



Vaccine Literacy: Building Public Support for a COVID-19 vaccine | WP1791

A Call to Action from Wilton Park, City University of New York (CUNY) Graduate School of Public Health & Health Policy and the Vaccine Confidence Project at the London School of Hygiene and Tropical Medicine

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Effective communication to prepare a 'vaccine literate' public and persuade policymakers to trust the science and embrace new vaccines for COVID-19 as they become available must begin now. We need to reinforce beyond doubt the critical role immunization plays within a functioning health delivery system.

Tens of thousands of lives and trillions of dollars have been lost during the COVID-19 pandemic. To end the current outbreak and to reduce the likelihood of similar ones, we need rapidly to promote a level of immunity that vaccines are best at providing. The race is on to produce a safe and efficacious vaccine for COVID-19 in record time. For this vaccine to be effective, however, we must achieve optimal uptake through public education and advocacy in advance of vaccine availability.

To accomplish this, we must do more than just invest in the expensive process of medical discovery needed to get a vaccine to market. To ensure the vaccine is actually used, we must invest in:

- a multi-sectoral commitment to develop trust in vaccines
- preparation of accurate and convincing information sources about vaccines
- innovative multi-media and interpersonal approaches to communicate and engage with all audiences

We must establish an informed and educated public, people who will demand and adopt a vaccine for themselves and their families and urge others to do the same. We cannot rely on old messages and communication techniques to stem the erosion of public trust in medical progress and governmental efforts to sustain public health. The same people who challenge other vaccination programs essential to public health today are actively provoking opposition to a COVID-19 vaccine now and we can expect their campaign to increase in intensity when a vaccine becomes available.

The world's population must be made 'vaccine literate'. Policy makers must trust in the science and embrace vaccine technology. For this to happen now, we must use all our social science, community engagement and communication skills, just as we helped meet the HIV/AIDS threat 30 years ago with global and national campaigns, such as the America Responds to AIDS, and the UK's Don't Die of Ignorance.

Therefore, we issue this 'Call to Action' to obtain commitment to support the development, testing, evaluation and implementation of a Coronavirus vaccine with an array of effective, fact-based communication programs to support communities, policymakers, business leaders and other key leaders so the public will accept and be protected against SARS-CoV-2.

To put this process in motion. Wilton Park¹, City University of New York (CUNY) Graduate School of Public Health and Health Policy, and the Vaccine Confidence Project at the London School of Hygiene and Tropical Medicine will

¹ *Wilton Park is an Executive Agency of the UK Foreign and Commonwealth Office providing a global forum for strategic discussion. It brings together leading representatives from the worlds of politics, business, academia, diplomacy, civil society and media to address issues of critical global importance on issues including international security, prosperity and justice, human rights, global health and climate change.*

convene and facilitate candid dialogue designed to elicit the broadest range of options from diverse stakeholders to determine how best to advance a 'coronavirus-protected' population – beginning with effective, measurable communications to advance public understanding of vaccination to protect our lives and livelihoods.

Background

On January 30, 2020, the World Health Organization (WHO) Secretary General Tedros Adhanom Ghebreyesus proclaimed the SARS-CoV-2 outbreak as a Public Health Emergency of International Concern (PHEIC). From that point, more than 3.5 million known cases and 270000 known deaths later, governments worldwide have been in high gear - albeit unevenly, sometimes hesitatingly and often at odds with each other – to produce an array of economic, political and public health interventions to address the outbreak. The virus is highly infectious. Even with hospitalization to treat COVID-19, -the disease the virus causes,- the mortality rate is over 1%. As yet, there is only one somewhat effective medicine and no vaccines which target the virus.

For years, we have been warned to be ready for a pandemic. In 2019, the WHO published a list of the top ten threats to global health which included global influenza pandemic, Ebola & high threat pathogens and vaccine hesitancy. Today, public health measures -- travel bans, closing of businesses and public spaces, quarantines and social distancing along with vigorous handwashing and respiratory etiquette remain the only effective measures to stem COVID-19.

As COVID-19 spreads and the death toll rises, the race is on to develop a SARS-CoV-2 vaccine. We know historically that vaccination works and has eradicated or controlled a number of scourges of the past - notably smallpox, polio, and childhood diseases such as measles, mumps and whooping cough. As of, 4 May 2020, there were already 123 candidate vaccines in clinical evaluation globally, as numbers of public, private, not-for-profit and academic research teams compete to identify the best vaccine candidate, test it in animals and human clinical trials, file for expedited regulatory approval and bring it to market, perhaps in as little as 12-18 months.

Ensuring appropriate numbers of participants are signing up to trials for vaccine candidates will also be a challenge and require communication across communities and target populations.

But how optimistic can we be?

A vaccine is only effective in preventing a disease with appropriate public uptake. To control COVID-19 in the future, a significant immunization rate will be required to build levels of 'herd immunity' substantial enough to protect a community. Some authorities estimate this will require 70% vaccine coverage. Unfortunately, the evidence we continue to gather suggests that this minimum goal will not be achieved easily, regardless of availability and cost of a vaccine.

Challenges that thwarted the development of vaccines to control a similar viral threat in the past should concern us. Less than 20 years ago, significant efforts were made to find a vaccine for SARS-CoV-1, the virus that caused the 2003 SARS outbreak, but no vaccine candidate ever made it to market. Additionally, for COVID-19, there is at this point the distinct possibility that any vaccine we develop will require repeated doses, as the conferred immunity may not be perpetual.

We must also recall that the WHO's top ten public health threats for 2019 included Vaccine Hesitancy. Public resistance to immunization programs is as real a threat to world health as the viruses themselves. Over the past years, we have witnessed an erosion in vaccine confidence along with a rise in strong anti-vaccine sentiment. Some surveys also indicate that many people would not voluntarily take a vaccine against COVID-19 if one existed. For example, in the US in early March this year, only 66% nationally said they would accept such a vaccine if it were available. In New York at the height of the epidemic with the city in lock-down (March 27-29 2020), only 59% reported they would take a vaccine. New York State data collected on April 4-5 suggests only 54% support of a vaccine for themselves and 36% for their children.

The need to build vaccine confidence and vaccine literacy among the publics and policy makers alike is clear. Concerted action will require a coalition of committed, proactive communities and stakeholders to move it forward. We hope you will join us in this effort to stem the tide of COVID-19.

Join us to discuss the concept for such a coalition: '**CONVINCE**' (**COVID New Vaccine Information, Communication and Education**)