



rVSVΔG-ZEBOV-GP Vaccine Acceptability Survey Among the Laboratory Response Network

Allison Joyce, MSc

Viral Special Pathogens Branch

Centers for Disease Control and Prevention

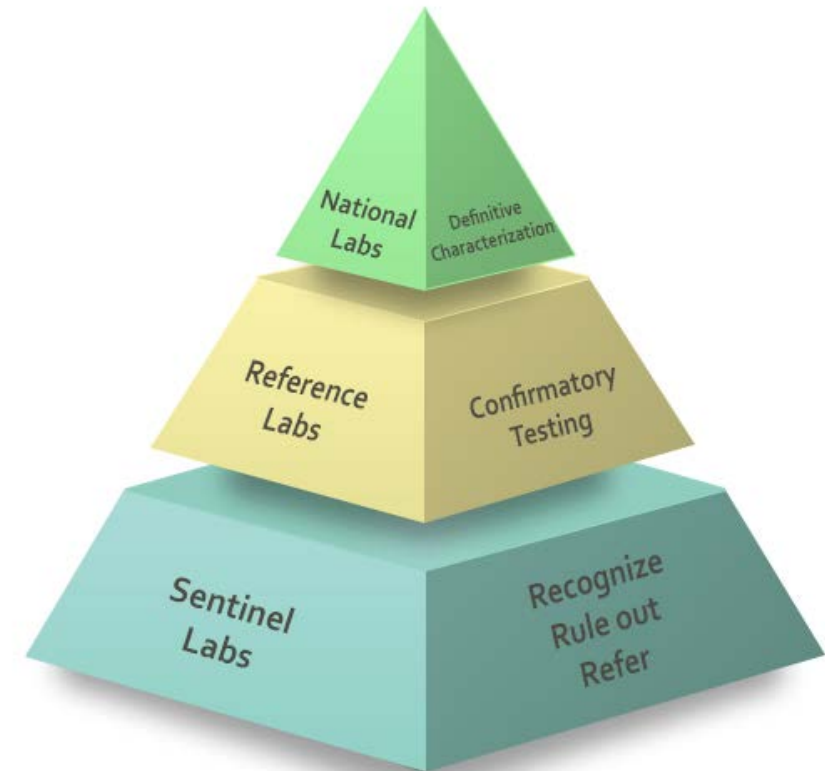
Advisory Committee on Immunization Practices

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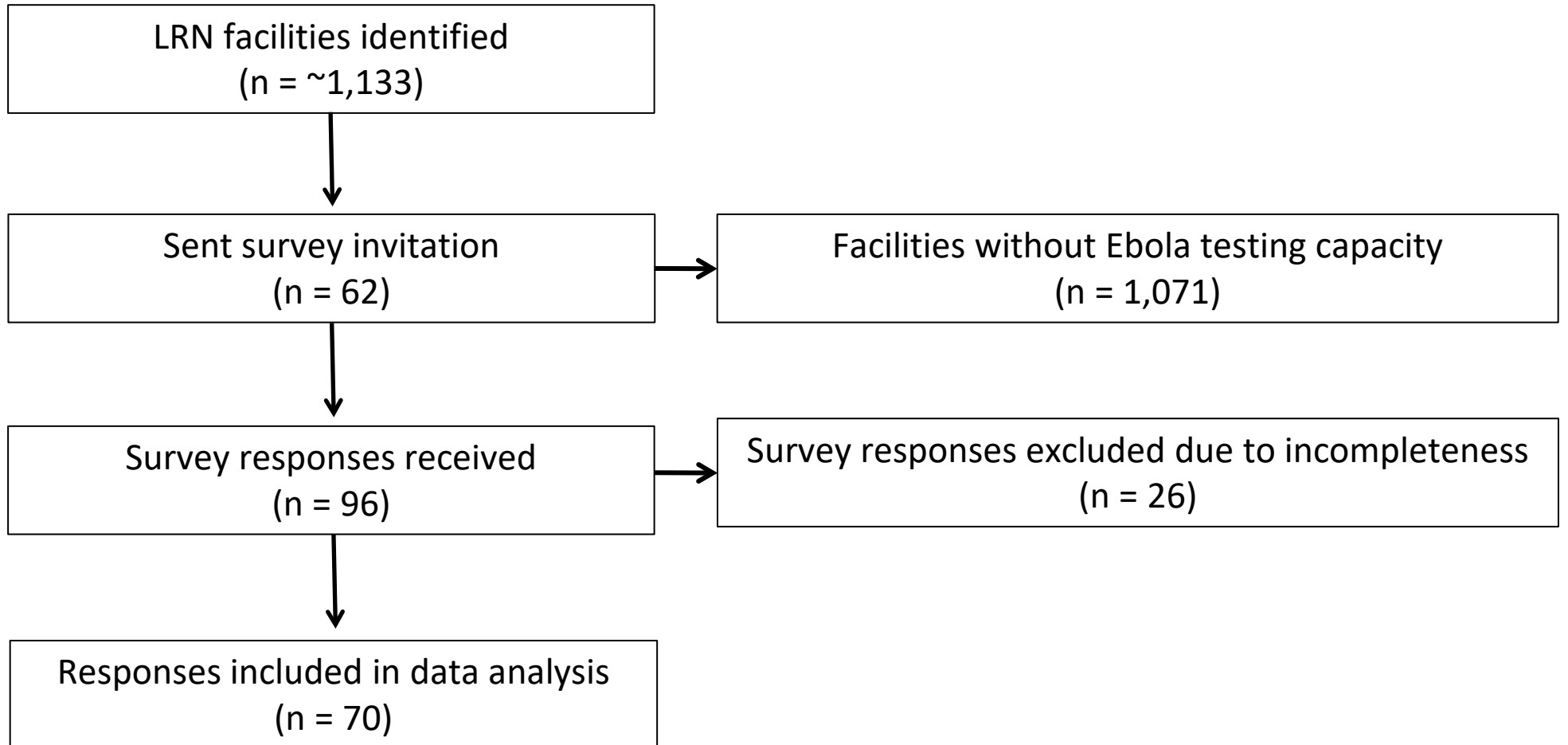
Survey Population:

