

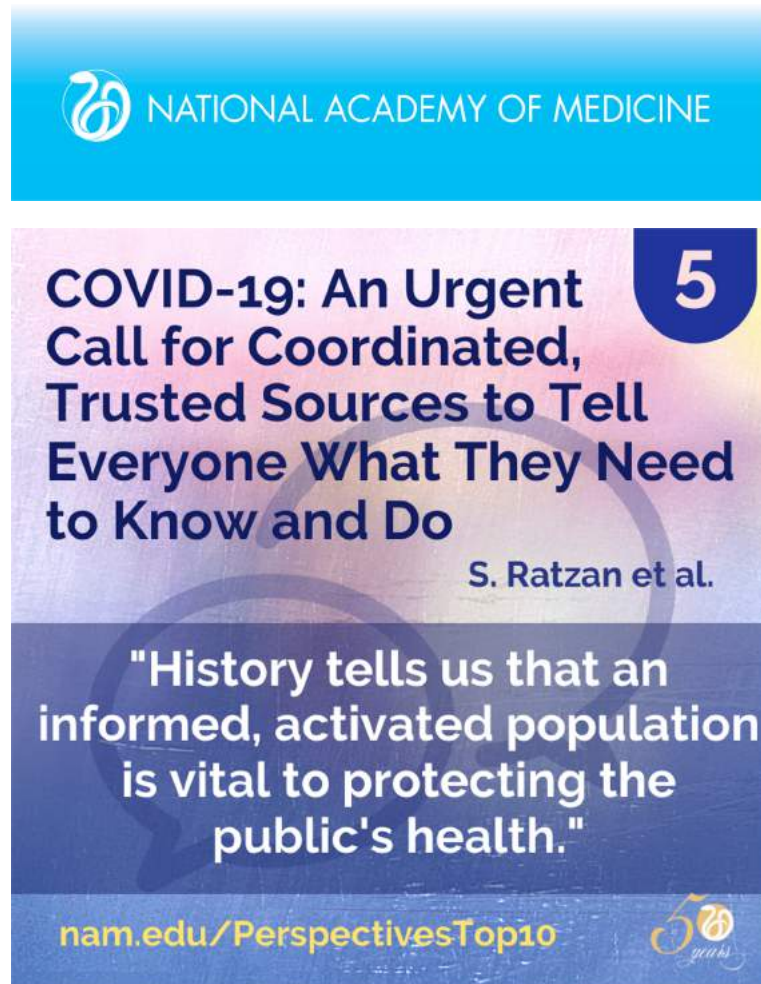


CUNY Town Hall

Scott C. Ratzan MD, MPA
Distinguished Lecturer
CUNY SPH
June 28, 2021



When COVID-19 hit, we called for evidence-based communication



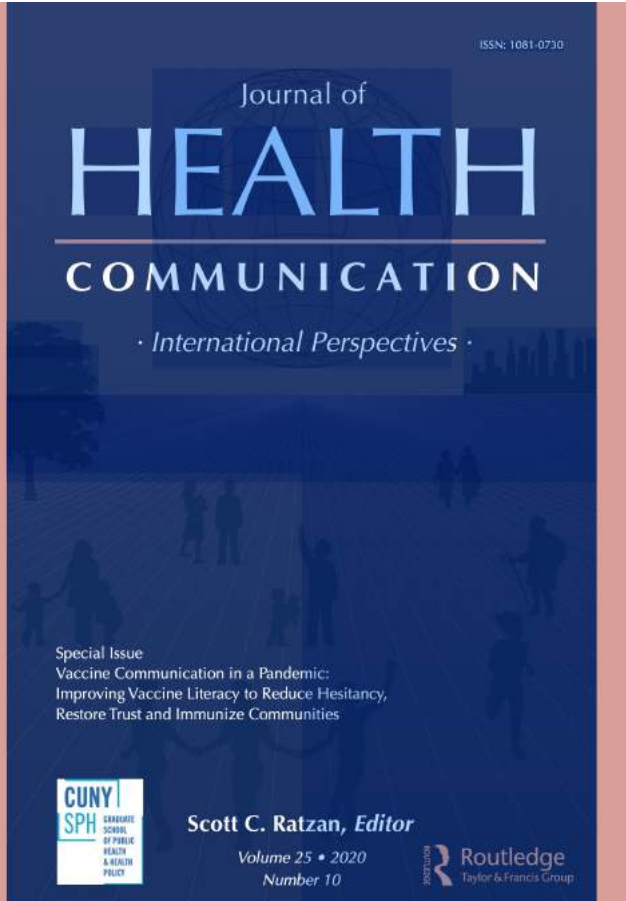
5th top paper by S. Ratzan, L.O. Gostin,
N. Meshkati, K. Rabin, R. Parker
March 5th, 2020

