

**COVID-19 Vaccine Hesitancy**

How can we benefit and protect public health by encouraging vaccine uptake, while respecting concerns regarding historic inequity, bodily autonomy, efficacy, and safety?

<p><b>Introduction:</b>          With the recent developments of COVID-19 vaccine candidates by Moderna and Pfizer, the world seems to be approaching an inflection point in the COVID-19 pandemic. However, this transition from uncontrolled spread to immunity through a vaccine faces many obstacles, including vaccine hesitancy. A complex and context-specific issue, <b>vaccine hesitancy</b> can generally be defined as a delay in acceptance or outright refusal of vaccines despite their availability. The Pew Research Center found that as of September 2020, only 21% of US adults would definitely receive a COVID-19 vaccine if it were available today, a sharp decrease from the 42% who responded yes to the same question in May 2020. Similarly, a Gallup poll from August 2020 found 35% of Americans would not get an FDA-approved vaccine if ready today; 67% of white Americans said they would get an FDA-approved COVID-19 vaccine, compared to 59% of nonwhite Americans. This hesitancy has been exacerbated by the speed of vaccine development and a knowledge gap between the public and vaccine developers. Reluctance towards obtaining a COVID-19 vaccine threatens thousands of lives and the ability to return to relative normalcy.</p>		
<b>Options</b>	<b>Actions</b>	<b>Drawbacks</b>
<p><b>Option 1: Addressing current and historic inequity within healthcare</b></p> <p>Synthesis of concerns gathered around vaccine hesitancy revealed that a significant portion of apprehension around the COVID-19 vaccine is deeply rooted in current and historic inequity and trauma inflicted by the medical system on BIPOC communities. We see dialogue around vaccine hesitancy and its causes as a path towards addressing historical inequity within the</p>	<p>Promote acknowledgement amongst medical professionals and vaccine developers of the trauma that has historically been inflicted on BIPOC communities by the medical system.</p>	<p>If acted upon insensitively, this action runs the risk of generalizing or inappropriately grouping together the experiences of all BIPOC and marginalized communities.</p>
	<p>Campaigning to promote vaccine uptake that works within a racial justice framework including targeted messaging that addresses and validates concerns around mistrust of the medical system while promoting</p>	<p>Targeted campaigns may be perceived as scapegoating specific communities for the</p>

<p>medical system and promoting equity moving forward. To acknowledge, validate and address these concerns, we propose the following actionable steps.</p>	<p>accurate information about the safety of the vaccine and steps being taken to address inequity.</p>	<p>spread of COVID-19 when in reality that is not the case.</p>
	<p>Ensure that accurate information regarding the vaccine, the safety of the vaccine, and the vaccine development process is made readily available and accessible in multiple languages and free of scientific or medical jargon.</p>	<p>Simplifying the issue may cause information about the nuance of vaccine safety and the development process to be lost, possibly instigating more confusion and concern.</p>
	<p>Ensure demographic representativeness of vaccine clinical trials.</p>	<p>The 1976 Belmont Report outlined ethical principles and guidelines to address issues around ethical conduct in research using human subjects. The third major principle in the report, 'Justice,' outlines the need for equitable distribution of the benefits and burdens of research among societal groups. If BIPOC and marginalized communities are readily included in vaccine clinical trials but the vaccine, once released, is not affordable or made as readily available to those communities, they would end up bearing a disproportionate burden of risk compared to potential benefit which would violate the ethical principles</p>

		outlined in The Belmont Report.
	Use the need for direct action and discussion around vaccine hesitancy as a way to open up dialogue around inherent inequity across the medical system.	Dialogue around this issue is inherently unequal in placing the burden on individuals within BIPOC and marginalized communities to educate and confront oppressors about their experience with historical trauma.
Options	Actions	Drawbacks
<p><b>Option 2: Mitigate the politicization of a COVID-19 Vaccine and preserve individual freedoms</b></p> <p>Concerns included whether vaccines would be mandated, either by employers or public officials, stemming from fears that the government would be able to tell citizens what to put in their bodies, as well as a lack of faith in a given presidential administration’s political motivations behind the approval and distribution of a vaccine. In order to assuage these concerns, we advocate for a process that can provide transparency to citizens, oversight from</p>	<p>Undo the Trump Administration’s decision to handle issues with COVID-19 Vaccine injuries in the Countermeasures Injury Compensation Program (CICP) to a new HHS Department with more transparency. Peter Meyers, an emeritus professor at George Washington University School of Law and former director of the Vaccine Injury Litigation Clinic. Meyers described the CICP as a “black hole” process handled entirely within HHS, rather than a court, without fees for attorneys or expert witnesses, a short one-year window to file claims and limited participation by the claimant. By creating a</p>	<p>If a different department were to handle these claims, which could offer citizens more confidence in their system that the process has not been rushed by the Trump Administration, it may lengthen the wait time for a readily available vaccine as manufacturers will face more potential liabilities and therefore need to take more time to address these.</p>

