

# COVID-19 Vaccination Stakeholder Toolkit

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## Introduction

This resource is for partners and stakeholders within the Third Sector, Local Government and the NHS who support populations eligible for COVID-19 vaccination. The purpose of this toolkit is to help this workforce be fully informed about COVID-19 vaccination and be an aid to conversation about the vaccine. As the Vaccine Confidence and Equity Team in the Flu Vaccine COVID Vaccine programme at Public Health Scotland, we are committed to ensuring that everyone can access accurate information about COVID-19 vaccination. We welcome your support with this. You may wish to be familiar with the information in this resource. This information can help you stay informed about the vaccination programme, so you can support your community to access information about the vaccine or respond to their offer of vaccination. The [NHS inform COVID-19 vaccine website](#) is the go-to information source for members of the public to find out more about the COVID-19 vaccine. The COVID-19 vaccine is free to everyone in Scotland.

You can contact our team at [phs.screeningandimmunisation@phs.scot](mailto:phs.screeningandimmunisation@phs.scot).

### NOTE

This information is correct as at 27 April 2021. This information will soon be available on the [Public Health Scotland website](#), where it will be updated regularly. At that time, this document should be removed from use.

## Vaccine information

### Vaccine safety

All medicines, including vaccines, are tested for safety and effectiveness before they are allowed to be used. Their safety continues to be checked while in use.

NHS Scotland will only use a vaccine if it meets the required standards of safety and effectiveness. The Medicines & Healthcare products Regulatory Agency (MHRA) has approved coronavirus vaccines for use in the UK. [Their announcement on 5 February 2021](#) shows that the safety profile of the vaccines remains positive, and the benefits continue to far outweigh any known side effects.

You can watch short videos from Public Health England of Dr Mary Ramsay, Head of Immunisation, explaining [how the vaccine is safe](#), [how the vaccine was developed so quickly](#) and [how a vaccine works](#).

### AstraZeneca vaccine and blood clots

Information about the COVID-19 AstraZeneca vaccine and blood clots can be found in a [CMO letter dated 8th April 2021](#). More information is available in the [COVID-19 AstraZeneca vaccine and rare blood clot](#) patient leaflet on NHS inform.

### Vaccine surveillance

The safety of the vaccines continues to be monitored as the vaccine programme is delivered. The [Medicines & Healthcare products Regulatory Agency \(MHRA\)](#) and [Public Health Scotland \(PHS\)](#) have plans on vaccine safety surveillance in place.

The MHRA runs the [Yellow Card scheme](#) which collects and monitors information on suspected safety concerns or incidents involving vaccines. The scheme relies on voluntary reporting of suspected safety concerns or incidents by healthcare professionals and members of the public.

You can report any side effects of the COVID-19 vaccines on the [Coronavirus Yellow Card](#) website or by phoning the Yellow Card hotline on freephone 0800 731 6789 (Monday to Friday, 9.00am to 5.00pm).

## Number of doses

The vaccine is given in two doses. COVID-19 vaccination offers good protection from two to three weeks of the first dose. The second dose can be given between 3 and 12 weeks after the first dose.

People will be advised when to return for their second dose. The second dose completes the course and is likely to be important for longer-term protection. It is important to get both doses to protect against COVID-19.

## Side effects

Side effects of the vaccines are listed on [NHS inform](#). [Teach back](#) may be a helpful tool to check people's understanding of side effects they may experience after the vaccine (especially if written information is not available in their preferred language). If people understand that these side effects are common, then they may not be put off returning to get their second dose.

## Vaccine effectiveness

Vaccine effectiveness is reported as a percentage (%). This percent refers to the percent reduction in the frequency of COVID-19 among vaccinated people compared to people who are not vaccinated. You can read more about this topic in articles from [Live Science](#) and [The Lancet](#).

The terms vaccine effectiveness and vaccine efficacy both describe how well a vaccine works and are often used interchangeably, but there is an important difference. Vaccine efficacy refers to how well a vaccine works during testing, and vaccine effectiveness refers to how well a vaccine works in real life. Most current reports of vaccine effectiveness are based on trials, and vaccine performance may change once the vaccines are delivered in real world conditions. You can read more about this topic from [the UK Parliamentary Office of Science and Technology](#), which also shows the vaccine efficacies described below.

