COVID-19
HEALTH CARE PROVIDER UPDATE

COVID-19 Vaccine Information for Providers Webpage
Building Vaccine Confidence among Providers, Staff and Patients

January 22, 2021

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Our understanding of COVID-19 is evolving rapidly.
This presentation is based on our knowledge as of January 21,2021, 5 PM.

CONTINUING MEDICAL EDUCATION

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OUTLINE

- NEW DEVELOPMENTS AND GUIDANCE
- RECENT EPIDEMIOLOGY
- COVID-19 VACCINE INFORMATION FOR PROVIDERS WEBPAGE
- BUILDING VACCINE CONFIDENCE AMONG PROVIDERS, STAFF AND PATIENTS
- QUESTIONS AND DISCUSSION

New Developments and Guidance

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COVID-19 Response
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Current Status of the COVID-19 Pandemic

- Worldwide
  - Over 98 million cases; over 2.1 million deaths*
  - United Kingdom had highest COVID-19 death rate in the world last week (16.5/million)
  - Other countries reporting highest case counts in past week: U.S., Brazil, Russia, France
- U.S.
  - One year after first U.S. case was reported, over 25 million cases; over 420,000 deaths*
  - Nationwide, there has been a 16% decrease in case numbers based on 14-day rolling average
  - Rollout of COVID-19 vaccines continues
    - Approximately 14.3 million people have received at least 1 dose; approximately 2.2 million fully vaccinated
  - Biden administration has developed a national strategy to control the pandemic
- NYC
  - Daily case counts and percent positivity have stabilized somewhat in preceding week
  - Vaccination campaign is in progress, though supply remains limited

*Worldometer: https://www.worldometers.info/coronavirus/

Emerging SARS-CoV-2 Variants

- Several recently identified variants appear to be more easily transmitted than other circulating strains
- Variant B.1.1.7
  - Estimated to be approximately 1.5 times more transmissible than most other variants
  - To date: does not cause more severe disease; not likely to evade detection by diagnostic tests
  - Whether B.1.1.7 or any other new variant can evade immunity induced by vaccines or natural infection is an area of active study
  - First detected in UK; quickly become dominant and spread to multiple nations
  - Has been found in multiple U.S. states; several cases have been identified in NYC
- Potential consequences of widespread B.1.1.7 circulation include:
  - Rapid increase in cases could strain health care system
  - Higher vaccine coverage than previously estimated may be needed to control the pandemic
- Implications:
  - Vaccination and mitigation measures must be implemented as quickly and rigorously as possible
  - Efforts to prepare the health care system for further surges are warranted

Galloway SE, Paul P, MacCannell DR, et al. Emergence of SARS-CoV-2 B.1.1.7 Lineage — United States, December 29, 2020–January 12, 2021. MMWR Morb Mortal Wkly Rep. ePub: 15 January 2021. DOI: http://dx.doi.org/10.15585/mmwr.mm7003e2

New Requirements for Air Passengers Arriving in U.S.

- Effective January 26, 2021, all air passengers aged ≥ 2 years arriving in U.S. from another country must show proof of one of the following:
  - Negative viral test (nucleic acid amplification or antigen test) performed no more than 3 days before flight departs OR
  - Documentation of having recovered from COVID-19
    - Proof of a positive viral test in the preceding 3 months AND
    - Letter from health care provider or public health official stating passenger has been cleared to travel

CDC Order issued January 12, 2021 https://www.cdc.gov/quarantine/pdf/global-airline-testing-order_2021-01-2_R3-signed-encrypted-p.pdf

CDC Guidance on COVID-19 Vaccine Administration Schedule Updated 1/22/21

- COVID-19 vaccine series consist of two doses administered intramuscularly:
  - Pfizer-BioNTech: 3 weeks (21 days) apart
  - Moderna: 1 month (28 days) apart
- Do not schedule the second dose earlier than recommended
  - However, second doses administered within a grace period of 4 days earlier than the recommended date for the second dose are still considered valid
  - Doses inadvertently administered earlier than the grace period should not be repeated
- Second dose should be administered as close to the recommended interval as possible
  - However, if it is not feasible to adhere to recommended interval, second dose of Pfizer-BioNTech and Moderna COVID-19 vaccines may be scheduled for administration up to 6 weeks (42 days) after the first dose
  - There are currently limited data on efficacy of COVID-19 vaccines administered beyond this window, though it is expected that immune response following the second dose would remain high
  - If second dose is administered beyond these intervals, there is no need to restart the series

https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html#Administration

COVID-19 Vaccine Eligibility, NY State

- Currently eligible groups:
  - Health care workers
  - People aged 65 years or older
  - Residents and staff in nursing homes and certain other group living facilities
  - Certain frontline essential workers, such as first responders, teachers and school staff, day care workers, transit workers, corrections personnel, and grocery store workers
- A detailed, up-to-date list of currently eligible groups and anticipated future availability may be found at: nyc.gov/covidvaccinedistribution

Recent Epidemiology of COVID-19 in NYC

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COVID-19 Vaccine Information for Providers Webpage

