Complementary material to 'Effective communication around the benefit and risk balance of vaccination in the EU/EEA'

Survey questionnaire

The objective of the ECDC project for which this online survey is being done, is to explore:

- Good practices in communicating effectively about vaccination with a focus on its individual and community benefits outweighed against potential risks.
- How people and communities perceive risks related to vaccines and infectious diseases.
- The challenges experienced by countries in communicating about benefits and risks around vaccines and innovative and effective approaches that have been put in place to address these challenges.

Based on this, the online survey seeks to obtain further information on your country's experiences in communicating the benefit and risk balance of vaccination (against COVID-19, mumps-measles-rubella (MMR), influenza or human papilloma virus (HPV)). It seeks information on both positive experiences and challenges, as well as measures applied in your country to mitigate these challenges.

The ultimate aim of the ECDC project is to share learnings and good practices between countries and thereby to facilitate more effective communication on the benefit-risk balance of vaccinations. We thank you in advance for your responses, which will facilitate knowledge sharing between countries and ultimately, better communication around vaccines in the EU/EEA.

Introduction

1. What country is your organisation based in?

[single choice among all EU/EEA countries or free text]

2. Name of your organisation:

[free text]

3. Your role in the organisation:

[*free text]*

In answering the following questions, we would like you to describe two examples of benefit-risk communications - i.e. when your country communicated about the risks and benefits around vaccination. This could be both the risks and benefits of vaccinating and the risks of *not* vaccinating. These examples should represent, in your opinion, a good practice - i.e. something you think was effective.

Experience in communicating risk/benefit of vaccines – COVID-19

This first part of the survey refers **only to benefit-risk communication on COVID-19 vaccination**. Please choose only one good practice!

4. First of all, please name and describe very briefly the benefit-risk communication **around COVID-19 vaccines** that you think represents a good practice (target population, content of the intervention, formative research conducted, channels, period of the intervention, evaluation of its effectiveness, and any other useful information). You can enter web links to the information in the box or upload files directly using the upload button below

[free text]

Please upload your file (s)

5. Why do you think this communication represents a good practice:

[free text]

6. We are interested in how you communicated about the benefits of vaccination in this communication. Please indicate below specifically which benefits you communicated about (please tick all that apply):

[multiple choice]

Protection against disease for the individual
Protection against disease for the family/friends
Protection against disease for the broader community

Prevention of disease transmission
Other benefit (please specify)
Did not communicate about vaccine benefits

If other benefit, please specify:
[free text]

7. Did you also communicate about the risks of vaccination and/or disease in this communication? Please indicate specifically which risks you communicated about (please tick all that apply):

[multiple choice]
Serious adverse events associated with vaccination
Non-serious/short-term side effects associated with vaccination
Risks associated with getting the disease the vaccine prevents
Other risks (please specify)
Did not communicate about risks

If other risk, please specify:
[free text]

8. Below we list some common drivers to getting vaccinated. Please indicate the level of difficulty experienced in your country with respect to each of the drivers, **in the context of COVID-19**: (for each: 5-point scale from *not a problem in your country* to *a very serious problem in your country*)

[multiple choice incl. 5-point scale and option 'Unsure/No response']
Public trust in Covid-19 vaccines
Public awareness of the risks associated with catching Covid-19
Access to trustworthy information about Covid-19 vaccines
Ability of the public to distinguish scientifically correct information from misinformation and disinformation about Covid-19 vaccines
Ability of the public to understand benefit-risk calculations regarding Covid-19 vaccination
Motivation to protect the health of others

9. Was the communication campaign designed to directly address any of these drivers in particular? Please tick all that apply:

[multiple choice]
Public trust in Covid-19 vaccines
Public awareness of the risks associated with catching Covid-19
Access to trustworthy information about Covid-19 vaccines
Ability of the public to distinguish scientifically correct information from misinformation and disinformation about Covid-19 vaccines
Ability of the public to understand benefit-risk calculations regarding Covid-19 vaccination
Motivation to protect the health of others
Other (please specify below)

If other, please specify:
[free text]

10. What operational challenges did your organisation experience in the conception and implementation of this or other communication on the risks and benefits around Covid-19 vaccination? (Please tick all that apply)

