

Remesh Session 1: CDC Messaging Takeaways

Session Date: October 13, 2022



NCS D

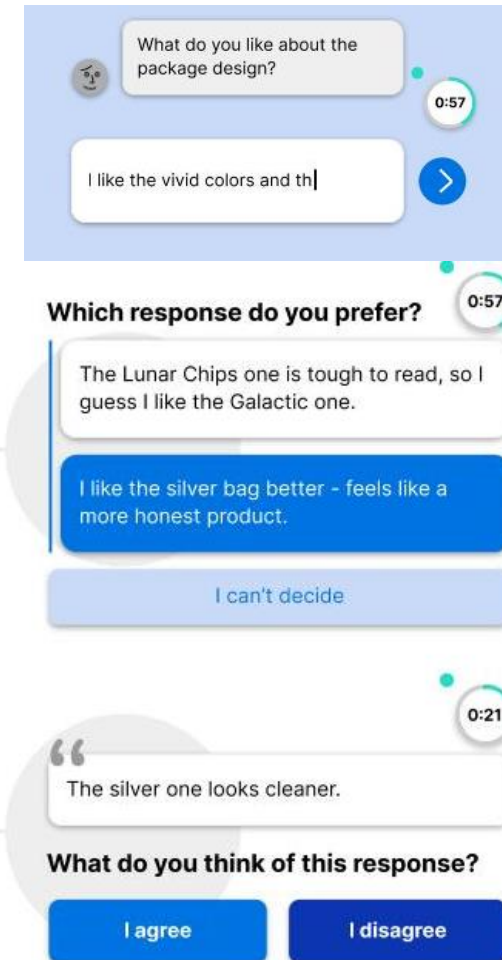
National Coalition
of STD Directors

How Remesh Works

Remesh is an AI-based focus group tool that allows you to conduct anonymous, live focus groups.

Participants answer poll questions and open-ended questions. After they provide answers to open-ended questions, they can vote on other responses.

This gives us participants' answers in their own words *and* how they feel about others' answers.



What do you like about the package design? 0:57

I like the vivid colors and th | >

Which response do you prefer? 0:57

The Lunar Chips one is tough to read, so I guess I like the Galactic one.

I like the silver bag better - feels like a more honest product.

I can't decide

“ 0:21

The silver one looks cleaner.

What do you think of this response?

I agree I disagree

About the session and these slides

We initially had 61 participants enter the session, but identified that some were not in our target. We had men with 0 male sex partners in the past 12 months removed from the session.

The data you see reflect **50 total participants**. Some questions branch from others and may have a smaller n.

Our goal was to get primarily Black and Latino men who have sex with men. We designed our screening tool to seek out people who have male sex partners, regardless of sexual orientation.

At the start of the session, we set entry quotas based on number of male sex partners (to try to weed out any errant straight people with no male sex partners) and race/ethnicity (to try to get as many Black, Latino, and other people of color to participate as possible.)

These slides reflect a more detailed look at certain priority questions on existing CDC messages and vaccine decision questions, with an emphasis on unvaccinated participants' responses.

Key Themes



NCS D
National Coalition
of STD Directors

Key Themes



1. Participants were aware of monkeypox and general information about Jynneos.

- Participants – including priority groups like unvaccinated participants, Black and Latino MSM, and participants with casual or one-time sex partners – were very aware of monkeypox and basic facts about the vaccine, like the need for two doses.
- Participants had lower awareness of intradermal administration and why it was being done.

2. Wanting more information about vaccine efficacy and side effects was a dominant theme.

- Participants repeatedly raised questions about vaccine efficacy, side effects, and the potential need for booster doses.
- Unvaccinated participants said more information about effectiveness and side effects would help them decide to get vaccinated.

Key Themes



3. CDC messages were easy to understand, but participants want more information than existing messages provided.

- Participants praised the simple language in messages and did not recommend changes.
- Participants wanted information about the vaccine that was not provided in current CDC messages.

4. Government agencies – specifically CDC – and doctors are the sources participants trust and want information from.

- Unvaccinated participants, especially, named the CDC as the source they would want to get vaccine information from. Vaccinated participants also named the CDC.
- Participants also want to receive messages from doctors and medical groups.

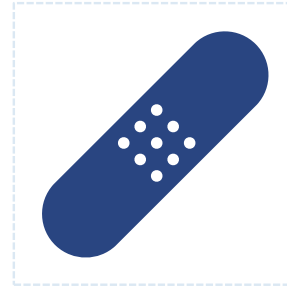
5. More messaging is needed about the shift to intradermal administration.

- Most participants were not aware of the shift to ID administration
- Participants had a broad range of views on ID administration.
- Participants wanted to know about effectiveness of ID administration versus subcutaneous administration, and about side effects specific to ID administration like scarring.

Takeaways



Increase messages about vaccine effectiveness and what to expect. Encourage partners to share this information.



Increase messages about ID administration, the effectiveness, and what to expect with ID administration.



Elevate the CDC as the source of information and recommendations. Use doctors and medical partners to share information.