The efficacy of the Pfizer/BioNTech vaccine is 95%. This means that the group who received the Pfizer vaccine in the trial was 20 times less likely to develop COVID-19 than

the group who did not receive the vaccine. For the Moderna vaccine, vaccine efficacy is 94%, meaning the vaccinated group in the trial was 17 times less likely to develop COVID-19 than the group who did not receive the vaccine. For the Oxford/AstraZeneca vaccine, vaccine efficacy is 70%, meaning the vaccinated group in the trial was 3 times less likely to develop COVID-19 than the group who did not receive the vaccine.

It is difficult to compare the reported efficacy of vaccines by various manufacturers because of differences in when and where clinical trials took place, and differences among the protocols for each trial.

### **Vaccine ingredients**

The approved COVID-19 vaccines do not contain any animal products or egg. They do not contain gluten or wheat and are suitable for people with coeliac disease.

The vaccine may contain a small amount of alcohol called ethanol. The amount in the vaccine is less than the amount in a slice of bread. The British Islamic Medical Association recommends the COVID-19 vaccines to Muslim communities.

### **Muslim communities**

The British Islamic Medical Association recommends the [Pfizer/BioNTech](#), [Oxford/AstraZeneca](#) and [Moderna](#) vaccines for Muslim communities. They also advise that [taking the COVID-19 vaccine does not invalidate fasting](#).

### **Pregnancy and breastfeeding**

For the latest information see the page [Pregnancy, breastfeeding and the coronavirus vaccine](#) on the NHS inform website.

### **Fertility**

There is no evidence to suggest that COVID-19 vaccines will affect fertility. You do not need to avoid pregnancy after receiving the COVID-19 vaccination.

You can watch a short video from Public Health England of Dr Gayatri Amithalingam, a consultant in the National Immunisation team, explaining [how it is not possible for the vaccines to affect fertility](#).

### **After getting the vaccine**

It is not known whether having the vaccine stops you spreading the virus to others so it's important that we all continue to follow the latest government advice.

After you get the vaccine, it's still important to follow FACTS:

**Remember, after you get the vaccine,  
it's still important to follow FACTS:**



**Protecting all of us, takes all of us.**

## Eligibility

### Who is invited

NHS Scotland follows the [Joint Committee on Vaccination and Immunisation \(JCVI\) advice](#) and is first offering vaccines to those most at risk, and those who work closest with them.

#### Phase 1

- 1 Residents in a care home for older adults and their carers.
- 2 All those 80 years of age and over and frontline health and social care workers.
- 3 All those 75 years of age and over.
- 4 All those 70 years of age and over and clinically extremely vulnerable individuals (clinically extremely vulnerable individuals are those who were recommended by the NHS to shield).
- 5 All those 65 years of age and over.
- 6 All individuals aged 16 years to 64 years with [underlying health conditions](#) which put them at higher risk of serious disease and mortality. This group also includes [unpaid carers](#), all adults with a learning disability (mild, moderate, severe and profound) and household contacts of those who are severely immunosuppressed. [People experiencing homelessness or rough sleeping](#) may also be invited as part of group 6.
- 7 All those 60 years of age and over.
- 8 All those 55 years of age and over.
- 9 All those 50 years of age and over.

NHS Health Boards have now invited all those in groups 1-9 to receive COVID-19 vaccines in a range of settings. These include GP surgeries, community centres and very large vaccination sites (e.g. the Edinburgh International Conference Centre (EICC), the Louisa Jordan in Glasgow and Aberdeen's P&J LIVE at TECA).



## Phase 2

JCVI have announced that [Phase 2 of the COVID-19 vaccination programme](#) will continue by inviting people to take part in order of age group.

- All those aged 40-49 years
- All those aged 30-39 years
- All those aged 18-29 years.

NHS Health Boards are currently inviting all those aged 45-49 years.

## What to expect at your appointment

You can view a video showing [What to expect at your COVID-19 vaccine appointment \(very large vaccination site\)](#).

This video is available in a [YouTube playlist](#) in the following formats:

Arabic	<a href="https://youtu.be/6QMqEOccjfk">https://youtu.be/6QMqEOccjfk</a>
Cantonese	<a href="https://youtu.be/0cAaEJ-ljwk">https://youtu.be/0cAaEJ-ljwk</a>
Gujarati	<a href="https://youtu.be/9bXN_lcrHIQ">https://youtu.be/9bXN_lcrHIQ</a>
Hindi	<a href="https://youtu.be/H7a8SzhsBaQ">https://youtu.be/H7a8SzhsBaQ</a>
Polish	<a href="https://youtu.be/_AQFr-Unp8E">https://youtu.be/_AQFr-Unp8E</a>
Romanian	<a href="https://youtu.be/hAlf-kHjlcA">https://youtu.be/hAlf-kHjlcA</a>
Urdu	<a href="https://youtu.be/edHuTQI4JiM">https://youtu.be/edHuTQI4JiM</a>
British Sign Language	<a href="https://youtu.be/_veHPTw8xyM">https://youtu.be/_veHPTw8xyM</a>

The British Sign Language version has been added to NHS inform on the [At your coronavirus vaccination](#) page, as a drop down choice after the original video file.

