



Vaccine hesitancy: How to talk to patients about the COVID-19 vaccine

BC is moving into a critical stage in our COVID-19 vaccination program. People 18 years of age and over can now register for the vaccine. And it's anticipated that all British Columbians who are willing to participate will have at least their first dose by the end of July, it's an exciting phase of the campaign, but there are also significant concerns about vaccine hesitancy. If enough people are not willing to take the vaccine because of concerns they may have that may impact the safety and health of our communities overall. Welcome to *DocTalks*, a presentation of Doctors of BC.

Today, we're going to explore the topic of vaccine hesitancy. What is it, why does it happen, and what can physicians do to make a real difference to convince their patients to get their shot? My name is Marisa Adair, and I'll be hosting this episode.

Dr Julie Bettinger is a vaccine safety scientist at the vaccine evaluation center and an epidemiologist for the immunization monitoring program. Dr Baldev Sanghera is a Burnaby family physician since 1998 and founding board member of the Burnaby Division of Family Practice. And Dr Birinder Narang is a family physician and Vice Chair of the Burnaby Division of Family Practice and an influential voice for the profession on social media. Thank you all for joining us for the podcast today.

Dr Bettinger, what is vaccine hesitancy and how is this group different from anti-vaxxers?

Vaccine hesitancy it's really sort of a motivational state, which means people can change their minds about it. They're not in one set place. It's different from vaccine acceptance, which is a behavior where someone has either decided to take a vaccine or they've decided to not take a vaccine. So if you want to think of it as a continuum, you have the behaviors at either end of it, with the acceptors at one end and the vaccine refusers at the other end, and those people are not usually hesitant. They've made their decision. They've decided, they're out of the motivational state of deciding what to do. You could put somewhere in the middle, the group that hasn't yet decided what to do. In some instances, they may have decided to accept the vaccine, but may still have some doubts or uncertainties about that. And so it's when we talk about vaccine hesitancy, it's really that group in the middle that we're focusing on engaging with and helping to make a decision.

How big a challenge is vaccine hesitancy in BC. We hear a lot about the issue in the U.S. but what about our province?

It is a big problem. And in fact, it's a big problem globally. So prior to COVID, the World Health Organization, ranked vaccine hesitancy as one of our top public health challenges, but in BC, we do face some real significant challenges with it.

What's the difference between hesitancy about the COVID-19 vaccine and hesitancy about other vaccines?



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There are some similarities to other vaccines and there are some differences with the COVID 19 vaccine. So what we see across all vaccines is anytime you have a new vaccine, whether it's HPV vaccine or COVID-19, people are concerned and their top worry is usually around the safety of the vaccine. And then to a lesser extent about how well it works, but the number one concern is always how safe is this, followed immediately by are there going to be any long term effects to this vaccine if I take it? Those are the comments and questions and concerns I hear the most. Where I think it starts to differ a bit with COVID-19 vaccines is really around the speed that these vaccines were developed. And as a scientist, I actually find that quite exciting that we were able to produce a vaccine in record time.

And when you really look at the process, people will have concerns about if we cut corners, but in fact, we were really able to cut through a lot of the red tape that goes into vaccine development. The other thing that we were really able to do with it was to condense the steps and do them at the same time. So the speed of development.

Dr Bettinger what does research show on how important physicians are to helping people to change their minds and opt for the vaccine?

That's one area where the research is really consistent and study after study show that the number one reason someone will decide to take a vaccine is because their health care provider, who they trust, recommended it. So I cannot emphasize enough, even for health care providers who are not directly involved with immunization to make that recommendation to your patient, because it does have an effect.

Dr Sanghera, you and Dr Narang are on the front lines in terms of primary care. Tell us your perspective on why the role of physicians can be so critical here. What is it that patients are looking for from you?

Just to build on what Dr Bettinger had just mentioned, the patient is more likely to listen to them as primary care physicians. We see our patients on a longitudinal basis. Trust has been shown to be quite significant in multiple studies. The South Asian COVID Task Force has done a study recently within the South Asian community, who did they trust the most for their information regarding vaccines about COVID, etc. And as expected, physicians were on the top with 65% approval rating. Public Health we're down at 25%, and it was partly to do with the fact that they're often standing next to politicians when they're making announcements and the politicians are at 15%. This gives us a lot of credibility with our patients.

We know we carry that clout with us wherever we go, and we have to be super careful when we use that superpower to engage with our patients. You don't need to actually engage head-on about vaccines with anybody. You can slip it into a conversation about when you're dealing with their diabetes, their heart disease, their delivery, their pregnancy, there's all of these interactions that we have. Patients with dementia for example, we're having these interactions with them and we're telling them, we want you to avoid getting COVID because your brain fog is going to get worse. They ask 'what can I do'? Go get your vaccine. It's a fairly simple conversation to have, but it is something that we as family physicians need to trigger on a repeated basis. And it can take about four or five times for you to convince somebody that may be hesitant to actually get off that fence and do what they need to do.



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Dr Narang, when patients come in to see you, what kind of concerns are you hearing about?

