mask. They are in a clinical setting with shelves in the background. The image has a blue tint.

Part 4: Responding to different patient positions

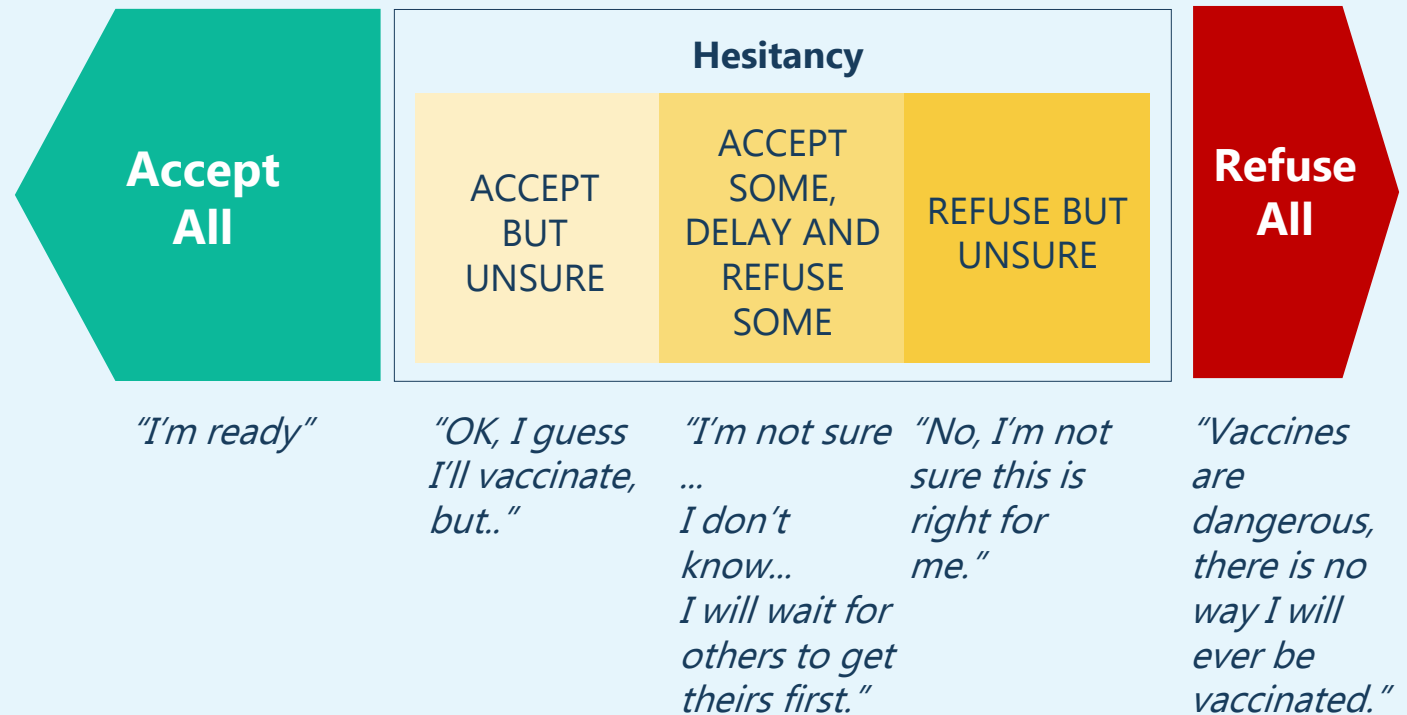
How do I identify vaccine hesitancy?

1. Start the conversation with a statement assuming vaccine acceptance:

"Maria, you are eligible to receive your COVID-19 vaccine today."

"Maria, now it's time to receive your COVID-19 vaccine."

2. Listen to the response and determine where the patient is on the Continuum of Vaccine Acceptance



Individuals may express one or more of the attributes in each category...

Acceptors

- Intend to vaccinate because they see the importance.
- Immunization advocates or 'go along to get along' groups.
- May have questions about the vaccine safety and side effects.
- Report a good relationship with their health provider and trust the medical profession.
- Lack detailed knowledge about vaccination.
- Have process questions such as what to expect during and after vaccination.
- Want information about managing common reactions and when to seek medical advice.
- Want information to help them answer questions from friends or family.

Hesitators

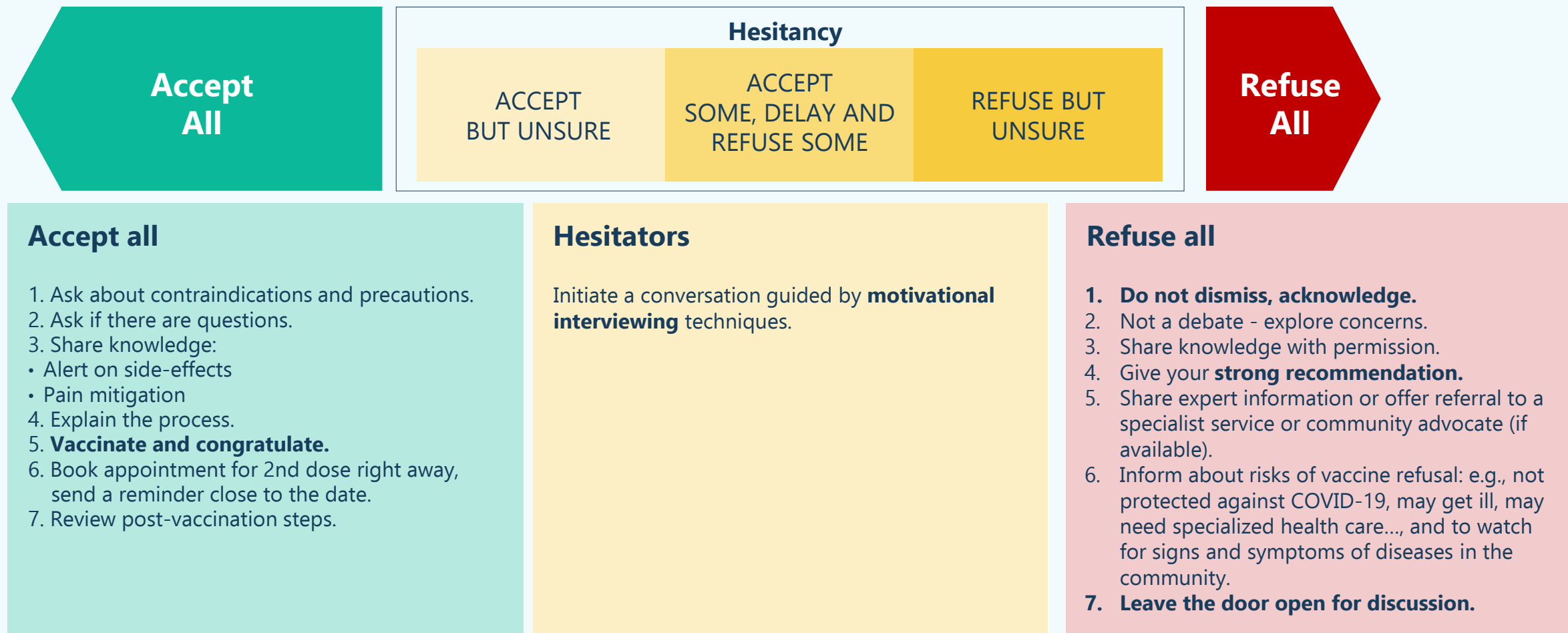
- Focused on questions or concerns about vaccine safety.
- Express doubts about vaccine safety and necessity.
- Present with a lot (sometimes written) of questions.
- Don't intend to decline vaccination altogether, rather plan to vaccinate, delay vaccination, or select out vaccines.
- Had a bad experience such as an Adverse Event Following Immunization (AEFI).
- Lack trust in the medical profession and/or government authorities
- Have heard or read something frightening.
- Willing to rely on herd immunity.