<p>independent bodies, and maximize participation without undermining individual bodily autonomy.</p>	<p>process with more transparency, citizens will feel that the liability of vaccine manufacturers has not been lightened due to political motivations of getting COVID-19 Vaccines available at a quicker pace.</p>	
	<p>Provide financial incentives for citizens to receive COVID-19 vaccines, rather than hard-line enforcement, so that they are more willing to participate.</p>	<p>This could establish a bad precedent in which people would only receive vaccines when compensated, rather than focusing on the public health science that necessitates we all get vaccinated</p>
	<p>Lead with Bipartisan Political support for COVID-19 Vaccine</p>	<p>Leaving the fate of the confidence of the nation in the hands of people without the scientific expertise could be dangerous, but if they are being guided alongside of and with experts/community leaders, it may not be such a large drawback</p>
	<p>Build coalitions with religious and community leaders to gather support for COVID-19 vaccines at a grassroots level, much like the work of Pastor Terris King. Some citizens can legally opt-out of vaccinations for religious reasons, and incorporating faith figures into this process</p>	<p>Tension between science and faith, not wanting one to co-opt the other</p>

	may convince these folks to become vaccinated voluntarily, rather than coercively	
Options	Actions	Drawbacks
<p><b>Option 3: Ensure and promote the efficacy of any COVID-19 vaccine that is approved for general use</b></p> <p>Concerns within this subject area included fears that the vaccine would not successfully immunize recipients from future COVID-19 exposure while exposing them to potential side effects, the loss of immunity over time necessitating booster shots, worries regarding the relatively short development timeline compared to other vaccines, and the risk of not being able to return to a more ‘normal’ lifestyle if an insufficient number of people are vaccinated. These concerns can be addressed through a more rigorous review and approval process, transparency regarding the vaccine’s efficacy, and proactive efforts to drive up vaccine uptake.</p>	<p>The FDA could make the requirements for emergency and general approval more stringent. This could involve increasing the minimum percentage of acquired immunity brought by the vaccine, decreasing the necessity of booster shots, or implementing stricter limits on acceptable side effects. Such regulatory measures will increase the vaccine’s capacity to protect public health.</p>	<p>A more rigorous set of requirements will prolong the review process by increasing the level of development necessary for an acceptable vaccine, leading to further delays before life can return to a pre-pandemic state.</p>
	<p>Governments, public health organizations, and medical practitioners should be transparent about how COVID-19 compares to more familiar illnesses that require a vaccine, the risk someone would incur by not receiving a booster shot, and the potential emotional, economic, and medical harms that would come with another wave of restrictive, long-term public health interventions.</p>	<p>Being told that maintaining immunity to COVID-19 may require regularly administered booster shots will likely increase the perceived barriers to acquiring the vaccine due to the increased level of effort necessary to maintain immunity. Consequently, some may not bother with even acquiring the first vaccination because obtaining the subsequent doses will require additional time and expense.</p>

	<p>Media platforms could broadcast curated informational campaigns to build public confidence and willingness to vaccinate. These will likely use a mixture of actors in the public sector, the business world, the non-profit space, and trusted public figures. These messaging efforts will focus on dispelling concerns about the vaccine's efficacy, and reassuring the public of the scientific community's ability to produce a working vaccine in about a year.</p>	<p>The eventual loss of immunity or emergence of severe side effects that would take years to emerge cannot be predicted at this early stage of the vaccine's development and deployment, and would create a public relations disaster if they were to emerge after such a campaign that promoted the vaccine's efficacy.</p>
	<p>Federal, state, or municipal governments could drive vaccine uptake through the use of incentives, punitive measures, or a mix -- whichever is most effective -- with the goal of reaching a critical mass of the public being vaccinated so pre-pandemic life can return.</p>	<p>Measures that seek to boost vaccine compliance require greater use of public resources (e.g. taxpayer money) and also grants the government expanded ability to affect bodily autonomy. It is likely to provoke litigation.</p>
<p><b>Options</b></p>	<p><b>Actions</b></p>	<p><b>Drawbacks</b></p>

<p><b>Option 4: Alleviate safety concerns held by the public</b></p> <p>Concerns regarding the safety of the vaccine revolved around fear of whether or not the vaccine would cause any undesirable side effects or symptoms. Responses show that people had a variety of fears such as deformity and ability to have children in the future as a result of the vaccine's side effects. There is general skepticism on the safety of the vaccine because of how new the virus is and how little time has been spent on a vaccine, making people doubt how safe it is/what the long-term effects can be.</p>	<p>Have health experts and researchers clearly communicate with the general public about any possible foreseeable side effects that can arise from receiving the vaccine.</p>	<p>This option runs the risk of scaring some people away from receiving the vaccine as a result of being worried that they will experience the worst-case scenario side effects.</p>
	<p>Have health experts provide accurate and easily accessible information on how people who participated in clinical trials are doing and what symptoms/side effects they have documented.</p>	<p>This option also runs the risk of frightening people if someone who has received the vaccine reports undesirable symptoms.</p>
	<p>Have the Centers for Disease Control and Prevention or the World Health Organization put out a statement in support of the vaccination. Hearing direct support from these organizations may help alleviate some worries people have about the safety of the vaccine and may generally help people feel more comfortable in their decision to vaccinate.</p>	<p>There may be people who do not trust the CDC or the WHO and this statement of support may further push these people away from getting vaccinated.</p>

	<p>Have major health organizations (CDC, WHO, FDA, etc.) remind citizens that the only way we can “get rid” of COVID-19 is to become immune to the virus, which right now can only be done through a vaccine. Reminding people that the alternative to vaccination is a much less safe option may encourage people to get vaccinated.</p>	<p>People may respond to this option out of fear rather than because they actually think the vaccine is safe.</p>
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Information for this issue guide was sourced from:

- World Health Organization
- Center for Disease Control and Prevention
- National Center for Biotechnology Information
- The National Interest
- Reuter’s
- Pew Research Center
- Gallup Polling