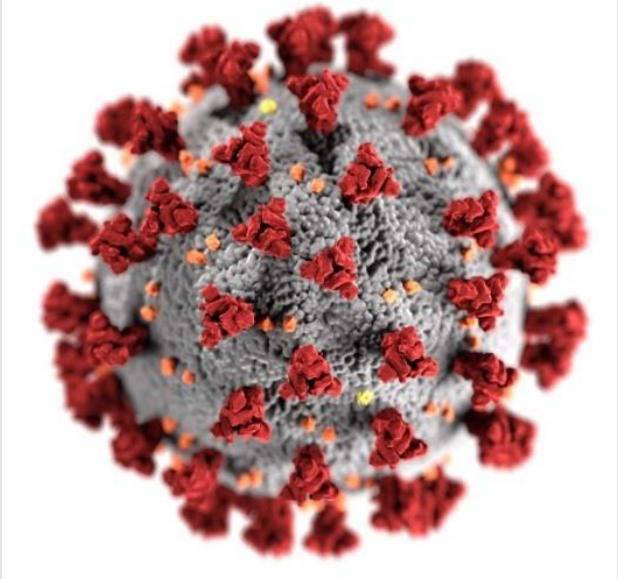
Vaccine Messaging

Building Confidence in COVID-19 Vaccines Among Your Patients: Tips for the Healthcare Team



Developed by:

CDC COVID-19 Response
Vaccine Task Force
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Vaccinate with Confidence

cdc.gov/coronavirus

Presentation Overview

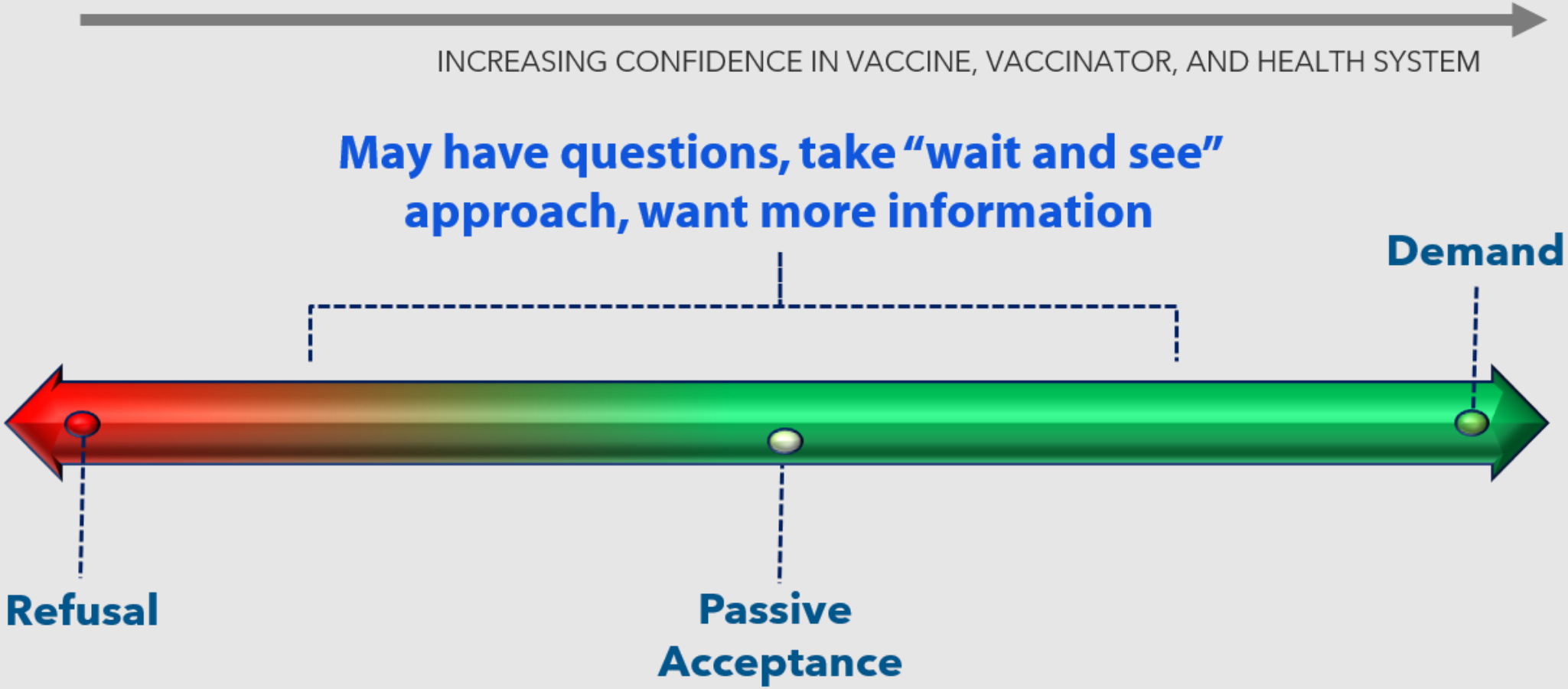
- Describe elements of vaccine confidence
- Describe strategies for building vaccine confidence
- Demonstrate strategies for talking with patients and providers about COVID-19 vaccine

