Talking with Your Patients About the COVID-19 Vaccine

Intermountain® Healthcare

07/28/2021

Physicians and APPs are trusted educators and advisors. You play a major role in helping patients make informed decisions about the COVID-19 vaccine. See the tips below for engaging in productive conversations with your patients, including ways to address their concerns and fears.

FIVE STEPS TO A PRODUCTIVE CONVERSATION

1 Ask questions. Engage your patients in a respectful conversation about the vaccine.

- Have you had the vaccine yet?
- Are you planning to get it?
- Do you know how to schedule an appointment?
- Do you have any questions about the vaccine?

2 Express empathy and understanding.

"It's OK to be concerned. The pandemic has been stressful, and there's a lot of conflicting information out there. It's normal to have fears. I'm here to answer questions and give you reliable information."

3 Give your strong recommendation.

If you've been vaccinated, share your own story about why you or your family members did so and what the experience was like. It's the most powerful tool you have to persuade your patients. The most convincing statements for the undecided include:

- The vaccine is the best way to protect yourself and your loved ones.
- The vaccines available are not only incredibly effective, but also have been shown to be very safe.
- The vaccine comes with benefits: peace of mind and the ability to get back to doing the things we want to do like travel, see grand kids and grandparents, have dinner with vaccinated friends, return to the office, etc.
- The sooner we all get vaccinated the sooner we end the pandemic.
- Talk about the risk of COVID in the context of each patient's individual health needs.
  - "This vaccine is important for you because of your (specific circumstances)."

4 Listen and respond to questions.

Use motivational interviewing principles: remember you are guiding the patient through the process of thinking aloud and deciding whether to change by listening in order to understand their motivations. See examples of responses to questions on page 2.

5 End with action items.

Make sure patients know how to schedule an appointment and encourage them to follow through. Remind them to keep trying if they can't immediately get an appointment.

RESPONSES TO COMMON QUESTIONS

Are the vaccines safe?

- The vaccines are much safer than getting sick with COVID-19. They also help people avoid the risk of severe illness and long-term complications.
- They have undergone the most intensive safety monitoring in U.S. history. Any reports of side effects are taken very seriously, rapidly investigated, and addressed if appropriate.
- Yes, the vaccines were offered in record time, but there were no shortcuts taken in developing the vaccines or in authorizing them for use. As a matter of fact, the mRNA technology was already developed and gave scientists a head start.
- Tens of thousands of participants took part in clinical trials, and millions of people have now received the vaccines safely, with very few reports of serious adverse reactions.
- To be clear, the vaccine technology is not new. The science and technology behind vaccines have been used safely for decades.

Do they work?

Not only are they safe, the vaccines are remarkably effective at preventing infection. In the rare cases when a vaccinated individual does get the virus, the symptoms are likely to be mild.

If I got COVID-19, I'd probably have a mild case. Isn't that a better way to get immunity?

- We can't predict who will have mild or severe illness. Even healthy, young people who get infected with COVID-19 can end up in the hospital and have potentially lifelong complications from the effect of the virus.
- Some people have long-term health issues after COVID-19 infection, even after moderate cases.
- Even if you have a mild case, you might spread the disease to others who aren't as lucky or as healthy as you are.
- Anyone with an infection, even a mild one, can be a person who hosts the development of a new variant. In order for us to control the outbreak of new, and potentially more harmful variants, we need everyone to be protected.
- Stopping the spread of the COVID-19 infection is how we stop the pandemic.
- Natural immunity doesn't last forever. The vaccine can prevent reinfection for months longer than natural immunity.

What are the side effects?

- Side effects are a sign that the vaccine is working, and the body's immune system is responding. Some people have no side effects. Common side effects include:
  - Soreness, redness, or swelling where the shot was given
  - Tiredness, headache, or muscle pain
  - Chills or fever
- These side effects should go away in a few days. Seek medical care if they don't go away. Seek medical advice if the following symptoms start within several days to a few weeks after getting the vaccine:
  - Severe headache or change in vision
  - Difficulty breathing
  - Pain in chest or abdomen
  - Pain, swelling, redness, or abnormally cold and pale arms or legs
  - Weakness in arms or legs, spreading throughout the body
  - Difficulty speaking, chewing, or swallowing
  - Increased problems with bladder or bowel control
- Don't take over-the-counter medicines such as ibuprofen, aspirin, or acetaminophen before vaccination for the purpose of trying to prevent vaccine-related side effects. We don't know how these medications will affect your body's response to the vaccine. If you regularly take these medications for other reasons, you should still take them.

Should I be concerned about severe allergic reactions or getting a blood clot?

