National Center for Immunization & Respiratory Diseases



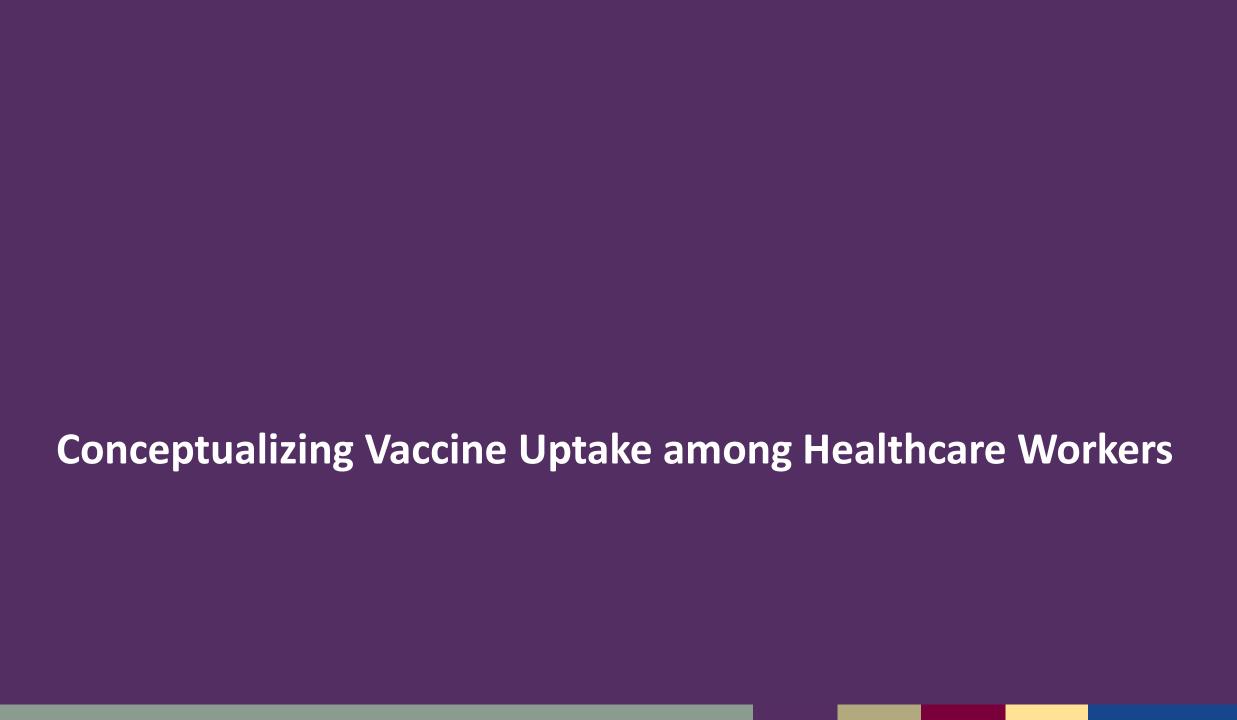
Vaccine Confidence and Demand – Progress and Barriers among US Healthcare Workers

James T. Lee, MD MSc

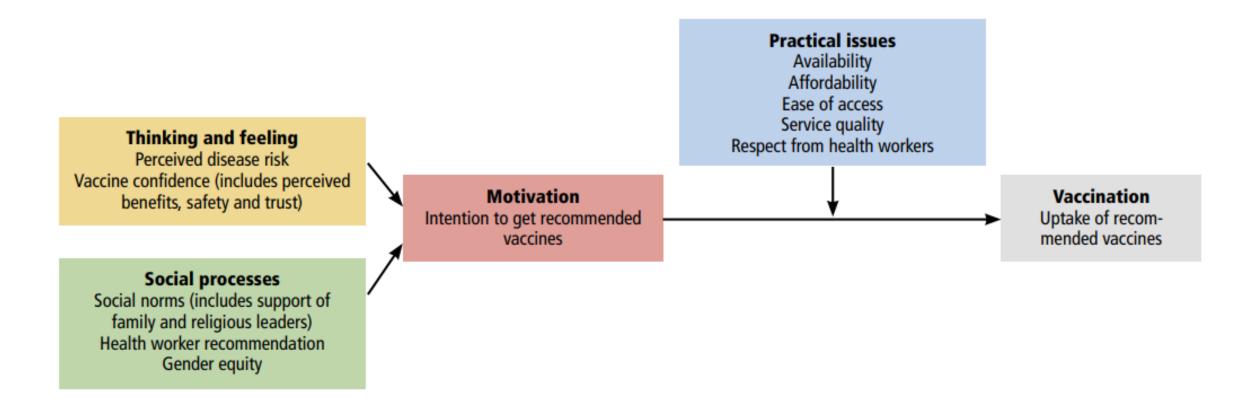
Medical Officer, Immunization Services Division

