Online Event

“When Vaccine Confidence Becomes National Security”

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FEATURING:

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Good morning and welcome to today's event, When Vaccine Confidence Becomes National Security. I'm Katherine Bliss, a senior fellow with the CSIS Global Health Policy Center. Over the past year, I've had the pleasure of directing our project on vaccine confidence and misinformation. We've carried this out with partnership with the London School of Hygiene and Tropical Medicine. And the project has been generously supported with funding from the Robert Wood Johnson Foundation through its Pioneering Ideas program, focused on building a culture of health.

So back in February of 2020, really before this project got underway, CSIS and the London Schools Vaccine Confidence Project convened a small group in London at the offices of Wellcome Trust to begin to discuss what collaborative work on the links between vaccine confidence and global security issues might look like. Now, it was during that discussion that the issues of misinformation and disinformation, particularly on digital platforms, and the challenges faced by social media companies in managing the transmission and amplification of false information content about vaccines, really rose to the surface.

And over the next few months, as the COVID-19 outbreak transformed into a global pandemic, we narrowed our geographic focus to the United States and we narrowed our thematic focus to the domestic challenges, hesitancy around COVID-19 vaccines propelled by misinformation and disinformation within the context of the pandemic might pose for national security. And we recognized that the issues were multidisciplinary and that they required expertise from many different sectors. So we decided to launch what came to be called the CSIS London School of Hygiene and Tropical Medicine High-Level Panel on Vaccine Confidence and Misinformation.

Now, as this project has unfolded, I've been fortunate to work closely with the panel's co-chairs, Stephen Morrison, senior vice president and director of the Global Health Policy Center at CSIS, and Heidi Larson, professor of risk and decision science and director of the Vaccine Confidence Project at the London School. Their dedication to the issues, and the project, and their guidance throughout have been critical.

Michaela Simoneau, program manager with the CSIS Global Health Policy Center, deserves special mention for her patience, attention to detail, creative problem-solving, and willingness to go the extra mile in coordinating the project's activities over the past year. Special thanks also to Samantha Chivers, our communications lead within Global Health, the CSIS AV teams, and the production, graphics, and multimedia teams within the CSIS Dracopoulos i-Lab for their advice and support throughout the past year.
So July 2020 saw the first meeting of the CSIS-London School High-Level Panel on Vaccine Confidence and Misinformation. And it brought together 25 experts from diverse fields, including public health at the global, federal, state, and local levels, social sciences, computer science and cyber security, national and global security, and public opinion polling and communication.

So I have to confess that at that first meeting in July, when we said we would be working over the next eight to nine months and putting out a report next spring, April or May, the panelists really pushed back and said the issues were so urgent that we needed to put out a statement as soon as possible, and certainly before the November elections. To that end, over the next few months we issued a co-chair's statement announcing the panel, released a short white paper, and then published a call to action in October of 2020.

Now, throughout our meetings last fall our panelists also underscored the point that it was important to convene public discussions to share the recommendations and thinking that the panel was undertaking in a public setting, and to hear from participants and communities. Since December, we have convened four public virtual discussions featuring many members of the high-level panel, with opportunities to consider each of the original recommendations in the call to action.

Over the same period, we worked with members of the panel to refine the analysis, taking into account the rapidly evolving situation with product confidence as COVID-19 vaccines were granted emergency use authorization and began to be distributed. And the work really boiled down to two questions: How do vaccine hesitancy and misinformation impact national security? And what practical, actionable steps can the federal government, Congress, social media companies, industry, advocates, and community leaders take to improve vaccine confidence and help security in the United States?

So on a day when more than 114 million people have been fully vaccinated in the U.S., 152 million have already received their first doses, and when polls show that the number of people who say they absolutely won't get a vaccine is shrinking, I’m pleased to be able to launch the panel's final report. And so, you know, on the CSIS website you’ll find the major report itself, which is called “Why Vaccine Confidence Matters for National Security.” You'll also find a one-page summary PDF and an accompanying digital web report, with interactive graphic elements and three videos embedded. And these videos draw from our public events and other interviews to go in-depth on the key themes in the report – vaccine confidence in the COVID-19 context, misinformation and vaccine confidence, and national security within the COVID-19 vaccine rollout.
And they each present, one way or another, the panel’s five recommendations. And these are, just briefly: Innovations in reaching diverse and underserved populations with vaccines delivered in the context of health and social services; pledges and actions by mainstream and digital media platforms to stop the spread of misinformation to collaborate with health providers in the scientific community to increase and amplify accurate content; increased engagement by key social and economic sectors to empower people to make informed choices about COVID-19 vaccines; greater executive branch coordination and action beyond the emergency; and finally increased U.S. support for global immunization partners.

So to discuss some of the findings and the way forward today we have a great lineup of speakers to join a conversation with the co-chairs about the report and the findings. I encourage you to, as you listen in the audience, if you have a question to use the button on the event webpage to submit a question, if you wish. And, you know, again, I want to thank very much our co-chairs and all of the panelists who really dedicated time and expertise and really their dedication to, you know, ensuring a thorough analysis of the issues and really making sure that this analysis was multisectoral and really reflected a broad range of opinion and input.

