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Public Health Network



Covid Vaccine Public Engagement Toolkit for elected members and community leaders

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Public Health Service



Sections



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Introduction

1. Hesitancy and Misinformation
2. How Vaccines Work
3. How Each vaccine works
4. The England Priorities and 12 Weeks between doses
5. Are they safe?
6. Pregnancy and Infertility

7. Immunosuppression

8. Faith Issues and Resources

9. British Sign Language

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Introduction

Why this toolkit?

Acknowledgements: Thanks to the British Society for Immunology, Association of Directors of Public Health, Hertfordshire County Council Behaviour Change Unit

What is this and why have I got it?



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- The speed at which information is growing about the vaccine, and the range of questions, means people are telling us they need access to accurate, fact-checked information about the vaccine to share with staff and residents.
- People have said they really value the range of webinars we are running locally but need more to be able to answer questions
- Exposure to misinformation can make people refuse the vaccine. This toolkit aims to give elected members and community leaders tools to provide accurate, fact checked information.
- This slide deck aims to give you fact checked links, graphics, video and other information you can share with people when they ask you questions
- Every resource in this toolkit has been fact checked and reviewed at the time of inclusion
- We will seek to keep it updated regularly

Jim McManus

About this toolkit



- The toolkit is aimed at elected members, community champions and others
- is divided into 9 sections each of which you can use or go to on their own
- The toolkit takes material from fact checked sources which are designed to be freely used
- This toolkit supplements and provides background information to a series of Webinars and question and answer sessions

What it does not cover

- Large vaccine programmes, by their very nature, risk creating a range of inequalities in uptake of and access to the vaccine
 - Especially well known in people who bear the burden of such inequalities are people not registered with GPs, Homeless people, Black, Asian and Minority Ethnic Communities, People who cannot afford to take time off to get vaccinated and people who cannot travel to access vaccination.
- Every local area needs to have a vaccine uptake and equality plan to mitigate these. This toolkit is just one part of such a plan – providing accurate information for people to share. But this does not replace a proper equality/uptake plan and each local area needs its own.
- Hertfordshire has a summary of its equality and uptake plan on a page. For a copy please email us

Where does a Vaccine fit into our strategy? 1



- It looks like, for the foreseeable future, Covid isn't going away. While it does like every virus, mutate, it hasn't yet evaded vaccines.
- So we need to articulate a future with covid, for now
- We also know that while the Vaccine does reduce risk of serious illness and death we don't **YET** know that it stops transmission, like other vaccines.
- So a vaccine is a part of our strategy.



Where does a Vaccine fit into our strategy? 2



- The key things we have to continue to do for some time are:
 1. Reduce the circulation of the virus as much as possible through testing, contact tracing and successful isolation of infected people and close contacts. *This will also help reduce the number of new variants*
 2. Keep on with the prevention measures for a world where the virus will circulate for some time (distance, coverings, hygiene, safe working practices)
 3. Roll out the vaccine to as many people as possible

