



Home Visitors and Community Health Workers COVID-19 Vaccination Messaging Guide

Programming Guidance: Document Status

Title	Home Visitors and Community Health Workers COVID-19 Vaccination Messaging Guide
Date	February 2022
Purpose	To help home visitors, community health workers, and other partners to understand how to counsel families to increase COVID-19 vaccine uptake, and what questions and answers (messages) to use to be most effective.
When Used	Technical Programme Design/Redesign, Programme Implementation and Monitoring, Disaster Preparedness and Response, Other
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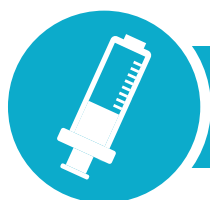
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Welcome to the Home Visitors and Community Health Workers COVID-19 Vaccination Messaging Guide!

We suggest you use this guide to promote COVID-19 vaccines with people in the communities that we serve. In the first half of this guide, we will explain some important things to keep in mind before you start counselling people on vaccines. Then, in the remainder of this guide, we have provided some questions and answers (messages) that you should use depending on the responses from the people or groups you contact. There are many reasons that people are choosing not to get a COVID-19 vaccine, and you should be ready to talk to them about all six of these barriers.



SOME OF THE MOST COMMON BARRIERS TO GETTING A COVID-19 VACCINE

- Some people are worried about the Safety and Side effects of COVID-19 vaccines.
- Some people doubt whether vaccines work, and the Efficacy of the COVID-19 vaccines specifically.
- Some people are affected by Social Norms and do not plan to get a vaccine because they think that others will not do so.
- Some people have Skepticism and Mistrust about the vaccines or the people promoting them.
- Some people are unaware of (the many) positive consequences (advantages) of getting a COVID-19 vaccine.
- Some people are not getting a vaccine because they think that there's a low risk of getting COVID-19 or think that COVID-19 is not serious/severe (Low Perceived Susceptibility and Severity).



What are the barriers that you hear about the most where you live and work?

In addition to understanding the common barriers to COVID-19 vaccination, and how to respond to those, there are several other things to keep in mind so that you can effectively promote the vaccines:

- 1. Affirm the person:** Show respect for the person, their values, achievements, struggles, and feelings. For example, you might say, **"It sounds like you have done a great job of thinking through how to protect your family so far from COVID-19."** or **"I can tell you do things to take care of your family."**
- 2. Use reflective listening:** Use simple reflections to repeat back what you are hearing (e.g. **"So you think the vaccines won't work?"**) and double-sided reflections to point out ambiguity (e.g. **"So you think the vaccines would help you to avoid getting COVID-19 but some of your family members disapprove?"**).
- 3. Avoid arguing with people:** Studies show that when someone is arguing with you, they are often moving further and further away from adopting a behaviour, like vaccination. Instead of arguing, "roll with the resistance," express empathy (e.g. **"I understand why you have some concerns since this is all very new."**) and emphasise personal control (e.g. **"I cannot decide this for you – this is something you will need to decide yourself."**).
- 4. Use close-to-home stories:** When you talk to people about vaccines, remind them of all the people in their community that are planning to get a vaccine and who are supportive of vaccines (e.g. specific faith leaders, doctors, community leaders, or other people they trust). To convince them that they are at risk and that COVID-19 is serious, tell them stories about others in their community or nearby who have gotten sick or were hospitalised (without using names).



There are also certain types of questions that can be very helpful in convincing someone that they need to do something, such as getting a COVID-19 vaccine. You should use these as you counsel a person:

- 1. Assess their situation and disposition about vaccines:** Ex: *“Have you gotten a COVID-19 vaccine yet?”*
 - If they say yes, just compliment them on that and provide them with a few advantages of getting the vaccine and move on to the next person (e.g. in their household or the next household you visit).
 - If they say no, ask them, *“Do you plan to get a COVID-19 vaccine when it is available in your community?”*
 - If they say yes, mention some of the benefits of vaccination (see examples on p17), how to get the vaccine, and move on to the next person.
 - If they say no, ask them, *“Will you maybe get the vaccine or are you definitely not planning to get vaccinated?”*
 - If they say they definitely do not plan to get a COVID-19 vaccine, you may have to go more slowly as you counsel them. Refer to pages 12 through 19 at the end of this manual for questions to ask the person and messaging to help you to counsel them on COVID-19 vaccination.
- 2. With people who are reluctant to get a vaccine, use “Change Talk Questions”:**
 - **Ask about a worst case scenario.** Ex: *“What would be the worst thing that could happen to you if you do not get vaccinated and got a serious case of COVID-19? How could that affect your family and life?”*
 - **Ask about the advantages of getting a COVID-19 vaccine.** Ex: *“I know you do not plan to get a vaccine at this point ... but what do you think could be some of the advantages to you and others if you were to get a COVID-19 vaccine?”* (Help them think about advantages that may not be health related, such as getting along better with family members who think they should get it, for extra peace of mind, etc.)
 - **Ask about disadvantages of not getting a vaccine.** Ex: *“I know you don’t plan to get a vaccine at this point, but what do you think could be the disadvantages to you and others if you don’t get a COVID-19 vaccine?”*
 - **Ask about intentions to get a vaccine.** Ex: *“Never mind what you would need to do in order to get a vaccine (e.g. convincing your spouse), what do you want to happen?”*