Refusers

- Never vaccinated or stopped vaccinating altogether.
- Hold an existing philosophical position on vaccination, or religious beliefs.
- Cluster in communities with religious, philosophical or alternative beliefs.
- Had negative experience(s) with the medical system (i.e. AEFI).
- Don't want to discuss vaccination at all.
- Present for a medical exemption or for another medical concern.
- Believe vaccine preventable diseases (VPDs) are benign or beneficial.
- Distrust pharmaceuticals and conventional medicine.
- More likely to seek complementary and alternative medicine.

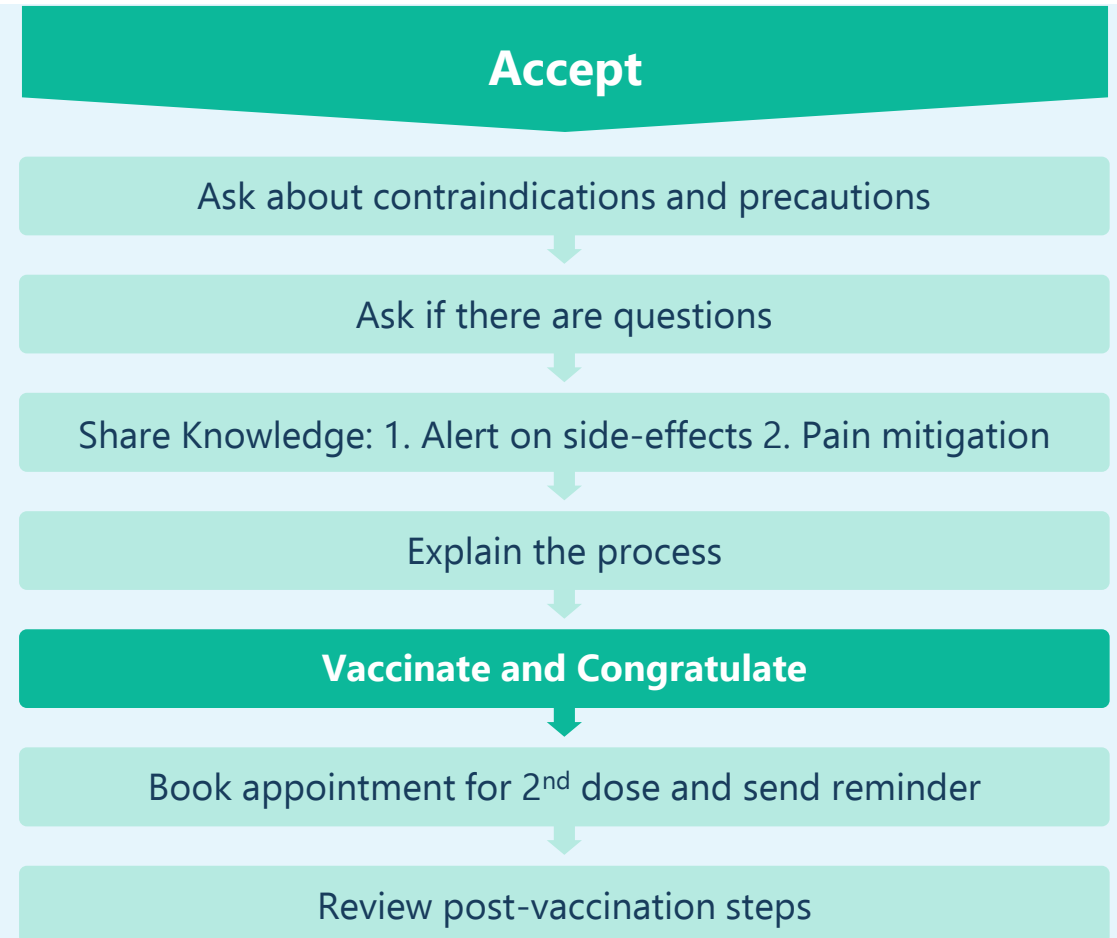
How do I respond to vaccine hesitancy?

Tailor your conversation to the attitudes you are hearing



Responding to the **acceptor**

- Goal is to **vaccinate and congratulate**.
- Keep the conversation brief and straight forward.
- Screen for contraindications and precautions.
- Prevent vaccine hesitancy by addressing questions (if any), acknowledging concerns and sharing knowledge including side-effects and pain mitigation strategies.
- Explain the process and protective behaviours still necessary post-vaccination to prevent virus transmission.
- Book appointment for 2nd dose immediately and remind patient, to avoid a loss to follow-up.



Responding to the **refuser**

- **Goal is to build trust and engagement.**
- Keep the conversation brief.
- **Do not dismiss** - Every encounter is an opportunity to revisit and discuss vaccines.
- Avoid confrontation.
- Seek permission before providing facts.
- Be persistent, give your **strong recommendation to vaccinate**.
- Share expert information or offer referral to a specialist service or community advocate (if available).
- Inform about risks of vaccine refusal in a non-judgmental way.
- Leave the door open for discussion.



Responding to vaccine hesitancy using **motivational interviewing (MI)**

- MI is a person-centred communication approach.
- Designed to support an individual's motivation and commitment to change.
- Aimed at eliciting and exploring reasons for hesitancy and changing attitudes and behavior.
- Requires **partnership, acceptance, compassion and evocation.**

