



JITSUVAX:

Jiu-Jitsu with Misinformation in the Age of Covid

Ethics and Scientific Advisory Board report  
(36 months)

March 2024



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## JITSUVAX Deliverable 5.3

### Ethics and Scientific Advisory Board report

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## Summary

This document contains the report from the JITSUVAX Ethics and Scientific Advisory Board, commonly referred to as the External Advisory Board (EAB) at the end of the second reporting period for the project.

### Project overview

Vaccine hesitancy ‘the delay in acceptance or refusal of vaccination despite availability without medical indication’ has been cited as one of the top ten threats to global health by the World Health Organization (WHO), attributing it in part to misinformation on the internet. More recently this has been redefined as a motivational state of being conflicted about, or opposed to, getting vaccinated. The WHO has identified Health Care Professionals (HCPs) as the most trusted influencers of vaccination decisions.

JITSUVAX will leverage these insights to turn 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” (“Information Inoculation”) or through the thorough analysis of misinformation during “refutational learning”.
2. HCPs form the critical link between vaccination policies, patients’ understanding of and trust in vaccines 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 neutralizing misinformation among HCPs and enabling them to communicate more effectively with patients. We will disseminate and leverage our new knowledge for global impact through the team’s contacts and previous collaborations with WHO and UNICEF.

### Scope and purpose of this document

This document summarises the feedback given to the JITSUVAX team by the members of the External Advisory Board at the end of our second reporting period and the responses of the team to this text.

Data protection and privacy issues are addressed in the Data Management Plan while considerations around gender and other equalities are discussed in the Gender and Cultural Sensitivities plan.

## Composition of the Ethics and Scientific Advisory Board (EAB)

The EAB was set up as described in Deliverable 5.6, submitted in May 2021 at the start of the JITSUVAX project. The Board comprises of scientific experts and members of stakeholder organisations who provide an independent angle on the research and also facilitate engagement with European policy makers, the end users of the project outcomes and the general public. They also advise on socio-political risks and barriers.

Over the first 18 months of the project two members of the EAB, Alberto Giubilini and Lianne Strauss, withdrew from their roles. Following this, Astrid Kause, Alasdair Munro and Ute Teichart were recruited to the EAB in September 2022. A further member, Philipp Schmid, was recruited in January 2024.

The current EAB members who have contributed to this report are:

**Astrid Kause** is a Junior Professor for Sustainability Science and Psychology at the Leuphana University of Lüneburg. She has studied health and environmental risk perception and communication, as well as behaviours affecting climate. In her current role she studies human judgements and decisions related to climate change. Astrid's research goal is to improve the intuitive design of decision environments: By developing and testing very simple strategies individuals and policy makers can apply in daily decisions, she aims at better informing individuals when facing complex and uncertain challenges.

**Alasdair Munro** is a Clinical Research Fellow in Paediatric Infectious Diseases at University Hospital Southampton specialising in paediatric infectious diseases, including early and late phase clinical trials of vaccines and antibiotics. Since March 2020 he has been leading the Royal College of Paediatrics and Child Health review of published evidence regarding COVID-19 in children, as well as working as senior fellow on a number of phase I – III COVID-19 vaccine candidate clinical trials, including the Oxford vaccine. Dr Munro sits on the NIHR Transmission of COVID-19 in Schools (ToCS) working group. Dr Munro also works as a clinician in paediatric emergency medicine and has a strong social media presence.

**Tanvi Rai** is a senior mixed methods researcher at Oxford University with a PhD in public health. She has an interdisciplinary and international background that spans across public health and applied social sciences. She has a strong interest in health inequalities and her research so far has been about social and structural determinants of health, inclusive research methods and practices, public health communication, as well as studies involving socially-sensitive health topics and working with socially marginalised populations.

**Philipp Schmid** is Assistant Professor of Health Communication at Radboud University where he investigates the impact of misinformation and science denialism on health decision making and evaluates promising communication interventions that can facilitate informed decision making. In his previous role he was a senior researcher at the University of Erfurt where he was a part of the JITSUVAX project.

**Angus Thomson** is Director of Irimi, a company which specialises in public health social and behaviour change programs, having previously been Senior Social Scientist: Demand for

Immunization, in the Health Section, UNICEF. He is also Adjunct Clinical Professor, Department of Communication Studies, Indiana University School of Liberal Arts at IUPUI, USA. He is currently developing the Vaccination Demand Observatory, a global collaboration aiming to provide countries with a full capacity strengthening package for social listening and engagement, initially focused on vaccine misinformation. He previously developed a global program of research, development, and implementation into adherence to vaccination and vaccine uptake.

## Background to this report

The EAB's role is to provide critical analysis and suggestions throughout the project with an initial planned schedule of yearly meetings with the steering group. As described in the first report in September 2022, Deliverable 5.2 they attended initial meetings in May 2021, October 2021 and September 2022. Since then we have met as a group in November 2023 and March 2024. It continues to be difficult to arrange for all members to be present at a single meeting, and we continue to consult with the members via ad hoc meetings and email. As a result, there has also been a number of informal individual interactions. To date, all meetings have been online. In the last year the meetings have focussed largely on dissemination planning.

This report has been produced following meetings in March 2024 and with contributions and review from the members listed above.

## The External Advisory Board Report

The report (below) contains summaries of feedback from EAB members, notably from transcripts of meetings held in March 2024. It has been approved by all listed members.

### Research ethics in JITSUVAX

Studies conducted during the JITSUVAX project comply with international legislation, and Horizon 2020 rules for treatment of participants in scientific studies. Also, trained ethical review boards of participating universities approved all study procedures and materials.

