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2023

THE ANNUAL REPORT

EDITION 2023

Jitsu VAX

JITSUVAX

Jiu Jitsu with misinformation

WHAT IS JITSUVAX

JITSUVAX is an EU Horizon 2020 funded project coordinated by the University of Bristol working with five other EU institutions as well as one in Canada. The project will run from April 2021 until March 2025.
The JITSUVAX team consists of psychologists, epidemiologists, behavioural scientists, clinicians and others. Together we are investigating misinformation around vaccines which may lead to people being less likely to accept vaccination. We will be testing ways of combatting this misinformation and helping healthcare professionals to communicate with patients.

WHAT IS MISINFORMATION?

Misinformation is wrong information. It can come from a variety of sources and for a variety of reasons: the common factor is that it can be disproven. Examples can be seen in the COVID-19 Vaccine Communication Handbook (page 5) where commonly seen misinformation about COVID-19 vaccinations is described and analysed using evidence.

WHAT IS VACCINE HESITANCY?

The World Health Organization (WHO) SAGE Working Group on Vaccine Hesitancy defines vaccine hesitancy as 'delay in acceptance or refusal of vaccination despite availability of vaccination services'. It is a behavioural decision to delay or reject some or all vaccines.

HOW TO COMBAT MISINFORMATION?

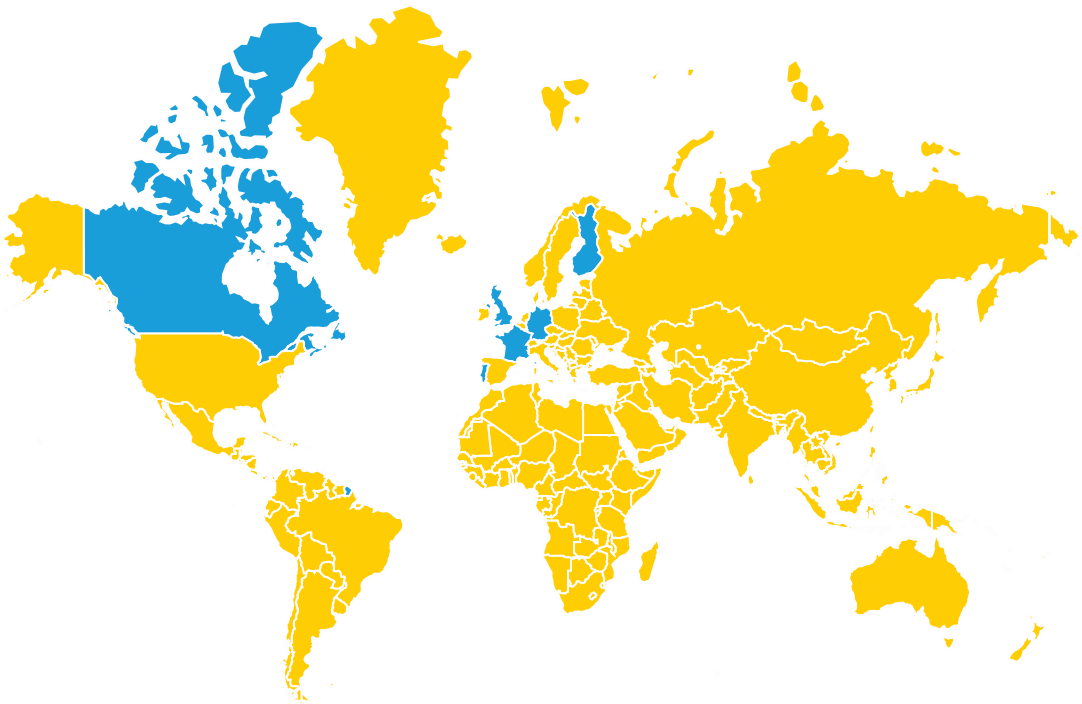
The first step is to identify and analyse the anti-vaccination arguments that circulate on social media and elsewhere. We will also develop and trial a questionnaire that measures attitudes and behaviours around vaccination in healthcare professionals. Later steps will include using this questionnaire to measure and compare results across our six countries as well as developing and trialling methods of combatting misinformation, such as trainings, websites, and computer games.

WHY 'JIU JITSU' WITH MISINFORMATION?

A Jiu Jitsu ‘model of persuasion' was described in 2017 in a peer-reviewed paper by Hornsey & Fielding. ‘Jiu Jitsu is a martial art that coaches people to use the opponents’ force against them, rather than trying to defeat it head-on… It teaches that small or lightweight fighters can win by using leverage, gravity, and momentum to defeat more powerful opponents, in other words, by turning the opponent’s power into an asset.’ In short, we are trying to find ways of working with people’s motivations rather than fighting them.

WHERE IS JITSUVAX BASED?

The individual groups are based at the University of Bristol and the University of Cambridge in the UK, the Turun yliopisto in Finland, the L'Observatoire Régional de la Santé in France, the Universität Erfurt in Germany, the Universidade de Coimbra in Portugal and the Université de Sherbrooke in Canada.



HOW WILL THE RESULTS BE USED?

We will develop training procedures, websites and guidance documents that can be used to help healthcare workers fight misinformation around vaccines. These will be shared widely and freely across Europe and beyond using existing healthcare networks.

IS THIS JUST ABOUT COVID?

