



COMMUNICATING ABOUT COVID-19 VACCINES: A TECHNICAL BRIEF

May, 2021

As nations around the globe are rolling out COVID-19¹ vaccines, countries and localities are developing risk communication and community engagement (RCCE) strategies and planning campaigns to promote vaccine uptake and acceptance. To assist those efforts, this technical brief provides an overview of the following:

- Steps in developing an RCCE strategy
- Additional considerations for vaccine communication
- Ways to manage misinformation and rumors

¹The vaccines actually target SARS-CoV-2, the virus that causes COVID-19; they will be denoted as COVID-19 vaccines through this document.

This technical brief was made possible by the generous support of the American people through the United States Agency for International Development (USAID). The contents are the responsibility of Breakthrough ACTION and do not necessarily reflect the views of USAID or the United States Government.

Developing a Risk Communication and Community Engagement Strategy for Vaccine Uptake

A strong RCCE strategy is critical to a successful vaccine rollout. Risk communication and community engagement (RCCE) strategies are multifaceted and may include multiple components, including strategic communication campaigns and other social and behavior change (SBC) approaches, virtual and in-person events, policy and structural modifications, and more. Given the essential role vaccines play in mitigating COVID-19 spread, RCCE strategies are crucial for increasing confidence in COVID-19 vaccines and motivation to get vaccinated. This section outlines the seven steps to developing an RCCE strategy—from the formative research to the monitoring and evaluation plans—in order to support a successful vaccine rollout.

Step 1: Analyse the situation

The first step in developing an RCCE strategy is understanding the current situation. To do so, RCCE teams must determine several overarching components such as:

- The **goal** for the strategy (e.g., ensure all eligible members of the population get vaccinated against COVID-19 when they are eligible)
- The current **challenges** and **context** (e.g., vaccine availability, community perceptions of COVID-19 risk, community perceptions of vaccines)
- The **behaviors** that need to be addressed (e.g., get the COVID-19 vaccine when it is available; advocate to family and friends to get vaccinated)
- The **influencing factors** (who, what) that affect those behaviors
- The **partners, stakeholders, and others** that can help address the challenges

Given the evolving dynamics around COVID-19 and in order to understand the challenges and context, including the drivers and barriers to vaccination, teams may need to conduct rapid formative research to discover the questions, motivations, knowledge, attitudes, and beliefs of the intended audience. In general, the factors most closely associated with vaccination behavior include:



Perceived risk and severity of infection from COVID-19: What are people's perceptions about the potential long-term effects of contracting the diseases in comparison to getting the vaccine?



Vaccine confidence: What are community members' confidence level in vaccines generally? Do people get routine immunizations for children at a high rate? Are there routine adult vaccinations? How differently or similar do they see the COVID-19 vaccines to other vaccines?



Values and emotions: What emotions are related to COVID-19 (the disease)? Are there emotions related to getting vaccines? To getting the COVID-19 vaccine?



Benefits: What do community members consider as benefits of getting the vaccine for themselves and their families? What might be motivating benefits for people to get the COVID-19 vaccine?

Step 1: Analyse the situation (continuation)



Risks: What do community members consider the risks of getting the vaccine, both for themselves and their families? Are these risks real or based on rumors and myths?



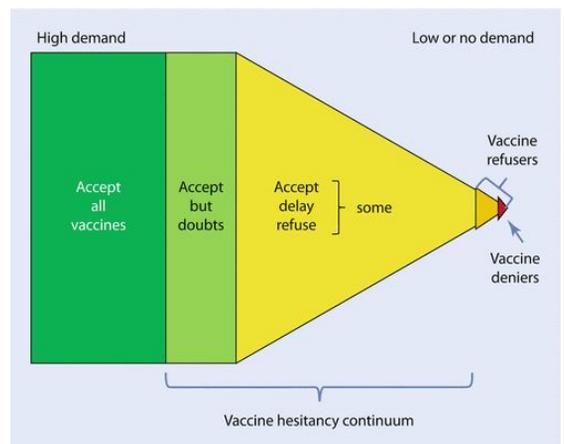
Ease of access: Is it easy to get the vaccine? Is the vaccine easily accessible to people either via home or work? Are vaccines given in static locations or is there outreach taking place to get the vaccine to communities?



