

Addressing vaccine hesitancy in writing

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Abstract

Since the infamous article by Wakefield et al. was published in 1998, diseases once nearly eradicated are re-emerging. As a result, research has focused on communication strategies that can successfully combat vaccine hesitancy. Current research suggests that facts and knowledge alone are not sufficient to change the minds of people hesitant to use vaccines. Strategies that might help “anti-vaxxers” to reconsider include approaching vaccine hesitancy as a spectrum of opinions, communicating with courtesy, focusing on the harms of not vaccinating, using narrative in communications, and analysing real-life stories from former vaccine-hesitant parents.

Had *The Lancet* not published their now-retracted article, “Ileal-lymphoid-nodular hyperplasia, non-specific colitis, and pervasive developmental disorder in children” by Andrew Wakefield et al. in 1998,¹ perhaps we wouldn’t be

facing one of the most significant public health challenges of our time. Had they never written the words “Rubella virus is associated with autism and the combined measles, mumps, and rubella vaccine, (rather than the monovalent measles vaccine), has also been implicated”, perhaps we wouldn’t be witnessing the re-emergence of diseases that were once eradicated.² But, they did – and, we are.

If you’ve ever seen or participated in an online discussion about vaccination, you’ll appreciate just how difficult it is to change an anti-vaxxer’s mind. Vaccination is a hot topic on social media – specifically, in online parenting groups where many mothers refer to the issue as a “debate” with two “equal sides”, dismissing the science and facts by arguing that people are entitled to their opinion.

Defensive mothers cite material with no evidence base to support their claim that the MMR vaccine is harmful and causes autism. Discussion threads on vaccination often become so heated that many moderators ban all discussion on the topic – another challenge in the fight against the anti-vaccination movement, as pro-vax silence makes the anti-vaccination voice louder.

Tackling vaccine hesitancy in writing

As medical writers, we’re public health advocates. It’s our job, our obligation, to write high-quality content and correct misinformation. As logical

thinkers, we believe the best way to counter anti-vaccination voices is to offer up evidence and knowledge. We wrongly assume people don’t want to vaccinate simply because they don’t know the facts. All we need to do is bust the myths and debunk the pseudoscience, right? Wrong.

In 2013, Dube et al. explored the issue of vaccine hesitancy, writing in the journal *Human Vaccines & Immunotherapeutics*.³ The team wrote that “public health interventions to promote vaccination have been based on a ‘knowledge-deficit’ approach assuming that vaccine hesitant individuals would change their mind if given the proper information.” However, the authors argued, research on vaccine acceptance has shown a different result. “Individual decision-making regarding vaccination is far more complex and may involve emotional, cultural, social, spiritual or political factors as much as cognitive factors,” they wrote.

Five years later, the issue of vaccine hesitancy remains as critical as ever and the same journal published another paper on the topic – this time looking at addressing barriers to vaccine acceptance.⁴ “Overcoming hesitancy requires detection, diagnosis and tailored intervention as there is no simple strategy that can address all of the barriers to vaccine acceptance,” the authors wrote. While Europe has a relatively



Andrew Wakefield

The MMR vaccine controversy

In 1998, *The Lancet* published a study linking the combined measles, mumps, and rubella (MMR) vaccine to colitis and autism spectrum disorders.¹ Authored by a group led by Andrew Wakefield, the study received significant media attention and vaccination results began to drop as frightened parents refused to vaccinate their children.¹⁶ Further research failed to replicate the findings,¹⁷ Wakefield was investigated for professional misconduct and subsequently banned from practicing medicine,¹⁸ and *The Lancet* formally retracted the paper in 2010, arguing that the science was flawed. Yet the damage was well and truly done: The paper has become a significant tool used by the anti-vaccination movement to convince hesitant parents not to vaccinate their children, and Wakefield’s study continues to have a considerable impact on public health.

high vaccine uptake, there are pockets of resistance⁵ and researchers argue we mustn't become complacent. And, with most parents getting their health information online, it's critical we arm ourselves with best-practice techniques so that, when opportunity arises, we can help to make a difference. So, if knowledge, facts and evidence don't help to address vaccine hesitancy, what does? Here are some strategies that have shown success in positively changing people's attitudes on vaccination.

Understand the vaccine hesitancy

Whether you're writing a consumer article about vaccination or contributing to an online discussion, it's important to understand the anti-vaccination mind-set. Simply put, not all anti-vaxxers are the same. Writing in *The Conversation* last year, Australian researchers argued that vaccine attitudes are not simply "pro" or "anti."⁶ Instead, they said, there's a "spectrum" of vaccine hesitancy – one that parents move through, not necessarily sequentially. Depending on where people are at on the spectrum, different information will resonate in different ways.

