

# The pandemic, the infodemic, and a data deficit

Helen Petousis-Harris



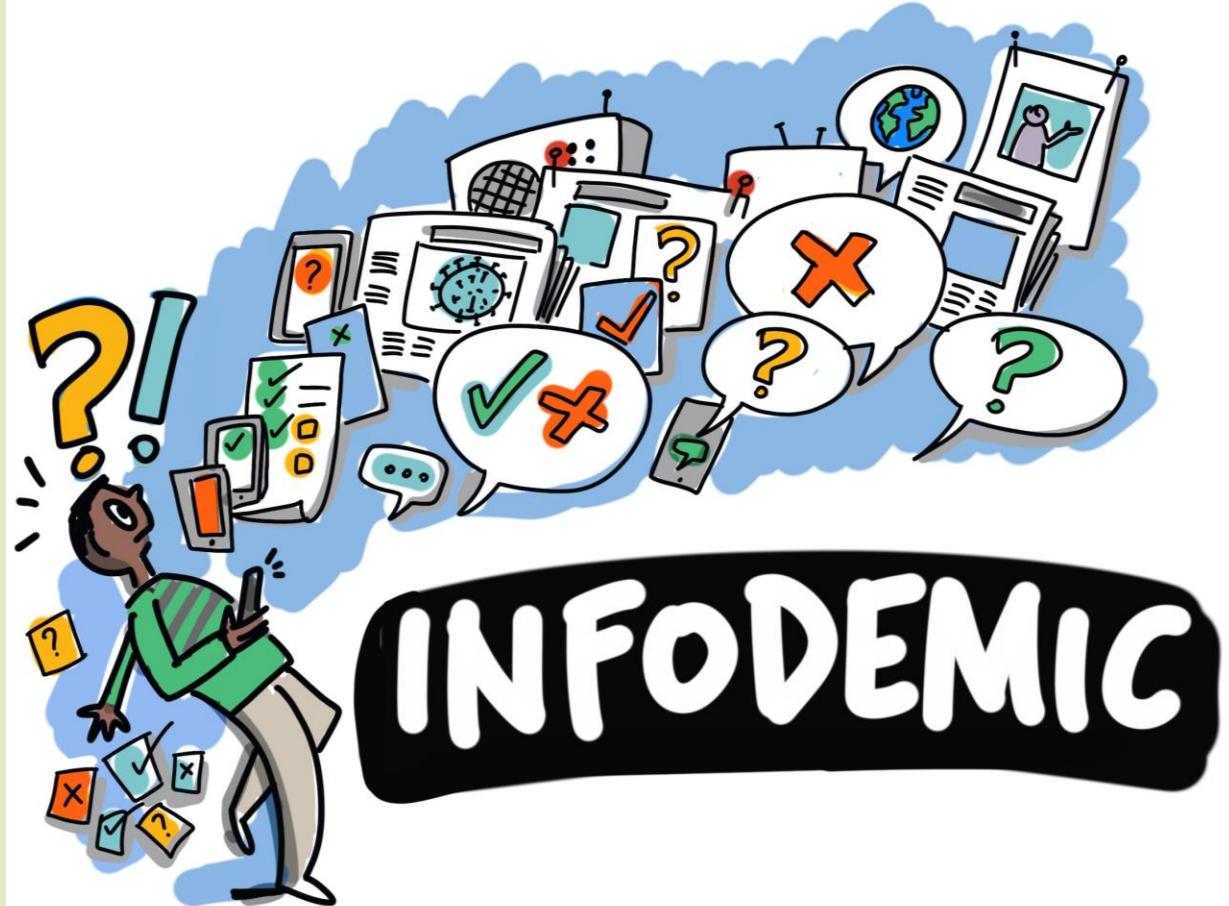
Global Vaccine  
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# The infodemic

# What is an infodemic?

- An infodemic is too much information including false or misleading information in digital and physical environments during a disease outbreak.
- It causes confusion and risk-taking behaviours that can harm health.
- It also leads to mistrust in health authorities and undermines the public health response.
- An infodemic can intensify or lengthen outbreaks when people are unsure about what they need to do to protect their health and the health of people around them. With growing digitization – an expansion of social media and internet use – information can spread more rapidly.
- This can help to more quickly fill information voids but can also amplify harmful messages.

WHO



# Bad information

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Disinformation – false and intended to cause harm



Misinformation – false but not deliberately created to cause harm



Malinformation – based on reality but used to inflict harm

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**Everyone became an expert**



# Deliberately weaponising conspiracy theories

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At one end of the spectrum there is a hardcore deliberate creation and weaponization of falsehoods (disinformation)

Essentially this is the top of the vaccine misinformation food chain

Identifies discontent that provides opportunity to spread agendas and manipulate (anti-everything, even when it conflicts).

far left, far right, and in between

This feeds *Vaccine Hesitancy*

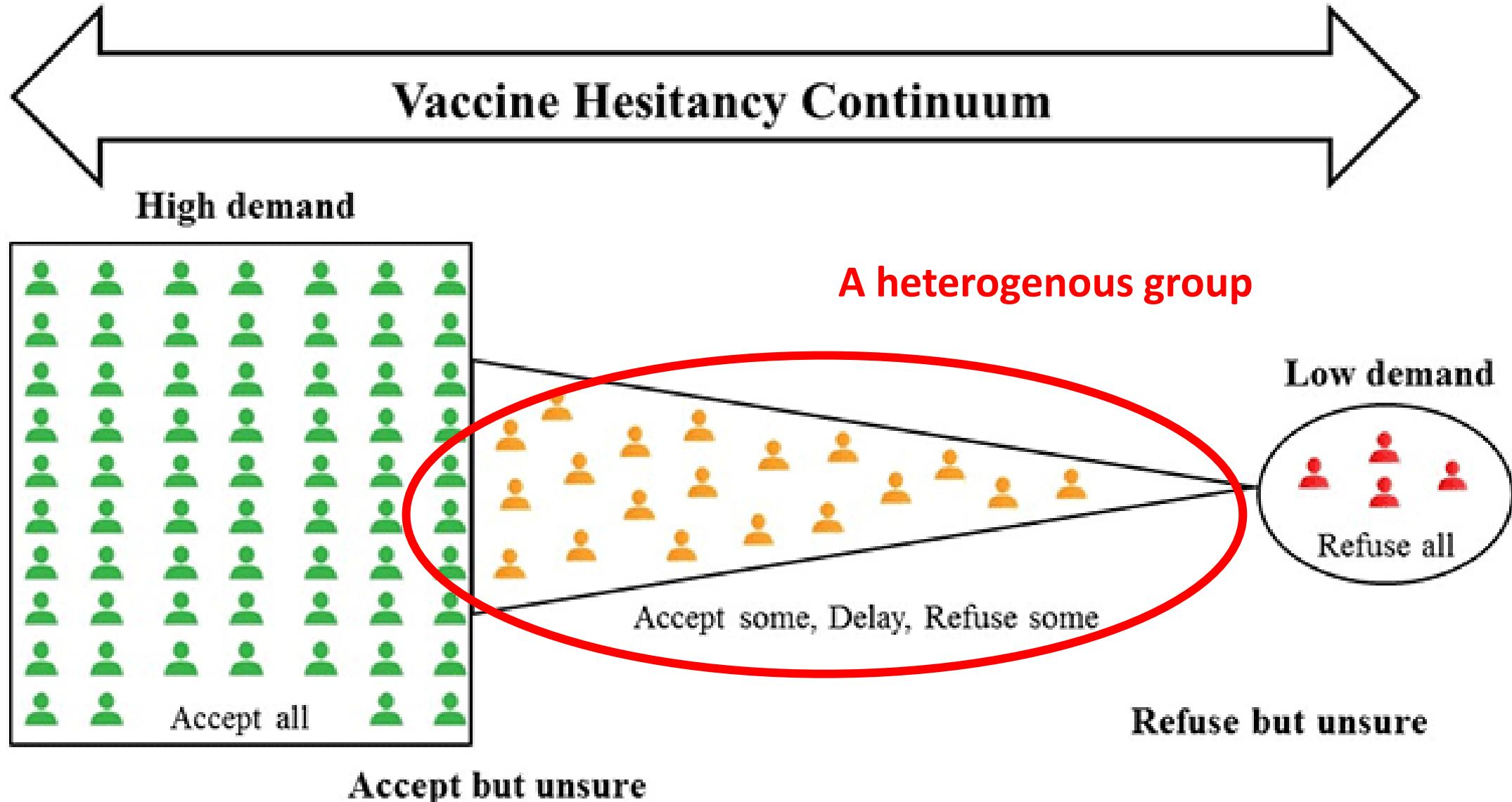
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Atlantic Council – Digital Forensic Lab and Associated Press



