TRIAL AND ERROR IN UNDOING COMMUNITY-WIDE MISINFORMATION

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OBJECTIVES:

- Provide a portrait of the Orthodox Jewish community
- Provide overview of health trends & barriers to care in this community
- Discuss efforts in targeting misinformation and providing information
- Describe recommendations for improved vaccine confidence and uptake in insular communities
E.M.E.S. INITIATIVE FAST FACTS

- Formed in 2019 in response to NYC measles outbreak
- Nurse-led health outreach organization
- Non-profit organization providing health education and outreach to all with a distinct focus on insular ultra-Orthodox Jewish communities
ORTHODOX JEWISH STATISTICS

- Nearly 1.09 million Jews live in New York
- Orthodox Jews make up approximately 500,000 people in the greater New York area, including Rockland County and Orange County
- Religion is a way of life
- Community is everything

(UJA Federation, 2015).
HEALTH ACCESS TRENDS

- Health insurance coverage and healthcare access are high
- Many religious and community organizations exist to help with existing medical problems
- Despite this engagement: Lower preventative medicine and screenings
PREVENTIVE HEALTH BARRIERS

Competing Priorities
- Large families
- Frequent Holidays & Sabbaths
- Long clinic wait times
- Stressful appointments

Health Literacy
- Flaws in perceived risks and benefits of vaccination
- Vaccines are victim of own success
- Poor access to accurate health information

Misinformation
- Vaccines unsafe
- VPDs are benign
- Targeted misinformation by “bad actors”
HEALTH MISINFORMATION

Magazine ads
Bus stop ads
Zoom meetings
Whatsapp / memes
Measles outbreak in 2018-2019, >1,200 cases reported, thousands unreported

- MMR uptake in Rockland County in 2017 was 77% (2017–2018 New York State School Immunization Survey)

Formation of E.M.E.S. Initiative to combat misinformation and provide health education

- Grand rounds in NYC hospitals
- Vaccine education seminars for local Jewish providers
- Health fairs in Rockland County and Brooklyn
- In-house vaccine education workshops
- Creation of P.I.E. magazine (100,000 copies of abridged version mailed in 2019, full version completed recently)
ODA Primary Care Network and EMES Initiative present

**VACCINE HESITANCY WORKSHOP FOR PROVIDERS**

The 2-hour workshop is accredited for 2 CMEs and 2 nursing CEUs.

**LOCATION:**
ODA, 377 Flushing Avenue, Brooklyn NY 11249

**DATE:**
February 5th, 2020
8pm - 10pm

**FEE:**
Live presentation: $30,
including light dinner, networking, and print materials
Dial in via Zoom conference: $20

This two-hour session will provide medical professionals with:
1. Evidence-based communication tips for speaking to vaccine-hesitant parents
2. Answers to common and uncommon vaccine concerns
3. Tools and studies to take home and share with parents, patients, or other providers

**RSVP at Eventbrite.com**
Reservations are required!

**QUESTIONS?**
email info@emesinitiative.org
The hepatitis B (Repl) vaccine is an example of a cancer preventive vaccine. The American Cancer Society says one of the ways to lower your risk for liver cancer is to get the hepatitis B vaccine. Source: ACS, 2019

What is hepatitis B and how does it spread?
Hepatitis B is a viral infection that causes the liver to become inflamed and can hurt its function. It can be a mild illness lasting only a few weeks, but it can also become a lifelong disease, causing serious liver damage. The younger a person is, the greater the chance of progressing to chronic (long-term) liver disease. Of all infants infected at birth with hepatitis B, 90% develop chronic hepatitis B. Healthy adults who contract hepatitis B are lucky; only 2% go on to have it as a chronic infection. Source: CDC, 2019

How are vaccines developed?
Traditional vaccine development and approval is a lengthy process that can take decades. Vaccines are tested like any other biologic or drug. Vaccine development prior to testing in humans lasts five to six years. Basic laboratory research and pre-clinical studies must be performed. Many potential vaccines don’t make it past the research phase due to a lack of immune response in laboratory testing.

To begin testing on humans:
1. An application for clinical trials must be submitted to the FDA. The application includes all available information, such as safety, results of animal testing, and the proposed method for clinical trials.
2. Pre-licensing testing is done in three stages (Phases 1-3), and each stage is closely monitored. In each stage, a larger group of people is tested. The final stage includes thousands of participants. The FDA may stop the trial at any point if there are potential safety concerns.
3. Once the three-stage clinical trial is successfully completed, an application for licensing is submitted. The application is reviewed by a multidisciplinary team including biostatisticians, scientists, and physicians. This committee is separate from the FDA and makes a recommendation to the FDA on whether or not to allow licensing of the vaccine.

4. After the vaccine is licensed, the FDA continues to oversee every step of the production. Complete transparency is required, and any information must be turned over if requested. Each batch of the vaccine is tested to ensure that it is potent, pure, and sterile.
5. As long as the license is active, the vaccine continues to be monitored and studied. This is considered Phase 4 of clinical trials, post-market studies. Source: FDA, 2018a. History of Vaccines, 2018.
COVID VACCINATION RATES

- In Orthodox zip codes 11219, 11230, 11211, 11206, 11249:
  - 71% of adults are fully vaccinated, compared to citywide 88%
  - 19% to 33% of children 5-17 are fully vaccinated compared to citywide 60%
CURRENT PUBLIC HEALTH BELIEFS

- Loss of trust in government
- Loss of trust in public health
- Loss of personal freedoms
- Feeling targeted
- Increase in anti-Semitism
Ongoing Work: Two-Pronged Efforts

- **Tailored immunization programming**: target feasible barriers to vaccination, including access, education, vaccine experience
  - *Increase communal engagement to normalize and encourage immunizations*
  - *Use mobile/home vaccination, vaccine clinics, health fairs, incentives*

- **Vaccine hesitant**: Shift vaccine education to the web for scalability
  - *COVID increased web accessibility for many*
  - *Create content to be used as adjunct to P.I.E Magazine and allow for interactive learning and Q&A*
GOALS

• Improve trust in public health
• Improve access to immunizations
• Improve immunization experience
• Improve health education and dissemination
• Normalize immunizations
Questions?