

**COVID-19  
HEALTH CARE PROVIDER UPDATE:  
RESUMED USE OF JOHNSON & JOHNSON/JANSSEN COVID-19 VACCINE  
BUILDING CONFIDENCE IN COVID-19 VACCINES**

**APRIL 30, 2021**

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*Our understanding of COVID-19 is evolving rapidly.  
This presentation is based on our knowledge as of April 29, 2021, 5 PM.*

# OUTLINE



RESUMED USE OF JOHNSON & JOHNSON/JANSSEN  
COVID-19 VACCINE



BUILDING CONFIDENCE IN COVID-19 VACCINES



QUESTIONS AND DISCUSSION

# RESUMED USE OF JOHNSON & JOHNSON/JANSSEN COVID-19 VACCINE

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# Johnson & Johnson/Janssen COVID-19 Vaccine

- February 27, 2021: Emergency use authorization (EUA) given to the Johnson & Johnson/Janssen (J&J) COVID-19 adenovirus vector vaccine
- April 13, 2021: The CDC and FDA recommended pause in vaccine use
  - Six reports of rare and severe type of blood clot, cerebral venous sinus thrombosis (CVST), with thrombocytopenia in J&J COVID-19 vaccine recipients
  - Pause enabled investigation and help ensure proper treatment of cases
- April 14, 2021: Advisory Committee on Immunization Practices (ACIP) reviewed cases and assessed significance
  - Declined to vote on J&J/Janssen recommendations
  - Effectively maintained the pause
  - Requested additional information, data analysis, stimulated reporting

# Risk Benefit Analysis – Population and Individual

- CDC and FDA used the pause to conduct risk-benefit analyses of TTS events after receipt of the J&J COVID-19 vaccine by assessing:
  - Characteristics and rate of TTS cases
  - Recent COVID-19 epidemiology
  - Modeling to quantify COVID-19 hospitalizations, ICU admissions, and deaths prevented with resumption of use of the J&J COVID-19 vaccine in the United States
  - Whether changes to ACIP recommendations would disproportionately affect certain populations

# April 23, 2021: ACIP Reaffirmed Previous Recommendation

- 9 additional cases identified of CVST and/ or large vessel thrombosis with thrombocytopenia for total of 15 cases among nearly 8 million J&J vaccine recipients
- Thrombotic thrombocytopenia syndrome (TTS) used to define these rare medical events
- Voted to resume use of J&J vaccine in all people aged 18 years or older in accordance with the EUA
- EUA now includes warning that rare clotting events might occur after vaccination, primarily among women aged 18–49 years
  - Additional information in the fact sheet for recipients and caregivers about the risks and symptoms of blood clots
  - Directive for providers to educate patients with information necessary to guide vaccine decision-making and ensure early recognition and clinical management of TTS
    - Risk for TTS with J&J COVID-19 vaccine, especially among women aged <50 years,
    - The availability of alternative COVID-19 vaccines

# Characteristics of 15 Patients With TTS

- Median age 37 years (range 18–59)
- Median time to symptom onset 8 days (range 6–15 days)
- All cases occurred in females
- 3 deaths
- Pregnant or post-partum\* (n=0)
- COVID-19 disease (n=2); both by history, no documentation of serology testing
- Risk factors for thrombosis<sup>†</sup>
  - Oral contraceptive use (n=2)
  - Hypertension (n=2)
  - Obesity (n=7)
  - Diabetes (n=0)
  - Hypothyroidism (n=2)
  - Coagulation disorders (n=0)

\*Within 12 weeks of delivery; <sup>†</sup>Reference source <https://www.hopkinsmedicine.org/health/conditions-and-diseases/thrombosis>  
ACIP meeting presentation: <https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2021-04/03-COVID-Shimabukuro-508.pdf>  
<https://www.cdc.gov/mmwr/volumes/70/wr/mm7017e4.htm>

# Signs and Symptoms in Patients with CVST after J&J COVID-19 Vaccine, N=12<sup>†</sup>

## Initial\*

- Headache (all started  $\geq 6$  days after vaccination)
- Chills
- Fever
- Nausea/vomiting
- Malaise/lethargy
- Abdominal pain

## Later in clinical course\*

- Severe headache, several with neck pain or stiffness
- Nausea/vomiting
- Abdominal pain
- Unilateral weakness
- Speech difficulty
- Gaze deviation
- Loss of consciousness
- Seizure

\*Occurring in  $\geq 2$  patients

<sup>†</sup>Includes the 12 cases of CVST, not the 3 TTS cases without CVST but with large vessel thrombosis with thrombocytopenia  
ACIP meeting presentation: <https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2021-04-23/03-COVID-Shimabukuro-508.pdf>

# Rates of TTS after J&J COVID-19 Vaccine by Sex and Age Group

7.98 million vaccine doses administered\* with 15 confirmed TTS cases† as of April 21, 2021

	Females			Males		
Age group	TTS cases	Doses admin	Reporting rate†	TTS cases	Doses admin	Reporting rate†
18-49 years old	13	1,866,294	7.0 per million	0	1,977,330	0 per million
50+ years old	2	2,125,239	0.9 per million	0	2,010,144	0 per million