previously

lead for Vaccine Confidence & Demand, CDC COVID-19 response lead for Vaccine Confidence & Demand, CDC Immunization Services Division



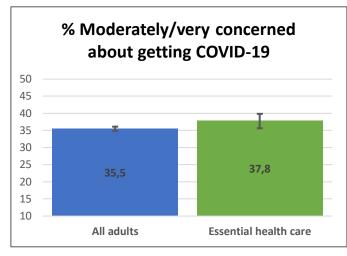
Behavioral and Social Drivers of Vaccine Uptake (BeSD)

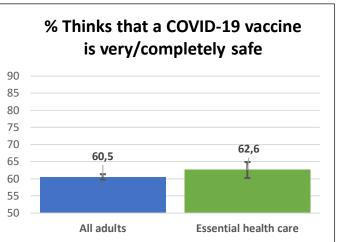


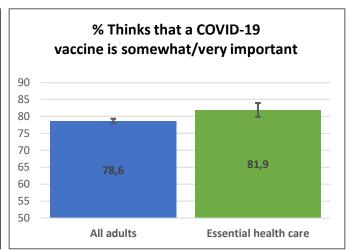
World Health Organization. Understanding the behavioural and social drivers of vaccine uptake WHO position paper—May 2022. Weekly Epidemiological Record. 2022 May 20;97(20):209-24.

BeSD for US Healthcare Workers – June 27 – July 31, 2021









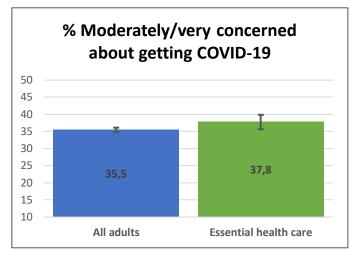
Centers for Disease Control and Prevention. About the National Immunization Surveys. cdc.gov/vaccines/imz-managers/nis/about.html. Accessed October 20, 2023

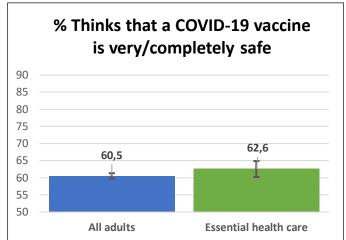
Centers for Disease Control and Prevention. COVID VaxVIew cdc.gov/vaccines/imz-

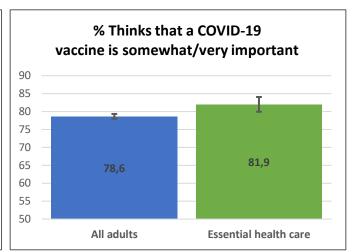
managers/coverage/covidvaxview/interactive/adults.html. Accessed October 20, 2023

