Translating Vaccine Confidence Research to Practice

September 6, 2022
Agenda

• Welcome & Introductions (~5 min)
• Speaker presentations (~35 min)
  • Dr. Angela Shen
  • Dr. Daniel Salmon
  • Dr. Amy Nicholas
• Q&A (~15 min)
• Closing (~5 min)
Research to Practice Webinar Speakers

Angela Shen, ScD, MPH
Visiting Research Scientist, Children’s Hospital of Philadelphia;
Adjunct Associate Professor,
Perelman School of Medicine &
Senior Fellow, Leonard Davis Institute, University of Pennsylvania

Daniel Salmon, PhD
Director and Professor
Institute for Vaccine Safety at Johns Hopkins School of Public Health

Amy Nicholas, PharmD
Medical Managed Care Director
Vaccines at Sanofi
Translating Vaccine Confidence Research into Practice

6 Sept 2022
AIM Webinar

Angela K Shen, ScD, MPH
Captain (ret) US Public Health Service
Visiting Scientist, VEC, CHOP shenak@chop.edu
Adjunct Associate Professor, Perelman School of Medicine & Senior Fellow, Leonard Davis Institute, University of Pennsylvania
Today

- What you need to know
- Trust-Influence on the age of COVID-19
- Repeat opportunities - keep asking
- Some great resources

11-year-old tennis star
What you need to know

Lack of confidence in vaccines poses threats to public health
Vaccination has been successful but
• Variation by region/community
• Disparities persist

This means that pockets of un- and unvaccinated means outbreaks of disease

Common Concerns:
• unknown future effects (esp. COVID)
• side effects, and lack of trust
• perceived risk perception of disease (routine)

No single intervention is likely able to address vaccine hesitancy

Local approaches are critical to meeting the needs of the population/community in a tailored way
Confidence v. Hesitancy

- **Vaccine hesitancy** - delay in acceptance, or refusal of vaccine despite availability (supply) of vaccination services. It’s:
  - Complex, context specific, & vary across time and place and different vaccines
  - Influenced by complacency, convenience, confidence, socio-demographics
  - COVID campaigns have highlighted structural factors as health inequalities, SES disadvantages, systemic racism

- **Building Vaccine confidence** - trust that parents, patients, providers have in
  - a. vaccines
  - b. those who administer them
  - c. the system responsible for up/downstream (R&D, manufacturing, licensure/authorizations, recommendations)

- It’s about how folks perceive vaccines & recommendations vaccinations. May be hesitant about some (HPV, influenza), and not about others (measles, tetanus)
Range of Vaccine Hesitancy

Focus on the Moveable Middle
Hesitancy is a Continuum

Understanding how vulnerable communities wish to receive messages, from whom these messages should come from, and what messages are convincing is critical to tailoring strategies to address individuals in the "movable middle" on the vaccine hesitancy continuum.

The Best Evidence for How to Overcome COVID Vaccine Fears

Social science offers valuable lessons about ways to convince those who are hesitant about the shots

- **Willing Majority**
  - Make vaccination a default
  - Reminders / text messaging
  - Intention to action

- **Movable Middle**
  - Empathize first- do not correct misperceptions
  - Personalize- ‘I made sure that my family got vaccinated because...’
  - Make vaccinating a norm

- **Reluctant Minority Groups**
  - Reduce barriers to make vaccination more accessible
  - Partner with community leaders to communicate about vaccines
  - Acknowledge distrust
  - Be upfront about what is known and not known
  - Consider messages that resonate with core values

https://www.scientificamerican.com/article/the-best-evidence-for-how-to-overcome-covid-vaccine-fears1/
to better understand the potential for delivering important public health messages through partnerships with existing, trusted community-based organizations, particularly during public health emergencies.
Results

- Primary care providers, family, and credible sources, characterized as known and well-established entities, were top sources of vaccine information. (transference)

- **Neutrality, honesty**, and having a trusted source to rely on in sorting through volumes of sometimes conflicting information were highly valued.

- Trustworthy qualities about sources included: 1) expertise, 2) fact-based, 3) unbiased, and 4) having an established process for sharing information.