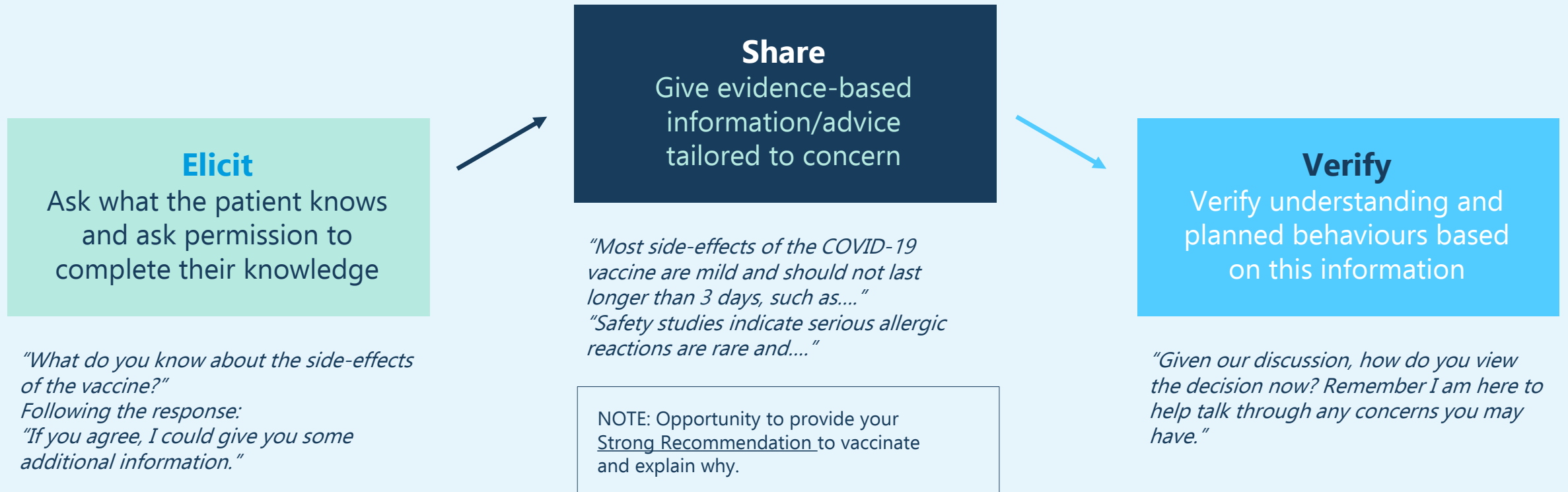


Motivational interviewing skills for vaccination

Skills	Objectives	Examples
Open questions	Explore reasons behind hesitancy (what, how, tell me, why)	<i>What did you understand? Tell me what you heard?</i>
Reflective listening	Simple reflection: Repeat what the individual says Complex reflection: What you think the individual means	<i>You are afraid of side-effects. You want to make the best choice for your health.</i>
Affirmation	Encourage the individual and highlight their strengths	<i>You are concerned about your health. You took time to look for information about vaccines.</i>
Summarize	Summarize the interaction and indicate concrete action	<i>Here is what I've heard...did I miss anything?</i> Transition to action: vaccination, referral, follow-up visit

Respectfully sharing knowledge to build trust

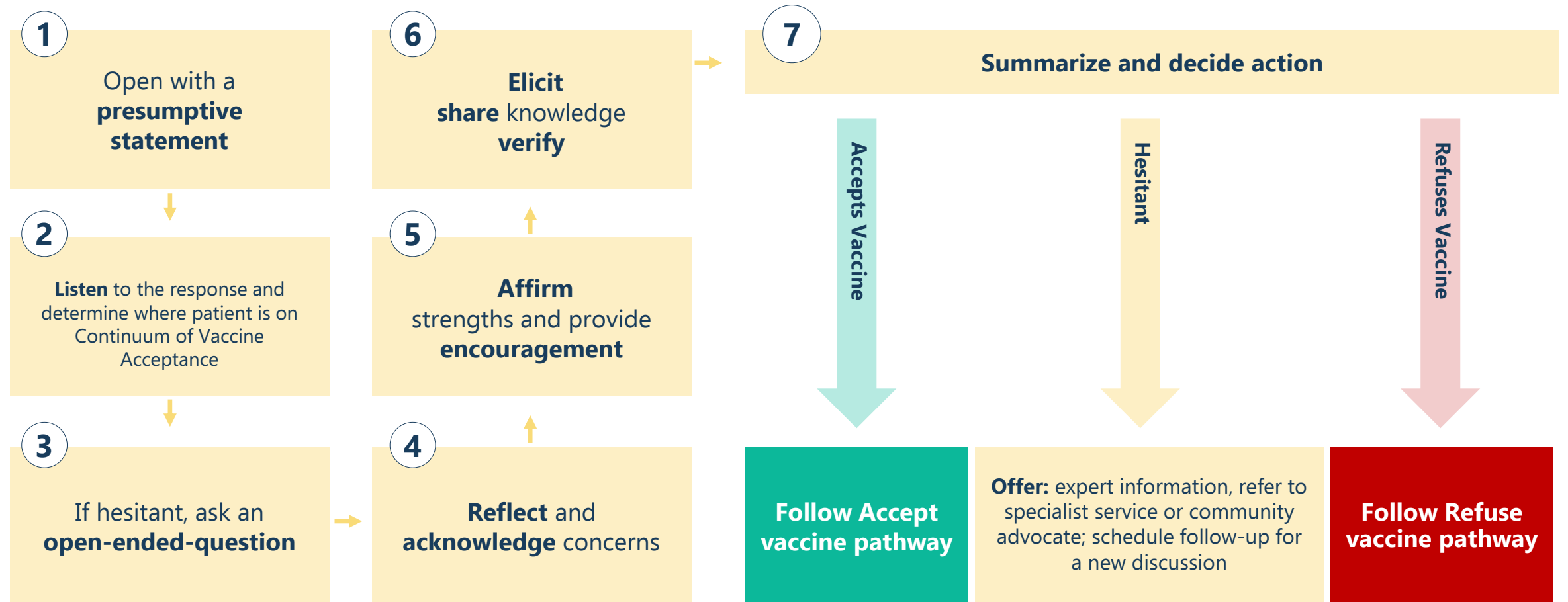
An interaction technique to ***explore concerns further*** and ***share information*** to ***address specific patient concerns***.



The hesitancy conversation objective



Guiding your conversation with a vaccine hesitant patient



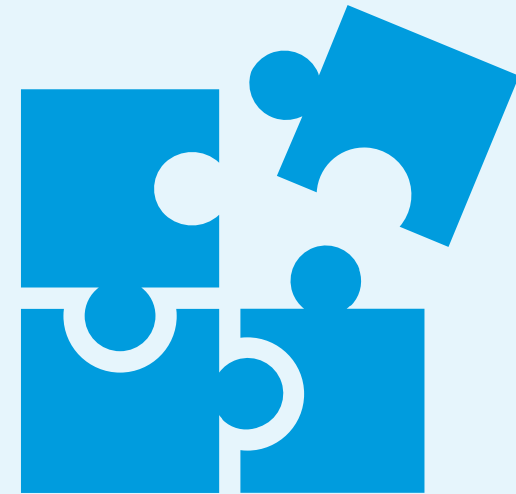


Part 5: Putting the conversation pieces together

Tailoring the conversation to attitudes and beliefs

The following four conversation challenges are examples of potential scenarios HWs may encounter with adult patients in the context of COVID-19 vaccination.

These conversations apply the recommended conversation structure grounded in MI to respond to concerns regarding COVID-19 vaccine safety and effectiveness.



1. Conversation challenge – the fence sitter

Kasia is a 58 y/o female

in the community who is overweight. She is in your office for her routine diabetes 2 visit. At the end of the visit, you shift the conversation to the COVID-19 vaccine.

Kasia says, *"I know about the COVID-19 vaccine but I'm not sure if I should get it. I've heard the side-effects are worse than the disease, but I am also worried about getting COVID."*



Communication Strategy	Response
1. Is Kasia is a good candidate for the vaccine?	Yes. Kasia has a chronic disease and is overweight – 2 factors putting her at a high risk of severe COVID-19 illness.
2. Use a presumptive approach	Assume she will accept the COVID-19 vaccine. <i>"Kasia you are eligible for the COVID-19 vaccine today."</i>
3. Identify Kasia on the Vaccine Acceptance Continuum	Kasia signals uncertainty, has concerns about the vaccine side-effects, yet not refusing = Hesitant
4. Ask an open-ended question	<i>"Tell me what you have heard about the vaccine side-effects?"</i>
5. Reflect and acknowledge her concerns	<i>"It sounds like you want to make the best choice for your health, but you are worried about the vaccine side-effects."</i>
6. Affirm and encourage strengths.	<i>"It's great that you are thinking about what's best for your health and looking for information about the vaccine."</i>
7. Elicit- share-verify.	<i>"If it's okay with you, I could give you some additional information."</i>
8. Summarize and decide action	<i>We've discussed the side-effects of the vaccine today, what do you think you want to do?</i>

Role play activity **conversation challenge #1**

3-5 minutes for role playing, 5 minutes for discussion in groups of 2 or more

- In small groups, perform a role play between two members of the group.
- One person act as the HW, who is applying the principles of risk communication and motivational interviewing.
- The other person act as the “fence sitter” patient described on the previous slide.
- Others can be observers and provide feedback after the role play.
- After completing the role play, read the following example conversation and discuss as a group the responses in the role play.