Jen Lau, MPA
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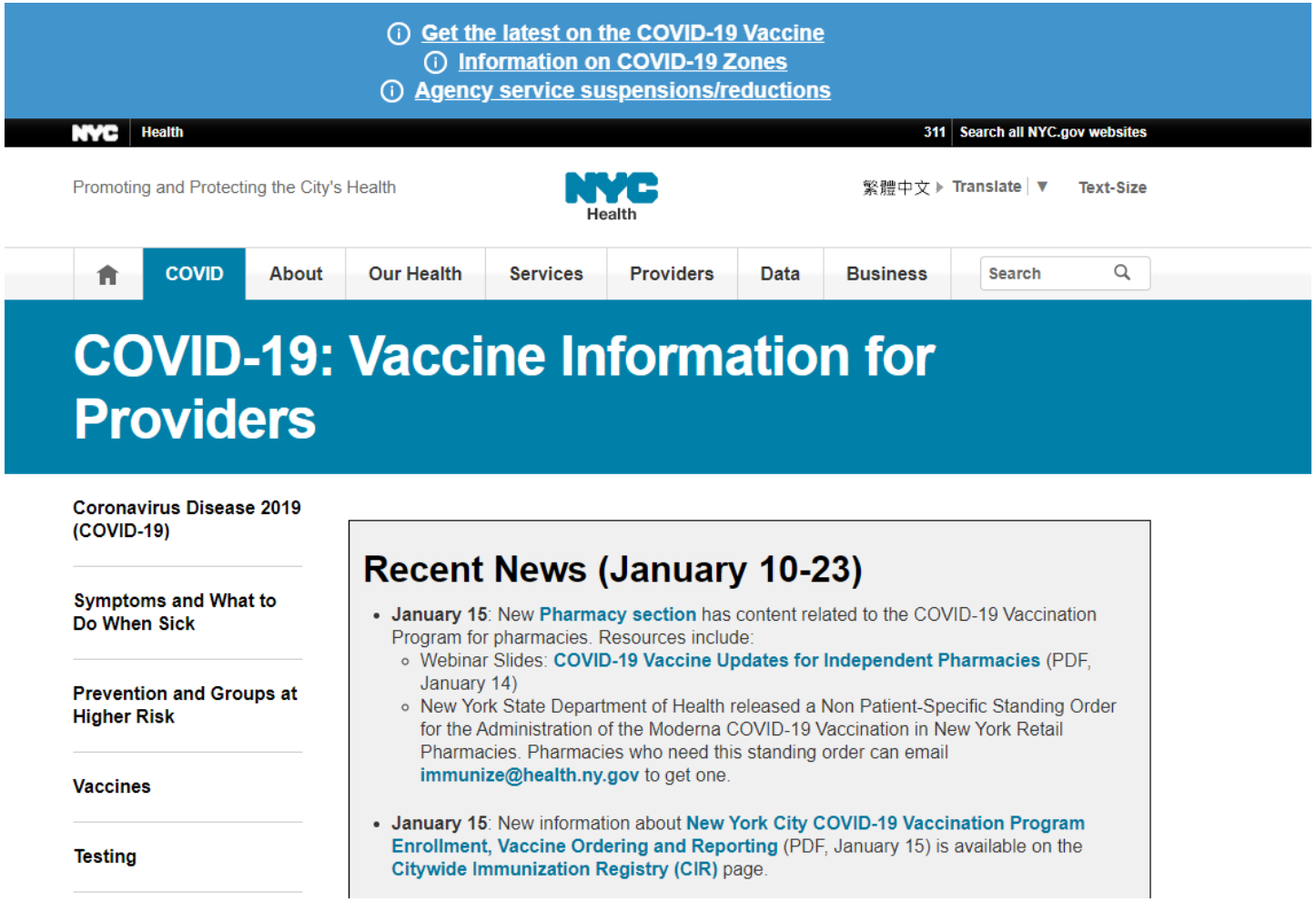
COVID-19: Vaccine Information for Providers Webpage

Stay updated on COVID-19 vaccine information:
https://www1.nyc.gov/site/doh/covid/covid-19-providers-vaccines.page



COVID-19 Vaccination: Building Vaccine Confidence among Providers, Staff and Patients

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NYC Department of Health and Mental Hygiene

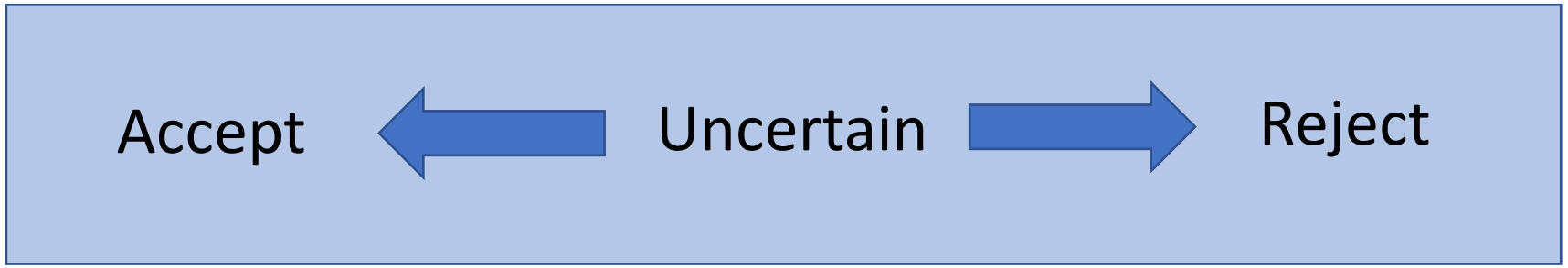
Presentation Overview

- Defining vaccine hesitancy
- Moving from hesitancy to confidence
- Being informed to build trust
- Building vaccine confidence among health care personnel
- Building vaccine confidence among patients