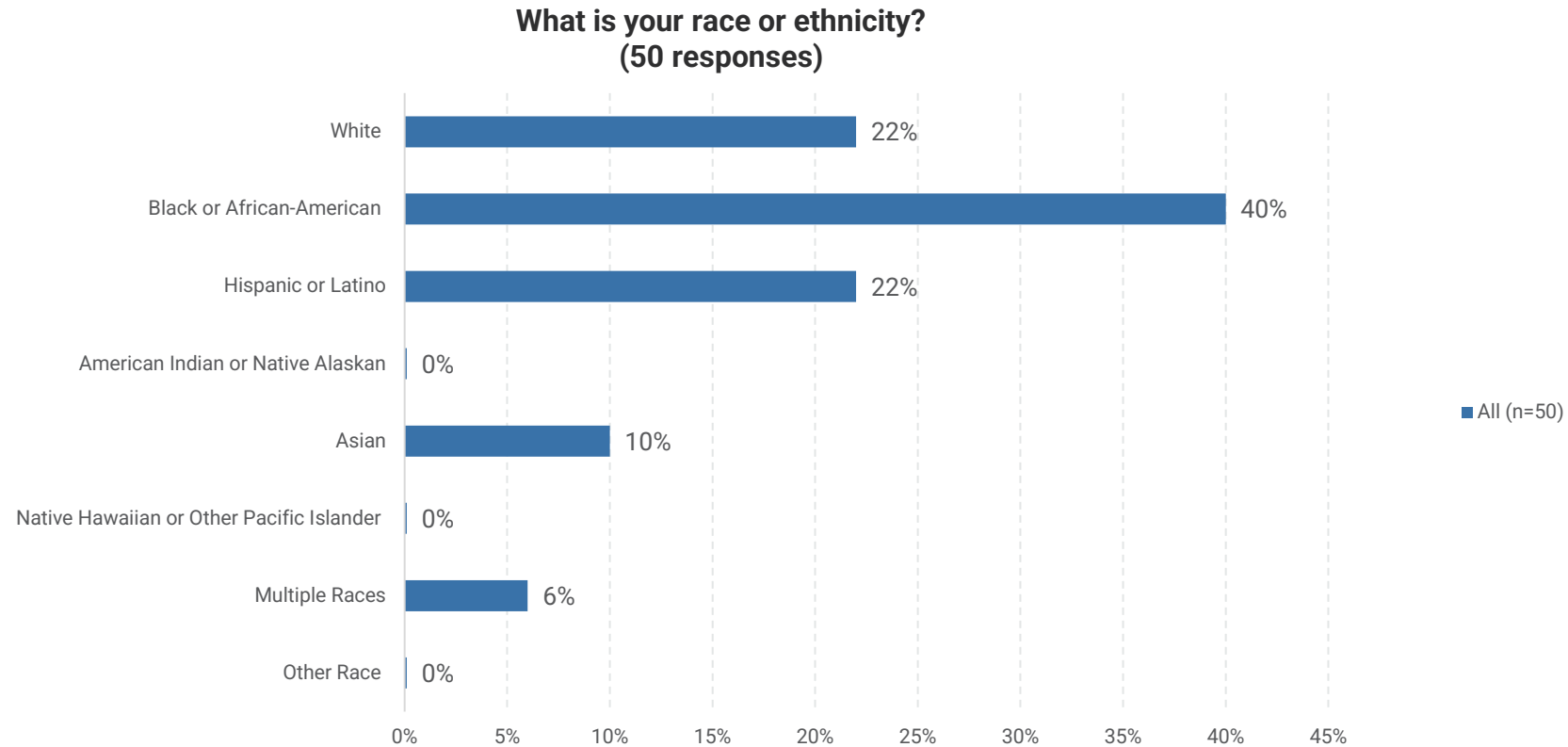
Who Participated?



NCS D
National Coalition
of STD Directors

Who participated? Race and Ethnicity

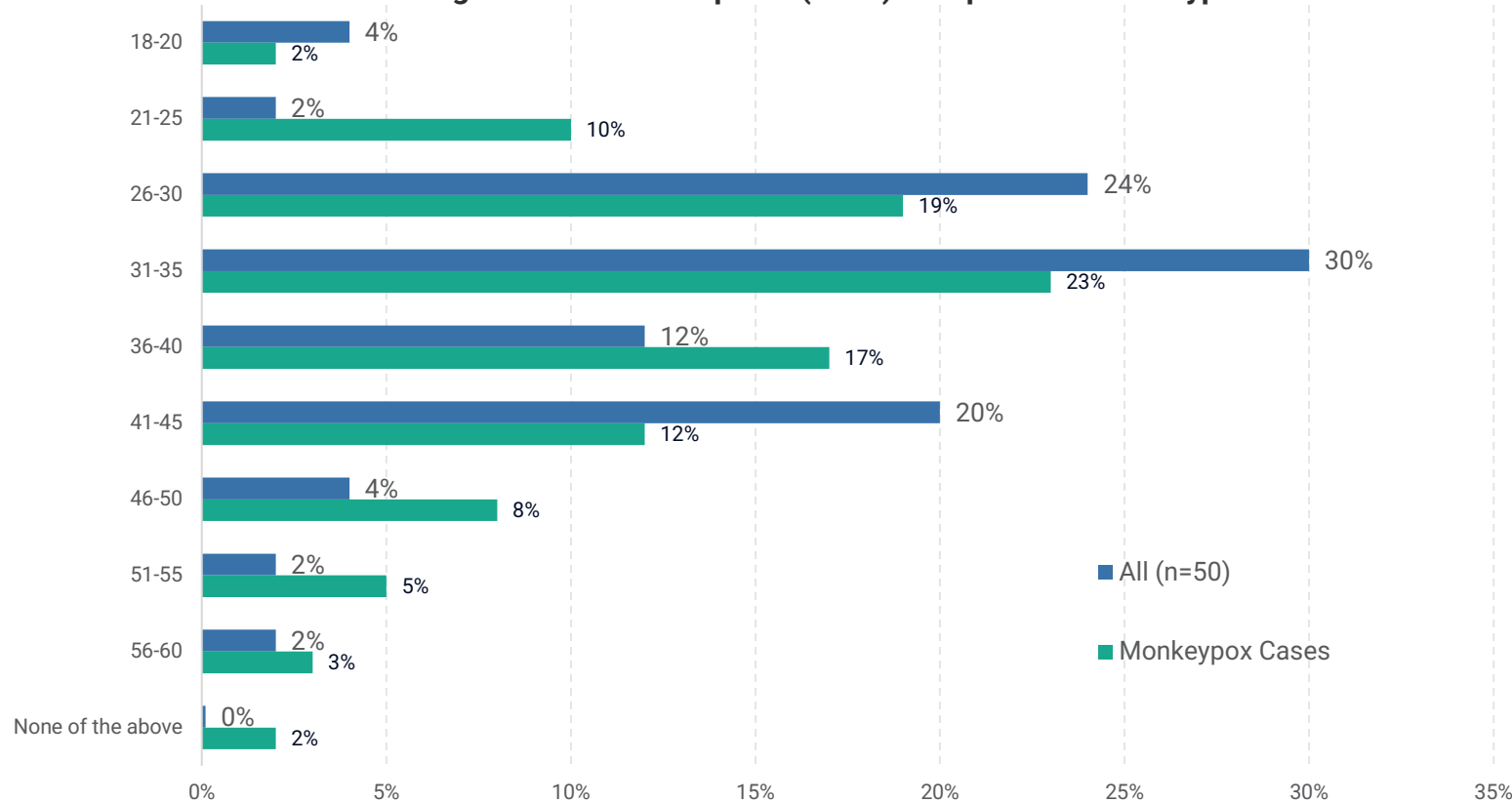
- 22% White (n=11), 78% BIPOC (n=39)
 - 40% Black or African American (n=20), 22% Hispanic or Latino (n=11), 10% Asian (n=5), 6% Multiple Races (n=3)



Who participated? Age Distribution

- Age distribution in the session varied somewhat from cases. 86% of participants were 26-45 compared with 71% of cases, and we had fewer participants in older and younger groups.

