Presentation 8a – Karen Quigley

Risk Perception and the Psychobiological Sequelae of Vaccination

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Key Questions

How are risk perceptions of a bioterror agent vaccine affected by high or low information (i.e., optimized vs. non-optimized) risk communications?

How is vaccine response altered by a threatening context during vaccination and what role do vaccine-related symptoms and enhanced sympathetic arousal during vaccination play in that response?

Are the chronically distressed (high trait negative affect) at higher risk for vaccine-induced distress, more symptoms and lower vaccine efficacy with a threatening (i.e., bioterror) vaccine?

Preliminary Results

• We have conducted 3 focus groups to begin creating the optimized vaccine information sheet (VIS) which will be compared to the standard CDC VIS in Study 1.

• We will soon be conducting 2 additional focus groups that will help us to assess the clarity, comprehensiveness, appeal, and framing of two potential optimized VISs.

Experimental Plan

•Study 1: Focus groups used to design and test an optimized risk communication (i.e., VIS)

•Study 2: Compare risk and benefit perceptions of vaccines and other agents across high and low anxious groups receiving either a standard or optimized VIS with expectation of either a usual flu or possible bioterror flu

•Study 3: Compare symptoms and vaccine efficacy across high and low anxious groups receiving either a placebo, a flu vaccine or a vaccine described as protection against a possible future bioterror flu