These slides were developed using content from the following sources:

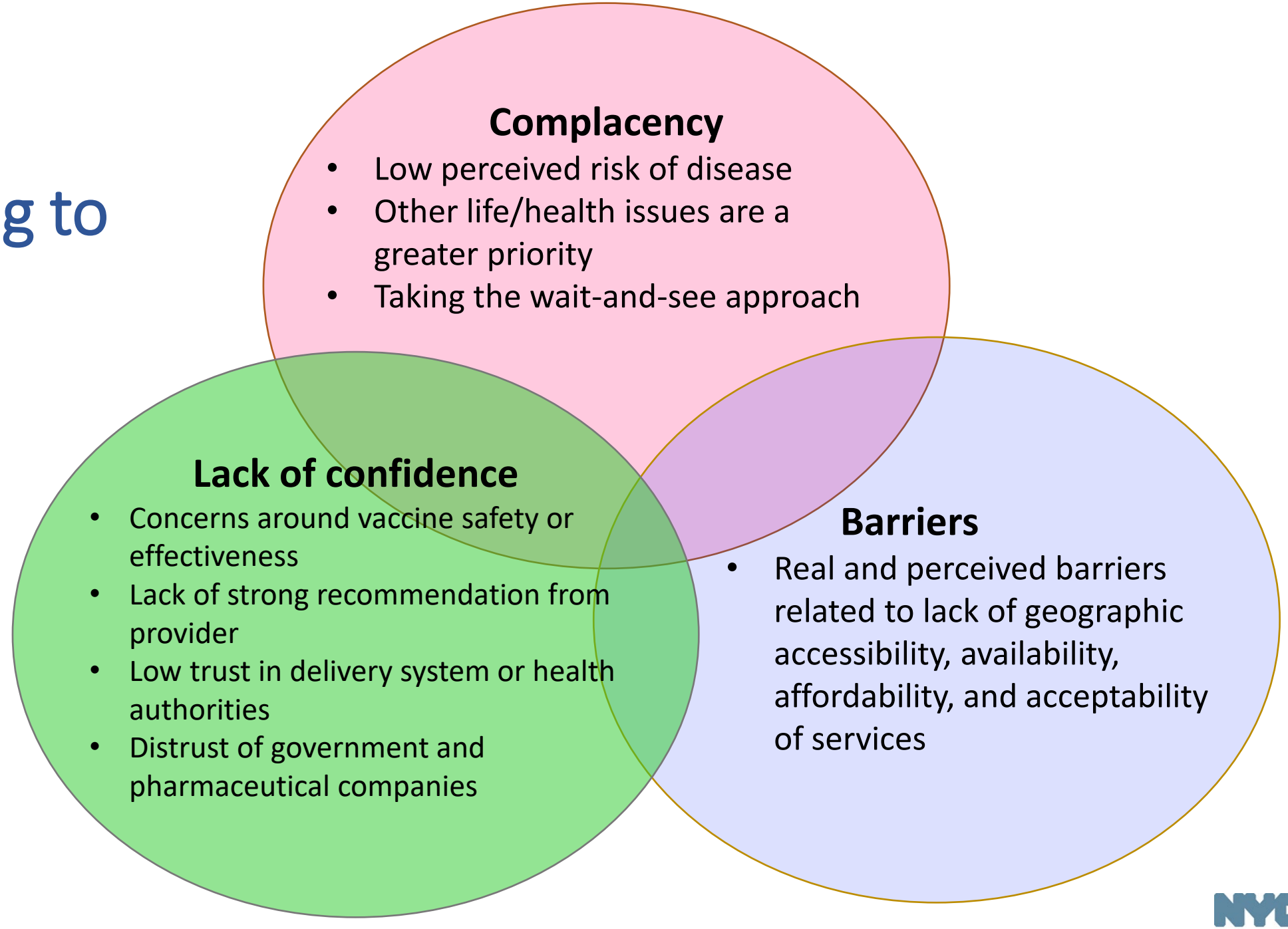
- World Health Organization. Conversations to build trust in vaccination - A training module for health workers, May 2017 https://www.comminit.com/global/content/conversations-build-trust-vaccination-training-module-health-workers
- Centers for Disease Control and Prevention. COVID-19 Vaccination Communication Toolkit https://www.cdc.gov/vaccines/covid-19/health-systems-communication-toolkit.html

What is Vaccine Hesitancy?



- A delay in acceptance or refusal of vaccines, despite availability of vaccination services
- Complex and context-specific, varying across time, place and vaccine
- A normal, rational response, particularly for communities of color, which have faced historic and persistent systemic racial oppression

Factors Contributing to Vaccine Hesitancy



Factors Influencing Decisions About Vaccination

Contextual	Individual and group influences	Vaccine/vaccination - specific issues
• Media and public communication • Local politics • Religion, culture • Accessibility of services • Trust in authorities	• Beliefs and attitudes about health and disease prevention • Knowledge and awareness • Poor quality health service experience	• Mode of administration • Source of the vaccine • Vaccination schedule • Costs associated with vaccination • Knowledge/attitudes of health care professionals