Source of doses administered: <https://covid.cdc.gov/covid-data-tracker/#vaccinations> ; † One case was excluded from the final analysis: a female aged < 50 years who had concurrent diagnosis of COVID-19 and TTS following receipt of J&J vaccine; reporting rate = TTS cases per 1 million J&J COVID-19 vaccine doses administered. CDC COCA presentation: <https://emergency.cdc.gov/coca/ppt/2021/COCA-Call-4-27-2021-final.pdf>

# Benefits of the J&J COVID-19 Vaccine

- Single-dose
- Highly effective and can be useful in communities with increasing COVID-19 incidence and emerging variants of SARS-CoV-2
  - Efficacy measured at 28 or more days post vaccination
    - 66% efficacy against symptomatic, lab-confirmed COVID-19
    - 85% against severe outcomes
    - 100% against death due to COVID-19
- Efficacy against severe disease remained high across world regions (73-82%), suggesting protection against severe illness with variant strains
- Shipment and storage (3 months) at refrigerator temperatures
- Easier to reach some disproportionately affected groups such as homeless, rural residents, justice-involved, people with disabilities, homebound, and others with no/limited access to healthcare

CDC COCA presentation : <https://emergency.cdc.gov/coca/ppt/2021/COCA-Call-4-27-2021-final.pdf>

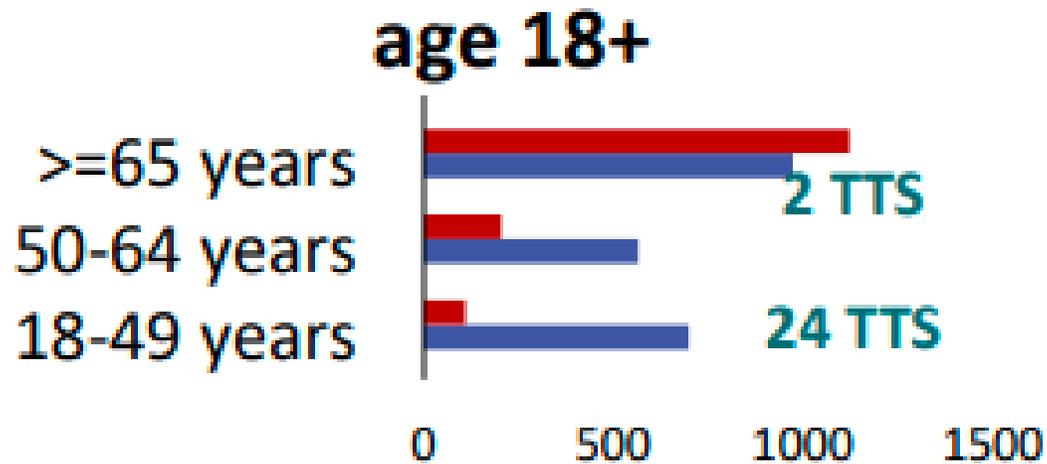
ACIP meeting presentation : <https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2021-04-23/06-COVID-Oliver-508.pdf>

# Benefits and Harms of Resuming Vaccination for Ages $\geq 18$ years vs. $\geq 50$ Years Over 6 Month Period

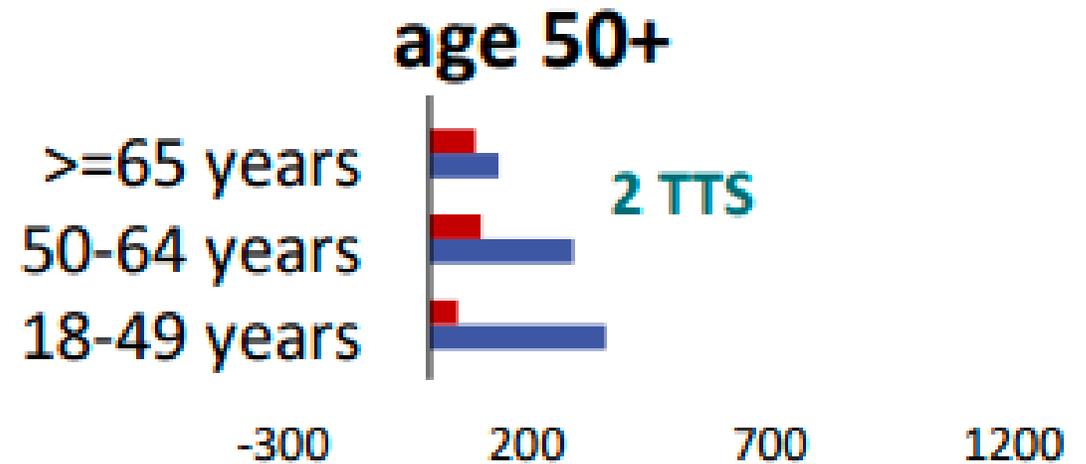
Moderate transmission; Vaccination resumed at 50% of rate before pause

■ Deaths averted
 ■ ICU admissions averted

## Resume vaccination: age 18+



## Resume vaccination: age 50+



**26 TTS in 9.8M vaccinations**  
**Prevent 1,435 deaths, 2,236 ICU admissions**

**2 TTS in 3.6M vaccinations**  
**Prevent 257 deaths, 779 ICU admissions**

<sup>1</sup> Based on observed cases adjudicated as of 4/21/2021

NOTE: in Phase III RCT, one male in 18-49 year age group experienced TTS; not included in this analysis

