Vaccine Education and Messaging for Contact Tracing, Case Investigation, and Care Resource Coordination (CT/CI/CRC) Personnel
This deck is intended for use in training contact tracing personnel (including contact tracers, case investigators, and care resource coordinators) to share accurate, science-based information on COVID-19 vaccination with the individuals they contact, equipping those individuals to make an informed decision about vaccination. **Supplementing this deck with up-to-date local information (on vaccine availability, eligibility criteria, and registration procedures) is critical.**

The ideas presented in this deck reflect the latest public health thinking and scientific evidence as of March 2021. 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.

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Why are we having this session?

You, too, must make an informed decision about vaccination.

- To provide you with the most accurate COVID-19 information, including vaccines
- To encourage you to make informed decisions about the COVID-19 vaccine, when you are eligible

You are critically trusted messengers!

You play an important role in individuals’ COVID experiences.

You are poised to:
- Educate and communicate correct vaccine information
- Empower others to make the best vaccine decisions for their health

The information shared within the FAQ section of this training can serve as a basic script to support your conversations on vaccination.
The goal of vaccination is to achieve population (herd) immunity

Goal for COVID-19 vaccination to reach herd immunity: 70-90% of the population

This goal must be achieved while navigating barriers:

- Limited vaccine supply & challenging logistics
- Emergence of Sars-Cov-2 variants
- Vaccine hesitancy
- Misinformation about COVID-19 vaccines
- Inadequate immunization workforce
- Language barriers and lack of multilingual information

As vaccine messengers (DIs, CTs & CRCs), you have a unique platform to overcome these barriers.
YOU are uniquely positioned to educate about the vaccines
How to speak – and listen – about the COVID-19 vaccine

Principles of effective vaccine communication

- **Trust** – to provide clear, correct, & truthful answers
- **Active listening** – focus on them; respond thoughtfully
- **Compassionate empathy** – understand their fears
- **Understanding their perspectives** – Avoid monologue; engage in dialogue

Vaccine messaging tips:

- Be proactive. Open up a dialogue.
- Ask them if they are planning to take the vaccine
- Treat safety concerns as valid
- Portray the vaccine as something that can help them
- Always ask if they need additional information
4 C’s of being a trusted messenger

**CORRECT**
- Vaccine information *must* be accurate and correct.
- If you don’t know something, advise them to speak with a clinician.

**COMPLETE**
- Give **COMPLETE** information.
- Make sure the person has everything they need to make a vaccine decision or an appointment.

**COURTEOUS**
- Be professional, polite and kind. Be **COURTEOUS**.

**CLEAR**
- Give information that makes sense and is easy to understand. Be **CLEAR** and concise.
Vaccine communication

By the end of every vaccine conversation, your contacts/cases should:

- Be well informed about the **safety** and **effectiveness** of the vaccines
- Understand the eligibility **phases**
- Know how to make an **appointment** (you can help them sign up if eligible!)
- Understand that vaccine is an important tool in the fight against **COVID-19**, but they still need to continue to mask, social distance, and follow all precautions
What your community should know

The best way to protect ourselves, our communities, and our city is to get vaccinated and work together to make sure others get vaccinated.

Photo credit: Ryan Huddle, Boston Globe
Most Frequently Asked Questions

Stay up-to-date on the rapidly changing landscape of COVID-19 vaccination – these FAQs are a start.
Three COVID-19 vaccines are approved by the FDA via emergency use authorization (EUA) as of Feb. 28, 2021.

- **Type of vaccine:** mRNA  
  **Efficacy in trials:** 95%  
  **Dosing:** 2 shots, 21 days apart

- **Type of vaccine:** mRNA  
  **Efficacy in trials:** 94.1%  
  **Dosing:** 2 shots, 28 days apart

- **Type of vaccine:** Viral vector  
  **Efficacy in trials:** 72%  
  **Dosing:** 1 shot

It is hard to compare the vaccines directly, because each trial study was designed slightly differently. However, these three vaccines have one important statistic in common: All were 100% effective at preventing hospitalizations and deaths!
How do mRNA vaccines work? (Moderna and Pfizer)

- mRNA is a normal part of human biology
- mRNA molecules have a “blueprint” or instructions to make a spike protein
- In response to these instructions, antibodies develop, which creates immunity
- The vaccine cannot give you COVID-19 because it contains no virus
- The mRNA cannot interact or change your DNA
- mRNA vaccines have been researched for ~10 years
### How do viral vector vaccines work? (Johnson & Johnson)

Viral vector vaccines use a weakened, harmless adenovirus to spur immunity.

