

## A Field Day for Rumor Mongers!



**Heidi Larson**  
Director  
The Vaccine Confidence Project

**Heidi Larson, PhD**, is the founder of the *Vaccine Confidence Project* at the *London School of Hygiene and Tropical Medicine*, which works to understand the underlying drivers of vaccine hesitancy.

Here are key take-aways from her conversation with Ken Banta about that experience:

1. Public confidence in vaccines is waning.
2. Rumors start with people trying to make sense of things they don't understand. COVID-19 is full of uncertainty and newness that is fertile ground for rumors.
3. Rumors feed off the anxiety of people and communities, which is why they can proliferate in marginalized communities.
4. In talking with employees, the starting point shouldn't be about vaccination. It's better to start with listening to their felt needs.
5. COVID-19 is beyond the capacity of the health care system. Business leaders can be important partners in the vaccination effort.

### **Heidi, what was your journey from anthropologist to vaccination expert and advocate? How did you get from there to here?**

I saw we were losing the confidence of the public in some small ways and in some big ways. Initially, I intended to become a medical doctor and, actually, a biomedical engineer. Then I realized I was more interested in the human factors that affect health and focused my anthropological work on health. I've long been interested in vaccination and particularly introducing new vaccines, and in my work with UNICEF I saw this trend in a global context and felt strongly that we needed to better understand what was driving it.

**I saw we were losing the confidence of the public in some small ways and in some big ways.**

### **How does the Vaccine Confidence Project operate? What are you seeking to do?**

The Vaccine Confidence Project is based at the *London School of Hygiene and Tropical Medicine*, and we have collaborating partners around the world. We also have a very diverse team – anthropologists, a psychologist, epidemiologists, digital data analysts and mathematical modelers – because we analyze lots of data.

It's like detective work, in a sense. We look at the landscape, we see when new rumors emerge and try to understand where they're coming from, where they're going and who's believing them. We try to



understand why these rumors have emerged, because if we don't address the “why” we can't stop them. It's like the way you need to get below the surface when you pull weeds. If you don't understand what's below the surface and driving it, you'll have very limited success.

We also launched a [Vaccine Confidence Index](#) in 2015. It tracks people's views on the importance, safety and effectiveness of vaccines based on their demographics and religious or other beliefs. We monitor the ups and downs of confidence and when we get signals that confidence is waning, we do deeper dives and engage before it's too late and people start refusing a vaccine.

### How do rumors about vaccines get started, and why they don't go away?

**Rumors usually start with people trying to make sense of things that don't make sense.**

I'd like to give a talk I'd call “Put Your Guns Down, People are Scared.”

Rumors usually start with people trying to make sense of things that don't make sense. This is why I think COVID birthed an innumerable number of rumors.

In fact, it makes sense that we'd see rumors. Human nature tries to make sense of events. It tries to simplify things and give events meaning. When simplicity and meaning are not there, people try to make connections on their own to make sense. When you're in a situation like COVID, where even the science is evolving and not complete, it's easy to see how rumors might emerge.

It's a field day for rumormongers that has challenged experts and non-experts alike. It's a tough, uncertain time, so it's no surprise the rumors won't go away.

There's a huge variation in the kind of rumors, by the way, and there are some themes that persist. Some of them wait for an opportunity to emerge. That would include, for example, anxieties about sterilization and fertility impact, about being controlled and about the motives of people and governments who promote vaccination.

These come from deep anxieties in people and communities. This is particularly true among people who are marginalized. When people see events happening and don't understand them, they need to fill in with a reason why, blaming someone or something if need be. That's what's made the current environment particularly complex.

### Even people who have seen others die can be resistant. How can that be?

I've had conversations with people who say, “I know people are dying and I know COVID is really bad. I just don't trust those vaccines. They're not for me.” They fear they will be counted or chipped or sterilized and these are not stupid people. It's easy to believe that when people don't sign up for vaccines, they're “anti-vax”, but that's not what's going on in a number of cases. Yes, there are some extremists, but lots of other things are going on, too.