- Because of the evolving nature of the pandemic, attitudes and beliefs about COVID-19 vaccine and sources of COVID-19 information differed from typical views about routine vaccines.

<table>
<thead>
<tr>
<th>A</th>
<th>• Assume people want to get vaccinated and be prepared for questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>S</td>
<td>• Share key facts and sources of information to counter misinformation</td>
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<tr>
<td>P</td>
<td>• Present strong recommendations and stories about vaccination experiences</td>
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<tr>
<td>I</td>
<td>• Initiate discussion or address questions about side effects proactively and share credible sources of information</td>
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<tr>
<td>R</td>
<td>• Respond to questions and actively listen</td>
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<tr>
<td>E</td>
<td>• Empathize and understand concerns</td>
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Conclusions

- Vaccine messengers can learn how to build trust within their communities from **existing community-based organizations (embedded)**.

- Vaccine attitudes and beliefs which inform intent to vaccinate can change and **differ among different vaccines**. Messaging should be tailored to resonate with parents and adults to improve vaccine uptake (**specific questions**).

- **Creating a safe space** for conversation is important, especially currently wherein the U.S. COVID-19 vaccination program includes some unlicensed vaccines authorized under emergency use conditions during a public health crisis (**judged**).

When providing vaccine messages, **clear, detailed and relatable information** provided in a **safe environment** in partnership with a **trusted source** is central to informing decision making.
Repetition can be an effective tool for vaccine acceptance

Vaccine Acceptance Upon Provider Recommendation by Antigen in a Large Pediatric Outpatient Network, 2013-2020

Shen AK and Srivastava T. Vaccinating the vaccine hesitant: repeat offerings offer repeat opportunities to boost rates. JAMA. Under review.
Hesitancy is not monolithic

- Concerns
  1. Risk-benefit perception of vaccination versus disease
  2. Deep-rooted mistrust
  3. Structural barriers to initiating or competing a vaccination series
  4. Parental attitudes and beliefs

- Given what we know...and that people are somewhere between “accept all” and “refuse all” - the moveable middle
  A. Create a safe space
  B. Provide respectful tailored & accurate information
  C. Acknowledge & identify structural barriers to vaccine access
  D. Foster partnerships with traditional and nontraditional public health partners
  E. Explore & evaluate interventions to address hesitancy

Full blog @ Vaccine Hesitancy is Not Set in Stone - Penn LDI (upenn.edu)
A few great resources

1. CHOP. Communicating about vaccines: COVID-19 & More. Online Learning for Healthcare Providers | Children's Hospital of Philadelphia (chop.edu)

2. WHO. Conversations to build trust in vaccination – A training module for health workers Conversations to build trust in vaccination A training module for health workers This training module was developed with thanks to Shweta Dhawan, Dalhousie. - ppt download (slideplayer.com)

1. Communicating About Vaccines

chop.edu/vaccine-online-learning

- Material that is cross-cutting between disciplines and age groups. To provide an understanding of COVID-19 disease, how the vaccine licensure process works, and how to communicate effectively about these topics.
  - Adult & pediatric providers, immunization champions, community members
  - All healthcare personnel – both clinical and non-clinical, “front and back office”
  - Every engagement is important – COVID-19 and routine immunizations

- Part 1: Details the dangers of COVID-19 disease, explains the U.S. system to authorize and license vaccines, and highlights the safety & effectiveness of COVID-19

- Part 2: Explores best practices in vaccine communication

- Part 3: Reviews key points, offers additional resources, and explains how to receive continuing education credit or a certificate of attendance
2. Talking about vaccination with families

Individual level intervention

- Educational online, written material
- Specialized immunization clinics
- Tailored education
- “Elicit-share-elicit” approach
- Active listening
- Motivational interviewing

- World Health Organisation Training Module: Conversations to build trust in vaccination A training module for health workers This training module was developed with thanks to Shweta Dhawan, Dalhousie. - ppt download (slideplayer.com)