COVID-19 is a test of the global health polity's credibility in addressing a legitimate public health threat with an unknown trajectory.

This sort of an emergent threat requires government, media, technology platforms, and the private sector to step up.

Vaccine Communication in a Pandemic: Improving Vaccine Literacy to reduce Hesitancy, Restore Trust and Immunize Communities

Illustrative articles in the *Journal of Health Communication*



Building Confidence to CONVINCe. Larson H.J., Lee N., Rabin K., Rauh L., Ratzan S

An investigation of low COVID-19 vaccination intentions among Black Americans: the role of behavioral beliefs and trust in COVID-19 information sources

Woko C., Siegel L., Hornik R.

Vaccine Literacy—helping everyone decide to accept vaccination

Ratzan S. and Parker R.,

Hesitant or not? The association of age, gender and education with potential acceptance of a COVID-19 vaccine: A country-level analysis

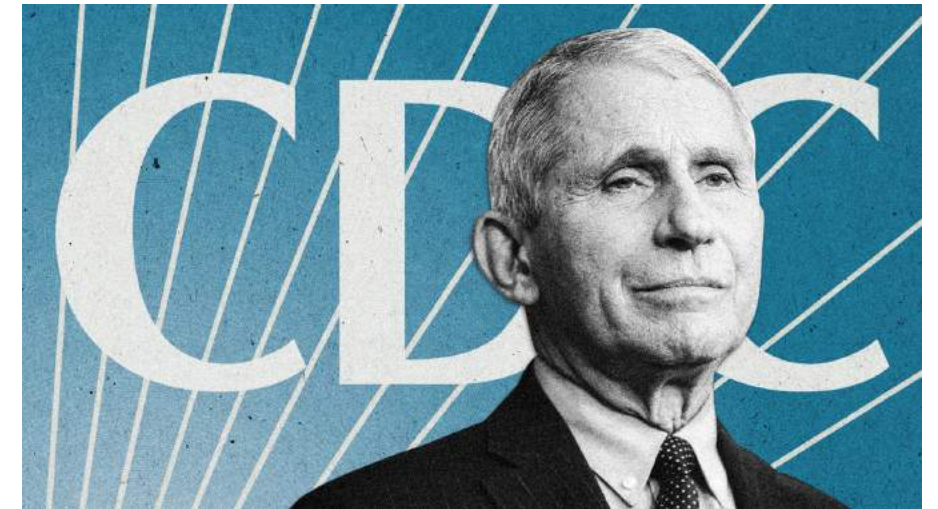
Lazarus J.V., Wyka K., Rauh L., Rabin K., Ratzan S., Gostin L., Larson H.J., El-Mohandes A.

An assessment of the rapid decline of trust in US sources of public information about COVID-19

Latkin C., Dayton L., Strickland J., Colon B., Rimal R., Boodram B.