[multiple choice]
Insufficient access to accurate, up to date information on risks and benefits
Insufficient financial resources for the development of communication campaigns
Insufficient human resources for the development of communication campaigns
Insufficient expertise on risk communication
Insufficient insights about the knowledge, attitudes, and risk perception of target populations
Difficulties to reach certain target populations via communication campaigns
Other (please specify below)

If other, please specify:
[free text]

11. What solutions did you put in place, if any, to overcome these operational challenges?

[free text]

12. Did you use any theories or models in the design of your benefit-risk communication (e.g. health behaviour theories or models, communication theories or models, etc.). If yes, please specify

[single choice]

Yes (please specify below) [free text]

No

13. Did you consult any of the following external specialists in the design and implementation of your benefit-risk communication about Covid-19? Please tick all that apply.

[multiple choice]

social marketers
academics and researchers
media experts
influencers
other experts (please specify) [free text]

14. Did you carry out, or are you planning to carry out, any evaluations of the communication?

[multiple choice]

Yes, a process evaluation focusing on the implementation of the campaign
Yes, an impact evaluation focusing on the results of the campaign
No

15. As part of lessons learned from the communication around COVID-19 vaccines, do you foresee implementing any changes in the benefit/risk communication around other vaccines?

[single choice]

- Yes (please specify below briefly some key lessons)
- No

Please specify briefly some key lessons *[free text]*

Experience in communicating risk/benefit of vaccines- HPV, MMR, Influenza

Now please describe one example of a communication initiative about the risks and benefits of either the **human papillomavirus (HPV), measles- mumps-rubella (MMR) or influenza vaccines** that you implemented in your country in the last five years. Please choose only one initiative for one of these diseases. This could concern both the risks and benefits of vaccinating and the risks of *not* vaccinating. The example should represent, in your opinion, a good practice - i.e. something you think was effective.

16. Please indicate the vaccination this benefit-risk communication featured:

[single choice]

measles-mumps-rubella (MMR),
human papillomavirus (HPV)
influenza

17. Please name and describe very briefly the benefit-risk communication **around this vaccination** that you think represents a good practice (target population, content of the intervention, formative research conducted, channels, period of the intervention, evaluation of its effectiveness, and any other useful information). You can enter web links to the information in the box or upload files directly using the upload button below

[free text]

Please upload your file(s)

18. Why do you think this communication represents a good practice?

[free text]

19. We are interested in how you communicated about the benefits of vaccination in this communication. Please indicate below specifically which benefits you communicated about: (please tick all that apply)

[multiple choice]

Protection against disease for the individual
Protection against disease for the family/friends
Protection against disease for the broader community
Prevention of disease transmission
Other benefit (please specify below)
Did not communicate about vaccine benefits

If other benefit, please specify:
[free text]

20. Did you also communicate about the risks of vaccination in this communication? Please indicate specifically which risks you communicated about: (please tick all that apply):

[multiple choice]
Serious adverse events associated with vaccination
Non-serious/short-term side effects associated with vaccination
Risks associated with getting the disease the vaccine prevents
Other risk (please specify below)
Did not communicate about risks

If other risk, please specify:
[free text]

21. Below we list some common drivers to getting vaccinated. Please indicate the level of difficulty experienced in your country with respect to each of the drivers, **in the context of the disease prevented by the vaccine in your good practice example**: (for each: 5-point scale from *not a problem in our country* to *a very serious problem in our country*)

[multiple choice inc. 5-point scale and option 'Unsure/No response']
Public trust in the vaccines
Public awareness of the risks associated with catching the disease
Access to trustworthy information about the vaccines
Ability of the public to distinguish scientifically correct information from misinformation and disinformation about this vaccination
Ability of the public to understand benefit-risk calculation of this vaccination
Motivation to protect the health of others

22. Was the communication campaign designed to directly address any of these drivers in particular? Please tick all that apply:

[multiple choice]
Public trust in the vaccines
Public awareness of the risks associated with catching the disease
Access to trustworthy information about the vaccines
Ability of the public to distinguish scientifically correct information from misinformation and disinformation about this vaccination
Ability of the public to understand benefit-risk calculation of this vaccination
Motivation to protect the health of others
Other (please specify below)

If other, please specify:
[free text]

