

Building Vaccine Confidence, Acceptance, and Advocacy among Health Care Workers

This toolkit is designed to equip hospital leaders with information, strategies and tools to increase vaccine acceptance among health care workers and help them to become confident advocates for COVID-19 vaccination in the communities in which they live and work.



**DEDICATED.
EDUCATED.
VACCINATED.**

HOW TO USE THE TOOLKIT

BACKGROUND

DRIVER DIAGRAM

PRIMARY DRIVERS AND
CHANGE IDEAS

ENABLING ENVIRONMENT

LEVERAGE SOCIAL INFLUENCERS

MOTIVATION

DIGGING DEEPER: IDEAS TO TEST

APPENDICES

REFERENCES

HOW TO USE THIS TOOLKIT

This toolkit is intended to be used as a resource for hospitals to engage the health care workforce in talking about and encouraging vaccination against COVID-19. Just like the rest of the population, many health care workers have questions and concerns about the safety of getting vaccinated. Trusted peers and colleagues can influence the way that health care workers view vaccines and the role they play in emerging from the COVID-19 pandemic.

The toolkit is organized around a driver diagram, which highlights both the primary drivers for improvement in vaccine acceptance as well as secondary drivers that support them. One of the priority focus areas of this toolkit is in the identification and training of local trusted influencers to be the messengers for vaccine acceptance. In it you will find up to date scientific information about the vaccines, answers to common questions and fears about the vaccines, and even “plug and play” resources that may be either customized or used as is in each organization as the message about the importance of vaccination gets out.

Created by the Cynosure Health & Convergence Health Consulting Subject Matter Experts



BACKGROUND

COVID-19 immunization is one of the most effective means of halting the pandemic. As recently as December 2020, a Pew Research study found 60% of Americans expressed their intent to get a COVID-19 vaccine (up from 51% in September). The percent of healthcare workers who intend to be vaccinated mirrors the general population, although a study of nurses conducted by the American Nurses Foundation in October 2020 found just 34% were willing to be vaccinated. While it is not currently known what level of the population must be immunized to achieve herd immunity for COVID-19, the required threshold of immunization typically ranges between 70-90% of the population.^{1,2,3,4}

The reasons for vaccine hesitancy include a lack of trust in the methodology to develop and test COVID-19 vaccines, lack of confidence in the vaccine effectiveness, and the fear of being a “guinea pig”. There are also differences in vaccine acceptance and trust in scientists across racial, ethnic and cultural groups. For example, the Pew Research study revealed that just 43% of white Americans, 33% of Black Americans, and 30% of Hispanic Americans say they have a great deal of confidence in medical scientists.

Health care workers are a priority for COVID-19 vaccination for several reasons:

- At risk of exposure as a result of working on the front lines of care
- Critical to health care delivery
- Potential to transmit the virus to patients, their families and their communities
- Can positively influence vaccination decisions of peers, patients, family, friends and their communities

GOAL

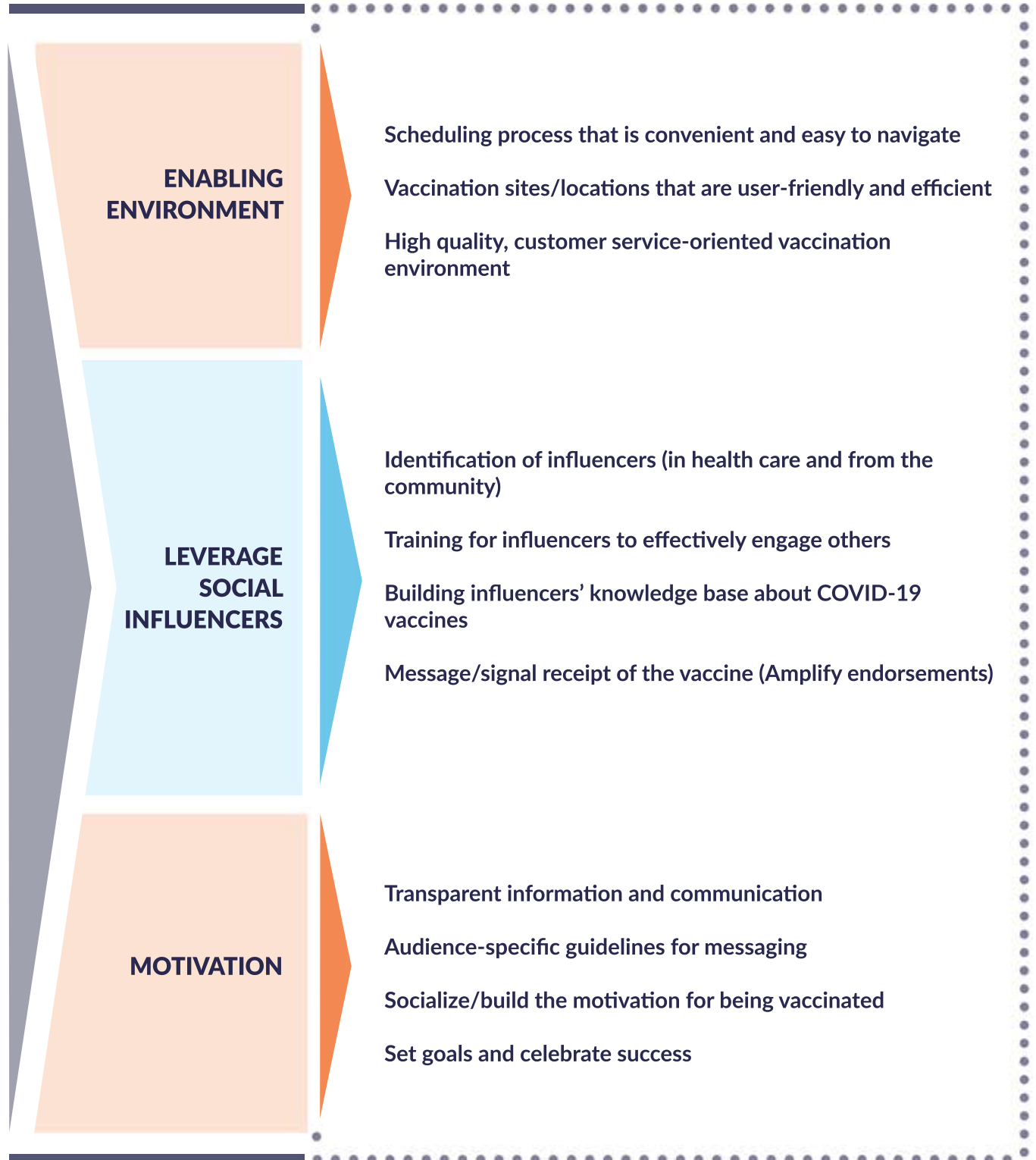
The goal, or AIM, is to achieve an **85% rate** of COVID-19 vaccine acceptance by health care workers, by July 4, 2021.

