

COVID-19 Vaccine Community Leader Mobilization Training

Partners In Health United States

March 2022

Context for these materials

This deck is intended for use in training trusted messengers and community leaders to conduct community-based outreach and education around the COVID-19 vaccine. The goal is to share accurate, science-based evidence that trusted messengers can use to engage in discussion that enables individuals to make informed decisions about their own health. **[Supplementing this deck with up-to-date local information \(on vaccine availability, eligibility criteria, and registration procedures\) is critical.](#)** Please provide trusted messengers with additional information on [how to facilitate a community conversation/forum](#) and [answer common questions](#). They may choose to use the [Community Conversations Slide Deck](#) in their outreach as well.

The ideas presented in this deck reflect the latest public health thinking and scientific evidence as of March 2022. You are advised that the COVID-19 vaccine landscape remains highly fluid, and it is your responsibility to ensure that decisions are made based on the most up-to-date information available.

Partners In Health does not provide medical advice, diagnosis or treatment in the United States. The information, including but not limited to, text, graphics, images and other material contained in this slide deck, are intended for informational purposes only.

About this training presentation

This training is designed to equip community leaders with the tools and messages needed to be a trusted leader and champion in the COVID-19 vaccine uptake.

The goal is to help you protect your community.

TRAINING AGENDA

Your role as a community leader

Information on COVID-19 vaccine efficacy and access

Vaccine confidence and why it matters

Actions for community leaders

- Share key messages about vaccine safety, efficacy, distribution
 - Enable access in your community
 - Be an advocate
-

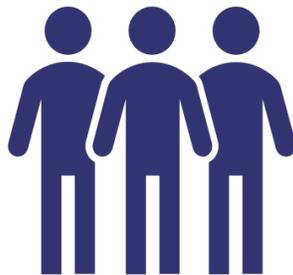
Next steps in supporting your community

As a community leader, you are uniquely positioned to assist and mobilize others



Role of state

- Provide **guidance, resources, and information**
- Coordinate **allocation, ordering, and distribution**
- Support **municipal coordination**
- Promote **equity**



Role of community partners

- Serve as **trusted messengers** for your community
- **Share feedback** from community with state and local leaders
- Tailor outreach and messages to your community's needs
- Connect those in need to social supports and information



Role of local health & vaccinators

- **Coordinate and operate** vaccine sites
- Plan with **community needs** in mind – including challenges with scheduling, finding, and attending vaccination appointments.

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Next steps in supporting your community

Information on COVID-19 vaccine rollout

- In this section we will provide technical information on COVID-19 vaccines and rollout strategies.
- In your outreach, you will share and explain the same information to members of your community (using the [Community Conversations Slide Deck](#)).
- In some cases, we provide greater detail for you so that you will be equipped to answer technical questions.

Please ask questions throughout!

Trusted Messenger Tips:

- Stay informed: we are learning more every day.
- Visit your state and local public health authorities' websites frequently and follow them on social media.
- Familiarize yourself with national guidelines and tools: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/index.html>
- Work together. Other members in your community can help you improve your outreach and identify new ways to support your community.

Approved COVID-19 vaccines in the U.S.

There are 2 COVID-19 vaccines that have received the FDA's full approval, and 1 approved with emergency use authorization (EUA). Several other COVID-19 vaccines are currently in development. Primary series vaccination protocol shown here.

As of March 2022



Named: Comirnaty

Type of vaccine: mRNA

Approved population: 5+

Dosing: 2 shots, 3-8 weeks apart

Approval status: Fully approved for 16+; EUA for 5-15

The Moderna logo is displayed in red lowercase letters with a dashed line underneath.

Named: SpikeVax

Type of vaccine: mRNA

Approved population: 18+

Dosing: 2 shots, 4-8 weeks apart

Approval status: Fully approved for 18+



Type of vaccine: Viral vector

Approved population: 18+

Dosing: 1 shot

Approval status: EUA

ALL 3 vaccines are highly effective at preventing severe illness, hospitalization, and death. The CDC has updated its recommendation with a preference for mRNA vaccines (Pfizer or Moderna), in most situations, where possible.

Refer to your healthcare provider and/or [the CDC website](https://www.cdc.gov) for dose timing recommendations and considerations.

Who can get the COVID-19 vaccines?

Everyone age 5+ regardless of allergies, medications, pregnancy, or underlying medical conditions is eligible to receive a COVID-19 vaccine.

The only groups NOT eligible to receive COVID-19 vaccination are:

- Children under 5 years old for Pfizer (Comirnaty), and under 18 years old for Moderna (Spikevax) and Johnson & Johnson. No vaccine has yet been authorized for children under 5, but approvals may be coming soon.
- Those who experience a severe allergic reaction to the first dose of a two dose COVID-19 vaccine.



All vaccines provided through the U.S. government will be free of charge to all, including those without insurance. For those who have insurance, information will be collected, but there will be no out of pocket cost to the individual.

COVID-19 vaccines for children 5 years and older

Children 5 years and older are eligible to receive the two-dose Pfizer vaccine

Facts about vaccines for children 5+

- The American Academy of Pediatrics recommends COVID-19 vaccination for all children and adolescents 5 years of age and older who do not have contraindications using a vaccine authorized for their age.
- Pfizer's two-dose vaccine received Emergency Use Authorization (EUA) for kids ages 5-11 in November 2021; older children have been eligible since July 2021
- The vaccine is administered in **two doses three weeks apart**
- Kids 5-11 receive 1/3 the dose of adults
- The vaccine can be **safely and effectively** administered at the same time as other vaccines

Children can get their vaccine at a variety of locations:

- Pediatrician's office
- School-based clinics
- Pharmacies
- Children's hospitals
- Other sites, such as county health clinics



COVID-19 vaccines for children 5 years and older

Why should my child get vaccinated?

- The vaccine is **safe and effective** at preventing children from becoming severely ill from COVID-19.
- Most children with COVID-19 have mild symptoms, but some can become extremely ill, resulting in hospitalization and death.
- Vaccination **safeguards your child's health, and protects others** who may be elderly, immunocompromised, or too young to become vaccinated.
- Vaccination will **allow children to return safely to activities** that foster mental, physical, and intellectual growth.

Are there short-term or long-term side effects?

- **Side effects are usually mild**, last 1-3 days, and are similar to those experienced by adults: pain at the injection site, fatigue, headache, chills, muscle pain, fever, and joint pain.
- Regulatory agencies are monitoring limited reports of heart issues after COVID-19 vaccination.
- These cardiac issues are extremely rare, and the risk of these conditions is higher for those who become infected with COVID-19.

The CDC, FDA, public health and medical experts are constantly monitoring the safety of the vaccines. Speak with your pediatrician to address any concerns over vaccine safety.

