Rapid COVID-19 State of Vaccine Confidence Insights Report

November 1 – 3, 2021 | Announcement of COVID-19 Vaccines for Children ages 5 – 11 years old

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This is a special insights report following the Food and Drug Administration (FDA) Emergency Use Authorization (EUA) and the Centers for Disease Control and Prevention's (CDC) endorsement of the Advisory Committee on Immunization Practices' (ACIP) recommendation for the use of the Pfizer-BioNTech COVID-19 Vaccine in children ages 5 – 11 years old.[1]

This report employs the same methods and inputs from the COVID-19 State of Vaccine Confidence Insights Report, yet specifically seeks to better understand consumers' perceptions and sentiments around the recommendation of COVID-19 vaccination for children ages 5 – 11 years old. The report details threats to COVID-19 vaccine confidence, content gaps and information voids, circulating mis- and disinformation, and action steps to take.

The information in this report is a snapshot from November 1, 2021, through November 3, 2021.

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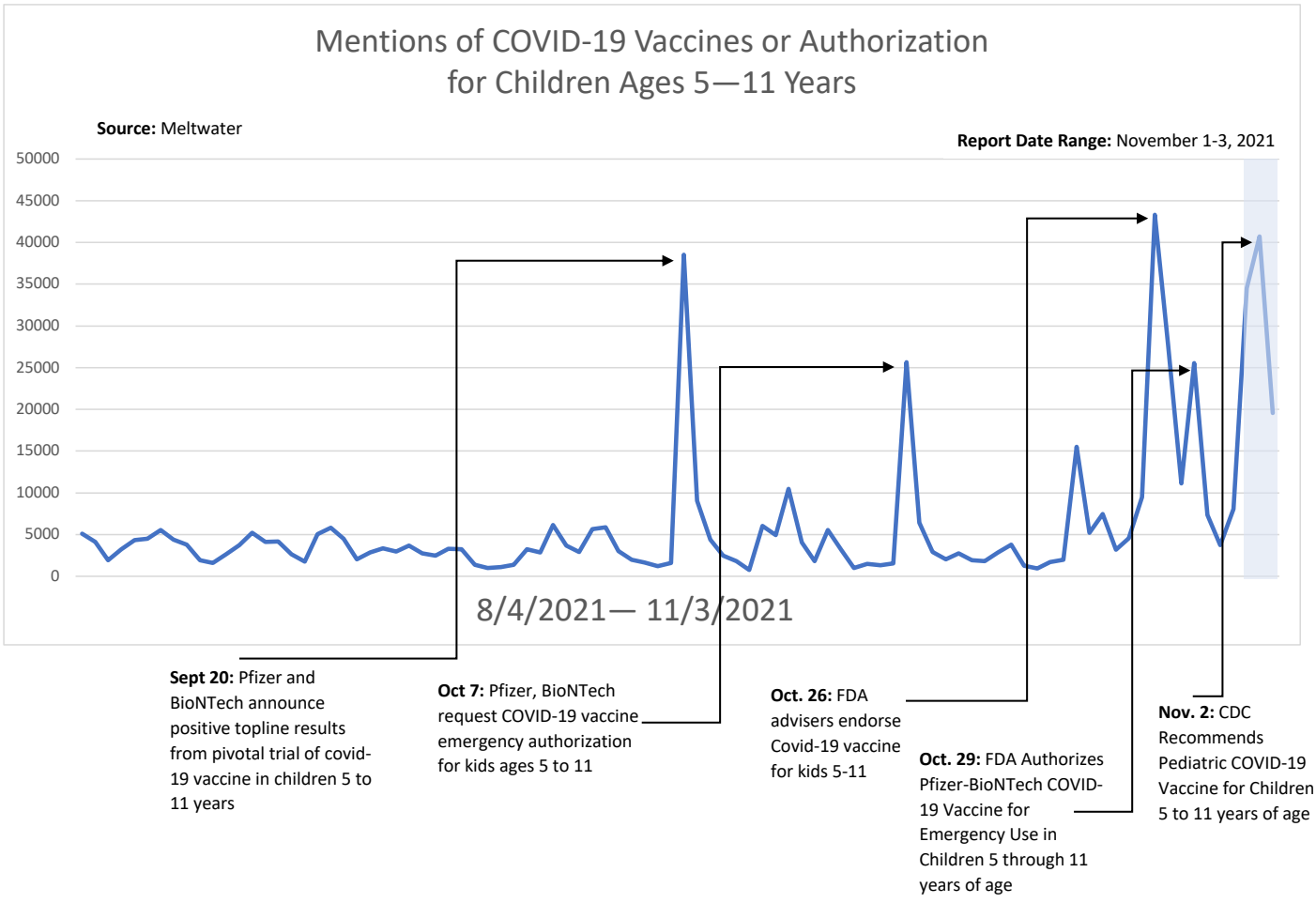
Background