DRIVERS IN THIS TOOLKIT

GOAL: ACHIEVE 85% COVID-19 VACCINE ACCEPTANCE RATE AMONG HEALTH CARE WORKERS BY JULY 4, 2021.

PRIMARY DRIVERS

SECONDARY DRIVERS



Driver 1 ENABLING ENVIRONMENT

SECONDARY DRIVERS IN THIS SECTION

1. Scheduling process that is convenient and easy to navigate
2. Vaccination sites/locations that are user-friendly and efficient
3. High quality, customer service-oriented vaccination environment

1. Scheduling process that is convenient and easy to navigate.

CHANGE IDEAS

- Low burden – make it easy to get vaccinated with: online scheduling, automatic second dose scheduling, and availability during all shifts.

2. Vaccination sites/locations that are user-friendly and efficient.

CHANGE IDEAS

- Provide vaccines in an environment that is trusted by the audience (hospital for health care workers; community centers, pharmacies, or faith-based organizations for community members)
- Ensure ease of access, parking
- Use signage to direct the individual to the location (from various entrances, if applicable)

3. High quality, customer service-oriented vaccination environment.

CHANGE IDEAS

- Provide competency training for those that will be administering the vaccine, and provide information from the manufacturer about each vaccine
- Great service delivery/customer service to those receiving vaccination
- Follow-up calls to check-in
- FAQs and information accessible about what to expect following vaccination
- Environment safe, clean, orderly with safe distancing and sanitizing between patients. Hand sanitizer available
- Provide opportunity to easily share the experience on social media, with friends, family and/or co-workers

Driver 2 LEVERAGE SOCIAL INFLUENCERS

SECONDARY DRIVERS IN THIS SECTION

1. Identification of influencers (in health care and from the community)
2. Training for influencers to effectively engage others
3. Building influencers' knowledge base about COVID-19 vaccines
4. Message/signal receipt of the vaccine (amplify endorsements)

1. Identification of influencers (in health care and from the community)

CHANGE IDEAS

- Identify local influencers. Influencer characteristics:
 - Trusted, thought leaders, respected peers, role models (a leadership title is not required)
- Represent the diversity of the workforce and community (gender, race/ethnicity, role professional, support, etc.) to be the local messengers.
- Use physicians as influencers for both health care workers and community members.
- Provide training to organizations and communities:
 - How to identify the characteristics of a successful influencer.
 - Consider training community members in health care from outside the hospital setting such as community health workers, those in public health, firefighters/EMTs to help with vaccine administration as they are recognized by the community and may increase acceptance especially in communities with higher rates.

2. Training for influencers to effectively engage others

CHANGE IDEAS

- Train influencers to engage others in their organization and/or community through presentations, integration to business meetings.
- Provide training/resources to support messaging (scripts, customizable PPTs, simulation videos of potential conversations, postcards with conversation points to share with colleagues).

3. Building influencers' knowledge base about COVID-19 vaccines

CHANGE IDEAS

- Equip influencers with information about the COVID-19 vaccines and how to best communicate it:
 - How to identify the characteristics of a successful influencer
 - Consider training community members in health care from outside the hospital setting such as community health workers, those in public health, firefighters/EMTs to help with vaccine administration as they are recognized by the community and may increase acceptance especially in communities with higher rates.