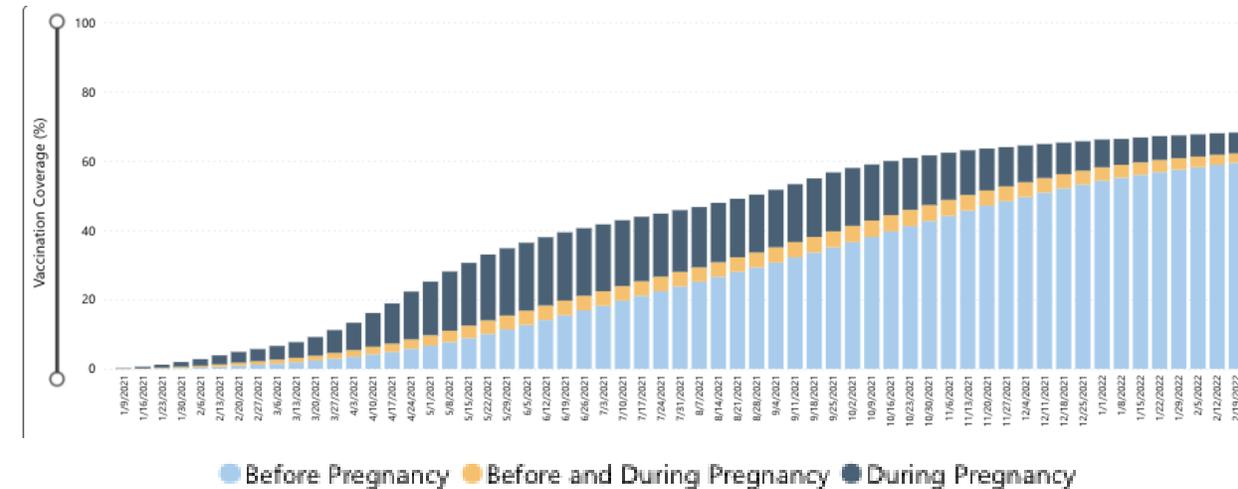
Are the COVID-19 vaccines safe for pregnant people and their babies?

Yes, the benefits of getting a COVID-19 vaccine far outweigh the risks for *both mothers and their babies*.

- Getting vaccinated against COVID-19 while pregnant, planning to become pregnant, or breastfeeding is **safe, effective, and recommended**.
- Evidence suggests that **COVID-19 infection increases many pregnancy-related risks** for both mother and baby, not COVID-19 vaccines.
- There is **no** evidence that vaccines cause miscarriage or infertility.
- There is **evidence** that people vaccinated during pregnancy pass high levels of antibodies to their babies, and that people vaccinated against COVID-19 transfer SARS-CoV-2 antibodies to their breastfed infants, giving their babies passive immunity against COVID-19.

COVID-19 vaccination among pregnant people aged 18-49 years overall, by race/ethnicity, and date reported to CDC - Vaccine Safety Datalink,* United States

Figure 1: Percent of Pregnant People Ages 18–49 Years Fully Vaccinated with COVID-19 Vaccine Before and During Pregnancy, by Timing of Vaccination and Week Ending Date — Vaccine Safety Datalink,* United States December 14, 2020 – March 5, 2022



*Vaccine Safety Datalink is a collaboration between CDC's Immunization Safety Office and nine integrated health care organizations in seven U.S. states. Eight sites provide data, and one additional site provides subject matter expertise. For more information please visit <https://www.cdc.gov/vaccinesafety/ensuringasafety/monitoring/vsd/index.html>

"Vaccination coverage" is the percent of pregnant people fully vaccinated before or during pregnancy, with the denominator including those pregnant at least 1 day during the specified week ending date, and the numerator including those who were fully vaccinated. Fully vaccinated individuals received two doses of the Pfizer-BioNTech or Moderna vaccines or a single dose of the Janssen (Johnson & Johnson) vaccine; "before pregnancy" represents the percent of pregnant people who were fully vaccinated before pregnancy; "before and during" pregnancy represents the percent of pregnant people who received one dose of the Pfizer BioNTech or Moderna vaccines before pregnancy and one during pregnancy; "during pregnancy" represents the percent of people fully vaccinated during pregnancy. Full vaccination for moderately/severely immunocompromised people was not captured ([Interim Clinical Considerations for Use of COVID-19 Vaccines \(CDC\)](#)).

CDC strengthened its recommendation on August 11, 2021, to recommend COVID-19 vaccination for all people who are pregnant, lactating, trying to get pregnant now, or might become pregnant in the future.

As of 3/15/22, about 68.6% of pregnant people have been fully vaccinated, and many pregnant people remain unprotected.

Why is vaccination critical for pregnant people?

Vaccines safely reduce the likelihood pregnant people will develop severe COVID-19.

- Pregnant people with COVID-19 are at an increased risk for preterm labor, preeclampsia, and [maternal mortality](#).
- They are 2x as likely to require admission to the ICU, and 70% more likely to die than those who aren't pregnant.
- Babies whose mothers have COVID-19 are also more likely to face severe complications, such as premature birth, stillbirth, or death.

COVID-19 significantly raises risk to pregnant women and their babies, new studies find

BY MAX BAYER

UPDATED ON: NOVEMBER 19, 2021 / 7:11 PM / CBS NEWS



New study reveals stark COVID risks for unvaccinated pregnant women and their babies

BY HALEY OTT

JANUARY 13, 2022 / 12:36 PM / CBS NEWS



Delta variant linked to increased risk of stillbirth, CDC study finds

Two new reports from the CDC suggest Covid's delta variant isn't just more contagious, it's also more dangerous to pregnant women and their babies.

Alarm sounded about COVID-19 in pregnant women in Colorado

Seth Klamann seth.klamann@gazette.com Dec 13, 2021 Updated 17 hrs ago

The role of a trusted messenger

Vaccination rates among pregnant people remain alarmingly low, especially in Black and Latinx communities.

Nearly 57% of pregnant people say they are not confident vaccines are safe for them ([KFF](#)).

Figure 8

Less Than Half Of Women Who Are Pregnant Or Planning To Be Pregnant Are Confident In The Safety Of COVID-19 Vaccines For Pregnant People

Among people under the age of 50 who are pregnant or planning to become pregnant in the next few years:

How confident, if at all, are you that the COVID-19 vaccines are safe for pregnant women?

Very confident Somewhat confident Not too confident Not at all confident
Don't know/Refused (Vol.)



NOTE: Among people who identify as female or other gender under the age of 50 who are pregnant or planning to become pregnant. See topline for full question wording.

SOURCE: KFF COVID-19 Vaccine Monitor (November 8-22, 2021)

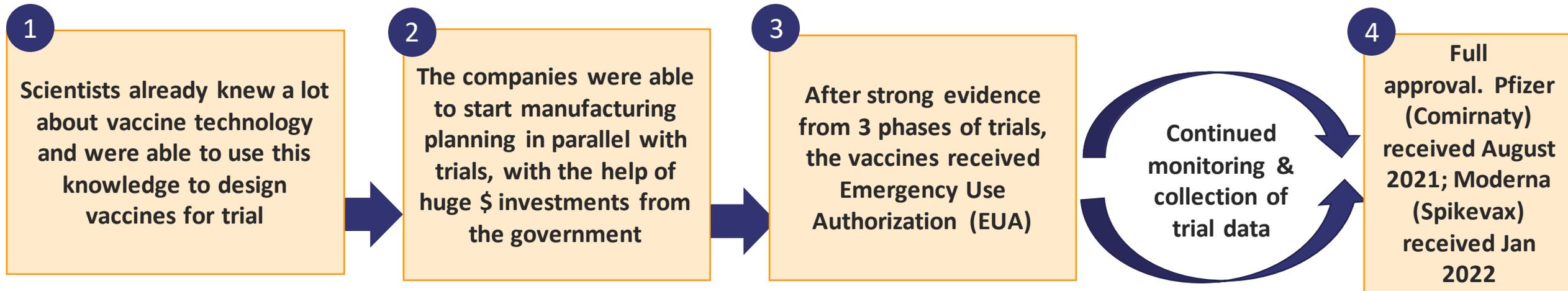
[KFF COVID-19 Vaccine Monitor](#)

What can I do to help?