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Increase Perceived Social Acceptability

“I trust the experiences of those in my community more than anyone outside of it.”

Even though overwhelming scientific evidence supports safety and efficacy of vaccines, relying solely on statistics and facts isn't as effective as narratives and stories employed by anti-vaccination counterparts. Humans are not good at understanding probabilities of risk. UNICEF found that stories about the severity of the disease are more effective than statistics of safety, especially when these stories come from parents.

Source: UNICEF (2020) *Vaccine Hesitancy Messaging Guide* <https://www.unicef.org/media/93661/file/Vaccine%20messaging%20guide.pdf>

APPLICATION TO COVID-19:

Share stories of specific individuals who have been vaccinated and how it has benefited them. It might also help to share stories of those who have suffered because of COVID-19 to encourage people to protect themselves from a similar experience.

Identifiable Victim Effect:

The plight of a specific individual or a specific small group of people, such as a family, in distress provokes a much stronger response in people than statistics. One reason could be that people feel as though they can help and make an impact on one person's life, rather than having a small impact on the lives of many.



It's important that narratives and stories DO NOT shock the recipient but are delivered in an emotional, heartfelt manner.



Connect with People's Values

“When something is aligned with my deeply held values I am much more likely to consider doing it.”

Vaccine decisions are value-based decisions, guided by a person's own innate morals. Each person has different combinations of six moral foundations: care/harm, authority/subversion, loyalty/betrayal, liberty/oppression, purity/degradation, and fairness/cheating. Emerging research on social behaviours suggests that vaccine decisions may be negatively influenced by two moral values: liberty and purity and positively influenced by deference to authority. Parents who reported being more vaccine hesitant placed a higher emphasis on purity or liberty. As such, messaging campaigns that focus on purity and liberty in promoting vaccination amongst vaccine hesitant parents may be more effective at increasing vaccination.

Source: UNICEF (2020) *Vaccine Hesitancy Messaging Guide* <https://www.unicef.org/media/93661/file/Vaccine%20messaging%20guide.pdf>

APPLICATION TO COVID-19:

- **An example of a purity-based message could be:** “Boost your child's natural defences against diseases! Keep your child pure of infections – Vaccinate!”
- **An example of a liberty-based message could be:** “Take personal control of your child's health! Vaccinations can help your child and others be free to live a happy and healthy life.”
- **An example of an authority-based message could be:** “Public health authorities and licensed medical doctors endorse vaccines.”



Key values to consider:

- **purity**
- **liberty**
- **authority**



Use Social Proof

“The more people that I know and trust that are doing something, the more likely I am to consider doing it as well.”

Social Proof of others getting vaccinated – and seeing tangible benefits that come with it – may play the most significant role in motivating people who worry about safety and are afraid to get a COVID-19 vaccine. Amongst those who aren't sure when they will get vaccinated, 43% said they are waiting for more people to get vaccinated before they will do it themselves.

A UNICEF study found that Human papillomavirus (HPV) vaccination campaigns featuring support of the vaccine from friends and/or parents was associated with increased vaccination rates.

Source: UNICEF (2020) *Vaccine Hesitancy Messaging Guide* <https://www.unicef.org/media/93661/file/Vaccine%20messaging%20guide.pdf>

APPLICATION TO COVID-19:

Examples of social norms-based messages and activities include:

- **Use the message, “The majority of people in [country name] have already received a COVID-19 vaccine or plan to do so. What are you waiting for?”**
- **Ask people who plan to get the vaccine – or have already done so – to wear a ribbon, pin or sticker indicating their support for vaccination to increase the perception that most people plan to get the vaccine.**



Despite all the noise, 62% of the world's population has already received at least one dose of a COVID-19 vaccine by February 2022, and many more people plan to do so.

Source: <https://ourworldindata.org/covid-vaccinations>



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Use Cues for Action

“How I react to someone encouraging me to do something often depends on how they have presented it to me.”