In cultural specific contexts, we have noticed that issues around ingredients. For example, the Muslim community during Ramadan are asking whether they can be taking the vaccine while they're fasting. When the Pfizer and Moderna vaccines came in, there was a lot of talk about the ingredients and whether they were safe for people who have dietary restrictions based on their faith. Then there's some new types of hesitancy that haven't been experienced before. A lot of it is focused on pregnancy fertility and with the mRNA vaccines: what does this do into my DNA and not understanding the nuances behind it. And a lot of it as Dr Sanghera said are myths that us as primary care providers are quite empowered to be able to dismantle very quickly based on the relationship and even using personal anecdotes. For example, I told my uncle to get the AstraZeneca vaccine because that was the first one available to him. My patients hear that I recommended this to my own family and feel safer.

Dr Sanghera, can you speak to us a little bit more about the fears or concerns of specific cultural groups?

So the fears and concerns about the vaccines have come from multiple sources such as religious perspectives. If you're fasting, can you have something injected into your body? And the Muslim Council of Canada has actually come forth and said, yes, this is something that's medically necessary and it is approved for use during Ramadan. Also, the ingredients of the vaccines have also been brought up: are they kosher? Are they halal? Are they vegan? The questions initially came up when the mRNA vaccines Pfizer and Moderna were brought out because they were so new and people didn't know about them.

That was clarified quite easily by the Jewish Council of Canada, as well as the Muslim Council of Canada, and the Vegan Association of Canada. And they've all approved it and have confirmed it's vegetarian as well. Catholics were worried that the Johnson & Johnson vaccine may have some fetal cells in there and I know that the Catholic Church did respond and said that this is a vaccine that's necessary to maintain your health, it's approved for use. The fears specifically from the South Asian and Black communities in that there's a fear of infertility being caused by vaccines but the Society of Obstetricians and Gynecologists have clearly stated that there's absolutely no impact of these vaccines on fertility.

In fact, the vaccines are recommended during pregnancy and during lactation; they're safe, they're effective. And we've even had some babies being born to nurses and doctors that have been vaccinated during the pregnancy, their babies are born with antibodies. People started to hear that the vaccine was being manufactured in India. People were misinterpreting which vaccine it was because India has also had developed their own vaccine called Covaxin which was actually released before their third stage safety trials were actually completed. People assumed that that's the reason why AstraZeneca's vaccine Covishield was having issues. They are two separate vaccines. And then there's the whole politicization of the vaccine rollout. China and Russia have actually been playing political diplomacy, using vaccines for accessing other market issues. So that drives some of this hesitancy. And we need to talk about which vaccines are approved here in Canada, and what are available for us to use.



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What is the impact of historical trauma on vaccine hesitancy?

In the American context, there are incidences like the Tuskegee syphilis study, Marion Sims, and Henrietta Lacks, but it goes so much deeper than that. And there's a quote from The New England Journal, which attributed to Harvard historian, Evelyn Hammond, who told the New York times that, "there has never been any period in American history where the health of Blacks was equal to that of Whites. Disparity is built into the system." So we must acknowledge how medical history has institutionalized racism and vaccine hesitancy and historical trauma is built into many people's personal and historical experiences. I'd love for Dr Bettinger to speak about some Canadian experiences with our Indigenous populations.

That quote that you just read could be equally applicable to our Indigenous populations here in Canada. What a lot of people don't appreciate is that we've had a similar history of experimentation among those populations, even around vaccines. There were experimentation with the tuberculosis vaccine early in the last century. We share a similar, awful tradition here, and I think it's really important to recognize that moving forward, that that does color everyone's view of vaccines, their trust in the system, and their trust of health care providers and justly so. This is a much larger conversation than what we have time for today, but I think as individual health care providers, even recognizing that is really important because not everybody is approaching health care and the health system with the same lens, we need to be aware of that.

So previous experiences with the health care system can really impact how you view the vaccine today?

Absolutely. In my research, that's one of the biggest factors that we find for vaccine hesitancy and often these bad experiences don't have anything to do with vaccines. It can be a other medical condition or medical experiences that were not positive, that has led to this mistrust. And it carries over into all future health care decisions.

We know historically and to the present day, there are some significant issues around how our indigenous people have been treated within the health care system. So that can really contribute to vaccine hesitancy in that population.

Yes, and until we can start to build bridges and conversations with these communities, it's going to be very difficult to move forward,

Dr Bettinger, how is the COVID-19 vaccine different from other vaccines, such as flu or childhood vaccinations?

I've already mentioned how there are some similarities in terms of new vaccines and some of the concerns that people have around safety. But I think the way that COVID-19 vaccine is really different is around the speed of its development. The politicization of the COVID-19 vaccine process, both in terms of the development and the rollout, the intense scrutiny by the media and social media. And I think all of the misinformation and disinformation that has been floating around on this has really created a unique atmosphere for the rollout of this vaccine that is going to require different tools to address and deal with it.



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It certainly does create a lot of confusion among patients, and that can really contribute to people being reluctant to take the vaccine.