So as we – as we move toward the moderated conversation I first really have the honor to introduce Dr. Anne Schuchat, principal deputy director of the U.S. Centers for Disease Control and Prevention. Medical doctor and veteran CDC epidemic intelligence service officer, Anne has previously served as acting CDC director and director of the National Center for Immunization and Respiratory Diseases. She’s been on the frontlines of several numerous – several and numerous, many – (laughs) – domestic and global outbreaks.

And she joins us today to share remarks on the state of vaccine confidence in the United States as the COVID-19 vaccine distribution program enters, I think, its sixth month. And to discuss the role that CDC is playing in working with states and localities to promote equitable vaccine access, to reach people where they live and work, and to address the concerns of that 15 percent or so who say they don’t plan to be vaccinated, to see how we can move some of that discussion. So, Dr. Schuchat, we invite you to offer your opening remarks. And then we’ll turn to our moderated conversation.

Well, thanks so much, Katherine. And thanks to CSIS for pulling together this really important topic and issue and report. We are at a critical point in the pandemic where we need to facilitate social mobilization at a community level to increase vaccine uptake. I think we’re really excited that cases, hospitalizations, and deaths are decreasing across the country. And we know that the nation’s been through tremendous pain and suffering
with 579,000 deaths so far, and too many people hospitalized or affected one way or another, directly or indirectly.

We’ve reached a point where vaccination uptake is beginning to plateau. Now, plateauing at a 2 million per day doses administered is not the kind of plateau that we were used to, you know, 10 or 20 years ago. But it’s of concern. And this is a critical moment for us to really understand the factors that make people get vaccines and try to overcome the barriers that are within our reach. To achieve population protection, we need to make vaccination accessible, doable, and socially supported. Today that’s more important than ever among younger adults and, potentially in the future, among adolescents as well.

High uptake of COVID-19 vaccines requires adequate supply meeting sufficient demand mediated by access, equity, and vaccine confidence. Vaccine confidence is complicated. It’s really the trust that individuals, their families, their communities, and their health-care providers hold in the vaccines, the people giving the vaccines, and the processes and policies that lead to vaccine development, licensure, manufacturing, and recommendations for use. For any of you that has been following the CDC’s Advisory Committee on Immunization Practices the past few months, you’ve seen us try to have those processes and policies deliberated in public with some tens of thousands of people watching, to really demystify the data that goes into the recommendations that we make.

CDC’s been working in coordination with health departments, national partners, and community-based organizations to implement a vaccine confidence strategy that’s anchored on three main objectives: To build trust by sharing clear, complete, and accurate information about the vaccines, including the latest safety and the very impressive effectiveness data; to empower health-care personnel by building confidence in their own decision to get vaccinated and their ability to honestly and openly recommend vaccine to their patients; and, thirdly, to engage communities and individuals in a sustainable, equitable, and in an inclusive way.

So where are with vaccine confidence in the U.S.? Vaccine eligibility has been expanded to everybody 16 and up since April 19th. And the percentage of people who’ve gotten at least one dose is now at 58 percent for adults. There’s evidence of enthusiasm beginning to plateau with the proportion of those who want to wait and see now at about 15 percent. For those who haven’t yet been vaccinated but want to get a vaccine as soon as possible, there are things we can do to make that process easier. And we’ve been expanding the number of locations, the walk-ins at pharmacies, the providers’ offices and so forth, making it easier for people to get vaccines in the way that they are comfortable with.
We know that unvaccinated adults are more willing to get vaccinated if the vaccines are given in their doctors’ offices and if getting vaccinated with let them do things that they want to do – like air travel, or going to concerts, or sporting events. And we also know that if there’s a monetary incentive, adults are more interested in getting vaccinated. Parents’ intentions for vaccinating their children also can mirror the teens or the adolescent’s interest in getting vaccinated. So that’s something we’ve learned from other vaccines, and it’s probably true about this one as well.

So what are we doing at CDC to move the needle on vaccine confidence? We’re trying to triangulate between public perceptions that we’re tracking and, of course, many others are tracking, information or content gaps, and the mis and disinformation about vaccines. We’re trying to do that triangulation in real time and feed that back to our partners through state of vaccine confidence insight reports that look at sources like social listening, media monitoring, or CDC info inquiries, and web metrics.

We’re employing a variety of tactics. They include developing training materials to help health-care providers have those empathetic conversations with patients who may have questions and concerns. Frankly, for vaccines that didn’t exist a year and a half ago, it’s very understandable for people to have questions. And so having those conversations in respectful and open ways is important. But you need the information to have those conversations.

We’re planning for on-the-ground social mobilization efforts with health departments, community, and faith-based groups, local governments, schools, and businesses, and providing a significant amount of funding to these groups to support local efforts. We’re continuing to expand the suite of clear communication materials that we have to educate the public about vaccines and address the common questions and myths, and try to do that in a way that doesn’t perpetuate the myths but actually succeeds in getting better information to people.

We’re also providing what we call confidence consults and strike teams to state and territorial health departments and tribal partners to help them troubleshoot the vaccine confidence issues in their jurisdictions. We recently worked with states of Georgia and Alabama on rapid community assessment to diagnose vaccine confidence barriers in those areas. As I’m sure from the panelists you’ll hear, things are different in different jurisdictions and different demographic groups. And meeting people where they are is important.