The vaccine is one tool in our armoury

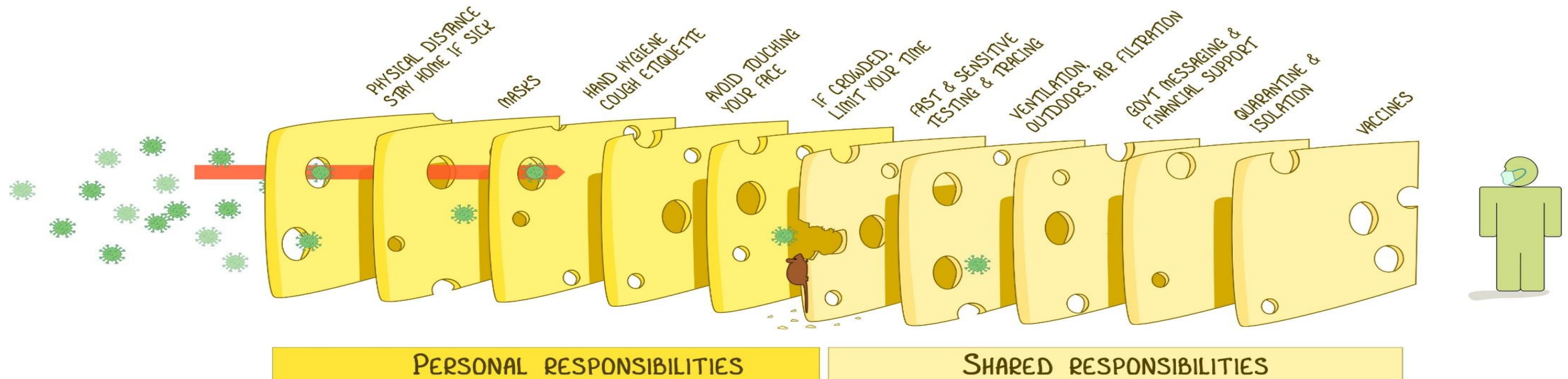
- Behave as if everyone you meet outside your home is infected and you are too
 - 2m Distance **even with a mask**, avoid crowds, face coverings (2 layers min, preferably three), hand hygiene
- There is no alternative to people complying with the rules. The more non compliance
 - the longer the virus circulates
 - the longer the restrictions
 - The more NHS staff sickness
 - The longer it takes to vaccinate
 - The more new variants will emerge and we risk "vaccine escape"

If you want to get out of lockdown, your only real option is compliance otherwise we will be here till well after Easter

Keep going with prevention & control

THE SWISS CHEESE RESPIRATORY VIRUS PANDEMIC DEFENCE

RECOGNISING THAT NO SINGLE INTERVENTION IS PERFECT AT PREVENTING SPREAD



EACH INTERVENTION (LAYER) HAS IMPERFECTIONS (HOLES).
MULTIPLE LAYERS IMPROVE SUCCESS.

IAN M MACKAY
VIROLOGYDOWNUNDER.COM
WITH THANKS TO JODY LANARD, KATHERINE ARDEN & THE UNI OF QLD
BASED ON THE SWISS CHEESE MODEL OF ACCIDENT CAUSATION, BY JAMES T REASON, 1990
VERSION 3.0
UPDATE: 24OCT2020

Sections



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1. Hesitancy and Misinformation
2. How Vaccines Work
3. How the Pfizer Vaccine Works
4. How the AstraZeneca Vaccine Works
5. The England Priorities and 12 Weeks between doses
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Section 1

Hesitancy and Misinformation, and “anti-vaxxers”

What is vaccine hesitancy?



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- Vaccine hesitancy is NOT the same as being anti vaccine
- It's often a catch all term for people having questions, or concerns, about a vaccine. These range from safety to religious or ethical concerns and also people who have been misinformed. It is one of the biggest challenges in getting people to take up vaccines.
- Most people who are hesitant are looking for accurate, trustworthy information that can help them make an informed judgement
- There is a significant amount of mis-information out there, and most vaccine myths have been repeated for years

How do I address it? Top Tips



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1. Act as a role model – show that you use information only from accurate sources like NHS, science, medical or public health and if you are having the vaccine, say so apologetically and why. Don't get into allowing people to question your reasons for having the vaccine, they are valid
2. Listen and show you take their questions seriously. That doesn't mean you have to agree with them. Be open and above all non confrontational.
3. Provide accurate, well trusted sources of information (the purpose of this toolkit)
4. Never repeat or share misinformation, only provide accurate information
5. If you don't know the answer to a question, say so, and try to find out
6. Peer influence – A well informed peer from the same job role or community can be as powerful if not more powerful than an expert. Personal stories people can identify with are hugely important.
7. Q and A sessions live or virtual with people who **really** know their facts on local media, radio or social media
8. Promote sharing of accurate information

There are some simple tactics clinicians can use. Contact us for our “quick guide” to vaccine hesitancy for clinicians

Where do I learn more?



