



rVSVΔG-ZEBOV-GP Vaccine Acceptability Survey Among State Designated Ebola Treatment Centers

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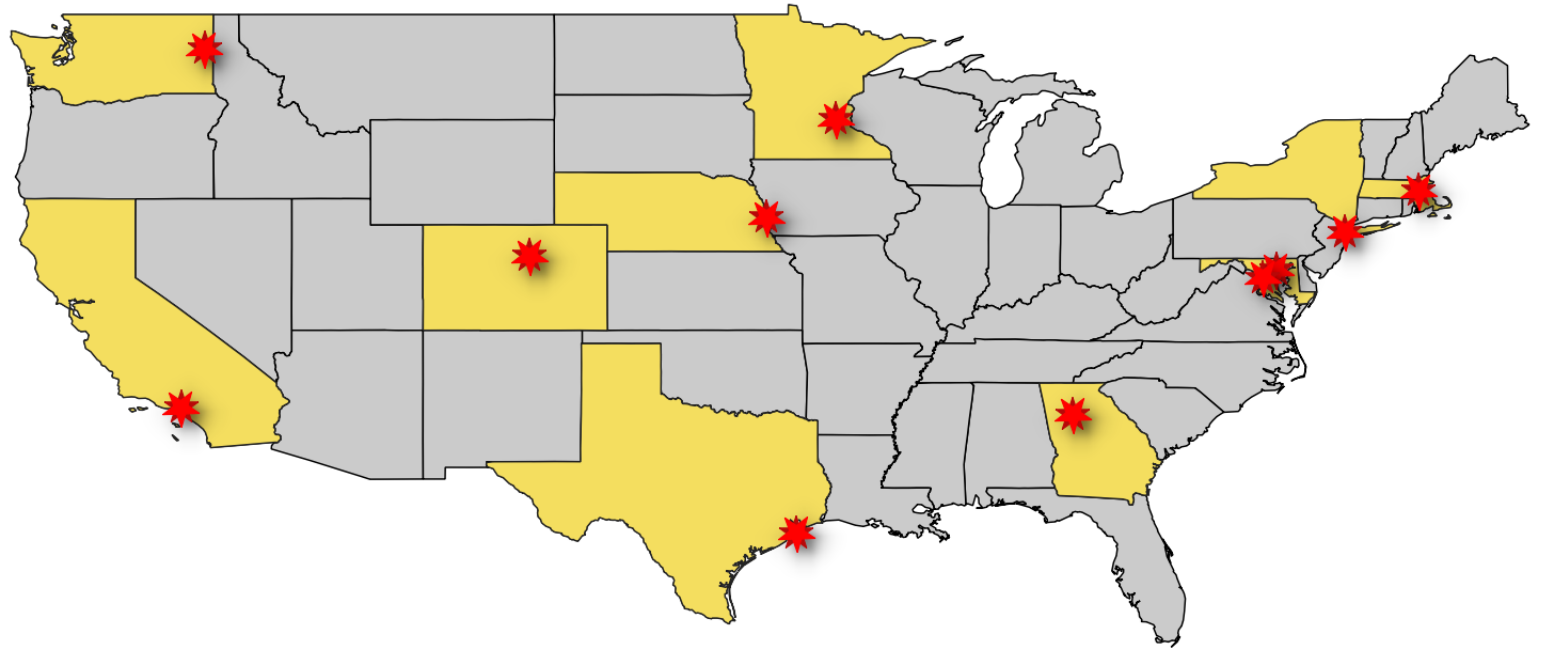
Viral Special Pathogens Branch
Centers for Disease Control and Prevention

Advisory Committee on Immunization Practices

February 24-25, 2021

Federally Designated Ebola Treatment Centers

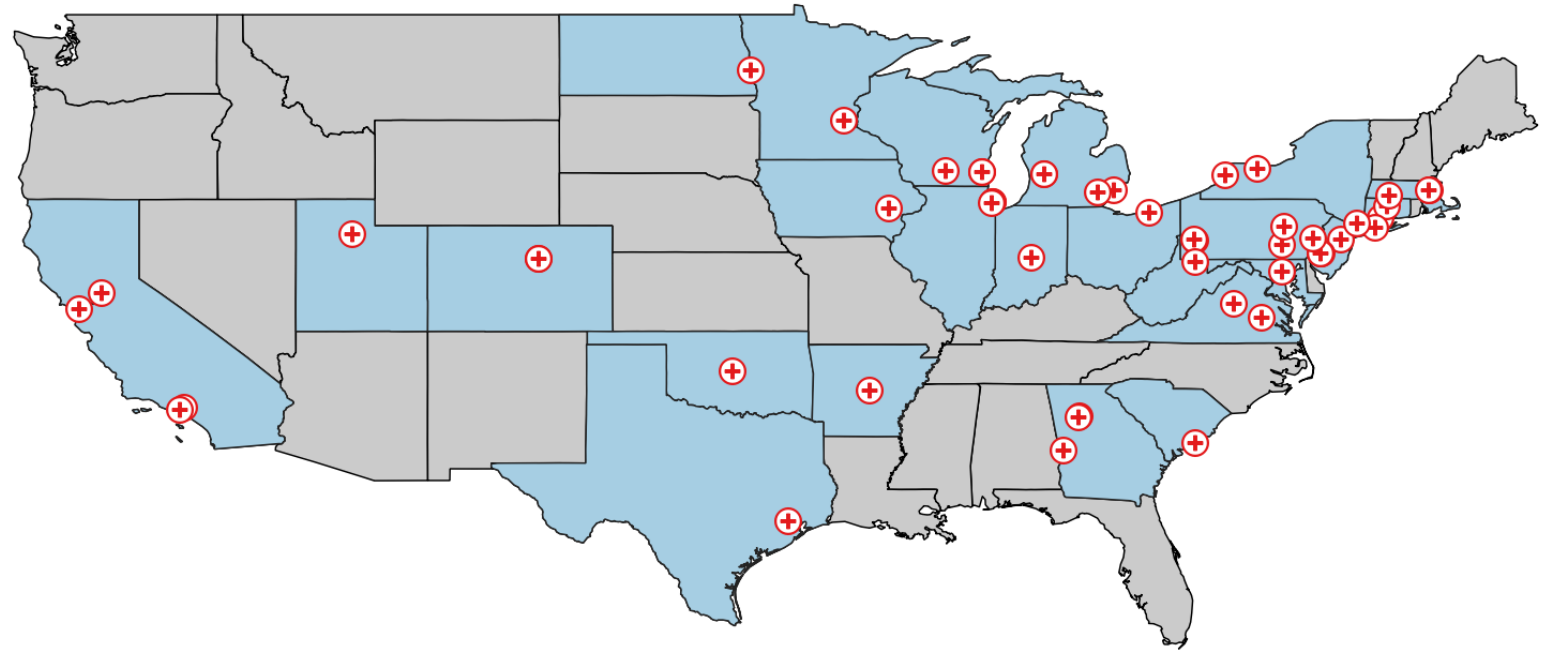
- 11 in the US
- Funded directly by ASPR*
- Agreement with federal government to provide treatment for suspect special pathogen patients at the regional level



