



# Risk communication – Covid-19 vaccine






Dr Priscilla Rupali MD; DTM&H; FRCP  
Professor, Dept of Infectious Diseases  
Deputy Chair, HICC  
Christian Medical College, Vellore



Cases  
**16.5Cr**

Recovered  
-

Deaths  
**34.3L**

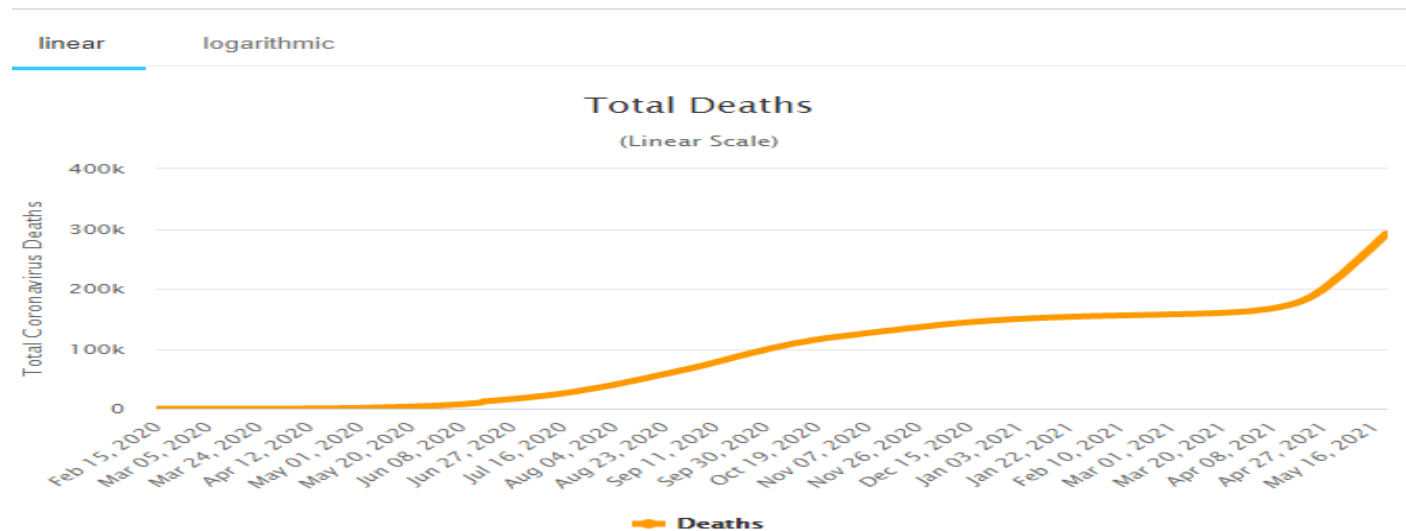
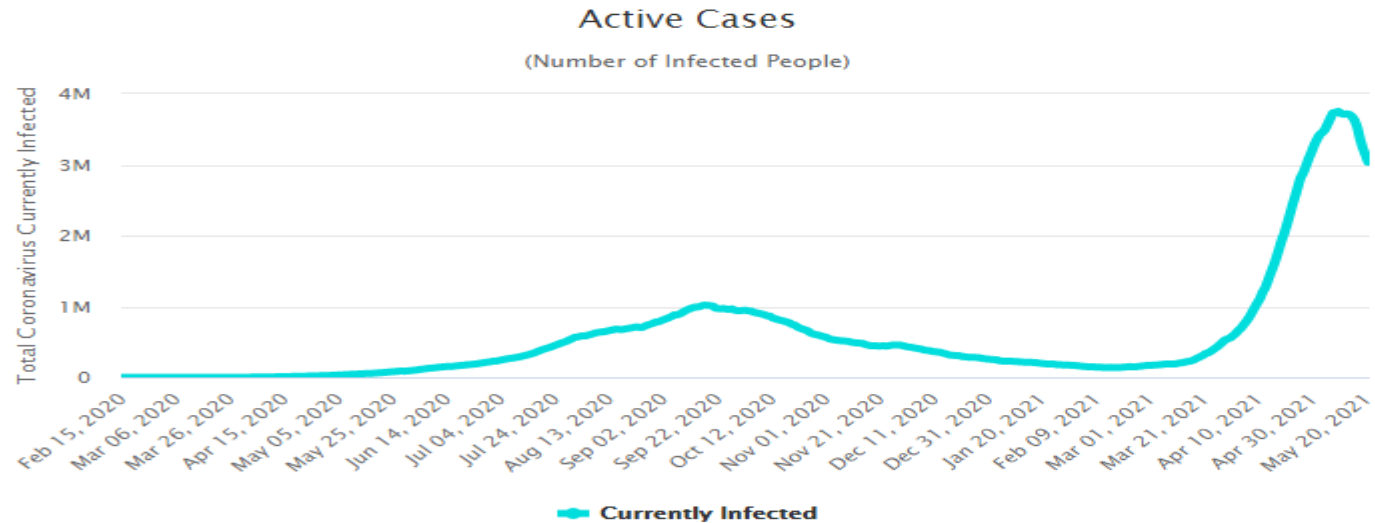
Location	Cases↓	Recovered	Deaths
 United States	3.31Cr	-	5.87L
 India	2.58Cr	2.24Cr	2.87L
 Brazil	1.58Cr	1.4Cr	4.42L
 France	59.2L	3.61L	1.08L
 Turkey	51.6L +9,385	49.9L	45,626 +207