Age: Session Participants (n=50) Compared to Monkeypox Cases



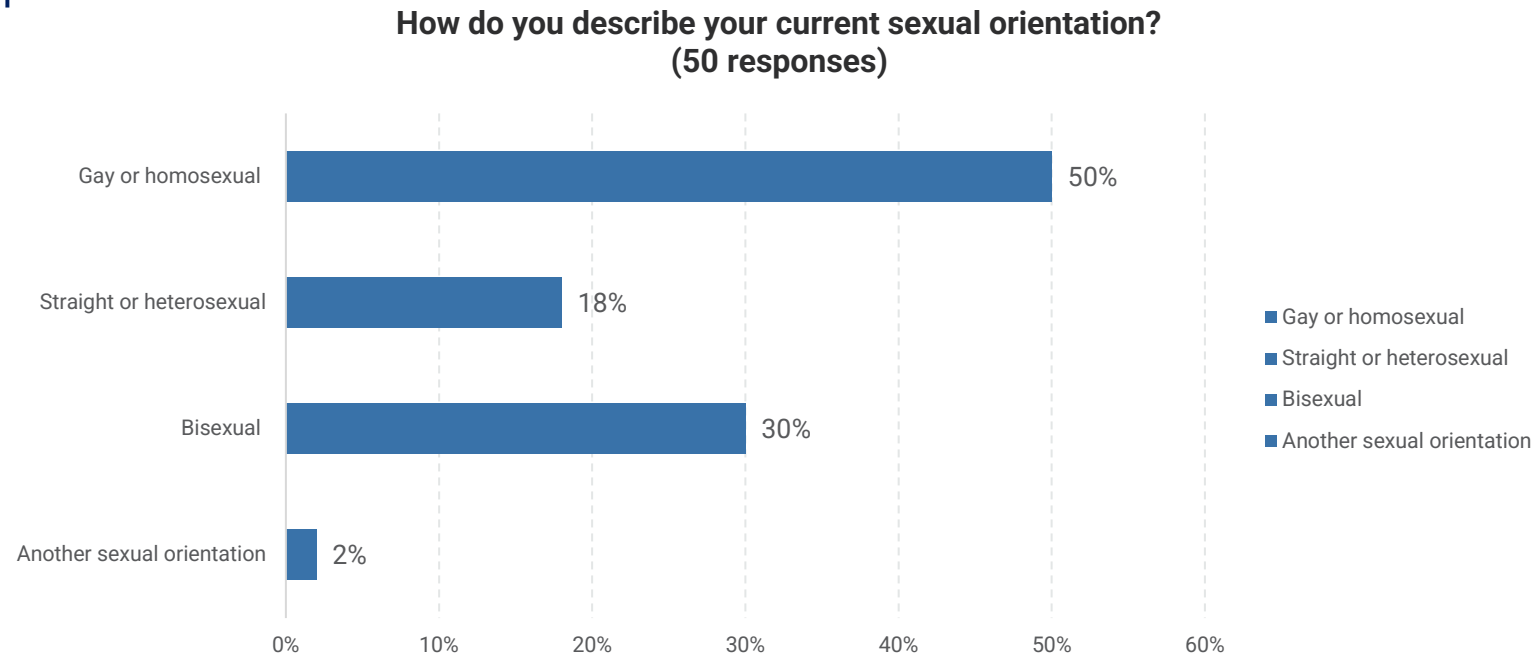
	Remesh Participants	Monkeypox Cases (data as of 10/18)
18-20	4%	(16-20) - 2%
21-25	2%	10%
26-30	24%	19%
31-35	30%	23%
36-40	12%	17%
41-45	20%	12%
46-50	4%	8%
51-55	2%	5%
56-60	2%	3%
"None of the above"	0%	2%

Note: Remesh did not allow participants under age 18.

Who participated? Sexual Orientation & Gender Identity



- One participant was a transgender man. All others were cisgender men.
- Half of participants were gay. 30% were bisexual. 2% identify as another gender.
- 18% of participants identified as straight. This is after we eliminated data from people with no male sex partners.



Who participated? Number & type of partners



- Participants were asked how many men they had had sex with in the past 12 months and how many men they had had sex with since May

	Past 12 months	Since May
0	0 (eliminated)	4% (n=2)
1	28% (n=14)	46% (n=23)
2-5	48% (n=24)	40% (n=20)
6-10	20% (n=10)	10% (n=5)
11+	4% (n=2)	0% (n=0)

- Since May 2022, 40% (n=20) reported having a one-time sex partner, 58% (n=29) report having a casual sex partner, and 30% (n=15) had a main partner.
 - This was a multi-select question. We created a segment of people with casual and one-time partners based on this question.

Who participated? Risk

- **Only 7% (n=3) perceive themselves at high risk, while 79% (n=34) felt medium/low risk and 14% (n=6) felt no risk.**
- We asked them why they felt this way. Their reasons include:

No Risk

- In a monogamous relationship
- Fully vaccinated and taking preventive steps
- Not currently sexually active

Medium/Low Risk

- Usually takes precautions during sex
- Taking new precautions because of monkeypox
- Has fewer partners

