

ARCHETYPES OF VACCINE HESITANT CAREGIVERS TOWARDS COVID-19 IMMUNIZATION DURING A GLOBAL PANDEMIC: A QUALITATIVE STUDY

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Table 1: COVID-19 Vaccine Hesitancy Archetypes, with Selected Quotes

<p><i>“Bubble Dwellers”</i> Participants who perceive themselves to be safe by following public health recommendations, and do not feel the vaccine is important for them at this time. They often express a sense of collective responsibility to justify their concerns, stating that higher risk groups, i.e. front-line workers and the elderly, should be first in line to receive the vaccine.</p>	<p>“As a family that stays very isolated and practices all the mechanisms that the government has requested to everybody, I feel the chances of us getting it is pretty slim... I mean, you look at 500 deaths over 4 million people, and most of those deaths, the majority are people that are seniors 70 plus. And you take you take a look at the steps that we’re doing within the family about isolating, staying away from close family who are isolating, continuing with the government measures that puts our risk threshold pretty low when it comes to our chances of getting COVID-19.” -Participant #9</p> <p>“I think ethically we got to get the people who are actually working on the front lines and the folks that are in the care centers that have had such outbreaks. They need to be taken care of first because they’re more exposed and more vulnerable. Say someone like myself and my family. I think kind of where we are is at bottom of the pack, back of the line kind of thing because we don’t have a lot of exposure really. We don’t have to go and see people every day and work in hospitals and such like that.” -Participant #17</p>
<p><i>“Worriers and Delayers”</i> Participants who view the pandemic as a threat and often explicitly identify themselves as supportive of vaccines, but whose primary concerns are around the perceived speed at which the vaccine was developed and potential of unrecognized side-effects. They are overall optimistic about the efficacy of the vaccine, but would like to see more data about the vaccine while they await their turn.</p>	<p>“The fast pace at which it’s been developed, I think was concerning... we don’t know if there’s any side effects to the vaccine itself or if it’s even that effective. I feel like if I was to take the vaccine or give it to my family being the first out of the gate, you would kind of feel like a guinea pig seeing if it works or not... Just not knowing how that’s going to react with the general population is tough for me to just put that into my children or even into my own body. And, I’m very pro-vaccine.” -Participant #5</p>
<p><i>“Need-for-Normals”</i> Participants who view the pandemic as low risk and are more concerned about social isolation and the economy than contracting or transmitting COVID-19. Some have expressed that the idea of ‘going back to normal’ may sway their opinions regarding the vaccine.</p>	<p>“I’m actually more concerned about the mental health fallout that my kids are experiencing because of COVID-19 and not being able to be in sports and school than I am about them actually getting sick and dying of COVID... They’ve definitely struggled with sleep quality, with energy levels, with motivation. They’re a lot more sad than they normally are and it seems to be a common sense that we’re getting, all of our friends who have kids in similar ages, they’re really struggling and I’m worried about the long-term consequences of that for sure. I think we’re not even close to understanding the fallout of that piece.” -Participant #21</p>
<p><i>“Exceptionalists”</i> Participants who hold personal misperceptions of vaccine contraindications due to comorbidities, previous experiences with vaccines, etc. They value ‘personalized health’ and believe the current vaccine rollout invokes a ‘one size fits all’ model that does not apply to their circumstances.</p>	<p>“When it’s time, I’m going to just read the journal articles, and also see what other countries are doing, not just necessarily the western societies, maybe Japan and other parts of the world... I guess for me the little thing is, in Canada we’re not really focusing on ethnic backgrounds, but often I wonder if there’s a difference. In some places maybe there are and in some places maybe there aren’t. And I wonder if we’re missing something there.” -Participant #12</p> <p>“The mRNA is brand new. I do worry about adverse effects obviously. I think that most people are. Because with anything, I mean, it all looks good in trials until you get it in the public... nobody really knows for sure what the long-term effects could be. Like my son, and the reason I went to the hesitancy clinic in the first place was because my son had an MMR vaccine and within the week he was diagnosed with leukemia... viruses do trigger illnesses. The viruses can trigger different cancers.” -Participant #10</p>
<p><i>“Freedom Fighters”</i> Participants who view the pandemic as a hoax and/or are anti-establishment, mistrustful of government and pharmaceutical companies, and concerned that information is being fabricated or withheld from them. These participants place a high value on transparency and state that the information they have been provided is not convincing for them to adopt the vaccine.</p>	<p>“I think, given the climate we’re in right now, in terms of mistrust with regards to pharmaceutical companies and their intention in terms of mass rollout out of these things and the purchasing power behind them, I think we feel a lot of trepidation, as most people do when the health of someone is monetized. So, that always, for me, makes me a little bit nervous...” -Participant #15</p> <p>“I find it very odd that they have a vaccine for coronavirus when we haven’t had one in all the years of mankind. And then all of a sudden this COVID-19 comes out and now they have a vaccination. We never had one before... They just worked on it as soon as these G7 countries all wanted to do a reset. All of a sudden, now we’ve got the COVID-19 and we have a vaccine... It’s just too coincidental.” -Participant #23</p>