Acronyms: Thrombosis with Thrombocytopenia Syndrome (TTS)

# ACIP Conclusions

- After careful review of the current evidence, the conclusion was that the benefits of vaccination outweigh the risks
- Limiting vaccine use to specific populations (i.e., by age or sex) could reduce numbers of TTS cases but could also:
  - Challenge public health implementation
  - Save fewer lives
  - Limit personal choice
  - Disproportionately affect populations with barriers to vaccine access or who have difficulty returning for a second dose
- Safety surveillance and research on TTS continues and evidence will be re-assessed as needed

# Clinical Considerations for Use Of J&J COVID-19 Vaccine

- Women aged <50 years
  - Can receive any FDA-authorized COVID-19 vaccine
  - Should be aware of the rare risk of TTS after receipt of the J&J COVID-19 vaccine and the availability of other FDA-authorized COVID-19 vaccines (i.e., mRNA vaccines)
- People with a history of an immune-mediated syndrome characterized by thrombosis and thrombocytopenia, such as HIT
  - Do not administer J&J vaccine if they are within 90-180 days of resolution of their illness; instead offer another FDA-authorized COVID-19 vaccine
- People with risk factors for venous thromboembolism\* or history of other types of thromboses (including CVST) not associated with thrombocytopenia
  - Expert opinion to date is that they are unlikely to be at increased risk for TTS
  - Can receive any FDA-authorized COVID-19 vaccine, including the J&J vaccine
- Use of aspirin or anticoagulants
  - If part of routine medications, not necessary to stop before receipt of J&J COVID-19 vaccine
  - NOT recommended before vaccination with the J&J COVID-19 vaccine or mRNA vaccines

<https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html#janssen-vaccine-certain-populations>

\*Including pregnancy, post-partum state, and use of hormonal contraceptives

# Key Steps for Providers Regarding J&J COVID-19 Vaccine

- Education about TTS risk with J&J COVID-19 vaccine is critical
  - Provide the EUA fact sheet to all vaccine recipients and their caregivers before vaccination
- Remain vigilant for symptoms of possible serious thrombotic events or thrombocytopenia in recent J&J COVID-19 vaccine recipients
  - Severe headache; backache; new neurologic symptoms; severe abdominal pain; dyspnea; leg swelling; petechiae; new or easy bruising
  - Obtain platelet counts and screen for immune thrombotic thrombocytopenia
- If you identify a patient with thrombosis and thrombocytopenia after J&J COVID-19 vaccination:
  - Consult with hematologist and refer to treatment guidance from the American Society of Hematology
  - Evaluate with screening platelet factor 4 enzyme-linked immunosorbent assay
  - **Do not treat with heparin** unless heparin-induced thrombocytopenia testing is negative
- No cases of TTS have been reported after receipt of the Pfizer-BioNTech or Moderna vaccines

CDC health alert: <https://emergency.cdc.gov/han/2021/han00442.asp>

NYC Health Department health alert: <https://www1.nyc.gov/assets/doh/downloads/pdf/han/alert/2021/covid-19-jj-vaccine-cvst.pdf>

American Society of Hematology <https://www.hematology.org/covid-19/vaccine-induced-immune-thrombotic-thrombocytopenia>

# How to report an adverse event to VAERS

- Go to [vaers.hhs.gov](https://vaers.hhs.gov)
- Submit a report online
- For help:
  - Call [1-800-822-7967](tel:1-800-822-7967)
  - Email [info@VAERS.org](mailto:info@VAERS.org)
  - video instructions
  - <https://youtu.be/sbCWWhcQADFE>
- Please send records to VAERS ASAP if contacted and asked

— HIPAA permits reporting of protected health information to public health authorities including CDC and FDA



# Summary

- The U.S. vaccine safety monitoring system rapidly detects rare adverse events following immunization
- TTS is a rare, but clinically serious and potentially life-threatening adverse event observed in association with the J&J COVID-19 vaccine
- Symptom onset about 1–3 weeks after vaccination
- Mechanism causing TTS not fully understood but appears similar to heparin induced thrombocytopenia (HIT)
- Important to recognize TTS early and initiate appropriate treatment