- In just over 16 months this pandemic has ravaged the world and caused 160 million cases and 3.5 million deaths
- Lockdown, isolation, mask wearing and physical distancing have slowed the spread
- But vaccines are likely to be our only hope

# COVID in India



## Active Cases in India



Coronavirus Cases:

26,031,991

Deaths:

291,365

Recovered:

22,712,735



# Impact of COVID-19

- COVID-19 is not just a health crisis, it is also an information and socio-economic crisis
- It is going to create the deepest global recession in nearly a century and pushing an estimated 70-100 million more people into extreme poverty.

<https://www.unicef.org/documents/covid-19-global-risk-communication-and-community-engagement-strategy>

## COVID-19 pushes India's middle class toward poverty

By Karan Deep Singh, Hari Kumar, New York Times • Last Updated: Apr 17, 2021, 09:30 AM IST

SHARE FONT SIZE SAVE

### Synopsis

Already, about 32 million people in India were driven into poverty by the pandemic last year, according to the Pew Research Center, accounting for a majority of the 54 million who slipped out of the middle class worldwide.



Ashish Anand had dreams of becoming a fashion designer. A former flight attendant, he borrowed from relatives and poured his \$5,000 life savings into opening a clothing shop on the outskirts of Delhi selling custom-designed suits, shirts and pants.

NON-STOP SPORTS BINGE

GET 6 MONTHS SUBSCRIPTION FREE

ONLY WITH TIMES PRIME

Join Now @ ₹1,999

Get 6 months SonyLiv subscription with Times Prime

AD Times Prime

NEWS

LIVE TV

INDIA TODAY

APP

HOME MY FEED VIDEOS CORONA ELECTIONS IPL MALAYALAM INDIA FACT CHECK QUIZ

News / Business / Covid-19: Poverty doubled in India in 2020. Will second wave make it worse?