People are sometimes resistant to language that suggests that vaccines alone will end the pandemic (e.g. “only way” or “once and for all”). Given this, we should use language that emphasises that vaccines are an additional powerful tool to wield against the virus. Framing vaccines on a continuum allows people to see it as an extension of the things they’ve been doing since the beginning of the pandemic and helps position vaccination as another informed choice rather than a dictatorial mandate.

Source: *The Little Jab Book: 18 Behavioural Science Techniques for Increasing Vaccination Uptake*
<https://resourcecentre.savethechildren.net/library/little-jab-book18-behavioral-science-strategies-increasing-vaccination-uptake>

APPLICATION TO COVID-19:

There may be opportunities to re-frame barriers people say make them vaccine hesitant by presenting vaccines as an empowerment tool – not an ultimatum.

An example of an appropriate statement could be: “Getting a vaccine is **one more tool you can use** to protect yourself and your loved ones. Once you’ve been vaccinated, **you have the upper hand** against the virus because, **even if you are exposed, you’ll be OK.**”

- Position vaccines as an extension of – not a replacement for – the behaviours that give them a sense of agency.
- Introduce the new value vaccines offer – a sense of active control, not just defensive protection.
- Highlight the personal benefits of vaccines, and don’t over-promise about the scale or speed of ending the pandemic. You could provide facts about the drastic difference between anticipated side effects: Ex: “People may experience mild side effects, such as body or head aches, when receiving a COVID-19, but fully vaccinated people are 72–96% less likely to get COVID-19 than someone who isn’t immunised and 80% less likely to die from the new Omicron variant.”

Positive Framing: Making the benefits of an action more tangible and focusing on the positive outcomes might induce more people to undertake that action. For positive framing to work, future outcomes must be seen as important, credible, achievable, and in alignment with their existing beliefs and goals.



Focus on what people can gain from getting the COVID-19 vaccine, depending on your context. Some examples may include: better health, protection against COVID-19, ability to travel and visit loved ones, freedom to work, and/or being able to live without fear or uncertainty.



Use Social and Value-Driven Responsibility

“I’m more likely to want to do something when I feel like I’m doing it for the benefit of others that I care about, not just myself.”

When people have made up their mind about something, it can often be difficult to change it, especially if they have previously shared their opinions or decision. People often need a “rational alibi” – a new reason – to tell their friends and family why they have decided to change course and do something differently. For example, with vaccines, people may tell their friends that they are now going to get vaccinated not because they’re afraid of COVID-19, but because they want to protect their family members who are at higher risk than they are.

Source: *The Little Jab Book: 18 Behavioural Science Techniques for Increasing Vaccination Uptake*
<https://resourcecentre.savethechildren.net/library/little-jab-book18-behavioral-science-strategies-increasing-vaccination-uptake>

APPLICATION TO COVID-19:

The exact way of framing altruism will vary by culture and circumstances, with some groups of people wanting to protect vulnerable family members, while others might be thinking more about the greater good and their community as a whole. **An example of a social, value-driven message could be:** “Getting the COVID-19 vaccine is something you can do to help to protect your family members, friends, and other vulnerable members of your community.”

Altruism: Talking about vaccination as an altruistic choice and highlighting its social benefits (e.g. helping to shield others from infection) can encourage vaccine uptake. People will feel as though they are doing their communities and loved ones a favour by getting vaccinated. Young people might be more willing to get vaccinated if it is clear that the vaccination will benefit elderly family members, like their grandparents.



Encourage people to think of those they care about!



Use Loss Aversion and Anticipated Regret

“When I think about how I could lose my grandmother to COVID-19, it makes me want to get vaccinated.”

People feel losses more strongly than they feel gains. Framing vaccination messages along the lines of what people might lose if they choose to not get vaccinated might motivate them to try to prevent loss and seek vaccination.

A survey found that young adults the feeling of anticipated regret affected their likelihood of getting vaccinated.* Those who experienced a greater fear of missing out, in this case, feeling bad if they chose to forgo getting a vaccine and then ended up contracting COVID-19, correlated with a higher vaccination intention.

Another US-based study[†] demonstrated that the most effective text message to send to people eligible to get vaccinated for COVID-19 was a “nudge” telling them that a vaccine is waiting for them or one has been reserved for them. This taps into “ownership bias”, “loss aversion”, and “scarcity effect”, where if something is available to someone, the tendency is to not want to lose it, especially if that thing is perceived to be in short supply.[‡]

APPLICATION TO COVID-19:

The way to tap into people’s fear of missing out will vary depending on how they perceive the value of vaccines. **However, an example of messaging could be:** “You may regret not getting a vaccine right away, especially as new COVID-19 variants begin spreading, as vaccines take several weeks to boost one’s immunity and you could become ill in the meantime.”

