Dear Colleague
COVID-19 Updates

March 1, 2021

Building Confidence in COVID-19 Vaccines and Vaccination

Updated Guidance

- Next Webinar for Providers (March 5, 1 p.m.): Updates on COVID-19 Vaccines
- COVID-19 Vaccines and Vaccination Program in NYC: An Overview for Health Care Providers (February 22)
- Health Advisory #3: Collect and Report Race and Ethnicity Data to Help Ensure Equitable Access to COVID-19 Vaccines (February 2)
- COVID-19 Provider FAQ (January 23)
- COVID-19 Vaccination: Building Vaccine Confidence Among Health Care Providers, Support Staff and Patients (January 22)
- NYC Health Department COVID-19 web pages
    - Vaccine Information for Providers
    - Vaccine Eligibility
    - Vaccine Finder
    - Information for Providers
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    - COVID-19 Data
    - COVID-19 Vaccine Data
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Building Confidence in COVID-19 Vaccines and Vaccination

Vaccines have a long and important history of reducing the prevalence and severity of serious infectious diseases. They have also played a primary role in controlling disease outbreaks, including the elimination of smallpox in 1947. New York City (NYC) is facing a second wave of COVID-19; however, we now have COVID-19 vaccines that are highly effective and safe. As of February 28, 2021, over 1,878,539 doses of COVID-19 vaccines have been administered in NYC (NYC data). Achieving high COVID-19 vaccination coverage, along with continued implementation of nonpharmaceutical interventions (such as wearing a face covering, hand washing, physical distancing, and staying home if sick), is critical to getting us through the public health emergency. With the recent identification of highly transmissible variants of SARS-CoV-2 (the virus that causes COVID-19), high vaccination coverage is even more important to stave off infections.

Decisions by individuals or caregivers to delay or refuse the COVID-19 vaccine, often referred to as vaccination hesitancy, are a barrier to achieving high vaccine coverage. Lower uptake of COVID-19 vaccination may be more prevalent among people of color, who have faced historic and persistent systemic racial oppression. In a December poll of NYC residents, 33% of Black and 51% of Latino/a respondents said they would get vaccinated, compared to 73% of White respondents (unpublished data, NYC Health Opinion Poll, December 9-21, 2020). Reasons for refusing or delaying vaccination are complex and context-specific, varying across time, place and vaccines, and are influenced by a range of factors, some of which are outside of a person's control (Opel 2011). The term "vaccination hesitancy" places the onus of vaccination on the person and does not reflect real or perceived barriers to vaccine access or individual choice (Sabin-Aspen Vaccine Science and Policy Group 2020). In this letter, we avoid the term vaccination hesitancy, reframing as **building vaccination confidence** to support vaccination decisions.

Health care providers play a key role in building confidence in COVID-19 vaccines and vaccination. **Providers are identified as the most trusted source of information for patients and a strong recommendation from a provider is one of the greatest predictors of a patient getting vaccinated** (Hamel 2020; Nabet 2017). This letter outlines reasons why people—health care personnel and the public—may refuse or delay COVID-19 vaccination and provides strategies that health care providers can use to build vaccination confidence to help people make an informed decision about COVID-19 vaccination.

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What Influences Decisions Around Vaccination?

Reasons a person may accept, delay or refuse vaccination depend on their circumstances and may be related to their personal experiences, vaccine knowledge and awareness, and societal influences such as media communications, social norms and political and religious views (World Health Organization, 2017; Hamel 2020). Additionally, structural inequities, racist policies and the collective memory of racial trauma contribute to low vaccine acceptance and low vaccination confidence among Black, Indigenous and people of color (Scharff 2010; Jaiswal 2019; Simonds 2014). Providers may be uncertain about COVID-19 vaccination themselves and should seek to understand and address their underlying concerns for COVID-19 vaccination. Providers should learn and understand reasons for low vaccine acceptance among their patients and use evidence-based tools to encourage COVID-19 vaccination.

Factors Contributing to Low Vaccine Acceptance

As with other vaccines, reasons for low COVID-19 vaccine acceptance include (World Health Organization 2017):

- Lack of confidence in the vaccine due to:
  - Concerns about vaccine safety and effectiveness
  - Lack of a strong recommendation from a provider
  - Low trust in delivery systems or health authorities
  - Distrust of government and pharmaceutical companies
- Low perceived risk of susceptibility to disease or of severe disease outcomes
- Real and perceived barriers to vaccine access, availability, affordability and acceptability of services
- Other life and health needs that compete with the priority to seek out vaccination

New Yorkers who are unsure about receiving or do not want to receive a COVID-19 vaccine most frequently report they are waiting to learn more about the vaccines; are concerned about safety and possible side effects; are concerned about development speed and a lack of knowledge about vaccine safety and effectiveness; distrust government; or distrust pharmaceutical companies (unpublished data, NYC Health Opinion Poll, December 9-21, 2020).