"Our research, and that of others, suggests parents' confidence in the safety and need for vaccination is best described as a spectrum,

ranging through unquestioning acceptance; cautious acceptance; hesitance; delaying or selective vaccinators; to those who decline all vaccines. Within that group of decliners, only a handful are the noisy 'anti-vaccination' activists," the authors wrote. The team also pointed out that it's the hesitant parents who are most likely to change their positions because they can be reassured.

Direct attention to the consequences of not vaccinating

Instead of writing about the reasons why vaccination is helpful, focus on the dangers of refusal – that's one strategy that has proven to be effective, according to American researchers. A research team from the University of Illinois found they could moderate anti-vaccination beliefs by reminding people of the harms that not vaccinating can have.^{7,8} Fear can be a strong motivator for change, and that strategy has worked in other public health interventions – for example, cigarette label imagery.


Communicate with courtesy

"Communication is a two-way process," wrote members of the SAGE Working Group on Vaccine Hesitancy in the journal *Vaccine*.⁹ "It is in equal measure a process of listening and telling." "Understanding the perspectives of the people for whom immunisation services are intended, and their engagement with the issue, is as important as the information that experts want to communicate." Too often, pro-vax arguments direct vitriol, passive aggressiveness and hate speech at anti-vaxxers. This negativity only creates a further divide. When you're communicating with someone who is anti-vaccination, it is important to:

- Acknowledge the other person's belief or mind-set – acknowledgement doesn't mean you agree with them
- Communicate with empathy – listen, then share your perspective
- Use the right tone – different tones resonate with different audiences

Other communication strategies that can help to change an anti-vax mind-set, according to a team of doctors writing for *Medscape*,¹⁰ are to:

- Reinforce the importance of the decision
- Ask what types of blogs and content are influencing their decision-making



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- Understand the source of the reader's fears
- Explain the risks of not vaccinating
- Explicitly mention and acknowledge the fact that your reader is a caring parent who is trying to make the best decisions for the health of her child

Making someone feel valued and good isn't just common courtesy, either – it's also an evidence-based approach to changing misperceptions. A research team looking at misperceptions and corrections found that people who undertook a self-affirmation exercise were more likely to accept corrected information.¹¹

Further, in 2016, the WHO developed an evidence-based guideline, *How to respond to vocal vaccine deniers in public*.¹² In the guideline, WHO also recommend the following communication strategies:

- Stay calm
- Don't demean the anti-vaxxer
- Focus on the category of the anti-vax argument – is the topic about safety, fear, etc.?
- Provide the evidence with respect
- Use appealing language



Narrative

Emotion is a powerful motivator, and it is personal stories, not facts, that engage readers. Once those stories become about multiple people, we lose interest. As explained by Christopher Graves in *Harvard Business Review*, “It turns out human empathy does not scale well. We can care very deeply about one, single stranger, but that empathy wanes rapidly as the group of victims grows. Once it becomes a large number we cease caring.”¹³ Graves tells how celebrity anti-vax campaigner Jenny McCarthy used her personal experience with her child to sway audiences into believing her anti-vaccination story, playing the role of identifiable victim.

Consider real-life stories

Reading real-life stories from people who have changed their minds also helps to provide an insight into the anti-vaccination mind-set – and how it was successfully changed.¹⁴ In many cases, these stories tell of people who came into the

anti-vax movement via friends with similar parenting styles in other areas, suggesting the significance of peer support. Clearly, we naturally gravitate towards people who have similar thoughts and values to our own. One mother who shared her story on Australian website Kidspot confessed: “I no longer am an anti-vaxxer. You may wonder what changed my mind. I’ll tell you what didn’t first: being confronted with new evidence that opposed my views didn’t change my mind, and neither did the scorn and derision of people who disagreed with my choice,

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in real life or online.”¹⁵

Instead, the mother argued, her mind-set shifted after reading posts from a pro-vaccination friend with similar parenting styles. “Every interaction [my friend] had on the topic was friendly, non-confrontational and respectful, and yet she thoroughly explained her reasoning for vaccinating and gently challenged any misconceptions she saw in vaccine opponent’s arguments,” the author wrote. “And so I read articles she posted, and followed her links to accurate information from reputable sources.” Gentle persuasion slowly allowed this anti-vaxxer to challenge her deeply held beliefs.

The final word

While correcting misinformation is an important step in the journey, it cannot be the only way forward. Science seems to demonstrate that a multi-faceted, individualised and contextualised approach is the best way to make an impact against the anti-vaccination movement.



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