- Stay up-to-date on COVID-19 vaccine information, emphasizing the safety and effectiveness at preventing harm to both the mother and the baby. *Protecting the baby is the most stated reason a pregnant person is likely to get vaccinated.*
- Include the family in vaccine conversations, reiterating the safety of a fully vaccinated household for the baby, who cannot yet be vaccinated. *Family has a drastic impact on a mother's decision to get vaccinated.*
- Connect expectant mothers to other peer and support groups. *Listening and sharing testimonials and stories about COVID-19 experiences while pregnant can provide confidence to make the right decision.*

How were these vaccines created so quickly while ensuring that they are safe?

➤ Vaccines are reviewed and approved for use by the FDA through a rigorous process:



In Summary...

- FDA safety evaluations were not changed or compromised during COVID-19 vaccine development.
- The vaccine process was faster because research and development, clinical trials, manufacturing, and plans for distribution are occurring at the same time, with unprecedented levels of government spending.
- Even after EUA, there is ongoing and rigorous monitoring for adverse events.
- On Aug 23, 2021, the FDA granted full approval of the Pfizer (Comirnaty) vaccine.
- On Jan 31, 2022, the FDA granted full approval of the Moderna (Spikevax) vaccine.

Explaining mRNA vaccines: Pfizer & Moderna



How does it work?

- mRNA is a normal part of human biology. Your body is full of mRNA right now!
- These vaccines work by using mRNA as a "messenger" that contains a blueprint for the COVID-19 spike protein. This tells your body: make this protein.
- You then develop antibodies against COVID-19 spike proteins, creating immunity.
- Once your cells make the protein, the mRNA breaks down and does not stay in your body permanently.
- mRNA does **not** enter your cell's nucleus and cannot alter your DNA.



Is mRNA new technology?

- No. While the Pfizer vaccine has been FDA approved and both Pfizer & Moderna are EUA recipients, research on mRNA for other diseases, such as Zika, cancer, and the flu, has been underway for 10 years.
- Vaccines based on injecting viral proteins (flu, tetanus, pneumonia) or live virus (oral polio, Chickenpox) take longer to produce.
- Because mRNA vaccines work off a blueprint, they can be created quickly.
- The COVID-19 vaccine **passed every regulatory step for authorization. No corners were cut in the creation of these vaccines.**

The vaccine cannot give you COVID-19 because it contains no virus.

Explaining viral vector vaccines: Johnson & Johnson



How does it work?

- Viral vector vaccines use a common virus [“adenovirus”] to alert your body's immune system. The virus is **weakened and cannot cause disease**.
- Like mRNA, the harmless virus delivers a blueprint, telling your body to make COVID-19 spike proteins.
- Antibodies develop to the spike protein, creating immunity.
- The harmless virus does not stay in your body.



Are viral vectors new technology?

- No, Johnson & Johnson has already used this method to develop an approved Ebola vaccine, and the technology has been used for a long time for gene therapy.
- The AstraZeneca vaccine, currently approved for use in other countries, and in final vaccine trials in the U.S., uses the same technology.
- The Johnson & Johnson vaccine is an approved viral vector vaccine under EUA for COVID-19 and **passed every FDA safety step**.

This vaccine cannot give you COVID-19 because it uses a different, harmless virus to create immunity.

For most people, side effects from the vaccine are mild

Side effects are caused by your own body's immune response to the vaccine.

Minor side effects are common after vaccination.

These are short-lived and can include:

- Redness or swelling on the arm where you get the shot
- Weakness, fatigue
- Fever
- Muscle aches
- Headache



Talk to your doctor or vaccine provider about the use of over-the-counter medicine for side effects.

Note: Experiencing side effects *does not* mean that you have COVID-19. It is your body developing an immune response- which is a good thing. Not everyone has side effects. Both are normal.

Severe reactions are very rare

Your risk of severe illness from COVID-19 infection is much higher than the risk of a severe reaction to the vaccine.

- You will wait for 15 minutes after vaccination to make sure you have no serious reaction. If you have known allergies to an injectable medication, you'll wait 30 minutes.
- All vaccine sites have epinephrine on site (the medicine stored in an EpiPen) to address the rare possibility of a severe allergic reaction.

Go to your primary care provider, clinic, or alert your vaccination site if:

- Side effects do not go away within 3-4 days
- You received the J&J vaccine and are experiencing symptoms of Thrombosis with Thrombocytopenia Syndrome (TTS)

Additional Doses: What is a booster?

- **A booster shot is an additional dose of a vaccine given after the initial recommended dose. Boosters are administered as an additional layer of defense to restore protection which may have decreased over time.**

How do I know if I need one?

- Anyone 18+ who received J&J vaccine at least 2 months ago is eligible to receive a booster dose of any kind.
- Any adult (18+) who received the second dose of either Pfizer or Moderna vaccines at least 5 months ago is eligible to receive a booster dose of any kind.
- Children 12+ are also eligible for a booster dose of Pfizer 5 months after their second dose, which is recommended to increase protection against the Omicron variant.
- Immunocompromised children ages 5 and up may also receive a third dose of Pfizer's vaccine (Comirnaty) 28 days after their second dose.

*Note: The CDC has updated its recommendation with a preference for mRNA vaccines (Pfizer or Moderna), in most situations, where possible.

Additional Doses: Mixing and Matching

Can I receive a different type of vaccine from my original primary series dose as a booster dose?

Yes. You may choose (depending on supply on site). If you do receive a booster vaccine that is different from the one you received for your primary dose, you should do so at the recommended interval for the booster dose of your original vaccine.

- If you initially received the J&J vaccine, you are eligible to receive a booster of any kind at least 2 months after your initial dose.
- If you initially received either the Pfizer (12+) or Moderna (18+) vaccines for your primary series, you are eligible to receive a booster dose of any kind at least 5 months after your second dose.



Bing stock image

Additional Doses for the Immunocompromised

- **COVID-19 vaccines are highly effective in preventing severe outcomes among the general population. However, some immunocompromised people require additional layers of protection.**

Third doses:

- Those with compromised immune systems may receive a third dose of either mRNA vaccine (Pfizer/Comirnaty or Moderna) as a part of their initial series
- May be referred to as an "immune primer" as it will "prime" immune levels for those whose bodies cannot develop immunity as well as others
- Can be received no sooner than 28 days after a second dose
- Some younger children (5-11) who are moderately or severely immunocompromised may be eligible for an additional dose 28 days after their second shot of the Pfizer vaccine

Booster doses:

- Immunocompromised adults who completed an mRNA vaccine primary series and received a third mRNA dose may receive a single booster dose of any COVID-19 vaccine at least 3 months after their third Pfizer or Moderna dose, or 2 months after a J&J dose, for a total of four COVID-19 vaccine doses.

This information is constantly evolving; immunocompromised people should speak to their clinical provider to learn more about appropriate timing of vaccination.

Will the vaccines still work against the variants?

What are the key COVID-19 variants?

