

AASTEC NATIVE AMERICAN COVID-19 HOTLINE NAVIGATOR'S GUIDE

Albuquerque Area Southwest Tribal Epidemiology Center
Native American COVID-19 Vaccine Hotline



Got questions about the COVID-19 vaccine?

Call: 1-833-VAX-AIAN

We are here to help answer your questions

Monday – Friday, 8am-8pm

Saturday and Sunday, 9am-5pm



Project funded by the
W.K. Kellogg Foundation

Version 2, November 2021

CONTENTS

BACKGROUND	4
<i>AASTECC Native American COVID-19 Hotline</i>	4
<i>Hotline Navigator Description</i>	4
<i>Navigators Key Characteristics</i>	4
SAMPLE SCRIPT FOR INCOMING HOTLINE CALL	5
<i>Call Flow</i>	5
COMMUNICATION TECHNIQUES	7
<i>Stages of Change</i>	7
<i>Motivational Interviewing</i>	9
<i>Motivational Interviewing Basic Principles</i>	9
<i>O.A.R.S.</i>	9
<i>OPEN-ENDED AND CLOSE-ENDED QUESTION EXAMPLES</i>	10
<i>AFFIRMATION EXAMPLES</i>	10
<i>REFLECTION EXAMPLES</i>	11
<i>SUMMARY EXAMPLES</i>	11
<i>EXAMPLE OF MOTIVATIONAL INTERVIEWING SKILLS AND APPLYING OARS</i>	11
COVID-19 VACCINES	12
<i>What is a vaccine and how does it work?</i>	12
<i>Authorized and Recommended Vaccines</i>	12
<i>How all COVID-19 Vaccines Work</i>	12
<i>mRNA Vaccines (Pfizer & Moderna)</i>	13
<i>How do the mRNA vaccines work?</i>	13
<i>Facts about COVID-19 mRNA Vaccines</i>	15
<i>Dosing Schedule</i>	15
<i>COVID-19 Vaccination Dosage for Children</i>	16
<i>Common Side Effects</i>	16
<i>When to Call the Doctor?</i>	16
<i>Severe & Immediate Reactions</i>	17
<i>If You Get a Rash Where You Got the Shot</i>	17
<i>Vaccine Adverse Event Reporting System (VAERS)</i>	17

<i>Helpful Tips to Relieve Side Effects</i>	18
<i>Taking Medication Before Getting Vaccinated</i>	18
<i>Where to Find Vaccines</i>	18
<i>Additional (3rd) COVID-19 Vaccine Dose</i>	19
<i>Who is considered moderately to severely immunocompromised?</i>	19
<i>Booster Dose</i>	19
<i>Waning Immunity</i>	20
<i>Eligibility & Schedule</i>	20
<i>Mix or Match??</i>	21
<i>Breaking News</i>	21
<i>Frequently Asked Questions (FAQs)</i>	21
If we need a booster dose, does that mean that the vaccines aren't working?	21
Should you get vaccinated even if you have had COVID-19?	21
Should you get vaccinated if pregnant or breastfeeding?	22
How long should you wait to be vaccinated if you've had COVID-19?	22
<i>Delta Variant</i>	23
<i>Key Facts About COVID-19 Vaccination</i>	23
<i>After Vaccination</i>	23
<i>Mythbusters: Answering COVID-19 Vaccine Questions</i>	24
References	28
APPENDIX A: COMMUNICATION SKILLS FOR TALKING ABOUT COVID VACCINES	29
APPENDIX B: A CONVERSATION GUIDE TO HELP BUILD CONFIDENCE IN THE VACCINE AGAINST COVID-19	34
APPENDIX C: COVID-19 VACCINE INFORMATION & FAQs	40

BACKGROUND

AASTEC NATIVE AMERICAN COVID-19 HOTLINE

The Albuquerque Area Southwest Tribal Epidemiology Center will launch a hotline in September 2021 for questions from Albuquerque Area Tribes, Pueblos, Bands, Nations, and urban Indian population related to COVID-19 vaccinations. The hotline is intended to assist tribal members with questions, concerns, or hesitancy regarding the vaccine, vaccination protocols, administration sites, eligibility, safety, etc.

The hotline will be available from 8am-8pm Monday through Friday, and 9am-2pm on Saturdays.

HOTLINE NAVIGATOR DESCRIPTION

Navigator duties include providing basic COVID-19 vaccination information including: one-dose (Johnson & Johnson) and two-dose vaccines (Pfizer and Moderna), dosing schedules, booster shots, common side effects, mRNA technology, where to get COVID-19 vaccines, and COVID-19 FAQs; documenting details of calls for additional follow up when needed; sending confidential correspondences through email and mail; identifying situations that require non-COVID support/resources; documenting actions in an electronic data base.

NAVIGATORS KEY CHARACTERISTICS

Navigators will possess:

- The ability to access information through various means including use of written information, computerized web links, and the internet.
- Excellent and sensitive interpersonal skills, cultural sensitivity, and communication skills such that they can build and maintain trust with clients (i.e., callers).
- The ability to grasp basic concepts related to COVID-19 vaccinations from expert sites such as CDC, Indian Health Service, New Mexico Department of Health, and transmit that information verbally to others.
- Ability to provide basic information related to COVID-19 vaccinations in a simple and clear manner to callers.
- Use of computer systems for entering client (i.e., caller) intake information into an electronic database.

- Maintain client (i.e., caller) confidentiality in a HIPPA-compliant manner.
- Attention to detail is a must.

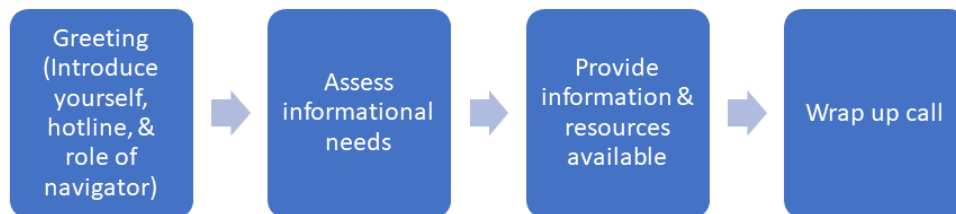
SAMPLE SCRIPT FOR INCOMING HOTLINE CALL

The sample script for AASTEC’s Tribal COVID-19 Vaccine Hotline will help you prepare. You don’t need to follow the scripts verbatim, nor do you need to have responses memorized for every situation. By using the scripts you’ll become comfortable with the essential COVID-19 vaccine messages so you can think on your feet to tailor information for every incoming call.

The sample scripts will help guide you through:

1. Incoming calls to the hotline.
2. Follow up conversations that may be required.

CALL FLOW



1. Greeting

“Thank you for calling the Native American COVID-19 Vaccine Hotline. My name is _____ . I am a hotline navigator.

In case we get disconnected, please share your first name and phone number so I can return your call. May I call you back?

2. Assess informational needs

“How may I help you today?”

Once you establish a relationship and understand what they are calling about, please read/provide the following

“Navigators are here to assist callers with information about COVID-19 vaccines. We are not medical providers and do not provide medical advice. For medical questions, please call your doctor or if this is an emergency, please call 911.

Please do not provide any personal health information. What we discuss today will remain confidential.”

3. Provide information & resources available

“Thank you for your question. Just one moment while I pull up that information.”

Here is what I found: (insert information).”

OR IF YOU ARE UNABLE TO FIND THE ANSWER TO THEIR QUESTION

“I am unable to find an answer to your question. I will have to do some further research and will need to get back to you. Is that okay?”

IF YES.

“I can call you back at (insert number provided).”

IF NO.

“I am sorry that I was not able to provide the answer to your question...”

Would you like me to text or email you the information?”

IF NO.

“We encourage you to call us back if change your mind.”

4. Wrap up call:

“Do you have any additional questions that I can answer for you today?”

Before you hang up, may I have your zip code. We want to have an idea where our calls are coming from for evaluation purposes.

Thank you for calling the hotline today. Remember we are here if you have additional questions that you would like to discuss. Or if you know of someone who has questions, we are here for them too. Don't hesitate to call back.

Have a good day/evening.”

COMMUNICATION TECHNIQUES

STAGES OF CHANGE

The Stages of Change Model (SCM) was originally developed in the late 1970's and early 1980's by James Prochaska and Carlo DiClemente at the University of Rhode Island when they were studying how smokers were able to give up their habits or addiction.

The SCM model has been applied to a broad range of behaviors including weight loss, injury prevention, overcoming alcohol, and drug problems among others. The stages of change are:

1. **Precontemplation** – not yet acknowledging that there is a problem behavior that needs to be changed, person is not ready to consider a change or unaware of the need to change.
2. **Contemplation** – Acknowledging that there is a problem but not yet ready or sure of wanting to make a change, a person both considers and rejects change.
3. **Preparation** – Getting ready to change, person is open to change and preparing for change often in the next month.
4. **Action** – Changing behavior.