Mistrust in biomedical research and systems, a key driver of behaviors relating to low vaccine uptake, has worsened during the course of the pandemic (Pew Research Center 2020). Conflicting and partisan messaging throughout the pandemic has damaged public trust in science and medicine, potentially impacting vaccine acceptance behaviors (Verger 2020). Continuous efforts are needed on the part of public health institutions, providers, and the media to regain the public's trust via transparent and accurate messaging in the hopes of building confidence in and promoting acceptance of COVID-19 vaccines.

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Racial Disparities, Mistrust and Medical Racism

The COVID-19 public health emergency has disproportionately affected people of color. In NYC, Black and Latino/a people have experienced the highest rates of COVID-19 cases, hospitalizations and deaths (NYC data). The severe impact of COVID-19 on communities of color in the United States is the result of centuries of structural racism that place people of color at social and economic disadvantages resulting in disproportionate health outcomes. Systemic inequities persist in housing, education, air quality, jobs, health care treatment practices and service accessibility (Colen 2018; Artiga 2020; Artiga 2019). Historical medical exploitation—during slavery, the U.S. Tuskegee Syphilis Study; Henrietta Lacks; and the forced sterilization of Puerto Rican women, Latina women in California and Indigenous women—and ongoing discriminatory practices and lived experiences of Black, Indigenous and other people of color contribute to their mistrust and avoidance of the health care system (Prather 2018; Jaiswal 2019; Sterling 2011).

Among Black, Latino/a, Indigenous and people of color, mistrust in biomedical research is a long-standing concern (Scharff 2010; López-Cevallos 2014; Pacheco 2013). Black Americans in particular are more likely to have higher levels of vaccine distrust and believe that physicians would ask them to participate in harmful research or expose them to unnecessary risks (Armstrong 2007; Corbie-Smith 2002). In a national survey, Black and Latino/a adults report a lack of trust in the COVID-19 vaccines' safety and effectiveness, and concerns regarding the sufficiency of safety studies within their ethnic groups (Sparks 2020).

Additionally, people of different sexual orientations and gender identities also face troubling past and present discrimination, both within health care and other social settings, that threaten their vaccine acceptance. Historically, medical institutions have pathologized same-sex behavior and gender diversity, leading to stigma, shame, and discriminatory treatment that exists to this day. Fear of discrimination leads to avoidance of health care treatment and services among many transgender, gender nonconforming, lesbian, gay, bisexual, queer and gender questioning people (Glick 2018; Galvan 2017; Eaton 2017; Underhill 2015; Walker 2017).

Furthermore, people of color, immigrants, and those previously involved in the criminal justice system face great distrust of government as a result of racist policies used to track, discriminate against and exert enforcement upon them. People, especially those who are undocumented or concerned about their documentation status, may be hesitant to disclose the personal information required for vaccine registration that is reported to the government (Boulware 2003).

Acknowledge the deep-seated history of medical mistrust among patient populations and recognize the intersectionality of patients who belong to more than one group of people who have faced systemic oppression. Providers, especially those serving communities of color, immigrant communities, sexual minorities and others who have faced ongoing discriminatory policies, should acknowledge their

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own biases, earn patient trust, provide clear communication around vaccination and encourage ongoing conversations so that patients feel heard and empowered in decision-making.

Building Vaccination Confidence

Vaccination confidence is trust in three things: the vaccines, the providers who administer the vaccines, and the processes and policies that lead to vaccine development, licensure, manufacturing and recommendations for use (Centers for Disease Control and Prevention [CDC] 2021). People must have trust in all three of these components to feel fully confident in their decision to get vaccinated. The foundation of trust is critical and built over time. Use the following strategies to build vaccination confidence for yourself and among your staff, patients and community:

1. Be Familiar With COVID-19 Vaccines

Learn about the available COVID-19 vaccines so you can have informed conversations with staff and patients. **Remember, a provider's recommendation is one of the strongest predictors of a patient receiving a vaccine** (Nabet 2017). Among NYC respondents who said they are unsure or unwilling to receive vaccination, 35% said they would want to hear about the COVID-19 vaccine from their doctor or pharmacist to feel comfortable receiving it (unpublished data, NYC Health Opinion Poll, December 9-21, 2020).

