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

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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:
• Centers for Disease Control and Prevention. COVID-19 Vaccination Communication Toolkit https://www.cdc.gov/vaccines/covid-19/health-systems-communication-toolkit.html
Factors Contributing to Why People Don’t Get Vaccinated

Perceived Disease Risk
- Low perceived risk of disease
- Other life/health issues are a greater priority
- Taking the wait-and-see approach

Barriers
- Real and perceived barriers related to lack of geographic accessibility, availability, affordability, and acceptability of services

Lack of confidence
- Concerns around vaccine safety or effectiveness
- Lack of strong recommendation from provider
- Low trust in delivery system or health authorities
- Distrust of government and pharmaceutical companies
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
Barriers to Vaccination are Different from Vaccine Hesitancy

• The term “vaccine hesitancy” places the onus of vaccination on the person and does not reflect real or perceived barriers to vaccine access or individual choice\(^1\)

• Reasons for not getting vaccinated or delaying vaccination are complex and context-specific, varying across time, place and vaccines, and are influenced by a range of factors, some of which are outside of a person’s control\(^2\)

• Wanting to get vaccinated or being open to vaccination but not being able to (e.g., too busy, not able to get an appointment) is different from choosing to not get vaccinated

Sources:
# Factors Influencing Decisions About Vaccination

## Contextual
- Media and public communication
- Local politics
- Religion, culture
- Accessibility of services
- Trust in authorities

## Individual and group influences
- Beliefs and attitudes about health and disease prevention
- Knowledge and awareness
- Poor quality health service experience

## Vaccine/vaccination specific issues
- Mode of administration
- Source of the vaccine
- Vaccination schedule
- Costs associated with vaccination
- Knowledge/attitudes of health care professionals
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

Become familiar with and share information with staff and clients in a manner that is easy to understand.
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 as soon as they were authorized.
• The federal government, state and local health departments, and health care providers worked for months to plan for storage, distribution, supplies, and other logistics.
Vaccine Authorization Process

• Vaccines must go through clinical trials – testing of the vaccine in volunteers.
• The U.S. Food and Drug Administration (FDA) reviews clinical trial plans and protocols to make sure the procedures meet the highest scientific and ethical standards.
• Clinical trials are closely monitored by data safety monitory boards and other groups made up of outside experts (clinicians, ethicists, statisticians, patient advocates).
• FDA scientists and independent medical professionals evaluate all available information to determine if the vaccines should be authorized and whether there should be any limitations on use in the U.S.
COVID-19 Vaccines Available in the U.S.

• Three vaccines have been issued emergency use authorization (EUA) by the FDA:
  • Pfizer-BioNTech
  • Moderna
  • Johnson & Johnson/Janssen
• In issuing each EUA, the FDA determined that the evidence strongly suggests that the benefits of the vaccine outweigh any risks to patients.
• All three manufacturers are expected to apply for a full approval (license) once people in the trials have been followed for a longer period.
• Pfizer has already applied for a license for people 16 and older.
Continued Safety Monitoring

• The FDA, Centers for Disease Control and Prevention (CDC), and several other federal agencies and organizations continue to monitor the safety of the vaccines as they are used.

• Providers are required to report certain adverse events that occur after vaccination to the Vaccine Adverse Reporting System (VAERS).

• Vaccine recipients can report side effects and other information to VAERS or CDC’s v-safe smartphone tool.

• When a health event is reported to VAERS or another monitoring system, that does not mean the vaccine caused the event.
  • Reports alert experts there may be a problem that may require further investigation.
Vaccine Safety Monitoring

• Vaccine safety monitoring systems are working
  • Reports of a rare condition, thrombosis with thrombocytopenia syndrome (TTS) following the Johnson & Johnson/Janssen vaccine were detected early, leading CDC and FDA to pause and resume the vaccine following a comprehensive review of the data
COVID-19 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 someone to test positive on viral tests (e.g., swabs), which are used to test for a current infection.
• No serious safety concerns were found.
Vaccine Ingredients

• The vaccines contain ingredients that can be found in food and other products, such as lipids (fats), salts, sugar, and acid.