- **Alpha (B.1.1.7):** Emerged in September 2020
- **Beta (B.1.351):** Emerged in September 2020
- **Gamma (P.1):** Emerged in October 2020
- **Delta (B.1.617.2):** Emerged in December 2020
- **Omicron (B.1.1.529):** Emerged in November 2021
(*Current dominant strain in U.S. as of March 2022*)

Why do viral variants arise?

- All viruses change naturally as they replicate. **Mutations are expected.**
- Sometimes, viruses change in a way that helps them become better at infecting people or faster at replicating.
- These changes can allow the viral variants to spread more easily from person to person.
- Low rates of vaccination and inequities in access persist globally and contribute to the emergence of new variants.

Experts are confident that **current vaccines will provide protection against severe disease.** Increasing vaccination will help prevent new variants from developing. It is important that you are **fully** vaccinated and **receive your booster when eligible** to ensure protection against the current variants, as well as those that may emerge in the future.

You can help by wearing a mask and social distancing, regardless of whether or not you've been vaccinated. This will help protect those who cannot yet be vaccinated, including children, and those who are considered high-risk, such as the elderly, or those who are immunocompromised.

The Delta Variant: What made it different?



Facts about Delta

1 Delta was far more contagious than other variants.

It was estimated to be 2x more infectious than previous strains.



HIGH TRANSMISSIBILITY

2 Delta impacted children more than previous variants.

Pediatric COVID-19 cases drastically increased with Delta, esp. before those under 12 were able to receive a vaccine.

3 Delta caused more severe illness than previous strains among unvaccinated people.

The Delta variant more than doubled the risk of severe illness requiring hospitalization for unvaccinated people.



INCREASED SEVERITY

4 Vaccines still proved quite effective against severe disease.

Getting vaccinated and wearing a mask, regardless of vaccination status, helped to prevent COVID-19 spread in communities.

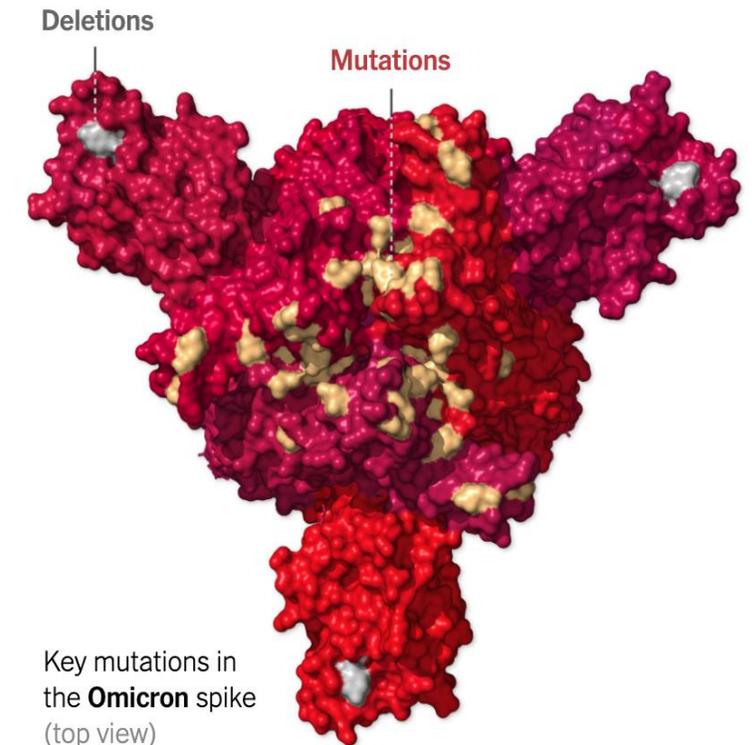


LIMITED IMMUNE ESCAPE

Now, here's Omicron. How does it measure up?

- Omicron has dominated headlines since it was detected by public health authorities in late November.
- The Omicron variant (and its subvariants) has rapidly replaced Delta as the predominant strain.**

- 1 Omicron carries ~50 mutations not seen in this combo before – including 30 in the spike protein.
- 2 Omicron spreads very easily, even more quickly than Delta. Incubation period is shorter; symptoms similar.
- 3 Omicron causes milder illness than Delta. Risk of hospitalization appears to be lower.
- 4 Vaccination and previous infection provide lower protection from infection than with other variants (though vaccination offers protection against severe disease); boosters provide protection.



Breakthrough Cases: Why are fully vaccinated people still getting COVID?

➤ Vaccines are still some of our best tools in protecting against the COVID-19 variants.

What are breakthrough cases?

- A person who is fully vaccinated and tests positive for COVID-19 is considered a *breakthrough case*.
- No vaccine can provide full protection from any disease, **but this does not mean they are ineffective**. The available vaccines provide a high level of protection against severe illness, hospitalization, and death.
- In most breakthrough cases, the symptoms are mild, and do not require hospitalization or result in death.

Why should I get the vaccine if I still can get COVID?

- No vaccine is 100% effective, and breakthrough cases are expected. The vaccines **drastically reduce your risk of severe illness, hospitalization, and death**.
- **In addition to protecting you, vaccines provide protection for those around you.** Full vaccination reduces your chances of catching and transmitting COVID-19. Not everyone is yet eligible for vaccination, such as children under 5. For others, such as those with compromised immune systems, COVID-19 vaccines provide less protection.

Vaccination is one measure to help stop the pandemic; other personal protection measures remain important.

Masking and distancing – even if not required by your jurisdictions – are still useful tools to protect ourselves and those around us.

As guidance changes, the onus shifts increasingly on to individuals to understand and manage risk:

- Consider the environments you'll be in and for how long – ventilation, indoor/outdoor, ceiling height, duration, etc.
- Consider who is in your network – many of the highest risk among us remain vulnerable
- The CDC provides a tool to help communities decide what prevention steps to take based on the latest data. See the [COVID-19 Community Levels tool](#) here, but know that you may choose to be more cautious depending on the circumstances above.

You must still adhere to federal, state, local, tribal, or territorial laws, rules, and regulations, including local business and workplace guidance, which may require masking.



Photo credit: Jodi Hilton for Partners In Health
Mary Takach, MPH, RN, Sr. Health Policy Advisor for Boston Health Care for the Homeless, administers a COVID vaccine to Kathleen Nichols, center director for St. Ambrose. Boston Health Care for the Homeless workers help to vaccinate the staff at St. Ambrose Shelter in the Dorchester neighborhood of Boston.

Many people face challenges in trying to get the vaccine

Populations/communities who may experience more significant challenges – many of whom are already disproportionately impacted by COVID-19 – include the following:

- Low-income
- Non-English speaking or reduced literacy
- The elderly
- Medically frail or disabled (physical, mental, cognitive, and sensory)
- Isolated (due to geography, documentation status)

Potential barriers to accessing the COVID-19 vaccine

Structural

- Limited access to health care provider and trusted systems for social support
- Inability to navigate a complex health care system

Information

- Inaccessibility of information on vaccine safety, efficacy, available distribution points, and scheduling options
- Pervasive misinformation

Logistical

- Challenges in scheduling (for example, no computer)
- Lack of convenient locations, schedules, and / or available transportation
- Lack of personnel or equipment to administer vaccines

