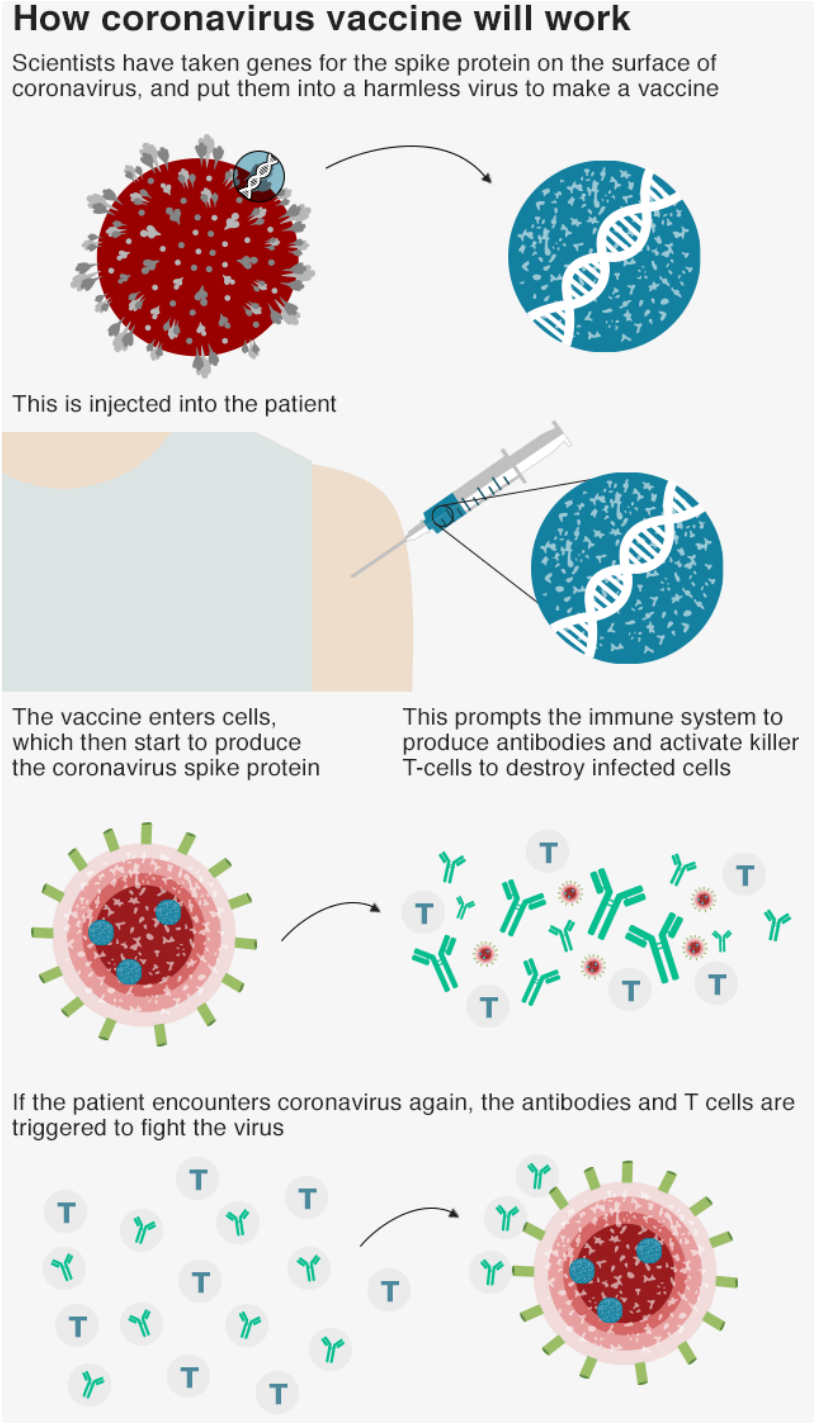
COVID-19 Vaccination Communication Plan

Jefferson County Department of Health

Theme 1: How vaccines work

When germs, such as viruses, invade the body, they attack and multiply. This invasion, called an infection, is what causes illness. The immune system uses several tools to fight infection. The first time the body encounters a germ, it can take several days to make and use all the germ-fighting tools needed to get over the infection. After the infection, the immune system remembers what it learned about how to protect the body against that disease. Vaccines help develop immunity by imitating an infection. Vaccines greatly reduce the risk of infection by working with the body's natural defenses to safely develop immunity to disease.