Behavioural Insights: Making something seem scarce increases its perceived value, as many people will want to avoid feeling like they’ve lost an opportunity. For example, creating a vaccine scheduling system or sharing the number of doses still available could help people to view the vaccine as more valuable and encourage them to sign up to receive. However, it’s important to keep in mind that there is a delicate balance that must be struck between making it seem valuable and making people worry about availability.

For loss aversion messaging to be successful, people need to understand the potential consequences of missing an opportunity when choosing between options. Thus, “anticipated regret” – the tendency to factor in the potential regret we might feel in the future when choosing between options – must also be a factor. Typically, negative events seem to affect people more when imagining potential outcomes. You can find some ideas for “Change Talk Questions” to help them think through consequences and scenarios on p4.



Remind people that when they wait to get a vaccine, they may be missing a big opportunity.

* Reiter et al., UNC Chapel Hill (2011). <https://www.sciencedirect.com/science/article/pii/S0264410X1100884X?via%3Dihub>

[†] Milkman, et al. (2021) *A Mega-Study of Text-Based Nudges Encouraging Patients to Get Vaccinated at an Upcoming Doctor’s Appointment*. Available at SSRN <https://ssrn.com/abstract=3780267> or <http://dx.doi.org/10.2139/ssrn.3780267>

[‡] *The Little Jab Book: 18 Behavioural Science Techniques for Increasing Vaccination Uptake* <https://resourcecentre.savethechildren.net/library/little-jab-book18-behavioral-science-strategies-increasing-vaccination-uptake>



There are also some things you should never do when promoting vaccines (and most behaviours):

- 1. Don't lecture the person.**
- 2. Don't make character judgments or criticise the person.**
- 3. Don't do most of the talking** – listen and let the other person do a lot of talking.
- 4. Don't blame the person.** Ex: *"The reason you got COVID-19 is because you didn't listen to me and the doctors."*
- 5. Don't label the person.** Ex: *"As an anti-vaxxer, you should know that ..."*
- 6. Don't argue or debate** with the person or confront them. *"[Correct] opponents with gentleness ..."* (2 Tim 2:25)
- 7. Don't be dismissive or give up on the person** – they may not decide to get a vaccine the first or second time you talk to them, but they may decide to do so later.

For those people who say that they do not plan to get vaccinated or do not know, use the questions and answers (messages) on the next sheets as you talk to them about COVID-19 vaccination.



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Ask the person: “Do you have any concerns about the safety and side-effects of COVID-19 vaccines?”

- If they say yes, ask them, “What concerns do you have?”
- Then discuss each one using the helps below.

BARRIER #1

Safety and Side Effects

 <p>If the person says...</p>	 <p>Then explain...</p>
<p>“I worry about short-term side effects after getting the vaccine.”</p>	<p>The COVID-19 vaccines stimulate your immune system to protect you from the virus. Many people don’t experience any side effects; however, some common vaccine side effects include fever, headache, fatigue, soreness, or a lump under the skin where the shot was given. These all are usually mild and temporary. It doesn’t mean you are sick or have COVID-19.</p>
<p>“I’m worried about the long-term effects of the vaccines on my health and have heard reports on social media on deaths caused by the vaccines, which makes me nervous. I want to wait and see how safe the vaccine is until others have taken it first.”</p>	<p>Vaccine safety is an important concern. Fortunately, there are protocols already in place requiring companies to investigate any reports of health problems post-vaccination. If any health issues are directly linked to a vaccine, it will immediately be suspended from being distributed while corrective measures are implemented.</p> <p>As of January 2022, more than 9.2 billion vaccine doses have been administered around the world.[*] For over a year, health issues in post-vaccination patients have been continually monitored to identify any long-term concerns. So far, no vaccines have demonstrated any serious safety concerns.</p> <p>Furthermore, there is no increased risk of death amongst COVID-19 vaccine recipients. In fact, people who receive a COVID-19 vaccine have lower death rates from all causes than unvaccinated persons.[†]</p>
<p>“I’ve heard that vaccines can give you the virus.”</p>	<p>This is not true. Traditionally, vaccines have been made with parts of viruses that can’t reproduce in your body but can still teach your immune system how to fight against the disease.</p> <p>AstraZeneca, Sinopharm, and Johnson & Johnson vaccines were designed like traditional vaccines. However, Pfizer/BioNTech and Moderna use a completely different approach. They send in a piece of the COVID-19 virus, which tells your cells how to recognise COVID-19, if it comes along.</p> <p>Even though different vaccines are created using various methods, they all are manufactured to safely provide you with protection from the coronavirus that causes COVID-19.</p>



