

Today's Webinar

Wednesday, May 19th, 2021 1:00-2:00pm EDT

Hosted by The National Collaborating Centre for Infectious Diseases (NCCID), in partnership with the Public Health Agency of Canada (PHAC)



National Collaborating Centre
for Infectious Diseases

Centre de collaboration nationale
des maladies infectieuses

The Public Health Agency of Canada Webinar: Addressing COVID-19 Vaccine Hesitancy in Clinical Practice

Moderator: Dr. Yoav Keynan

Panelists: Dr. Cora Costantinescu, Dr. Akwatu Khenti, Claire O’Gorman RN, Dr. Meb Rashid

Zoom

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Opening remarks from PHAC

Meagan Pacha, Manager, Vaccine Confidence Policy, Research and Engagement, PHAC

PROTECTING AND EMPOWERING CANADIANS
TO IMPROVE THEIR HEALTH



Webinar overview

Objectives

- To provide an overview of **COVID-19 vaccine hesitancy** in Canada
- To describe the **factors that can contribute to vaccine hesitancy**
- To support health care providers in understanding **the various ways in which patients might express vaccine hesitancy**, and how to respond in ways to build vaccine confidence
- To introduce a new resource on **evidence-informed strategies for addressing vaccine hesitancy** in the context of COVID-19

Context

- Addressing vaccine hesitancy is a long-standing priority of PHAC
- Health care providers are a trusted source of COVID-19 information and can play a key role in supporting vaccine acceptance within their communities
- There is a need for training and supports for health care providers in addressing vaccine hesitancy, particularly in the COVID-19 context

PHAC Health Care Provider Survey (Dec 2020)

- 95% of respondents indicated that additional **training on vaccine hesitancy** would be useful for their practice
- Respondents indicated that **webinars** were one of their preferred means of getting information about COVID-19 vaccination
- Respondents who administer vaccines or provide education on vaccines: 65% indicated that **scripted answers** to frequently asked questions and common concerns would be useful for them as a practitioner



Addressing vaccine hesitancy in the context of COVID-19: A primer for health care providers

On this page

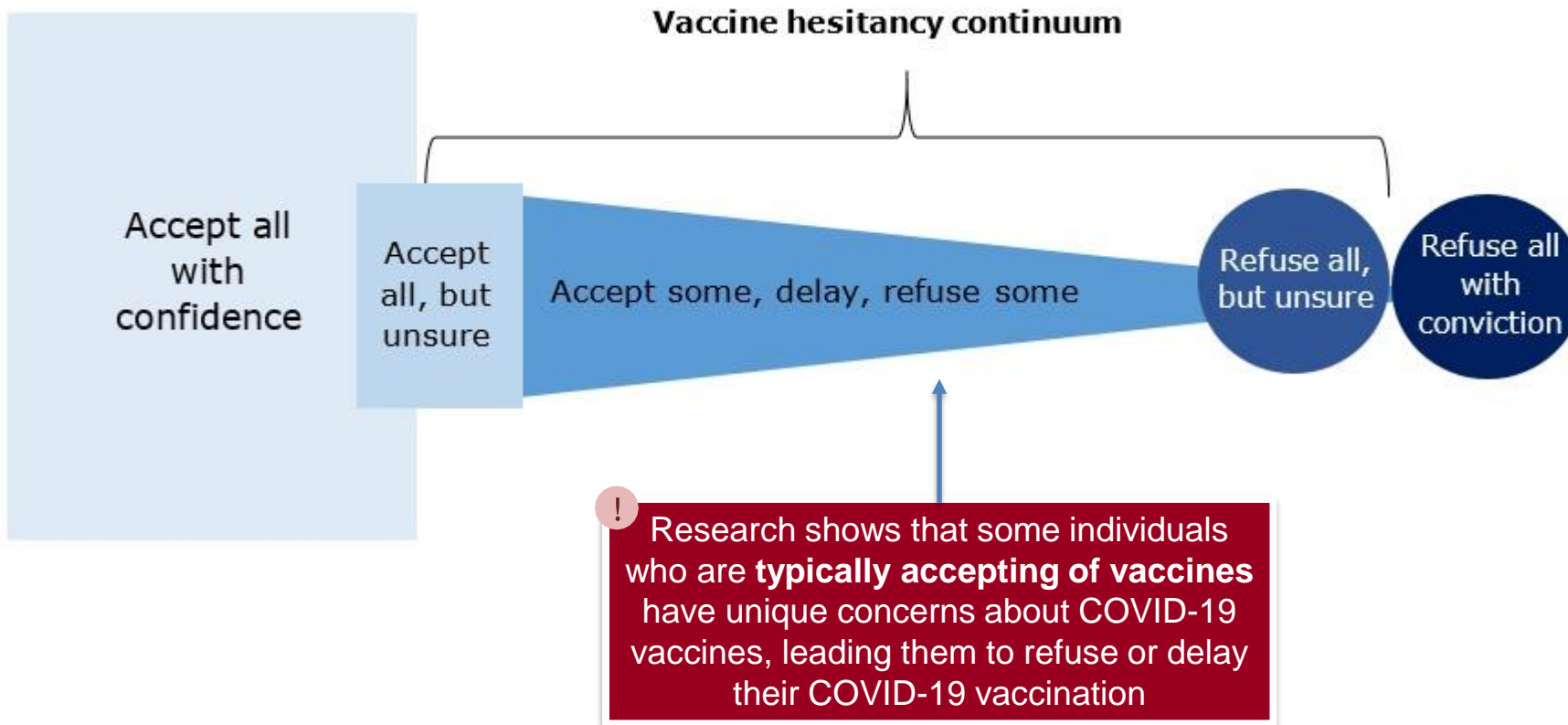
- [Purpose of this primer](#)
- [The "need-to-know" about vaccine hesitancy](#)
 - [About vaccine hesitancy](#)
 - [Impact of vaccine hesitancy on public health](#)
 - [How common is COVID-19 vaccine hesitancy](#)
 - [Why some people are vaccine hesitant](#)
- [Strategies for building vaccine confidence](#)
- [Recognizing and responding to vaccine hesitancy](#)
- [Additional reading and resources](#)