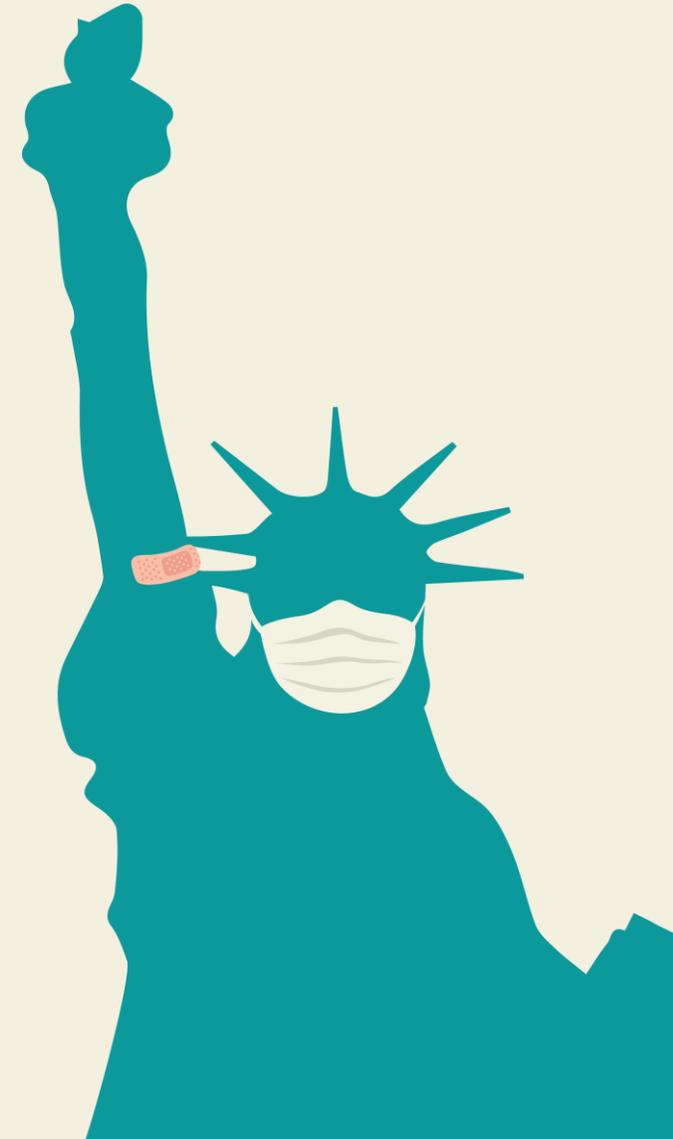
# Resources

- [Talking to Patients about Johnson & Johnson/Janssen vaccine](#)
  - A new CDC resource with concise information for healthcare providers
- [NYC Health Department Update on the Johnson & Johnson/Janssen COVID-19 Vaccine](#)
- Morbidity and Mortality Weekly Report:
  - [Updated Recommendations from the Advisory Committee on Immunization Practices for Use of the Janssen \(Johnson & Johnson\) COVID-19 Vaccine After Reports of Thrombosis with Thrombocytopenia Syndrome Among Vaccine Recipients — United States, April 2021](#)
- [Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Authorized in the United States](#)
- [Johnson & Johnson/Janssen COVID-19 Vaccine and Thrombosis with Thrombocytopenia Syndrome \(TTS\): Update for Clinicians](#)
  - [Slides](#)

THANK YOU

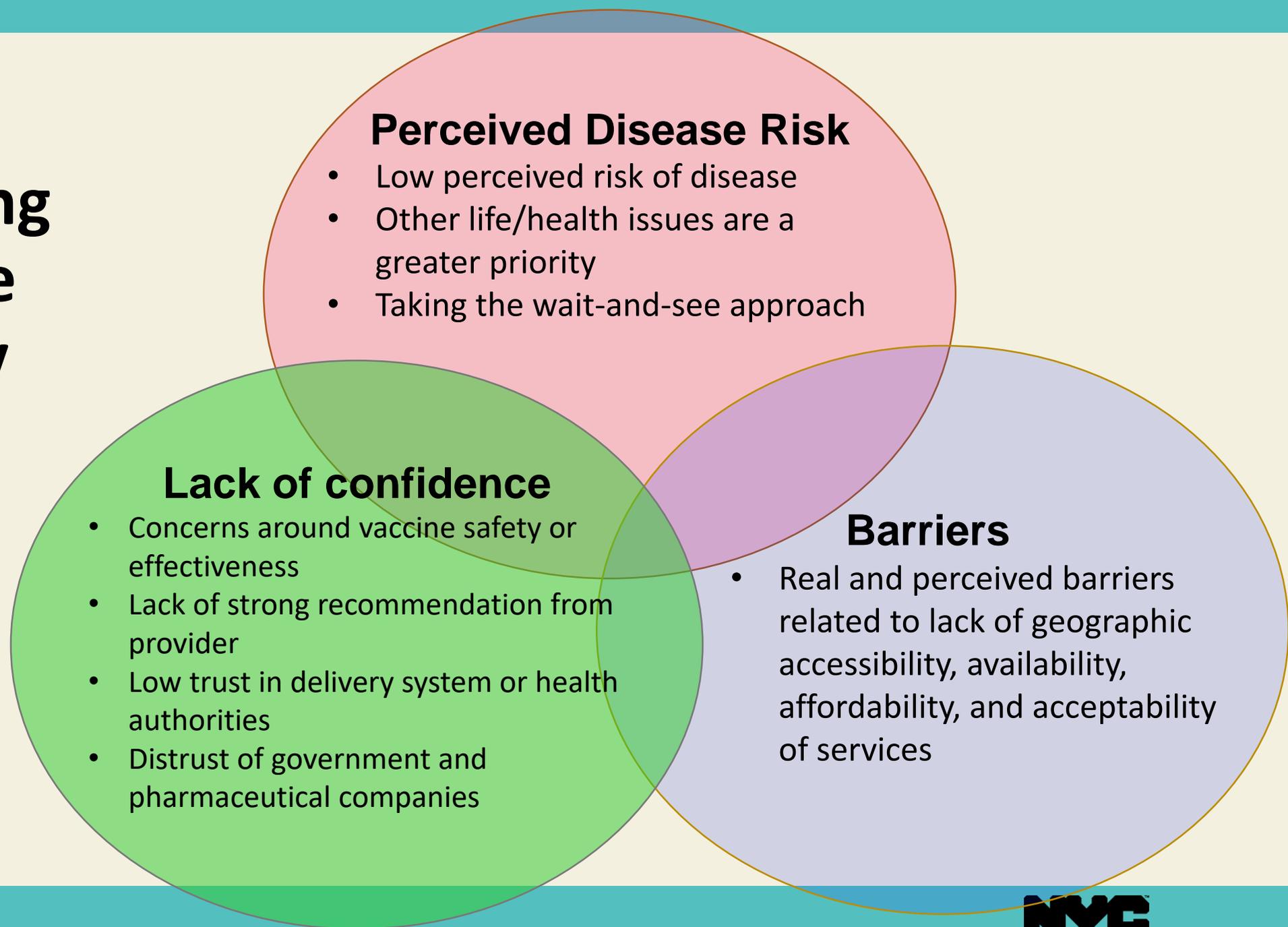
# Building Confidence in COVID-19 Vaccines