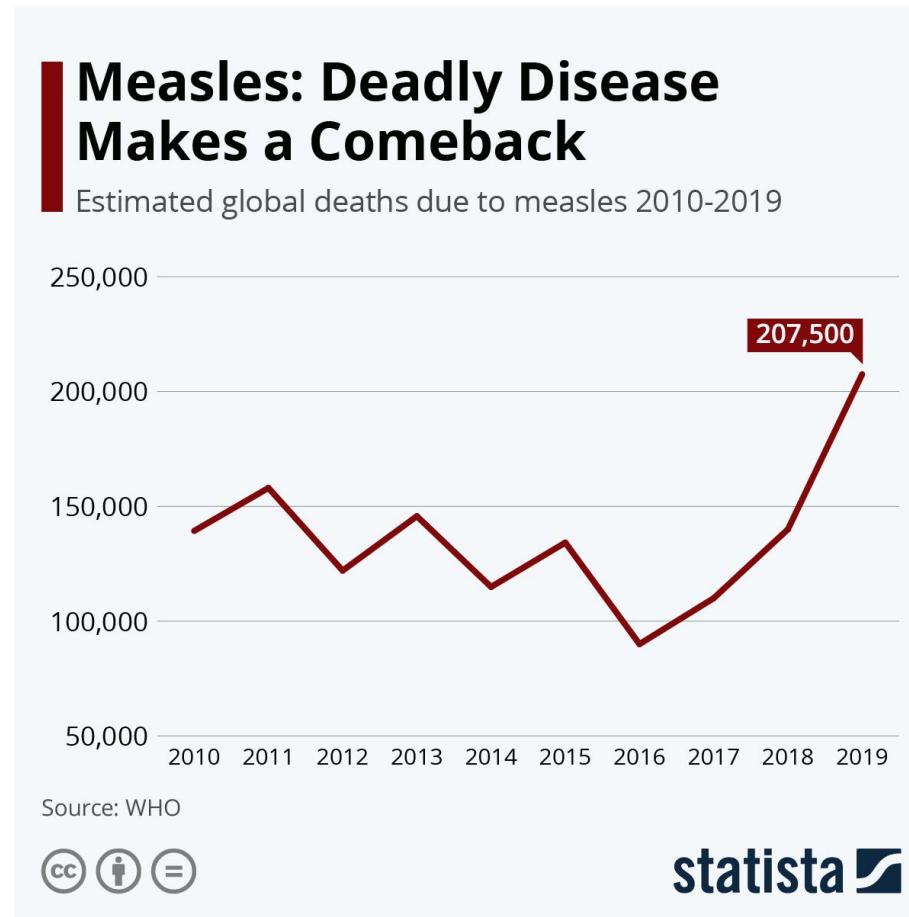
# Vaccine hesitancy

One of the greatest threats to public health



Dube, MacDonald, Vaccine Hesitancy, Global Public Health, 2018

# We were sliding backwards before COVID



- Global coverage dropped from 86% in 2019 to 83% in 2020
- An estimated 23 million children under the age of one year did not receive basic vaccines, which is the highest number since 2009
- In 2020, the number of completely unvaccinated children increased by 3.4 million.
- Only 19 vaccine introductions were reported in 2020, less than half of any year in the past two decades.
- 1.6 million more girls were not fully protected against human papillomavirus (HPV) in 2020, compared to the previous year

WHO July 2021

# Why?

• •

Erosion of support to public health and primary care services

This includes the immunisation programme and addressing vaccine hesitancy

*“...The current national measles epidemic in New Zealand is amongst the largest we have experienced in the last 40 years. It can be linked to the problems created by long-term erosion and fragmentation of national public health capacity.....”*

Feb 2020

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Covid-19 Case-Fatality Risk & Infection-Fatality Risk – important measures to help guide the pandemic response

A preventable measles epidemic: Lessons for reforming public health in NZ

Posted on [February 5, 2020](#) by [tedla55p](#)

Prof Michael Baker, Prof Nick Wilson, Louise Delany, Prof Richard Edwards, Prof Philippa Howden-Chapman

The current national measles epidemic in New Zealand is amongst the largest we have experienced in the last 40 years. It can be linked to the problems created by long-term erosion and fragmentation of national public health capacity. Fortunately the present Health and Disability System Review provides an opportunity to describe and build the kind of public health capacity needed to manage measles, pandemics and other population health threats. We argue for consolidating a range of dispersed public health activities into a strong national agency, *Public Health Aotearoa*, to take responsibility for the multiple public health challenges faced by NZ.

Having trouble posting comments?  
If you are having trouble seeing a green 'Post comment' button when you are trying to submit a comment, please check to see if you are using Internet Explorer. If so, follow these instructions:  
1. Open the browser  
2. Press the Alt key on your keyboard and this will make a menu bar at the top appear  
3. Click on tools and then select compatibility view settings  
4. Remove all ticks from the 3 boxes



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# Health Care Professional challenge

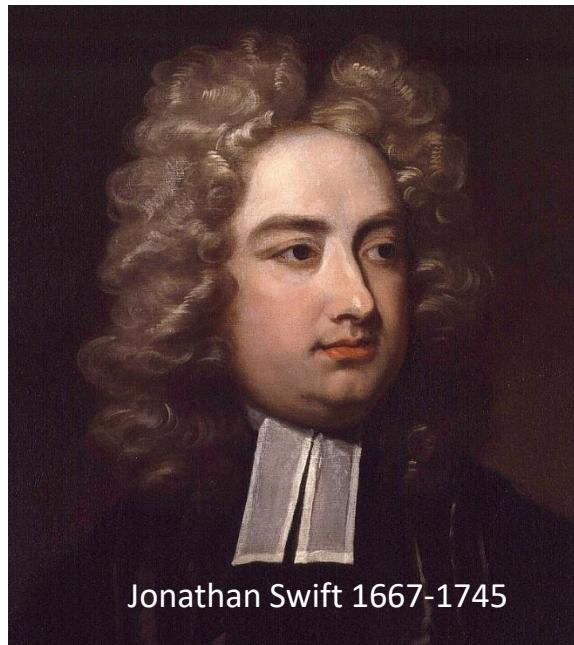
A hand holds a blue and silver fuel pump nozzle, spraying a stream of fire onto a base of flames. The background is a solid red.

You are currently up against a vaccine misinfodemic of unprecedented magnitude that bathes people daily in torrents of scare stories, conspiracy theories, and misinformation

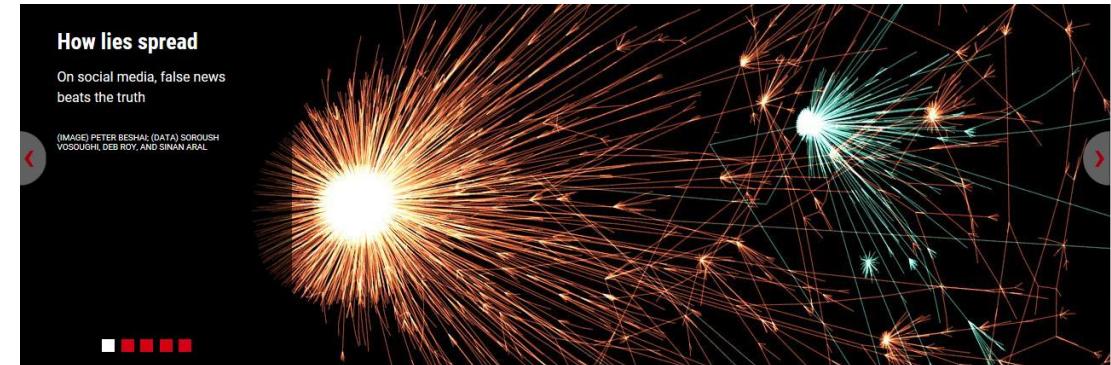
This fuels vaccine hesitancy

# The horrible truth - lies spread faster than the truth

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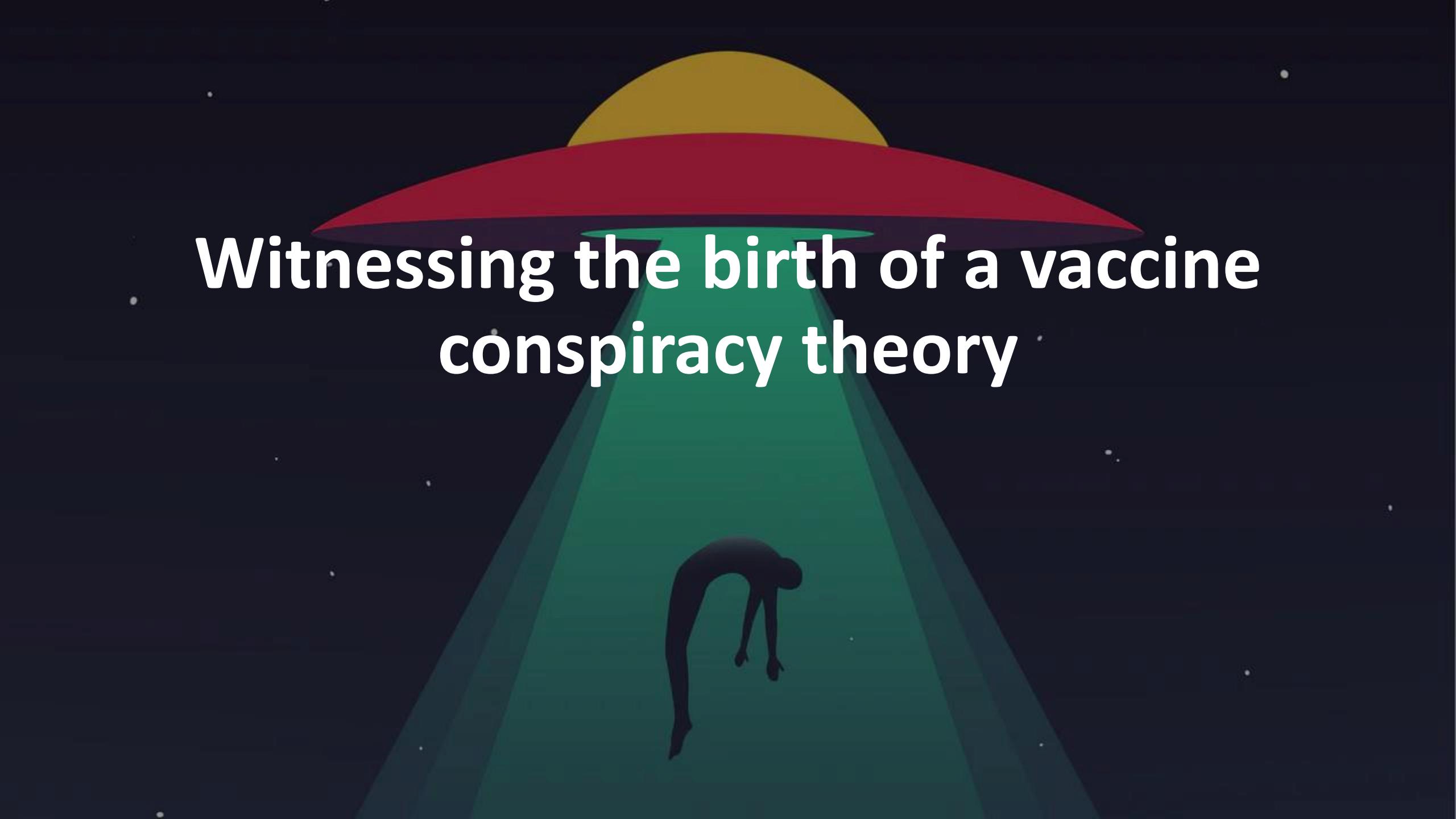
*"Falsehood flies, and truth comes limping after it, so that when men come to be undeceived, it is too late; the jest is over, and the tale hath had its effect."*