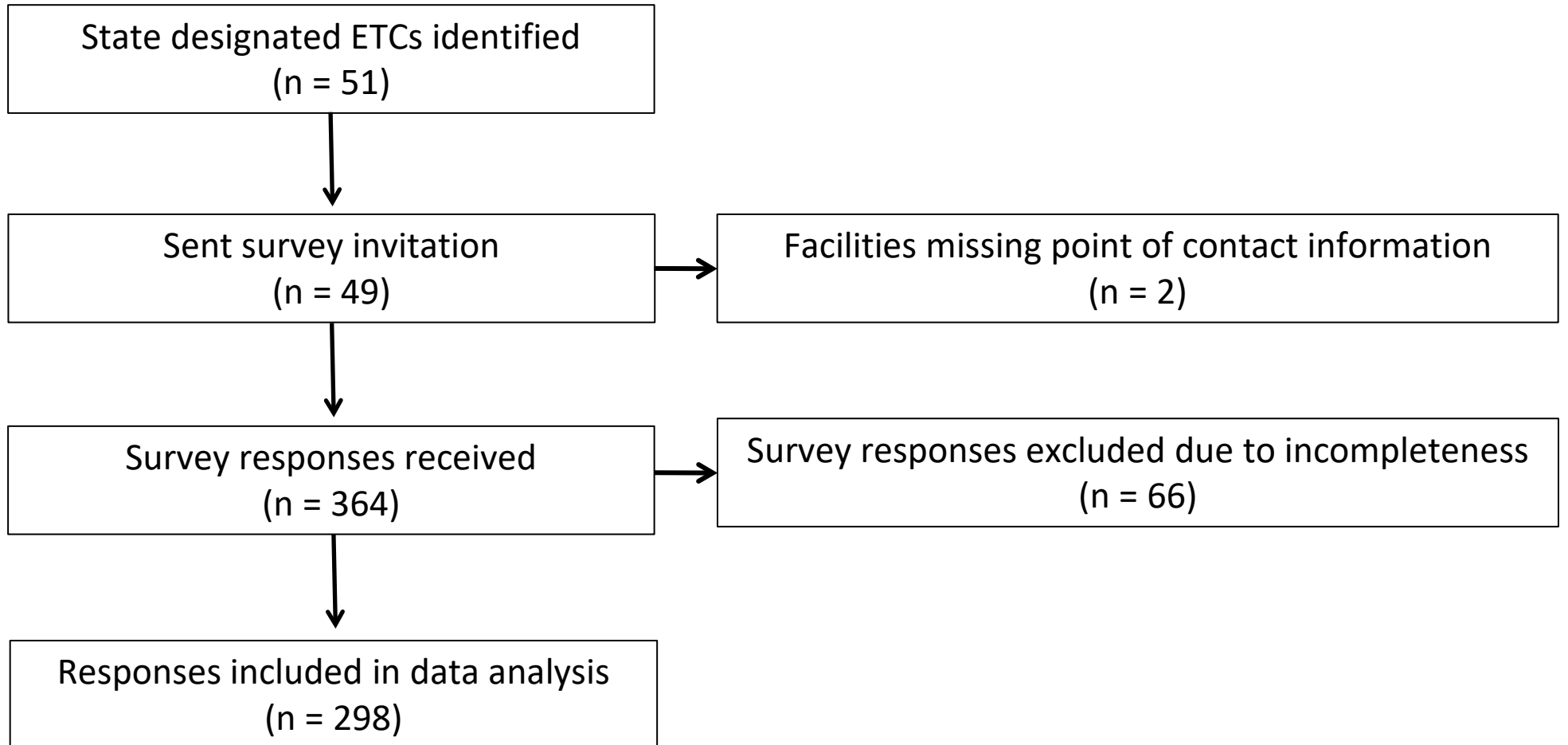
*Office of the Assistant Secretary for Preparedness and Response

State Designated Ebola Treatment Centers

- 51 in the US
- Do not receive federal funding
- Would they transfer a suspect Ebola patient to a federally designated ETC?



Prisma Flow Diagram



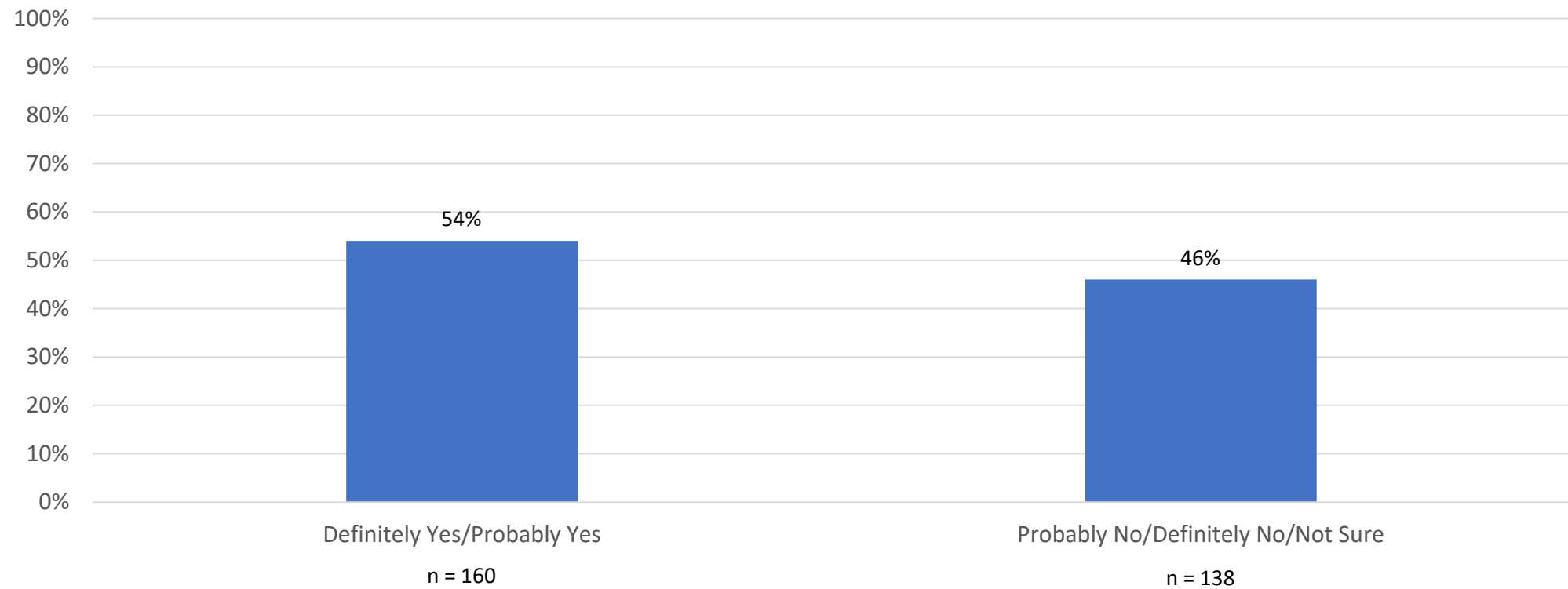
Demographics: Age and Sex (n = 298)

