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Interview: Heidi Larson

# How to stop vaccine hesitancy

When the first covid-19 vaccines become available, there will still be work to do to convince people to take them, Heidi Larson tells Adam Vaughan

FOLLOWING encouraging news from pharmaceutical companies, there is a real possibility that vaccines for covid-19 will soon be made available. But there are people who are reluctant to receive them.

Heidi Larson at the London School of Hygiene & Tropical Medicine is author of *Stuck*, a book about how vaccine rumours start. *New Scientist* spoke to her about people's hesitancy around the first covid-19 vaccines.



PATRICK DOWDSE

## Profile

Heidi Larson is the founder of the Vaccine Confidence Project at the London School of Hygiene & Tropical Medicine

## Adam Vaughan: How willing are people to take a covid-19 vaccine?

Heidi Larson: We've been doing a lot of global surveys on willingness if a vaccine is approved as safe and effective. In the UK, the US and other countries, in May only 5 per cent said they would definitely not take a vaccine. Now, that's up to more like 15 per cent.

## Why have attitudes changed?

In April, there wasn't much discussion of vaccines, it was about lockdowns and "do I wear a mask or not?".

Since then, there's been more discussion of vaccines, people have seen not everyone is dropping dead, and there's a perception it's only older people dying.

One of the reasons rumours and misinformation are getting more traction now is because we have a lot of uncertainty. Things are changing every day, and people are anxious and want an answer. We have a perfect storm for rumour spread.

## Who does your research show is less likely to take the vaccine?

What we see across the UK and US is if you [have a] lower income, your education is below post-graduate and you are non-white and female, you are more likely to refuse a covid vaccine.

**It seems like the poorest in society face a double whammy, as they were already hit harder by covid-19 and now are one of the groups least likely to take a vaccine.**

They need it the most. We don't have a misinformation problem as much as we have a relationship problem [between the public and health systems].

These communities could benefit the most but they are the least trusting of government. They're not crazy.

## What reasons do people give for not wanting to use the vaccine?

The top one is safety. Another one is just that it's "too new". I understand people's anxieties around a brand new vaccine, especially when it's a brand new virus and we are still trying to understand the nature of the virus.

One of the concerns coming up is "could we get long covid from the vaccine". It's not going to give you long covid. The trials have been going probably long enough to pick up anything that would be a common serious side effect – we'd know by now, by giving it to tens of thousands of people.

[However] there may be,

and you'd only know this with hundreds of thousands of people, there may be a rare thing that comes up with genetic propensity, certain situations and certain groups.

That's true with any new vaccine, that's why you have post-marketing surveillance [in which

**"One reason misinformation is getting more traction now is because we have a lot of uncertainty"**

any side effects are monitored after the vaccine is rolled out].

Down the line there might be some rare thing we haven't seen yet, that's true, but it would be extremely rare – and are we going to wait for that?

**There is an urgent need for a vaccine but does a rapid regulatory approval process risk fuelling vaccine hesitancy, and how can that risk be reduced?**

We have to do a better job of explaining why things are moving faster. We are not short-cutting old processes. It's because we have brand new [vaccine] platforms, new technology.

You are not going to get a vaccine out the door that is not considered to be safe and effective enough. Emergency approval doesn't mean the first in line will be the first to have taken the vaccine. We should be making clear how many people have already taken it.

**We hear a lot about online misinformation, but does it really have an effect?**

What we found in the UK was that 54 per cent said they'd definitely take a vaccine if it was proven safe and effective. After being shown misinformation, that dropped 6.4 percentage points.

People waiting to take part in a covid-19 vaccine trial in Abu Dhabi



REUTERS/KHUSHNUM BHANDARI



REUTERS/BRIAN SNYDER

That's significant, because 54 per cent was at the lowest end of levels needed for herd immunity [via vaccination]. We're in a borderline situation, so even a small impact is a significant one.

**How do we tackle that misinformation?**

Anti-vaccine groups are quite sophisticated and extremely responsive to public concerns. On the health authority side, you get more formalistic "everybody do this" messages, it's almost

monotone. The public have a lot of different questions. So when they hear the same message they think we [public health officials] really don't hear them, that's not answering their questions.

**Are technology platforms such as Facebook doing enough to tackle misinformation?**

We can all do better. Tech companies can do more but we shouldn't underestimate that it's really complex. There's a lot of stuff [posts and comments]

Demonstrators at a "no mandatory flu shot" rally in Massachusetts in August 2020

undermining trust, which is not so straightforward to take down.

We also have to remember this is about deep human emotions. You could shut down Facebook tomorrow and this problem will not go away. It will jump to other platforms that are under the radar, and go offline.

**Is there any point engaging with anti-vaccine opponents online?**

Some of the individuals in groups have come to me. They said: "our message to you, and tell your peers Dr Heidi, was if they talk more nicely, more people would be getting vaccinated."

They showed me a dossier of public figures calling anyone who questioned [taking a vaccine] idiots, stupid. There are people

**"We have to do a better job of explaining why vaccine development is moving fast"**

on the edges of these groups who aren't getting what they need from authorities. We need to find some common ground.

**Is there a wider opportunity here, given everyone will be able to see the benefit of a covid-19 vaccine, to turn the tide against rising anti-vaccination sentiment generally?**

Absolutely. It's one of my biggest hope messages. And it's not just about vaccine hesitancy. The covid response is a real opportunity to change [health authorities'] relationship with the public.

If we rebuild our relationship with the public so they feel we are a caring, listening health authority or government, that will make a huge difference. ■

For a review of Heidi Larson's book *Stuck*, turn to page 30