Communication with hesitant families

- Be aware of cultural and emotional differences
- Recognize unique contexts (e.g., difficulties in accessing healthcare and adhering to public health guidance)
- Provide clear and up-to-date guidance
- Repeatedly check understanding
- Adjust styles for differing literacy, education, and language levels
- Have reliable, up-to-date, and accessible sources of information on hand
- Avoid using jargon and stigmatizing language
- Support equity by identifying and targeting vulnerable groups

https://www.bmj.com/content/373/bmj.n1138
3. How to respond to vocal vaccine deniers in public - best practice guidelines

Public discussion v. Face-to-Face in private


Key messages are meant to debunk misconceptions, equip general public with knowledge that counters arguments, sustain trust in health authorities and the immunization program.
Because one size does not fit all, we highlight not just the facts, but also attitudes that lead to a trusting and caring relationship between healthcare personnel, patients and parents.

There are deeply rooted reasons why people aren’t being vaccinated & a broader social context and psychology around changing health behavior needs to be considered.
# Reminders

<table>
<thead>
<tr>
<th>DO</th>
<th>DON'T</th>
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<tbody>
<tr>
<td>Do take a guiding style.</td>
<td>Do not take a traditional directive and argumentative style.</td>
</tr>
<tr>
<td>Do work with the parent/patient to establish trust.</td>
<td>Do not identify and solve the problem for the parent/patient.</td>
</tr>
<tr>
<td>Do explore doubts and interest in vaccination. Think from their perspective.</td>
<td>Do not argue or debate with the client. Make it known that you are there to listen to their concerns.</td>
</tr>
<tr>
<td>Do take time to reflect on what the caregiver/patient is saying.</td>
<td>Rush through without listening</td>
</tr>
</tbody>
</table>
Vaccine info: vaccine.chop.edu
Providers: vaccine.chop.edu/vaccineupdate
Parents: vaccine.chop.edu/parents
Classrooms: vaccinemakers.org
Hilleman Film: hillemanfilm.com
Email us: vacinfo@email.chop.edu
Conclusions

- Despite gains in addressing immunization gaps, disparities persist across several sociodemographic characteristics and have been exacerbated by COVID.
- Complex array of factors likely underlie observed disparities related to both access to immunization services as well as attitudes and beliefs.
- Efforts to further reduce gaps should strengthen existing initiatives like the Vaccines for Children program and increase opportunities for vaccination.
- Tailored communication efforts are also needed to address longstanding distrust in many communities and build confidence in both vaccines and health systems.
Next up..

Dr. Daniel Salmon
Let's Talk Shots
Widely disseminating the right vaccine message from the right messenger to the right person

Daniel Salmon, PhD, MPH
Director, Institute for Vaccine Safety
Professor, International Health and Health, Behavior and Society
Johns Hopkins Bloomberg School of Public Health
Problem:

How do you widely disseminate the right message from the right messenger to the right person?
MomsTalkShots
An Individually-Tailored Vaccine Educational Application

Supported in part by the National Institutes of Health, Grant number R01AI110482; mPI Salmon and Omer
• Individually-tailored educational Website for smartphones, tablets and computers
MomsTalkShots

• Individually-tailored educational Website for smartphones, tablets and computers

• Collects survey data on demographics, vaccine intentions, knowledge, attitudes, beliefs, norms, and trust in information sources
MomsTalkShots

• Individually-tailored Website for smartphones, tablets and computers

• Collects survey data on demographics, vaccine intentions, knowledge, attitudes, beliefs, norms, and trust in information sources

• Delivers tailored informational videos to improve vaccine informed decision-making, uptake and sustained changes in vaccine attitudes and beliefs
Audience Segmentation and Tailoring for *MomsTalk Shots*

Patient Recognizes Value of Vaccine and Intends to Vaccinate
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Reinforce decision
Audience Segmentation and Tailoring for MomsTalkShots

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Vaccine Uptake
Audience Segmentation and Tailoring for MomsTalk Shots

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Patient Concerns or Knowledge Deficit