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New York City Department of Health and Mental Hygiene  
April 30, 2021



The information presented is based on our best knowledge as of today's date and is subject to change.  
Slide #15 was updated May 14, 2021.

# Factors Contributing to Vaccine Hesitancy



# HOW TO ADDRESS COMMON PATIENT QUESTIONS ABOUT COVID-19 VACCINES

# COVID-19 VACCINE BASICS

- Three authorized vaccines:
  - Pfizer: mRNA, 2 doses, 3 weeks apart, age 16 and up, requires ultra-cold storage
  - Moderna: mRNA, 2 doses, 4 weeks apart, age 18 and up, regular freezer temps
  - Johnson & Johnson/Janssen: adenovirus vector, 1 dose, age 18 and up, refrigerated
- None of the vaccines contain the virus. You cannot get COVID-19 from the vaccines
- The vaccines teach your immune system how to fight the virus, so it can fight the virus if you are exposed to it

# COVID-19 VACCINE DEVELOPMENT

- Researchers have been working on vaccines for coronaviruses for years, so they did not start from scratch.
  - While the Pfizer and Moderna mRNA vaccine technology is new, it has been studied for over 30 years
  - Johnson & Johnson has been researching adenovirus vector vaccines for other infections for decades, including the company's Ebola vaccine, which is already in use
- The federal government provided special funding to enable development, testing and production of the vaccines to happen at the same time. This allowed companies to start manufacturing vaccines even before they were authorized for use

# WHO PARTICIPATED IN CLINICAL TRIALS?

Company	Type of vaccine	Number of participants	Participants 65 and older	Participants' Race/Ethnicity
Pfizer	mRNA	Over 40,000 in U.S. and other countries	21.4%	26.2% Latino 9.8% Black 4.4% Asian
Moderna	mRNA	Over 30,000 in U.S.	25.3%	20.0% Latino 9.7% Black 4.7% Asian
Johnson & Johnson/ Janssen	Adenovirus Vector	Over 40,000 in U.S. and other countries	19.6%	45.1% Latino 17.2% Black 8.3% American Indian/Alaskan Native 3.5% Asian

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/different-vaccines.html>

# WHO DECIDES COVID-19 VACCINES ARE SAFE?

- The Food and Drug Administration (FDA) reviewed clinical trial plans and protocols to make sure they met scientific and ethical standards
- Clinical trials were monitored by data safety monitoring boards made up of outside experts (such as medical personnel, ethicists, statisticians and patient advocates)
- FDA scientists and medical professionals evaluated all available information prior to FDA approval of Emergency Use Authorization
- The Advisory Committee on Immunization Practices (ACIP) reviewed the evidence prior to recommending use of each vaccine
- The Centers for Disease Control and Prevention (CDC) then made an official recommendation

# COVID-19 VACCINE SAFETY MONITORING SYSTEMS

- **VAERS\***: Managed by CDC and FDA. Providers must report serious events. All events encouraged to be reported. Patients can report too
- **v-safe**: Smartphone tool for patients, provides health check-ins for 6 weeks and checks back at 3, 6, 12 months
- **Vaccine Safety Datalink**: Collaboration between 9 healthcare systems and CDC
- **Sentinel Biologics Effectiveness and Safety (BEST) system**: FDA program, uses health care claims databases and electronic health records
- Also **Veterans Affairs, Medicare, international collaborations**

\*VAERS = Vaccine Adverse Event Reporting System

# ABOUT EMERGENCY USE AUTHORIZATION (EUA)

- Allows a vaccine to be authorized after safety and efficacy standards are met, even if the planned end date for the studies has not yet been reached
- Clinical trials were designed and conducted according to usual standards
- There had to be at least two months of follow-up safety data for at least half of the people in phase 3 trials
- Safety monitoring continues after authorization
- Expected to need at least 6 months of follow-up before companies can apply for full FDA approval

