AES Compilation of Information Resources and Guidance on COVID-19 Vaccine Prioritization

December 23, 2020

U.S. Centers for Disease Control (CDC)

Vaccines – CDC general vaccine information. (Dec 21, 2020)

When Supplies Are Limited, Who Gets Vaccinated First? – Information about vaccination priorities. (Dec 16, 2020)

CDC Advisory Committee on Immunization Practices (ACIP). **Interim Recommendation for Allocating Initial Supplies of COVID-19 Vaccine, United States, 2020**. Dec 11, 2019; MMWR. 69(49):1857-1859. Accessed December 22, 2020. https://www.cdc.gov/mmwr/volumes/69/wr/mm6949e1.htm

Veterans Administration (VA)

COVID-19 Vaccines at VA – General information and portal to resources, including CDC. (Dec 18, 2020)

Who Will Get a COVID-19 Vaccine First – Description of the VA phased plan. (Dec 18, 2020)

Tuberous Sclerosis Alliance

COVID-19 & TSC Resources – COVID-19 resources, including the **Tuberous Sclerosis Alliance COVID019 Vaccine Position Statement**, Dec. 18, 2020.

Epilepsy Foundation

COVID-19 Vaccination – Information for people with epilepsy. (Dec 21, 2020)

Kaiser Family Foundation

Coronavirus (COVID-19). How are States Prioritizing Who Will Get the COVID-19 Vaccine First? – A summary and compilation of links to various individual state sources of information, as of publication date. Kates J, Michaud J, Tolbert J. (Dec 14, 2020)

The American Medical Association (AMA)

The AMA has developed comprehensive messaging resources to support efforts to communicate about the COVID-19 vaccine. AMA encourages providers to leverage these tools to support ongoing efforts to communicate clearly and consistently about the importance of the COVID-19 vaccine to end the pandemic. (Dec 18, 2020)

See the following three items and attached document, *AMA COVID-19 Vaccine Messaging Guide*.

1. **COVID-19 Vaccine Messaging Guide.** *[attached]* – Background/messaging on vaccines, vaccine clinical trials and combatting vaccine Misinformation (Dec 2020)

AMA is providing this tool to the Federation, AMA Ambassadors and others who may benefit from this compilation of messaging. In addition to providing information reflective of public health guidance and AMA policy, AMA believes the content of this guide will be helpful to inform future legislative testimony,

The American Medical Association (AMA) *(continued)*

equipping spokespeople at the state level, and providing Federation communicators with social media content. It includes guidance on successful messaging and words to avoid, sample social media posts, information on how to handle detractors online, and how physicians can protect their online reputation.

2. **COVID-19 Vaccines FAQs for Patients and Physicians**.

Regularly updated information about the COVID-19 vaccine in a format that can be printed and shared with patients and physicians. The most current versions will always be accessible via these links:

- [COVID-19 Vaccine: Physician FAQs](#) – For physicians
- [COVID-19 Vaccine: Patient FAQs](#) – For patients

3. **COVID-19 Vaccine Resource Center**, *COVID-19 & Vaccine Development: Clinical Information*

The AMA is featuring this prominently on its website to curate clinical vaccine guidance from the FDA, CDC and other health organizations to help combat vaccine misinformation. AMA plans to frequently update this resource.

- AMA has built a multi-channel marketing communications #VaccinesWork campaign to provide physicians and patients with education and tools on the science and safety of vaccines. AMA urges physicians to [take the pledge](#) to **#MaskUp** and get the **#COVID19Vaccine** and get new materials pushed to their inbox as soon as they become available.

- AMA has also produced, in partnership with the FDA and CDC, multiple *[What Physicians Need to Know](#)* webinars on the topics of vaccine safety, supply and distribution, which have reached thousands of physicians.

AMA COVID-19 GUIDE
Background/Messaging on Vaccines, Vaccine Clinical Trials &
Combatting Vaccine Misinformation
December 2020

OVERVIEW

It is critical that physicians and patients have confidence in the safety and efficacy of COVID-19 vaccines when they become available for public use.

The American Medical Association (AMA) has called for the utmost transparency in the vaccine development process and has urged the U.S. Food and Drug Administration to keep physicians actively informed about the process for vaccine authorization or licensure; standards for review; and safety and efficacy data so that doctors can address their patients' questions and concerns.