Elements of Vaccine Confidence

Defining Vaccine Confidence

- *Vaccine confidence* is the trust that patients, parents, or healthcare professionals have in:
  - recommended **vaccines**;
  - **professionals** who administer vaccines; and
  - **processes and policies** that lead to vaccine development, licensure, manufacturing, and recommendations for use.

Willingness to Accept a Vaccine Falls on a Continuum



Strategies for Building Vaccine Confidence

Vaccinate with Confidence

A National Strategy to Reinforce Confidence in COVID-19 Vaccines

Build Trust

Objective: Share clear, complete, and accurate messages about COVID-19 vaccines and take visible actions to build trust in the vaccine, the vaccinator, and the system in coordination with federal, state, and local agencies and partners.

Empower Healthcare Personnel

Objective: Promote confidence among healthcare personnel* in their decision to get vaccinated and to recommend vaccination to their patients.

Engage Communities & Individuals

Objective: Engage communities in a sustainable, equitable and inclusive way — using two-way communication to listen, build trust, and increase collaboration.

*Personnel = All staff working in healthcare settings, including physicians, physician assistants/nurse practitioners, nurses, allied health professionals, pharmacists, support staff, and community health workers

https://www.cdc.gov/vaccines/covid-19/vaccinate-with-confidence.html

Vaccinate with **Confidence**

A component of the National Strategy to Reinforce Confidence in COVID-19 vaccines

Empower Healthcare Personnel

Objective: Promote confidence among healthcare personnel in their decision to get vaccinated and to recommend vaccination to their patients.

Tactics

- ✓ Engage local and national professional associations, health systems, and healthcare personnel
- ✓ Ensure healthcare systems and medical practices are equipped to create a culture that builds confidence in COVID-19 vaccination.
- ✓ Strengthen the capacity of healthcare professionals to have empathetic vaccine conversations using motivational interviewing techniques.

Keys to Building Demand for Vaccines

Make vaccines:

- **Accessible** (easy to get)
- **Beneficial** (health benefits outweigh perceived or real risk of getting COVID-19 or perceived or real side effects from vaccination)
- **Convenient** (reduce out of pocket, social, and opportunity costs)
- **Desirable** (appealing)
- **Normative** (presented as a social default)
- **Necessary** (indispensable for accessing things they want to get back to doing)