Vaccine Uptake

Establish trust by empathy

Briefly address vaccine concern

Pivot to disease risk

Convey vaccine effectiveness

Strong and personalized recommendation
Audience Segmentation and Tailoring for MomsTalk Shots

Patient Recognizes Value of Vaccine and Intends to Vaccinate → Reinforce decision → Vaccine Uptake

Patient Concerns or Knowledge Deficit → Establish trust by empathy

Provider Tailored by Race
Audience Segmentation and Tailoring for MomsTalk Shots

- **Patient Recognizes Value of Vaccine and Intends to Vaccinate**

- **Patient Concerns or Knowledge Deficit**

- **Provider Tailored by Race**
  - Burden of Disease
  - Serious Side Effects (Autism)
  - Vaccine Ingredients
  - Immunization Schedule

- **Establish trust by empathy**
- **Briefly address vaccine concern**
- **Pivot to disease risk**
- **Convey vaccine effectiveness**

- **Animation**

- **Reinforce decision**

- **Vaccine Uptake**
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Patient Recognizes Value of Vaccine and Intends to Vaccinate

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• Burden of Disease
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• Vaccine Ingredients
• Immunization Schedule
Impact of *MomsTalkShots*?

• Evaluated through RCT among 2,092 pregnant women
  • Recruited from 23 geographically and socio-demographically diverse OB-GYN offices in Georgia and Colorado
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• Vaccine knowledge, attitudes and beliefs
• Maternal vaccine uptake
Usability by audience segmented groups

<table>
<thead>
<tr>
<th></th>
<th>Vaccine Enthusiasts</th>
<th>Vaccine Acceptors</th>
<th>Vaccine Skeptics</th>
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<tbody>
<tr>
<td>Helpful</td>
<td>97%</td>
<td>96%</td>
<td>91%</td>
</tr>
<tr>
<td>Trustworthy</td>
<td>95%</td>
<td>96%</td>
<td>85%</td>
</tr>
<tr>
<td>Interesting</td>
<td>97%</td>
<td>96%</td>
<td>97%</td>
</tr>
<tr>
<td>Clear</td>
<td>99%</td>
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Moms uncertain about or not planning to vaccinate for influenza who received *MomsTalk Shots* (vs did not)

- **61%** more likely to vaccinate for influenza (chart confirmed)
  
  Relative Risk: 1.61; 95%CI: 1.18-2.21

Omer, SB, *et al.* Submitted.
Moms who received *MomsTalkShots* (vs did not) on year after birth

- 5 times more likely to be confident about infant vaccine safety
- 75% less likely to have concerns about infant vaccine safety
Mom’s close contacts who received *MomsTalkShots* (cocooning)

- RCT imbedded in RCT

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- RCT imbedded in RCT
- Found it usable
  - 97% helpful
  - 99% trusted it
  - 96% interesting
  - 100% clear to understand
- Increased knowledge of influenza and Tdap vaccines
- Had 7 times higher odds of receiving influenza vaccine
  - Odds Ratio: 6.97; 95% Confidence Interval: 2.25–21.64

Let's Talk Covid Vaccines

Languages
English | Spanish | French

Populations
Adults | Children | Pregnant women
Patient Recognizes Value of Vaccines and May Vaccinate

Establish trust by empathy
Benefits of Vaccines
Strong and personalized recommendation

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Patient Has Concerns and Unsure/Unlikely to Vaccinate

- Emotional lived experience
- Establish trust by empathy
- Acknowledge scientific uncertainties
- Briefly address patient concerns
- Pivot to disease risk
- Benefits of Vaccines

- Tailored by topic of vaccine concern and race
- • COVID not that serious
  • Worried about common side effects
  • Worried about vaccine ingredients
  • Worried about fetal cell line
  • General safety concerns
  • Vaccines developed too fast
  • Serious side effects
  • Infertility

- Strong and personalized recommendation and call to action
- Call to action tailored to stage of behavioral change

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Vaccine Informed Decision-Making
Testing Animation Through Focus Groups