To overcome vaccine hesitancy and ensure widespread vaccine acceptance among all demographic groups, physicians and the broader public health community must continue working to build trust in vaccine safety and efficacy, especially in marginalized and minoritized communities with historically well-founded mistrust in medical institutions.

Even once a COVID-19 vaccine is available, it is critical that physicians continue to ensure they practice and encourage their patients to wear masks, physical distance and wash hands until a critical mass of the population is vaccinated.

PURPOSE OF THIS GUIDE

To promote factual information around COVID-19 online, this document contains background and actions, evidence-based messaging guidance, and best practices from the American Medical Association for your consideration in external communications on these topics.

Suggested external narrative for different engagements:
- Social / Digital Content for Adaptation
- Talking Points to Guide External Communications, from Interviews to Events

Key messages:
- Vaccine development
- Importance of vaccines
- Combatting the spread of vaccine misinformation
- New ethical guidance for physicians and vaccines
- General vaccine recommendations
- Eliminating non-medical exemptions for vaccines
- Flu vaccine availability amid COVID-19
- Historical distrust in medical institutions
- Science

Frequently Asked Questions:
- Physician FAQ on COVID-19 Vaccine Authorization, Allocation, Distribution, and Administration
- Patient FAQ ON COVID-19 Vaccines

Message development and dissemination resources:
- General Media Messaging
- Social Media Content
- Online Reputation Management for Physicians
- Dealing with Detractors Online

TEMPLATE SOCIAL CONTENT

The following section provides sample social media posts on COVID-19 vaccinations and safety precautions.

- I trust the facts and medicine, including public health initiatives to keep us all healthy. Help keep your family, community and health-workers safe by #MaskUp #COVID19

- Facts, logic and compassion require us to all do our part. Get vaccinated. #COVID19

- Vaccination and preventative measures are our best way forward. The more information we share openly, the sooner we'll get to normal. #VaccinesWork #COVID19

- I will get vaccinated as soon as it is available, as will my family. #TrustScience #COVID19

- Any and all #COVID19 vaccines authorized will meet the highest standards of quality, safety and effectiveness set by the FDA's rigorous regulatory review process.

- I trust the scientific process and the rigorous peer review for the coronavirus vaccines. #TrustScience #COVID19

- All vaccines undergo a rigorous scientific review to ensure they are effective and safe. From lab testing to clinical trials, everything is in place to make sure coronavirus vaccines are safe and effective. #SafeVaccines #COVID19

- As a physician, I will be getting the COVID-19 vaccine. Vaccines go through rigorous testing by scientists & doctors, multiple testing phases, and then FDA review before authorized. If authorized, they will be safe & effective.

- I trust a vaccine endorsed by scientists, career public health professionals, my doctor, and the mainstream medical community. #TrustScience

- Even with the vaccine we need to keep using masks to stop the spread. #COVID19 #MaskUp

TEMPLATE TALKING POINTS

The following section provides sample talking points on COVID-19 vaccine confidence, science and public health.

- I join the AMA and leading organizations representing U.S. physicians, nurses and hospitals in affirming my commitment to ensuring COVID-19 vaccines are evaluated and ultimately authorized through a rigorous scientific and regulatory process.

- I fully support the overwhelming scientific evidence that shows vaccines are among the most effective and safest interventions to both prevent individual illness and protect the health of the public.

- When there's a safe, effective vaccine for COVID-19, physicians without weakened or failing immune systems have an important, ethical duty to get vaccinated.

- A strong recommendation from a health care professional is a key factor in encouraging vaccination. Parent and patient education provided by physicians is an important factor in influencing higher vaccination rates.

- Physicians should talk with their patients about the health risks associated with not being vaccinated and make a strong recommendation for vaccinations, unless medically inadvisable.

- Transparency builds trust. Physicians should advise their patients about possible side effects including lethargy, mild fever, body aches and pains, but this often means the vaccine is working to establish immunity. If you have any questions or concerns about side effects, contact your physician.

- If indicated, patients should return for a second dose if required.

- I adamantly defend facts and evidence, and strongly denounce analyses predicated on personal opinions, anecdote and political ideologies.

- Science should be grounded in a common understanding of facts and evidence and able to empower people to make informed decisions about their health.

- Even when a COVID-19 vaccine is available, we must continue to wear masks, physical distance and wash our hands, until we have a critical mass of the population vaccinated.