^{*} For the most up-to-date vaccine distribution figures, see: WHO, “Coronavirus (COVID-19) Dashboard,” <https://covid19.who.int/>

[†] Xu, S. et al. (2021) COVID-19 Vaccination and Non-COVID-19 Mortality Risk — Seven Integrated Health Care Organizations, United States, December 14, 2020–July 31, 2021, CDC <https://www.cdc.gov/mmwr/volumes/70/wr/mm7043e2.htm>



Ask first: “What have you heard, and what do you believe in terms of how well the COVID-19 vaccines work to reduce a person’s chance of getting COVID-19? Do you think they work?”

BARRIER #2
Efficacy Doubts

 If the person says...	 Then explain...
<p>“I’ve heard that you can get better immunity by catching COVID-19 versus getting the vaccine.”</p>	<p>Getting a COVID-19 vaccination is a safer and more dependable way to build immunity to COVID-19 than getting sick with COVID-19.*</p>
<p>“I don’t know enough about COVID-19 vaccines to make an informed decision.”</p>	<p>All COVID-19 vaccines work with the body’s natural defences to safely develop an immunity to the disease. That means that if you get exposed to the virus after being vaccinated, your body is ready to fight the virus and helps prevent you from getting sick or dying. Also, by being immunised, you reduce the likelihood of transmitting COVID-19 to others. Studies have found that unvaccinated individuals are more likely to transmit COVID-19 than vaccinated people.†</p>
<p>“I’ve heard that vaccines don’t always work, and you can still get sick.”</p>	<p>It is still possible for someone to catch COVID-19 after being vaccinated. However, depending on which vaccine and how many doses you receive, you’re 40–96% less likely to have COVID-19 symptoms than someone who isn’t vaccinated. Also, all of the vaccines approved by stringent regulatory authorities (SRAs) have been shown to reduce vaccinated people’s risk of becoming very sick, being hospitalised, dying from COVID-19, or spreading it to others.</p>
<p>“I’ve heard that vaccines don’t work effectively against the new variants.”</p>	<p>All of the SRA-approved vaccines have been shown to reduce the risk of hospitalisation and death for all COVID-19 variants to date (including Delta and Omicron).‡</p> <p>Recent studies on Omicron indicate that people who are fully vaccinated are ~40% better protected against symptoms and ~80% against severe disease. Those who received boosters are better protected as well (~86% against symptoms and ~98% against severe disease).</p>



* CDC (2021) “Myths and Facts about COVID-19 Vaccines” <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/facts.html>

† Colson, P. et al. (2021) “Emergence in Southern France of a new SARS-CoV-2 variant of probably Cameroonian origin harbouring both substitutions N501Y and E484K in the spike protein” <https://doi.org/10.1101/2021.12.24.21268174>

‡ Colson, P. et al. (2021).

Ask first: “Do you think that many people you know will get the vaccine?”

BARRIER #3
Social Norms

 <p>If the person says...</p>	 <p>Then explain...</p>
<p>“No, I don’t think many people I know will get the vaccine (or I don’t know if they will).”</p>	<p>The majority of people in most countries who have not yet received a COVID-19 vaccine say they plan to do so once one is available to them. In many countries where WV works, many people underestimate the proportion of people who plan to get a COVID-19 vaccine. For example, in Afghanistan, 81% of unvaccinated adults plan to get the vaccine, but people on average assume that only 51% of people in their community will get a COVID-19 vaccine.</p> <p>In [our region/country], % of people said that they probably or definitely would get a COVID-19 vaccine once available. [See graphs to find the percentage of vaccine acceptance in your country.]</p> <p>[If you are aware of any community and/or faith leaders in your country or local community who have publicly said they are vaccinated or planning to get a vaccine, then you can mention them here as well. You can also find information about countries’ vaccine acceptance rates by demographic groups, assumed acceptance rates, influencers, and country comparisons online at the reference link.]</p>

Johns Hopkins Center for Communications Programs (n.d.) “Vaccine Acceptance.” <https://ccp.jhu.edu/kap-covid/vaccine-acceptance/>

Share of the unvaccinated population report that they will probably or definitely get a COVID-19 vaccine once available (by country)

Data displayed is as of December 2021. The figures represent 100% of the eligible adult population and the proportion in green represents the percentage of eligible adults who indicated they would get a vaccine.