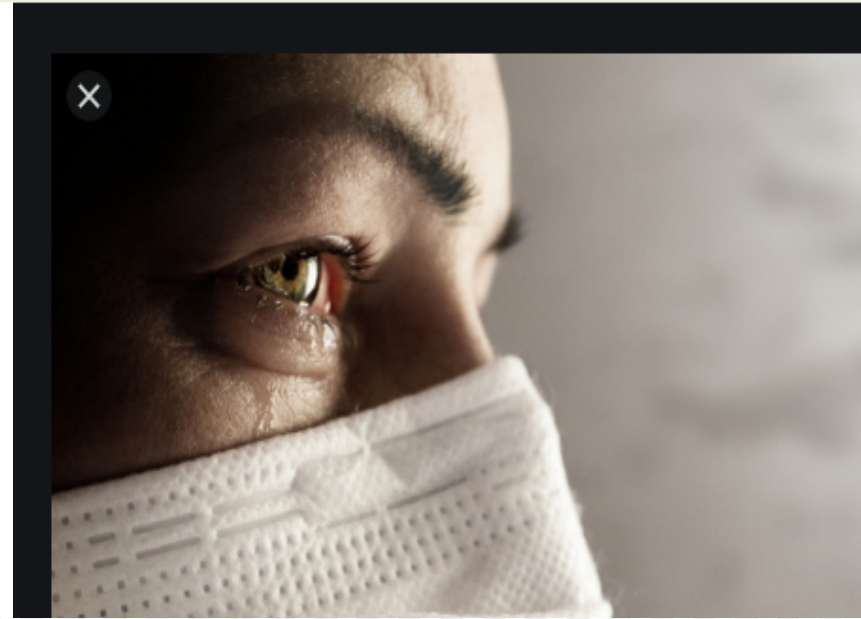
### Covid-19: Poverty doubled in India in 2020. Will second wave make it worse?





# Lowered risk perception

- Aware of preventive strategies
- Pandemic fatigue
- Not confident in their ability to control the virus
- Reduced trust in the governmental response
- Taking it's toll on the fabric of our community structure

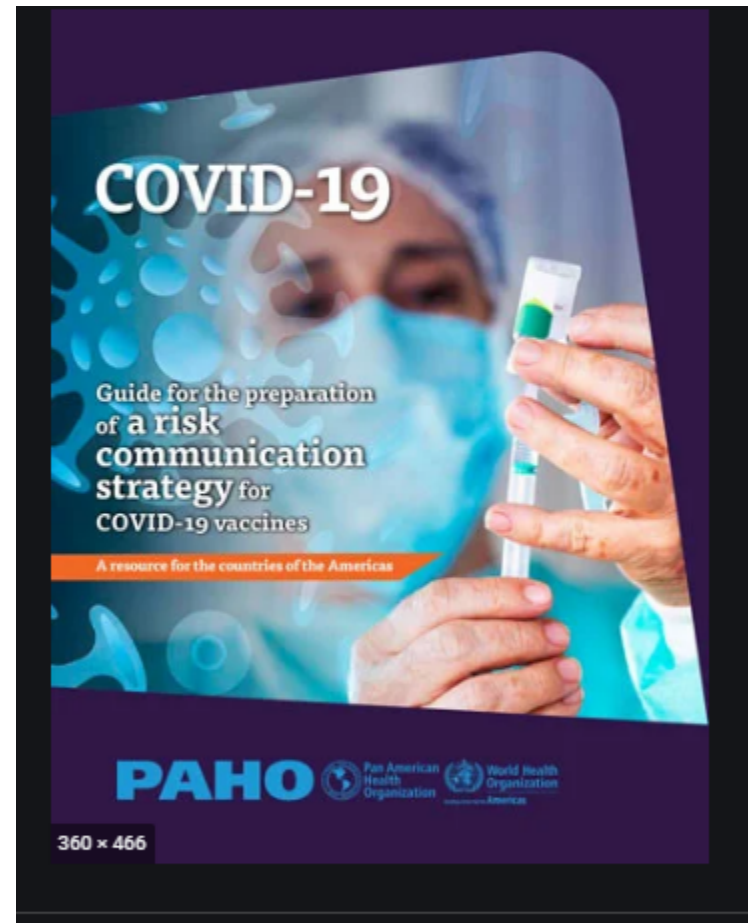


# What is risk communication

- Concept emerged from cognitive research in risk perception
- “Lay” concern re a hazard/risk does not correspond to expert quantification
- Rational decision making is often clouded by biases or emotions
- Amplification of risk by media and ups and down of public trust can lead to “Vaccine hesitancy”

# Impact of risk communication

- Behaviors and willingness to follow public health and social measures are the only weapons to stop the spread of the virus
- Risk communication and community engagement (RCCE) can break the chains of transmission and mitigate the impact of the pandemic.