MESSAGES – AMA POSITION

How to Use This Section:

The following messages detail the AMA's position on a range of vaccine-related topics, including:

- Vaccine development
- Importance of vaccines
- Combatting the spread of vaccine misinformation
- New ethical guidance for physicians and vaccines
- General vaccine recommendations
- Eliminating non-medical exemptions for vaccines
- Flu vaccine availability amid COVID-19
- Historical distrust in medical institutions
- Science

These messages can be adapted and leveraged for external engagements and social media.

AMA action/POV by subject

On vaccine development:

- To help physicians promote vaccine confidence among patients and the general public, we must continue to instill confidence in the information, education, and transparency around the FDA's process for authorization or licensure, as well as the standards by which FDA will review vaccine candidates and the clinical endpoints the FDA hopes to achieve.

- Physicians must be continuously updated about the review process. Any available safety and efficacy data must be in place as soon as possible so that any questions or concerns about the vaccine candidates can be addressed.

- The AMA will relay information from the FDA and CDC as soon as it is available. The AMA has been talking to FDA officials about the role the agency needs to play in alleviating vaccine concerns by ensuring the process is transparent and based on science.

- The widespread availability of a safe and efficacious vaccine will play an essential role in slowing transmission of COVID-19 and allow us to move safely and confidently toward the full re-opening of our businesses and schools, helping ease Americans back toward pre-pandemic life.

- To improve the dialogue and provide opportunities for physicians to learn more about vaccine development, approval, and distribution plans, AMA has initiated a series of "town hall" type webinars with physician career staff at both the FDA and CDC. All events are archived on AMA's website.

- To develop the most effective COVID-19 vaccine, U.S. clinical trials must include representation of all Americans to ensure treatments are studied in every population that may use it.
    - The AMA is pleased that efforts have been made by institutions to acknowledge the exclusion of Black and Latinx people from clinical trials historically.
    - Now there are many efforts underway to ensure Black and Latinx people, who have been disproportionately affected by the virus, are prioritized in clinical trials.
    - This not only provides better safety and efficacy data but is a more equitable strategy that will hopefully contribute to trust in the vaccine once available.

On the importance of vaccines:

- The AMA has championed the widespread use of safe and effective vaccines since the early 1960s, when the Sabin oral vaccine was developed to combat polio.

- The AMA fully supports the overwhelming scientific evidence that shows vaccines are among the most effective and safest interventions to both prevent individual illness and protect the health of the public.

- Getting vaccinated not only keeps individuals from becoming ill with vaccine-preventable diseases, but also helps prevent further spread to loved ones, neighbors, co-workers and others in close contact.
  - Vaccines not only protect the child or adult who receive them, but also the health of their communities. Some people cannot be vaccinated – including very young children, cancer patients and those who are immunosuppressed. When immunization rates are high, people in these categories are protected because they are less likely to be exposed to the disease.

- Studies have shown that a strong recommendation from a health care professional is a key factor in encouraging vaccination, and that parent and patient education provided by physicians is an important factor in influencing higher vaccination rates. (Note: The AMA is developing vaccine data sheets and related informational materials that physicians can hand out to patients to help boost acceptance. These sheets will be promptly distributed once they become available.)

- Health care providers should also explain the health risks associated with declining to be vaccinated, as patients may not be familiar with the diseases that vaccines prevent. It's important that physicians listen to patients' fears and concerns while discussing the benefits and risks of vaccination.
  - Physicians can talk with their patients about the health risks associated with not being vaccinated and make a strong recommendation for vaccinations, unless medically inadvisable.

  - Exemptions based on religious or philosophic grounds, or personal belief, endanger the health of the unvaccinated individual and the health of those in his or her group and the community at large.

  - The CDC [offers resources](#) for talking to parents about vaccines.

On combating the spread of vaccine misinformation:

- With misinformation about the COVID-19 vaccine development process circulating widely, new AMA policy seeks to educate physicians on speaking with their patients about the vaccine and provide culturally appropriate education materials for all patients.

- Educating the public about the safety and efficacy of the COVID-19 vaccine programs is an urgent priority, particularly among patient populations that have been disproportionately affected by COVID-19.