4. Message/signal receipt of the vaccine (amplify endorsements)

CHANGE IDEAS

- Equip influencers with information about the COVID-19 vaccines and how to best communicate it:
 - Create “fill-in” cards/signs to hold for photos-to-post
 - Create examples; display throughout vaccination spaces
 - Create a hashtag to promote immunization; linked to your organization (#VaccinesSaveLives, #COVIDvaccine)
- Provide stickers, lanyards, buttons for vaccine recipients that promote vaccination

Driver 3 MOTIVATION

SECONDARY DRIVERS IN THIS SECTION

1. Transparent information and communication
2. Develop audience-specific guidelines for messaging
3. Socialize/build the motivation for being vaccinated
4. Set goals and celebrate success

1. Transparent information and communication

CHANGE IDEAS

- Provide open and transparent communication about COVID-19 Vaccines: side effects and adverse events, as well communication about the safety and benefits of the vaccines.
- Disseminate targeted, credible, and clear communication from trusted sources.
- Provide mechanism for ongoing communication and dissemination of new knowledge and experience.

2. Develop audience-specific guidelines for messaging

CHANGE IDEAS

- Create messages to match the audience:
 - Messages that speak to specific fears among health care workers, both in clinical and non-clinical roles.
 - Use health care workers from a variety of roles to deliver specific messaging.
 - Build communication that addresses the common types of resistance, fears, and misperceptions.
 - Build communication that includes messengers that match the diversity of the population, and specifically addresses racial, cultural, and/or ethnic concerns about vaccination.
- Provide training and resources to support the messaging:
 - Local influencers will need training in effective methods for engaging others, as well as specific training about the vaccines.
 - Make customizable scripts, presentations, social media posts and other types of communication tools readily available for influencers to use.
 - Provide video simulation of the common types of vaccine conversations to help with training staff members.

3. Socialize/build the motivation for being vaccinated

CHANGE IDEA

- Provide an easy mechanism for health care workers to share their stories of being vaccinated, both to others within their organizations, as well as to family and friends across the community:
 - Create signs to share on social media that share “Why I got vaccinated”
 - Create short videos of staff members sharing what vaccination means to them
 - Use newsletters, marketing, videos on organization website(s), social media, or other media to get the message out to others

4. Set goals and celebrate success

EXAMPLE

We will achieve 85% vaccine acceptance by staff in our department by July 4, 2021.

- Celebrate milestones
- Communicate progress regularly (start of meetings, daily briefing, huddles, etc.)
- Leverage friendly competition among hospital or health care organization departments. In the community – competition between businesses

DIGGING DEEPER: IDEAS TO TEST

1. TRAIN ORGANIZATIONS TO IDENTIFY INFLUENCERS

Provide training to organizations and communities to identify the characteristics of a successful influencer

In order to build confidence in and acceptance of the COVID-19 vaccines, it is important to identify local influencers to be messengers for their peers. Just as in any quality improvement project, finding local champions is a key driver for success.

A common misconception is that a champion or influencer must be someone with a leadership title or role. The reality is that in a health care setting a champion is one who is:

- Clinically competent
- Respected by peers
- Enthusiastic about the goal
- Willing to talk to and encourage peers about the goal

2. IDENTIFY INFLUENCERS

Use local role models as champions and to tell the stories of the why and the what

In health care setting, influencers may be staff nurses, phlebotomists, environmental services staff, respiratory therapists, or others that are enthusiastic about getting vaccinated and encouraging their peers. They do NOT need to be a department director, chair, manager, or other type of leader.

In the community setting, influencers/champions may include leaders and/or recognized spokespersons from various segments such as city/civic leaders, teachers, worship/spiritual leaders, service organizations (Rotary, Kiwanis, Women's Clubs), or local business owners.

All champions and influencers should reflect the diversity of the workforce and community (gender, race/ethnicity, professional roles, support, etc.).

3. TRAIN INFLUENCERS TO EFFECTIVELY ENGAGE PEERS

Train influencers to engage others in their organization and/or community

Influencers need training, no matter how enthusiastic they are about being a champion for the cause.

Successful Influencers Understand:

- the psychology behind leading change and influencing behavior,
- that engaging the right people drives positive change, and
- that “the right people” don’t necessarily have an official leadership title

Here are some great, quick primers on influencing change:

- [The Kotter Model for Managing Change \(Hospital Leadership\): The 8-Step Process for Leading Change | Dr. John Kotter \(kotterinc.com\)](#)
- [Using Sources of Influence to Encourage Change: The Influencer Change Framework – The Power to Change Anything \(sourcesofinsight.com\)](#)
- [The Rules and Myths of Engaging Others in Change: Getting There Guide – Cynosure Health](#)

4. BUILD INFLUENCERS' KNOWLEDGE BASE ABOUT COVID VACCINES

Provide open and transparent communication about side effects and adverse events, as well as communication about the safety and benefits of the vaccines. Create targeted, credible, and clear communication from trusted sources.

Know the Facts

Once local influencers have received some basic training in engaging others in change, we must provide resources to strengthen and build their specific knowledge base about COVID-19 vaccines.