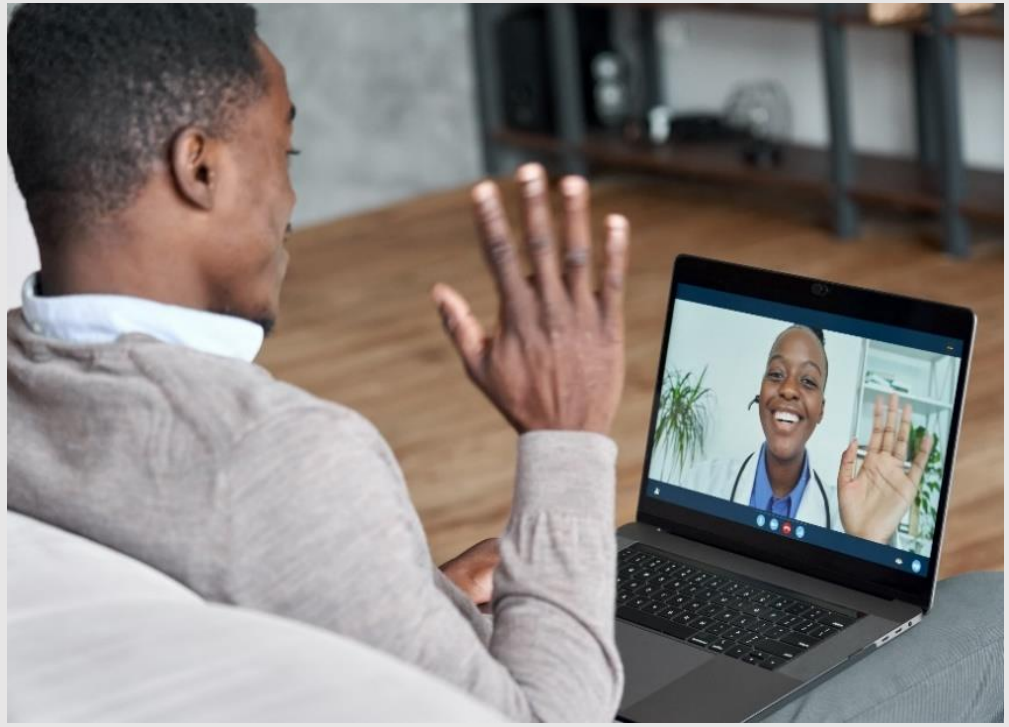
Strategies to Build COVID-19 Vaccine Confidence Among Healthcare Professionals

- **Host discussions** where personnel at different levels can ask questions and share concerns in a safe space.
- **Share key messages** with staff through emails, breakroom posters, and other channels.
- **Highlight the experiences** of employees who were initially hesitant to get vaccinated, but who later made the decision to get the vaccine.
- **Encourage senior leaders** to be vaccine champions.

Talking with Patients about COVID-19 Vaccination

The Role of Healthcare Professionals

- Healthcare professionals are patients' and parents' most trusted source of information on vaccines.
- Your answers to their questions matter and will help them make an informed decision about getting a COVID-19 vaccination for themselves or their children.
- Your strong vaccine recommendation is the most important part of the conversation.



www.cdc.gov/vaccines/covid-19/hcp/engaging-patients.html

Lead with Listening

- Do not make assumptions about whether your patients will choose to get vaccinated or the reasons for their decisions.
  - Instead, begin with an open-ended question, such as “What are your thoughts on getting a COVID-19 vaccination today?”
- Actively listen and seek to understand the patient’s point of view.

- Recognize that these conversations can take time and may continue over the course of multiple encounters.

Use Patient-Centered Communication Techniques

- **Use open-ended questions** to promote dialogue. Ask about readiness to vaccinate and what questions or concerns they may have.
- **Paraphrase** any information shared to show that you have heard and understood it.
- **Praise measures already taken** to protect themselves or their children from COVID-19, like mask wearing and physical distancing. Then **frame** vaccination as a safe and effective way to help protect them and their loved ones from getting COVID-19.
- **Ask for permission** to share more information on COVID-19 vaccines. This will foster openness and connection.

Respond to Questions and Concerns with Empathy

- **Respond to questions** and concerns in a non-judgmental, respectful, and empathic way.
- **Provide accurate answers** using clear, simple language. Explore questions patients ask most often about vaccines (see URLs below).
- Some concerns may stem from mistrust in the medical establishment or the government as result of collective or individual mistreatment and traumas. **Acknowledging past traumas** may promote patients' trust in you and your message.
- **Acknowledge uncertainty** about what we don't yet know about COVID-19 vaccines. This can help build trust.

www.cdc.gov/vaccines/covid-19/hcp/answering-questions.html
www.cdc.gov/coronavirus/2019-ncov/vaccines/faq.html

