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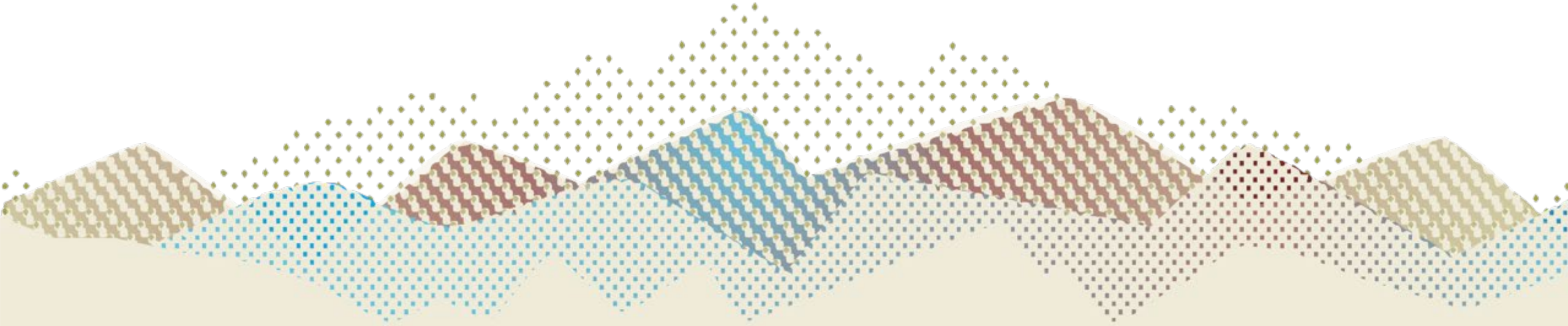
Vaccine Hesitancy in the Current Climate

Dr. Mohamed Jalloh, Director of Health Equity



Today's Panelists

Tessa Wyborny, MD

CommuniCare+OLE

Kathy Bour, Lead Pediatric Nurse

Lake County Tribal Health Consortium, Inc.

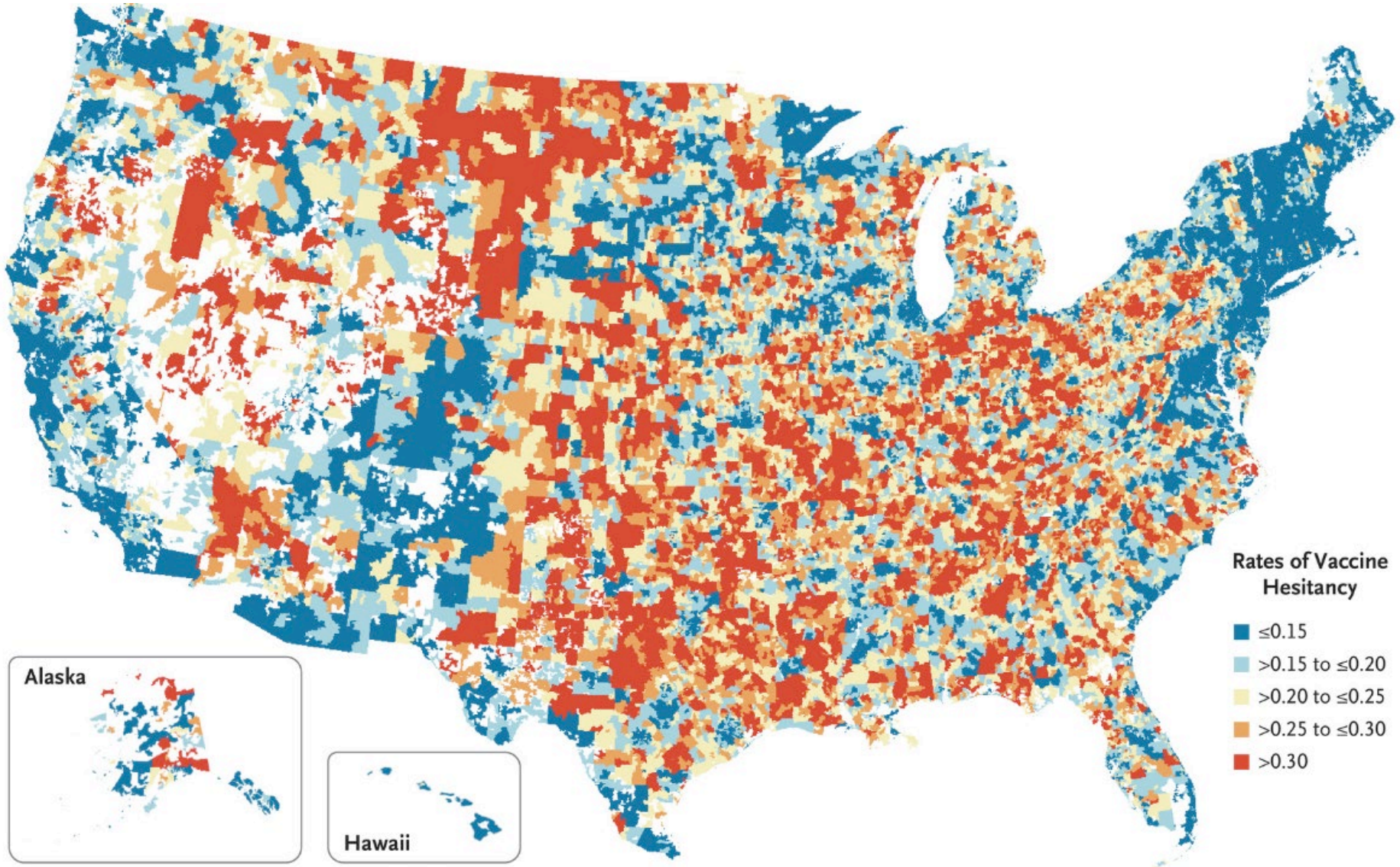
Margie Powers, Director, Quality Assurance & Improvement