There are lots of respected resources for building the COVID-19 vaccination knowledge base. We've pulled many of them together for you here:

- [Healthcare Workers — 19 To Zero](#) - an organization with the specific goal of educating health care workers across the globe about vaccination and how to communicate and encourage peers. This resource includes talking points, research, and helpful information for health care workers to use in conversation with peers and the community.
- [CEP_COVID-Framework_2020.12.18.pdf](#) - talking points for clinicians to use during discussions with peers and patients about vaccination.
- [Ensuring the Safety of COVID-19 Vaccines in the United States | CDC](#) - detailed information about how the vaccines were developed, tested and approved, plus how the CDC is monitoring on-going safety.
- [Benefits of Getting a COVID-19 Vaccine | CDC](#) - specific language that may be used in conversation about the reasons for getting vaccinated and the benefits to both those getting the vaccine and the greater community.
- [Facts about COVID-19 Vaccines \(cdc.gov\)](#) - answers to specific questions about vaccine side effects, efficacy, and common fears.

Know the Best Practices for Communicating the Facts to Others

Once local influencers are armed with the most up-to-date information about COVID-19 vaccines, it is helpful to also provide communication tools for when they are ready to have the conversations with peers.

- [It All Starts with Trust – Guide to COVID-19 vaccine communications \(covid19vaccinescommunicationprinciples.org\)](#) - principles for building trust in communicating with peers and patients about vaccines.
- [Guide to COVID-19 vaccine communications – A practitioner's guide to the principles of COVID-19 vaccine communications \(covid19vaccinescommunicationprinciples.org\)](#) - within the website listed above is a downloadable resource with communication guides specific to vaccine conversations, how to understand differing worldview and types of vaccine hesitancy.
- [DebunkingHandbook2020.pdf \(climatechangecommunication.org\)](#) - this is a general communication guide to effectively debunk misinformation. Pages 12-13 contain practical tips for these types of conversations.
- <https://www.unicef.org/mena/reports/vaccine-misinformation-management-field-guide> - The UNICEF Vaccine Misinformation Field Guide contains tips and a guide for answering various vaccine-specific types of misinformation.
- [CEP_COVID-Framework_2020.12.18.pdf](#) - a specific guide to conversations about COVID-19 vaccination, along with links to updated research and information.
- [COVID Communications Cheat Sheet - de Beaumont Foundation](#) - This downloadable guide is a "quick start" guide to using effective phrases and words when discussing vaccination with others.

5. DEVELOP AUDIENCE-SPECIFIC GUIDELINES FOR MESSAGING: (1) TYPE OF HEALTH CARE LOCATION/STAFF (2) TYPE OF RESISTANCE/COMMON FEARS

Provide training/resources to support messaging (scripts, customizable PPTs, simulation videos of potential conversations)

Once you have identified your local influencers, engaged them to help communicate the message, and provided them with information about best practices for communicating with others about vaccination, it is time to develop some audience-specific guidelines for messaging. These guidelines may be specific to the audience (type of professional role or location), or they may be specific to the common types of vaccine resistance and fears. Remember, health care workers share many, if not all, of the same fears about vaccines as the general population. It's important that we don't try to dismiss concerns, but rather address the fact that concern is normal, and build knowledge about safety and efficacy.

Resources and customizable communication tools for different health care roles and settings:

- [Cynosure & Convergence customizable slides](#) - a slide deck that may be personalized for talking with any health care staff that describes the vaccines, safety protocols, and addresses concerns.
- [COVID-19 Vaccine Talking Points for LTC Facilities.pdf \(ahcancal.org\)](#) - customizable talking points specific to health care workers in skilled nursing or long term care organizations. These may be used in staff meetings, posters, or email communication.
- [COVID-19 Vaccine Communications Tactics.pdf \(ahcancal.org\)](#) - a one-pager guide with tips for successful town hall communication sessions with health care staff. Aimed at LTC staff, but applicable to all.
- [#GetVaccinated \(ahcancal.org\)](#) - website with downloadable tools and resources for building vaccine acceptance rates in the LTC staff and resident population
- [Covid-19 Vaccine FAQs | American Nurses Association | ANA \(nursingworld.org\)](#) - common questions and answers about vaccines from nurses.
- https://www.ama-assn.org/delivering-care/public-health/answering-health-professionals-covid-19-vaccination-questions?utm_source=twitter&utm_medium=social_ama&utm_term=4389666739&utm_campaign=Public+Health - videos that are free to download and share with messaging specific to different health care roles and common concerns.

Resources and communication examples for common fears and concerns:

- [Special Report: Top COVID-19 Vaccine Myths - NewsGuard \(newsguardtech.com\)](#) - website resource with common fears/misconceptions and fact-based answers.
- [Dr. Stern - Vaccine Follow Up on Vimeo](#) - great example of a local hospital influencer using a video message to alleviate fears and address misconceptions.
- [CEP_COVID-OR_r4-Final.pdf](#) - downloadable flyer to that can be posted in vaccination areas or used as talking points to address common concerns about the vaccines.
- [SCRIPT and GUIDELINES for Conversations](#) - scripts that may be downloaded and customized to practice difficult conversations about the vaccines, along with videos that may be shared widely.
- [GetVaccinated One Pager Facts and Myths.pdf \(ahcancal.org\)](#) - this may be printed out and posted in staff areas to answer common questions, or it may be used as a conversation guide to address misinformation.
- [Coronavirus Vaccine Hesitancy in the Black and Latinx Communities](#) (<https://www.covidcollaborative.us/content/vaccine-treatments/coronavirus-vaccine-hesitancy-in-black-and-latinx-communities>) - This report highlights key areas of focus in talking about and decreasing vaccine resistance in the Black and Latinx community.