- 126,000 rumours spread by ~3million people
- False news reached more people than the truth
- Falsehood diffused faster than the truth

Vosoughi et al. *Science* 9 March 2018

# Where do myths originate from?

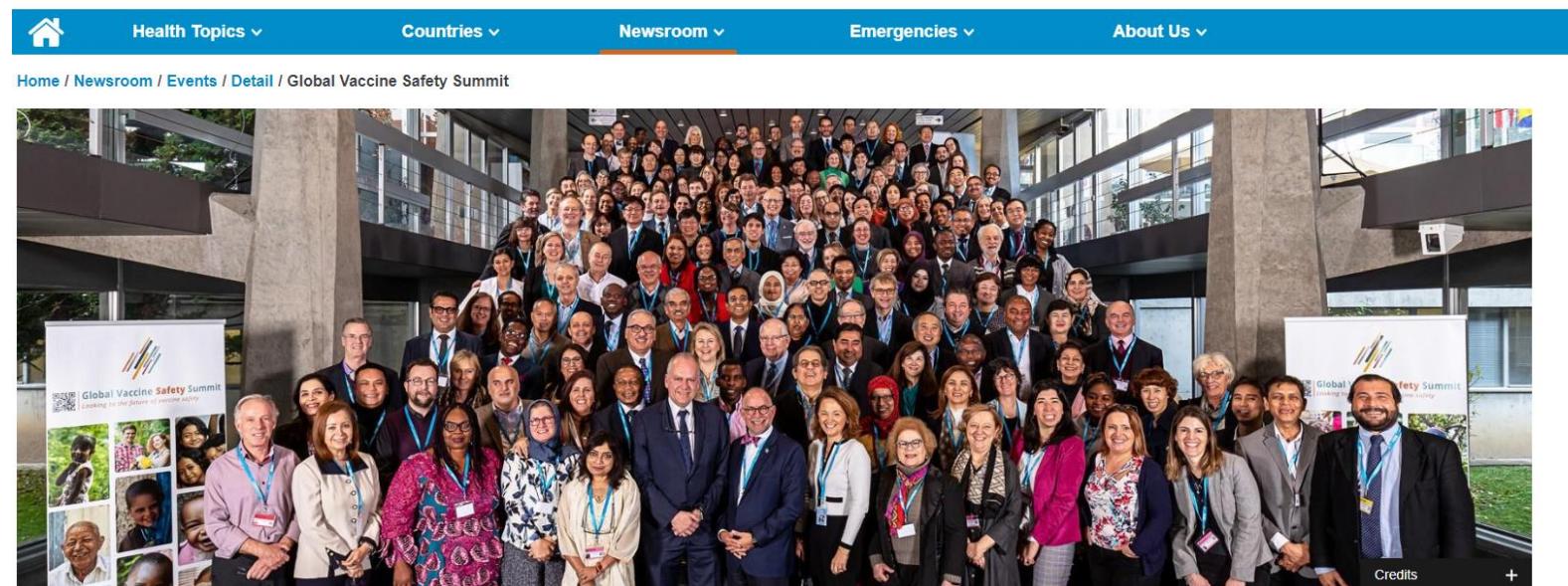


# Witnessing the birth of a vaccine conspiracy theory

# Dec 2019 the WHO celebrated 20-years of the Global Advisory Committee on Vaccine Safety

*Take stock of the GACVS accomplishments and consider priorities for the next decade.*

.....



Global Vaccine Safety Summit

العربية 中文 Français Русский Español

# The summit was beamed live to public audience

.....

- Day 1 – Global Vaccine Safety Blueprint Hearing Meeting
  - This is the WHO vaccine safety strategy or master plan for the next decade
- Day 2 – GACVS Symposium
  - What we have learned, what we have yet to learn, frontiers
- You can watch the entire two days online – every scintillating minute
- For free
- No ads



# Wow!

•••••

Professional conspiracy theorist, anti-vaccine propagandist par supreme Del Big Tree made his own video

(Also producer of VAXXED,  
directed by Andrew Wakefield))

There are snippets from the WHO feed couched with innuendo

Twisted facts, cherry picked facts

•••••



**The HighWire**  
@HighWireTalk



CAUGHT ON CAMERA: W.H.O Scientists Question Safety Of Vaccines

Shocking footage from inside The W.H.O. Global Vaccine Safety Summit on Dec. 2 & 3 2019 [youtube.com/watch?v=s2lujh...](https://youtube.com/watch?v=s2lujh...)

► YouTube @YouTube



1,563 4:12 AM - Jan 13, 2020



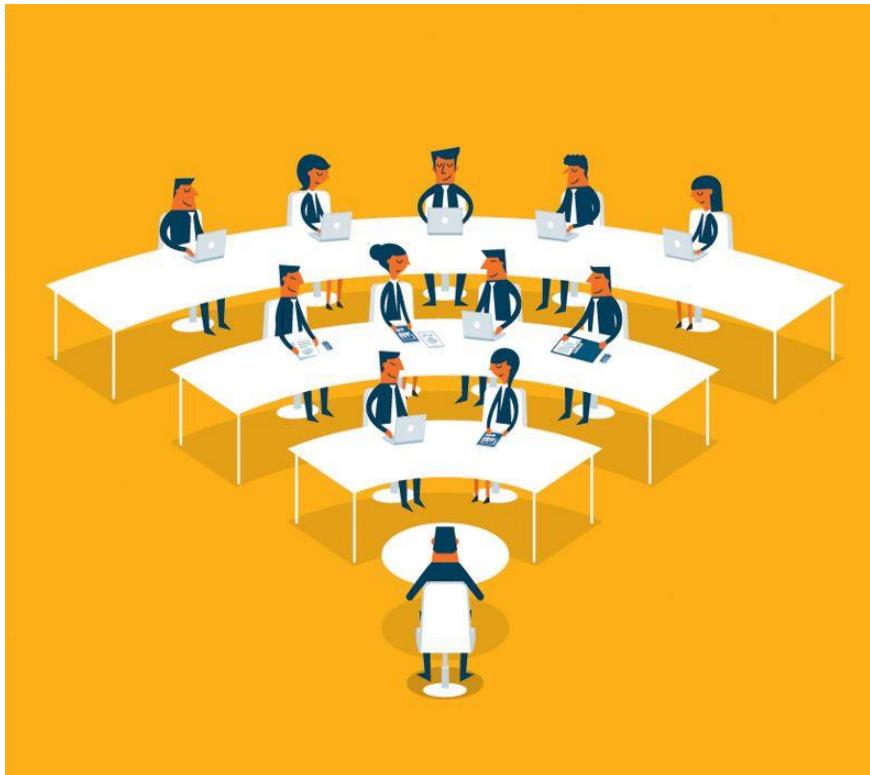
1,248 people are talking about this



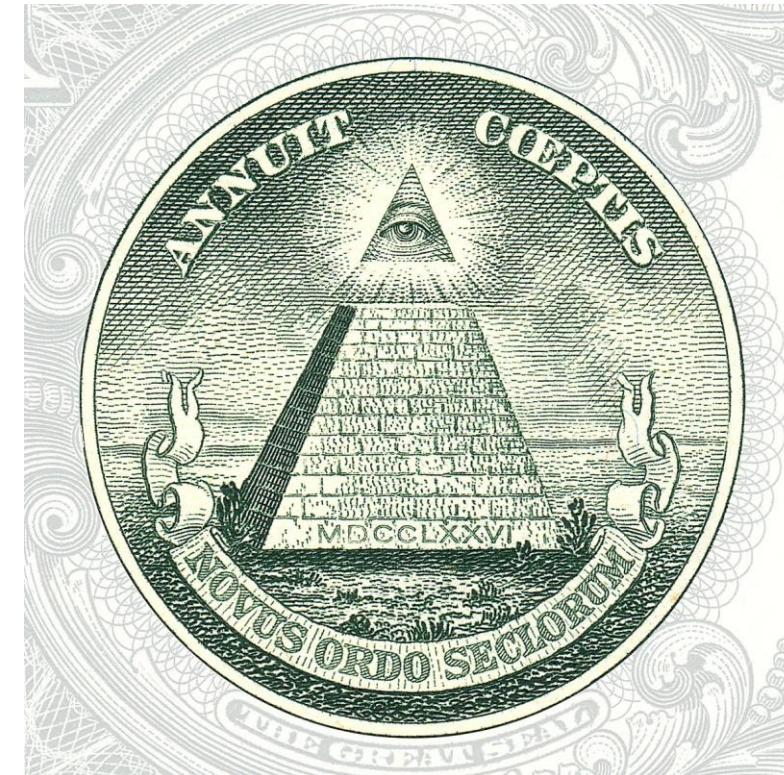
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# Different realities

What I saw



What conspiracy theorists saw



# Coordinated, financed, lawyered up

## Anti-vaxx groups spend nearly \$1 billion on social media

Fear-mongering is now a billion-dollar industry.