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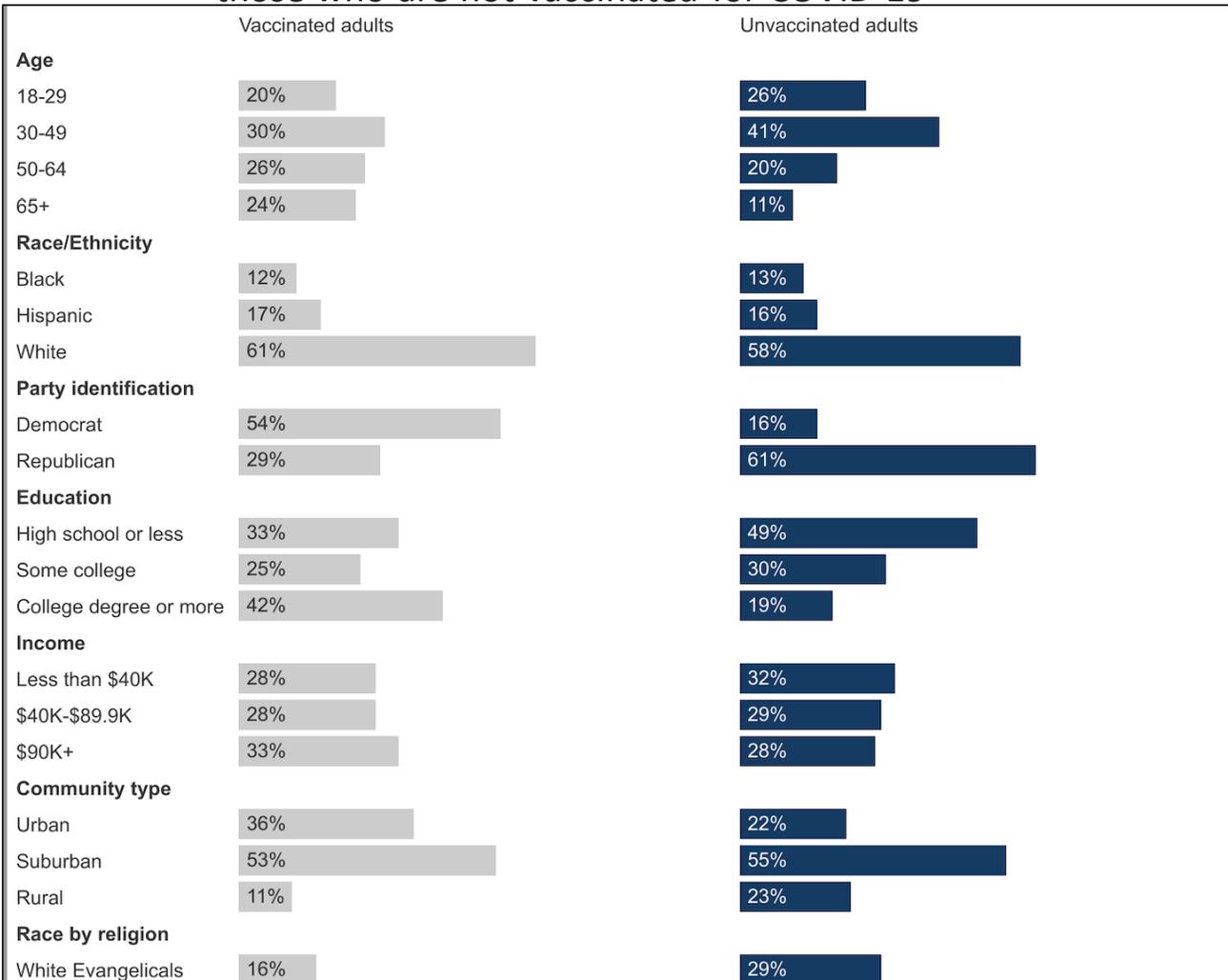
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Next steps in supporting your community

Prominent barriers to vaccination vary among broad population groups

Demographic profile of adults who are vaccinated for COVID-19 and those who are not vaccinated for COVID-19



NOTE: Party identification includes independents who lean towards either party. See topline for full question wording.
SOURCE: KFF COVID-19 Vaccine Monitor (February 9-21, 2022)

[KFF COVID-19 Vaccine Monitor](#)

“You can’t look at that hesitancy at face value. Centuries of inhumanity — that’s not easily forgotten. Medical professionals have to understand that the fear of Covid-19...does not always outweigh the very clear and well-documented danger of going to a health care system that has proven itself to be as deadly as disease.”

— [Gabrielle Perry](#), clinical epidemiologist

Source: [KFF COVID-19 Vaccine Monitor](#)

Changing the narrative around "vaccine hesitancy"

Every person starts at a different point along the path to vaccination. Different engagement, support, and communication strategies are required to meet everyone's needs.

"I don't want or need the vaccine"



Mass media campaign on the benefits of vaccination

"I have heard about the vaccine but have questions"



Q&A session with trusted local doctor

"I will probably get the vaccine but I want to wait and see"



Honest conversation with a community leader

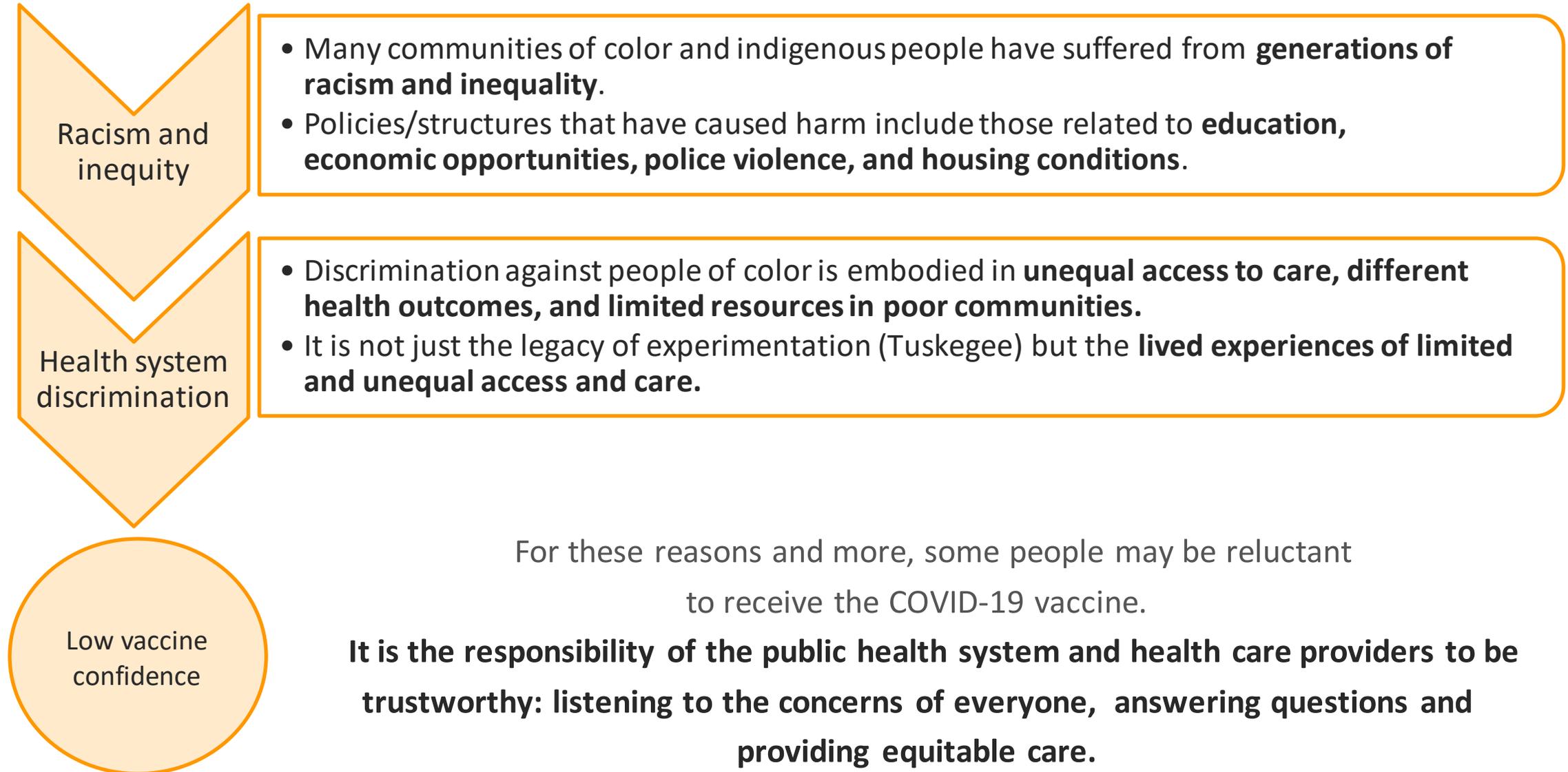
"I want the vaccine but don't know where or how to get it"