BeSD for US Healthcare Workers – June 27 – July 31, 2021

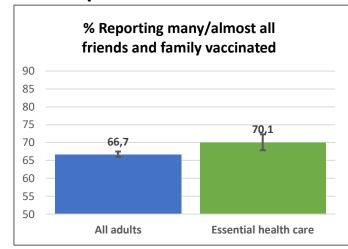


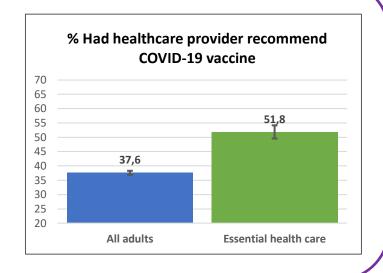






Social processes



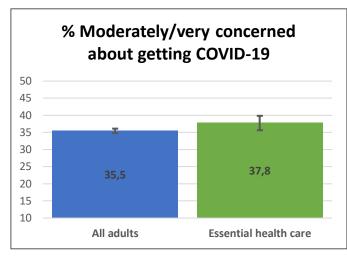


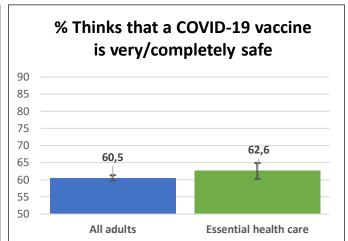
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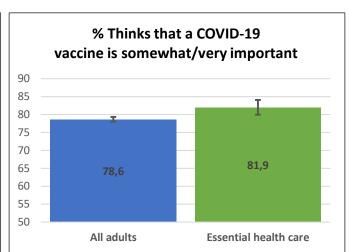
Centers for Disease Control and Prevention. COVID VaxVIew cdc.gov/vaccines/imz-managers/coverage/covidvaxview/interactive/adults.html. Accessed October 20, 2023

BeSD for US Healthcare Workers – June 27 – July 31, 2021

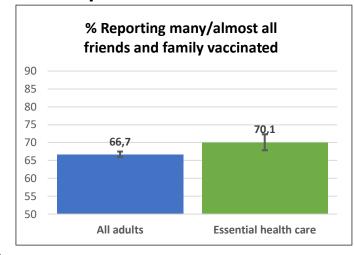


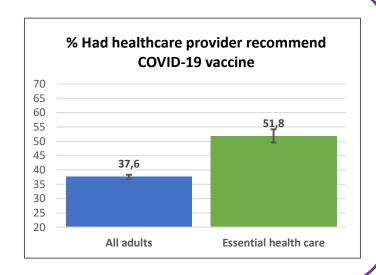




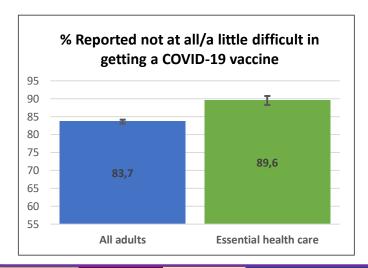


Social processes

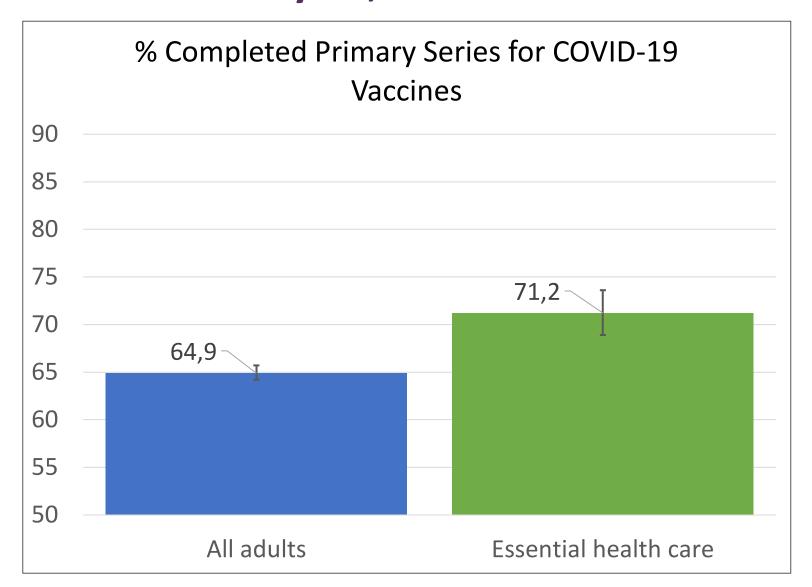




Practical issues



COVID-19 Vaccine Uptake – US Adults & Healthcare Workers June 27 – July 31, 2021

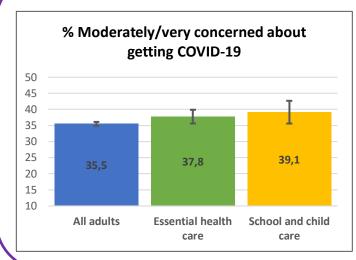


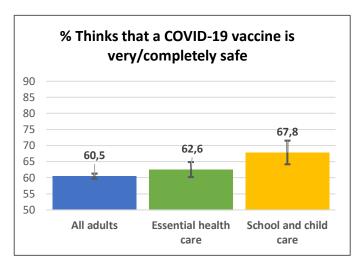
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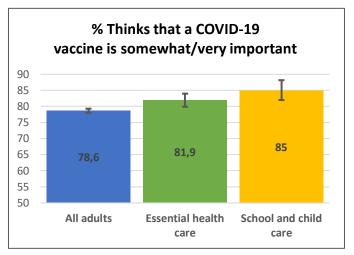
Centers for Disease Control and Prevention. COVID VaxVIew cdc.gov/vaccines/imz-managers/coverage/covidvaxview/interactive/adults.html. Accessed October 20, 2023