Stage of change and techniques	What a person might say	What you might say
Precontemplation 1. Help patient develop a reason for changing 2. Validate the patient's experience 3. Encourage further self-exploration 4. Leave the door open for future conversations	<i>"I'm worried that getting the COVID-19 vaccine will make it hard to get pregnant or hurt my child."</i> <i>I'm just going to wait."</i> <i>"I don't want to be a guinea pig"</i>	<i>"I know that making the right decision to protect you and your future child is important to you. Mothers who have chosen to get the vaccine have found that it protects them and even their new babies."</i> <i>"Of course, this is your decision. I do think that the vaccine is a step towards a social life with fewer restrictions. And you mentioned that you want to visit your friends [or family]. The vaccine will help you and all of us do that sooner."</i> <i>"Yes, that is understandable; I don't want to be either, but now that more than 168 million</i>

Stage of change and techniques	What a person might say	What you might say
		<i>people in the U.S. have received the vaccine safely and we can see that it is effective</i>
Contemplation 1. Validate the patient's experience 2. Clarify the patient's perceptions of the pros and cons of vaccine 3. Encourage further self-exploration 4. Leave the door open for moving to preparation	<i>"I'm worried about the side effects of the COVID-19 vaccines"</i> <i>"I don't know who to trust for information"</i> <i>"I don't know if I can trust everything I read about vaccines"</i>	<i>"It sounds like you want to make the best choice for your health, but you are worried about the vaccine side-effects."</i> <i>"If it's okay with you, I could give you some additional information."</i>
Preparation 1. Praise the decision to change behavior 2. Prioritize behavior change opportunities 3. Identify and assist in problem solving re: obstacles 4. Encourage small initial steps 5. Encourage identification of social supports	<i>"I am not sure where to get information about COVID-19 vaccines?"</i> <i>"I don't know who to trust for information"</i> <i>"I don't know if I can trust everything I read about vaccines"</i>	<i>"It's great that you are thinking about what's best for your health and looking for information about the vaccine."</i>
Action 1. Focus on restructuring cues and social support 2. Bolster self-efficacy for dealing with obstacles 3. Combat feelings of loss and reiterate long-term benefits	<i>"I had my first COVID-19 vaccine at the local clinic"</i>	<i>"Please don't hesitate to give us a call if you have any questions"</i>
Maintenance 1. Plan for follow-up support 2. Reinforce internal rewards 3. Discuss coping with relapse	<i>"The CHR told me it is important I go back for my second shot."</i> <i>"I heard people get booter shots now?"</i>	<i>"Booster shots are being recommended by CDC for everyone to add protection "</i>

MOTIVATIONAL INTERVIEWING

One of the best ways to help people gain the information and confidence they need to accept the vaccine is a one-on-one conversation with someone that they trust. In scholarship, this is identified as “motivational interviews” (Manufacturing Institute and University of Florida, 2021). Motivational Interviewing is a person-centered approach that is designed to support an individual’s motivation and commitment to change and aims at eliciting and exploring reasons for hesitancy and changing attitudes and behavior (World Health Organization, 2021).

Motivational interviewing can strengthen a willingness to act by helping individuals identify their own reasons for doing so. **Motivational interviewing requires strong listening skills, respect, and sincere curiosity.** The technique is most effective when people are ambivalent or don’t see getting a vaccine as especially important. Motivational interviewing should not be used to argue, berate, win, or debunk because these approaches can backfire and leave someone even more determined to stick to their original choice (Manufacturing Institute and University of Florida, 2021).

MOTIVATIONAL INTERVIEWING BASIC PRINCIPLES

- Focus on understanding the caller’s dilemma (ambivalence, feeling two ways)
- Draw out the caller’s own arguments for change
- Don’t argue for change yourself
- Encourage (realistic) belief that change is possible

(Adapted from Project ECHO CREW Curriculum – Venice Ceballos, Bill Miller, and Theresa Moyers)

O.A.R.S.

- **Open-Ended Question:** Invites a client or other person to respond with more than a “yes or no” answer, or one-word response. It encourages people to talk and may facilitate dialogue.
- **Affirmation:** Verbal recognition of something positive. Affirmations emphasize strength, notice and appreciate a positives action, should be genuine, express positive regard and caring, and strengthen your bond with the client.
- **Reflective Listening:** The art and skills of reflecting back to clients what they have shared with you about their experiences, beliefs, feelings, behaviors, and intentions.

- **Summary:** Using your own words to briefly express the main idea and relevant details of what someone has said.

(Adapted from Project ECHO CREW Curriculum – Venice Ceballos, Bill Miller, and Theresa Moyers)

OPEN-ENDED AND CLOSE-ENDED QUESTION EXAMPLES

Open-Ended Questions	Closed-Ended Questions
<i>“What have you heard about COVID-19 vaccines?”</i>	<i>“Have you heard about COVID-19 vaccines?”</i>
<i>“Why are you worried about getting the COVID-19 vaccine?”</i>	<i>“Are you worried about getting the COVID-19 vaccine?”</i>
<i>“What have you heard about COVID-19 vaccine side effects?”</i>	<i>“Have you heard about the side effects caused by the COVID-19 vaccine?”</i>
<i>“Why is it important to get the COVID-19 vaccine?”</i>	<i>“Do you know why it is important to get the COVID-19 vaccine?”</i>

AFFIRMATION EXAMPLES

- *“Thank you for calling today.”*
- *“You made the right decision to call the Native American COVID-19 hotline today to ask questions.”*
- *“I appreciate your honesty in expressing your concerns about the COVID-19 vaccine.”*
- *“It is understandable why you are worried about getting the COVID-19 vaccine. There has been a lot of conflicting information out there.”*
- *“It sounds like you want to make the best choice for your health, but you are worried about the vaccine side-effects.”*
- *“It’s great that you are thinking about what’s best for your health and looking for information about the vaccine.”*
- *“It’s great that you are thinking about what’s best for your health and looking for information about the vaccine.”*

- *“You took a big step getting your first dose of the Pfizer vaccine.”*

REFLECTION EXAMPLES

- *“It sounds like...”*
- *“What I hear you saying...”*
- *“Help me understand. On the one hand you...and on the other hand...”*
- *“It seems as if...”*
- *“Is it safe to say...”*

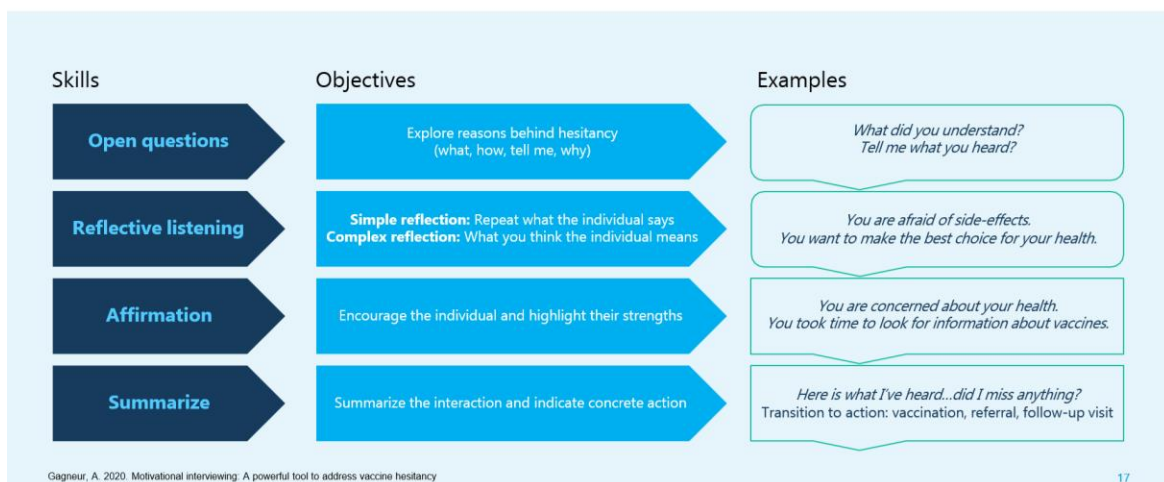
SUMMARY EXAMPLES

- *“So far you expressed concern about COVID-19 vaccine side effects. You called the hotline today because you are scheduled for your second vaccination, and you are worried about the side effects. You heard people get really sick.”*

EXAMPLE OF MOTIVATIONAL INTERVIEWING SKILLS AND APPLYING OARS



Motivational interviewing skills for vaccination



Source: <https://apps.who.int/iris/bitstream/handle/10665/340751/WHO-EURO-2021-2281-42036-57837-eng.pdf>

COVID-19 VACCINES

WHAT IS A VACCINE AND HOW DOES IT WORK?

- Vaccines prevent diseases that can be dangerous, or even deadly. They work with your body's natural defenses to safely develop protection from a disease.
- A vaccine helps your immune system to produce antibodies, just like it would if you were exposed to the disease. After getting vaccinated, you have protection from that disease, without having to get the disease first.
- This is what makes vaccines such powerful medicine. Unlike most medicines, which treat or cure diseases, vaccines *prevent* them.

All currently authorized and recommended COVID-19 vaccines:

- are **safe**,
- are **effective**, and
- **reduce your risk** of severe illness.

CDC does not recommend one vaccine over another.

AUTHORIZED AND RECOMMENDED VACCINES

Currently, three vaccines are authorized and recommended in the United States to prevent COVID-19:

- Pfizer-BioNTech
- Moderna
- Johnson & Johnson/Janssen

HOW ALL COVID-19 VACCINES WORK

- COVID-19 vaccines help our bodies develop immunity to the virus that causes COVID-19 without us having to get the illness.
- Different types of vaccines work in different ways to offer protection.
- But with all types of vaccines, the body is left with a supply of “memory” T-lymphocytes as well as B-lymphocytes that will remember how to fight that virus in the future.

- It typically takes a few weeks after vaccination for the body to produce T-lymphocytes and B-lymphocytes.
- Therefore, it is possible that a person could be infected with the virus that causes COVID-19 just before or just after vaccination and then get sick because the vaccine did not have enough time to provide protection.
- Sometimes after vaccination, the process of building immunity can cause symptoms, such as fever. These symptoms are normal and are signs that the body is building immunity.