Southern Africa

Mozambique - 68%
Survey 10

South Africa - 63%
Survey 10

Angola - 66%
Survey 10



East Africa

Kenya - 72%
Survey 10

Tanzania - 61%
Survey 10

Uganda - 70%
Survey 10



West Africa

Ghana - 59%
Survey 10



Senegal - 42%
Survey 10



Latin America and the Caribbean

Bolivia - 62%
Survey 10



Brazil - 85%
Survey 19



Chile - 63%
Survey 10



Colombia - 69%
Survey 19



Ecuador - 67%
Survey 10



Guatemala - 71%
Survey 10



Honduras - 70%
Survey 10



Mexico - 79%
Survey 19



Peru - 66%
Survey 10



Venezuela - 65%
Survey 10



Asia Pacific

Bangladesh - 78%
Survey 19



India - 81%
Survey 19



Indonesia - 75%
Survey 19



Myanmar - 80%
Survey 19



Nepal - 81%
Survey 10



Sri Lanka - 75%
Survey 10



Thailand - 74%
Survey 19



Middle East and Eastern Europe

Afghanistan - 81%
Survey 10



Georgia - 51%
Survey 10



Iraq - 62%
Survey 10



Romania - 57%
Survey 19



Sudan - 68%
Survey 10





United Arab Emirates - 72%
Survey 10



Ask first: What do you think about the people promoting the COVID-19 vaccines and what they say about their safety?

BARRIER #4
Skepticism and Mistrust

 <p>If the person says...</p>	 <p>Then explain...</p>
<p>"I don't trust the government or 'the vaccine system' that are providing the vaccines. I believe that the people in charge aren't telling us the truth about them or their safety."</p>	<p>All SRA-approved COVID-19 vaccines have gone through multiple phases of clinical trials and their safety and efficacy data has been reviewed by independent scientists before they were approved for public use.</p>
<p>"I've heard that the COVID-19 vaccines were developed too fast."</p>	<p>It's true, the COVID-19 vaccines are the fastest vaccines ever developed to come to market.</p> <p>However, this development process was quicker mostly because researchers didn't have to start from scratch when they began studying how to make a vaccine for COVID-19. They had years of research from other types of coronaviruses, such as SARS and MERS, already available.</p> <p>Some vaccines, like Pfizer and Moderna, used a new technology that allowed researchers to speed up vaccine development safely.</p> <p>Even though the vaccines were developed rapidly, no steps were skipped when ensuring their safety and effectiveness. Globally, governments and companies worked together to accelerate the safety testing process. Instead of having to wait for long periods between each phase of testing, they were able to move through each step more quickly and had a large population of eligible and willing participants for testing.</p>



“I’ve heard so many different rumours about the vaccines; for example, people say it can make you infertile.”

[Don’t get caught up in countering specific rumours or misinformation since that can actually increase the spread. However, you can respond with new, accurate information you have available to dispel rumours.]

There is currently no evidence that COVID-19 vaccines cause any problems with pregnancy, men’s infertility, or erectile dysfunction.

Some studies have shown that getting sick with COVID-19 could make it more likely for a man to become infertile or have erectile dysfunction though. Unvaccinated pregnant women are also more at risk of developing severe COVID-19 if they are infected. A study in the US found that pregnant women who experienced severe COVID-19 symptoms (compared to COVID-19 patients without symptoms) were at higher risk of medical complications and disorders during and after their pregnancies, such as pre-eclampsia, preterm birth, and stillbirth.

Sansone (2021), Aitken (2020), CDC (2022), and BMJ (2022) <https://www.bmj.com/content/376/bmj.o117>, and NIH (2021) <https://www.nichd.nih.gov/newsroom/news/012821-GRAVID>.



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Ask first: “What positive effects have you heard about getting a COVID-19 vaccine?”

BARRIER #5

Being Unaware of Positive Consequences (Advantages)



Listen to the person. If you haven't heard them mention one or more of these benefits, then explain these to them.