No – the project was designed before anyone had heard of COVID-19. However as the project plan was developed COVID-19 also hit and it became apparent that Covid would be hugely important in any discussion about vaccinations. The project includes tackling misinformation about vaccinations against COVID-19 as well as many diseases such as measles, whooping cough and flu.

TEAM 1/2

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Doctoral student, Depart ment of Psychology and Speech-Language Pathology

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AMANDA GARRISON//

Epidemiologist and postdoctoral researcher

LISA FRESSARD//

Research fellow

EMELINE BROSSET//

Research fellow

ORS Observatoire Régional de la Santé Provence-Alpes-Côte d'Azur

UDS Université de Sherbrooke

ARNAUD GAGNEUR//

Neonatologist, specialized in vaccine hesitancy and motivational interviewing

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Scientific research assistant, PhD in microbiology

RENATA E MARES//

Research Assistant, Nurse Educator and Consultant (Vaccine Programming), MIPH, RN

THE HANDBOOK

WHAT IS THE COVID-19 VACCINE COMMUNICATION HANDBOOK?

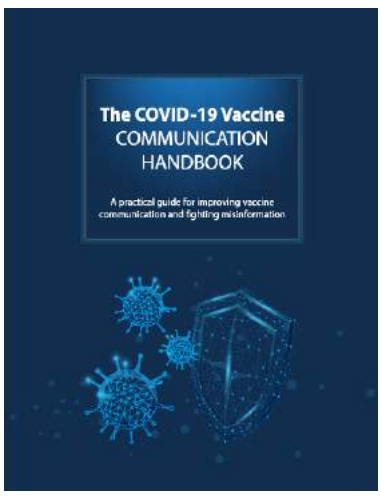
Members of the JITSUVAX team were instrumental in producing the COVID-19 Vaccination Communication Handbook. This handbook is for journalists, doctors, nurses, policy makers, researchers, teachers, students, parents – in short, it's for everyone who wants to know 1) more about the COVID-19 vaccines, 2) how to talk to others about them, 3) how to challenge misinformation. This handbook is self-contained but additionally provides access to a "wiki" of more detailed information. There are now 27 wiki pages providing detailed information for each chapter of the handbook. The handbook will be updated with new findings from the JITSUVAX Project. It thus serves as an additional communication tool to share key findings.

14
Languages

English - Croatian - French - German - Greek - Italian - Japanese - Polish - Portuguese - Serbian - Spanish - Swedish - Thai - Finnish

"COVID will not be the last pandemic. Research is a very important source of advice that is not always sufficiently heard. The book provides an excellent basis for future communication in such severe crises"

Prof. Dr. Markus Bühner
President of the German Society for Psychology



"Vaccine hesitancy is one of the biggest threats to global health. The COVID-19 Vaccine Communication Handbook is a highly valuable ressource on how to address this threat during a pandemic."

Prof. Dr. Marylyn M. Addo
Head of Infectious Diseases, I. Department of Medicine, University Medical Center, Hamburg-Eppendorf

"The COVID-19 Vaccine Communication Handbook is an excellent guide for improving vaccine communication and fighting misinformation."

Prof. Dr. Alain Fisher
President of the French Vaccine Strategy Policy Board

"Vaccine acceptance requires tailored communication approaches. The COVID-19 Vaccine Communication Handbook provides very useful guidance on the do's and don'ts of effective communication during the pandemic."

Dr. Christina Leuker
Head of the Risk & Science Communication Unit, Robert Koch-Institute

Go to the Handbook!

19668
Downloads of English version

WHAT IS JITSUVAX.INFO?

Recently, there have been many new approaches to counter misinformation in public debates, for example on social media. But how do you counter misinformation in a face-to-face conversation without jeopardising the relationship? Jitsuvax.info gives an overview of the 11 main psychological reasons (so-called attitude roots) why people believe in misinformation about vaccination. In addition, the site offers guidance on what to say when confronted with misconceptions in a face-to-face conversation. In short, you will find examples of responses to over 60 misinformation themes that may arise in face-to-face conversations with patients, colleagues or friends.

11

Attitude roots

Conspiracist ideation - Distrust - Religious concerns - Worldview and politics - Fear and Phobia - Moral Concerns - Reactance - Distorted risk perception - Perceived self-interest - Epistemic relativism

The roots are the result of an extensive study by the JITSUVAX team, who created a 'taxonomy' of arguments against vaccination.

You can read more about the details on page XX.

There are two ways you can make use of this website.

First, you can familiarise yourself with the 11 attitude roots that predispose people to believe in misinformation about vaccination. This provides the basis for giving more tailored responses in conversations.

Second, you can look on the site for answers to specific misinformation and use those answers in your conversations. Within this site, the arguments that people make against vaccination are given as 'themes', which are then grouped by attitude roots.

Go to the website!

11058

Visits of Jitsuvax.info

4 YEAR OVERVIEW

WHAT WAS JITSUVAX DOING IN 2021/2022/2023?

The WHO has identified Health Care Professionals (HCPs) as the most trusted influencers of vaccination decisions. JITSUVAX leverages those insights to turn toxic misinformation into a potential asset based on two premises:

1. The best way to acquire knowledge and to combat misperceptions is by employing misinformation itself, either in weakened doses as a cognitive "vaccine", or through thorough analysis of misinformation during "refutational learning".
2. HCPs form the critical link between vaccination policies and vaccine uptake. The principal objective of JITSUVAX is to leverage misinformation about vaccinations into an opportunity by training HCPs through inoculation and refutational learning, thereby neutralising misinformation among HCPs and enabling them to communicate more effectively with patients.