MRNA VACCINES (PFIZER & MODERNA)

- Messenger RNA vaccines—also called mRNA vaccines—were the first COVID-19 vaccines authorized for use in the U.S.
- mRNA vaccines teach our cells how to make a protein—or even just a piece of a protein—that triggers an immune response inside our bodies.
- The benefit of mRNA vaccines, like all vaccines, is those vaccinated gain protection without ever having to risk the serious consequences of getting sick with COVID-19.

HOW DO THE MRNA VACCINES WORK?

COVID-19 mRNA vaccines give instructions for our cells to make a **harmless piece** of what is called the “spike protein.” The spike protein is found on the surface of the virus that causes COVID-19.

- **1st** - COVID-19 mRNA vaccines are given in the upper arm muscle. Once the instructions (mRNA) are inside the muscle cells, the cells use them to make the protein piece. After the protein piece is made, the cell breaks down the instructions and gets rid of them.
- **2nd** - The cell displays the protein piece on its surface. Our immune systems recognize that the protein doesn't belong there and begin building an immune response and making antibodies, like what happens in natural infection against COVID-19.
- **3rd** - At the end of the process, our bodies have learned how to protect against future infection. The benefit of mRNA vaccines, like all vaccines, is those vaccinated gain this protection without ever having to risk the serious consequences of getting sick with COVID-19.

How mRNA COVID-19 Vaccines Work

Understanding the virus that causes COVID-19.

Coronaviruses, like the one that causes COVID-19, are named for the crown-like spikes on their surface, called **spike proteins**. These **spike proteins** are ideal targets for vaccines.

What is mRNA?

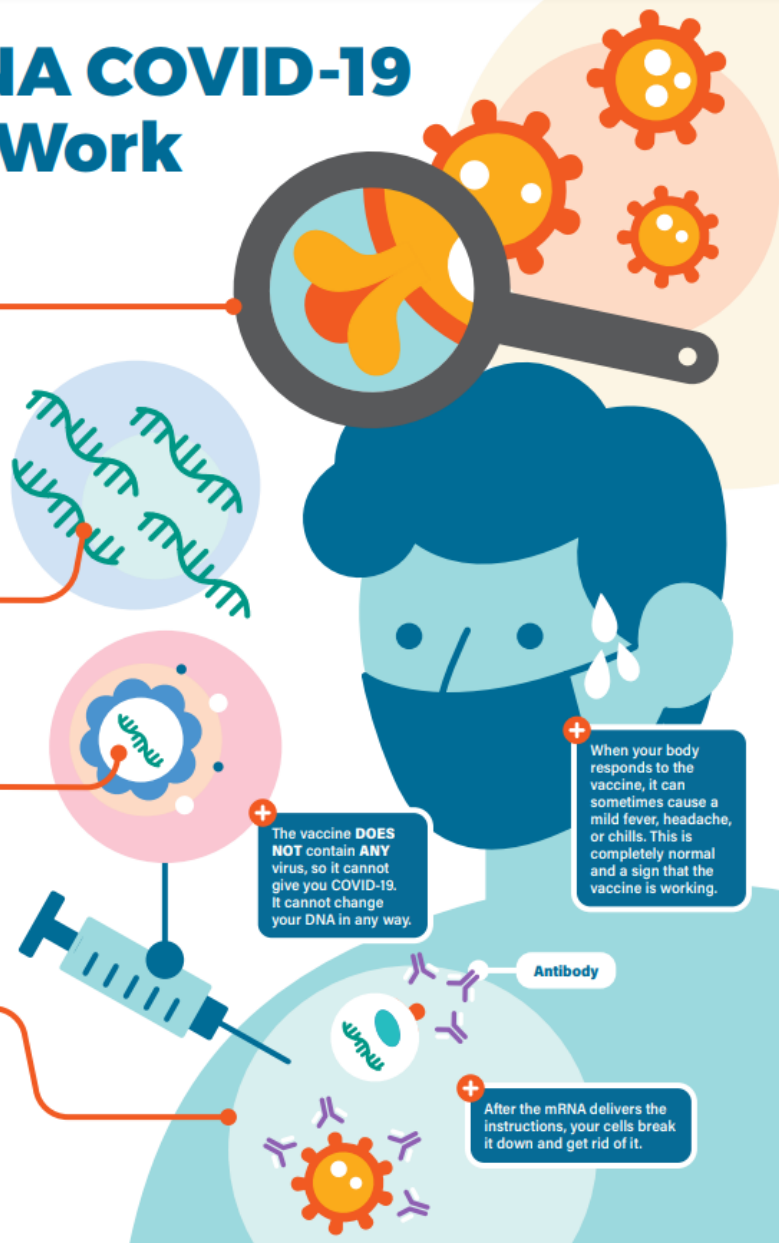
Messenger RNA, or mRNA, is genetic material that tells your body how to make proteins.

What is in the vaccine?

The vaccine is made of mRNA wrapped in a coating that makes delivery easy and keeps the body from damaging it.

How does the vaccine work?

The mRNA in the vaccine teaches your cells how to make copies of the **spike protein**. If you are exposed to the real virus later, your body will recognize it and know how to fight it off.



See video on [How Do COVID-19 mRNA Vaccines Work](https://www.webmd.com/vaccines/covid-19-vaccine/video/video-covid-mrna-vaccine)

<https://www.webmd.com/vaccines/covid-19-vaccine/video/video-covid-mrna-vaccine>

FACTS ABOUT COVID-19 mRNA VACCINES

They cannot give someone COVID-19.

- mRNA vaccines do not use live virus that causes COVID-19

The do not affect or interact with our DNA in any way.

- mRNA never enters the nucleus of the cell, which is where our DNA (genetic material) is kept.
- The cell breaks down and gets rid of the mRNA soon after it is finished using the instructions.

DOSING SCHEDULE

Pfizer-BioNTech ^[1]	Moderna ^[1]	Johnson & Johnson's Janssen ^[1]
Ages Recommended 5+ years old	Ages Recommended 18+ years old	Ages Recommended 18+ years old
Primary Series 2 doses Given 3 weeks (21 days) apart ^[2]	Primary Series 2 doses Given 4 weeks (28 days) apart ^[2]	Primary Series 1 dose

Most Children and All Teens Can Get COVID-19 Vaccines

CDC recommends everyone ages 5 and older get a COVID-19 vaccine to help protect against COVID-19.

Authorized For	Pfizer-BioNTech	Moderna	J&J / Janssen
4 years and under	No	No	No
5-11 years old	Yes	No	No
12-17 years old	Yes	No	No
18 years and older	Yes	Yes	Yes

COVID-19 VACCINATION DOSAGE FOR CHILDREN

- Adolescents ages 12 years and older receive the same dosage of Pfizer-BioNTech COVID-19 vaccine as adults.
- The Pfizer-BioNTech vaccine for children ages 5 through 11 years has the same active ingredients as the vaccine given to adults and adolescents.
- However, children ages 5 through 11 years receive an age-appropriate dose that is one-third of the adult dose
- Smaller needles, designed specifically for children, are also used for children ages 5 through 11 years.
- Unlike many medications, COVID-19 vaccine dosage does not vary by patient weight but by age on the day of vaccination.
- Your child will need a second shot of the Pfizer-BioNTech vaccine three weeks after their first shot.

COMMON SIDE EFFECTS

On the arm where you got the shot:



- Pain
- Redness
- Swelling

Throughout the rest of your body:



- Tiredness
- Headache
- Muscle pain
- Chills
- Fever
- Nausea

WHEN TO CALL THE DOCTOR?

- In most cases, discomfort from pain or fever is a normal sign that your body is building protection. Contact your doctor or healthcare provider.
- If the redness or tenderness where you got the shot gets worse after 24 hours
- If your side effects are worrying you or do not seem to be going away after a few days

If you get a COVID-19 vaccine and you think you might be having a severe allergic reaction after leaving the vaccination site, seek immediate medical care by calling 911.

SEVERE & IMMEDIATE REACTIONS

- An allergic reaction is considered severe—also known as anaphylaxis— when a person needs to be treated with epinephrine or EpiPen® or if they must go to the hospital.
- An immediate allergic reaction happens within 4 hours of getting vaccinated and may include symptoms such as hives, swelling, and wheezing (respiratory distress)
- If you had a severe or immediate allergic reaction after getting the first dose of an mRNA COVID-19 vaccine, you should not get a second dose of either of the mRNA COVID-19 vaccines.

IF YOU GET A RASH WHERE YOU GOT THE SHOT

- CDC has learned of reports that some people have experienced a red, itchy, swollen, or painful rash where they got the shot.
- These rashes can start a few days to more than a week after the first shot and are sometimes quite large. These rashes are also known as “COVID arm.”
- If you experience “COVID arm” after getting the first shot, you should still get the second shot at the recommended interval if the vaccine you got needs a second shot.
- Tell your vaccination provider that you experienced a rash or “COVID arm” after the first shot. Your vaccination provider may recommend that you get the second shot in the opposite arm.
- If the rash is itchy, you can take an antihistamine. If it is painful, you can take a pain medication like acetaminophen or a non-steroidal anti-inflammatory drug (NSAID).

VACCINE ADVERSE EVENT REPORTING SYSTEM (VAERS)

- CDC Is Monitoring Reports of Severe Allergic Reactions
- If someone has a severe allergic reaction after getting vaccinated, their vaccination provider will send a report to the Vaccine Adverse Event Reporting System (VAERS).
- VAERS is a national system that collects reports from healthcare professionals, vaccine manufacturers, and the public about adverse events that happen after vaccination.
- Reports of adverse events that are unexpected, appear to happen more often than expected, or have unusual patterns are followed up with specific studies.