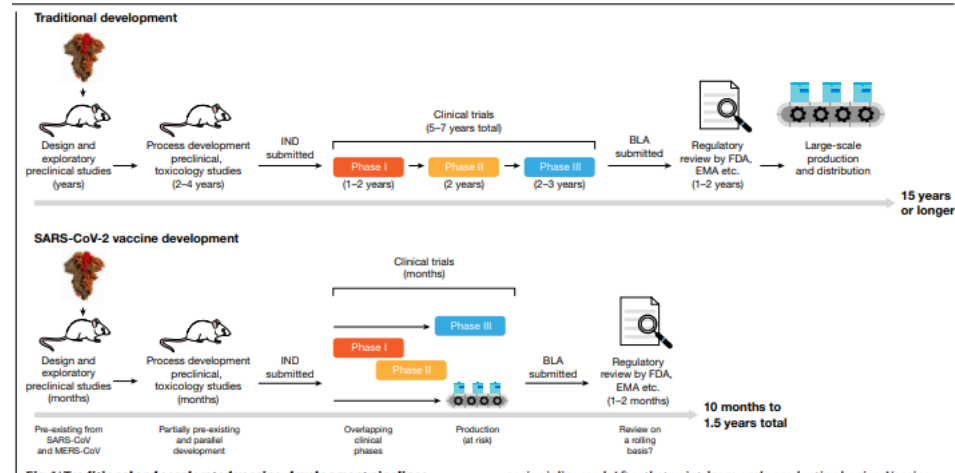
# Why vaccinations?

- Vaccines save 5 lives a minute
- The eradication of small pox saved an estimated 5 million lives every year
- If a vaccine had not eradicated smallpox, someone would now die from the disease every 6 seconds of every day
- Prior to a vaccine measles caused more than 2.6 million deaths globally



# COVID-19 Vaccine development Process

- Funding was no obstacle
- Thousands of scientists contributed to the effort.
- People signed up rapidly to participate in COVID-19 vaccine trials
- Tested in many participants than many other vaccines
- Efficacy was observed in naturally-occurring infections due to high prevalence



- Pharma companies took financial risks and invested in manufacturing early on, so there was no delay between testing and rollout

# Perceived issues in vaccine acceptance

- Cultural and political differences in vaccine acceptance and vaccine hesitancy
- Discriminatory practices and burden of COVID 19 in healthcare
- COVID-19 vaccine hesitancy due to discrimination or religious concerns
- Lack of engagement with communities





# Vaccine hesitancy

- Safety concerns heightened especially when
  - Overestimating rare risks and underestimating common risks
  - Over reporting of negative information
  - Actions are perceived more harmful than omission)
  - Risk ambiguity and free loading- people rely on high vaccination rates and herd immunity to protect themselves



# What facilitates vaccine uptake?

- Although most people and their children get vaccinated against common diseases, there is variability between countries, cultures, demographic, and ethnic groups.
- People are more likely to vaccinate when:
  - It is convenient, free, and easy.
  - They have confidence in the safety of the vaccine and trust the system that delivers it
  - Their healthcare professionals recommend it



# Healthcare professionals' acceptance

- HCW acceptance of COVID-19 vaccines is important
- Vaccines can protect them, families, friends, patients and their community at large
- Their recommendation is key to encouraging others to vaccinate





# What variables increase hesitancy about COVID-19 vaccines?

- Research to examine the factors that may lead to hesitancy towards the COVID-19 vaccine
- Some people oppose the vaccine for ideological reasons because
  - politicized in some countries
  - Conspiracy Theories
  - Influence of antivaxxers



# Setting the communication agenda for the COVID-19 vaccines



- UNICEF and WHO (World Health Organization) have excellent resources
- Initial hesitancy for new vaccines later resolves as the program becomes established
- Transparent and effective risk communication can assist
- Communicators must be aware of cultural and emotional differences and recognize adversarial or misinformed people

# Misinformation and conspiracy theories

- Risk communication should acknowledge side effects such as fever and muscle pain
- Ironically, those side effects show that the vaccine is working because they prepare the body to fight the disease
- Engage communities
- Engage HCWs to promote effective communication on vaccine safety



**MYTH:** The vaccine may modify your DNA



**TRUTH:** There is no way that RNA can change the DNA of anyone.

The Pfizer-BioNTech COVID vaccine uses mRNA technology. The mRNA vaccine teaches our cells to make a protein that triggers a protective immune response. The mRNA is broken down soon after it enters the body.

mRNA never enters the nucleus of the cell, where our DNA is kept.