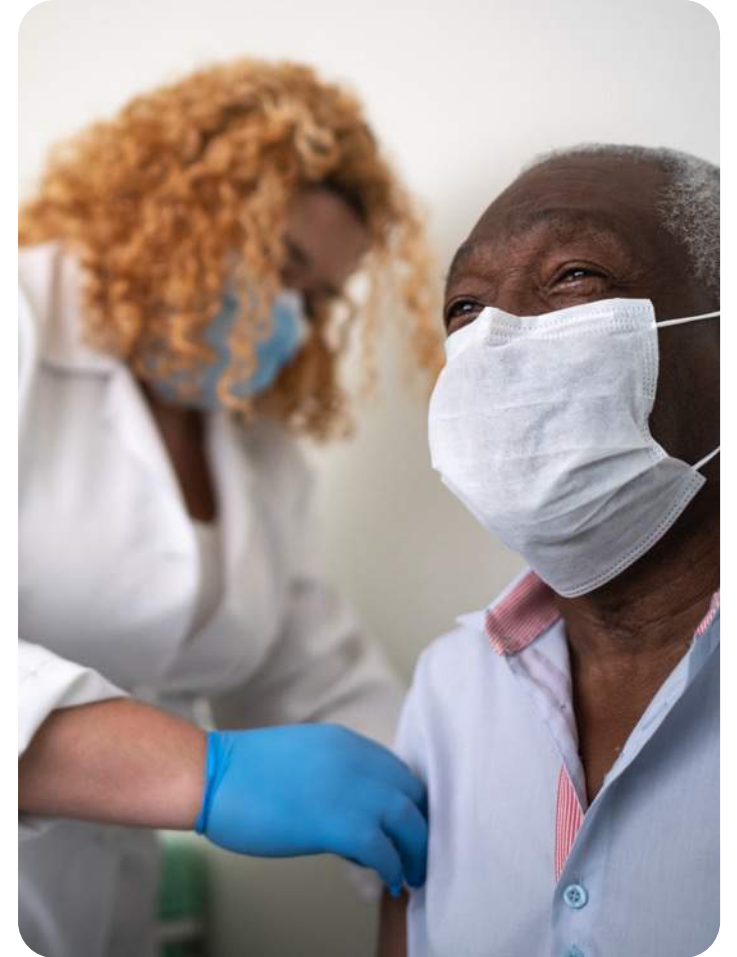
A Select Bibliography of Actions to Promote Vaccine Literacy: A Resource for Health Communication. Rauh L., Lathan H.S., Zorn M., Masiello M., Ratzan S., Parker R., www.vaccineliteracy.org

Who do we trust for accurate health information and advice?



The Promise of COVID-19 Vaccines

- Vaccines are critical for ending the pandemic—but will only work to control the spread of the virus if there is widespread vaccination.
- ***Vaccines don't save lives, getting people vaccinated saves lives.***



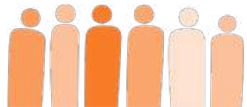
How Vaccines are approved: The Clinical Trials Process

During clinical trials, some participants receive vaccines, and some receive placebos (no active ingredient) to compare outcomes.



Phase 1 trial:

A small group of healthy volunteers receive the vaccine to test for safety and potential side effects



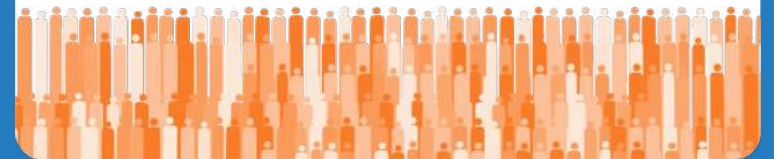
Phase 2 trial:

Several hundred participants representative of the U.S. population receive the vaccine to test response of diverse immune systems



Phase 3 trial:

Thousands of volunteers receive the vaccine to test widespread efficacy, side effects, and safety



To ensure a COVID-19 vaccine is safe and effective for all people regardless of their age, race, ethnicity, or gender, vaccine studies included age, gender, and racial diversity among the trial participants.

The U.S. Food and Drug Administration (FDA)

Safety First!

The U.S. Food and Drug Administration (FDA) oversees a long-standing and careful process to ensure that all vaccines are tested thoroughly before being offered to the public.

- Through unprecedented funding, innovation and scientific cooperation, a safe and effective COVID-19 vaccine has been developed in record time.
- As of May 2021, three vaccines have received FDA emergency use authorization (Pfizer-BioNTech, Moderna and Johnson & Johnson) with more in phase 3 clinical trials.

FDA Approval

The FDA approves a vaccine for use only if it's safe and effective and its benefits outweigh any risks.




- To ensure vaccine safety prior to approving a vaccine, the FDA:
 - Conducts peer review of trial findings
 - Inspects manufacturing facilities
 - Following approval, monitors and oversees production of vaccine
 - For any COVID-19 vaccine, the FDA will also review two months of follow-up data after volunteers get their second vaccine doses.

Ongoing Monitoring

After approving a vaccine the FDA and CDC collect and analyze information from reports of any adverse reactions that may occur after a vaccine has been licensed.