HELPFUL TIPS TO RELIEVE SIDE EFFECTS

- Talk to your doctor about taking over-the-counter medicine, such as ibuprofen, acetaminophen, aspirin, or antihistamines, for any pain and discomfort you may experience after getting vaccinated.
- You can take these medications to relieve post-vaccination side effects if you have no other medical reasons that prevent you from taking these medications normally.

TAKING MEDICATION BEFORE GETTING VACCINATED

- For most people, it is not recommended to avoid, discontinue, or delay medications for underlying medical conditions around the time of COVID-19 vaccination.
- It is not recommended to take over-the-counter medicine – such as ibuprofen, aspirin, or acetaminophen – before vaccination for the purpose of trying to prevent vaccine-related side effects.
- It is not known how these medications might affect how well the vaccine works.
- However, if you take these medications regularly for other reasons, you should keep taking them before you get vaccinated.
- It is also not recommended to take antihistamines before getting a COVID-19 vaccine to try to prevent allergic reactions.

WHERE TO FIND VACCINES

<https://www.vaccines.gov/search/>

The screenshot shows the Vaccines.gov website interface. At the top, there is a navigation bar with the 'WE CAN DO THIS' logo, the 'Vaccines.gov' title, and links for 'Home' and 'Find Vaccines'. On the right, there is a link for 'Español' and the CDC logo. Below the navigation bar, a light blue banner contains the text: 'Need help finding a COVID-19 vaccine in the U.S.? Call 1-800-232-0233 (TTY 888-720-7489)'. The main content area is titled 'Find COVID-19 Vaccines Near You' and is powered by 'VaccineFinder'. It features a search form with a '5-digit Zip Code' field (containing 'Zip Code') and a 'Search Radius' dropdown menu (set to '1 mile'). Below the search form, there are two sections of filters: 'Show COVID-19 Vaccines' with three checked options: 'Moderna (age 18+)', 'Pfizer-BioNTech (age 12+)', and 'Johnson & Johnson/Janssen (age 18+)'; and 'Show Only Locations That' with one checked option: 'Have appointments available'. A blue 'Search for Vaccines' button is located at the bottom of the search form. To the right of the search form is a map of the United States and parts of Canada, with labels for 'Canada' and 'United States'.

ADDITIONAL (3RD) COVID-19 VACCINE DOSE

- Sometimes people who are moderately to severely immunocompromised do not build enough (or any) protection when they first get a vaccination.
- When this happens, getting another dose of the vaccine can sometimes help them build more protection against the disease.
- This appears to be the case for some immunocompromised people and COVID-19 vaccines.
- CDC recommends moderately to severely immunocompromised people consider receiving an additional (third) dose of an mRNA COVID-19 vaccine (Pfizer-BioNTech or Moderna) at least 28 days after the completion of the initial 2-dose mRNA COVID-19 vaccine series.

WHO IS CONSIDERED MODERATELY TO SEVERELY IMMUNOCOMPROMISED?

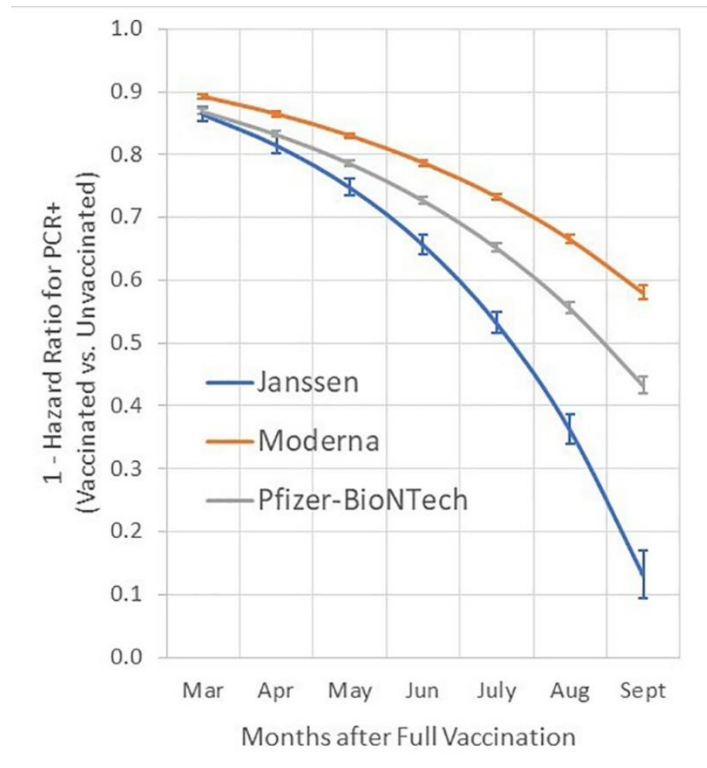
This includes people who have:

- Been receiving active cancer treatment for tumors or cancers of the blood
- Received an organ transplant and are taking medicine to suppress the immune system
- Received a stem cell transplant within the last 2 years or are taking medicine to suppress the immune system
- Moderate or severe primary immunodeficiency (such as DiGeorge syndrome, Wiskott-Aldrich syndrome)
- Advanced or untreated HIV infection
- Active treatment with high-dose corticosteroids or other drugs that may suppress your immune response

BOOSTER DOSE

- A “booster dose” refers to another dose of a vaccine that is given to someone who built enough protection after vaccination, but then that protection decreased over time (this is called waning immunity).

WANING IMMUNITY



ELIGIBILITY & SCHEDULE

IF YOU RECEIVED

Pfizer-BioNTech or Moderna

You are eligible for a booster if you are:

- [65 years or older](#)
- Age 18+ who live in [long-term care settings](#)
- Age 18+ who have [underlying medical conditions](#)
- Age 18+ who work or live in [high-risk settings](#)

When to get a booster:

At least 6 months after completing your primary COVID-19 vaccination series

Which booster should you get?

[Any of the COVID-19 vaccines](#) authorized in the United States

IF YOU RECEIVED

Johnson & Johnson's Janssen

You are eligible for a booster if you are:

[18 years or older](#)

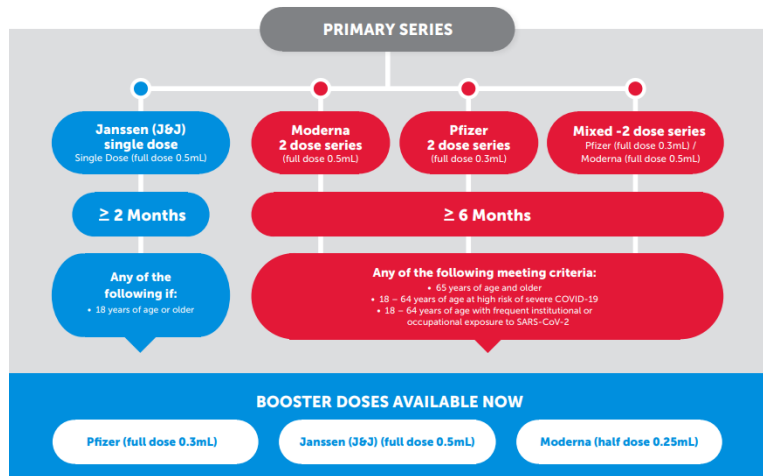
When to get a booster:

At least 2 months after your shot

Which booster should you get?

[Any of the COVID-19 vaccines](#) authorized in the United States

COVID-19 BOOSTER DOSES



MIX OR MATCH??

- Regardless of what vaccine you got for your primary series, you can get any of the other three vaccines available for use in the U.S. (J&J, Moderna and Pfizer) as your booster.

BREAKING NEWS

- In New Mexico & Colorado boosters are now available to all adults age 18 and over.

FREQUENTLY ASKED QUESTIONS (FAQs)

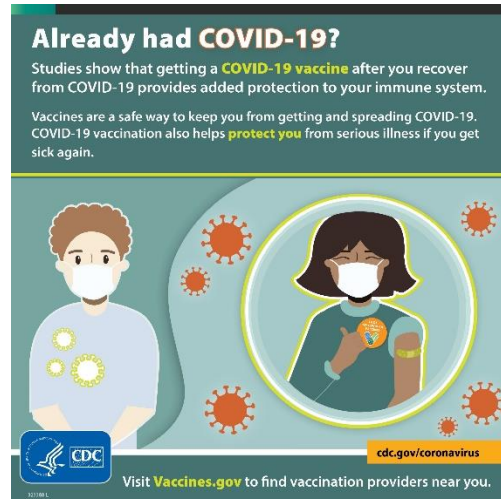
If we need a booster dose, does that mean that the vaccines aren't working?

- **No!** COVID-19 vaccines are working very well to prevent severe illness, hospitalization, and death, even against the widely circulating Delta variant.
- However, with the Delta variant, public health experts are starting to see reduced protection against mild and moderate disease.
- For that reason, the U.S. Department of Health and Human Services (HHS) is planning for a booster shot so vaccinated people maintain protection over the coming months.

Should you get vaccinated even if you have had COVID-19?

- **Yes!** You should get a COVID-19 vaccine, even if you have already had COVID-19 because:
- Research has not yet shown how long you are protected from getting COVID-19 again after you recover from COVID-19.

- Vaccination helps protect you even if you've already had COVID-19.
- Evidence is emerging that people **get better protection by being fully vaccinated** compared with having had COVID-19.



Should you get vaccinated if pregnant or breastfeeding?