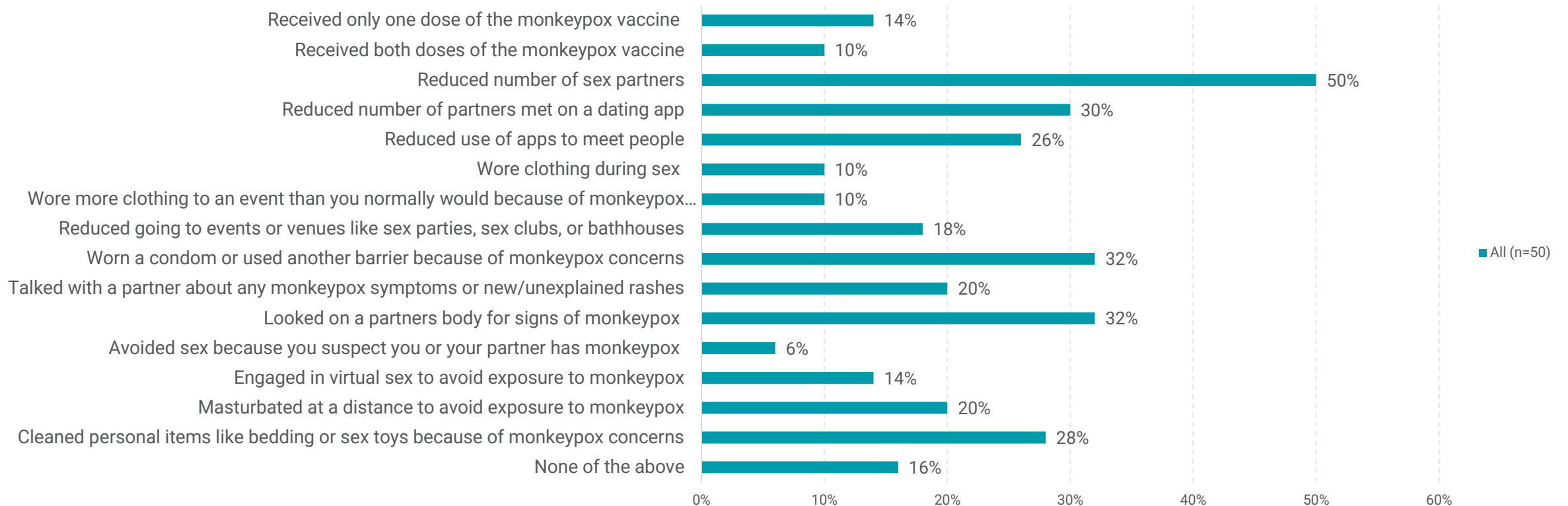
High Risk

- Wasn't using protection at the start of the outbreak
- Engages in condomless sex
- A partner acknowledged exposure

Who participated? Prevention Measures

84% had taken at least one step to protect themselves from monkeypox.

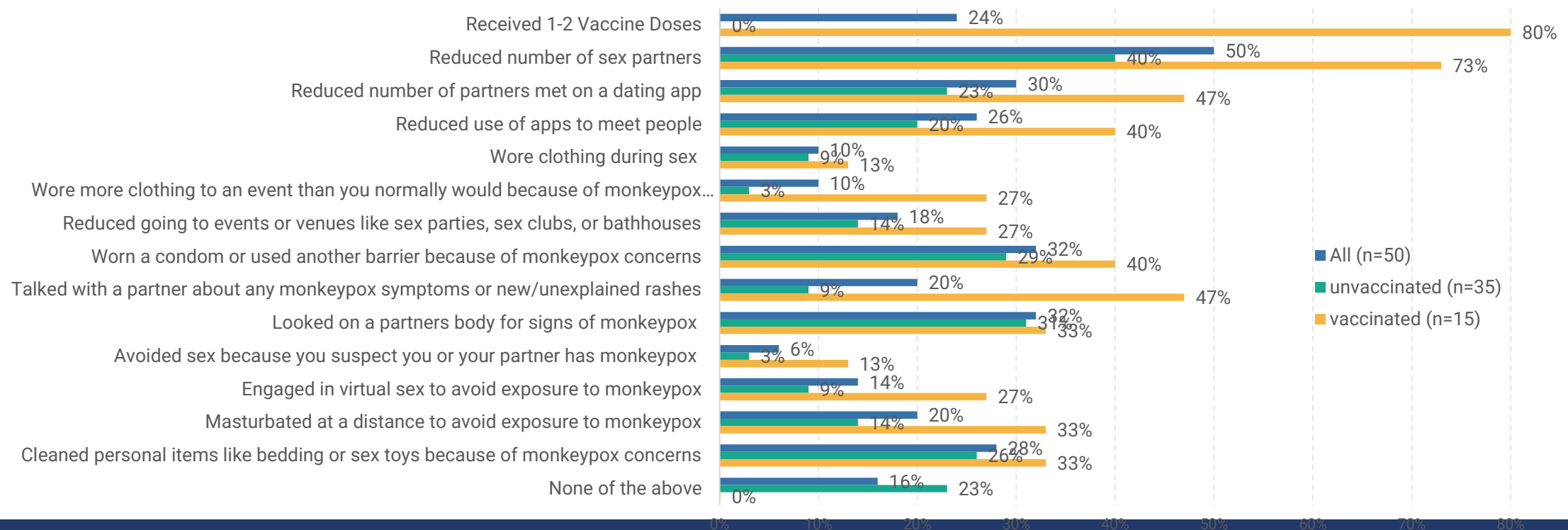
Have you taken any of the following steps to protect yourself from monkeypox?
(50 responses)



Who participated? Prevention Measures

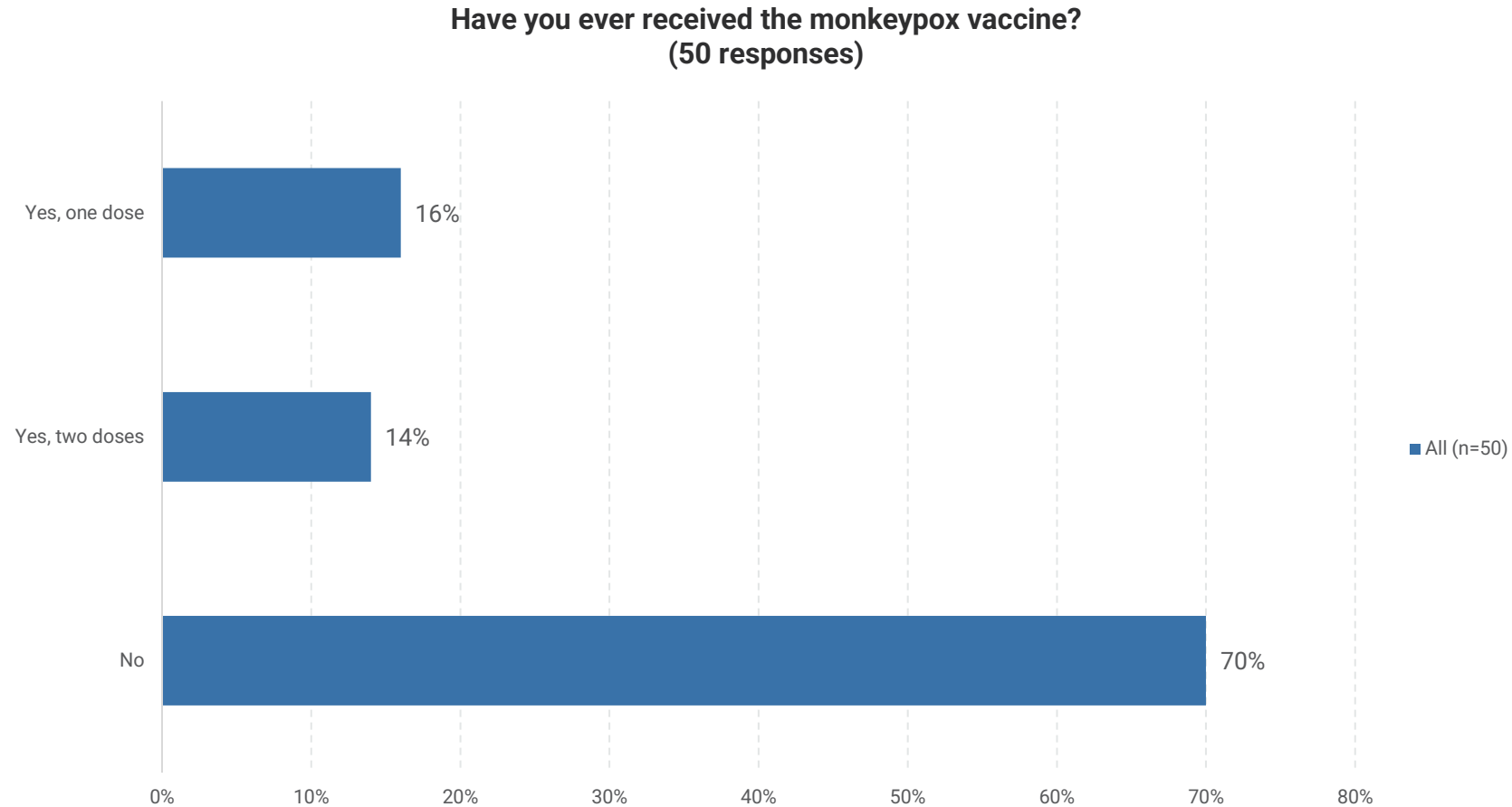
Unvaccinated participants have taken fewer steps to protect themselves from monkeypox. However, being monogamous was the top reason for not being vaccinated, which may factor into their need to take these steps.