LRN Facilities in the U.S. with Ebola Testing Capability

- The Laboratory Response Network (LRN) quickly responds to biological and chemical threats and other public health emergencies
- Ebola testing is available at ~62 LRN labs in the US
- Estimate 10-15 laboratorians who can do Ebola testing per facility



Prisma Flow Diagram



Demographics: Age and Sex (n = 70)

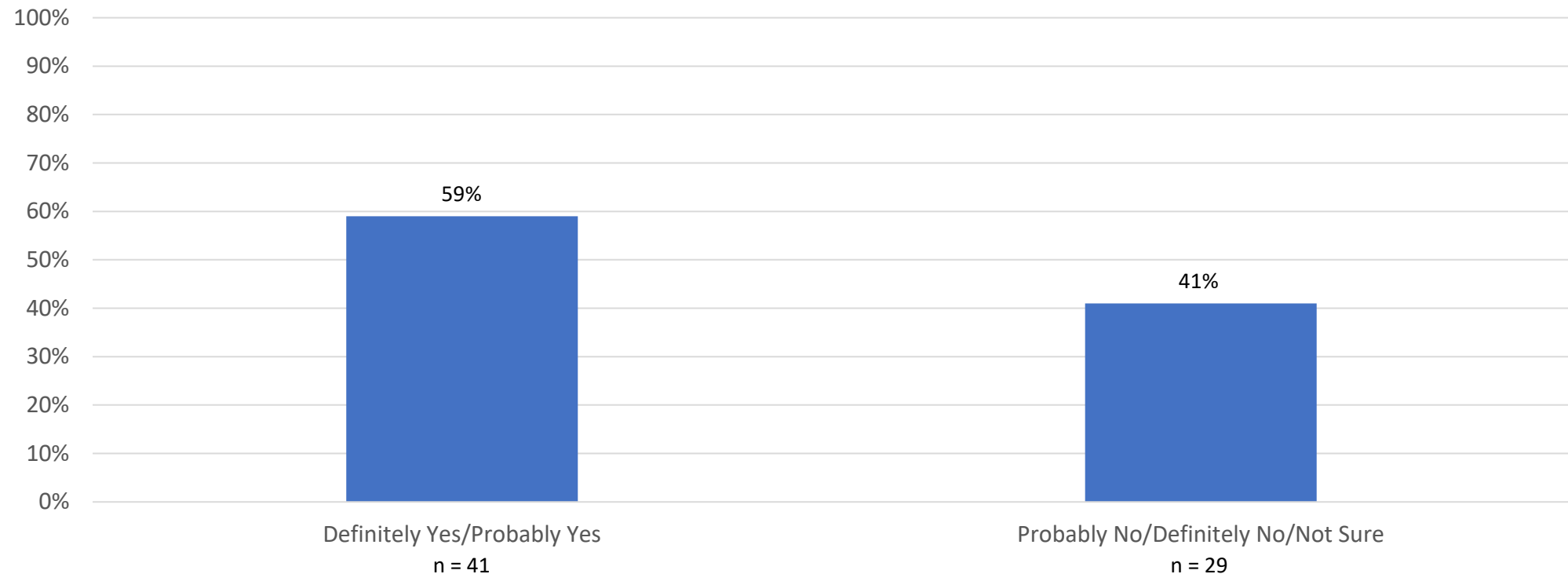
Age	n	%
18-40	17	24%
40+	53	76%
Sex	n	%
Female	45	64%
Male	25	36%

Demographics: Profession (n = 70)

Profession	n	%
Laboratory Scientist	45	64%
Management	21	30%
Other	4	6%

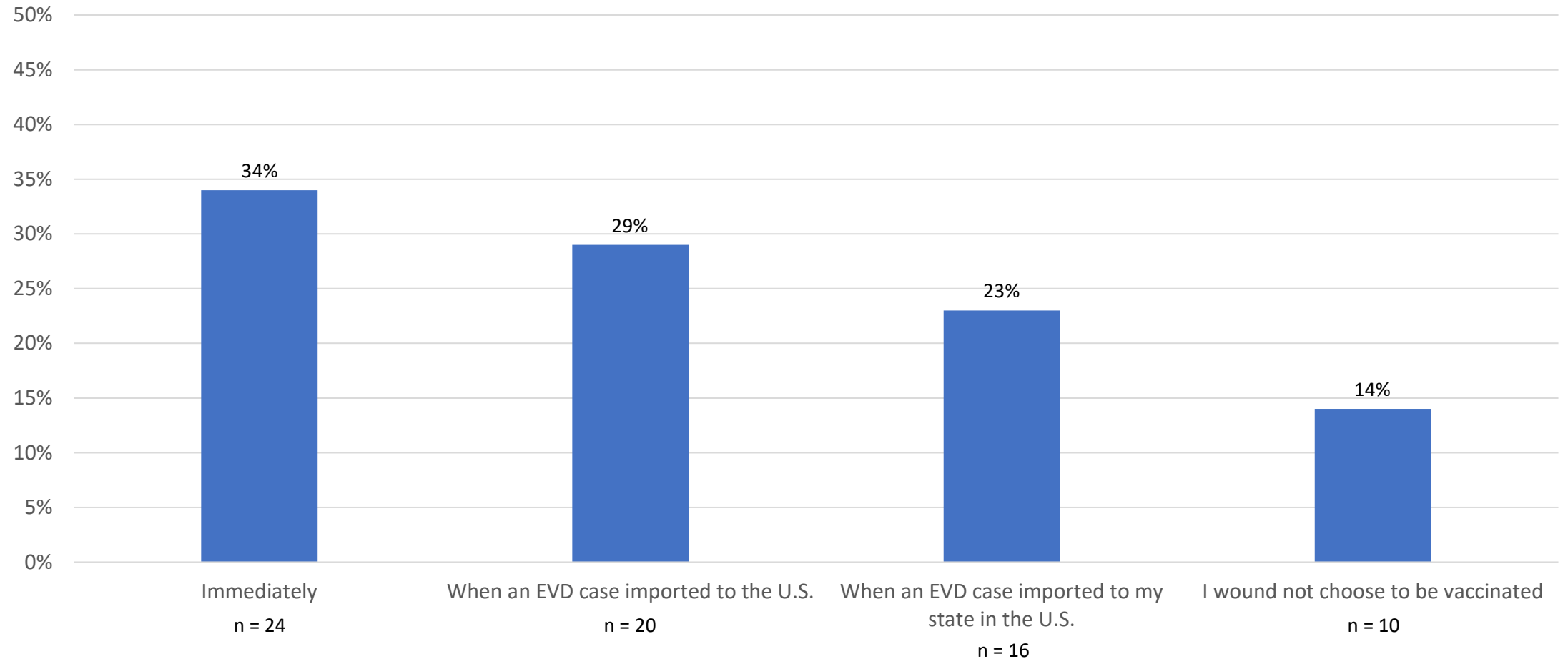
Survey respondents were given the options of: laboratory scientist, clerk or receptionist, environmental services, manager, or other. Of the four individuals who self-identified as other, all four described themselves as Director or Laboratory Director.