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PRIMARY SUBJECT AREA: Public Health and Preventive Medicine
BACKGROUND: As Canada embarks on its rollout of the COVID-19 vaccine, vaccine hesitancy has the potential to hamper success of the vaccination campaign. Multiple surveys show that the number of Canadians willing to take the vaccine is insufficient to achieve herd immunity. Therefore, governments and health agencies are looking for solutions to increase vaccination uptake. Obtaining a better understanding of the perspective of those who are vaccine-hesitant is critical to developing successful implementation strategies for COVID-19 vaccination.
OBJECTIVES: To explore COVID-19 vaccination determinants among hesitant caregivers and describe categories of COVID-19 vaccine hesitancy.
DESIGN/METHODS: We conducted 23 semi-structured telephone interviews with parents recruited from a tertiary pediatric care centre. Seventeen participants had previously attended a specialty clinic to discuss vaccine hesitancy; the remaining were recruited from an infectious diseases follow-up clinic. The interview guide was structured around the Theoretical Domains Framework, assessing 14 behavioural constructs to identify specific determinants that guide behaviour change. Interviews were audio-recorded, transcribed, and analyzed by two independent data coders using a pragmatic inductive approach. Recurring themes were noted among subgroups of participants, who were subsequently divided into categories based on their underlying concerns.
RESULTS: Five archetypes of vaccine-hesitant caregivers emerged in our data (Table 1). 1). “Bubble Dwellers” perceive themselves to be safe by following public health recommendations, and distinguish themselves from higher-risk groups to whom the vaccine should first be offered. 2). “Worriers and Delayers” identify the pandemic as a threat and are generally supportive of vaccines, but are concerned about side effects and issues surrounding vaccine development and prefer to delay vaccination. 3). “Need-for-Normals” are more concerned about social isolation and the economy than the direct effects of the COVID-19 virus, but express that the idea of a “return to normal” may sway their opinions

regarding the vaccine. 4). “Exceptionalists” hold personal misperceptions of vaccine contraindications due to comorbidities or previous experiences with vaccination, and are concerned that the current rollout invokes a “one size fits all” model that does not apply to their circumstances. 5). “Freedom Fighters” view the pandemic as a hoax, are anti-establishment, and believe the information they have been provided is not convincing for them to adopt the vaccine.
CONCLUSION: The evolving pandemic provides a unique opportunity to understand determinants of vaccination intention in the vaccine hesitant population. Our qualitative study is unique in that we were able to draw upon pre-identified vaccine hesitant individuals to explore their perspectives around COVID-19 immunization. We propose that rather than viewing these individuals as one homogenous group, policymakers and health professionals address these discrete subgroups with specific communication tools and information. We are hopeful that our results will help tailor implementation strategies that are targeted to different vaccine hesitancy archetypes, as the vaccine is made available to the general public in the coming year.

81
THE USE OF ONLINE CARE-MAPS FOR CHILDREN WITH MEDICAL COMPLEXITY

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