Marin Community Clinic

Deirdre Bernard-Pearl, MD

Santa Rosa Community Health

Rates of Vaccine Hesitancy



Larson, et al. N Engl J Med 2022; 387:58-65

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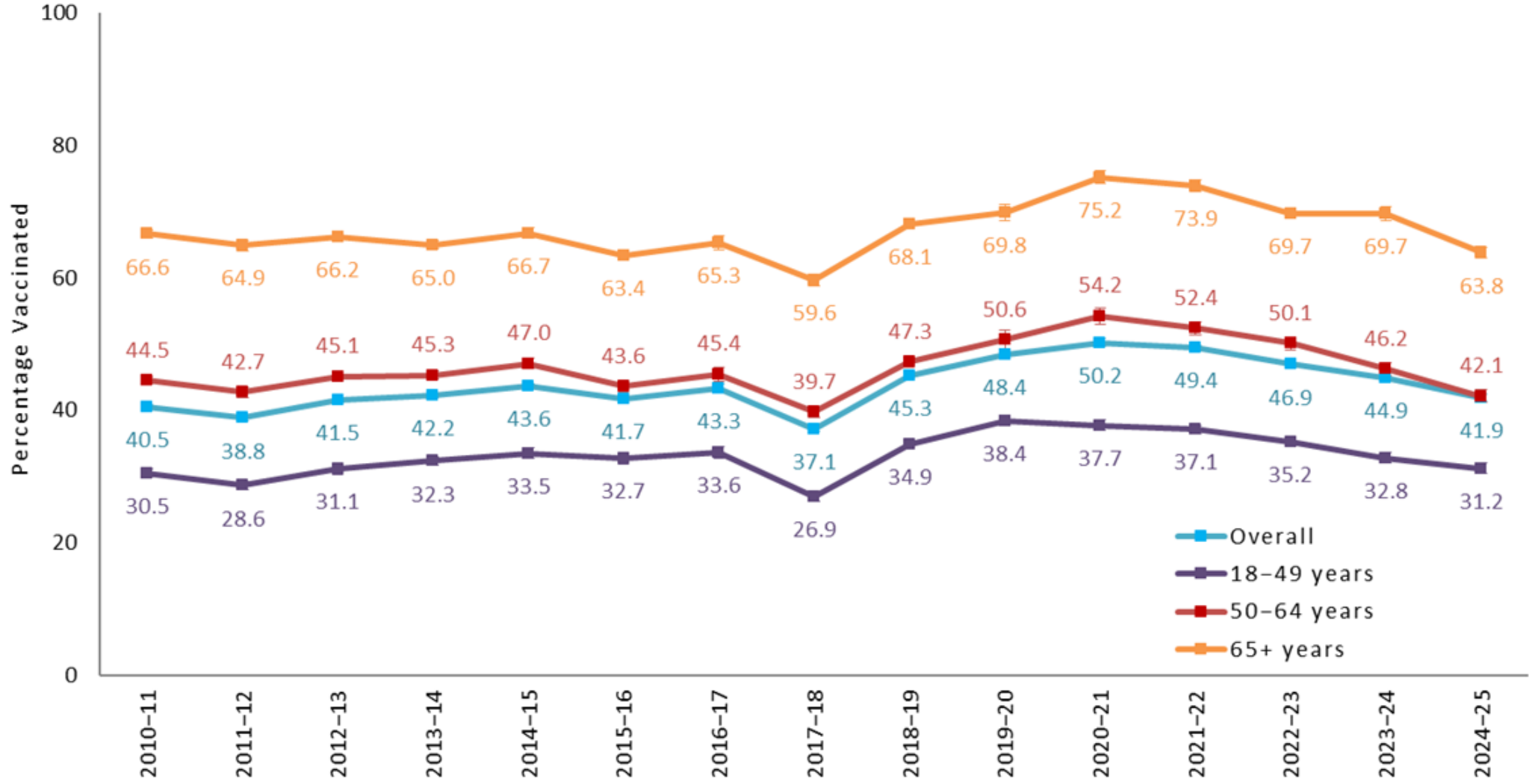
Figure 6. Flu Vaccination Coverage by Age Group, Adults 18 Years and Older, United States, 2010–2025



Data Source: Behavioral Risk Factor Surveillance System (BRFSS)
Error bars represent 95% confidence intervals around the estimates.

Discussion Question

What have patients told you about why they do not want to receive a vaccine?

Categories of Vaccine Hesitancy (Especially Flu)

Lack of Confidence (Trust)

- Effectiveness, safety, or **misinformation**

Lack of Urgency (Complacency)

- Low perceived risk of disease

Lack of Convenience (Low ROI)

- Availability, accessibility, and cultural appeal

Shen et al. Can Fam Physician. 2019 Mar; 65(3): 175-181.

Vaccine Misinformation

- Proliferated on **social media**, outpacing interventions to address it.
- All vaccines have been targeted, including childhood vaccines, COVID-19, influenza, HPV, and more.
