

Covid-19 vaccination—we need more than the ‘mum test’

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Recent press releases from Pfizer and Moderna containing details of the first interim analysis of phase 3 studies of their prospective covid-19 vaccines have been greeted enthusiastically by the media and the financial markets. While we wait for more data and market authorisation approval from the regulatory authority, the National Health Service is preparing for the largest vaccination programme in its history. The launch of these new vaccines will not only present a challenge in the logistics of supply and administration but also in the information and messages that people will need in order to make an informed decision on vaccination.

It is not yet clear how many people will have to be vaccinated to create community immunity and prevent virus transmission, as this depends on several factors including vaccine efficacy and the reproduction number.¹ It is also not known how many people will want to receive a covid-19 vaccine. In the UK, a survey found that 64% of respondents felt they were very or moderately likely to get a covid-19 vaccine when one is approved, while 14% felt they were moderately or very unlikely to be vaccinated.² However, opinion polls in national elections have shown that people's stated intentions often do not match their actions and the same may hold true for vaccination against covid-19. Will there be reluctance to receive a vaccine that has been fast-tracked through the licensing process or widespread enthusiasm for vaccination in the hope that it will help life return to normal?

Willingness to receive a vaccine is affected by factors such as complacency, convenience and confidence.³ Issues that influence vaccine uptake include concerns over adverse effects, negative messages on social and mainstream media, access to vaccination services, and the actions of health professionals, peers and communities.⁴ Interventions to maximise vaccine uptake rates include those that address peoples' thoughts, feelings and social interactions as well as those that facilitate the vaccination

process. Face-to-face provision of clear, balanced information on vaccination risks and benefits by healthcare professionals has been shown to have an impact on uptake.⁵

Alongside the practical elements of making vaccination easily accessible, healthcare professionals will need to be supported with information that allows them to discuss what we know and what we don't know about the harms and benefits of the covid-19 vaccines. In particular, information should be targeted to address people's concerns over vaccine safety within the context of the known risks from covid-19. It should describe what harms have been reported with covid-19 vaccines, with what frequency and what happened to those who had adverse reactions. Information on efficacy will need to describe how successful the vaccines have been in clinical trials and what outcomes were assessed. It should cover what we know about the impact of the vaccines on asymptomatic transmission, duration of infectivity and duration of disease; whether the vaccines prevent mild disease or reduce admissions to intensive care and the chance of dying; and what impact vaccination will have for individuals and for populations. Crucially, it should also set out how vaccination affects the need for social distancing and other preventive measures. Information should be tailored to different age groups and to those who are at low, medium and high risk of complications of covid-19. While some people may not be interested in this level of detail, others will want to base their decision on more than press releases and the 'mum test'.⁶ Healthcare professionals must be ready to explain what the evidence says. Policymakers, vaccine experts, statisticians and healthcare professionals who are independent of the vaccine manufacturers need to respond quickly to provide high-quality accessible information and decision aids—in a wide range of formats and languages—before the vaccines are made available. Such information will be essential to support national vaccination

programmes and to help counter rumours, fake news, unsubstantiated scare stories and overinflated claims of success.

Competing interests None declared. Refer to the online supplementary files to view the ICMJE form(s).

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