Some materials on vaccine hesitancy here

- Short read <https://www.local.gov.uk/our-support/guidance-and-resources/comms-hub-communications-support/covid-19-communications/covid-8>
- Longer reads
 - <https://www.hertfordshire.gov.uk/services/health-in-herts/professionals/covid-19-behavioural-science-resources.aspx>
 - <https://www.ecdc.europa.eu/en/immunisation-vaccines/vaccine-hesitancy>
- A podcast here <https://www.bsphn.org.uk/719/Coronavirus-Mini-Series-8---Behavioural-Science-to-Increase-Vaccine-Uptake-Jim-McManus-Wayne-Bateman-Paul-Chadwick>
- A useful video resource here <https://www.ama-assn.org/delivering-care/public-health/covid-19-vaccine-hesitancy-10-tips-talking-patients>

Anti-vaxxers and vaccine skeptics



- These are two very different phenomena. Vaccine skeptics are sceptical of science for a variety of reasons. They may come round. Anti-vaxxers or vaccine denialists are ideologically opposed to vaccines and will quote their understanding of science
- Unless you really know your science, the best way to respond is not to engage, don't acknowledge conspiracy theories and stick to the facts and promoting vaccine information. You will rarely win here and there is more to be gained from putting out accurate information.
- <https://theconversation.com/4-ways-to-talk-with-vaccine-skeptics-125142>

Countering Misinformation



- Misinformation is a major problem in Covid-19. The benefits of elected members and trusted community members spreading accurate information are significant.
- But there is more you can do, you can do simple things like double checking “facts” on social media, not passing on messages or rumours that stop misinformation spreading
- The World Health Organisation pages on countering misinformation are really useful and will tell you more <https://www.who.int/news-room/spotlight/let-s-flatten-the-infodemic-curve> (A fifteen minute read)

Some resources on vaccine denialism/anti-vax



- WHO Guide on how to debate with vaccine deniers in public
https://www.who.int/immunization/sage/meetings/2016/october/8_Best-practice-guidance-respond-vocal-vaccine-deniers-public.pdf



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Section 2

How Vaccines Work

How do vaccines work?

Why we use vaccines

- **Vaccines can prevent infectious diseases.** Examples of vaccine-preventable diseases are: measles, polio, hepatitis B, influenza and many others.
- When most people in a community are vaccinated against a disease, the ability of the pathogen to spread is limited. This is called 'herd' or 'indirect' or 'population' immunity.
- When many people have immunity, this also indirectly protects people who cannot be vaccinated, such as very young babies and those who have compromised immune systems.

How vaccines work

- Vaccines greatly reduce the risk of infection by training the immune system to recognize and fight pathogens such as viruses or bacteria
- Vaccines safely deliver an **immunogen** which is a *specific type of antigen that elicits an immune response*, to train the immune system to recognize the pathogen when it is encountered naturally.



Put crudely, vaccines make your body think it has been infected, or present an infections agent to it so your body recognises it when it comes back.

This short (1min 25 sec) video explains why we use vaccines

https://www.youtube.com/watch?v=O24XRiQQ_4k&feature=emb_logo

Resources for Sharing

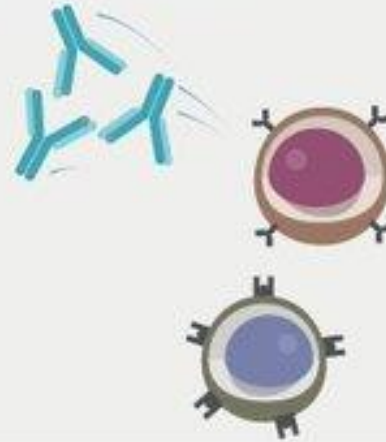
- A video on what vaccines are (5 mins)
<https://www.youtube.com/watch?v=rb7TVW77ZCs>
- A video from *Nature* journal on how they work
<https://www.youtube.com/watch?v=4SKmAlQtAj8>
- Celebrating Vaccines – a public web resource from the British Society for Immunology <https://www.immunology.org/celebrate-vaccines>
- Throughout this toolkit you will see graphics designed for public use by the British Society for Immunology. Check out their website for regular updates

COVID-19, long-term immunity and vaccines

Vaccines train your immune system using a harmless form of the virus.