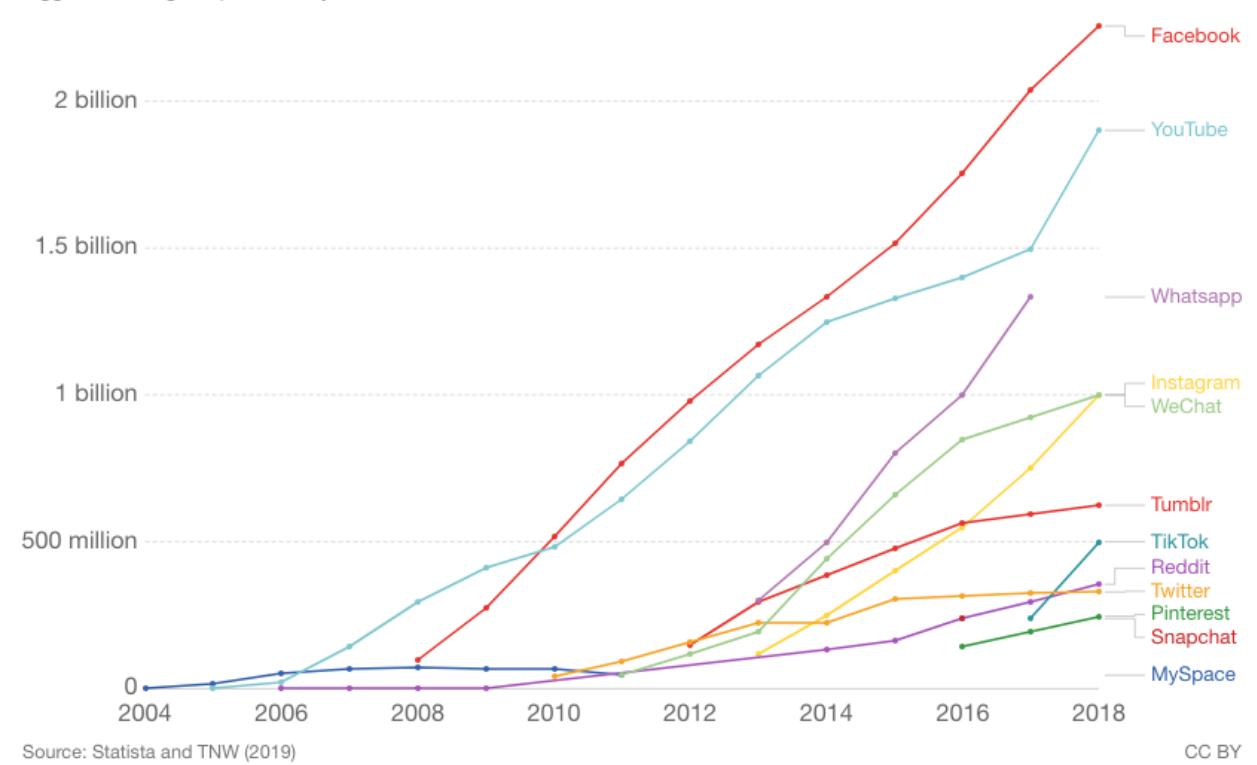
DEREK BERES 28 July, 2020



5/16/2022

## Number of people using social media platforms

Estimates correspond to monthly active users (MAUs). Facebook, for example, measures MAUs as users that have logged in during the past 30 days. See source for more details.



# Inside the machine - March 2021

## Researchers at the Centre for Countering Digital Hate

Attended a private 3-day meeting of prominent anti-vaxxers

Organised opposition to COVID vaccine rollout

Chilling level of organisation and intent

Sophistication on Social Media

Training each other on tactics for deepening people's fears, sowing doubt, converting chosen few to propagate the lies

Everyone must do their bit



## Dismantling the anti-vaxx industry

Investigations show that those spreading misinformation that undermines the rollout of vaccines against COVID-19 are well financed, determined and disciplined. To counter their activities, we need to understand them as an industry actively working to sow doubts about the deadliness of COVID-19, vaccines and medical professionals' integrity.

The term 'anti-vaxxer' may evoke images of a conspiracy theorist in a grimy basement or a disheveled figure on a crate railing against 'microchips' and 'global plots'. In reality, the key protagonists in the 'anti-vaxx industry' are a coherent group of professional propagandists. These are people running multi-million-dollar organizations, incorporated mainly in the USA, with as many as 60 staff each<sup>1</sup>. They produce training manuals for activists, tailor their messages for different audiences, and arrange meetings akin to annual trades conferences, like any other industry<sup>2</sup>.

In October 2020, researchers of the Center for Countering Digital Hate attended and recorded a private, three-day meeting of the world's most prominent anti-vaxxers<sup>3</sup>. Our team gained unprecedented insight into the organized opposition to the rollout of the vaccine against COVID-19. Despite the banality and vacuity of the anti-vaxxers' presentations, there was nevertheless a chilling level of organization and intent.

What also became clear was the sophistication of the means they employ on social media. They have been able to develop these tactics only because social-media companies have been happy for the key players in this anti-vaxx industry to use their services to recruit new followers and spread their lies further than ever before. As a result, there is an online infrastructure of anti-vaccine websites, Facebook groups, YouTube channels, Instagram pages and Twitter accounts with a combined audience of 59 million<sup>4</sup>. In the UK alone, there are 5.35 million followers of anti-vaxxers across social media.

Anti-vaxxers are training each other in identifying potential targets online. They discuss their tactics for deepening people's fears, sowing doubt as to whether people should take a vaccine, deepening vaccine hesitancy, and converting the chosen few into fully fledged anti-vaxxers—the people who further propagate the lies. Anti-vaxxers distribute themselves across social media, finding new and varied ways to inject misinformation into users' news feeds. In that sense, they are far better equipped to reach people than are the UK National Health Service and World Health Organization, which rely on centralized

digital communications through accounts with low engagement and little 'personality' or 'authenticity'.

This was all true before the pandemic hit. Anti-vaxxers see COVID-19 as their opportunity to rapidly create widespread hesitancy for the vaccine against COVID-19 and, indeed, for all vaccines. There are several factors militating in their favor. Social media breathed new life into several forms of extremism, as extremists of different shades recognized its potential to drive social change. Misinformation, which traditional media filters out through its editorial standards, suddenly had unfiltered access to most of the world's population. Remember that the UK lost its measles-free status in 2019, well before COVID-19, due to declining immunization rates, while measles outbreaks emerged in parts of the USA.

There are steps we can all take to counter this misinformation industry, which threatens our health and that of our loved ones, and our society.

When we see anti-vaxx misinformation on social media, we must resist falling into the trap of engaging with it, however tempting it may be to point out obvious flaws and falsehoods. Engaging with misinformation online spreads it further: if we scratch the itch, we spread the disease. It is far more helpful and effective to instead share good information about vaccines from trusted sources. And when we each have our turn to be vaccinated, we should tell our friends and followers.

Photos and clips posted on social media of the early recipients of vaccines encourage us all and show there is nothing to fear.

For the public-health organizations involved in developing and rolling out the vaccine, it is vital that they study the anti-vaxxers' plan to prevent it from succeeding. Every anti-vaxx message can be boiled down to a master narrative of three parts: "COVID-19 isn't dangerous; vaccines are dangerous; you can't trust doctors or scientists." Instead of attempting to rebut every silly conspiracy theory, practitioners should inoculate against those three central claims. And they must do so in every corner of the internet, meeting people where they are. For example, doctors and scientists should join their local community's Facebook group and offer to

answer any questions their neighbors have about the vaccine against COVID-19.

The simplest solution to this is for social-media companies to remove the anti-vaxx misinformation superspreaders: the professional propagandists making a living from the anti-vaxx industry, from their platforms, as detailed in our July 2020 report<sup>5</sup>. There is no moral justification for profiting from harmful lies, and there is no legal barrier to social-media companies' removing them for breach of their terms of service. In fact, in the USA, moderation decisions are explicitly protected by law<sup>6</sup>. The problem has never been ability; instead, it has been the will to act. Tech companies have failed to act because their business model relies upon keeping users on their platforms scrolling through content interspersed with advertising, regardless of that content's impact on society. Their failure to act should be punished with tough government regulation.