- **Yes!** COVID-19 vaccination is recommended for people who are pregnant, breastfeeding, trying to get pregnant now, or might become pregnant in the future.
- Evidence about the safety and effectiveness of COVID-19 vaccination during pregnancy has been growing. These data suggest that the benefits of receiving a COVID-19 vaccine outweigh any known or potential risks of vaccination during pregnancy.
- There is currently no evidence that any vaccines, including COVID-19 vaccines, cause fertility problems in women or men.
- Pregnant and recently pregnant people are more likely to get severely ill with COVID-19 compared with non-pregnant people.
- Getting a COVID-19 vaccine can protect you from severe illness from COVID-19.

How long should you wait to be vaccinated if you've had COVID-19?

- As soon as you're out of isolation
- Exception . . . if you were treated for COVID-19 with monoclonal antibodies or convalescent plasma, you should wait 90 days before getting a COVID-19 vaccine.
- Talk to your healthcare professional if you are unsure what treatments you received

DELTA VARIANT

WHY DELTA IS DIFFERENT | COVID-19 |



The infographic features two large arrows: a teal arrow pointing down on the left and a red arrow pointing up on the right. Below the teal arrow, the text reads 'Vaccinated people are at lower risk'. Below the red arrow, the text reads 'Unvaccinated people are at higher risk'. At the bottom of the infographic, it states 'for severe illness, hospitalization, and death'.

Vaccinated
people are at
lower risk

Unvaccinated
people are at
higher risk

for **severe illness, hospitalization, and death**

- **Delta** might cause more **severe illness** than other variants in **unvaccinated people**.
- **Fully vaccinated people** are much less likely than unvaccinated people to get **very sick from Delta**, but some can still be **infected by and spread Delta**.

KEY FACTS ABOUT COVID-19 VACCINATION

- Getting vaccinated can help prevent getting sick with COVID-19
- People who have already gotten sick with COVID-19 may still benefit from getting vaccinated
- COVID-19 vaccines cannot give you COVID-19
- COVID-19 vaccines will not cause you to test positive on COVID-19 viral tests

AFTER VACCINATION

Continue COVID-19 prevention measures:

- Cover your nose and mouth with a mask.
- Stay at least 6 feet from people who don't live with you.

- Avoid crowds and poorly ventilated spaces.
- Wash your hands.
- Clean and disinfect frequently touched surfaces.

MYTHBUSTERS: ANSWERING COVID-19 VACCINE QUESTIONS

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/facts.html>

Can COVID-19 vaccines cause variants?

No. COVID-19 vaccines do not create or cause variants of the virus that causes COVID-19.

New variants of a virus happen because the virus that causes COVID-19 constantly changes through a natural ongoing process of mutation (change). Even before the COVID-19 vaccines, there were several variants of the virus. Looking ahead, variants are expected to continue to emerge as the virus continues to change.



COVID-19 vaccines can help prevent new variants from emerging. As it spreads, the virus has more opportunities to change. High vaccination coverage in a population reduces the spread of the virus and helps prevent new variants from emerging. CDC recommends that everyone 5 years and older get vaccinated as soon as possible.

Learn more about [variants](#).

Are all events reported to the Vaccine Adverse Event Reporting System (VAERS) caused by vaccination?

No. VAERS data alone cannot determine if the reported adverse event was caused by a COVID-19 vaccination. Anyone can report events to VAERS, even if it is not clear whether a vaccine caused the problem. Some VAERS reports may contain information that is incomplete, inaccurate, coincidental, or unverifiable. These adverse events are studied by vaccine safety experts who look for unusually high numbers of health problems, or a pattern of problems, after people receive a particular vaccine.



Recently, the number of deaths reported to VAERS following COVID-19 vaccination has been misinterpreted and misreported as if this number means deaths that were proven to be caused by vaccination. Reports of adverse events to VAERS following vaccination, including deaths, do not necessarily mean that a vaccine caused a health problem.

Learn more about [VAERS](#).

Is the mRNA vaccine considered a vaccine?

Yes. mRNA vaccines, such as Pfizer-BioNTech and Moderna, work differently than other types of vaccines, but they still trigger an immune response inside your body. This type of vaccine is new, but research and development on it has been under way for decades.

The mRNA vaccines do not contain any live virus. Instead, they work by teaching our cells to make a harmless piece of a “spike protein,” which is found on the surface of the virus that causes COVID-19. After making the protein piece, cells display it on their surface. Our immune system then recognizes that it does not belong there and responds to get rid of it. When an immune response begins, antibodies are produced, creating the same response that happens in a natural infection.

In contrast to mRNA vaccines, many other vaccines use a piece of, or weakened version, of, the germ that the vaccine protects against. This is how the measles and flu vaccines work. When a weakened or small part of the virus is introduced to your body, you make antibodies to help protect against future infection.

Learn more about how [mRNA COVID-19 vaccines work](#).



Do COVID-19 vaccines contain microchips?

No. COVID-19 vaccines do not contain microchips. Vaccines are developed to fight against disease and are not administered to track your movement. Vaccines work by stimulating your immune system to produce antibodies, exactly like it would if you were exposed to the disease. After getting vaccinated, you develop immunity to that disease, without having to get the disease first.

Learn more about the [ingredients](#) in the COVID-19 vaccinations authorized for use in the United States.

Learn more about how [mRNA](#) COVID-19 vaccines work.



Can receiving a COVID-19 vaccine cause you to be magnetic?

No. Receiving a COVID-19 vaccine will not make you magnetic, including at the site of vaccination which is usually your arm. COVID-19 vaccines do not contain ingredients that can produce an electromagnetic field at the site of your injection. All COVID-19 vaccines are free from metals.

Learn more about the [ingredients](#) in the COVID-19 vaccinations authorized for use in the United States.



Do any of the COVID-19 vaccines authorized for use in the United States shed or release any of their components?

No. Vaccine shedding is the term used to describe the release or discharge of any of the vaccine components in or outside of the body. Vaccine shedding can only occur when a vaccine contains a weakened version of the virus. None of the vaccines authorized for use in the U.S. contain a live virus. mRNA and viral vector vaccines are the two types of currently authorized COVID-19 vaccines available.

Learn more about [mRNA](#) and [viral vector](#) COVID-19 vaccines.



Will a COVID-19 vaccine alter my DNA?

No. COVID-19 vaccines do not change or interact with your DNA in any way. Both mRNA and viral vector COVID-19 vaccines deliver instructions (genetic material) to our cells to start building protection against the virus that causes COVID-19. However, the material never enters the nucleus of the cell, which is where our DNA is kept.

Learn more about [mRNA](#) and [viral vector](#) COVID-19 vaccines.



Is it safe for me to get a COVID-19 vaccine if I would like to have a baby one day? ^

Yes. COVID-19 vaccination is recommended for everyone 5 years and older, including people who are trying to get pregnant now or might become pregnant in the future, as well as their partners.

Currently no evidence shows that any vaccines, including COVID-19 vaccines, cause fertility problems (problems trying to get pregnant) in women or men. Learn more about [COVID-19 vaccines and people who would like to have a baby.](#)



Can a COVID-19 vaccine make me sick with COVID-19? ^

No. None of the authorized [COVID-19 vaccines in the United States](#) contain the live virus that causes COVID-19. This means that a COVID-19 vaccine **cannot** make you sick with COVID-19.

COVID-19 vaccines teach our immune systems how to recognize and fight the virus that causes COVID-19. Sometimes this process can cause symptoms, such as fever. These symptoms are normal and are signs that the body is building protection against the virus that causes COVID-19. Learn more about [how COVID-19 vaccines work.](#)



Can being near someone who received a COVID-19 vaccine affect my menstrual cycle?

No. Your menstrual cycle cannot be affected by being near someone who received a COVID-19 vaccine.

Many things can affect menstrual cycles, including stress, changes in your schedule, problems with sleep, and changes in diet or exercise. Infections may also affect menstrual cycles.

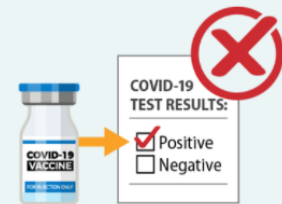


Will getting a COVID-19 vaccine cause me to test positive for COVID-19 on a viral test?

No. None of the authorized and recommended COVID-19 vaccines 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 to vaccination, which is the goal, 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.

Learn more about [the possibility of COVID-19 illness after vaccination](#)



REFERENCES

- Health, S. (2018). What is motivational interviewing in patient care management? Motivational interviewing puts health behavior change in the hands of the patient. <https://patientengagementhit.com/news/what-is-motivational-interviewing-in-patient-care-management>
- Gagneur, A. (2020). Motivational interviewing: A powerful tool to address vaccine hesitancy. *Can Commun Dis Rep* 2020;46(4):93–7. <https://doi.org/10.14745/ccdr.v46i04a06>
- Manufacturing Institute. University of Florida Center for Public Interest Communications. (2021). A conversation guide to help build confidence in the vaccine against COVID-19. https://www.themanufacturinginstitute.org/wp-content/uploads/2021/06/MIconvoguide_June-8-2021.pdf
- World Health Organization. (2021). Communicating with patients about COVID-19 vaccination. <https://apps.who.int/iris/bitstream/handle/10665/340751/WHO-EURO-2021-2281-42036-57837-eng.pdf>

APPENDIX A: COMMUNICATION SKILLS FOR TALKING ABOUT COVID VACCINES

Communication skills for talking about COVID vaccines

A new supplement to the VitalTalk COVID-Ready Communication Playbook Version 1.2 / 04 Jan 2020

Source: <https://www.capc.org/covid-19/communication-skills-for-talking-about-covid-19-vaccines/>

These communication skills are designed for clinicians to use with patients and families, using an approach adapted from [motivational interviewing](#) and research on vaccine hesitancy. Note that this approach differs from [public messaging](#), which is meant to introduce the topic to broad groups of the public, usually on social media or mass media. In contrast to public messaging, clinicians have the opportunity to engage patients as persons so that their particular concerns can be addressed, and coping strengths mobilized.