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

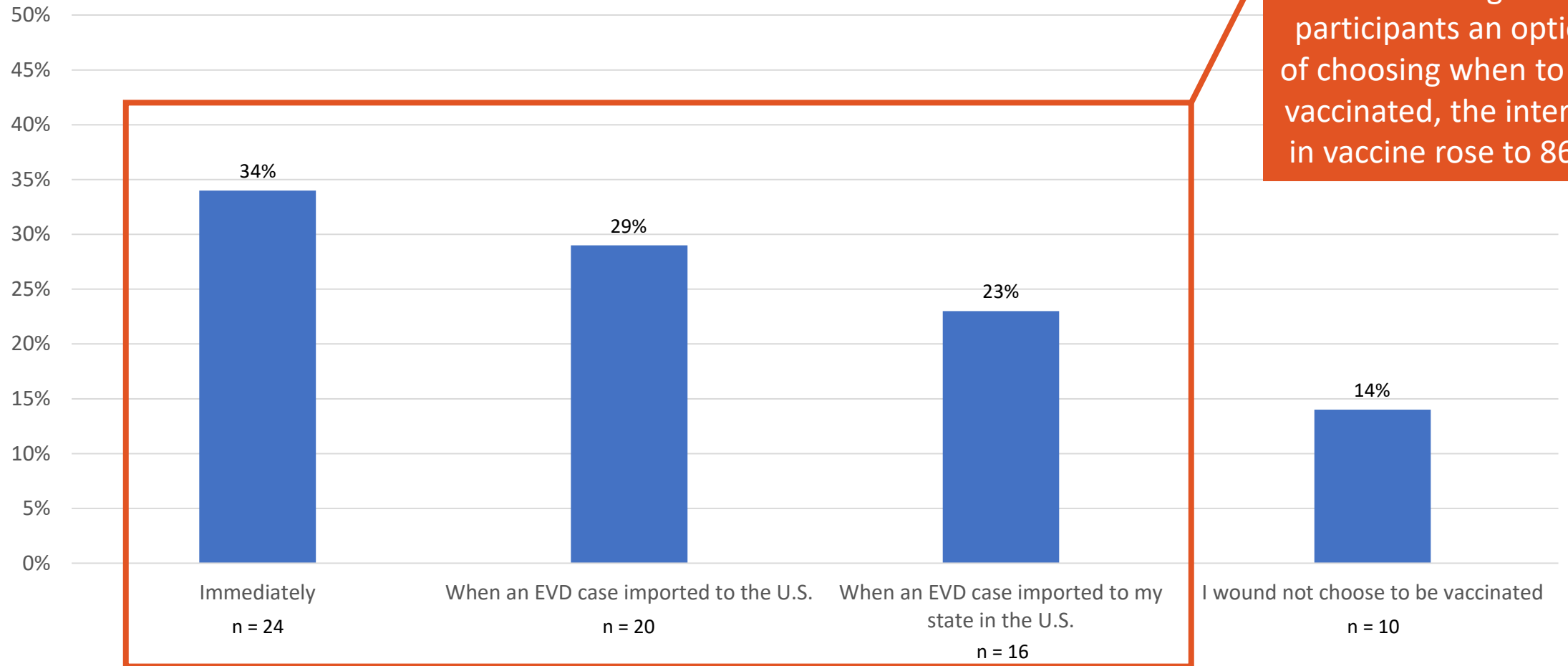


*Today refers to the time between December 29th – January 21st 2021 when the individual took the survey. During this time, there were no active Ebola virus outbreaks in the world.

When would you choose to get vaccinated:



