How to defeat COVID-19 vaccine misinformation with facts, science

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Don’t lecture patients about their vaccine fears. Respond with reassurance and information. That’s what AMA leaders recommend to physicians who need to address patient concerns and public misinformation.

While the latest data indicates that half of the U.S. adult population has been fully vaccinated against COVID-19 and vaccine hesitancy may be declining, it is still a problem for some patient groups in some areas. And patients still have many questions.

“The latest research shows increased vaccine acceptance among most demographics, including in the Black and Latinx communities, which had been disproportionately impacted in this pandemic,” said Mira Irons, MD, the AMA’s chief health and science officer.

“But obstacles still remain as vaccine supply now is far outpacing demand in some states. Whether they're objecting for medical, political, religious or other personal reasons, roughly one-quarter of U.S. adults remain outright opposed to receiving the vaccine,” she said.

Dr. Irons recently moderated a webinar panel about vaccine misinformation and what physicians can do to combat vaccine hesitancy. The webinar was the eighth in the AMA series, “COVID-19: What Physicians Need to Know.”

The webinar’s panelists were:

- Susan R. Bailey, MD, a Fort Worth, Texas, allergist and immunologist and AMA president.
- Gerald E. Harmon, MD, a coastal South Carolina family physician and AMA president-elect.
- Megan Srinivas, MD, MPH, an infectious disease specialist, an AMA delegate, and a member of the AMA Council on Medical Service.
- Brian C. Castrucci, DrPH, president and CEO of the de Beaumont Foundation, a public health nonprofit.
Patients who are unconvinced about the value of vaccines often ask questions about COVID-19 vaccination practices that have never been explained by their physicians. On such question, Dr. Irons noted, is: Why are we now vaccinating children with vaccines that are untested when they have low risk of severe illness?

Dr. Bailey agreed that was a common question she received in her own practice. Her response is to offer information about the vaccine-development process. She noted that vaccines have been tested by thousands of trial participants and that medical histories during the pandemic have illuminated SARS-CoV-2’s effects on children and the need for vaccination.

Nearly 3 million 16- to 17-year-olds have received the Pfizer-BioNTech vaccine and, Dr. Bailey noted, there are thousands more in the Pfizer and Moderna clinical trials conducted among adolescents.

And the need to immunize your patients is clear.

“There have been thousands of cases reported—hundreds of deaths—and we know that children, of course, can be asymptomatic carriers. We need to immunize children because they comprise a significant percentage of our population—which we will need if we're going to reach herd immunity,” Dr. Bailey said.

Dr. Harmon agreed, noting that about 25% of COVID-19 cases right now are pediatric and that it is more important than ever to get young people protected.

The AMA COVID-19 vaccines guide for physicians offers evidence-based messaging guidance and best practices for consideration in external communications on COVID-19 vaccine topics.

**Address J&J questions**

Patients are also asking about the pause in the distribution of the Johnson & Johnson (J&J) vaccine and are concerned about that vaccine’s safety. Dr. Harmon said the J&J case illustrates the care for vaccination safety.

“The pause illustrated that we are very closely monitoring the results from our vaccination program. We started out with an emergency use authorization [EUA] with 40,000 to 50,000 in clinical trials and now we have millions of Americans having received these vaccines. The Johnson & Johnson vaccine pause for two weeks was actually a validation that we’re being incredibly safe,” he said.
Physicians also need to foster credibility. Politics has complicated information about vaccination, Castrucci said. While 50% of U.S. adults have been vaccinated, the percentage varies by region. In some areas, it’s less than 40%.

“What people want are facts and they want facts from apolitical sources and people they trust the most. It’s physicians, pharmacists and other health care workers. It’s pastors and other faith leaders. It’s parents and peers.”

The de Beaumont Foundation also offers practical information to help physicians build vaccine confidence among their patients.

**No end runs on safety**

One of the biggest concerns patients voice about the COVID-19 vaccines is the relatively rapid EUA process, the panelists said.

Physicians can respond to such questions with more information about the process of testing and determining the vaccines’ safety and effectiveness, Dr. Bailey said.

“The EUA process that was adopted last summer for vaccines is actually not that much different than the licensing process,” she said.

“No corners were cut,” Dr. Bailey stressed.

The vaccine-development process is not new, added Dr. Srinivas. It has been under development for decades and in use for flu and other vaccines, she said.

“So, we know how it works, and when the pandemic hit, we already were hitting the ground running with this technology,” she added. “One thing that we really need to connect with our patients is to reassure them that we know how this technology works, because we've been working with it for so long.”

The AMA has developed frequently-asked-questions documents on COVID-19 vaccination covering safety, allocation and distribution, administration and more. There are two FAQs, one designed to answer patients’ questions, and another to address physicians’ COVID-19 vaccine questions.