Dedicated scheduling support and free transportation

You play a critical role in understanding your community's needs and concerns.

Factors influencing Vaccine Confidence

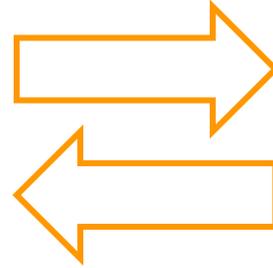


You as a community leader can work with providers and local health to improve equitable rollout

Community Leaders:

Give people the information they need to decide that the benefits of vaccination outweigh the risks

- Share up-to-date, understandable information with the individuals in your circle
- Launch Trusted Messenger Forums steered by community leaders
- Support multi-lingual education and social media campaigns to boost vaccine confidence



Local and State Health Authorities:

Address the significant challenges involved in finding and receiving the vaccine

- Allocate supply to towns, cities, neighborhoods with high proportions of underserved populations
- Set targets and develop strategies in coordination with vaccine providers to ensure vaccines are administered to people living in highest-risk communities in proportion to population
- Stand up pharmacy clinics in high social need towns / cities and underserved rural areas

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Next steps in supporting your community

The way we talk about the COVID-19 vaccine is important

- **Lead with the positive** – emphasize the importance of the vaccine to protect loved ones and the most vulnerable
- **State the facts** – Before mentioning a myth, state known facts about the vaccine to ensure this remains in focus
- **Mix positive stories about human experience with science** and information on the rollout
- Acknowledge people’s hesitancy and reinforce that the **choice to get the vaccine is always theirs to make**
- Provide **scientific and unbiased** answers – ensure you are equipped with the latest information

What messaging is particularly important for your community?

What language “do's and don'ts” do you see?

Key messages that you can share with your community

- 1 I trust that the vaccine is safe and works to prevent you and your loved ones from becoming seriously ill.** Share your own personal story: *“I got (or I will get) the vaccine because ...”*
- 2 The vaccine is free, even without insurance.** Everyone who is eligible for the current phase can be vaccinated.
- 3 People in our community got the vaccine** and have had good experiences.
- 4 Please reach out to me with questions** and share your concerns – I want to hear what is important to you, and I’m here for you.

What else resonates with your community?

Virtual town halls are a useful forum for sharing more in-depth information

Recommendations for organizing a town hall

Primary goal to **provide participants with the information they need to come to an informed decision on their own.**

- Guiding principles:
 - Transparency
 - Local ownership and context
 - Mix of science and data with positive stories
 - Empathy and non-judgment
- Recommended platforms: Virtual meeting platform like **Zoom or Facebook Live**
- See [Town Hall Facilitation Guide](#) and [Community Conversations Slide Deck](#) for supporting material.

Organizations hosting virtual town halls

- Health care providers
- Cities and local health departments
- Community and faith-based organizations and associations

You may also choose to leverage ongoing in-person meetings, (convened by faith-based groups, school boards, etc.) provided they are hosted in accordance with [CDC guidelines](#) for community mitigation.

Town Hall Best Practices: Hear concerns and get feedback

**Bidirectional communication is key:
Have an honest conversation.**

The information on vaccination can be confusing, and we're learning more every day. We also cannot anticipate every question or worry our community members have.

Be intentional in hearing and discussing concerns and be open to feedback on your materials and information.

We want this to be a safe space for you to share your concerns with us and others. Is there anything you're worried about when it comes to vaccination? Is there anything that is still unclear?

Please share your feedback after today's conversation using [insert mechanism and hyperlink which will be emailed to participants]

Thank you!

Follow up with us:

Name (email)

TRAINING AGENDA

Your role as a community leader

Information on COVID-19 vaccine efficacy and access

Vaccine confidence

Actions for community leaders

- Share key messages about vaccine safety, efficacy, distribution
 - **Enable access in your community**
 - Be an advocate
-

Next steps in supporting your community

There are a range of ways to sign up for COVID-19 vaccine appointments in each state. Know your context.

1 Through existing doctors or health care providers

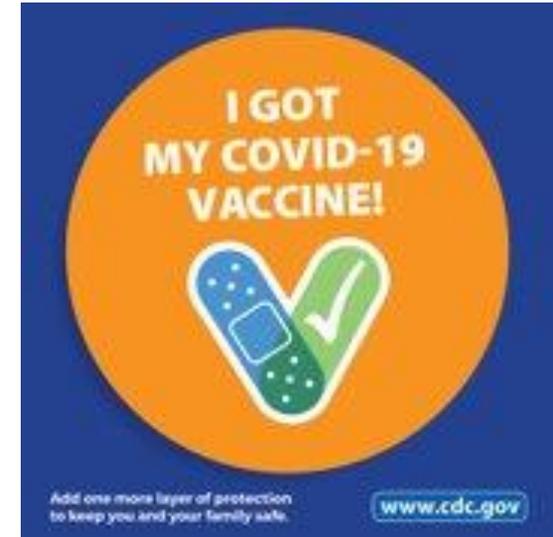
Individuals may be contacted by their medical provider.

2 Through online or phone scheduling systems

- Visit [vaccines.gov](https://www.cdc.gov/vaccines/imz/downloads/#/20200421) (English) or [vacunas.gov](https://www.cdc.gov/vaccines/imz/downloads/#/20200421) (Spanish) to search and find a vaccine near you.
- Text GETVAX (438829) for English or VACUNA (822862) for Spanish to receive three vaccine sites on your phone within seconds.
- Call the National COVID-19 Vaccination Assistance Hotline at 1-800-232-0233 for those who prefer to get information via phone call.

3 Most retail pharmacies now offer walk-in vaccines

4 Through school-located vaccine clinics (for children)



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

for information specific to your state.

Identify other resources available within your community

Think back to the barriers to access faced by individuals in your community.

Understand the resources available in your community to overcome such barriers.

- Identify transportation services and scheduling assistance.
- In addition to providing information, can you connect individuals to social supports?