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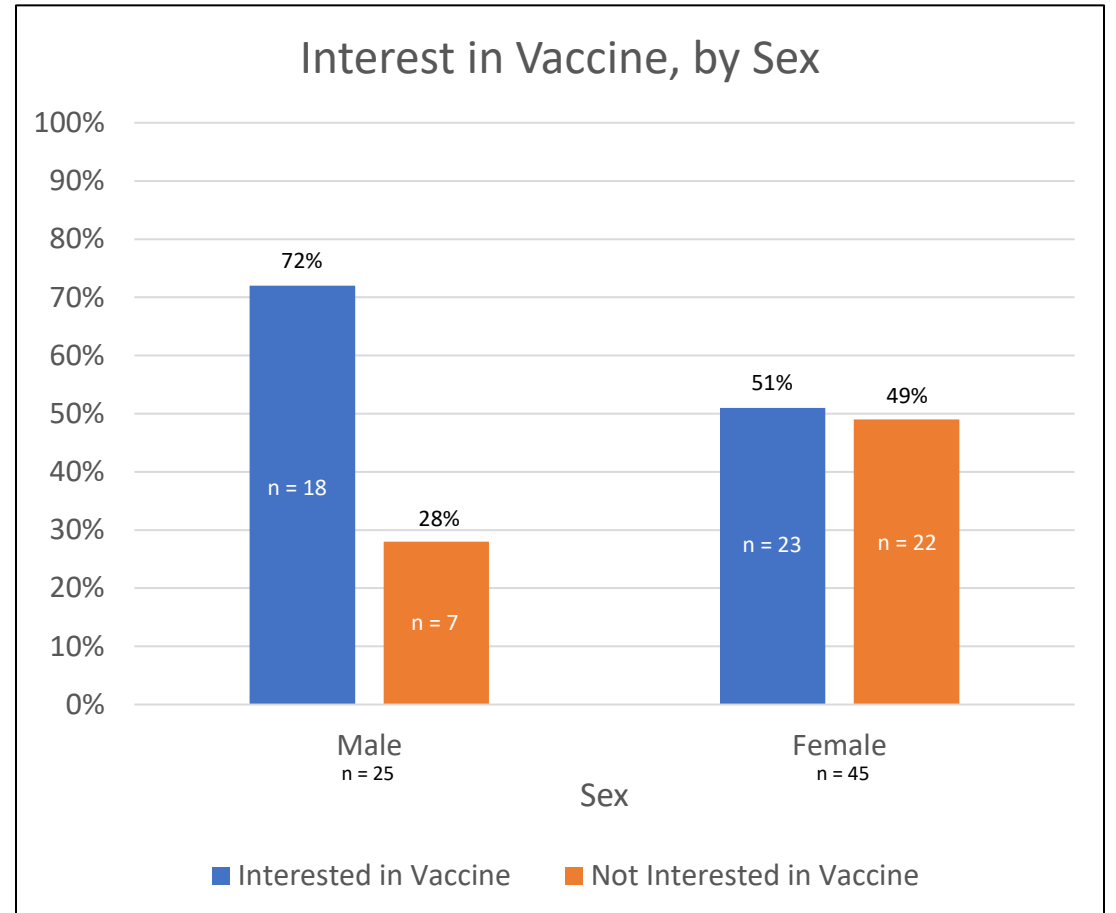
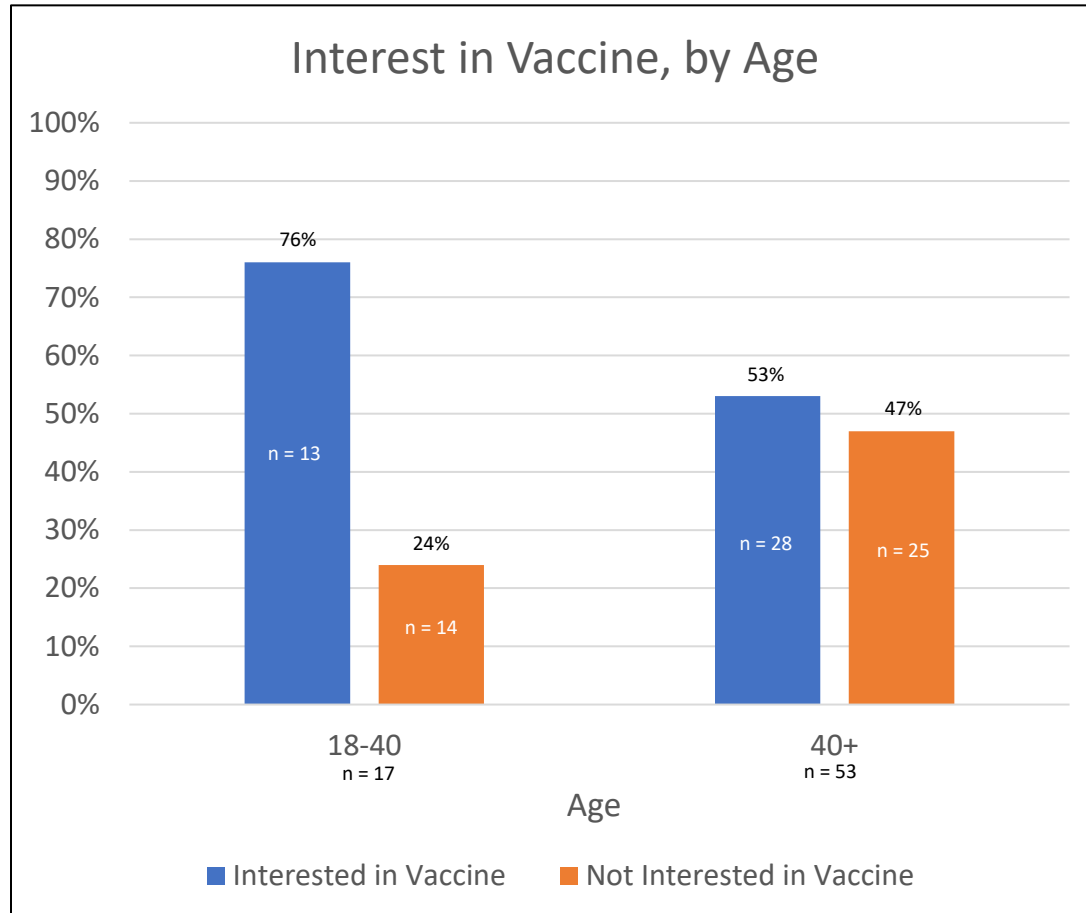


When we gave participants an option of choosing when to get vaccinated, the interest in vaccine rose to 86%.