Give Your Strong Recommendation

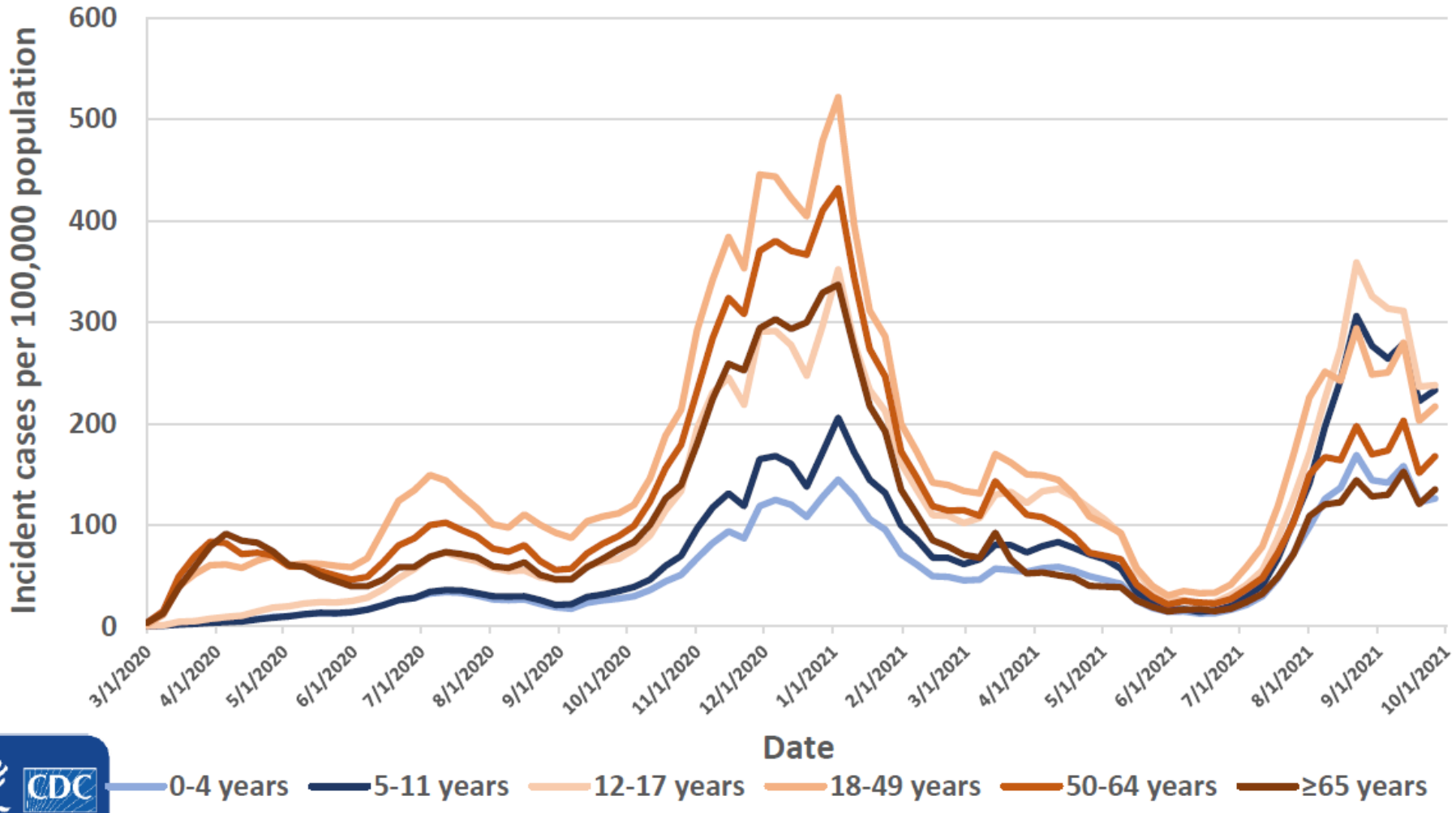
- **Let your patients know** that you recommend COVID-19 vaccination for them. Your strong recommendation is critical for vaccine acceptance.
- **Tailor your recommendation** to include any relevant reasons why COVID-19 vaccination might be important for this particular patient.

Give Your Strong Recommendation

- **Talk about your personal decision** and experience in getting a COVID-19 vaccine and your experience treating COVID-19 patients.
- **Share the benefits** of getting vaccinated, including:
  - Protecting themselves and others who may be more vulnerable, and
  - Enabling them to get back to activities they have missed.
    - Explain what they can do when they've been fully vaccinated.