JITSUVAX addressed the first four steps of the project in 2021/2022/2023:

STEP 1

Measuring Vaccine Hesitancy

- Validation of measurement to assess vaccine hesitancy among HCPs
- Measure vaccine hesitancy among HCPs in 5 European countries

STEP 2

Identifying attitudinal roots

- Conducting a systematic review to develop a taxonomy of roots
- Validate the taxonomy with text modeling
- Validate the taxonomy in a sample of unvaccinated individuals
- Design a website to communicate the taxonomy to the public

STEP 3

Identifying difficulties for HCPs and testing refutations

- Measure which anti-vaccination arguments are problematic for HCPs
- Design sophisticated refutations of anti-vaccination arguments
- Test effectiveness of refutations in experimental settings
- Conduct a train-the-trainer workshop on how to refute arguments

STEP 4

Designing inoculation interventions

- Design and piloting of inoculation intervention
- Experimantal evaluation in UK and Germany

2021-2023

STEP 1

Measuring Vaccine Hesitancy

- Validation of measurement to assess vaccine hesitancy among HCPs

HCPs can have doubts about certain vaccines and their safety, just like any of us, and this can affect how they discuss and recommend these vaccines to their patients. To measure these doubts and the factors that contribute to them, partners from France and Canada created a tool to ask professionals about their confidence in vaccines, perceptions of vaccine risks, the usefulness of vaccines, their trust in public health authorities, their role in improving collective immunity, and the difficulties related to vaccination, among other questions. This tool, known as the Pro-VC-Be (Health **Pro**fessionals **V**accine **C**onfidence and **B**ehaviors), was statistically validated to show that these determinant factors accurately predicted behaviors related to self-vaccination and patient recommendations in HCPs.

UPDATE 2023

Now, within the JITSUVAX project, this tool has been adapted to be applicable in an international context and validated in Finland, France, Germany, and Portugal. In the validation process, data from a total of 2,748 HCPs were collected. The results showed that the adapted tool reliably measured the vaccine-confidence factors and predicted vaccination behaviours in each country. Having a tool that can be used internationally enables comparison between countries as well as investigation of what country characteristics contribute to HCPs' vaccine confidence. A short version of the tool has also been created, providing a more time- and cost-effective tool for busy HCPs.

2021-2023

STEP 1

Measuring Vaccine Hesitancy

- Measure vaccine hesitancy among HCPs in 5 European countries

Receiving a vaccine recommendation from an HCP is often reported by laypeople as an important reason for why they got vaccinated. HCPs thus play a key role in increasing and maintaining vaccine uptake in the general population. How actively HCPs recommend vaccinations can depend on a variety of factors, such as their attitudes to the benefits and safety of vaccines, their trust in health authorities, or their confidence in discussing vaccine-related issues with patients.
Within the JITSUVAX project, we use the instrument developed within the project to assess factors affecting HCPs' recommendation behaviors in a systematic and culturally aware manner across the five participating European countries: the UK, France, Germany, Portugal, and Finland.

UPDATE 2023

The developed instrument was administered to HCPs through an electronic survey together with other measures. Approximately 2800 HCPs—including general practitioners, paediatricians, and gynaecologists—responded to our survey. We are currently in the process of writing and publishing scientific articles on these data. In the articles, we compare the countries and investigate how the HCPs' vaccination attitudes are related to the degree to which they recommend vaccines, their attitudes toward COVID-19 vaccine mandates, and their attitudes toward complementary and alternative medicine. The articles will provide important information that can help health authorities take measures to ensure active endorsement of vaccinations among HCPs and, ultimately, high vaccine uptake among the public.