- Researchers linked increases in **measles cases** with the proliferation of anti-vaccine campaigns that were **amplified and expedited through social media channels**.
- Vaccine hesitancy has now been listed **among the greatest threats to global health**, per World Health Organization.

de Figueiredo A, et al. *Lancet*. 2020;396(10255):898-908.

BMJ. 2024 Jan 16:384:e076542. doi: 10.1136/bmj-2023-076542.

Behavioural interventions to reduce vaccine hesitancy driven by misinformation on social media

Kai Ruggeri [1], Samantha Vanderslott [2], Yuki Yamada [3], Young Anna Argyris [4], Bojana Većkalov [5], Paulo Sergio Boggio [6], Mosoka P Fallah [7], Friederike Stock [8], Ralph Hertwig [9]

Affiliations + expand

PMID: 38228339 PMCID: PMC10789192 DOI: 10.1136/bmj-2023-076542

Summary of Findings

- Negative sentiments on social media might **increase vaccine hesitancy faster** than interventions reducing it.
- **Debunking** or trying to **disprove** misinformation may **reinforce** and deepen false beliefs / hesitancy.
- **Simple messaging** about benefits and risks based upon probabilities is **insufficient**.
- **Blanket bans** can **paradoxically** result in the spread of misinformation and can galvanize problematic echo chambers.