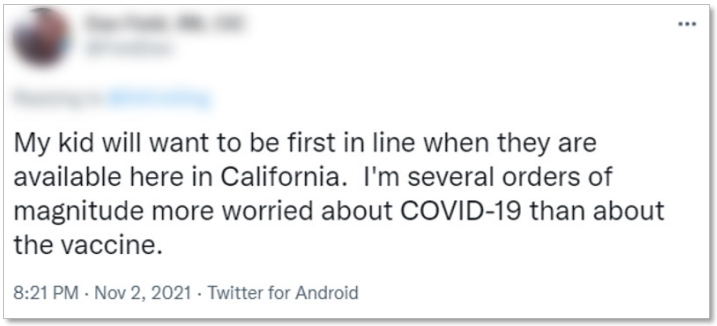
Coverage on news media and social media conversations about childhood vaccination appears to have steadily increased since schools returned to in-person instruction in the fall of 2021. Following Pfizer and BioNTech's September 20, 2021, announcement that their COVID-19 vaccine trial showed encouraging results in children under 12 years of age,[2] conversations about pediatric vaccinations increased on various media sources, such as digital media, social media, and CDC-INFO. On October 29, 2021, FDA expanded the EUA for the Pfizer-BioNTech COVID-19 vaccine to include children 5 – 11 years of age.[3] This announcement and the CDC recommendation of the Pfizer BioNTech COVID-19 vaccine for children ages 5 – 11 years old on November 2, 2021, likely drove a spike in mentions of pediatric vaccinations from news outlets and consumers during the first week of November (See Figure 1).[4]

Figure 1.[a]

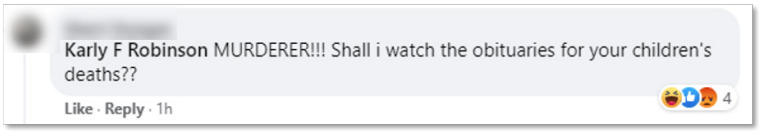


[a] Meltwater

Perceptions, Concerns, and Threats to Vaccine Confidence



News stories of the EUA of the Pfizer-BioNTech COVID-19 Vaccine for children 5 – 11 years old focused on the risk of COVID-19 in this age group and the timeline for vaccine availability.[5,6,7,8,9] Consumers demonstrated increased interest in the EUA, evidenced by an increase in online searches of keywords such as "CDC approval" and "5-11."[b] Social media conversations following the October 29 FDA announcement were mixed. Some social media users posted support for the EUA and expressed excitement.[10,11,12,13,14] On the other hand, some social media users expressed fears and concerns about giving children the COVID-19 vaccines. For example, some inquired about the vaccine's possible side effects, including myocarditis, infertility, blood clots, delayed onset of menstruation, and unspecified long-term side effects.[15,16,17,18,19,20] Some consumers believe the EUA for children 5 – 11 years old felt rushed, claiming the trials did not include studies of long-term effects or severe side effects. These claims coincided with a former government official's statement that asserted the vaccinations for children were "a giant experiment."[21] Some social media users shared similar sentiments, claiming vaccination of children ages 5 – 11 years old is solely to investigate side effects of the COVID-19 vaccine in this age group.[22,23,24,25,26,27]



Some social media users insisted that parents who plan to vaccinate their children are abusing[28,29,30,31] or murdering their children.[32,33,33]

Some consumers expressed apprehension and anger that the EUA would lead to vaccine requirements for children under 12 years old.[34,35,36,37] In fact, on November 3rd, San Francisco became the first city in the United States to state that they will add children ages 5 – 11 years old to their vaccine requirement in the future.[38] A highly publicized story[39,40,41,42,43] about two children, 6 and 7 years old, that accidently received adult versions of the COVID-19 vaccine led some social media users to spread misinformation and use this as an example of why the medical system and scientific experts cannot be trusted.[44,45,46]

[b]Google Trends

Misinformation Themes

Below are the most common mis- and disinformation themes related to the authorization of COVID-19 vaccines in children ages 5 – 11 years old:

Reduced risk of COVID-19 among children

- ***Children do not need the vaccine because they are at decreased risk of severe COVID-19.*** Vocal vaccine deniers claim that children have a reduced risk of severe symptoms, hospitalization, and death from COVID-19, negating the need for vaccination.[47,48] Although true, this is misinformation because these statements are misleading because they leave out additional context including the role children can have in spreading COVID-19 and that the benefits of vaccination are greater than the potential harms.[49]
- ***Children do not need the COVID-19 vaccine because they do not contract COVID-19 at the same rate as adults.*** Some individuals are opposed to the COVID-19 vaccine in children because they believe that children are not at risk for COVID-19.[50] Similarly, they think cases in children are too low to warrant vaccination.