Learn about available COVID-19 vaccines, mRNA technology, the vaccine development and authorization process, and information on vaccine administration:

- CDC:
  - Pfizer-BioNTech and Moderna COVID-19 vaccines
  - mRNA COVID-19 Vaccines
  - Ensuring COVID-19 Vaccine Safety in the United States
  - Interim Clinical Considerations for Use of mRNA COVID-19 Vaccines Currently Authorized in the United States
- Check the CDC and U.S. Food and Drug Administration websites to learn about new and different COVID-19 vaccines

2. Lead by Example

Providers can promote wider COVID-19 vaccine acceptance by becoming vaccine champions within their own health care systems, practices, provider groups and communities. Ways of leading by example include sharing stories and images of clinicians and staff getting vaccinated and sharing their reasons for getting vaccinated. This can include informal conversations or meetings with health care personnel and staff or communications, like newsletters and media, and communicating with patients via emails, social media and educational literature.

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3. Patient Engagement and Education

Start building vaccine literacy and confidence among patients currently eligible to receive vaccine and also patients who are not yet eligible. **Tell patients that you recommend the vaccine for them.** Engage with patients early and often regarding vaccination. For patients who express uncertainties around vaccination, determine their underlying reasons and concerns by asking open-ended questions and displaying empathy. Answer patients' questions without judgment or placing pressure on them and invite them to contact you if they have more questions in the future.

Benefits of COVID-19 Vaccination

Share key facts on the benefits of COVID-19 vaccination, such as:

- COVID-19 vaccination will help keep you from getting COVID-19 and may protect your family and community.
- COVID-19 vaccination is a much safer way to help build protection than natural infection.
- COVID-19 vaccination is a critical tool to help stop the pandemic.

Side Effects Post-COVID-19 Vaccination

Explain that mild to moderate side effects are expected following COVID-19 vaccination and are usually a sign that the immune system is working. Commonly reported side effects for both the Pfizer-BioNTech and Moderna COVID-19 vaccines include soreness or swelling at the injection site, headache, body aches, tiredness and fever. Reassure patients that severe allergic reactions, such as anaphylaxis, to mRNA COVID-19 vaccines are uncommon. People with most types of allergies—such as allergies to food, antibiotics or other oral medications, pet dander, venom, dust mites, pollen, mold, cigarette smoke or latex—may be vaccinated.

Assure patients that side effects typically subside within one to two days after onset. Recommend they call you or their primary care provider if their symptoms are severe or have not begun to improve a few days after vaccination. Explain the importance of returning for their second vaccine according to schedule.

For more information on COVID-19 vaccine contraindications, precautions, anaphylaxis and reporting of post-vaccination adverse events and side effects, see:

- CDC:
  - Interim Clinical Considerations for Use of mRNA COVID-19 Vaccines Currently Authorized in the United States
  - Interim Considerations: Preparing for the Potential Management of Anaphylaxis After COVID-19 Vaccination
- Vaccine Adverse Event Reporting System (VAERS)

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Counter Myths and Misinformation

There is a lot of misinformation and disinformation about COVID-19 vaccines. Counter myths using accurate information (NYC Health Department 2021):

- Development of COVID-19 vaccines followed the same steps as the development of other vaccines. They were developed and tested in a laboratory, and then went through clinical trials, which included diverse representation from racial and ethnic groups (FDA 2020; Polack 2020; Baden 2021).
- COVID-19 vaccines were developed more rapidly because they received billions of dollars in federal funding and scientists worked around the clock to develop the vaccines. Their work built on many years of previous research, including research on vaccines for other coronaviruses (Johns Hopkins 2021).
- mRNA vaccines do not contain the virus that causes COVID-19. The mRNA cannot alter your DNA, give you COVID-19 or cause you to test positive for COVID-19 on a diagnostic viral test (CDC 2020).
- COVID-19 vaccines are very safe. No safety concerns were identified during clinical trials or since they have been in use. Several federal agencies and organizations continue to monitor the safety of the vaccines as they are administered (CDC 2021; Gee 2021).
- The Pfizer-BioNTech and Moderna COVID-19 vaccines were not made using fetal tissue, do not contain preservatives and do not contain any animal products (Pfizer-BioNTech 2021; Moderna 2020).
- People who are pregnant or breastfeeding may choose to be vaccinated. COVID-19 vaccines were not tested on pregnant or breastfeeding people, but experts think they should be just as safe for these groups as for others (CDC 2021; ACOG 2021). Pregnant people are at higher risk for severe illness from COVID-19 and should discuss vaccination with their provider (CDC 2021).
- There is no evidence that fertility problems are a side effect of COVID-19 vaccines or of any other vaccines. Concerns about antibodies generated by the COVID-19 vaccine attacking the placenta are unfounded (FDA 2021; AAFP 2021; CDC 2021).
- People who recovered from COVID-19 should still receive COVID-19 vaccination to prevent reinfection (CDC 2021).
- Preliminary studies suggest that vaccines authorized for use in the United States will provide protection against emerging strains (variants), with varying levels of efficacy. It is normal for a virus to change over time and scientists are working to learn more about these variants and how they affect vaccines (CDC 2021).