BeSD for US adults in Selected Occupations – June 27 – July 31, 2021

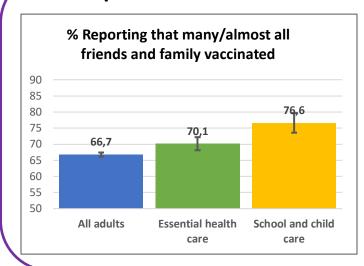
Thinking and feeling

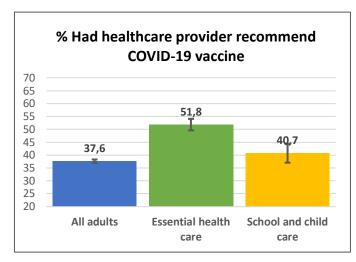




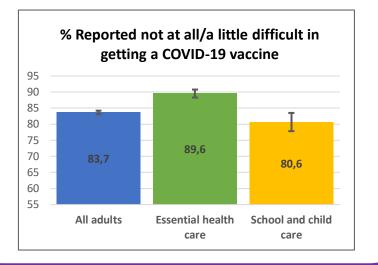


Social processes

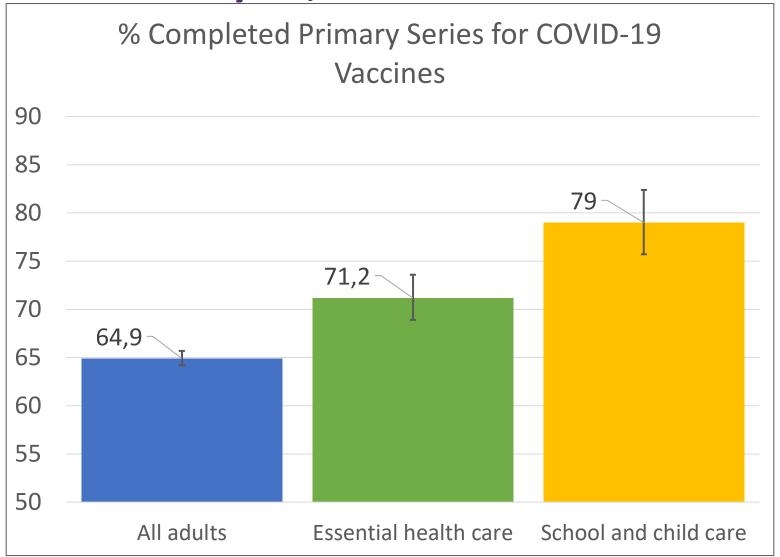




Practical issues



COVID-19 Vaccine Uptake – US Adults in Selected Occupations June 27 – July 31, 2021



Centers for Disease Control and Prevention.

About the National Immunization Surveys. cdc.gov/vaccines/imz-managers/nis/about.html. Accessed October 20, 2023

Centers for Disease Control and Prevention. COVID VaxVIew cdc.gov/vaccines/imz-

managers/coverage/covidvaxview/interactive/adults.html. Accessed October 20, 2023

Why did US healthcare workers (HCW) have lower vaccine uptake as compared to US childcare and educational workers?

It wasn't supposed to be this way

THE AMERICAN ECONOMIC REVIEW

VOLUME LIII

DECEMBER 1963

NUMBER 5

UNCERTAINTY AND THE WELFARE ECONOMICS OF MEDICAL CARE

By Kenneth J. Arrow*

I. Introduction: Scope and Method

This paper is an exploratory and tentative study of the specific differentia of medical care as the object of normative economics. It is contended here, on the basis of comparison of obvious characteristics of the medical-care industry with the norms of welfare economics, that the special economic problems of medical care can be explained as adaptations to the existence of uncertainty in the incidence of disease and in the efficacy of treatment.