Influencing attitudes and behaviors: Who is most likely to influence the populace to get the vaccine? What are their prevailing attitudes and behaviors about the vaccine? How can they be mobilized to positively influence their peers and others who are swayed by their opinions?

This guide on [How to Conduct Qualitative Formative Research](#), this guide on [Conducting Online Focus Groups](#), and this guidance document on [Virtual Pretesting](#) provide more information.

In addition to general drivers and barriers to vaccination, RCCE teams may need to explore the issue (and drivers) of vaccine acceptance and hesitancy, bearing in mind that vaccine hesitancy exists along a spectrum from complete vaccine acceptance to complete vaccine denial. Even within the vaccine-hesitant segment, perspectives vary among those who have questions, those with doubts, and those who ultimately refuse vaccines. Historically, the number of people who ultimately refuse vaccines is a small proportion of the vaccine-hesitant population ([for more information, see the vaccine hesitancy continuum](#)). This middle questioning group (or the “movable middle”) can be swayed toward vaccination and are an important focus for vaccine communication efforts.



[Source](#)

The World Health Organization’s (WHO) Strategic Advisory Group of Experts, or SAGE, is the main global body that provides advice and recommendations on vaccines. As vaccine acceptance rates have been dipping globally since the early 2000s, it developed the three Cs framework to organize and understand the common health behavior constructs for vaccine hesitancy. In order to understand the determinants that may be driving vaccine hesitancy in a given community, relevant programs should conduct some level of formative research. The framework emphasizes three themes central to vaccine acceptance and/or hesitancy: confidence, convenience, and complacency.

The three Cs can be used as overall parameters or constructs to consider when exploring vaccination beliefs:

Confidence: Encompasses trust in vaccines (effectiveness and safety), health professionals and services, and policymakers and governments more broadly.

Convenience: Covers issues such as physical availability, affordability, and ability to understand the need for vaccination.

Complacency: Concerns risk perceptions about the risk of the vaccine-preventable disease, the importance of vaccination relative to other priorities, and self-efficacy (real or perceived) of individuals to obtain the vaccine. Complacency is defined as the perception that the “risks of vaccine-preventable diseases are low, and vaccination is not deemed a necessary preventive action.”

Additional SAGE considerations, including a list of determinants closely linked to vaccine behavior, can be found [in this report](#).

To assess partners and other stakeholders who can assist with the rollout of the vaccine, mapping exercises are useful for understanding where different partners are working and what COVID-19 related activities they are implementing. See this [guide on stakeholder mapping](#). This information can often be quickly gathered from RCCE leadership and sub-committee membership.

Step 2: Audience segmentation

The next step surrounds defining key audiences. In order to enact an effective, evidence-based RCCE strategy, teams need to complete an audience segmentation analysis. Building from Step 1, audience segmentation is key to understanding the beliefs, experiences, values, and concerns of specific sub-groups in order to develop targeted messages and activities. Considering that vaccination may take place in phases, the reception of vaccines in the first phase will likely have a considerable impact on uptake in later phases. Potential priority and influential audiences, depending on local contexts, may include the following:

- Health workers (facility- and community-based)
- Other essential/frontline workers
- Older adults and people with underlying medical conditions
- Racial and ethnic minorities
- Vulnerable communities
- People living in high-density settings

Step 2: Audience segmentation (continuation)

See [this resource](#) for how to conduct an audience segmentation. Additional segments may be necessary, especially in concern to vaccine acceptance levels. In addition, role models and other influential people who can have a positive effect (e.g., religious, traditional, political, and community leaders) should be included in the audience segmentation process.

Some additional considerations may be examined while completing the audience segmentation process:

- **Phasing:** Who will be prioritized for the first phases of vaccine doses? Initial communication efforts should prioritize reaching these groups with vaccine messages.
- **Vaccine acceptance levels:** Mapping audience segments in terms of their vaccine acceptance levels may be prudent. Audiences can be segmented into groups along the vaccine hesitancy continuum (see above) into groups such as people who accept all vaccines; people who accept vaccines but have doubts; people who accept some, delay, and refuse some vaccines; people who refuse vaccines but are still unsure; and people who refuse all vaccines. Communication efforts should be prioritized on the “movable middle” from categories such as the “accepts but doubts” and “accept, delay, refuse” group.
- **Vaccine access:** Additional consideration should be taken around barriers to easy access of the vaccine.
- **Gender analysis:** In addition to these categories of audience members, teams should incorporate a gender lens in the segmentation of audiences, as women and men may have very different access to information and decision-making power regarding vaccine uptake. See this [technical brief on integrating gender into the COVID-19 RCCE response](#).