- Severe allergic reactions are very rare, and healthcare providers will watch you after your shot to intervene if you show signs of reaction.
- The US paused the Johnson & Johnson vaccine for about a week after reports of rare blood clots. After studying all the data available, the CDC Advisory Committee on Immunization Practices released data in April regarding the Johnson & Johnson vaccine that suggested the benefits (reduced chance of serious illness or death) far outweigh the risks of developing thrombosis with thrombocytopenia syndrome (TTS). *(See Table 1 on page 5.)* There have been no reports of blood clots associated with the mRNA vaccines from Pfizer and Moderna.
- Women ages 18–49 should not delay vaccination but may wish to opt for an mRNA vaccine instead of the Johnson & Johnson. For women 50 and older and men, the TTS side effect has not been shown to be as much of a factor and should not rule out vaccination with the Johnson & Johnson vaccine.
- As a point of comparison, the risk of developing a clot after vaccination is far lower than the chance of clotting caused by hormonal birth control.

Should I be concerned about Guillain Barre Syndrome (GBS) with the Johnson & Johnson vaccine?

- The FDA and CDC have notified the public about rare cases of GBS after getting the J&J vaccine. GBS is a neurologic condition of muscle weakness sometimes leading to paralysis. It is caused when the immune system damages the protective sheath around your nerves. GBS is most commonly triggered by a gastrointestinal or respiratory infection. An estimated 3,000-6,000 cases of GBS are reported annually in the United States.
- The J&J vaccine has been associated with more cases of GBS than would be expected in the population within 42 days after vaccination. GBS occurs more commonly in men, with the highest risk in men over age 50 years, and usually within the first five days from vaccination. The risk of GBS for persons age 50-64 years is 7-8 extra cases per million vaccine doses in females and 14-17 extra cases in males.
- **The risk of getting GBS from the COVID-19 infection is much higher than getting GBS from the J&J vaccine.**
- Most people fully recover from GBS, but some have permanent nerve damage. This increased risk for GBS is not seen with mRNA vaccines (Pfizer, Moderna).
- Symptoms of GBS include weakness or tingling in the arms and legs that can spread to the upper body and can lead to paralysis. Other signs of GBS include double vision, difficulty speaking, chewing, or swallowing, or loss of bladder or bowel control.
- People who have had GBS in the past can still receive a J&J or mRNA vaccine, but given the possible association between the J&J vaccine and GBS, the CDC recommends talking with your clinical team regarding the availability of mRNA vaccine.
- The CDC modeled the risk of developing GBS after J&J/Janssen COVID vaccine compared to the risk of infection, hospitalization, or death in young persons who are not vaccinated and concluded that the benefits of getting vaccinated outweighed the potential harm. (*See Table 1 on page 5.*)

Should I be concerned about myocarditis with the mRNA vaccines?

- The CDC has notified the public about a rare side effect of the mRNA vaccines (Pfizer or Moderna). With this side effect, inflammation appears in the muscle of the heart (myocarditis) or in the sack around the heart (pericarditis) within the first week of receiving an mRNA vaccine.
- It tends to happen in the first week after vaccination, more frequently with the second dose of vaccine, and more commonly in young men than in young women. The estimated risk of myocarditis for persons age 12–39 years is 12.6 episodes per million vaccine doses in females (1 in 83,000) and 32.0 episodes per million vaccine doses in males (1 in 31,250) for the second dose.

Should I be concerned about myocarditis with the mRNA vaccines? *(Continued)*

- Symptoms include chest pain or pressure, shortness of breath or pain with breathing, or palpitations. People who develop these conditions after vaccination can be treated with anti-inflammatory medications and are generally hospitalized for a short time to make sure there is not another reason for the symptoms.
- The CDC modeled the risk of developing myocarditis after COVID vaccination compared to the risk of infection, hospitalization, or death in young persons who are not vaccinated and concluded that the benefits of getting vaccinated outweighed the potential harm. (*See Tables 2 and 3 on page 6.*)
- People who have had myocarditis or pericarditis in the past may receive the vaccine after their symptoms and inflammation are gone. People who develop myocarditis or pericarditis after the first dose of mRNA vaccine should not get a second dose unless advised by their clinical team that the benefits outweigh the risks.

Which vaccine should I get?

- All the vaccines authorized for use in the U.S. are safe and effective.
- While women age 18–49 may wish to opt for an mRNA vaccine (Pfizer or Moderna), they should get the vaccine that is the most immediately available. Waiting even a week or two puts them at much greater risk than the risk from the rare cases of clotting with low platelets (TTS). (*See Table 1 on page 5.*)

What about serious, long-term, or unknown side effects?

- We don't have any indication that there are long-term or unknown side effects from the vaccines.
- On the other hand, we know there can be serious ongoing health problems from having the virus.
- Each person needs to make their own risk assessment. It might comfort you to know that the vast majority of America's healthcare professionals support the use of this vaccine.