You can view a video showing [What to expect at your COVID-19 vaccination appointments at a small vaccination site](#).

This video is available in a [YouTube playlist](#) in the following formats:

Arabic	<a href="https://youtu.be/2ZiOJ6a2IHU">https://youtu.be/2ZiOJ6a2IHU</a>
Cantonese	<a href="https://youtu.be/TEidhn3F1y0">https://youtu.be/TEidhn3F1y0</a>
Gujarati	<a href="https://youtu.be/ug4AkdD2i0M">https://youtu.be/ug4AkdD2i0M</a>
Hindi	<a href="https://youtu.be/axZ2rc9YN5s">https://youtu.be/axZ2rc9YN5s</a>
Polish	<a href="https://youtu.be/Vv60C3fT83E">https://youtu.be/Vv60C3fT83E</a>
Romanian	<a href="https://youtu.be/6qfPjHleV-I">https://youtu.be/6qfPjHleV-I</a>
Urdu	<a href="https://youtu.be/CJRuSa9rpVE">https://youtu.be/CJRuSa9rpVE</a>

You can also view an [extended version](#) of the video in English, which may be helpful for those with autism or learning disabilities.

## Unpaid carers

Unpaid carers aged 16 to 64 are in priority group 6. Unpaid carers are defined as people who are in receipt of Carer's Allowance, or people who provide face to face care (without payment) for someone else due to a disability, ill-health, frailty or addition issues.

You can read advice on [unpaid carers](#) on the NHS inform website. Unpaid carers can register for a vaccine by phoning the COVID-19 Vaccination Helpline on 0800 030 8013.

Dr Punam Krishan, along with Scottish Government, has produced videos on YouTube [to encourage unpaid carers in minority ethnic communities to get vaccinated](#), available in [Arabic](#), [Cantonese](#), [Hindi](#), [Polish](#), [Punjabi](#), [Romanian](#) and [Urdu](#).

## How people are invited

There are different approaches in use – some people will be invited by phone and others by letter:

- If people are invited by phone, appointment date, time and location will be discussed and agreed over the phone.
- If people receive a letter, it will contain the date, time and location of the appointment and a leaflet providing important information about the COVID-19 vaccine.

## **Other medications**

See the section [If you're taking medication](#) on the NHS inform website.

You can watch a short video from Public Health England of Dr Gayatri Amithalingam, a consultant in the National Immunisation team, explaining [what to do if you have underlying health conditions or are immunosuppressed](#).

## **Blood-thinning medication and medication to reduce bleeding**

See the section [People with bleeding disorders or taking medication to thin their blood or reduce bleeding](#) on the NHS inform website.

## **Cancer treatment**

See the section [Cancer treatment and the vaccine](#) on the NHS inform website.

## **Allergies**

See the section [Allergic reactions](#) on the NHS inform website.

## **People who have already had COVID-19 infection**

Even if someone has already had COVID-19, they could still get it again. The vaccine will reduce the risk of getting COVID-19. If someone does get it again, the vaccine can reduce how serious the symptoms will be. If someone has recently tested positive for COVID-19 – even if they have no symptoms – they should wait until four weeks after the date they were tested to get either the first or second dose of the vaccine.

You can watch a short video, aimed at healthcare workers, from Public Health England of Dr Shriti Pattani, an occupational health lead, explaining [why you should still get the vaccine, even if you've already had COVID-19](#).

## **Treatment entitlement**

COVID-19 vaccinations are free of charge for everyone in Scotland. No immigration checks are required to receive the COVID-19 vaccination and NHS Scotland does not pass patient details to the Home Office for the purpose of immigration enforcement.

## Appointments

### Appointment process

People will receive an invitation letter or phone call with appointment details. NHS Scotland asks that people make every effort to attend the appointment at the time arranged. If they cannot attend, appointments can be [rescheduled or cancelled](#) so that they can be given to someone else.

If people make an appointment and then do not attend, they will receive one reminder letter.