All of us have been doing our bit in 2020 and 2021 to contain the COVID-19 pandemic. Think of the friends and family you have not seen. Think of the medics risking their own lives and losing patients to this cruel virus. Think of the Herculean efforts made by scientists to develop a vaccine in record time. The anti-vaxx industry and technology companies, however, for their own solipsistic reasons, threaten to derail all that progress. It is up to all of us to stop them from doing so. □

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<https://doi.org/10.1038/s41591-021-01260-6>

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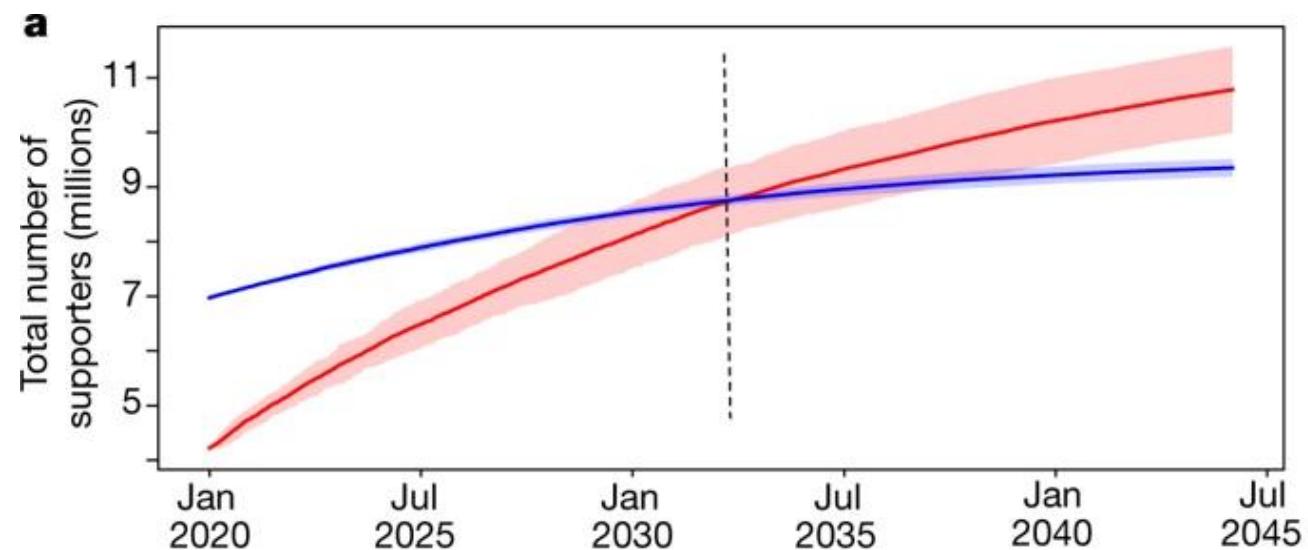
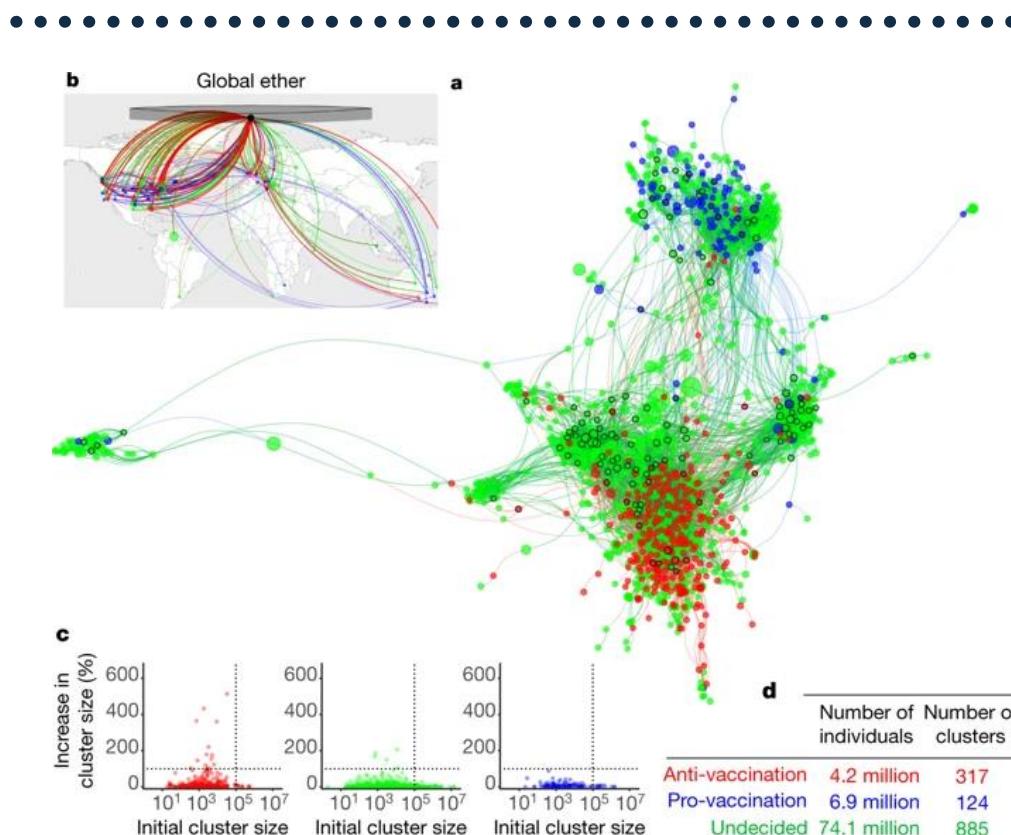
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2. Williams, R. *News* <https://news.co.uk/news/technology/anti-vaxxer-facebook-covid-19-coronavirus-vaccine-mis-information/> (accessed 22 December 2020).
3. Center for Countering Digital Hate. <https://www.counterhate.com/playbook> (2020).
4. Center for Countering Digital Hate. <https://www.counterhate.com/anti-vaxx-industry> (2020).
5. 47. US Code § 230.

### Competing interests

The author declares no competing interests.



# Antivaccination clusters become highly entangled with undecided clusters and may become dominant



Johnson, N.F., Velásquez, N., Restrepo, N.J. et al. The online competition between pro- and anti-vaccination views. *Nature* (2020). <https://doi.org/10.1038/s41586-020-2281-1>



## Misinformation: How social media turned protest into a problem

As the fire burned, Facebook influencer Chantelle Baker told her 96,000 followers - without any evidence - that it had been started by...

3 hours ago



April 2022

# Occasional gems

.....

← **Tweet**



**Karyn #ChurArdern #ThankYouLabour #GoFurtherNow**  
@kloppenmum

...

**#NZPolice** trolling Chantelle Baker is quite something.



**New Zealand Police**   
@nzpolice

...

A huge thank you to Chantelle Baker and all of the other livestreamers who have helped capture and record the faces and actions of people committing illegal acts. For those of you caught on camera, we'll be seeing you soon. Cheers.

11:57 PM · Mar 2, 2022 · Twitter for iPhone

43 Retweets 56 Quote Tweets 937 Likes



# Social and personal impacts

# Greater exposure to misinformation results in more deaths

- Spread of anti-vaccine propaganda has been termed a “regression in modern medicine”
- Fear related behaviors are related to accelerating the spread and the harm of diseases
- A recent example is the impact of vaccine misinformation in Samoa

• • • • • • • • • •

## Anti-vaccination advocates double down as measles kills 50 Samoan children

Non-medical alternatives continue to be pushed as a solution to the Samoan measles epidemic, which has now killed dozens more young children.



The measles death toll in Samoa now stands at 53, with all but three deaths occurring among children under the age of four.

# The societal consequences are real

.....



[Māori dying from Covid because of misinformation says health ...](#)

Māori 'exposed to a significant amount of misinformation for longer'. National Māori Pandemic Group co-leader Rawiri McKree Jansen said the...

6 hours ago



April 2022

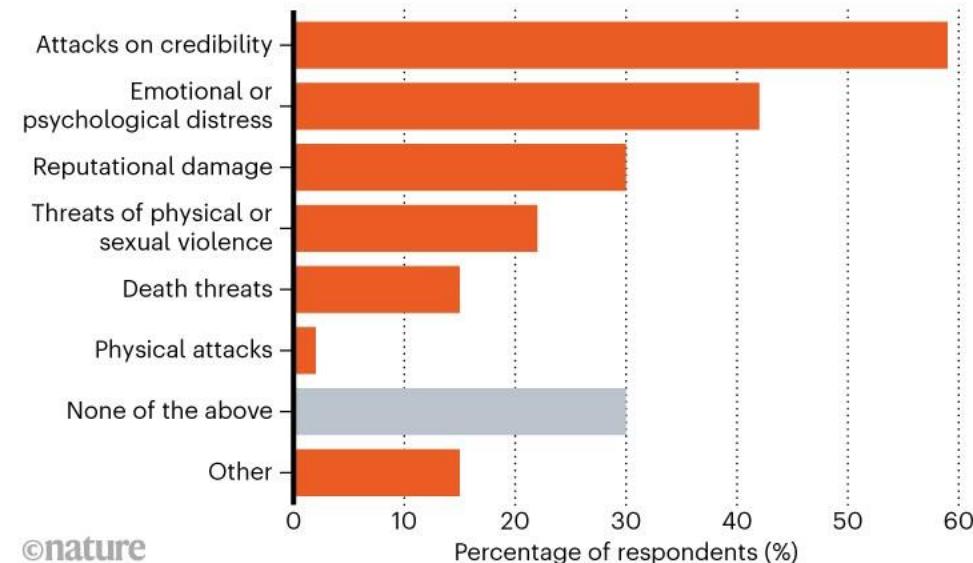
# The personal consequences are real – “I hope you die.”

so you have been  
involved with who  
say no more you  
evil B.I.E.L - no  
wonder you are  
fallin like me  
do - pure evil  
can't wait for the  
topic sh.t to  
take you out

## NEGATIVE IMPACTS

In a *Nature* survey of scientists who have commented about COVID-19, 15% of 321 respondents said they had received death threats.

**Question:** Have you experienced any of the following negative impacts after speaking about COVID-19 to the media, or posting on social media? (You may select multiple options.)



Nogradi B. 'I hope you die': how the COVID pandemic unleashed attacks on scientists. *Nature*. 2021 Oct;598(7880):250-3.

# How to deal with a communication crisis

101

“ The single biggest problem in communication is the illusion that it has taken place. ”

- George Bernard Shaw

# Preparing and informing the NZ health care workforce

- For many HCPs information about the vaccine and the rollout came from mainstream media
- mRNA vaccines unfamiliar
- Pseudoscience about the vaccine was spreading as early as mid 2020

*What are the responses to questions? | What information is true? | Where can I access the information I need? | How can I response to these questions? | How will the vaccine be deployed? | How does the vaccine work? | What does it mean for me?*



## Covid-19: How NZ is preparing for the biggest vaccine roll-out in history

Brittany Keogh · 05:00, Jan 17 2021



Covid-19 Response Minister Chris Hipkins speaks to Stuff about the rollout plans for the vaccine.