Vaccine Hesitancy Among Health Care Providers

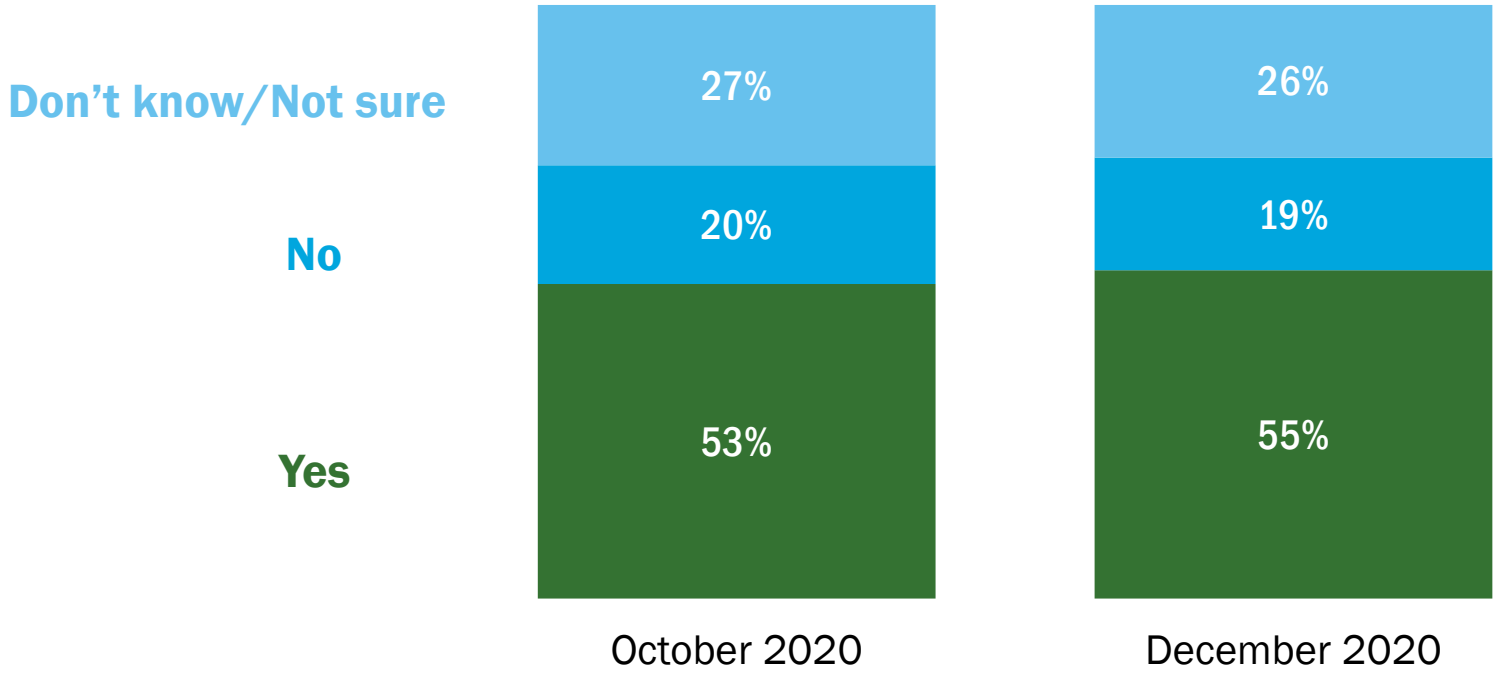
- American Nursing Foundation survey of nurses (Oct 2020)*
  - 63% were somewhat or very confident that the vaccine will be safe and effective
  - 34% would voluntarily receive COVID-19 vaccine
  - 57% are comfortable discussing COVID-19 vaccines with patients
- CDC web survey of healthcare providers (Sept–Oct 2020)*
  - 63% said they would get a COVID-19 vaccine

Sources:
1. American Nurses Foundation, Pulse on the Nation's Nurses COVID-19 Survey Series: COVID-19 Vaccine, October 2020. https://www.nursingworld.org/practice-policy/work-environment/health-safety/disaster-preparedness/coronavirus/what-you-need-to-know/covid-19-vaccine-survey
2. Lindley, et al. CDC COVID-19 Response Team. Report in progress.