### Rearranging an appointment

The [NHS inform COVID-19 vaccine website](#) is the place to go if individuals wish to rearrange or cancel an appointment. People can also call the COVID-19 vaccination helpline on 0800 030 8013 (available 8am to 8pm, 7 days per week).

### Missing invitations and lost appointment letters

If someone thinks they should have received an invitation letter to a vaccination appointment because they are in one of the invited priority groups, or has lost their invitation letter, guidance is available on what to do on the [NHS inform website](#). Guidance varies by Health Board.

### Transport to vaccination centres

An SMS was sent out on 4 February 2021 to around 65,000 clinically extremely vulnerable individuals (those shielding aged 16-65) from Scot.gov. It advised people to contact the COVID-19 vaccination helpline (0800 030 8013) if they have been advised to shield and need transport support to attend their vaccination appointment. Helpline operators have been given details of each local authority transport arrangements and will transfer people to the National Assistance helpline who provide details of local transport e.g. local taxi.

Help with planning your public transport journey is available at [www.travelinescotland.com](http://www.travelinescotland.com) or call 0141 465 1878 (open 24 hours).

**Carers, translators and service dogs**

People may bring a carer, a sighted guide/translator or a guide/hearing dog to their appointments, if required.

## Additional languages and formats

The invitation letter includes an information leaflet in English. If someone in your community requires the leaflet in another language or format, these are available to download from the [NHS inform COVID-19 vaccine website](#) in the following formats:

Community Languages	<a href="#">Ahmaric</a> , <a href="#">Arabic</a> , <a href="#">Bengali</a> , <a href="#">Chinese (Simplified - Mandarin)</a> , <a href="#">Chinese (Traditional - Cantonese)</a> , <a href="#">Farsi</a> , <a href="#">French</a> , <a href="#">Gaelic</a> , <a href="#">Hindi</a> , <a href="#">Hungarian</a> , <a href="#">Kurdish Sorani</a> , <a href="#">Kurmanji Kurdish</a> , <a href="#">Latvian</a> , <a href="#">Lithuanian</a> , <a href="#">Polish</a> , <a href="#">Portuguese</a> , <a href="#">Punjabi</a> , <a href="#">Romanian</a> , <a href="#">Russian</a> , <a href="#">Slovakian</a> , <a href="#">Somali</a> , <a href="#">Spanish</a> , <a href="#">Tamil</a> , <a href="#">Tigrinya</a> , <a href="#">Urdu</a> , <a href="#">Vietnamese</a>
Easy Read	<a href="http://www.nhsinform.scot/covid19vaccine-easyread">www.nhsinform.scot/covid19vaccine-easyread</a>
Large Print	<a href="http://www.nhsinform.scot/covid19vaccine-largeprint">www.nhsinform.scot/covid19vaccine-largeprint</a>
British Sign Language	<a href="http://www.nhsinform.scot/covid19vaccine-bsl">www.nhsinform.scot/covid19vaccine-bsl</a>
Audio	<a href="http://www.nhsinform.scot/covid19vaccine-audio">www.nhsinform.scot/covid19vaccine-audio</a>

There is also a leaflet about [what to expect after the COVID-19 vaccine](#) and advice on [pregnancy and breastfeeding](#), available in community languages and other formats at the links above, when available.

You can request hard copies of these leaflets from Public Health Scotland by emailing [phs.covidpublications@phs.scot](mailto:phs.covidpublications@phs.scot). If you'd like to request hard copies of an alternative format or language, please email [phs.otherformats@phs.scot](mailto:phs.otherformats@phs.scot).

## Information sources and messaging

### Information sources on the COVID-19 vaccine uptake

- [Public Health Scotland's COVID-19 in Scotland](#). This dashboard has a page on vaccinations that provides the number and proportion of the population who have received their first and second doses of the vaccine, with breakdowns by age group, sex, priority group, Local Authority and Health Board. There is also information on key indicators, cases per neighbourhood and demographic breakdowns of cases and deaths by age, sex and deprivation.
- [Public Health Scotland's COVID-19 statistical report](#). The full report is available as a download under Publications and provides information on cases, testing and sectors. The section on Equality of COVID-19 Vaccination Uptake periodically contains analyses of vaccine uptake by ethnicity and socioeconomic deprivation. The latest data is available in [the report at 24 March](#) and will be updated on 28 April.
- [Scottish Government's COVID-19 daily data for Scotland](#). This webpage shows the number of people receiving first and second doses.