Health Worker (HW): Kasia I want to let you know some great news, you are eligible for the COVID-19 vaccine today. *(Use a presumptive statement, assuming Kasia will get the COVID-19 vaccine today)*

Kasia: I know about the COVID-19 vaccine but I'm not sure if I should get it. I've heard the side-effects are worse than the disease, but I am also worried about getting COVID.



HW recognizes Kasia is signaling uncertainty about the vaccine. She has concerns about the vaccine side-effects yet she is not refusing the vaccine. HW determines Kasia is Vaccine Hesitant.



HW: Okay, we can talk about this. Tell me what you have heard about the vaccine side-effects? *(An open-ended question, tailored to the patient's concern)*

Kasia: Well, I know that vaccines protect us but I'm not sure about this one. I've read a lot on the internet about terrible side-effects from the COVID-19 vaccine, like allergic reactions. I'm worried about getting sick from the vaccine or having a bad reaction my body won't be able to handle.



HW: You sound quite worried *(empathic response)*. As you said, the vaccine protects us against the virus. It sounds like you want to make the best choice for your health, but you are worried about the side-effects. *(Reflective listening and acknowledgment of Kasia's concern)*. It's very good that you are thinking about what's best for your health and looking for information about the vaccine. *(Affirm and encourage strengths)*. If it's okay with you, I could give you some additional information. *(Elicit)*

Kasia: Sure! I want to know what I am risking.





HW: Yes! You should definitely be aware of risks. *(Affirmation)* As with all medicines, side-effects can occur after getting a COVID-19 vaccine. The main side-effects of this vaccine are pain at the site of the injection, headache, fatigue, muscle aches, fever and chills. However, these mild side-effects subside after 24-72 hours. Serious side-effects like an allergic reaction are extremely rare. The rates of severe allergic reactions following this vaccine are very low. A recent safety study reported a rate of around 1 in 200,000 with this vaccine. To guard against those unlikely events, people who receive these vaccines are asked to remain under observation for 15-30 minutes after the injection so that trained medical staff are on hand to help in the rare case you experience a severe allergic reaction. *(Share)*

The fact is: The risk of contracting COVID-19 and experiencing severe illness or serious complications, by far outweighs the risks of the COVID-19 vaccine. That's why I *strongly recommend for you to get vaccinated today*. Does this help to clarify what you are risking? *(Verify)*

Kasia: Well... it does help to know what to expect. Thank you for taking the time to understand my concerns.



HW: I'm happy to help. Given our discussion on the side-effects of the vaccine what do you think you want to do? *(Summarize and decide action)*

2. Conversation challenge – the doubter

Alex is a 76 y/o male who regularly experiences shortness of breath. He is visiting the nurse for a blood pressure check. He lets the nurse know he received a letter from the clinic recommending he book a time for the COVID-19 vaccine.

Alex says, *"I don't know if I trust the vaccine, I'm worried that it was rushed out too quickly and I can't be sure that it's safe."*



Communication Strategy	Response
1. Is Alex a good candidate for the vaccine?	Yes, due to Alex's age and risk factors for cardiovascular disease and/or respiratory condition.
2. Use a presumptive approach	<i>"Alex, the letter was correct, in fact, you can get your vaccine today."</i>
3. Identify Alex on the Vaccine Acceptance Continuum	Distrusts the safety of the vaccine but not refusing = Hesitant
4. Ask an open-ended question	<i>"What do you know about the safety of the vaccine?"</i>
5. Reflect and acknowledge his concerns	<i>"I understand you feel like the vaccine was rushed, and you are right it was developed fast..."</i>
6. Affirm and encourage strengths.	<i>"It's great that you voice your concern, and you are thinking about safety issues."</i>
7. Elicit- share-verify.	<i>"If you agree, I could share with you some information about the vaccine development and explain why I recommend this vaccine for you."</i>
8. Summarize and decide action	<i>"We have discussed the safety of the vaccine today and why I think it is important for your health, what would you like to do?"</i>

Role play activity **conversation challenge #2**

3-5 minutes for role playing, 5 minutes for discussion in groups of 2 or more

- In small groups, perform a role play between two members of the group.
- One person act as the HW, who is applying the principles of risk communication and motivational interviewing.
- The other person act as the “doubter” patient described on the previous slide.
- Others can be observers and provide feedback after the role play.
- After completing the role play, read the following example conversation and discuss as a group the responses in the role play.





Alex: I got this letter from the clinic to say I should book an appointment for the COVID-19 vaccine.

HW: Alex, the letter was correct, and in fact, you can get your COVID-19 vaccine today. (*Presumptive statement*)



Alex: I don't know if I trust the vaccine, I'm worried that it was rushed too quickly and I can't be sure that it's safe. This vaccine makes me nervous, I don't know if it's been fully tested... Maybe they skipped some steps. You know these companies just want to make money.



HW recognizes Alex is signaling uncertainty about the vaccine. He distrusts the safety of the vaccine but not yet showing signs of refusal. The nurse determines Alex is Vaccine Hesitant.

HW: I can hear that you are worried. Tell me, what have you heard about the vaccine development that makes you uncertain about its safety? (*An open-ended question, tailored to the patient's concern*)



Alex: Well, I've been talking to my family and friends. A lot of people are worried about the vaccine being too rushed. I read that vaccines take years to develop but this one only took months, so I just don't know if corners were cut and whether it's really safe.

HW: If I understood you correctly, you're worried about this vaccine because it's new and was developed quickly in comparison to other vaccines. (*Reflective listening*)



Alex: Yes that's right. I don't want to be a lab rat.



Alex: well, okay sure..