COVID-19 Vaccination Message for Ages 5-11

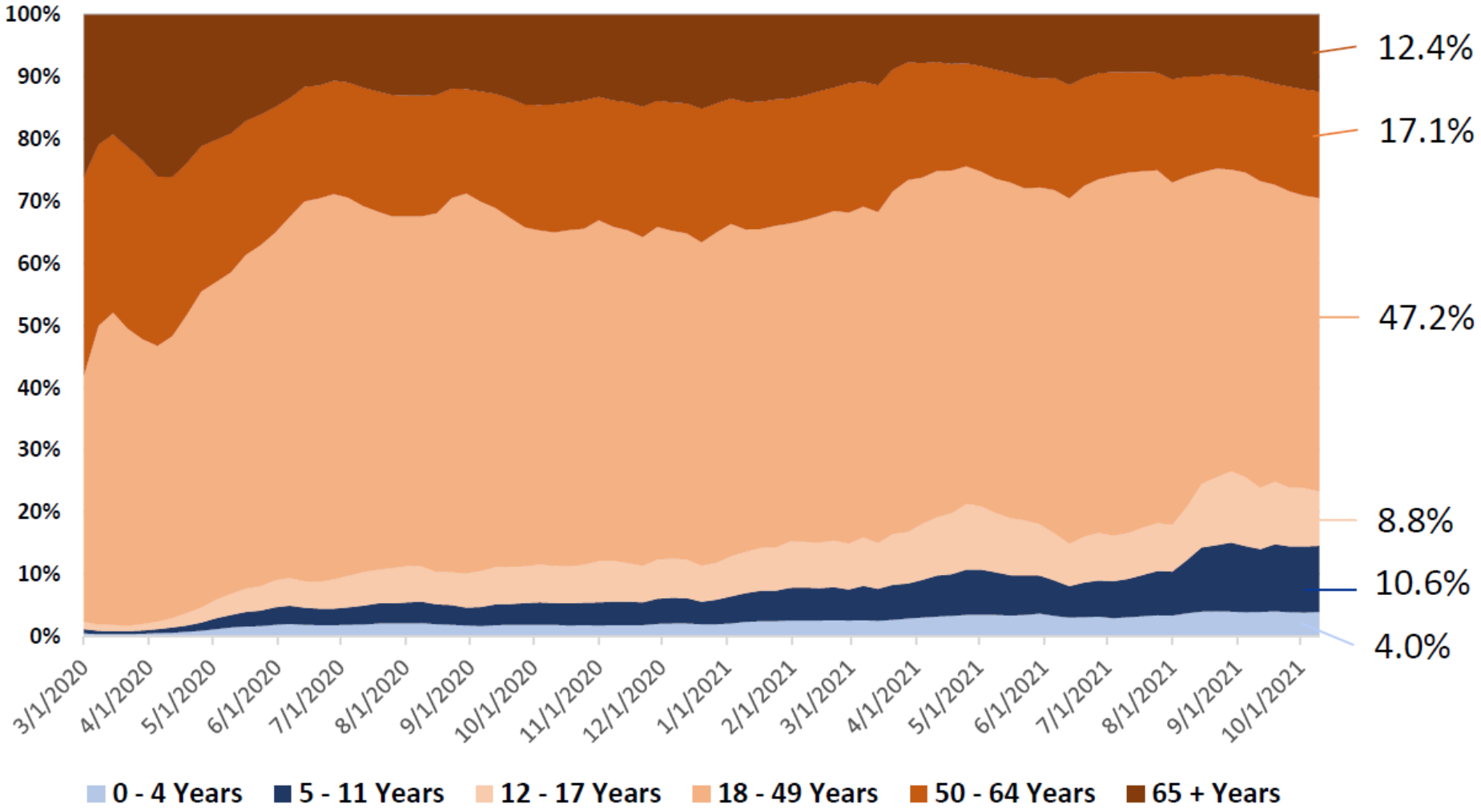
COVID-19 Weekly Cases per 100,000 Population by Age — United States, March 1, 2020–October 10, 2021