The **vaccine** activates your **adaptive immune response**.



The adaptive immune response involves:

B cells that make highly specific **antibodies** to stop the virus getting into your cells.

T cells that can help stimulate the B cells and kill any infected cells.



These cells remember the virus and remain in the body. This is **immune memory**.

If you encounter the real virus in the future, your immune system responds faster and more effectively to prevent infection. This is **long-term immunity**.

An effective COVID-19 vaccine will produce a strong, long-term, adaptive immune response. It might stimulate B cells and specific antibodies or T cells or a combination of both.

What's in a vaccine?

Water

The main ingredient.

Preservatives and stabilisers

Maintain vaccine quality, safe storage and prevent contamination.
Example: Sorbitol; naturally found in fruit in larger amounts.

Residual traces

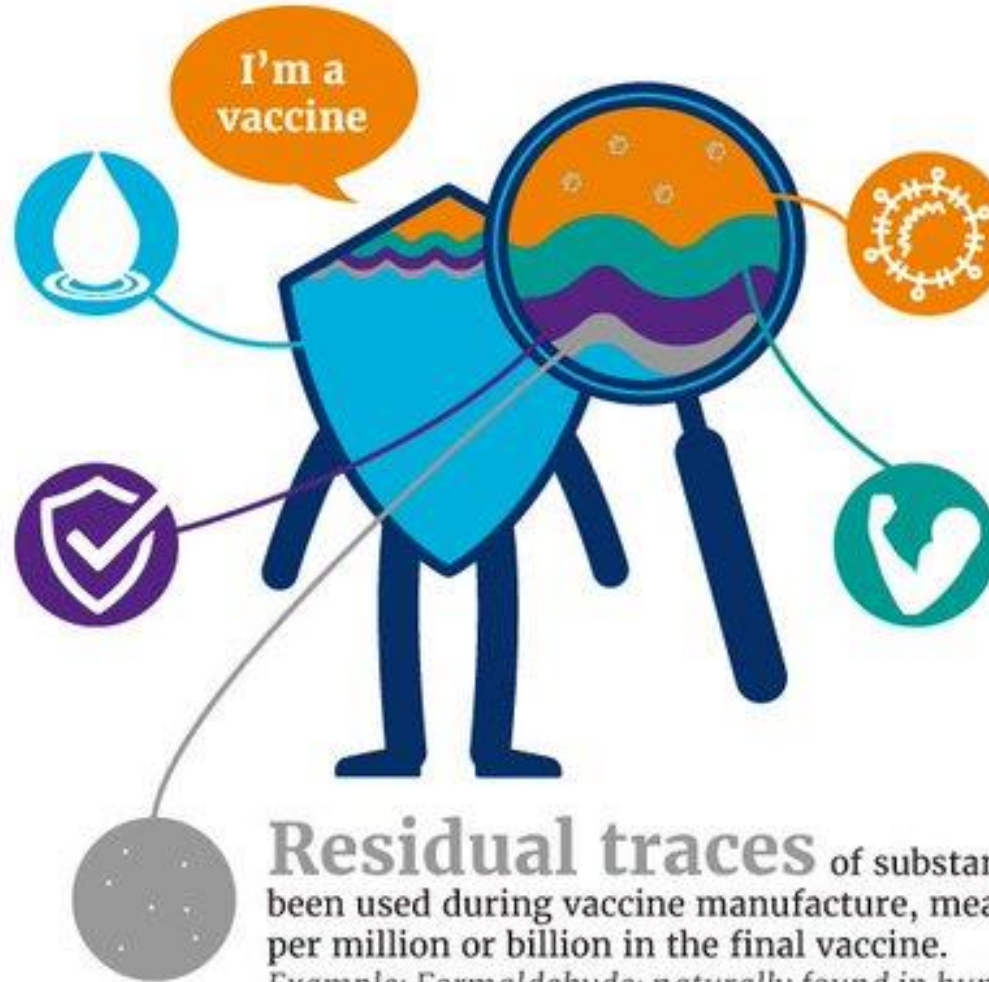
of substances that have been used during vaccine manufacture, measured as parts per million or billion in the final vaccine.
Example: Formaldehyde; naturally found in human body.