Have you taken any of the following steps to protect yourself from monkeypox?
(50 responses)



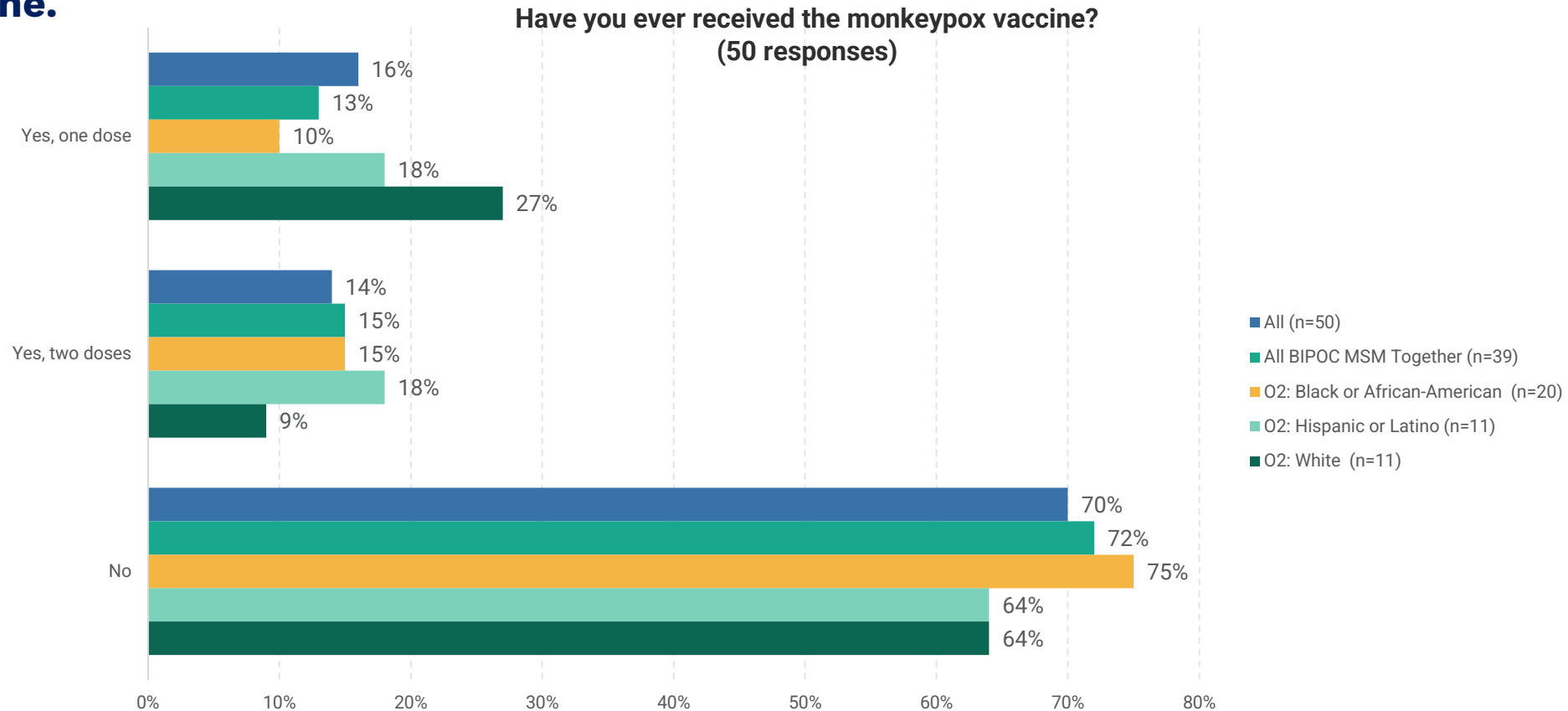
Who participated? Vaccination Status

70% were unvaccinated. 14% were fully vaccinated. 16% had received one dose.



