

State of Vaccine Confidence Report

Taking Listening to Action

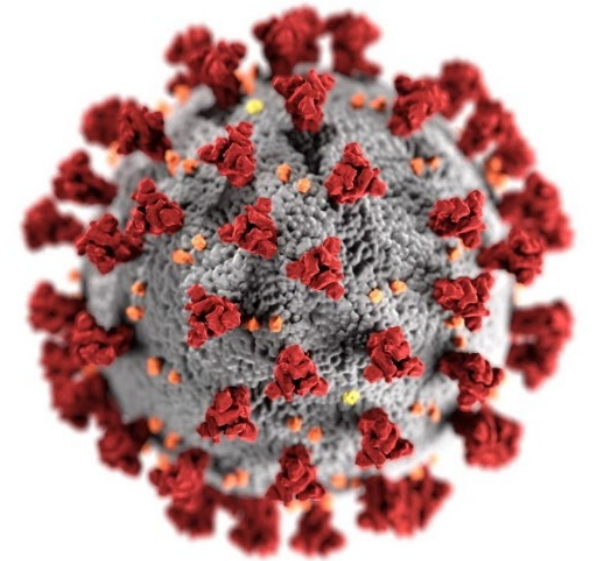
Christopher Voegeli, PhD, MPH

Acting Vaccine Confidence and Demand Lead

Immunization Services Division

National Center for Immunization and Respiratory Disease

Centers for Disease Control and Prevention



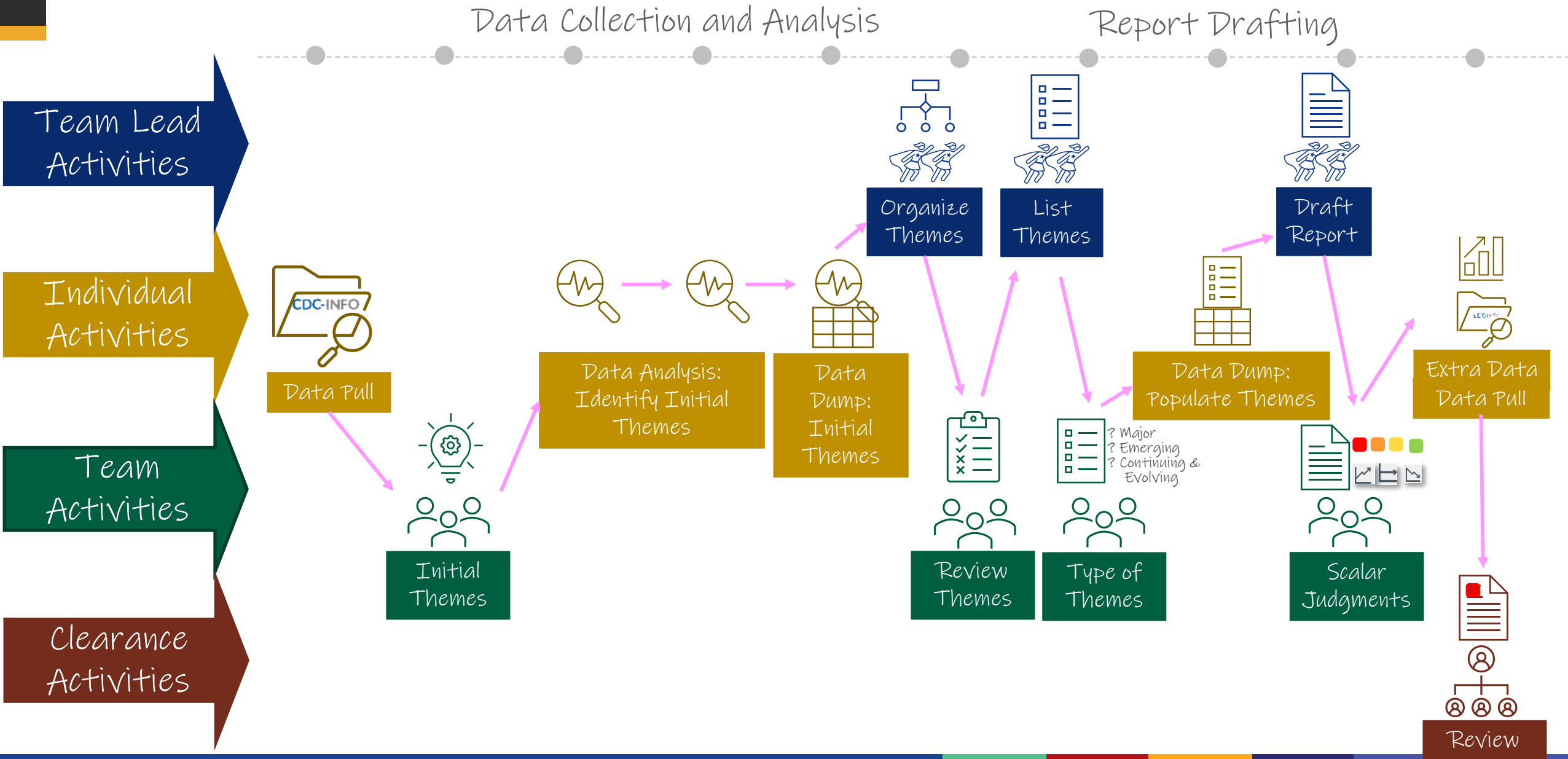
Vaccinate with **Confidence**

cdc.gov/coronavirus

Understanding underlying themes and developing programmatic and communications approaches that address underlying narratives is critical to better addressing the challenges of an infodemic.



State of Vaccine Confidence Report Process



Synthesizing multiple inputs and identifying themes through a consensus-building process.

Theme Classification

How do you classify this theme/information?			
High risk	Moderate risk	Low risk	Positive sentiment
 ▪ May lead to vaccine refusals and decreased uptake ▪ Wide reach, pervasive	 ▪ Potential to trigger hesitancy to vaccination ▪ Moderate reach, modest dissemination	 ▪ Concerning, but low risk to vaccine confidence ▪ Limited reach, limited dissemination	 ▪ Could increase vaccine confidence, intent, or motivation ▪ Variable reach and dissemination

How has this theme/idea changed over time (since last report or over the course of multiple reports)?		
 Increasing Information spreading rapidly	 Stable Information remaining constant at prior level	 Decreasing Information is not gaining further traction and there has been no indication of additional activity

Not your average social listening report.



Parents expressed concern, confusion, and frustration as children return to school.

With K-12 schools and institutions of higher education either already in session or about to open, the safety and well-being of students, faculty, and staff—as well as of their families and communities—once again is the subject of debate. This debate threatens to harden the views of consumers who are unvaccinated and erode vaccine confidence generally.