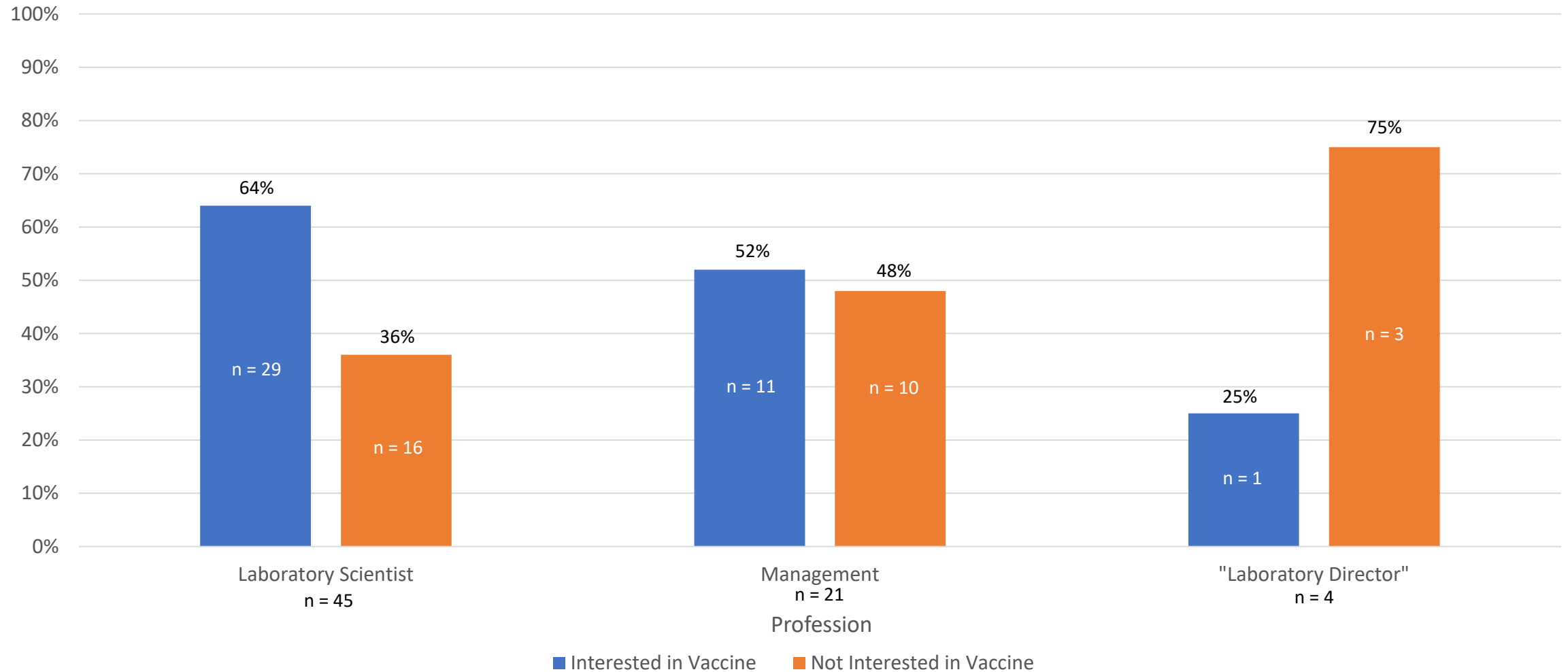
Free-form responses: *Why would you choose not to be vaccinated?*

- **Low risk of exposure**
 - “Little risk in full PPE”
 - “At this time, there is not a good chance of my state seeing a potential Ebola case.”
 - “No current risk (no active cases in the US)”
- **Concerns about potential side effects (especially arthritis)**
 - “As someone who already has arthritis in the hands at a young age I am cautious about increasing my risk of further damage to my hands which could be career ending.”
 - “Have to think about my risk versus the possible lasting arthritis side effect.”
 - “Concerned about potential adverse reactions caused by the vaccine and I am not certain that my risk is high enough to offset that.”