Active ingredient

A very small amount of a harmless form of the bacteria or virus you are immunising against.

Adjuvants

Create a stronger immune response to the vaccine. Pose no significant risk to health in the very small quantities used.
Example: Aluminium; naturally found in drinking water at higher levels.





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Section 3

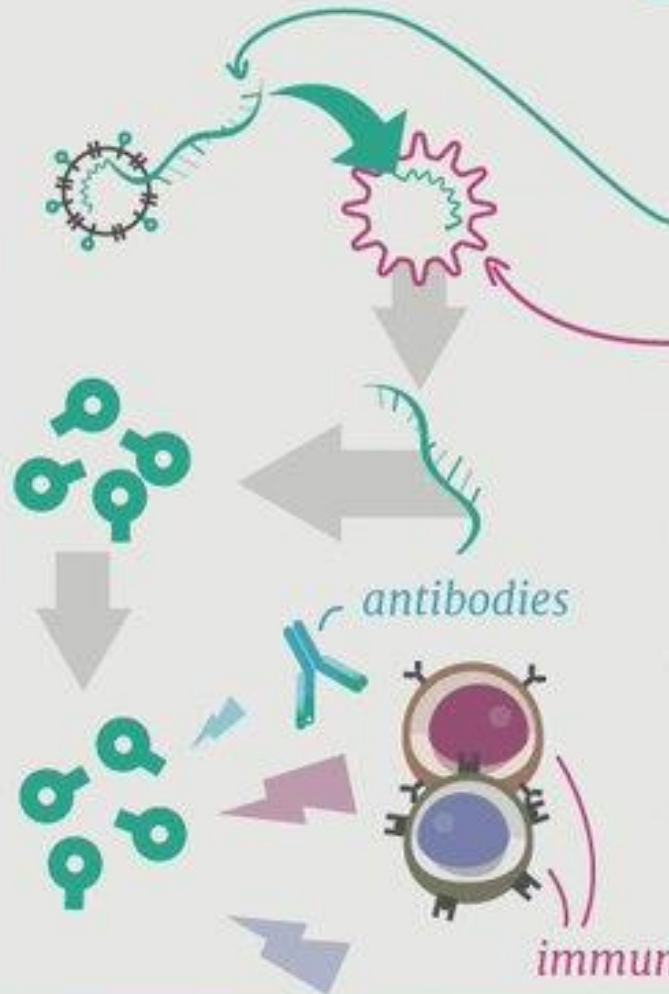
How each vaccine works (vaccines currently licensed or about to be submitted for UK use)

Types of SARS-CoV-2 vaccines for COVID-19

Viral vector vaccines

British Society for
immunology

www.immunology.org



Use an unrelated harmless virus, modified to deliver **SARS-CoV-2 genetic material**. The delivery virus is known as a **viral vector**.

Our cells use the genetic material to make a specific SARS-CoV-2 protein, which is recognised by the immune system to trigger a response.

This response builds immune memory, so your body can fight off SARS-CoV-2 in future.

Considerations

Generate strong immune response.

May need to be stored at specific low temperatures.