Ruggeri K. BMJ 2024;384:e076542

Major Insight #1: Inoculate Susceptible Audiences

- "**Inoculate**" or "**prebunk**" members to build public resilience to misinformation in advance.
- "Prebunking" can be scaled to reach millions on social media with **short videos or messages**. It can also be administered in the form of **interactive tools** involving games or quizzes.
- Effects of "prebunking" fade over time; therefore, **regular** "**boosters**" may be necessary to maintain resilience.
- Providing objective information from **third parties** might help counter misinformation and promote health behaviors, but this is slow.

Ruggeri K. BMJ 2024;384:e076542
APA. https://www.apa.org/topics/journalism-facts/misinformation-recommendations (Accessed July 2, 2025)

Discussion Question

Can you think about a time when being prepared helped you become immune to incorrect information?

Major Insight #2: Need to Culturally Tailor Messages

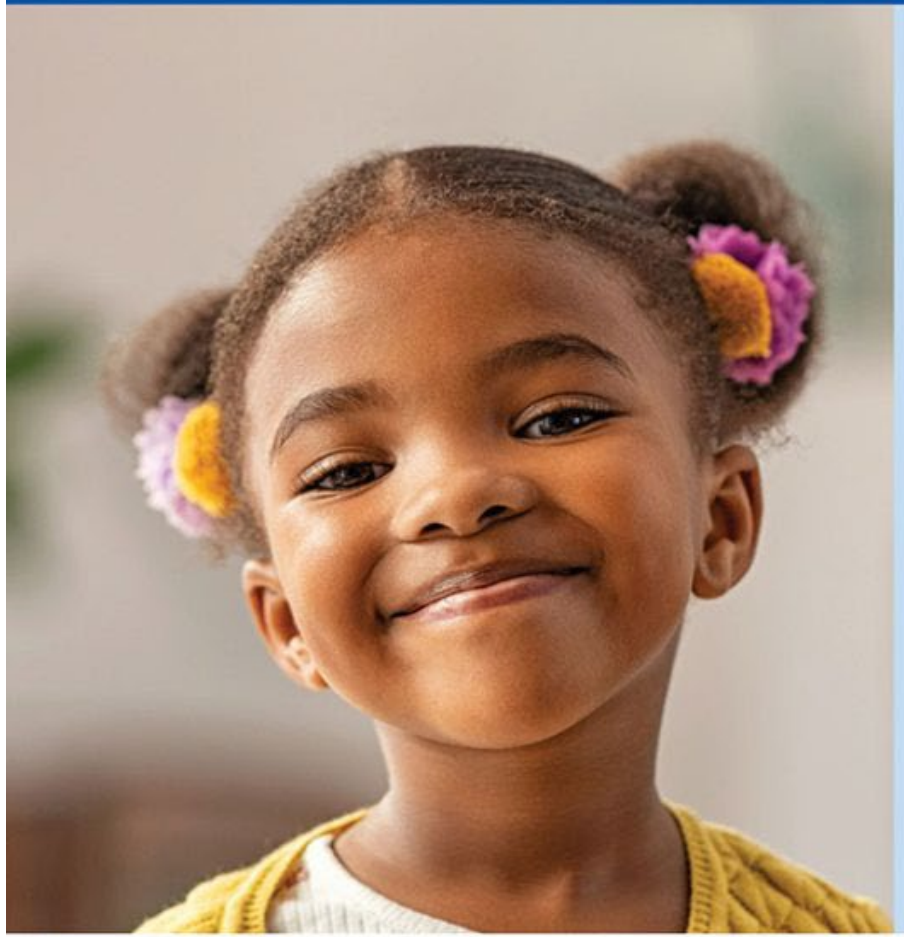
- Messaging should be conveyed in a way that is tailored per:
  - Cultural values and representatives
  - Age
  - Language
  - Location
- **Visual imagery** or simplified language (memorable analogies) should be used and tailored to specific audiences.
- **Tailored social media influencers** or **medical professional workers** can act as effective messengers.
- Online information should be easily found using **SEO techniques** and key messengers.