The concerns addressed by these skills reflect research published in Dec 2020 identifying [common reasons people cited for not wanting to be vaccinated](#).

Note that [prior research on vaccine hesitancy](#) indicates that persons holding extreme negative views on vaccines are unlikely to be swayed. Thus, these skills are designed to address people who are indeterminate, or not sure, or deciding—for this group, openness, empathy, and offering information after they give permission or show interest can build trust and your credibility as a messenger.

1. Start with open-ended questions that do not assume vaccine acceptance.

(Principle: a soft start into a controversial topic enables engagement.)

What the patient does or says	What the clinician says
“I’ve been hearing a lot about the COVID vaccine. What do you think?”	“What have you been hearing? I’d be interested in how you see the positives and negatives.”
“I don’t know if I can trust everything I read about vaccines.”	“That is a sensible approach. Do you have questions that I could answer?”

2. Acknowledge patient concerns without judging.

(Principle: empathy reduces the perception that you approve or disapprove of someone.)

What the patient does or says	What the clinician says
"I don't really know what's in it [the vaccine]."	"The information is just starting to come out, so having questions is normal. Could you say more about your concern?"
"How did they do it so fast?"	"I realize that this is happening faster than anyone predicted, so having questions is normal. The people who developed this vaccine have been working on vaccines for two decades. It's been in the making for a long time."
"I just don't trust vaccines."	"I have heard other people say they are worried about the vaccine. Could you say more about your concern?"

3. Avoid criticizing the patient's information sources; cite your experience and/or point them to high quality sources.

(Principle: instead of trying to argue against misinformation, provide high quality information from a positive frame.)

What the patient does or says	What the clinician says
"I just think this has gotten really political."	"You are right, it has gotten political. Here's what I can say. I've looked at the results of the vaccine we have to offer. This vaccine does really protect people from COVID. I want you to have the benefit of it."

<p>“You just never know what the side effects will be.”</p>	<p>“Yes, it is true that there have been some side effects. The most common side effect is some soreness at the injection site. There have been a couple of people who have had severe allergic reactions that were treated successfully. In the trials, more than 40,000 people were treated, and the serious side effects were very rare. The vaccine that we have is proven to be safe, and I have taken it.”</p>
<p>“I read on social media that the risk of COVID is not that high.”</p>	<p>“It is true that COVID can affect people mildly or severely. My colleagues and I are seeing enough severe cases of COVID that our hospitals are so full that they cannot do everything they would like to do for patients. There is a daily newsletter from the department of health that shows the latest numbers that I can share with you.”</p>

4. Show awareness of your status as a messenger, especially for people of color and members of other underserved groups.

(Principle: who you are as a messenger matters, and your awareness of that contributes to your authenticity and trustworthiness. Use examples of other messengers who resemble your patient.)

What the patient does or says	What the clinician says
<p>“I am not sure that the needs of my people have been taken into account.”</p>	<p>“I realize that the medical system in the United States has not treated everyone fairly in the past, and that it has been racist. I recognize the injustices that have happened in the past. We are handling the COVID vaccine differently. It has been tested in people of all different backgrounds, and it is proven to be safe for all. At this clinic/hospital we are offering the vaccine according to someone’s risk of getting COVID.”</p>

<p>“I have heard that you can get COVID from the vaccine.”</p>	<p>“I recognize that our country has a terrible history of injecting Black people with diseases. That should never happen again. This COVID vaccine is different. It has been proven to prevent infection, and I have taken it myself. Did you see the Black nurse in the newspaper getting the vaccine? She was trying to teach us all that it is safe.”</p>
--	---

5. Link vaccine acceptance to the patient’s hopes and goals

(Principle: showing how the vaccine is a steppingstone towards a future the patient wants can motivate them.)

What the patient does or says	What the clinician says
<p>“I’m just going to wait.”</p>	<p>“Of course, this is your decision. I do think that the vaccine is a step towards a social life with fewer restrictions. And you mentioned that you want to visit your friends [or family]. The vaccine will help you and all of us do that sooner.”</p>
<p>“I want some other people to take it first.”</p>	<p>“You mentioned that you’re concerned about your family members who have high risk conditions. The vaccine is a step towards protecting them as well as protecting you.”</p>
<p>“I just don’t think I’m going to get COVID. I’m careful.”</p>	<p>“I’m glad you are being careful. That is still important. However, even patients who have been careful can still get COVID, and COVID can be fatal even for healthy people. That’s why the vaccine is worth considering.”</p>

Using these skills

These tips provide suggestions about how to respond to patient concerns, but in trying to cover a lot of ground, we have not shown the back-and-forth that good communication requires—remember that when patients are reticent to voice their concerns, it is better to suggest a topic and ask permission to explain what you know than to plow into a long lecture.

In addition, while these tips incorporate some skills about bridging inequities and a history of racism, they are not a complete guide to antiracist communication.

We have published an earlier supplement to the COVID-Ready Communication Playbook on [bridging inequities](#) with additional examples of antiracist communication.

<https://www.capc.org/covid-19/>

APPENDIX B: A CONVERSATION GUIDE TO HELP BUILD CONFIDENCE IN THE VACCINE AGAINST COVID-19

Source: themanufacturinginstitute.org/research/thisisourshot and Center for Public Interest Communications, University of Florida. (Updated 8 June 2021).

One of the best ways to help people gain the information and confidence they need to accept the vaccine is a one-on-one conversation with someone that they trust. In scholarship, this is identified as “motivational interviews.” Motivational interviewing can strengthen a willingness to act by helping individuals identify their own reasons for doing so. Motivational interviewing requires strong listening skills, respect, and sincere curiosity. The technique is most effective when people are ambivalent or don’t see getting a vaccine as especially important.

Critically, this technique should not be used to argue, berate, win, or debunk. Those approaches can backfire and leave someone even more determined to stick to their original choice.

Here are some potential conversation paths for your one-on-one conversations that draw on what the University of Florida Center for Public Interest Communications learned through communication projects on vaccine hesitancy.

If they say...

“My choice is my business, and no one has a right to know.”

You might reply...	You could ask...	You might close by saying...
<p>“Yes, it is important that medical issues are kept private for those like you who want it that way.”</p> <p>“Choosing to get a vaccine certainly is a personal choice. I chose to get it because I read the science and believe it will allow us to get back to normal and hang out with my family again without fear.”</p>	<p>“Would you be interested in a more private way to get your vaccine?”</p> <p>“Would you like to know more about the vaccine and how to find a place to receive the inoculation. I am happy to share what I know.”</p>	<p>“Lots of people have chosen to get the vaccine. It was the right choice for them. If you are interested there are ways you can privately access the vaccine. Your doctor’s office could be a good place to ask about that option.”</p>

“I’ve already had COVID-19, and so I am already immune.”

You might reply...	You could ask...	You might close by saying...
<p>“I am sorry to hear that. What was your experience with it like? Any lasting effects?”</p>	<p>“Have you seen new studies showing that immunity from having COVID-19 only lasts for months? These studies show people can get it again. Studies also show that the protections by vaccination last much longer, and if a booster is needed, health officials are making plans for how to facilitate those doses.”</p>	<p>“Other workers who have had COVID-19 decided to get a vaccine to protect themselves from that happening again. And good news from some of the new research is that those who had the disease AND got vaccinated are even more protected than those who just received the vaccine.”</p>

“The vaccine just appeared so quickly. It doesn’t seem like they had enough time to test it.”

You might reply...	You could ask...	You might close by saying...
<p>“It was fast. It’s kind of amazing that we live in this historic moment where things like this are possible, and the vaccines became available as quickly as they did. The existing vaccine and other science available—and the whole world working on it—certainly, helped us create this effective vaccine quickly.”</p>	<p>“Have you seen the reports that scientists are now applying mRNA technology, like Pfizer’s vaccine, to inoculating against other diseases like AIDS and the flu? Or that we’ve been using vector-based vaccines, like Johnson and Johnson’s, for years to protect against a range of diseases?”</p>	<p>“Do you know that you can talk to our health clinic or your doctor about COVID-19 vaccines? They have office hours, or you can send them an email. Talking to an expert might help you get your question answered.”</p>

“Putting a foreign substance in my body just doesn’t seem natural.”

You might reply...	You could ask...	You might close by saying...
<p>“I can see how it could feel weird to put a new vaccine into your arm. It can be scary. When I think about it, I don’t always know what’s in all the medicine I take, but I trust the science and the millions of medical professionals who have taken it and inoculated their families.”</p>	<p>“Did you know the vaccine is actually built off of other vaccines that have been around for a long time that naturally build up our antibodies to protect us if we ever come face to face with COVID-19?”</p>	<p>“Vaccines will greatly increase your chances of not getting a case of COVID-19. The virus can do long-term damage to your body. Have you heard of the cases of people with long-haul COVID-19?”</p>

“I don’t want to be a guinea pig.”

You might reply...	You could ask...	You might close by saying...
<p>“Yes, that is understandable; I don’t want to be either, but now that more than 168 million people in the U.S. have received the vaccine safely and we can see that it is effective, I am excited to get the vaccine.”</p> <p>“The U.S. FDA grants Emergency Use Authorization after review of rigorous testing. Not only does the FDA grant the initial authorization, but the FDA and CDC share the responsibility of actively monitoring how the medicine works for nearly everyone.”</p>	<p>“For decades, America has made what it needed. We made these vaccines to help us make a better America in which we can all live free from fear and return to the things that matter most.”</p> <p>“Did you know nearly XXXX many people in our town/county/state have already taken the vaccine? This is working in/for our community.”</p>	<p>“The vaccines may seem like they were developed quickly, but they were built off of existing vaccine ingredients and technologies that have already been through rigorous clinical trials.”</p>

“I’m worried about side effects, or that getting the vaccine will be worse than getting COVID-19.”