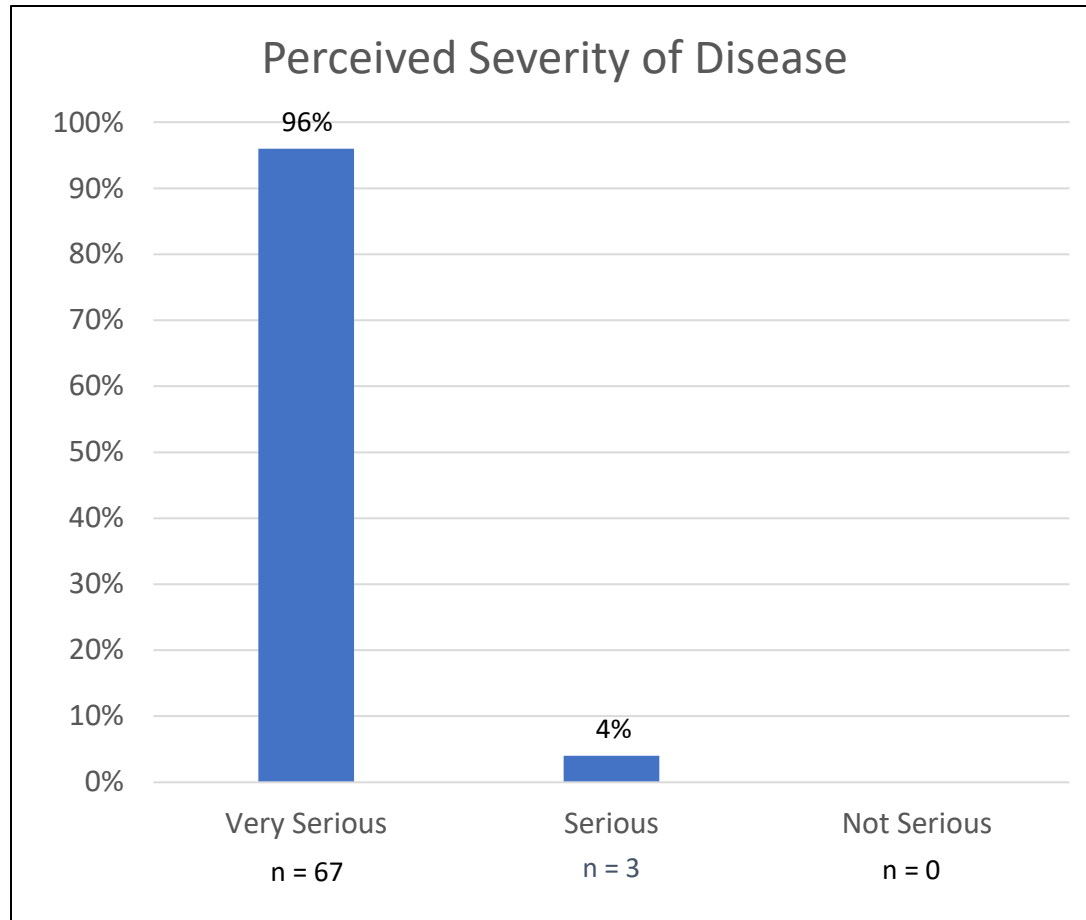
Interest in Vaccine, by Age and Sex



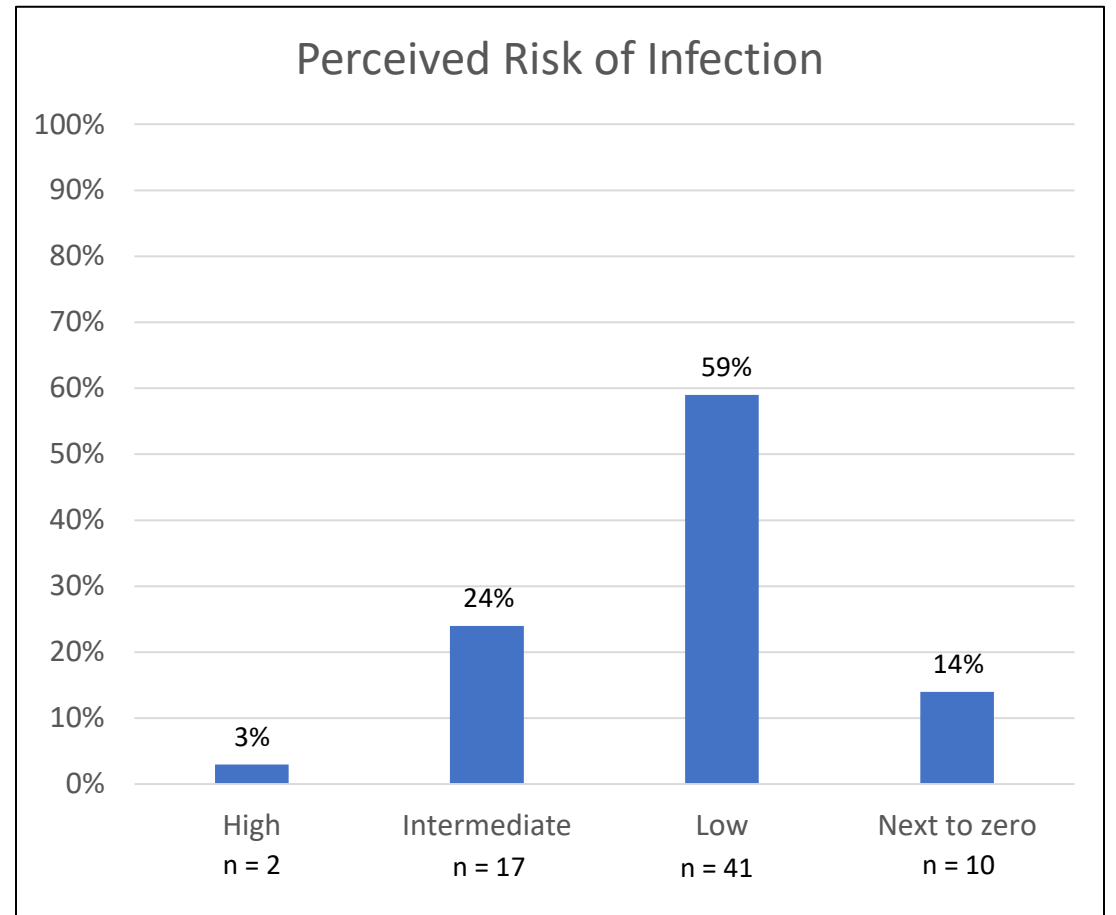
Interest in Vaccine, by Profession



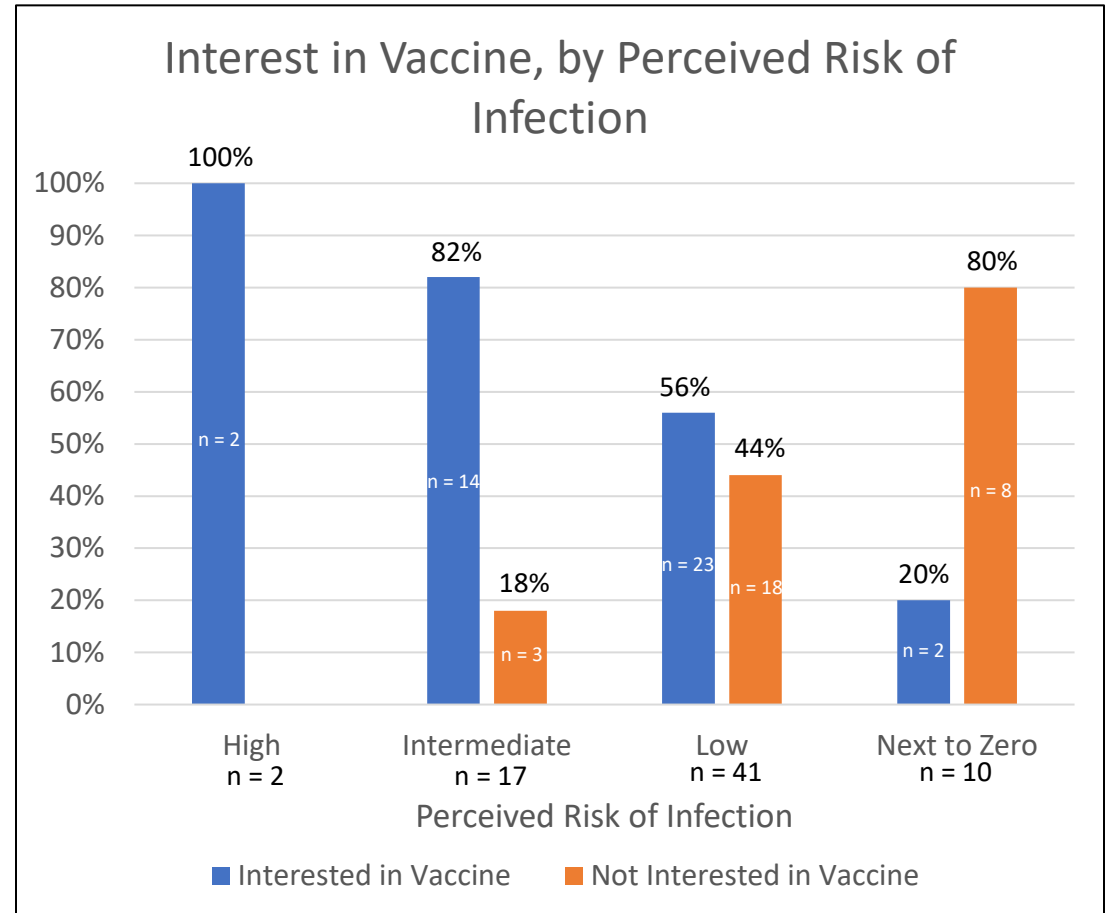