- Most vaccine reactions are normal, mild, and not medically significant, i.e., soreness in the arm.
- What's very clear is that the advantages of being vaccinated against a life-threatening virus strongly outweigh the very small risk of any medically significant adverse reactions.

There are three different COVID-19 Vaccines in the USA

Vaccine	Pfizer BioNTech	Moderna	Johnson & Johnson
Time it takes to be fully vaccinated	 <p>1st dose</p> <p>2nd dose in 21 days</p> <p>35 days</p>	 <p>1st dose</p> <p>2nd dose in 28 days</p> <p>42 days</p>	 <p>Single dose</p> <p>14 days</p>
Overall effectiveness	95% once fully vaccinated	94.1% once fully vaccinated	72% once fully vaccinated

What all three COVID-19 Vaccines have in common

If the virus shows up, your body will know that the virus doesn't belong and will be ready to fight it with the spike proteins it made. This will help your body to protect itself from future COVID-19 infection.

- They went through “clinical trials” with thousands of volunteers to show that they are highly effective and safe.
- None of the vaccines contain the live virus that causes Covid-19, so they cannot make you sick.
- They will help the U.S. reach community protection, also called “herd immunity,” which means the virus will be incapable of infecting anyone else or spreading.

Vaccine	Pfizer BioNTech	Moderna	Johnson & Johnson
Common side effects	Chills, headache, pain, tiredness, redness/swelling at injection site.		Fever, headache, fatigue, muscle aches. Milder side effects than Pfizer or Moderna.
Type of vaccine	mRNA		AdVac
How it works	An mRNA vaccine is like a messenger that shows your immune system a “wanted” poster of the virus. It tells your cells how to make a small “spike protein” (like pictures of the virus you’ve seen on TV).		An AdVac vaccine uses a harmless, inactive virus as a shell that can carry the “code” of the spike protein to your cells (kind of like a Trojan Horse). Once the code reaches inside your cells, they will start to make the spike protein.

As of June 27, 2021 New York City data look promising:

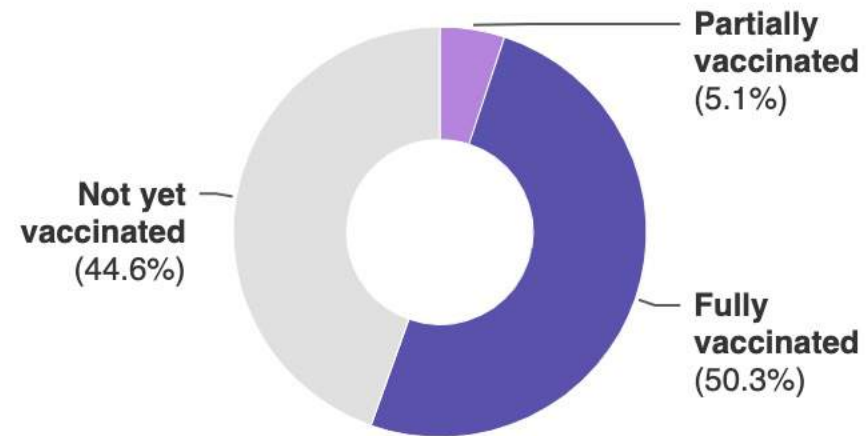
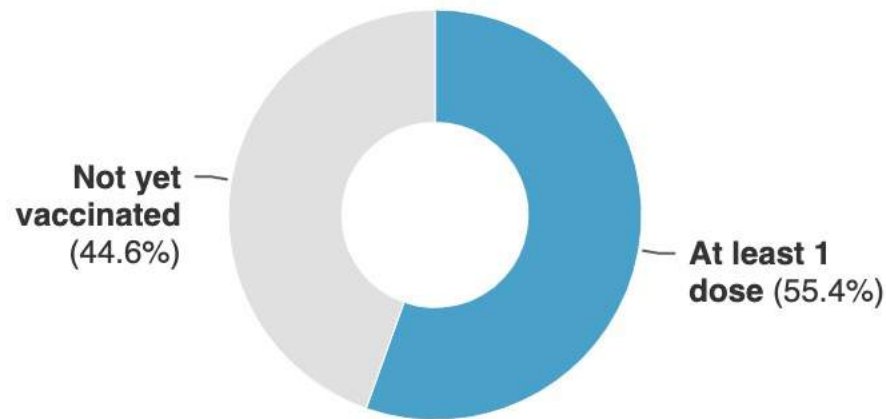
Percent of Residents Vaccinated

These charts show the percent of NYC residents vaccinated for COVID-19.