[E] covid@britishima.org [I] The final decision is always the responsibility of the individual [Ref] bit.ly/3pQzHM

# COVID-19 VACCINE MYTH V. FACT

⊗ MYTH ⊗	☑ FACT ☑
The COVID vaccine gives you COVID	There is no live virus used in the vaccine
COVID vaccines were developed using fetal tissue	Current vaccines do not use fetal cell cultures
I already had COVID, so I won't need the vaccine	Natural immunity to COVID might not last very long
The vaccine will be too expensive	Vaccine doses will be given at no cost
Once I'm vaccinated, I don't need to wear a mask anymore	Vaccines aren't 100% effective — we still need to wear masks



## Corona Facts A few common Myths



#Indi

**MYT**

It is NOT COVID-19 during Menstru

**FACT**

Menstru  
**NO EFF**  
**COVID-**  
**efficac**

# Role of Vaccination mandate

- Legally compelled to be vaccinated
- Criminal sanctions on refusal
- Limit access to schools, services, and jobs (either by law or at the employers' discretion).
- Unclear whether vaccination mandates can be successful, gain acceptance by the public accepts them, or whether they are ethical.





# Principles of risk communication

- Consider political, social and economic factors
- Analyze risk and risk perception
- Summarize evidence required to make a decision
- Dialogue with target population – allow expression of fears, clarify misconceptions
- Effective communication should minimize resentment of those who feel excluded from policy making

# Steps in risk communication

1. First announcements
2. Active team
3. FAQs documents in different languages
4. Public meetings and conferences
5. Continuous dialogue addressing anxieties and fears
6. Enable those vaccinated to become facilitators



# CMC Vellore

- We have 12,000 employees and take care of their dependents as well
- Massive undertaking
- Step 1: Encouraged people to give in their names for vaccination
- Step 2: A committee was formed -advocacy
- Step 3: Introduced FAQs in English before vaccines were rolled out – modified after feedback

# Facts about COVID-19 Vaccines

- The risk of the disease by far outweighs the risks of the COVID-19 vaccines
- Side effects are transient (24-48 hours), and serious side effects (allergic reactions) are exceedingly rare
- In U.K - 72%, Finland - 75%, USA - 66%, Australia - 86% were willing to be vaccinated



Viewpoint

April 9, 2021

**Helping the Public Understand Adverse Events Associated With COVID-19 Vaccinations**

Lessons Learned From Functional Neurological Disorder

ONLINE FIRST | FREE

<https://osf.io/f6a48/>



# COVID-19 Vaccine indications and co

Dr. C  
Prof  
Dr P  
Professor

Serving the nation  
since 1900



OFFICE OF THE MEDICAL SUPERINTENDENT  
HOSPITAL INFECTION CONTROL COMMITTEE  
CHRISTIAN MEDICAL COLLEGE VELLORE

Version – 03

## COVID VACCINATION IN INDIA – WHAT WE NEED TO KNOW?



### కోవిడ్ -19 టీక తరచుగా అడిగే ప్రశ్నలు

1. COVID-19 టీక తీసుకోవడం వల్ల ప్రయోజనం ఏమిటి?

COVID-19 టీక తీవ్ర రోగ లక్షణాల నుండి అంటూ వ్యాధి అభివృద్ధి నుండి కాపాడవచ్చు.

2. టీకాలు వేయడం తప్పనిసరి కాదా?