We’ve awarded and are in the process of awarding data for action grants to academic institutions to identify, implement, and evaluate innovative behavioral interventions to increase vaccine confidence and uptake. And
we’re coordinating with a national vaccine confidence media campaign that’s being led out of the Department of Health and Human Services with the Ad Council.

We’re also intensively preparing for what we see as the next phase, which is addressing adolescents and their parents, following what we’re awaiting, an FDA decision about expanding vaccination to younger populations. Part of that will involve building vaccine confidence in school settings, working on how to talk to parents, how to integrate vaccination content into other issues that are addressed in schools, and how to make vaccine confidence visible, continuing those rapidly community assessments to understand the adolescent-friendly approach to vaccine confidence strategies and creating a digital media social inoculation strategies, which I’m told are called pre-bunking – my new favorite word of the week.

So these are some of the efforts the CDC is taking on to really kickstart our role within the federal government to support vaccine confidence. But I think as the panelists will no doubt say, these conversations happen one at a time in trusted settings. And it’s important for us to use all the technology and all the innovation we have, but to recognize that individuals are coming at this issue from different places, and we need to find the best way to connect with them.

Thank you very much, Anne. That was terrific. It’s really heartening to witness leadership – CDC restored to a leadership position and innovating in this way. Its voice is being heard all over the country. Science has been elevated to a prominent position. You have very strong leadership in Rochelle Walensky. I also think it’s been impressive, the progress the last hundred days. You’ve documented much of it. It’s been impressive, the pivot of just the last week or 10 days, led by the president, in trying to be more nimble to move to retail, local, proactive approach in attempting to reach different populations.

The Community Corps is coming into being, putting cash into the hands of a broad range of community groups – local pharmacies, rural health clinics, pop ups, community health centers, individual providers. I realize there is a problem still in trying to match up vaccines in hand with those individual providers who’ve become such effective advocates to their patients. And we’re beginning to see some really interesting media campaigns and outreach, which I’ll mention in a moment, and greater flexibility in the allocations across states. There’s a lot of – a lot of innovation that’s been introduced just recently.

I also think we’re in this somewhat confusing period right now because we’re in a transition – complex transition. We’ve got large numbers of people that are vaccinated and desiring to get their second doses. Those
numbers are rising. But we have many who are unvaccinated. And we have many who are – 15 percent holding back, waiting, wanting to be engaged. Maybe 15 to 20 percent who are suggesting that they may never take a vaccine or, perhaps, if required they might. But they have their own sets of concerns.

It’s difficult, it seems to me, for CDC to provide clear guidance in the midst of such a complicated and uncertain kind of evolving environment. And we’ve seen this as you’ve – as the CDC’s gone forward in providing guidance recently on mask use, indoor/outdoor, and advising people on their private behavior or their public behavior. How do we reward people when they become vaccinated is a big – you know, how do we motivate? How do we use vaccine optimism to get people to come to the table? But how do we also encourage people to be very cautious in this period and aware of the continued risks?

So I don’t – I greatly admire CDC, but you face a really, really difficult time in trying to communicate to the American public. And we have these different communities that we now know are so important. The racial and ethnic communities that have suffered great disparities and inequities and borne disproportionate burden of the disease and have important and complicated historical legacies. We’ve seen pretty dramatic improvements, I think, in the strategy towards those populations. There’s still much work to be done, but we’ve seen some big advances. On youth I think we’re starting to see some. I think the focus on youth, it seems from what you’ve said, is now big.

The moveable middle? We’ve got to engage them. That used to be over 35 percent. It’s now down to 15 percent. That’s pretty amazing. The focus now on Republicans, on Evangelicals, on male Republican voters, those who are living in rural settings, that’s a serious, complicated population as well, where we have issues of liberty, of distrust of authorities and science, emphasis on political choice. Really a matter of political culture. It was influenced by the previous administration but predated the previous administration.

And we see some hyperlocal programs emerging today. Frank Luntz, the pollster, Brian Castrucci from the de Beaumont Foundation have done some very creative and terrific work. We have now a GOP Congressional Doctors Caucus putting out – I believe today – putting out the first series of PSAs directed at this population. So I’m encouraged to see we have leadership coming from within the Republican ranks to great – to great purpose.

So back to you, Anne. Just tell us, how do you deal in this period in trying to craft – in trying to craft messages and guidance for this complicated reality.
It's an awfully difficult task but tell us how your thinking is on this. Thank you.

Anne Schuchat, M.D.: Yeah, you know, it's a big country and there are so many different perspectives. And really have to come at this with humility. I think having worked in vaccines for decades, the world has gotten more complicated than ever and we're more divided than ever. But there are some things that are in common. You know, people want to see their grandchildren. People want life to be a little bit more like it used to be. And people want to hear from people they trust. And CDC, as much as we want to be the most trusted organization out there, we're not the most trusted organization for some people.

So one of our key approaches is working through others. You know, whether it's the Community Corps that you talked about or the TV docs or all those community-based organizations that really are, you know, with people in their communities, staffed by people from communities. You know, I used to think you got to keep the politics completely out of vaccine conversations. But I think once it's there, you probably have to embrace it – (laughs) – and, you know, use all the – all the approaches that you can.