What about these other things I've heard about the vaccine?

- The vaccines can't give someone COVID-19.
- The vaccines don't change your DNA.
- They don't cause sterility or infertility.

But I heard on Facebook, Twitter, from a friend….?

Don't dismiss these concerns out-of-hand. Listen respectfully and respond with your perspective.

"I know a lot of people are getting information like this from social media, and their family and friends. I trust the information I get from the Centers for Disease Control, the Utah Department of Health, the leaders at Intermountain Healthcare, and my colleagues. What I'm hearing from those experts, people I trust, doesn't line up what you're hearing online."

Why should I get the vaccine if I have to keep wearing a mask?

- The vaccines are very effective at preventing infection or keeping the symptoms mild, but we don't know yet whether a vaccinated person can pass the virus on to someone else. So far, the results are encouraging.
- Health officials will continue to provide recommendations on mask usage. Their decisions will be influenced by vaccination rates in communities, as well as the ease of catching and spreading the circulating variants among vaccinated persons in their community.
- "I'll tell you why I'm still wearing a mask in public: because I want to keep other people safe."

We want to keep doing everything we can to prevent infection, especially with new variants of the virus. So far, the vaccines have been effective against these variants. However, we don't know the future and the possibility of future vaccine resistant strains of SARS-CoV-2.

Will I need to get another COVID-19 vaccination in the future?

- If you receive the Pfizer or Moderna vaccines, you must be sure to get both the first and second dose to be fully vaccinated. Johnson & Johnson requires only one dose.
- We don't know yet whether we will need "booster" shots down the road. The experts are looking at this closely.

What are accurate information sources about the COVID-19 vaccine?

- CDC COVID vaccines: https://www.cdc.gov/coronavirus/2019-ncov/vaccines/index.html
- CDC Safety of vaccines: https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/safety-of-vaccines.html
- CDC Benefits of getting a COVID vaccine: https://www.cdc.gov/coronavirus/2019-ncov/vaccines/vaccine-benefits.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fvaccines%2Fabout-vaccines%2Fvaccine-benefits.html
- Vaccine Education Center: https://www.chop.edu/centers-programs/vaccine-education-center/making-vaccines/prevent-covid

Table 1

Predicted COVID cases prevented vs. TTS and GBS cases, per 1 million doses administered of the J&J vaccine, with results over 120 days.

	Females 18–29	Females 30-49	Females 50-64	Females 65+	Males 18–29	Males 30-49	Males 50-64	Males 65+
Cases of GBS	1	6-7	7-8	8-10	2	7-9	14-17	7-8
Cases of TTS	4-5	8-10	3-4	0	2-3	1-2	1-2	0
COVID cases prevented	8,900	10,100	12,100	29,000	7,600	12,000	10,100	36,600
Hospitalizations Prevented	700	900	1,600	5,900	300	650	1,800	11,800
ICU Admissions	50	140	350	1,250	60	150	480	3,300
Deaths Prevented	5	20	120	840	3	25	140	2,300

Hospitalizations, ICU admissions and deaths based on data for week of June 19, 2021. CDC Advisory Committee on Immunization Practices

Table 2
Predicted COVID cases prevented vs. myocarditis cases, per 1 million second doses administered of the mRNA vaccines, in ages 12 through 29 years with results over 120 days.

	Females 12-17	Females 18–24	Females 25-29	Males 12-17	Males 18–24	Males 25-29
Cases of myocarditis	8-10	4-5	2	56-69	45-56	15-18
COVID cases prevented	8,500	14,000	15,000	5,700	12,000	15,000
Hospitalizations prevented	183	1,127	1,459	215	530	938
ICU admissions prevented	38	93	87	71	127	215
Deaths prevented	1	13	4	2	3	13

Hospitalizations, ICU admissions and deaths based on data for week of May 22, 2021.CDC Advisory Committee on Immunization Practices

Table 3
Predicted COVID cases prevented vs. myocarditis cases, per 1 million second doses administered of the mRNA vaccines, in adults with results over 120 days.

	Females 18–29	Females 30-49	Females 50-64	Females 65+	Males 18–29	Males 30-49	Males 50-64	Males 65+
Cases of myocarditis	3-4	1-2	1	<1	22-27	5-6	1	<1
COVID cases prevented	12,800	14,600	17,500	32,000	9,600	11,000	14,700	52,700
Hospitalizations Prevented	750	950	6,200	5,900	300	700	1,900	12,500
ICU Admissions	50	140	375	1,300	60	160	500	3,500
Deaths Prevented	5	20	125	900	3	25	150	2,400

Hospitalizations, ICU admissions and deaths based on data for week of June 19, 2021.CDC Advisory Committee on Immunization Practices