Ruggeri K. BMJ 2024;384:e076542

Vaccines for Children

Protecting America's children every day

The Vaccines for Children (VFC) program helps ensure that all children have a better chance of getting their recommended vaccines. VFC has helped prevent disease and save lives.



CDC estimates that vaccination of children born between 1994 and 2021 will:

prevent **472 million** illnesses
(29.8 million hospitalizations)

more than the current population of the entire U.S.A.

help avoid **1,052,000** deaths

greater than the population of Seattle, WA

save nearly **$2.2 trillion** in total societal costs
(that includes $479 billion in direct costs)

more than $5,000 for each American

Updated 2021 analysis using methods from "Benefits from Immunization during the Vaccines for Children Program Era—United States, 1994-2021."

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

www.cdc.gov/vaccines/vfcprogram/

NCIRDWTLC | 10/28/22

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Major Insight #3: Reframing of Vaccine Messages Matters

- **Positive** and **negative** framing effects can be used but are not equivalent.
  - A 2022 study found that **loss-framed** messages were more effective than **gain-framed and emotional-rational messages** in reducing risk perceptions and, thus, changing vaccination intentions.
  - **Travel desire** was found to moderate the effect of vaccine risk perception.
- Framing needs to be tailored to a **specific population's needs** (benefits and risks that are specific to their group).

Ruggeri K. BMJ 2024;384:e076542
Gursoy D et al .Tour Manag . 2022 Jun:90:104468.

Discussion Question

How would you reframe this vaccine message to appeal to a single mother of two children, who has limited PTO, to take kids to get vaccinated?

“Vaccines lower the risk of hospitalization by 20%.”

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Upcoming Trainings

Improving Measure Outcomes Webinar Series

The Improving Measure Outcomes learning series is designed to help quality improvement teams turn knowledge into action. These sessions focus on Partnership's Primary Care and Perinatal Provider Quality Incentive Program (QIP) measures, offering practical strategies to close care gaps, advance health equity, and improve clinical outcomes.

2026 Webinar Schedule

All webinars are held from noon to 1 p.m.

March 11, 2026 – Preventive Cancer Screenings: Improving Outcomes through Early Detection

March 25, 2026 – Managing Chronic Disease: Strategies for Blood Pressure and Diabetes Control

April 8, 2026 – Sexual and Reproductive Health

April 22, 2026 – Improving Perinatal Outcomes

**Continuing education credits available*

For details and registration, visit Improvement Academy's event page.

Questions? Email improvementacademy@partnershiphp.org.

ABCs of Quality Improvement

An in-person training designed to introduce participants to key Quality Improvement (QI) methodologies, with a specific focus on the Model for Improvement – a widely used framework for driving measurable change in health care settings.

Thursday, March 19, 2026
8:30 a.m. – 4:30 p.m.
Redding

REGISTER HERE

Thursday, May 14, 2026
8 a.m. – 4 p.m.
Auburn

REGISTER HERE

Resources

American Academy of Pediatrics Immunization Schedule

https://www.aap.org/en/patient-care/immunizations/?srsltid=AfmBOopsK4gi6AHPZNXiUoxujyMUzD8QTQg1ITsqPswE7KFi4QPqJ5VV

American Academy of Pediatrics Vaccine Confidence Campaign Toolkit

https://www.aap.org/en/news-room/campaigns-and-toolkits/immunizations/?srsltid=AfmBOoqW-yQs5HqDjihCI_Gmq6nGe761ogSN6yvWfDISoeAm4U3R-oaN

PIVOT-MI Trial

JAMA Network Open. 2025;8(4):e257814. doi:10.1001/jamanetworkopen.2025.7814