23. What operational challenges did your organisation experience in the conception and implementation of communications on the risks and benefits around vaccination for this disease? (Please tick all that apply)

[multiple choice]
Insufficient access to accurate, up to date information on risks and benefits
Insufficient financial resources for the development of communication campaigns
Insufficient human resources for the development of communication campaigns
Insufficient expertise on risk communication
Insufficient insights about the knowledge, attitudes, and risk perception of target populations
Difficulties to reach certain target populations via communication campaigns
Other (please specify below)

If other, please specify:
[free text]

24. What solutions did you put in place, if any, to overcome these operational challenges?

[free text]

25. Did you use any theories or models in the design of your benefit-risk communication (e.g. health behaviour theories or models, communication theories or models, etc.).

[single choice]
Yes (please specify below)
No

Please specify:
[free text]

26. Did you consult any of the following external specialists in the design and implementation of your benefit-risk communication? Please tick all that apply.

[multiple choice]
social marketers
academics and researchers
media experts
influencers
other experts (please specify below)

If other experts, please specify:
[free text]

27. Did you carry out, or are you planning to carry out, any evaluations of the benefit-risk communication?

[multiple choice]
Yes, a process evaluation focusing on the implementation of the campaign
Yes, an impact evaluation focusing on the results of the campaign
No

28. As part of lessons learned from this communication, do you foresee implementing any changes in the benefit/risk communication around other vaccines?

[single choice]
- Yes (please briefly describe some key lessons below)
- No

Please briefly describe some key lessons: *[free text]*

Conclusions & recommendations

29. How could ECDC best contribute to supporting your country in the improvement of the benefit/risk communication around vaccines?

[free text]

30. Which other expertise, resources and tools in the field of benefit/risk communication around vaccines would be valuable for you?

[free text]

Thank you very much for your valuable contribution to this project. We will share with you the outcomes of this project, including survey results, once finalised and published.

Interview guide

1. Introduction

- Introductions of interviewer and interviewee
- Introduction to the project
- Explanation of interview process
- Explanation of confidentiality policy

2. Example(s) of a good practice conducted by the authorities in the participant's country or by the organisation

'Good practice' is subjectively defined by the interviewee; No standard definition or benchmark is used. The good practice might be a communication campaign, formative research aimed at informing intervention design, an example of the production and/or use of evidence of effectiveness, a guide or set of tools, or other practices.

For communication campaign:

a) Vaccine (COVID-19, HPV, flu, MMR)
b) Target population (general population, adolescents, parents, elderlies, high-risk groups, groups with low level of vaccine acceptance, groups with low literacy levels, those developing communications around vaccination or directly involved with communicating to target groups, other) and language
c) Context (crisis, pandemic, abundance of misinformation, safety scare, etc.)
d) Addressing the following drivers to get vaccinated through the intervention, e.g.
    i. Public trust in vaccines
    ii. Public awareness of the risks associated with catching the disease
    iii. Access to trustworthy information about vaccines
    iv. Ability of the public to distinguish scientifically correct information from misinformation and disinformation about vaccines
    v. Ability of the public to understand benefit-risk calculations regarding vaccination
    vi. Motivation to protect the health of others
    vii. Other (please specify)
e) Risk perception in the target population vs. public health risk
f) Level of communication required (based on level of public health impact and level of public interest)
g) Design of intervention based on model, theory and/or evidence including opportunity to share links, documents and media
h) Type of intervention: infographic, video, social media, website, fact sheets, meetings/events, other campaigns, communication channels and practice
i) Description of intervention including opportunity to share links, documents and media describing the good practice
a. Benefits communicated about, e.g.
    i. Protection against disease for the individual
    ii. Protection against disease for the family/friends
    iii. Protection against disease for the broader community
    iv. Prevention of disease transmission
    v. Other benefit (please specify)
    vi. Did not communicate about vaccine benefits
b. Risks of vaccination and/or disease communicated about, e.g.
    i. Serious adverse events associated with vaccination
    ii. Non-serious/short-term side effects associated with vaccination
    iii. Risks associated with getting the disease the vaccine prevents
    iv. Other risks (please specify)
    v. Did not communicate about risks
j) Involvement of external specialists (social marketers, academics/researchers, media experts, influencers, other)
k) Year of implementation and duration