*Surveys conducted before release of vaccine efficacy data and vaccine approvals

Vaccine Hesitancy Among NYC Community Members: NYC Health Opinion Poll

*When a coronavirus vaccine becomes available to you, will you get vaccinated?**

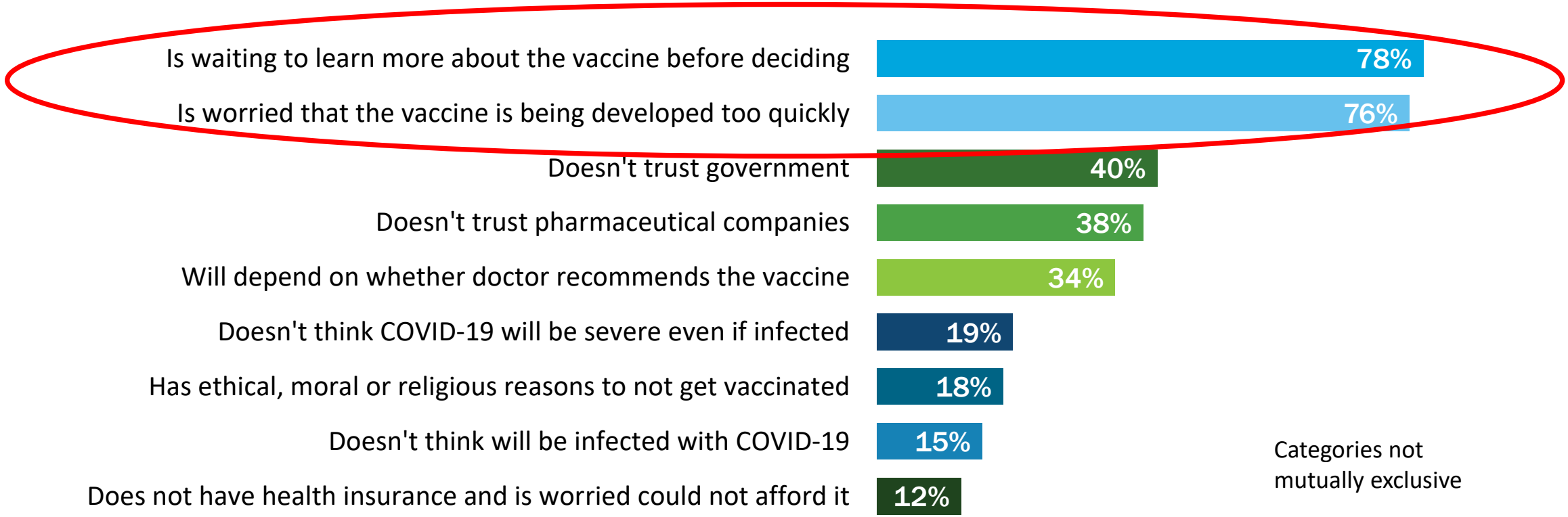


Source: NYC Health Opinion Poll (October 3-14, December 9-21, 2020)

* Question in October 2020 was "If a coronavirus vaccine becomes available, would you get vaccinated?"

Respondents who said they would not get vaccinated or were unsure were concerned that the vaccines were being developed too quickly and were waiting to learn more about it before deciding

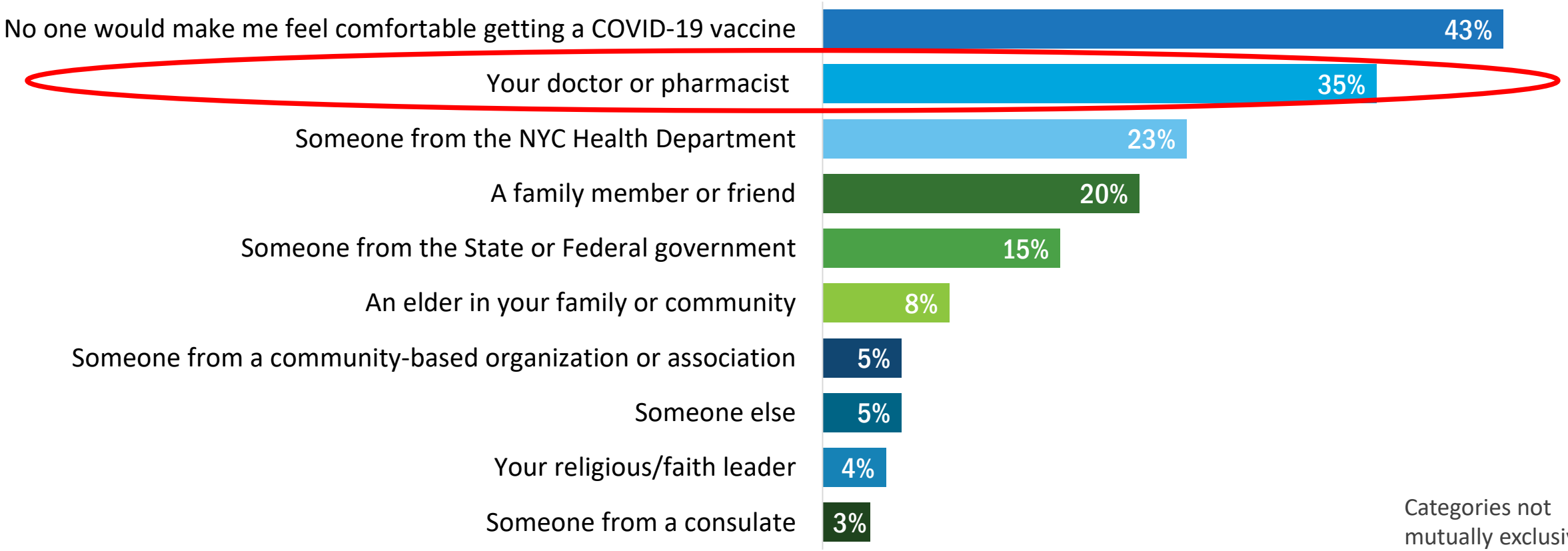
Why (do you intend to not/are you unsure if you will) get vaccinated when a coronavirus vaccine becomes available to you? (Asked among those who will not get or who are unsure if they will get a COVID-19 vaccine, n=524)



Source: NYC Health Opinion Poll (December 9-21, 2020)

Among those who said they did not intend to or were unsure if they will get the COVID-19 vaccine, their doctor or pharmacist was the person they most often said they would need to hear from to make them feel comfortable receiving it

Who would you need to hear from about the COVID-19 vaccine in order to feel comfortable receiving it? (Asked among those who will not get or who are unsure if they will get a COVID-19 vaccine, n=524)