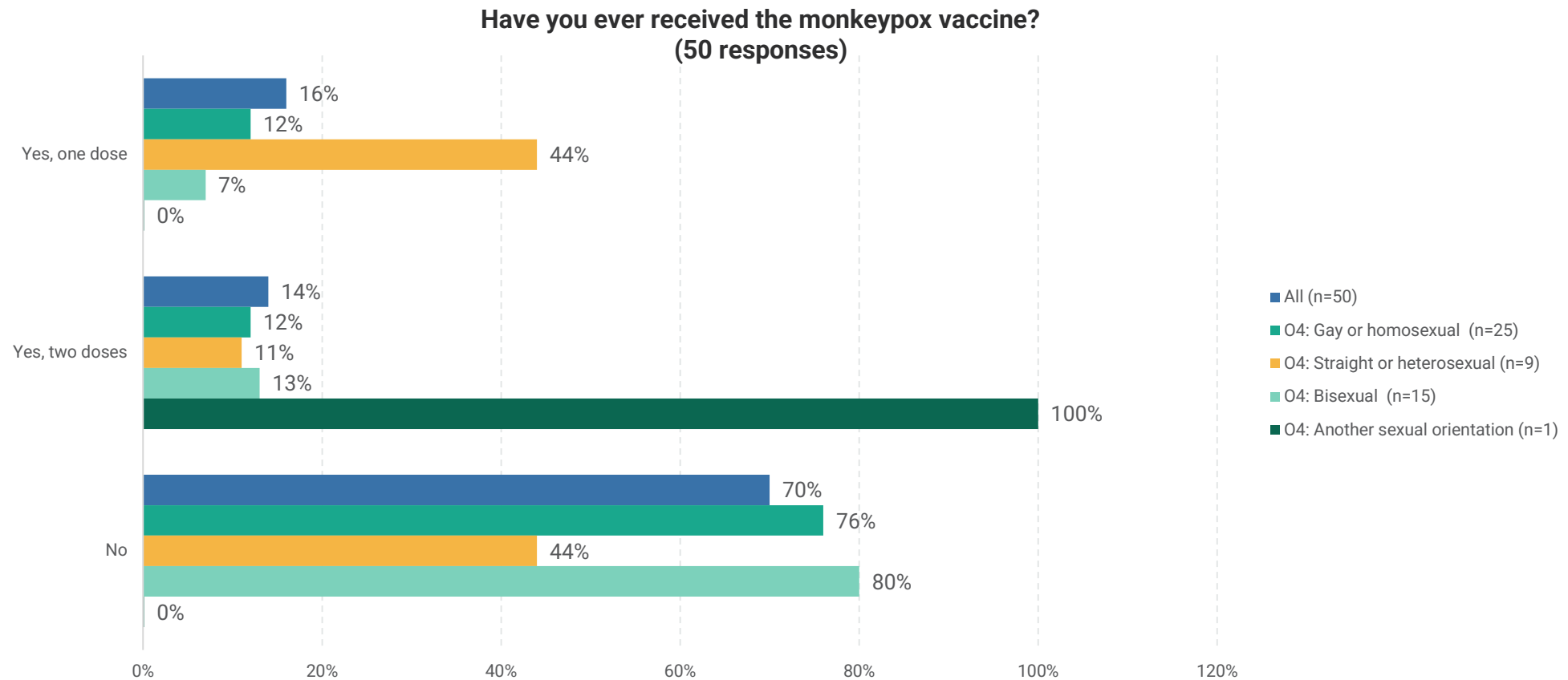
Who participated? Vaccination Status

White and Latino participants were more likely to have received one or two doses of Jynneos. Black participants were the least likely of any racial demographic to have received the vaccine.



Who participated? Vaccination Status

The smaller number of straight participants (n=9) and the participant with another sexual orientation (n=1) were more likely to have received a vaccine



Vaccine Decisions: What Unvaccinated Participants Said

Vaccine Decisions: Unvaccinated Participants



70% of participants were unvaccinated. (n=30)

Top reasons for not being vaccinated was **being in a monogamous relationship** or having a very small sexual circle (n=8)

Key other themes named:

- **trust in systems** (vaccine manufacturer, process is rushed, shaken faith in health institutions and government) (n=5)
- **fear of side effects** (n=4)
- **practical concerns** (travel, insurance coverage, not available locally) (n=4)

Vaccine Decisions: Unvaccinated Participants



Tell us the reasons you have not gotten the monkeypox vaccines:

Highest ranking named reasons for not being vaccinated, *other than monogamy, which was the leading reason (59% agreement)*:

- 57% agreed that they were worried about side effects
- 57% do not think monkeypox is as bad as is being publicized
- 57% have bigger concerns at the moment
- 57% don't trust manufacturers
- 57% have needle anxiety
- 51% don't trust vaccine
- 51% don't feel at risk for contracting the virus
- 51% named mark and discomfort from ID administration
- 51% haven't had the chance yet

Note: Participants were asked whether they agreed with another participant's response or not. The percentages here are the percentages of participants that agreed with these reasons.

Vaccine Decisions: Unvaccinated Participants



Of all of the reasons you mentioned, what was the top/main reason for not being vaccinated:

- 24% (n=7) said their top reason was their monogamous relationship status
- 17% (n=5) of people raised some level of skepticism about the vaccine's efficacy or process
- 10% (n=3) raised practical concerns

Fewer people responded to this question than the question asking for their reasons, and there were lower levels of agreement with the answer.

Vaccine Decisions: Unvaccinated Participants



What information would you want and need to help you make the decision to get the monkeypox vaccine?

- 42% (n=13) of all unvaccinated individuals responded in their own words that they wanted more info about the **effectiveness** of the vaccine
 - And 89% of all respondents voted that they agreed with this response
- 23% (n=7) of all unvaccinated individuals responded in their own words that they had concerns about **side effects** or (to a lesser extent) the **safety** of the vaccine
 - 89% of respondents agreed with the response “what are the side effects?”
 - 84% agreed with the response “safety and effectiveness of the vaccine”

Note on how I did this: Rather than looking at statements with top agreement, I searched responses for terms that fit this theme (“safe” “safety” “side effect” “trigger”) and (“effect” “effective” “efficacy”)

Vaccine Decisions: Unvaccinated Participants



How could we have gotten this information to you?

- Email and social media/online ads were the most commonly provided responses BUT:
 - Email got the most negative votes when other participants were asked if they agreed
 - Social media messages and online ads received overwhelmingly positive votes from other participants
- CDC and government websites were explicitly named and overwhelmingly supported, including in Black and Latino unvaccinated and Has casual and one-time partner unvaccinated segments
- Top named sources, ranked:
 - Email (n =8)
 - Social media and online ads (n=8)
 - TV or mainstream media – ads, TV news (n=5)
 - CDC (n=3) and government (n=1) (combined n=4)

Note: Moderators and hosts were identified using language like “professionals in the sexual health field.” Participants did not know CDC was involved in this session, but had been asked to read “CDC recommendations” earlier in the session.

Vaccine Decisions: Unvaccinated Participants



Who would you want to hear information from?

- Government and expert voices were the top responses
- 74% (n=23) wanted information from a generic medical or expert source, incl. government sources (“CDC”, “health experts”, “medical professionals”, “doctors”, “a medical agency”)
 - 32% of respondents named the CDC directly as their preferred source (n = 10)
 - Perhaps of note: CDC was the *only* government, medical, or agency source named by name. The only other sources named by name were Patti LaBelle and TS Madison (each n=1)
- 20% of respondents wanted to hear from their *own* doctor (n=6), but half of these people also listed another source. Ex. “The CDC or my physician.”