For formative research or use of evidence

a) Vaccine (COVID-19, HPV, flu, MMR)
b) Target population (general population, adolescents, parents, elderlies, high-risk groups, groups with low level of vaccine acceptance, groups with low literacy levels, those developing communications around vaccination or directly involved with communicating to target groups, other)
c) Context (crisis, pandemic, abundance of misinformation, safety scare, etc.)
d) Description of the research/use of evidence including opportunity to share links, documents and media describing the good practice
e) Did the research/evidence address drivers to get vaccinated?
    i. Public trust in vaccines
    ii. Public awareness of the risks associated with catching the disease
    iii. Access to trustworthy information about vaccines
    iv. Ability of the public to distinguish scientifically correct information from misinformation and disinformation about vaccines
    v. Ability of the public to understand benefit-risk calculations regarding vaccination
    vi. Motivation to protect the health of others
    vii. Other (please specify)
f) Risk perception in the target population vs. public health risk
g) Motivation to conduct formative research or use of evidence (what was the need and how did they establish the existence of this need?)
h) Who conducted the research or the evidence that was used?
i) How was it applied?
j) Can the research/evidence be used in other contexts? (other vaccines, populations, countries, etc.)

For tools/guides

a) Vaccine (COVID-19, HPV, flu, MMR)
b) Target users of the tools/guides (e.g., healthcare workers, general public, researchers, other)
c) Motivation to develop this tool/guide
d) What is the goal of the tool/guide?
e) Description of the tool/guide including opportunity to share links, documents and media describing the good practice
f) Design of tool/guide based on model, theory and/or evidence including opportunity to share links, documents and media
g) Can the tool/guide be used in other contexts (other vaccines, populations, countries/languages, etc.)
h) Availability of tool/guide (publicly available or restricted access? Do users have to pay to access it?)
i) Year of development and updates

Other good practices

Depending on the type of good practice questions from the three categories above will have to be selected and adapted.

3. Evaluation of effectiveness

How this good practice has helped the national vaccination programmes and fostered vaccine uptake in the region/country.

a) Measured through impact: Behavioural change; which variables have been used and which of these are seen as the most critical
b) Measured through process: which variables have been used and which of these are seen as the most critical
c) Other type of evaluation including variables used and their importance
d) Opportunity to share links, documents and media

4. Challenges encountered

E.g.

a) Insufficient access to accurate, scientific, up to date information on vaccine risks and benefits
b) Negative media coverage
c) Over-abundant (social) media coverage and circulating mis- and disinformation
d) Insufficient financial resources for the development of communication campaigns
e) Insufficient human resources for the development of communication campaigns under time pressure
f) Insufficient expertise on risk communication
g) Insufficient insights about the knowledge, attitudes, and risk perception of target populations
h) Difficulties to reach certain target populations via communication campaigns
i) Other (please specify)

5. Solutions to overcome these challenges

E.g.

a) Close consultation and interdisciplinary exchange with leading virologists, epidemiologists, public health experts
b) Engagement of external communication experts
c) Strengthening the ability of the public to make the necessary risk calculations to understand the advantages of vaccination
d) Other solutions
e) Anything that remained unsolved

6. Potential of this good practice to be implemented in other contexts, settings and countries

If this intervention was going to be used in another setting or country, what advice would you give the implementers?

7. Another(second) good practice you'd like to bring forward

[if yes, then start once more from question 2 and proceed until question 6]

8. Lessons learnt

E.g.

a) Be prepared for the next pandemic, safety scare etc: upskill inhouse and work with external experts
b) Put more resources into communication
c) Know your public/population, what works and what doesn't in terms of risk communication
d) Have a set of risk communication strategies, approaches and tools in place
e) Work together beyond national borders
f) Other lessons learned

9. Gaps that exist in the European coordination of the benefit-risk communication of vaccines

10. Needs for expertise, resources and tools

Here the interviewee is asked to indicate on which subjects specifically ECDC or other sources could contribute. This question is mainly for member states, possible for academia, but should not be included in the interviews with WHO or other EU agencies such as EFSA.

E.g.

a) In offering external expertise on behavioural change and risk communication
b) In facilitating the sharing of best practice from other countries
c) In developing innovative tools such as animation videos, infographics, charts
d) Other needs