- The new policy will help physicians address patient concerns, dispel misinformation, and build confidence in COVID-19 vaccination.
  - The policy also calls for the AMA to form a coalition of health care and public health organizations, inclusive of those respected in communities of color, that are committed to developing and implementing a joint public education program promoting the facts about, and encouraging the acceptance of, COVID-19 vaccination.

- Building on previous AMA efforts advocating for a clear and transparent COVID-19 vaccine development process, the new policy calls for the AMA to continue to monitor the process to ensure that the evidence continues to support safe and effective use of vaccines among recommended populations.

- The AMA launched a webinar series in October to give physicians a platform to ask questions, raise concerns, and keep them informed about the federal review process for COVID-19 vaccine candidates. The first two webinars included an overview of the FDA's vaccine review process and a CDC update on vaccine development and distribution. These free webinars remain available for viewing on the AMA website in the COVID-19 resource center for physicians.

On new ethical guidance for physicians and vaccines:

- Physicians amended ethical guidance at the Special Meeting of the AMA House of Delegates in November 2020 to clarify that physicians who are not immunized from a vaccine-preventable disease have an ethical responsibility to take appropriate actions to protect patients and colleagues.

- Physicians and other health care workers who decline to be immunized with a safe and effective vaccine, without a compelling medical reason, can pose an unnecessary medical risk to vulnerable patients or colleagues. Physicians must strike an ethical balance between their personal commitments as moral individuals and their obligations as medical professionals.

- The AMA *Code of Medical Ethics* has long maintained that physicians have a strong ethical duty to accept immunizations when a safe, effective vaccine is available. This is especially true when a highly transmissible disease poses significant risks to patients and colleagues.

- However, it is not ethically problematic to exempt individuals when a specific vaccine poses a risk due to underlying medical conditions. Ethical concerns arise when individuals are allowed to decline vaccinations for non-medical reasons.

On general vaccine recommendations:

- The AMA encourages everyone six months and older to be vaccinated against the flu.

- Getting the flu vaccine is the best way to protect yourself, loved ones and the public against the spread of flu. It also saves lives — especially vulnerable populations who aren't eligible for vaccination such as babies younger than six months.

- We urge every eligible American to get their flu vaccine this fall because we know it's the most effective way to protect against the flu and its potentially serious complications.

- The flu vaccine is particularly effective in reducing flu illness, doctor's visits, missed work and school, and at preventing flu-related hospitalizations and deaths. It's also a proven way to significantly reduce a child's risk of influenza-associated death.

- AMA also urges physicians to encourage their pregnant patients to receive the flu vaccine. Pregnant women can receive the flu vaccine during any trimester but should also receive the Tdap vaccine early in the third trimester. Receiving both vaccines offers protection against flu, pertussis, whooping cough and diphtheria.

    o Estimates from the CDC last fall showed the vast majority of pregnant women in the U.S. are not vaccinated against the flu and whooping cough; it is vitally important that all pregnant women get the flu and Tdap vaccines this season.

On the AMA position on eliminating non-medical exemptions for vaccines:

- The AMA strongly supports efforts to eliminate nonmedical exemptions from immunization and will continue to actively urge policymakers to do so. The AMA's policy advocates for legislation, regulations, programs and policies that incentivize states to eliminate non-medical exemptions from mandated pediatric immunizations.

- The AMA urges physicians to discuss all aspects of vaccinations and immunizations with their patients.

- It's important that physicians talk with their patients about the health risks associated with not being vaccinated and make a strong recommendation for vaccinations, unless medically inadvisable.

- Exemptions based on religious or philosophic grounds, or personal belief, endanger the health of the unvaccinated individual and the health of those in his or her group and the community at large.

On flu vaccine availability amid COVID-19:

- Major flu vaccine manufacturers have indicated that they plan to boost production by about 10 percent, to about 189 million doses, up from 170 million doses last year, to ensure enough doses exist for an anticipated surge in people seeking flu shots.

- This year's flu vaccine has strains that were not in last year's vaccine (which is usually the case) so everyone can't count on previous vaccination for protection this winter.

- People who get flu vaccines will still be excellent candidates to get a COVID-19 vaccine when available. Receiving one does not preclude the other.

- The people who need the vaccine the most – the elderly and those with compromised immune systems – may be the least likely to want to leave home. We need to make sure these patients have safe and efficient ways to be vaccinated.