But my feeling is, for CDC, it's important for us to lead with science, to be open and honest, to get information into the hands of others, so that they can, you know, criticize, or view, consider, but get the messages to those who they connect with. You know, we're fortunate now to be able to provide funding to a lot of organizations, and certainly the states and locals. Always working closely with the clinicians because health-care providers of all stripes continue to be more trusted than almost anybody in the vaccine world. But now peers and other influencers are important. And so understanding how do we share information with peers and influencers in a way that they will not be suspicious but that they can embrace.

So it's not easy. And, you know, I would say that we're open to doing things differently and to finding solutions that will work. I also have been heartened with some of the progress on equity that we've been able to make. You know, some of the distrust and concerns between some groups has really improved as we've really focused, like a laser, on equity and everything that we're doing with vaccination. We are – we are making real progress there. But in terms of some of the rural areas, where there's really not as much of a shared sense of the threat of the virus or the impact that the virus can have the vaccine conversations are more complicated.

J. Stephen Morrison: Are you expecting we're going to see some very rapid progress with adolescents?
There’s definitely a group that’s really keen. You know, we know that some of the pharmacies have opened scheduled – scheduling for adolescents, you know, pending. And there’s just a lot of people in advance of any kind of FDA/EUA, you know, appointments are getting booked. And we know that providers are getting calls from patients or parents, and so forth. So I do think there’ll be enthusiasm from the parents who were the first in line to, you know, try to find vaccine for themselves back in January or February. So I do expect an initial burst. But there’s going to be a big – a big group that’s not jumping on this right away.

And of course, adolescents typically have pretty busy lives, and getting them in for, you know, their HPV vaccine or their meninge vaccine could be difficult. The formulations of products available haven’t been that easy for the doctor’s office. And that’s been a – you know, we’re trying to get more primary care providers to be able to get vaccines out, which is a familiar place for both adolescents and, you know, for many adults with underlying conditions. But it’s been trickier with the large volume trays and the storage requirements of some of the vaccines. But so we’re – I do think there’ll be – there’ll be a little blip and then it’ll be slower, is what I think.

Thank you. We’re going to be joined by – just momentarily – Peggy Hamburg, a former commissioner U.S. Food and Drug Administration, currently interim vice president of Global Biological Policy and Programs at the Nuclear Threat Initiative. Heidi Larson, co-chair of this effort, professor of anthropology, risk, and decision sciences, and also director of the Vaccine Confidence Project at the London School of Hygiene and Tropical Medicine. And our colleague, Jim Lewis, senior vice president and director CSIS Strategic Technologies Program.

Peggy, I want to turn to you first and ask you a question. First, I’d like you to respond to what we’ve heard from Anne. But I’d also like to ask you a more provocative question on: Have we entered, in your view, a perilous moment, of a kind? In other words, we’re in this complex transition. We’ve had adverse effects from AstraZeneca, J&J, that may have set back public opinion or made people – put people a bit on edge. We’re moving out of scarcity and into abundance, and we’re plateauing. We still have high numbers of daily case counts, less than 50,000 – I think 43,000 per day. Still high. But we’re seeing a sharp drop-off in the daily numbers coming forward. And of course, we have variants as a big new concern. And we have the stark and harrowing reality in India and in other neighboring countries while we’re watching that second wave, and wondering what does this mean?

It’s a big question, Peggy. But I wanted to ask you, you know, do you share this sense that we’re in a – we’re in a somewhat difficult moment?
Margaret Hamburg, M.D.:

Well, thank you, Steve. And thank you, Anne, for that wonderful overview. And I think that, yes, this is a perilous moment. You really have eloquently and compellingly laid out some of the reasons why. This is a time when we need to act. You know, we really can take a hold of extraordinary public health tools to advance us in the struggle against COVID and move us towards, you know, a greater normalcy. But we are up against the fact that populations are remaining unvaccinated that, you know, really need to be vaccinated.

We have the challenge of variants. As long as the virus is being transmitted it will provide an opportunity for variants to continue to evolve. Right now we have vaccines that provide protection against those variants, but we are of course concerned that continuing evolution might surprise us in terms of how effective the vaccines are. So we want to, you know, continue to press as rapidly as possible on vaccination, on monitoring variants, and reducing possibilities for spread.

And I think you’re right, Steve, that the situation internationally is a powerful reminder of the importance – the fierce urgency, if I can quote Martin Luther King, to act now. We are seeing the fact that countries that had had their COVID crisis considerably under control are having surges. India, Brazil, and other countries dramatically illustrate. The devastation is horrific to watch. And if we don’t, as a nation, not only address our COVID crisis here within our borders but also contribute to addressing the world situation in trying to make vaccine available for all, we will continue to all suffer.

So I think that the issue of vaccine hesitancy and vaccine confidence is critical to our ability to really create the better, safer world we’re all struggling for. It’s clear that we need to continue the efforts that Anne so ably outlined. No one solution is going to make the sole difference. We need a multifaceted strategy that recognizes all the different stakeholders, all the different players and partners, and really enables us to move forward in a strong, aggressive, and consistent way.

And it involves people understanding that it’s important to their own health, it’s important to the health of communities, their families and loved ones. That the vaccine did get developed swiftly, but without cutting corners, from a scientific perspective. And it’s been tested now in populations much larger than normally occurs. And the experience around the world tell us that these are extraordinary vaccines with great efficacy and, you know, really the safety issues are very, very rare. The issue of getting COVID as a disease is much more concerning than the complications of COVID – of the COVID vaccine.
So we need to continue, you know, to help people understand that. And that, importantly, involves not only the message but, as Anne noted, the messengers, and the struggle to get the right information to the right people with the right messengers, and to somehow plow through the misinformation will remain a huge – a huge, huge issue going forward. But one we can surmount, I’m sure.

