

## COVID-19 Vaccine Bulletin #20

### Vaccine Hesitancy

The purpose of the Vaccine Bulletin is to give you the latest information about COVID-19 vaccines. For this bulletin, the focus will be on vaccine questions and vaccine hesitancy.

#### Quick Updates

- Check out [Wellington-Dufferin-Guelph's vaccination dashboard](#). The **total number of doses** administered in Wellington-Dufferin-Guelph (WDG) is **94,371**.
- **94%** of people who are **80 years of age and older** and **77%** of people who are **65-79 years old in WDG** have received at least one dose of vaccine, with many more in the 65-79 age category booked for appointments.
- **All residents (age 16+) in WDG can pre-register for their vaccination.** The benefits of pre-registration include: identifying individuals who live in local “hot spots”, identifying neighbourhoods of vaccine hesitancy, and ensuring people are invited to book an appointment when it is their turn. Local vaccinations will continue to follow the Province’s prioritization framework with timelines based on vaccine supply.
- Go to [www.wdgppublichealth.ca/register](http://www.wdgppublichealth.ca/register) for more information about vaccine pre-registration. There is a **Vaccine Registration and Booking Helpline: 1-844-780-0202 (Mon-Fri, 12-8 pm)** for anyone who has issues pre-registering or booking online.
- Individuals who are **40 years of age and older** can now receive the AstraZeneca vaccine at select primary care offices and pharmacies. To find a pharmacy offering vaccines, please visit: <https://covid-19.ontario.ca/vaccine-locations>.
- **Individuals who are pregnant** are now eligible for a vaccine appointment. Health care providers are being asked to send referrals to WDGPH. Review [Physician Update \(April 22\)](#) and the [referral form](#) for more information.
- WDG will receive **more doses in May** than was previously expected.

#### Vaccine Status for Wellington-Dufferin-Guelph

Maximum number of doses administered in one week = <b>14,964</b>	<b>34%</b> of eligible population received one dose
Maximum number of doses administered in one day = <b>3,398</b>	Total number of doses given in primary care office or pharmacy = <b>15,991</b>

Age Group	Percentage with First Dose
80+	94%
75-79	87%
70-74	82%
65-69	68%
60-64	63%

## Vaccine Questions

### *How will second dose vaccines be scheduled?*

- WDGPH will contact each individual to schedule their second dose as the 16-week interval approaches.

### *Where can health care providers get answers to questions about allergies and COVID-19 vaccines?*

- Physicians and nurse practitioners can now ask COVID-19 vaccine allergy related clinical questions to Allergy and Clinical Immunology specialists electronically using the [Ontario eConsult service](#). To sign up for eConsult visit: [www.otnhub.ca](http://www.otnhub.ca).

### *Can individuals without an Ontario health card number receive a vaccine?*

- Individuals **do not** require an OHIP card in order to be eligible for the vaccine.
- Vaccinations are offered to all individuals who live, work, go to school or plan an extended visit beyond 16 weeks (to ensure they can get their second appointment) in the Province of Ontario.

### *What type of identification is needed for individuals without an Ontario health card?*

- On the day of vaccination, individuals without an OHIP card must present a document or combination of documents that include a **photo, full legal name, and date of birth**. Some examples include:
  - Passport
  - Other provincial or territorial health card
  - Driver's license
  - Student ID card
  - Birth certificate
  - Employee ID
- If a person has no identity or photo documentation or is unable to provide verification of primary place of residence, they may work with the public health unit and/or community organization to verify their identity.

## Communicating Effectively with Vaccine Hesitant Patients

### Feature article by Dr. Erin Courtney, EdD, RN

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Whether we are talking about a specific vaccine, or vaccines in general, vaccine hesitancy is a public health concern and a true conundrum for front-line health care providers (HCPs) who vaccinate.

In this technologically connected world we live in, it is not hard to believe that vaccine hesitancy is caused mainly by the mis- and dis-information online and in social media platforms (Dubé, Gagnon et al., 2016; Olson, 2020). Fortunately, research illustrates that HCPs continue to be patients' primary source of vaccination information and that these HCPs who can communicate effectively with vaccine-hesitant patients have a greater effect on improving patient confidence in vaccination and supporting them in vaccinating themselves and their children (Courtney, 2019; Olson, 2020).

