

Canadian Guidance on Addressing Vaccine Hesitancy to Help Foster Vaccine Demand and Acceptance

Section 6. Addressing Vocal Vaccine Deniers in Public Forum to Strengthen Resiliency

Dr. Noni MacDonald & Dr. Eve Dubé

Building Resilient Pro-Vaccine Communities



Building the capacity to improve vaccine acceptance and uptake

The Canadian Vaccination Evidence Resource and Exchange Centre (CANVax) is an online database of curated resources to support immunization program planning and promotional activities to improve vaccine acceptance and uptake in Canada. As an online resource centre, CANVax aims to increase access to evidence-based products, resources, and tools to inform public health professionals in immunization program planning and promotion.

CANVax has been developed by the Canadian Public Health Association. Production of CANVax has been made possible through funding from the Public Health Agency of Canada. The views expressed herein do not necessarily represent the view of the Public Health Agency of Canada.

For more information, contact:

Canadian Public Health Association

404-1525 Carling Avenue, Ottawa, ON K1Z 8R9

T: 613-725-3769 | info@cpha.ca | www.cpha.ca

PREFACE

This document was adapted from the **Western Pacific Regional Guidance on Addressing Vaccine Hesitancy to Help Foster Vaccine Demand** document, drafted in 2017 in response to the recommendation at the meeting of the Technical Advisory Group (TAG) on Immunization and Vaccine-Preventable Diseases in the Western Pacific Region (WPR), in July 2016.

Purpose and Specific Objectives of the Guidance as per WPR

The main purpose of the regional guideline on vaccine hesitancy is to help Member States to:

1. Identify the extent of vaccine hesitancy in the country.
2. Identify vaccine-hesitant population subgroups.
3. Diagnose the demand- and supply-side immunization barriers and enablers.
4. Design evidence-informed strategies to address hesitancy appropriate for the subgroup setting, context and vaccine.
5. Receive and provide support for regional coordination to successfully address vaccine hesitancy in the country.

The initial WPR draft, including the two Aide Memoires, was written by Noni E MacDonald, Dalhousie University, Halifax Canada, with input from Eve Dubé, Institut national de santé publique du Québec, Québec, Canada, Lisa Menning and Melanie Marti, Immunization, Vaccines and Biologicals, World Health Organization (WHO), Geneva, Switzerland and Sarah Long, Dalhousie University.

Canadian Guidance

The WPR document was then re-crafted by Noni E MacDonald and Eve Dubé to address the Canadian context, and sections were updated.

Each section has been written to integrate with the other sections but also to be able to stand alone. The main emphasis is on the diagnosis of hesitancy and focuses on interventions that can increase vaccine uptake at the program and individual levels.

For the full report of the Canadian Guidance on Addressing Vaccine Hesitancy to Help Foster Vaccine Demand and Acceptance, please visit <https://canvax.ca/canadian-guidance-addressing-vaccine-hesitancy-help-foster-vaccine-demand-and-acceptance-full>.

Social networks, geographic and online, provide an opportunity to explore diverse viewpoints or simply reflect or reinforce current (positive or negative) vaccine beliefs.¹⁻² The internet provides vocal vaccine deniers – the noisy, albeit relatively small, extreme end of the subgroup of vaccine refusers – with a potentially wide audience for their fringe views.³ Misinformation can further spread by social contagion and have a big impact on vaccine decisions.⁴

While the potential damage a vocal vaccine denier can cause through mass the media is significant, response from the immunization program must be approached carefully, thoughtfully and with caution. Poorly prepared or rash responses may backfire and further undermine pro-vaccine messaging.

At the urging of many member states, the WHO Regional Office for Europe in 2016 developed a guidance on how to address vocal vaccine deniers in public.⁵ Knowing if, when, why and how to address vocal vaccine deniers in public can enhance immunization programs' decision-making. This guidance should be used with the guidance on trust-building and crisis communication noted in [Section 5 \(Strategies to Address Hesitancy and Help Foster Demand\)](#).⁶

The best practice guidance on addressing vocal vaccine deniers in public emphasizes that:

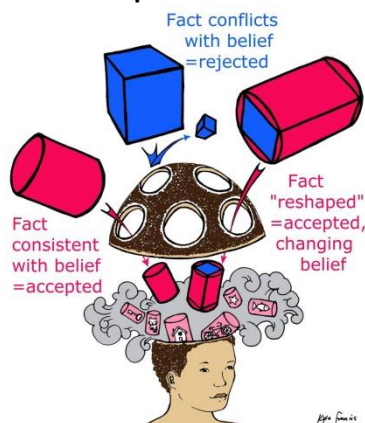
- 1) *The general public, not the vocal vaccine denier, is the target audience*
- 2) *The aim is twofold – correct the content, and unmask the techniques that the vocal vaccine denier is using.*