Age	n	%
18-40	142	48%
40+	156	52%
Sex	n	%
Female	206	69%
Male	92	31%

Demographics: Profession (n = 298)

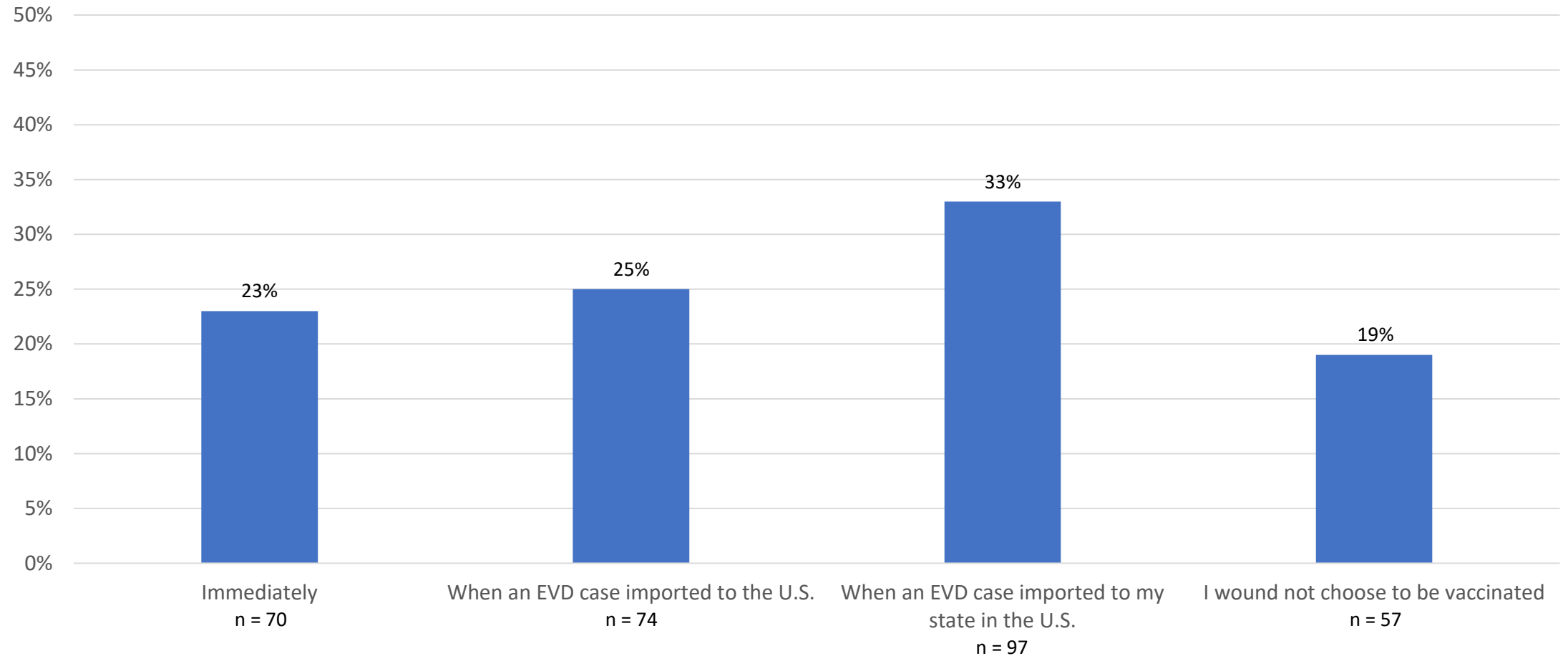
Profession	n	%
Nurse	116	39%
Doctor	67	22%
Respiratory Therapist	25	8%
EMT	22	7%
Advanced Practice Provider	22	7%
Laboratory Technician	20	7%
Manager/Safety Officer	14	5%
Other	9	3%
Environmental Services	3	1%

If you were eligible for vaccination and offered the rVSV Ebola vaccine today*, would you choose to be vaccinated?