Individuals with

- 1. Greater exposure to disease
- 2. Greater access to free vaccines
- 3. More information

Should be have higher vaccine coverage!

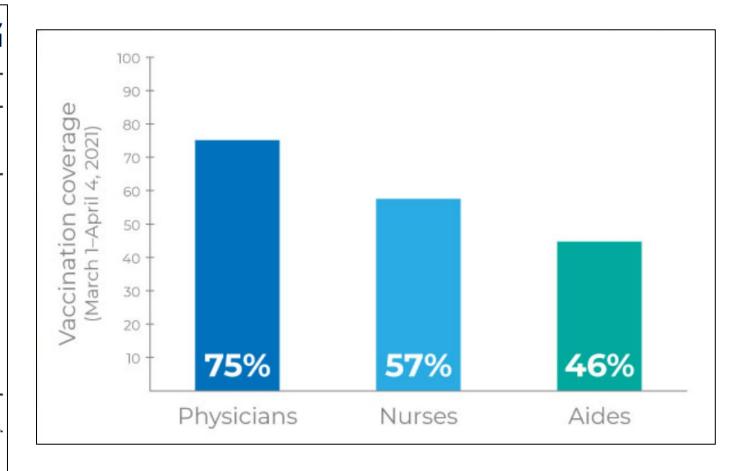
HCWs is a label that contains substantial variability

TABLE 1. COVID-19 vaccination coverage of health care professionals, by job category, in 300 long-term care facilities reporting to the National Healthcare Safety Network — United States, March 1–April 4, 2021

		No. (%)			
HCP job category	No. of HCP	Fully vaccinated	Declined vaccination	Recent SARS-CoV-2 infection	
Aides*	12,670	5,778 (45.6)	4,204 (33.2)	382 (3.0)	
Ancillary services employees†	9,116	5,337 (58.5)	2,374 (26.0)	172 (1.9)	
Nurses [§]	8,622	4,887 (56.7)	2,359 (27.4)	196 (2.3)	
Therapists [¶]	3,028	2,095 (69.2)	527 (17.4)	51 (1.7)	
Physicians and advanced practice providers**	1,284	964 (75.1)	142 (11.1)	9 (0.7)	
Other HCP ^{††}	5,492	3,764 (68.5)	794 (14.5)	78 (1.4)	
All staff members	40,212	22,825 (56.8)	10,400 (25.9)	888 (2.2)	

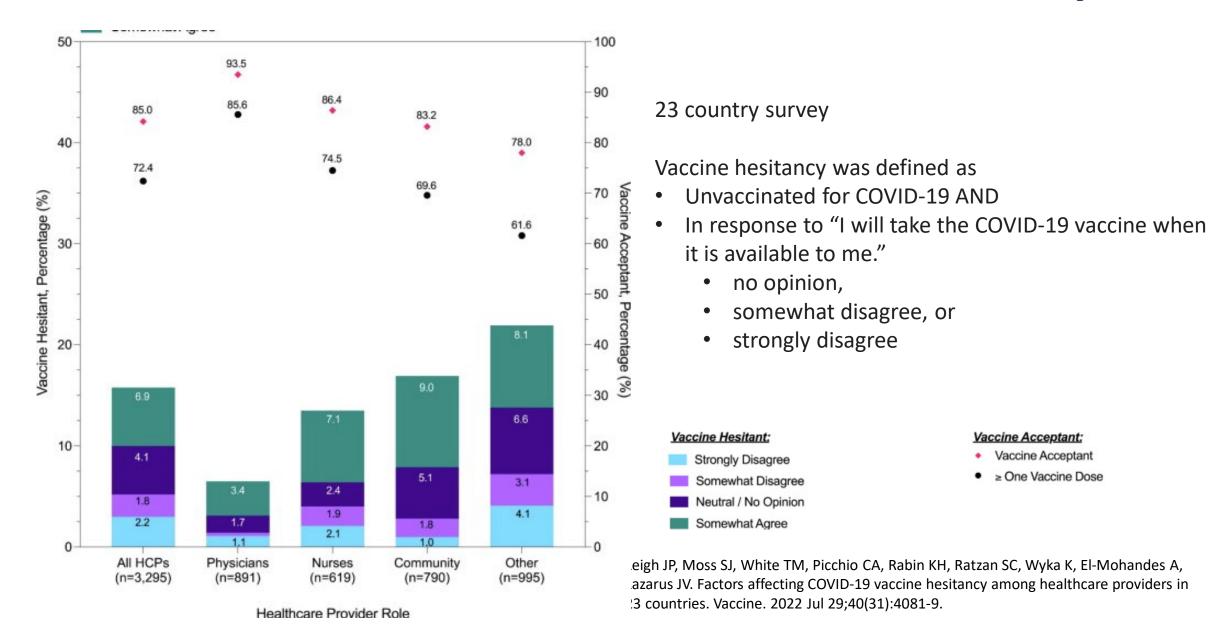
Abbreviation: HCP = health care personnel.