Correcting the content is not enough, as risk perception and vaccine decision-making are complex. As noted in [Section 5](#), risk perceptions are intuitive, automatic and unconscious, and much influenced by beliefs. If a fact agrees with the belief, then it is well heard; if not, it does not even register. Correcting misinformation put forward by a denier may not even register with the public, and may only draw further attention to the misinformation. However, also note that deniers' arguments use tactics to misinform and obscure the scientific evidence. Noting this for the public can help rewrap the correction information so it will be better heard (see Figure 6.1), as the public does not like to be knowingly duped or conned.⁷

The goal in addressing the vocal vaccine denier in public is to make the public audience more resilient against anti-vaccine statements and stories, and to support those who are vaccine-hesitant in their vaccine acceptance decision.

Figure 6.1 Beliefs and facts

Wrap the correction to the misinformation with emphasis on the tactic used to misinform – now it registers



Vocal vaccine deniers are skilled at getting their message out. They use tactics such as

- a. *skewing science*
- b. *shifting the hypothesis if they fear losing an argument*
- c. *shutting down critics and avoiding open discussion*
- d. *using personal insults, attacks and even legal action on critics of their message³*

Assessing the Need for Intervention

Dealing with a vocal vaccine denier can be deeply unpleasant, but if their impact is seriously undermining vaccine acceptance, then the immunization program may determine if action is indicated. Silence may be perceived by some in the public as the immunization program agreeing with the arguments.

Taking on every vocal vaccine denier in public is unlikely to be worth the time and effort needed. Be selective. Determine if the denier is seriously undermining trust in the immunization program and hindering vaccine acceptance. Noise does not always equate with impact. How well known is the denier to the community or subgroup or general population of concern? Are these claims getting not only social media attention but also mainstream media attention? Are public meetings being organized as platforms for this denier? If the immunization program does decide to be involved in public debate, [Section 8 \(Strategies to support Vaccination Demand and Grow Resiliency\)](#) in the Guidance document suggests questions to be thought through.

The spokesperson for the immunization program needs to have sound knowledge of the evidence and, importantly, have good public speaking skills and media training. This is not a task to take on unprepared. Being a good listener is an important asset.

Preparing: Points to Consider

In brief, the guidance document suggests taking the following into consideration:

1. *In advance, prepare 3 key messages.*
2. *Keep the key messages as simple and straightforward as possible.*
3. *Repeat these messages as often as reasonably possible during the public discussion*
4. *Do not repeat the anti-vaccine arguments. Stick to facts, and repeat the key messages.*
5. *Emphasize the high safety instead of the low risk of vaccines (framing) (see [Section 5](#)).*
6. *Use inclusive terms to underline a shared identity with the audience – the target here.*
7. *Avoid raising questions about the personal motivation of vocal vaccine deniers.*
8. *Be honest and tell the truth.*
9. *Communicate what has been achieved so far and what needs to be done.*
10. *Avoid humorous contributions during the discussion, as these may be misinterpreted.*
11. *Underline scientific consensus with regard to vaccine safety and efficacy.*
12. *Emphasize the social benefits of vaccines.*

The 3 Step Process

Three steps are recommended in responding to vaccine denialism in public are briefly outlined below:

Step 1. Determine the core topic(s) the vocal vaccine denier is focusing on

The topics of vocal vaccine deniers almost always readily fall into one of these five categories:

1. *Threat of disease*
2. *Alternatives*
3. *Effectiveness*
4. *Trust*
5. *Safety*

Step 2. Identify the core technique being used

While vocal vaccine deniers often mix and mingle techniques, once disentangled, they fall into one or more of 5 categories. These have not changed since vocal vaccine denialism started over 200 years ago when the first vaccine was developed:

1. **Conspiracies:** Arguing that scientific consensus is the result of a complex and secretive conspiracy.
2. **Fake experts:** Using fake experts as authorities, combined with denigration of established experts.
3. **Selectivity:** Referring to isolated papers that challenge scientific consensus.
4. **Impossible expectations:** Expecting 100% certain results or health treatments with no possible side effects.
5. **Misrepresentation and false logic:** Jumping to conclusions, using false analogies, etc.

Step 3: Respond with key message(s)

Correct the content

Once the topic under discussion has been identified, choose a key message that fits, such as one of the following:

Threat of disease:

“Vaccine-preventable diseases can be very severe, and still cause millions of deaths per year around the world. Even with the best available care in the world, vaccine-preventable diseases can cause permanent disability and even death. Prevention is by far the best intervention.”

Alternatives:

“There are no equally safe and effective alternatives to vaccinations.”

Effectiveness:

“The scientific evidence is clear: vaccination is the most effective health intervention for prevention of many serious diseases.”

Trust:

“We as an institution/agency are aiming to sustain the health of every individual member of the public. We are sorry that you have lost trust in our effort, but we hope to regain it.”