### Information sources on the impact of COVID-19

- [Public Health Scotland's COVID-19 wider impacts on the health care system](#). This dashboard provides trends over the pandemic, including information on cardiovascular, child health, cancer, mental health and pregnancy.
- [Scottish Government's COVID-19 in Scotland](#). This dashboard tracks direct health impacts, indirect health impacts, societal impacts and economic impacts of COVID-19.

## Research

Public Health Scotland hosts a [repository of Scottish COVID-19 research](#), aiming to centralise, manage and promote COVID-19 research to national and international audiences. The repository currently holds research from PHS and Scotland's academic institutions.



## Responses to misinformation about COVID-19

- The World Health Organization has prepared [clear advice for the public](#) about some common myths surrounding COVID-19.
- The World Health Organization has published Q&A pages on [What is vaccination?](#) and [Vaccine safety](#).
- Full Fact, the UK's independent fact-checking charity, has information on [COVID-19](#) and [vaccines](#).
- The British Islamic Medical Association has [debunked a number of myths](#) about COVID-19.

## Social media messages

These social media messages can be used to tie in with Phase 2 of the Scottish Government's Roll Up Your Sleeves campaign.

### Key messages

- If you're aged 18 to 49 get ready to roll up your sleeve; you will be invited forward to get the first dose of your COVID-19 vaccine between now and the end of July, depending on vaccine supply.
- Those aged 40-49 will be invited forward first, followed by 30-39 year olds and then 18-29 year olds.
- Those aged under 30 will be given either the Pfizer and Moderna vaccines in line with guidance from the Joint Committee on Vaccination & Immunisation.
- It's really important that when invited forward you take up the vaccine, you can get seriously ill with coronavirus at any age
- While having the vaccine doesn't eliminate the risk of coronavirus, by both you and your loved ones having it, it does reduce the impact of the virus
- The COVID-19 vaccine is our best way out of this pandemic and getting back the things we've all missed

- For more information visit [nhsinform.scot](https://nhsinform.scot) or call the COVID-19 Vaccination Helpline on 0800 030 8013

### Social media

- COVID-19 vaccines have passed through the same rigorous tests as all other vaccines. They have been tested on thousands of people around the world and now have been given to millions.
- Not everyone will experience side effects after getting the COVID-19 vaccine, but for those that do, they are usually mild and will go away within a few days.
- It's normal to experience side effects after the COVID-19 vaccine and the common side effects are much less serious than developing COVID-19.
- It will take time to establish the impact of the vaccines on transmission of the virus, so it's important people continue to follow FACTS and the restrictions at all times.
- Here's a video about what you can expect if your appointment is at a large vaccination site [https://youtu.be/\\_94\\_agB1A-I](https://youtu.be/_94_agB1A-I).
- Here's a video about what you can expect if your appointment is at a small vaccination site [https://youtu.be/GfK\\_SPDOc4w](https://youtu.be/GfK_SPDOc4w)
- People across Scotland are rolling up their sleeves for the COVID-19 vaccine. When you are offered it, please get it.
- The COVID-19 vaccine is our best way out of the pandemic. When you're invited forward, please roll up your sleeve.
- When you're eligible for the COVID-19 vaccine, you'll be invited to roll up your sleeve.
- Getting the vaccine reduces your risk of becoming seriously ill from COVID-19. When you're invited forward, please roll up your sleeve.
- When accessing information about the COVID-19 vaccine, make sure you use reliable sources which are updated regularly by medical experts such as NHS inform.

**Always link to NHS inform [www.nhsinform.scot/covid19vaccine/](http://www.nhsinform.scot/covid19vaccine/) at the end of a message**

You can access social media assets from the Scottish Government, including [static assets and posts](#), [15 second video clips](#) and [the full TV advert](#).

## **Evidence on equitable access**

### **COVID-19 statistical report**

[Public Health Scotland \(updated weekly\)](#)

The full report periodically contains a section on Equality of COVID-19 Vaccination Uptake, which includes analyses of vaccine uptake by ethnicity and socioeconomic deprivation. This report is available as a download under Publications and also includes information on cases, testing and sectors.

### **COVID-19 vaccine uptake**

[NHS Confederation \(2021\)](#)

There is growing evidence that people from ethnic minority backgrounds are more likely to be hesitant in taking up the COVID-19 vaccine. More needs to be done to increase levels of trust and confidence in the vaccine so the most vulnerable are protected. The infographic highlights the key recommendations to help leaders maximise vaccine uptake among ethnic minority groups, including information on representation of ethnic minority people in trials. It has been developed by the NHS Race and Health Observatory working group.