You might reply...	You could ask...	You might close by saying...
<p>“Yes, some people do experience side effects from COVID-19 vaccines. They might range from nothing to temporary symptoms that are like the flu. But you have had the flu before, and you were able to get through that. This, at worst, may be one or two days of that.”</p> <p>“The side effects of the COVID-19 vaccine, whether they are mild or not, show that your body is practicing fighting infection by building up antibodies to prevent serious illness from COVID-19 in the future. You feel sick for a day or two, but it’s worth it to have peace of mind after!”</p>	<p>“I made a plan to deal with my side effects. I made sure to have Tylenol and childcare ready if I needed it. May I help you develop a plan for dealing with side effects that you might experience?”</p> <p>“Yes, for some folks the side effects from the vaccine do make people ill for a day or two. But could you imagine how much time it would take to recover from COVID-19, particularly if you had to be hospitalized? Who might care for your family then?”</p>	<p>“Most people have mild side effects, such as a headache, a sore arm or feeling really tired. Having a plan for how to deal with them could be useful.”</p> <p>“You’re someone who considers evidence and makes the best decisions for yourself and those you love. You might feel sick for a few days, but then you will get to feel relief knowing you can be with your friends, family, and coworkers again safely.”</p>

“I’m going to wait and see.”

You might reply...	You could ask...	You might close by saying...
<p>“I can understand that. There is a lot of uncertainty right now. While the vaccine is approved for ‘emergency use,’ there is still the same robust science and research behind it as your other medicines.”</p>	<p>“You know how government and bureaucracies love paperwork and take forever to do things? There are a lot of people working together to do that process very quickly to save lives with this vaccine.”</p>	<p>“Moderna, one of the vaccine makers, is applying for full approval right now. The others aren’t far behind, and every day more research shows the effectiveness of the vaccine. Can I show you how you can protect yourself?”</p>

“I’m worried that getting the COVID-19 vaccine will make it hard to get pregnant or hurt my child.”

You might reply...	You could ask...	You might close by saying...
<p>“I know that making the right decision to protect you and your future child is important to you. Mothers who have chosen to get the vaccine have found that it protects them and even their new babies.”</p>	<p>“Have you seen the recent studies that show that women who are pregnant are at higher risk for complications if they get COVID-19?”</p> <p>“Have you seen the studies that show the vaccine poses no risk to women who are pregnant, wanting to be pregnant or breastfeeding? In fact, they even found benefits to the baby. Babies whose mothers were vaccinated are born with the antibodies to protect them from COVID-19.”</p>	<p>“You could talk to your doctor about any concerns you may have.”</p>

“I don’t know who to trust for information. The media and government seem to be blowing this out of proportion.”

You might reply...	You could ask...	You might close by saying...
<p>“Yeah, finding information you can trust can be hard these days. It seems the politicians and cable news just want to shout each other down and win either power or ratings.”</p>	<p>“What information are you seeking that you are having trouble trusting? Do you mean in terms of the death toll or the cases of long-haul COVID-19? The benefits of vaccination?”</p>	<p>“I consider who I trust very carefully. I’ve done a lot of reading on this topic, and I trust nonpartisan organizations that I’ve found that stick to the facts—such as the CDC and FDA. Locally, I trust my doctor as well. My doctor also agrees with what the CDC and FDA are saying regarding the safety of the vaccines.”</p>

“I’m not getting the vaccine unless they make me.”

You might reply...	You could ask...	You might close by saying...
“I hear you; I do not like being told what to do by anyone.”	“I don’t know if it will be mandated—there are a lot of good reasons for and against that directive. But I got it so my friends, family and coworkers can feel safe around me.”	“We have now seen that the vaccines are showing significant positive outcomes with very few side effects. Here’s some information on the importance of vaccines. Thank you so much for considering the vaccination.”

Some other things to keep in mind as you hold these one-on-one conversations:

- Listen and acknowledge you heard their perspective.
- Acknowledge that public health officials have made mistakes—in this pandemic and previous medical interventions with many communities (e.g., discriminatory practices of under-represented groups).
- Be transparent about what you do and don’t know. Offer to share sources related to questions they have that you can’t answer.
- While it’s important to listen compassionately to people’s concerns, do not repeat misinformation. Pivot to positive examples quickly, before they can repeat themselves. If they cite one sad story, acknowledge the sad story and also cite positive ones that are equally compelling.
- Stay calm and do not react to defensiveness. If someone is defensive, it means they think you are talking down to them. Tell them you did not mean to offend them and that you do not mean any disrespect.
- Show your respect for their perspective and expertise. Avoid being patronizing, judgmental or condescending. No finger wagging.
- If you know this person well, connect getting the vaccines to their personal goals (e.g., going on a trip, having a big family dinner) or their identity (e.g., as someone who considers evidence in their decision making, a parent making commonsense decisions for their kids, or someone who wants to make their own health decisions).

APPENDIX C: COVID-19 VACCINE INFORMATION & FAQs

ALBUQUERQUE AREA SOUTHWEST TRIBAL EPIDEMIOLOGY CENTER

<http://db.aastec.net/covid-19/index.html>

COVID-19 Educational Materials

- [COVID-19 Vaccines for Children 12 years and older](#)
- [Protection, Even when we get vaccinated for COVID-19](#)
- [Protection, Vaccine side effects](#)
- [Delta Coronavirus Variant](#)
- [Understanding mRNA COVID-19 Vaccines](#)

NM DEPARTMENT OF HEALTH

<https://cvvaccine.nmhealth.org/faqs.html#q-sec1-001>

COVID-19 Testing Information

- [What should I know before I go?](#)
- [Where are the testing sites & locations?](#)
- [How do I pre-register for a COVID test?](#)
- [I've been tested. Where can I get my results?](#)
- [Isolation Instructions if you were notified you are positive for COVID-19](#)
- [Is there guidance for returning to work?](#)
- [Is there testing for the Homeless Population?](#)
- **Schedule An Appointment Today**
<https://vaccinenm.org/registration.html>
- **I want to view the vaccination event calendar**
<https://vaccinenm.org/public-calendar.html>

Do you need additional help?

Individuals who have questions or would like support with the registration process - including New Mexicans who do not have internet access - can dial **1-855-600-3453**, press option 0 for vaccine questions, and then option 3 for tech support. The call center is open every day from 8 AM to 5 PM.

Profile Questions:

- [Why do I have to create a profile?](#)
- [What is included in my profile?](#)
- [How will the Department of Health use my profile information?](#)

- Is my information secure?
- How do I create a profile?
- Can I create a profile for somebody else?
- Why can't I register my entire family on one profile?
- How do I access my profile and update my chronic medical conditions?
- How do I know if my profile is complete?
- Does my profile need to be complete before scheduling an appointment?
- I do not have access to the internet. How can I sign up?

Profile Section Questions:

- The system will not accept my date of birth. What can I do?
- My occupation/employment category is not listed. What should I do?
- I do not see my condition listed on the Chronic Medical Conditions page. What should I do?
- My insurance company is not listed. What do I do?

Scheduling Appointments:

- I've completed my profile, when can I schedule my appointment?
- Where am I in the line?
- I've been waiting a long time. When will I get a notification to schedule my appointment?
- I received a special event code. What do I do now?
- Why won't my special event code work?
- Why did I receive a notification to schedule an appointment only to find the event was full?
- Will I be notified again if I am unable or choose not to confirm an appointment invitation?
- Can I share my special event code?

Initial Appointment:

- I've scheduled an appointment. What else do I need to do?
- Do I have to fill out the medical questionnaire?
- Will I be sent appointment reminders?
- How do I reschedule an appointment?
- How do I cancel my appointment?
- When will I get my booster?

Booster Appointments

- My booster appointment is scheduled. What else do I need to do?
- I received my initial vaccine, but was not able to schedule my booster appointment. What do I do?
- Do I have to fill out the medical questionnaire for my booster?
- Will I be sent appointment reminders?
- How do I reschedule my booster appointment?
- How do I cancel my appointment?

Codes

- [What is a "Confirmation Code"?](#)
- [I never received my confirmation code. How do I know what is?](#)
- [What is a "Special Event Code"?](#)

COLORADO DEPARTMENT OF PUBLIC HEALTH & ENVIRONMENT

<https://covid19.colorado.gov/vaccine>

- [Top 10 most frequently asked questions](#)
- [Getting a COVID-19 vaccine](#)
- [Getting your second dose of COVID-19 vaccine](#)
- [Vaccine side effects](#)
- [Health concerns and the vaccine](#)
- [How COVID-19 vaccines work](#)
- [Safety of the vaccines](#)
- [COVID-19 immunity](#)
- [Protecting others after getting the vaccine](#)
- [Vaccine laws and regulations](#)
- [Emergency Use Authorization](#)

Find Out Where You Can Get Vaccinated

- [Vaccine provider map](#)
- [Community vaccination sites](#)
- [Federal Retail Pharmacy Program](#)
- [Mobile vaccination clinics](#)
- [Rides to vaccine sites](#)
- [Search for a vaccine provider by county](#)

EL PASO, TX: DEPARTMENT OF PUBLIC HEALTH & CITY OF EL PASO

<https://www.elpasotexas.gov/public-health>

- [El Paso COVID-19 Testing](#)
- [Schedule an appointment for a vaccine](#)
- [Frequently Asked Questions](#)
- [Public Health Orders for El Paso, TX](#)

COVID-19 FAQs

This is a detailed list of questions curated to give providers updated information and help with conversations with patients. Key authors are Jill Amsberry, DO of CentraCare, the M Health Fairview team, and Jodie Dvorkin, MD, MPH of ICSI. This FAQ stems from a COVID-19 Vaccination Working Group ICSI that began in the fall of 2020, comprised of healthcare leaders across Minnesota for sharing practices related to COVID-19 vaccinations. The Working Group includes healthcare delivery systems, health plans, county and state agencies, and others.