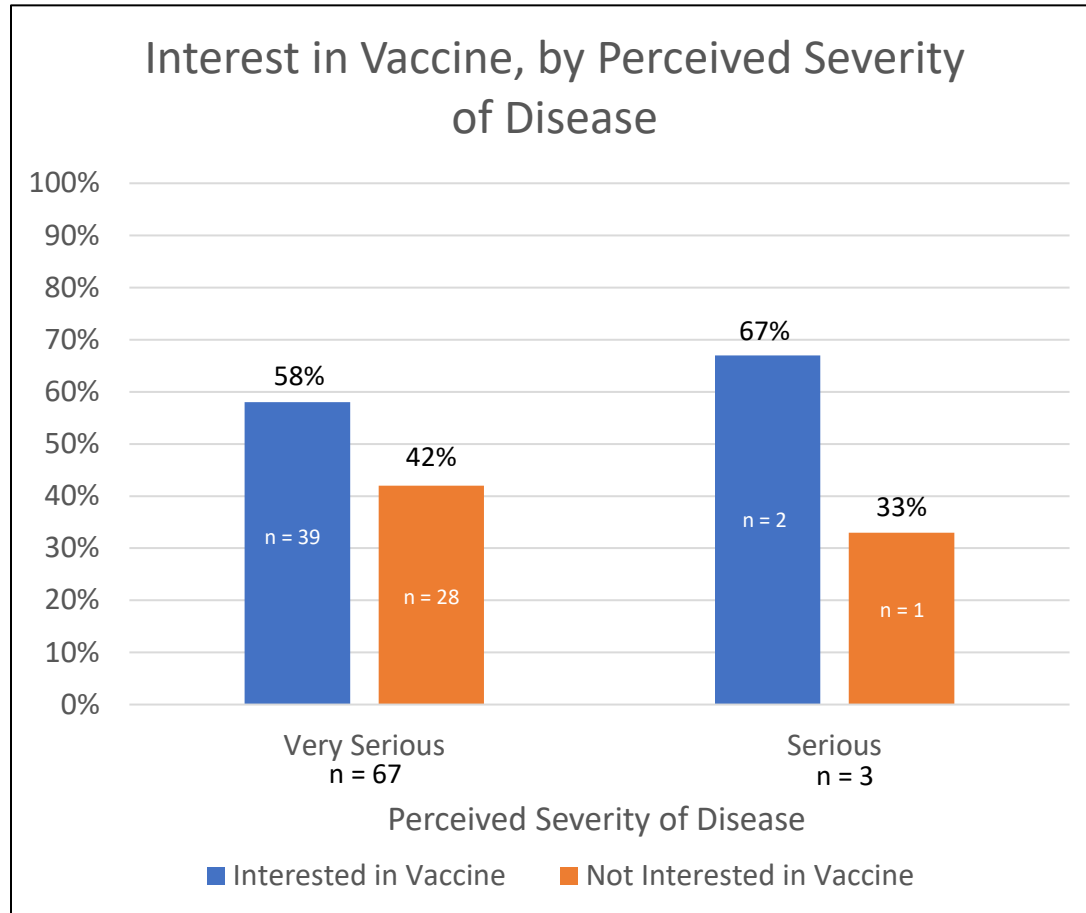
How serious do you think infection with *Zaire ebolavirus* is?



How would you rate your risk of becoming infected with *Zaire ebolavirus*, if an Ebola virus sample was sent to your facility?