HW: I can understand your worry (*Acknowledging patient*). I think it's important that you voice your concern, and you are thinking about safety issues. (*Affirm and encourage strengths*). If you agree, I could share with you some additional information about the vaccine development and explain why I recommend this vaccine for you. (*Elicit*)





HW: You are right that the vaccine was developed quite fast in comparison to other vaccines. *(Acknowledging patient)*

Because of the high risk from COVID-19 and rapid infection rates around the globe, the clinical trials have proceeded faster than has been possible with other vaccines. This is because many tens of thousands of people quickly signed up to participate in vaccine trials, compared to the more usual 12 to 18 months it takes to recruit a fraction of that for other vaccines. In the case of COVID-19, a lot of resources, including worldwide scientists and investments were rapidly put toward the development of a vaccine. All vaccines have to go through pre-clinical and three phases of clinical trials. The testing processes for the vaccines didn't skip any steps, instead vaccine developers conducted some stages of the process simultaneously to gather as much data as quickly as possible. *(Share)*

For the COVID-19 vaccines regulatory bodies set up rigorous standards of safety, quality and effectiveness that must be met before a vaccine could be authorized for use. So far, none of the vaccine trials have reported any serious safety concerns. Once vaccines are authorized for use, safety data are continuously monitored by national authorities and the WHO. *(Share)*

Does this new information help to clarify things for you? *(Verify)*



HW: Yes, it is important you are informed *(Build rapport and trust)*. In terms of side-effects, you might expect mild ones such as a sore arm, headache, fatigue, muscle aches, fever and chills. Most importantly you will also have protection against COVID-19. I can highly recommend this vaccine to protect your health. Without vaccine protection you are vulnerable to a severe infection that could put you in the hospital. I can confidently say to you the benefits of the vaccine far outweigh the risks. *(Strong recommendation)* **(Pause for reflection)** Do you have more questions about the vaccine you would like to discuss? *(Verify)*

Alex: Well, it helps to know this background. But what about the vaccine side-effects?

Alex: No, I think it's a bit clearer now.



HW: So Alex, given our discussion on the vaccine's safety would you be willing to have it now? *(Summarize and decide action)*



3. Conversation challenge – the opponent

Eva is a 42 y/o female health assistant working in a long-term care residence. She is in your office complaining of back pain. You use the opportunity to offer the COVID-19 vaccine.

Eva says, *"no way never! I don't believe in vaccines they can make you sick, besides I was already sick with COVID last year, so I have natural protection."*



Communication Strategy	Response
1. Is Eva a good candidate for the vaccine?	Yes. Eva's work setting puts her at an increased risk for contracting the virus.
2. Use a presumptive approach	<i>"You are eligible for the COVID-19 vaccine today."</i>
3. Identify Eva on the Vaccine Acceptance Continuum	Signals she never vaccinates, may hold a philosophical position = Refuses All
4. Do not debate, explore concern	<i>"I would like to understand your decision, can you tell me more..."</i>
5. Acknowledge her concern and share knowledge with permission	<i>"I can see you have done a lot of thinking about this and I understand you are concerned about vaccines. If it's okay with you, I'd like to give you my view."</i>
6. Give your strong recommendation	<i>"Given your extremely high risk for contracting COVID-19 at your workplace, I strongly recommend you get the vaccine."</i>
7. Share expert information and/or offer referral to specialist service if available	<i>"Would you like to look at this COVID-19 vaccine decision aid together? It can help you weigh the risks of the vaccine and the disease."</i>
8. Inform about risks of vaccine refusal	<i>"I understand that you have decided not to vaccinate today. I'd like to share with you what this means..."</i>
9. Leave the door open for further discussion	<i>"You are always welcome to come back to the clinic for another talk."</i>

Role play activity **conversation challenge #3**

3-5 minutes for role playing, 5 minutes for discussion in groups of 2 or more

- In small groups, perform a role play between two members of the group.
- One person act as the HW, who is applying the principles of risk communication and motivational interviewing.
- The other person act as the “opponent” patient described on the previous slide.
- Others can be observers and provide feedback after the role play.
- After completing the role play, read the following example conversation and discuss as a group the responses in the role play.





HW: Eva, your work in a long-term care home is extremely vital in these pandemic times. You are considered an essential worker. As you are well aware, long-term care settings are prone to infection outbreaks, therefore it is very important for you to safeguard your health so you can continue your important work. I have some good news, you are eligible for the COVID-19 vaccine today, *(Presumptive statement)* this will provide you with an increased measure of protection.

Eva: No way! I don't believe in vaccines. And besides I was already sick with COVID last year, so I have natural protection.

HW recognizes Eva is signaling she never vaccinates and prefers natural immunity. She may hold a philosophical position on vaccination causing her to believe vaccines are unsafe = Refuses All.



HW: Eva, I would like to understand your decision, can you tell me more about why you don't believe in the vaccine?
(Do not debate or correct misinformation. Explore concern)

Eva: I've read plenty on the internet about how vaccines can make you sick. That's why I never take the flu shot. Anyway, I just think natural protection is better for me.



HW: I see you have done a lot of thinking about this and I can understand you are concerned about vaccines.
(Acknowledging) If it's okay with you, I'd like to share with you my view. *(Share knowledge with permission)*

Eva: Sure..... but I can tell you I'm not getting the vaccine today.





HW: That's okay. You are right that a previous infection with COVID-19 produces antibodies in your system providing protection against infection. However, experts do not yet know how long someone is protected from getting sick again after recovering from COVID-19. Natural immunity also varies from person to person. I can assure you that the COVID-19 vaccine we use is the best way to prevent you from getting sick again. It is very safe and serious side-effects are rare. In fact, safety data is being continuously monitored by experts, when a concern comes up, new research is done to check whether the results are consistent or not. *(Share)*

Due to the severe health risks associated with COVID-19 and the fact that reinfection with COVID-19 is possible, I strongly recommend to vaccinate regardless of whether you already have been sick with COVID-19. *(Give your strong recommendation)* Especially because you are at a high risk for contracting COVID-19 at your workplace.

I would like to share with you this COVID-19 vaccine decision aid to take home with you. It can help you weigh the risks of the vaccine and the disease. *(Share credible resources tailored to patient's concern)*



HW: I understand that you have decided not to vaccinate today. Please know you are taking an important responsibility. What this means is that if you experience any of these signs and symptoms, you should seek medical attention. *(Offer print information about signs and symptoms of COVID-19 infection)* You can help to protect yourself and others by performing frequent handwashing and wearing a mask covering your mouth and nose, however, be aware there is still a risk of reinfection. *(Inform about risks and responsibilities of vaccine refusal)*

You are welcome back to the clinic any time if you have questions or have a change of mind. *(Leave the door open for further discussion.)*

Eva: I guess I could take a look at it, but I'm still feeling pretty cautious.

Eva: Okay thanks



4. Conversation challenge – go along to get along

Maria is an 80 y/o female in the community. She arrives at the clinic for routine blood work and asks the nurse *"Can I get my COVID-19 vaccine? I am worried about getting COVID and I really want to see my grandchildren again."*



Communication Strategy	Response
1. Is Maria a good candidate for the vaccine?	Yes, due to her age.
2. Identify Maria on the Vaccine Acceptance Continuum.	Maria is asking for the vaccine and shows signs of motivation = Acceptor
3. Ask about contraindications and precautions	If yes, discuss information and options based on the patient's responses; offer referral to specialist. If no, continue to 4.
4. Ask if she has questions.	<i>"Do you have questions before we give you your vaccine?"</i>
5. Share knowledge and the explain process	Alert on possible reactions and pain mitigation strategies. Explain how the vaccine is given and what to expect.
6. Vaccinate and congratulate	<i>"Congratulations, you've taken a significant step to protect your health."</i>
7. Book appointment for 2 nd dose and send a reminder	<i>"Let's make an appointment for 3-4 weeks from now for your next dose."</i>
8. Review post-vaccination steps	<i>"To prevent virus spread, I recommend you continue to..."</i> <i>"I can show you where to wait while you will be monitored for 15 minutes"</i>

Role play activity **conversation challenge #4**

3-5 minutes for role playing, 5 minutes for discussion in groups of 2 or more

- In small groups, perform a role play between two members of the group.
- One person act as the HW, who is applying the principles of risk communication and motivational interviewing.
- The other person act as the “go along to get along” patient described on the previous slide.
- Others can be observers and provide feedback after the role play.
- After completing the role play, read the following example conversation and discuss as a group the responses in the role play.