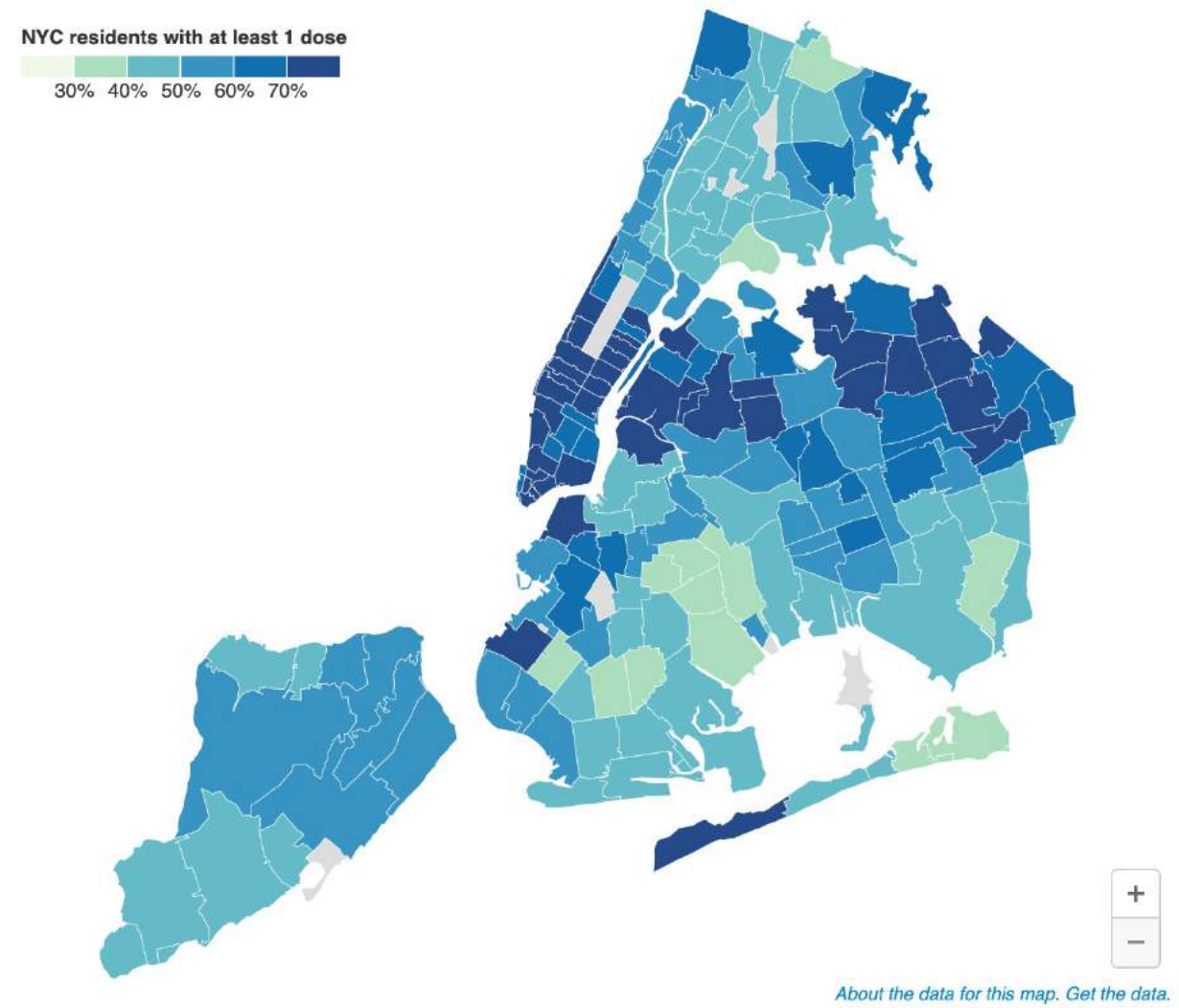
All ages

Adults

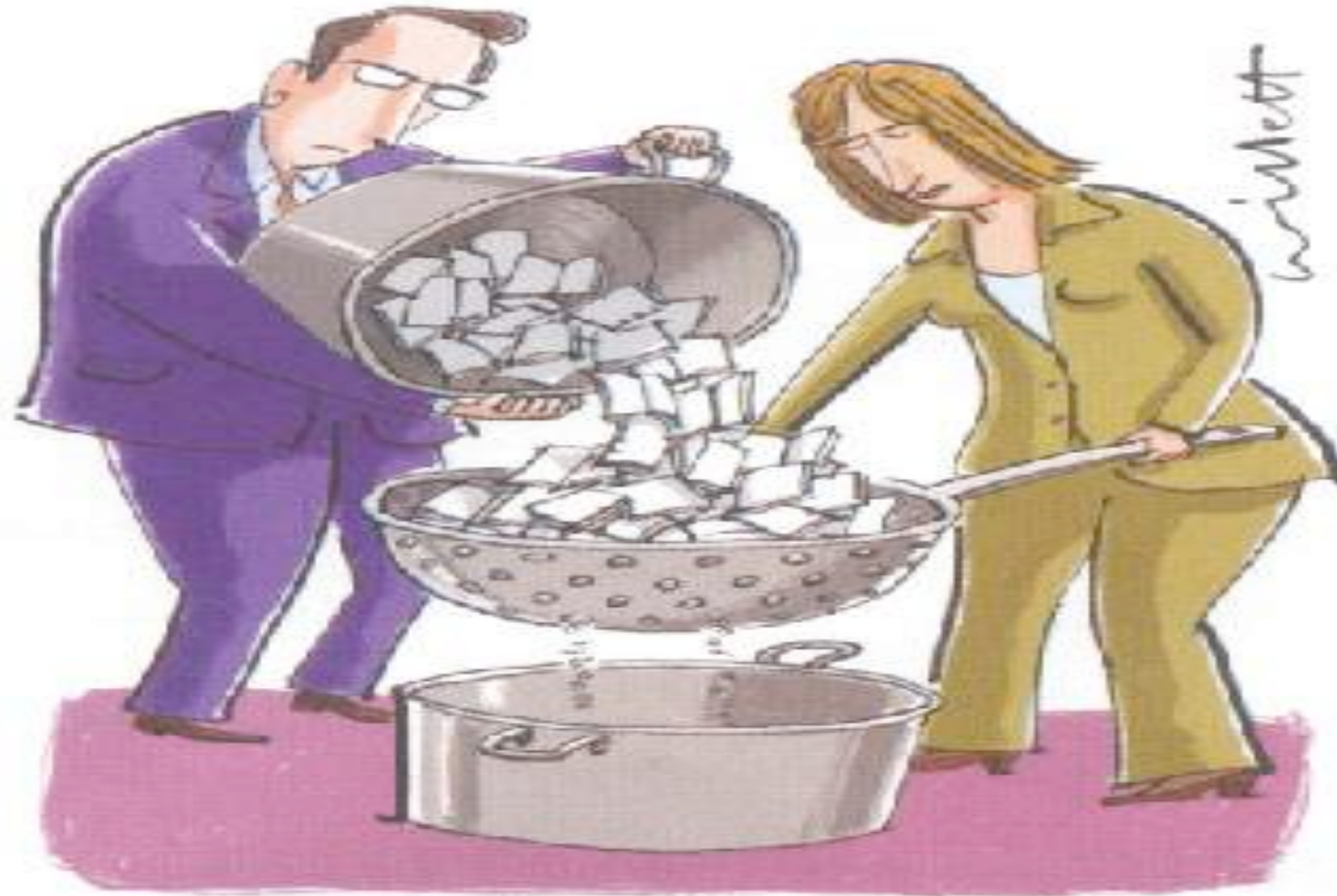
65 and Older



As of June 27, 2021 New York City data look promising, but are uneven:



We continue to look at data to inform responses



Sifting the evidence for sound studies with a take home message is laborious and the yield disappointing

Our research began in 2020 at the epicenter: **CUNY SPH COVID-19 Tracking Survey**

Our Goal

Measure perception, attitudes, knowledge, behaviors, and trending issues among New Yorkers to inform public health decision-making and data-informed policy making

Development

- A weekly public opinion survey to track and rapidly assess how New Yorkers are responding to the coronavirus pandemic
- Offers weekly snapshots of the impacts of response measures on the public, the social and economic fallout, and the adoption of preventative or coping behaviors

Implementation

- Launched March 13, 2020 with more than 1,000 respondents per week
- Ongoing surveys nationally, New York and major metropolitan areas
- New York Vaccine Literacy Campaign and CONVINCENCE USA activities launched

If not, why not?