Categories not mutually exclusive

Source: NYC Health Opinion Poll (December 9-21, 2020)

From Vaccine Hesitancy to Vaccine Confidence

- No single strategy can address all the different dimensions of hesitancy
- What health care providers (HCP) say and how they interact with the patient/caregiver can strongly influence vaccine acceptance
- Use the Vaccinate with Confidence Framework and focus on evidence-informed best practices to increase vaccine acceptance through skilled conversation about vaccination

Defining Vaccine Confidence

- *Vaccine confidence* is the trust that patients or providers have in:
  - Recommended vaccines
  - Providers who administer vaccines
  - Processes and policies that lead to vaccine development, licensure, manufacturing, and recommendations for use
- People must have trust in **all three** to feel fully confident in their decision to get vaccinated
- Foundation of trust is critical and built over time
- Especially with patient populations that may have longstanding mistrust of the medical community and government due to historical and continued mistreatment of people of color, immigrants, and people involved in the criminal justice system

Framework to Vaccinate with Confidence

1. **Be Informed to Build Trust**
   - Be familiar with the COVID-19 vaccines to share clear, complete, and accurate messages
   - Take visible actions to build trust in the vaccine, the vaccinator and the system in coordination with federal, state and local agencies and partners
2. **Build Vaccine Confidence Among HCP**
   - Empower health care personnel by helping them to feel confident in their own decision to get vaccinated and to recommend vaccination to their patients
3. **Build Vaccine Confidence Among Patients**
   - Engage communities and individuals in a sustainable, equitable, and inclusive way in order to increase collaboration

1. Be Informed to Build Trust

Knowledge is Power

Vaccine Clinical Trials

There are 4 phases of vaccine clinical trials; each studies whether vaccine work and are safe

- **Phase I**: Small number of people (fewer than 100)
- **Phase II**: Several hundred people
- **Phase III**: Thousands of people
- **Phase IV (after approval):** Continued studies and monitoring after a vaccine is available to the public

FDA Authorization Process

- Vaccines must be reviewed by the U.S. Food and Drug Administration (FDA) **before** they can be used
- For vaccines, the FDA:
  - Monitors vaccine development from beginning to end.
  - Analyzes clinical trial data to decide whether to allow the vaccine to be used
  - Continues to monitor the vaccine safety data even after the vaccine is approved

FDA Authorization of COVID-19 Vaccines

- In an emergency, the FDA may allow vaccines to be used before they are officially licensed by issuing an Emergency Use Authorization (EUA), so we can use them right away
- An EUA can be issued only if the evidence strongly suggests that the benefits outweigh any risks to patients

Vaccine Safety Monitoring

- Federal agencies and external organizations monitor vaccine safety during trials and after vaccine approval, such as:
  - Vaccine Adverse Event Reporting System (VAERS)
  - Vaccine Safety Datalink (VSD)
  - Clinical Immunization Safety Assessment (CISA)
  - Biologics Effectiveness and Safety System (BEST)
  - V-safe (new): CDC smartphone tool to check-in with vaccine recipients and survey for side effects

Development of COVID-19 Vaccines

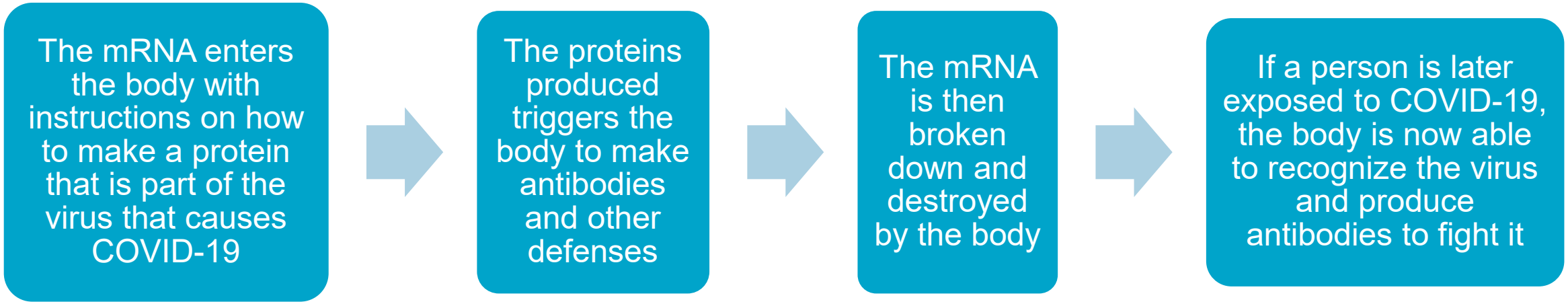
- Scientists built on many years of research from other vaccines, including research on vaccines for other coronaviruses
- The federal government provided special funding to allow development, testing and production to happen at the same time
  - Companies started manufacturing vaccines so that they would be ready to distribute them if an EUA was issued
  - The federal government, state and local health departments, and health care providers have been working for months to plan for storage, distribution, supplies, and other logistics

Status of COVID-19 Vaccines in the U.S.