J. Stephen Morrison:

Thanks, Peggy.

I want to turn to Heidi. Heidi, here in the United States there’s a lot of discussion as to how high of coverage will we reach. As Anne said, 58 percent of adults in America have gotten their first dose. That’s a very encouraging number. But when we look at the variants and we look at what might be required to really have confidence for getting control, we’re looking at 80 percent or higher. That could be very, very difficult to achieve here, with the levels of hesitancy we’re seeing. We’re also seeing low coverage rates in many southern states, many rural areas, low coverage rates.

And so people are beginning to think, well, maybe our country’s going to be somewhat fragmented geographically and in terms of populations in the actual protection and coverage. And we may find ourselves with vulnerabilities to outbreaks in certain parts of the countries, and higher confidence and coverage in others. How does this all compare, from where you sit, Heidi? You’re taking a very broad – you’re in London. You’re taking a very broad, global view. How does the American experience compare?

Heidi J. Larson:

Well, I think the American experience is actually quite reflective of what’s going on in the world, that the landscape is very fragmented. Even in the U.K., which is comparably a pretty small island, we have huge diversity in – I mean, we do a lot of subnational kind of micro-mapping. We just finished a 17,000-person sample. And it’s very varied. I think the U.S. has a particular polarization politically, which weighs into it in different ways. But that’s not unlike other countries. And so I do think that it’s not that different. On the other hand, the nature of who are those groups and how they play out is different.

But I do think – and I’m really, really incredibly impressed with the work that CDC is leading, that Anne outlined. You know, these are the things we dreamed about a decade or two ago. (Laughs.) And I’ll never forget a quote that I use a lot from Anne about the more recent measles outbreak, the one a few years ago. And you compared it to the previous big one. And you said, we’ve been there before with measles outbreaks. What’s different is what’s causing them. And the fact that the under-vaccinated were not vaccinated for different philosophical and belief-driven reasons, not because they couldn’t get the vaccine.
So I think what’s – what to me has really been an incredible evolution in this field is really recognizing that things have changed. And in the context of COVID, they're changing every day. And that makes – adds another level of how we need a dynamic and responsive – I mean, even the idea of doing rapid assessments, we need rapid responses, but need to be nimble and change things – which is not natural human behavior. But I think also the point to meet people where they are – and I'm sure it was implied, but I just want to stress that it's not just a physical where people are, but where they are in terms of their worldview, where they are in terms of their belief on the world. It could be, you know, pro-nature. It could be anxiety.

There is something about vaccines that is not natural. I was – there is some of the – the best work in risk communication, a field which evolved in the context of environmental risks, but I refer to a lot in the context of vaccines, is how the some of the tensions that people have are between whether they have some control or not, whether it’s natural or whether it’s chemical, whether it’s voluntary or – there’s a number of different things. But it was an interview with Daniel Kahneman, who wrote “Thinking Fast and Slow,” yesterday that really reminded me of this work.

He said, you know, when people – and we see this with other vaccines. Getting vaccinated is taking an action. So if you get harmed by that action or your child is harmed, you feel much more guilt than if you get sick for a natural cause. And a virus, a circulating virus, is natural. So there’s – they're weighing different aspects of it that reason out of getting vaccinated sometimes, which we – is hard for us as scientists and medical community to get a handle around. But it’s also part of where we have to frame it in different ways. And I think that’s where this issue of the messenger – and also, the motivation.

I do think this issue of – even though our toughest group in terms of confidence levels is 18 to 35, you now, if you want them to get a vaccine don’t try to tell them how good it is for themselves or the world. Tell them it’ll let them go to a rock concert. Tell them it’ll let them go to the sports event – I mean, well, adults like sports too. (Laughs.) But you know what I mean. It’s – you know, airlines don’t advertise – well, some of them do – the comfort of their seats, or whatever. They’ll tell you about the beach. They’ll tell you about the destination, the whatever exotic place the plane will take you to.

So I think particularly at this stage of the COVID response, per se, we need to be contextualizing vaccines in the context of a recovery. We just launched a campaign – and I’ll stop here – with YouTube called Get Back to What You Love. And they’re just 15-second moments from 15 different people about that moment that they miss the most. You know, a
grandmother missing going to – believe it or not – the YMCA and meeting her friends, you know? (Laughs.) Some families dancing, somebody coming down a rollercoaster. I mean, all different – we need to go there, because that will be more, I think, for some, motivational. It’s not going to be the trick for everyone, but – I shouldn’t say trick, because it’s a very genuine, genuine thing.

But anyway, I think as I listened to the – Anne and also Peggy’s insights, if you – I was looking back at our conclusions, what we’re calling for in this report. And I was really thrilled to see, since we started this high-level panel a number of those things are already becoming real. We can’t lose the – you know, we need to keep building on it. But I think we’re going in a really positive direction. Thanks.

J. Stephen Morrison:

Thanks, Heidi.