***Questions are reviewed and updated as needed. The asterisk (*) denotes questions with substantive updates.**

In the News

- Booster Shots (NEW)
- Will the vaccines work against new variants? (Update: August 4, 2021)
- FDA Adds Warning about GBS for Johnson & Johnson Vaccine (Update: July 13, 2021)

GOOD QUESTIONS THAT DON'T ALWAYS GET GOOD ANSWERS

- Are the vaccines made with fetal cells?
- What about religious concerns regarding the COVID-19 vaccine?
- What about the long-term effects of the vaccine? Does the vaccine help with COVID-19 long haulers?
- Will the vaccines work against new variants? (UPDATED*)
- Do mRNA vaccines cause infertility?

THE FUNDAMENTALS

- What vaccines are currently available?
- How many doses do I need of the vaccines? (UPDATED*)
- What about immunity over time – will boosters or yearly vaccination be needed?
- Are the mRNA vaccines interchangeable (i.e., can the doses come from different brands)?
- Isn't it better to get natural immunity from the disease?
- If I receive the vaccine do I still need to mask or social distance? (UPDATED*)

TRIALS AND STUDIES AND DATA – OH MY!

- What are the statistics on getting COVID-19 if you get the vaccine (breakthrough infections)? (UPDATED*)
- Didn't these vaccines come out too quickly?
- What did the vaccines show efficacy for? What does efficacy mean for these clinical trials?
- What were the demographics of vaccine trial participants? What races/ethnicities were included?
- What new data has emerged since the clinical trials?

- What are the statistics on getting COVID-19 if you get the vaccine (breakthrough infections)? (UPDATED*)

WHAT TO EXPECT WHEN YOU ARE EXPECTING (A VACCINE)

- Are the vaccines safe?
- What are the ingredients in the available vaccines?
- What side effects are expected with the vaccines?
- To help with side effects, can I take acetaminophen, ibuprofen or antihistamines either before or after receiving the vaccine?
- Where should we report side effects/adverse events to the vaccines?
- What are the recommendations around allergic reactions/anaphylaxis?
- What about reports of myocarditis/pericarditis following vaccination in adolescents and young adults?

SHOULD I GET A VACCINE IF...

- Can pregnant or breastfeeding people receive the vaccines? (UPDATED*)
- Can kids receive the vaccines?
- How should parental consent for individuals younger than 18 years receiving Pfizer vaccine be addressed and how should vaccine providers document it?
- Can I get the COVID-19 vaccine at the same time as another vaccine?
- What are the new recommendations around the vaccine and screening mammograms?
- I am young and healthy and at low risk for COVID-19. Why should I get the vaccine?
- I had COVID-19, is it still recommended I receive the vaccine? Would I still need two doses?
- Should I get an antibody test to see if I have immunity AFTER getting the COVID-19 vaccine?

OTHER RESOURCES

New Mexico Department of Health Vaccine Resources

- **General Information About COVID:** cv.nmhealth.org
- **General Information About The COVID19 Vaccine:** cv.nmhealth.org/covid-vaccine
- **Print Resources From NMDOH Website:** cv.nmhealth.org/covid-vaccine/resources
- **Consent Forms for Children:** cv.nmhealth.org/covid-vaccine/resources
- **Vaccine Facts:** Information about the Vaccine from the “Get the Facts” Campaign: getthefacts.vaccinenm.org
- **Trusted Voice Videos:** Series of Videos of influencers around New Mexico who have advocated for the vaccine: getthefacts.vaccinenm.org
- **Vaccine Facts Flyers:** [Dropbox – Vaccine FACTS Flyers – Multiple Languages – Simplify your life](#)

CENTERS FOR DISEASE CONTROL AND PREVENTION
<https://www.cdc.gov/coronavirus/2019-ncov/index.html>

- **Benefits Of Getting A Vaccine:** [Benefits of Getting a COVID-19 Vaccine | CDC](#);
 - **Myths and Facts from the CDC:** www.cdc.gov/coronavirus/2019-ncov/vaccines/facts.html
 - **Variants of the Virus:** [Delta Variant](#)
 - **Symptoms of COVID-19** [Watch for Symptoms](#)
 - **HOW TO PROTECT YOURSELF & OTHERS:** [PROTECT UNVACCINATED FAMILY MEMBERS](#)

 - **USE MASKS TO SLOW THE SPREAD OF COVID-19:** [INFO FOR FAMILIES, WHEN FULLY VACCINATED](#)

 - **COVID-19 VACCINES FOR PEOPLE WITH UNDERLYING MEDICAL CONDITIONS:** [CERTAIN UNDERLYING MEDICAL CONDITIONS](#)

 - **TRAVEL:** [TRAVELING INTERNATIONALLY?](#)
-
- The CDC remains the place to go for COVID-19 information:
 - <https://www.cdc.gov/coronavirus/2019-ncov/index.html>
 - [Animals and COVID-19](#)
 - <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/animals.html>
 - [Antibody Testing Interim Guidelines for COVID-19](#)
 - <https://www.cdc.gov/coronavirus/2019-ncov/lab/resources/antibody-tests-guidelines.html>
 - [Activities and Initiatives Supporting COVID-19 Response and the President's Plan for Opening up America Again](#)
 - <https://www.cdc.gov/coronavirus/2019-ncov/downloads/php/CDC-Activities-Initiatives-for-COVID-19-Response.pdf>
 - [Businesses and Workplaces Plan, Prepare, and Respond](#)
 - <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/businesses-employers.html>
 - [Case Investigation contract tracing](#)
 - <https://www.cdc.gov/coronavirus/2019-ncov/downloads/case-investigation-contact-tracing.pdf>
 - [Cases & Deaths by County](#)
 - <https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/county-map.html>
 - [CDC provides technical assistance and guidance to partners, including medical examiners and coroners any questions](#)
 - Eoevent373@cdc.gov
 - [Certifying Deaths Due to Coronavirus Disease 2019 \(COVID–19\) Guidance](#)
 - <https://www.cdc.gov/nchs/data/nvss/vsrg/vsrg03-508.pdf>

Behavioral Health Services Resources

The National Disaster Distress Helpline: The National Disaster Distress Helpline is available with 24/7 emotional support and crisis counseling for anyone experiencing distress or other mental health concerns. Calls ([1-800-985- 5990](tel:1-800-985-5990)) and texts ([text TalkWithUs to 66746](text:TalkWithUs to 66746)) are answered by trained counselors who will listen to your concerns, explore coping and other available supports, and offer referrals to community resources for follow-up care and support. More information can be found at <https://www.samhsa.gov/find-help/disaster-distress-helpline>.

New Mexico Crisis and Access Line: The New Mexico Crisis and Access Line is a professional mental health line, that maintains a solution focused approach built on validation, normalization, and access to resources. You can access a counselor 24/7 through the Crisis and Access Line: [1-855-662-7474](tel:1-855-662-7474), or a peer at the Peer to Peer Warm Line: [1-855-466-7100](tel:1-855-466-7100). They have also launched the NMConnect App available on iOS and Android. You can utilize their website and access further information at: <https://www.nmcrisisline.com/>.

National Suicide Prevention Lifeline: The National Suicide Prevention Lifeline provides 24/7, free and confidential support for people in distress, prevention and crisis, as well as, prevention/ crisis resources, and best practices for professionals. They can be contacted at [1-800-273-8255](tel:1-800-273-8255). You can find further information on their website at <https://suicidepreventionlifeline.org/>

Agora Crisis Center: The Agora Crisis Center provides trained hotline specialists, who provide compassionate, non-judgmental help for anyone in need of emotional support. They can be contacted at [505-277-3013](tel:505-277-3013) or [866-HELP-1-NM](tel:866-HELP-1-NM). You can also contact them is their website at <http://www.agoracares.org/>.

The Sky Center- New Mexico Suicide Intervention Project: The Sky Centers mission is to reduce the risk of youth suicide in Santa Fe County and Northern New Mexico. More information can be found on their website at <http://nmsip.org/>.

Native American Specific Resources:

- The Substance Abuse and Mental Health Services Administration (SAMHSA) has a specific Tribal Affairs Program that can be accessed at <https://www.samhsa.gov/tribal-affairs>
- Eight Northern Indian Pueblos Council Inc Offers Behavioral Health services to the Northern Pueblos of New Mexico and their services can be accessed at <http://www.enipc.org/>
- Indian Health Services has a Suicide Prevention and Care Program that can be accessed at <https://www.ihs.gov/suicideprevention/>
- Indian Health Services (The Federal Health Program for American Indians and Alaska Natives) has provides technical assistance to support remote Health Care and can be accessed at <https://www.ihs.gov/telebehavioral/>
- Five Sandoval Indian Pueblos, Inc. provides Behavioral Health Services through the (BHS) Program and serves tribal members and surrounding communities more information can be accessed at <https://www.fsipinc.org/hs-behavioral-health>
- Mescalero System of Care assists members of the Mescalero Apache Tribe (Ages 5 to 21) to address their physical, cognitive, mental, emotional, social, and even educational needs <https://www.mescalerosystemofcare.org/>