>1.9 million cases among children 5-11 years of age

https://covid.cdc.gov/covid-data-tracker/#demographicsovertime

Proportion of Total COVID-19 Cases by Age Group
— United States, March 1, 2020–October 10, 2021



Children 5-11 years are making up a greater proportion of total cases: **10.6%** of cases the week of October 10, 2021

https://covid.cdc.gov/covid-data-tracker/#demographicsovertime

Other pediatric vaccine preventable diseases:

Hospitalizations per year prior to recommended vaccines

	Hepatitis A[1]	Varicella[2] (Chickenpox)	Influenza[3]	COVID-19
Age	5–14 years	<20 years	5–17 years	5–11 years
Time period	2005	1988–1995	2003–2007	Oct 2020–Oct 2021
Hospitalization Burden (per 100,000 population)	**<1**	**4-31**	**30-80**	**25**

[1] https://www.cdc.gov/mmwr/preview/mmwrhtml/ss5603a1.htm
[2] Meyer PA, Seward JF, Jumaan AO, Wharton M. Varicella mortality: trends before vaccine licensure in the United States, 1970-1994. *J Infect Dis*. 2000;182(2):383-390. doi:10.1086/315714
[3] https://www.cdc.gov/flu/weekly/weeklyarchives2007-2008/07-08summary.htm

Other vaccine preventable diseases:

Deaths per year prior to recommended vaccines

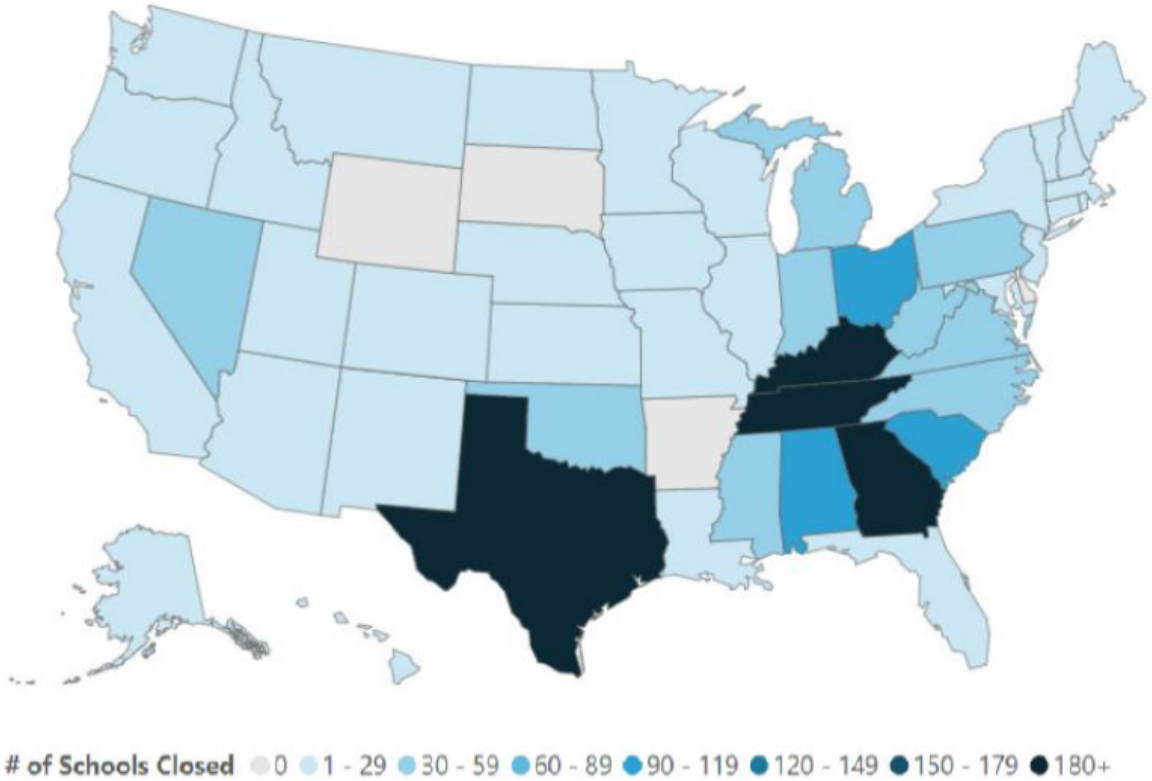
	Hepatitis A[1]	Meningococcal (ACWY)[2]	Varicella[3]	Rubella[4]	Rotavirus[5]	COVID-19
Age	<20 years	11–18 years	5–9 years	All ages	<5 years	5–11 years
Time period	1990–1995	2000–2004	1990–1994	1966–1968	1985–1991	Oct 2020–Oct 2021
Average deaths per year	**3**	**8**	**16**	**17**	**20**	**66**