# Vaccine safety

The biggest elephant in the room

# Concern about vaccine safety is almost universally the top issue for vaccine hesitancy

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*Which of the following are reasons you would get (not get) a coronavirus vaccine? (Multiple choices allowed)*

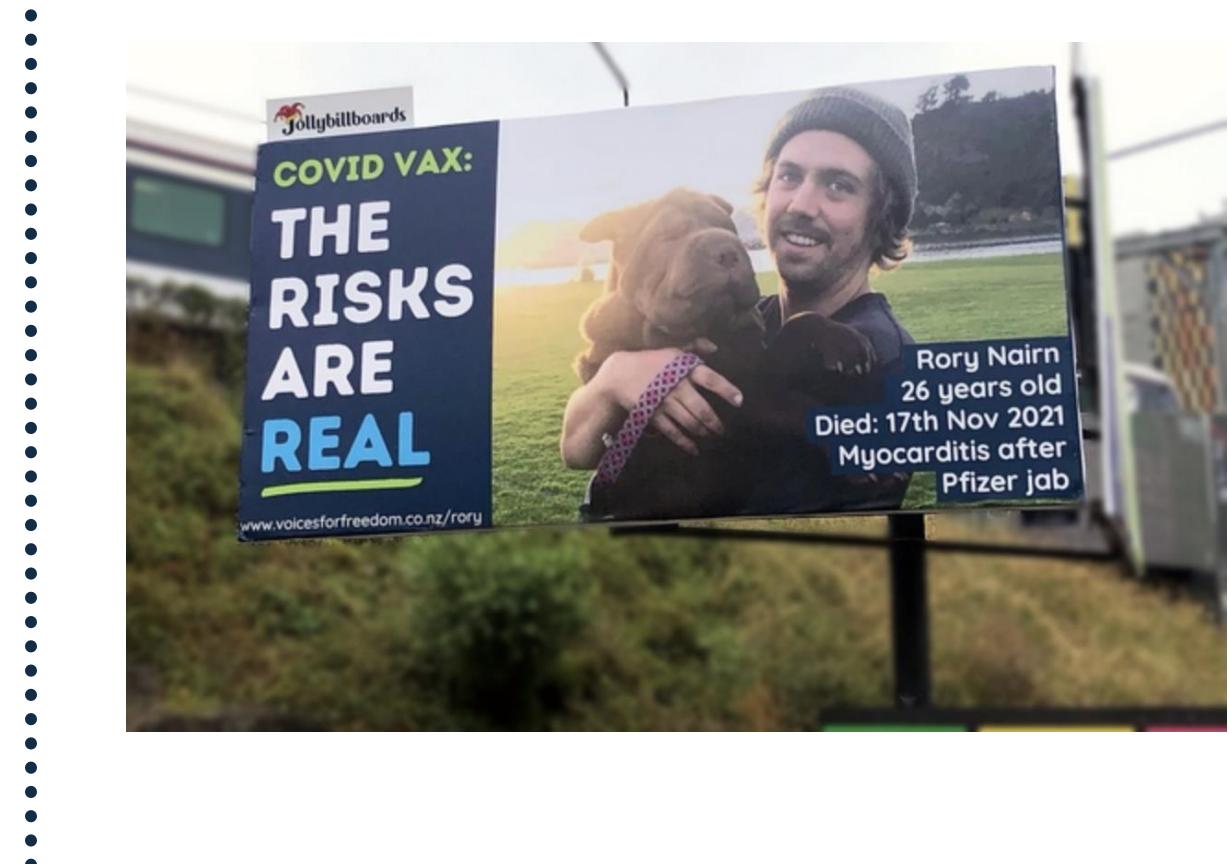
Menon, V. & Thaker, J (2020). Aotearoa New Zealand Public Attitudes to COVID-19 Vaccine. Wellington, New Zealand: Massey University.

# How to avoid a (vaccine safety) communication crisis

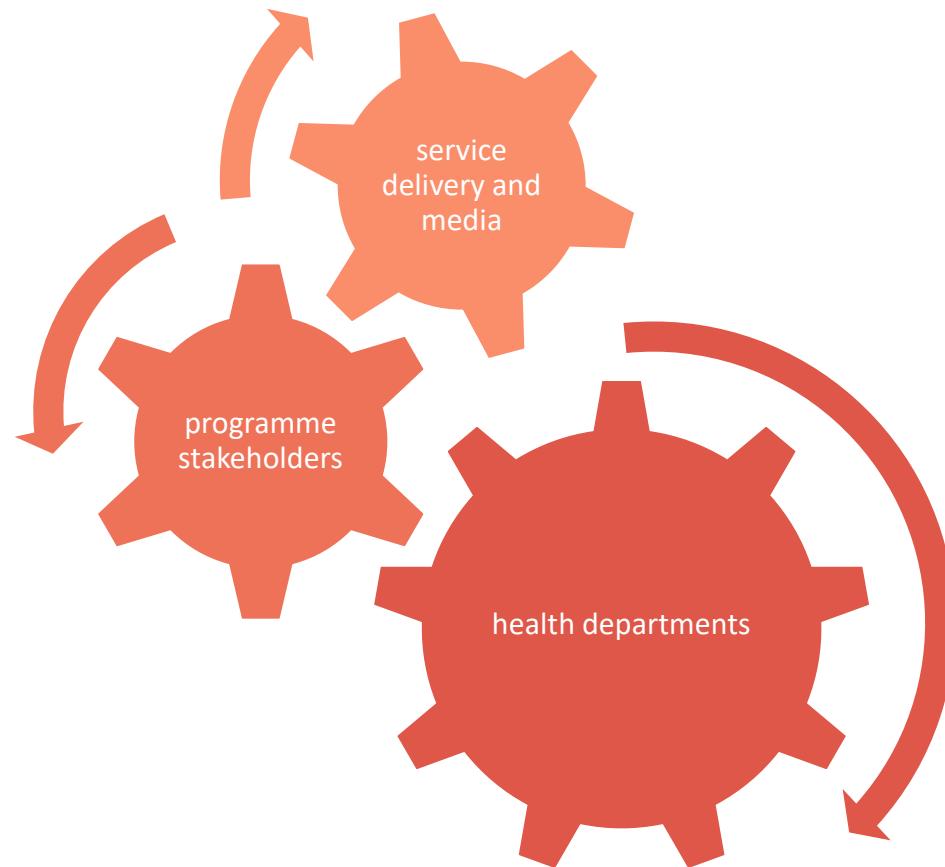
101

# What is a vaccine safety communication crisis?

- May occur due to:
  - An AEFI
  - A new study or data related to vaccine safety
  - A report in the media or local rumour about vaccine safety
  - A change in status of a vaccine such as a recall
- A vaccine safety communication crisis event is linked to the negative perception of a vaccine's safety and has the capacity to adversely affect vaccine acceptance



# Mitigating a crisis requires coordination and engagement



- Relationships between health leadership, sector stakeholders, and media are critical factors
  - Mitigating
  - fueling



# Vaccination and trust

How concerns arise and the role of communication in mitigating crises



Individual decisions



Risk perception



Culture and social norms

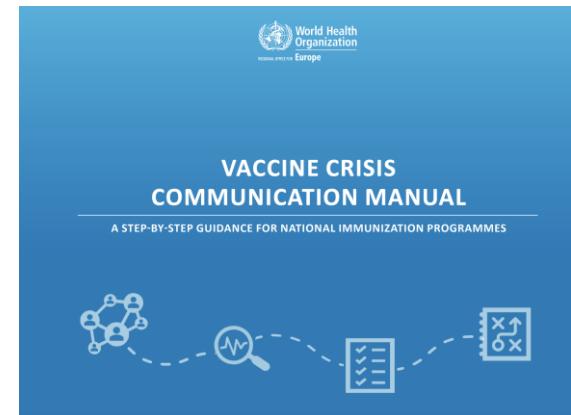
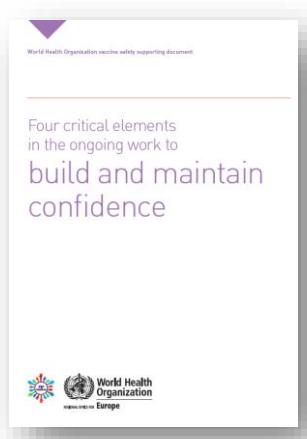


Effect of building trust



# WHO case studies - Framework

- Evidence based tool to guide the building and maintenance of trust with respect to vaccines
- Guided by lessons learnt
- We initially examined our cases using the framework *“Four immediate steps when responding to an event that may erode trust.”* included in this library of resources



Global Vaccine Data Network

# There are FOUR immediate steps to be taken when responding to an event that may erode trust

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## 1 Gather your inner circle



Coordination is critical during all phases of crisis response. If it is believed that the event may damage trust in vaccines and cause a negative media response, your inner circle of allies should be gathered immediately.

### Consider the following

- Establish a coordination and working group (if not already established).
- Engage relevant partners across institutions, e.g. ministries of health, education and social affairs; regulatory authorities; centers for disease control, health promotion, communication, press and emergency response; vaccine experts; professional associations.
- Agree how you will continue to coordinate, communicate and share information within the group.
- Agree on roles and responsibilities.

## 2 Understand the problem



Not all events that may potentially erode confidence in vaccines and vaccination require a communications response. Not responding may impair trust in vaccines and health authorities. Over-communicating may cause unnecessary public concern. Thus, it is important – throughout the process – to analyse events and plan the communications response accordingly.

### Consider the following

- Obtain as much information as possible about the event(s) that took place.
- Analyse the situation: what is the potential level of impact on trust in vaccines and the immunization programme?
- Shape your communications response according to your conclusions.