Real-life intervention: Increasing vaccine acceptance

In France, one of the countries with the lowest rates of vaccine acceptance, the government has decided to turn vaccine uptake on its head. The government of France lost a lot of public trust after a string of scandals in the 1990s and early 2000s. So rather than relying on communication from the government and scientists, France has launched a Citizens Collective, or a group of 35 randomly selected French citizens. The group will spend several months meeting with various governmental agencies and scientists in order to finalize a set of vaccine-related recommendations. The hope is that if the guidance comes from fellow citizens, rather than government or other institutions, the public will trust it. ([Source](#))

Step 3: Communication objectives

The next step involves developing communication objectives. Determining the communication objectives is critical as it will help to guide the types of messages and approaches that can be used to increase vaccine uptake. Key considerations to developing objectives include:

- **What** does the team want to happen?
- **How** will this change affect the individual, community, and society?
- **When** does the team want these changes to happen?
- Are the objectives **SMART** (specific, measurable, attainable, realistic, time-bound)?

Step 3: Communication objectives (continuation)

The following table can be used to think through potential communication objectives; the text filled in serves as an example:

Audience segment	Desired behavior	Barriers to change	Timeframe	Proposed communication objective
Older adults	Get COVID-19 vaccine	Confusion around where and how to get vaccinated	June–July 15, 2021	Equip older adults with accurate and up-to-date information about where and how to get the COVID-19 vaccine through a promotional campaign that will run through July 15, 2021
[Age or demographic]	[Key objective]	[List of barriers in bullet points]	[Month Date–Month Date, Year]	[Planned communication activities in bullet points]

Step 4: Strategic approaches

Once the communication objectives are in place, RCCE teams should next consider the strategic approaches that will be used to achieve the objectives. The strategic approach, or the “how,” should be a consideration from the beginning of the activity development process. Ideally, activities will be implemented in a multitude of channels, or at a multitude of levels on the [socio-ecological model](#), in order to reach the highest number of individuals and in the most compelling and resonating ways. RCCE activities may be disseminated through a number of channels, including the following:

Interpersonal

This can include job aids and trainings that are prepared for health workers as they begin to roll out the vaccine. This can also include interpersonal communication and counseling (IPC/C) skills-building that can help community leaders and others talk with community members about their concerns about the vaccine.

- [This article](#) describes how hospitals in Canada trained vaccination counselors to be able to spend time talking through vaccine concerns with new parents.
- This [IPC/C for vaccination training](#) can help inform IPC/C trainings for the COVID-19 vaccine.

Step 4: Strategic approaches (continuation)

Community-based

Community-based dissemination can include a number of modalities. For example:

- Community drama: RCCE activities can incorporate working with theatrical troupes that can dramatize key messages that are performed from community to community. Note: If performing in-person would be unsafe, explore recording drama sessions and delivering them virtually or via social media or WhatsApp.
- Community dialogues, listener groups, and town halls: These fora can act as bi-directional communication methods by which to convey information about COVID-19 vaccines, as well as answer questions and respond to community concerns. This dissemination strategy, in particular, can be useful when RCCE teams are working to increase vaccine acceptance. Teams can explore holding virtual listening sessions, town halls, and community radio when in-person events are unadvisable.
- Community mobilization: This type of approach works with communities to bring members together to raise awareness and work toward solutions as a community.

Mass media

Mass media includes traditional media such as radio, television, and newspaper. With regard to RCCE efforts, mass media falls into two categories:

- Dependent on the campaign: These are the media that are dependent and controlled by the strategy and campaign. Consider working with creative agencies to develop interesting radio shows, dramas, and talk shows that can highlight key vaccine information and messages.
- Independent of the campaign: These are the types of media that are independent or not controlled by the strategy/campaign. This includes media professionals such as radio announcers, radio and TV journalists, and print journalists that write or talk about COVID-19 vaccines. Providing talking points, publishing FAQs, issuing press releases, and offering journalist trainings can be effective ways to ensure that these members of the media understand both how to communicate about COVID-19 vaccines accurately and their responsibility to do so.