[1]Vogt TM , Wise ME, Bell BP, Finelli L. Declining hepatitis A mortality in the United States during the era of hepatitis A vaccination. J Infect Dis2008; 197:1282–8.
[2]National Notifiable Diseases Surveillance System with additional serogroup and outcome data from Enhanced Meningococcal Disease Surveillance for 2015-2019.
[3]Meyer PA, Seward JF, Jumaan AO, Wharton M. Varicella mortality: trends before vaccine licensure in the United States, 1970-1994. *J Infect Dis*. 2000;182(2):383-390. doi:10.1086/315714
[4]Roush SW , Murphy TV; Historical comparisons of morbidity and mortality for vaccine-preventable diseases in the United States. JAMA2007; 298:2155–63.
[5] Glass RI, Kilgore PE, Holman RC, et al. The epidemiology of rotavirus diarrhea in the United States: surveillance and estimates of disease burden. J Infect Dis. 1996 Sep;174 Suppl 1:S5-11.

COVID-19 Related K-12 School Closures by State,

August 2, 2021 – October 22, 2021

School districts closed	Total # schools closed*	Estimated # students affected*	Estimated # teachers affected*
313	2,351	**1,217,777**	78,134



Data from the Unplanned School Closure Monitoring Project (DGMQ/CDC), ongoing research that uses systematic daily media searches (methods explained in https://doi.org/10.1371/journal.pone.0248925).

* Number of schools closed in district-wide closures, total number of students, and total number of teachers are estimated by matching the public school district ID or school ID with the district/school data for school year 2019/20 and private school ID with school data for year 2017/18 as obtained from the National Center for Education Statistics (https://nces.ed.gov/ccd/elsi/tableGenerator.aspx, accessed on Apr 20, 2021). Due to missing information in 2019/20 data, the total number of public school teachers in California is estimated using 2018/19 NCES data.

Indirect impacts of COVID-19 pandemic on children

- Worsening of mental or emotional health
- Widening of existing education gaps
- Decreased physical activity and increased body mass index (BMI)
- Decreased healthcare utilization
- Decreased routine immunizations
- Increase in Adverse Childhood Experiences (ACEs)
- Loss of caregivers

COVID-19 Vaccination Message for Ages 5-11

- The ACIP committee voted unanimously 14-0 to recommend the Pfizer-BioNTech 10 µg COVID-19 vaccine two dose series for children 5-11 under EUA:
- "**The Pfizer-BioNTech COVID-19 vaccine (2 doses, 10µg, IM) is recommended for children 5-11 years of age in the U.S. population under the FDA's Emergency Use Authorization.**"
- This applies to <u>all</u> children 5-11, including those with underlying conditions and previous COVID infection.

COVID-19 Vaccination Message for Ages 5-11

- The vaccine was found to be 90.7% effective against symptomatic COVID disease
- Out of the ~3,000 children vaccinated with the Pfizer vaccine during clinical trials, there were:
  - no deaths
  - no case of myocarditis
  - no Bell's palsy
  - no anaphylaxis

COVID-19 Vaccination Messaging for Ages 5-11

MIS-C results in higher rates of myocarditis than myocarditis related to the COVID vaccine:

- There have been 0 deaths related to myocarditis from the COVID-19 vaccine in adolescents and adults
  - A statistic many voting members felt compelling when deciding their vote.
  - Furthermore, systemic and local reactions were *less severe* in the 5-11 cohort compared to older children and adolescents.
  - The committee felt that the safety and efficacy data were clear, and that benefits overwhelmingly outweigh the risks of COVID disease (ie. MIS-C, unknown effects of long term COVID, etc.)