- 27 African American, Hispanic, and white focus groups
  - 6 groups of pregnant women
  - 12 groups of Parents and adults
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- Intent to learn what they liked and what they didn’t like, and why
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  - 6 groups of pregnant women
  - 12 groups of Parents and adults
- Intent to learn what they liked and what they didn’t like, and why
- Changes to animation based on this feedback (examples)
  - Soften some language around vaccine benefits for those who were very hesitant
  - Create animation on changing COVID recommendations and uncertainty
  - Rework infertility animation
  - Did not find differences by race/ethnicity though looked for it
Testing Animation Through Large RIWI Survey
Random Domain Intercept Technology

- People landing on URLs that don’t work receive anonymous opt-in surveys
Testing Animation Through Large RIWI Survey
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- People landing on URLs that don’t work receive anonymous opt-in surveys
- Strengths include size, speed and non-incentivized
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- Limitations include drop off over time
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- People landing on URLs that don’t work receive anonymous opt-in surveys
- Strengths include size, speed and non-incentivized
- Limitations include drop off over time
- RIWI vaccination rates similar to CDC estimates
Sample: 75,000 at Q5 (before video)

Timeline: ~5 weeks for data collection

Q1-5:
- Age/Gender (Q0)
- 1: Vaccination Status
- 2: Race
- 3: Caregiver
- 4: General Concern
- 5: Vaccination intention (specific to path: caregiver = intention for child, unvax = intention for self, vaccinated = intention for booster)
Riwi Testing Flow Diagram

- Reached
  n = 117,750

- Answered required questions
  n = 75,617
  - Did not answer
    n = 42,133

- Started viewing assigned video
  n = 14,258
  - Did not start viewing assigned video
    n = 61359

- Analytical cohort
  n = 14,257
  - No Age data
    n = 1

- Answered >=1 evaluation question
  n = 1861
  - Did not complete viewing video or did not answer evaluation question
    n = 12,396
Likelihood of fully viewing videos

- @10 times more likely if personal story before animation vs. animation before personal story

adjusting for sociodemographic characteristics
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adjusting for sociodemographic characteristics
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- Almost twice more likely if racial congruency between credible source and user
- @30% more likely if unvaccinated vs. unvaccinated

adjusting for sociodemographic characteristics
Usability among @2,400 who watched all videos and completed post-video questions

• 53% report will influence others to get vaccinated
• 52% helpful for making vaccination decisions
• 55% trusted the information
• 77% easy to understand
Usability among @2,400 who watched all videos and completed post-video questions

- 53% report will influence others to get vaccinated
- 52% helpful for making vaccination decisions
- 55% trusted the information
- 77% easy to understand
- **Usability generally Higher**
  - Personal story before animation vs. animation before personal story
  - Black, Hispanic, and Asian vs White
  - Vaccinated vs. unvaccinated
  - No vaccine concerns vs. vaccine concerned
Patient Recognizes Value of Vaccines and May Vaccinate

- Establish trust by empathy
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Call to action tailored to stage of behavioral change

Vaccine Informed Decision-Making
Establishing Trust from a Credible Source
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Benefits of Vaccines

- Emotional lived experience
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Vaccine Informed Decision-Making
Vaccine Benefits
Tailoring to Local Communities with NACCHO

1. Williams County Ohio (rural, conservative)
2. Joplin City, MO (rural, conservative)
3. Orange County, NY (suburban/rural, demographically and politically diverse)
4. Monongalia, West Virginia (rural, largely white and Hispanic)
5. Utah County, Utah (rural/suburban, Hispanic)
Tailor to local communities and subpopulations

• Credible sources
• Issues
• Personal stories
• Call to action
LetsTalkCovidVaccine
Tailored to Local Communities

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Tailoring to Local Communities and Addressing Vaccine Equity (HRSA)

1. Tailor to 13 more underserved communities
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2. Expand to include all vaccine across the lifespan
   a. @70 more pieces of animation (total time >3 hours)
   b. 40 focus groups & Ipsos survey for testing
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   a. @70 more pieces of animation (total time >3 hours)
   b. 40 focus groups & Ipsos survey for testing
3. Hiring and training local community health workers
4. Community health workers go into their communities to inform and remove access barriers
The right message from the right messenger to the right person

