

Croucher Summer Course on Vaccine Hesitancy
University of Hong Kong, 3-7 August 2026



SCHOOL
OF GLOBAL
PUBLIC HEALTH

What will we do differently? Strategy, trust and the information future

7 August 2026

Mark Jit

Navigating Vaccine Hesitancy: From Foundations to Future Uptake

Vaccine hesitancy is a multi-dimensional challenge shaped by individual beliefs, socio-political environments, and information ecosystems. This summary outlines the core drivers of hesitancy and the evidentiary tools used to build trust and ensure effective vaccine implementation.

DRIVERS & FOUNDATIONS

● The Roadmap of Vaccine Impact Presenter: Joseph Wu



SAFETY & EFFECTIVENESS



AVAILABILITY



ACCESS



ACCEPTANCE



TIMELY DEPLOYMENT

● Determinants of Hesitancy

Presenters: Julie Leask, Pauline Paterson, Thomas Abraham



● Vaccine Hesitancy Continuum



COMMUNICATION & DATA FOR ACTION

● Multi-Channel Communication

Presenters: Julie Leask, Pauline Paterson, Thomas Abraham, Jennifer Allen



PERSON-TO-PERSON DIALOGUE



MASS MEDIA TRANSPARENCY



SOCIAL MEDIA'S "GRAY AREA" CONTENT



COMMUNITIES

● Data-Driven Decision Making Presenters: Joseph Wu, Edward Parker

EPIDEMIOLOGY & REAL-WORLD SURVEILLANCE



MODELING IMPACTS & MONITORING POST-LICENSURE SAFETY & EFFECTIVENESS

● Ethics and Economics in Policy

Presenter: Mark Jit

MORAL PHILOSOPHY



NAVIGATE COMPLEX PUBLIC HEALTH TRADE-OFFS & RESOURCE ALLOCATION



ECONOMIC VALUE JUDGMENTS

Summary

What drives hesitancy? (Day 1 AM)

- Trust is built slowly and lost quickly – it can't be “surged” on demand.
- Hesitancy is a continuum (not just pro or anti), shaped by cognitions, emotions, experiences and social contexts.
- The most effective interventions to build motivation happen at the provider/community level, not mass-messaging.

Measuring the problem (Day 1 PM, Day 3 AM)

- National averages hide major inequalities by deprivation, ethnicity, geography.
- Each source of coverage data (admin, surveys, EHRs) has its own biases.
- Inequality is a description, inequity is a normative question (value judgment).
- Core epi concepts (R_0 , herd immunity, efficacy/effectiveness) underpin vaccine impact and policy.

Summary

The digital world (Day 2 AM, Day 3 PM)

- "Gray area" vaccine-skeptical content is more harmful than outright misinformation because it reaches more people.
- Corrections can reduce misinformation; behavioral nudges do better than messaging.
- No single fix works in isolation: de/prebunking, nudges, moderation must be layered.

Safety, ethics and real-world decisions (Day 4)

- Vaccines are held to a stricter risk standard - given to healthy people at massive scale.
- Post-licensure monitoring is essential; rare risks can't be caught in trials.
- Vaccine decisions need input from epidemiology, economics, ethics, psychology etc.
- Benefit-risk is dynamic, context- and value-dependent.

Talking to people (Day 2 PM, Day 5 AM)

- Interpersonal communication can transform hesitancy into willingness to vaccinate
- Effective communication starts with listening then sharing relevant information.

Quiz question 1



<https://forms.gle/q89vUjQskyqB4RtK9>

Two pieces of vaccine-related content circulate online:

- Post A: “Vaccines destroy your DNA”. This is taken down after reaching 2,000 views.
- Post B: “My child had a seizure right after her shot”. This is viewed 5 million times.

Which is likely more damaging to population-level vaccine confidence, and why?

- A) Post A, because outright false claims are always more persuasive than misleading-but-true ones.
- B) Post B, because overall impact depends on reach as well as persuasive effect, and "gray area" content usually reaches far more people than clear misinformation.
- C) They are equally damaging, since both raise questions about vaccine safety.
- D) Neither matters much, since people tend not to believe social media anyway.

Quiz question 2



<https://forms.gle/iYkxzFzmWA6SEiUC9>

A parent tells his nurse: "I've heard vaccines aren't tested properly and I don't trust what I'm being told." What is the most effective first response, based on what you've learnt in this course?

- A) "That's misinformation - here are five studies published in the Lancet proving vaccines are safe."
- B) "I understand this is a personal decision, so I won't bring it up again unless you ask."
- C) "I hear that you're concerned about the testing process — can you tell me more about what you've heard or read?"
- D) "Most parents vaccinate on schedule, so it's really the right thing to do."

Quiz question 3



<https://forms.gle/dXPBUV96GSyggHyV7>

A week after a mass vaccination campaign for older adults, health authorities receive several reports of strokes and heart attacks in people who were recently vaccinated. News outlets ask if the vaccine is causing these events. What is the most appropriate first response from a public health perspective?

- A) Immediately suspend the vaccine campaign to show that the government is serious about vaccine safety concerns.
- B) Dismiss the reports entirely, since correlation is never causation.
- C) Investigate whether the observed rate of these events is higher than what would be expected in that age group, since strokes and heart attacks are common in older adults regardless of vaccination.
- D) Do not do or say anything, because giving the issue more attention will make people think something is wrong.