# BENEFITS OF COVID-19 VACCINATION

- Helps protect you and your loved ones from severe COVID-19 illness
  - People of all ages have been hospitalized and died
  - Some people continue to have health problems even after they are no longer sick
- Don't have to quarantine or get tested after exposure if you are asymptomatic
- If you are fully vaccinated (2 weeks after final dose) you can:
  - Gather in home or private setting without mask or physically distancing, with other fully vaccinated people of any age
  - Visit inside a home or private setting without mask or physically distancing, with household of unvaccinated people who are not at risk for severe illness
  - Attend small, outdoor gathering with fully vaccinated and unvaccinated people

\*May not apply for people who are immunocompromised

# Vaccinations Administered in the United States

4/29/2021



**237,360,493**

Total Doses Administered



**99,668,954**

Fully Vaccinated

Centers for Disease Control and Prevention:  
<https://covid.cdc.gov/covid-data-tracker/#vaccinations>

# Vaccinations Administered in New York City

4/29/2021



**6,427,404**

Total Doses Administered

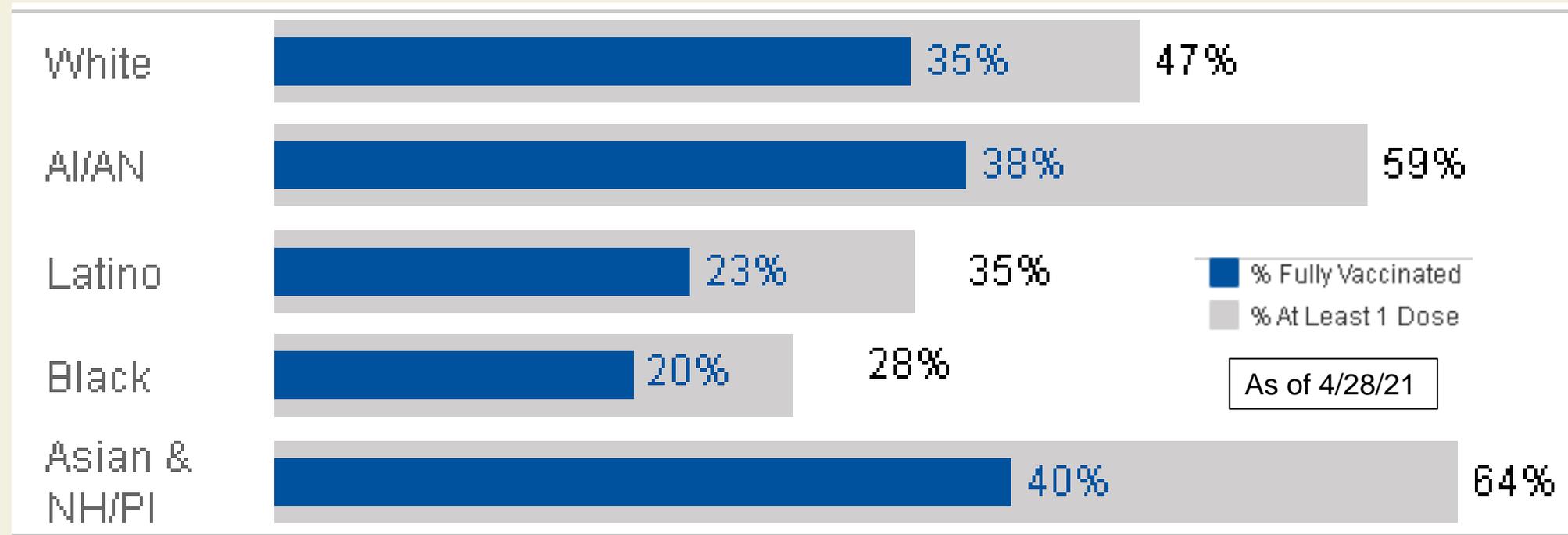


**2,460,689**

Fully Vaccinated

NYC Health Department, Citywide Immunization Registry:  
<https://www1.nyc.gov/site/doh/covid/covid-19-data-vaccines.page>

# COVID-19 VACCINATION COVERAGE IN NYC BY RACE AND ETHNICITY



Data should be interpreted with caution due to incomplete reporting.

**Race/ethnicity:** AI/AN: American Indian or Alaska Native; NH/PI: Native Hawaiian or Other Pacific Islander. The Latino category includes people of any race; all other categories exclude those who identified as Latino. Estimates for NH/PI are combined with Asian to account for small population denominators in the American Community Survey.

# COVID-19 VACCINES AND UNDERLYING MEDICAL CONDITIONS

- People with underlying conditions can be vaccinated
- COVID-19 vaccination is especially important for people with certain underlying health conditions, such as heart disease, chronic obstructive pulmonary disease (COPD), diabetes, and obesity, that increase their risk of severe COVID-19
- Many clinical trials participants had underlying health conditions and the vaccines were safe and effective for them
- People with HIV, immunosuppression, and autoimmune diseases can all be vaccinated

# COVID-19 VACCINES AND FERTILITY

- People who want to become pregnant can be vaccinated
- There is no evidence that any vaccines, including the COVID-19 vaccines, cause fertility problems
- Concerns of infertility are based on a misconception that the antibodies developed after COVID-19 infection or vaccination will attack a protein in the placenta
- However, the proteins on the virus that causes COVID-19 and the protein in the placenta are actually very different. There is no evidence these antibodies will cause any problems in pregnancy, including development of the placenta