Potential barriers to accessing the COVID-19 vaccine

Structural

- Limited access to health care providers and trusted systems for social support
- Inability to navigate a complex health care system

Information

- Inaccessibility of information on vaccine safety, efficacy, available distribution points, and scheduling options
- Pervasive misinformation

Logistical

- Challenges in scheduling (for example, no computer)
- Lack of convenient locations, schedules, and / or available transportation
- Lack of personnel or equipment to administer vaccines

TRAINING AGENDA

Your role as a community leader

Information on COVID-19 vaccine efficacy and access

Vaccine confidence

Actions for community leaders

- Share key messages about vaccine safety, efficacy, distribution
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-

Next steps in supporting your community

COVID-19 vaccine rollout requires collaboration

The Roles of Community Partners

- **Spread the word** on the COVID-19 vaccine, **providing clear information** on safety and efficacy
- Use **information channels that are most useful** to members of your community
- **Share feedback** on the ongoing rollout and attitudes towards the vaccine with state and local health authorities
- **Allow us to benefit from your creativity and reach on potential system improvements** – share your ideas with us and local partners!

The Roles of Local Governments

- **Mobilize range of stakeholders** into action
- **Develop resources** for use by community partners and vaccinators
- **Evaluate ongoing progress** of the rollout with respect to equity
- **Remove roadblocks and address challenges** that impede communities' access to the vaccine

The role of local government may vary from place to place; best practice is to work shoulder-to-shoulder in vaccine rollout.

Discussion: What are the opportunities to mobilize your community?

- What **work is ongoing** in your organization or community on the COVID-19 vaccine?
- What are you **hearing** from your community members?
- What **opportunities do you see** to increase your community's awareness of the vaccine and ability to receive it?
- What is your **plan of action** for mobilizing your community?
- What do you need in terms of guidance or information that you don't have?
- How can you work together with other community members and organizations?

Additional resources for you to use as trusted messengers

COVID-19 VACCINE FAQs

COMMUNITY MESSENGER GUIDE

Updated on August 26, 2021

This document is intended to provide trusted messengers with a series of FAQs regarding COVID-19 vaccines to guide conversations with community members. This information is based on currently available scientific evidence, reports, emergency use authorization details, and expert opinion, and is subject to change. This document will be frequently updated as evidence and information about COVID-19 vaccines becomes available.

Why should I get the COVID-19 vaccine?

Getting the COVID-19 vaccine helps prevent you from getting sick with COVID-19. Even in young, healthy people, COVID-19 can cause very serious illness and death. Older adults and persons with health conditions like diabetes or obesity are at an even greater risk. In addition to helping you, the more people who get the vaccine, the better we can protect our families and communities, including young children who are not yet eligible for vaccination. The best way to achieve this is for all of us to get vaccinated for the coronavirus.

What vaccines are available now in the U.S.?

Multiple COVID-19 vaccines have received Emergency Use Authorization (EUA) from the FDA. Two-dose vaccines developed by both Pfizer/BioNTech and Moderna received EUA in December 2020 and are currently being administered across the U.S. Johnson & Johnson's (J&J) single-dose vaccine received EUA in February 2021 is also in distribution throughout the country. Several other COVID-19 vaccines are currently in development.

As of August 2021, the FDA granted full approval of Pfizer/BioNTech (now marketed as "Comirnaty"), making it the first COVID-19 vaccine fully approved for individuals 16+. Individuals 12-15 will still be able to receive the vaccine under the EUA. Additionally, a third dose for immunocompromised individuals is available under the EUA as well.

What does FDA Approval mean?

Full FDA approval goes beyond the EUA—which allows vaccines to be rigorously tested and distributed during a public health emergency—and includes additional safety testing and research that allows vaccines to be widely distributed after the public health emergency concludes. With the FDA granting full approval for a COVID-19 vaccine, Americans can be even more confident that the COVID-19 vaccines work and are safe.

What about Moderna and J&J?

The vaccines will continue to be safely administered through emergency use authorization as the FDA reviews data about their real-world use. The Pfizer COVID-19 vaccine was the first vaccine to receive EUA, which is why it is the first to have enough data to receive full approval. Moderna has also submitted an application for full approval of its COVID-19 vaccine, and the FDA is currently reviewing that data.

What is the Delta variant? Do the COVID-19 vaccines work against it? I heard about breakthrough cases?

All viruses mutate and change naturally. When mutations fundamentally change the characteristics of a virus (its structure or behavior), we classify them as variants. The Delta variant is now the dominant COVID-19 variant in the U.S. It is spreading rapidly, especially in areas with low vaccination rates. The Delta variant is more transmissible than any other COVID-19 variant we've seen, meaning it can spread more easily from person to person. We're still learning about the Delta variant, but it may also be more deadly and dangerous to those who are infected than previous variants. It appears to be more likely to lead to hospitalization, oxygen requirements, and death compared to previously observed strains of the virus, especially among unvaccinated people.

PH.org/usphau 1

[Frequently Asked Questions](#)

COVID-19 Vaccination

A Guide for Community Conversations

Partners In Health

AGENDA

- Why get Vaccinated?
- Available Vaccines in the U.S.
- COVID-19 Vaccine Science
- Vaccine Safety
- Vaccine Frequently Asked Questions
- Next Steps: Getting Vaccinated

The goal of today's session is to share key vaccine information, answer questions about vaccine safety, and engage in honest, non-judgmental conversation.

Why should I consider getting the COVID-19 vaccine?

Getting the COVID-19 vaccine helps prevent severe illness, hospitalization, and death by COVID-19.

To help you: Even in young, healthy people, COVID-19 can cause very serious illness and death. Older people and persons with health conditions like diabetes are at an even greater risk.

To help your family, friends, and community: The more people who get the vaccine, the better we can protect our families and communities, and ensure people can go back to their jobs.

To move forward, together: The best way to achieve normalcy is for all of us to get vaccinated for the coronavirus so we can collectively end this pandemic and provide justice to communities that have been especially impacted.

[Community Conversations Presentation Deck](#)

FACILITATION GUIDE

COVID-19 Vaccination Town Hall

Updated February 23, 2021

STOP COVID Partners In Health UNITED STATES

INTRODUCTION AND GUIDING PRINCIPLES

A town hall is an effective way to broadly disseminate information and directly address questions and concerns about COVID-19 vaccination. It is a tool to bridge communication gaps, foster open discussion, and provide a platform for the community to be heard. The primary goal of a town hall is not to persuade participants to get the vaccine, but rather to provide them with the information they need to make an informed decision. Guiding principles for a town hall include:

Transparency and honesty. Open-ended, ongoing conversation is the best way to engage with a community. Be as forthcoming as possible with the information you have and are able to share, while acknowledging candidly that there are still many unknowns around the vaccination rollout. Being transparent about what you do and do not know fosters trust among participants.

Local ownership and context. Engaging respected community leaders and experts to deliver the message is another way to build trust. Whenever possible, ensure that facilitators and presenters are part of the local community and/or have a similar lived experience as participants. Tailor the meeting to the community or organization, as appropriate.

Science and data. Information shared in the meeting should be grounded in evidence-based, factual data. Information should be as up-to-date as possible.

Positive stories. Where feasible, invite community members who received the vaccine to share their personal stories on their experience.

Clarity and brevity. Do not overload participants with too many details. Keep the information-sharing part of the meeting brief; participants can get more detail about specific topics in the Q&A. Avoid overly technical language or unclear abbreviations.