HW: Hello Maria, I understand that you would like to get your COVID-19 vaccine today.

Maria: Yes that's right, I am worried about getting COVID and I really want to see my grandchildren again...

Maria is asking for the COVID-19 vaccine and shows signs of motivation = Acceptor



HW: I can understand your worry (*Building rapport*). It's great to hear you are ready for the vaccine. (*Encouragement*) First, we want to make sure it will be safe for you to receive the vaccine. Have you completed the pre-vaccination check list? This will help us determine if there is any reason you should not get the COVID-19 vaccine today. (*Ask about contraindications and precautions*)



HW: Great! I can see that you are in fact eligible for the COVID-19 vaccine. Do you have questions before I administer the vaccine? (*Ask if there are questions*)

Maria: Yes, here it is



HW: That's a great question. Let's take a moment to review the possible side-effects of the vaccine and what you can do for relief. The COVID-19 vaccine is given through an injection into your shoulder. You may feel a slight pinch when the needle goes in. Afterwards, we want you to stay here for 15 minutes to be sure you don't have any allergic reactions. (*Explain the process*) In terms of some of the common side-effects, you might have some pain and swelling at the injection site, or you might have a mild fever and body aches. It's important to remember these side-effects indicate your body is responding well to the vaccine. These usually improve within a few days after vaccination, but if for some reason they last longer I want you to contact the clinic. To reduce pain, you can apply a clean, cool, wet washcloth over the area. If you experience a fever, make sure to drink plenty of fluids. (*Share knowledge: alert on side-effects and pain mitigation*). A 2nd dose will be required in 3-4 weeks. The first dose starts building protection, however a 2nd dose is necessary to get the most protection the vaccine can offer. (*Explain the process*)

Maria: Yes, I would like to know if it is painful?

Maria: Okay thanks for the information





HW: Okay, so let us go ahead with the vaccine now.

HW vaccinates Maria.



Congratulations, you've taken a significant step to protect your health. *(Vaccinate and congratulate)* So we don't forget, let's book another appointment in 3 to 4 weeks from now for your next dose. You will be contacted with a reminder close to the date. *(Book appointment for 2nd dose and send reminder)*



HW: Maria I want to let you know, it takes time for the body to build protection after any vaccination. COVID-19 vaccines requiring 2 doses may not protect you until 1-2 weeks after the 2nd dose. Therefore it is very important to continue with all measures to protect yourself and others including, wearing a mask to cover your mouth and nose outside of your home, take 1 meter physical distance from others, perform frequent handwashing and try to avoid crowded, closed and close contact spaces. *(Review post-vaccination steps)*

Maria: Thank you!
Sounds good.



Maria: Good to
know!



HW: Well it was great to see you today and we will see you soon again for your next dose. I will show you where you can wait while you will be monitored for 15 minutes. *(Post-vaccination steps)*

Maria: Thank you



Conversation considerations

Actively listen to understand patients' concerns, frame vaccination in a way that matters to them.

Use facts sparingly – too many can confuse.

Avoid jargon
Use language and content that fit the patient.

Stories can be powerful and compelling – especially if personal.

Frame data clearly and positively. (e.g. better to say "99% safe" rather than "1% risk" of side-effects).

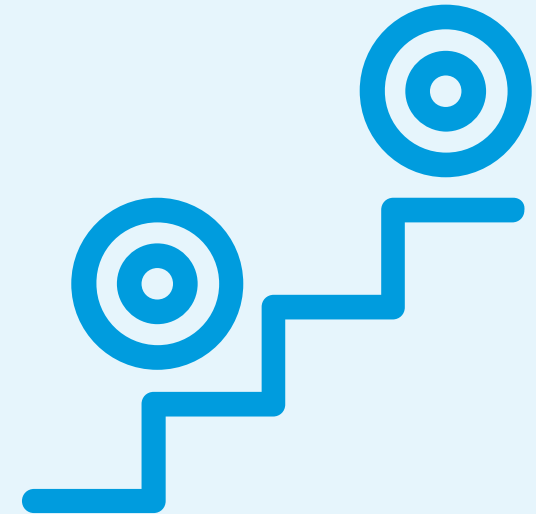
Respect the patient's informed decision.

Be non-judgemental and non-confrontational.

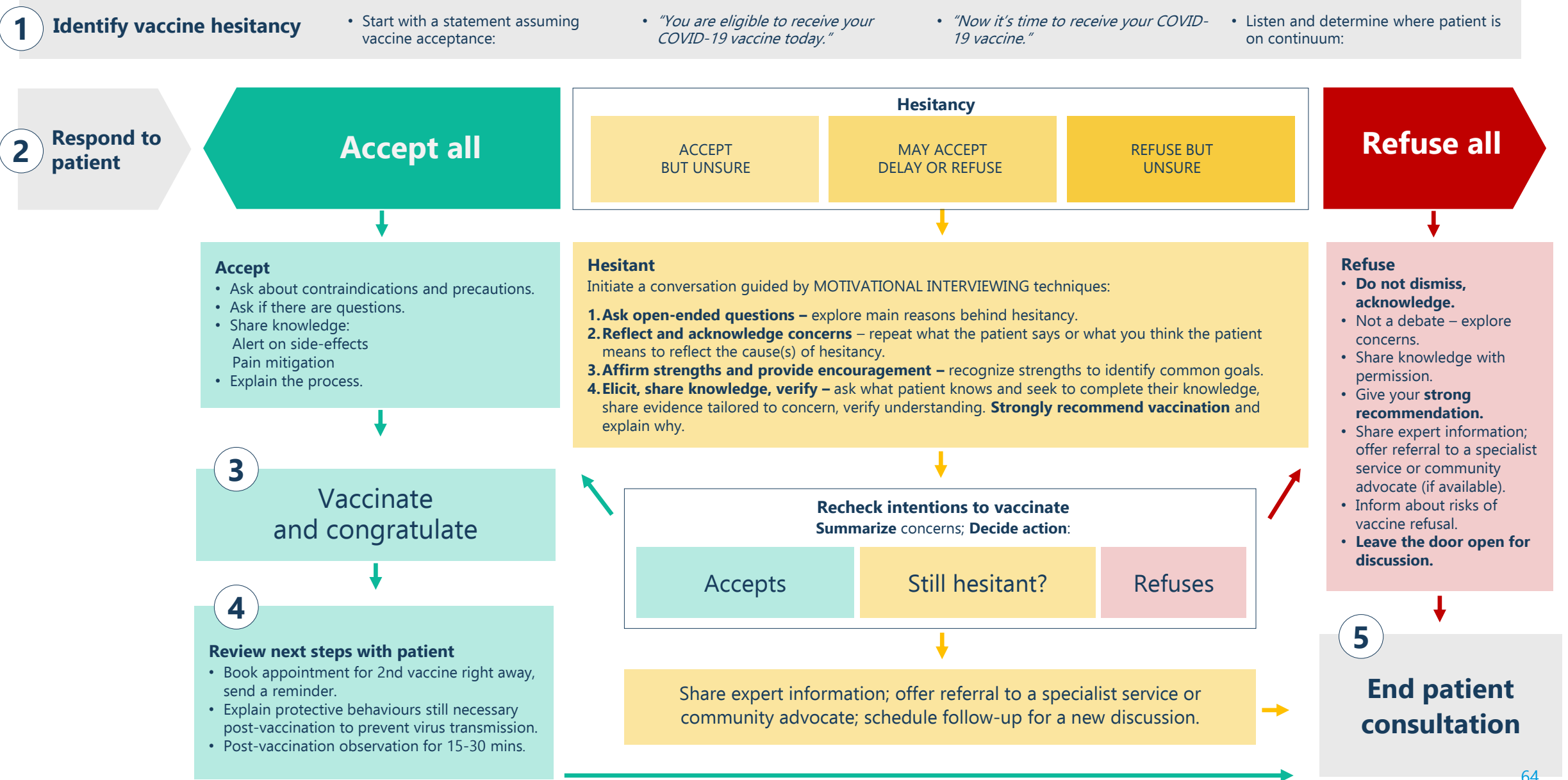
Build Trust

Keep in mind...