- ⁶ Certified nursing assistants, nurse aides, medication aides, and medication assistants.
- [†] Environmental, laundry, maintenance, and dietary services.
- § Registered nurses and licensed practical/vocational nurses.
- ¶ Respiratory, occupational, physical, speech, and music therapists, and therapy assistants.
- ** Physicians, residents, fellows, advanced practice nurses, and physician assistants.
- †† Personnel not included in the preceding categories, including contract staff members, students, and other nonemployees.



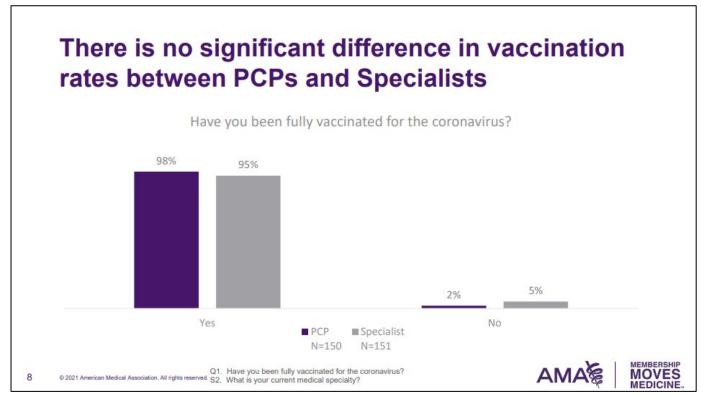
Lee JT, Althomsons SP, Wu H, et al. Disparities in COVID-19 Vaccination Coverage Among Health Care Personnel Working in Long-Term Care Facilities, by Job Category, National Healthcare Safety Network — United States, March 2021. MMWR Morb Mortal Wkly Rep 2021;70:1036—1039. DOI: http://dx.doi.org/10.15585/mmwr.mm7030a2external icon.

HCWs is a label that contains substantial variability



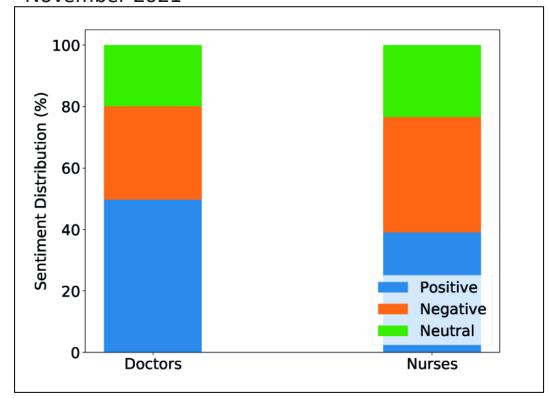
Social media allow for alternate intra-profession norms

AMA-commissioned MedScape survey – June 2021



https://www.ama-assn.org/system/files/2021-06/physician-vaccination-study-topline-report.pdf

Sentiment analysis of Twitter data from medical professionals on COVID-19 Vaccines, September – November 2021



Ahamed SH, Shakil S, Lyu H, Zhang X, Luo J. Doctors vs. Nurses: Understanding the Great Divide in Vaccine Hesitancy among Healthcare Workers. In2022 IEEE International Conference on Big Data (Big Data) 2022 Dec 17 (pp. 5865-5870). IEEE.