Vaccine safety concerns

- ***The Pfizer-BioNTech Vaccine contains tromethamine to reduce blood clots.*** Vocal vaccine deniers have been focusing on the addition of tromethamine (a buffer that is found in many medications and other vaccines) to the pediatric COVID-19 vaccine. They believe the ingredient was added to reduce instances of blood clotting and myocarditis in children, rather than its cited purpose to prolong storage of the vaccines.[51]

Distrust of government & health institutions

- ***The decision to recommend vaccination in children was made for the financial gain of pharmaceutical companies, not to address COVID-19 rates in children.*** Vocal vaccine deniers spread the belief that pediatric doses exist only for the financial benefit of pharmaceutical companies.[52,53,54,55] To achieve this, some vaccine deniers also continued to promote the belief that pharmaceutical companies are lying to the government and the population about the safety of the ingredients in the vaccines and booster doses.[56,57]
- ***Pediatric vaccination is a means for government experimentation on children.*** Vocal vaccine deniers claim that there have not been enough long-term studies of the COVID-19 vaccine in children.[58,59] Therefore, the EUA of the vaccines is to experiment on children ages 5 – 11 years old to determine the vaccines' effects.[60,61]

Biological/immunity misinformation

- ***Infection-acquired immunity is superior to vaccine antibodies.*** Vaccine deniers claim vaccination in children ages 5 – 11 years old is unnecessary because a more robust immune response can come from COVID-19 infection.[62,63] There have been many accounts of parents not vaccinating children due to the belief that children will acquire stronger immunity from COVID-19 infection.[64]

Special Dissemination Theme:

- ***Spreaders of misinformation focused on reaching children by posting videos on TikTok after the Pfizer-BioNTech pediatric vaccine approval.*** Adult users claiming to be health care providers[65] and parents who do not support giving vaccines to children[66] are creating video content with noted hashtags including 'novaccinesforkids', 'notmykids', and 'wakeup'. Previously generated misinformation that mentions children is being reused in the context of the current announcement, including misinformation regarding vaccine safety and effectiveness, and messages about medical freedom and fighting tyranny.[67]

Content Gaps and Information Voids

Content gaps and information voids emerged following the CDC Director's endorsement of ACIP's recommendation to vaccinate children ages 5 – 11 years old against COVID-19 with the Pfizer-BioNTech Vaccine. Questions from consumers emerged organically on social media channels, websites, news articles, internet forums, and through inquiries to CDC-INFO in response to news coverage about the EUA. Below are the most frequently asked questions by theme:

Necessity of vaccines for children ages 5 - 11 years old

- Due to decreasing cases of COVID-19 and fewer severe COVID-19 symptoms for children ages 5 - 11 years old, why is a pediatric COVID-19 vaccine necessary for children?
- Do children who previously had COVID-19 need the Pfizer-BioNTech Pediatric COVID-19 Vaccine?
- Will administering the Pfizer-BioNTech COVID-19 Vaccine to children ages 5 – 11 years old help us reach herd immunity?

Safety of pediatric vaccines

- How do we know the Pfizer-BioNTech pediatric vaccine is safe?
- What are the safety risks of the Pfizer-BioNTech pediatric vaccine?
- Are the safety risks of the Pfizer-BioNTech pediatric vaccine comparable to the safety risks of the Pfizer-BioNTech COVID-19 Vaccines for people ages 12 years and older?

How to get a pediatric vaccine

- Will the Pfizer-BioNTech pediatric vaccine be available at all places that offer COVID-19 vaccines for people ages 12 years and older?
- When will parents be able to schedule an appointment to get their children the Pfizer-BioNTech pediatric vaccine?
- When will vaccines.gov be updated with an option to search for COVID-19 vaccines for children ages 5 – 11 years old?

Other Questions

- Should providers use a child's Body Mass Index (BMI) or age to determine the correct dose of the Pfizer-BioNTech COVID-19 Vaccine?
- How long do healthcare providers need to wait to administer the COVID-19 Pfizer-BioNTech pediatric vaccine after administering the influenza vaccine?
- Do vaccinated children need to follow previous quarantine guidelines after exposure to COVID-19?
- What is the difference between the Pfizer-BioNTech pediatric vaccine and the COVID-19 vaccines for people ages 12 years and older?
- Will the pediatric vaccines be free and, if not, what is the cost?

