Hesitancy

Global decline in vaccine coverage; COVID-19 Vaccine

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1) vaccine safety concerns, 2) lack of knowledge and reasons for hesitancy. In most studies three top reasons were influence people's decision to get vaccinated and in 2018 refusal of vaccines. Several studies have explored factors that occurrence ranges between full acceptance and complete hesitancy is a context-specific behavioural phenomenon whose of the decline in global confidence in vaccination. Vaccine WHO's Strategic Advisory Group of Experts (SAGE) on crisis of trust in science and institutions, namely lack of insurance, lived in a rural area, and self-identified as a racial/safety, convenience, and price. Some of the consistent socio-factors contributing are negative perception of vaccine efficacy, gender and socio-economic issues regarding vaccines. Other identified. Key messages:

- Global dimension essential?
- Format is most convincing and trustworthy?
- Why is the discussion will focus on the following questions: a) What are findings and the practicability of strategies to improve the corresponding studies in Europe and beyond, and propose discuss the results of the Western Balkans study, relate them to necessity, and caring/goodwill) after respondents' exposure to will discuss components of credibility (expertise, trustworthiness, and contagion prevention) and the credibility of information sources about COVID-19 vaccines; the third presentation will discuss narratives on COVID-19 vaccine decisions. The fourth presentation is going to identify promising policy messages with narratives on COVID-19 vaccine decisions. The second presentation will discuss components of credibility (expertise, trustworthiness, and caring/goodwill) after respondents' exposure to will discuss components of credibility (expertise, trustworthiness, and caring/goodwill) after respondents' exposure to

- Resource distribution in the global dimension.

- Vaccination policy has to enhance information trustworthy immunity in the Western Balkans.

- Vaccine hesitancy is a serious threat and reason for the

- Research questions

- What factors are contributing to vaccine hesitancy?

- How can we improve vaccine acceptance?

- What is the role of healthcare professionals in promoting vaccination?

- How can we address the hesitancy in the population?

- How can we improve the credibility of information sources about COVID-19 vaccines?

- How can we enhance the trust in societal factors related to vaccination?

- How can we improve the acceptance of COVID-19 vaccines in the Western Balkans?
Background:
A vaccine promotion campaign is primarily grounded on the selected message features, namely, a carefully chosen information source. People holding diverse views towards vaccination could experience the same information source differently, and it is the comprehension of these diversities that is important to tailor effective interventions. The aim of this study was to determine differences in perceived source credibility between the vaccinated and unvaccinated.

Methods:
Overall 172 adults aged 18 and older from Western Balkans both vaccinated and unvaccinated, voluntarily after obtaining informed consent, were randomly assigned to one of four message interventions. The messages were developed combining two prototypical COVID-19 vaccine decision narratives (determined vs. hesitant) with two communication sources (physician vs. lay peer), resulting in four conditions: determined physician, hesitant physician, determined peer, hesitant peer. After the message exposure, participants evaluated three components of source credibility - expertise, trustworthiness and, goodwill. Two-way ANOVA was applied.

Results:
Compared to the vaccinated, the unvaccinated judged the source as less trustworthy (p < 0.01), regardless of the message they have been exposed to. Although not statistically significant (p = 0.064), the unvaccinated evaluated all sources with the exception of hesitant physician as having a lower level of good intentions. Vaccinated perceived the determined physician as a source with most expertise, while unvaccinated attributed highest expertise to the hesitant physician (without significant difference (p = 0.719)).

Conclusions:
The unvaccinated are generally less likely to experience the information sources as goodwill and trustworthy. In order to perceive the source as more competent the focus should be on the objective characteristics of the communicator, as well as on the congruency in attitudes between the communicator and the audience.