On historic distrust in medical institutions:

- Health inequities and medical distrust among minoritized communities are rooted in harmful and racist practices that have shaped the medical field since its inception and are a barrier to these communities seeking the critical, lifesaving COVID care they need.

- Unethical medical experiments throughout history, including unconsented treatments and experimentation, are historical drivers of mistrust in medical institutions, just as contemporary mistreatment, implicit or explicit bias among providers, and exclusion from the medical establishment drive distrust today.

- To develop the most effective COVID-19 vaccine, U.S. clinical trials must include representation of <u>all</u> Americans to ensure treatments are studied in every population that may use it.

- Given the disproportionate impact of COVID-19 on marginalized communities, Black and Latinx patients should be prioritized in the development of COVID-19 therapies and vaccines through clinical trial participation. Diverse clinical trials help ensure treatments are generally applicable across a broad group of people.

- Black and Latinx patients must be represented in clinical trials to ensure the vaccine is adequately studied in all populations in which it will be used. This not only provides data regarding safety and efficacy, but also will hopefully contribute to trust in the vaccine once available.

- It is encouraging to hear positive reports about increased levels of diversity within the ranks of participants enrolled in clinical trials conducted this year for a COVID-19 vaccine. It will be important to ensure that all existing and future vaccine trials maintain or expand upon this higher level of diversity.

- To overcome vaccine hesitancy and ensure widespread vaccine acceptance among all demographic groups, physicians and the broader public health community must continue working to build trust in vaccine safety and efficacy, especially in marginalized and minoritized communities with historically well-founded mistrust in medical institutions. (Langer Research Associates/COVID Collaborative/NAACP/Unidos US)

  o The best messengers for this content are close to home – including influencers from within patients' communities, especially personal physicians. There is a high degree of trust in health care providers for both Black and Latinx Americans for giving clear information for decision making.

  o Messengers should deliver messages that instill a sense of personal responsibility for vaccination and that promote social pressure, particularly in Black communities.

  o Transparency is key to trust building – greater information about how vaccines work and how it was developed. Effective messaging should be open, honest, and comprehensive.

On science:

- The AMA is deeply concerned that rampant disinformation and the politicization of health issues are eroding public confidence in science and undermining trust in physicians and medical institutions. Though these trends have existed for decades, they have become particularly acute during the COVID-19 pandemic.
  o The AMA adamantly defends science and evidence. The AMA strongly denounces analyses predicated on personal opinions, anecdote and political ideologies.
  o Science should have no party, and it should be distinct from politics and impartial to ideologies. Regardless of political party, people can and should be able to unify around science for the health and well-being of our families, friends and communities.
  o Science should be grounded in a common understanding of facts and evidence and able to empower people to make informed decisions about their health.

AMA calls upon:
- All elected officials to affirm science, evidence and fact in their words and actions.
- Media to be vigilant in communicating factual information from credible sources and to challenge those who choose to trade in misinformation.
- Social media platforms to advance evidence-based information from credible sources and reduce the spread of misinformation.
- Our health institutions to base decisions on scientific evidence, data, and equity.
- Our government's scientific institutions, now and in the future, to be led by experts and for the actions our governmental leaders take to be guided by those experts and based on the best available science.

ADDITIONAL INFORMATION: PHYSICIAN- AND PATIENT-FACING FAQS ON PROCESS FOR VACCINE AUTHORIZATION, DISTRIBUTION AND ADMINISTRATION

COVID-19 Vaccine: Physician FAQs

COVID-19 Vaccine: Patient FAQs

BEST PRACTICES: GENERAL MEDIA MESSAGING

The following section provides guidance for offering media commentary. These recommendations can be leveraged for interviews and other external engagements.

Interview Response Formula –
Controlled Response
- Acknowledge the question
- Bridge to YOUR answer
- Deliver YOUR message and proof points

Quotable Language
- CLEAR – True, plain English
- CONCISE – Headline your answers
- COMPELLING – Memorable & persuasive

Interviewing Techniques
Bridging
- Steer – "Before we leave that matter, let me add..."
- Block – That's [proprietary, confidential, etc.], but what I can tell you is...
- Deflect – That's a common misperception but the reality is..."
- Redirect – "I don't have the details on that, but what I know is..."

Flagging
- "The key point to remember is..."
- "But the real story here is..."

Hook
- "You'd be surprised what our research indicates..."
- "A little-known fact is that..."