I think it's quite challenging to do science on a world stage with this much scrutiny, because normally all of this takes place over years. It doesn't end up on the front page of all the international newspapers.

Are you getting many questions about AstraZeneca?

Part of the hesitancy there is how the media talks about vaccines. These vaccines have been probably the most monitored in history, so we're finding signals that we normally wouldn't see when the media gets hold of that. They put an extra spin on it because they want to generate more clicks and clicks get more money. And so the more controversial that they can make a headline, the more it helps them. But they have the inadvertent impact on the rest of society, by creating the hesitancy. And now we're seeing the studies show that AstraZeneca has been linked to cerebral blood clots that are one in a hundred thousand, or 250,000. And that's a huge concern for people, but the incidents of the similar type of clots, when a patient gets COVID is one in a hundred. AstraZeneca is having to bear the brunt of this misinformation. We have to start helping patients with understanding the risks, that it's much safer to get the vaccine than it is to be without it.

Dr Bettinger, this speaks to very much to the onslaught of information that a patient gets. Some of it accurate, a lot of it not. And what Dr Sanghera reflected on, how can physicians most effectively communicate and persuade their patients to take the vaccine?

First thing is to listen and to understand what that specific patient's concerns are, because it's not going to be helpful if you're speaking to something that they're not concerned about. Is it around the safety, if it is what particular questions do they have about the safety of the vaccine and how can you answer those questions? If it's around the ingredients of the vaccine, that's a different conversation. In general, the research has shown two different conversational approaches may work with patients. For individuals who are less vaccine hesitant, you could use, what's known as presumptive approach where you approach them and say, "okay, you're going to get your vaccine." You just assume that they're going to do it, the presumption is they're going to be vaccinated and the conversation starts from there.

I think that does work for the majority of individuals, but for that subset who really are hesitant, maybe border lining on not taking a vaccine, if you walk in there without first engaging them and listening to them, it can really put them off. And that type of a patient, a more conversational style, even a more of a motivational interviewing type of style, where you're really trying to understand that person's concerns and show them that you're listening to them and address those concerns is helpful. I think the other thing to keep in mind is that for those patients, that the conversation may span more than one visit. Often times what they will need to do is listen to you, go away, and check with all of their sources.

And it's important to recognize that for some, their sources may not be vaccinating. So their social network may include people who don't vaccinate and who are very strongly against vaccination. But they'll need to go out and think about it and then probably come back to you with more information. Engaging them in the conversation and moving forward that way.



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Drs Sanghera and Narang, speak to us about this from your perspective: do's and don'ts for physicians around speaking to patients who are perhaps vaccine hesitant.

I appreciate everything that Dr Bettinger has said, and it all resonates. Us on the ground, that's exactly how I approach it, which is, you have to individualize our approach for patients. And that's the strength that we have in our longitudinal relationships. Our responsibility as physicians is to make sure we're informed by what our national bodies, what our organizations are telling us. So for us, our trust goes into the health authorities and into the provincial health office, which we expect and trust are being informed by the data because we are not epidemiologists or a public health physician. And I think that we have a commitment and a responsibility to the community and our physician peers to make sure that we're being consistent in our messaging too, because otherwise take patients don't stand a chance.

No one can blame the public for being a bit confused in the midst of all of this. It seems like information changes on a dime and that level of confusion makes it difficult. So how do you cut through that?

I know that Dr Narang and I have been gleaning as much of the information that's coming from all of the different bodies and trying to make sense of it. And then you just have an honest conversation with our patient with the best information that we have at that time. If the information changes, we will have another conversation, but at this particular time, this is what we know. We still think in general terms that the three vaccines that have been approved for use in Canada right now are your safest bet to get beyond this pandemic. So this is our shot. Go get it.

Tell us about the "This is our Shot" campaign, which is currently underway in BC and across the country.

Dr Sanghera and I are both on the steering committee for the South Asian COVID task force, which is a nonpolitical, grassroots advocacy organization that we've been working with for about the last six months. And so through that, we've partnered with a few other organizations for this campaign. We're going to be having a Town Hall on April 28th with physicians across Canada to get vaccine information out. And then we're also going to launch a simultaneous t-shirt campaign called "This is our Shot".

On our website, we have multi-lingual information about vaccines which is now up to 30 languages. We're partnering with influential physicians across the country, influencers, and politicians. We've gotten buy in from Premier Horgan, Dr Bonnie Henry, and Prime Minister Trudeau. Once the t-shirt campaign launches, we're going to be selling the t-shirt and raising money for the Kid Help Phone. We chose this charity because we are all wary of the mental health and downstream effect being felt by the pandemic.

Thank you. On that positive note, I'd like to thank each of you for joining us today. I think this information is really of value to the physicians out there in BC, and will really help them in getting more British Colombians to get their shot. We will have resources mentioned in this episode, on our website at doctorsofbc.ca and in the show notes. Follow us on Instagram, Facebook, and Twitter, and find past episodes of the podcast on Apple, Google, Stitcher, or wherever you get your podcasts.