# COVID-19 VACCINE CONTRAINDICATIONS

- People may worry they have a medical condition which prevents them from getting vaccinated, however there are very few contraindications or precautions
- Contraindications\*
  - Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to an ingredient in the COVID-19 vaccine
  - Immediate allergic reaction of any severity to a previous dose or known (diagnosed) allergy to an ingredient in the vaccine
- \*NOTE: A contraindication to one mRNA vaccine is a contraindication to the other
- Precautions
  - History of an immediate allergic reaction to any other vaccine or injectable drug
  - Having a contraindication to any one type of COVID-19 vaccine (e.g., contraindication to mRNA vaccine is precaution to Johnson & Johnson adenovirus vector vaccine)

Slide updated May 14, 2021

# J&J COVID-19 VACCINE CONSIDERATIONS

- Remember to counsel patients about risk of TTS with J&J
- Women aged <50 years should:
  - Be aware of the rare risk of TTS after receipt of the J&J COVID-19 vaccine
  - Understand there are other FDA-authorized COVID-19 vaccines (i.e., mRNA vaccines) that are not associated with TTS
- People with a history of an immune-mediated syndrome characterized by thrombosis and thrombocytopenia, such as HIT, should not get the J&J vaccine if they are within 90-180 days of resolution of their illness; instead offer an mRNA COVID-19 vaccine

# COVID-19 VACCINE SIDE EFFECTS

- Most common side effect where the shot was given: pain at location of shot
- Most common side effects felt elsewhere in your body: tiredness, headaches, muscle aches
- For Pfizer and Moderna (2 doses), more common and may be more intense after second dose
- Many people feel well enough to keep up with daily activities; some do not
- Usually start within the first three days after getting the shot (the day after vaccination is the most common), last about one to two days
- About 60% of adults under 60 and nearly half over 60 had at least one side effect felt elsewhere in their body with the Johnson & Johnson study, higher numbers in the Pfizer and Moderna studies
  - Not possible to predict for any given person
  - Less common in older adults but definitely still happens

# COVID-19 VACCINE INGREDIENTS

- A full list of vaccine Ingredients for each COVID-19 vaccine can be found on the FDA's website.
- The vaccines **do not contain**:
  - Antibiotics
  - Blood products
  - Fetal tissue or human cells
  - Gelatin
  - Gluten
  - Mercury
  - Microchips
  - Pork or other animal products
  - The virus that causes COVID-19

# COVID-19 VACCINES SIMILARITIES AND DIFFERENCES

- All the vaccines instruct the body to make copies of the COVID-19 virus spike protein
  - Pfizer and Moderna use mRNA
  - Johnson & Johnson/Janssen uses DNA via an adenovirus vector
- All the vaccines greatly reduce the risk of hospitalization and death from COVID-19
- Cannot directly compare effectiveness since they were tested at different times and in different locations
  - Johnson & Johnson clinical trials were conducted more recently, when there was higher levels of COVID-19 transmission, and in countries that have high levels of the new variants of concern

# COVID-19 VIRUS VARIANTS

- All viruses have the potential to mutate
- Several variants of the virus that causes COVID-19 have been identified. Some seem to spread more easily and quickly than others and may cause more severe disease
- Based on preliminary data from clinical trials, laboratory testing, and use since authorization, all three vaccines likely provide protection against the new variants, though for some variants the protection may not be as strong
- Work is ongoing to learn more about these variants and how they impact vaccine effectiveness

# COVID-19 VACCINE RECOMMENDATIONS FOR DIFFERENT GROUPS?

- No vaccine is recommended over any other
- Different sites will have different vaccines available
  - [vaccinefinder.nyc.gov](https://vaccinefinder.nyc.gov) shows the vaccine at each site
- Offer information so each person can make their own decision

# STEPS TO GETTING VACCINATED

1

- Make sure you are eligible: [COVID-19: Vaccine Eligibility](#)

2

- Use [vaccinefinder.nyc.gov](https://vaccinefinder.nyc.gov) or call 877-VAX-4NYC (877-829-4692) to make an appointment or find a walk-up site

3

- Complete NYS Vaccine Form at [vaccineform.health.ny.gov](https://vaccineform.health.ny.gov)

4

- Get vaccinated! Bring proof of eligibility and wear a face covering

5

- If you received the Pfizer or Moderna vaccine, make an appointment for your second dose and make sure you get it

# MORE ANSWERS TO COMMON QUESTIONS

- New page for healthcare providers featuring communication resources
  - [nyc.gov/VaccineTalks](https://nyc.gov/VaccineTalks)
- Answers to many common COVID-19 vaccine questions and guidance on how to begin and continue vaccine conversations
  - [Addressing Patients' COVID-19 Vaccine Questions: A Guide for Health Care Providers](#)
- Regularly updated information from the NYC Health Department
  - [nyc.gov/health/covidvaccineprovider](https://nyc.gov/health/covidvaccineprovider)