Safety:

“The scientific evidence is clear; vaccination is a safe way to prevent many serious diseases. Any theoretical risk to the individual and society is far outweighed by the risks to one and all of not doing so.”

Unmask the technique:

If the denier’s technique has been readily identified, this information can be added to the statement to strengthen the message and discredit the denier (see above).

Conspiracies:

“Ms. P is saying that there is a complex and secretive conspiracy behind the promotion of vaccines. This idea totally ignores the mass of scientific evidence produced by independent scientists all over the world on the benefits of vaccines in protecting public health and well-being. It also overestimates the power and tries to discredit the motives of health authorities everywhere. In the end, it boils down to a simple fact: in places where vaccines are widely used, people lead healthier lives. This has been shown time and time again.”

Fake experts:

“Mr. X’s argument is based on ideas put forward by people who are *job title by profession* and who are not considered experts in the field of vaccine safety and effectiveness. Their ideas do not reflect the evidence-based consensus among scientists, nor are they representative of public opinion, as the majority of the citizens of *country name* are well aware of the huge benefits of vaccinations for the health of every individual.”

Selectivity:

“Ms. Y is cherry-picking the scientific evidence, taking fragments from here and there which appear to back up her position and ignoring the bulk of solid evidence that disproves it. As long as she does not consider the scientific evidence as a whole, we will not have a fruitful discussion.”

Impossible expectations:

“In science, this argument is called an impossible expectation. No medical product or intervention, from aspirin to heart surgery, can ever be guaranteed 100% safe. Even though we will never be able to ensure 100% safety, we know that the risks of vaccine-preventable diseases far outweigh those of the vaccines administered to prevent them.”

Misrepresentation and false logic (false dichotomy):

“Mr. Z is misrepresenting the facts and reaching false conclusions. I will repeat what is supported by an overwhelming body of scientific evidence...”

More Advice

The WHO’s *Best practice guidance: How to respond to vocal vaccine deniers in public* (2016),⁵ also provides helpful advice and insights on how to “embrace” the vocal vaccine denier by rebutting the black-and-white perspective and creating a sense of consensus which appeals to the audience. Other chapters cover religious perspectives (see also [Section 5](#)), what to do about fake experts and fake /predatory journal articles, how to deal with an interview situation for the public discussion that is unfavourable and other related topics.

Assessment

After addressing a vocal vaccine denier in public, the immunization program needs to review how well the interview went, considering both the viewpoint of the spokesperson and perceptions, and follow-up of the audience and media. Vocal vaccine deniers do not disappear after such events, as many have too much invested both emotionally and monetarily to withdraw. However, judicious use of such interventions may much strengthen the audience who heard the discussion to favour immunization and be more resilient to anti-vaccine rhetoric in the future, i.e., the “inoculation” concept noted in [Section 5](#). The community may become less complacent about giving vocal vaccine deniers major platforms for their views.

KEY POINTS

- The goal in addressing a vocal vaccine denier in public is to make the public audience more resilient against anti-vaccine statements and stories.
- If the denier is to be addressed in public, three steps are recommended:
 1. Determine the core topic(s) the vocal vaccine denier is focusing on;
 2. Identify the core technique being used;
 3. Respond with key message(s), correct the misinformation and unmask the technique being used.
- Evaluate and assess.

References

1. Brunson EK. The impact of social networks on parents' vaccination decisions. *Pediatrics*. 2013; 131(5): p. e1397-404.
2. Opel DJ, Marcuse EK. Window or mirror: social networks' role in immunization decisions. *JAMA Pediatr*. 2013; 167(3): p. 304-5.
3. Kata A. Anti-vaccine activists, Web 2.0, and the postmodern paradigm--an overview of tactics and tropes used online by the anti-vaccination movement. *Vaccine*. 2012; 30(25): p. 3778-89.
4. Bauch CT, Galvani AP. Social Factors in Epidemiology. *Science*. 2013 Oct 4; 342: p. 47-49.
5. World Health Organization Regional Office for Europe. Best practice guidance: How to respond to vocal vaccine deniers in public. [Online]. 2016. Available from: http://www.euro.who.int/_data/assets/pdf_file/0005/315761/Best-practice-guidance-respond-vocal-vaccine-deniers-public.pdf?ua=1.
6. World Health Organization Regional Office of Europe. Vaccination and Trust. How concerns arise and the role of communication and the role of communications in mitigating crises. [Online]. 2017. Available from: http://www.euro.who.int/_data/assets/pdf_file/0004/329647/Vaccines-and-trust.PDF.
7. van der Linden S, Maibach E, Cook J, Leiserowitz A, Lewandowsky S. Inoculating against misinformation. *Science*. 2017 Dec 1; 358(6367): p. 1141-1142.