• 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

• A full list of ingredients for each vaccine can be found on the FDA’s website.
How COVID-19 Vaccines Work

• Pfizer & Moderna messenger RNA (mRNA) vaccines:
  • New type of vaccine technology – studied for over 30 years.
  • Have genetic material from the COVID-19 virus.
• Johnson & Johnson/Janssen adenovirus vector vaccine:
  • Uses an adenovirus (common cold virus) to deliver a COVID-19 virus gene into the body.
  • The adenovirus is modified to not cause disease.
• The vaccines do not contain the COVID-19 virus and cannot cause COVID-19 infection.
mRNA and Adenovirus Vector Vaccine Technology

**mRNA Vaccines**
The mRNA enters the body with instructions on how to make a protein that is part of the virus that causes COVID-19.

The proteins produced trigger the body to make antibodies and other defenses.

The mRNA is then broken down and destroyed by the body.

If a person is later exposed to COVID-19, the body is now able to recognize the virus and produce antibodies to fight it.

**Adenovirus Vector Vaccines**
The adenovirus carries a gene from the coronavirus into human cells, which then make a COVID-19 protein.

The proteins produced trigger the body to make antibodies and other defenses.

If a person is later exposed to COVID-19, the body is now able to recognize the virus and produce antibodies to fight it.
How Well the Vaccines Work

• In clinical trials, all three vaccines were shown to be:
  • Safe and effective across all gender, age, race, and ethnicity groups.
  • Very effective at preventing severe COVID-19 illness, hospitalization, and death.
• We now have real world data from use of the Pfizer and Moderna vaccines in the general population that show that the vaccines are very effective outside of clinical trials.
# COVID-19 Vaccines: Clinical Studies

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Doses</th>
<th>Countries</th>
<th>Number of Participants</th>
<th>Participants Age 65+</th>
<th>Participants With Underlying Medical Condition</th>
<th>Race/Ethnicity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pfizer mRNA</td>
<td>2 doses</td>
<td>U.S., Argentina, Brazil, Germany, South Africa, Turkey</td>
<td>&gt;40,000</td>
<td>21%</td>
<td>46%</td>
<td>26% Latino 10% Black 4% Asian</td>
</tr>
<tr>
<td>Moderna mRNA</td>
<td>2 doses</td>
<td>U.S.</td>
<td>&gt;30,000</td>
<td>25%</td>
<td>22%</td>
<td>20% Latino 10% Black 5% Asian</td>
</tr>
<tr>
<td>Johnson &amp; Johnson Adenovirus vector</td>
<td>1 dose</td>
<td>Argentina, Brazil, Chile, Colombia, Mexico, Peru, South Africa</td>
<td>&gt;40,000</td>
<td>20%</td>
<td>41%</td>
<td>45% Latino 19% Black 10% American Indian/Alaskan Native 3% Asian</td>
</tr>
</tbody>
</table>

COVID-19 Vaccines

• The most important thing is for everyone to get vaccinated
  • The sooner people get vaccinated, the sooner they are protected from severe COVID-19 illness, hospitalization, and death

• New Yorkers will have a choice of which vaccine they receive based on availability
  • The type of vaccine available at each site is listed on Vaccine Finder

• Can’t compare efficacy of the vaccines since they were tested at different times in the pandemic and in different places
  • Johnson & Johnson/ Janssen trials were conducted recently during increased COVID-19 transmission and in countries with new variants of concern; even under these circumstances, the vaccine prevented hospitalizations and deaths
COVID-19 Vaccines

• The FDA and CDC reaffirmed the recommendation to use the Johnson & Johnson/Janssen COVID-19 vaccine following a temporary pause
  • The pause was used to identify and investigate 15 reports of a rare and severe type of blood clot with thrombocytopenia (called thrombosis with thrombocytopenia syndrome (TTS)) after receipt with the J&J vaccine
  • TTS is rare and found primarily among women <50 years, though it has been seen in men and women 18-64 years of age
  • After careful review, the use of the Johnson & Johnson/Janssen vaccine was resumed after it was determined the potential benefits outweigh the known and potential risks
  • The EUA includes a new warning for rare clotting events among women aged 18–49 years

• Individuals, especially women younger than 50 years old, should be made aware of the rare but increased risk of TTS associated with the Johnson & Johnson/Janssen vaccine, and that there are other COVID-19 vaccines options (e.g., mRNA)

• TTS has not been linked to the Pfizer-BioNTech or Moderna vaccines
COVID-19 Vaccines

• The Johnson & Johnson/ Janssen vaccine is beneficial to the City’s vaccination efforts
  • It is highly effective and expands options for personal choice
  • It can more easily reach at risk populations
  • One dose – good for populations where getting a second dose may be challenging, such as people experiencing homelessness or incarcerated
  • Easier to store and transport – can reach populations unable to travel, such as homebound individuals