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Vaccine effectiveness (It works!)

Vaccine effectiveness is the ability of vaccine to prevent COVID-19 infection.

- Pfizer vaccine = 2 doses, 21 days apart = 95% effective!
- Moderna vaccine = 2 doses, 28 days apart = 94.5% effective!

Out of every person who received the vaccine, only 5% and 5.5% or participants got COVID-19.

When will vaccine be available and to whom?

Likely beginning the week of December 14th. The first round of vaccines will go to health care workers and residents of long term care facilities. The subsequent phases have been outlined, but they have not been fully established/approved yet.

The Advisory Committee on Immunization Practices (ACIP) have put forward multiple possible phases of priority for distributing the COVID-19 vaccine. The first group (1A) to be approved includes health care personnel and residents of long-term care facilities. The ACIP will have further meetings to determine who will be the focus of future allocations of vaccines.

Theme 2: Vaccine safety (It's safe!)

A "safe" vaccine is one which has few, if any side effects, and the side effects that do occur have little impact on someone's life. It is very common for vaccines to cause arm soreness, low grade elevations in temperature, and sometimes muscles aches or fatigue. These symptoms are a sign that your body is developing an immune response to the vaccine, and that is the goal. Your immune system is being trained to recognize a threat, and when this happens, you can experience the symptoms listed above.

When we get the data released that will be submitted to the FDA, we can say what the side effects are and spell them out clearly.

In Alabama, the Tuskegee Syphilis Study is something that remains at the forefront of people's minds. The Tuskegee Syphilis experiment was, in every possible way, a complete and detestable breach of the public trust. In every possible way, this was a violation of any and all medical and ethical standards. Despite the extreme hurt and pain caused by this study, it did set into motion the creation of the Office for Human Research Protections and several Federal Laws requiring institutional review boards for the protection of human subjects in studies involving them. Because of this, every single study that involves people has to be reviewed to assure that human subjects receive substantial protections to prevent something like the Tuskegee Syphilis Study from happening ever again.

All vaccine trial participants were given full informed consent. The vaccine has and will continue to be studied even after approved by the US Food and Drug Administration.

- For the Pfizer vaccine…
    - ~43,000 people have been enrolled in study;
    - 6 visits, frequent monitoring (after injection, symptom diary);
    - In US, 81.9% White, 9.8% Black, 26.2% Hispanic/Latinx, 4.4% Asian, 0.6% Native American;
    - Vaccine given age 12+, 46% age 56+;
    - Injection site pain was the most common side effect at about 11.3% of participants. Headache, fatigue, chills, and low grade fevers occurred in ~5% of participants.
- For the Moderna vaccine…
    - 30k people have been enrolled in study;
    - 6 visits, frequent monitoring (after injection, symptom diary);