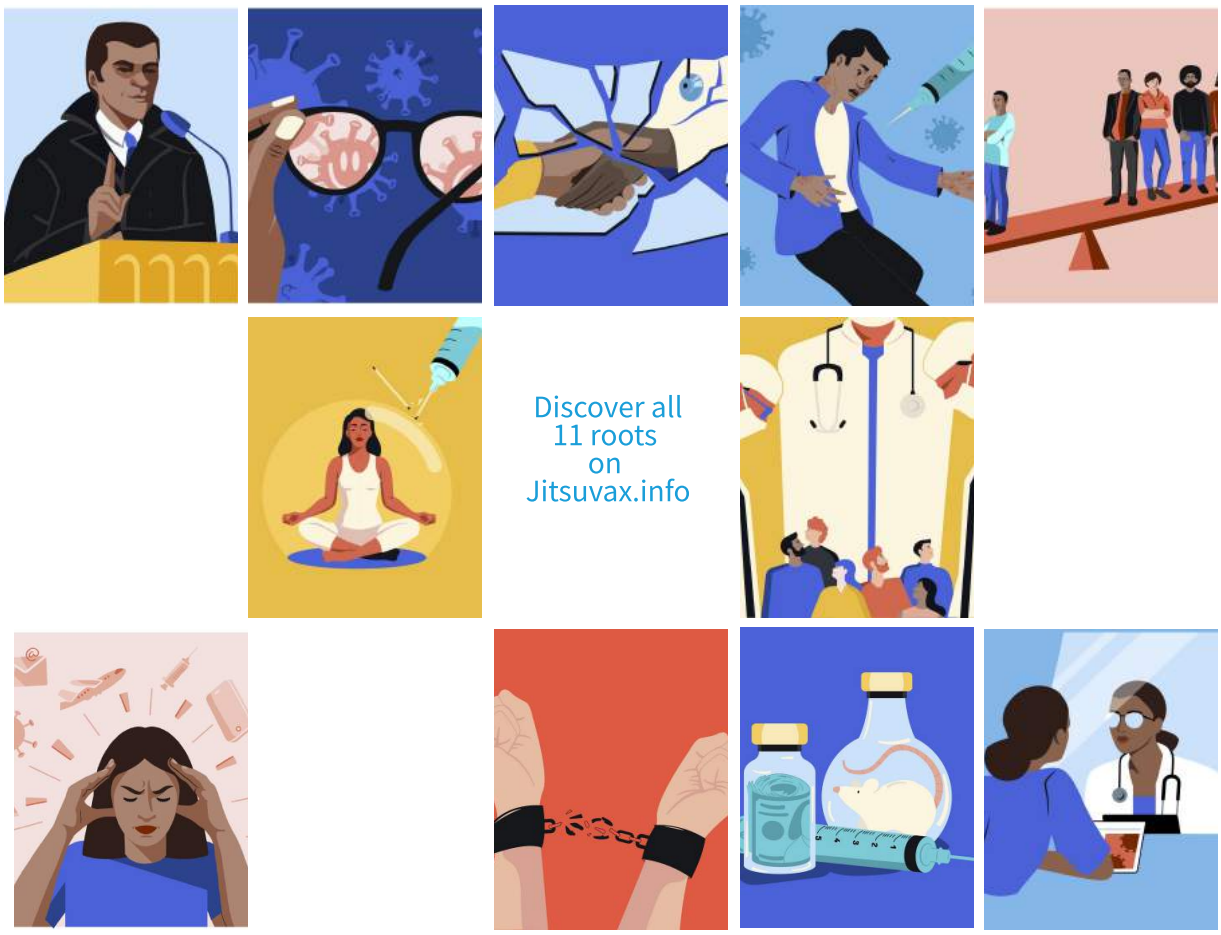
2021-2023

STEP 2

Identifying attitudinal roots

- Conducting a systematic review to develop a taxonomy of roots
- Validate the taxonomy with text modeling

We have developed a psychologically informed classification of arguments expressing opposition toward vaccines to guide the training materials and investigations to be developed during the next 3 years of the JITSUVAX project. Our "taxonomy" encompasses 11 well-established psychological traits or “attitude roots”, such as conspiracist ideation, fear and phobias, worldview and politics, and religious concerns, which motivate the endorsement of 62 thematic groups of anti-vaccination arguments.
The taxonomy has been validated through 3 methodological approaches: a systematic review of 152 scientific articles, from which we extracted 2,066 arguments to analyze the linguistic content and thematic spectrum of each attitude root; a second study based on a sample of 585 journalistic texts, in which we tested a computational model capable of predicting the attitude roots of a given anti-vaccination argument; and a third study involving 1,250 participants from the UK general population, in which we validated the associations of the attitude roots, both among them and with respect to other relevant psychological variables. These results have been very positive, so the taxonomy has proven to be an excellent tool for studying anti-vaccination arguments circulating in online and offline communication channels.



Discover all 11 roots on Jitsuvax.info

2021-2023

STEP 2

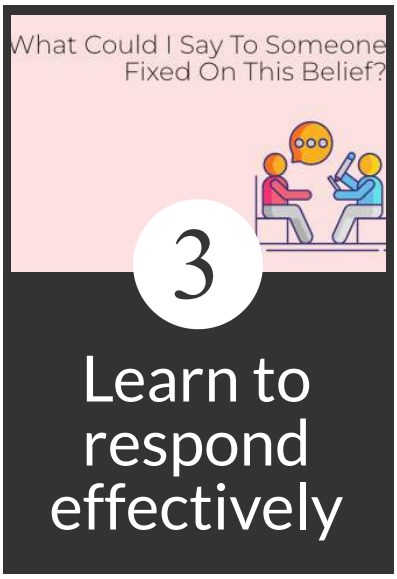
Identifying roots of non-vaccination

- Design a website to communicate the taxonomy to the public

The spread of vaccine misinformation is a threat to the success of many immunisation programmes. Effectively rebutting such misinformation requires an approach that goes beyond addressing flaws in the arguments, by also considering the attitudinal roots (the underlying psychological attributes driving a person's belief) of opposition to vaccines. We conducted a systematic literature review and thematic analysis of anti-vaccination arguments, and developed a hierarchical taxonomy of more than 600 debunked anti-vaccination arguments that identifies common and recurring themes and relates these themes to eleven attitudinal roots. These themes, roots and rebuttals are now featured on the website jitsuvax.info.

UPDATE 2023

You can look on the site for answers to specific misinformation and use those answers in your conversations. Within this site, the arguments that people make against vaccination are given as 'themes', which are then grouped by attitude roots. For each theme there is a description of the theme and the underlying attitude root. There is also a 'Is there truth in it' section in which the kernels of facts that often underlie misinformation can be found. Finally, there is a section giving the 'refutation' or response to the theme.