Examples in human use

University of Oxford/AstraZeneca COVID-19 vaccine
Ebola vaccine

In clinical trials for COVID-19

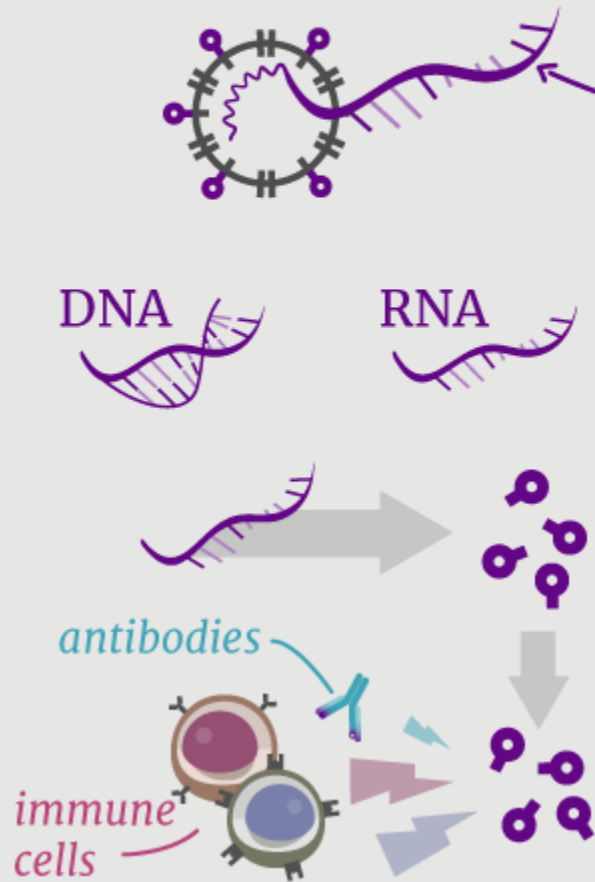
Janssen, Cansino, Gamaleya

Types of SARS-CoV-2 vaccines for COVID-19

Genetic vaccines (nucleic acid vaccines)

British Society for
immunology

www.immunology.org



Contain a segment of **SARS-CoV-2 virus genetic material** that codes for a specific protein. Can be DNA or RNA.

Our cells use the genetic material to make the SARS-CoV-2 protein, which is recognised by the immune system to trigger a response.

This response builds immune memory, so your body can fight off SARS-CoV-2 in future.

Considerations

Low cost and fast to develop.

May need to be stored at specific low temperatures.



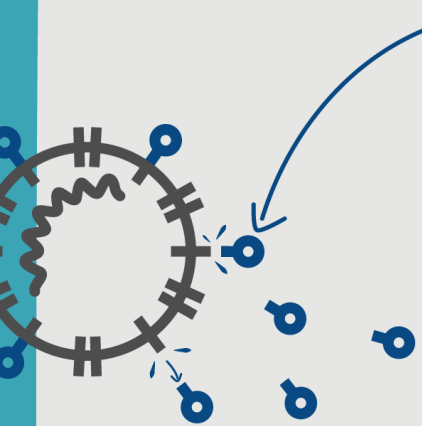
Examples in human use

Pfizer/BioNTech & Moderna
COVID-19 vaccines

In clinical trials for COVID-19

Imperial College London

Protein vaccines

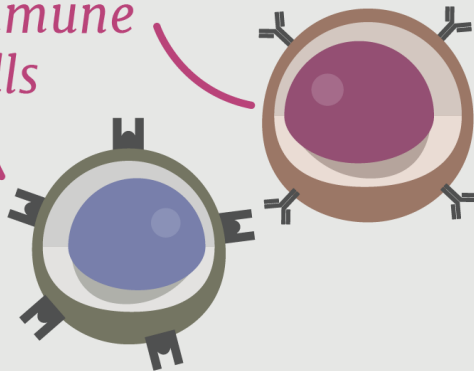


Contain **proteins** from the SARS-CoV-2 virus, which are recognised by the immune system to trigger a response.

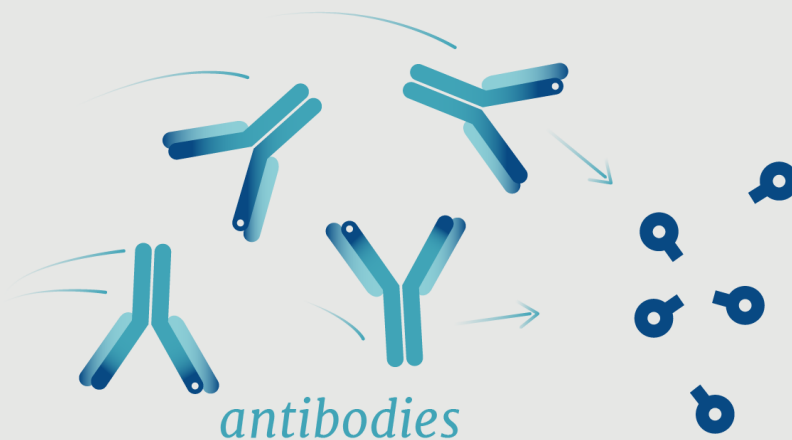
Can be whole proteins, protein fragments, or many protein molecules packed into nanoparticles.