- Viral vector vaccines use a common, weakened adenovirus to alert your immune system.
- Like mRNA, the harmless virus provides a “blueprint” or instructions to make spike proteins.
- Antibodies develop to the spike protein, which creates immunity.
- The weakened virus cannot give you COVID-19, and it does not stay in your body.
- This technology was used by Johnson & Johnson to make the Ebola vaccine and has been used for many years in gene therapy.
Are the vaccines safe? Were they rushed?

The vaccines are SAFE and EFFECTIVE. They were NOT rushed.

- The FDA approval process is very serious. We can trust it.
- The clinical trial data shows the vaccines were extremely safe – no safety concerns, only minor side effects typical of all vaccines.
- The vaccines are extremely effective.
- The speed of COVID-19 vaccine development is not because of compromised safety or quality; but the process happened faster because research and development, clinical trials, manufacturing, and plans for distribution all occurred at the same time, with unprecedented levels of government spending.
- No standards in the safety evaluations have been changed during this process.
Should I get the vaccine if I already had COVID-19?

YES! As soon as you have recovered.

- Even if you have recovered from COVID-19, it is recommended to get the vaccine because we do not know how long you will be protected after infection.

- There is still much we are learning about protective immunity after COVID-19 infection.

- *All cases and contacts should finish isolation/quarantine AND make sure all COVID-19 symptoms are resolved before any vaccine appointment.*
Which vaccine should I get? Will I have a choice?

It is unlikely you will have a choice, and you should get whichever vaccine you are offered.

- All currently authorized vaccines are 100% effective in preventing hospitalization and death.

- The sooner we can all get a vaccine – any of the vaccines – the sooner we can end the pandemic and prevent new variants from arising.

- Do not wait for your preferred vaccine to become available - vaccines are still in too limited supply. Waiting months to receive your vaccine increases your personal risk and increases the risk to your community.
COVID-19 Vaccine facts versus myths

Fact #1
The vaccine cannot give you COVID-19

Fact #2
The vaccine will not make you test positive for COVID-19 on a viral test

Fact #3
You should get vaccinated, even if you already had COVID-19

Fact #4
The vaccine will not alter your DNA

Fact #5
Vaccines have not been linked to infertility or miscarriages.

Fact #6
The vaccines have been tested safe, protecting you against COVID-19

Adapted from: https://www.cdc.gov/coronavirus/2019-ncov/vaccines/facts.html#print
When can I get vaccinated? What are the phases?

<table>
<thead>
<tr>
<th>Phase 1A</th>
<th>Phase 1B</th>
<th>Phase 1B/C</th>
<th>Phase 2*</th>
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<tbody>
<tr>
<td>▪ Health care workers</td>
<td>▪ First responders</td>
<td>▪ Additional essential workers</td>
<td>▪ General Population</td>
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<tr>
<td>▪ Long-term care facility residents and staff</td>
<td>▪ Individuals at high risk</td>
<td>▪ Additional individuals at high risk</td>
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<td></td>
<td>▪ Elderly, 65+</td>
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<td>▪ Those with certain medical conditions</td>
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*With a new US National Strategy for Vaccination (announced March 11, 2021), all adults will be eligible for vaccinations by May 1, 2021*

There is state-by-state variation in how allocation policy is being translated in practice. Stay up to date on how recommendations are being implemented and adapted in your area.
How much will the vaccine cost? Do I need paperwork?

The vaccine is FREE, even if you don’t have insurance.

- The COVID-19 vaccines are free for everyone.

- If you have insurance, you can present your insurance card when you get vaccinated, but you will never receive a bill.
Do I still need to mask/social distance after the second dose?

YES!!!!!!!!!!!!!!!

- You must continue to follow all precautions.
- Until we understand more about the vaccine immunity and the coronavirus variants, following key prevention measures will help protect yourself AND others who haven’t been vaccinated.
- *If you test positive or are an exposed contact after vaccination, you must follow normal isolation/quarantine guidelines.*
Your role and responsibilities as a trusted messenger

**Do your homework and follow-up with your contacts.**

- It is critical that you have a reference sheet during every call you make that includes:
  - A list of vaccine sites in your area
  - A phone number and website for scheduling/registration
- If possible, also follow up by text or email after the call to share the link/number

**Trusted messenger tips:**

- Stay informed. Check local guidance frequently.
- Be honest about uncertainties. Transparent communication is key.
- You may not have all the answers – that's okay.
Questions?
More resources:

- Frequently Asked Questions – for Community Messengers (USPHAU-developed)

*It is your personal responsibility to stay up to date on the resources available through your local and state public health authorities as well.*