6. SOCIALIZE/BUILD THE MOTIVATION FOR BEING VACCINATED

Identify ways to post photos, stories, or short videos of local role models getting their vaccine and any side effects


- One way to build the motivation for vaccination is by sharing stories from your staff about their reasons for receiving the vaccine. There are many ways to provide an opportunity for local influencers to share stories such as:
 - Share video testimonials from hospital staff members on why they took the vaccine (record in their native language to share with others, if applicable). This can be as simple as asking staff members to record a short video on their phone and sending a link through the hospital intranet or email.
 - Help staff members create their “elevator speech” to quickly share with others why they chose to be vaccinated when they see peers in the hallways or the elevator.
 - Provide one-page flyers that vaccinated staff members may take with them that includes talking points about the vaccine so they may answer questions from peers.
 - Offer to host a vaccine huddle for a department champion (informal or formal leader) who got the vaccine and is willing to have employees in their department ask them questions about their experience.
 - Host a Facebook live or Zoom meeting with a focus group of physicians and pharmacists and others to answer questions from staff members. Reinforce that it is natural to have questions and concerns, and provide honest, open, transparent information about the vaccine process.
 - Provide an easy method for sharing the vaccine process on social media using premade signs and scripts.
 - Celebrate immunization milestones (hospital-wide, department/unit level) with signs and treats
 - Provide vaccinated staff with stickers, buttons, pins, or badge holders with messaging that announces vaccination such as “I got vaccinated.”

APPENDICES

APPENDIX I FAQs AND OVERVIEW OF COMMON FEARS



PURPOSE OF TOOL: FAQ documents for quick overview of the common fears, misconceptions and information about available vaccines, plus trusted sources of information.

Get Vaccinated. Stop the Pandemic. Save Lives!



#GET
VACCINATED

<p>WHY IS IT IMPORTANT TO GET VACCINATED FOR COVID-19?</p> <ul style="list-style-type: none"> • It will help you keep your residents, family members, and co-workers safe. • It will also help keep you from getting sick or seriously ill from COVID-19. • This vaccine will help stop the pandemic. 	<p>HOW DO I KNOW THIS VACCINE IS SAFE?</p> <ul style="list-style-type: none"> • The vaccines have been heavily tested in over 60,000 people and trial data rigorously examined. • Most adverse events to vaccines, although rare, occur within a few weeks to months. • The clinical trials for both vaccines involved over 70,000 people who were followed two months after the second dose.
<p>ARE THERE SIDE EFFECTS?</p> <ul style="list-style-type: none"> • Some people will experience symptoms that mimic COVID-19, but most are minimal and last only one or two days. This shows the vaccine is working and your body is building protection. • You may experience: <ul style="list-style-type: none"> • Pain, swelling, or redness at the injection site. • General symptoms up to two days after injection such as fever, chills, fatigue, muscle or joint pain, or headaches. • Most symptoms can be managed with acetaminophen or ibuprofen (Tylenol or Advil). If you experience more severe side effects, please contact your physician. 	<p>DO THESE VACCINES CAUSE ALLERGIC REACTIONS?</p> <ul style="list-style-type: none"> • Anaphylactic reactions have been reported in a small number of people who have taken the Pfizer vaccine. We are still learning more about what is causing these rare but serious reactions. Once vaccinated, you will be monitored for 15 to 30 minutes to ensure you do not experience this reaction. • If you have a history of anaphylactic allergic reactions, talk to your doctor or pharmacist before receiving the vaccine. Seasonal allergies, pet allergies, etc. that do not cause anaphylaxis are not associated with allergies to this vaccine.
<p>DO THESE VACCINES AFFECT FERTILITY IN FEMALES?</p> <ul style="list-style-type: none"> • No. A rumor was started on social media that falsely claims this vaccine causes infertility. There is no known link between the vaccine and infertility. In fact, 12 women in the Pfizer vaccine trial and six in the Moderna vaccine trial became pregnant after being vaccinated. This is the same rate as those who received the placebo in the trials. Also, women who have recovered from COVID-19 and developed the same antibodies your body makes after the vaccine have become pregnant, too. 	<p>DO I STILL HAVE TO WEAR PPE AFTER GETTING THE VACCINE?</p> <ul style="list-style-type: none"> • You should continue to take all necessary precautions after getting the vaccine, including wearing personal protective equipment and conducting regular testing. This will continue to keep residents and staff safe.


 | 

APPENDIX I

FAQs AND OVERVIEW OF COMMON FEARS

PURPOSE OF TOOL: FAQ documents for quick overview of the common fears, misconceptions and information about available vaccines, plus trusted sources of information.

Answering questions about
COVID-19 vaccines:
a guide for healthcare providers



As a healthcare provider, you are the key to a successful COVID-19 vaccination campaign. These evidence-based responses to common questions will help you in your role as a community ambassador to promote widespread vaccination.

In all patient encounters, communicate that you have already gotten or are planning to get vaccinated.