Only 5% express general anti-vaccine sentiment. "I don't trust vaccines" or strongly disagree that vaccines are important.

"Very concerned about the side effects"

I don't want the "blood clot" vaccine

Concerns of safety

The vaccine will give me COVID

"Because I think there is no need since I don't have the virus"

Vaccine literacy (lack of)

"I don't like vaccines"

Outright refusal

"I don't trust this selfish and lying government."

"I DON'T F*%#NG TRUST BILL GATES"

Distrust

Vaccine Hesitancy – A threat or not?



“They’re showing up,” Biden said. “All this stuff about vaccine hesitancy — the truth of the matter is more and more and more people are getting the vaccine.”

And so, I’ve never believed that there would be a large percentage of Americans who wouldn’t get the vaccine.”

President Joe Biden

New York Post, May 12, 2021.

Many Haven't Gotten a Covid Vaccine Yet. But They Aren't 'Hesitant' Either

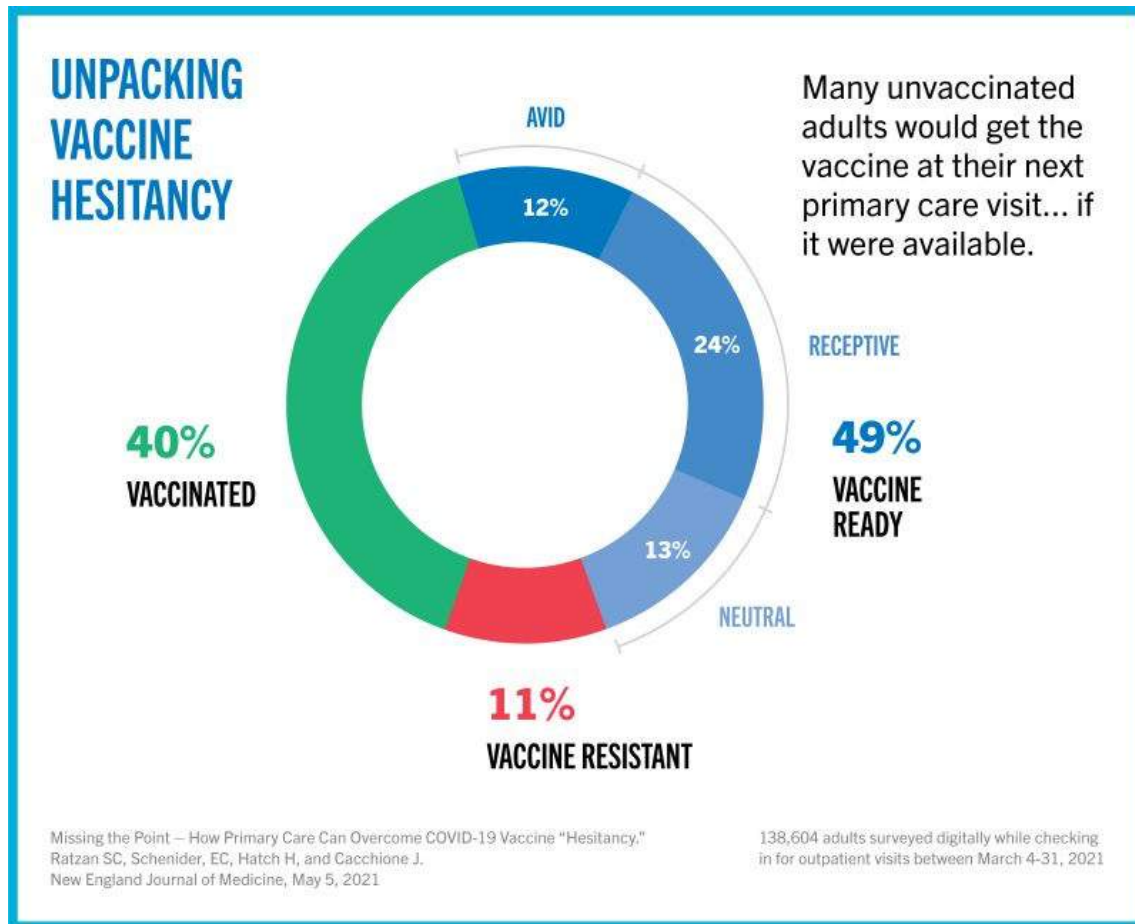
Hesitancy makes a better story because you've got controversy," said Dr. Thomas R. Frieden, a former director of the Centers for Disease Control and Prevention.