### **Interventions to improve engagement with immunisation programmes in selected underserved populations**

[NHS Health Scotland \(2019\)](#)

Underserved populations experience significant health inequalities. They are often undervaccinated and therefore have a greater risk of vaccine-preventable diseases. This evidence review considers interventions focused on people from deprived areas, people whose first language is not English, people with learning disabilities and Gypsy/Traveller communities.

The heterogeneity of the interventions suggests that there is limited evidence for a single approach to promote immunisation; instead a range of approaches have been adopted to suit the local needs of the populations.

## **Interventions to engage people aged 60 years and over in influenza, shingles and pneumococcal immunisation programmes**

[NHS Health Scotland \(2020\)](#)

The authors carried out an evidence review of interventions to improve uptake of the influenza, shingles and pneumococcal vaccine immunisation programmes in adults aged 60 years and older. They reported on interventions focused on patients and healthcare providers. Patient access to vaccination and uptake can benefit from patient outreach, such as home visits, and the delivery of vaccines through pharmacy-based services; reminders to patients, such as letters, postcards or phone calls; and education to raise awareness of the importance of vaccination. Provider-focussed interventions included using posters in clinics, reminders to providers, feedback to physicians and interventions with an education or training component. Multicomponent interventions can successfully combine various elements.

### **TIP: Tailoring Immunization Programmes**

[World Health Organization \(2019\)](#)

This paper introduces an approach for achieving high and equitable vaccine uptake in an area by addressing barriers to vaccination. The approach consists of three pillars.

The first pillar details the values and principles of the approach. These include equity, participatory, comprehensive, evidence, health goals and people-centred.

The second pillar outlines the theoretical model and framework used in the approach, called the COM-B model. This model assumes that the factors capability, opportunity and motivation (COM) need to be in place for any health behaviour (B) to occur. Capability relates to an individual and includes physical (e.g. strength) and psychological (e.g. knowledge and skill) dimensions. Motivation relates to an individual and includes automatic (e.g. impulses or emotions) and reflective (e.g. intentions and beliefs) dimensions.

Opportunity is contextual and includes social (e.g. cultural norms) and physical (e.g. time, resources) dimensions. The dimensions of each factor can act as drivers or barriers to vaccination behaviour.

The third pillar specifies the phases of the Tailoring Immunization Approach (TIP) process.

The three phases of this process can take up to a year, or one week with dedicated resources and available research. In this process, a working group will review existing

knowledge and evidence; conduct research into the barriers to vaccination that target groups experience; and translate the outcomes of this research into an intervention that can be scaled up.

## **COVID-19 and influenza vaccine confidence**

[Vaccine Confidence Project & London School of Hygiene and Tropical Medicine \(2020\)](#)

In this webinar from 9 November 2020, panellists spoke about public confidence in the influenza vaccine, and these lessons are relevant to the COVID-19 vaccine.

- Prof Sandra Quinn from the University of Maryland in the USA described how black African Americans who reported being treated fairly in healthcare settings had higher trust in the flu vaccine and higher uptake. Those who reported discrimination in healthcare settings had lower trust and uptake.
- Dr Dermot Gorman from NHS Borders spoke about the low uptake of the nasal flu programme by Polish families in Scottish primary schools. Differences between service delivery in the two countries and beliefs about vaccination influenced parents' decision to vaccinate. Dr Gorman and his colleagues have published extensively on the topic of vaccination uptake and decision-making of Polish families in Scotland. You can find published papers about [pregnant women and the vaccine for H1N1 influenza](#); [the HPV vaccine](#); [the childhood vaccination programme](#); and [uptake and attitudes](#) of the nasal influenza vaccine in school pupils, including [the role of social media](#).
- Prof Narendra Arora from INCLEN Trust International in India recounted the H1N1 outbreaks in 2009, 2010 and 2015. Vaccine refusal led to 70% of India's locally-produced vaccine supply being discarded. Barriers to vaccination included a lack of awareness in the community; healthcare workers not being convinced about the value of the vaccine; and misinformation about the risks associated with the vaccine.
- Prof Joseph Wu from the University of Hong Kong detailed the potential use of chatbots to detect the early emergency of vaccine misinformation.
- Simon Piatek from the Vaccine Confidence Project advocated for a conversational and engaging approach to communications about vaccines, stating that a top-down

approach from official sources is becoming outdated, and more interactive communications could be successful.