## 3 Liaise with key stakeholders



A critical first step in such events is to liaise with key stakeholders. Good stakeholder relations are critical to ensuring trust during a crisis.

### Consider the following

- Consult your list of key stakeholders.
- Liaise with stakeholders to benefit from the support of advocates.
- Share information with stakeholders to avoid confusion and distrust and to avoid any negative interference from adversaries.

## 4 Communicate externally



The right response may limit the negative consequences of the crisis or even prevent the situation from escalating into a crisis. Honest and open communication is crucial for maintaining and building trust.

### Consider the following

- Decide whether the event warrants external communication and plan your response based on your analysis of the event.
- Revisit your crisis communication plan and prepare a plan for external communication.
- Communicate broadly and to selected target groups; communicate often using consistent messages through many channels.
- Communicate where there are uncertainties and what you are doing to reduce them.

WHO,  
Vaccination and  
Trust



Global Vaccine  
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# The formula works – all over the world

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29 November 2019

## VACCINE SAFETY COMMUNICATION: A SYNTHESIS OF CASE STUDIES

One of the factors that influences vaccine hesitancy is vaccine safety. When a major adverse event following immunization (AEFI) occurs, real or perceived, there is the potential to damage public confidence in vaccines. Learning from cases where vaccine scares have impacted on coverage, and how governments can recover from these experiences, and could have taken actions to mitigate the negative consequences, provides valuable lessons.

### EXECUTIVE SUMMARY

A vaccine safety event and related crisis communication preparedness and response can have important consequences for the perceived safety of vaccines, with the potential to adversely affect vaccine confidence. Examples of such an event may include information about a serious AEFI, release of new study findings or other data related to vaccine safety, a report in the media or local rumor about vaccine safety, or a change of the status of a vaccine such as a recall.

Assessing the causality of an AEFI relies on scientific assessment using a robust framework and process of empirical investigation. However, the subsequent communication strategies and planning, development of messaging, engagement of stakeholders, and training and involvement of key spokespersons, requires the coordination and collaboration of a broad range of expertise and agencies.

Using as a framework the guidance document *Four immediate steps when responding to an event that may erode trust*<sup>1</sup>, the management of vaccine safety communication crises related to four different vaccines across seven different countries were examined. The seven countries are from the following World Health Organization regions: Africa, the Americas, Europe, and Western Pacific.

The four critical steps identified are:

1. Coordination and engagement
2. Understanding the problem
3. Informing the public
4. Monitoring public opinion

### WHERE THINGS WENT WRONG – AND RIGHT

1. **Coordination and engagement:** Relationships between health departments, immunisation programme stakeholders, service delivery, and media have been critical factors in mitigating or fuelling these vaccine safety communication crises.

- The first step in recovering coverage was the coordination and communication between the key stakeholder groups.
- In several countries where damage in confidence occurred quickly as a result of rumours or AEFI, coordination and engagement did not occur, leaving the stakeholders and public uninformed.
- In one instance there was prompt communication between the relevant authorities and appropriate communication messages and investigations initiated. However, the messages were never communicated to the public.
- In two instances a crisis was averted. In these situations, the first step taken was immediate engagement of key stakeholders, followed by immediate, proactive, public communications.
- Experiences reviewed highlight the critical importance of stakeholder engagement, coordination and alignment on consistent communications, in helping to prevent a severe crisis. Establishing such coordination mechanisms and crisis communication plans in advance is essential.

29 November 2019

2. **Understanding the problem:** The case studies addressed various types of events, requiring different information.
  - In some cases, it was clear that the decline in coverage was due to widespread misinformation by anti-vaccine lobby groups. Authorities collected data about the conversations to better understand the rumours and public concerns.
  - The potential for a problem with confidence in a new vaccine was known prior to implementation in two of the countries reviewed. There was wide variation in the timeliness and level of information shared by the health authorities in different countries. Proactive communication about the facts of the situation was pivotal in at least one situation.
  - In one country, best practice was followed to understand the sentinel events and findings were available within days – but not communicated. In another country, investigations pertaining to the sentinel event commenced immediately and the public were kept informed of the emerging facts. While steps were consistently taken to assess the sentinel event, subsequent communications on findings were not always implemented in all countries.
  - Not all countries had systems in place to allow rapid measurement of possible safety signals.
3. **Inform the public:** Our case studies identified a spectrum of communication patterns to the public in terms of content and timing
  - Following investigation, two countries developed multifaceted, coordinated, and widespread communication to the public.
  - In one instance the public were informed on the day of the event and communications between the Department of Health and media remained open for the duration of the crisis.
  - In another country, the public were informed of the problem immediately. Sources of information were Department of Health, WHO, and the vaccine manufacturer.
  - Alternatively, in other countries there was little co-ordinated public communication by the authorities, and in one case, any communication was significantly delayed.
4. **Monitoring public opinion**
  - Based on information currently available, not all countries continue to monitor public conversations and opinion.
  - At least one country has conducted a first survey by the Government that includes public understanding of a specific vaccination.

### KEY MESSAGES

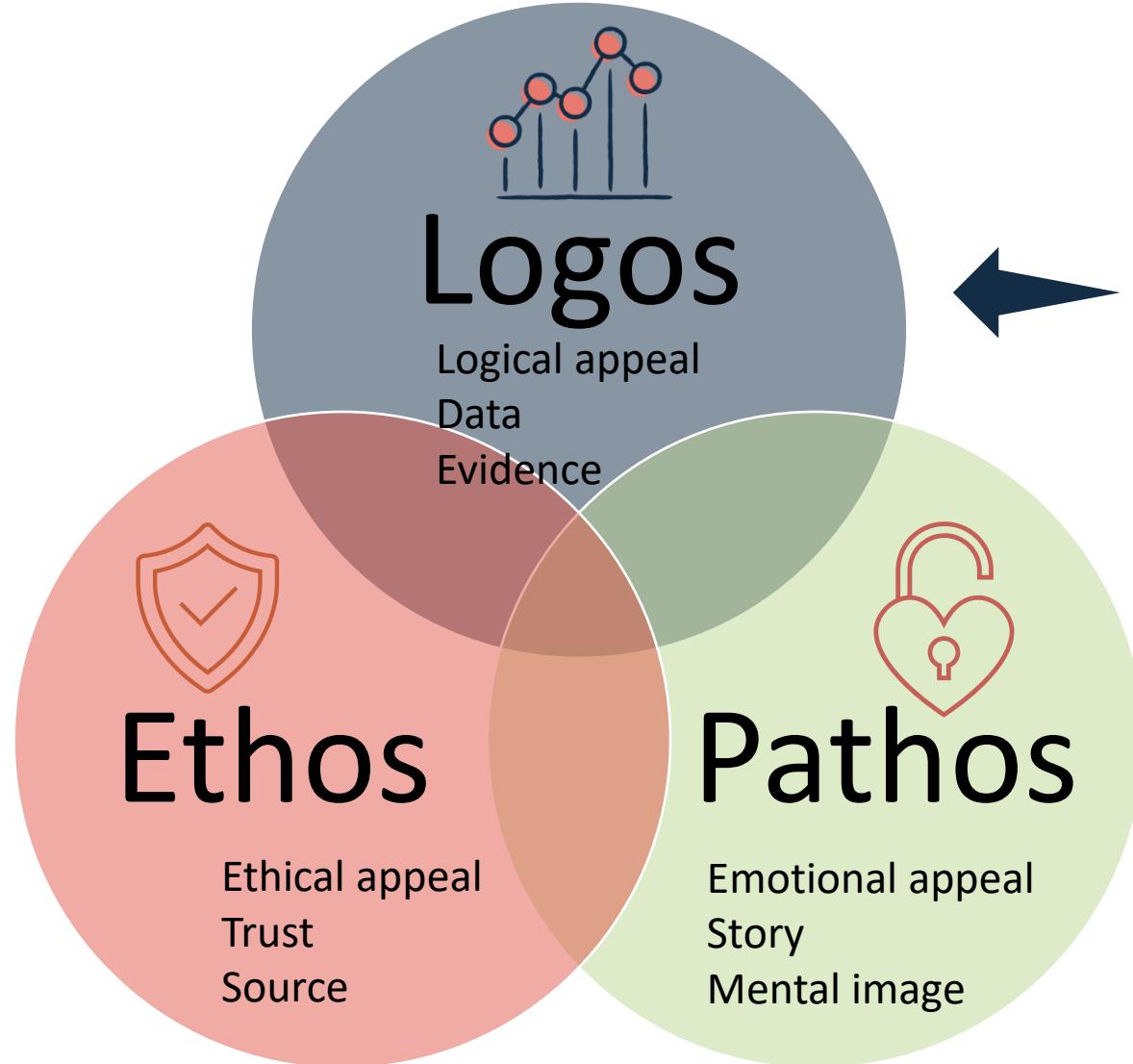
- In all of the cases reviewed, crises appear to have been averted or fueled through the actions or inaction taken across the four critical steps. There seemed to be no common set of actions taken to manage effective communications across countries: this variation is concerning and has negatively impacted governments in some instances.
- Having a crisis communication plan in place and personnel with the knowledge and expertise to execute a plan may help avert a crisis. This includes a person or group charged with the coordination or leadership of the plan. A plan should also be aligned with a routine strategy that includes an 'inner circle' of key personnel that are involved in all communications.
- In the event of a crisis, existing plans and processes should be in place to guide a response, including appropriate, timely and consistent communications from credible spokespersons.
- Ongoing monitoring of public opinion can help guide adjustments to communications strategies and ensure that they are responsive to local needs and perspectives.

### REFERENCES AND RESOURCES

WHO has developed several resources to assist with planning, risk management, mitigation of crisis and developing trust, available on web pages managed by the WHO Regional Office for Europe<sup>2</sup>.

