

How misinformation exposure influences vaccine status

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Implications for practice and research

- ▶ Implementing strategic trustworthy communication that targets misinformation themes counters negative information about vaccines and helps achieve community support for vaccination programmes.
- ▶ Amplifying the presence of health professionals on social media and collaborating with political thought leaders may help to anticipate, identify and offset health-related misinformation.

Context

Since the emergence of the SARS-CoV-2 in late 2019, there has been an unprecedented global change. Each country took actions to respond to the outbreak including guidance development, surveillance and epidemiology, testing, providing emergency supplies and rapid vaccine development. During this time, governments struggled to keep up with misinformation, conspiracy theories, social media rumours and uncertainty.¹ This resulted in misinformation and vaccine hesitancy across the globe. The primary goal of Neely *et al* was to provide an update for clinical healthcare providers on the relationship between COVID-related misinformation exposure and vaccine hesitancy. Understanding these relationships offers a broader perspective on vaccine hesitancy as a sociomedical phenomenon and supports the development of evidence-based strategies for promoting vaccination literacy.

Methods

The study used a cross-sectional, web-based survey of 600 adults in the state of Florida between 3 and 14 June 2021 and was pretested. The sample was purchased through Prodege MR. The selection of respondents was based on using a stratified, quota sampling approach to ensure representativeness with a margin of error of ± 4 . The questionnaire was provided. Survey responses were analysed using a basic descriptive statistic and χ^2 testing and a logit regression model. Ethical considerations were not discussed.

Findings

Three themes of the study were discussed: (1) vaccination status, (2) common objections and (3) misinformation. At the time of the survey, 57.8% of respondents were fully vaccinated and 73.2% reported some misinformation exposure about COVID-19 vaccines in the past 6 months. Following exposure to six or more misinformation themes, the vaccination rate fell to 52.2%. Of those who reported no exposure to misinformation, 73.8% were vaccinated. The main objections to vaccinations

were concerns over side effects (74.2%) and fears that the vaccines were created too quickly to be adequately tested (50.5%). Other predictors of vaccination status were education, age and political affiliation.

Commentary

The checklist for reporting survey studies was used to evaluate this study.¹ The small sample size, under-representation of high-risk and marginal populations and minimal discussion regarding ethics were the major hindrances found in this study. However, there is value to its presence as it contributes to previous research findings that misinformation and inadequate communication can negatively influence vaccine uptake and contribute to vaccine hesitancy across populations.^{2 3}

This study focused on identifying several important issues regarding vaccine hesitancy and its relationship to COVID-19 misinformation.⁴ The term vaccine hesitancy refers to a delay in acceptance or refusal of vaccines despite the availability of vaccine services.² Recently, vaccine hesitancy has taken on a more voracious form as social media platforms have become a go-to outlet for vaccine-hesitant individuals, political thought leaders and influencers who spread misinformation about vaccines.³

The study indicates that a major barrier to accurate consumer health education on vaccines is exposure to misinformation and safety concerns.⁴ Most people are not truly resistant to immunisations, they largely want clarification and reassurance from trusted reliable sources.^{2 3 5} The channels that health information consumers use to obtain vaccination literacy must be accessible, credible, comprehensive and trustworthy.³ Vaccine literacy sources need to come from healthcare professionals (HCP) as they are already trusted providers of evidence-informed practice and health knowledge.⁵ They are well positioned to communicate consistent and reliable vaccine-related information both on social media platforms and in healthcare facilities. Consistent messaging from HCP contributes to overcoming vaccine hesitancy and helps achieve community support for vaccination programmes.^{2 3} The actions HCP can take are recognising vaccination hesitancy, starting the conversation, building a safe trusting partnership, showing compassion, listening to understand, being transparent and asking for permission to provide evidence-based facts regarding the safety and effectiveness of vaccines.

Competing interests None declared.

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