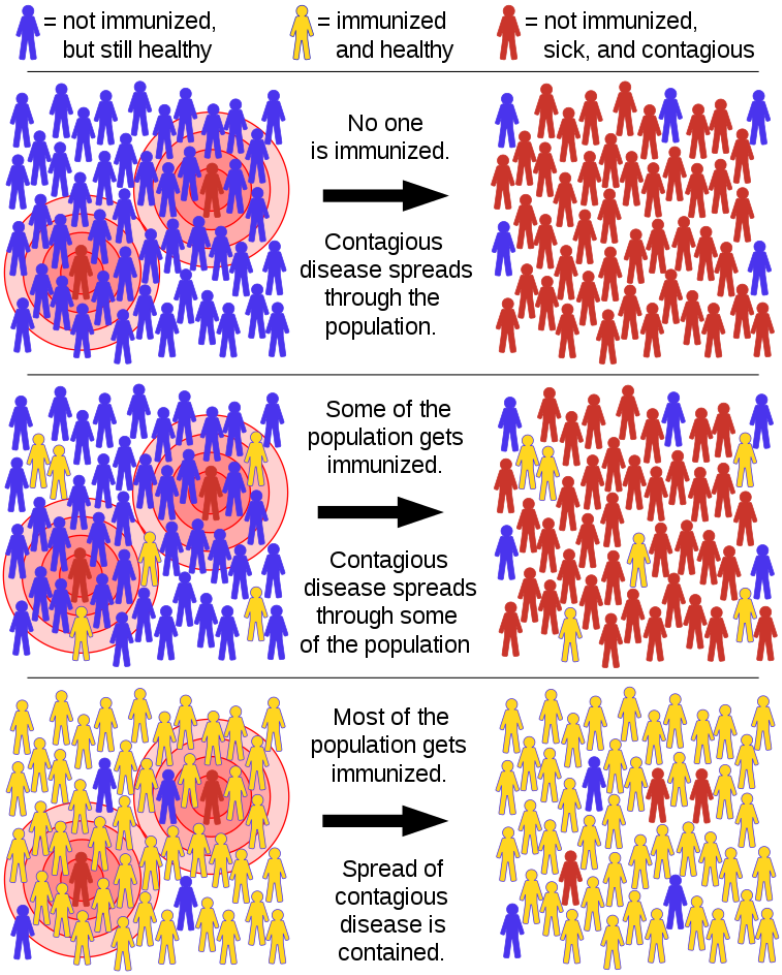
- 63% white, 10% Black, 20% Hispanic/Latinx, 4% Asian;
- 47% female, 53% male;
- Vaccine given age 18+, 25% >65 yo; 39% age 45-64;
- 36% DM, 25% severe obesity, 18% chronic lung disease, 19% sig cardiovascular disease, 2% liver disease
- 22% healthcare workers; 9% educators & students; 7% retail/restaurant/hospitality workers

Theme 3: Harms of not getting vaccinated (Don't Risk It!)

- Risk of spread to others
- Risk of getting sick
- Risk of more stay-at-home orders
- Examples of vaccine successes:
  - Smallpox, a disease caused by a virus, has plagued mankind for years, and unfortunately, this virus had about a 30% chance of causing death. Over time, increasingly effective vaccines became available, and in 1977, the virus was eradicated.
  - Measles is another viral infection that has caused high rates of hospitalization and death in young children. An effective vaccine for this was created in 1963, and since the introduction of the vaccine, measles has gone from being very commonplace to being extremely rare.

Theme 4: Be a Good Neighbor

- Helps protect the people you care about.
- Safer for people to travel.
- Can lead to "heard immunity" and a return to normalcy.



- Herd immunity created by a vaccine is the safest way to get out of this pandemic. COVID-19 results in hospitalization in about 15 out of every 100 infections. The vaccine will help train your immune system to fight off COVID-19 without having to get sick by it. As more and more people become vaccinated, the virus will have trouble finding someone to help. In time, there will be enough people vaccinated that even those who are not vaccinated will be protected from the virus because it cannot reach them.
- Helps to keep businesses open and prevents loss work productivity.
- Prevents hospitals from running out of space and too many medical providers being out sick.
  - By using a vaccine for COVID-19, we will be able to protect the people most vulnerable to the virus. If people cannot become sick from the virus, they will not have to go to the hospital. The major goal of public health through the pandemic has been to make sure that our hospitals can provide care to every single person who needs it. Without vaccination, our hospitals may not be able to care for all patients who need it, and that has to be avoided at all costs as this scenario could result in countless deaths.
- Reduces healthcare costs – the vaccine will be free there could be an administration fee.

Theme 5: Debunk myths (for people with low confidence in vaccine; see listing below).