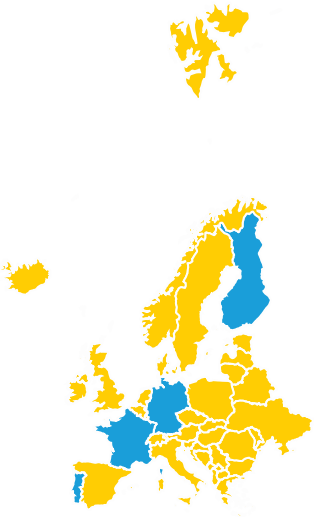


2021-2023

STEP 3

Identifying difficulties for HCPs and testing refutations

- Measure which anti-vaccination arguments are most problematic



UPDATE 2023

By addressing patients' questions regarding vaccines, doctors can help to inform patients about vaccination. It is crucial to comprehend the challenges that doctors face when addressing the various issues that may arise. Using data gathered as part of a cross-sectional, cross-national questionnaire, we looked into how difficult doctors perceived it to refute various anti-vaccination arguments from patients. Physicians in four European countries—Finland, Germany, France, and Portugal (total n = 2,718)—rated the difficulty of rebutting 33 different arguments that were selected to represent 11 different psychological attitude roots. Physicians believed it to be the most challenging to refute claims based on "religious concerns" and "reactance", whereas claims based on patients' erroneous perceptions of the risks of disease and vaccinations were thought to be the simplest.

2021-2023

STEP 3

Identifying difficulties for HCPs and testing refutations

- Design sophisticated refutations of anti-vaccination arguments
- Test effectiveness of refutations in experimental settings

HCPs are in an excellent position to speak with patients about their vaccination decisions. Training HCPs to refute misleading anti-vaccination arguments that patients may raise can help to increase their confidence in having such conversations.

UPDATE 2023

The JITSUVAX members have designed and tested a new technique called the “empathetic refutational interview”, which involves (1) eliciting the patient’s concerns, (2) affirming/confirming the patient, (3) refuting common misconceptions, and finally (4) providing factual information. HCPs can use this technique to guide their conversations about vaccines with patients.
The team tested the empathetic refutational interview procedure in separate experiments with 2,545 members of the public in the UK and US, and with 321 HCPs from the UK and Finland. These experiments featured the affirmations and refutations developed for the JITSUVAX website in step 2. Our experiments showed that the empathetic refutational approach received more support and trust from members of the public compared to basic factual rebuttals. The empathetic refutational approach was also preferred by HCPs compared to a factual approach, and HCPs who read about it were more likely to adopt affirmations in their approach to hypothetical patients who opposed vaccines.

The team is next field testing the empathetic refutational interview by training HCPs to use it.
These experiments will run throughout 2023, until 2024.

2021-2023

STEP 3

Identifying difficulties for HCPs and testing refutations

- Conduct a train-the-trainer workshop on how to refute arguments

Trainers for Motivational Interviewing:

Patrick Berthiaume (left)

Arnaud Gagneur (right)

We conducted a three-day workshop in Coimbra (Portugal) in 2023. Researchers from JITSUVAX and guests from interested health institutes (e.g., from the Robert Koch-Institute) were trained to conduct motivational interviewing and refutational interviewing, thus enabling them to train others. While the refutational interviewing is a new method developed by JITSUVAX members, the motivational interviewing is an existing empirically-validated tool for HCP-to-patient interaction that is predicated on the patient's internal motivation. The workshop used simulation exercises to teach the two approaches and to provide feedback. The feedback was used to further optimize the new empathic refutational interview approach. The primary goal of the workshop was to enable trainers to train motivational interviewing and empathic refutational interviewing to other. This will be essential for future field studies in the JITSUVAX project.

"I really appreciated the opportunity to learn about motivational interviewing and refutational interviewing in the context of vaccine hesitancy from the most reknowned experts in the field. Their rich and extensive experience in conversations with vaccine hesitant patient and all the compelling examples was inspiring. It both helped me to develop more empathy with patient anxieties and worries and made me more confident in my ability to actually lead these conversations myself. I would recommend this training to all public health professionals who would want to have guidance on how to improve their communication about vaccines."