Empathy and non-judgment. Be cognizant of the different backgrounds, belief systems, and existing information (accurate or otherwise) that people have, and treat all questions as valid. Many people—especially historically marginalized groups—may be rightfully suspicious of public health initiatives due to past and ongoing injustices. A successful community conversation entails listening with interest, an open mind, and kindness. Be empathetic and polite while correcting factually inaccurate information, acknowledging and showing respect for people's concerns.

ORGANIZING THE TOWN HALL

Who should be involved in a town hall?

- Hosts:** Any organization can host a town hall. Multiple organizations can also co-host an event to increase its reach.
- Audience:** Each town hall should be specifically tailored to meet the needs of its unique audience. This includes attention to language, medical and scientific fluency, potential past experiences with the medical system, and other relevant community characteristics. Facilitators and presenters should be chosen with the audience in mind to foster an authentic connection, with presentation content adapted to address concerns specific to the represented community. Additionally, local jurisdictions should work with community-based organizations to identify audiences that may be interested in or benefit from a vaccination town hall.

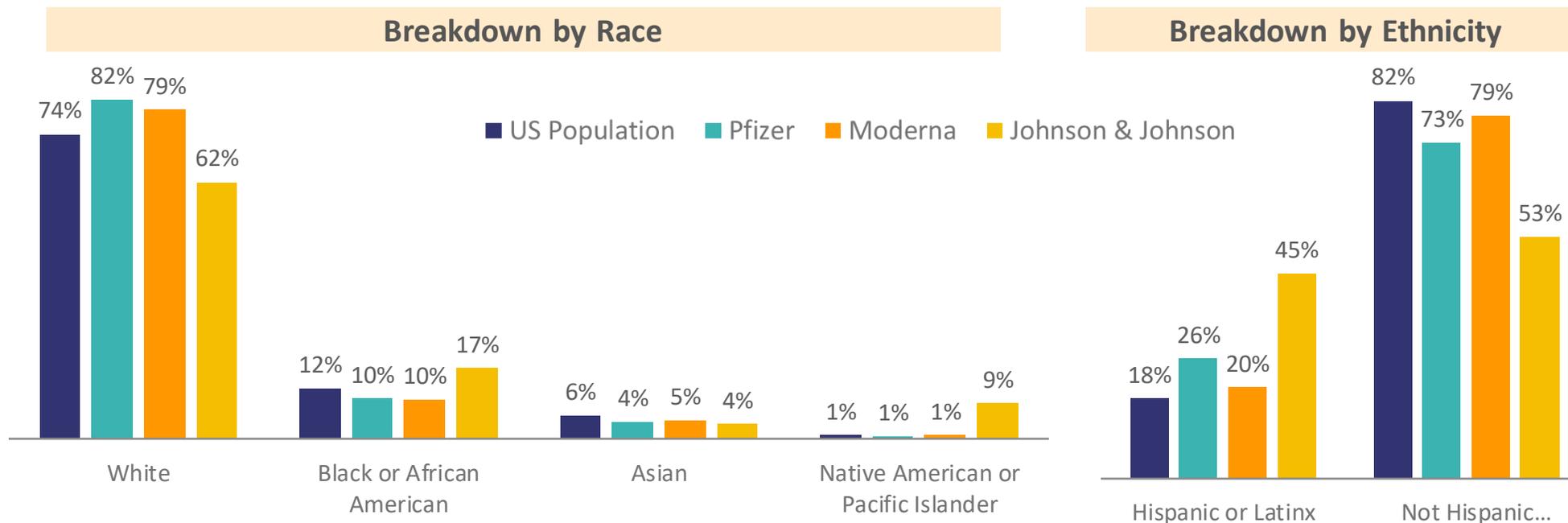
[Virtual Town Hall Facilitator's Guide](#)

Appendix

**To support further learning for you
and your communities**

The adult vaccine trials included tens of thousands of participants from varied backgrounds

The Pfizer, Moderna, and J&J trials were designed to ensure efficacy was studied across races and ethnicities, to reflect the diversity of the population who will receive the vaccine



Who participated in the adult vaccine trials?



Vaccine trials were performed with many individuals with high-risk conditions.
High-risk conditions are those that place an individual at increased risk for severe COVID-19 complications.

High-Risk Condition	Pfizer (Comirnaty): % of Trial Participants	Moderna: % of Trial Participants	Johnson & Johnson: % of Trial Participants
No high-risk conditions	79.5%	77.9%	60.1%
Diabetes	8.2%	9.4%	7.2%
Chronic Lung Disease	8.6%	7.5%	1.3%
Liver Disease	0.6%	0.7%	< 1%
Significant Cardiac Disease	1.4%	4.9%	2.4%
Hypertension	24.4%	6.5%	10.3%
HIV/AIDS	0%	0.6%	2.5%

Sample FAQ overview

➤ Why should I get the COVID-19 vaccine?

Getting the COVID-19 vaccine helps prevent you from getting sick with COVID-19. COVID-19 can cause very serious illness and death. Older adults and persons with health conditions like diabetes or obesity are at an even greater risk. The more people who get the vaccine, the better we can protect our families and communities, including those yet eligible for vaccination.

➤ Are the vaccines safe?

Medical and public health experts trust the very serious and thorough FDA approval process for the vaccines, as well as the ongoing public health regulatory system that constantly monitors ongoing vaccine safety and effectiveness. Results from both clinical trials and real-world experiences reveal that the vaccines are very safe and work very well at preventing illness.

➤ What side effects will the vaccine have? Are there going to be long-term side effects?

Side effects can include pain at the injection site, fatigue, headache, chills, muscle pain, fever, nausea, and joint pain. These side effects are usually mild and last 1-3 days. Generally, side effects are more common in younger vs. older patients, and the 2nd dose associated with more side effects than the 1st. Talk to your doctor or vaccine provider about taking over-the-counter medicines for managing any discomfort you may experience after getting vaccinated. Historically, long-term effects from vaccines are very rare. But just to reassure you, the CDC will continue to watch very closely as this is rolled out more widely.

Sample FAQ overview continued

➤ Do I still need to wear a mask and follow social distancing protocols after I take the vaccine?

The CDC recently updated its masking guidance, relaxing previous recommendations for near-universal mask wearing. Under the current guidance, most people in the U.S. (living in areas classified as low or medium risk) can now go maskless indoors in most cases. The CDC recommends continued mask use in communities at high risk where serious cases of COVID-19 are straining hospitals. You can check [your community's COVID-19 risk level here](#).

The CDC does recommend continued and consistent mask use for people who are personally at high risk, and for people with COVID-19 symptoms or a positive test, or exposure to someone with COVID-19. You must continue to adhere to local guidelines for mask wearing that may include settings such as public transportation or healthcare settings. Additionally, you can actively take steps to continue to protect yourself and your family by getting vaccinated and boosted, masking and social distancing in poorly ventilated spaces and crowds, [cleaning and handwashing](#), and [socializing largely outdoors](#).

➤ Why were the vaccines developed so fast? I'm concerned that these vaccines did not undergo enough testing as other vaccines.

The speed of COVID-19 vaccine development is not a result of compromised safety or quality. The vaccine process is happening faster because research and development, clinical trials, manufacturing, and plans for distribution are occurring at the same time, with unprecedented levels of government spending. This method removes delays that occur when these processes are carried out sequentially. No standards in the safety evaluations have been changed during this process.

See complete list of [FAQs](#) for more messaging guidance

Thank you!