• A full length movie (> 3 hours) of animation with vaccines in pregnancy, infants, children, adolescents, adults and elderly including common concerns by vaccine and population
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- A large and diverse range of credible sources
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• Personal story library (50+ persons) carefully edited to 30 second and 3-5 minute versions

• A large and diverse range of credible sources

• Tailoring all of this to users based on language, age of vaccination, vaccine intentions, concerns and demographics based upon a small number of questions
WIDELEY DISSEMINATING the right message from the right messenger to the right person

• Tailor and disseminate to more communities
WIDELEY DISSEMINATING the right message from the right messenger to the right person

• Tailor and disseminate to more communities
• Social media
WIDELEY DISSEMINATING the right message from the right messenger to the right person

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- Social media
- Work with partners (NACCHO, AAP, AIM, ASTHO, etc)
WIDELEY DISSEMINATING the right message from the right messenger to the right person

- Tailor and disseminate to more communities
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- Work with partners (NACCHO, AAP, AIM, ASTHO, etc)
- Integrate into clinical practice
  - Healthcare Provider Most Credible Source for Vaccines but Often Lack Tools to Talk with Patients
Integration into Clinical Practice

• Support the providers
  • CME module on how to talk with patients about vaccines
  • Up-to-date electronic version of book
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The Clinician’s Vaccine Safety Resource Guide
Optimizing Prevention of Vaccine-Preventable Diseases Across the Lifespan

Authors (view affiliations)
Matthew Z. Dudley, Daniel A. Salmon, Neal A. Halsey, Walter A. Orenstein, Rupali J. Limaye, Sean T. O'Leary, Saad B. Omer

Provides essential information on vaccines for clinicians
Details which vaccines should be offered, when, and any potential contraindications
Outlines strategies for how to talk to patients about vaccines and allay concerns

Book 6 68 46k
Citations Mentions Downloads
The Clinician’s Vaccine Safety Resource Guide
Optimizing Prevention of Vaccine-Preventable Diseases Across the Lifespan

• How to talk with patients about vaccines complemented by 1-hour JHU CME training
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• How to talk with patients about vaccines complemented by 1-hour JHU CME training
• Diseases and vaccines with recommendations and contraindications
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• How to talk with patients about vaccines complemented by 1-hour JHU CME training
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• 50 vaccine safety issues evidence summaries with clear conclusions
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• How to talk with patients about vaccines complemented by 1-hour JHU CME training
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• Safety system
• 50 vaccine safety issues evidence summaries with clear conclusions
• Talking points for vaccine and vaccine safety issues
Integration into Clinical Practice

• Support the providers
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• Clinical practice sends patients to LetsTalkShots
Integration into Clinical Practice

• Support the providers
  • CME module on how to talk with patients about vaccines
  • Up-to-date electronic version of book

• Clinical practice sends patients to LetsTalkShots

• Patients receives LetsTalkShots tailored information
Integration into Clinical Practice

• Support the providers
  • CME module on how to talk with patients about vaccines
  • Up-to-date electronic version of book

• Clinical practice sends patients to LetsTalkShots

• Patients receives LetsTalkShots tailored information

• Practice receives profile of patient (vaccine intent, specific concerns) with talking points to use with patient
LetsTalkShots
Widely disseminating the right vaccine message from the right messenger to the right person

Daniel Salmon, PhD, MPH
Director, Institute for Vaccine Safety
Professor, International Health and Health, Behavior and Society
Johns Hopkins Bloomberg School of Public Health
Dr. Amy Nicholas’ presentation was not recorded, and the slides are not publicly available.

Please check out vaccines.com and the immYounity module for more information.

Amy can be reached for questions at Amy.Nicholas@Sanofi.com.
Q&A
Promoting trust in vaccines. Protecting Communities.

Vaccine Confidence Toolkit

Webinar Series

immunizationmanagers.org/resources-toolkits/vaccine-confidence-toolkit/
Thank you!

Questions?
Reach us at info@immunizationmanagers.org