Strategies:

- Mass mail outs and calling post messages from Health Officer.
- Healthcare provider recommendation – recruit physician messengers, create toolkit **(substantial impact).**
- Presumptive healthcare provider recommendation – teach providers this technique **(substantial impact).**
- On-site vaccination – frame as opt-out choice **(substantial impact).** A physician could have a standing protocol to give the vaccine unless the patient opts-out of getting it.
- Default appointments - send letter w/ preschedule vaccine appt w/ option to change or cancel appt **(substantial impact).**
- Social network interventions that build on contagion, establish social norms – flood social media, recruit community leaders [pastors, neighborhood presidents, coaches, 1st responders] **(modest impact).**
- Create descriptive norm messages **(modest impact).** Messaging could suggest that getting the vaccine is the norm – most of their peers are getting it.
- Reminders and recalls **(modest impact).**
- Implementation-intention interventions **(modest impact).**
- Mere-measurement interventions **(modest impact).**

References:

1. Brewer NT, Chapman GB, Rothman AJ, Leask J, Kempe A. Increasing Vaccination: Putting Psychological Science Into Action. Psychological Science in the Public Interest. 2017;18(3):149-207. doi:10.1177/1529100618760521

2. Frank Luntz and the de Beaumont Foundation. Poll: A new national conversation about COVID-19 is urgently needed to overcome partisan divide and save lives. Accessed at https://debeaumont.org/changing-the-covid-conversation/

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COVID-19 Vaccine FAQs

Question 1: If I can't get COVID-19 from the vaccine, then why have some people in the vaccine trials gotten symptoms?
Answer 1: Some people can experience mild side effects from some vaccines, such as soreness at the injection site or a low-grade fever, but they dissipate quickly. These are normal symptoms and a sign that your body is building immunity.

Question 2: Should people that have had COVID-19 still get the vaccine?
Answer 2: Due to the severe health risks associated with COVID-19 and the fact that re-infection with COVID-19 is possible, people may be advised to get a COVID-19 vaccine even if they have been sick with COVID-19 before.
At this time, experts do not know how long someone is protected from getting sick again after recovering from COVID-19. The immunity someone gains from having an infection, called natural immunity, varies from person to person. Some early evidence suggests natural immunity may not last very long.
We won't know how long immunity produced by vaccination lasts until we have a vaccine and more data on how well it works.

Question 3: Can COVID-19 vaccines cause you to test positive on COVID-19 lab tests?
Answer 3: Vaccines currently in clinical trials in the United States won't cause you to test positive on viral tests, which are used to see if you have a **current infection**.
If your body develops an immune response, which is the goal of vaccination, there is a possibility you may test positive on some antibody tests. Antibody tests indicate you had a **previous infection** and that you may have some level of protection against the virus.

Question 4: How many people would have to take the vaccine in order for it to help eradicate COVID-19?
Answer 4: 3.4 million (70%) out of 4.9 million Alabamians would need to get vaccinated for herd immunity. 461,510 (70%) out of 659,300 Jefferson County residents would need to get vaccinated for herd immunity.

Question 5: If the Pfizer vaccine has to be stored at ≥ -80, how do medical providers handle it, and what's the process from freezer to injection. How will they know if it "goes bad"?
Answer 5: Pfizer will ship the vaccine utilizing dry ice and track the temperature until it arrives to the medical provider. Then the vaccine must be stored in the freezer until it is ready to be thawed and administered. The temperature of the vaccine must be monitored by well-trained staff according rigorous CDC guidelines.

Question 6: How can a vaccine stored at that temperature be injected into my body?
Answer 6: The vaccine would be transferred to a refrigerator and allowed to thaw. It then must be administered within five days.

Question 7: What is the difference between a live/dead virus vaccine? Which one is this?
Answer 7: Live vaccines use a weakened form of the germ that causes a disease. Because these vaccines are so similar to the natural infection that they help prevent, they create a strong and long-lasting immune response. Just 1 or 2 doses of most live vaccines can give you a lifetime of protection against a germ and the disease it causes.