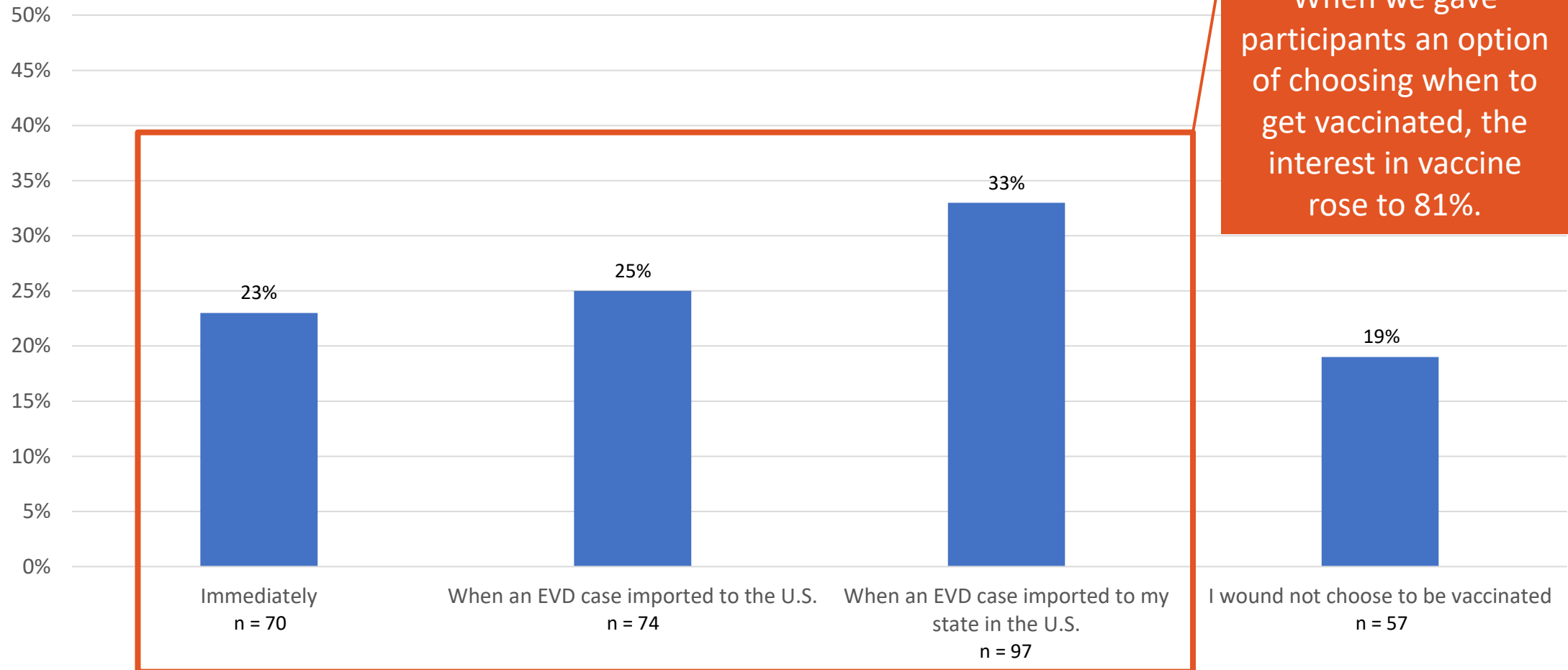


*Today refers to the time between October 14th – January 22nd 2021 when the individual took the survey. During this time, the Ebola outbreak in Equateur Province, DRC was declared over on November 18th, 2020.

When would you choose to get vaccinated:



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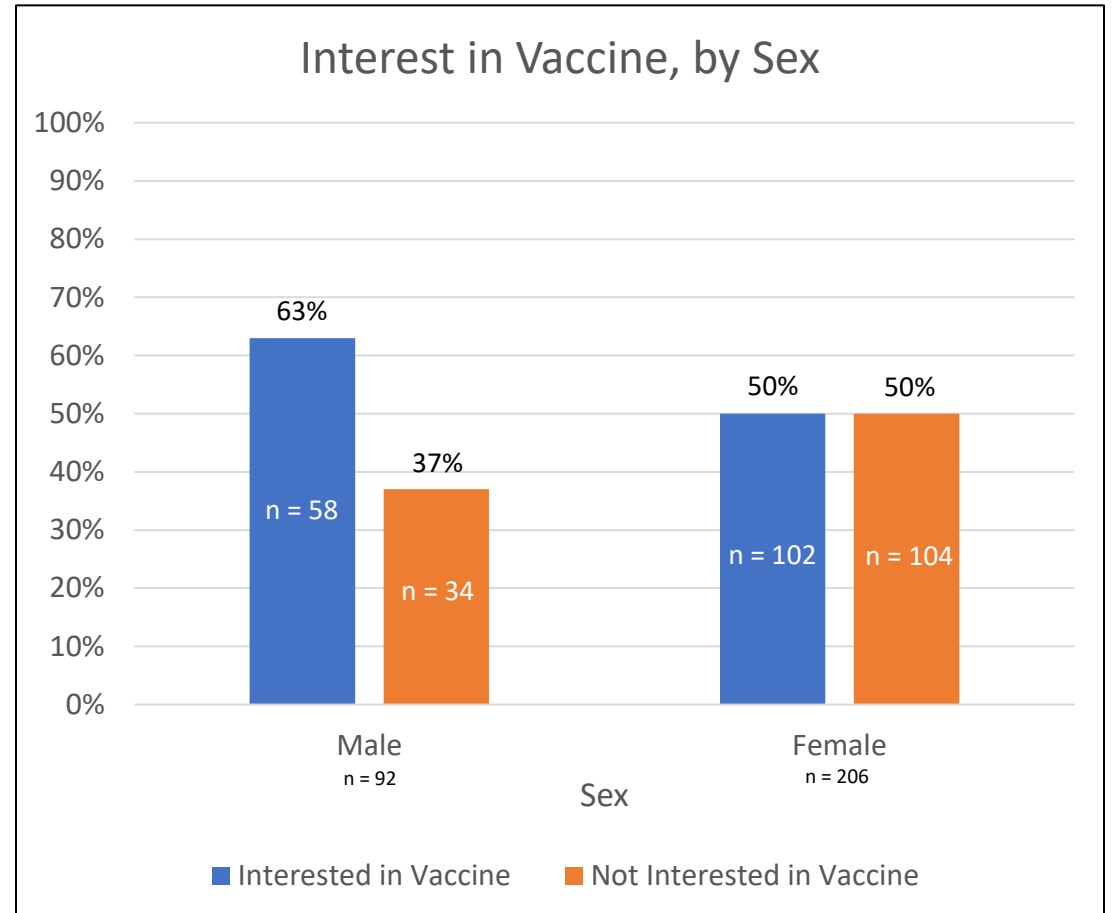
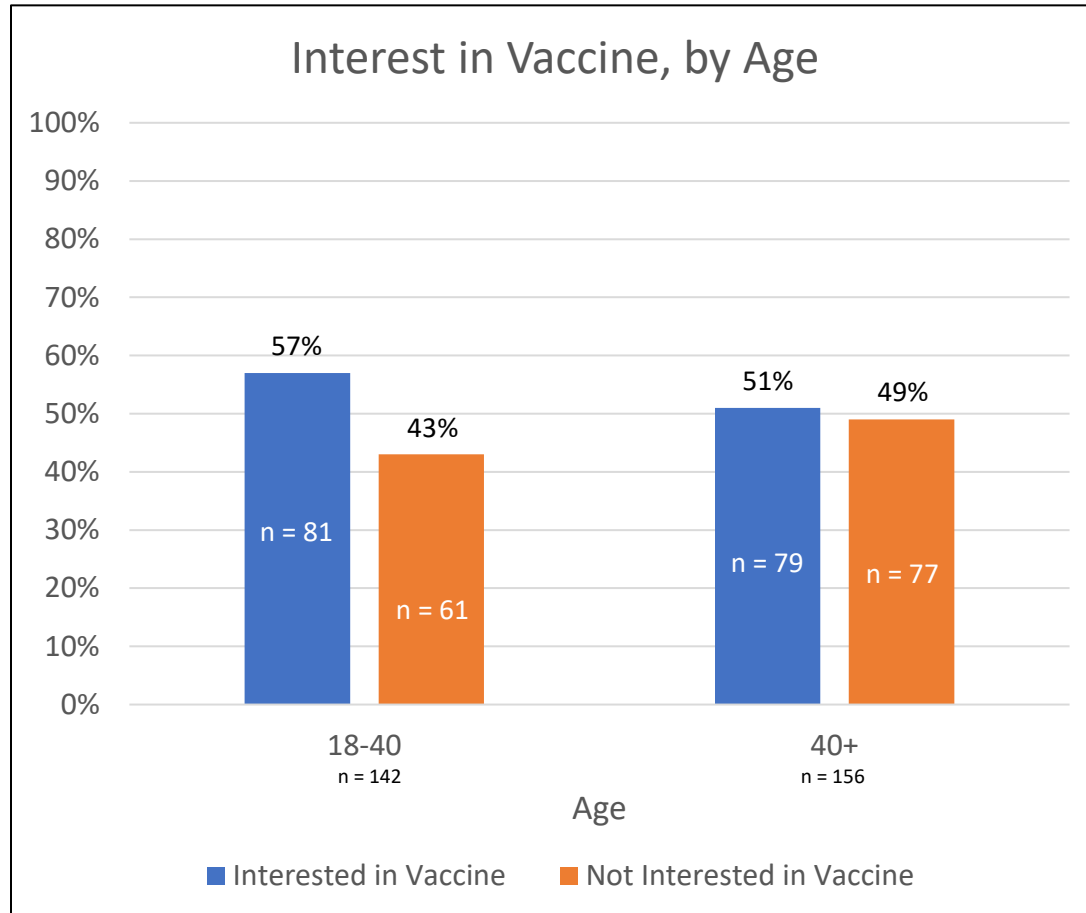