^{72,73,74} While some parents continue to favor reopening K-12 schools in person and at capacity, parental views regarding appropriate mitigation strategies and mask or vaccine mandates track with political affiliation and vaccination status.^{75,76,77} Anxious parents of young children are impatient that COVID-19 vaccines are not yet authorized for children younger than 12 years old. They are also slightly more likely to favor school mask requirements than those whose children are eligible to be vaccinated.^{78,79}

Vocal vaccine deniers continued to amplify misinformation on social media about supposed dangers that masking and vaccination pose for children. This is fueling conflict between COVID-19 skeptics and parents and school administrators who support masks, vaccination, and other mitigation strategies.^{80,81,82,83,84,85} Clashes over masks in schools suggest that vaccination mandates, especially for younger children, will be difficult to implement, especially given that some politicians, faith leaders, and school administrators are already coaching skeptical parents on how to circumvent mask and vaccine requirements.^{86,87}

Ways to act:

- Develop and disseminate messages about the risk of COVID-19 for children. Highlight the increasing case numbers among children and the increasing number of children hospitalized with severe COVID-19. Remind consumers about the role that children play in spreading the virus.
- Continue to amplify messages that vaccination for children 12 years and older is the best way to protect them from illness, clarifying that the risk for severe COVID-19 or complication caused by illness is higher than the risk of an adverse event from vaccination.
- Partner with school administrators and support them to promote messages about the benefits of vaccination or connect them to other trusted messengers. Also, help them promote mitigation measures for children, parents, school staff, and the broader community. Remind them to connect unvaccinated staff and families to vaccination information and events.



Consumers expressed frustration and confusion about updated guidance for fully vaccinated individuals.