Jim Lewis, you know, one focus – one primary focus of this effort was misinformation, with a special focus on social media, practices, attitudes. And we – in the report we come forward and say: You know, there’s been some significant progress in this last period in terms of how seriously these issues of misinformation are being taken by social media, and the actions – the level of actions instituted. A big shift. And but there’s more. There’s still calls for more to be done. And in our report, we specify a few things. Tell us, Jim, what’s motivated – in your view, what’s motivated social media to pivot, to reassess, to take these problems much more seriously than they had up till now, and begin to put in place controls? And what more is needed, in your view?

James Andrew Lewis:

Well, this is, as we’ve heard, a clearly politicized issue. So I put it in the context of politics. And one thing that’s interesting, just as an aside, is the effect of presidential messaging and presidential policy. So you could even have a rough statistic that shows that getting a different kind of signal from the White House really improves the environment. But there will be hard issues, right? Sometimes the media doesn’t help. I mean, it’s always focused on the negative, so you tend to get stories about what’s gone wrong rather than what’s gone right.

I’m not sure this will be an issue by the fall, but there’s going to be this hard core of resisters, as we’ve heard. And so there’s some short-term and long-term issues. The long-term issue is how do we rebuild confidence in expertise? And I think, to your question, a lot of what’s driven this is the effect, the shock that many people had at the 2016 election at the effect – at the 2020 incidents – 2021 incidents that really make people realize the power of social media.
And honestly, it made the social media companies realize their responsibility. You know, whereas five years ago or 10 years ago they would usually say: We’re just the pipes. You don’t want us to be editors. They now have a sense of responsibility. And I think we all – well, almost all of us welcome that. And the ones who don’t need to rethink their position. (Laughs.) So more emphasis on social media.

You know, it’s interesting that the best way – to Heidi’s point – it turns out the most effective way to communicate is through short videos rather than long screeds. And so we’ve seen that it can be even as short as three seconds, for those of you who make fun of TikTok. A three-second video on the positive benefit of getting vaccinated will have an influence. The other thing we’ve realized in the near term – and this is, I think, to Anne’s point – is social media is one avenue out of two. The other avenue is community.

And so an emphasis on community, working with local communities, working with different populations, using that community-focus to change minds. I think that’s probably the core of strategy to address – you know, there are some who will always be unpersuaded. But the number is shrinking. And we can accelerate that if we use social media tools, like video, and if we use a focus on – and CDC has done this in the past – a focus on the community-level intervention, community-level involvement.

So I think one benefit of the report is we’ve identified a path forward. And one – a question for all of us is, I think we can have success when it comes to the COVID vaccinations. What do we need to do further to address the larger question of vaccine hesitancy, which has been growing for more than a decade and is a serious health problem? So we’ve identified some tools. Let’s use them in this specific instance. And then let’s see if we can apply them more broadly.

J. Stephen Morrison:

Jim, I want to ask you one quick follow-up question. I mean, it seems to me that there’s been less visibility in the media and the press about the power of – the power and influence of those groups that are organized against vaccines in the United States in the midst of the pandemic. Early in the pandemic, there were lots of accounts about how stoked up and how much these movements would – these groups would capitalize upon this pandemic. I’m not so sure that that’s happened, that they have stoked – had success at stoking hesitancy and refusal to the degree that was predicted. Is that accurate? Did we overestimate?

James Andrew Lewis:

Yeah, I think there’s always a tendency to overreact in the initial phases. And so when you go back and look at some of the data there’s individuals on social media who have hundreds of thousands or even millions of followers. And so their misinformation – and it could be just – you know, they don’t have evil intent. It’s just that they actually believe this nonsense.
They spread it, and it’s picked up and amplified by these things. And what we’ve got now, I think, are two key changes.

First, the change in administration. And over time, that will affect many things as the temperature of the public debate goes back down. You can already – you know, I suppose we all depend on Pew for our research, but you can see good data on this. The second is experience. You know, we talk a lot about herd immunity. I would talk about herd effect. When the herd starts to move in a particular direction, people are going to follow, right? There’ll be some who’ll lag, but between the change in presidential messaging, the growth – the demonstrated success, right, particularly – the U.S. went from being among the worst to among the best in just a very few months. And I think that has a persuasive effect.

So the people who were making these statements are still out there. They haven’t gone away. And they may very well be influential in reinforcing the core of those who are hesitant about vaccines. But overall, the trend is moving in the right direction.

J. Stephen Morrison:

Thank you. I want to ask Katherine Bliss a question. Then I want to come back and hear more from Anne Schuchat.

Katherine, you know, we’ve heard about the innovative efforts that Frank Luntz and Brian Castrucci and the GOP Congressional Doctors Caucus have undertaken, these focus groups, these new PSAs attempting to sort of sketch out what it is that – what are the sources of concerns ideologically or personally? Who will they listen to? This has all been, it seems to me, a very encouraging set of developments in an area where, you know, the Biden administration may not be quite some welcome in inserting itself into those discussions. Others need to lead in this. And as Anne had suggested, CDC can do a heck of a lot to support.