- COVID-19 **vaccines protect people from being hospitalised with COVID-19 and from dying** from the virus. Also, depending on which SRA-approved vaccine you receive, you're 72–96% less likely to get COVID-19 than someone who isn't immunised.
- COVID-19 is very contagious and **vaccines are essential to curbing the spread of the pandemic**. COVID-19 **vaccines protect people from transmitting COVID-19** to others – giving you the peace of mind that you're doing your part to keep others in your household and vulnerable people in your community safe.
- The sooner everyone is fully vaccinated around the world, **the less opportunity COVID-19 variants will have to mutate** and spread.
- Keeping everyone fully vaccinated against COVID-19 will **make it more likely that restrictions against travel and other activities will be lifted, and give you more freedom to participate in work and other activities**.
- **A COVID-19 vaccine increases your immunity more than getting COVID-19 and surviving**. It is stronger and it lasts longer than the immunity gained from exposure to COVID-19.*
- COVID-19 **vaccines are free** to eligible populations in most countries.
- **Disease prevention is better than cures**. There is no scientific evidence of any alternative or natural remedies to prevent or cure COVID-19.
- The **vaccines are necessary to ensure we can address the many areas of increased vulnerability of children** within the pandemic, including the serious harm they face if their parents or caregivers fall sick or die.
- Once everyone receives a vaccine, **COVID-19 cases will decrease, allowing health systems to go back to dealing with medical issues other than COVID-19**. These disruptions resulted in the additional deaths of up to 1.2 million children and 57,000 mothers from preventable causes in just the first six months of the pandemic, and is putting the long-term health of children at risk as well. Less than 20% of children born today will be fully vaccinated with all the globally recommended vaccines by the time they are 5.[†]

* CDC (2021).

[†]Roberton, T. et al. (2020) <https://www.jhsph.edu/departments/international-health/news/health-systems-disruptions-caused-by-covid-19-could-lead-to-significant-increases-in-maternal-and-child-mortality-in-low-and-middle-income-countries-new-study-finds.html> and WHO (2020) <https://www.who.int/news/item/15-07-2020-who-and-unicef-warn-of-a-decline-in-vaccinations-during-covid-19>.



- Vaccination is good for us all as individuals AND as members of our communities. Having a **highly vaccinated population will lead to fewer hospitalisations**, meaning that health-care systems can cope – and policymakers can moderate their public health measures, schools stay open, markets function normally, worshippers gather, and children receive essential services.
- Having a **vaccine can also mean that children are able to complete their education**. Even though children and adolescents tend to have milder disease compared to adults, they can also transmit the disease to other children and adults. Thus, **vaccines will keep teachers and families safe** when everyone are back together in classrooms. Plus, in some countries, vaccines are required for children to return to school, attend examinations, travel, etc.[‡]



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[‡]WHO (2021) <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/covid-19-vaccines/advice> and Coffin, S. and Rubin, D. (2021) <https://jamanetwork.com/journals/jamapediatrics/fullarticle/2783027>.



Ask the person: “How likely do you think it is that you could get a COVID-19 vaccine?”

- If they say they don’t think they can or will get one, ask them, “How serious do you think it would be if you or someone in your household got COVID-19?”

BARRIER #6
Low Perceived Susceptibility to and Severity of COVID-19

 If the person says...	 Then explain...
<p>“I don’t think it’s likely that I’ll get COVID-19.”</p>	<p>Although you may feel like there is a low risk for you to get sick, please remember that COVID-19 is very contagious and still spreading rapidly in many places, and spikes can occur, even in the most remote areas, without prior warning.</p> <p>Even if you aren’t seeing cases around you, it’s critical that you continue to follow all prevention measures, like wearing a mask, washing your hands with soap often, socially distancing, and getting vaccinated when COVID-19 vaccines are available in your area.</p>
<p>“I don’t think that it would be serious if I or someone in my household got COVID-19. COVID-19 doesn’t seem that dangerous, since I haven’t seen any people getting really sick from it.”</p>	<p>COVID-19 is a killer disease with long-term effects that we’re still learning about. There’s been more than 300 million confirmed cases globally and more than 5.5 million people have officially died from COVID-19.* However, other sources indicate that there’s likely closer to 15 million COVID-19 deaths globally, based on excess mortality estimates.</p> <p>If you do catch COVID-19, there are more than 200 symptoms that you could experience, and there’s a higher risk of hospitalisation and death from COVID-19 for people suffering from underlying conditions, such as hypertension, obesity, diabetes, and respiratory problems. Even if you are generally healthy, about one-third of people who get COVID-19 report still having symptoms up to six months later, such as shortness of breath, brain fog, etc. However, people who are vaccinated are five times less likely to catch COVID-19, 10 times less likely to be hospitalised, and 10 times less likely to die.</p>

* For the most up-to-date case/death figures, see: <https://covid19.who.int/>. See: IHME (2021) and CDC (2021).



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What next?

Ask the person one last time if they plan to get vaccinated based on what they've learnt. Don't be upset if they say no.

Thank them for their time and offer to visit them again, especially if they say they still don't plan to get vaccinated.



KEY FACTS ABOUT COVID-19 VARIANTS

Are there new variants of the COVID-19 virus?