Digital and social media

This includes any kind of digitized content and can include websites, such as partner websites, government websites, and virtual learning sites. Additionally, this can refer to technology such as chatbots (read about [WHO's chatbot](#) to fight COVID-19 misinformation), as well as two-way communication tools such as interactive voice response (IVR) (read about [Viamo's work](#) to fight COVID-19). Additionally, this includes WhatsApp, blogs, and social media sites, such as Facebook, Twitter, Instagram, and TikTok. Note, social media can also be a major source of misinformation and disinformation, so programs need to monitor it frequently to make sure correct information is posted regularly. See more under the section "How to manage misinformation and rumors" and the [Rumor Management Technical Brief](#).

Step 4: Strategic approaches (continuation)

Cross-sectoral

This can include activities that coordinate and work with service delivery partners, local companies and businesses, and additional ministries within the government. This is particularly pertinent for behavioral nudges and similar activities. See more about behavioral nudges on page 10.

Step 5: Positioning and Message Framing

Use the findings from audience segmentation, behavioral barriers, communication objectives, and approaches to determine key messages and to create outputs (like materials and tools). The following are illustrative activities that should be considered when programs formulate an RCCE strategy for COVID-19 vaccines.

One of the most important activities to be included in an RCCE strategy is developing key messages. As a rule, messages should be accurate, transparent, trustworthy, and understandable. Messages should also honestly convey uncertainty if there are questions in the data. Messages should not over-promise, specifically avoiding the idea that COVID-19 vaccines will be a “magic bullet.” They should also honestly address any potential side effects that may be experienced. Depending on audience considerations, messages should address such key topics as:

- **Vaccine availability:** Which vaccines are available in the area? Why are some vaccines available and not others? How do people schedule to get a second dose, if necessary?
- **Vaccine safety and efficacy:** What are the risks of getting a vaccine? What is the efficacy and evidence behind the vaccine? How many doses are needed? When does full protection from the vaccine kick in?
- **Side effects:** What are the side effects of getting the vaccine? What are the risks and benefits of getting the vaccine? What should one do if they experience more serious side effects?
- **Vaccine research and development:** How are vaccines made? What are the differences between vaccines? How are these vaccines different from previous vaccines people have gotten? How have COVID-19 vaccines been developed so quickly? What is the research and approval process like?
- **Collective benefits:** What are the collective benefits of getting vaccinated? What is herd immunity? Why is it important? What are the challenges in reaching herd immunity?
- **Cost:** Is there a cost for getting the vaccine?
- **Phasing:** Who is eligible to get the vaccine at what time? Will the vaccine be given out in phases? Why is phasing necessary? Why are different countries and locales using different phases?

Step 5: Positioning and Message Framing (continuation)

- **Previous infection:** Is a person eligible for the vaccine if they have already had COVID-19?
- **The connection to the overall COVID-19 response:** How can individuals' behaviors change after getting the vaccine? Do people need to continue wearing a mask or physical distancing?

The [COVID-19 Vaccination Resource Guide](#) provides message crafting suggestions and guidance.

RCCE teams should discuss additional considerations when crafting important COVID-19 messages. Some ways to frame messages include the following:

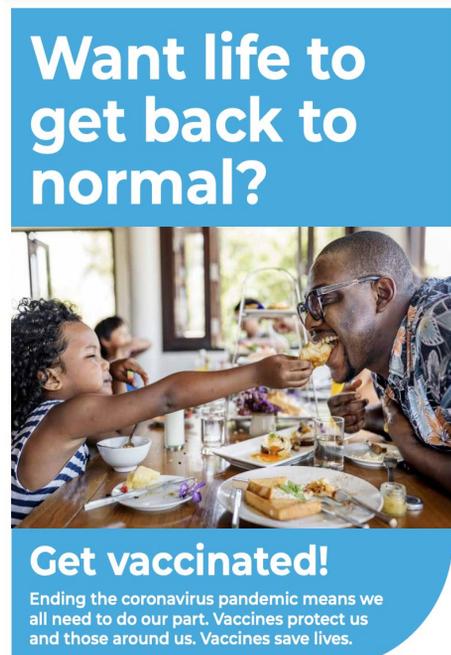


Example of a message urging viewers to protect their elders by the Baltimore City Health Department

Incorporate emotions in messages

Understand and use the values of the community to drive messages, recognizing that one size will not fit all, and different individuals and communities may be motivated by different factors. Additionally, attitudes and emotions around COVID-19 and the vaccine are continually shifting and should not be viewed as static.