When we gave participants an option of choosing when to get vaccinated, the interest in vaccine rose to 81%.

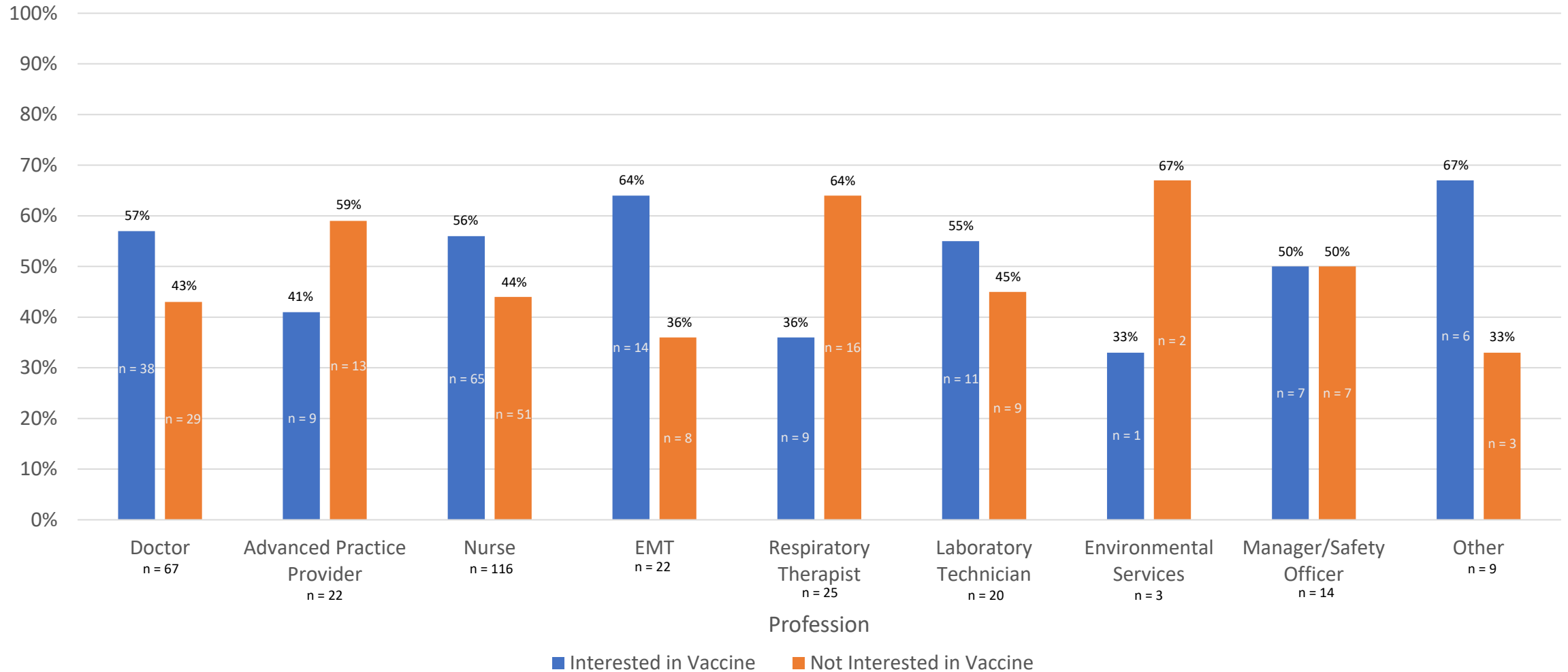
Free-form responses: *Why would you choose not to be vaccinated?*

- **Low risk of exposure**
 - “Likelihood of admitting an Ebola patient to my hospital does not seem high, and I would rather avoid the side effects from the vaccine”
 - “Threat seems distant. Worry about need for re-vaccination”
 - “Low risk of Ebola patient being admitted to my facility”
 - “Currently no known Ebola outbreak in my geographic area”
 - “Low risk overall, potential long term arthritis and other side effects, lack of long term efficacy data”
 - “Not enough exposure to Ebola to feel like I need it for protection”
- **Concerns about vaccine safety/long term effect**
 - “Not enough evidence based research supporting it’s safety and I feel like my risk is low in the area that we live.”
 - “Not sure how safe vaccine is”
 - “Not enough testing to know long term effects”
 - “Unknown length of protection time, not enough information about protection benefits”
 - “Fear for long term side effect”