CDC's update to the Interim Public Health Recommendations for Fully Vaccinated People generated confusion and exasperation among many consumers.^{88,89,90} Initial confusion about the updated guidance—particularly around when and where indoor masking for vaccinated individuals would be required—drove social media users to express frustration both with the updated guidance and with unvaccinated consumers. Many people saw consumers who are unvaccinated as responsible for the Delta surge and associated return of restrictions.^{91,92,93}

The reimposition of mitigation strategies that equally affected people who are vaccinated and unvaccinated was amplified on both news media and social media.^{94,95,96,97} This, in turn, spawned opinion pieces chiding the frustrated for their pettiness and warning that openly shaming people who are unvaccinated could depress vaccine acceptance by driving some in the “moveable middle” into outright vaccine refusal.^{98,99,100}

Renewed political and social clashes over mitigation measures could have further undermined vaccine confidence. Mask skeptics and vocal vaccine deniers seized upon the uncertainties that inform CDC's updated guidance to disparage vaccines, sow doubt about the efficacy of vaccination, and create suspicion about the motives of public and private entities advocating vaccination.^{101,102,103}

Ways to act:

- Disseminate messages that provide clarity around guidance for people who are fully vaccinated. Remind people that both being vaccinated and wearing masks in public places can help protect people who are too young to be vaccinated, unable to be vaccinated, or at high risk for serious illness.
- Continue to amplify messages that asymptomatic or mild breakthrough cases of COVID-19 are expected and are a normal occurrence with many vaccines, such as influenza vaccination. Reassure consumers that even high numbers of breakthrough infections align with projected vaccine effectiveness and that breakthrough cases are likely much less severe than they would have been had the person not been vaccinated.

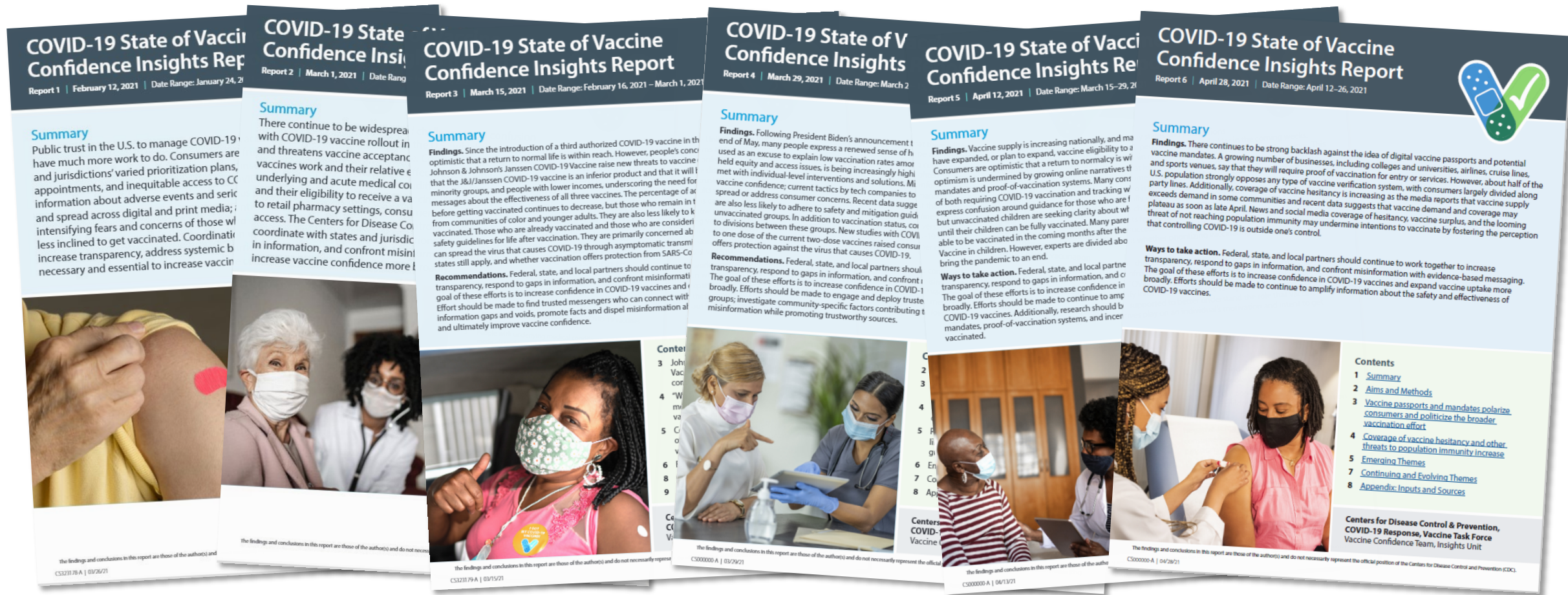
re: A new mask mandate signals failure of The Biden Administration

New “mask mandate” is about:

1. Punishing red states living their lives and economically and culturally destroying blue states
2. Extending eviction moratorium and unemployment tendies to further delay an economic collapse until midterms
3. Just because it makes us mad

MASKS. DONT. DO. ANYTHING.