- The long-term goal of these conversations is to move the patient towards a “yes” for acceptance. This may take more than one visit. The short-term goal may be to win their confidence.
- Conversations that guide the patient to explore their reasons for hesitancy can help increase confidence and trust in the COVID-19 vaccine.
- **Adequate training and practice can help lead to positive outcomes.**



COVID-19 vaccination communication algorithm for health workers



Sample messages for health workers

Identify vaccine hesitancy*

Start with a statement assuming vaccine acceptance
to normalize the vaccination and demonstrate your confidence in it

*"You are eligible to have the
COVID-19 vaccine today."*

*"Now it's time to receive your
COVID-19 vaccine."*

Listen and determine where patient is on continuum

**Accept
All**

"I'm ready."

Hesitancy

ACCEPT
BUT
UNSURE

*"OK, I guess I'll
vaccinate, but..."*

ACCEPT
SOME, DELAY AND
REFUSE SOME

*"I'm not sure ...
I don't know...
I will wait for others
to get theirs first."*

REFUSE BUT
UNSURE

*"No, I'm not sure this
is right for me."*

**Refuse
All**

*"Vaccines are
dangerous, there is no
way I will ever be
vaccinated."*

*The majority of people accept vaccination, several are uncertain and will have questions, few refuse.

Sample messages for health workers

Responding to hesitancy: motivational interviewing

If a patient is hesitant, initiate a conversation guided by **motivational interviewing** techniques:



Open-ended questions:

"What is your greatest concern about this vaccine?"

"Tell me what you heard about the vaccine?"

Reflect and acknowledge concerns:

"I understand that you want to make the best choice for your health but you are worried about the side-effects of this vaccine."

"I understand it can be confusing to know which information to listen to."

Affirm strengths and provide encouragement

"I can see you have done a lot of reading and thinking about this vaccine."

Elicit, share knowledge and verify

"What do you know about the side-effects of this vaccine?"

"If you agree, I can share with you some information about side-effects."

"Does this new information help to clarify the side-effects?"

Summarize and decide action

"It sounds like your concerns were mainly about side-effects. Now that we have discussed the common ones, what do you think you want to do?"

Sample messages for health workers

Common patient concerns:

Side-effects

"I am not sure the vaccine is worth taking since it sounds like the side-effects are even worse than the disease."

Safety

"I am not sure what to do. Many people I know are saying the COVID-19 vaccine was rushed so it is dangerous to take it."

Quality

"I read stories about this brand of COVID-19 vaccine on-line, that it isn't as effective as others."

HW responses using motivational interviewing:

"I understand that you want to make the best choice for yourself. What side-effects are you concerned about?"

"I can see you are unsure about this vaccine and how it was made. Can I tell you what I know about how this vaccine was produced?"

"It can be very confusing with so much different information online. Social media and websites can spread false information too. You can get the latest on the COVID-19 vaccine from the source I trust the most at [fill in with credible source that is locally accessible]. I am also here to answer your questions."

Conversation tips

- Listen actively to show interest and concern.
- Do not judge or minimize patients' concerns or questions.
- Be respectful and avoid arguing.
- Respond with empathy and understanding.
- Offer positive encouragement.
- Give your strong recommendation.



1. Gagneur, A. 2020. Motivational interviewing: A powerful tool to address vaccine hesitancy. Can Commun Dis Rep. 46(4):93–7.
2. Sharing Knowledge About Immunisation (SKAI). 2020. Discussion Guides.
3. WHO. 2017. Conversations to build trust in vaccination.
4. Leask J., et al. 2012. Communicating with parents about vaccination: a framework for health professionals. BMC Pediatrics.12:154.



Part 6: Being pro-active to promote vaccine confidence & acceptance

Messaging to patients when COVID-19 vaccine supply is limited

Promote vaccine confidence by:

1. Reminding your patients: *The goal is for everyone to have easy access to COVID-19 vaccination as soon as larger quantities are available.*
2. Providing patients with resources about the vaccines and actions they can take before they get vaccinated, such as:

Learn about the COVID-19 vaccines and their benefits and follow-up with your health provider if you have questions.

Promote vaccination within your social network by sharing accurate and timely information about COVID-19 vaccines.

Learn about the COVID-19 vaccines plans in your community or through your national public health authority and make a vaccination plan for yourself or family members for when vaccine is offered.

Continue to take recommended actions to protect yourself and others from COVID-19.

Regardless of vaccine availability: **HWs can start conversations early and proactively recommend the vaccine to all adult patients.**

Messaging to patients about what happens after the vaccine

Promote vaccine acceptance by advising patients what to expect and how to behave:

Expect some
Side-effects.

It takes time for the body to build protection after any vaccination. COVID-19 vaccines requiring 2 doses may not protect you until 1-2 weeks after the 2nd dose.

Patients need 2 doses of the vaccine for longer lasting protection.*

Report any ongoing troubling side-effects to health worker.

No vaccine is 100% effective. Some people may still get COVID-19 despite having a vaccination, but this infection should be less severe.

We don't know yet how much protection the vaccine will provide, so continue using all the measures to protect yourself and others (mask covering mouth and nose + 1 meter social distance + frequent handwashing, avoid crowded, closed, close contact spaces).

* Dependant on the vaccine used in HW's clinical practice

Guiding your patients to reliable COVID-19 vaccination resources

When considering vaccine information on the Internet, advise your patients:

1. Check that the information comes from a **credible source** (i.e relevant expertise)
2. **Prioritize established/trusted institutions.**
Look for sources that are known for their credibility (e.g. International Organizations, Ministry of Health, academic institutions).
3. Check the date, ensure **information is current** and verify **information is updated on a regular basis.**
4. **Avoid commercial sites.**
5. While it's a useful tool, the **Internet does not replace a discussion with a healthcare professional.**

Credible sources of COVID-19 vaccination information for patients:

WHO Resources

[WHO, COVID-19 Vaccines](#)

[WHO, Coronavirus disease \(COVID-19\): Vaccines](#)

[WHO, Vaccines and immunization: Vaccine safety](#)

[WHO, Coronavirus disease \(COVID-19\) advice for the public](#)

[WHO, Q&As on COVID-19 and related health topics](#)

European Regional Resources

[ECDPC, COVID-19 vaccines](#)

[ECDPC, Questions and answers on COVID-19: Prevention](#)

[Vaccination Portal: COVID 19 vaccines](#)

[EASPD, What is the coronavirus vaccine? – Easy to read information](#)

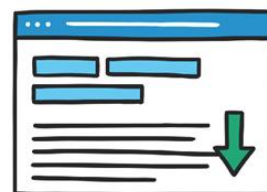
[Video of the European Council: COVID-19 Vaccines: Why so fast?](#)

Top tips for navigating the infodemic



1. Assess the source:

Who shared the information with you and where did they get it from? Even if it is friends or family, you still need to vet their source.