This response builds immune memory, so your body can fight off SARS-CoV-2 in future.

immune cells



antibodies



Considerations

Have good previous safety records.



Usually administered with an adjuvant to boost immune response.



Examples in human use

Hepatitis B vaccine

In clinical trials for COVID-19

Novavax, Sanofi/GSK



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Section 4

The England Priorities and Twelve Weeks Between Doses

JCVI vaccination prioritisation: Sept 25 2020

1. Older adults' resident in a care home and care home workers*
2. All those 80 years of age and over and health and social care workers*
3. All those 75 years of age and over
4. All those 70 years of age and over
5. All those 65 years of age and over
6. High-risk adults under 65 years of age
7. Moderate-risk adults under 65 years of age
8. All those 60 years of age and over
9. All those 55 years of age and over
10. All those 50 years of age and over
11. Rest of the population (priority to be determined) **

<u>UK priority groups</u>	
Elderly >65	12m
NHS workers	1.5m
Social care/care homes	2m
Co-morbidities <50	~3m
BAME	<4m
	= 22m

JVCI expert comments:

- No long term safety data on novel formats (adeno, mRNA)
- Assume waste (10-15%) and uptake (60-75%)
- 28 day gap desirable between flu and COVID vaccine requirement
- May consider vaccinating younger people to stop asymptomatic transmission spread once safety established

You can find more information [here](#)

Why Twelve Weeks?

- This caused some controversy but not only is the twelve week delay between each dose safe, data coming in suggests it actually can have a good booster effect.
- You can obtain a detailed briefing on this from jim.mcmanus@hertfordshire.gov.uk



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Section 5

Are They Safe?

Are the vaccines safe?

- The short answer is yes. At the time of writing 10m doses have been given in England and the UK Yellow Card Scheme which monitors adverse effects says adverse effects have been largely mild as expected and as well publicised on the NHS website. More severe reactions have been found only in people with histories of adverse reactions
- Some people think because vaccines for covid were developed so quickly they are experimental still or less safe. This isn't true. These short articles with very short videos explain more
 - <https://wellcome.org/news/quick-safe-covid-vaccine-development>
 - <https://news.uchicago.edu/story/how-were-researchers-able-develop-covid-19-vaccines-so-quickly>

Adverse Reactions



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- On 5th February the UK Medicines and Healthcare Regulatory Authority published data on safety
 - The Pfizer/BioNTech vaccine was evaluated in clinical trials involving more than 44,000 participants. The most frequent adverse reactions in trials were pain at the injection site, fatigue, headache, myalgia (muscle pains), chills, arthralgia (joint pains), and fever; these were each reported in more than 1 in 10 people. These reactions were usually mild or moderate in intensity and resolved within a few days after vaccination. Adverse reactions were reported less frequently in older adults (65 years and older) than in younger people.
 - The Oxford University/AstraZeneca vaccine was evaluated in clinical trials involving more than 23,000 participants. The most frequently reported adverse reactions in these trials were injection-site tenderness, injection-site pain, headache, fatigue, myalgia, malaise, pyrexia (fever), chills, arthralgia, and nausea; these were each reported in more than 1 in 10 people. The majority of adverse reactions were mild to moderate in severity and usually resolved within a few days of vaccination. Adverse reactions reported after the second dose were milder and reported less frequently than after the first dose. Adverse reactions were generally milder and reported less frequently in older adults (65 years and older) than in younger people.
- <https://www.gov.uk/government/publications/coronavirus-covid-19-vaccine-adverse-reactions/coronavirus-vaccine-summary-of-yellow-card-reporting>