Since the State of Vaccine Confidence Reports began, we have seen the conversations shift and change drastically.



How our readers are using the State of Vaccine Confidence Reports:



Inform communication strategies (e.g., including vaccine messaging, tailoring vaccine information)



Improve personal understanding of vaccine confidence issues



Inform partnerships with other groups/organizations



Improve understanding of vaccine hesitancy and access issues across special populations



Inform prioritization of vaccine confidence issues based on themes in the State of Vaccine Confidence Report

Takeaways

- There is no silver bullet: Limited tools exist to address mis- and disinformation and while many current tactics, like requesting post/message takedowns, do help limit misinformation exposure, **debunking misinformation alone ignores real, larger social and cultural forces** that caused misinformation to emerge and gain traction.
- **Traditional risk communication and social media outreach approaches are not sufficient:** Understanding underlying themes to misinformation as it spreads and developing programmatic and communications approaches to address it is critical to managing health infodemics.
- To address the current infodemic and future health infodemics, we must use an **evidence-based approach, leverage socio-behavioral and epidemiological insights, and execute a plan transparently** to reduce the spread and harm of misinformation and promote accurate, credible information.

Thank you!

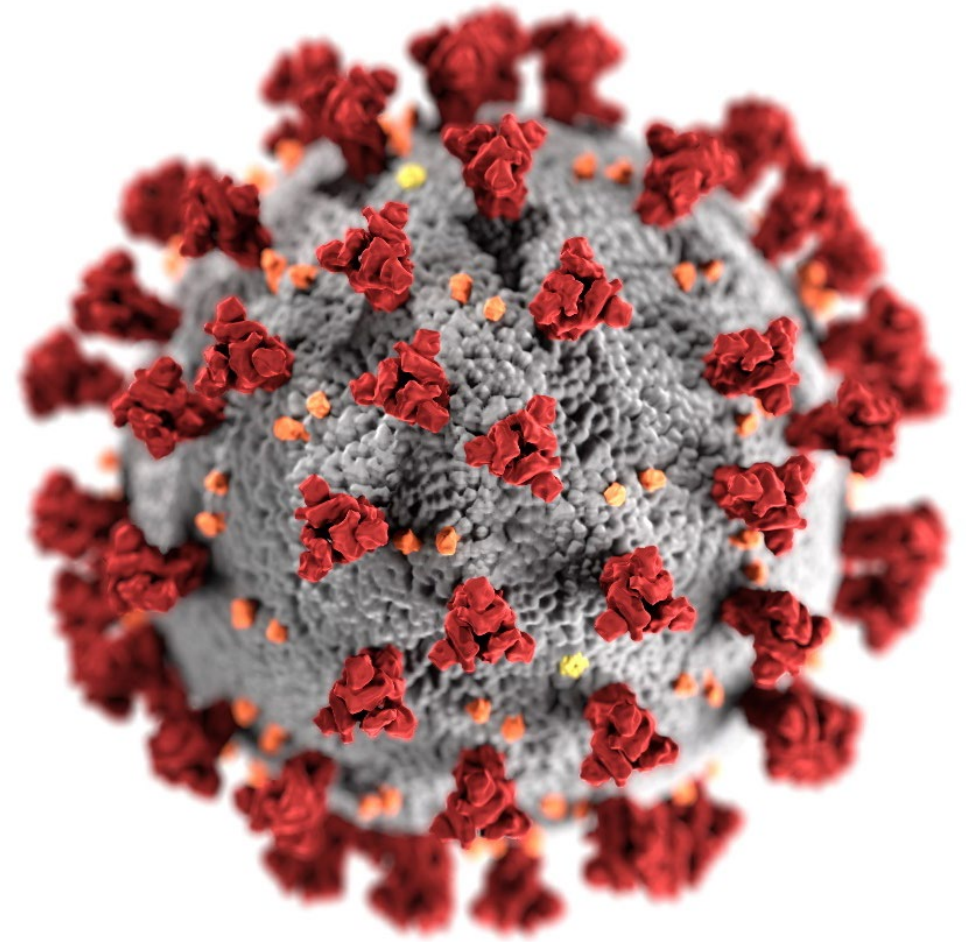
Christopher Voegeli, PhD, MPH

Insights Unit Lead

Vaccine Task Force

Centers for Disease Control and Prevention

oqo2@cdc.gov



For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