- Two vaccines have been authorized by the FDA for use:
  - Pfizer-BioNTech mRNA vaccine
  - Moderna mRNA vaccine
- Other vaccines in various stages of testing include:
  - Oxford/AstraZeneca DNA vaccine
  - Johnson & Johnson Janssen DNA vaccine
  - Novavax protein-based vaccine
  - Sanofi/GlaxoSmithKline protein-based vaccine

mRNA Vaccine Technology

- COVID-19 messenger RNA (mRNA) vaccines contain genetic material from the SARS-CoV-2 virus. mRNA vaccines do **not** contain the actual virus
- While mRNA is a new type of vaccine, it has been studied for over 30 years
- Here is how they work:



COVID-19 mRNA Vaccines will Not Give You COVID-19

- **None** of the COVID-19 vaccines in use or under development use the live virus that causes COVID-19
- People can experience normal side effects, such as fever, after vaccination - these side effects are signs that the body is building immunity
- It takes a few weeks for the body to build immunity after vaccination
  - A person could be exposed to the virus that causes COVID-19 just before or just after vaccination and get sick; this is because the body has not had enough time after vaccination to make antibodies to provide protection
- The authorized vaccines will not cause you to test positive on viral tests (e.g., swabs), which are used to see if you have a **current infection**

Pfizer-BioNTech and Moderna mRNA Vaccines

- FDA issued EUAs for each vaccine
- Overall vaccine efficacy from clinical trials: 95% (Pfizer), 94% (Moderna)
- Phase III study populations: each had >30,000 study volunteers
  - ≥ 30% of U.S. participants were from communities of color
- High efficacy consistent across age, gender, race and ethnicity
- Safety data were collected for ≥ 8 weeks after vaccination in the trials. It is unusual for side effects to appear more than 8 weeks after vaccination
- No serious safety concerns were found

Pfizer-BioNTech Vaccine vs. Moderna Vaccine

- The vaccines are more similar than they are different
- Both:
  - Are mRNA vaccines
  - Were shown to provide a high level of protection against COVID-19
  - Require two doses
  - Can cause mild to moderate side effects
- Main differences:
  - Pfizer-BioNTech authorized for people age 16+ and Moderna age 18+
  - Pfizer-BioNTech must be stored at much lower temperature and used more quickly once thawed, which may impact where it is available

COVID-19 Vaccination is a Safer Way to Build Protection

- Getting the virus that causes COVID-19 may offer some natural protection (immunity), but experts don’t know how long this protection lasts
- The risk of severe illness and death from COVID-19 far outweighs any benefits of natural immunity
- COVID-19 vaccination will help protect you by creating an antibody response without the risk of severe illness

2. Build Vaccine Confidence Among HCP

Encourage Senior Leaders to be Vaccine Champions

- Talk to your leaders about vaccine confidence and why it's important
- Ask leaders to lead by example and be photographed while getting COVID-19 vaccine
- Invite leaders to share their personal reasons for getting vaccinated and the importance of vaccination for all staff; share via:
  - Testimonials given during informal conversations, meetings, and staff presentations
  - Short videos
  - Email blasts
  - Social media
  - Blogs or web articles

Photo credit: National Foundation for Infectious Diseases*

*www.nfid.org/about-nfid/newsroom/press-releases/us-health-officials-urge-influenza-and-pneumococcal-vaccination-amid-covid-19-pandemic/

Host Discussions with Staff at Different Levels

- Provide a forum for questions and generate ideas for how to increase COVID-19 vaccine confidence
- Include staff representing management, health care teams, labor unions, and support staff
- Have staff member who is well-respected and seen as a neutral convener on the topic facilitate
- CDC has a discussion guide to help: https://www.cdc.gov/vaccines/covid-19/health-systems-communication-toolkit.html

Educate Staff

- Educate staff about COVID-19 vaccines, how they are developed and monitored for safety, and how to talk to others about vaccines
- Teach staff how to have effective COVID-19 vaccine conversations and answer common questions
- NYC and CDC Resources:
  - *COVID-19 Vaccine Basics: What Healthcare Personnel Need to Know (PowerPoint)*
  - *Building Confidence in COVID-19 Vaccines Among Your Patients (PowerPoint)*

www.cdc.gov/vaccines/covid-19/health-systems-communication-toolkit.html

Source: https://www.cdc.gov/vaccines/covid-19/downloads/VaccinateWConfidence-Immunization-Coordinators_508.pdf

Educate Non-Medical Staff

- Educate non-medical staff about COVID-19 vaccines and the vaccine development and safety monitoring process
- Ensure staff know about possible side effects
- Emphasize the benefits of protecting themselves, their families, their coworkers, and patients
- Create a feedback mechanism for asking questions
- Let them know they also have an important role to play in making vaccine confidence visible

Source: https://www.cdc.gov/vaccines/covid-19/downloads/VaccinateWConfidence-Immunization-Coordinators_508.pdf

www.cdc.gov/vaccines/covid-19/health-systems-communication-toolkit.html

Make the Decision to Get Vaccinated Visible - and Celebrate It!