- Create messages that invoke social justice and cohesion, like protecting those most at risk (elderly, vulnerable), which may be particularly effective in a community with strong social ties. For example, [this Facebook post](#).
- Develop messages that remind people that vaccines are the best ways to get back to activities we love (like school, social events, and seeing our loved ones). For example, [a poster](#), [a campaign](#), and [a video](#).
- Invoke community members' sense of leadership with hero and protector campaigns. For example, [the "Be a hero" campaign](#), [a related Tweet](#), and [another related Tweet](#).



Example from the Capital Region that highlights getting the vaccine to get back to doing the things we love

Step 5: Positioning and Message Framing (continuation)

Creative messages

Create messages that go beyond words and statistics. Create engaging visuals that convey complex topics and information. Create videos, including entertainment education, which share digestible data. For example: [“How do mRNA vaccines work?”](#), [video on four types of vaccines](#), [“I’m a vaccine,”](#) and [“Fork hands funny.”](#) Partner with important community members to highlight compelling personal stories.

Frame vaccination as the new social norm

Use promotional campaigns and activities that encourage vaccinated individuals to share within their networks the fact that they received the vaccine. Making stickers that say “I got the shot” or encouraging people to use a similar hashtag can help create a social norm around vaccine acceptance. See the “Stickers” examples in [this CDC toolkit](#) and [this Facebook post](#).

THE COVID-19 VACCINE IS GOOD FOR YOU – AND OTHERS, TOO!

“I work in schools, so in addition to being safe for my family and grandchildren, this also protects the teachers and children in the school system.”

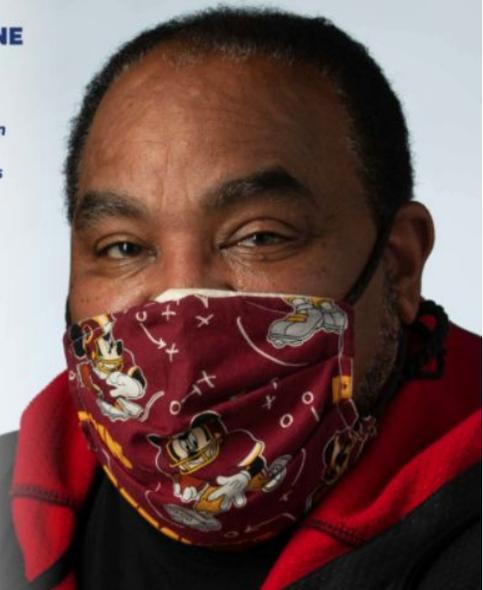
- Reginald J., Security Officer

GET THE
FACTS ABOUT
THE
VAX

For more information go to
<https://covidlink.maryland.gov>

JOHNS HOPKINS
UNIVERSITY # MEDICINE

HELP US PROTECT EACH OTHER



Example of testimonial from Johns Hopkins University

Create a testimonial campaign

Strong testimonials from trusted sources can be very effective. Possible testimonials can include people that suffered from COVID-19 or long COVID (i.e., people who could have been helped with a vaccine), people that lost loved ones due to COVID-19, people that have received their vaccine, people that helped develop the vaccine, people that have changed their mind about getting vaccinated (i.e., went from questioning to accepting the vaccine), health workers, and more. See examples [here](#) and [here](#)

Step 5: Positioning and Message Framing (continuation)

Identify appropriate vaccine messengers

Identify trusted and credible sources of information for various intended populations. Use local knowledge or formative research to identify who the most trusted sources are. They may include people like:

- Scientists
- Journalists
- Doctors and other health professionals
- Traditional medicine practitioners
- Local leaders or politicians
- Religious leaders
- Celebrities, such as musicians, athletes, actors, and social media influencers
- See examples from [Dolly Parton](#), [Oprah](#), [Joe Biden](#), [Former US Presidents](#), [Kareem Abdul Jabbar](#), [Narendra Modi](#), [Cyril Ramaphosa](#), [Nana Addo Dankwa Akufo-Addo](#), [Joko Widodo](#), [Lazarus Chikwera](#), [Desmond Tutu](#), [Salman Khan](#). Additional examples can be found [here](#).