And it was interesting that in the efforts by Frank Luntz, Tom Frieden, a former CDC director in the two Obama administrations, came across as one of the most respected and persuasive interlocutors with this. So that told us something interesting about what they’re looking for – what that population is looking for. But more recently, what we’ve seen is Frank Luntz come under attack from Tucker Carlson, as if he is somehow engaging in an activity for nefarious purposes, accusing him of being in Pfizer’s pocket. It sort of shocked me a little bit to think, well, maybe this type of very valid and serious effort is at risk itself of becoming politicized, and it’s overstepping some threshold and coming up against certain concerns, and now we may see more of a polemical and partisan or internal Republican debate unfold. What do you think, Katherine?
Katherine E. Bliss: You know, I think if you look at our report and discussion about the different kinds of vaccine confidence, you know, there’s a whole page – (laughs) – of – and this was – you know, it was challenging really to try to identify all the different attitudes and questions and perspectives people bring to their thinking about vaccines.

Everything – and some of this has been discussed before – but from legitimate questions and, you know, wishing to understand better, to questions about, you know, viewing scientists as elite, the, you know, problems of historic discrimination and abuse even, you know, on the part of health authorities. The challenges, you know, around what we see, this kind of individualization of science. You know, this idea that, well, OK, this is the scientific recommendation, but I’m going to interpret it in my own sense and I’m going to interpret it on my own terms and bring that forward.

And so, you know, along with that, of course, there’s also the – you know, what we’ve seen in terms of the sort of linkages of some of the movements around personal liberties and the election and some of the discussion, you know, around the politics of early January and the insurrection at the Capitol. I mean, many of these different elements and ideas, you know, become interlinked and, you know, are not, you know, divided into sort of separate, individuated categories.

So when we try to, I think, understand the reaction to different personalities that may be speaking out on vaccines or undertaking that kind of research, you know, we have to, you know, appreciate that people don’t fall into these, you know, discrete categories. And may, you know, within one person, embrace kind of a sense of rural self-sufficiency, a preference for small government, you know, a fear of, you know, elite or pharmaceutical companies. And, you know, all of those different kind of impressions really inform their reaction to a statement, or messaging, or a research project that’s undertaken.

J. Stephen Morrison: Thanks. I want to come back to Anne and get any thoughts you have on what we’ve heard from our other speakers, but also talk reflectively about this period where we have had astonishing success with getting great vaccines. And we’ve had some controversy around industry, but it’s not been disabling and so divisive. We now have the issue of the patent protections, the suspension. We’re not here to talk about that today, but it seems to me we’ve had – we’ve had – in terms of the partnerships between our government and industry in this period, we’ve had a remarkable period of good – of grace in moving forward.

Anne Schuchat, M.D.: You know, I think this is – obviously, this pandemic’s been transformational in its severity and the horrors that it’s wreaked. But I think the vaccination effort has been transformative in the educational experience that the nation
has gone through. You know, to have this many people aware of all the different vaccines that are out there, and the latest and greatest of, you know, how you could get them and what the side effects are, and how does – you know, what does the FDA do, and what does the CDC do, and what does my state do, or what does my county do – it’s really extraordinary.

Beyond that, to have vaccines that with enough investment and support can be developed and produced in such a short period is – you know, opens the door to prevention of so many other conditions that, you know, we could be at the moment of opportunity for, you know, global efforts and domestic efforts that really can save a lot of lives. Fundamental to that positive reality is sustaining and building the trust in the system – you know, the trust in how we do the research. The trust in how we enroll people into trials. The trust in how the FDA or other bodies look through the data and then how, you know, CDC and others might make recommendations for use. How the system delivers the products. You know, we really could be, you know, back in the '50s, I think, with vaccines being this wonderful, you know, thing that everybody wants and government and the private sector supporting their development.

You know, we could be on the verge of that for many other conditions. Or it could be a death knell. (Laughs.) So we have to take each of our responsibilities really seriously. So I’m really optimistic right now. I know we’re going to – yeah, we’re kind of in a plateau, but we’re continuing to see improvements in the burden of disease. The variants are quite concerning. The international situation is quite concerning. But I think we’ve been trying to go about this immunization in a very deliberative way – you know, urgent and action-oriented, but meeting people where they are.

And I think if we can continue that and not lose trust, you know, we can really see, you know, life get back to a better state for many people, and also, you know, really beneficial prospects for the future. So, you know, it’s a good day here at the CDC, I guess. (Laughs.) You know, tomorrow could be a bad day. But I’m in a more optimistic mode right now than – you know, than many months ago.

J. Stephen Morrison:

Do you anticipate that as we – as we get through the summer and into the fall the next phase of communicating with the American people is going to be around boosters, around new vaccines, around preparing for some cycle of winter that will perhaps require – if we’re moving into an endemic phase – require some return to masking and some seasonality around winter? What’s your – I know you’re – we’re not there, and it’s not an entirely fair question, but it’s one that we can predict pretty easily.
Anne Schuchat, M.D.: Yeah. I think that we have to be careful as, you know, experts or authorities in what we say. And you know, I think some of you are aware, you know, a vaccine manufacturer started to talk about boosters and apparently the surveys suggested confidence dropped because people thought, well, if I have to get a booster, what’s the rush here? Why don’t I – you know, why do I need to get vaccinated now? So we do not know right now whether the vaccines many of us have already gotten are going to protect us for a long time or whether future vaccination would be needed. And I think we need to be careful in talking about that prospect in having unintended consequences, even in the dialogue about it.