There are several variants of COVID-19 that have emerged. The Alpha and Beta variants were both designated 'variants of concern' in December 2020. Alpha was found to be 50% more contagious than the original Wuhan strain of COVID-19 and Beta was determined to be about 50% more contagious than Alpha. In May 2021, the Delta variant was detected in India; it's considered to be about 50% more contagious than the Alpha variant as well. Omicron was designated a variant of concern in November 2021, after being detected in South Africa. It's much more contagious than all the previous variants and carries a higher risk of reinfection. Omicron may kill a smaller percentage of people infected with it, but a lot more people have been infected by Omicron as compared to the other variants and the original strain.*

Are these variants circulating in the world?

Yes, regardless of where a variant was first detected, most are found in the majority of countries and regions around the world. When new, more contagious variants enter a country, they often take over and out compete the older variants, replacing them. Some variant viruses are of particular concern because they spread more easily or cause more severe disease, as they escape the body's immune response.

Do these variants cause more severe disease?

Some variants appear to lead to people experiencing COVID-19 as a more serious disease or dying (such as Delta) and others spread further, faster but lead to a lower proportion of people with serious disease or deaths (such as Omicron). However, when a lot more people get a particular variant (because it is more contagious), even if the proportion of people who get it as a serious disease is lower, the absolute number of people who will experience COVID-19 as a serious illness or die can be the same or higher than previous variants. A higher rate of transmission can lead to more cases, which would increase the number of people who need clinical care.

Are COVID-19 vaccines effective against these variants?

COVID-19 vaccines protect people from being hospitalised with COVID-19 and from dying from the virus. Depending on which SRA-approved vaccine you receive, you're 72–96% less likely to get COVID-19 than someone who isn't immunised.

However, with the emergence of new variants, like Omicron, we are learning that this protection may be lower, but so far the vaccines still offer some protection from serious infection and death. Recent studies indicate that people who are fully vaccinated are ~40% protected against symptoms and ~80% against severe disease – for those who have received boosters, protection improved to ~86% against symptoms and ~98% against severe disease.†

What measures are necessary to prevent the spread of these new variants?

The most effective way to prevent the spread of this virus, no matter the strain, is to follow the guidance previously stressed by public health experts and World Vision's protection guidelines: (1) get a SRA-approved COVID-19 vaccine once available; (2) wear a mask – preferably a multi-layer, surgical, or N95/KN95 one – over your nose and mouth; (3) social distance; (4) regularly ventilate rooms; and (5) wash your hands with soap and/or sanitise them frequently.

*Gavi (2021) "From Alpha to Omicron: Everything you need to know about coronavirus variants of concern" <https://www.gavi.org/vaccineswork/alpha-omicron-everything-you-need-know-about-coronavirus-variants-concern>

†See: CDC (2021) and Colson, P. et al. (2021).



Are these new variant strains some kind of new super-virus?

No. Viruses constantly change through mutation, and new variants of a virus are expected to occur over time. Sometimes new variants emerge and disappear quickly. Other times new variants emerge and start infecting more and more people. Multiple variants of the virus that causes COVID-19 have been documented globally during this pandemic. The best way to stop the production of these new variants is to shut down transmission of COVID-19 using our prevention tools.

Are the variants more transmissible (contagious)?

COVID-19 is very contagious and vaccines are essential to curbing the spread of the pandemic. A person that gets the Delta variant will spread it on average to seven other people – this is about three times more contagious than the Ebola virus – and the Omicron variant is even more contagious than Delta.

Standard prevention strategies, including vaccination, masking, distancing, ventilation, and handwashing also remain effective in reducing the risk of infection, transmission, hospitalisations, or deaths. COVID-19 vaccines protect people from transmitting COVID-19 to others – recent studies have found that unvaccinated individuals are more likely to transmit the Omicron variant and getting a vaccine can reduce your chance of spreading COVID-19 to others by up to 63%, giving you the peace of mind that you're doing your part to keep others in your household and vulnerable people in your community safe.‡

Does Omicron cause more severe COVID-19 illness?

As of January 2022, the answer appears to be that Omicron does not cause more severe COVID-19 illness and may actually cause a less severe version. We will know more about this with time.

Do the COVID-19 vaccines still work and reduce the risk of severe illness?

Being fully vaccinated, including boosters, if available, still appears to provide a reduced risk of hospitalisation and death. With time, we will learn more about how well the antibodies induced by the current vaccinations can wipe out the Omicron variant.

Does the Omicron variant show up on COVID-19 tests?

The available commercial diagnostic PCR (polymerase chain reaction) and antigen COVID-19 tests appear to be able to identify the Omicron variant. With time, we will know more about how well the rapid at-home tests perform when detecting the Omicron variant.

‡ See: Colson, P. et al. (2021) and Brechje de Gier (2021).





<https://www.wvi.org>

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