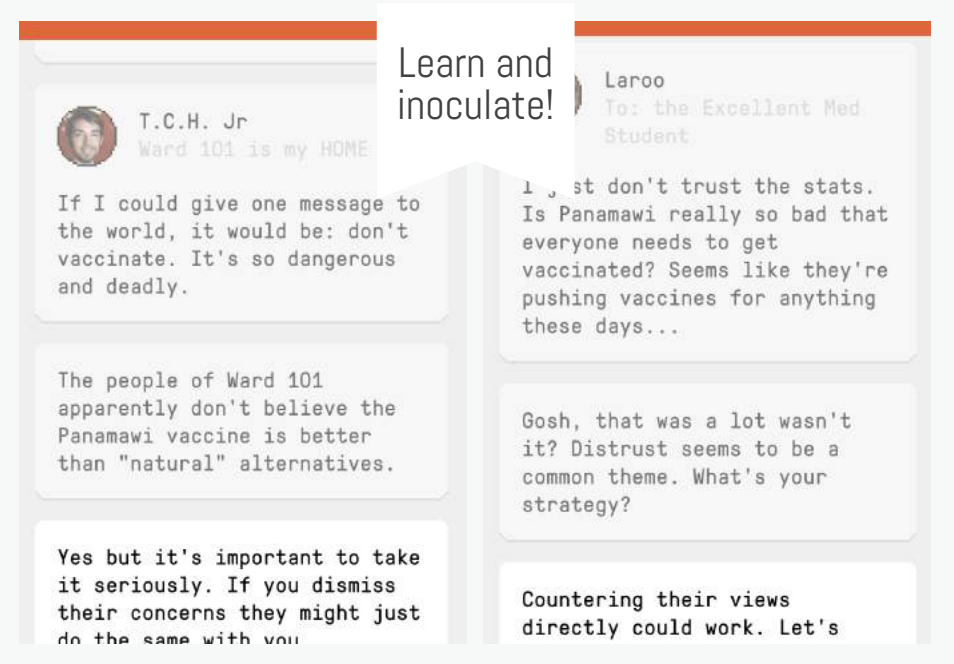
Dr. Julia Neufeind Team Lead for a team working on communication & vaccine demand. Immunization Unit at the German National Public Health Institute, the Robert Koch Institute

2021-2023

STEP 4

Designing inoculation interventions

- Design and piloting of inoculation intervention



Vaccine misinformation is a significant problem that can contribute to vaccine hesitancy and reduced vaccination rates. Researchers have therefore focused on how to reduce susceptibility to misinformation at scale.

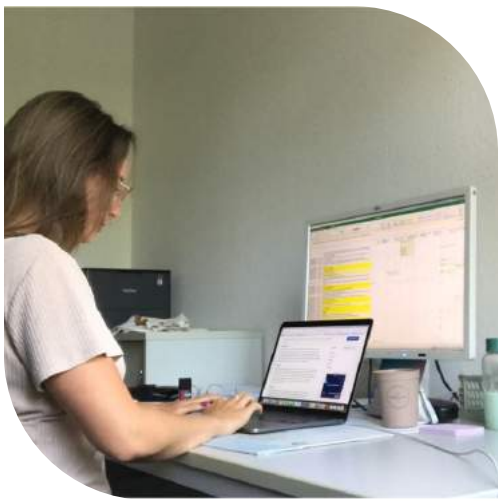
UPDATE 2023

We designed a 10-minute online game that seeks to improve HCP's ability to respond to anti-vaccination arguments. Over the course of three levels, players get in touch with common arguments which are based on three psychological attitude roots of non-vaccination. These attitude roots and their related anti-vaccination arguments were previously identified by JITSUVAX members.

We have completed two out of three randomised controlled studies to test whether playing the game improves HCP's ability to identify the attitude root of an anti-vaccination argument and their ability to respond to that argument. In addition, we measured whether the game increases the willingness to talk to hesitant patients and whether the game inoculates against new anti-vaccination arguments. We found that people who play the game show a higher willingness to talk to hesitant patients and that the game inoculates against anti-vaccination arguments. However, the current results did not indicate that the game can increase knowledge about the attitude roots.
In a third randomised controlled study, we plan to replicate our findings and to test a second version of the game which additionally contains short feedback at the end of the game. This last study will run in June in Germany with a sample of medical students.

DOCTORAL STUDENTS AT WORK IN JITSUVAX

FREDERIKE TAUBERT



As vaccinations are a simple way to protect people from serious infections, rising vaccine hesitancy is a threat to the global health. One cause of this hesitancy can be found in the spread of conspiracy theories related to vaccines. Therefore, within my phD project I want to investigate why people refuse vaccinations, how this vaccination hesitancy is related to conspiracy theories and how the influence of conspiracy theories can be weakened to increase the willingness to vaccinate. My PhD project will include different methods like reviews, surveys, and experiments. Some of them are already in process while others are just being planned. I already studied the literature of this topic and plan to write a review about the current state of research. This work will give an overview about the prevalence of vaccination-related conspiracy theories, their consequences, and interventions.

UPDATE 2023

For a second study, I have analysed data about the association of belief in COVID-19 related conspiracy theories and physicians' own vaccination status and their recommendation behaviour. Moreover, I will collect experimental data to investigate the impact of vaccine-related conspiracy theories shared by physicians on peoples' vaccination intention. Additionally, this experiment will test the effectiveness of rebuttals from a physician compared to rebuttals from lay people, too. Finally, I plan to evaluate interventions which could reduce the influence of conspiracy theories.

DOCTORAL STUDENTS AT WORK IN JITSUVAX

OTTO MÄKI

Anecdotal testimonies are highly persuasive in affecting people's vaccine attitudes and can even in some cases override more reliable scientific evidence about the safety of vaccines.