In terms of the variants, though, you know, we continue across government and academia to study the effect of vaccines or neutralizing antibody on these different variant strains. And, you know, so far getting vaccinated seems to be really important. Some vaccines better than others, probably, for certain variants. But a lot of the variants, it turns out, you know, the level of vaccine-induced protection seems really high. But we have to – you know, we have to keep studying. Obviously, we’ve done a lot to try to expand the phenotyping that we’re doing here, you know, to model the U.K., which really had a great program, so that we understand the dynamics.

In India, we know it’s a problem, but we really don’t have enough data yet for true understanding of what, if any, role variants are playing in their – in their big resurgence. But I think the question about masking – I have to say, I am so impressed with the impact that masks can have on respiratory viruses. And, you know, as you know, we really didn’t have a flu season this past year, while we had a really bad COVID season. So I do think that, you know, bad flu seasons, people are going to bring back their masks and be using them because, why not? They’re very effective at protecting individuals and others. That doesn’t mean, I think, we’re going to be wearing them forever. But they’re a very important tool in protection against respiratory viruses that could be a complement to vaccines, I think, in some – in some times and for some avenues. I think that’s as much prediction as I’ll do.

J. Stephen Morrison: All right. All right, we’re getting towards the end. I’m going to ask – we’re going to do a little quick lightning round. This has been a pretty positive conversation in terms of the projection that we’re going to pivot. We’re going to be in a different place on July 4th. We’re going to be in a different place as a country at Labor Day, as we turn the corner into the fall. I want to start with Peggy and then go to Heidi, Jim, and Katherine. Sort of and ask you the question, what should – what do – what should we be having top of mind looking ahead in order to try to ensure that we do reach those pivot points that have been laid down by the president and by others? Peggy.
Margaret Hamburg, M.D.: Well, I guess right now I would love to see a continuing push on making vaccine more available for this country, making it available where people are with all of the different supportive strategies that have been discussed in this panel. But also making vaccine more available to the world. Right now more vaccine I think will lead to more uptake, to a broader, more successful public health control strategy. And this is – this is a critical moment to do so.

J. Stephen Morrison: Thanks, Peggy.

Heidi J. Larson: Well, I would say don’t let our guard down. Keep up – (laughs) – keep up the work that’s going on. And hopefully it’ll move into post-COVID and we can benefit from it. But I didn’t say much about an area that I actually do a lot on and care a lot about, and that’s more in Jim’s field. And that is the whole concerns about social media. We need an extraordinary approach to how we’re going to rein that in.

I look at what’s going on with the social media space like the variants. It’s a constantly changing, it’s natural selection, they – you know, you throw in a new regulation, you throw on a new restriction by any of the platforms, they are so quick to adapt to that, so creative, and so potentially disruptive. So I do think if there’s one area that we could develop more, picking up on this issue – and it has huge security implications, to get back to the – to our title – I think that is a space we have a lot of work to do.

J. Stephen Morrison: Thanks, Heidi.

Jim Lewis.

James Andrew Lewis: Thanks, Steve. I should start by noting that I hate getting shots, right? (Laughter.) So maybe the lesson for me from that is we need to be respectful of the opinions of those who have concerns. And I think respect is crucial. We may not agree. We may need to find new ways to persuade them. But I don’t like the shots any more than they do – I mean, getting them. I have all my shots. And I’m happy about it. Peggy’s point about global distribution is crucial. It doesn’t do any good to stamp out the fire in one part of the ship and leave it burning in another.

In an ideal world, if we used social media right, if we used the right communications for communities – and I mean local communities – we can start maybe moving back towards the golden age of acceptance of vaccines. And I think COVID will be a test case that people will point to. You had fears about this – just as measles – and look at the success we’ve had. So let’s
think about the strategies at the community level and at the social media level that help us move forward. Thanks.

J. Stephen Morrison:

Thanks so much, Jim.

Katherine, you get the last word today. And thank you so much for your leadership and the remarkable series of products that we put out under your leadership. Thank you. Over to you, Katherine.

Katherine E. Bliss:

Sure. Thanks. (Laughs.) Just two points here. I mean, echoing what others have said. I mean, considering how interconnected our world is – it’s been maybe less so under COVID – but considering the trade, travel, and cultural affinities it’s imperative that we apply the lessons that have been learned from the domestic outbreak here and share those to the extent that they’re relevant internationally, and share U.S. technical and diplomatic capabilities for distributing vaccines internationally as well.

And I think we also have to be aware of the international dimension of the misinformation, of these narratives about vaccines. And understand that some of those messages that may develop in the United States get shared with diaspora or, you know, cultural linguistic affinity, you know, communities overseas. And they evolve and transform. And so, you know, we need to be mindful of what’s being generated here and how that’s being shared elsewhere, and to take action internationally as well.

J. Stephen Morrison:

Thanks, Katherine. We’re at the end of our hour. And great thanks to all of our speakers who’ve joined us today. Special thanks to Anne Schuchat, close friend at CDC and it was wonderful that you could spend so much time with us today. Thank you so much and thanks for all the great work that CDC is doing.

This high-level panel – we’ve drawn from all of the people that you’ve heard from here today, Peggy Hamburg, Jim Lewis, very active members. Heidi Larson as our co-chair. Katherine as the project director. I want to also mention Michaela Simoneau, our colleague who really invested an enormous amount in moving us forward. So thanks to everyone. I hope you enjoy the report and the affiliated products that we put out today. And I hope we’ll be back together soon. Thank you.

(END)