

Combatting Vaccine Hesitancy: Physician Responsibility in Building Vaccine Confidence

By Sandra Adamson Fryhofer MD

August 31, 2021, Situation Delta: A Race Against Time

We're in a race against time *and* the variants to get everyone vaccinated. COVID cases, hospitalizations, and deaths are once again on the rise. The Delta variant, B.1.617.2, is clearly to blame. It is creating havoc in nearly every state.

Delta is responsible for more than 90 percent of new COVID cases in the U.S. Delta is a super spreader. It's super contagious. Its transmissibility has been compared to chicken pox. It's the most contagious variant we've seen yet.

Variants are wild cards. Vaccine researchers understand this. The Delta variant brings new urgency to the push to get everyone vaccinated. If the virus changes too much, vaccination may no longer offer the protection it does now. And then we'll be back to square one—with masks, quarantines, and social distancing. We don't want to go back there.

The CDC's research, published in *MMWR* this summer, revealed a surprising number of breakthrough infections in fully vaccinated people. It also showed that vaccinated people infected with Delta can carry the virus in their nose and throat, becoming just as contagious as unvaccinated persons. This led the CDC to expand mask recommendations to include fully vaccinated people in public indoor settings in areas of high risk for transmission.

Vaccination Mandates: Extreme Situations Call for More Extreme Measures

One AMA survey showed more than 96 percent of U.S. practicing physicians had been fully vaccinated against COVID-19, with no significant difference in vaccination rates across regions. Of the physicians not yet vaccinated, nearly half planned to do so.

But physicians are not the only health care personnel who have frequent contact with patients, which is why the AMA joined forces with more than 50 other major medical organizations, including the American College of Physicians, the American Academy of Pediatrics, the American Academy of Family Physicians, the American Public Health Association, and many others, in calling for mandatory COVID-19 vaccination for all health care workers. We believe this public push gave large health systems the incentive they needed to require their employees to become vaccinated, and we hope and expect many more to follow suit.

Momentum for vaccine mandates has been building and many companies and federal agencies are now requiring COVID vaccination for their employees. This includes the Department of Veterans Affairs and their many large hospitals and clinics, as well as major employers like Google, Facebook, Walmart, and Disney.

Vaccine Hesitancy and Barriers to Vaccination

Vaccine hesitancy is not new, and often stems from concerns about the accelerated vaccine production process, fear from past experiences, political or religious affiliations or general distrust in government or our health system at large.

One of my biggest concerns in the early stages of this pandemic was that when we finally got a vaccine, the public may not come. That fear has been realized in part. Many patients still refuse to get vaccinated. Having a vaccine will not end this pandemic if people are not willing to take it.

Vaccine Hesitancy Can Be Fueled by Vaccine Misinformation

More and more patients are relying on social media for medical information.

There's much dangerous misinformation on social media about vaccines and public health issues. New AMA policy strongly urges social media companies to do a better job of moderating and monitoring medical and public health information content. We need stronger integration of verified health information. AMA has put together a comprehensive COVID-19 [guide](#) with specifics on media messaging, including what to say and what not to say in order to get your message across.

In July, the Federation of State Medical Boards' Board of Directors warned that physicians who spread COVID-19 vaccine misinformation may be putting their medical license at risk, saying "Physicians who generate and spread COVID-19 vaccine misinformation or disinformation are risking disciplinary action by state medical boards, including the suspension or revocation of their medical license."

Who Are the UN-vaccinated?

Several recent articles in the *New York Times* shed light on who remains unvaccinated against COVID-19, and they typically fall into two categories: the "vehemently opposed" and the "still on the fence."

Those "vehemently opposed" to vaccination are disproportionately white and live in rural areas. They also tend to be evangelical Christian and politically conservative. Several studies have suggested that affiliation with the Republican party is one of the best predictors for this group. They're overrepresented in the South and Midwest, areas of the country that are seeing dramatic surges in COVID-19 cases fueled by the Delta variant.

The other group that's "still deciding" includes a broader range of people: Black men and women, Latinos, and some Democrats. This "wait and see" group tends to be younger and tends to have concerns about vaccine safety, vaccine side effects, and the "newness" of the vaccines. A Kaiser Family Foundation survey found 44 percent of this group would be more

likely to get the vaccine once it is fully licensed by the FDA, which, as for the Pfizer vaccine, for those 16 and older, occurred on August 23, 2021.

Dr. Sema Sgaier, a Harvard School of Public Health Professor, analyzes the unvaccinated in a different way in the *Times*, profiling the unvaccinated “based on shared beliefs and barriers and concerns” into five distinct personas. Each includes some of every demographic: Republican, Black, middle class, and young people. The bottom line, Dr. Sgaier says, is we can’t rely on a one-size-fits-all approach to convince people to become vaccinated. Vaccine enthusiasts have already been vaccinated. We need to develop new methods and techniques to reach those who, for whatever reason, are still reluctant to receive the shot.

Strategies for Successful Conversations (about Vaccination): AIMS for Success!

My preferred strategy for initiating healthy conversations about vaccination is The AIMS method: Announce, Inquire, Mirror, and Secure Trust. Developed by John Parrish-Sprowl, PhD, Director of the Global Health Communication Center at Indiana University School of Liberal Arts, this helpful platform can instill vaccine confidence:

A is for Announce that your patient is due for a vaccine and you will vaccinate today. Assume that vaccination will occur—that it will happen.

If it doesn’t, **I** is for Inquire; so you can inquire in order to understand their concern and get a feel for their level of vaccine hesitancy. Listen. Don’t interrupt but let them finish.

M is for Mirror. Make the person feel heard. Make sure they know you have listened, and you understand, by repeating what they said.

Then, you respond to their concerns in a way that **S**, Secures Trust.

They will either agree to become vaccinated at that time, or if not, one hopes that securing that trust will keep the door open and enable another opportunity for discussion. The way you respond is important. Try not to trigger new concerns in the process. Don’t repeat a myth to debunk it. It’s most important to keep the line of communication open.

Physician Responsibility in Building Vaccine Confidence

Each of us has the responsibility of building vaccine confidence and vaccination success. Those of us who can be vaccinated must be vaccinated to help protect all of those who are not able to receive the vaccine, like children and immunocompromised patients.

Remember, our patients trust us. A physician recommendation is one of the most effective motivators to encourage our patients to become vaccinated.

Note:

Dr. Fryhofer is AMA's liaison to ACIP, CDC's Advisory Committee on Immunization Practices. She also is a member of CDC's ACIP COVID – 19 Vaccine Work Group.

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