Stalling
- Repeat question that was asked
- Paraphrase/acknowledge – "I'm glad you asked..."

Interviewing is a Numbers Game
- Typical broadcast interview is 7 minutes...down to 7-second soundbite
- Typical print interview is 13 minutes...down to 13-word quote
- Solution: STAY ON MESSAGE

Your Responsibilities
1. Know your messages, vulnerabilities
2. Practice your messages, tough questions and techniques
3. Determine reporter style, knowledge, history covering organization/profession/industry
4. Be timely
5. Provide reasonable access

6. Answer the questions
7. Know the audience
8. Organize your thoughts and anticipate questions and issues
9. Tell the truth...don't guess
10. Speak for the organization

Top 10 Interview DO's
1. Repeat your messages and put it in your own words
2. Organize thoughts, anticipate questions
3. Listen carefully before answering
4. Speak slowly, clearly
5. KISS: keep it short and simple
6. Communicate factually, openly, honestly
7. Turn "negatives" into "positives"
8. Politely correct inaccuracies, false statements
9. Tell the truth, don't guess
10. Use answers to convey key messages, broaden response

Top 10 Interview DON'Ts
1. Go "off the record"
2. Say "no comment"
3. Disclose confidential information
4. Disclose information before it's time
5. Guess or speculate
6. Introduce or repeat the negative
7. Offer personal views
8. Make promises you can't keep
9. Discuss competitors
10. Use industry jargon/technical language

Top 10 Delivery Tips
1. Project
2. Vary your speaking rate/pace
3. Use the pause
4. Have strong eye contact
5. Smile, if appropriate
6. Lean in, don't slouch
7. Exhibit emotion but not emotional
8. Read your audience (i.e. change speeds, question)
9. Stand up for phone interviews
10. In stand-up interviews keep hands in front of you, up and near abdomen

BEST PRACTICES: SOCIAL MEDIA CONTENT

The following section provides guidance for creating social media content on the COVID-19 vaccine. Please consider best practices for social content to maximize visibility:

- **Include calls to action when appropriate**, such as:
    - Click below to read more
    - Comment below to let me know xyz…

- **Keep it concise** – the attention span of online users is short. Focus on what your audience needs to know.

- **Informative content that links back** to evidence-based, credible sources and articles can drive engagement.

- **Use plain language** – Jargon and technical terms may confuse your audience. A conversational style has a more natural tone and is easier to understand.
    - **Say:** Your family may be at risk of serious lifelong complications from COVID-19 infection.
    - **Not:** Refusal to vaccinate can result in increased risk of serious illness, disability, and even death from diseases like pneumonia, acute liver injury, and septic shock among several others.

- **Images can be powerful.**

- **Don't underestimate the power of the mention** – it can be used to promote trusted sources to your followers.

COVID-19 Language Swaps

According to a recent poll by the Beaumont Foundation, the following alternative language can help mitigate perceived partisanship in COVID-19 messaging.

INSTEAD OF …	SAY …
Lockdown	Stay-at-home order
COVID mandates, directives, controls, orders	COVID protocols
National duty	Personal responsibility
Coronavirus/COVID-19	Pandemic
Hospitalization rates	Deaths
Defeat, crush	Eliminate, eradicate
Operation warp speed	Standard process
Government	Public health agencies
Science-, medicine-, data-based	Fact-based

BEST PRACTICES: ONLINE REPUTATION MANAGEMENT FOR PHYSICIANS

The following section provides detailed recommendations for guarding your online reputation from vaccine detractors.

KNOW THE REVIEW SITES

Non-industry sites to prioritize:	*Industry sites to prioritize:*
Google, Yelp, Facebook	**HealthGrades, WebMD, Vitals**

CLAIM YOUR BUSINESS PROFILES
Make sure that you have "claimed" and have access to manage all of your profiles or business listings. Be sure to check all sites, as your business may have been automatically added by the platform.

Claim your business on:

Google	**Yelp**	**Facebook**
HealthGrades	**WebMD***	**Vitals***

* Vitals & WebMD require you to manage your profile in collaboration with them. The general contact form is your starting point.

POLISH YOUR PROFILES
Take the time to add a photo, ensure your business's info is up-to-date and provide answers to FAQ upfront, like languages spoken or insurance types accepted. Those extras bolster your credibility.