UPDATE 2023

Anecdotal testimonies are highly persuasive in affecting people's vaccine attitudes and can even in some cases override more reliable scientific evidence about the safety of vaccines. Since anti-vaccination activist often use anecdotal accounts of alleged vaccine adverse events to spread fear amongst the public, we tested whether positive vaccine anecdotes can instead be used to promote vaccines. We investigated whether utilising pro-vaccine anecdotes in vaccine-promoting interventions would lead to better intervention outcomes than presenting statistical interventions. Moreover, we examined whether tailoring interventions to match a person's format preference (statistical vs. anecdotal vaccine information) would result in better intervention outcomes than a one-size-fits-all approach. We conducted two online experiments—one for COVID-19 and one for influenza vaccines—in which we measured participants' format preferences, presented them with either a statistical or an anecdotal intervention, and measured their vaccine attitudes and vaccination intentions before and after the intervention materials. This allowed us to test the extent to which the interventions changed people's attitudes and intentions concerning the COVID-19 and influenza vaccinations. The results showed that regardless of whether people received an intervention that was in line with their format preference or not, it did not influence their vaccine attitudes or vaccination intentions. The results also showed that individuals who preferred anecdotal information tended to respond negatively to both the statistical and the anecdotal interventions. In sum, our findings did not support the idea of tailoring vaccine hesitancy interventions in accordance with people's format preference.

SCIENTIFIC OUTPUT DURING THE SECOND YEAR

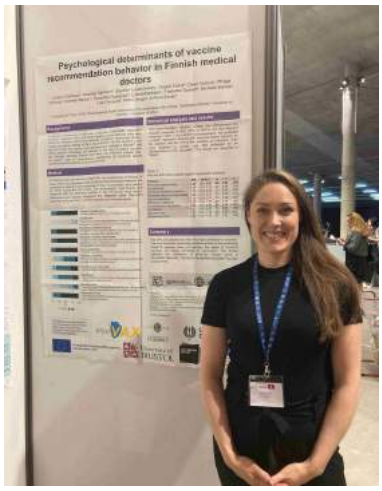
The team has published over 37 articles in peer-reviewed journals such as Nature Reviews Psychology and Expert Review of Vaccines. A selection of 10 of these is provided on the following page. The team has given over 60 scientific talks at various psychological and medical conferences, expert panels and NGO meetings. A full list can be accessed on the Jitusvax homepage.

37
peer-reviewed articles


Expert Review of Vaccines

An instrument to measure psychosocial determinants of health care professionals' vaccination behavior: Validation of the Pro-VC-Be questionnaire

Pierre Verger, Lisa Fressard, Anna Soveri, Nicolas Dauby, Angelo Fiasse, Linda Karlsson, Stephan Lewandowsky, Philipp Schmid, Eve Dubé & Arnaud Gagneur

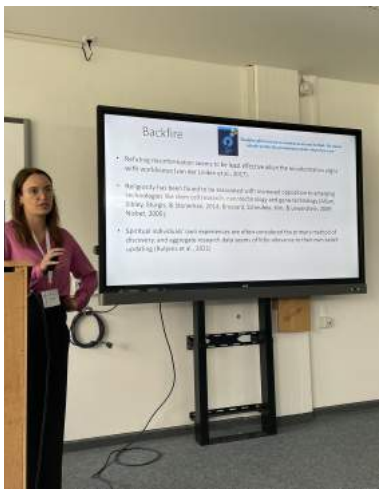



REVIEWS

The psychological drivers of misinformation belief and its resistance to correction


How to Combat Health Misinformation: A Psychological Approach

Jon Roozenbeek, PhD[1] and Sander van der Linden, PhD[1]




Personality and Individual Differences

Fearing the disease or the vaccine: The case of COVID-19

60
scientific talks

PUBLICATIONS
-selection-

Betsch, C., Schmid, P., Verger, P., Lewandowsky, S., Soveri, A., Hertwig, R., Fasce, A., Holford, D., De Raeve, P., Gagneur, A., Vuolanto, P., Correia, T., Tavoschi, L., Declich, S., Marceca, M., Linos, A., Karnaki, P., Karlsson, L., Garrison, A. (2022). A call for immediate action to increase COVID-19 vaccination uptake to prepare for the third pandemic winter. *Nat Commun.*13(1):7511. https://doi.org/10.1038/s41467-022-34995-y

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Fasce, A. (2022). The explanation-polarisation model: Pseudoscience spreads through explanatory satisfaction and group polarisation. *Journal of Social and Political Psychology*, *10*(2), 693-705.

MEDIA OUTPUT

The team was part of television, radio and newspaper interviews, wrote opinion pieces and participated in podcasts and all over Europe. The media output adds up to over 100 pieces in the first two years of Jitsuvax. A selection of media pieces is provided on the following page.

>100
Media pieces


Pediatras defendem mais informação científica sobre vacinação de crianças saudáveis


ALJAZEERA LIVE

OPINION

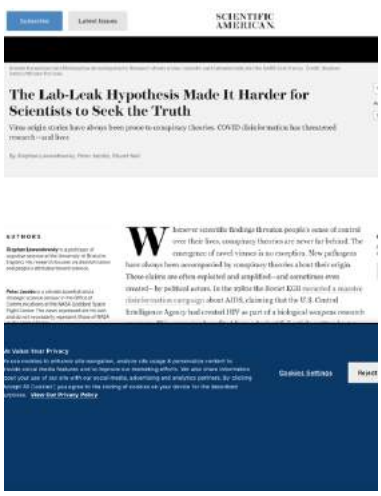
Opinions | Health

How to fight COVID vaccine misinformation?