OUR TOP DOC IN BALTIMORE IS LEADING THE FIGHT AGAINST COVID-19.

Dr. Letitia Dzirasa got vaccinated so she can safely join the frontline in vaccinating others.



BALTIMORE
CITY HEALTH
DEPARTMENT

It's Baltimore versus COVID. Let's win this together.
To learn more, visit coronavirus.baltimorecity.gov/covax

Example of testimonial from the Baltimore City Health Department

In addition to communication campaigns, additional activities can help bolster vaccine acceptance among community members. Some of those activities include doing the following:



Example hero campaign from Mississippi State University

- Getting out in the community and listening. Finding safe ways to conduct town halls and listening sessions where community members and prioritized groups can ask questions and vocalize their concerns. Relevant local leaders, medical professionals, and other experts should be available to lead these sessions. Use formative research findings to target these sessions to communities with lower rates of vaccine acceptance. Note: If it is not safe to conduct in-person listening sessions or town halls, explore virtual options

Step 5: Positioning and Message Framing (continuation)

- Training vaccine messengers, health workers, and other vaccine gatekeepers on fundamental IPC/C approaches. This is an example of a training that provides an overview of the importance of a patient-centered approach and includes information on reflective listening, empathy, and validating people’s concerns.
- Focusing on equipping people with the skills needed to convince their questioning family members. See this [STAT user guide](#), this [Johns Hopkins article](#), and this [Healthline How-To](#) resource to help learn how to talk to family members who may still be hesitant to get the COVID-19 vaccine.
- Identifying and tracking misinformation and disinformation about COVID-19 and COVID-19 vaccines. Use the findings from these databases to generate FAQs, myth-busters, and other communication materials that respond to common concerns and misinformation. More information is available under the “How to manage misinformation and rumors” section below.
- Starting a vaccine hotline where trained vaccine counselors can answer questions and talk through callers’ questions around COVID-19 vaccines. If one already exists, add vaccine information to the existing hotline.

In addition to a communication campaign and community-level activities, an RCCE strategy should consider other behavioral factors that go into getting a vaccine; these are called **behavioral nudges**. Approaches that make getting vaccinated easier for community members should be prioritized. As many of these considerations involve other partners (e.g., service delivery), what follows are key points of discussion that should be brought up as the overall vaccine rollout is developed:



Access: How does one get an appointment? How does one get to the vaccination site? Are there ways to bring the vaccine to where people are already?



Information: Have people been given enough information to understand what to do? Are people given pertinent information about the vaccine and possible side effects?



Example of social norm campaign by the Minnesota Department of Health

Step 5: Positioning and Message Framing (continuation)



Opt-out: Making vaccination the default option (rather than opt-in) is one of the most effective ways to increase vaccination behavior. For example, if someone visits their primary care physician for a routine check-up, the doctor should say “I see you haven’t had your COVID-19 vaccine yet, so let’s get that taken care of now”.



Vaccine mandates: Are there any mandates for specific activities, e.g., traveling, attending school?



Incentives: Are there other ways to incentivize getting vaccinated? For example, some companies have offered paid time off to get the vaccine. Some businesses have offered free donuts. Some states in the U.S. have even offered cash prizes. See more examples of incentives [here](#).

More information about behavioral nudges can be found in [this article](#).

Step 6: Implementation plan

After activities are determined, then RCCE teams must roll them out. First, they should develop an implementation plan which outlines the who, what, when, how, and how much of the RCCE strategy. In order to complete this step, the team should outline all activities, establish a timeline and budget for all of the strategy’s activities, and develop a final implementation plan. Note, teams must communicate and coordinate closely with other communication and service delivery partners and government stakeholders to ensure that all activities outlined in the implementation plan are realistic and coordinated among RCCE partners and with other stakeholders involved in the vaccine rollout. See [this link](#) for an implementation plan template.