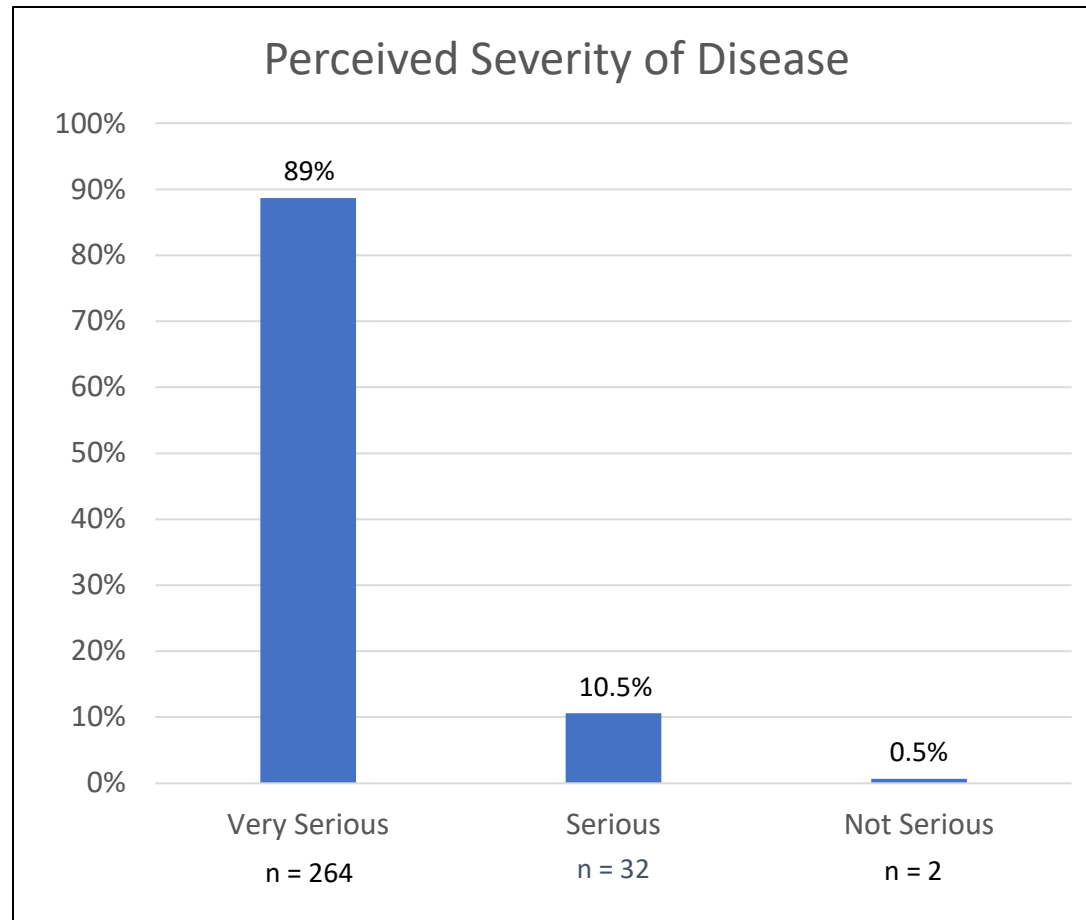
Interest in Vaccine, by Age and Sex



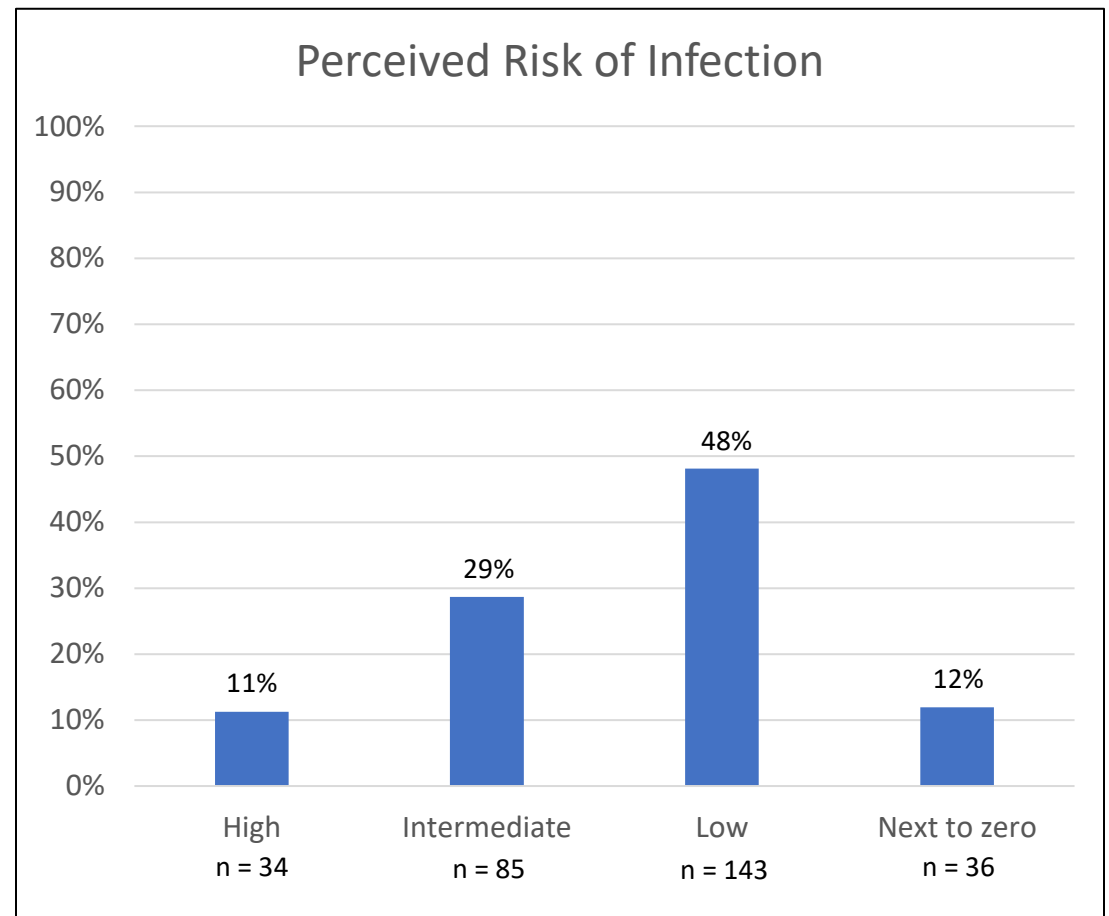
Interest in Vaccine, by Profession



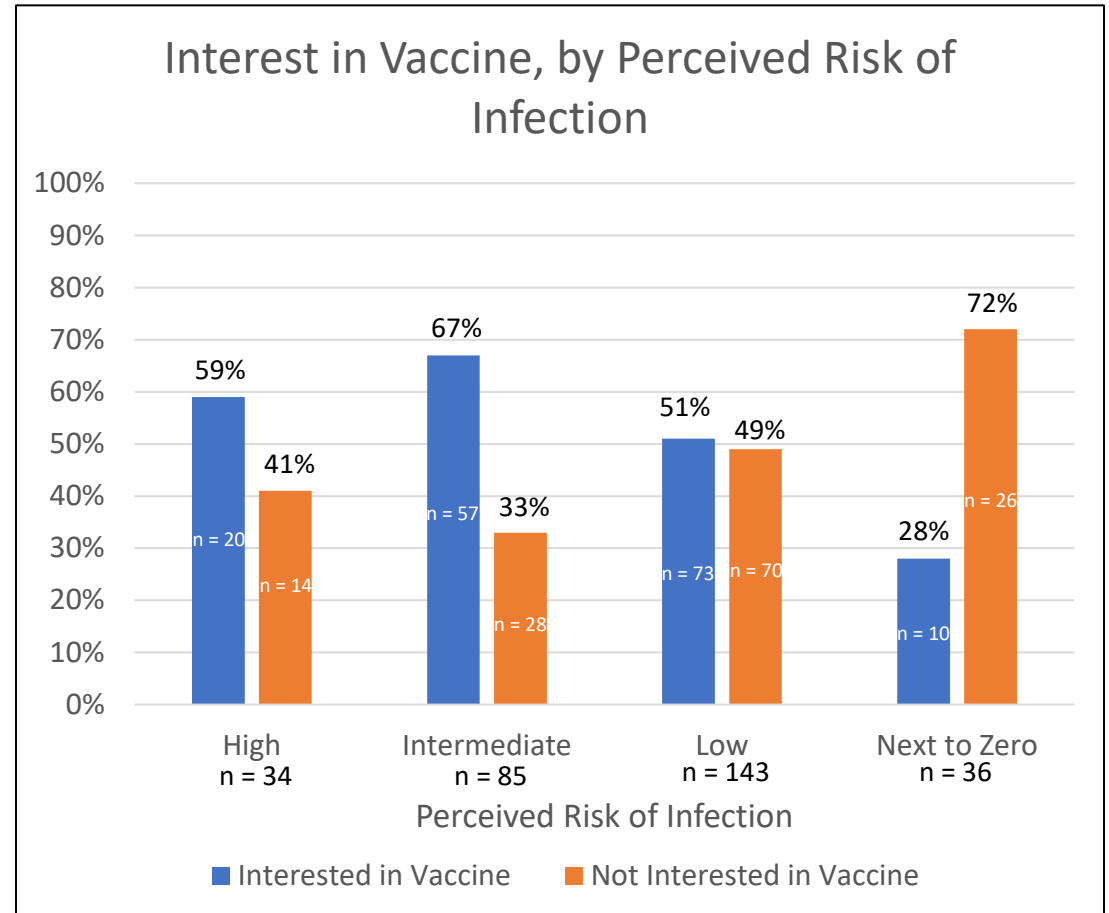
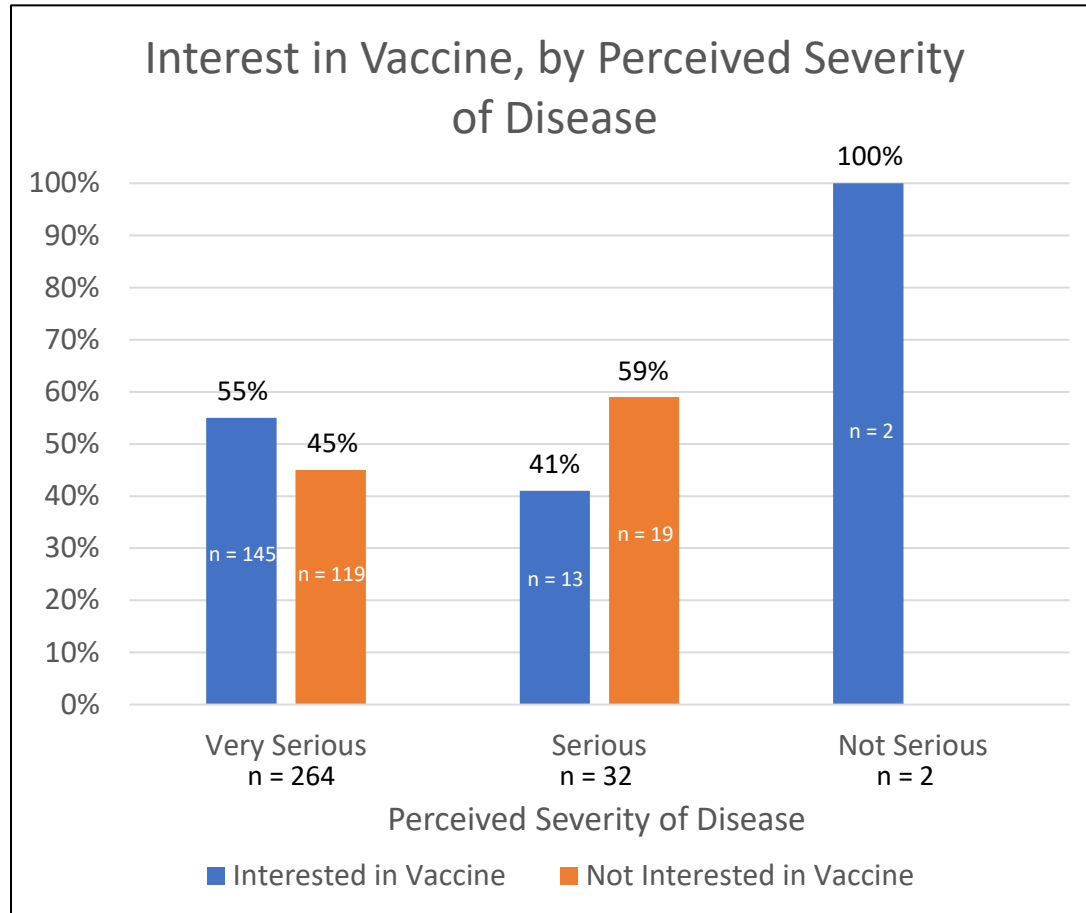
How serious do you think infection with *Zaire ebolavirus* is?



How would you rate your risk of becoming infected with *Zaire ebolavirus*, if a patient with Ebola virus disease was admitted to your hospital?



Interest in Vaccine, by Perceived Severity of Disease and Risk of Infection



Below are some possible reasons for choosing not to get vaccinated. Please mark all that apply to you personally.

(n = 245)*	n	%
Risks of vaccine outweigh benefits	135	55%
Might transmit vaccine virus to family or friends	103	42%
Concerned vaccine may not be effective	56	23%
Might have to miss work	50	20%
Might transmit vaccine virus to patients	45	18%
Might be expected to work extra hours if a patient with Ebola virus was admitted to my facility	20	8%
Might be expected to work with or near a patient with Ebola virus	19	8%

* 53 individuals answered "Definitely Yes" to the "would you choose to be vaccinated" question, and thus did not answer this question.