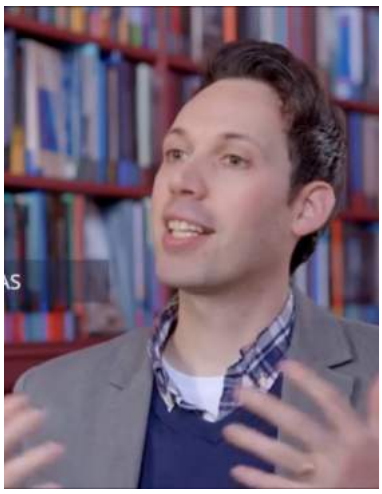
The pandemic created a toxic legacy of misinformation and conspiracy theories that has mobilised opposition to vaccinations.

Stephan Lewandowsky
Chair in Cognitive Science, University of Bristol

Philipp Schmid
Psychologist and postdoctoral researcher at the University of Erfurt, Germany.


SCIENTIFIC AMERICAN

The Lab-Leak Hypothesis Made It Harder for Scientists to Seek the Truth



MEDIA PIECES

Philipp Schmid talks on effective strategies to combat science denialism on the podcast propwatch.org.
[Interview]
Dated: 26/04/2023

Stephan Lewandowsky on how misinfo harms — and how you can fight back. On CBC News: The National.
[Interview]
Dated: 13/03/2023

Anna Soveri talks about how conflicting messages can undermine trust in the authorities.
[Interview]
Dated: 17/11/2022

Philipp Schmid discusses effective strategies in dealing with science deniers from a psychological perspective (in German) for the Skepcon YouTube channel.
Effektive Strategien im Umgang mit Wissenschaftsleugnern - Eine psychologische Perspektive
Dated: 12/02/2022

Cornelia Betsch is on a panel discussing vaccination mandates with Federal President Frank-Walter Steinmeier on Phoenix TV (in German).
Impfpflicht: Diskussion mit Bundespräsident Frank-Walter Steinmeier Phoenix
Dated: 12/01/2022

Sander van der Linden explains how psychological inoculation works in 'The best way to deal with Covid myths this Christmas? Pre-bunk rather than debunk'
Article: The Guardian
Dated: 23/12/2021

Jon Rooozenbeek and Sander van der Linden discuss how 'prebunking' can fight fast-moving vaccine lies
Article: The PBS
Dated: 11/06/2021

Stephan Lewandowsky writes about tackling COVID disinformation with empathy and conversation
The Conversation
Dated: 9/12/2021

Anna Soveri talks about how compulsion may reduce the confidence of vaccine hesitant people in the authorities for MustRead Akatemia (in Finnish).
Article
Dated: 3/12/2021

Anna Soveri is interviewed for Hufvudstadsbladet (in Finnish) to discuss how of the 1-2% of people who refuse all vaccines in Finland most are not generally against vaccination but worry about side effects or do not consider themselves to be at risk from the disease.
[Interview]
Dated: 30/10/2021

Philipp Schmid and Stephan Lewandowsky write about how to fight Covid vaccine misinformation in this article for Al Jazeera
Article: Al Jazeera
Dated: 22/10/2021

COOPERATIONS

RELATED PROJECTS

Other current EU-funded projects that share the mission of JITSUVAX are listed below.
Several of these related projects (including JITSUVAX) have joined forces in working groups. These working groups aim to coordinate potential synergies and share experiences and insights. The working groups are:

Communication and engagement
Working towards coordinated and consistent messaging

Training
Coordinating sharing of new training materials and tools

Dissemination of research
Curating public-facing outputs

Policy relevant outputs
Coordinating policy-relevant material and links to external bodies

Furthermore, the following joint actions already took place:

JITSUVAX coordinated a Comment for the Nature Communication, which is being co-signed by members from multiple groups and affiliations.

JITSUVAX representatives joined several IMMUNION workshops for HCPs in 2022.

See some further insights on the next page.

Joint actions

Joint symposium with members of IMMUNION at the 18th European Pharmaceutical Students' Association Autumn Assembly (EPSA) in Athens in November 2022

General Assembly of the Standing Committee of European Doctors (CPME) in Brussels March 2022

Comment

https://doi.org/10.1038/s41467-022-34995-y

A call for immediate action to increase COVID-19 vaccination uptake to prepare for the third pandemic winter

Cornelia Betsch, Philipp Schmid, Pierre Verger, Stephan Lewandowsky, Anna Soveri, Ralph Hertwig, Angelo Fasce, Dawn Holford, Paul De Raeve, Arnaud Gagneur, Pia Vuolanto, Tiago Correia, Lara Tavoschi, Silvia Declich, Maurizio Marceca, Athena Linos, Pania Karnaki, Linda Karlsson & Amanda Garrison

Check for updates

CONTACT

HOW TO REACH THE TEAM?

VISIT THE WEBSITE

The JITSUVAX homepage can be found at https://www.jitsuvax.com We provide output, current developments and further contact details on that page.

FOLLOW OUR TWITTER ACCOUNT

The JITSUVAX twitter account can be followed by searching for @jitsuvax at Twitter.com You want to know first if something new was published? Go there!

FOLLOW TEAM MEMBERS ON TWITTER

Several team members have their own Twitter account.
Copy paste all of them if you want to reach out to the team!
Let us know what you are working on!

@Sander_vdLinden
@roozenbot
@CorneliaBetsch
@PhilippMSchmid
@FasceAngelo
@adamhfinn
@dlholf
@LindaCeKarlsson
@annasoveri
@STWorg

2023

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