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Section 6

Pregnancy and Infertility

Pregnancy and Breastfeeding



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- Because the vaccine was not studied on pregnant women, it is not routinely offered to pregnant women. We expect this will change as we know more but, as with many vaccines, it is not offered routinely purely as a precaution.
- This has allowed misinformation to spread that the vaccine disrupts pregnancy or makes you infertile. Some pregnant women are given the vaccine if their underlying health or job risk warrants it.
- **Read more here**
- The Royal College of Obstetricians and Gynaecologists have an information sheet for pregnant women [here](#)
- Tommy's Charity guide to covid vaccine, pregnancy and breastfeeding is [here](#)

Infertility

- The fact that the virus is not at the time of writing routinely given to pregnant women has partly helped misinformation that the vaccine makes you infertile to spread
- This is simply not true
- The Royal College of Obstetricians and Gynaecologists and Royal College of Midwives have produced a joint statement [here](#)



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Section 7

Immunosuppression and allergies

Immunosuppression

- People who have any form of significant immunosuppression (eg because of treatments or long term conditions) should take advice from their clinicians before taking the vaccine, as with **any** vaccine
- The vaccine is safe for most people with HIV
- Advice on allergies and the vaccine here
<https://www.anaphylaxis.org.uk/covid-19-advice/pfizer-covid-19-vaccine-and-allergies/>
- Resources here for different types of immunosuppression
<https://www.immunology.org/news/bsi-statement-covid-19-vaccines-for-patients-immunocompromised-immunosuppressed>



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Section 8

Faith Issues and Resources

Faith and Covid

- The majority of faith leaders from most faiths support people getting the vaccine. Muslim, Catholic and many other official leaders have been particularly prominent here.
- FaithAction, a multi-faith agency, has a series of blogs and information pages on faith and the vaccine which you can find here
 - <https://www.faithaction.net/blog/2021/01/28/covid-19-vaccine-early-data-hesitancy-and-faith/>

Christian videos aimed at BAME People



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- Fr Albert gives a message to Catholics
https://www.youtube.com/watch?v=NCjb56TLQzw&feature=emb_title
- Information for Caribbean Christians
<https://www.facebook.com/cahngm/videos/708491873193955/>

Jewish Care



- Jewish Care have launched a covid vaccination campaign and you can find their resources here <https://www.jewishcare.org/news/1542-jewish-care-launches-covid19-vaccination-campaign>

Islamic Resources and Videos



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- London Colney Islamic Centre video
<https://www.youtube.com/watch?app=desktop&v=cbYr2Zc8N2I>
- Cheadle Majid Video
https://www.facebook.com/story.php?story_fbid=138758998079007&id=525046467622887&scmts=scwspstd
- British Islamic Medical Association Vaccine Hub
<https://britishima.org/operation-vaccination/hub/statements/>



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Section 9

British Sign Language Resources

British Sign Language Resources



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- SignHealth is a registered Charity and have produced a range of videos in British Sign Language on Covid and the vaccine

<https://signhealth.org.uk/campaign/covid-19-vaccine-information/>



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Section 10

Community Languages

NHS Videos and Leaflets



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- Videos in a range of Languages can be found here <https://vimeo.com/user132203718>
- Government leaflets for older adults in multiple languages can be found [here](#)



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Section 11

Easy Read Resources

Easy Read Materials

- <https://www.oxfordhealth.nhs.uk/news/easy-read-resources-on-covid-vaccine/>
- <https://www.mencap.org.uk/advice-and-support/coronavirus-covid-19/coronavirus-help-stay-safe-and-well>
- <https://suffolkordinarylives.co.uk/covid-19-vaccine-information-from-camden-learning-disability-service/>
- <https://www.easyhealth.org.uk/index.php/health-leaflets-and-videos/covid-19/>
- <https://www.keepsafe.org.uk/vaccine-questions>



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Section 12

One stop FAQ site on Vaccines

One stop information shop



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- Herts Care Providers Association have produced a one stop shop with slides and Q and A on the vaccine
- This resources includes our slides and recordings of our joint webinars for social care staff but can be used by others
- <https://www.hcpa.info/guideline/covid-19-vaccinations/>