Other things affect our health choices besides scientific evidence and people have their own notions of evidence. I would never call behavior “nonrational”, because to those who make the choice, those behaviors are reasonable. They have their reasons and that's the broader context anthropology

explores as we look at social, cultural, religious and political factors. It intersects well with psychology, by the way. In fact, you could say that anthropology is like crowd psychology. It's the notion that the crowd has a mind that emboldens people to do things they would never do as individuals.

**What would you say to a very large U.S., perhaps global, company leader who wanted to impact the behavior of employees about COVID-19 vaccination in a positive way? I talk with some who are growing impatient about resistance and others who are concerned younger employers will find jobs elsewhere.**

In talking with employees, the starting point shouldn't be about vaccination. I'd suggest they start with a personal message like, "I want to hear how you are doing. How are you coping? What are the things you need most?" Then I would move to a collaborative message that would be something like, "Listen, we have to think through how we get back to whatever the normal will be in our company."

**In talking with employees, the starting point shouldn't be about vaccination.**

Then I'd tell people that we are working to help everyone get back on their feet, get back to work and make the work environment a safe one. In the mix of those things, I'd mention vaccines, but I wouldn't start out by talking about vaccines. I would not say, "You must take a vaccine to come back to work." Unless, of course, you're talking about a healthcare setting, which is a different story.

### **How can leaders engage to help in their community?**

COVID is a huge opportunity for us in immunization to think about new ways of working. For far too long, immunization has been narrowly-boundaried, even within healthcare. Even within the vaccination community, some people do only measles immunization and others only do polio. In the meantime, when it comes to COVID, this affects everyone. It is well beyond the capacity of health care systems to manage. They're running to catch up and need as many people as possible to weigh in, engage and help out, including in ways that don't require training about how to administer a vaccine. There are many things leaders can do to really make a difference in their own companies and for the community around them. The first step is for leaders to turn to their communities and offer help. If they do, I'm sure those ways will quickly become clear.

### **Can leaders engage with the Vaccine Confidence Project?**

Absolutely. We strongly encourage collaboration and welcome collaborators. We welcome their support and want to support them. We've done a number of different things with companies. We've helped them understand the vaccine issues they face, and we've provided them with strategies to resolve those. They've helped us by sending staff to help us with our data and analysts. We've had some really good collaborative experiences and welcome others.

**Heidi Larson** Heidi Larson is Professor of Anthropology, Risk and Decision Science in the Department of Infectious Disease Epidemiology at the London School of Hygiene & Tropical Medicine, where she is Director of The Vaccine Confidence Project. She previously headed Global Immunization Communication at UNICEF, chaired CAVIs Advocacy Task Force, and served on the WHO SAGE Working Group on vaccine hesitancy. She recently joined the Centre for the Evaluation of Vaccination (CEV) at the University of Antwerp as associate professor.

[Vaccine Confidence Project](#) is located at the [London School of Hygiene and Tropical Medicine](#). Its mission is to monitor public confidence in immunization programs to detect concerns and provide guidance for early response and engagement with the public to ensure sustained confidence in vaccines. It has collaborating partners and research institutes, including UNICEF, the World Health Organization, and increasingly with businesses.

The Vaccine Confidence Weekly and other information is available at this link

<https://go.realchemistry.com/webmail/603341/213152546/40f0b77206e899412981c4d74bdf2e824fc56b7bf1cfe4a94a1007da38f1746>

Real Chemistry's vaccine confidence materials (videos, infographic, research) are here:

<https://www.realchemistry.com/article/vaccine-confidence-report>



The Vanguard Network catalyzes high performance with leaders and their organizations.

Global Vaccination Advisors helps identify and leverage the underlying attitudinal and emotional drivers and barriers to COVID-19 vaccination



**Global Vaccination Advisors**