# OTHER THINGS TO KNOW

- There is now a direct line for healthcare providers to make appointments for patients: Call 877-VAX-4NYC (877-829-4692) and press 2 at the second prompt
- Most City-run sites are offering [walk-up vaccinations](#)
- Free transportation is available for city residents 65 and older and those with disabilities who have no other way to get to a vaccination site. To arrange for transportation, call 877-VAX-4NYC (877-829-4692)
- NYC residents who cannot leave their home can [sign up for an in-home vaccination online](#) or by calling 877-VAX-4NYC (877-829-4692)

# ADDITIONAL COVID-19 RESOURCES

## COVID-19 Vaccines

- NYC Health Department - COVID-19 Vaccine:
  - Public: [nyc.gov/covidvaccine](https://www1.nyc.gov/site/doh/covid/covid-19-providers.page)
  - Providers: [nyc.gov/health/covidvaccineprovider](https://www1.nyc.gov/site/doh/covid/covid-19-providers-vaccines-communication.page)
  - COVID-19 Vaccine Communication Tools for Providers  
<https://www1.nyc.gov/site/doh/covid/covid-19-providers-vaccines-communication.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](mailto: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](https://www1.nyc.gov/site/doh/covid/covid-19-data.page))
  - 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
- See provider page <https://www1.nyc.gov/site/doh/covid/covid-19-providers.page>

# COVID-19 VACCINE COMMUNICATION TOOLS FOR PROVIDERS – *New!*

## COVID-19: Vaccine Communication Resources for Providers

Coronavirus Disease 2019 (COVID-19)

Symptoms and Care

Prevention and Groups at Higher Risk

Vaccines

Testing

Pregnancy

Mental Health and Substance Use

Data

Information for Providers

Speak with your patients and community about the safe and effective COVID-19 vaccines.

### Commissioner: 'Please Speak With Your Patients'

In his recent open letter to providers, NYC Health Commissioner Dr. Dave A. Chokshi focused on the vital role patient communications can play in encouraging New Yorkers to get the COVID-19 vaccine:

*Please speak with your patients, your loved ones and your community about the safe and effective COVID-19 vaccines. Answer their questions, starting with empathy, followed by the facts. Your strong recommendation is a critical factor in whether your patients will be vaccinated against COVID-19.*

- [Commissioner's Letter to Providers: Talking to Patients](#) (PDF, April 27)
- [Watch: Message to Clinicians from Commissioner Dave A. Chokshi, MD, MSc](#)

### New Communications Guide and Appointments Option

The following new resource from the Health Department answers common COVID-19 vaccine questions and offers guidance on how to begin and continue vaccine conversations with

<https://www1.nyc.gov/site/doh/covid/covid-19-providers-vaccines-communication.page>

## COVID-19 VACCINATION: BUILDING VACCINE CONFIDENCE AMONG HEALTH CARE PROVIDERS, SUPPORT STAFF AND PATIENTS

In almost every setting, there may be staff and patients who may have concerns or be unsure about vaccination.

Use this slide deck and adapt for use in your setting to address hesitancy and build vaccine confidence.

NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Created January 22, 2021  
Last Revised March 26, 2021

<https://www1.nyc.gov/assets/doh/downloads/pdf/covid/providers/covid-19-provider-presentation-vax-building-confidence.pdf>



## Addressing Patients' COVID-19 Vaccine Questions: A Guide for Health Care Providers

A strong recommendation is one of the strongest predictors of a patient getting vaccinated against COVID-19. Patients consider their health care provider to be one of the most trusted sources of information about vaccines.

Right now, keeping our communities safe from COVID-19 is one of our primary goals as health care providers. We acknowledge that Black, Latino, Indigenous and people of color in NYC have been disproportionately impacted by COVID-19 because of historic and ongoing systemic racism and oppression. As providers, we must commit to advancing equity and protecting and promoting the health of all patients.

This document outlines ways to support your patients in making informed decisions about the COVID-19 vaccines. The intention is to help you answer patients' questions, provide them with accurate information, and honor and respond to their needs.

### How to use this document

The document is organized into three sections:

- 1: Start the conversation.** Ideas for open-ended questions and a focus on listening (Page 1).
- 2: Tips for responding to questions and concerns.** A brief orientation to common questions and concerns (Pages 2 to 5).

**Part 3: Suggested answers to common questions and concerns.** Detailed answers to the questions are provided in Part 2 (Pages 5 to 18).

For up-to-date information on the COVID-19 vaccines, visit [nyc.gov/health/covidvaccineprovider](https://www1.nyc.gov/health/covidvaccineprovider). You can also visit [nyc.gov/vaccinetalks](https://www1.nyc.gov/vaccinetalks) for a variety of online resources and handouts to help you talk about COVID-19 vaccination with your staff and patients. Information for patients, including printable resources in various languages, can be found at [nyc.gov/covidvaccine](https://www1.nyc.gov/covidvaccine) and [nyc.gov/vaccinefacts](https://www1.nyc.gov/vaccinefacts). To receive periodic updates from the NYC Health Department via email, subscribe to our [Health Alert Network](#) and [City Health Information](#) mailing lists.

<https://www1.nyc.gov/assets/doh/downloads/pdf/covid/providers/covid-19-vaccine-questions-answers.pdf>

NYC VACCINE FOR ALL:  
SAFE, FREE, EASY



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