Step 7: Monitoring and evaluation plan

Finally, as with any strategy, a monitoring and evaluation (M&E) plan should be developed to ensure that the implementation activities are contributing to the overall RCCE objectives and are meeting the desired targets. Through adaptive management and the tracking of monitoring data, adjustments and refinements can be made to activities as needed for greater impact. An evaluation often looks at a program after its completion to determine the program’s effect on the targeted behaviors. RCCE teams can draw lessons learned from the evaluation for a future response. [This toolkit explains more about developing an M&E plan.](#)

Steps adapted from CCP’s [How to Develop a Communication Strategy](#). Additional vaccine communication considerations adapted from the NIH’s [COVID-19 Vaccination Communication Guidance](#), WHO’s [Behavioral Considerations for Acceptance and Uptake of COVID-19 Vaccines](#).

Additional Considerations for Vaccine Communication



Crisis Communication Plan

Along with an RCCE strategy for vaccine uptake, programs should develop a crisis communication plan in the event of worst-case scenarios. Crisis communication plans lay out how to respond to severe or adverse events following immunization (AEFIs). AEFIs are severe events that follow vaccination and may or may not be directly caused by a vaccine. As vaccines are rolled out on a large scale, recipients may report additional side effects that are rare enough that they had not been found in a clinical trial. The recent pauses by European countries using the AstraZeneca COVID-19 vaccine and by the US regarding the Johnson & Johnson COVID-19 vaccine because of a possible increased risk of blood clotting disorders are timely examples of the type of AEFIs for which a crisis communication plan is important. Whether these occurrences are induced by a vaccine or not, they can severely affect the public's perceptions and should be prepared for. Though all vaccines are rigorously tested through randomized controlled clinical trials and only gain approval (or emergency use authorization) if they are found to be safe and efficacious, without a crisis communication plan in place, in the event of a severe AEFI, public trust in a vaccine can be severely fragmented if not addressed immediately. RCCE responses should, critically, be transparent about side effects and risk but must also communicate risk in a broadly understandable way. For example, communicating risk in relation to other rare events (e.g., dying in a road accident, being hit by lightning) may be a helpful way to frame an extremely low level of risk. For example, [this link](#) provides information about the risks and benefits of the AstraZeneca vaccine. WHO PAHO's [Crisis Communication Guidance](#) and WHO EURO's [Crisis Communication Template](#) provide valuable instruction.

Real-life intervention: Increasing vaccine acceptance

In the U.S., Black communities have lower rates of vaccine acceptance as compared to other racial groups, while also having higher rates of COVID-related morbidity and mortality. These factors are all enmeshed in a long and still-prevalent history of the government and health system mistreating Black patients. In order to reach Black communities with vaccine communication, the National Medical Association, an association of Black medical doctors, has been conducting outreach with Black communities via webinars and town halls in universities, churches, sororities, and fraternities, where they listen to concerns and answer questions. ([Source](#))

How to manage misinformation and rumors

Vaccine hesitancy has been catalyzed by the rapid spread of misinformation and disinformation, particularly on social media. Misinformation is false information that is shared by people who do not realize it is false and do not mean any harm, including vaccine proponents. Disinformation is deliberately engineered and disseminated false information with malicious intent or to serve agendas.

Communication research has shown that addressing vaccine misinformation with "hard facts" usually falls short of what is needed to counter rumors and misinformation. Programs must first understand what is circulating in the community. To do so, they can create a rumor-monitoring tool or database. More information is available in [Technical Brief: COVID-19 Rumor Tracking Guidance for Field Teams](#) and [Vaccine misinformation management field guide](#). By identifying and documenting these pieces of misinformation, RCCE teams can craft messages and design activities to respond to them.

How to manage misinformation and rumors (continuation)

One of many useful ways to respond to misinformation is developing a myth-busters campaign, similar to WHO's [myth-buster series](#). By creating a myth-buster series, RCCE teams can respond to myths, misconceptions, and misinformation that is taking place in the community. As myths or misconceptions should not be repeated, myth-busters can address specific pieces of misinformation as a complementary piece of an overall vaccine RCCE plan. The U.S. Centers for Disease Control and Prevention (CDC) have also created a [Myths and Facts](#) page to directly respond to myths and misinformation that has been circulating in the community.