<sup>1</sup> Four immediate steps when responding to an event that may erode trust, World Health Organization Regional Office for Europe. [http://www.euro.who.int/\\_data/assets/pdf\\_file/0018/333135/VSS-4-step-trust.PDF](http://www.euro.who.int/_data/assets/pdf_file/0018/333135/VSS-4-step-trust.PDF)

<sup>2</sup> Vaccine safety communication library: <http://www.euro.who.int/en/health-topics/disease-prevention/vaccines-and-immunization/publications/vaccine-safety-communication-library>



Need good data!

# Good Data

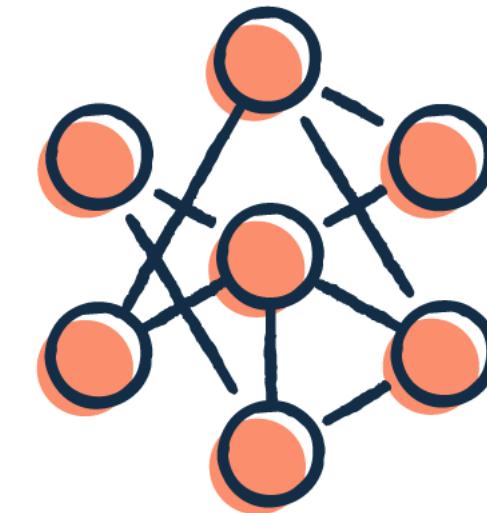
How vaccine safety is assessed

# Perception versus reality

Voluntary reports of health events

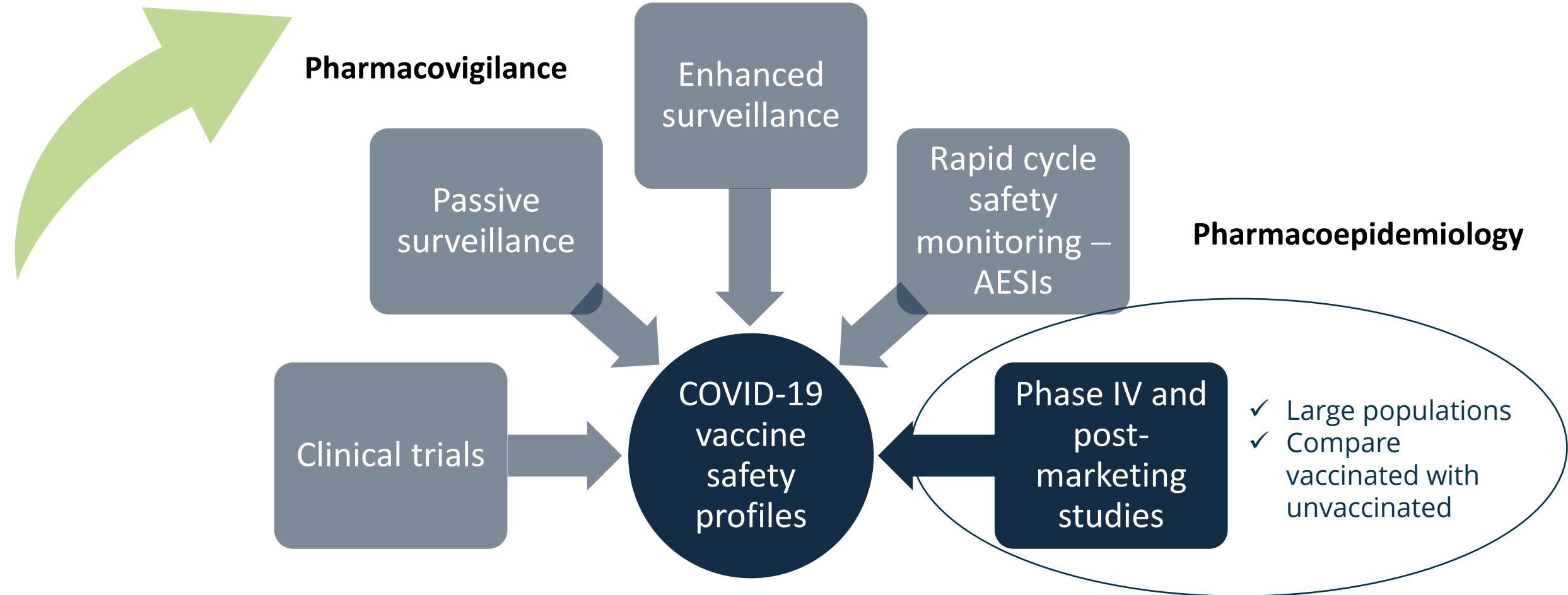


Multi-faceted and comprehensive



# The multifaceted nature of vaccine safety

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# GVDN

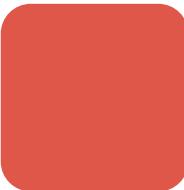
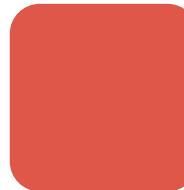
Global Vaccine Data Network

# The GVDN Model

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Site leads and their teams



Partner sites

## Global Coordinating Centre

Distributed leadership of work areas with central support from the Coordinating Center in New Zealand

- Contracts management
- Legal
- Finance
- Statistical team
- E-Research platforms
- Secretariat
- Management and co-ordination

# November 2021 GVDN sites and populations

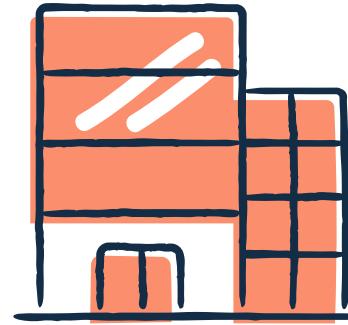
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**6 continents**



**25 countries**



**>29 sites**



**>250 million**

Argentina

Australia

Canada

China

Denmark

England

Ethiopia

Finland

France

Ghana

India

New Zealand

Scotland

South Africa

(+8 ALIVE countries)

Taiwan

USA

VAC4EU

(multiple EU countries)

Hong Kong

# In April 2021 the GVDN received it's first major grant

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3-years funding to undertake a comprehensive programme of COVID-19 vaccine safety activities from the US CDC

**CDC** Centers for Disease Control and Prevention  
CDC 24/7: Saving Lives, Protecting People™

.....

NEW ZEALAND

## World's largest vaccine monitoring study to be run from Auckland Uni

27 May, 2021 10:00 AM

3 minutes to read



The University of Auckland is set to co-ordinate the largest global vaccine monitoring study ever undertaken.  
Photo / Supplied

NZ Herald



The University of Auckland is set to coordinate the largest global vaccine monitoring study ever undertaken.

# Examining COVID-19 vaccine safety using primary care data



Helen Petousis-Harris, Associate Professor, Waipapa Taumata Rau, University of Auckland and the Primary Care Project Team



Global Vaccine  
Data Network

# Our project partners

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National Hauora Coalition (NHC) and ProCare Primary Health Organisations (PHOs)

- About one million enrolled patients
- NHC represents 54 primary care practices across New Zealand
- ProCare represents 170 practices
- Combined these PHOs include the largest Pasifika, South Asian and Māori populations enrolled in general practice in Tāmaki Makaurau
- Both organisations have state of the art digital health data systems and specialised analysts looking after this data

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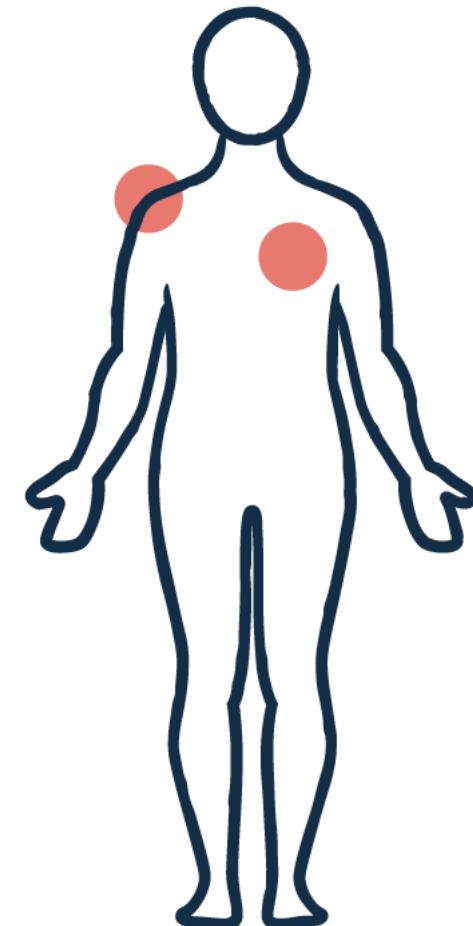
# Primary Care Project Objectives

Most adverse events that follow immunization are minor.

Most adverse events are conditions normally common in the community

We are developing methods and processes to handle, analyse, and present primary care data on background rates of AESI in a population of patients cared for by the National Hauora Coalition and ProCare

We aim to set up a process for ongoing observed vs expected monitoring of patients at these PHOs as an active vaccine surveillance system and platform for assessing risk after vaccination



# Summary

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- Vaccine coverage around the world has declined in recent years and measles has resurged
- The covid pandemic has been associated with an unprecedented infodemic – weaponisation of vaccine disinformation
- Many challenges for health care professionals who may not have felt informed
- Avoiding communication crisis requires the inclusion of key stakeholders
- When key components of vaccine crisis communications strategies are not included in immunisation campaigns, vaccine confidence can be quickly eroded.
- Vaccine safety has always been the most cited concern about vaccines
- In addressing concerns it is vital to have rigorous post-marketing data about the safety of vaccines to include in messaging
- In NZ we have excellent health administration data, however we have not tapped into its power for vaccine pharmacoepidemiology since 2008.

# Thank you!