Engagement Strategies to Build Vaccine Confidence

For patients who are unsure or do not want to receive the COVID-19 vaccine, providers should focus on building vaccine confidence via culturally sensitive patient engagement. Remember that it is the role of

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the provider to give clear and accurate information to patients so they have what they need to make informed decisions regarding vaccination.

- Reach out to patients, listen to them and provide a space for them to raise questions and concerns about COVID-19 vaccination.
- Recognize concerns and uncertainty around vaccination as normal, especially among communities of color who have experienced forms of systemic and medical racism.
- Providers should start by self-assessing their own implicit biases and understand that perceived unfair treatment by a provider can discourage patient vaccination (Crouse Quinn 2017).
- Learn about and practice strategies to reduce health inequities in care, such as reaching out to high-risk patients and improving language access, to promote better relationships with patients who may have experienced discrimination within a health care system.
- Remember that all people across racial, ethnic, religious and other groups can experience low vaccine confidence, and that the reasons behind their uncertainties are not uniform across any group.
- Show cultural humility and empathy in every interaction. Do not make assumptions or place blame on patients for their apprehensions to or refusal of vaccination.
- Have continuous and clear communication with patients to earn trust, which is an important indicator in vaccine acceptance (O'Malley 2002; Keating 2002).
- Share clear and accurate information from trusted public health institutions and be transparent with patients about what you do and do not know.
- Connect patients to more information about COVID-19 vaccines and vaccination sites.

Reduce Real and Perceived Barriers to Vaccine Access

Inform patients that the COVID-19 vaccine will be provided at no out-of-pocket cost, even if they do not have insurance. Providers of COVID-19 vaccines may not bill for the cost of the vaccine but may bill the recipient's insurance plan an administration fee. Patients cannot be charged a copayment or other fee. Assure patients, especially those from immigrant communities, that immigration status is not collected for COVID-19 vaccination. COVID-19 testing, treatment and vaccination services are not a public charge. Let patients know that the information collected for COVID-19 vaccination helps inform vaccination efforts to ensure equitable distribution and access and is never used to track individuals.

Equitable access to COVID-19 vaccines has been a core objective in the vaccine distribution plan of the NYC Department of Health and Mental Hygiene (NYC Health Department). Vaccination sites have been strategically placed in neighborhoods that have been most severely impacted by COVID-19 and focused outreach and education are being conducted to reduce information barriers and promote vaccine uptake. Let patients know they can check the NYC Health Department's website to find out if they are eligible and where they can receive a COVID-19 vaccine in their area.

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Resources

Provider Resources

- NYC Health Department:
  - COVID-19 Vaccine Information for Providers
- CDC:
  - COVID-19 Vaccine Communication Toolkit for Medical Centers, Pharmacies, and Clinicians
  - Talking to Recipients About COVID-19 Vaccines
  - Building Confidence in COVID-19 Vaccines Among Your Patients
- COVID-19 vaccines billing and reimbursement:
  - New York State Medicaid Billing
  - Medicare Part B
  - Provider Relief Fund

Patient Resources

- NYC Health Department:
  - COVID-19 Vaccines
  - What New Yorkers Need to Know About COVID-19 Vaccines (available in multiple languages)
  - COVID-19 Vaccines: What Older New Yorkers Need to Know (available in multiple languages)
  - COVID-19 Vaccine Facts
- CDC:
  - Myths and Facts About COVID-19 Vaccination
  - What to Expect after Getting a COVID-19 Vaccine (also available in Spanish)
  - Vaccination Considerations for People with Underlying Medical Conditions
  - Vaccination Considerations for People who are Pregnant or Breastfeeding
  - V-safe After Vaccination Health Checker
- Children's Hospital of Philadelphia:
  - Questions and Answers About COVID-19 Vaccines

Stay Up to Date

- Sign up to receive NYC Health Alerts.
- Join the City Health Information network to receive this newsletter by email.
- Register for the monthly NYC Health Department's COVID-19 Provider Webinar.

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