HCWs are not immune to wider-community trends

Table 4Multivariate logistic regression results of booster uptake

	Odds ratio	<i>P</i> -value	[95% conf.	interval]
Partisan self-identification	0.396	.000	0.306	0.514
Age	1.040	.000	1.024	1.055
Percent of time with patients	0.934	.316	0.818	1.067
COVID in last 12 mo	0.487	.000	0.336	0.706
Flu shot last season	5.843	.000	2.707	12.611
Evangelical	0.821	.304	0.564	1.195
Constant	1.297	.699	0.347	4.855
Pseudo r-square	0.164			
Number of cases	713			

Viskupič F, Wiltse DL. Drivers of COVID-19 booster uptake among nurses. American Journal of Infection Control. 2023 Aug 1;51(8):895-9.

What can we do?

"Ladder of demand"

Steps to Building Demand

Make vaccines: ____



Necessary

Indispensable for accessing things they want to get back to doing



Normative

Presented as a social default



Desirable

Appealing by offering with a fun activity or reward



Convenient

Reduce out-of-pocket, social, and opportunity costs



Beneficial

Health benefits outweigh the risk of real or perceived side effects from vaccination



Accessible
Easy to get

Requirements and incentives – summarized by National Academies

BOX 4 Considerations When Developing Vaccine Requirements

- Public health and ethical considerations have been applied: Before implementing requirement
 programs, consideration needs to be given to certain public health and ethical criteria, including
 ensuring that the safety of vaccines has been communicated, other mitigation strategies have not
 worked, barriers to access have been addressed, and voluntary uptake among groups subject to
 the requirements has not reached sufficient levels.
- Requirements are balanced: Requirement programs need to balance excessive leniency, which
 allows people to exempt themselves easily, and excessive strictness, which does not allow any
 exemptions at all.
- Requirements are targeted: Compared with requirements applied to the general population, targeted requirements focused on subpopulations are more likely to succeed as they have a limited scope and are easier to implement and enforce. Examples of such targeted requirements include school and employer mandates.

MARCH 2022 INCREASING UPTAKE OF COVID-19
VACCINATION THROUGH REQUIREMENT AND
INCENTIVE PROGRAMS

Autho

Noel T. Brewer* Alison Buttenheim** Anica Law*** Saad B. Omer***

This rapid expert consultation was produced by the Societal Experts Action Network (SEAN), an activity of the National Academies of Sciences, Engineering, and Medicine that is sponsored by the National Science Foundation and the Alfred P. Sloan Foundation. SEAN links researchers in the social, behavioral, and economic sciences with decision makers to respond to policy questions arising from the COVID-19 pandemic. This project is a collaboration with the National Academies' Standing Committee on Emerging Infectious Diseases and 21st Century Health Threats, which is sponsored by the U.S. Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response.

SEAN is interested in your feedback. Was this rapid expert consultation useful? For further inquiries regarding this rapid expert consultation or to send comments, contact sean@nas.edu or (202) 334-3440.

*Gillings Distinguished Professor in Public Health, Gillings School of Global Public Health, University of North Carolina

**Associate Professor of Nursing and Health Policy, University of Pennsylvania

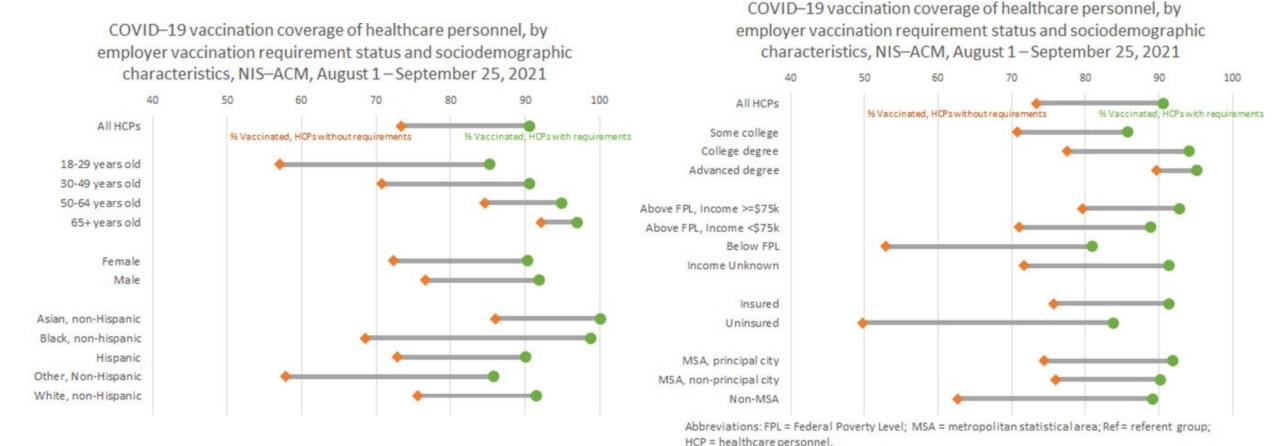
***Assistant Professor, Boston University School of Medicine