Link to tool kit: <https://www.canada.ca/content/dam/phac-aspc/documents/services/diseases-maladies/2019-novel-coronavirus-infection/health-professionals/covid-19-healthcare-professionals-vaccine-toolkit.pdf>

COVID-19 VACCINE HESITANCY IN CANADA: “STAGE SETTING”

What do we mean by “vaccine hesitancy”?

Vaccine hesitancy is "the reluctance or refusal to vaccinate despite the availability of vaccines" (WHO).



What factors contribute to vaccine hesitancy?

'5C' model of vaccine hesitancy

- **Confidence:** level of trust in the effectiveness and safety of vaccines, the systems that delivers vaccines and the motives of those who establish vaccine policies.
- **Complacency:** perception that risks of vaccine-preventable disease are low and vaccines are not necessary.
- **Convenience:** extent to which vaccines are available, affordable, accessible, and individuals' ability to understand (as a reflection of language and health literacy) the need for vaccinations.
- **Calculation:** individual engagement in extensive information searching and evaluation of risks of infections vs. vaccination.
- **Collective responsibility:** extent to which one is willing to protect others by one's own vaccination.

What do we know about COVID-19 vaccine hesitancy in Canada?

Public opinion research shows:

- Most Canadians intend to vaccinate (at least eventually) or have been vaccinated
- Intention to vaccinate against COVID-19 has increased in recent months
- Some Canadians prefer certain COVID-19 vaccine products over others

Data from April/May 2021

- More than 40% of Canadians have been vaccinated (at least one dose)
- About 1/3 of Canadian adults intend to get vaccinated as soon as they are able
- A smaller proportion (~15%) intend to get vaccinated, but want to wait a bit
- ~10% of Canadian adults say they won't get vaccinated (relatively stable % for months)
- A slightly lower proportion remain unsure

Certain sub-groups are more likely to express vaccine hesitancy:

- Young adults
- Women
- Indigenous peoples
- Black Canadians
- Newcomers
- Parents/guardians (children <18 years)
- The intersections of these ^ groups

PHAC Health Care Provider Survey (Dec 2020)

- 15% indicated that they **would not get a COVID-19 vaccine** when one became available or were **unsure**
- 27% said they would **delay** their vaccination
- Considerable variation in intention to vaccinate *across* types of health care providers

What role do intersectional factors and access barriers play?

Case example: Personal support workers (PSWs)



PSWs expressed relatively low intention to vaccinate in the early months of the vaccine rollout. Research has identified various social and structural barriers to vaccination among this group that link to this groups' intersecting identities and contexts.

Characteristic/context	Examples of potential barriers to vaccination
Many PSWs are racialized individuals	<ul style="list-style-type: none">• Histories and lived experiences of stigma and discrimination, including in the health system• Concerns about relatively small proportion of racialized participants included vaccine trials
Many PSWs are newcomers	<ul style="list-style-type: none">• Challenges navigating health system, including due to language barriers• Greater exposure to vaccine misinformation and disinformation, as more likely to seek health information from social media and friends/family, versus government or health organizations• Mistrust in government, particularly if coming from a country where the government was corrupt, oppressive or untrustworthy
Many PSWs do part-time or contract work , live on a relatively low wage and do not have employment benefits	<ul style="list-style-type: none">• Barriers to accessing the health system in general, given need to pay for certain services and medications out-of-pocket• Need to take unpaid time off to get vaccinated• Potential transportation barriers, such as need to take public transit to vaccine clinic
Most PSWs are women	<ul style="list-style-type: none">• More likely to have competing domestic responsibilities (e.g., caring for children and elderly parents) and limited time/opportunity to get vaccinated or recover from vaccine side effects• Concerns about the vaccines' impact on fertility or during pregnancy or while breastfeeding
The work done by PSWs is often physically demanding and puts them at greater risk of exposure to COVID-19	<ul style="list-style-type: none">• Need to take unpaid sick leave to recover from vaccine side effects; no option of "work from home"• More likely to have already been infected with COVID-19; may weigh benefits of vaccination as lower given "natural immunity"

Take-away: Vaccine hesitancy is **complex**, and extends beyond issues of confidence to include factors related to access and the social determinants of health.

What potential vaccine hesitancy challenges lie ahead?

1. Encouraging all adults who *can* get vaccinated to do so
2. Supporting individuals to return for their second vaccine dose
3. Gaining parent/guardians' acceptance of vaccinating children/youth against COVID-19

Concluding reflection

The high acceptance of vaccines among adults is encouraging...

However, there is still significant work ahead - and a key role for health care providers - in addressing COVID-19 vaccine hesitancy in Canada.

PANEL DISCUSSION

Thank you!

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