In addition to myth-busting series, teams may also establish a set of town halls or listening sessions (see above), which can be moderated by doctors, scientists, or other experts and communication scientists. These sessions can be used to explore the community members' perceptions of COVID-19 vaccines, as well as a time to present the facts to a larger audience. Teams should always be sure to design such sessions bearing in mind COVID-19 precautions, such as wearing masks, physical distancing, ventilation, and having occupancy limits. Holding such community-level events outdoors, when possible, can help mitigate the risk of COVID-19 transmission as well. See CDC's [Considerations for Gatherings](#) for the complete list of recommendations.

Vaccine Communication Do's and Don'ts

Do	Don't
Do communicate with compassion and empathy	Don't use shame or judgment in communication
Do monitor the latest vaccine rumors and misinformation and provide information to fill the rumor gap	Don't repeat the rumor or misinformation or directly correct someone when responding to it
Do use positive emotions (happiness, excitement) when creating messages	Don't use shame or fear in messages
Do communicate using themes of togetherness and unity	Don't use language that might exacerbate existing divisions
Do create transparent, honest messages about vaccine benefits	Don't exaggerate the benefits of getting vaccinated
Do communicate about the risks and side effects when getting vaccinated and communicate that they occur in a very small proportion of recipients	Don't avoid mentioning risks or side effects
Do communicate about any increased risks in relation to other unlikely events (e.g., being hit by lightning)	Don't mention risk without providing additional context or relation to other rare events
Do respectfully listen and address real-life questions or concerns that people have about the vaccine	Don't dismiss people right away if they have questions or concerns about the vaccine
Do work toward convincing the movable group of vaccine-hesitant people	Don't try to convince people that have already decided that they do not want the vaccine
Do find ways to "reward" community members that have received the vaccine	Don't use mandates as a first resort to get people vaccinated
Do listen more and work to understand others' perspectives	Don't dismiss people's fears

More information about vaccines

As a part of any RCCE strategy, teams should create messages to address questions around vaccines and vaccine rollout plans, as well as other frequently asked questions. As the vaccine landscape is changing rapidly, RCCE teams must stay up to date on vaccine-related specifications and details. For key messages, the [COVID-19 Vaccination Resource Guide](#) provides guidance on how to craft key messages. Additional scientific information can be found on the [WHO website](#), [CDC website](#), [COVAX website](#), and the [Johns Hopkins Research Compendium](#).

Considerations when working in risk communication

As with all communication campaigns during a pandemic, those focused on strengthening vaccine confidence and addressing vaccine hesitancy should follow established key risk communication principles. The CDC suggests that when working in risk communication during a crisis or an emergency that RCCE teams must (1) Be first: the communication/information that comes out first will be most heard; (2) Be right and credible: transparency and openness about what is known and what is unknown is critical; (3) Express empathy: empathic expression of communication and avoiding discounting concerns is important; (4) Promote action: vaccine communication should focus on the action of being vaccinated and how it will positively change their lives. To read more about this guidance, see the CDC's [Crisis and Emergency Risk Communication Manual](#).

Additional resources

Toolkits

CDC: [COVID-19 Vaccination Communication Toolkit](#)

CDC: [Community-Based Organizations COVID-19 Vaccine Toolkit](#)

Johns Hopkins Center for Communication Programs (CCP): [COVID-19 Vaccination Resource Guide](#)

Johns Hopkins University: [Get the Facts about the Vax Toolkit](#)

Johns Hopkins International Vaccine Access Center (IVAC): [COVID-19 Vaccine Resource Hub \(website&app\)](#)

UNICEF: [Interpersonal Communication for Immunization](#)

WHO: [COVID-19 Vaccine Introduction Toolkit](#)

Guidance Documents

FHI 360: [Demand Creation and Advocacy for COVID-19 Vaccine Acceptance and Uptake](#)

National Institutes of Health: [COVID-19 Vaccination Communication: Applying Behavioral and Social Science to Address Vaccine Hesitancy and Foster Vaccine Confidence](#)

Sabin-Aspen Vaccine Science and Policy Group: [Meeting the Challenge of Vaccination Hesitation](#)

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