2. Go beyond headlines:

Headlines may be intentionally sensational or provocative.



3. Identify the author:

Search the author's name online to see if they are real or credible.



4. Check the date:

Is it up to date and relevant to current events? Has a headline, image or statistic been used out of context?



5. Examine the supporting evidence:

Credible stories back up their claims with facts.



6. Check your biases:

Think about whether your own biases could affect your judgment on what is or is not trustworthy.



7. Turn to fact-checkers:

Consult trusted fact-checking organizations, such as the International Fact-Checking Network and global news outlets focused on debunking misinformation.

COVID-19 vaccine resources for health workers

<u>Factsheets and Job Aids related to Comirnaty and Moderna COVID-19 vaccines*</u>	WHO Regional Office for Europe (2021)
<u>COVID-19 Vaccination Communication Algorithm for Health Workers *</u>	WHO Regional Office for Europe (2021)
<u>COVID-19 vaccines and vaccination explained</u>	WHO Collaborating Centre for Vaccine Safety (2021)
<u>Explainer videos for health workers on communicating with patients about COVID-19 vaccination*</u>	WHO Collaborating Centre for Vaccine Safety (2021)
<u>Online training on COVID-19 vaccination for health workers</u>	WHO (2021)
<u>Vaccines explained: The different types of COVID-19 vaccines</u>	WHO (2021)
<u>Vaccines explained: How will there be fair and equitable allocation of limited supplies?</u>	WHO (2021)
<u>COVID-19 vaccines ; Q&A: COVID-19 vaccine research and development</u>	WHO (2020)
<u>Interim recommendations for use of the AZD1222 (ChAdOx1-S (recombinant)) vaccine against COVID-19 developed by Oxford University and AstraZeneca</u>	WHO (2021)
<u>Vaccine Safety Net</u>	WHO
<u>Interpersonal Communication for Immunization</u>	UNICEF
<u>COVID-19 Vaccination Communication Toolkit For Medical Centers, Pharmacies, and Clinicians</u>	US CDC (2021)
<u>Pre-vaccination Checklist for COVID-19 Vaccines</u>	US CDC (2021)
<u>Learn About the New mRNA COVID-19 Vaccines</u>	US CDC (2021)
<u>COVID-19 vaccination: Guide for healthcare workers</u>	Public Health England (2021)
<u>Information for Healthcare Professionals on COVID-19 Vaccine AstraZeneca</u>	Public Health England (2021)
<u>The COVID-19 Vaccine Communication Handbook</u>	Lewandowsky, S et al. (2021)
<u>Social media toolkit for healthcare professionals</u>	European Union (2020)

* will be made available soon



Post-training self-reflection and evaluation

[Insert link to survey](#)

References

1. Dubé, È. 2020. Quick and Efficient Vaccine Communication. Vaccine Hesitancy Workshop. PPT.
2. Dubé, È., et al. 2013. Vaccine Hesitancy, An Overview. Human Vaccines & Immunotherapeutics 9(8), 1763–1773.
3. Leask, J., et al. 2012. Communicating with parents about vaccination: a framework for health professionals. BMC Pediatrics.12:154.
4. Habersaat, K.B., Jackson, C. 2020. Understanding vaccine acceptance and demand—and ways to increase them. Bundesgesundheitsbl. 63, 32–39.
5. MacDonald, E, N., & Dubé, È. 2018. Addressing vaccine hesitancy in immunization programs, clinics and practices. Paediatrics & Child Health. Vol 23(8):559.
6. MacDonald, E, N. 2015. Vaccine hesitancy: Definition, scope and determinants. Vaccine. Volume 33, Issue 34, Pages 4161–4164.
7. Gagneur, A. 2020. Motivational interviewing: A powerful tool to address vaccine hesitancy. Can Commun Dis Rep. 46(4):93–7.
8. Gagneur, A., et al. 2018. Motivational interviewing: A promising tool to address vaccine hesitancy. Vaccine. 36, 6553–6555.
9. Nyhan, B., et al. 2014. Effective messages in vaccine promotion: A randomized trial. Pediatrics. 133(4), 835–42.
10. WHO Regional Office for Europe. 2017. Vaccination and trust. How concerns arise and the role of communication in mitigating crises. Available from https://www.euro.who.int/__data/assets/pdf_file/0004/329647/Vaccines-andtrust.PDF Accessed on January 25, 2021.
11. Kerr, J, R., et al. 2020. Predictors of COVID-19 vaccine acceptance across time and countries. BMJ Yale. Available from <https://www.medrxiv.org/content/10.1101/2020.12.09.20246439v1.full.pdf> Accessed on February 01, 2021.
12. Lewandowsky, S., et al. 2021. The COVID-19 Vaccine Communication Handbook. A practical guide for improving vaccine communication and fighting misinformation. Available from <https://sks.to/c19vax> Accessed on February 01, 2021.
13. Public Health Agency of Canada. 2008. Immunization competencies for health professionals. Available from <https://www.phac-aspc.gc.ca/im/pdf/ichp-cips-eng.pdf> Accessed on March 01, 2021.
14. ECDC. 2015. Vaccine hesitancy among healthcare workers and their patients in Europe. Available from <https://www.ecdc.europa.eu/sites/default/files/media/en/publications/Publications/vaccine-hesitancy-among-healthcare-workers.pdf> Accessed on February 04, 2021.
15. WHO. 2017. Conversations to build trust in vaccination. Online Training PPT. Available from <https://www.bing.com/search?q=Conversations+to+build+trust+in+vaccination.&q=n&form=QBRE&sp=-1&pq=conversations+to+build+trust+in+vaccination.&sc=0-44&sk=&cvid=3CD69A28361040268243327EE2D58CF9>. Accessed on January 06, 2020.
16. Sharing Knowledge About Immunisation (SKAI). 2020. E-Learning Module. Available from <http://www.ncirs.org.au/health-professionals/skai-supporting-health-professionals>. Accessed on January 06, 2021.
17. US CDC, 2021. Benefits of Getting a COVID-19 Vaccine. Available from <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/vaccine-benefits.html> Accessed on February 04, 2021.
18. US CDC, 2021. COVID-19, people at increased risk. Available from <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/index.html> Accessed on March 05, 2021.
19. US CDC, 2021. Essential Workers COVID-19 Vaccine Toolkit. Available from <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/toolkits/essential-workers.html> Accessed on March 05, 2021.

Thank you!



www.euro.who.int

WHO/EURO:2021-2281-42036-57837

© World Health Organization 2021.
Some rights reserved. This work is
available under the [CC BY-NC-SA 3.0](https://creativecommons.org/licenses/by-nc-sa/3.0/)
[IGO](https://creativecommons.org/licenses/by-nc-sa/3.0/) license.