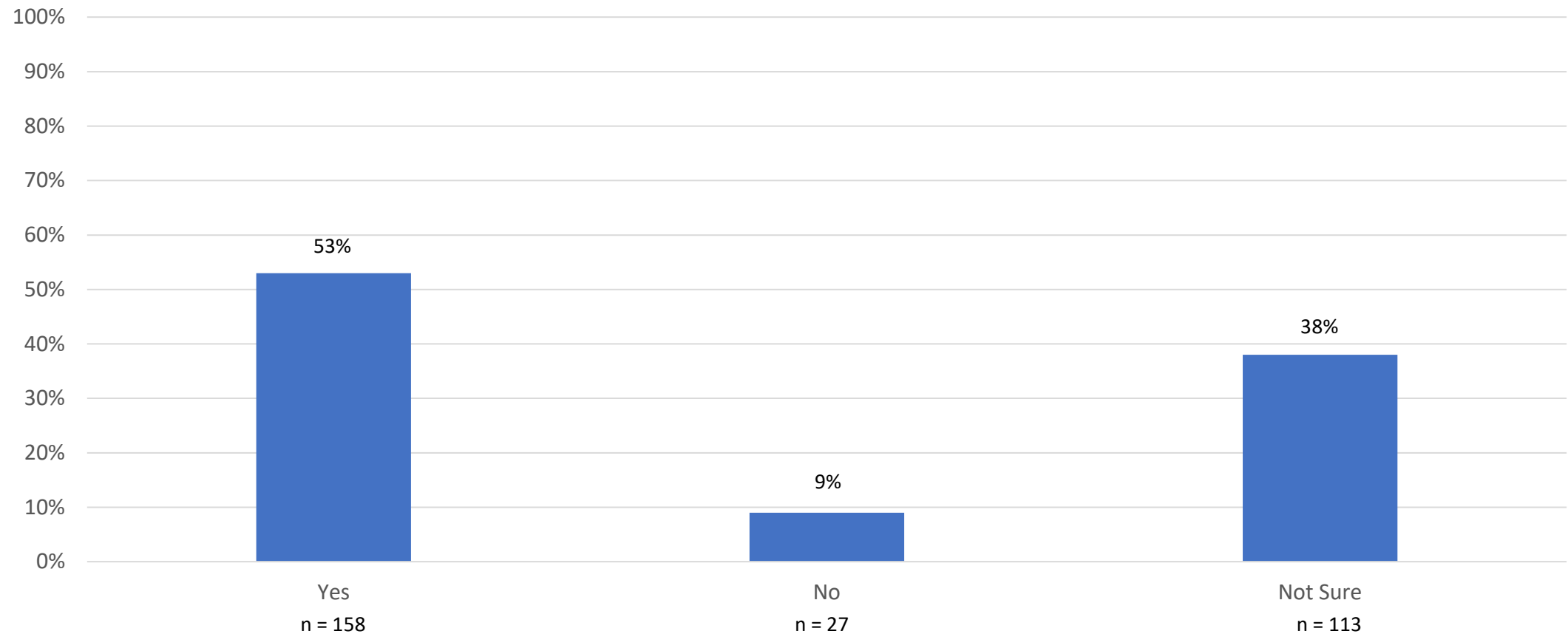
In deciding whether or not to be vaccinated, which of the following vaccine adverse reactions would you be most concerned about?

(n = 298)	n	%
Potential for a serious adverse event	95	32%
Potential increased risk of transmission of the vaccine virus to close contacts or patients	77	26%
Potential increased risk of arthritis	68	23%
None	50	17%
Other	8	3%
Pain, redness, or swelling at the injection site	0	0%

To help you decide whether or not to be vaccinated, additional information on which of the following would be important to you? Please mark all that apply to you personally.

(n = 298)	n	%
Likelihood and nature of adverse events from vaccination	197	66%
Likelihood and severity of transmitting vaccine virus to others	167	56%
Whether infectious disease experts or other peers I respect were being vaccinated	150	50%
My individual risk of contracting Ebola virus disease	145	49%
Liability and compensation if I, my patients, or other contacts developed a serious adverse reaction due to my vaccination	117	39%
Facts about Ebola virus disease, including infectiousness and risks of serious sequelae	64	21%
None	19	6%
Other	11	4%

Do you think ACIP should vote to “recommend” the rVSV vaccine to healthcare personnel at state-designated Ebola Treatment Centers*?



*Did not ask about “Shared Clinical Decision Making”.

n = 298

Free-form responses: *Yes, ACIP should recommend*

- **People should have the right to decide for themselves**
 - “It should be a personal option to staff caring directly for these patients”
 - “The risk of an event seems low, but... may help employees feel more confident if/when the need to care for an EVD patient were to arise”
 - “We would be the ones taking care of Ebola patients we should be offered a vaccine”
 - “Protect those who choose to work in Ebola treatment centers”
- **We should be prepared**
 - “The admission of patients with EVD to state-designated treatment centers will likely happen without adequate notice to properly vaccinate staff designated to caring for these patients in a clinical settings”
 - “We are nearly as likely to be involved in an Ebola case as those at federally-designated centers”
 - “Much like COVID-19 - you never know when things will happen so it's simply better to be prepared”
 - “We saw quick and fast transmission of COVID-19, staff at an ETC should be prepared and vaccinated for any potential exposure”
- **The extra safety is worth it**
 - “I believe vaccines work and if you are working directly with an infected patient or infectious samples you should take every precaution offered”
 - “I think it should be made available to those that would care for these patients. Every protection is vital for a deadly disease like Ebola”
 - “While we do everything to mitigate risk, there is never 0 risk. something might happen- needle stick, body fluid exposure, someone not following protocol. Better to have the vaccine then worry about contracting an infection that is preventable”

Free-form responses: *No, ACIP should not recommend*

- **PPE is sufficient to protect against EVD**
 - “State designated treatment centers should invest the bulk of funds into other PPE. There may be potential to not be as careful once vaccinated. And we always hear stories of People catching a virus despite vaccination.”
 - “If an epidemic were to happen or a patient transferred to the US, the PPE measures in place will be enough”
- **The risk of exposure is so low**
 - “So few cases currently, risk is low”
 - “Unless there's a threat of ebola in our country, why introduce this vaccine”
 - “How many Zaire strain ebola cases have been treated in the US?”
- **There is time to offer the vaccine if the situation in the US changes**
 - “I think it should be offered, but not recommended”
 - “I think it should be just-in-time, when a state has a case”
 - “It is likely there will be lead time if need for vaccine among at risk US HCW”

Free-form responses: *Not sure ACIP should recommend*

- **Need more information on vaccine**
 - “Would want further study data to make this judgment”
 - “Don’t feel like it’s been tested enough”
 - “Don’t know the long term effects of the vaccination”
 - “Need more long term data for efficacy to recommend an immunization”
 - “More information on how long the vaccine lasts”
 - “We don’t know how long the vaccine confers immunity”
 - “I don’t know enough!”
- **Not sure the benefits outweigh the risks**
 - “Need more info about the risks”
 - “Not convinced the benefits outweigh the risks at this time”

Conclusions

- **54%** of the study population expressed interest in receiving the vaccine if eligible and offered the vaccine today*
- When people were given the choice to get vaccinated at different time points (when there was an EVD case in the U.S. or their state), interest in vaccine increased to **81%**
- Concern for a **serious adverse event** and **transmission of the vaccine virus** to others were top concerns for study participants

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For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