ACTIVELY SOLICIT POSITIVE REVIEWS
There's no way to stop a negative review, but don't let it be the whole story. Proactively asking patients for a positive review can ensure that positive reviews offset any negative ones.

HAVE A GAME PLAN
The worst time to plan for "crisis management" is during a crisis. Establish an action plan for you and your staff when it comes to dealing with reputation management. For example, what's the procedure if you receive a negative review from a patient versus a negative review from a non-patient (or "troll") on the attack? Who is responsible for replying to positive reviews and when?

CHECK AND RESPOND TO EVERY REVIEW – EVEN THE NEGATIVE ONES
Make sure you establish a system to stay on top of your online reviews, and check them regularly. Don't let a review sit on your profile for more than 5 days before responding.

When responding, make sure you don't expressly acknowledge that the reviewer is a patient or share information that might be a HIPAA violation.

You cannot take down negative reviews, per platform terms. But you can engage with them or report them to the platform to contest.

DISPUTING FAKE REVIEWS
Note, not all fake reviews will be removed by the platform. Hence why having positive reviews to offset is critical.

Do not dispute a review simply because it is negative. Dispute a review if it is patently false, hateful or otherwise in violation of the platform's community guidelines.

- **Report a review on Yelp**

- **Report a review on Google**
- **Turn Facebook Business/page reviews on or off, or report a review**

*WebMD and Vitals require you to contact them to dispute a review. Use the links under "claim your business."

Tips
- Set up a dedicated email address to use as your login across all platforms.

- Gather all the info you may need in order to verify your identity and claim your profiles – this may include license number, DEA number, NPI number, copy of driver's license or ID, etc.

- Keep all your log-in information consolidated in one place and handy so that you can quickly respond to reviews if needed.

  - Know what other information is needed for specific sites: Some industry-specific sites require additional information to verify your identify.

- If a staff member is managing your profiles, establish some standard boilerplate responses they can draw from. This also ensures you're on the same page with your team.

- Terminology tip: Facebook refers to reviews as "recommendations," and HealthGrades calls reviews "surveys"

Resources and deeper reading:
- A Doctor's Quick Guide to Online Reputation Management [Reputation.com]
- Healthcare Reputation Management: 4 Best Practices for Medical Professionals [Reputation.com]
- The First Amendment and Patient Reviews (Video) [Healthgrades]
- Best Practices: Responding to Patient Reviews & Surveys [Healthgrades]
- The Guide to Crafting HIPAA-Compliant Review Responses [ReviewTrackers]

Platform-specific guidance:
- Facebook: What to know about ratings and reviews (Video) [Facebook]
- How to Manage Vitals Reviews [ReviewTrackers, Feb. 2019]
- Adding, Removing or Editing a WebMD Directory Listing [July 2018, Elevamp]

BEST PRACTICES: DEALING WITH DETRACTORS ONLINE

This following section provides a detailed guide to dealing with vaccine detractors online.

Dealing with Detractors Online

Discussing certain topics via online platforms can be contentious, especially when dealing with advocacy issues. While you may be engaging supporters who champion your cause, you will inevitably face individuals with strong presences online who disagree with your perspective. Assessing risks before responding to negative comments is critical to delivering an appropriate response.

Please note that while response tactics will attempt to combat misinformation with facts, in no way will it be able to stop the proliferation of this misinformation in the social space.

1. Establish a response policy

Identify guidelines for responding to potentially volatile content. Key considerations for responses include:
- Influence – Focus on the most influential stakeholders
- Sourcing – Cite sources with links, videos, images, or other references
- Tone – Respond in a non-confrontational and platform-appropriate tone
- Transparency – Disclose relevant information as needed

2. Understand their impact

Understanding the social landscape is vital. If you understand who the detractor's audience is, who they are reaching and what kind of impact they are having, you will be able to make an informed decision the appropriate course of action.

3. Make an informed decision

Oftentimes, detractors will leverage strong opinions, content or misinformation with the intent of disrupting your mission. It is generally not recommended to engage with detractors in most instances, as the disagreement can spread to your social platforms and your audience, and ultimately distract from your content and overall mission.

4. Respond with facts

While it is typically not recommended to engage with influencers that hold strong opposing views, there will be instances where it may be necessary to engage and address the detractors. In that case, respond in a non-confrontational way with information and links to resources. When responding to detractors, it is generally good practice to address any inaccuracies or accusations with facts.

###