"But there's a bigger problem of access than there is of hesitancy."



The New York Times
May 13, 2021

Many are called Vaccine Hesitant, but in reality most people are vaccine ready – National data



“Policymakers and planners have focused on vaccine-hesitant groups in national polls.

“Although this characterization is a useful first approximation, it underestimates variability in stages of readiness, the fluidity of people’s views, and the persuasive power of access to health professionals embedded in the communities where people live and work.”



A recent JAMA Viewpoint also suggests “apathy” on vaccination

Viewpoint

June 2, 2021

When Vaccine Apathy, Not Hesitancy, Drives Vaccine Disinterest

Stacy Wood, PhD¹; Kevin Schulman, MD^{2,3}

Those who are **apathetic** have:

- Negative (although weak) attitudes towards vaccines in general
- Low decision involvement on the issue
- Are under-engaged on the issue of COVID-19 vaccines and may be more persuaded by catch, attention-grabbing appeals

What about the variants?

According to the World Health Organization, a variant of concern has any of the following characteristics:

- “Increase in transmissibility or detrimental change in Covid-19 epidemiology
- Increase in virulence or change in clinical disease presentation
- Decrease in effectiveness of public health and social measures or available diagnostics, vaccines, therapeutics.”
- There are now least 200 known cases of the Delta Plus coronavirus variant worldwide
- **And, what about flu shots, or other vaccinations?**

What can be done to build vaccine confidence?



Communication matters: CUNY can advance a COVID-19 Protected Workplace with the following principles:

- **Listen** to employees' needs and concerns about the impact and prevention of COVID-19
- **Follow** the latest public health guidance to protect myself, my employees, my workplace, my customers, and my community from COVID-19
- **Promote** vaccine literacy based on the latest scientific evidence of vaccination benefits and risks
- **Encourage** vaccine confidence and uptake
- **Advocate** for accessible, equitable, and timely vaccination of employees
- **Engage** with communities, schools, faith-based organizations and public health leaders to stop the spread of COVID-19

Our innovative framing: Vaccine Literacy

A framework for acceptance and uptake of coronavirus (SARS-COV-2) vaccination

Vaccine literacy definition

‘Vaccine literacy’ occurs when the skills and abilities of people align with the content, processes and systems needed to access and get vaccinated.

It is knowing how and why vaccines work, the diseases they prevent, and their value to yourself and to society.

A Select Bibliography of Actions to Promote Vaccine Literacy:

A Resource for Health Communication, Rauh L., Lathan H.S., Zorn M., Masiello M., Ratzan S., Parker R., *Journal of Health Communication*, 2021, vaccineliteracy.com

Vaccine literacy is facilitated by eight principles

1. Individual knowledge informed by clear, trustworthy, up-to-date evidence
2. Ability to discern fact from fiction
3. Listening, encouraging questions, and dialogue
4. Providing understandable, trustworthy, up-to-date answers to questions
5. Understanding risks and benefits of vaccination for self and society
6. Successful education, access, and systems for vaccination
7. Prudent policies that incentivize vaccination and equity
8. Transparency, clarity, and confidence in vaccine quality, safety, and efficacy

Our reality:

“Current institutions, public and private, failed to protect people from a devastating pandemic...

Without change, [these institutions] will not prevent a future one.”

**Helen Clark, Chair
Independent Panel for Pandemic Preparedness and Response
appointed by the World Health Organization
May 12, 2021**





Questions & Answers

Scott C. Ratzan MD
Scott.Ratzan@sph.cuny.edu

June 26, 2021