A member of the EAB positively evaluated the ethical standards implemented in all empirical studies and gave the following feedback:

“Well in advance of study participation (a minimum of 24 hours with the exception of online surveys) participants receive transparent information about the study goals, the ability to withdraw at any time and to remove their data within a specified time period after data collection is completed. They are also informed about anonymized data storage, use and public data availability, in line with local legislation and EU data protection law.

“Wherever possible, participants are remunerated adequately, at least equivalent to minimum wage levels in their respective countries for members of general population or to

average salaries for health care practitioners. Participants were not recruited from vulnerable groups.

“Participants of intervention studies are fully debriefed. Those in control groups receive a full debrief. Wherever possible, participants in the field testing will be invited to participate in interview trainings initially offered to the intervention groups, after data collection is finished, so as to offer equal advantage from study participation.

“For study 1 of WP3.1, online posts from visitors of the website Reddit were paraphrased in advance being reported in a scientific publication (following the European Commission’s Ethics in Social Science and Humanities) and their use was in line with GDPR.”

### The Empathetic Refutational Interview

The JITSUVAX management team discussed and showcased the background and principles of the Empathetic Refutational Interview which is the key outcome of the JITSUVAX project to the EAB members. The members noted that there is currently very little training in communication about vaccination available to healthcare professionals and that there is a need for such training. This is particularly important now where vaccination rates are falling. For example, in the UK clinicians are currently seeing multiple cases of measles and other diseases that were previously eliminated in this country. The development and roll-out of the ERI is very timely.

In the first report from the EAB we noted a risk that the end of the program could be the end of the work apart from a few scientific papers that may be picked up by others and the need to gain broad visibility of what has been achieved so far not just among researchers but more importantly amongst practitioners would build links in a chain of continuity that will extend past the end of the project. This theme was a core part of discussions in the current round of meetings.

EAB members discussed long the ERI takes to deliver and how this fits in to clinical settings. One member, a practising paediatrician, confirmed that the approximate 4-5 minutes shown in the demonstration videos would be a desirable time, which aligns with the feedback we are given in the WP3.3 field tests.

They also queried the implementation in terms of where and when the conversations are held. One suggestion is that having vaccination counsellors, similar to those found in neonatal clinics in Canada, could be a route to follow in other countries with a dedicated person having these conversations rather than trying to train every health professional to deliver them.

The EAB noted that for some people the positions they hold on vaccination may be a source of shame, and that they may not fully engage with someone who is seen as having authority such as a doctor. Bringing the conversations into the home may shift the conversation to make it more productive and less threatening, particularly for people who may be marginalised within the wider community. In the UK health visitors are a team of community professionals who visit newborn babies and their families at home to provide advice and support and monitor welfare. These could be a good group to focus on in training in the UK setting. Other

ways of holding the conversations out of the traditional clinical settings could also be an area to focus on.

The EAB are supportive of our moves to develop a spin-out social enterprise in order to make the Empathetic Refutational Interview technique, supported by our other work, sustainable for the long-term. They suggested that a key aim should be to plug in to existing systems, for example getting recognised for Continuing Medical Education (CME) and Continuing Professional Development (CPD) in the form of accreditation by professional bodies and/or part of the medical education curriculum. Getting policy makers and leads to formally implement vaccine communication training within medical curriculums should be another key aim, as well as collaborating with professional bodies such as the Royal College of Paediatrics and Child Health who are currently starting a commission to look at vaccine access and equity in the UK.

A health economics project demonstrating potential cost savings coming from using the ERI to improve vaccine communication would be a valuable next project.

The Board also noted the potential for adaptation of the ERI for communication in other areas such as climate change and cancer.

The EAB members noted that it is important while this work is promoted not to label people as ‘vaccine hesitant’. Vaccine hesitancy can be seen as more of a motivational state than an attitudinal state. People can be on a ‘hesitant’ part of the continuum for one vaccine and fully committed to having other vaccines.

The inclusion of a sociological element to the JITSUVAX work, added by the contribution of IRSA in Slovenia was met with approval; this adds a deeper understanding of different settings.

### Online games as refutational tools

As was noted in the first report, online games such as Bad Vaxx and VaxBN have been shown to work to inoculate people against misinformation. There is huge potential for games such as these to reach younger people in order to encourage critical thinking and increase their ability to recognise misinformation online.

Both within JITSUVAX and elsewhere there is interest in looking at whether this inoculation can spread to other people, for example by conversations about vaccinations, a phenomenon known as “inoculation talk”. Experimental evidence for this from the work carried out in JITSUVAX is weak, although ‘boosters’ in the form of small reminders do extend the effect. EAB members noted that the specifics of the population tested may make a difference and it would be good to investigate movement of information from younger to older people for example. There are also wider questions around not just the ability to identify misinformation but also identify good information within the games.

These interesting, engaging online game interventions are not likely to have lasting effects or to be sufficient on their own to have a diffusion effect, but nested within a broader program such as a high school curriculum of digital and health literacy they could be a really good way of drawing students in.



As there is a lot of interest in these diffusion effects in the wider research community, the EAB recommends that the weak results from the JITSUVAX inoculation talk study are published and that the methodology and results are readily available to others working in this area.

## Concluding Summary

The EAB believes that the work being done within JITSUVAX continues to be of a high standard and in the validated framework for conversations about vaccination the group have produced a valuable and very timely tool.

The work to focus on practical applications and ensure that the project outcomes are recognised and widely used is ongoing and the EAB have made useful suggestions in how to ensure that the product is taken up both nationally and internationally.