ఆరోగ్య శాఖకు సంబంధించిన కార్మికులు COVID-19 యొక్క తీవ్ర పరిణామాలకు గురియ్యే

ప్రమాదం ఉంది ఈ తీవ్రమైన పరిణామాలనుండి ఈ టీకా రక్షిస్తుంది తగిస్తుంది.

emergency approval for Oxford-  
d Bharat Biotech's Covaxin for  
dry run (mock trial) happened in  
. As per the GOI press release,  
will be offered from January 16<sup>th</sup>,

(vs COVID);

le of a vaccine are:



# Circulating myths

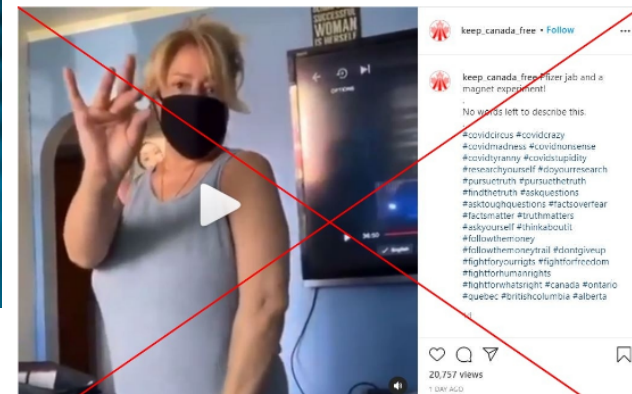
## COVID-19 Vaccines Myth Vs Fact: mRNA Vaccines Do Not Alter DNA

According to the experts, mRNA vaccines having the ability to alter human DNA is a myth. mRNA does not enter the nucleus of the cells where DNA resides.

Coronavirus Outbreak, Coronavirus Vaccine | Written By: [Aastha Ahuja](#) | Published: February 19, 2021 1:54 PM | 0 comments



At the end of the video the woman warns against getting the vaccine, shouting: "We're chipped."





# Other myths

- Vaccines were rushed
- Vaccines are unsafe
- Vaccines cause COVID-19/I will test positive for COVID-19 if I get the vaccine
- Vaccines have a micro-chip in them
- Vaccines will alter my DNA
- Vaccines contain parts of aborted fetus
- Vaccines contain parts of animals (pigs and cows)
- Once vaccinated, I can do what I want

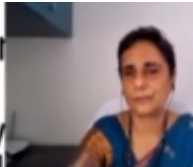
# Adverse events after vaccination

## And one fact

Astra Zeneca and Johnson and Johnson vaccines are associated with a rare side-effect that occurs 4-20 days after the first dose  
Thrombosis with thrombocytopenia syndrome, associated with presence of antibodies to platelet factor 4  
Similar to heparin induced immune thrombocytopenia



- The Oxford-AstraZeneca vaccine has been linked to distinctive, but rare, blood clots that also appear with low levels of platelets in the blood.
- In the UK, the risk of a clot is roughly one in 100,000 for people in their 40s, but rises to one in 60,000 for people in their 30s. Two in a million people in their 40s died rising to four per million people in their 30s.
- At the same time, the risks of developing severe Covid is low in younger age groups.
- Dr June Raine, the chief executive of the Medicines and Healthcare products Regulatory Agency (MHRA), said the benefits continued to outweigh the risks for the "vast majority of people".
- She added: "The balance of benefits and risks is very favourable for older people, but is more finely balanced for younger people."





**CHECKLIST PRIOR TO RECEIPT OF COVID - 19 VACCINATION**

NAME									AGE	
EMP NO.							CMC HOSPITAL NO.			
DEPT.							DESIGNATION			

**1. Have you had anaphylaxis to any of the following before?**

	Yes	No
Previous Vaccine		
IV Injections		
Drugs		
Food		

**2. Are you**

	Yes	No
< 18 Years of Age		
Acutely Ill with COVID		
Pregnant		
Lactating/ Breast feeding		



**CMC VELLORE - KANNIGAPURAM CAMPUS  
COVID VACCINATION CENTRE**

**COVID-19 VACCINATION CARD**

Name of the Beneficiary : \_\_\_\_\_

Hospital no: \_\_\_\_\_ Age: \_\_\_\_ Gender: \_\_\_\_

Mobile Number: \_\_\_\_\_

Contact Address: \_\_\_\_\_

Identification document No: \_\_\_\_\_

VACCINATION	DATE	TIME	GIVEN BY	SIGNATURE
FIRST DOSE				
SECOND DOSE				

Please report any side effects or adverse events that maybe related to the vaccine to the Emergency Department in CMC Main Hospital, Vellore- 632004.

**Thank you**