Ways to Take Action

Disseminate messages focused on the role of childhood vaccinations in managing the COVID-19 pandemic and how the U.S. vaccination program uses safety and effectiveness data to make recommendations

- Create and disseminate messages, especially on social media, about how the pediatric vaccine dose and formulation differs from that given to adults and that child height and weight do not affect vaccination.
- Continue to amplify messages that vaccination for children ages 5 years and older is the best way to protect them from illness, clarifying that the risk for severe COVID-19 or complication caused by infection is higher than the risk of an adverse event from vaccination.
- Develop and disseminate messages about the risk of COVID-19 for children. Highlight the case numbers among children and the number of children hospitalized with severe COVID-19. Remind consumers about the role that children play in spreading the virus.
- Provide schools and parents with educational materials highlighting the importance of COVID-19 vaccination given the increased risk of COVID-19 infection in children due to the Delta variant.

Partner with trusted messengers

- School administrators
  - Encourage school administrators to partner with pharmacies, public health agencies, and other providers to hold in-school vaccination clinics.
  - Partner with and support school administrators in promoting messages about the benefits of vaccination. Help them promote mitigation measures for children, parents, school staff, and the broader community. Remind them to connect unvaccinated staff and families to vaccination information and events.
  - Amplify messages about where and how to vaccinate eligible children ages 5 – 11 years old and to promote the benefits of vaccination for students, staff, and the broader community.
- Healthcare providers (especially pediatricians)
  - Encourage pediatricians to proactively have conversations with parents of children under age 12 years old.
  - Expand talking points for healthcare providers to specifically address needs, concerns, and questions from parents of younger children.
  - Engage trusted and new partners to disseminate and amplify these messages, particularly pediatricians and professional associations serving pediatricians.
  - Create access points of vaccination in pediatricians' offices while also proactively implementing school-located vaccination programs to address access concerns.
  - Encourage pediatricians to discuss potential side effects of vaccination with parents and caregivers while explaining the relative risk of an adverse event compared to COVID-19 complications.

Address misinformation

- Amplify messages about the safety of vaccines for children ages 12 years and older, highlighting the low number of adverse events following a high number of administered vaccines.
- Create and disseminate messaging that presents data on the safety and efficacy of other childhood vaccines for children ages 5 – 11 years and the COVID-19 vaccine in children ages 12 years and older alongside the mortality risks.

Support research efforts to better understand the impact COVID-19 has on children's current and future vaccination intent and motivation

- Support research to better understand children and adolescents' perceptions and opinions of COVID-19 vaccines and their motivation for getting vaccinated.
- Support longitudinal research investigating how parental, familial, community, or online vaccine hesitancy impacts children's future vaccination intent and motivation into adulthood.

Appendix: Inputs and Sources

Type	Input	Cadence	Sources	Tactics for Utilization
Social Media Listening & Media Monitoring	Communication Surveillance Report	Daily on weekdays	▪ Google news ▪ Meltwater ▪ CrowdTangle ▪ Native platform searches	▪ Share of voice topic analysis to identify themes ▪ Emerging topics
	Meltwater	Daily	▪ Facebook, Twitter, Instagram ▪ Blogs ▪ News media ▪ Online forums	▪ Share of voice topic analysis ▪ Emerging theme topics ▪ Identify high reach/velocity topics
	OADC Channel Comment Analysis	Daily on weekdays	▪ Native platform searches	▪ Sentiment analysis ▪ Identify message gaps/voids
Direct Reports	CDC-INFO Metrics	Weekly	▪ CDC-INFO inquiry line list	▪ Sentiment analysis ▪ Identify information gaps/voids
	Web Metrics	Weekly	▪ Top pages ▪ Google search queries	▪ Identify information gaps/voids, ▪ Identify keywords/search terms, changes in web traffic
Research	Poll Review	Weekly	▪ Harris Poll, PEW research, Gallup Poll, KFF ▪ New data related to vaccine hesitancy	▪ Identify socio-behavior indicators related to motivation and intention to vaccinate
	Literature Review	Weekly	▪ PubMed, LitCovid, ProQuest Central ▪ New data related to vaccine hesitancy	▪ Identify current vaccination intention ▪ Identify barriers to vaccination
Third Party Reports	Tanaq Social Listening +Media Monitoring Report	Weekly	▪ Meltwater ▪ Sprout Social ▪ First Draft ▪ Native platform searches	▪ Trending topics ▪ Demographic and geographic conversation monitoring
	CrowdTangle content insights report	Biweekly	▪ Facebook	▪ Top pages (voices), groups ▪ General trends/sentiment analysis ▪ News analysis through posts
	First Draft News Vaccine Misinformation Insights Report	Monthly	▪ Proprietary methods	▪ Media trends analysis ▪ Emerging threats and data deficits ▪ Online vaccine narratives
	Project VCTR	Weekly	▪ Proprietary methods	▪ National and regional trends in negative attitudes toward vaccination ▪ Conversations around Legislation
	Virality Project	Weekly	▪ Proprietary methods	▪ Mis- and disinformation trends related to COVID-19 vaccine