I don't need a vaccine.
I am not at risk/COVID-19 isn't that bad.

- COVID-19 is much more serious than the flu. In Canada, the flu kills roughly 3,500 patients per year. In less than a year, COVID-19 has killed 4 times that many.
- Even if a young and healthy person does not die of COVID-19 infection, they may have long term complications from COVID-19, affecting multiple organ systems. Long-term effects include memory loss, fatigue, body aches, unexplained breathing difficulties, and damage to the lungs and heart. Clinics have already been set up to support the many COVID-19 patients who, although they are no longer infected, cannot go back to work or live a normal life.
- Even if you do not develop severe COVID-19 infection, you may still pass on the virus to someone who will. If you are vaccinated, you're helping protect the people around you.

References:

- [Flu facts \(Gov of Ontario, 2020\)](#)
- [Long-Term Sequelae and COVID-19 - What We Know So Far \(WHO July 10, 2020\)](#)
- [Emerging evidence: Prolonged symptoms of COVID-19 \(ICF, 2020\)](#)

I will wait to get the vaccine.
There are not enough vaccines to go around/I want to see what happens to others who have received it.

- The pandemic – and the lockdowns and public health measures – will not end until the majority of Canadians are vaccinated. To ensure we can vaccinate everyone as quickly as possible, it is important that people access the vaccine the first time it is offered to them.
- Canada has ordered more than enough vaccines - we have purchased more shots per person than any other country in the world! We will be getting those vaccines delivered over time. The implementation plan of those vaccines is designed to most efficiently end this pandemic. You can feel confident that when you are offered one, it is because it is the right time for you to get it. This is your chance to do your part to end the pandemic and get back to normalcy quickly.

Did scientists and the government skip steps to rush vaccine production and approval?

- No steps were skipped in the process of developing, testing, approving, and producing the vaccine.
- Canada's best independent scientists have thoroughly reviewed all the data before approving the vaccine as safe and effective for Canadians.
- The vaccines were produced faster than before not because of skipped steps but because of never-before-seen levels of collaboration and funding around the world invested in this effort. Normally, vaccine clinical trials need 6000-8000 people for the approval process. The Pfizer-BioNTech trial had over 45,000 people and the Moderna trial over 30,000.
- Unlike with other vaccines that go one step at a time and then plan the next step, for the COVID-19 vaccines, governments invested in having companies plan all the steps at the beginning and build up their manufacturing capacity right away.
- I have reviewed the steps taken and have full faith in it. Myself, my colleagues, and my family will be taking or have taken the vaccine. Health Canada is known to have a rigorous and thorough approval process to ensure the safety of all Canadians.

References:

- [COVID-19 vaccine approval process and safety \(MDPI, Dec 12, 2020\)](#)
- [Pfizer-BioNTech COVID-19 vaccine: Authorization information \(Health Canada, Dec 11, 2020\)](#)

How can the vaccine have been developed so quickly?

- The use of mRNA for vaccines and treatment of disease has been around for a while – that's one of the reasons why these vaccines could be developed so quickly. mRNA vaccines have been used in animal models for influenza, Zika, Rabies, CMV and others, and in humans for cancer treatment and cancer vaccine clinical trials.
- mRNA vaccines are like CD players that can play any kind of CD - classical music, rap or pop. The scientists had the CD player before COVID-19 hit. Once they figured out the Coronavirus CD, they could place it into the player and make the vaccine a lot faster than before, since they used what was known and built on it.
- Over 70,000 doses have been tested in the mRNA phase 3 trials so far, without any safety concerns.

References:

- [mRNA Vaccines - An Overview \(Government of Canada - Health Services Division, 2020\)](#)

APPENDIX II

COVID-19 VACCINE: INFORMATIONAL PRESENTATION FOR HOSPITALS

PURPOSE OF TOOL: Customizable presentation to be shared by influencers in meetings or videos.

COVID-19 Vaccine: for Hospital Staff

[your name, organization here]
[date here]

APPENDIX III

CONVERSATION GUIDES FOR COMMON CONCERNS

Every interaction is a chance to identify vaccine hesitancy and build vaccine confidence. If somebody places their trust in you, you have an obligation to be able to use that trust to provide them with guidance and help them make the decision that is best for them and their community.

That's why we're asking you to do three things:

GET KNOWLEDGEABLE - know the facts about the vaccines,

GET VACCINATED (if medically appropriate) – be a role model

GET SKILLED - build your confidence in having conversations about the vaccine

You can build your skills and confidence through practice. We recommend following a framework for these conversations called the PrTCT PLAN.

Take a proactive and presumptive approach by letting the person know you got vaccinated. Tailor your recommendation so that they get vaccinated, where possible, based on their risk factors or issues they care about. Concerns can be addressed without taking a confrontational tone – instead validate that having questions is normal. Finally, talk through a plan for how/when/where they can get their vaccine.

Here's an example conversation. Read it, consider how you might have answered the questions or responded to different concerns, practice a few times until you feel ready.

APPENDIX III

CONVERSATION GUIDES FOR COMMON CONCERNS

I wanted to let you know that I got the vaccine!

Really? Aren't you worried about the side effects?