****Director, Yale Institute for Global Health

National Academies of Sciences, Engineering, and Medicine. Increasing Uptake of COVID-19 Vaccination Through Requirement and Incentive Programs.

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HCW Vaccine Requirements Associated with Greater Equity



Lee JT, Hu SS, Zhou T, Bonner KE, Kriss JL, Wilhelm E, Carter RJ, Holmes C, de Perio MA, Lu PJ, Nguyen KH. Employer requirements and COVID-19 vaccination and attitudes among healthcare personnel in the US: Findings from National Immunization Survey Adult COVID Module, August–September 2021. Vaccine. 2022 Dec 5;40(51):7476-82.

HCW Requirements Associated with More Positive Vaccine Sentiments

Table 2COVID-19 vaccination status and attitudes among healthcare personnel, by COVID-19 vaccine requirement, national immunization survey-adult COVID module, United States, August 1 – September 25 2021.

Variable	HCP with Employer Requirements % (95% CI)	HCP without Employer Requirements % (95 %CI)	Crude Prevalence Ratio (95 %CI)	Adjusted Prevalence Ratio [§] (95 %CI)
≥1 dose Vaccinated	90.5 (88.7-92.1)	73.3 (71.1-75.3)	1.24 (1.19-1.28)*	1.21 (1.17-1.25)*
Unvaccinated, "Definitely get a vaccine"	1.9 (1.4-2.7)	1.8 (1.3-2.4)	1.09 (0.68-1.75)	1.19 (0.73-1.96)
Unvaccinated, more reachable	3.3 (2.3-4.5)	8.7 (7.3-10.4)	0.37 (0.26-0.54)*	0.39 (0.26-0.58)*
Unvaccinated, reluctant	4.3 (3.2-5.7)	16.2 (14.5-18.1)	0.27 (0.20-0.36)*	0.27 (0.20-0.38)*
Vaccine is "very" or "somewhat" important to protect yourself	89.6 (87.9-91.1)	79.6 (77.6-81.5)	1.13 (1.09-1.16)*	1.10 (1.07-1.13)*
Vaccine is "completely" or "very safe"	68.3 (65.8-70.7)	60.1 (57.8-62.3)	1.14 (1.08-1.20)*	1.11 (1.05-1.16)*
"Very" or "Strongly agree" with anticipated regret statement	62.9 (60.5-65.2)	50.9 (48.7-53.1)	1.23 (1.17-1.31)*	1.18 (1.11-1.25)*

Abbreviations: CI = confidence interval.

Lee JT, Hu SS, Zhou T, Bonner KE, Kriss JL, Wilhelm E, Carter RJ, Holmes C, de Perio MA, Lu PJ, Nguyen KH. Employer requirements and COVID-19 vaccination and attitudes among healthcare personnel in the US: Findings from National Immunization Survey Adult COVID Module, August–September 2021. Vaccine. 2022 Dec 5;40(51):7476-82.

^{*} p < 0.05 for prevalence ratio.

[§] Prevalence ratio comparing vaccination uptake and attitudes among health care personnel with COVID-19 vaccine requirement with rates among those without COVID-19 vaccine requirement, adjusted for age, sex, race/ethnicity, and education level.

Infodemic Monitoring and Response



https://www.nbcnews.com/health/health-news/cdc-director-warns-vaccine-misinformation-public-health-threat-rcna61245

Social Listening and Monitoring Tools



https://www.cdc.gov/vaccines/covid-19/vaccinate-with-confidence/rca-guide/downloads/CDC_RCA_Guide_2021_Tools_AppendixE_SocialListening -Monitoring-Tools-508.pdf

Establishing Trust





Thank you!!

For more information, contact CDC 1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