Vaccine Decisions: Unvaccinated Participants



Is there any person – in your life or famous – who, if they got the vaccine, you would consider getting the vaccine, too?

- Some participants gave negative answers and some gave positive answers. When voting, other participants agreed more strongly with negative answers.
 - Note: What does that mean? When people were asked to vote on “no”, a majority agreed. However, no positive influence (“partner” “the Obamas” “someone sexy”) got majority agreement.)
- Many responses were negative:
 - 38% (n=12) said some version of “no”
 - 16% (n=5) expressed feelings of independence or choice (n=5) – “I go by CDC guidelines, not by who gets it” “I make my own decisions” “I’m not a follower”
- Fewer responses listed a positive influence:
 - 22% (n=7) said they would listen to a parent, partner, or close personal friend. Partner was the only answer that got more than half of participants to agree
 - 22% (n=7) named a celebrities, but no celebrity got a majority positive votes from other participants

What info would unvaccinated share?

We asked participants what info they thought needed to be shared with two disproportionately impacted groups: Black and Latino MSM and people with one-time sex partners.

Unvaccinated participants offered positive advice on how to reach these groups, not responses that would dissuade others.

- Responses were similar to what they would *want* for themselves (info from doctors, facts on effectiveness)

Vaccine Decisions: What Participants With One Dose Said

Vaccine Decisions: Participants with One Dose



16% of participants have received one dose of the vaccine, but not the second dose. (n=8)

Seven of the eight participants with one dose answered the branched follow-up questions for their group. **All of them say they will get their second dose.**

We asked what influenced their decision to get the first dose. Wanting to protect themselves (n=3) is the only reason that was named multiple times.

- Other reasons (each n=1): getting the dose after exposure, hearing about the spread of monkeypox, seeing info from a friend on Facebook.

Vaccine Decisions: Participants with One Dose



We asked, “What information do you wish you had had before your first dose?” Those who have received one dose had common questions:

- How long does the dose last?
- What are the side effects of the vaccine?
- Do I need a booster?

We asked how we could have gotten this information to them.

- Three people named digital sources – a website, ads in apps, social media. 100% of other participants asked about these responses agreed with them

Vaccine Decisions: Participants with One Dose



We asked, “What information do you wish you had had before your first dose?” Those who have received one dose have common questions:

- How long does the dose last?
- Side effects of the vaccine
- Do I need a booster?

We asked how we could have gotten this information to them.

- Three people named digital sources – a website, ads in apps, social media. 100% of other participants asked about these responses agreed with them
- One person said CDC

Vaccine Decisions: What Fully Vaccinated Participants Said

Vaccine Decisions: Fully Vaccinated Participants



15% of participants were fully vaccinated. (n=7)

– *Please Note: This group is very small (n=7)*

We asked what influenced them to get both doses of Jynneos.

- Four people named fears of monkeypox or its symptoms in their responses:
 - “The pictures of the effects on the face. The scarring”
 - “The outbreak is what influenced me. I also was scared to break out in hives as well.”
- Two people named pressure from friends or a partner in their response:
 - “One of my partners brought it up to me so I had to give in cos he kind of pointed out some risks involved”
- Two people named lessons learned during Covid-19:
 - “Covid-19 vaccine and its effectiveness inspire me to take early vaccination against monkey pox before it goes beyond my control and another reason is the severity of covid-19 which we already witnessed”

Vaccine Decisions: Fully Vaccinated Participants



100% of fully vaccinated participants would recommend the monkeypox vaccine to friends or family who might be eligible or at risk. (n=7)

We asked what information participants would have liked before getting their first dose:

- 100% agreed with a response about wanting more scientific information – “if it’s fda approved, efficiency, side effect, min physical condition req. to take vaccine”
- 100% agreed with another statement about side effects and pain at injection site

Vaccine Decisions: Fully Vaccinated Participants



We asked what information participants would have liked before getting their second dose:

- 100% agreed with the statement, “That it was given in the forearm instead of the back of the arm like the first dose.”
 - *Note: In the section about CDC messages on the ID dose, most were unaware of the change to ID administration and many raised concerns about it.*
- One person raised questions about the effectiveness of the vaccine if their state had delayed 2nd doses for longer than 35 days.

Vaccine Decisions: Fully Vaccinated Participants



We asked how we could have gotten this information to them.

- Three people named digital sources – a website, ads in apps, social media.
- Two people recommended disseminating CDC information. One recommended either the FDA or WHO disseminate information.

Vaccine Decisions: Recipients of 1 or 2 Doses



What would you tell others who are considering getting the vaccine?

Those with two doses:

- “The great features and advantages they will get, most especially the prevention aspect” (86% agree)
- “To trust the experts and go with your best judgement” (71% agree)

Those with one dose:

- “it is totally safe and important” (88% agree)
- “They should get it as soon as possible. Having the virus looks very bad compare to Covid” (88% agree)
- “to do research and speak with your doctor” (75% agree)

Reactions to CDC Messages

- Jynneos Vaccine
- Vaccine Eligibility
- Intradermal Administration

Understanding of CDC Vaccine Messaging



In a quick True/False Poll of CDC vaccine recommendations, participants demonstrated very high levels of knowledge, including in priority segments.

- Two-dose recommendation: 89% correct (n=34)
 - Unvaccinated: 93% correct (n=25)
 - Black and Latino Unvaccinated MSM: 93% correct (n=14)
 - Has casual or one-time sex partners: 88% correct (n=29)
- 28 days apart: 91% correct
 - Unvaccinated: 93% correct (n=28)
 - Black and Latino Unvaccinated MSM: 94% correct (n=16)
 - Has casual or one-time sex partners: 89% correct (n=32)
- Fully protected 14 days post 2nd dose: 84% correct
 - Unvaccinated: 88% correct (n=23)
 - Black and Latino Unvaccinated MSM: 87% correct (n=13)
 - Has casual or one-time sex partners: 87% correct (n=26)

Understanding of CDC Vaccine Messaging



Participants read this CDC message about Jynneos:

- Getting vaccinated before you are exposed to monkeypox provides the best chance to prevent disease.
- The JYNNEOS vaccine is given as a two-dose series. The two doses should be given 28 days apart.
- CDC recommends getting both doses of JYNNEOS vaccine. The level of protection provided by only one dose is not known.
- CDC recommends getting your second dose on time. But, if you are unable to, get it as soon as you can, preferably within 35 days after the first dose.
- You are considered vaccinated against monkeypox 14 days after you receive your second vaccine dose.
- For best protection, 2 doses of JYNNEOS vaccine spaced 28 days apart are recommended.