Actually, I had questions and concerns just like you, so I did my homework. The FDA reports are available online and so are the trial results. I wanted to make sure that the vaccine seems safe. What I found is that over 70,000 people were enrolled in the trials for the mRNA vaccines with no signals for serious side effects. And so far, I've been fine, just a bit of a sore arm.

But I heard about some people who had allergic reactions, that sounds scary!

Absolutely, I heard that too. The rate of allergic reactions to the vaccine is less than one in 100,000 and possibly closer to one in 1,000,000. The allergic reactions have all been totally treatable and after treatment right then and there, those people are fine. On the other hand, I've seen lots of people who get COVID-19 with long term effects from the infection.

Well that's another thing, I heard the vaccine could give me COVID!

We must have been reading some of the similar websites. I saw that too and so I did my homework. The way the mRNA vaccines work, it is impossible for them to give you an infection. They get your immune system to respond to something that looks like a part of the virus but there's no actual virus in the vaccine. Your body is using mRNA every moment of every day to make protein. This vaccine is a way of using that protein-making machinery to make the special COVID-19 spike protein. That spike protein on its own is totally harmless. But it's enough that your immune system will remember it if it ever sees it again on the COVID-19 virus.

But how do you really know it's safe, when it's only been around such a short time and they rushed it out.

I get this question a lot. The thing is that we need longer term follow-up to understand how long the vaccine works to keep people from getting sick and whether or not booster shots will be needed. We already know enough to say with a great deal of confidence that the vaccines are safe because vaccine side effects happen within six weeks and the 70,000 people in the mRNA vaccine trials were followed for eight weeks. We also can see from around the world the data from millions more people being vaccinated and the data are really reassuring.

APPENDIX III

CONVERSATION GUIDES FOR COMMON CONCERNS

Ok, I get what you're saying. I'm just not sure I need it.

Well, nobody's going to force you to get it and I'm not here to do that either. But I can tell you what I've seen and what I know. The number of people who have died from COVID-19 is similar to all of the deaths from World War Two. Many more people aren't dying but are having long term complications. These deaths and these complications can all be avoided. A couple of generations ago there was a similar discussion around the polio vaccine and I'm glad that people made the decision to take that vaccine so we don't see polio anymore. I took the vaccine to protect me and also because I'm hoping to protect those around me.

But I wanted to get pregnant sometime soon.

That's great news! There's no reason to be concerned – there is no good scientific reason to believe that the vaccine can affect your fertility. It is true that they excluded pregnant women from the trials – they do that in lots of research as a standard practice. All the expert societies agree that for many women who do get pregnant, the vaccine is a good idea because it has been shown now that if you get COVID-19 while pregnant, the outcomes can be bad.

Aren't there other people who should get it first anyhow?

I think the vaccination program is really complex and I don't envy those who need to develop the rules around who should get the vaccine first and who second. What I know is that we all need to get it when we're invited so that things can move as efficiently overall as possible!

People told me there are unsafe ingredients in there and that I shouldn't get it if I'm religious

I heard that one too! I looked it up and saw that the pope, leading Jewish and Muslim clerics and lots of others have encouraged people to get the vaccine. There's nothing in the vaccine that you should be worried about. There are no preservatives or additives used in other vaccines – that's one reason why they have to keep it cold in transport.

APPENDIX III

CONVERSATION GUIDES FOR COMMON CONCERNS: NURSES

Nurse 1: “I got my second round of the vaccine last week! Not going to lie, I got emotional when I received it.”

Nurse 2: “Oh wow. I keep hearing about side effects and I’m just not sure I want to have the vaccine.”

Nurse 1: “I was nervous about that too. I definitely had some effects from the vaccine, and the second shot was worse than the first shot. They were really clear about what to expect when I arrived for my first shot, and I had even been encouraged to schedule both shots when I had the next day off from work. Here’s what I experienced – after the first dose I had minimal side effects. Just a sore arm, some dizziness, and a very mild headache. After the second dose I quickly got a headache and developed ringing in my ears. As the day progressed and into the next day I developed pretty significant body aches, headaches, ringing in ears, chills, fever, - honestly I don’t remember the last time I felt that ill. After that day, though, the symptoms subsided and I woke up the next morning feeling 100% completely back to normal, except for a sore arm for a couple of days.”

Nurse 2: “Well that’s what I’m talking about. It sounds like it makes you really sick, and I just don’t know if it is worth it.”

Nurse 1: “It did make it easier knowing that what I was experiencing was just symptoms of my own body’s immune system getting stronger and building a response to COVID-19. After seeing the impact of COVID-19 on patients and a few friends and family members, I really want this immunity.”

Nurse 2: “That makes sense. I had initially refused to get the vaccine. Do you think it’s a good idea for me to get it?”

Nurse 1: “That has to be your decision. The way I look at it, one day of fever and body aches is nothing compared to what I have seen some who have had COVID-19 go through. Some are still feeling symptoms and not completely recovered after months. I was prepared. I took the next day off and had the weekend to recover. Today I’m ready to go.”