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Inactivated (dead) vaccines use the killed version of the germ that causes a disease. Inactivated vaccines usually don't provide immunity (protection) that's as strong as live vaccines. So you may need several doses over time (booster shots) in order to get ongoing immunity against diseases.

The vaccines currently in development in the United States do not use the live or weakened virus. Instead it uses messenger ribonucleic acid (mRNA) and can most easily be described as instructions for how to make a protein that is on the coronavirus shell. Because these vaccines use only the instructions on making the protein, they give a very strong immune response that's targeted to key parts of the germ. They can also be used on almost everyone who needs them, including people with weakened immune systems and long-term health problems.

Question 8: We do not know how the vaccine will affect us in 1,3,5,10 years; what side effects should I be looking for?
Answer 8: The CDC and FDA have expanded their national system that collects reports from healthcare professionals, vaccine manufacturers, and the public of adverse events and side effects that happen after vaccination.

Some people that get the COVID-19 vaccine will experience pain at the injection site, along with fever, fatigue, sore muscles and headaches — although these symptoms usually lasted for only a few days and are generally not considered serious.

Question 9: How long will the COVID-19 vaccine last?
Answer 9: Research is still being done to answer this question but preliminary results show that the vaccine causes a strong antibody response for months.

Question 10: Should people who have severe allergic reactions get the COVID vaccine?
Answer 10: Since the COVID-19 vaccine is new, it is unclear if it may cause severe allergic reactions. People should consult with their personal medical provider to discuss concerns about getting vaccinated.

Question 11: How much with the vaccine cost?
Answer 11: The vaccine, under the Emergency Use Authorization, will be free. As a condition of receiving free COVID-19 vaccines from the federal government, providers will be prohibited from charging people for administration of the vaccine.

Question 12: Will I be forced to get the vaccine?
Answer 12: People must consent to receiving, and be allowed to decline getting, the COVID-19 vaccine that is under Emergency Use Authorization.

COVID-19 Vaccine Myths

Myth 1: You can get COVID-19 from the vaccine.
Fact 1: It is impossible to get COVID-19 from the vaccines currently in development in the United States since they do not use the live virus.

Myth 2: Receiving an mRNA vaccine will alter your DNA.
Fact 2: mRNA stands for messenger ribonucleic acid and can most easily be described as instructions for how to make a protein or even just a piece of a protein. mRNA is not able to alter or modify a person's genetic makeup (DNA). The mRNA from a COVID-19 vaccine never enter the nucleus of the cell, which is where our DNA are kept. This means the mRNA does not affect or interact with our DNA in any way. Instead, COVID-19 vaccines that use mRNA work with the body's natural defenses to safely develop protection (immunity) to disease.

Myth 3: Natural immunity is healthier and more effective than vaccine-induced immunity.
Fact 3: A COVID-19 vaccine allows you to build immunity without the damaging effects that COVID-19 can have. In some cases, a single natural infection can invoke a greater immune response than a single vaccine, which is why some vaccines require multiple doses. However, this makes no difference when it comes to preventing infection.

Myth 4: Vaccines can cause autism.
Fact 4: Vaccines don't cause autism.
This claim stems from a discredited and retracted study that linked the measles, mumps and rubella (MMR) vaccine to autism. Unfortunately, this flawed study has kicked off a resilient storm of misinformation.
Hundreds of studies across the globe have shown time and time again that there is no connection, but a 2016 national study revealed 16.5% of parents or primary caregivers of autistic children believed vaccines caused their child's autism.

Myth 5: Vaccines are used to microchip people.
Fact 5: The internet can be beneficial for learning more about your health, but it can also be fertile ground for misinformation -- particularly during the pandemic.
There are some claims that vaccines are or will be used to microchip people so they can be tracked or controlled through 5G cell phone towers. This is not only false, but impossible. Evidence suggests that this conspiracy theory was spread by people seeking to sow disinformation and confusion among Americans.

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