Unfortunately, in the busy world of primary health care, HCPs who vaccinate lack the time they are able to spend with vaccine-hesitant patients; therefore, they need efficient and effective strategies that will assist them in diminishing the conundrum of vaccine-hesitancy.

Here are two efficient and effective strategies to start the vaccine conversation:

#### ***First: Use Presumptive Language (NOT Participatory or Presumptuous)***

The best predictor of vaccination uptake is *how* the conversation is started (Opel et al., 2013).

- Be confident in your verbal and body language. Even if the HCP is not fully knowledgeable about vaccine(s), presumptive language can demonstrate confidence.
- *How* HCPs talk to vaccine hesitant patients is more important than what they say; thus, supporting the ideology that patients do not care what you know until they know that you care.
- For example: "I see it is time for your tetanus booster!" (rather than: do you want your tetanus booster); "Today is free flu shot (or covid shot) day!" (rather than: do you want your flu shot [or covid shot] today?)

Now let's say the patient says "I am not too sure about getting that shot today" – what happens next?

#### ***Second: Tell Them a Story (and use metaphors that relate to them)***

- An individual's choice to vaccinate or not vaccinate is mainly influenced by their emotional and social context, not the science and facts that HCPs typically use to educate patients (Browne, et al., 2015; Dubé, Bettinger et al., 2016; Kestenbaum & Feemster, 2015). This

means that patients believe stories and anecdotes over the abundance of scientific evidence that HCPs use to support vaccination. (Courtney, 2019, p. 8-9). In his book, *Contagious: Why Things Catch On*, John Berger states that we are emotional and social beings, and this emotion and need for social satiety is why, for example, we forward a post on social media or share an article or book with people who are close to us.

- Storytelling has been used to pass along information for millions of years in the form of oral, written, paintings, and artifacts. Storytelling is ingrained in us; it is part of being human. As humans, we tell stories everyday; for example, telling your co-worker about the latest TV series you are watching, or giving a report after seeing a patient: you are telling a story. In fact, in Kendra Hall's book, *Stories That Stick*, she states that life is one big narrative. Kendra Hall calls this the "value gap" story. This means that you have the customer (patient) and the product (vaccine) and the gap between the customer and the product is where the story sits – this gap needs a bridge, and this is the story. Further, evidence states that authority figures who are good storytellers are more likely to influence others (Hall, 2019). Now, what is your story?
- The story needs to be personal, authentic, and connective. This is where HCPs have an advantage as they know their patient, and the patient's family and situation; for example, a story that says, "I have been giving vaccinations for years and I have never had a bad reaction to a vaccine", or "I know that you're looking after your parents, and they need to be kept safe and healthy", or "As a HCP, I see what this disease can do to people".
- Metaphors are a form of storytelling as well and need to be relatable to the patient. For example, saying that vaccinations are like seatbelts: We wear a seatbelt so that in the unlikely event that you get in a crash, you are protected. This is the same as vaccines, we get vaccinated so that in the unlikely event that you are exposed to a disease, you are protected.

As front-line HCPs who vaccinate, understanding and practicing presumptive language and storytelling are two efficient and effective communication tools that can support them in navigating the conundrum of vaccine-hesitancy and support vaccination of their patients. These tools are important because it is not vaccines that save lives, it is vaccination that saves lives.

## References

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## Information on Vaccine-induced Immune Thrombotic Thrombocytopenia (VITT)

- [PHAC Infobulletin on VITT for Health Care Providers](#)
- [PHAC COVID-19 Vaccine Emerging Issues Webinar: VITT](#)
- [Ontario News – Ontario Confirms First Case of Rare AstraZeneca-linked Blood Clotting](#)

## Reliable Sources of Information on Vaccines

[Public Health Agency of Canada](#)

[Government of Ontario](#)

[Public Health Ontario](#)

[Centre for Effective Practice \(CEP\)](#)

[World Health Organization](#)

[COVID-19 Studies from the World Health Organization Database](#)

[Centres for Disease Control and Prevention \(CDC\)](#)