Estimated benefits for every million Pfizer-BioNTech COVID-19 vaccinations in children 5-11 years of age using recent incidence

Females 5-11 years

57,301 COVID-19 cases prevented

191 hospitalizations prevented

130 MIS-C cases prevented

60 ICU admissions prevented

Males 5-11 years

56,954 COVID-19 cases prevented

226 hospitalizations prevented

130 MIS-C cases prevented

72 ICU admissions prevented

Assumptions: Benefits accrue over **180 days (6 months)**; VE against symptomatic COVID-19: 90%; VE against hospitalization: 95%

Data Sources: COVID Data Tracker. https://covid.cdc.gov/covid-data-tracker/#vaccination-demographic. COVID Data Tracker https://covid.cdc.gov/covid-data-tracker/#trends_dailycases. COVID-Net https://gis.cdc.gov/grasp/COVIDNet/COVID19_3.html. All data are from the week ending on **9/11/2021**.

Parental surveys

Intent to have children vaccinated

- Among parents surveyed, **34–57%** plan to get their children vaccinated[1-6]
- **90%** of parents 'very worried' their child would get COVID-19 reported intent to vaccinate their child, compared to **7%** of parents 'not worried at all'[5]
- **82%** of fully vaccinated parents reported intent to vaccinate their child, compared to **1%** of parents who are unvaccinated/do not plan to get vaccinated[5]
- Among parents of teens who discussed vaccination with their pediatrician, **three-quarters** of those whose pediatrician recommended vaccination say their child received at least 1 dose[6]

1. Szilagyi PG, et al. Parents' Intentions and Perceptions About COVID-19 Vaccination for Their Children: Results From a National Survey [published online ahead of print, 2021 Aug 3]. Pediatrics. 2021;e2021052335.
2. Ruggiero KM, et al. Parents' Intentions to Vaccinate Their Children Against COVID-19 [published online ahead of print, 2021 Jun 30]. J Pediatr Health Care.
3. Brenan M. In U.S., 55% Would Get COVID-19 Vaccine for Young Child. Gallup. September 28, 2021. Available at: https://news.gallup.com/poll/354998/covid-vaccine-young-child.aspx . Accessed October 1, 2021
4. Unpublished data from the CDC, the University of Iowa, and RAND Corporation Survey of Parents, September 2021
5. Gallup Panel Poll. Available at https://news.gallup.com/poll/354998/covid-vaccine-young-child.aspx. Accessed September 29, 2021.
6. Lopes L, et al. KFF COVID-19 Vaccine Monitor: Available at: https://www.kff.org/coronavirus-covid-19/poll-finding/kff-covid-19-vaccine-monitor-trends-among-children-school/ Accessed: October 1, 2021

COVID-19 Vaccination Message for Ages 5-11
The Impact of Vaccination

- The vaccine is necessary to reduce deaths and burden of disease, both biological and societal.
- A CDC analysis estimated that we need to vaccinate only 10 children to prevent a single case of COVID-19 in children 5-11.
- ACIP discussed and felt strongly that the possibility of reducing any and all cases of COVID-19 will:
  - increase the possibility for more social interactions and uninterrupted school
  - prevent transmission of COVID-19 to vulnerable family
  - increase equitable access and boost overall immunity levels in the United States.

Summary

Since beginning of the COVID-19 pandemic, among U.S. children 5-11 years of age, there have been—

1.9 million cases

8,300 hospitalizations

2,316 MIS-C cases

94 deaths

COVID-19 is now

vaccine preventable

Additional Resources

- Centers for Disease Control and Prevention. (2021, Nov. 4). *Interim clinical consideration for use of COVID-19 vaccines currently approved or authorized in the United States.* https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html
- Center for Preparedness and Response (2021, Nov 4) *Pediatric COVID-19 vaccines: CDC's recommendations for Pfizer-BioNTech COVID-19 vaccine primary series in children 5–11 years old*. Clinician Outreach and Communication Activity (COCA). *Centers for Disease Control and Prevention.* https://emergency.cdc.gov/coca/ppt/2021/110421_slide.pdf