• Equity is central to the City’s vaccination campaign
  • Ensure all New Yorkers have access to vaccine
  • Focus on communities hardest hit by COVID-19 and that remain at increased risk
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 seeking to attain natural immunity through infection
• COVID-19 vaccination will help protect people by creating an antibody response without the risk of severe illness
What We Still Don’t Know About COVID-19 Vaccines

- How long protection from the vaccines last.
  - Studies of the Moderna and Pfizer vaccines shows strong protection for at least 6 months.
- Whether additional doses will be needed in the future.
- How well the vaccines protects against current and any new variants.
  - Based on preliminary data, the vaccines likely protect against current variants, though for some variants the protection may not be as strong.
COVID-19 Vaccine Information

• For more information about the COVID-19 vaccines, visit COVID-19 Vaccines and Vaccination Program in NYC: an Overview for Providers to view a slide presentation with information on vaccine development, clinical considerations, safety monitoring, distribution and counseling patients. These slides are updated when new information becomes available and can be found at https://www1.nyc.gov/assets/doh/downloads/pdf/covid/providers/covid-19-provider-presentation-vax-overview.pdf
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

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 with patients and how to answer common questions
• 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
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 to vaccine recipients
- 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
3. Build Vaccine Confidence Among Patients
Begin Discussing Vaccination with Patients

• Let patients know that you recommend the vaccine for them
  • Provide information on the benefits and safety of vaccination
  • Let patients know that there are different vaccines available, and can choose the vaccine that’s right for them (e.g., women aged < 50 years may opt to get an mRNA COVID-19 vaccine)
• 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 has enough information to feel 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:

<table>
<thead>
<tr>
<th>1. Ask open-ended questions</th>
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<tbody>
<tr>
<td>“What are your concerns about getting vaccinated?”</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Reflect and respond</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient: “I know getting vaccinating will help me but I am afraid.”</td>
</tr>
<tr>
<td>HW: “I understand that you want to make the best choice for yourself but are nervous.”</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Affirm strengths and validate concerns</th>
</tr>
</thead>
<tbody>
<tr>
<td>“It’s great that you are starting to think about vaccines.”</td>
</tr>
<tr>
<td>“Your health is important to you.”</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. Ask-provide-verify</th>
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</thead>
<tbody>
<tr>
<td>“So, what do you already know about vaccines?”</td>
</tr>
<tr>
<td>“Could I provide you with some information based on what you just shared?”</td>
</tr>
<tr>
<td>“Given our discussion, how do you view things now?”</td>
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</tbody>
</table>

<table>
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<tr>
<th>5. Summarize and describe action</th>
</tr>
</thead>
<tbody>
<tr>
<td>“What that means to you is…”</td>
</tr>
<tr>
<td>“Could I schedule a follow up appointment soon?”</td>
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</tbody>
</table>
Determine the action

IF YES: Vaccinate or refer to a provider or center offering vaccination, 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

<table>
<thead>
<tr>
<th><strong>DO</strong></th>
<th><strong>DON’T</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Take a guiding style</td>
<td>Take a directive or argumentative style</td>
</tr>
<tr>
<td>Work with the patient to establish trust</td>
<td>Assume you understand a patient’s reasons for concern</td>
</tr>
<tr>
<td>Explore doubts about and interest in vaccination, and think from their perspective</td>
<td>Argue or debate with the patient</td>
</tr>
<tr>
<td>Make it known that you are there to listen and reflect on what the patient is saying</td>
<td>Rush through without listening</td>
</tr>
</tbody>
</table>
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)
Patient Communication Resources

• Visit the COVID-19 Vaccine Communication Resources for Providers webpage to find tools to facilitate conversations with patients about COVID-19 vaccination at www.nyc.gov/vaccinetalks

• Addressing Patients’ COVID-19 Vaccine Questions: A Guide for Health Care Providers provides answers to common questions in plain language and tips to start vaccination conversations
Additional Resources

COVID-19 Vaccines

• NYC Health Department - COVID-19 Vaccine:
  • Public: nyc.gov/covidvaccine
  • Providers: nyc.gov/health/covidvaccineprovider
  • Where to get vaccinated (vaccine finder): https://vaccinefinder.nyc.gov/ (not accessible with Internet Explorer)
  • 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