- Provide “I got my COVID-19 vaccine!” pins, lanyards, masks, bracelets, etc.
- Post a photo gallery in common or break areas or online showing cheerful staff who just got vaccinated
- Offer a small, sincere token of gratitude for early adopters
- Record testimonials on why healthcare personnel in your facility decided to get vaccinated and share with the media
- Share inclusive, positive, behind-the-scenes moments showing staff for caring for patients
- Reach out to local news outlets to highlight your health facility’s leadership in COVID-19 vaccination

www.cdc.gov/vaccines/covid-19/health-systems-communication-toolkit.html

NYC Health

3. Build Vaccine Confidence Among Patients

Begin Discussing Vaccination with Patients

- Even if a patient is not yet eligible to be vaccinated, lay the groundwork for when vaccine becomes more available
- Let patients know that you recommend the vaccine for them
  - Provide information on the benefits and safety of vaccination
- If a patient questions your recommendation, this does not necessarily mean they will not accept it; questions are normal and to be expected
- Patients consider their providers the most trusted source of information on vaccines, and may simply want *your* answers

CDC. https://www.cdc.gov/vaccines/covid-19/hcp/answering-questions.html#

Build Vaccine Confidence Among Patients

When entering each conversation…

- Start from a place of empathy and understanding
- Give your strong recommendation: **a provider's recommendation is one of the strongest predictors of vaccine receipt**
- Ensure the patient leaves feeling confident in the decision to be vaccinated
- For patients expressing concerns, explore reasons and motivations
- Vaccine safety concerns are common; don't just say that vaccines are safe and effective; provide supporting information
- Keep in mind that hesitancy can occur in people across racial, ethnic, and religious groups and is not uniform across any group
- Self-assess your own biases and recognize the harms of medical racism on communities of color
- Use motivational interviewing, an effective tool in producing behaviour change in other areas of health, e.g. physical illness

Build Vaccine Confidence Among Patients - Motivational Interviewing

- If patient is uncertain about vaccination, follow up with a guided conversation:

1. Ask open-ended questions

"What are your concerns about getting vaccinated?"

2. Reflect and respond

Patient: "I know getting vaccinating will help me but I am afraid."
HW: "I understand that you want to make the best choice for yourself but are nervous."

3. Affirm strengths and validate concerns

"It's great that you are starting to think about vaccines."
"Your health is important to you."

4. Ask-provide-verify

"So, what do you already know about vaccines?"
"Could I provide you with some information based on what you just shared?"
"Given our discussion, how do you view things now?"

5. Summarize and describe action

"What that means to you is…"
"Could I schedule a follow up appointment soon?"

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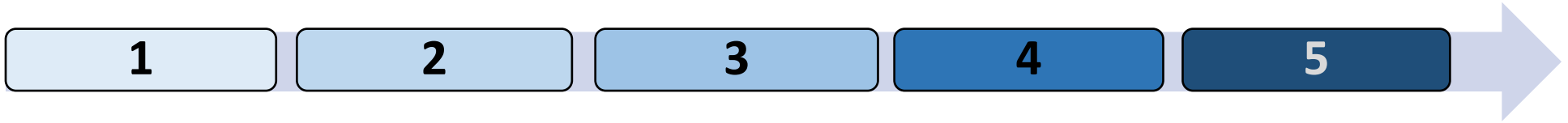

Determine the action

IF YES: Vaccinate and offer praise to affirm the positive decision

IF UNDECIDED: Schedule a new discussion or discuss at next visit:

"Let's revisit this once you have had a chance to think more about vaccination. When could you come back?"

IF REFUSAL: Do not debate, but leave the door open:

"I understand. Please know that if you change your mind and want to talk about the vaccine, we are always available."

Build Vaccine Confidence Among Patients

DO	DON'T
Take a guiding style	Take a directive or argumentative style
Work with the patient to establish trust	Assume you understand a patient's reasons for concern
Explore doubts about and interest in vaccination, and think from their perspective	Argue or debate with the patient
Make it known that you are there to listen and reflect on what the patient is saying	Rush through without listening

Build Vaccine Confidence Among Patients

When Applying These Approaches

- Always adapt the communication to your setting
  - Be sensitive to culture, social norms, religion, level of education, etc.
- Emotions matter when building trust; account for feelings and concerns of patients:
  - Offer time, space, and environment to digest information and ask questions
  - Acknowledge and validate perceptions before advising patients
  - Demonstrate listening; be authentic and show you care
  - Always tell the truth, even if that means admitting you do not know
- Guided conversations should take no more time than usual routine interactions
  - Focus on one concern, discussed in a competent and caring manner
  - If more time is needed, ask if the patient can wait until after others are vaccinated, or book another visit (if feasible)

Additional Resources

COVID-19 Vaccines

- NYC Health Department - COVID-19 Vaccine:
  - Public: nyc.gov/covidvaccine
  - Providers: nyc.gov/health/covidvaccineprovider
  - Vaccine eligibility: https://www1.nyc.gov/site/doh/covid/covid-19-vaccine-eligibility.page
  - Where to get vaccinated (vaccine finder): https://vaccinefinder.nyc.gov/
  - Latest data on vaccine distribution: https://www1.nyc.gov/site/doh/covid/covid-19-data-vaccines.page

- Citywide Immunization Registry Reporting Assistance
  - https://www1.nyc.gov/site/doh/providers/reporting-and-services/cir-how-to-report.page#electronic
- Vaccine Provider Assistance:
  - Email nycimmunize@health.nyc.gov

General COVID-19 Resources

- Provider page: https://www1.nyc.gov/site/doh/covid/covid-19-providers.page
- Data page: https://www1.nyc.gov/site/doh/covid/covid-19-data.page
- Dear Colleague COVID-19 newsletters (sign up for *City Health Information* subscription at: nyc.gov/health/register)
- NYC Health Alert Network (sign up at https://www1.nyc.gov/site/doh/providers/resources/health-alert-network.page)
- Provider Access Line: **866-692-3641**

Next NYC Health Department provider webinar

- Friday, February 5, 1 p.m. (sign up on provider page)