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 = 55)*	n	%
Risks of vaccine outweigh benefits	28	51%
Might transmit vaccine virus to family or friends	21	38%
Concerned vaccine may not be effective	10	18%
Might have to miss work	4	7%
Might be expected to work with or near a patient with Ebola virus	4	7%
Might transmit vaccine virus to patients	1	2%
Might be expected to work extra hours if a patient with Ebola virus was admitted to my facility	0	0%

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

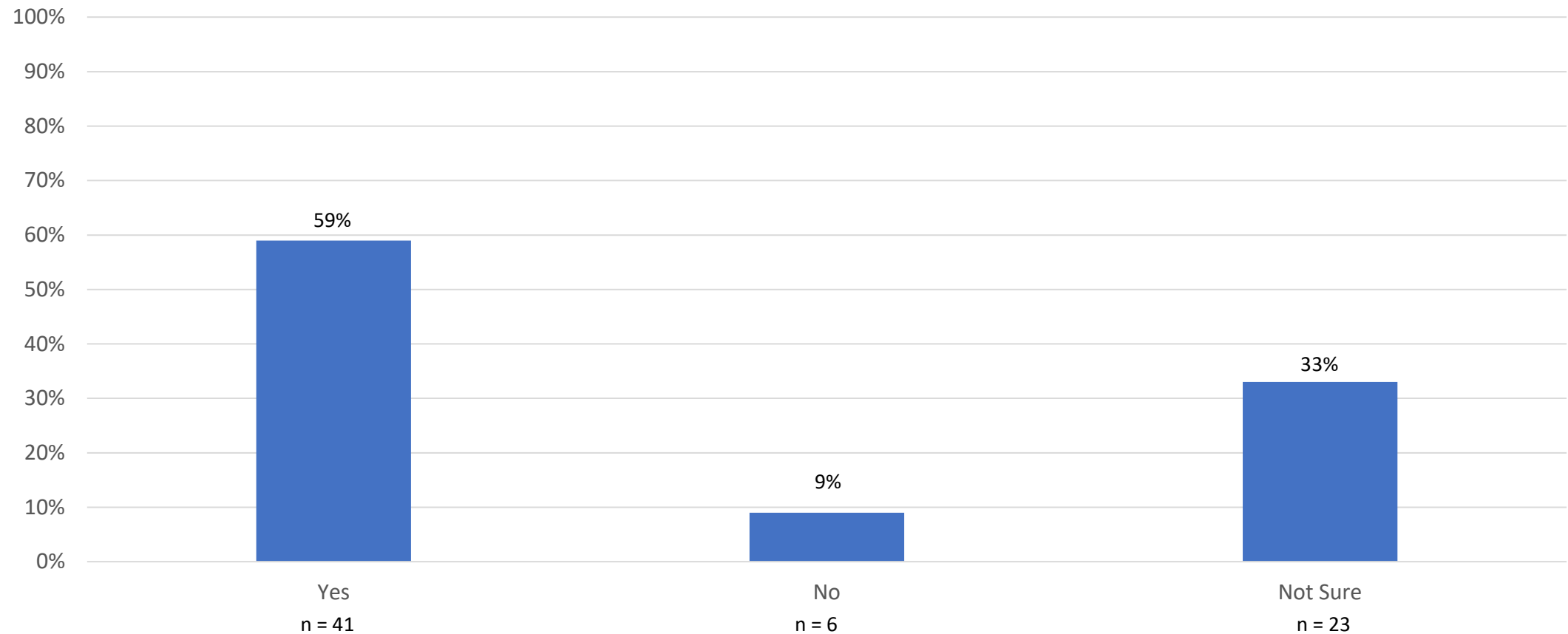
In deciding whether or not to be vaccinated, which of the following vaccine adverse reactions would you be most concerned about?

(n = 70)	n	%
Potential increased risk of arthritis	21	30%
Potential increased risk of transmission of the vaccine virus to close contacts or patients	18	26%
Potential for a serious adverse event	16	23%
None	12	17%
Pain, redness, or swelling at the injection site	2	3%
Other	1	1%

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 = 70)	n	%
Likelihood and nature of adverse events from vaccination	41	59%
Likelihood and severity of transmitting vaccine virus to others	33	47%
Whether infectious disease experts or other peers I respect were being vaccinated	30	43%
My individual risk of contracting Ebola virus disease	29	41%
Liability and compensation if I, my patients, or other contacts developed a serious adverse reaction due to my vaccination	21	30%
Facts about Ebola virus disease, including infectiousness and risks of serious sequelae	11	16%
None	7	10%
Other	0	0%

Do you think ACIP should vote to “recommend” the rVSV vaccine to staff at LRN facilities*?



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

n = 70

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

- **It provides an added layer of protection against a laboratory-acquired infection (LAI)**
 - “The risk of a LAI is never zero. I think the role LRN personnel play in any outbreak response is vital, and... should have access to all available safety measures”
 - “It would be an additional layer of protection in case PPE and/or engineering controls failed while working with patient specimens potentially containing Ebolas Virus.”
- **The LRN population is at increased risk of exposure to ZEBOV**
 - “LRN would be the first to contact an ebola sample”
 - “Their risk is higher than most after those already indicated to get the vaccine”
 - “Because it is very likely that LRN personnel will be handling Ebola samples for diagnostic purposes.”

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

- **The risk of exposure is so low**
 - “Not considered a high risk facility”
 - “Little risk if performing nucleic acid extraction.”
 - “Low risk to exposure in the laboratory.”

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

- **Need more information on the risk of exposure vs risk of side effects from vaccine**
 - “Still need to understand the risk of exposure compared to risk of adverse effects.”
 - “Need to determine risk level and do a risk vs reward analysis”
 - “I would like to see a complete risk analysis completed first.”
 - “It will depend on each individual staff member to weigh the risks versus rewards of receiving the vaccine.”
- **LRN may not be a high risk group**
 - “I’m unsure of how serious an Ebola outbreak could get to be in the US. If it always remains low in cases, I would think first responders should be a higher priority to receive the vaccine.”
 - “Not sure if necessary given the # of cases in the US. LRN testing staff would also be wearing appropriate PPE in a BSL-3 facility and using all necessary safety precautions.”
 - “Depending on the supply”

Conclusions

- **59%** 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 US or their state), interest in vaccine increased to **86%**
- Common reasons for not wanting the vaccine were **low risk of exposure** and **concerns about potential side effects** (especially arthritis)

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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.