APPENDIX IV

CARTOON VIDEOS WITH SIMULATION OF CONVERSATIONS

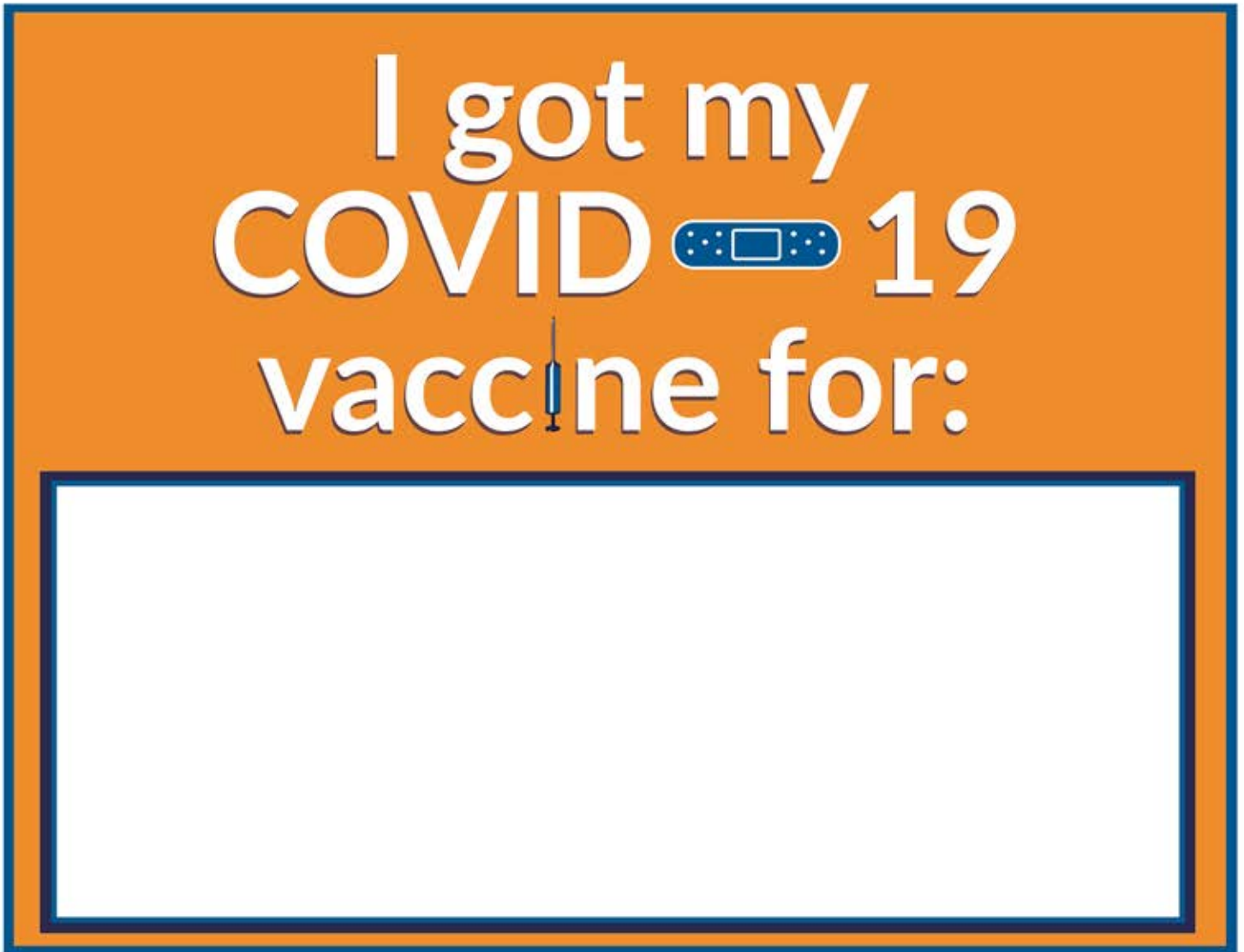
PURPOSE OF TOOL: Putting the Conversation Guides for Common Concerns into a video cartoon format for distribution in your hospital, community, or organization.



APPENDIX V

“I GOT VACCINATED” Signage

PURPOSE OF TOOL: An example of a sign the vaccine recipient can fill in and hold for a photo, which they can post on social media.



REFERENCES

1. Funk C, Tyson A. Intent to Get a COVID-19 Vaccine Rises to 60% as Confidence in Research and Development Process Increases. Pew Research Center, Dec. 2020. <https://www.pewresearch.org/science/2020/12/03/intent-to-get-a-covid-19-vaccine-rises-to-60-as-confidence-in-research-and-development-process-increases/>
2. New Survey of 13K US Nurses: Findings Indicate Urgent Need to Educate Nurses about COVID-19 Vaccines. American Nurses Foundation: Oct. 29, 2020. <https://www.nursingworld.org/news/news-releases/2020/new-survey-of-13k-u.s.-nurses-findings-indicate-urgent-need-to-educate-nurses-about-covid-19-vaccines>
3. Rubin R. Difficult to Determine Herd Immunity Threshold for COVID-19. JAMA 2020;324(8):732. Doi:10.1001/jama.2020.14778 <https://jamanetwork.com/journals/jama/fullarticle/2769704>
4. Herd Immunity for COVID-19. GAO Science, Technology Assessment, and Analytics, July 2020. <https://www.gao.gov/assets/710/707975.pdf>