Understanding CDC Jynneos messaging



What pieces of information were new to you today? (multi-response poll)

- Half of people selected “I already know all of this information”
 - 52% of all responses (n=22)
 - 47% of unvaccinated responses (n=14)
 - 47% of Black and Latino unvaccinated MSM (n=14)
 - 54% of people with casual or one-time sex partners (n=19)
- Needing to wait 14 days after the 2nd dose was the least understood fact
 - 36% (n=15) of all respondents said this fact was new to them. This was slightly higher for unvaccinated respondents (43%, n=13) and those with casual or one-time sex partners (37%, n=13)
- Only 26% (n=11) said the 28-day spacing was new to them and only 17% (n=7) said that needing two doses was new to them

Understanding CDC Jynneos Messaging



Nearly everyone said the messaging was easy to understand.

Many people had questions about what the messaging did not tell them. These questions echoed questions or concerns raised at other points in the session.

- What happens if you don't come back for your second dose? (72% agree)
 - When can I start having sex again and I'm all covered? (72% agree)
 - Efficacy. How much will it protect me. What are the chances of getting infected after being vaccinated? (70% agree)
 - I want to know more about the switch to intradermal shots. (70% agree)
 - What are the side effects? (70% agree)
 - Will I need boosters? (68% agree)
- **66% (n=29) thought the messaging was for them. Most people thought it was for them because they are gay and sexually active.**

Understanding of CDC Eligibility Messaging



Participants read this passage from the CDC's messages about who should get vaccinated:

Who Should Get Vaccinated

- In the current outbreak, you may want to get vaccinated if:
- You **might be exposed** to monkeypox in the future, if:
 - You are a man who has sex with other men, or if you are a transgender or nonbinary person and in the past 6 months have had any of the following:
 - A new diagnosis of one or more sexually transmitted diseases including acute HIV, chancroid, chlamydia, gonorrhea, or syphilis.
 - More than one sex partner.
 - You are a person who in the past 6 months has had any of the following:
 - Sex at a commercial sex venue (like a sex club or bathhouse)
 - Sex at an event, venue, or in an area where monkeypox transmission is occurring.
 - You are a person whose sexual partner identifies with any of the above scenarios.
 - You are a person who anticipates experiencing any of the above scenarios.

Understanding CDC Eligibility Messaging



Was this a new idea or something you've heard before?

- 46% (n=19) said this was a new idea while 54% (n=22) said this was something they had heard before.
 - Unvaccinated people (59%, n=16) were more likely to have heard this info before than vaccinated people (43%, n=6)
 - People with casual or one-time sex partners (55%, n=18) were more likely than others to have heard this

Did any of this information surprise you?

- 69% (n=27) of participants were not surprised by this information

Understanding CDC Eligibility Messaging



69% (n=27) of participants were not surprised by the vaccine eligibility question. We asked them why they were not surprised:

- 41% (n=11) reported having heard this information before this session, like in news articles or on Google
- 15% (n=4) related monkeypox to other STIs. These answers got strong agreement, especially among unvaccinated participants and those with casual or one-time sex partners.
 - “Because it's pretty much the same information for other sexual diseases”
- 15% (n=4) connected this information to their sexual orientation
 - “As a gay male who is sexually active these are things that are already made aware to me and to my general knowledge.”

Understanding CDC Eligibility Messaging



31% (n=12) of participants were surprised by the vaccine eligibility question. We asked them what information surprised them:

- We got a variety of answers with few clear themes.
- Only one “surprise” was named by multiple people (n=3): the inclusion of trans and nonbinary people.
- While most responses varied, some responses were supported by many others in the group:
 - 79% agreed that they were surprised about “The vaccine not being recommended unless you have more than one partner”
 - 71% agreed that they were surprised that recent diagnosis of another STI could qualify someone for the vaccine
 - 71% agreed that they were also surprised to see trans and nonbinary people included

Understanding CDC Eligibility Messaging



We asked if we could make messages clearer or easier to understand. Nearly every participant said the current messages are clear.

We asked if there was anything people wanted to know that the messages did not tell them. Half of people (50%, n=22) said “no” but many used this space to ask common questions that surfaced in this session:

- What are the side effects?
- How effective is the vaccine? How long will it last? Will we need boosters?
- Can it transmit in other ways (air, underwear)? Why only gay men?
- What are the long-term impacts of monkeypox?

Understanding ID Administration Language



Participants read this passage from the CDC's messages about who intradermal administration:

“In August, the FDA allowed healthcare providers to administer a smaller dose of monkeypox vaccine into the skin layers of the forearm (like a tuberculosis skin test) as the preferred option to the standard dose usually given in the upper arm. This ability to use a smaller dose increased the overall number of doses available by up to 5 times while providing similar immune response.”

Note: We added this passage and subsequent questions mid-session.

Understanding ID Administration Language



Were you aware of this change?

- 79% (n=34) of participants were *not* aware of this change.
 - Knowledge of this was low among nearly all priority groups
 - Unvaccinated: 83% unaware (n=24)
 - Black and Latino MSM: 84% unaware (n=21)
 - Has casual or one-time sex partners: 83% unaware (n=29)
- The only demographic group that seems to have a significantly higher awareness of the ID administration language was white participants (45% aware, n=5)

Understanding ID Administration Language



What do you think about this change?

- 42% (n=19) expressed a positive or mostly positive sentiment:
 - “I’m all for it if it helps”
 - “It’s cool...since it will increase availability of the vaccine across the nation”
 - “Sounds great”
- 22% (n=10) expressed some uncertainty – largely because of outstanding questions:
 - “Not sure about effectiveness or why this was done”
 - “It's kinda vague but I'll work with it chyle 😐”
 - “I don’t really understand why you would get a mini dose instead of a full one”

Understanding ID Administration Language



What do you think about this change?

- 42% (n=19) expressed a positive or mostly positive sentiment:
 - “I’m all for it if it helps”
 - “It’s cool...since it will increase availability of the vaccine across the nation”
 - “Sounds great”
- 22% (n=10) expressed some uncertainty – largely because of outstanding questions:
 - “Not sure about effectiveness or why this was done”
 - “It's kinda vague but I'll work with it chyle 😐”
 - “I don’t really understand why you would get a mini dose instead of a full one”

Contact Information



NCSDDC:

Elizabeth Finley, Director, Communications

efinley@ncsddc.org

CDC:

Rachel Kachur, MPH, Health Scientist

Social and Behavioral Research and Evaluation Branch

Division of STD Prevention

rlk4@cdc.gov